

ABSTRAK

STUDI KUALITATIF PERILAKU PEMBERANTASAN SARANG NYAMUK DENGAN PENDEKATAN *HEALTH BELIEF MODEL* DI WILAYAH KAMPUNG BANDARSARI KECAMATAN PADANG RATU KABUPATEN LAMPUNG TENGAH

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Latar Belakang: Demam Berdarah *Dengue* (DBD) masih menjadi masalah kesehatan masyarakat yang serius di Indonesia. Kampung Bandarsari di wilayah kerja Puskesmas Surabaya merupakan lokasi dengan angka kejadian DBD tertinggi. Pencegahan utama melalui Pemberantasan Sarang Nyamuk (PSN) dengan strategi 3M+ sangat bergantung pada partisipasi masyarakat, yang perilakunya dipengaruhi oleh persepsi individu. Penelitian kualitatif fenomenologis ini bertujuan mengeksplorasi persepsi masyarakat dan petugas kesehatan terhadap PSN dengan menggunakan kerangka *Health Belief Model* (HBM).

Metode: Jenis Penelitian menggunakan kualitatif dengan pendekatan fenomenologi. Penelitian dilaksanakan pada Januari 2026 di Kampung Bandarsari melibatkan 11 informan yang dipilih secara purposif, meliputi Kepala Kampung, Bidan Desa, Pemegang Program, Ketua Dusun, dan Ketua RT. Data dikumpulkan melalui wawancara mendalam dan *Focus Group Discussion* (FGD), kemudian dianalisis menggunakan analisis tematik dengan validitas data melalui triangulasi sumber.

Hasil: Hasil penelitian menunjukkan bahwa persepsi kerentanan masyarakat terhadap DBD masih cenderung bersifat reaktif. Meskipun pemahaman mengenai kerentanan sudah cukup baik, persepsi keseriusan terhadap penyakit cukup baik, kesadaran pencegahan lebih banyak muncul ketika terjadi kasus di lingkungan sekitar. Persepsi manfaat PSN dan 3M+ juga tergolong tinggi, namun belum diikuti oleh praktik pencegahan yang konsisten. Persepsi hambatan seperti rendahnya motivasi, minimnya figur penggerak di masyarakat, serta ketergantungan pada pemicu eksternal masih memengaruhi perilaku pencegahan. Peran isyarat dalam mendorong perilaku PSN masih didominasi oleh faktor eksternal seperti Puskesmas. Efikasi diri masyarakat dalam melakukan tindakan pencegahan secara mandiri masih belum optimal.

Simpulan: Hasil penelitian ini mengindikasikan bahwa diperlukan penguatan promosi kesehatan serta pemberdayaan masyarakat untuk meningkatkan kesadaran dan mendorong perilaku pencegahan DBD yang lebih konsisten dan berkelanjutan.

Kata Kunci: Demam Berdarah *Dengue*, *Health Belief Model*, Perilaku Pemberantasan Sarang Nyamuk, Kualitatif.

ABSTRACT

A QUALITATIVE STUDY OF MOSQUITO NEST ERADICATION BEHAVIOR USING THE HEALTH BELIEF MODEL APPROACH IN BANDARSARI VILLAGE, PADANG RATU DISTRICT CENTRAL LAMPUNG REGENCY

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Background: Dengue Hemorrhagic Fever (DHF) remains a serious public health concern in Indonesia. Kampung Bandarsari, located within the working area of Surabaya Community Health Center (Puskesmas Surabaya), has been identified as the area with the highest incidence of DHF. Primary prevention through Mosquito Nest Eradication (MNE) employing the 3M+ strategy is heavily dependent on community participation, which is fundamentally shaped by individual perceptions. This phenomenological qualitative study aimed to explore the perceptions of community members and health workers regarding PSN implementation, utilizing the Health Belief Model (HBM) as the conceptual framework.

Methods: This study employed a qualitative research design with a phenomenological approach. The study was conducted in January 2026 in Kampung Bandarsari, involving 11 purposively selected informants, comprising the Village Head, Village Midwife, Program Holder, Hamlet Chairperson, and Neighborhood Unit Chairpersons. Data were collected through in-depth interviews and Focus Group Discussions (FGDs), and subsequently analyzed using thematic analysis. Data validity was verified through source triangulation.

Results: The findings revealed that community perceptions of susceptibility to DHF remained predominantly reactive in nature. Although awareness of susceptibility was reasonably adequate and perceptions of disease severity were fairly well-established, preventive consciousness tended to emerge primarily in response to confirmed cases within the immediate environment. Perceived benefits of PSN and the 3M+ strategy were similarly high; however, this was not consistently reflected in preventive practice. Perceived barriers including low motivational levels, a lack of community mobilizers, and reliance on external triggers continued to impede preventive behavior. Cues to action that prompted PSN-related behavior remained largely driven by external sources, particularly the Community Health Center. Furthermore, community self efficacy in independently sustaining preventive measures had yet to reach an optimal level.

Conclusion: The findings of this study indicate that strengthened health promotion efforts and community empowerment initiatives are necessary to enhance awareness and foster more consistent and sustained dengue hemorrhagic fever prevention behaviors within the community.

Keywords: Dengue Hemorrhagic Fever, *Health Belief Model*, Mosquito Nest Eradication Behavior, Qualitative.