


olih21 Solihin21

Social Behavior Communication Change (SBCC) for Handling Infectious Diseases in Bandung

 Paper Pa oliv

 Cek plagiasi

 Universitas Komputer Indonesia

Document Details

Submission ID

trn:oid::1:3165420433

Submission Date

Feb 25, 2025, 11:06 AM GMT+7

Download Date

Feb 27, 2025, 10:06 AM GMT+7

File Name

tion_Change_SBCC_for_Handling_Infectious_Diseases_in_Bandung.pdf

File Size

455.8 KB

10 Pages

4,352 Words

24,610 Characters

13% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Filtered from the Report

- ▶ Bibliography
- ▶ Internet sources
- ▶ Publications

Match Groups

- **12 Not Cited or Quoted 9%**
 Matches with neither in-text citation nor quotation marks
- **3 Missing Quotations 3%**
 Matches that are still very similar to source material
- **3 Missing Citation 1%**
 Matches that have quotation marks, but no in-text citation
- **0 Cited and Quoted 0%**
 Matches with in-text citation present, but no quotation marks

Top Sources

- 0% Internet sources
- 0% Publications
- 13% Submitted works (Student Papers)

Integrity Flags

0 Integrity Flags for Review

No suspicious text manipulations found.

Our system's algorithms look deeply at a document for any inconsistencies that would set it apart from a normal submission. If we notice something strange, we flag it for you to review.

A Flag is not necessarily an indicator of a problem. However, we'd recommend you focus your attention there for further review.

Match Groups

- 12 Not Cited or Quoted 9%**
Matches with neither in-text citation nor quotation marks
- 3 Missing Quotations 3%**
Matches that are still very similar to source material
- 3 Missing Citation 1%**
Matches that have quotation marks, but no in-text citation
- 0 Cited and Quoted 0%**
Matches with in-text citation present, but no quotation marks

Top Sources

- 0% Internet sources
- 0% Publications
- 13% Submitted works (Student Papers)

Top Sources

The sources with the highest number of matches within the submission. Overlapping sources will not be displayed.

1	Student papers	
	Universitas Komputer Indonesia	4%
2	Student papers	
	UNIVERSITY OF LUSAKA	2%
3	Student papers	
	Universitas Airlangga	2%
4	Student papers	
	University of KwaZulu-Natal	<1%
5	Student papers	
	Uganda Christian University	<1%
6	Student papers	
	Walden University	<1%
7	Student papers	
	Intercollege	<1%
8	Student papers	
	Universitas Negeri Manado	<1%
9	Student papers	
	University of Birmingham	<1%
10	Student papers	
	Boitekanelo College	<1%

11 Student papers

Submitted on 1685706500161 <1%

12 Student papers

Universitas Andalas <1%

13 Student papers

Bowling Green State University <1%

Social Behavior Communication Change (SBCC) for Handling Infectious Diseases in Bandung

O. Solihin^{1*}, Y. Mogot² M. Madonna³

^{1,2}Departemen Ilmu Komunikasi, Fakultas Ilmu Sosial dan Ilmu Politik Universitas Komputer Indonesia, Jalan Dipatiukur no. 102-116, Bandung.

³Departemen Ilmu Komunikasi, Universitas Bhayangkara Jakarta Raya, Jakarta.

E-mail: olih.solihin@email.unikom.ac.id

Abstract. The rapid and widespread spread of infectious disease outbreaks in society is influenced by two main factors, namely physical conditions and behavior (behavior). Infectious disease is an epidemic that is being handled seriously by the Bandung City Government, West Java Province. This study examines the Social Behavior Communication Change (SBCC) approach which concentrates on behavior to facilitate individuals, households, groups, and communities in adopting and maintaining practices related to improving health and nutrition. Objective: The research intends to describe the communication program for handling infectious diseases in the city of Bandung using the SBCC approach. Methods: descriptive qualitative research by conducting a systematic literature review (systematic review) in the form of a conceptual study of the condition of infectious diseases in the city of Bandung, Social Behavior Communication Change (SBCC), the SBCC framework, and the Strategy for Handling Infectious Diseases. Concept definitions are obtained through searching primary data sources in the form of journals and other scientific references. Result: The handling of the outbreak can be done through three main strategies, namely Advocacy, social mobilization, and behavior change communication. Advocacy is in the form of enforcing policy commitments and supporting collaboration with the mayor, parliament, Health Service, Sub-district in Bandung. In the form of social service activities and free medical treatment. For community or social mobilization, the Bandung city government involves health cadres, community leaders, and religious leaders. As well as behavior change communication, namely informing and approaching the patient, the patient's family and the community in the surrounding environment. The conclusion is that the handling of infectious diseases can be done through collaboration between the government and the community through advocacy strategies, social mobilization and communication for social change.

Keywords: Infectious Diseases, SBCC

1. Introduction

The management of infectious diseases continues to be pursued by the central and regional governments. Infectious diseases are dangerous infectious diseases because they can spread quickly. Infectious diseases have a broad impact on various aspects of life in society, ranging from health, social, to the economy because in addition to causing decreased productivity, it also causes death. Knowing the epidemiology of infectious diseases is important to prevent and monitor their spread [1].

The problem of infectious diseases is caused by many factors, one of which is the poor quality of environmental hygiene. Another problem is the dense population in an area will worsen environmental conditions. Urban areas, especially slum areas that lack basic facilities, have a high risk of developing infectious diseases. In addition to environmental problems, infectious diseases are also influenced by the behavior of people in an area [2].

Urban residents everywhere always have the same problems, namely high population density, declining environmental quality and the number of pockets of slum and poor settlements and the lack of fulfillment of basic facilities that make urban areas more vulnerable to the spread of infectious diseases [3]. There are at least two risk factors that cause infectious diseases to spread widely in densely populated areas, namely physical and community behavior [4]. For this reason, the Bandung City Health Office is actively monitoring infectious diseases, which consist of polio (Acute Flaccid Paralysis), Tuberculosis, Pneumonia, HIV/AIDS, sexually transmitted infections, diarrhea, leprosy, communicable diseases that can be prevented by immunization, DHF, and Filariasis [5].

Health problems and disease problems are not solely sourced from individual negligence, family negligence, group or community negligence. Most of the diseases suffered by individuals and diseases that exist in the community generally originate from ignorance and misunderstanding of various health information received [4].

According to Neill McKee et al (2014) health disaster problems including infectious diseases can be handled according to the principles of social change communication, which is popular with the Social Behavior Communication Change (SBCC) model. McKee further underlined that SBCC must empower all levels of society horizontally; encourage communities to become their own agents of change; promote dialogue, debate, and negotiation (as opposed to information and persuasion techniques); emphasizing processes of interaction, shared knowledge, and collective action (rather than the sender-receiver model); and a focus – beyond but to include individual behavior – on changing social norms, policies, and cultures to uncover sustainable changes within society and among individuals [4].

One of the main issues in health communication is affecting individuals and communities. The purpose of health communication is to improve health status by sharing information about health. The Centers for Disease Control and Prevention defines health communication as the study of using communication strategies to inform and influence individual or group decisions to improve health [6].

Several previous studies that became the basis of this research have been widely carried out as follows: First, McMichael's research [7]. describes the spread of infectious diseases caused by dense population and environmental factors; The two Zvavamwe [8]. who are researching TB disease offer solutions to cure this epidemic by involving the community; The three studies by Prianto [9]. emphasize the importance of stakeholder collaboration for the prevention of infectious diseases; the four studies Ulung et al [10]. who stated the importance of social mobilization in disease management; the fifth study of Maoulina et al. which emphasizes social mobilization efforts in handling infectious diseases [11].

This study intends to describe the communication program for handling infectious diseases in the city of Bandung using the SBCC approach. The usefulness of this research is expected to be able to provide usefulness both theoretically and practically. Theoretically, this research is expected to be able to contribute to the development of communication science, especially health communication, as well as the implementation of one of the theories of SBCC. Practically the research that will be carried out can contribute to the government, health practitioners in handling infectious diseases, and the results of this research can initiate policy makers both at the central and regional levels to issue policies as suggested in the research results.

2. Method

The research was conducted using a qualitative descriptive method. Qualitative research is research that uses a natural setting, with the intention of interpreting the phenomena that occur and is carried out by involving various existing methods [12]. The data was obtained through a systematic literature review (systematic review) in the form of a conceptual study of the condition of infectious diseases in the city

of Bandung, Social Behavior Communication Change (SBCC), the SBCC framework, and the Strategy for Handling Infectious Diseases. Concept definitions are obtained through searching primary data sources in the form of journals and other scientific references.

3. Results and Discussion

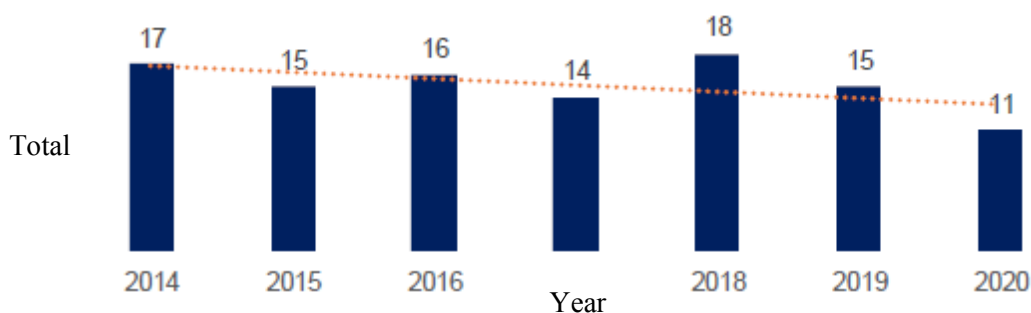
3.1 Infectious Disease Conditions in Bandung

Based on data from the health profile of the City of Bandung 2020, the City Health Office reports the conditions and treatments carried out for infectious diseases, as below:

3.1.1 Acute Flaccid Paralysis (AFP)

Polio is caused by the polio virus that is carried in the food and drinks consumed. This disease affects all ages but is susceptible at an early age under five years. This disease can be transmitted through contact with other people. Polio usually thrives in a dirty environment. The government's efforts to eradicate this disease are through immunization given to early childhood children. The city of Bandung recorded that there were 11 AFP cases in 2020 from 9 sub-districts. With this number, the AFP Rate (Non-Polio) per 100,000 population under 15 years of age is 2.0 per 100,000 population under 15 years. The number of AFP cases in 2019 was 15 cases spread across 11 sub-districts so that when compared to the number of cases in 2020 there was a decrease of 4 cases.

Graph 1. Comparison of the Number of AFP Cases in Bandung City in 2014 – 2020

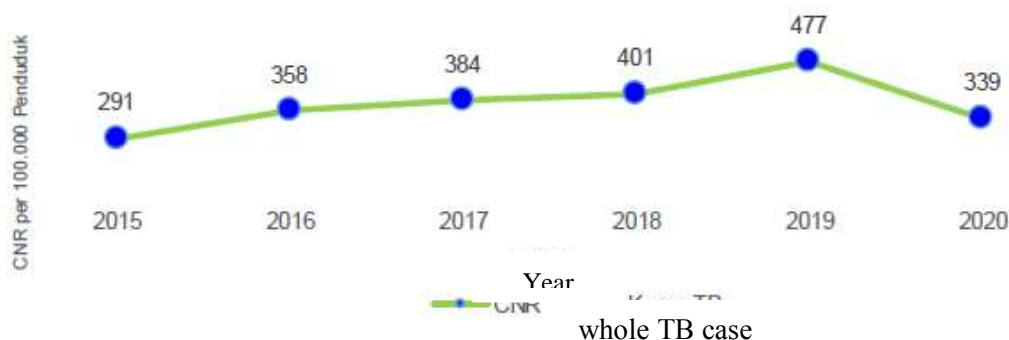


Source: Bandung City Health Profile 2020

3.1.2 Tuberculosis

In 2020 the Health Service reported the number of TB sufferers as many as 8,504 cases consisting of 2,596 cases outside the region and 5,908 patients from the city of Bandung. From the total number of all TB cases, the TB case finding rate in Bandung City was 99.23%, a decrease from the previous year of 139.71%. It is also known that the CNR of Bandung City in 2020 is 339 / 100,000 population. This number decreased from the previous year with a decrease of 138/100,000 population.

Graph 2. Graph of TB Case Notification Rate (CNR – per -100,000 population) * in Bandung City 2015 – 2020

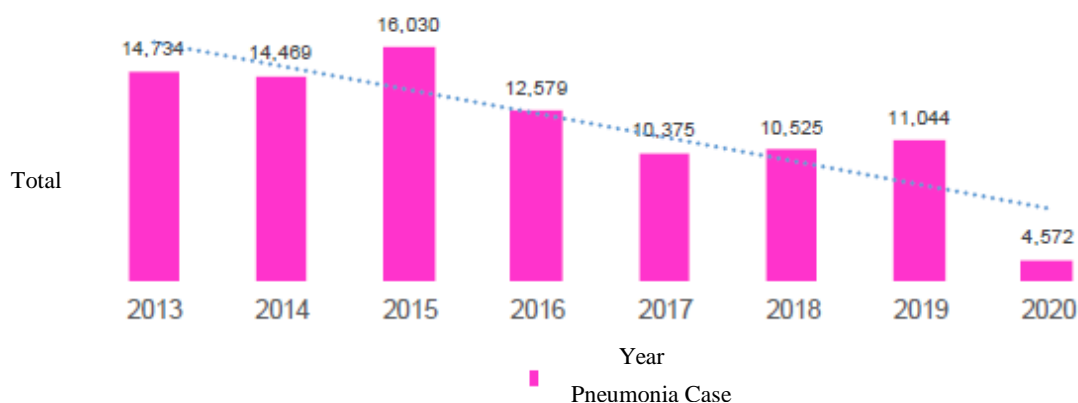


Source: Bandung City Health Profile 2020

3.1.3 Pneumonia

Another infectious disease is pneumonia caused by bacteria and viruses infecting the lungs. This disease can affect people of all ages, especially in early childhood. In its report, the health Office explained that in 2020 there were 4,572 cases of pneumonia in Bandung, consisting of 4,487 cases of pneumonia and 85 cases of severe pneumonia. The number of estimated cases of pneumonia under five in the city of Bandung in the same year amounted to 8,930 cases. Meanwhile, according to his report, the handling of this case in 2020 is 51.20%.

Graph 3. Trends in the Number of Cases of Toddler Pneumonia in Bandung City in 2013 – 2020.



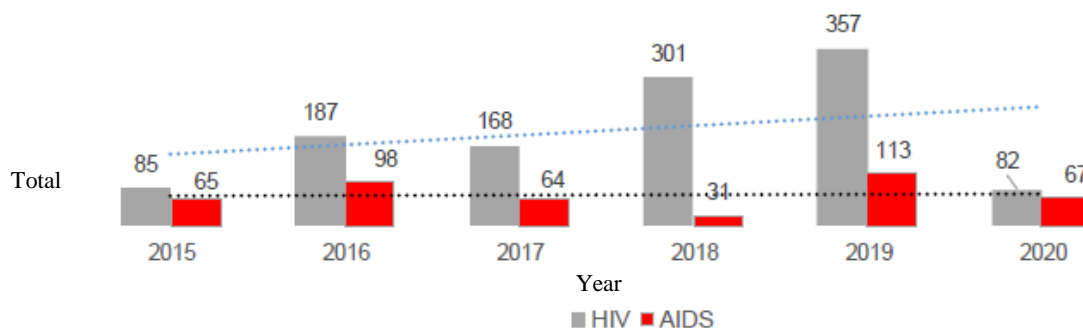
Source: Bandung City Health Profile 2020

3.1.4 HIV/AIDS

Until now, HIV-AIDS cannot be treated optimally because there is no medicine or vaccine to prevent it completely. So far, treatment efforts have only been able to slow down the destructive power of the virus in the bodies of people with HIV-AIDS because the HIV virus (Human Immunodeficiency Virus) is still very immune to being disabled. In 2020 the health department reported that there were 82 patients in the city of Bandung. Of that number, 67 are said to be new sufferers. Men are the most common sufferers than women.

Graph 4. Graph of the Number of New Patients with HIV (+) and AIDS in Bandung City in 2020.

Source: Bandung City Health Profile 2020

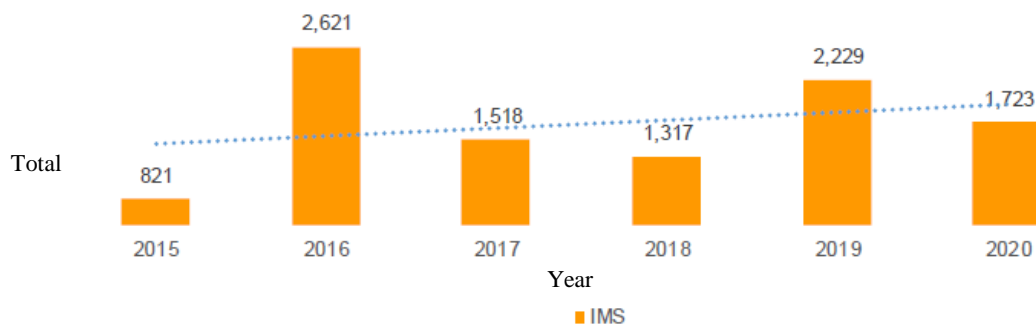


3.1.5 Sexually Transmitted Infectious Diseases

Sexually transmitted infections include syphilis (Raja Singa), gonorrhea (gonorrhea), chlamydia, genital herpes, and chicken's comb (condyloma acuminata). It should be noted that this disease is closely related to HIV/AIDS infection due to sexually transmitted diseases as cofactors for the emergence of

HIV/AIDS. Through efforts to control the spread of this disease, it can reduce the exposure and incidence of HIV/AIDS. In its report, the Bandung City Health Office stated that in 2020 there were 1,723 cases of sexually transmitted infections in Bandung City. This data is based on reports from health facilities such as hospitals and health centers. Of these, 803 male patients and 920 female patients. Meanwhile, in 2019, the health office noted that 2,229 patients were found, consisting of 941 males and 1,288 females.

Graph 5. Development of the Number of STI Cases in Bandung City in 2015 – 2020



Source: Bandung City Health Profile 2020

3.1.6 Diarrhea

Diarrhea is also a contagious disease. This disease often afflicts the wider community regardless of age. In its report, the Bandung City Health Service said that every year diarrheal diseases always occupy the 10 biggest diseases, including during the pandemic. In 2020, there were 30,954 cases that were handled or 38.06% of the target for finding diarrhea in Bandung City in 2020. Meanwhile, for children under five, there were 10,012 cases or 23.66% of the target for detection. Of all cases of diarrhea (all ages), the total percentage of Balita diarrhea is 32.34%. The diarrhea morbidity rate at all ages was 25 per -1,000 population in 2019, this number has decreased in 2020 to 12 per -1,000 population.

Graph 6. Development of the Number of Diarrhea Cases in Bandung City in 2015 – 2020
 Source: Bandung City Health Profile 2020

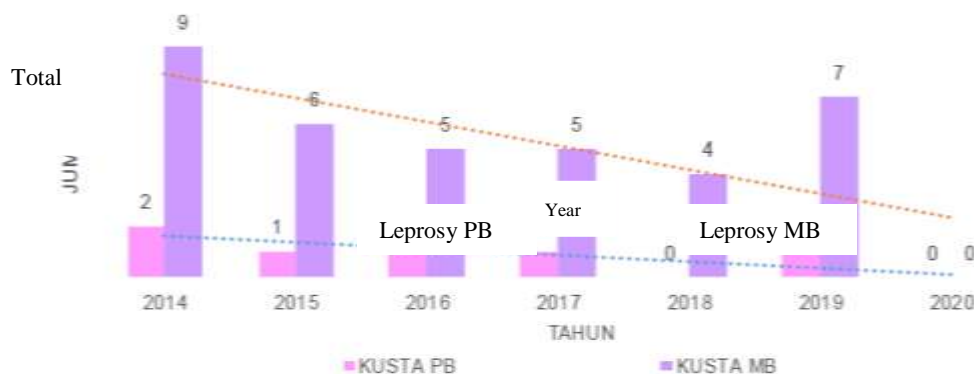


3.1.7 Leprosy

This disease is caused by bacteria that attack the nervous system, skin, mucous membranes of the nose, and eyes. The Bandung City Health Office reported that in 2020 there were no new cases of dry leprosy or Pausi Basilier (PB) or wet or Multi Basilier (MB) leprosy in Bandung. Whereas in the previous year there were 8 new cases of leprosy consisting of 1 case of new leprosy and 7 cases of wet leprosy. During the period from 2014 to 2019, 41 new cases were found in 28 sub-districts in the city of

Bandung. Under these conditions, the prevalence of leprosy cases in Bandung City is 0.01 cases per 10,000 population.

Graph 7. Development of the Number of People with Leprosy in Bandung City in 2014 – 2020

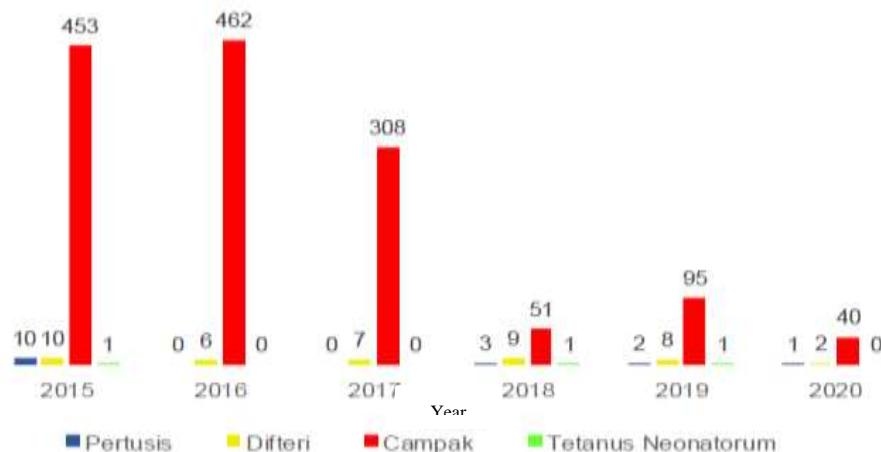


Source: Bandung City Health Profile 2020

3.1.8 Infectious Diseases Preventable by Immunization (PD3I)

Diseases that can be prevented by immunization (PD3I) are polio, hepatitis B, pertussis, diphtheria, influenza, measles, and tetanus. In 2020, three types of vaccine-preventable diseases occurred in Bandung, namely measles, diphtheria, and pertussis. The number of cases of pertussis was 1 case, diphtheria 2 cases, and measles (suspected) 40 cases.

Graph 8. Number of Communicable Disease Cases That Can Be Prevented by PD3I Immunization in Bandung City 2015 – 2020



Source: Bandung City Health Profile 2020

3.1.9 Dengue Hemorrhagic Fever (DHF)

Dengue fever is another dangerous infectious disease that requires serious treatment. The Bandung City Health Office reported that in 2020 there were 2,790 cases of dengue fever. This figure has decreased when compared to 2019, which was 4,424 cases. The incidence of dengue fever in 2020 was 111, a decrease compared to the previous year which was 176 per 100,000 population. The development of the incidence of dengue fever in the city of Bandung from year to year is as shown in the following figure.



Source: Bandung City Health Profile 2020

3.2 SBCC Framework in Handling Infectious Diseases

According to the C-Change framework, SBCC consists of the systematic application of interactive, theory-based, and research-based communication processes and strategies to address tipping points for change at individual, community, and social levels. The tipping point in this sense refers to the dynamics of social change, where small, sometimes unpredictable changes quickly accelerate change and can become permanent changes. They can be a naturally occurring event or something determined or researched and planned such as “political will” by senior leadership that provides the final impetus to “overthrow” barriers to change. Tipping points may require processes that build momentum to the point where change gains strength and becomes unstoppable [13].

While addressing individual behaviour can achieve individual empowerment and can address the perceived behaviour of others (perceived social norms), SBCC involves the process of looking at a problem from multiple sides by analysing individual, societal, and environmental factors to identify and overcome barriers to change. These are often found in social norms embedded in policies, laws, cultural identities, and group behaviour and pressures. Addressing them is anticipated to lead to more sustainable change. SBCC is an interactive, researched, planned, strategic process with the aim of changing social conditions and individual behaviour. The C-Change model follows well-known steps in applied communication. Many communication planning models have been developed over the last 30 years or so. C-Planning stems from many of these, as referenced below. However, it should be noted that in the first step, "Understanding the Situation," the creators of the model emphasized more than formative research on knowledge, attitudes, and practices but more concerned with barriers and facilitators of change as well as indirect effects and underlying causes. It also includes looking at key players in the community, service providers, district and higher levels, including national or international.

As described below, people need to understand the dangers of communicable diseases and how they can prevent getting them or transmitting them to others if they have it. This understanding is necessary with the wider community but also among health workers in the communication program efforts that they carry out.

The big challenge faced by the Bandung City government in this case is the health Office as the main stakeholder in handling infectious diseases, namely the fact that the community does not feel the risk of contracting infectious diseases and as a result influences behavior to reduce the risk of transmission or contracting the disease remains a challenge. Bandung City Health Office, community/community, media need to understand the basic role of infection control, nutrition and sanitation that play a role in increasing vulnerability to disease. Key change agents for behavior change at the community level can include family and immediate community.

3.3 Infectious Disease Management Strategy

Based on the ecological approach requires SBCC to work through three main strategies: advocacy for policy change and resource mobilization; social mobilization (including community mobilization) for

wider coalition engagement and capacity building of partners and allies from international to community level; and Behaviour change communication using interpersonal, group, mass media, and new information technology approaches for specific behaviours and changes in social norms. These three strategies, essential for sustainable behaviour and social change, are visualized in Figure 1.

The definition of these key strategies is helpful for a full understanding of SBCC. Very often, projects focus solely on BCC, trying to change individual behaviour without addressing, for example, the demand for more accessible and friendly service delivery through advocacy. It is not important or even realistic that every project or entity leads all three strategies because they can engage partners and allies who already do. However, SBCC should always be associated with services or products that people have access to. If this is not in place, SBCC efforts remain toothless, and communication activities may not have a significant impact.



Figure 1. Three main communication strategies for social behavior change.

Source: Adapted from McKee (1992).

Both advocacy and mobilization strategies tend to use technical communication to achieve their goals. Practitioners do not always apply principled communication strategies to this type of work, which can make interventions more effective. For example, techniques used under social and community mobilization include publicity, public discussion, dissemination of information using mass and community media, and stakeholder training/coordination.

While social mobilization may often occur at the national level among civil society organizations, donors, and parts of government to build coalitions on specific issues, community mobilization can do the same at the community level with similar techniques. The practitioner can start with any of the three strategies (represented by the left arrow in figure 1), depending on factors such as:

- 4 Issues being addressed.
- 5 Existing policies to deal with it.
- 6 Organization and resources have been involved in addressing the issue.

For example, if leadership is not prepared to advocate on a particular issue, a program might concentrate on building a critical mass of social networks or coalitions that can put pressure on leadership through well-defined social mobilization strategies. Or, where resources allow, consideration could be given to working with the community on a broad-scale BCC effort associated with mass media intervention to set the public agenda. This can ultimately influence perspective leaders and involve them and others in social movements.

3.4 Strategy for Handling Infectious Diseases in Bandung

Based on the ecological approach presented above, which focuses on three main strategies, namely Advocacy, social mobilization, and behaviour change communication, it can be detailed as follows:

Advocacy activities in the control of infectious diseases with policy commitments and support for collaboration with stakeholders in the City of Bandung which include the Mayor of Bandung, DPRD Bandung City, Health Office, Camat, Lurah. Real advocacy activities can be through activities such as social services and free medical treatment which are held in all areas of Bandung City. the mayor of Bandung can convey information about the dangers of infectious diseases and ask for support from all the people who are present at the social service event to jointly actively tackle infectious diseases in the city of Bandung.

Advocacy is also done by asking for support from public figures. The existence of this famous person's support is an effort to influence public opinion or judgment that the infectious disease prevention program is supported by famous figures. According to McKee (1992) advocacy activities include lobbying decision makers through personal contacts, letters, holding seminars, making news; seek coverage from newspapers, magazines, television and radio and gain support from well-known personalities. One form of advocacy is media coverage.

While the form of community or social mobilization, the Bandung city government can involve health cadres, community leaders, religious leaders. For example, sermons by religious leaders can be conveyed about the dangers of infectious diseases because it invites people to prioritize healthy lifestyles and so on.

In addition to interpersonal media, other efforts that can be done can be through the distribution of brochures, films, charts. Communicants or target audiences are infectious disease patients and their families of infectious disease patients as well as the community around which infectious disease patients live. With an empowerment orientation, the communication approach taken leads to a participatory communication approach. First, the communication is one-way, but then it is complemented by dialogue or two-way. In the communication activities carried out, it can be seen who is involved, the functional roles they have, and the communication modes used.

4. Conclusion

In tackling the spread of infectious disease outbreaks that occur in the people of the city of Bandung, it is not only focused on the readiness of the individual's physical condition and the environment. However, prevention efforts need to also focus on changing behavior because often people's habits or lifestyles that do not prioritize environmental and family health can lead to infection as well as rapid and widespread spread. Therefore, a synergistic strategy is needed between the Bandung city government, namely the mayor, parlement, Health Service, and the community as the main actors. The three main strategies in handling infectious diseases are in the form of advocacy, namely the enforcement of joint commitments between the city government in providing protection or protection for the health of the environment and the people of the city of Bandung by organizing social service activities and free medical treatment. The social or community mobilization strategy is carried out through the mobilization of health cadres at the sub-district and sub-district levels to play an active role and socialize health. Then the communication strategy for behavior change is to inform and approach the patient, the patient's family and the community in the surrounding environment. The implementation of the three main strategies is based on the Social Behavior Communication Change (SBCC) approach, which is a method to promote positive change and uses a set of tools and approaches that are informed through communication, behavioral theory, and marketing to increase adoption and sustainable change in behavior.

Acknowledgment

This research was supported by the Indonesian Computer University. We would like to thank the Chancellor of UNIKOM, the UNIKOM ICOBEST Team, friends who helped enrich the reading sources

in this research. Hopefully this research will provide benefits for the development of Communication Studies, especially health communication.

References

- [1] Sihaloho, E. D., Alfarizy, I. L., & Sagala, E. B. (2019). Indikator Ekonomi Dan Angka Tuberkulosis Di Kabupaten Kota Di Jawa Barat. *Jurnal Ilmu Ekonomi dan Pembangunan*, 19(2), 128-138.
- [2] Rahmadiana, M. (2012). Komunikasi kesehatan: sebuah tinjauan. *Jurnal Psikogenesis*, 1(1), 88-94.
- [3] Kurniasih, D. N., & Widianingsih, C. (2017). Hubungan antara Pengetahuan dengan Perilaku Pencegahan Penularan Tb pada Penderita Tb Paru di Poli Paru Rumah Sakit Prof. Dr. sulianti Saroso. *The Indonesian Journal of Infectious Diseases*, 1(2), 28-31.
- [4] N. McKee, A. Becker-Benton, and E. Bockh, *Social and Behavior Change Communication*. 350 Main Street, Malden, MA 02148–5020, USA 9600 Garsington Road, Oxford, OX4 2DQ, UK: John Wiley & Sons, Inc, 2014.
- [5] Dinas Kesehatan Kota Bandung, *Profil Dinkes Kota Bandung 2020*. 2021.
- [6] Schiavo, R. (2013). *Health communication: From theory to practice* (Vol. 217). John Wiley & Sons.
- [7] McMichael, A. J. (2004). Environmental and social influences on emerging infectious diseases: past, present and future. *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences*, 359(1447), 1049-1058.
- [8] Zvavamwe, Z., & Ehlers, V. J. (2009). Experiences of a community-based tuberculosis treatment programme in Namibia: a comparative cohort study. *International journal of nursing studies*, 46(3), 302-309.
- [9] A. Prianto, (2020).“Program Pembangunan Kesehatan Nasional Indonesia didasarkan pada konsep,” *JAK Publik*, 1(3), 160–167.
- [10] Muliana, M., & Almari, F. (2022). Implementasi Mobilisasi Sosial dalam Pengendalian Tuberkulosis Paru di Puskesmas Siko dan Kalumata Kota Ternate. *Jurnal Penelitian Kesehatan" SUARA FORIKES"(Journal of Health Research" Forikes Voice")*, 13, 151-155.
- [11] Moulina, T. E., Yuwono, Y., & Taqwa, R. (2018). Studi kualitatif implementasi advokasi, komunikasi dan mobilisasi sosial dalam pengendalian tuberkulosis paru di Kabupaten Musi Rawas Utara tahun 2016. *Jurnal Kedokteran dan Kesehatan: Publikasi Ilmiah Fakultas Kedokteran Universitas Sriwijaya*, 5(1), 38-48.
- [12] Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- [13] Gulliford, M., Figueroa-Munoz, J., Morgan, M., Hughes, D., Gibson, B., Beech, R., & Hudson, M. (2002). What does' access to health care'mean?. *Journal of health services research & policy*, 7(3), 186-188.