



Phenomenological Study: The Psychological Experience of the Community for the First Time Undergoing the Rabies Vaccine Process Due to a Dog Bite in the Working Area of Puskesmas 1 South Denpasar

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ABSTRACT

Abstract: Dog bites and the post-exposure rabies vaccination process are not merely biomedical events; they are experiences lived psychologically by the individuals who undergo them, particularly those experiencing this for the first time. This study aimed to understand and uncover the psychological experiences of individuals undergoing rabies vaccination for the first time following a dog bite in the working area of Puskesmas 1 Denpasar Selatan. A qualitative design with a phenomenological approach was employed. Seven participants were selected using purposive sampling based on inclusion criteria. Data were collected through in-depth interviews, observation, and documentation, and analyzed thematically following Creswell's phenomenological analysis stages. The results yielded five major themes: (1) subjective experience during the first dog bite incident, (2) subjective experience during the first rabies vaccination, (3) psychological dynamics during the vaccination process, (4) feelings of fear, anxiety, and emotional dynamics during vaccination, and (5) emotional, informational, and social support needs during the vaccination process. The findings indicate that the dog bite was experienced as a sudden event that disrupted participants' sense of safety, while the vaccination process was marked by anxiety that gradually subsided through clear and empathetic explanations from health workers. Family and health worker support proved important in shaping a more positive psychological experience. The study concludes that undergoing rabies vaccination for the first time is a meaningful psychological journey, so therapeutic communication, social support, and health literacy deserve attention in preventive health services.

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1. INTRODUCTION

Indonesia Animal bite injuries in humans are a serious public health problem due to the risk of exposure to the rabies virus. Rabies is a zoonotic disease caused by the Rabies lyssavirus, which is transmitted through the bites of infected mammalian animals (Ginuluh et al., 2024). Dogs are the leading cause of animal bite incidents that impact public health globally (Pasariibu et al., 2025), with reported dog bite injuries being much higher than those of cats, humans, or other animals. Globally, rabies is estimated to cause tens of thousands of deaths each year if exposed individuals do not immediately obtain post-vaccination vaccinations, and the burden of this disease in some Asian countries is very high (Wangsa et al., 2024).

In Indonesia, rabies is still a serious concern because its spread is almost in all provinces. The Indonesian Ministry of Health recorded 104,229 cases of animal bites suspected of being infected with rabies in 2022 (Ministry



of Health of the Republic of Indonesia, 2023). Bali Province ranks first in rabies cases in Indonesia with 72,600 dog bite cases throughout 2023, an increase of 53% compared to the previous year, accompanied by nine confirmed positive deaths (Paradiissa & Pratama, 2024). Medical record data from the South Denpasar 1 Health Center in 2025 recorded 963 cases of dog bites or attacks, a figure that confirms that this incident is still relatively high even in urban areas that are generally considered to have better access to health information.

Dog bites not only cause physical injuries, but also have a significant psychological impact, especially for those who are experiencing the incident for the first time. Patients who undergo rabies vaccination can experience anxiety and stress symptoms, where these psychological reactions are not always directly related to the type or amount of vaccine received, but rather to the individual's perception of risk and understanding of the disease and vaccines (Farihah et al., 2022). A preliminary study conducted by researchers at Puskesmas 1 South Denpasar confirmed that patients' psychological responses to dog bites varied, ranging from a calm state of understanding of proper first aid, to deep panic and fear, especially in those who experienced it for the first time.

Previous research by Losoh et al. (2024) showed a significant relationship between public knowledge and attitudes and rabies prevention measures, while Wangsa et al. (2024) showed that rabies counseling and vaccination programs are able to increase public knowledge and participation in rabies prevention. However, these studies have not explored in depth the psychological experiences of individuals during the rabies vaccination process. Most rabies research in Indonesia focuses more on medical handling, epidemiology, and vaccine compliance levels, while the psychological experience of people who experience a dog bite for the first time has not received much attention, even though this moment can be very stressful and affect a person's psychological response during the vaccination process.

Based on these gaps, this study aims to understand and uncover the psychological experiences of people who first undergo the rabies vaccine process due to dog bites in the work area of Puskesmas 1 South Denpasar through a phenomenological approach, including subjective experiences when bites occur, experiences during vaccination, emotional dynamics that arise, and support needs that are felt important by the community throughout the process.

2. RESEARCH METHODS

This study uses a qualitative design with a phenomenological approach, which is a study that seeks to uncover and understand the psychological experiences of people in the context of their daily lives, by setting aside previous theoretical assumptions. The phenomenological approach aims to understand the subjective experience of humans as experienced directly, not only what appears on the surface, but also the deepest meaning of individual experience (Fiantika et al., 2022). The researcher acts as the main instrument (human instrument) that directly observes, collects, and analyzes data inductively to reveal deep meanings related to emotional responses, risk perceptions, and psychological adaptation processes of participants.

The study participants were people who first experienced a dog bite and underwent the rabies vaccine process in the working area of Puskesmas 1 South Denpasar. Participants were taken by purposive sampling technique, which is the deliberate selection of participants based on certain criteria that are in accordance with the research objectives (Ratnaningtyas et al., 2023). The number of participants involved was seven people, determined based on the achievement of data saturation, in accordance with the characteristics of phenomenological research which usually involves 3–10 participants (Santoso, 2022). Inclusion criteria include participants who have experienced a dog bite for the first time, undergone the rabies vaccine process at the South Denpasar 1 Health Center, are ≥ 18 years old, are able to communicate in Indonesian or Balinese, are willing to give written consent, and have undergone at least one dose of rabies vaccine. Exclusion criteria included participants who had previously been bitten by a dog, did not complete the vaccination process, experienced cognitive or communication impairments, experienced an acute health condition, or did not have a permanent residence in the study area.

The research instrument consisted of in-depth interviews, observations, and documentation. The interviews were conducted with a semi-structured guideline containing flexible open-ended questions, assisted by voice recorders and field notes to document non-verbal observations. Observations were conducted on a non-participant basis to observe participants' emotional responses, facial expressions, and body language during the interview, in order to complete the data and strengthen the credibility of the findings. Documentation is used as supporting data in the form of rabies vaccine service records, standard guidelines for post-bite handling, medical records, and related scientific literature.

Data analysis was carried out thematically following the stages of phenomenological analysis by Creswell (1998), namely: preparation of a comprehensive description of the phenomenon, identification of important statements (horizontalization) of the interview results, grouping of statements into themes or units of meaning, preparation of textural descriptions, reflection through imaginative variation to compile structural descriptions, to the integration of all analysis results into a description of the essence of the participant's experience as a whole. The credibility of the



data is increased through triangulation of sources, methods, and theories (Nurfajriani et al., 2024). This research also applies strict research ethical principles, including informed consent, confidentiality of participant identities, principles of non-harm, justice, and scientific integrity, in order to protect the rights and welfare of all participants.

3. RESULTS AND DISCUSSION

This study involved seven participants consisting of five women and two men with an age range of 38 to 69 years, domiciled in the working area of Puskesmas 1 South Denpasar (Sesetan, Panjer, and Sidakarya Villages). Most of the participants worked as housewives, with the rest working as traders, tailors, private employees, and self-employed. All participants have undergone at least one dose of rabies vaccine at Puskesmas 1 South Denpasar as part of Post-Exposure Prophylaxis (PEP). The results of thematic analysis of in-depth interview, observation, and documentation data resulted in five main themes that describe participants' psychological experiences.

Theme 1: Subjective Experience of First Encounter with a Dog Bite

The first theme describes the subjective experience of participants when they first experience a dog bite, which is characterized by a situation of events that occur suddenly without provocation, both in the home environment and in public spaces. One participant recounted, "... Suddenly the neighbor's dog jumped the fence in. Immediately attacked me, biting my left wrist..." (P6), while another participant experienced it while in a public space: "... stop at a red light. Suddenly a dog came running and immediately bit my pants..." (P5). These two experiences show that the element of unpreparedness is the main characteristic of dog bite events. When the incident takes place in a space that is normally perceived as safe as a home environment, that sense of security collapses instantly, confirming that the threat of dog bites is cross-spatial and difficult to predict based solely on vigilance of a specific location. Phenomenologically, these findings illustrate a sudden disruption to participants' sense of security, which in turn shapes their initial perception of the event as something out of control.

Early responses to bite wounds also showed significant variations. Some participants tended to underestimate the injury: "... Just a little blistering, that's okay, right? "But this is my sister..." (P3), while the other participant immediately carried out the proper handling: "Immediately wash the wound with soap in running water, I rub it for 15 minutes..." (P1). This difference is in line with the findings of Saleem et al. (2020) that most dog bite victims did not anticipate such an event and their perceptions of the risks varied widely. This condition is also strengthened by Adisanjaya & Wasita (2023) who identified the lack of public knowledge about the urgency of early treatment as one of the risk factors for high cases of rabies-infected animal bites, even though wound management should ideally be carried out within the first three hours after exposure through washing with soap and running water for at least 10 minutes (World Health Organization, 2021). Interestingly, in participants who initially underestimated the situation, encouragement from family members proved to be a decisive factor that moved them to finally seek medical attention, confirming that the experience of dog bites was not lived in isolation, but involved the people closest to them in the decision-making process.

Theme 2: Subjective Experience When Undergoing Rabies Vaccination for the First Time

The second theme describes the subjective experiences of participants when they first undergo rabies vaccination, which is colored by anxiety before and while waiting for service. One of the participants said, "It's been a long time coming... as soon as they entered and met the officers, it was quite calm because they were friendly" (P2), while another participant showed an anxiety pattern that encouraged the desire to be processed immediately: "Very scared. That's why you hurry up right away. Directly vaccinate" (P4). The tension then gradually subsided after the participants received an explanation and underwent medical treatment: "I came out from Puskesmas 1 with a feeling of relief. They explained in great detail..." (P5); "There was tension before the injection... When injected, it feels bloated in the injection area. But after that, it was immediately relieved" (P1).

These findings suggest that comprehensive and friendly explanations from healthcare workers are the single most powerful factor in changing participants' psychological states from tense to relieved, in line with Panda & Kapoor's (2022) statement that patients' psychological reactions during the medical process have a significant effect on adherence to health protocols. This condition is relevant interpreted through Hildegard E. Peplau's Interpersonal Relationship Theory, especially the orientation phase, which is the first moment the patient comes in a state of fear and confusion, where the role of health workers in building a sense of security and providing explanations is proven to be very decisive for the patient's subsequent psychological experience (Yahya & Nursanti, 2024). Nursanti (2023) emphasized that psychodynamic nursing as developed by Peplau is the ability to understand patient behavior to help identify perceived difficulties, a principle that is clearly illustrated in the participants' experiences on this theme.

Theme 3: Psychological Dynamics During the Rabies Vaccination Process

The third theme shows that the psychological condition of the participants is not static, but moves dynamically following the stages of the vaccination session. One of the participants explained, "If the first one is probably still



worried. But after the second and third vaccines they felt calmer" (P2), while other participants reported stability of psychophysical conditions throughout the process: "... no change occurred. So it's stable, we eat stable, our sleep is stable, our physical condition is also stable" (P5). The change in the way of looking at rabies is also seen in the statement, "Now I know that rabies can be controlled with vaccines. Before, I thought that once I got rabies, it was over" (P2).

This pattern of adaptation reflects the phase of identification and exploitation in Peplau's theory, where the patient begins to understand the situation, trust the health workers, and actively utilize the available services (Yahya & Nursanti, 2024). This interpretation is in line with the goal of health psychology stated by Kusuma & Alamudi (2023), which is to direct individuals towards a more adaptive response through appropriate interventions. Each successful vaccination session seemed to provide confirmation for participants that they could go through the procedure, gradually building confidence and lowering anxiety levels, including helping participants who had experienced sleep disorders to return to normal sleep patterns.

Theme 4: Feelings of Fear, Anxiety, and Emotional Dynamics During the Rabies Vaccination Process

The fourth theme deepens the picture of the variety of emotions that accompany the vaccination process, starting from fear of the fatal risk of rabies: "Just be afraid. Because I often hear that rabies makes death that is not handled quickly" (P2), concerns related to personal medical conditions: "I have autoimmune. So that's what makes me worried, 'is it okay for autoimmune people to be vaccinated against rabies?'" (P1), anger at the negligence of the animal owner: "I am really angry... Please tie the dog, right?" (P3), until the anxious mindset repeated: "Confused about what to do... Keep overthinking. It can be cured or something like that" (P2).

This diversity of negative emotions is in line with a systematic review by Monti et al. (2024) that found that victims of dog bites have the potential to experience long-term psychological impacts, including anxiety and avoidant behavior, where family support has been shown to be effective in reducing such impacts. However, the most prominent essence of this theme lies precisely in the sense of relief that all participants consistently felt after receiving the vaccine: "Calmer. Yes, that's more" (P1); "Calm down. Just get the vaccine, don't worry" (P4). These findings reinforce the statement of Syarifudin et al. (2022) that vaccination aims to provide specific immunity so that a person is protected from the virus, and in a psychological context, such a sense of protection has a direct impact on the emotional well-being of participants, confirming the dual therapeutic value of vaccination, both biologically and psychologically (Firmanto et al., 2022).

Theme 5: Emotional Needs, Information, and Social Support During the Rabies Vaccination Process

The fifth theme describes the need for social support and information that participants feel is important throughout the process. Family support is illustrated from the initial decision-making stage: "It's the same with your husband. Wash it now first with running water... Later, it will run out and go to the Health Center" (P1), while satisfaction with the services of health workers is reflected in the statement: "Extraordinarily good. I am very satisfied. They are patient, detailed, open, and genuinely attentive to their patients" (P5). The information needs of participants are also diverse, ranging from specific personal needs related to comorbidity medical conditions: "I am curious about the rabies vaccine for autoimmune patients... So my information needs are met" (P1), the need for information media is written: "I want a leaflet or brochure that can be taken home. So that the family at home can also read and understand" (P6), to altruistic hope for the wider community: "Even if the injury is even the slightest, you must immediately go to the Health Center. So that I don't regret it later" (P3).

The meaning of this need can be understood as an illustration of the resolution phase in Peplau's theory, where patients are finally able to release their dependence on health workers and show a healthier emotional balance (Yahya & Nursanti, 2024). Egawati et al. (2023) emphasized that public education that is rarely carried out is one of the main obstacles in controlling rabies cases, so that participants' encouragement to disseminate information to others is a positive impact that needs to be facilitated through more structured communication and education programs. Overall, the five themes form a structure of interlocking meanings: experiences that begin with shock and fear at the moment of bite, continue to anxiety in the face of an unfamiliar procedure, move towards adaptation and emotional stability as the vaccination session progresses, are colored by a variety of emotional dynamics that lead to a sense of relief, and are supported by the need for social support and information throughout the process. This is in line with the view of Ekaningtyas (2022) that psychology studies the influence of psychological factors in maintaining a healthy condition, when experiencing a sick condition, and how individuals respond when facing illness, so that the rabies vaccination process can first be understood as a single journey of meaning, not just a series of separate events.

4. CONCLUSION

Based on the results of the research and discussion, several conclusions can be drawn. First, people's subjective experiences of being bitten by a dog were dominated by shock and fear that appeared suddenly without



warning, both in the home environment and in public spaces, with the initial response to the wound strongly influenced by the condition of the wound and the knowledge that participants had about rabies. Second, the experience of undergoing rabies vaccination for the first time was colored by uncertainty about the procedure to be undertaken, and a clear and friendly explanation from health workers became the most decisive factor in changing the participants' psychological state from tense to relieved.

Third, psychological dynamics during the vaccination process showed a consistent pattern of adaptation in the form of a decrease in anxiety intensity from the first session to the next, accompanied by a transformation of perspective from viewing rabies as a fatal threat to a controllable condition. Fourth, feelings of fear were the most dominant emotion during the process, accompanied by other emotional dynamics such as anger and repetitive anxious mindsets, but feeling relieved and safe were the most consistent emotions reported after vaccination was completed, confirming the psychological therapeutic value of vaccination in addition to its immunological benefits. Fifth, family support and the quality of communication of health workers are the two most important forms of support for participants, while more specific information needs, including related to comorbidity medical conditions and the availability of written information media, need to receive more attention in the rabies vaccination service system.

Overall, the first rabies vaccination process is not just a medical procedure, but a meaningful psychological journey, so strengthening therapeutic communication, social support, and public health literacy needs to be a common concern between health workers, families, and health education institutions to increase the psychological preparedness of the community in facing the rabies vaccination process.

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