Coastal Community Treatment Patterns in Riau Province

A. Hidir
Department of Sociology
Universitas Riau
Pekanbaru, INDONESIA
Email: hidir09@gmail.com

Abstract –**The purpose of this research are to know: (1) What is being done by the fisherman's family to utilize health facilities to get medication? (2) Is there any relation between the economic condition of the fishermen's family with the utilization of health facilities behavior? (3) Is there any relation between the type of a patient's disease with the utilization of health facilities behavior? The research location is chosen purposefully in sub district Pasir Limau Kapas in Rokan hilir regency. This location is chosen with consideration that this sub district is a coastal area and far from city service facilities access. The capital of this sub district is Panipahan village. The number of sampling is 15%. From the number of existing data then from each village is obtained 65 householders sample from Papahan village and 45 householders sample from Teluk Pulai village. The total number of samples is 110 householders. The result of the study finds that there are no people in utilizing health facilities who feel suffer from disease by only doing medical treatment or non medical treatment by changing from more than one treatment. Some proposed suggestion specially: the need of evaluation and revision of policy regulation regarded with: (1) Skill improvement of health care in the socialization effort of healthy living including introducing indication and contraindication of traditional medicine (2) Improvement of health infrastructure and facilities in order to be able to diagnose disease more thoroughly so that it can give medication appropriately.**

Keywords – health belief; coastal communities; medical

I. INTRODUCTION

The findings of tinuk istiarti (1998) in the context of the utilization of village midwife showed that apparently people have not much made use of village midwife. Only 16% respondents who come to the village midwife for pregnancy care and only 16% respondent who deliver the baby with the help of village midwife. Most of village people still use traditional medication service (Tinuk Istiarti, 1998).

The same thing is also found in the findings of Mukti (1998) that there is still some difficulties to introduce modern health for most village people, in the context of this study is village midwife. They still consider that delivering babies by using traditional birth attendants can give a sense of steadiness and safety because accompanied by older person plus the presence of relatives. Furthermore, inviting traditional birth attendants means that the family can also do "babar pindah" at once, "babar pindah" means after delivering baby, traditional birth attendants can massagemother and her baby as well as do ceremony that related to the birth such as making red-white porridge, shaving baby's hair and piercing baby's ear. The cost of traditional birth attendants is considered cheaper than the cost of midwife, although it is not always true. However, the service payment of traditional birth attendants can be repaid and not always in cash. (Mukti, 1998:26)

Another newest findings are done by Yenina Akmal, 2002, who did a study about the use of Sentani community health center in Jayapura-Papua. The conclusion of this study, that community health center as the government 's spearhead in health care has not been able to fulfill people's expectation especially for pregnant woman. The work pattern of midwife only considers patient (pregnant woman) as an object and the effort to maintain interpersonal relationship is less. Moreover the sensitivity to maintain local culture is also less and it makes the condition worse. This condition is aggravated by the lack of government award for midwife and the lack of operational funds. In addition, low average level of education of Sentani women makes pregnant women in Sentani is reluctant to come to community health center to check its womb or to give birth. (Yenina Akmal, 2002)

Therefore, it appears that from some referred illustrations and findings that the modern health development (community health center, nurse or midwife) to increase awareness, willingness and ability to live healthy for village people in terms of healthy attitudes and environment which is fair and equitable to increase the degree of optimal health is not completely successful especially for the lower layers of rural communities. This condition happens because people are still have many alternatives in finding their health care.

From problem background above, the problem statements of the study are: (1) What is being done by the fishermen's family to utilize health facilities to get medication?; (2) Is there any relation between the economic condition of the fishermen's family with the utilization of health facilities behavior?; (3) Is there any relation between the type of patient disease with the utilization of health facilities behavior?

II. LITERATURE REVIEW

Research about healthy life in the context of health care actually is not a new thing. Honestly, this problem hasattracted academics and health practitioners to study about it.

Besides that, social economic dinamics and culture also keep developing, moreover with the presence of demographic transition and epidemiology that keep changing especially in developing countries. The consequencesis that this study must keep being done to see the changing map and the direction in anticipation in handling community health problem. That is why this problem is always interesting and never worn. Apparently, the study about health behaviour of sociology and anthropology is still limited. This is caused by the lack of sociology and anthropology expert in Indonesia. If there are some experts, generally they have less interest in the context of health behavior study.

Nevertheless, in the literary study that has been done, there are some experts from academics and health practitioners particularly in Indonesia who have done studies in the context of health behavior, for example:

Slamet Soesilo, in the study of "The role of 'jamu' and traditional medicine in the community health care" (1992). The emphasis of the study by Slamet Soesilo is more in the aspect of traditional medicine (in this case 'jamu') in the effort to improve the community health degree to support community health system. In his study, soesilo (1992) did not write in detail and compare it with a modern medicine system.

Adrian s. Rienks and Poerwanta Iskandar, in the study of "Disease and treatment in Central Java, perception of village versus perception of government" (1985). This study is more comprehensive compared with other studies about health and illness behavior. In this study Rienks and Iskandar tried to explain a preference especially in illness behavior of people in Central Java in choosing medical treatment. However, in this study Rienks and Iskandar did not explain clearly about the difference of social economic status of rural people. The emphasis on healthy behavior aspect was also rather ignored.

Tinuk Istiarti, in the study of " The utilization of village midwife" (1998). Istiarti in her study was explained how the utilization of village midwife in rural area of java. Aspect that mostly studied was the introduction of village midwife to the village people. Perspective that used was how the response of the village people about the presence of village midwife. In this study, Istiarti did not explain how people preferences in health and illness behavior in the context of pregnancy and giving birth process comprehensively.

Ali Gufron Mukti, in the study of "Maintaining service quality of village midwife: the application of problem-based learning method", (1998). This study is different from the study of Istiarti. In this study, Mukti more emphasis on the aspect of problem solving in rural area. Therefore, in this study the aspect of people's behavior is the lack of touch holistically.

Yenina Akmal, in the study of "Social culture condition of Sentani tribe and its implication on the behavior of pregnant woman in using mother and child health program service (KIA) in community health center. Case study: in sub district Sentani, Jayapura, 2002". This study is actually similar to the study of Istiarti, however the emphasis aspect of Akmal is more on the people's social culture background that becomes the basic of illness behavior of pregnant woman in utilizing midwife in community health center. This study is done by taking only pregnant woman as sample while other community is not considered.

Sandra Imelda, in the study of "Social Culture factors that affect Health Behavior of People towards Healthy Paradigm: A study in Padang, 2003" the emphasis of this study was more on the social culture aspects and health behavior of city people in the context of health program. In this study, Imelda did not compare it with a traditional medication system.

Juanda Nawawi, in the study of "Sociological Study about The motivation of using shaman by people in Wajo, 1993". In this study, Nawawi did not discuss about healthy behavior and illness behavior of people comprehensively, but he discussed more on the motivation aspect of people in using shaman. The use of shaman that studied by Nawawi was not only in health behavior and illness behavior, but also wider, about many kinds of people's problems including carrier, mate, object loss, etc.

Agus Suprijono, in the study of "Agate in the life of people in Surabaya, 1998". In this study, Supriyono did not discuss about healthy behavior and illness behavior. The emphasis of his study was from the aspect of the magic-religion of city people, especially people of Surabaya. In his conclusion, Suprijono explained that the magic-religion aspect still exists in the community although the community is advanced and educated.

Srihati Joko Widodo, in the study of "People's demand toward Dental Health Service in sub district Tegal Sari, Surabaya, 1993". In this study, Widodo only explained the reason for people to go or not to go to community health center for medication especially a case in Surabaya.

From some previous research results seem that medication system problems (whether it is modern or traditional) are still interesting to be studied whether it is in the urban area or in rural areas. Both medication systems are really close with social economic and culture systems of the communities. However, actually there is relevance from some explanation of the studies that is both medication systems are still exist and functioning in the community. The relevance of the study has not been connected as a whole, therefore this study is intended to string up and combine those studies into one research that discuss about healthy behavior and illness behavior in the context of social economic and social culture systems of community by comparing modern medical system and traditional medical system.

III. RESEARCH METHOD

The location of the research is chosen purposefully in sub district Pasir Limau Kapas in Rokan Hilir regency. The

location is determined with consideration that this sub district is a coastal area and far from access to urban service facilities. The capital of this sub district is Panipahan village that consists of 4 sub villages, they are sub village Panipahan, sub village Teluk Pulai, sub village Pulau Kapas and sub village Sei Daun. From 4 sub villages, 2 sub villages are chosen to be research location, they are sub village Panipahan and sub village Teluk Pulai.

The population of this research is people who live in the chosen village. While the subject of this research is half of the population that is which is considered to represent the determined randomly so that later can be generalized to the original population.

To facilitate this research, normally from large populations should be sampled. Sampling is taking a portion or a part of the population that is considered to represent the population or the universe. The validity of sampling method will determine the objective validity evaluation of the result of the study. The ideal sampling method usually has characteristics as follows: (1) the sample can give reliable descriptions from all studied populations (universe), (2) the sample is simple and easy to implement, (3) the sample is efficient , it can give widest description that is needed with a relatively low cost, (4) the sample is saving time, cost and effort (Kerlinger, 1964).

Furthermore to get population and sample as expected, then the first thing to do is to find the total population. The total population can be obtained from village office which has monography data and householder. Then from the total population will be made list of all population (householder. The sample will be taken by simple random sampling from the total population of each village. The amount of sampling is 15 %. From the existing data, then from each sub village is obtained 65 householders for sub village Panipahan and 45 householders for sub village Teluk pulai. The total of the sample is 110 householders.

Unit of analysis in this study is family (not individual). Therefore, the chosen sample (householder) is the main informant in giving information that is related to object of the research, whether it is healthy-illness behavior or medication system that is often done by himself or by the member of the family (wife and children).

Techniques of data collection are using: (1) Guided interview. This kind of interview is used to search and to record the social economic status, many kinds of diseases that are experienced, illness frequency, demographic condition and characteristic, heeling pattern, and other information that relate to the research objectives; (2) In depth interview. This kind of interview is used to anticipate questions that are not covered from the interview result by questionnaire. In depth interview is also used to understand more qualitatively about many things that are related to people illness patterns and healing; (3) Documentation, this way is used to record secondary data and people's activities in health practice. Secondary data will be obtained from Health Department, Community Health Center, sub-district office, village office and other relevant agencies.

Data analyis is using mixing method between quantitative and qualitative approach. Qualitative approach is used to understand individual phenomena in terms of searching, finding and describing people's behavior related to health problems. Data obtained will be analyzed with interactive model. Through stages of data collection, data reduction, data presentation and result conclusion/verification cyclically or simultaneously.

Data reduction is selection process, it is focusing on simplification, abstraction and transformation of raw data that emerged from the data field. While data presentation is structured information that gives the possibility of drawing conclusions and taking action. In this research it will be presented in the form of narrative. Drawing conclusion in qualitative research is part of whole configuration activities which are continued by doing the verification. Verification is the review in order to test the truth, robustness and suitability as a valid.

IV. RESULT AND DISCUSSION

The reality shows that society have variety of health care facilities that are available. Because of this condition, people are free to choose the health care facilities. However, there are some alternatives for health care and they are categorized into: doing Self Medication (S), Utilizing medical facilities (M) and utilizing non medical facilities (N).

1. Behavior Description of The Utilization of Health Facilities

Behavior in utilizing health facilities by doing self medication (S) is generally done by drinking herbal mixture or herbal package that are sold freely in stores. The role of herb for people in Pasir Limau Kapas is very important for their health. Herb is a medicine that is usually used as a first step if they feel unwell.

The utilization of medical facilities (M) is generally done by family when self medication is not working and then they will ask for help from doctor, midwife or nurse. The utilization of non medical facilities (N) is generally in the form of the help of a shaman or an attendant who gives alternative aid besides medical. This is commonly done in order to strengthen effort to get healed.

The result of data tabulation shows that there is no family that only utilize one kind of medical facilities (doing Self Medication (S), Utilizing medical facilities (M) and utilizing non medical facilities (N)). It means that the family never utilize only one kind of medical facility from three choices of medical facilities that is admitted can give satisfaction in healing from disease.

On the contrary, family behavior in utilizing more than one medical facility thus forming behavioral variations. If this condition is grouped, the family tends to end up doing the treatment by using non-medical health facilities (N). This behavior consists of : there are 43,63 % that started from doing self medication, then continued to medical and non medical (S-M-N). 32,72 % that started from medical then continued to non medical (M-N). 10,90 % that started from self medication, then continued to non medical (S-N). This condition shows that the family has not felt recovery by only utilizing one kind of

health facility. It means that family still needs further medication or changes to non medical medication, in this case by using shaman or other alternative medications until finally recovers from illness. Table I shows result findings of health facilities utilization behavior.

TABLE I. HEALTH FACILITIES UTILIZATION BEHAVIOR

No	Health Facilities Utilization Behavior	Frequency	%
1.	Self medication continued to medical and non medical (S-M-N)	48	43,63
2.	Medical continued to non medical (M-N)	36	32,72
3.	Self medication continued to non medical (S-N)	12	10,90
4.	Non medical continued to medical (N-M)	7	6,36
5.	Self medication continued to non medical then to medical (S-N-M)	5	4,54
6.	Self medication continued to medical (S-M)	2	1,85
	Total	110	100

Source: Research result, 2012

There are only about 11% families (see total in number 4-6) that tend to utilize health facilities that end in Medical facilities (M). Behavior that is started from the non medical facility continued to a medical facility (N-M) is about 6,36%, behavior that is started from self medication continued to the medical facility then non medical facility (S-N-M) is about 4,54%, behavior that is started from self medication continued to the medical facility (S-M) is about 1,85%. This condition shows that the family has not felt recovery although has searched and found self medication or non medical. It means that the family still needs further medication or changes to medical medication through midwife, nurse, or doctor in the community health center to be finally recovered from illness.

The concept of social behavior theory by Parson explained that in achieving recovery from illness there is tool component (service facility) that can be chosen. From the findings show that apparently in searching medication can be seen from the way to get medication and utilization order behavior. As well as in applying rational choice concept to behave explains that people act because they have goals and the goals is determined by value or choice (Ritzer, 2004). The goal in this case is recovering from illness, therefore any kinds of ways that they choose are because they want to be recovering from illness.

If this effort to find recovery are grouped based on the last facilities that are utilized to recover, then they can be categorized into 2 categories, effort that end with non medical health facilities utilization behavior (total 1, 2 ,3) and effort that end with medical health facilities utilization behavior (total 4, 5, 6). This proves that non medical health facilities utilization behavior (the total is more than 85%) is social organizational in health term that are most dominated and most functioned by people in health care service. In social phenomenon where medication by looking at an aspect of the role of non medial health care service is still potential in giving role and function that are still needed in medical services.

This condition strengthens the assumption that from the point of view of health anthropologist according to Kalangie (1994) that 1) in holistic, traditional health care practitioner (non-medical) not only does therapy of individual cases, but relate it to the symptoms of social relationships, economic, religious experiences of the patients and their families. Even therapy interview between shaman and the patient happens without cognitive dissonance because both sides are in the cultural context that is familiar for each side. This is on the contrary to the medical which only cure disease without bothering social culture, psychology and economic background of the patient taht full of cognitive dissonance.; 2) non medical practitioners usually elderly and very respected by the rural community.; 3) people categorized disease into disease that only can be cured by doctors (medical) and disease that only can be cured by shaman (non medical).; 4) doctor does not respect traditional medication and doctor is difficult to communicate with patients.

The result of the research supports some references that are stated by Rienka and Iskandar (1985); Istiarti (1998); Mukti (1998) and Roemer (1991) as well as Yenina Akmal (2002) which agreed that primary health care especially in rural area is not run as well as the expectation. This is because some people are still believed and still have illness behavior that is oriented on traditional health care facility utilization behavior. The study of Widodo (1993), which discussed about the utilization of community health center in Surabaya, showed that nearby health facilities do not mean that high demand of primary health care this condition proves that there are factors that influence people's demand for that health care.

Meanwhile, traditional medical system and traditional medicine in Indonesia have been used widely by people since long time ago especially by people with low income. The traditional medication system is business sector service in the community that is mostly used. Although at a glance, the way of medication, which is done by shamans, seems illogical and irrational but the facts show that traditional medication can give recovery for the patients (Agus and Jacob, 1992). In fact, traditional medicine which is actually generally done through the use of services shaman is not easy to be eliminated. According to Soesilo (in Agus and Jacob, 1992) that traditional medication and traditional medicine have been fused in the community.

This traditional system is used to solve many kinds of health problem in the rural area and in the urban area. The consequence is that this system cannot be eliminated easily and replace it with a medical system that is still new for people. This condition proves that in making intervention of health facilities we do not have to make the fallacy of the empty vessels as explained by Polgar but by "pouring new wine" slowly; in this case does not have to eliminate the non-medical facilities totally. People need to get chance of health education.

This findings also support evolution theory of Comte (Koentjoroningrat, 1985)that is still used until now. The characteristic of theory of Comte is not pure progressive linear but unlinear. This is because for some people, although they have already entered positive-modern world (third stadium)

eventually there are still many people who believe and re-do practice of the stadium one or two. The reality is that in this modern world, many people who do shaman practice are still exist and needed. The users are not only from uneducated people but also many urban and educated people who use this non medical service. This condition is because human is still has primitive mental which is immortal. That is why the cultural value system usually functions as the highest guide for human behavior. Since childhood, an individual has impregnated with cultural value which live in the community so that the conception has been rooting for a long time in his soul. Which is why the cultural value is cannot easily replace with other cultural value in a relatively short time. The position of cultural value in each community is not same as well as the orientation of that value. In the relationship with the choice of medication, the role of cultural value becomes unique.

The preference to use shaman is always related to the social culture of his community. For example a study by Nawawi (1990) identified that in Wajo South Sulawesi, there are many community health centers established, but in fact the people who live there have not much used the community health centers. People are still interested to use shaman. From this illustration of the condition whether the Indonesian people still need the services of a shaman or other treatment alternatives in the future? Can drug industry and modern medical world which is very widely and advanced can urge traditional healer or shaman life that still exist today.

The finding related to the choice of medication alternative proves the theory of Kroger Model and HBM. The source of service can be in the form of traditional healers, modern healer, drug seller and self treatment or no treatment. This choice is based on the characteristic of the service, perception toward disease and predisposing factors including family characteristic and individual patient. The choice of medication can be combined alternately or simultaneously at once. Sociologically, the existence of health care facility has shown its function. The indication of this function is that each facility is utilized by people sequentially but the final domination is on the non medical or traditional.

From the analysis of health care utilization, there are many behavior variations. It means that the utilization of health care with many kinds of behavior shows that people always try to relieve their suffering and even recovery from illness. In the exchange theory through behavior variation of health care utilization, can be explained that:

a. If someone gets satisfaction from past behavior, then that behavior will be repeated at present. It means that if someone is not satisfied (not recovered) with medical treatment, he/she will change or continue it with non medical treatment and vice versa.
b. If someone's activity in certain time always gets rewarded (satisfaction), then the same activity will often be done by other people. It means that someone who has experience in getting non medical treatment and he/she recovers from illness, this experience will be referenced for other people.
c. If the activity gives value to someone, then that activity will always be done.
d. If in the certain range of time the activity always gets reward then the reward value will decrease so it will not attract people to do it again.
e. If in the certain range of time the activity that is done by someone for someone else gets unworthed reward, then that person will most likely show unpleasant behavior, in this case the person may not feel recovered from illness or dissapointed with the medical facility so that he/she do not want to utilize it again.
f. In the social exchange, besides receiving rewards, a person also expected from the possibility of being scolded or punished if she/he makes a mistake.

Besides that, consideration aspects of "goal" sociologically is rational in purpose (Zweck rational), official and traditional. Rational in purpose means that the means of objectives and consequently are considered one against the other (the purpose is to recover from illness any how). Next, affective behavior is done with conviction and does not consider the effect but only based on the emotion, while traditional behavior is because it is habitual (Siahaan, 1992).

Interaction dynamics of individual/family with the object (in this context is the source of medication treatment, medical and non medical) raises perception about the object itself. If the perception is in within optimal limits then an individual will be said on the condition of homeostatic. This condition is always balance in resulting satisfaction value, tranquility and etc. This condition is usually maintained because it induces feeling of fun. On the contrary, if the object (medical and non medical) is perceived in the outside of optimal limit (too great, too expensive, less hard, less cold, too strange, too far, too different, etc) then this individual will get stressed. The energy stress in his/her will increase so that he/she has to do coping to adapt and adjust the environment with his/her condition.

Social behavior theory of Weber more emphasizes on the subjective orientation which control choice and does not consider profit and loss aspects fully. The perspective of Parson that each behavior is considered rational in its purpose and has been considered. This option is regulated and controlled in normative by normative standard value. The basic components of social action are: purpose, tool, condition and norm.

This social behavior is only can be explained in the relation with the chance or obstacle that come from the condition and the situation. Human (actor) is a dynamic creature where each behavior always changes and learn to fulfill all needs and purpose that he/she wants to reach. Behavior change is controlled and stimulated by the internal and external environment as direction to reach and fulfill its needs. In this context, each health social institution has a social function. However, this social function from each institution not all has ability to be utilized by all people (because there is a dysfunction mechanism for certain people).

From health care utilization behavior aspect proves that there is behavior exchange. Homans (in Ritzer, 2004)developed it based on Skinner psychological theory to

economy exchange theory. For Homans, the purpose of human behavior is economic purpose, that is to increase profit or reward. In the position of human who interact with the society it has to be in balance. In the interaction process, a person expects to get rewarded in accordance with his/her sacrifices or the cost he/she spends. This comparison becomes basic to assess the fairness of a transaction.

Satisfaction is often very subjective and relative. In this case, if the reward is not in accordance with the sacrifice then there will be a problem. In social interaction that economic dimension does not work alone but there are other dimensions, that is social culture which is also accompany. Social culture and economic dimension which coverthe exchange process or social action as selection preference of healthy behavior through the selection of medical and non medical health care facilities. If we refer from this behavioral thought, it becomes logic if each person decides the place and the purpose of his/her medication. According to exchange theory that human has subjective profit and loss, meaning and satisfaction value.

If someone in making the transaction with medical treatment, but if the transaction is not balances, in this case has not recovered from illness then there will be dissatisfaction. This subjectivity is related to the selection of medical and non medical health care facilities, whether this medication is healing or not, how much is the benefit and satisfaction reward that they will get, etc. If it's considered profitable and the exchange process becomes balance (zero sum game), then people enthusiasm to utilize the health care will be higher. If it does not happen then the person will find another way of medication. For example, if someone does not satisfy with non medical health care then he/she will find medical health care and vice versa.

2. The Way in Utilizing Health Care Facilities: Cultural Perspective

Commonly, people come to the health care facilities to get treatment. But there is a unique thing that is done by people in utilizing health care facilities. People can call health care personnel (shaman, midwife or nurse) to come to their house to make examination and give medication at home. This condition is presented in the table below:

TABLE II. DESCRIPTION OF THE WAY IN UTILIZING HEALTH CARE FACILITIES IN PANIPAHAN VILLAGE & TELUK PULAI VILLAGE

the way in utilizing health care facilities	**Panipahan village**			**Teluk Pulai village**			**Total**	
	F		**%**	**F**		**%**	**F**	**%**
	Jv	**My**		**Jv**	**My**			
Come to health care facility	15	30	40,9	7	27	30,9	79	71,18
Call health care personnel	5	15	18,18	3	9	10	31	28,82
Total	65		59,08	45		40,9	110	100

Source: Research result, 2012

From above data shows that there are fisherman in this area who are Javanese, however, in general, there is no cultural difference in the pattern of health care utilization. From data tabulation shows that there are 71,18% families that come to health care facilities and there are 28,82% families that call heath care personnel to come to their house. Families that come to health care facilities usually pay Rp. 5.000-Rp. 10.000 if they go to Pasir Limau Kapas Heath Center by using motorcycles. As well as they go to the midwife, the average cost is Rp. 5000-Rp.20.000 including the medicine unless the medicine is not available, they have to go to Bagan Siapi-api to redeem the medicine in the drugstore. While the cost to call health care personnel to come to their houses is minimum for Rp. 25.000 and usually it has included the medicine.

Services that are considered affordable become family consideration in choosing how to use the health facilities. In this case family prefers to call health care personnel than to go to health care facility.

As a life of fisherman in general, evolutionary perspective of people life in this area seems earthy and simple that is developed in complex community. Indirectly, the effect of power structure and urban life cannot be avoided. One of the indicator is the presence of cell phone. The cell phone has proven itself as a tool which can closer the distance and shorten the time. This tool also can be used to call health care personnel (midwife, nurse or shaman) to come to the house, or there will be someone to pick him/her up.

There are some considerations why family prefers to call health care personnel than to bring the patient to health care facility, they are for practicality, shorten time, affordable cost and do not add to the suffering of patients because have to take travel to get to a health facility. Practicality reason for family because they do not have to bring baggage and to prepare means of transportation. While for time reasons, related to that the health care personnel can be called anytime, moreover time is really precious for fisherman family. Commonly, they prefer to pay Rp. 15.000 to call health care personnel than to lose work time because they have to deliver patient to health care facility. Besides that, by calling health care personal, family does not add the suffering of patients because have to take travel to get into a health facility especially for the elderly. This is related to the risk of shaking when the patient has to take the journey. Another reason is that when the health care personal come to house, another family member can also be examined, such as to check the blood pressure. Even if the neighbours know that there is health care personnel, they also utilize it by performing injection or just knowing their health condition. Another reason for families to call health care personnel is so the neighbors do not know that there are sick person in the house. There is an assumption that if they go to health care facility, it means that they have severe illness. If it so, it is possible that there will be more people who know the condition. This condition is generally avoided and unwanted by the fisherman family because it can be confirmed that they will participate to deliver patient to the health care facility.

3. Description of Characteristic Aspects of Patient: Demographic Perspective and Kind Of Disease

The utilization of health care facility by family is intended to find medication for patients. In this research, the identity of the characteristic aspects of patient can be seen from gender, age, kind of disease and immunity condition.

TABLE III. PATIENT IDENTITY BASED ON GENDER, AGE AND KIND OF DISEASE IN PANIPAHAN VILLAGE AND TELUK PUNAI VILLAGE

Patient identity	Panipahan village		Teluk Pulai village		Total	
	f	%	f	%	f	%
Gender						
a. female	34	30,90	23	20,90	57	51,81
b. male	31	28,18	22	20,00	53	48,19
Total	65	59,09	45	40,90	110	100
Age						
a. Less than 12 years old	4	3,63	3	2,72	7	6,36
b. 13 - 20 years old	29	26,36	20	18,18	49	44,54
c. More than 21 years old	32	29,09	22	20,00	54	49,10
Total	65	59,09	45	40,90	110	100
Kind of disease						
a. respiratory tract	23	20,90	11	10,00	34	30,90
b. digestive disorder	11	10,00	9	8,18	20	18,18
c. Degenerative disorder	4	3,63	5	4,54	9	8,18
d. neuromuscular disorder	4	3,63	6	5,45	10	9,09
e. skin disorder	23	20,90	14	12,72	37	33,63
Total	65	59,09	45	40,90	110	100

Source: Research result, 2012

Activity of fisherman needs more power than a farmer. So it is possible that from its activity there will be many kinds of disease. If it's seen from the percentage of the disease, 33,63% are diseases that related to skin and 30,90% are diseases that related to respiratory tract such as cough, asthma, etc.

4. Health Facility Utilization Behavior Based on Family Economic Condition

The utilization of health facility behavior based on family economic condition is related to family perception toward the sufficency of the income. If the income that is got from fisheries is considered not enough to fulfill the needs and to pay debts, so the option is not enough and in debts. For this case, the family is categorized into less economic conditions. But if the family has already felt enough, the family is categorized into established. The description of family economic is presented in table IV.

The kind of utilization of health facility that is mostly done by family is 40% started with self treatment then Medical treatment and non medical treatment (S-N-M). If it is seen from the econmic condition of the family, the utilization of health facility is tending to do self treatment first before looking for other treatment. It shows that there is effort from family that tries to "not involve" other people.

On the other side there are 24,54% with pattern M-N. The reason in choosing this behavior is because the family has used to with medical treatment. The family does not want to take a risk that is considered endangering by trying another kind of treatment especially with economic condition that is still in debts. On the contrary, for family with the established economic condition, medical treatment usually becomes the first thing to do because they think that health is as an asset that can not be replaced with money.

TABLE IV. HEALTH FACILITY UTILIZATION BEHAVIOR BASED ON ECONOMIC CONDITION OF FAMILY

Income		Health facility utilization behavior						Tot.
		S-M-N	M-N	S-N	N-M	S-N-M	S-M	
Less than 500.000		2	6	2	0	0	1	11
500.000- 1 million		23	7	18	2	2	2	54
above1 million		19	14	6	2	3	1	45
Total	F	44	27	26	4	5	4	110
	%	40	24,54	23,63	3,63	4,54	3,63	100

Source: Research result, 2012

The concept of Green and HBM explains that the behavior in the utilization of health care is a behavior form that is based on predisposing factor in the context of this research. This factor can be seen from the economic condition Kroeger even added consideration of characteristic of the service. It means that the behavior option in utilizing health care is based on the consideration about the sufficiency of economic condition.

Related to the motivation of poor people to utilize medical and non medical treatment can be seen from the behavior reason that they choose as objective achievement direction to be recovered from illness. Meanwhile, the theory of social behavior from Weber is more subjective and more considering the social definition paradigm aspect. That is why according to Weber to understand the meaning behind someone's social behavior, the reason for that behavior needs to be understood first. That behavior is emotionally or even traditionally if it's related to other reasons that appear as subjectivity in determining its own option. Since human is inter-subjective creature, then it is impossible to be approached with an objective method. Therefore, the correct method to understand the meaning of someone's behavior is by doing research subjectively by understanding the reasons behind the action. This is based on the meaning and benefit as well as people's tradition in viewing the existed health care.

Meanwhile, sosial behavior theory from Parson stated that the means and the objectives are always be considered (Giddens, 1976). This social behavior can only be explained in the relation with chances or obstacle which come from the condition and the situation. It is including the economic condition when family needs medication. With limited economic condition, family still tries to find a way so that the

patient can be cured and the option of the service is usually from non medical treatment because the cost is more affordable. (economic calculation)

In simple community that happens in rural areas, the number of facilities in a community is also limited including the health facility. Meanwhile, the option of that behavior is controlled and stimulated by the internal and the external environment as direction to achieve and fulfill the medication need. Therefore, the limitation of facility (external environment) is also controlled by internal environment, which is one of them is economic condition.

From that explanation, it is clear that behavior in the selection to determine direction in looking for health care that is determined by the situational condition and norms. The selection of medication direction is comprehended voluntaristically, it means that: a) the behavior is directed to its objective, in this kind to find recovery; b) the behavior happens in a situation where some elements are already fixed, in this case is cost limitation and c) the behavior is regulated normatively related to meaning and objective determination, that non medical option has become people's choice hereditary.

Besides that, many things that become reasons for family to utulize the non medical health care facilities as the last options:

a. Generally, a medical health facility which is utilized is not a medical specialist for certain disease so the diagnose obtained from the service is less complete. The consequence is the therapy and the medication that is given to the patient is not maximized. In one side, the family does not come to medical specialist because of fund limitation.
b. Because of fund limitation to buy medicine, the medicine that bought is only a half of from the prescription (in the prescription it is written 5 kind of medicines, but the family only afford to buy 2 kinds of medicine, the medicine that is actually for 5 days, but the family only afford to buy for 3 days).
c. Because of fund limitation, the family does not do outpatient as it is advisable.
d. The consequences of this behavior are the disease becomes worse or needs longer time to recover, this condition makes the family dissatisfied.
e. The family run deliberately from medical treatment to avoid operation procedures that is offered.
f. The patient feels afraid with medical tools and the effect of medical treatment (such as hairfall after medical treatment)
g. the means of transportation to get to medical health care is difficult to get.
h. The administration requirement that is needed for medical action is difficult to be fulfilled by the family.
i. There is a pshycological obstacle when patient interaction with doctor based on the previous experience. The way the health care personnel treats the patient is not sympathetic, sometimes the patient feels scalded by the health care personnel. In this condition, the family that already feels suffered become more suffering because of it.

The things that often happen is people utilize health care facility when they find medication (curative) not in the framework of health behavior to maintain so they do not become sick. Curative service has some lacks, (Kompas, 2002)they are:

a. The cost becomes very expensive. This is related to employment operational fund, equipment and other accomodation cost. Along with the increase of health care service operational burden that is very high becomes the burden of the customer. For poor people in rural areas, this condition makes them become more difficult to get proper health care
b. The number of healthy people is more than sick people. Health care facility tends to emphasize to the treatment of sick people to become healthy. This condition does not support the efficiency and the effectivity of human resources quality development. Expecting sick people becomes healthy becomes an obstacle moreover expecting productivity in his/her activity. Meanwhile, productivity becomes one of benchmark Human Development Indeks (HDI) of Indonesian.
c. That is why it needs preventive health service concept development by developing health behavior. People with their own awareness always maintain and monitor their health so they do not sick.

5. The Behavior in Utilizing Health Facility Based on Kind of Disease

The behavior in utilizing the health facility based on a kind of disease can be seen in table III there are 34 patients with category of disease is the respiratory tract. There are 40% of families with behavior pattern S-M-N and 24.54% of families with behavior patterns M-N (see table IV). The detail can be seen in the table V below.

There are 40% of family with behavior utilization of health facility based on kind of disease that is started with self medication continued to medical treatment and then non medical treatment (S-M-N), there are 24,54% family that utilize health facility by medical treatment continued with non medical treatment. The utilization of health facility that is done by family is clearly an effort to recover illness if it is seen from kind of disease including environment-based disease. But in this case family does not differentiate kind of disease in utilizing health facility. It means that any type of illness suffered by the patient, family will strive for the recovery of the patient, even if it is possible all kind of health facilities will be utilized toget recovered from illness.

Basically, kind of diseases is including behavioral disease in the fisherman's life. This is related to the condition of fisherman who always in the open space so their healths are influenced by weather and wind. However, fisherman often ignores it, even underestimate and do not worry about the illness.

Generally, those diseases in fact happen in fisherman in productive age. If it is related to the kind of disease that is categorized into a neuromuscular show that work of fisherman

cannot be separated from their activity which is lifting things. behaviors that are not ergonomically become the cause of low back pain. Besides that, commonly fisherman is smoking to seek warmth because of the cold weather. This behavior causes respiratory tract disease. Skin disease in sub district Pasir Limau Kaps is an indication that their environment is not clean.

TABEL V.
THE BEHAVIOR IN UTILIZING HEALTH FACILITY BASED ON KIND OF DISEASE

Kind of disease		**The behavior in utilizing health facility based on kind of disease**						**Tot.**
		S-M-N	**M-N**	**S-N**	**N-M**	**S-N-M**	**S-M**	
Respiratory tract	f	22	5	4	1	1	1	34
	%	20	4,54	3,63	0,9	0,9	0,90	30,9
Digestive disorder	f	6	4	6	1	1	2	20
	%	5,45	3,63	5,45	0,9	0,9	4,54	18,18
Degenerative disorder	f	3	2	3	1	0	0	9
	%	2,72	4,54	2,72	0,9	0	0	8,18
Neuromuscular disorder	f	1	4	3	1	1	0	10
	%	0,9	3,63	2,72	0,9	0,9	0	9,09
Skin disorder	f	12	12	10	0	2	1	37
	%	10,9	10,9	9,09	0	4,54	0,90	33,63
Total	f	44	27	26	4	5	4	110
	%	40	24,54	23,63	3,63	4,54	3,63	100

Source: Research result, 2012

V. CONCLUSIONS

1. There are no people who feel recovered from illness by only utilizing one kind of medication. The first health facility that is utilized is self medication then continued with Medical and non medical treatment. This condition proves that human always does an experiment. Mostly, people feel recovered from illness after they utilize non medical treatment.
2. Utilization by choosing many kinds alternatives of health care facilities prove and support Socio Behavioral Kroger theory (HBM), social exchange and rational option although not all concepts have been implemented intact in this research.
3. The economic condition of a family related to the pattern of health care and health facility utilization.
4. By utilizing health facilities, most characteristics of diseases tend to dominate in the orientation in choosing kind of health care.

ACKNOWLEDGMENT

Special thanks to Mr Caska n Mrs. Nur Laila Meilani in Lembaga Penelitian dan Pengabdian Pada Masyarakat, Ms.Hizra Marisa in University of Riau.

REFERENCES

National References:

[1] Agus Suprijono.Akik Dalam Kehidupan Masyarakat Surabaya. Surabaya: Tesis Program Magister Program Pascasarjana Universitas Airlangga; 1998.

[2] Akmal Y. Kondisi Sosial Budaya Suku Sentani dan Implikasinya Pada Perilaku Ibu Hamil Dalam Memanfaatkan Pelayanan Program Kesehatan Ibu dan Anak (KIA) di Puskesmas. Studi Kasus di Kecamatan Sentani. Kabupaten Jayapura:Penerbit Jayapura; 2002.

[3] Azwar A. Antropologi Kesehatan Indonesia.1st ed.Jakarta: Penerbit Buku Kedokteran EGC; 1992.

[4] Doyle Paul J. Teori Sosiologi Klasik dan Modern Jilid Dua: Robert MZ Lawang. Jakarta: Gramedia Jakarta; 1986.

[5] Frans A, Makanan Pada Komuniti Adat Jae: Catatan Sepintas-Lalu Dalam PenelitianGizi. Volume 1 No 2.Papua: Antropologi Papua; 2002.

[6] George MF, Barbara Gallatin A. Antropologi Kesehatan. Jakarta: Penerbit Universitas Indonesia; 1986.

[7] Giddens, Anthony, Kapitalisme dan Teori Sosial Modern, UI Press Jakarta, 1986

[8] Imelda S. Faktor Sosial Budaya yang Mempengaruhi Perilaku Kesehatan Masyarakat menuju Paradigma Sehat: Suatu studi di Kota Padang. Padang: Penerbit Padang; 2003.

[9] Istiarti T. Pemanfaatan Tenaga Bidan Desa. Yogyakarta: Pusat Penelitian Kependudukan UGM; 1998.

[10] Johnson, Doyle Paul. Teori Sosiologi Klasik dan Modern Jilid 2 Di indonesiakan oleh Robert MZ Lawang. Jakarta: Penerbit PT Gramedia Jakarta; 1986.

[11] Kalangie Nico S. Masalah Pendekatan Dalam Pembangunan Kesehatan Masyarakat Desa di Indonesia, dalam Muhajir: Evaluasi dan Strategi Kebudayaan. Jakarta: Fakultas Sastra Universitas Indonesia; 1987.

[12] Kalangie Nico S. Kebudayaan dan Kesehatan.Jakarta: Penerbit Megapoin Kesaint Blanc; 1994.

[13] Koentjaraningrat, A Loedin. Ilmu-Ilmu Sosial Dalam Pembangunan Kesehatan. Jakarta: PT. Gramedia; 1985.

[14] Meutia F Swasono. Kehamilan, Kelahiran: Perawatan Ibu dan Bayi Dalam Konteks Budaya. Jakarta: UI Press; 1998.

[15] Michael R Dove. Peranan Kebudayaan Indonesia Dalam Modernisasi. Jakarta: Yayasan Obor Indonesia; 1985.

[16] Muhamad Kartono. Kesehatan Reproduksi. Jakarta:Penerbit Ghalia; 1992.

[17] Mukti Ali Ghufron. Menjaga Mutu Pelayanan Bidan Desa: Penerapan Metode Belajar Berdasar Masalah. Yogyakarta: Pusat Penelitian Kependudukan UGM; 1998.

[18] Musadad Anwar.LatarBelakangKejadian Kematian Ibu Di Nusa Tenggara Timur. Jakarta:PuslitbangDepkes Jakarta; 2007

[19] MuzahamFauzi. Memperkenalkan Sosiologi Kesehatan. Jakarta: UI Press Jakarta; 1995.

[20] Nawawi Juanda. Studi Sosiologis Tentang Motivasi Penggunaan Dukun Oleh Masyarakat di Kabupaten Dati II Wajo: dalam Abstraksi Hasil Penelitian Lembaga Penelitian. Ujung Pandang: Universitas Hasanuddin; 1993.

[21] Rienks Adrian S, Poerwanta Iskandar. Penyakit dan Pengobatan di Jawa Tengah: Persepsi Desa Kontra Pemerintah: Peranan Kebudayaan Tradisional Indonesia Dalam Modernisasi. Jakarta: Yayasan Obor Indonesia; 1985.

[22] Sianipar T., Alwisol, Munawir Yusuf. Dukun, Mantra dan Kepercayaan Masyarakat. Jakarta: Grafikatama Jaya; 1992.

[23] Singarimbun M, Effendi S. Metode Penelitian Survey. Jakarta: LP3ES; 1998.

[24] Solita. Sosiologi Kesehatan: Beberapa Konsep Beserta Aplikasinya. Yogayakarta: Gajah Mada University Press; 2004.

[25] Veeger KJ. Realitas Sosial. Jakarta: Penerbit PT Gramedia; 1986.

[26] Walujani Atin Derajat Kesehatan Ditentukan Perilaku, Kompas 19 Juni, 2001.

[27] Widodo Srihati Joko. Demand Masyarakat Terhadap Pelayanan Kesehatan Gigi di Kecamatan Tegal Sari Kotamadya Surabaya. 4rd Edition. Surabaya: Jurnal Pascasarjana Universitas Airlangga; 1993.

International References:

[1] Amanda R. Models of Health Behaviour. US: Public Health Sciences 205; 2005.

[2] Barron, J. Please press 2 for service: Press for an actual human. New York Times; 1989.

[3] Brubaker, R. The limits of rationality: An essay on the social and moral thought of Max Weber. London: Allen & Unwin; 1984.

[4] Frazer JG. The Golden Bough: A Study in Magic and Religion, London: Mac Millan Press London; 1971.

[5] Giddens A.New Rules of Sociological Method. New York: Basic: 1976.

[6] Habermas, J. The theory of communicative action, Vol. 1: Reason and rationalization of society. Boston: Beacon; 1984.

[7] Health Behaviours. Uottawa: Health Behaviours; 2005. Available from: http: /courseweb. edteched.uottawa. ca/epi6181/reading_list/default.htm

[8] Health Belief Model Comunication; 2005. Available from: http/health_Belief_Modeldoc/

[9] Kalberg, S. Max Weber's types of rationality: Cornerstones for the analysis of rationalization processes in history. American Journal of Sociology; 1980.

[10] Levine, D. Rationality and freedom: Weber and beyond. Sociological Inquiry; 1981.

[11] Mark N. Anthropology and International Health: South Asian Case Studies. Dordrecht: Kluwer Academic Publishers; 1989.

[12] Merton Robert K. Social Theory and Social Structure. Glancoe: The Free Press; 1979.

[13] Ritzer, G. The McDonaldization of society. Journal of American Culture; 1983.

[14] RitzerG.TheMcDonaldization of Society. Thousand Oaks CA: Pine Forge Press; 2004.

[15] RoemerMilton I. Global Health and Its Determinants. New York: Oxford University Press; 1991.

[16] Weber, M. In H. H. Gerth & C. Wright Mills (Eds.), From Max Weber: Essays in sociology. New York: Oxford University Press; 1946.

[17] Weber, M. Economy and society. Totwa, NJ: Bedminster Press; 1968.

[18] Weber, M. The Protestant ethic and the spirit of capitalism. New York: Scribner's; 1958.