

HEALTH-SEEKING BEHAVIOR (A PHENOMENOLOGICAL STUDY ON HEALTH-SEEKING BEHAVIOR AMONG THE PARENTS WITH UNDER-FIVE AGE CHILDREN IN SUMPIUH SUB DISTRICT)

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Abstract

UNICEF for Indonesia reported that one child dies before their fifth birthday every three minutes anywhere in Indonesia. The factor causing the high child mortality rate is not only non-evenly distributed health facility but also parents' health behavior. The objective of research was to analyze the health-seeking behavior among the parents with under-five age children by considering resources, thought and feeling, culture, and personal references dimensions in affecting the health-seeking behavior. This study was a qualitative research with phenomenological approach. Techniques of collecting data used were observation, in-depth interview, and documentation. The respondents were taken using maximum variation sampling technique by considering the accurate representation of total population. To validate the data, triangulation was used, and an interactive model was used in data processing. This research built on Social Behavior paradigm, Talcott Parsons' social action, stating that every actor has an objective to be achieved in which he/ she has an alternative way to use, but they are limited by situation, condition, value, norm, and other idea affecting their decision making. The result of research and discussion showed that there were two health-seeking behaviors taken by parents in seeking treatment for their children encountering the health problem without being limited by their economic status and education level. Firstly, parents would treat their children themselves, using both traditional medicines and drugs they bought from store or pharmacy. Secondly, parents looked for treatment directly from medical officers (either Midwife or Puskesmas) when their children suffered from either mild or severe health disease.

Keywords: *Health-seeking Behavior, Parents, Under-Five Age*

Abstrak

UNICEF untuk Indonesia melaporkan bahwa satu anak meninggal sebelum ulang tahun kelima mereka setiap tiga menit di mana pun di Indonesia. Faktor penyebab tingginya angka kematian anak tidak hanya fasilitas kesehatan yang tidak merata tetapi juga perilaku kesehatan orang tua. Tujuan penelitian adalah untuk menganalisis perilaku mencari kesehatan di antara orang tua dengan anak-anak di bawah lima tahun dengan mempertimbangkan sumber daya, pemikiran dan perasaan, budaya, dan

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dimensi referensi pribadi dalam mempengaruhi perilaku mencari kesehatan. Penelitian ini merupakan penelitian kualitatif dengan pendekatan fenomenologis. Teknik pengumpulan data yang digunakan adalah observasi, wawancara mendalam, dan dokumentasi. Responden diambil dengan menggunakan teknik maximum variation sampling dengan mempertimbangkan representasi akurat dari total populasi. Untuk memvalidasi data, triangulasi digunakan, dan model interaktif digunakan dalam pemrosesan data. Penelitian ini dibangun di atas paradigma Perilaku Sosial, Tindakan sosial Talcott Parsons, menyatakan bahwa setiap aktor memiliki tujuan yang ingin dicapai di mana dia memiliki cara alternatif untuk digunakan, tetapi mereka dibatasi oleh situasi, kondisi, nilai, norma, dan ide lain yang mempengaruhi pengambilan keputusan mereka. Hasil penelitian dan diskusi menunjukkan bahwa ada dua perilaku mencari kesehatan yang dilakukan oleh orang tua dalam mencari pengobatan untuk anak-anak mereka yang menghadapi masalah kesehatan tanpa dibatasi oleh status ekonomi dan tingkat pendidikan mereka. Pertama, orang tua akan merawat anak-anak mereka sendiri, menggunakan obat-obatan tradisional dan obat-obatan yang mereka beli dari toko atau. Kedua, orang tua mencari perawatan langsung dari petugas medis (baik Bidan atau Puskesmas) ketika anak-anak mereka menderita penyakit kesehatan ringan atau berat.

Kata Kunci: Perilaku Mencari Kesehatan, Orang Tua, Usia Balita

INTRODUCTION

Efforts to maintain children's health are aimed at preparing a healthy, intelligent, and quality generation and to reduce child mortality. Efforts to maintain the health of the child are carried out from the time the fetus is still in the womb, born, after birth, and until the age of 18 (eighteen) years. Child health efforts, among others, are expected to be able to reduce the Neonatal Mortality Rate (AKN), Infant Mortality Rate (AKB), and Toddler Mortality Rate (AKBA). The health of babies and toddlers must always be monitored to ensure that their health is always in optimal condition, baby and toddler health services are one of several indicators that can be a measure of the success of efforts to improve the health of babies and toddlers (Kementerian Kesehatan RI. 2020: 107).

The lives of children under five years old (toddlers) are a very important part because this age is the foundation that shapes the future of children's health, happiness, growth, development, and learning outcomes in schools, families, communities and life in general. The health of toddlers must be monitored to ensure that their health is always in optimal condition,

for this reason, indicators are used that can be a measure of the success of efforts to improve the health of babies and toddlers, including health services and treatment behaviors carried out by parents (Kementerian Kesehatan RI. 2014: 117).

People's views on the criteria for a healthy or sick body are not always objective, in fact, there is more an element of subjectiveness in determining the condition of a person's body. A person's perception of health and illness is greatly influenced by elements of past experiences in addition to socio-cultural elements. Instead, health workers try to apply objective medical criteria based on visible symptoms as much as possible to diagnose a person's physical condition (Sarwono, 2007: 30). Parsons (1937) sees health and health in terms of sociology as a condition where people can carry out and carry out their role in society optimally, regardless of whether they are medically suffering from a disease or not. While the concept of illness is a condition that shows the presence of symptoms of illness and complaints that a person feels both subjectively and objectively so that treatment is needed to restore to the condition as before. The state of pain can be classified into pain of a temporary nature in which the treatment and healing do not last long as well as pain of a long nature in which it takes a long time in its healing and treatment (Wolinsky, 1980 :124).

Public health problem in developing countries including Indonesia particularly can be classified into two aspects: physical (the availability of health facilities) and non-physical pertaining to health behavior. Health behavior can be formulated as any form of individual experience and interaction with environment, particularly concerning knowledge, attitude, and action related to health (Anis, 2001: 47-53). Considering the definition above, health behavior can be classified into three groups: health maintenance, health seeking behavior, and environment health behavior. Particularly, health seeking behavior is the behavior of the sick people or those having suffered from health problem to recover or to solve their health problem (Schleider, 2016: 135). This behavior includes the actions taken by sick individuals or parents whose children are sick or develop health problem to recover or to be freed from such the problem. Such the behavior is affected by both internal and external factors that in turn affect the health-

seeking behavior for their children (Central Java Provincial Health Office, 2020).

WHO's report (2020) mentioned that about 5.9 millions under-five age children die in 2020 in the world; the highest child mortality rate occurs in African Sub Sahara followed with East Asia and South East Asia, including Indonesia. The leading causes of under-five age children's death in the world are: premature birth, malnutrition, complication, diarrhea, malaria and etc (Sarwono, 1993: 22-25). In Indonesia, under-five age children's death has actually decreased along with the government's attempt of lowering it. The children death, according to Household Health Survey, is due to: acute respiratory tract infection, perinatal complication and diarrhea (BPS-Statistics Indonesia and ORC Macro, 2001). Central Java is one of Provinces with low under-five age children death, viewed from the mean national under-five age mortality rate. However, based on the data issued by Central Java Province's Health Department, there was an increase in the under-five age mortality rate during 2015-2020 from 11.50 to 11.85 per 1000 live birth (Ministry of Health. Guidelines for Drug Use Free and Non Limited, 2007). Banyumas Regency is one of regencies with sufficiently low under-five age death. It is in line with the data issued by Health Office of Banyumas Regency (2020) in which under-five age death rate in 2020 decreased compared with that in 2018.

This is in line with research conducted by Hariyanti et al (2015) and Govender et al (2015) which shows that people are looking for more treatment to facilities provided by the Government such as Puskesmas and Rumas Sakit. In contrast to research conducted by Abubakar et al (2013) which showed that people prefer to seek treatment for local psychics and shamans who are considered to have the ability to heal. Meanwhile, research conducted by Shaikh et al (2004) showed that the decision to seek treatment carried out by the community is closely related to the type of illness or disease that is being suffered.

The study focused on treatment-seeking behaviors by parents who have toddler-aged children. The determination of this focus is based on a literature review that has been carried out by looking for problems that have not been studied from electronic publication journals both nationally and

internationally. From the literature review, it was found that research on treatment-seeking behavior that has been carried out is still aimed at poor families who do not have supporting resources as well as at patients with chronic diseases as conducted by Catrina et al (2012) and Dominic et al (2013). The research on treatment search behavior that has been carried out is mostly quantitative research with multistage and cross-sectional design methods and uses data sources from the results of the National Census as conducted by Galal et al (2013) and Pratiwi et al (2013).

In the literature review, research was found on treatment search behavior with semi-structured qualitative types and phenomenological approaches, but the data collection method used was to use focused interview methods and content of analysis data analysis as carried out by Jain et al (2014) and Contesea et al (2013). In this study, the researcher used a qualitative type with phenomenological studies, but in conducting analysis this research used interactive model data analysis. In addition, treatment-seeking behaviors included in health behaviors are studies in psychology and health sciences (MacKian, 2003). So it will be interesting if sociology can also study the problem using theories or concepts in sociology.

Considering the data issued by UNICEF for Indonesia (2020), one child dies before their fifth birthday every three minutes anywhere in Indonesia. The factor causing the high child mortality rate is not only non-evenly distributed health facility but also parents' health behavior, particularly their health-seeking behavior. The community's health-seeking behaviors are varying. Some people look for health in modern facility and some other uses traditional medicines. This research focuses on the health-seeking behavior among the parents with under-five age children. The disclosure of counterfeit vaccination producing syndicate in Jakarta involving some leading hospitals indicates that children are very vulnerable to the potential drug misuse, although it is conducted in modern medication facility provided by government. Considering those phenomena, it is interesting to study the health-seeking behavior among the parents with under-five age children when they are sick considering resources, thought and feeling, and personal references dimensions affecting the health-seeking

behavior. This study is expected to be the reference for the government in socializing the management of children disease.

METHOD

Basically, quality research does not start from something empty, but is carried out based on the researcher's perception of the existence of a problem which later in qualitative research is called focus, with the guidance and direction of a focus, a researcher will know which data needs to be collected and which needs to be set aside even though the data is interesting (Moleong, 2010: 62-63). The location of the study can be in one place or spread out in several places by paying attention to the individual who will be used as an informant either a person or a group of people who can give a good explanation (Kuswarno, 2009: 131).

The method employed in this research was a qualitative one with phenomenological approach. Phenomenology is the science of the appearance of the experience of the subject by concentrating on what appears in the experience (Adian, 2010: 5). Phenomenology not only looks at a visible symptom, but seeks to explore the meaning behind the symptom (Wirawan, 2012: 133-134). It is a study intended to find out the behavior or action pattern taken by the family with under-five age children in seeking health when their children are sick by focusing on the health-seeking behavior among the parents with under-five age children. The research was taken place in Sumpiuh Sub District by considering the information obtained from Banyumas Regency's Health Office in 2020, in which the under-five age children death case increased continuously. There were 139 cases of under-five age children death up to May 2019. Meanwhile there were only 103 cases in the end of April 2019 indicating that there are about 36 cases a month.

The sample was taken using maximum variation sampling technique representing the main theme breaking the large consensus among the varying participants. This sampling technique attempted to achieve the accurate representation of total population, including not only the same probability but also extreme interval. When used carefully, the maximum variation sample can be used as the representation of random sample

(Patton, 2002: 53). The data collected in this research consisted of primary and secondary data. The primary data was obtained through observation, door-to-door direct interview using the prepared questionnaire (question list) and documentation. Meanwhile, secondary data was obtained from BPS, data from Puskesmas and local government office. Data validation in this research was conducted using source triangulation by comparing and crosschecking the reliability of information obtained at different time and in different instrument. This research was conducted using an interactive model of analysis, consisting of data collection, data reduction, data display, and conclusion drawing

RESULT AND DISCUSSION

Result

Treatment-seeking behavior is an activity that includes preventing or protecting oneself and one's family from diseases and health problems, improving health, and seeking healing if sick or affected by health problems. This behavior seeks to seek a cure or treatment in order to free oneself from the disease or illness suffered, therefore this behavior includes the behavior of the sick to obtain healing (curative) and the behavior of the sick to restore their health (rehabilitative) (Notoatmodjo, 2010: 138). Apart from the various ways of treatment that exist, the behavior of people seeking treatment is indeed more due to the desire and need of the person to be immediately free from the limitations that occur. The search for treatment is carried out with the intention that the person can immediately carry out their functions and role again in society and prevent or avoid possible losses such as death or diseases that turn into chronic (Sunarto. 2001: 43).

The result of research showed that health-seeking behavior among the parents is divided into two types: treating by themselves and ambulatory care. Treating their children by themselves is to treat the disease the children develop using the over-the-counter drugs and traditional medicines. Meanwhile, ambulatory care is the treatment conducted by visiting the health facilities without inpatient care. It can be explained in more detailed in the following. Firstly, parent will treat their children with traditional medicines such as medicinal herbs and baby massager and over-the-counter

drugs bought from drug store or pharmacy when the disease the children develop is considered as mild.

However, when it belongs to the severe one or has not been cured despite some medication, they will bring their children to Puskesmas or Midwife to get further medication. Secondly, parents seek for treatment from medical officer (either Midwife or Puskesmas) when their children develop either mild or sever disease. It is because the parents perceive that medical officers who have acquired formal education have more competencies in curing a disease. The different alternative way choices in seeking medication occur due to the different influence the parents have in choosing medication method.

Discussion

Parsons began to develop social organizational functional theory, and then as the initial formula, he developed voluntaristic concept as the subjective decision making process of individuals (actors). Voluntaristic action includes making decision subjectively about the tool or the means the actors use to achieve their objective, all of which are affected by value, norms, other idea, certain condition and situation.

Individual is an actor having objective, because no individual takes action without certain objective. Objective (goal) is an entire concrete condition expected in the future, as long as it is relevant to the action reference frame. It can be said that the actor is involved in pursuing, realizing, or achieving the objective; therefore he/she is the process in time (Turner, 2012). A rational decision making process at individual level pertains to more than behaviors determined by the normative rules. In this case, there are three components to take into account: firstly, every action pertains to individual decision making in his/her attempt of achieving an objective. Secondly, a set of values and other ideas will limit the actor's decision making in his/her attempt of achieving such the objective. And thirdly, the presence of situational conditions also limits the actor in making action decision (Ritzer, 2011: 253-256).

Voluntaristic action includes making subjective decisions about tools or means used to achieve goals where they are influenced by certain values,

norms, other ideas, conditions and situational. Individuals are actors who have goals, because no individual acts without having a certain goal (Susilo, 2008: 114-115). Therefore, in order to facilitate this, actors need a set of tools that can be selected either randomly or depending on a certain condition of action. These tools can appear one by one but can also appear simultaneously, which means means means referring to all the elements and aspects that can be used by actors in pursuing their goals. The rational decision-making process at the individual level concerns more than just those behaviors determined by mere normative rules.

Voluntarism or action theory serves as a subjective decision making process by an actor as an individual actor in making decision as the partial output of various normative and situational influences. Regarding this, action theory will be used to study how the parents, as the actor, choose the alternative way to achieve the objective of curing the disease their children develop. The scheme of units of action starts from the existence of an individual as an actor, and the actor is seen as a hunter of a certain goal. In an effort to achieve his goals, actors have alternative ways, tools, and techniques to achieve goals, but on the other hand actors are faced with a number of situational conditions that can limit their actions in achieving goals in the form of situations and conditions both controllable and uncontrollable. Lastly the actor is under the constraints of values, norms, and various abstract ideas that influence him in choosing and determining alternative goals and actions to achieve the goal.

Health behavior is all activities or activities of a person both observable and unobservable related to the maintenance and improvement of health (Glanz et al, 2008: 4). So in this study, parents are positioned as actors who have a goal and also have alternative ways to achieve this goal. Action-taking is not only influenced by personal considerations based on the knowledge and attitudes possessed, but also influenced by factors that come from outside the actor's self. Goals can be identified with the goal of getting children back to health, in achieving these goals parents as actors have alternative ways of means, namely by doing self-medication or by going for treatment. Meanwhile, values, norms, and other ideas can be identified as obstacles in achieving goals that are reflected into two dimensions, namely

personal references (influence of people) and thought and feeling (knowledge and beliefs). As for situations, the conditions here can be identified into resources in the form of (ownership of money, time allowance, and satisfaction with health facilities). The parents' attempt of determining the alternative way to achieve their objective of curing their sick children is affected by situation and condition including resource (money, time, satisfaction with health facility) ownership and dimension. In addition it is also affected by thought and feeling the actor has (knowledge and belief), and and personal references including value, norms, and other ideas.

Situations and Conditions in Resource Dimension

Resources are something that is considered valuable, has economic value, or can even be said to be a component of an ecosystem that provides goods and services that are beneficial to human needs. In relation to the behavior of seeking treatment here, the dimension of resources or resources does not only cover the material aspect but also includes time, and satisfaction with health services in health facility providers because of the experiences that have been experienced and then affects the choice of action taking in conducting treatment searches.

Money is the most important factor in the choice of action to be taken related to the behavior of seeking treatment of parents if their toddler suffers from health problems. Treatment that requires a fairly high cost, tends to be the second or even the last choice that will be taken by parents with weak economic status. They will first seek cheap treatment or even if possible without incurring costs such as doing self-medication by utilizing medicinal plants and traditional herbs or buying medicine. Costs are no longer a problem in finding treatment among the community, this happens because of subsidy assistance from the government in the form of Public Health Insurance (JAMKESMAS), Healthy Indonesia Card (KIS), BPJS, and Banyumas Sehat Card (KBS). With the assistance of these subsidies, it is considered very helpful in health financing, because people no longer spend a large amount of money and even do not spend money at all if they seek treatment to health facilities provided by the Government.

Time is another factor in the making of a decision or action carried out by parents related to the behavior of seeking treatment towards their toddler. For parents who have busy or other matters that are considered important such as work, tend to do their own treatment first while waiting for the time they have. Limited time for working parents is one of the other causes of treatment for the pain suffered by their children. If they are going to take treatment to the Puskesmas or to the doctor, then they will wait after get off work. Satisfaction with health services is not a major factor in shaping parents' treatment-seeking behavior towards their sick toddlers. However, satisfaction with health services is also another factor in making decisions or actions regarding what treatment to take for their children who are experiencing health problems.

Situations and conditions unit reflected on the three factors of resource dimension (money ownership, time, and satisfaction with health facility) becomes one factor creating the parents' health-seeking behavior in finding the alternative way or action of seeking treatment for their children. Money ownership is no longer the primary factor in the presence of Public Health Security from government really helpful to the community in the term of funding the treatment in the provided health facility. Time is a sufficiently influential factor in the health-seeking behavior for both the working parents and the non-working parents. Meanwhile, satisfaction with health service occurs only in the parents experiencing directly the unpleasant event in the health facility in the term of either services or other thing affecting their perception during seeking the treatment in the facility.

Value in Thought and Feeling Dimension

A person's health behavior is influenced by the knowledge and trust of the individual towards their view of a treatment. Knowledge can be obtained from experiences gained by himself or through the experiences of others, besides that knowledge can also be in the form of information obtained from mass media such as television or magazines that he did not previously know. Parents who have children under five gain knowledge about the disease along with possible treatment from several sources such as parents, neighbors who both have children, and workmates. But there are also

parents who gain knowledge about the type of child's illness from their own experiences and the cooperative attitude they take by asking medical personnel. In addition, there were also other informants who received information about the type of toddler disease from the Village Posyandu activities he participated in and from electronic media in the form of television shows, from his participation he received a lot of additional information about children's diseases along with their treatment.

Trust, which is usually obtained from parents in which a person accepts that trust based on beliefs and in the absence of prior proof. They take this belief for granted because they believe that the information obtained is the truth. Related to the treatment of children under five, parents in providing treatment for their children begin with doing their own treatment, namely using herbal ingredients, this action they do because of trust in the advice of parents as their closest people. People in nearby neighborhoods such as biological parents give more information on treatment using traditional herbs. Meanwhile, neighbors and co-workers provide more information about the types of drugs sold on the market that they have used to treat their children and provide healing. They also gain knowledge from participation as members of the Posyandu, the knowledge gained comes from counseling activities carried out by administrators, Village Midwives, and representatives of Puskesmas Midwives every month, more knowledge about the use of medicinal plants around the home environment.

Value unit as reflected on thought and feeling dimension is divided into two: knowledge and belief. Knowledge comes from (1) the people closest to them and giving knowledge including their parents, neighbors, and coworker for those working, (2) medical officers including Physician and Midwife, because medical officers acquiring formal education are considered as more knowledgeable about the health problem of under-five age children so that what they say will increase information for the parents, and (3) mass media giving much show about under-five age children health, even there are some special programs in television discussing about health problem. Information obtained from both electronic and printed media can be other source of knowledge for the parents in dealing with the disease

their children develop. Parents' belief is obtained from (1) their parents, when their parents give information or recommendation, they will accept and believe it based on the belief and without authentication first because of their respect to their parents, (2) pharmacist considered as having more experience and knowledge in drug selection convinces the parents when they buy drugs in pharmacy based on only short consultation about the disease the children develop based on their own diagnosis, and (3) government, in which parents buy the over-the-counter drug surely because they are sure with the government's supervision.

Other Ideas in Personal References Dimension

A person's behavior is usually influenced by other people who are considered important, because a person is considered important by him, then what he says or does in the form of a suggestion, idea, view, or an action will tend to be modeled, done, or at least will be a consideration in taking action. People who are considered important are also called reference groups or references groups, a person's reference group is all groups that have a direct influence on themselves (face-to-face) or indirectly on the attitude or behavior of that person.

Some membership groups are primary groups, such as family, friends, neighbors, and co-workers who interact with someone continuously and informally. Related to treatment behaviors carried out by parents, the personal references dimension can be done based on two ways, namely Informational influence occurs when individuals imitate the behavior of members of the reference group that provides useful information and finally is the value expressive influence that occurs when individuals feel they have and form values and norms of a group. Reference groups influence their members in at least three ways, the first is informational influence. This happens when a person or individual imitates the behavior and opinions of members of a reference group that provide useful information. He received this information and then became one of the considerations in taking an action, as well as in the behavior of seeking parental treatment of their toddlers. The second way of the reference group in influencing is with value expressive influence, this occurs when individuals feel they belong and form

the values and norms of a group because of a sense of belonging to the group. Then they feel they have to follow the values and norms that apply or are instilled. In relation to the treatment behavior of parents towards their children under five, the influence of expectations for this value is obtained from their participation in the Village Posyandu group.

Other ideas unit as reflected in personal references dimension may occur due to the presence of reference group. This reference group gives information including suggestion and recommendation that is implemented and affects them later. It may occur in three ways: (1) Informational Influence, in this way, the reference groups to which the parents refer in treating their under-five age children are neighbor and medical officers. The neighbors who have or who have had underfive age interact with them to exchange information. Medical officers including Midwife and Physician are considered as having more knowledge about children disease medically and become another reference group in providing useful information during consultation. (2) Normative Influence is the effect the parents exert on their children (the parents with under-five age children) in treating some diseases. Suggestion and recommendation given will be implemented to avoid punishment and anger, in addition to their respect to parents. (3) Value Expressive Influence is the way by which individual has sense of belonging and creates value and norm of a group, in this case the affiliation of mothers (women) in Posyandu Desa (Village Integrated Service Post). Thus, they will follow the direction and input given during education (illumination activity) because they have sense of belonging to the posyandu group.

CONCLUSION

There are two health-seeking behaviors the parents take in treating their under-five age children encountering health problem. Firstly, parents treat first their children themselves, using both traditional medicines like medicinal herb, baby massager service and over-the-counter drugs. Secondly, parents look for treatment directly from medical officers (either Midwife or Puskesmas) when their children suffered from either mild or severe health disease. It was because of the parents' perception assuming

that medical officers who had acquired formal education had more competencies in curing a disease.

Parents, especially mothers who have children with toddler age and are the object of this study are individuals (actors) who have goals to achieve (goals) in the form of child recovery or at least relieve the pain suffered by their child. Then in the actor's efforts to achieve their goals, they have several alternative ways (means), namely by doing self-medication (treatment with traditional herbs, buying medicines in the temple and pharmacies) as well as by going for treatment in health facilities such as doctors, puskesmas, and midwives without going through the hospitalization process).

Actors' efforts to determine alternative ways that they will use to achieve goals, they get influences that come from within the actors themselves in determining alternative choices of ways that are reflected in (situations, conditions) in the form of ownership of resources or dimensions of resources (money, time, satisfaction with health facilities). In addition, obstacles in choosing alternative ways to achieve goals also come from outside themselves which are reflected in the dimension of thought and feeling possessed by the actor in the form of (knowledge and trust), and the dimension of personal references (influence of others) which influences actors in choosing alternative ways of achieving their goals (values, norms, and other ideas).

Parents who in this case as an individual actor in the behavior of the search for treatment they carry out are related to the health problems that their child has in mind have objectives that they want to achieve. The goal to be achieved is none other than because of the circumstances that affect the pain suffered by their children, so they must act with the aim of curing or at least relieving the pain. In an effort made to achieve this goal, parents have two alternative ways based on classifying the search for treatment from BPS, namely self-medicating and road treatment.

The difference in the selection of alternative ways of seeking treatment occurs due to the different influences felt by parents as actors so as to influence them in choosing alternative methods. Situations, conditions that manifest in the resources dimension, namely the ownership of money,

time, and satisfaction with health services, are one of the elements of formation in the selection of alternative ways to be carried out in the search for treatment for their children. Other influences also arise from values, norms, and other ideas which are reflected into the dimension of thought and feeling (knowledge and trust), and the dimension of personal references (the influence of others) that influence in the selection of alternative ways to achieve goals.

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