

The Social Construction of the Scavenger about Healthy Behavior in Bengkulu

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Abstract

The title of this study is "The Social Construction of The Scavenger about Healthy Behavior in Bengkulu". The purpose of this research are to analyze: how the scavenger in Bengkulu construct the health behavior?, and is there any differences between the social construct of scavenger who lived in Final Disposal Site (FDS) with the scavenger who lived in slum? To analyze the social construction of scavenger about health behavior will elaborate by using Peter L. Berger's Social Construction and Thomas Luckmann. According to Berger and Luckmann, in the process of social contract will be take place externalisation, objectification, and internalisation. Through these process will be obtained the description and comprehension about the health behavior of scavengers in Bengkulu city. In social construction, each individual tend to understand the world that they lived, worked, and socialized to develop the meaning of subjective world for their experienced. Their occupation have high risk on safety work and potentially caused injure, during do their job, they often have very low consciousness and careless about their health, so make the scavenger looklike do not have a good health behavior or opposite with the norms and health value. This condition forced them to do so, because socially they are usually poor, homeless (mostly they live in rent house), less educated and less knowledgeable. From the environment side, how are the scavenger adapt in unhealthy environment? And in terms of health, what will they do to make them healthy? And when they are sick, what will they do? Based on the description above, it must be very important to deeply examine about the phenomenon of health behavior through the study of social construction of the scavenger's health behavior: a) behavioral health care has not been done in a healthy manner, b) treatment seeking behavior and health service; think economically, practically, and ignore the principles of health service, c) and on the environmental health behavior aspect, behave contradictory with health principles. The scavenger's knowledge about health, have not been become guidance for the health behavior of the scavenger. There is no differences social construct about health behavior between the scavenger who lived in FDS with the scavenger who lived in slum.

Keywords: Social Construct, knowledge, Scavenger Community, Health Behavior

A. Introduction

Generally, the scavenger live in slum region and face a variety of action which is less humane. But they were still able to maintain their life with all the opportunities and the obstacles. The scavengers are groups who are very susceptible to the danger because they always grapple with the garbage from various sources. Their occupation have high risk on safety work and potentially caused injure, during do their job, they often have very low consciousness and careless about their health, so make the scavenger looklike do not have a good health behavior or opposite with the norms and health value.

In general, profession as a scavenger mostly "grappled" by poor society, and almost the scavengers are migrants who came from slum (Simanjuntak, 2002). Poverty is an inability to fulfil basic needs such as food, clothes, haven, and health. According to Bagong (2013:2) poverty is not only about lack of income to fulfill the basic needs or decent of living standard, but more than its definition, the essence of poverty is about the possibility of people or poor family to establish and develop their business and living standard. In the conventional sense, poverty is defined as a community that is below in a certain poverty line. The poverty line affect the size of poverty rate, the higher of the poverty line, the bigger sum of people who categorized as poor.

Some of the poor household who have include insufficiency family, they choose scavenge the garbage, to survive their life. The scavenger is a social group who undertake collect various second-hand goods which taken from the street, disposal site, house yard of the resident, market, shopping complex ,terminal, station, airport, tourist destination, places of worship nor in FDS, in the middle of the scorching sunlight, the smell of the garbage and dirt from various garbage without feel something dirty and do not feel ashamed, flipping throughthe garbage to get something which can be sold (Muladi, 2002).

Everyday the scavenger direct contact with the garbage which has many risk, beside it smell odor and rancid, also susceptible from disease. Unfortunately, they careless with hygiene and health. Doing this job without Protective Instrument Self (PIS) for example using glove, masker, shoes, and pincer to take the second-hand goods or another tools, however most of the scavenger are reluctant to use it with many reasons, for them, the most important is to get the goods and money which can be used to fulfill their family needs. So the hygiene and health are not their priority, although work as the scavenger everyday must be grapple with a pile of garbage.

Lack of attention to hygiene and health, it seems from their habitual to smoke which is difficult to left, their did not accustom to washing hand with soap (WHWS), eat pattern (nutrition) is out of balance, habitual of throwing the garbage and wastewater which is not in the right place, ignore the self hygiene and environment. The tendency of such behavior will impact to the degradation of health status. Health status is the output of interaction between four factors, such as: environment factor, behavior factor, public service factor, and descendant factor. Environment factor and behavior factor have strategic position, beside health service factor (Blum, 1974). The behavior of people or society about health interrelated with the socio-culture of society, because it has strong influence towards understanding and interpretation health-ill. Beside that, seeking behavior pattern of treatment also affect the effort of the people in using resource to enhancing, preventing, healing, and recovering of health.

Every human want to life healthy or at least can maintain their health status. To maintain their health, they using health service which has reserved, not only traditional treatment but also modern treatment. However, relation between health and health service request is not that simple. The utilization of health service influenced by many factors, not only about distance, tariff and health service which satisfy or not, but also influenced by the society's concept about ill itself (Notoatmodjo, 2003).

People who think about the criteria of health or sick body is not objective, even more subjective in determine the condition of the person's body. The society's perception about health-ill mostly influenced by experience in the past, beside socio-culture element. Otherwise, health workers try to implement the medical criteria which is objective based on the symptoms that appear to diagnose the physical condition of individual. These differences perception between society and health worker often raise problems in performing health program. Sometimes people reluctant to seek medical treatment or using health facilities because they do not feel suffer a disease. Even if people feel that their disease caused by spirits, then they will choose to get treatment to shaman who believed has ability to expel that spirits from their body, so that their disease will be gone (Sarwono, 1997).

In general, the definition of ill can be defined as such imbalance situation, not only towards ourselves but also towards the environment. Thus, someone who suffered a kind of disease, it means that person could not take care of their balance with their environment or their organs did not function properly, then that people could be said sick (suffered one kind of disease) who needs traditional treatment nor modern treatment (Lubis, dkk, 1995).

Based on the result of the research conducted by Tukiman and Jumirah (2001) in Sitorus (2003) about "The Behavior of The Society towards The Sign of The Disease Symptoms" it can be seem that there are people who sick as much as 5% who let their disease without seeking for treatment, 5% doing treatment with their own ways, treated with herbal medicines as much as 9%, consuming drugs without any prescription as much as 63%, go to the doctor or health center as much as 18%. It means when they are sick, most of people will do treatment with many ways. The pattern of treatment which they choose based on the pattern of seeking for treatment that they understand. Treatment and healing a kind of disease which they choose in traditionally way (by using shaman, datu, nor physician) or healing treatment in modern way by using medical worker and using medical equipment which really modern. These two ways are different at all and until now, those ways still needed by the society, either the society in the town or the society in the slum (Lubis dkk, 1995).

Most of all about health problem (unhealthy, illness, more and less nutrition) caused by behavior. Some disease such as TBC and diarrhoea often happen in the society who less maintain personal and environment hygiene, thus become a breeding ground and source of disease transmission (Kusumawati, 2004).

Bengkulu Province has prevalence of health issue more than national prevalent, the highest smokers in Indonesia (38,7%), > 4,3% nutrition, fat toddler > 12,2%, the age ≥ 15 which obese are > 18,8%, DBD (respondents complaint > 0,62%), Malaria (respondents complaint > 2,85%), ISPA > 25,50%, Typhoid > 1,60%, Joint disease > 30,3%, Dermatitis > 6,8%, Rhinitis > 2,4%, Low Vision > 4,8%, Problem with mouth and teeth > 23,5%, the age > 10 who consumed flavoring, and there is prevalent below the national prevalent scale; energy consumption per capita per day < 1.735,5 kkal, protein consumption per capita per day below 55,5 grams, behave right of washing hand < 23,2%, clean and healthy life behavior (PHBS) < 38,7%, household that provide a good assessment over the room cleanliness below the national percentage, the consumption of clean water per person per day < 20 liters below the national percentage, latrine < 60%, and Nutrition Adequate (AKG) 23,7% national percentage 70% (Basic Health Research Survey 2007 and 2010).

Those health condition has correlation with society behavior and socio-cultural environment, so we must continue the promotion of healthy live behavior at all levels of society.

So far the efforts by the society to overcome the problem of the spread of disease, still oriented to the healing of disease. These effort less effective because it spend a lot of money. Whereas the more effective of effort to overcome the health problem are to maintain and enhance health with behave in a healthy life. In fact, the society still unconscious and have not been done those behavior healthy life entirely (Kusumawati, 2004).

According to Budihardja (2004), based on several surveys in Health Department, the society who

behave in healthy live are less than 10%. Those surveys in line with the results of Kusnodihardjo research, the title of research is “Institutionalization Method of Health Behavior in related with the Environmental Health and Hygiene” shows that most of the resident who do a habit of defecation in the river and the behavior of society have not lead to the health living behavior, and less positive about the importance of health values. Abd. Wafi (2005) who research about the sociological meaning of health behavior of the farmer society, the result shows that the problem of health-ill is not the important thing that should be attentioned. Those habitual tend to ignore the safety of themselves and environment so that simplify the occurrence of the transmission of disease. Angela L.T. (2011) who research about the influence of health living behavior towards the effort to maintain the health of the scavengers in Sumopmo Manado FDS which the result is based on qualitative data analysis that the pattern of health living behavior of the scavenger tend to low. The unhealthy behavior of the scavengers appear from their behavior such as they do not wash their hand first before eat, although the scavengers had just held the garbage. The occupation as the scavengers who take the second-hand goods in the dirty or clean condition have highly risk to the transmission of disease. The environment which is not conducive, enable the opportunity to get infected of the disease and it will influence the health behavior of the scavenger. When interviewed a scavenger who incidentally was coughing and admitted that he has a fever, the temperature of his body up and down, but he did not go to the Health Center or doctor. Even he still work to collect the second-hand goods.

The observation result shows that the health behavior of the scavenger has low tend to food consumption which is not nutritious, has not make familiarize himself to wash his hand, eating food from a pile of trash, the smoke habitual, the low of the environment health behavior, the garbage and waste water are not managed well so that created an slum impression, do healing themselves by buying medicine in a stall without instruction from the doctor and they do “kerokan” if they feel cold.

The scavenger is an occupation which full of high risk for health. Everyday, the scavenger working compartmentalize goods from a pile of garbage. The risk that closest to the scavenger is the possibility to be infected of the disease because of the trash, such as cholera, diarrhea, and typhus, a fungus disease of skin (itch), and a disease of intestinal worms. Those diseases are because of direct contact with the trash and careless of personal hygiene (Era Windiana, 2009); the consciousness of the important of health as if being neglected, so that raise some questions, are the scavengers do not know that work as the scavengers are full of risk for health? are the scavengers do not know that living around the FDS also full of risk for their health?

The scavengers are very conscious that work as the scavengers which those full of risk, all of these risk forced to be done because socially the scavengers are people who have low income, as a usually they do not have house (most of the scavengers living in house rent), low educated, and low knowledgeable. From the environment side, how are the scavengers adapt with unhealthy environment? And form the perspective of health, what are the scavengers do to maintain their health? And how will they do if they are sick? Based on the review above is very important to study in depth about health behavior phenomenon through social construction study towards the health behavior of the scavenger.

In related with review above, the purpose of this study is to know how the scavenger community in Bengkulu city socialize construction of their health behavior. According to Berger and Luckmann, in the process of social contract will run externalisation, objectification, and internalisation. Through these process will be obtained the description and comprehension about the health behavior of scavengers in Bengkulu city. In this study, the health behavior will be elaborated with the social construction approach. In social construction, each individual tend to understand the world that they lived, worked, and socialized to develop the meaning of subjective world for their experienced. These meanings are not just attached and then distributed to each individual, but it must be formed through interaction with the others (from these process the formation or social life will be created) and through the norms, cultural, and social which prevailing in the life of individuals. These meanings must be emphasized on a given context where the individuals live and work (Creswell, 2014:32).

Based on those background, so the problem in this research are “How the scavenger in Bengkulu city construct their health behaviour according to Peter L. Berger and Thomas Luckmann perspective?” in more detail, the research question which will be answered in this research are: How are the scavenger in Bengkulu City construct the health behavior? And Are there any differences on the social construction towards health behavior between the scavenger who lived in Air Sebakul FDS and the scavenger who lived in slum?

B. Literature Study

The health problems are complex problems which are the resultant from many environment problem which natural and problems of the artificial of human hand, socio-cultural, behavior, resident population, genetics, and so on.

Public health degrees which called psycho socio somatic health well being are resultant from 4 factors (Blum, 1974), namely:

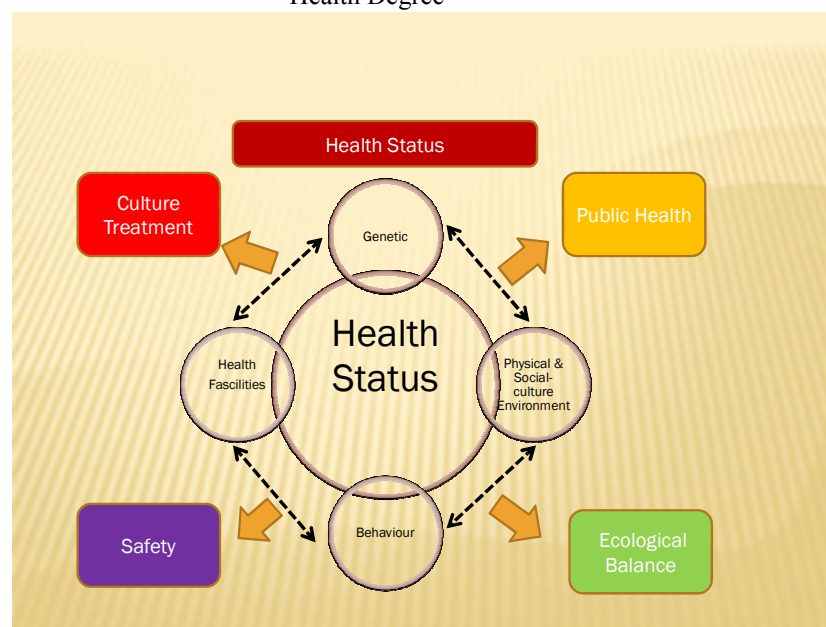
- a. Environment, talk about environment we often review from the physical condition. The environment which has bad sanitation could be the source of the rise of the disease. Exactly, it will damage the

public health. The occurrence of the mounting of the garbage that cannot be managed well, air pollution, and soil pollution may be caused.

- b. Behavior, the society behavior in maintain their health have the important rule to actualize healthy environment. Because of the healthy life culture must be able to be raised from within the community to maintain their health. The relation between behavior and environment, both of them will raise ecological balance.
- c. Heredity that influenced by population, the distribution of inhabitant, and so on.
- d. Health care service which in the form of health program are preventive, promotive, curative, and rehabilitative.

Human behavior factor, environment factor (social, economy, politic, culture), health service factor, and genetic factor (heredity), in order to create and maintain the public health cannot implement separately but it must be interacted: 1) the interaction between behavior and environment will raise the ecological balance, 2) the interaction between environment and heredity factor will raise impact towards the existence of resources which can be used to support the realization of a healthy society, 3) the interaction between heredity factor with health service will influence the raise of cultural treatment system, and 4) the interaction between health service with behavior will raise public satisfied in order to implement the health degree both individually nor health degree for the society. Between those factors, human behavior factor is the biggest determinant factor and the most difficult to overcome, and the second place is environment factor. The behavior factor is more dominant than environment factor because the human life environment is very influenced by society behavior, as the picture below.

Figure 2.1
Health Degree



Health Degree according to H. L. Blum (Source: Soekidjo Notoatmodjo, 2013:146).

The ill behave, the role of ill and the role of patient are very influenced by many factors such as social class, the differences between ethnic group and culture. So that the same threat (which determine clinically), depend on those variables that can raise different reaction among patients.

The definition of ill according to naturalistic etiology can be explained from impersonal and systematic side that ill is a condition or something which can be happened by disturbance towards the system of the human body.

This statement about knowledge in classical tradition of Greek, India, China, shows the equilibrium model which a person could be said health if the primary elements such as hot and cold in his body in balance condition. These primary elements include in the concept about *humors*, *ayurveda dosha*, *yin* and *yang*. The Health Department of Republic of Indonesia had launched the new policy based on health paradigm (PPKM Health Department of RI 1998).

Health paradigm is a perspective or the mindset of health development that having character of holistic, proactive anticipative, and see the health problem as the problem that influenced by many factors dynamically and cross-sectoral in one area that oriented to increase the maintenance and protection for the residents to stay healthy and not only focused on healing the residents who are ill.

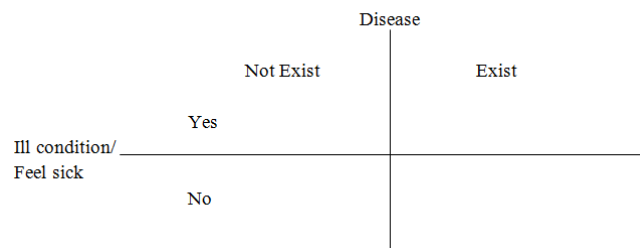
In short, the health paradigm give primary attention towards the policy about prevention and health

promotion, giving support and source allocation to maintain the people who are health they can be still health but always fight for the people who are sick to get well soon. Principaly, those policy emphasize to the society to give the priority for health activity rather than healing the disease.

David Field wrote the term about disease and illness, he defined “disease” as a medical conception about a condition of the body that is not normal because of any reasons which can be knew from the sign and symptoms by the experts. Whereas “illness” define as heart feeling of someone who feel unhealthy which appeared from the complaint of his illness that he felt, such as the body is not in good condition and so on (Muzaham, 2007:179). Thus person has been expressed in ill condition without suffering from a disease or otherwise, he suffering a disease without felt that he was in ill condition, as show in figure below.

Figure 2.2

The Possibilities Relation between Disease and Ill Condition



The differences between disease and ill condition can be knew by seeing personal way to use the term of disease which is define: “a body condition or a part of the body that undergo damage or not functioned well, caused the body of ill condition”. Whereas ill condition “can be indicated from the quality of ill condition itself, includes: (1) immoral condition; (2) feeling uncomfortable, unhappy, difficulty, unsafety, hurt feeling, feeling of deficiency; (3) unhealthy body condition, sick or diseased.”

From those definition, it can be said that a disease shows an objective thing and it can be seen from the existence of something broken, whereas illness more subjective and related to the caused of the process of disease (Muzaham, 2007:179-180).

In the context of socio-cultural, what is called “health” in a culture is not necessarily called “health” in other cultural. In this case, it cannot be ignored the existence of assessment factor or factors that closely related to value system.

As explained in the review above that the purpose in this study is to know how the scavengers do Social Construct about their Health Behavior. In the process of social construction according to Berger and Luckmann will take place externalisation, objectification, and internalisation moment. Together with Thomas Luckmann, Berger pour his mind about social construction into the book which the title is The Social Construction of Reality. Berger and Luckmann in their book said that a person who life in his life develop a repetitive behavior which they called as “habits” (Peter L. Berger & Thomas Luckmann, 1975:70). This habitual might the people to overcome the situation automatically. This habitual of individual can be used for others. In the condition of interpersonal communication, participants (according to Schutz is an “actor”) observing each other and they respond to the habit of other, and with this way, all of the participants can anticipate and depending themselves to the habitual of others. Because of this habit, a person can build communication with the other which adapted to the type of this person, which called typication (Peter L. Berger & Thomas Luckmann, 1975:45). As time goes on, in the next step, some of the habits belong to all members of the society, and then it formed an institution (Peter L. Berger & Thomas Luckmann, 1975:72). In the study of the health behavior of the scavengers, so the problem are how are the scavengers to typify themselves, fellow the scavenger, and how are they develop their institution and their behavior with a set of values, norms, and rules that they adhere together.

Following the thought of Berger and Luckmann, it can be explained that health behavior for the scavengers are habits. Therefore, the scavengers may be know each other about their typify, and interaction through verbal and nonverbal communication, these actors can develop a bonding of psychologically and socially in a group.

Through their groups, the scavengers behave in line with their role play, and so that they can develop their rules. These rules was formed from habitual behavior and their hopes, even may their health behavior will be a tradition. To maintain their existention, so their bonding to the scavengers in their group will be bequeathed to the next generation, through the tradition or learning.

The social reality in the constructivist perspective is social construction which born and created by individual that free to do interaction between human one another. Therefore, individu has strategic role and being determinant in the social world that has been constructed based on the human freedom as prerequisite (N. Drijarkara, 1989:19). But human beings cannot be separated from their realities after have been constructed or in other words, human cannot realization themselves without realize their reality or in the term of Alferd Schutz

(1972) called “interpretive reality”. Thus as human it means “interpreting” themselves to the physical nature, so that the process of human life are the physical nature (borrow N. Drijarkara term), or according to Berger and Luckmann that social reality cannot be separated from human, so that it can be certain that human is a society product.

C. Research Methods

The method used in this research is a qualitative method with constructivist paradigm. The qualitative methods are intended to gain a deep understanding. This means that qualitative research want to get the meaning behind the phenomenon that needs to gain a deep understanding of a phenomenon (*verstehen*). Human introduction to social reality centered on the subject, not the object, this means that science is not the result of mere experience, but is also constructed by the ratio (Basuki 2006: 55).

The subjects of this research are the scavengers who live in the final disposal site (FDS) and the scavengers who live in the slum who already have knowledge and experience about health behaviors, while the object is health behaviors. The reason researcher took the subject and the object are as follows: 1) FDS Air Sebakul is the only final disposal site in Bengkulu City that should not be allowed to be used as a residential or inhabitants, 2) The scavengers who live in the slum may have different health behaviors compared with the scavengers who reside in the final disposal site.

Data were collected in several ways: (1) documentation, (2) interviews, and (3) observation. Interview technique is one of the data collection tool, therefore, the interview is one of the important elements in the process of qualitative research involving humans as subjects (scavengers).

Interviews are used to obtain data on health behaviors, which include: 1. Health Care Behavior, 2. Health Service Behavior and Medical Search (*Health Seeking Behavior*), 3. Environmental Health Behavior.

While the observation in this research is done through observation and recording of symptoms that appear on health behaviors at the time the incident took place. In this research, observation techniques are used primarily to observe and record systematically against the elements associated with health behaviors of the scavengers such as: housing, disposal of human waste, and waste water management in the scavenger’s houses.

The data analysis in this research is the thematic data analysis. The field findings are processed based on ways in accordance with the framework, The data analysis is the process to systematize data to obtain results in accordance with the needs of the research. The procedure of data analysis in this research was conducted throughout the research and performed continuously from the beginning to the end of the research.

The qualitative descriptive is used for analysis technique. Qualitative descriptive analysis technique is used to lift the facts, circumstances, variables, and the phenomena that occur in the field related to health behaviors of the scavengers. Descriptive research illustrates the data related to the situation of both behavior and views towards something.

To analyze the data obtained in the field, researcher using Peter L. Berger and Thomas Luckmann’s theory of social construction. The theory of social construction is divided into three stages, namely externalization, internalization and objectivation. Those stages are interrelated to build the concepts related to the social construction of the scavengers on health behaviors.

D. Findings and Discussion

1. Construction of Social Behavior Health Care

Berger sees that as a product of human society and human beings as a product of society and the implications for the objective and subjective dimensions of reality, as well as the process of objectivation, internalization and externalization. Social phenomenon which implied that raises a social construction of reality which is a creation of man (Parera 2012: xx). In other words, there is a reciprocal relationship with the environment during the human life. On the other side, people with a strong influence (*significant others*) has a chance to construct a cultural and social order.

Therefore Berger and Luckmann state that it is impossible for humans to evolve as a human being in isolation place to produce a feasible environment. Thus it can be said that it is not possible to create health behaviors if there is no influence of the society. One of the major institutions in the society that affect the process of externalization is the state with the bureaucratic structure. State as the health regulators has a large role to create the health behaviors.

Health behaviors are the actions done by individuals to maintain and improve their health, including disease prevention, personal hygiene care, fitness care through exercise and nutritious food. While the illness behavior is defined as any act committed by individuals who are sick in order to obtain healing.

The theories developed by anthropologists such as health behaviors (*health behavior*), pain behaviors (*illness behavior*), differences in illness and disease, illness explanatory models (*explanatory models*), the role and career of illness (*sick, role*), doctor-nurse interaction, doctor-patient, nurse-patient, disease from the standpoint of the patients, the opened the eyes of the doctors of the truth that modern medical science is no

longer considered an absolute truth in the healing process.

Health problems are not only characterized by the presence of the disease, but a health disorder characterized by impaired sense of physical, mental and spiritual. Environmental disturbances are health problem too because it can provide health problems.

One of the principal goals of health program development plan towards Indonesia Sehat 2010 is to increase the self-reliance and family in maintaining health (Health Department of Republic of Indonesia, 1999: 80). And in the Law of Health No. 36 of 2009, health effort is any activity or series of activities carried out in an integrated, sustainable integrated to maintain and improve the degree of the health of the society in the form of disease prevention, health enhancement, disease treatment, and health recovery by the government and society. The disease prevention is actually done before the disease and dysfunction happens, which is given to the clients who are healthy physically and mentally, do not use any therapeutic action and identification of disease symptoms; such as conducting health education, immunization, nutrients provision (NP), and physical freshness.

One of the government's efforts in preventing the occurrence of the disease is through health promotion programs including health education. Counseling is counseling on how to live a clean and healthy, diet with balanced nutrition, not smoking, hygiene and environmental health. Findings indicate that:

"Health care behavior or prevent illness/disease may not be the same as health education; self-cleaning and home environment, enough rest, eat healthy foods that contain lots of vitamins and nourishing as fruits, vegetables, meat, fish, tempeh like the one in the pictures, and enough exercise". Everyone must need it and want it to be like that, but it may impossible for us to stay health. The most important thing for us is that we are not sick. "get used to clean the body; brushing teeth every morning while having shower, wash your hands if you want to eat and do not use soap, having shower every morning and afternoon, clean all cloths, clean our house, enough rest, eat regularly, not all can be done, for example eat sometimes only 2 times a day with tempeh, chili, boiled vegetable with anchovies, that is all we got, we could not impose our condition because our the result of our work as scavengers and our husbands wage are insufficient, we will eat fruit if we can afford it, we eat fish once, we eat meat once a year, in fact there is no special effort to keep our body to stay healthy, it is all we could do".

Such behavior often carried out by the scavengers in Bengkulu City which is considered as an act of social construction of health care behavior, which is not the same with government's expectation. There are many factors that cause such actions, so it is not easy for government programs to be well socialized for the scavenger's life. These factors include environmental factors, social, economic and also due to the knowledge factor. These factors may differ between scavengers at the final disposal site with the scavengers who live in the slum. It depends on the behavior shown in the prevention of disease. Findings indicate:

"To prevent the possibility of developing the disease is by doing exercise, what kind of exercise? We can do some walking exercise, pushing carts were also the same with exercise, cleaning your body or taking some shower after work, washing your hands to keep your hands clean if you want to eat, keep eating regularly, too much eat could make you sick, do not get used to eat late, eating natural foods such as vegetables, tofu, if there is fruit so eat it". Are the foods you mentioned always available at home every time? "No, there are not. The vegetables that are always available every day, such as the vegetable commonly cooked by my wife, for example potato leaves, kale, and collards, while the fruits are the low cost one like papaya and banana".

The results of the interviews with informants describe the health care behavior performed by scavengers as a healthy behavior that is not in line with government health programs. It becomes a custom for scavengers and seemed to be part of the collective consciousness. The similarities among both health maintenance based on the ability and the conditions encountered. Although the research subject did not mention certain reasons directly about their health behaviors, at least there are some factors that can support health behaviors of the scavengers such as environmental factors, socio-economic and knowledge. But there is a reality, that scavengers yet could do with a good compliance of health care even though they have tried to do the maintenance of health as well as possible. The things that implemented by the scavengers for their health behavior are parts of the externalization process (the process where human beings are not fully isolated and they form a new reality together) (Berger and Luckmann 1979: 78) on their daily life. But they have not fully performed healthy behavioral indicators for the whole family. The products of human activities for implementing health behaviors at home are external reality. Health is inseparable from human activity. It produced by the activities of doing health behaviors.

The conditions which are told by the subject of research through the interview are the subjective reality. This subjective reality if it is associated with the concept of socialization is the result of secondary socialization. Knowledge and experience implementing health maintenance behavior is more influenced by external aspects that exist outside of it. Although these habits are influenced by the external factors, but consciousness to maintain health can not be separated from the influence of the family. Berger refers it as the primary socialization.

There are several reasons of health care which is proposed by the informant that do not express the

results of the interview, such as environmental aspects, social and economic aspects, and aspects of knowledge. Those reasons exist and are believed to exist as a part of social reality (subjective reality which is also believed as an objective reality). The government health programs will not be effective to change scavenger behavior if those reasons can not be eliminated from their life.

2. Social Construction of Treatment Searching and Health Care Behavior (Health Seeking Behavior).

Health seeking behavior and health services are defined as actions did by individuals who feel that they have some health problems or illness in order to find the right treatment. Health seeking behavior and health services are greatly influenced by the health behavior of society (J. Olenja 2003: 61).

In general, humans will surely try to treat their diseases in various ways. *Health seeking* behavior will always be done either to relieve pain or to treat illness. The Patterns of *health seeking* behavior in the general population is highly depends on their perceptions. If they are infected by the disease and do not feel any pain (*disease but no illness*), they will certainly act nothing against the disease. But if the disease attacked them and they also feel the pain, they will be doing various kinds of behavior and effort: 1) doing nothing or stop performing any activities, 2) doing self-treatment, 3) seeking for treatment in traditional medical facilities, 4) seeking for treatment in modern medical facilities (Notoatmodjo 2010: 107-108).

The emergence of the phenomenon of treatment in the society as a public health behavior is a rational response in order to find a cure for the illness. This phenomenon lies within everyone without distinguishing status. It is because in principle, there is no man who does not want to recover from the disease they have. Even though the searching methods they use may vary. The differences of seeking for treatment/health care are determined by the perception of healthy-illness. It can be observed from the results of interviews with the informants below:

“All treatment is basically good, whether it is going to a traditional, doctor, clinic, midwife or buy any drugs in the stalls are all good in order to be healthy. What do you do when you are sick? Taking some medicine, what kind medicine? It depends on the illness, if it is fever, we have to drink boiled papaya leaves, sometimes we do some “kerokan”, if it is cough then we drink lemon juice, if it is cold then we drink lots of water. Do you never go to the clinic? Yes, I do. When time my son had a high fever for 3 (three) days straight. What kind of medicine that you gave him before you went to the clinic? Some fever medicine for children that I bought in the stall. Why don’t you directly put your child in the clinic right after your child sick? Because it is far from home. Usually my child is recovered right after I gave some medicine, but somehow it did not work last time. That is why I immediately brought him to the clinic”.

Health seeking behavior and health services of the scavengers as the result of the interviews with informants indicate that both of the scavenger community has not done a search for treatment and health services in accordance with the rules of health.

This rule is an intended guideline or health programs or that kind of program in order to provide direction and guidance to individuals in order to implement / execute healthy behaviors for the benefit of themselves and others. This kind of guidelines or health programs as an objective reality faced by the scavengers living conditions as a subjective reality, they will influence the behavior. The strength of the influence of this fact will affect the behavior displayed by the scavengers can behave health behavior or the opposite. This process of influencing is called the externalization process by Berger.

The externalization process conducted by scavengers produce a health behavior, namely health seeking behavior/health services, as also conducted by the scavengers from FDS Air Sebakul. When their body feels sore, they will do some massage or “pijat”, if they get a fever or colds, they will do some “kerokan” or buy some drugs in the stall. Their version of health behavior does not mean that they have to take some medication from the doctor or health center. The health behavior which they do depends on their “*stock of knowledge*” or their perception of health-ill. This is also the case with the scavengers who live in the slum. They also will searching for a medical/health services if they feel ill or need some treatment. They do the natural healing with herbs, buy drugs in a stall. They occasionally go to the health center if it is required. The big difference in treatment seeking construction and health services is strongly influenced by the ability to adapt and its *stock of knowledge*. Realize it or not, the action is appropriate or not appropriate in health behaviors carried out by someone outside the scavenger is a new meaning through a process of social construction process. The process of dialogue between scavengers and health agencies will bring an integrated sense that previously thought to be different and preclude the possibility of going on the integration of the meaning.

Objectivation process can be understood as a mechanism for self expression of the scavenger. It is because there is social interaction that involves the exchange of knowledge in their daily lives (intersubjective). That is the process of presenting themselves embodied in knowledge sharing activities or health seeking behavior; for example, introduced their experience, when their body feels sore they will do some massage / “pijat”, if they get some fever or colds, they will do “kerokan” or buy some drugs in the stall, they never take medication from the doctor or health clinic with other scavengers. Processes of communication through language or interaction produce an objective reality that can be maintained or changed.

Health seeking behavior and health services owned by the scavengers as objective reality in the process of objectivation accepted as individual knowledge gained from others and reinterpreted as a formulation that gives legitimacy.

As an objective reality associated with the concept of socialization, the habit of the scavengers are seeking for treatment and health care is the result of secondary socialization. Knowledge and experience about seeking for treatment and health services are influenced not only by external factors (secondary socialization) but also influenced by the internal condition of the family which is the manifestation of primary socialization process.

Health seeking behavior and health services as a habitual action, such as: when their body feels sore they will do some massage / “pijat”, if they get some fever or colds, they will do “kerokan” or buy some drugs in the stall, they never take medication from the doctor or health clinic with other scavengers. Health seeking behavior and health service conducted by scavengers is very simple and less in line with the principles of modern health. It goes with several reasons: 1) regular/ailment, 2) it is more practical to buy the drug from the stall than go to the doctor or to the clinic, 3) the distance of the clinic is quite far.

The habits of health seeking behavior and health services that happen to the scavenger as described above indicate that the problem of health-ill is not only a medical problem but also a matter of culture as a social reality constructed by the perception of the society knowledge itself. Therefore, we must use the cultural approach to understand health behaviors of the society.

The habits of health seeking behaviors and health services as described above can be understood as a health behavior influenced by the lack of knowledge and social conditions. Therefore, the procedure of treatment seeking and health services conducted by the scavenger is based on knowledge, perception and ability of the scavenger. The absence of differences between the social construction of the scavenger who live in the final disposal site and the scavenger living in the slum shows that the environment is not a determinant of a person's behavior. It is mostly caused by the socio-economic conditions as well as the perception of health and illness.

3. Social Construction Environmental Health Behavior (defecation)

These are based on the results of research on Environmental Health Behavior, which include: a) housing, b) clean water supply, c) the human waste disposal, d) waste management, and e) the waste water management. The dialectic discussion will be focused on the aspects of human waste disposal (BAB) and waste water management. It is because there is no waste water treatment and only 8 (eight) houses equipped with toilets and 7 (seven) of them made with the emergency basis from total of 40 households of the scavenger in the final disposal site. While the average of the scavenger who lives in the slum use a rent house so they can use the toilets and wells together.

For the people of the town, having a latrine is not something to be exaggerated. In addition to having a very important function for the health of the family. It is also a private matter to have a latrine. Some of the house in town also has more than one latrine. But it is very different for the scavengers of the final disposal site. They usually have their latrine or toilet outside of their house, even sometimes it is far behind the house. The interview indicated that there is no one, either the scavenger who lives in the final disposal site or in the slum, who defecate in any place even though some of them do not have any toilets.

The information shows that the scavengers internalized from the city people's behavior is considered as an act of social construction, which can easily be directed to defecate in the toilet / latrine as advocated by health educators. This construction is powerful, many factors make health education can properly socialized at scavengers. One of the factors that may approach the truth is the habit, knowledge, do not have toilet / latrine caused by economic factors is recognized by them, making toilet requires great sum of money that they think it is better for buying rice. The more important factor is that having no toilets does not force them to defecate in any place.

Based on the informant's narrative, habit of defecation in the toilet has become a habit with the people of Bengkulu City and become part of subjective consciousness. The common habit is marked by the same behavior, such as equally say that discarding the trash to the incorrect place is an act that violates the value of civility, unhealthy. Does not have a toilet at home is not a reason to discard the trash to the incorrect place. Discarding the trash not in place for the scavengers who live in the slum is considered having no manners. This is because of human dung inflict odor and disease.

The statements from the informants of this research are objective reality. If that objective reality associated with the socialization, the habit of defecating in the toilet/latrine is the result of secondary socialization. While the experience and knowledge to defecate in the toilet / latrine is influenced by the internal aspects of the family. The habit that is done in family environment is the result of primary socialization.

Seen from the aspect of consciousness, scavengers almost have the same reason of habit of defecation in the toilet. The reasons are: 1) It is impolite if someone defecating not in place, 2) human waste contains a lot of disease, 3) having no toilets do not give a reason to defecate not in place. The reasons that reflect health behavior of the scavenger seems to have become such grounded beliefs and have become the part of subjective

reality.

Judging from the geographical aspects, the scavengers in the final disposal site and the scavengers who live in the slum has is very different conditions. On one side, they live in the middle of the city, while the other live around the garbage. From the aspect of probability, the scavengers who live in the final disposal site has the opportunity to defecate anywhere because there are field and shrubs around final disposal site, while the scavengers who live in the slum has no opportunity for defecating at any place because the availability of defecating facilities such as in mosques and public restrooms. From the behavioral aspects, both have the same health behaviors to defecate in toilets/latrines. From geographical aspects, and aspects of the opportunity, it can be categorized as part of objective reality. Although in the aspects of Berger reality of social concept they are not part of the objective reality. Both aspects are the findings in this study.

From the explanation of defecating of social reality behavior above it can be said that the issue of health-ill can be perceived differently by some individuals. The perception on the criteria for health body or ill is always not objective, even more elements of subjectivity in determining the condition of a person's body. Public perception of health and illness is greatly influenced by elements of past experience, as well as socio-cultural elements. On the other hand, the medical worker can evaluate objectively based on the symptoms in order to diagnose the physical condition of a person. The differences between these two groups often cause problems in implementing health programs. (Jordan, 1985; Sudarti, 1988), in Djekky (2001: 15).

This view reflects the issue of health-ill to be seen as not only form medical aspect but also as a social reality which is built and perceived by the society itself.

If we use the point of view of Berger defecating behavior which is always done in the toilet/latrine, it is the impact of life tradition in the city as a result of secondary socialization as well as the impact of a tradition in the family environment as a result of primary socialization. Deposition (*sedimentation*) of health behaviors (defecation) among scavengers in Bengkulu City that observes the rules of health is the result of habituation and long experience which Berger called it as sedimentation intersubjective. As Berger said (1996 b: 5)

"The experiences that are so retained become sedimented, that is, they congeal in recollection as recognizable and memorable entities. Unless such sedimentation took place the individual could not make sense of his biography. Intersubjective Sedimentation also take place when individuals share a common biography of which become incorporated in a common stock of knowledge". "The experience was so profound that would become sedimented, that is, they deliberately precipitate in their memory to be easily recognized in an impressive memory. Except in that deposition process, they can not understand the biography. Intersubjective sedimentation also occurs when individuals decide to share their knowledge with one another."

Referring to the above mentioned by Berger thinking in the context of health behaviors (defecation), the scavengers in Bengkulu City in line with healthy behaviors that are expected by the government through the promotion of health. It is caused not only by health habits and behavior but also influenced by the knowledge that they have reserves in terms of Berger and Thomas Luckmann "*stock of knowledge*".

The absence of differences between the social construction of scavengers who live in the final disposal site and the scavengers who live in the slum shows that the environment is not a determinant factor of a person's behavior and more due to the knowledge and perception of defecation.

E. Conclusions

First, the process of social construction, (1) externalization, the scavengers in behavioral aspects of health care in *personal hygiene* such as brushing teeth only once a day, not accustomed to wash hands with soap (WHWS), bathing and washing clothes with dirty water is something usual in accordance with the existing conditions, as well as the pattern of nutrient intake, the most important thing for the scavengers rather than on nutrients in the type and amount according to the needs of the body but relate to existing and in the absence of something to eat. In treatment-seeking behavior and health services, the scavengers usually buy drugs in a stall to counter the disease or illness which is considered to be practical and inexpensive. While environmental health behaviors, such as home rarely cleaned (hygienic), wastewater disposed around the well or on the field. Although these behaviors are considered as deviant behavior than it should be, but for the scavengers, what they done is an attempt to maintain their life in accordance with the existing social conditions, (2) the process of internalization, in health behaviors, the scavengers very understand and aware of and the conditions of their limited life, the activity of health care behaviors, health seeking behavior and health services and environmental health behaviors conducted by the scavengers through the process of adaptation to social conditions, then formed and patterned in their daily behavior. (3) the process of objectivation, in behavioral health care, treatment seeking behavior and health services and environmental health behaviors as the reality of scavenger health behaviors mentioned above have become a daily habit. As an act and health behaviors, bathing and washing clothes habits with dirty water, not accustomed to wash hands with soap (WHWS), brush your teeth once a day, eating nutritious, home rarely cleaned, dispose of waste water is not in place, do not have enough sanitation, but still performed comfortably.

The process of social construction of health behavior resulted in social construction: a) the behavior of

health care has not been done in a healthy manner, b) health seeking behavior and health services; think economically, practically, ignoring the principles of health care, c) and the aspect of environmental health behavior are contradictive with the principles of health.

Second, knowledge of health of the scavengers is yet to be a guideline for them to do health behavior.

Third, there is no difference in the social construction of health behaviors among the scavengers who live in the final disposal site with the scavengers who live in slum.

REFERENCE

- Balitbangkes, 2008. *Riset Kesehatan Dasar 2007*. Departemen Kesehatan Republik Indonesia
-----, 2011. *Riset Kesehatan Dasar 2010*, Kemenkes Republik Indonesia
- Basuki, A.M. Heru, 2006. *Penelitian Kualitatif untuk Ilmu-Ilmu Kemanusiaan dan Budaya*.
heru.staff.gunadarma.ac.id/ Downloads/files/4758/ Gabungan. doc jam 9.40 tgl 19/2/2010
- Biro Pusat Statistik, 1994. *Profil Statistik Wanita, Ibu dan Anak di Indonesia*. Jakarta.
- Blum, H hendrik L., 1972. *Planning for Health; Development Application of Sosial Change Theory.* , New York:
Human Science Press, p.3.
- Creswell, John W. 2014. *Penelitian Kualitatif & desain Riset: Memilih Di Antara Lima Pendekatan*. Yogyakarta:
Pustaka Pelajar
- Dinas Kesehatan, 2010. *Profil Kesehatan Kota Bengkulu Tahun 2009*
- Departemen Kesehatan RI, 1987. *Standard Kesehatan Nasional*.
- Kementerian Kesehatan RI., 2010. *Rencana Strategi Kementerian Kesehatan Tahun 2010-2014*. Jakarta:
Kementerian Kesehatan Republik Indonesia.
- , 2011. *Promosi Kesehatan Komitmen Global dari Ottawa-Jakarta-Nairobi Menuju Rakyat Sehat*.
Jakarta: Kementerian Kesehatan R.I.
- Muzaham, Fauzi, 2007. *Memperkenalkan Sosiologi Kesehatan*. Jakarta: UI Press.
- Manuaba, I.B. Putra. *Memahami Teori Konstruksi Sosial (Jurnal Masyarakat Kebudayaan dan Politik Volume
21 Nomor 3:221-230)* Fakultas Ilmu Budaya Universitas Airlangga.
- Muladi, Sipon, 2002. *Seluk Beluk para Pemulung di Samarinda dan Sekitarnya* (Lembaga Penelitian Universitas
Mulawarman). [https://www.mail-archive.com/ pb@dml.or.id/msg00526/pemulung.pdf.pdf](https://www.mail-archive.com/pb@dml.or.id/msg00526/pemulung.pdf.pdf) (diakses
25 Mei 2013 pukul 06.30)
- Notoatmodjo, 2003b. *Ilmu Kesehatan Masyarakat: prinsip-prinsip dasar*. Jakarta: Rineka Cipta
-----, 2010. *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta
- Ngatimin, H M. Rusli, 1992. *Dari Nilai Budaya Bugis di Sulawesi Selatan Apakah kusta ditakuti atau dibenci?*.
Lembaga Pengabdian Masyarakat Universitas Hasanuddin, Ujung Pandang.
- Peter L Berger and Thomas Luckmann, 1966. *The Sosial Construction of Reality A Treatise in the Sociology of
Knowledge*, (New York: 1966)
- Pramuwito, C, 1992. *Penelitian tentang karakteristik Perilaku Pemulung di Kotamadya Yogyakarta. Balai Besar
Penelitian dan Pengembangan Pelayanan Kessos*. Yogyakarta.
- Sarwono, Solita. 1992. *Personalistics Belief In Health: A Case of West Java*, Leiden. Workshop on Health Care
in Java.
- , 1993. *Sosiologi Kesehatan: beberapa konsep beserta aplikasinya*. Gajah Mada University
Press.Cet. pertama,1993.hal. 31-36.
- , 2007. *Sosiologi Kesehatan: Beberapa Konsep Beserta Aplikasinya*. Yogyakarta: Gajah Mada
Press.
- Sudarti, dkk. 1988. *Persepsi Masyarakat Tentang Sehat-Sakit dan Posyandu. Survei Keluarga Berencana-
Kesehatan di Kabupaten Indramayu, Jawa Barat, 1986*. Depok: Pusat Penelitian Kesehatan, Lembaga
Penelitian Universitas Indonesia.
- Suyanto, Bagong, 2013. *Anatomi Kemiskinan dan Strategi Penanganannya*. Malang: In-Trans Publishing
- Simanjuntak, R.L. 2002. *Tinjauan Tentang Fenomena Pemulung dan Penanganan Sampah di Wilayah DKI
Jakarta dan Bantar Gebang Bekasi*. Thesis. Program Sosiologi Pedesaan. Institut Pertanian Bogor.
Bogor.
- Rahayu, Kusmaryati D., 2008. *Tingkat kesejahteraan ekonomi pemulung studi kasus di Kecamatan Kalasan,
Sleman, Daerah Istimewa Yogyakarta 87-98*.
<http://jurnal.pdii.lipi.go.id/index.php/search.html?act=tampil&id=62456&idc=41>
- Windiana, Era , 2009. *Perilaku Personal Hygiene Pemulung di Kelurahan Bulu Lor Kecamatan Semarang Utara*.
<eprints.undip.ac.id/17848/1/3756.pdf> 27 Mei 2013 pukul 16.00.

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