



ISSN: 2617-6548

URL: www.ijirss.com



A health belief model of behaviors of community groups in Jatinangor district, Sumedang Regency

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Abstract

Healthy behavior plays an important role in realizing a healthy Indonesia. A culture of healthy living must be practiced by individuals and community groups. To satisfy the healthy life of Indonesians, efforts should be made to enhance healthy lifestyle behaviors in the form of preventive measures. This study aimed to scrutinize the health belief model of community groups in Jatinangor District, Sumedang Regency. This study involved a total of 60 participants who worked as K3L (Employee Safety and Health) and investigated three aspects of healthy lifestyle of the community groups, including health behaviors, the health belief model, and factors influencing their health behaviors. Using a constructivist paradigm, this study employed a mix of quantitative and qualitative methods. The data were collected through in-depth interviews, observation techniques, focus group discussions (FGD), and documentation. The data were then analyzed using an interactive analysis model comprising data collection, data reduction, data presentation, and data verification. Findings of the study showcased community behavior from the perspective of the health belief model in community groups, health belief model in community group behavior from the perspectives of adaptation action theory and self-efficacy theory, and factors influencing health behavior in community groups.

Keywords: Community groups, Health model behaviour, Healthy lifestyle, Preventive efforts.

DOI: 10.53894/ijirss.v8i5.9458

Funding: This study received no specific financial support.

History: Received: 20 June 2025 / Revised: 24 July 2025 / Accepted: 28 July 2025 / Published: 25 August 2025

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Competing Interests: The authors declare that they have no competing interests.

Authors' Contributions: All authors contributed equally to the conception and design of the study. All authors have read and agreed to the published version of the manuscript.

Transparency: The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

Publisher: Innovative Research Publishing

1. Introduction

Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity [1]. Health is a state of physical, mental, and social well-being, free from pain, injury, and infirmity, enabling individuals to enjoy economic and social well-being. Healthy lifestyle behaviors must be promoted within individuals and community groups. Community efforts to improve health quality include reducing malnutrition and enhancing the nutritional status of children. Improving public health environmental qualities, such as integrated health posts (*Posyandu*), community health centers (*Puskesmas*), hospitals, and other health services, assist in obtaining treatment and disease detection [2]. This leads to improved health behaviors for individuals and communities [3]. This prevents disease, maintains a healthy body, and fosters confidence in healthy lifestyle behaviors [4].

These efforts can begin within the family, school, and community groups, all contributing to the success of health improvement efforts. In Indonesia, the foundation of the health belief model is based on the need to avoid disease for a healthy life and beliefs about work. The health belief model, developed from behavioral theory, states that a person's behavior depends on their values regarding goals and their belief in their ability to perform. However, although Indonesia has vast potential for food and livestock production, it has not yet focused on improving the quality of human resources. There are still health problems characterized by physical, spiritual, and mental health issues. One important issue is lifestyle.

It is confirmed by data on morbidity rates in Sumedang-Jatinangor Regency. Based on the total number of patient visits to 35 Community Health Centers in Sumedang-Jatinangor Regency, the top ten diseases in 2023 were due to lifestyle. One of these was myalgia (accounting for 10.10% of the top 10 diseases), primary (essential) hypertension (10%), and non-specific acute upper respiratory tract infections (8%-10%). Healthy lifestyle behavior in the Jatinangor community requires greater attention. The knowledge of community groups regarding the quality of public health needs to be enhanced. There is still a public perception that health institutions or community health centers are more focused on treatment (curative) services than prevention (preventive) services. There are opinions that treatment (curative) is better than preventive services.

The community of Sumedang Regency, Jatinangor District, who worked as K3L in 2009 at UNPAD Jatinangor Campus, until now, is known to have approximately 400 K3L individuals with 14 resident foremen. All of them originate from the village community of Sumedang Regency, Jatinangor District. The village community group working as K3L at the UNPAD Jatinangor campus are native residents of the village community in Jatinangor, Sumedang Regency. They exhibit unhealthy lifestyle behaviors such as: the habit of going to work early in the morning and rarely having breakfast first, infrequent consumption of nutritious food for a healthy body, frequent intake of fried foods cooked with bulk oil, and rarely eating vegetables and fruits. Additionally, there is a habit of sharing food in one eating place. When working on street sweeping, most of them rarely use complete personal protective equipment, such as gloves, masks, and work safety helmets.

To create a healthy life with a clean environment, a special study of physical and non-physical health is needed. In general, K3L members do not carry out routine early health checks to prevent illness. They prefer to seek treatment after they feel quite sick. They also tend to use over-the-counter drugs without a doctor's prescription. Early health checks carried out on K3L UNPAD residents found several health problems, including muscle pain, headaches, ulcers, stomach aches, high blood pressure, gout, and cholesterol, which confirms the low quality of their health due to lifestyle.

Long-term health behaviors are linked to complex, continuous patterns of lifestyle behaviors. Healthy behaviors in disease prevention position community groups as the initiators and destinations of healthy behaviors. Preventive health behaviors encompass self-protective activities, namely any self-protective activity undertaken by individuals who believe they are healthy, to prevent and detect disease in its asymptomatic state. In this regard, village communities in Jatinangor District require special attention to both physical and non-physical health, in healthy lifestyles, to prevent disease and thus shift the paradigm of healthy lifestyles to achieve the highest level of health. Based on the above, researchers will examine the belief model of healthy behaviors in village communities in Jatinangor, Sumedang Regency. From the description above, we formulated three research questions:

- 1) What are the health behaviors of community groups in Sumedang Regency, Jatinangor District?
- 2) What is the health belief model in community behavior in Jatinangor District, Jatinangor Regency?
- 3) What factors influence health behaviors in community groups in Sumedang Regency, Jatinangor District?

2. Literature Review

2.1. Healthy Living Behavior

To explore the health behaviors of community groups in Jatinangor District, Sumedang Regency, we use the healthy lifestyle model, specifically the Health Belief Model, which consists of: action adoption, social cognition, self-efficacy, and social support. A culture of cleanliness and health must be fostered within the community. This begins with the family, school, and community. Quality health services are essential in the form of integrated health posts (*Posyandu*), community health centers (*Puskesmas*), hospitals, and other health services to help the community access treatment and health services, including diet.

In developing countries today, including Indonesia, the conceptual foundation of the Health Belief Model has developed within the context of healthy lifestyle behaviors, namely: (1) the desire to avoid disease through preventive measures to achieve health, and (2) the belief that certain healthy actions can prevent or reduce illness. The Health Belief Model is based on behavioral theory, which states that a person's behavior depends on (1) the value an individual places on a goal and (2) the individual's estimate of the likelihood that their behavior will achieve that goal [2, 5].

Health behavior is a person's response to stimuli related to illness and disease, the healthcare system, food and drink, and the environment [6]. Healthy behavior includes actions individuals take to maintain and improve their health, such as disease prevention, personal hygiene, and fitness through exercise and nutritious food.

Clean and healthy lifestyles must be created within the community to maintain health. The quality of the next generation will determine the quality of Indonesia's future human population. The majority of health problems can be prevented through preventive measures. Based on these findings, an estimated 15% of Indonesia's population suffers from a disease. Developing countries, including Indonesia, need to change their health development models and concepts to face these challenges.

The health belief model theory is a social group behavior. Healthy behaviors are developed within the context of healthy behavior. Healthy lifestyle behaviors are vital in disease prevention in social groups. As the initiator and target of healthy lifestyle behaviors, there are three types of health behaviors that are the focus of individuals and groups: preventive health behaviors and disease behaviors. Preventive health behavior includes protective behavior, namely any activity carried out by individuals who believe they are healthy, aiming to prevent and detect disease when it is already present (asymptomatic).

2.2. Health Belief Model

2.2.1. Action Adoption Theory

Some elements developed in the Health Belief Model (HBM) include the theory of action adoption. This behavioral theory emphasizes the individual's beliefs and perceptions, including experiences and information acquired by the individual, which ultimately lead to actions in viewing something. For example, the individual's own experience with treatment can influence their perception of health.

The scope and application of the Health Belief Model to health behavior include behaviors aimed at preventing illness, behaviors related to illness diagnosis, and behaviors that can influence illness severity. The primary concept of the Health Belief Model is that healthy behavior is determined by an individual's beliefs or perceptions about illness and the means available to prevent it.

The Health Belief Model can also explain preventive behavior in individuals. Modeling involves observing the behavior of others [7], observing, and modeling sequences of behaviors, which can effectively change healthy lifestyle behaviors [8]. Expectancies, perceptions of the benefits of an action, and perceptions of barriers to taking action are also important.

Thus, individuals who exhibit optimal levels of beliefs about susceptibility and severity cannot be expected to accept any health action recommendation unless the action is perceived as potentially efficacious [2, 9]. Specifically, various sociodemographic factors, particularly educational attainment, are believed to indirectly affect behavior by influencing perceptions of susceptibility, severity, benefits, and barriers [9].

In conclusion, the concept of healthy living, according to the health belief model theory, explains people's reluctance to participate in disease prevention or awareness programs. The application of the health belief model in healthcare encompasses behaviors used to prevent disease, behaviors related to disease diagnosis, and factors influencing disease progression. Most importantly, good behavior is determined by a person's beliefs or thoughts about the disease and the steps that can be taken to prevent it. Imitation occurs by observing the behavior of others and adopting a behavioral pattern to change lifestyles over time.

The health belief model was developed from behavioral theory, which states that a person's behavior depends on the importance a person places on a goal and the person's perception that their behavior will achieve that goal. Much of what has been developed in the health field is based on occupational theory. This theory emphasizes people's thoughts and beliefs about behavior, particularly health behaviors.

The Health Belief Model (HBM) is a personal belief model used to identify attitudes related to work and non-work. Health beliefs relate to several important aspects of health behavior, such as risk, the belief that one is at risk of developing a disease (or willingness to accept one's illness, beliefs about illness or health), while accepting one's vulnerability to situations perceived as dangerous (i.e., health problems), and perceived benefits of work.

2.2.2. Self-Efficacy Theory

Bandura [10] developed the theory of self-efficacy. Self-efficacy is an individual's belief that they can achieve a certain level of performance by leveraging past experiences and events that have impacted their lives. A person's level of self-efficacy determines their ability to feel, think, motivate, and act appropriately.

A person's belief in their abilities is formed through four primary sources of influence. These four sources of self-efficacy beliefs stem from: 1) The most effective way to achieve strong self-efficacy is through mastery experiences. To develop a strong sense of self-efficacy, a person must have experience overcoming various problems through effort; 2) creating and strengthening confidence in one's abilities occurs through reflection on experiences from social models; 3) social persuasion reinforces the belief that the person possesses the necessary capital to succeed; and 4) changes in self-confidence in one's abilities occur through a reduced stress response and a change in one's tendency toward negative emotions and misconceptions about one's physical condition. According to Bandura [11] the sources of self-efficacy and the change process are based on four primary factors that shape self-efficacy. For example, someone who fails a grade will recall other past successes. If the results achieved are optimal, self-efficacy increases. An individual's confidence in achieving goals is mediated by the self-efficacy theory.

The above description can be summarized as follows: self-concept is defined as a person's belief in their ability to achieve a certain level of performance based on past experiences that have impacted their life. People's belief in success comes from four sources. The best way to build self-esteem is by giving orders. Creating and enhancing confidence in human potential and considering the work performed from a cultural perspective.

2.3. Factors Influencing Health Behavior from the Perspective of the Health Belief Model

The health belief model can also explain individual preventive behavior. Modeling involves observing the behavior of others [7]. Observing and modeling behavioral sequences can effectively change healthy lifestyle behaviors [8]. Expectancy is the perception of the benefits of an action. Perceptions of barriers to action are factors that influence action. Triggers for action include media, the influence of others, and reminders. The combination of vulnerability and severity is called perceived threat.

Health belief models are influenced by several factors, including psychological characteristics [12] and structural variables, such as knowledge [13]. Psychological characteristics influence an individual's health belief model [12]. Health psychology studies examine an individual's perception of engaging in healthy behaviors using the Health Belief Model (HBM) theory.

Based on the above conclusions, the Health Belief Model relates to the following key aspects of health behavior: fear, thoughts about disease risk (or willingness to accept disease), and perceptions of disease or health risks. This combination of risk and exposure is called a threat. Then, another aspect is perceived benefits, even accepting one's vulnerability to a situation perceived as difficult. It depends on beliefs about the effectiveness of various behaviors in reducing health risks.

People in middle and lower socioeconomic groups have less knowledge about the causes of death. In particular, many social factors, especially educational attainment, are thought to indirectly affect behavior by eliciting perceptions of risk, pressure, benefits, and barriers. People are less likely to develop osteoporosis because they are less educated. Attitudes and factors influencing people's health beliefs include self-evaluation (determining one's ability to do the same).

3. Research Methodology

3.1. Research Design

The paradigm used in this study was constructivism [14]. The method used in this study was a mix of quantitative and qualitative methods. The quantitative method described the numbers found in each item in a presentation, while the qualitative method was chosen because it was considered more capable of explaining reality in depth by emphasizing the process, meaning, and definition of situations and experiences that underlie individual actions in social health [15, 16].

The meaning and experiences of individuals in healthy living behaviors and the health beliefs of this community group would be very difficult to uncover through quantitative categories and measurements. To uncover meaning and experience as the basis for action, researchers must conduct in-depth observations and interviews. To complement the depth of qualitative research, the approach used in this study was qualitative, which emphasizes understanding the meaning of events and their relationship to individual actions in specific situations [17].

Through mixed-method quantitative and qualitative research, researchers can identify the essence of the experiences of individuals, families, and community members in healthy lifestyles, emphasizing the importance of health beliefs rather than curative measures in providing health services. Understanding human life experiences makes life perspective a research method whose procedures require researchers to study a number of subjects through direct and relatively long-term involvement to develop patterns and meaningful relationships of life experiences in relation to the context of time, space, and their life histories [16, 18].

3.2. Research Setting

Geographically, Sumedang Regency is located at coordinates 06°34'46.18''-7°00'56.25'' South Latitude and between 107°01'45.63''- 108°21'59.04'' East Longitude. According to Sumedang Regency Regional Regulation Number 2 of 2024 concerning Sumedang Regency Spatial Planning for 2011-2031, the area of Sumedang Regency is 155,872 hectares, consisting of 26 sub-districts with 276 villages and 7 urban villages. The largest sub-district is Buahdua Sub-district, which covers 10,768.28 hectares, and the smallest is Cisarua, which covers 1,770.74 hectares.



Figure 1.
Map of Sumedang Regency.
Source: Sumedang Regency Administration.

Jatinangor District was chosen because it was designated as a state university city to accommodate educational activities in Bandung, which was already overflowing. In accordance with the Decree of the Governor of West Java No. 593/SK.83-PLK/1989, concerning the designation of Jatinangor as a KPT by utilizing former rubber plantation land. The district consisted of ten villages. Two villages to the west were in the administrative area of Bandung Regency, namely Cileunyi Wetan and Cileunyi Kulon Villages. Eight villages are located in the administrative area of Sumedang Regency, namely Cilayung, Cileles, Hegarmanah, Jatiroke, Cikeruh, Sayang, Cibeusi, and Cipacing Villages.

3.3. Determination of Research Informants

The selection of informants in this study used a purposive sampling technique. The determination of criteria in this study was carried out by considering parties or individuals who understand the process of social health change in community groups in Sumedang Regency, Jatinangor District. The informants were those who were involved in policy-making and understood the conditions of community groups in Sumedang Regency, Jatinangor District.

Based on the results of the researcher's initial observational study of the community groups in Sumedang Regency, Jatinangor District, who worked as K3L (Employee Safety and Health) in 2009 at the UNPAD Jatinangor Campus, the number of K3L was currently estimated at approximately 400 people, with 14 foremen. All of them came from villages in Sumedang Regency, Jatinangor District. The recruitment process for these community groups surrounding the Sumedang-Jatinangor Regency area was determined by meeting directly with village heads in 12 villages in Sumedang-Jatinangor Regency, some of which were Cileles, Cikuda, Cikeruh, and several others [19].

To maintain the validity of the collected data, triangulation techniques were employed, namely, triangulating data from sources and conducting interviews with various informants to obtain the most valid data. The second type of triangulation was methodological triangulation, which involved collecting data through interviews and observations, or vice versa, so that researchers obtained data that had similarities between the two collection methods.

3.4. Data Collection Technique

In this study, data were obtained from two sources: primary and secondary data. Primary data were obtained directly from informants through in-depth interviews and observation techniques. Secondary data were obtained through a literature review by examining written materials, research literature, articles, photographs, and statistical materials relevant to the research problem. The data collection process was conducted for six months, from June 2023 to December 2023. The description is as follows:

3.4.1. Participant Observation

Observations were conducted by directly observing and understanding the activities of 60 informants in the Sumedang Regency, Jatinagor District, community groups. These groups required special attention to both physical and non-physical health, focusing on healthy lifestyles to prevent disease. Observation, participation, and focus group discussions were employed. Researchers were directly involved in community activities to gain trust from the local community. Participant observation was conducted to understand the health beliefs and behaviors of community groups in Sumedang Regency, Jatinagor District, involving 60 informants who require special attention, both physical and non-physical health. This awareness of health beliefs and community behaviors regarding disease can be transformed to achieve the highest level of health through early health screening. From the observations conducted, the author obtained a wealth of information and knowledge as sources of research data. These include patterns of community interaction and community interactions in community health group behavior beliefs through early health care services in the form of medical treatment in community groups in Sumedang Regency, Jatinagor District.

3.4.2. Interviews

The interviews with 60 informants were either unstructured or in-depth. The interviews lasted between 30 and 90 minutes and were conducted informally and without a strict structure, allowing participants to engage in a conversational manner and highlight the questions they wished to address. This approach facilitated targeted, problem-solving discussions without being patronizing. The informants represented various societal positions, and detailed information about them is provided in the sub-chapter on research informants. The interviews were conducted directly, without media intermediaries, and took place in diverse locations such as residents' homes, at the target group's sites, and during various events where relevant information could be gathered. The interview process was adapted to the circumstances and needs of each informant. Through these in-depth interviews, researchers obtained detailed insights into social health changes occurring within community groups in Sumedang Regency, Jatinagor District, based on the informants' direct experiences. The interviews were recorded, transcribed, and coded, then grouped to align the information obtained from the various informants.

3.4.3. Focus Group Discussion (FGD)

To complete the research information, data collection was also obtained through Focus Group Discussion (FGD) conducted with groups according to adult age based on the criteria of the Indonesian Ministry of Health: early adulthood 26-35 years, late adulthood 36-45 years, early elderly 45-55 years, late elderly 56 years and above, community groups in Sumedang Regency, Jatinagor District, from various levels of society. The FGD was attended by government officials, health service institutions, community leaders, and members from various community groups. The FGD lasted for 1 hour and 15 minutes to gather information related to the process of health beliefs in the behavior of community health groups, disease treatment services within these groups, and social changes occurring in community life over time and space.

3.4.4. Documentation

Documentation techniques collect data through written records such as archives, including books on opinions, theories, propositions, laws, and other matters related to the research problem. This method is primarily used to trace historical data.

3.5. Data Analysis Techniques

The data analysis in this study used an interactive analysis model, comprising data collection, data reduction, data presentation, and data verification [20]. The analysis process at this qualitative stage was conducted concurrently with data collection. The following data analysis stages were performed: data collection, data reduction, data presentation, and conclusions/data verification. This schematic can be illustrated as follows:

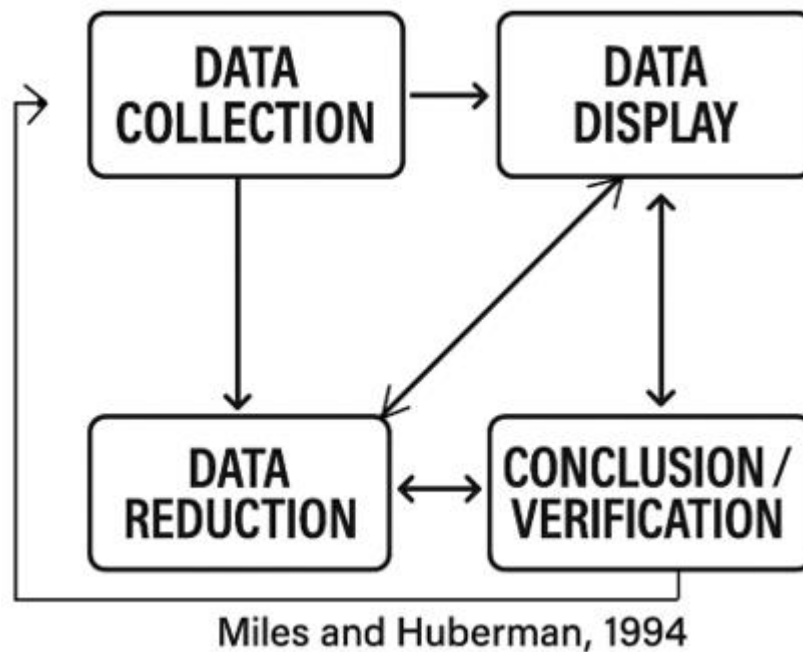


Figure 2.
Interactive data analysis model schema.
Source: Miles and Huberman [20].

3.6. Data Validity and Reliability

Data validity was assessed by referring to credibility standards through triangulation techniques to ensure the results of data processing in the qualitative phase. This was done to ensure the research results had a high level of reliability, consistent with the facts on the ground [21]. The data obtained were compared and tested using more than one data collection technique and with other data.

Data generated from interviews and focus group discussions (FGDs) were compared with observational results in data triangulation. Similarly, primary data collection was compared with secondary data. Conversely, secondary data was also compared with primary data. Qualitative data reliability was assessed by referring to three aspects: (1) consistency, meaning repeated measurements yield consistent results; (2) precision or accuracy regarding the research object; and (3) homogeneity, where the main elements of the research are closely related to one another and contribute to a comprehensive understanding of the research problem [21].

4. Results and Discussion

4.1. Health Behavior of Community Groups in Sumedang Regency, Jatinangor District

4.1.1. Description of Quantitative Data Interpretation from the Perspective of the Health Belief Model

Table 1.

Distribution of community behavior from the perspective of the Health Belief Model in community groups in Sumedang Regency - Jatinangor District.

Operational Definition	Health Belief Model Perspective	
Percentage	Category	Code
76%-100%	Good	3
56%-75%	Poor	2
0< 55 %	Fair	1

Table 2.

Distribution of community behavior from the perspective of the Health Belief Model in community groups in Sumedang Regency - Jatinangor District.

Percentage and Category Results	
Health Belief Model Perspective	
52 (86%)	Good
0 (0%)	Poor
8 (13.33%)	Fair

From the table above, the distribution of community behavior from the perspective of the Health Belief Model in the community group of Sumedang Regency, Jatinangor District, was assessed using a sample of 60 individuals through quantitative statistical tests. Six question items were directed at respondents, utilizing the Godmen scale, with questions answered with YES or NO. In the operational definition of the problem of healthy beliefs within the individual community group of Sumedang Regency, Jatinangor District, the results indicated that 52 respondents (86%) fell into the good category, 0 respondents (0%) into the sufficient category, and 8 respondents (13.33%) into the less category.

Table 3.

Distribution of Community Behavior from the Mean Value of the Health Belief Model Perspective in Community Groups in Sumedang Regency - Jatinangor District.

Value %	Frequency	xi	$fi.xi$
76% -100%	52	88	4.769
56% - 75%	0	65,5	0
0 % < 55%	8	27,5	220
	$\sum xi = 60$		$\sum fi.xi = 4.769$

$$\text{Sigma Number } x \text{ bar} = \frac{\sum fi.xi}{\sum fi} = \frac{4.769}{60} = 79,93$$

Godmen scale with YES and NO answers, the results of the mean value (average value) in Table 38, "Distribution of Community Behavior from the Perspective of the Health Belief Model in the Community Group of Sumedang Regency - Jatinangor District," obtained the results of the Health Belief Model Perspective mean value (average value) sigma x bar = 79.93.

Table 4.

Distribution of Community Behavior from the Median Value of the Health Belief Model Perspective in the Community Group of Sumedang Regency - Jatinangor District.

Value %	Frequency	fk
76% -100%	52	52
56% -75%	0	52
0 % < 55%	8	60
	$n = 60$	

$$\text{Median Location, Me: } \frac{n}{2} = \frac{60}{2} = 30$$

$$\text{Median} = tb + \frac{n - fk.p}{fk} . p \quad \text{Median} = 75 + \frac{(-37).30}{52} \quad \text{Median} = 75 - 53,365 = 21,635$$

Median (Middle Value) of the Health Belief Model Perspective using the Godmen Scale, with YES and NO answers, is 21.635. Table 39 shows the distribution of the Health Belief Model Perspective in community groups in Sumedang Regency, Jatinangor District.

Table 5.

Distribution of community behavior from the perspective of the modus of the Health Belief Model in community groups in Sumedang Regency - Jatinangor District.

Value %	Frequency
76% -100%	52
56% -75%	0
0 % < 55%	8

Modus

$$Mo = tb + \frac{d1}{d1 + d2} . p \quad Mo = 75 + \frac{52}{52 + 52} . 30 \quad Mo = 75 + 15 = 90$$

Godmen scale with YES and NO answers, the mode value (the value that appears most often) is in table 40. Perspective of the Health Belief Model in the community group of Sumedang Regency, Jatinangor District. The results of the mode value (the value that appears most often) obtained a value of 90.

4.1.2. Community Behavior from the Perspective of the Health Belief Model in Community Groups

Point 1. Health conditions, physical and mental health, and spiritual

Informants 1-60 and Focus Group Discussion (FGD)

AI1-60

These verses emphasize the importance of maintaining physical, mental, and spiritual health through simple living, exercise, and gratitude to God. Good health is achieved through proper diet, rest, and positive coping mechanisms such as prayer and worship. The role of parents in instilling these values is also emphasized. The main message is that good health and happiness require consistent effort and a holistic approach to self-care, which can lead to a happy and prosperous future. Furthermore, being grateful for life's blessings and relying on God's love and sustenance can provide good living

conditions, including being able to live a full and happy life, maintaining health, lifestyle, and spirituality, and facing problems with calm.

Point 2: The reason for having the opportunity to develop as widely as possible the abilities that one has had since birth to achieve good health.

Informants 1-60 and Focus Group Discussion (FGD)

AI1-60

These verses emphasize the importance of continually learning and updating health and scientific knowledge to maintain a healthy and peaceful life. Developing skills and knowledge is essential for personal growth and productivity, with a focus on effectively utilizing knowledge to maintain a healthy lifestyle. Optimizing one's health and abilities to positively impact the future, especially in old age, is crucial, and in the process, gratitude should be practiced. A healthy lifestyle is essential for optimal productivity and future well-being.

Health is now synonymous with disease, medicine, community health centers, hospitals, and doctors, often with a hysterical attitude. Consequently, prevention is rarely a primary concern when dealing with health problems. However, research shows that more than 80 percent of health problems can be prevented through preventive measures. In this sense, health must be viewed as a holistic whole comprising physical, mental, and social elements, with mental health being an integral part of health [22]. Health problems are not only characterized by the presence of disease but also by health disorders, which are characterized by feelings of physical, mental, and spiritual distress. Environmental disturbances are also a health problem because they can contribute to health issues or illness.

From the explanations and definitions of health above, health consists of three dimensions, namely physical, psychological, and social. In other words, a person is allowed to develop as widely as possible the abilities they have been born with to achieve health. Health behaviors carried out over a long period of time, related to complex, continuous behavioral patterns, are called "lifestyle" behaviors. Health has traditionally been viewed as a social investment, considered a development burden with little direct impact on society. Health is now more synonymous with disease, medicine, community health centers, hospitals, and doctors who provide curative treatment, resulting in frequent health problems, with prevention becoming the primary priority.

4.2. Health Belief Model in Community Group Behavior in Jatinangor District, Sumedang Regency

4.2.1. Health Belief Model: Adaptation Action Theory

Point.1 Positive Attitudes and Individual Confidence in Healthy Behavior

Informants 1-60 and Focus Group Discussion (FGD)

AI1-60

The verses in the text emphasize the importance of maintaining a healthy lifestyle through positive thinking, hygiene, and healthy behaviors. They highlight the connection between physical and mental health and the need to practice both personal hygiene and mental health care. The key is to prioritize hygiene, healthy habits, and positive thinking to achieve overall well-being and prevent heart disease. Maintaining an open mind and a positive attitude is essential to avoid mental health problems and take effective action to achieve a healthy life. The implementation of PHBS is recommended to achieve overall well-being and prevent disease. Positive attitudes and beliefs about health can influence healthy behaviors and lead to a healthier lifestyle.

Point.2 Individual beliefs in the form of experiences and information obtained by the individual in developing perceptions about health.

Informants 1-60 and Focus Group Discussion (FGD)

AI21-30

This section discusses the importance of experience and information in shaping individual perceptions and behaviors regarding health. Good information can increase knowledge and lead to better preventative measures, while experience can serve as a learning tool for current and future behaviors. Both experience and information can broaden one's understanding of health and lead to more accurate perceptions. Ultimately, experience and information can serve as a basis for taking better health-related actions.

Point3 Experiences of treatment within an individual and the experiences of others foster perceptions of health.

Informants 1-60 and Focus Group Discussion (FGD)

AI1-60

This section of the text emphasizes the importance of personal experience and learning in promoting good health behaviors and preventing negative health outcomes. Personal experiences guide health-related behaviors, provide valuable lessons for individuals to improve their health behaviors, and shape their perceptions and responses to health issues. Comparing experiences with others can serve as a reflection of personal growth and learning. Overall, personal health-related experiences can leave a lasting impression and serve as a guideline for shaping perceptions and attitudes toward health.

Some elements developed in the Health Belief Model include the theory of action adoption. This theory emphasizes individual attitudes and beliefs regarding behavior, particularly health behaviors. This behavioral theory emphasizes the individual's beliefs and perceptions, including experiences and information obtained, which lead to actions in viewing something. For example, an individual's own medical experience or the experiences of others foster a perception of health. Existing beliefs lead individuals to follow behaviors consistent with these beliefs [2, 9].

The scope and application of the Health Belief Model to health behavior include behaviors aimed at preventing illness, behaviors related to illness diagnosis, and behaviors that can influence illness severity. Healthy behavior is determined by an individual's beliefs or perceptions about illness and the means available to prevent it.

The Health Belief Model can also explain preventative behavior in individuals. This explains why some individuals are willing to take preventative actions, undergo screenings, and manage existing diseases. Respondent behavior can also be examined through modeling and operant conditioning approaches, leading to behavior change due to its consequences [13]. Modeling is conducted by observing the behavior of others [7]. Observing and modeling behavioral sequences can effectively change healthy lifestyle behaviors [8].

Several factors in the health belief model are cognitively based (such as beliefs and attitudes) and are related to the thought processes involved in individual decision-making and determining a healthy lifestyle. In health psychology, individual perceptions regarding implementing or choosing healthy behaviors are examined within the Health Belief Model (HBM) adaptation theory. The HBM is a model of individual health beliefs that determine whether or not to engage in health behaviors as part of an adaptive process.

Experience and information are crucial in shaping individual perceptions and behaviors regarding health. Good information can increase knowledge and improve preventive measures, while experience can serve as a learning tool for current and future behaviors. Both experience and information can broaden a person's understanding of health and lead to more accurate perceptions. Ultimately, experience and information can serve as a basis for taking better health-related actions.

4.2.2. Self-Efficacy Theory of Health Beliefs of Individual Community Groups in Sumedang Regency, Jatinagor District

Point 1. An individual's belief about the ability to achieve a certain level of performance is based on their experiences of past events that influence their health prevention beliefs.

Statements from Informants 1-60 (FGD)

AI1-60

The importance of individual beliefs and experiences in achieving success in preventive health behaviors. Beliefs in one's abilities and performance levels are linked to experience and can serve as a catalyst for action. Seeking support from familiar individuals and role models facilitates information absorption and behavior change. Self-confidence serves as a foundation for action and behavior regulation, which is crucial in reducing health risks and improving quality of life. Obtaining information and assistance from those familiar with the subject is essential for improving performance and behavior. Health behaviors are vital for reducing disease risk, improving health, and enhancing quality of life. Behavior regulation is a key determinant of health behavior, and individuals who recognize the importance of prevention may be motivated to take an active role in guiding appropriate preventive actions.

Point.2 A person's ability to feel, think, motivate and behave appropriately in health prevention beliefs.

Statements from Informants 1-60 (FGD)

AI1-60

The importance of positive thinking, self-confidence, and mutual support in maintaining health and making healthy choices. Constructive criticism, feedback, and knowledge also help improve behavior and increase confidence in health prevention. Emotional connections and support from others positively influence behavior, and confidence in one's health serves as a guiding principle in decision-making. The overall theme centers on feeling safe and secure in life through positive thinking, motivation, and support from others. Social connections and emotional benefits also play a significant role in influencing behavior and broadening one's perspective.

Point.3 Belief in preventive health behavior

Statements from Informants 1-60 (FGD)

AI1-60

The importance of knowledge and experience in personal growth, disease prevention, and maintaining good health. Personal experiences and social support shape health beliefs, and having adequate knowledge and skills increases self-confidence and motivation to achieve health goals. Adaptability to change and strong beliefs in health prevention and maintenance are important factors. Understanding and experience provide the basis for taking action, and possessing health-related knowledge and skills is beneficial for individual groups in society. Overall, knowledge and experience are crucial for promoting healthy lifestyles.

Self-Efficacy Theory. Self-efficacy is defined as an individual's belief in their ability to achieve a certain level of performance, drawing on their experiences with past events that have influenced their life.

A person's belief in their efficacy can come from four sources [10]: 1). The most effective way to create strong self-efficacy is through mastery experiences; 2) creating and strengthening confidence in one's abilities is through reflection on experiences from social models; 3) social persuasion enhances one's belief that they possess the necessary skills for success; 4) changing self-confidence in one's abilities involves reducing stress reactions, altering negative emotional tendencies, and misinterpreting physical conditions. Physiological indicators of self-efficacy influence health function, athletic activity, and other physical activities [9, 23]. According to Bandura [11] the sources of self-efficacy and the process of changing them involve four main factors: performance accomplishment, participant modeling, performance desensitization, and performance exposure.

It is important to take care of ourselves and not ignore the truth of others. Self-confidence and positive thinking can prevent negative behaviors due to excessive stress. Collaboration and solidarity within a community can increase efficiency and help achieve common goals. Showing empathy and positive actions can counteract negative behaviors and

lead to effective problem solving. Additionally, these sections highlight the importance of supporting the well-being of others, reducing stress, taking positive actions to counteract negative behaviors, maintaining a positive mindset for problem-solving, being open to the truth from others, and the benefits of good cooperation in achieving goals and building strong relationships within the community. Managing stress is crucial for psychological well-being and healthy behaviors. Maintaining healthy mindsets and behaviors is essential for achieving success and well-being.

Managing emotional responses and building self-confidence through self-motivation are crucial for success and good health. The interplay between emotions, social relationships, and personal motivation is essential for maintaining health and successful relationships. Self-confidence and motivation are key factors in achieving health goals. Self-confidence, support, and caring within a group are emphasized for achieving health goals. Attention and recognition from others can be powerful motivators and can lead to better outcomes.

Close relationships and group support are also important for emotional and physical health, particularly in preventing health problems. To respond appropriately, it is important to be aware of community responses to health problems. The overall focus is on the benefits of support and attention within a group for success in various life aspects. Accountability is also important for personal and family growth, with expectations and motivation playing a role in achieving goals and overcoming challenges. Taking ownership of one's actions and performance is crucial for prevention efforts, and setting goals and having positive expectations can increase confidence and drive. The interconnectedness of responsibility, support, motivation, and goal setting is emphasized in achieving personal and family success.

4.3. Factors Influencing Health Behavior in Community Groups in Sumedang Regency, Jatinangor District

4.3.1. Description of Quantitative Data of Factors Influencing Health Behavior of Community Groups from the Perspective of the Health Belief Model in Sumedang Regency, Jatinangor District

Table 6.

Distribution of Factors Influencing Health Behavior of Community Groups from the Perspective of the Health Belief Model in Sumedang Regency, Jatinangor District.

Operational Definition	Factors Influencing Health Behavior of Community Groups from the Perspective of the Health Belief Model
Category	Code
76-100% BAIK	3
56-76 % CUKUP	2
< 55% KURANG	1

Source: Field Data, 2024.

Table 7.

Distribution of Factors Influencing Health Behavior of Community Groups from the Perspective of the Health Belief Model in Sumedang Regency, Jatinangor District.

Value	Factors Influencing Health Behavior of Community Groups from the Perspective of the Health Belief Model
51 (85%)	Good
0 (0%)	Fair
9 (15%)	Poor

Source: Field Data, 2024.

Table 8.

Distribution of mean values of factors influencing health behavior of community groups from the perspective of the Health Belief Model in Sumedang Regency, Jatinangor District.

Value %	Frequency	x_i	$f_i.x_i$
76% -100%	51	88	4,488
56% - 75%	0	65.5	0
0 % < 55%	9	27.5	247.5
	$\sum x_i = 60$		$\sum f_i.x_i = 4,735.5$

$$\text{Sigma Number } \bar{x} = \frac{\sum f_i.x_i}{\sum f_i} = \frac{4,735.5}{60} = 78.925$$

Godmen scale with YES and NO answers; the mean value results (average value) in Table 51. Distribution of factors influencing health behavior of individual community groups from the perspective of the Health Belief Model in Sumedang Regency, Jatinangor District. The mean value results (average value) sigma $\bar{x} = 78.925$.

Table 9.

Distribution of median values of factors influencing health behavior of community groups from the perspective of health belief models in Sumedang Regency, Jatinangor District.

Value %	Frequency	fk
76% -100%	51	51
56% - 75%	0	51
0 % < 55%	9	60
	n = 60	

Median Location, Me: $\frac{n}{2} = \frac{60}{2} = 30$

$$Median = tb + \frac{\frac{n}{2} - fk}{f_m} \cdot p \quad Median = 75 + \frac{15 - 51}{51} \cdot 30 \quad Median = 75 - 2.176 = 53.824$$

Median (middle value) table 52. Distribution of factors influencing health behavior of community groups from the perspective of the Health Belief Model in Sumedang Regency, Jatinangor District. The median value obtained is 53.824.

Table 10.

Mode Distribution of Factors Influencing Health Behavior of Community Groups from the Perspective of Health Belief Models in Sumedang Regency, Jatinangor District.

Nilai %	Frequency
76% -100%	51
56% -75%	0
0 % < 55%	9

Modus

$$Mo = tb + \frac{d1}{d1 + d2} \cdot p \quad Mo = 75 + \frac{51}{51 + 51} \cdot 30 \quad Mo = 75 + 15 = 90$$

Godmen scale with YES and NO answers; the mode value (the value that appears most often) is in Table 53. Mode (the value that appears most often) distribution of factors influencing health behavior of individual community groups from the perspective of the health belief model in Sumedang Regency, Jatinangor District. The results of the mode value (the value that appears most often) obtained a value of 90.

4.3.2. Factors Influencing Public Health Behavior from the Perspective of the Health Belief Model in Sumedang Regency, Jatinangor District

Point1. vulnerability to the dangers of disease or willingness to accept a threatening disease

Informants 1-60 and Focus Group Discussion (FGD)

AI1-60

Disease preparedness and vigilance, recognizing vulnerability, and being aware of sudden changes in health. Prevention is better than cure, and building a strong immune system is necessary to deal with potential illnesses. Negative perceptions of disease must be dispelled, and awareness of disease susceptibility is crucial. Past experiences can shape one's perception of disease susceptibility, and early awareness and sensitivity can prevent future health threats. Overall, the focus is on the importance of prevention and preparedness in maintaining health.

Point2 perception of the severity of illness or health condition

Informants 1-60 and Focus Group Discussion (FGD)

AI1-60

Early identification and treatment of the disease can prevent its severity and negative impact on daily activities and prognosis. Understanding the causes and appropriate interventions is crucial to preventing further disability and complications. Delaying treatment can have devastating consequences, and managing and accepting the disease are essential for making informed decisions about one's health. The severity of pain and discomfort experienced must be understood because it can affect a person's perception of health and decision-making. Overall, early intervention and understanding the causes and treatment of this disease are crucial to prevent its worsening.

Point3 belief in the effectiveness of various behaviors in reducing health threats

Informants 1-60 and Focus Group Discussion (FGD)

AI1-60

Be proactive and vigilant in facing health-related challenges and obstacles in life. Belief and awareness play a crucial role in encouraging preventative behaviors, including maintaining healthy habits to reduce health risks and prevent chronic diseases. Having a positive mindset about health and taking proactive measures to maintain it are crucial for safety in this world and the hereafter. Being careful and vigilant can reduce the risk of disease by avoiding risky behaviors and maintaining a positive attitude toward health. This section emphasizes the importance of taking proactive steps to protect one's health and well-being.

Health behavior from the perspective of the Health Belief Model in Sumedang Regency, Jatinangor District (Health Belief Model) is influenced by several factors, including psychological characteristics [12] and structural variables, such as knowledge [13]. Demographic factors that influence an individual's health belief model include socioeconomic class. Individuals from lower-middle socioeconomic classes have less knowledge about the factors that cause a disease [13].

Modeling is done by observing the behavior of others [7]. Observing and modeling the sequence of behaviors can change healthy living behaviors effectively [8]. The main aspects of health behavior are as follows: a) threats: perception of one's own vulnerability to the dangers of disease (or willingness to accept a diagnosis of illness), perception of the severity of the illness or health condition; b) expectancy: perception of the benefits of an action; c) socio-demographic factors (education, age, sex, ethnicity); d) self-assessment: perception of one's ability to perform the action [2].

Perceived barriers have potentially negative aspects of a particular health action. Perceived barriers will hinder the implementation of the recommended behavior. Specifically, various sociodemographic factors, especially educational achievement, are believed to indirectly affect behavior by influencing perceptions of susceptibility, severity, benefits, and barriers [9]. The health belief model is influenced by several factors, including psychological characteristics [12] and structural variables, such as knowledge [13]. Psychological characteristics influence an individual's health belief model: self-assessment, influenced by structural variables, such as knowledge.

5. Conclusion

Community behavior is also based on the Health Belief Model. It emphasizes social relationships, positive thinking, stress reduction, health maintenance, and happiness. Promotion of healthy lifestyles, improved nutrition, and access to healthcare are emphasized to achieve a happier and more fulfilling life for Indonesians. This indicates that most community groups in Sumedang Regency, Jatinangor District, exhibit positive behaviors, with average scores ranging from 76.81 to 79.93. Factors influencing community health behaviors are examined from various theoretical perspectives, such as the Health Belief Model, Self-Efficacy Theory, and Adaptation-Action Theory. The majority of respondents demonstrated positive behaviors consistent with the theories used in the study. Factors influencing community health beliefs and behaviors in Jatinangor District, Jatinangor Regency, include prevention, early intervention, and efficient communication.

In Sumedang Regency, Jatinangor District, community groups tend to have positive health beliefs and behaviors. This study provides a clear picture of the health conditions of the community in the region and can serve as a reference for achieving the Healthy Indonesia 2030 goal. Developing a health belief model in Jatinangor District, Jatinangor Regency, from the Precede-Proceed Model Theory perspective, indicates that the environment influences health behavior, and proactive efforts are necessary to maintain good health. Individual mindsets, attitudes, and beliefs play significant roles in health outcomes. Trust in health services and knowledge is crucial in shaping community identity. Health education is vital for behavior change. Evaluation is essential to guide future improvements, while policies are important to ensure the effectiveness of health interventions. In the context of self-regulation and health among the Sumedang Regency, Jatinangor District community, good decision-making is based on beliefs, experiences, and information. Motivation, goal alignment, and self-regulation are key factors in achieving health goals. From a group perspective, cooperation and mutual support contribute to overall well-being. Strong beliefs in healthy living, disease prevention, and prioritizing prevention support healthy living goals. Social support, both from family and friends, aids in achieving physical and emotional well-being. Group support in health services fosters confidence and facilitates decision-making. Psychotherapy within support groups helps manage stress and strengthen social bonds.

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