

Socio-economic Conditions of Coastal Communities and Its Implications to Health Behaviors

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ABSTRACT

This study elaborates the socio-economic condition of coastal communities and its implication to their health behaviors. Economic condition, which cannot be separated from the geographic–ecological condition of coastal areas, has shaped the particular characteristics of the people. The problems faced in the coastal area are high poverty level, the high degradation level of coastal resources, and the low village and health infrastructures in the region. This study employs a qualitative method with a case study technique. Not only is the coastal environment shown to become the triggers of people’s unhealthy behaviors, but the adverse socio-economic condition also worsens the environmental health condition. However, poverty induces the inability of the communities to fulfill their basic health needs, such as sanitation, clean water, and access to health facilities. It also prevents the communities from considering health a priority.

Keywords: socio-economic condition, coastal communities, health behavior, poverty

1. INTRODUCTION

The Ministry of Marine Affairs and Fisheries mentioned that 25,625 villages are classified as coastal villages, including a few in the foremost small islands. The common problems faced in these villages include the low-quality human resources. Such an issue exists because the people have difficulty accessing capital, technology, information, and markets.

The coastal society can be categorized further into a specific type of community by considering the geographic–ecological, economic characteristics, including the social and cultural aspects that shape their specific characteristics. Moreover, their economic activities are closely related to their geographical and ecological conditions characterized by the utilization of coastal resources and services covering activities in fisheries, commerce, marine tourisms, and transportations.

Ambariyanto and Denny (2012) bring forth four general problems encountered in the coastal areas of Indonesia: the high poverty level of coastal society, the highly degraded coastal resources, the low independence in village social organization, the decline in local wisdom and culture, as well as the low level of village and environmental health infrastructures. These problems actively contribute to the high

vulnerability to natural disasters and climate change in coastal villages (Tinambunan, 2016:18). As an effort to develop the coastal communities, five existing issues should be investigated and divided into five aspects, namely, ecological, social, economic, agrarian, and geopolitical aspects (Kusumastanto and Satria, 2014).

One of the villages facing the same problems is the village located in West Java. This village is the estuary of the Citarum River, in which a significant amount of garbage is carried away by the stream and is visible around the village during the raining season. This region is flooded when the rain intensity is high. On the basis of this fact, this study will elaborate the relationship between the socio-economic condition of the coastal community and the implications to their health behaviors. Moreover, this study will explain the adaptation forms for the environmental condition of the estuary done by the poor people in the coastal area.

The economic–social status has been associated to health for a long time. An individual or group of people on the higher social hierarchy commonly enjoy better health privilege than those on the lower level. Antonovsky (1967), Illsley and Baker (1991), and Adler et al. (1994) express that this socio-economic difference is found in the mortality and morbidity levels from nearly all diseases and conditions.

Among other studies related to this issue, Adler et al. (1994) corroborate that an individual with a low social status has a high morbidity and mortality level. This study also proposes that the difference in social position relates to the morbidity and mortality in upper hierarchy as well. Thus, this study specifically focuses on the influence of socio-economic status to the level of morbidity and mortality.

Another study conducted by Aue and Rossen (2010) considers economic status and health behavior, particularly comparing socio-economic status and poverty indicators as the determinants of public health behavior. This study specifically examines the relationship between poverty and unhealthy diet behavior. It also tests the measurement of multi-dimensional poverty in its link to the risky health behaviors. The low social status of the person is affirmed to be in line with the low possibility of performing a health-conscious behavior. However, this study denotes a multidimensional indicator used as an analytical tool to identify a reversed relationship between the poverty level of low socio-economic status and certain types of health behaviors. Nevertheless, poverty should be analyzed as a low and as a somewhat detailed socio-economic status.

As mentioned above, several studies have been focusing on the relationship between socio-economic status and health. Nonetheless, this study will examine the relationship in a coastal community with particular characteristics from geographical and ecological conditions.

2. METHODOLOGY

This study employs a qualitative approach, which aims to present the phenomena concerning the socio-economic conditions of the community in the coastal area and its implications on their health behaviors. The primary data are collected through observation, in-depth interview, and Focus Group Discussion (FGD) techniques. An observation technique is employed to see the environmental conditions in the coastal area, encompassing the condition of houses, roads, rivers, toilets, health facilities, clean water facilities, education facilities, as well as agricultural lands and plantations. An in-depth interview is performed in the community to gain information regarding their

health behaviors related to their environmental conditions. By contrast, FGD is utilized to complete the data acquired from the community, particularly related to social, economic, cultural, health, and environmental conditions in the coastal areas. The participants are composed of village officials, heads of villages, heads of neighborhood association, heads of community association, village consultative bodies, community securities, public figures, and religious figures. Furthermore, the secondary data are collected through documents, such as village profile, medium-term development plan of local village government, and other literature. Data validation is conducted using a validity test and data triangulation through a comparison between the data of observation result in the field and interview result from informants related to the environmental condition and health behavior of the community.

3. SOCIO-ECONOMIC CONDITION OF THE COMMUNITIES

The social condition of the coastal community is shown through a good relationship among each individual. An example is existing agreement in crop planting and harvesting schedules. This relation is also exhibited in a good relationship maintained among newcomers from different ethnic groups and the local people. Notably, the community still preserves their *gotong royong* (mutual cooperation) culture as seen in the house construction for poor people and the cleaning of waterways. However, the relationship among communities from different villages is not too close because the location is separated by the river that inevitably limits the social relation of the villagers.

The village population is ±7,724. Most of them rely on their livelihoods in agriculture (1,069 people), fishery (915 people), trading (544 people), and farming-related work (262 people). In agriculture, farmers commonly face obstacles related to the unpredictable seasons. The long drought season frequently prevents a successful harvest, which is caused by the lack of water. The harvest, which is expected to happen two to three times a year, can only happen once a year. This condition causes a huge loss for the farmers. Given that this main source of income is heavily influenced by the seasons, it causes difficulties in improving their welfare.

Another source of income preferred by the people is the service sector (151 people) by working as Indonesian workers abroad. The labor condition of this region encounters certain problems because of the limited job vacancies and the huge number of jobseekers. In 2016, male jobseekers are 60 persons, and female jobseekers are 98 persons with the general education level from Senior High School (52 percent). Unfortunately, an imbalance in numbers exists between job seekers and job vacancies, thereby preventing several jobseekers from obtaining jobs. This condition happened as a result of the low level of skills and education, resulting in the failure to compete with other people from other villages or regions.

4. HEALTH AND ENVIRONMENTAL CONDITION

The villages are located on the coastal areas of Java Island. Roads to access this village are damaged, perforated, and bumpy. The condition is worsened because the roads are slippery and muddy during the rainy season, making it difficult for the people to go in or out of the village. This village is stretched along a swamp with brackish water from the sea. Thus, the residential model of this village follows the contour of a swamp

side by side with the river. Despite the fact that the swamp is visually unfit to benefit the people, the latter still uses it for their daily needs, such as bathing, washing, and defecating. The water from the swamp is also utilized for irrigations and fish ponds because not all areas in this village have irrigation for the rice fields of 1,670 ha and ponds of 3,136 ha. Both of the fields are very important for the community as they become the fieldwork targets for agriculture and fishery.

Clean water is a vital need of the people in this region. The needs and the uses of clean water can affect the environment and the health of the people in the community. The people commonly obtain clean water from dug wells (four units in total), pump wells (three units in total), and refillable water (four units in total). However, a few of these clean water sources, particularly dug and pump wells, have no optimal function owing to damage. Hence, the water cannot be consumed. Other environmental health problems are limited irrigations and polluted water because of the waste coming from households, rice milling, and factories, and problems from the habits of the people related to environment and health. Considering the limited sources of clean water, the people usually do their bathing, clothes washing, and defecating directly in the river in front of their residential area.

During the dry season, the temperature in this region becomes very high and is accompanied by strong winds. Thus, clean water becomes increasingly difficult to obtain. Apart from the reduced sources of water, the water coming from pump well in the household becomes salty and yellow. Consequently, people use mineral water or refillable water for drinking and cooking. They continue using the river water for bathing, washing, and defecating. The use of swamp water certainly increases the risk of disease outbreaks.

This region is flooded during the rainy season, and the mounting wastes after the flood subsides affect the environment as well. The flood coming from the river in front of the residential can reach 60–100 cm in height during the rainy season. This flood is the result of not only rainfall and water from the upstreams but also people's habit throwing wastes away into the river. In addition, factory wastes are commonly thrown away into the river, causing it to become shallow and polluted. Moreover, roads to access the village are muddy and waterlogged as they are made of soil with perforated and bumpy condition. Accordingly, several mosquitos breed in the water tunnels and can cause numerous diseases. The common diseases infecting the people include itching, flu, dengue, and upper respiratory tract infection. Although the economic condition of the people are rated as poor, they actually possess basic knowledge regarding health. The people commonly perform the following two steps to treat their illness: (1) consuming over-the-counter medicine or basic medication; if it fails to work, (2) going to the Public Health sub-Center operated by two midwives.



As mentioned earlier, the environment's condition inevitably shapes the health behavior of the communities. People use swamp water constantly to fulfill their daily needs because most of them are poor. With this particular condition, addressing the need for clean water by themselves is impossible. By contrast, as the village is located in the estuary, digging wells is also impossible for the people because the water is inadequately safe for consumption. Those conditions indicate that the health behaviors of the coastal community are influenced by the condition of the environment.

5. HEALTH BEHAVIOR OF THE COMMUNITIES

Lawrence Green theory states that behaviors are formed by three factors, namely, (1) predisposing factors, (2) enabling factors, and (3) reinforcing factors. In predisposing factors, the knowledge of the community on environmental health remains poorly understood. It is portrayed through their habits of using polluted river water for their daily needs, such as washing, bathing, defecating, and other activities. The lack of understanding regarding clean lifestyle is caused by various factors, such as education, and social and economic factors. In the social factor, using river water is commonplace. Although people know that the river water is polluted and is impossible for consumption, using river water becomes a habit of the people around this region. A similar scenario also happens during the rainy season. The environment becomes dirty because the roads are muddy and the houses are flooded by river water. The flood water can be dirty and polluted by wastes for days. The community is accustomed to this practice as they are frequently exposed to this condition.

Nonetheless, the people also attempt to obtain clean water from another source, namely, the swamp. They filter and hold the water in the bucket and subsequently precipitate it. The clean water coming from this process will be used for their daily needs. Thus, this effort demonstrates that the people have earlier knowledge on health. In a sense, if they directly consume the swamp water, it will affect their health. The continuing simplicity of filterization and attempted tests on this swamp water still indicate their concern for their health.

For enabling factors, the fact that several people utilize river to bath and wash their clothes and toilets indicates the lack of environmental health facilities or infrastructures. The people generally have no good access to these basic sanitation facilities. This situation is reflected in how the majority of the people have no private or public bathrooms. Therefore, the activities of bathing, washing, and defecating are done in the river. However, aside from the pollution caused by household, factory, and other wastes, the river is also filled with garbage. The latter will increase during the rainy season. Furthermore, this region does not have a communal junkyard. Consequently, household wastes are generally left and piled up along the road or are burned. The limited facilities become the enabling factors of unhealthy behaviors among the people in their goal to fulfill their daily needs.

In reinforcing factors, the only available health facility is the Community Health sub-Center with two medical personnel (midwives). Thus, this support from the medical personnel is extremely deficient. The village is the largest with 7,724 population in 2016. With this huge area and residents, the Community Health sub-Center cannot significantly cater to all the health service needs. Accordingly, the shamans still play a significant role in this region. The reinforcing factor from the local government remains insufficient to improve the health environmental condition and thus scarcely achieve a

good living for the people. The role of government is necessary to overcome this problem and subsequently allow everyone a good chance of a healthy life.

Lastly, poverty in the coastal community becomes one factor that limits the ability of the people to live with a better healthy condition. The low income limits their access to appropriate health services. This condition prevents them from modifying their living environment to create a good environment with acceptable health standards.

6. CONCLUSION

The factors behind the behaviors of people on health environment include knowledge, the availability of facilities, and the support from the health personnel and local government. The knowledge related to health environment remains scarce, thereby rendering the habit of bathing, washing, and defecating in the river a common practice. The lack of knowledge on clean lifestyle is attributed to a low educational level. The limited facilities or infrastructures also become the enabling factor that propels the people to use the river as a means to fulfill the need for water in their daily activities. This behavior also becomes the cause of many diseases in this region. Furthermore, the lack of support from the health personnel and local government to improve the health environment prompts the people to stay in their current unhealthy environment.

The environment is the pull factor affecting the people's health behavior. However, the poor economic and social conditions worsen the health of the environment. The mismatch between the limited jobs offered in the area and the high number of jobseekers causes the high numbers of socially poor families. This condition happens because of the low level of skills and education.

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