

Translating the Health Belief Model into Contextual Community Intervention: A study on proper hygiene practices of mothers of children with diarrhea

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Diarrhea remains a serious burden for children in developing countries, and remains a leading cause of childhood morbidity and mortality. The health belief model (HBM) is frequently used in explaining health behaviours. This study used HBM and translated it into community understanding to gain local perspective of mothers of children with diarrhea. A qualitative approach using focus group discussions was conducted. A community model was then developed using local data. Data showed that mothers believe in two kinds of diarrhea: diarrhea as a disease and diarrhea as a part of the developmental process. The contextual community model explain the HBM in a different frame of theoretical explanation model, which was developed in different setting of culture, can not be simply applied in the community without undertaking field verification, as conducted in this study. Detailed results and discussion are presented and proposals for a culture-sensitive intervention approach were proposed.

Key words: diarrhea, HBM, personal hygiene, community model, contextual model

Diare merupakan permasalahan serius di negara berkembang dan bahkan merupakan penyebab utama mortalitas dan morbiditas balita. Health belief model (HBM) sering dipakai untuk menjelaskan perilaku kesehatan. Studi awal ini memakai Health Belief Model untuk mengetahui pemahaman masyarakat tentang permasalahan diare dan perilaku kebersihan. HBM dalam pemetaan teoretis diverifikasi di komunitas untuk menguji presisi model secara kualitatif. Diskusi kelompok terarah dipakai dalam eksplorasi kualitatif. Data menunjukkan bahwa model diare di komunitas studi berbeda dengan model biomedis. Para Ibu memercayai adanya dua jenis diare, diare sebagai penyakit dan diare yang merupakan bagian dari tumbuh kembang anak. Dapat disimpulkan bahwa model komunitas kontekstual berbeda dengan model biomedis. Bahasan terinci disajikan dalam artikel ini. Program intervensi yang peka kultur setempat diajarkan sesuai dengan hasil penelitian ini.

Kata kunci: diare, *health belief model*, perilaku kebersihan, model komunitas, model kontekstual

This article is reporting the first phase, the qualitative phase, of the whole study on the discrepancy between knowledge-related hygiene practices of mothers of under-five children with diarrhea. The second phase, the survey or quantitative part of the study is presented in a separate article. The study was inspired by the burden of disease of diarrhea among children under five, and by the fact that biomedical model frequently failed in explaining local understanding of the disease, and eventually failed in accomplishing prevention of health programs.

Worldwide, acute diarrheal illnesses are not only a leading cause of morbidity in children, producing an estimated 1 million (diarrheal) cases per year, but also the major cause of mortality, being responsible for 4 to 6 million deaths among children under five per year, or a sobering total of 12,600 deaths per day (Sabchareon et

al, 1992; Azar et al, 2009). Morbidity and mortality due to diarrhea remain a serious burden for children in developing countries (Stanton, Black, Engle, & Pelto, 1992; Nathaniel & Pierce, 1997; Elbrusa, Tigerman, & Tom, A. R. E., 1988; Ekanem, Akitoye, Tigerman, Tom, & Adedeji, 1991; Akram & Agboatwalla, 1992; Stapleton, 1992; Pruss, Kay, Fewtrell, & Bartram, 2002; Kosek, Bern, & Guerrant, 2003; Mara 2003; Azar et al.).

In Indonesia, where the Infant Mortality Rate (IMR) and under five Mortality Rate (U5MR) are currently 58 and 81 per 1000 live birth, respectively, diarrheal disease remains a leading cause of childhood morbidity and mortality (UNICEF, 1996; Rai, 1997; Kosek et al, 2003; Mara 2003; Azar et al, 2009). Approximately 15% of deaths among infants and 25% of deaths among children aged between one to four years are caused by diarrhea (Departemen Kesehatan, 1996; Kosek et al.; Mara; Azar et al.). Diarrheas reported as the biggest killer for children aged between two and five at the national level (UNICEF; Kosek et al.; Mara; Azar et al.).

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