

Abstract

Rotavirus is a major cause of acute diarrhea among the children in the worldwide, especially to the children under five. Rotavirus is one of major cause of death caused by diarrhea among the children. The episode of rotavirus diarrhea in children under five are 57%. Although the score are significantly change, but the cost benefit of these matter are so big. Because of that reason, we will need rotavirus vaccines to solve the problem, recommend it, then measure the attitude and knowledge of the policy maker, health practitioner and community.

a quantitative observational method with the cross-sectional study, using questionnaire are done in this research. The quantitative method used to measure the knowledge, attitude and the acceptance of the policy maker, health practitioner, and the community about rotavirus diarrhea and vaccines. This research conduct for 3 months in the tsunami disaster area, in the district of North Aceh.

The knowledge and attitude about rotavirus diarrhea and vaccines of the policy maker, health practitioner and community are less, both are statistically not significant ($p > 0.05$).

The knowledge of health practitioners and policy maker are high, but the attitude is less because they still in doubt or confuse to used rotavirus vaccines. It will need more recommendation and accurate information about the safety, and the side effect or intusceptions of the rotavirus vaccines. The community knowledge and attitude are not good. They assumed that the we have to use drug to the sick child, they believed that if we sick, the doctor would give the medicine, or antibiotic.

Key words: *community-health practitioner-policy makers-knowledge-acceptance-rotavirus*