



INDIVIDUAL HEALTH BELIEFS AND COLLECTIVE HEALTHY BEHAVIOR: A CASE STUDY OF THE JATINANGOR COMMUNITY

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Digital Object

Identifier

DOI:

Article History

Received:

March 6, 2025

Revised:

March 27, 2025

Accepted:

April 2, 2025

Available online:

July 2, 2025

Keywords

Community healthy behavior, case study, individual beliefs, Jatinangor.

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Abstract

Healthy behavior plays a crucial role in achieving "Healthy Indonesia 2030," where healthy practices need to emerge from both individuals and community groups. This endeavor is supported by prevention programs and initiatives to improve the quality of healthy living through primary healthcare services (Posyandu, Puskesmas) up to hospitals, facilitating treatment and early disease detection. The aim of this study is to examine and analyze aspects of health beliefs in the healthy behaviors of community groups in Jatinangor. This research employs a qualitative method approach through in-depth interviews, observation, and Focus Group Discussions (FGD). The results indicate that the majority of 60 informants hold strong beliefs in healthy behavior, demonstrated by a high perceived susceptibility to illness and a strong perceived benefit of preventive actions. It was found that fostering supportive communities, promoting healthy lifestyles, and showing respect for others significantly enhance psychological well-being. In conclusion, trust, self-regulation, motivation, social support, and individual mindset are highly instrumental in achieving physical and emotional well-being. Based on these findings, health programs in the Jatinangor District can be more focused on strengthening the role of community and peer support groups, given the significant influence of social support.

Whats is already known

Community health issues are a special concern because the community is a crucial component in the ecosystem of life. Maintaining healthy living habits is influenced by several factors, including the attitudes or behaviors of the community itself, family, and environment. However, if bad habits are already ingrained in an individual, it becomes very difficult to adopt healthy lifestyle patterns. (Fuady, Prasanti, & Indriani, 2020)

What is paper adds

The new finding from this research is the contradiction between the community's preference for curative treatment and the reality of Puskesmas (community health centers) also primarily focusing on curative care. This shows a gap between understanding and actual practice on the ground. Additionally, this research also proposes allocating 85% of funds not just for those who are sick, but also for healthy individuals who should benefit from the allocated funds. The Health Belief Model (HBM) is discussed here, explaining its components: perceived threat, perceived benefits, barriers, and cues to action. This research strongly emphasizes that over 80% of health problems can be prevented through preventive efforts, making it very important to prioritize prevention over treatment.

1. Background

The realization of "Healthy Indonesia 2030" profoundly depends on the widespread adoption of healthy behaviors by the community. Integrated promotive, preventive, and curative efforts, supported by excellent healthcare services ranging from Posyandu to hospitals, form the crucial foundation for achieving this objective (Asia E., & Region P, 200)

One theoretical framework widely used to understand healthy behavior is the Health Belief Model (HBM) (Abraham C., & Sheeran P, 2005). This model emphasizes that an individual's decision to adopt healthy behaviors is influenced by several core beliefs (Schwarzer, 1999). These include perceived susceptibility to illness, perceived severity of the illness, perceived benefits of preventive actions, perceived barriers to performing preventive actions, the presence of cues to action, and self-efficacy or the belief in one's ability to succeed (Joseph et al., 2009). The HBM provides a lens to analyze how individuals' cognitive beliefs influence their health actions (Anuar et al., 2020).

Therefore, this research aims to analyze individual health beliefs within the healthy behaviors of community groups in Jatinangor District, Sumedang. By analyzing aspects of individual health beliefs regarding healthy behavior, this study seeks to identify factors influencing healthy behavior beliefs. The urgency of this analysis is underscored by morbidity data from Sumedang Regency, particularly Jatinangor District. Based on the Puskesmas recording and reporting system, the top ten diseases in Sumedang-Jatinangor in 2024 are largely disease-related, such as myalgia (10.10%), primary hypertension (10%), and unspecified acute upper respiratory tract infections (8%-10%). This indicates that healthy behaviors have not yet fully supported optimal health among community groups in Jatinangor.

Field observations in 2024 revealed that unhealthy lifestyle behaviors still persist among community groups in Jatinangor, particularly among village community members working as K3L (Occupational Health and Safety) personnel at the UNPAD Jatinangor campus (\pm 400 people from 12 villages). Common practices include rarely eating breakfast, insufficient consumption of nutritious foods, a preference for fried foods cooked with used oil, and minimal intake of vegetables and fruits. Furthermore, habits like sharing food without regard for hygiene and incomplete use of personal protective equipment (PPE) when sweeping roads further exacerbate their health conditions. Early health examinations of UNPAD K3L members revealed findings such as muscle pain, headaches, gastritis, high blood pressure, gout, and high cholesterol, directly reflecting the low quality of health due to poor healthy living behaviors.

The community's tendency to prioritize curative treatment after becoming severely ill, often relying on over-the-counter medicines without a doctor's prescription, rather than undergoing early health check-ups or preventive measures, suggests a perception that Puskesmas primarily focus on treatment services rather than prevention. This subjective reality, where curative services are more readily accepted than preventive ones, reflects a barrier to a paradigm shift in public health behavior.

Numerous studies have previously investigated community healthy living behaviors in disease prevention. Krieger (1994) and Trevino and Jacobs (1994) highlighted the role of social pathogens and determinants of individual and community health

status such as public health, education, employment, and social stability. Observations by (Callon, 2007; Pollock, 2005; and Pulido, 2015) linked healthy lifestyle behavior models and motivational theories with environmental contexts and racial issues. Research by Zuniga (1994) also emphasized the importance of early health education to foster individuals who are responsible for their own and their family's health. Wahyuningrum (2015) utilized the Precede-Procede concept to analyze health promotion programs, demonstrating the model's suitability in focusing on preventive aspects and highlighting the significant role of the health behavior belief model and social support in shaping behavior.

Stemming from the urgency of health problems based on healthy behavior and the lack of focus on preventive aspects, as well as recognizing the crucial role of individual belief models in healthy behavior with social support in shaping behavior in Sumedang Regency, Jatinangor District, this study is highly relevant.

2. Methods

This study employs a qualitative research methodology. The decision to use a qualitative approach is based on the need to obtain in-depth information regarding the research subject, which provides a logical rationale for selecting this method to uncover data and answer the research questions. Analyzing changes in healthy behavior for preventive efforts within the context of social health processes cannot be separated from the actions of individuals, families, and community members who actively participate in forming or changing their own behavior. This is fundamentally rooted in the knowledge, awareness, and subjective meanings ingrained within them, both as individuals and as members of society. To uncover these meanings and experiences as the basis for actions, researchers must conduct in-depth observations and interviews, as is customary in qualitative research. To enhance the depth of this qualitative inquiry, the chosen approach emphasizes understanding the meaning of events and their connection to individual actions in specific situations.

Understanding human lived experiences makes a lifeworld perspective a suitable research method. Its procedures require researchers to examine a number of subjects by engaging directly and for a relatively long period, aiming to develop patterns and relational meanings from lived experiences within the context of their time, space, and life history (Creswell, 2010). Thus, in this research, the researcher's position is focused on how individual community members produce or reproduce their lives, recognizing that humans are not merely products of society but also agents capable of creating society through their daily activities. The principles of the lifeworld perspective align with what this research seeks to discover.

The process of health belief behaviors among individual community groups in Sumedang Regency, Jatinangor District, requires special attention to both physical and non-physical health, particularly concerning the health beliefs of individual community groups toward a specific disease. This understanding is crucial for transforming healthy lifestyle paradigms to achieve the highest degree of health, moving towards individual actions as agents who can recreate their social health reality to foster community group beliefs about a particular disease.

Therefore, to understand individual actions in changing healthy living behaviors within their health lives, the researchers need to deeply comprehend various events that occur. This includes understanding the context of time, space, situation, relationships, interactions, experiences, habits, meanings, history, and the activities undertaken by individual community members in Sumedang Regency, Jatinangor District.

Measurement

Independent Variables

The selection of informants for this study employed a purposive sampling technique, establishing criteria for both groups and individuals to be designated as informants. This approach ensures alignment with the research objectives and aims to identify individuals deemed relevant to addressing the research problem. The criteria for informant selection in this study considered individuals or parties who understand the health change processes within community groups in Sumedang Regency, Jatinangor District, including those involved in policy-making and community members knowledgeable about the conditions of these individual community groups in Sumedang-Jatinangor.

Based on these considerations, the informants for this study are individual community groups in Sumedang-Jatinangor District who require special attention regarding both physical and non-physical health, particularly concerning their health beliefs related to healthy behavior. This focus aims to shift the paradigm of healthy behavior towards achieving the highest degree of health.

The previously established criteria for informants are detailed as follows: individuals representing the health beliefs of community groups in Sumedang-Jatinangor, encompassing various internal and external aspects of these individual community groups, and integrating their health knowledge with community institutions. From the initial observation conducted by the researchers in August 2024 on the individual community groups in Sumedang-Jatinangor District working as K3L (Occupational Health and Safety) personnel at the UNPAD Jatinangor Campus, it was identified that there are approximately 400 K3L personnel with 14 foremen. All of them are residents from villages within Sumedang-Jatinangor District. The recruitment process for these community groups in the surrounding areas of Sumedang-Jatinangor was determined by directly meeting with village heads in 12 villages in Sumedang-Jatinangor, with prominent villages including Cileles, Cikuda, Cikeruh, and several others (Gunawan et al., 2019).

Based on the interview and observation findings by the researchers (August 2024) with community groups working as K3L at the UNPAD Jatinangor campus—who are native residents of the villages in Sumedang-Jatinangor—several crucial factors were identified regarding the health beliefs of these spread-out village community groups in Sumedang-Jatinangor District when implementing health beliefs into healthy behavior as K3L workers. These include: (1) frequently leaving for work in the morning without having breakfast; (2) eating inadequately, rarely consuming balanced and nutritious food for healthy body needs; (3) predominantly consuming food fried with frequently reused bulk oil; (4) rarely eating vegetables and fruits; (5) a habit of sharing food from one place, sometimes two people sitting under a shady tree after sweeping in the morning with meager food; (6) prioritizing feeling full over considering the nutritional balance between food intake and energy expenditure; and (7) rarely using complete personal protective equipment (PPE) such as gloves, masks, and safety helmets while sweeping on the road. To maintain the validity of the collected data, triangulation techniques were employed. This involved data source triangulation, 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) to ensure the researcher obtained consistent data from both collection methods (Donkoh S., & Mensah J, 2023).

3. Results

Healthy living behavior within community groups in Sumedang-Jatinangor District necessitates a complex process involving the ability to interpret various internal and external aspects of individual community groups, and to integrate these with community knowledge and institutional frameworks. This includes the objective reality of Puskesmas (community health centers) that predominantly intervene with curative treatment services rather than preventive ones. These Puskesmas services are accepted by individuals without being influenced by their personal opinions regarding the importance of preventive services compared to curative ones. This subjective reality, where curative treatment from the Puskesmas is accepted by villagers, includes ideas and opinions that curative treatment is better than preventive services (Observation Results, 2024).

This research critically examines the distribution of Knowledge Belief Issues among individual groups in the communities of Sumedang Regency, Jatinangor District. Through the use of a qualitative method, including in-depth interviews with 60 informants and Focus Group Discussions (FGDs), it was found that health is vital as a basic human need for personal and family well-being, and that knowledge and curiosity are necessary to maintain a healthy lifestyle. Health is viewed as a long-term investment, and possessing health knowledge can lead to better decision-making, increased responsibility for personal and family health, prevention of future diseases, and benefits for the surrounding environment (Bateman & Wheeler, 2018).

Curiosity about health can lead to good knowledge of healthy lifestyle patterns, early detection of health problems, and the socialization of health applications to family and friends (Tinsley, 1992). Overall, having health knowledge is essential for

personal and community well-being. Globally, health beliefs regarding preparedness and prevention are key to minimizing health problems. A strong immune system and eliminating negative perceptions that cause stress are crucial. A lack of health awareness can be a threat, underscoring the importance of proper preventive and curative measures (Kundi, 2019).

4. Discussion

Overall, having a health attitude belief is important and should be possessed by everyone (Rosenstock, 1974). Its purpose is to benefit others and lead a quality life. The attitude beliefs of each individual group within the community towards health vary, necessitating adjustments to create a supportive community for health beliefs and practices while respecting individual differences. The focus is on promoting healthy lifestyles and showing respect for others. Sensitivity to the health attitude beliefs of individual groups in the community and efforts to achieve common goals can result in healthier communities and enhanced psychological well-being. Positive health attitude beliefs can lead to proactive actions, informed decisions, and healthy behaviors, ultimately impacting disease risk. They can also boost the immune system and overall well-being. A positive health attitude belief can foster optimism and lead to a better quality of life and a healthier society. Therefore, having strong health attitude beliefs among individual groups in the community is crucial for disease prevention and maintaining optimal health status (Nemcek, 1990).

Action or practice implies that attitude is a tendency to act (practice). Action requires other factors such as facilities and infrastructure. Health practice refers to all activities undertaken to maintain health. Practical actions in maintaining health have a greater impact than mere knowledge, and setting a good example can help prevent disease. It is important to make healthy habits part of daily life and pursue preventive actions to improve community health. Positive health beliefs and discipline in daily life are also emphasized. Simple actions can significantly impact changing public attitudes towards health and serve as examples for others to follow. Encouraging friends to engage in physical activity and practice healthy habits can motivate others to do the same. Exposure to health-related information can increase trust in health, and having health knowledge and a positive mindset towards it can influence behavior and prevent health risks. Overall, living a healthy life can prevent disease risks and benefit oneself, family, and the environment.

The perception of "health" varies greatly among individuals; it cannot be interpreted as something static, fixed in a certain condition, but rather as a dynamic phenomenon. Those who are in a "healthy" state do not receive much promotional effort. Therefore, in budget prioritization, 85% of attention and cost should be allocated to the 85% of healthy population who need health promotion efforts. Given challenges like these, a paradigm shift and a new concept for health development are necessary. Maintaining personal hygiene, fitness, and health is crucial for a happy and fulfilling life. Individuals believe that investing in health through simple yet comprehensive methods is beneficial for the future. Individual and strong group mobilization and motivation are highlighted as effective ways to enhance self-care and personal growth. The focus is on the value of maintaining cleanliness, healthy habits, and physical well-being as a future investment in health and disease prevention. Good self-care practices can improve the quality of life and ensure desired outcomes are achieved, interpreted more positively, meaning that individuals are given the opportunity to fully develop their innate abilities to achieve health. Health is not merely physical well-being; it also encompasses mental, spiritual, and social health (Hertz, 2013).

Health problems are not only characterized by the presence of disease but also by health disturbances marked by feelings of physical, mental, and spiritual distress. Environmental disturbances also constitute health problems as they can cause health issues or illness. In Indonesia, based on research findings, approximately 15% of the population has diseases, while 85% feel healthy. Historically, greater attention has been directed towards those who are sick. It is crucial to prioritize prevention, as research indicates that over 80% of health problems (diseases) can be prevented through preventive efforts (Abdulraheem, 2023).

In Indonesia, based on research findings, approximately 15% of the population has diseases, while 85% feel healthy. Given the aforementioned challenges, a paradigm shift and a new concept for health development are necessary. In developing

countries today, including Indonesia, the fundamental concept of the Health Belief Model (HBM) in the behavior of individual groups in Jatinangor District, Sumedang Regency, is developing within the context of healthy living behavior. This includes: the desire to avoid disease through prevention to become healthy, and the belief that certain healthy actions will prevent or reduce illness. This expectation concerns individuals' personal vulnerability to disease and the severity of the disease, as well as their ability to reduce this threat through personal actions.

The importance of individual and group preparedness, self-confidence, and belief in preventing and avoiding disease is paramount. It is better to prevent diseases through readiness and access to healthcare services than to treat them after they emerge. Personal responsibility and readiness are crucial in anticipating and avoiding diseases, and healthcare services should be utilized to their fullest extent. Individual group beliefs are influenced by shared experiences and social influence, and personal beliefs can affect self-confidence in avoiding and preventing diseases. The focus is on preparing oneself and family to prevent potential diseases and facilitate healthy behaviors. The overall goal is to prioritize prevention over treatment. The Health Belief Model (HBM) includes, among others, the theory of action adoption. This theory emphasizes individual attitudes and beliefs in behavior, particularly health behavior. This behavioral theory focuses more on the aspects of individual beliefs and perceptions, such as experiences and information obtained by the individual, leading to actions in perceiving something. For example, personal experiences with treatment or the experiences of others foster perceptions about health. The existence of existing beliefs leads individuals to follow behaviors consistent with their convictions.

Several factors within the cognitively based Health Belief Model (HBM) (such as beliefs and attitudes) involve adaptation and relate to the thought processes involved in an individual's decision-making regarding healthy living. In health psychology, individual perceptions in performing or choosing healthy behaviors are examined within the Health Belief Model (HBM) adaptation. The HBM is a model of individual health beliefs in determining the attitude to perform or not perform health behaviors in an adaptive action. The adapted Health Belief Model (HBM) is influenced by several key aspects of health behavior as follows: Threat, which includes the perception of one's vulnerability to the danger of disease (or willingness to accept a diagnosis of illness) and the perception of the severity of the illness or health condition. The combination of vulnerability and severity is called perceived threat. (1) Perceived Benefit: Although the acceptance of personal vulnerability to a condition that is also believed to be serious (i.e., vulnerability to perceived threat) generates an impetus leading to behavior, the action taken depends on the belief regarding the effectiveness of various behaviors in reducing health threats (perceived benefits of taking health action). Other factors include non-health-related benefits (e.g., quitting smoking to save money). Thus, individuals who demonstrate optimal levels of belief in vulnerability and severity cannot be expected to accept any recommended health action unless that action is perceived as potentially efficacious. Expectation, the perception of the advantages of an action. The perception of barriers to performing an action. Cues to action: media, influence from others, and reminders. Barriers (Perceived Barrier):

This aligns with the role in health behavior; proactive and intentional efforts are necessary to maintain good health (Parker et al., 2019). The interconnectedness between development, health, and behavior is emphasized. Individual mindsets, attitudes, and beliefs form the foundation for how they live their lives and maintain their health within the community. Trust in professional healthcare actions is also emphasized, as is the importance of knowledge and awareness in shaping community identity. Resources play a significant role in facilitating healthy living behaviors in the community. With belief in health, individuals will be more likely to adopt healthy behaviors. Education is crucial in acquiring knowledge and insights about health and in shaping a person's character and beliefs. Since humans are part of the natural cycle, the environment is the closest aspect that can influence a person's mindset. The environment also plays an important role in shaping community norms and values. Evaluation results can be used to measure success and guide future improvements, and stakeholders can reflect on the success or failure of a program to ensure effective planning for successful implementation.

For a long time, health has been viewed more as a social investment, considered a burden on development that has little direct impact on the community. The meaning of health is now more synonymous with disease, medicine, Puskesmas, hospitals,

and doctors, giving it a curative nature, which often leads to health problems where the preventive aspect becomes the primary preference. Based on research, more than 80% of health problems (diseases) can be prevented through preventive efforts. In Indonesia, based on research, it is estimated that 15% of the population has diseases, while 85% feel healthy. Given the challenges mentioned above, a paradigm shift and a new concept for health development are needed. In developing countries, including Indonesia, the foundational concept of the Health Belief Model (HBM) in the behavior of individual groups in Jatinangor District, Sumedang Regency, is developing within the context of healthy living behavior. This includes: the desire to avoid disease through prevention to become healthy, and the belief that certain healthy actions will prevent or reduce illness. This expectation pertains to an individual's personal vulnerability to disease and the severity of the disease, as well as the ability to reduce that threat through personal action.

The importance of individual and group preparation, self-confidence, and belief in preventing and avoiding illness is crucial. It is better to prevent disease through preparedness and access to healthcare services than to treat it once it emerges. Personal responsibility and readiness are vital in anticipating and avoiding illness, and healthcare services should be utilized to their maximum potential. The beliefs of individual groups are influenced by shared experiences and social influences, and personal beliefs can impact self-confidence in avoiding and preventing disease. The focus is on preparing oneself and one's family to prevent potential illnesses and facilitate healthy behaviors. The overall goal is to prioritize prevention over treatment. The Health Belief Model (HBM), among other theories, includes the theory of action adoption. This theory emphasizes individual attitudes and beliefs in behavior, especially health behavior. This behavioral theory focuses more on the aspects of individual beliefs and perceptions, such as experiences and information acquired by the individual, leading to actions in perceiving something. For example, personal experiences with treatment or the experiences of others foster perceptions about health. The existence of such beliefs causes individuals to follow behaviors consistent with their convictions.

Several factors in the cognitively based Health Belief Model (HBM) (such as beliefs and attitudes) involve adaptation and relate to the thinking processes involved in individual decision-making about healthy living. In health psychology, individual perceptions in performing or choosing healthy behaviors are examined within the adapted Health Belief Model (HBM). The HBM adaptation is a model of individual health beliefs in determining the attitude to perform or not perform health behaviors in an adaptive action. The adapted Health Belief Model (HBM) is influenced by several key aspects of health behavior, as follows: Threat, including the perception of one's vulnerability to the danger of disease and the perception of the severity of the illness or health condition. The combination of vulnerability and severity is called perceived threat. (1) Perceived Benefit: Although the acceptance of personal vulnerability to a condition also believed to be serious (i.e., vulnerability to perceived threat) generates an impulse leading to behavior, the action taken depends on the belief regarding the effectiveness of various behaviors in reducing health threats (perceived benefits of taking health action).

The importance of experience and information in shaping individual perceptions and behaviors towards health is paramount. Good information can increase knowledge and lead to better preventive actions, while experience can serve as a learning tool for future and current behaviors. Both experience and information can broaden one's understanding of health and lead to more accurate perceptions. Ultimately, experience and information can be used as a basis for taking better actions towards health.

5. Limitations

In this study, there are several limitations that must be considered when the reader examines it. First, this study was conducted in Sumedang Village, Jatinangor District with 60 informants. This is a limitation of the data obtained from the number of people in Sumedang Village, Jatinangor District, which has a much larger total. Second, this study does not mention the types of proactive actions or healthy behaviors and does not explain in detail about positive attitude beliefs and boosting the immune system. Third, this study does not provide concrete examples of health practices and only provides examples of maintaining health and preventive measures. Fourth, although in this study HBM is explained well, in depth, and theoretically,

this study has not been able to provide an applicable example of how these factors are manifested in real health behavior in the community, especially in Jatinangor.

6. Conclusion and Recommendations

This study, with a total of 60 informants, yielded the following conclusions: Health Beliefs of Individual Community Groups in Sumedang Regency, Jatinangor District: The majority of informants showed that each individual holds different health beliefs, yet it is crucial to foster a supportive community. Promoting healthy lifestyles and respecting others can significantly enhance psychological well-being. Healthy habits and preventive actions have the potential to transform community attitudes toward healthier practices.

Emphasis on Social Connections and Well-being: The study highlights the importance of social relationships, positive thinking, stress reduction, health maintenance, and achieving happiness. Promoting healthy lifestyles, improving nutrition, and ensuring access to healthcare are crucial for the individual community groups in Sumedang Regency, Jatinangor District, to achieve happier and more fulfilling lives.

Self-Regulation and Health in Individual Community Groups: Within the context of self-regulation and health among individual community groups in Sumedang Regency, Jatinangor District, sound decision-making is rooted in beliefs, experiences, and information. Motivation, goal alignment, and self-regulation play a vital role in achieving health objectives.

Group Perspective and Social Support: From a group perspective, cooperation and mutual support are essential for well-being. Strong beliefs in the concept of healthy behavior, disease prevention, and prioritizing prevention contribute to healthy living goals. Social support, both from family and friends, assists in achieving physical and emotional well-being. Group support in healthcare services builds confidence and aids in decision-making. Psychotherapy within support groups helps manage stress and strengthens social bonds.

CRedit authorship contribution statement

Setiawan: Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Software, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

Funding Sources

This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

Declaration of Competing Interest

The author declare that he have no competing interest

Aknowledgments

No aknowledgements.

REFERENCE

- AbdulRaheem, Y. (2023). Unveiling the significance and challenges of integrating prevention levels in healthcare practice. *Journal of primary care & community health*, 14, 21501319231186500.
- Abraham, C., & Sheeran, P. (2005). The health belief model. *Predicting health behaviour*, 2(1), 28-80.
- Anuar, H., Shah, S. A., Gafar, H., Mahmood, M. I., & Ghazi, H. F. (2020). Usage of Health Belief Model (HBM) in health behavior: A systematic review. *Malaysian Journal of Medicine and Health Sciences*, 16(11), 2636-9346.

- Asia, E., & Region, P. (2000). Health Strategy in a Post-Crisis, Decentralizing Indonesia. Callon, M., Millo, Y., & Muniesa, F. (2007). Market devices. London: Blackwell.
- Bateman, I. J., & Wheeler, B. W. (2018). Bringing Health and the Environment into Decision-Making: The Natural Capital Approach.
- Creswell, J. W. (2010). Research design: pendekatan kualitatif, kuantitatif, dan mixed. Yogyakarta: PT Pustaka Pelajar
- Conner, M., & Norman, P. (2003). Predicting Health Behavior. Buckingham: Open University Press.
- Donkoh, S., & Mensah, J. (2023). Application of triangulation in qualitative research. *Journal of Applied Biotechnology and Bioengineering*, 10(1), 6-9.
- Fuady, I., Prasanti, D., & Indriani, S. S. (2020). Penerapan teori plan behavior: faktor yang mempengaruhi niat perilaku hidup bersih dan sehat. *Jurnal Berkala Kesehatan*, 6(1), 24-30.
- Gunawan, W. et al (2019). Evident Based. Kajian eco-holistic-sosio entrepreneurship pada para pekerja K3L di Unpad Kampus Jatinagor.
- Hertz, J. E. (2013). Self-care. *Chronic illness: Impact and intervention*, 369-394.
- Joseph, G., Burke, N. J., Tuason, N., Barker, J. C., & Pasick, R. J. (2009). Perceived susceptibility to illness and perceived benefits of preventive care: An exploration of behavioral theory constructs in a transcultural context. *Health Education & Behavior*, 36(5_suppl), 71S-90S.
- Krieger, N. (1994) Epidemiology and the web of causation: has anyone seen the spider, *Social Science and Medicine* 39(7), 887 ± 993.
- Kundi, G. M. (2019). Impact of Public Health Awareness on Preventive and Curative Healthcare. *Journal of Asian Scientific Research*, 9(9), 116.
- Nemcek, M. A. (1990). Health beliefs and preventive behavior a review of research literature. *Aaohn Journal*, 38(3), 127-138.
- Parker, S. K., Wang, Y., & Liao, J. (2019). When is proactivity wise? A review of factors that influence the individual outcomes of proactive behavior. *Annual Review of Organizational Psychology and Organizational Behavior*, 6(1), 221-248.
- Pollock, A. M. (2005). NHS plc: The privatisation of our health care. London: Verso.
- Pulido, L. (2015). "Geographies of Race and Ethnicity 1 White Supremacy vs. White Privilege in Environmental Racism Research."
- Rosenstock, I. M. (1974). The health belief model and preventive health behavior. *Health education monographs*, 2(4), 354-386.
- Schwarzer, R. (1999). Self-regulatory processes in the adoption and maintenance of health behaviors. *Journal of health psychology*, 4(2), 115-127.
- Tinsley, B. J. (1992). Multiple influences on the acquisition and socialization of children's health attitudes and behavior: An integrative review. *Child development*, 63(5), 1043-1069.
- Wahyuningrum.2012, [Diakses tanggal 05 Januari 2015]. Didapat dari <http://www.eskripsi.stikesmuh-pkj.ac.id/eskripsi/index.php?p=fstreampdf&fid=223&bid=271>
- Zuniga, R. (1994). Planifier et évaluer l'action sociale. Montré ´ al: Les Presses de l'Universite ´ de Montré ´ al