



E-SERTIFIKAT WEBINAR/ SEMINAR DARING

No. 00202009031.0.623

Sertifikat ini diberikan kepada :

Dr. Endang Widyorini, MS, Psikolog
NIAIPK : 19011977

Salinan sertifikat ini dapat menjadi bukti bahwa yang bersangkutan telah berperan serta dalam kegiatan berjenis **Webinar/ Seminar Daring**, berjudul **International Symposium on Research Collaborations : “ Neuropsychological Test Baterai and Health Belief Models ”** pada tanggal **03.09.2020**, bertempat di **Zoom Video Conference** yang diselenggarakan oleh **Unika Soegijapranata**, dan berperan sebagai **Narasumber** dengan nilai SKP IPK sebesar **0.75**.

Salinan ini adalah asli dan dapat dibuktikan melalui pranala berikut :
<https://v.ipkindonesia.or.id/sp/MDAyMDIwMDkwMzE=>





Radboud University



International Symposium on Research Collaborations

36th Dies Natalis Psychology Faculty of Segijapranata Catholic University

September 3rd, 2020 | 2.00-5.00 P.M. | zoom

IPK SKP-credit (on process)

Speakers :



**"I HAD A DREAM.
Lessons' Learned on The Attempt of Adapting and Developing
The Indonesian NP-Tests Battery"**

Prof. Dr. Gilles van Luitelaar
Donders Institute - Radboud University, Nijmegen, the Netherlands

**"Neuropsychology – The Necessity to Combine Education
and Research for Sustainable Collaborations"**

Dr. Marijtje L.A. Jongma
Behavioral Science Institute - Radboud University, Nijmegen, the Netherlands



**"The Differences of Health Belief Models
between Indonesia and The Philippines"**

Jemerson N. Dominguez, Ph.D., LPT, ACAC
Psychology Department - De La Salle University-Dasmariñas
Dr. Endang Widyorini, MS, Psikolog
Psychology Faculty - Soegijapranata Catholic University



**"Cultural-Issues on Adapting and Developing
Auditory Verbal Learning Test in Indonesia"**

Dr. M. Sih Setija Utami, M.Kes.
Psychology Faculty - Soegijapranata Catholic University

**"Challenges on Adapting and Developing Normative Scores
of NP-Test: Case Studies of Indonesian Boston Naming Test
Development for Java and Non-Java Population"**

Dr. Augustina Sulastri, Psikolog
Psychology Faculty - Soegijapranata Catholic University



For more info:

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Online Registration

bit.ly/SymposiumPsySCU



*Zoom Meeting Room ID and Link will be sent to the registered email address.

No. : 1214/A.1.5/FP/VIII/2020 Semarang

24 August 2020

Subject : LETTER OF INVITATION

Prof. dr. Gilles van Luijtelaar

Marijtje L.A. Jongsma, Ph.D.

Jemerson N. Dominguez, Ph.D, LPT, ACAC

Dr. Endang Widyorini, MS, Psikolog.

Dr. Augustina Sulastri, Psikolog.

Greetings from Semarang!

We are cordially inviting you all as our distinguished speakers of an International Symposium on Research Collaborations. This event is one the programs of the 36th Dies Natalis of our Psychology Faculty. We are very happy that you are willing to contribute to this special event.

The event will be held on September 3rd, 2020, at 2 until 5 P.M. (Indonesian time), online via Zoom meeting. More detailed information of the program is presented on the e-flyer of the event. With regard to the preparation of the event, we expect that you can send us abstract of your talk by Monday (31st of August 2020), and also materials of your presentation by Wednesday (2nd of September 2020). The length of your talk will be about 20 minutes each speaker.

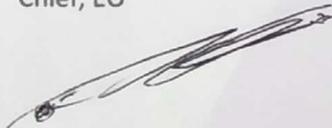
The expected participants of this event would be Deans of other Psychology Faculty in Indonesia, colleagues from other universities, and students both from Undergrad and Postgrad levels. We would be very happy if you could also inform your networks to join in this special event. Please, feel free to share the information.

We thank you all for your cooperation not only by contributing for this event but also for nurturing the long-standing and active collaborations as university partners.

Looking forward to seeing you next week.

Kind regards,

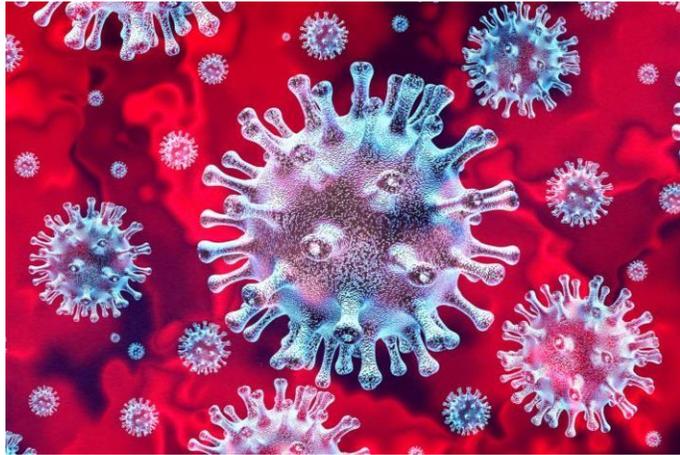
Chief, EO



(CVR Abimanyu, S.Psi, MSi)

Dean

UNIVERSITAS SOEGIJAPRANATA
Dr. M. Sih Setija Utami, M.Kes)
FAK PSIKOLOGI



The Differences of Health Belief Models between Indonesia and The Philippines



Endang Widyorini

Soegijapranata Catholic University, Indonesia



Jemerson N. Dominguez

De La Salle University – Dasmariñas, Philippines

Our research to deliver an explanatory framework of the Health Belief Model (Rosenstock) by describing the Health Belief status of Indonesia and Philippines amidst the CoVid-19 pandemic.

The 2019 coronavirus outbreak (COVID-19) might be stressful for people. Panic and anxiety about an illness can be very high and cause strong negative emotions

The Health Belief Model is a theoretical model that can be used to guide health promotion and disease prevention programs. It is used to explain and predict individual changes in health behaviors.

The model defines the key factors that influence health behaviors as an individual's perceived threat to sickness or disease (perceived susceptibility), belief of consequence (perceived severity), potential positive benefits of action (perceived benefits), perceived barriers to action, exposure to factors that prompt action (cues to action), and confidence in to succeed (self-efficacy).

Method

Participants

Random selection was rendered almost two months (Mei-June 2020). A total of 902 respondents(570 Indonesian and 332 Filipino Respondents) provided the collective profile described, such as aged 21 (39.36%) up to above 51 years old (14.52%), mostly female (56.98%), majority earned baccalaureate degree (38.47%), commonly single (59.31%), typically private employee (34.26%).

Measures

The present study delivers the HBM by Rosenstock that posits six constructs of predicting health behavior, they are

- (1) Perceived of susceptibility,
- (2) Perceived of severity,
- (3) Perceived of benefits,
- (4) Perceived of barriers to action,
- (5) cue to action and
- (6) self-efficacy

Negative Psychological Responses has 2 dimensions. They are:

1. Worrying
2. Emotional Stress

Validity dan reliability

The concept of HBM was utilized to measure HBS (*Cronbach's alpha of .798*), with the current researchers generating 14 items that measures

The items of NPR (*Cronbach's alpha of .876*) to fit Asian's diverse cultural and tropical contexts associated to the CoVid19 pandemic.

The items were validated by scholars in the areas of Health Psy, Clinical Psychology, and Psychometrics (from SCU) and secure its consistency using the Confirmatory Factor Analysis (CFA) via Statistical Package for Social Sciences (SPSS).

The Instrument of Health Belief Model is both convergent and discriminant. All dimensions have a loading factor above .3. **Perceived Severity .508, perceived Susceptibility .376, Perceived Barrier .437, A cue to Action 0.535, Perceived Benefit .674 and Self Efficacy .349.**

- Approval and informed consent (ICF) inclusive of anonymity and confidentiality, which address the issues and considerations in data protocol management was conducted by online administration for research that were acquired from DLSUD-ERC with the Ethics Approval in adherence to Ethical Guidelines in conducting human research.

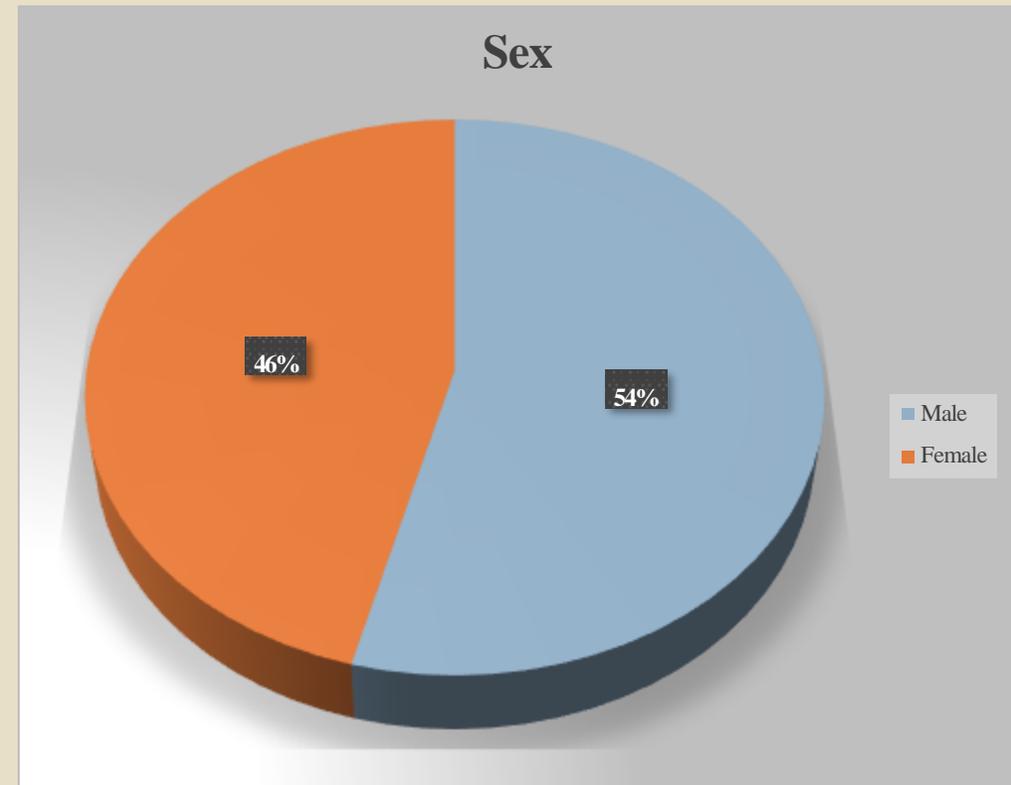
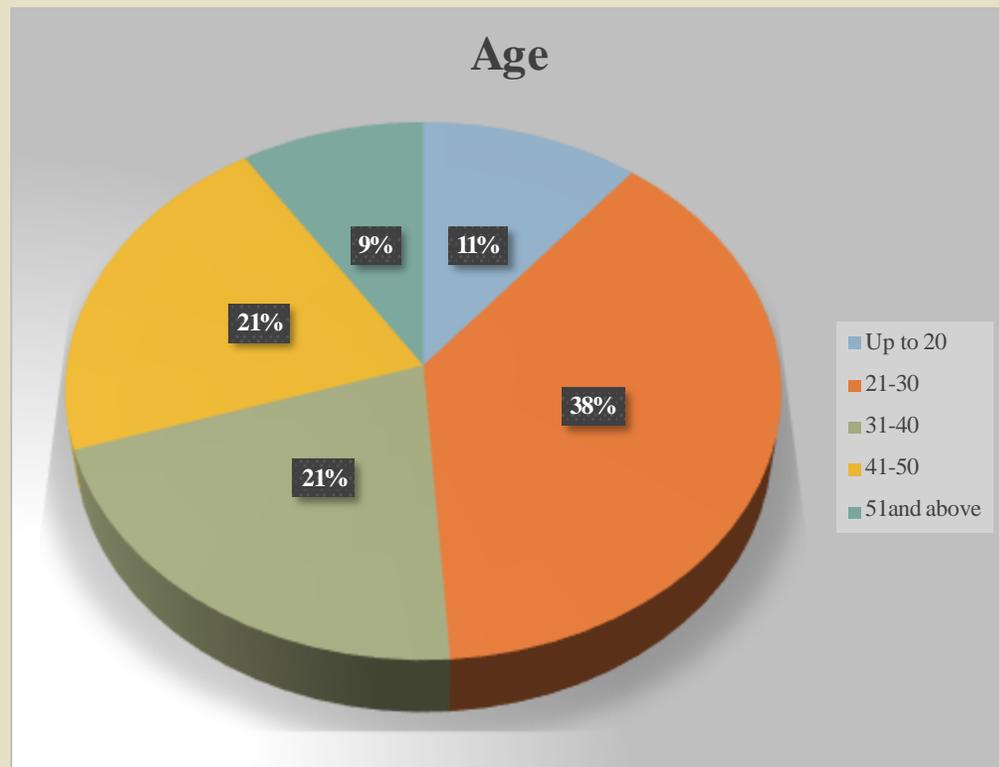
Statistical Analysis

- The software SPSS was used to summarize the data in terms of descriptive statistics.
- Multiple correlation was employed to determine the association of the HBS, NRP and their profile. Equally, Two Independent Samples T-test was computed to determine the difference of the HBS and NRP between Indonesia and Philippines. This test is used to compare the values of the means from the two samples and test whether the samples are from populations having different mean values.

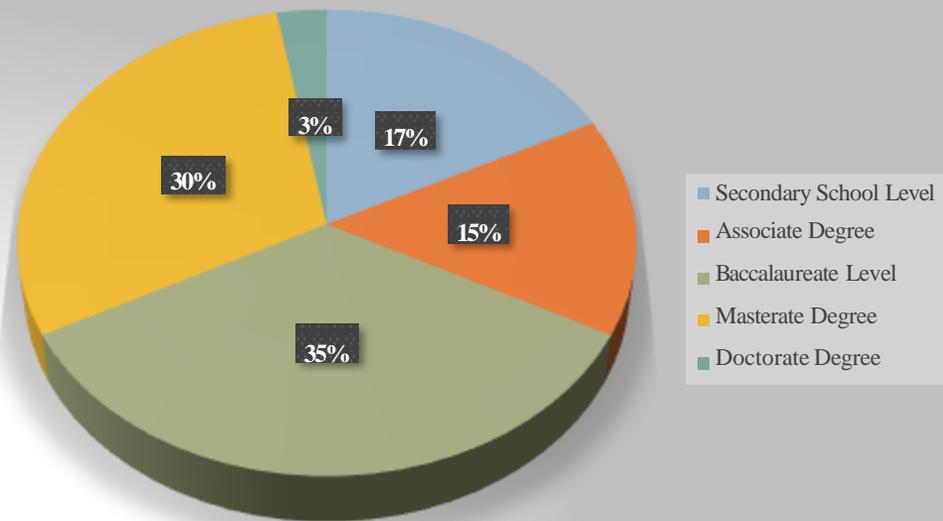
Study 1 (Indonesian Respondents)



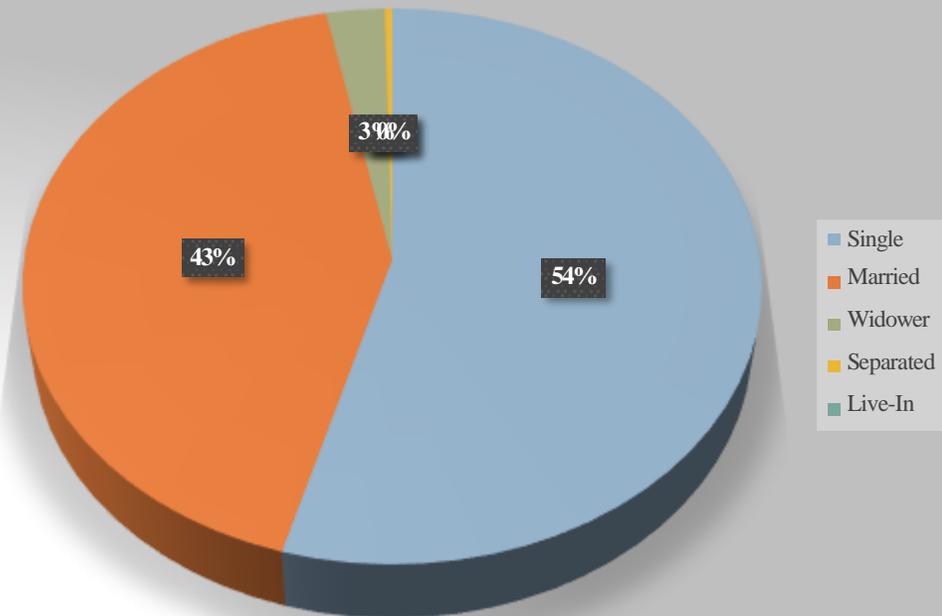
Profile of Indonesian Respondents



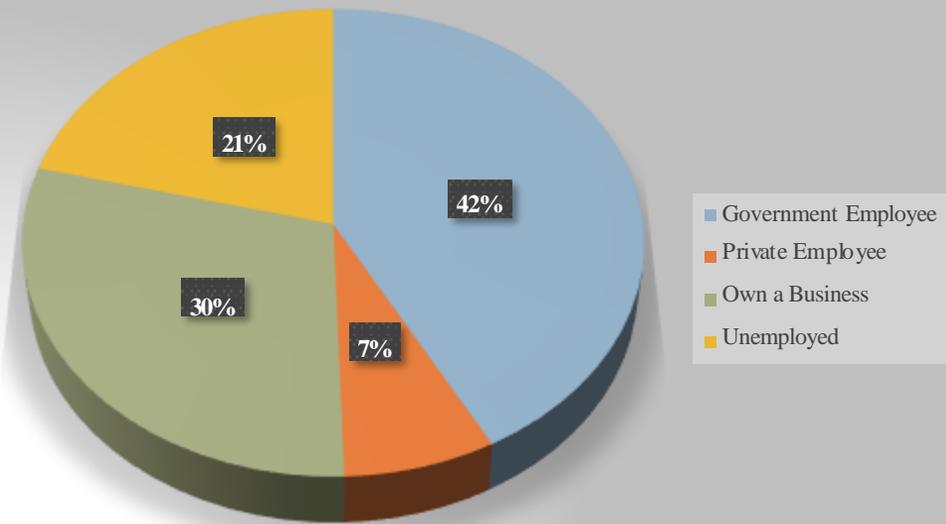
Education



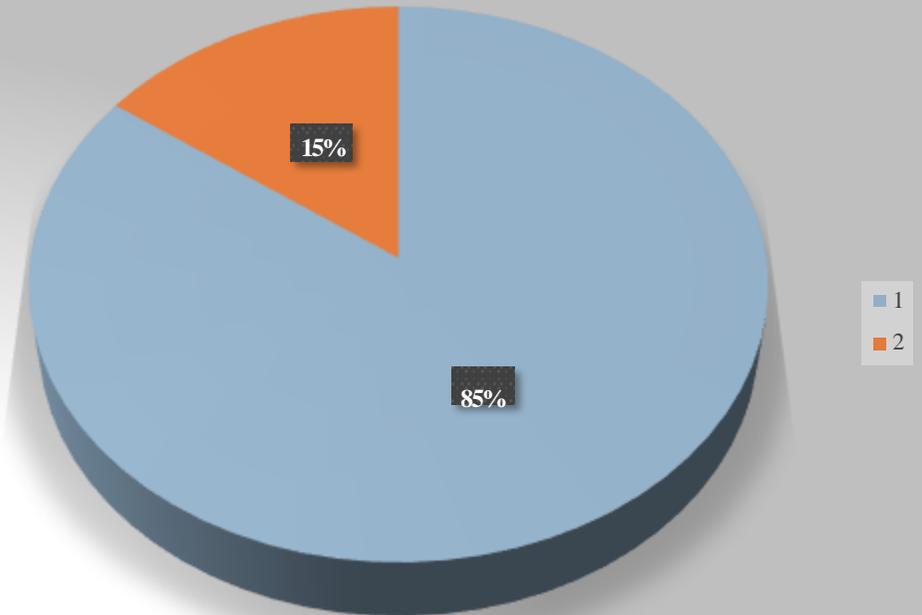
Marital Status



Job status



Frontliner Non-Frontliner



Summary Level of Health Belief Study 1

	M	SD	Classification
Susceptibility	3.508	.405	Extremely Aware
Severity	3.305	.365	Extremely Aware
Benefit	2.865	.513	Moderately Aware
Barrier	3.007	.663	Moderately Aware
Cue to Action	3.205	.379	Moderately aware
Self Efficacy	2.165	.583	Mildly Aware
Health Belief Status	3.039	.4847	Moderate Health Belief Model

Level of Negative Psychological Responses of Indonesian Respondents

Study 1 (n=570)

	M	SD	Classification
Impact to Self	2.705	.6443	Moderate
Impact to Significant Others	2.623	.6132	Moderate
Overall NRP	2.615	.6091	Moderate

Discussion

(Study 1)

- This shows that from the demographic profile only gender correlates with the Health Belief Model. From previous studies it is known that gender factors are closely related to health behaviors , Zetua et al reported that females have higher (on perceived severity and self-efficacy).

Discussion

Study 1

- The negative psychological responses correlated significantly with HBM.
- This model is based on the assumption that people who are afraid of disease will affect health behavior, they are motivated in relation to the level of fear (perceived threat) and potentially take action to reduce fear, as long as that potential does not cause psychological barriers, this is beneficial, because he was driven to develop healthy behavior
- Susceptibility to emotional contagion also positively predicted preventive behaviors taken,
- Negative psychological responses, such as anxiety, worry, emotional distress relate significantly to perceived severity and perceived self-efficacy.

Respondents perceived that they have high susceptibility to contracting corona virus. The combination of perceived severity and perceived susceptibility will be accepted as a challenge. HBM predicts that the higher the perceived severity and perceived susceptibility, the stronger the drivers will be for individuals to do health-promoting behaviors

But Indonesian respondents not so, although Perceived Severity and Perceived Susceptibility are at a high level, they are not enough able to produce a strength that supports behavior change, other dimensions related to the level of one's confidence in the effectiveness of various efforts available in reducing the threat of disease, or perceived benefits, Perceived benefits are reported as average or moderate levels, Perceived barriers or perceived obstacles to change, or if individuals face obstacles found in taking such actions.

In addition to some beliefs or perceptions, Potential negative aspects of a health effort, (which might act as obstacles to recommending a behavior. Indonesian respondents have low self-efficacy (mildly aware), this means that individuals' perceptions about competence to succeed in doing a problem are low, Self-efficacy is an important dimension that shows the level of confidence in his own ability to take actions related to health support

Why Indonesian people's self-efficacy is low, and in general the level of health belief is only moderately, There are a number of reasons why Indonesians feel unable to change their health behavior, because physical distancing instructions are thought to create social vulnerability, the community, especially people who have informal employment status who earn daily income and do not have a fixed base salary, they must work to feed their families may have difficulty following guidelines for staying at home

Cultural factors are very influential on the success of Indonesian society to make changes in health behavior, Culture influences the dimensions of HBM, because of their Javanese philosophy, that life is governed by God, and humans only live their destiny.

For some, Indonesians adhere to one of the Javanese saying of “Nrimo ing pandum”, which is a concept of life, which literally means to be sincere and surrender to God, so that the obstacles they face, is not a heavy thing, and can help them pass through any means of illness, has become a guiding strength for Indonesians to not fuss too much over the pandemic.



The Javanese usually accept whatever happens to them without any effort to refuse or avoid. For Javanese people, people believe in destiny and tend to surrender; so, when they experience severe problems, they will accept it as fate and resignation.





Limitation

- The study has few limitations, (1) a cross-sectional baseline study between two Asian countries, (2) response rate was taken during the first wave of the pandemic, (3) non-infected CoVid-19 respondents and (4) administered a self-reported online survey instrument wherein social desirability bias may exist
- **Ethical Statement**
- The rights of all participants in the studies were protected, and the studies carried out under the guidelines approved by the DLSUD-Research Ethics Committee.
- **Acknowledgements**
- We acknowledged all the assistance and support of Soegijaparanta Catholic University and De La Salle University-Dasmariñas, University Research Office in the commence of this health research.



Thank you

