SOCIAL CONSTRUCTION OF UNSUBSIDIZED HEALTHY LATRINES
(Phenomenological Study of Kertaraharja Village Community, Pandeglang, Banten)

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ABSTRACT

Recent data have shown that approximately 5.86% of 275.773 million of the Indonesian population are practicing open defecation. To align with the sustainable development goals (SDGs), efforts are being made to eradicate unhealthy lifestyle behaviors, including open defecation, by 2030. This achievement requires the intervention of both government and non-governmental organizations, as shown by LAZ HARFA in the Banten Province. The organizations successfully motivated impoverished citizens to construct proper sanitation facilities without subsidies.

This study aimed to understand social construction of the impoverished community towards unsubsidized healthy latrines program implemented by LAZ HARFA in the Kertaraharja village, Pandeglang Regency, Banten. The analysis was carried out using a qualitative approach, by employing a purposive sampling technique to select informants based on their involvement in healthy latrines program. The total number of informants was 15, consisting of 8, 6, and 4 as key, main, and additional informants, respectively.

The results showed that the community firmly believed in achieving unsubsidized healthy latrines program was possible, despite their impoverished conditions. This program was recognized as a step towards adopting a clean and healthy lifestyle. The community shifted the mindset from practicing open defecation to embracing a clean and healthy lifestyle through collaborative efforts, conducting transect walks, village mapping, and making commitments to participate in healthy latrines program. Furthermore, social interaction was fostered among the community through the purchase of materials for constructing latrines facilities and toiletries. LAZ HARFA also employed participatory development communication model that focused on provocation and simulation to evoke feelings of shame, disgust, and nausea. The community introduced economic empowerment and environmental quality enhancement programs to accelerate the progress of healthy latrines program.

Keywords: Healthy latrines, Open defecation, Participatory development communication, Social construction

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**Introduction**

Approximately 5.86% of the 275.773 million Indonesian population are practicing open defecation, including the community in Pandeglang Regency, Banten. This unhealthy behavior has persisted for decades despite several efforts to address the issue. In 2020, recent data showed that Pandeglang had latrines facilities in urban and rural areas, but the coverage reached only 71.97% (bps.pandeglang.go.id). Banten province consists of 8 regencies/cities with a total of 155 sub-districts and is located in a region where the percentage of households accessing latrines is significantly low, at 73.3%, ranking 26th out of 34 provinces in the country. Data from the Ministry of Health in January 2020 illustrates that 8.6 million households are still engaged in open defecation. According to the Medium-Term Development Plan for 2015-2019, open defecation should be eliminated by 2019. However, this target was not achieved due to the lack of funds for maintaining existing latrines, and the rapid urban population growth has not been matched by the availability of sanitation infrastructure (www.naris.org).

Many villages are still grappling with open defecation due to limited local government budgets for health infrastructure development. To address this issue, the government introduced the Community-Led Total Sanitation program, focusing on triggering and empowerment. However, the community remains reluctant to construct healthy latrines facilities due to construction cost of IDR 1.5 million, which is considered significant for low-income households. This reluctance is also attributed to the longstanding practice of open defecation as a daily routine and common behavior in the community.

The daily routine of open defecation is commonly carried out in gardens, fields, rivers, railway tracks, or ditches during the nighttime to avoid being observed by others. Generally, wives who need to defecate at night are often accompanied by their husbands to prevent unwanted situations such as being observed by other men or encountering dangerous animals, including snakes, scorpions, or mosquitoes. Several villages are still struggling with open defecation due to limited budgets for health infrastructure development by local governments.

Open defecation behavior has become social reality with attributed meanings by those involved. These emerging meanings are referred to as the boundaries of reality (Berger, Kellner, 1992:19). Any event that arises and becomes evident in a specific situation is a result of these collectively constructed boundaries. In urban communities, the meaning that emerges from this act is associated with using latrines, while traditional communities recognized defecation as going to the garden. Parera, as mentioned in Berger and Luckmann (2012), highlighted that the community aimed to create and prioritize social stability, avoiding turmoil, unrest, or high levels of criminal activity, with individuals adhering to the traditions and rules within the community. To establish stability during the process of externalization, individuals are identified according to the roles present in the community.

Yuningsih (2019) indicated that the practice of open defecation in Banten is prevalent in urban areas due to longstanding inherited habits, inadequate home latrines facilities, and the ineffectiveness of communal latrines programs. The scarcity of clean water also discourages people from constructing and using proper latrines. The factors contributing to this issue include a lack of knowledge, low education levels, and socioeconomic challenges (Tryono, 2015). Furthermore, the geographic conditions of homes situated near water streams lead people to prefer open defecation in the rivers rather than constructing latrines.

In India, open defecation is driven by religious and traditional dimensions, with groups of women consisting of 6-10 individuals gathering for nighttime defecation. This practice fosters social interaction among neighbors and facilitates the sharing of information related to daily issues. In Odisha, India, the behavior of open defecation persists due to incomplete latrines facilities such as lacking doors, roofs, and a water source, resulting from insufficient government subsidies. (Parimita, 2015). In Nepal, the presence of latrines inside homes is also discouraged by the interpretation of their holy scriptures (Bhatt, 2019). Furthermore, Ganang et al. (2018) reported that successful efforts to
reduce open defecation behavior have been observed in Tamansari, Bandung City, where government assistance involving planning, organization, mobilization, and supervision, was effective. To minimize the prevalence of this practice, modifying financial assistance for latrines construction has been found as an alternative. The study conducted by Soedjono and Fitriani (2016) in Kenjeran Sub-district, Surabaya City, illustrated that the local government provided a stimulus fund of IDR 1.2 million, while residents contributed IDR 300,000. In contrast, latrines program in Pandeglang, where the Zakat Charity Institution for the Hopeless (LAZ HARFA), through a triggering approach, successfully motivated low-income communities to construct unsubsidized latrines, totaling 10,000 units since 2014 (www.Lazharfa.org). LAZ HARFA is a provincial-scale zakat charity institution established in 2004 to collect and manage zakat, infaq, shodaqah, wakaf, fidyah, as well as grant and corporate social responsibility funds. This organization, headquartered at Cifar Raya Street Pondok Citra 1 No. 1B, Serang City, Banten Province, was officially recognized in 2016 with a Decree from the Director General of Community Guidance, Ministry of Religious Affairs: DJ.III/651 of 2016.

LAZ HARFA has successfully facilitated construction of unsubsidized healthy latrine facilities, including in Bahluh, Kartaraharja Village, Sobang Sub-district, Pandeglang Regency, Banten Province. Initially, all 50 households in the village practiced open defecation, but since 2020, the village has achieved free status (Malik and Liza, 2020).

The success of LAZ HARFA in motivating the community of Kartaraharja Village to unsubsidized construct latrines is attributed to three key factors, namely health promotion, environmental improvement, and community economic development. Health promotion involves educating the community to abandon the practice of open defecation through four approaches, which include collaborative efforts between the community and LAZ HARFA, mapping areas of open defecation, simulating the consumption of feces-contaminated water to induce disgust and nausea, and making collective commitments to build healthy latrines. Through this scheme, impoverished communities successfully built latrines independently. Meanwhile, environmental improvement is achieved by planting secondary crops in home gardens. Community economic development is fostered through the establishment of microfinance groups, where LAZ HARFA provides an initial capital of IDR 10 million, allocated for interest-free revolving loans among group members.

The approach of LAZ HARFA has brought about social changes, as observed in three significant aspects within the context of social awareness (Sztompka, 2004;17). Firstly, there are conscious, expected, and suspected social processes. A conscious social process is exemplified by husbands accompanying their wives to provide illumination during nighttime open defecation and prevent conflict within the community. These rules serve as social controls and are constructed as sources of legitimacy and order. Secondly, there are unconscious, potentially overlooked social processes, where open defecation behavior can damage the environmental ecosystem, leading to water contamination that causes diseases such as diarrhea, typhoid, polio, and parasitic infections. Thirdly, there are anticipated social changes, such as construction of indoor latrines leading to healthier and cleaner household environment.

The approach of LAZ HARFA to promoting construction of unsubsidized healthy latrines is rooted in the concept of participatory development communication. This entails a bottom-up approach, with the entire program originating from the local community. Stakeholders also engage in dialogue and participation, focusing on the management of available resources within the community environment to enhance the well-being and livelihoods of the community members (Bessette, 2006). This communication is conducted by (1) conveying information to the community about the importance of change, (2) promoting active participation and involvement of the community, and (3) educating the necessary workforce to facilitate change. Therefore, this study aimed to understand the achievement of social construction of the impoverished community towards unsubsidized latrines program through externalization, objectification, and internalization in
Kertaraharja Village, to eradicate the behavior of open defecation.

**Theoretical Framework**

**Social Construction of Reality Theory**

The theory of social construction of reality, developed by Peter L. Berger and Thomas Luckmann, assumes that existing social reality is the outcome of interactions between individuals constructed by humans. To depict this social reality, coordination and the exchange of meaning are necessary. Meaning is processed and interpreted by individuals, transformed into reality. Therefore, social reality exists based on social processes, is accepted by individuals, and is endowed with meaning through ongoing as well as repetitive interactions within society. Berger emphasized a broader understanding of the meaning and employed the study of the sociology of knowledge, including second-order meaning, namely legitimacy, which refers to socially objectified knowledge justifying social order (Berger, 2012:36).

Construction of social reality stemming from everyday interactions is accomplished through language and knowledge expressed in the form of messages. Objective expression arises from something subjective, leading to objectification, where each object conveys subjective intentions or provides meaning in human communication. Meanwhile, a previous study established that objectification is essential for the reality of life (Samuel, 2021:23).

Although the theory of social construction originates from sociology, the formation revolves around language and the interpretation of messages, exploring how human knowledge is built through social interactions. In interpreting messages, language is employed to describe concepts, community guidelines, and describe objects or experiences. Meaning is not found in the world or within each individual but develops and emerges through language. Moreover, knowledge is constructed through interaction discovered within individuals, excluding objects or experiences (Littejohn, 2017:139).

The role of the individual is crucial in socially constructed world, which depends on their desires as free beings. In social processes, individuals are viewed as creators of social reality, and the identity of an object is a result of description. The language used expresses concepts and how social groups attend to their shared experiences (Morissan, 2013:53).

The process of objectification requires signification and involves marking the production of messages. To carry out signification, both verbal and nonverbal elements of language are necessary. This is because, without language, the subjective meanings within objects that shape social reality of life would only be understood by individuals and remain unknown to others. Furthermore, language in the reality of life surpasses its role as a means of communication and is significant in shaping the mentality of individuals. Language also allows the exchange of experiences with others, leading to the accumulation of knowledge that can be passed down to future generations, and enabling the persistence of the everyday reality of life over time.

Berger introduced the dialectical process to interpret reality and knowledge, namely externalization, where humans adapt to the socio-cultural world. Objectification was also established as the interaction with the institutionalized intersubjective world. Meanwhile, internalization was found to involve individuals identified with social institutions (Berger & Luckmann, 2012:176).

The dialectical concept employed by Berger referred to Karl Marx’s thoughts on dialectics in explaining the dynamics of externalization, objectification, and internalization. In this concept, both society and individuals are characterized simultaneously by the three moments during their interactions and engagement. The moments of dialectics, originally stemming from subjective creation and interaction, contain social phenomena that synthesize and give rise to social construction or reality.

In the process of externalization and objectification, individuals perceive society as an objective reality. The process of habituation occurs in externalization, where repeated actions are performed in specific patterns, anywhere and anytime, leading to innovations that enrich certain patterns. Subsequently, habituation passes through institutionalization, where institutions eventually control human behavior,
Research Method

This study was conducted in Kertaraharja Village, Sobang Sub-district, Pandeglang Regency, Banten Province. The location was selected based on the number of Pandeglang’s population who lacked access to latrines, resulting in the practice of open defecation by 112,944 households. Furthermore, the availability of private latrines facilities in urban and rural areas reached only 71.97% in 2022. The analysis was carried out using a qualitative approach to generate descriptive data and purposive sampling was employed to specifically select individuals and locations (Creswell, 2015: 217). The total number of informants was 15, consisting of 8, 6, and 4 as key, main, and additional informants, respectively.

Results

Social Construction of the Reality of Unsubsidized Latrines Program

The reality of life in Kertaraharja Village, where open defecation had been a long-standing practice, was considered natural and without discussing the regulation of latrines locations. The lack of assistance from the local government to build environmental sanitation infrastructure had also not been questioned. Meanwhile, the practice of open defecation occurred daily within a specific space and time, with residents using umbrellas or makeshift rain barriers such as banana leaves during rainy weather.

The approach of LAZ HARFA in Kertaraharja Village promoted the construction of unsubsidized latrines through participatory development communication. This involved the process of externalization, which occurred as impoverished communities adjusted and understood various requirements for building unsubsidized latrines. Individuals moved to objectification and established relationships with LAZ HARFA, construction workers, and building supply stores, actively engaging in the process of constructing latrines as an objective reality. Through internalization, individuals identified with the new community norm of having latrines.

Before the program implementation, many residents already had latrines due to being influenced by several factors. Firstly, when a family hosted a wedding reception, latrines would be built to accommodate the needs of guests. Secondly, families built latrines due to their adolescent daughters who felt embarrassed practicing open defecation. Thirdly, when local officials visited the village, construction was carried out in anticipation of their needs. Fourthly, when the river ran dry, preventing the flow of fecal matter downstream. However, the river was frequently used by residents for activities such as washing and bathing.

Externalization of Impoverished Community Understanding the Process of Creating Unsubsidized Latrines

Externalization was found to be a process of individual adjustment or adaptation to the socio-cultural world as a human product using interaction, language, or actions as symbols. This process also served as an entry point for individuals into a new social world, where social reality encountered was captured. The community attributed meaning to unsubsidized latrines program based on their knowledge and experiences. In the initial stage, the Kertaraharja Village community adapted to an environment, where open defecation was still prevalent. The existing social reality did not significantly affect the work productivity of residents but open defecation triggered diseases, without disrupting the fundamentals of life or family harmony.

The introduction of unsubsidized latrines program caused a shift in the long-held beliefs of the informants due to the new stimuli received. This different reality prompted the community to reevaluate their social norms and decide whether to continue the ancestral tradition of open defecation or adopt the LAZ HARFA program.

Externalization served as a process of adaptation for the Kertaraharja Village community to unsubsidized healthy latrines program, which occurs during the triggering process through focus group discussions (FGD).
these FGD, the participants consisted of villagers and the moderator was a field facilitator from LAZ HARFA. Due to educational differences, the community must adapt to the facilitator who holds a Bachelor's degree, while the residents have completed elementary and junior high school education. During the triggering process through FGD, residents attributed meaning to the presented subsidy-free healthy toilet program by the LAZ HARFA field facilitator. The three meanings that emerged include support for the program, rejection, and postponement of participation. For those who perceived the program positively, the FGD content became integrated into their lives. Meanwhile, those who rejected the program were driven by differing perspectives on texts and health guidelines. Lastly, adaptation occurred due to community curiosity about the specifications and characteristics of the subsidy-free toilet, leading to seeking further information about construction process, costs, and duration.

**Objectivation as Socialization Process for the Impoverished Community in Accepting Unsubsidized Latrines**

Objectivation involved interaction between LAZ HARFA and the community as two entities facing each other, enabling new interpretations in understanding the clean and healthy lifestyle program. In this process, cleanliness values and health indicators codified in working documents became references in interpreting the steps of healthy latrines program.

The habitualization process involved the familiarization and incorporation of healthy living guidelines. During this phase, the community no longer interprets joint actions, which had become part of their cognitive and evaluative systems, leading to automatic actions. The habit of using latrines for both LAZ HARFA and individuals became a significant issue, evolving into social and societal reality.

The community entered the habitualization phase by following healthy living guidelines, namely 1) Purchasing bathing supplies, toilet cleaners, cleaning toilets, and emptying bathing tubs, 2) Establishing rules for toilet and bathroom use in terms of health, which involved removing footwear when entering the toilet, ensuring clean feet without mud or dirt, and hanging soiled clothes on provided hangers, and 3) Efficiently using water by promptly closing the tap after using the bathing tub or bucket.

**Internalization**

Internalization can be understood as the ability of individuals to be identified within their social institution. During this phase, participants began to be identified as modern citizens, willingly departing from the customs of their ancestors. The community that had built unsubsidized latrines now felt part of a new institution capable of achieving the government program goals, including a reduction in the incidence of diarrhea among residents.

During the externalization phase, individuals were still trying to grasp the reality encountered, leading to the understanding of the importance of latrines through adjustment to the new environment. Subsequently, individuals used objectivation by interacting and delving into knowledge about clean and healthy living. In the internalization phase, residents who had built latrines within their homes constructed their behavior subjectively, based on thoughts, knowledge, and experiences within the surroundings.

The agreed-upon technical and non-technical criteria for latrines construction, transformed into subjective consciousness structures by LAZ HARFA, were interpreted differently. Individuals who initially disagreed with the program were influenced by the majority and participated in the building process. Engaging in healthy latrines program involved the alignment or challenging the dominance of the wealthy, who had long been able to afford latrines. Furthermore, it involved the impact of community participation, contributing to development of healthier, and more comfortable environment that enhanced work efficiency and supports children learning at home.

The community engaged in a process of identification by following the mechanism of constructing self-funded latrines, which cost between IDR 600,000 to IDR 2.5 million, using their funds. Furthermore, clean water piping systems were established using paralon pipes from natural springs to homes through self-
funding. The expenses for channeling clean water from the springs to each household ranged from IDR 500,000 to IDR 2 million, depending on the length of the pipes used. The cost of building water pumps and storage tanks was around IDR 30 million, sourced from corporate social responsibility funds provided by private companies or state-owned enterprises.

Based on the results obtained from informants in Kertaraharja Village, the understanding of clean and healthy living was divided into five constructs, namely (a) the necessity of practicing clean and healthy living, abandoning the old open defecation behavior, (b) social change was achieved through mindset shifts, (c) funding for healthy latrines could be prepared by impoverished residents, (d) latrines construction should include the availability of clean water, and (e) feelings of shame and disgust necessitated the creation of healthy latrines.

Discussion
Social Reality of Independent Latrines

During participatory change communication with the community of Kertaraharja Village, LAZ HARFA employed both face-to-face and non-face-to-face interactions. According to Berger (Samuel, 2012:19), face-to-face meetings between the community and LAZ HARFA were more significant for both parties, as the experiences of building relationships were formed through interaction, conversation, facial expressions, body movements, tone, and intonation of the interlocutors. Moreover, the exchange of subjectivity between individuals occurred continuously and in close proximity.

Typification schema occurred when residents listen to the presentation of LAZ HARFA on the independent healthy toilet program. Individuals also acquired knowledge about clean and healthy living patterns and the steps required to allocate funds ranging from IDR 600,000 to IDR 2.5 million to build latrines. This knowledge was obtained from various open sources such as friends, family, television programs, or health seminars to construct ideas about acquiring funds and constructing latrines.

The act of defecating in latrines is ingrained through tradition and institutionalized within the existing cultural space. Generally, institutions control human behavior by creating behavioral patterns placed under social control. Legitimization serves the function of regulating behavioral guidelines in the new culture, maintaining social reality of adhering to clean and healthy living patterns. To encourage healthy environment and sanitation, various terms or vocabulary are used, such as "maintain cleanliness," "flush the toilet after use," and "wash hands with soap after defecation."

Table 1. Legitimacy provider

<table>
<thead>
<tr>
<th>No</th>
<th>Legitimacy Executor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Management of Laz Harfa</td>
<td>Initiator of independent healthy latrines</td>
</tr>
<tr>
<td>2</td>
<td>Lebe, Ustadz</td>
<td>Have religious knowledge</td>
</tr>
<tr>
<td>3</td>
<td>Health Center Sanitarian</td>
<td>Have knowledge of health sector</td>
</tr>
<tr>
<td>4</td>
<td>Field Facilitator</td>
<td>Know how to make healthy latrines</td>
</tr>
<tr>
<td>5</td>
<td>Head of Neighborhood (RT)</td>
<td>Formal leader</td>
</tr>
<tr>
<td>6</td>
<td>Community Elders</td>
<td>Informal leader</td>
</tr>
<tr>
<td>7</td>
<td>Village Head</td>
<td>Owner of Government Administration Authority</td>
</tr>
</tbody>
</table>

Source: processed from results

Signification involved the creation of signs by humans to differentiate one object from another (Berger and Luckmann, 2012:48). Furthermore, it referred to the intended meaning of a sign or the process of marking as a signal to make intention known to one another. The presence of healthy latrines in the homes of the Kertaraharja Village community showed that residents were ready to adopt clean and healthy living practices. Based on the results, between 2019 and 2022, LAZ HARFA
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successfully constructed 534 subsidized latrines in Kertaraharja Village, indicating that the practice of open defecation inherited from ancestors had been discontinued.

Table 2. Recapitulation of Unsubsidized Latrines Development Coverage Kertaraharja Village, Sobang Sub-District 2019-2022

<table>
<thead>
<tr>
<th>NO</th>
<th>YEAR</th>
<th>HOLE</th>
<th>TOILET</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2019</td>
<td>20</td>
<td>27</td>
<td>47</td>
</tr>
<tr>
<td>2</td>
<td>2020</td>
<td>11</td>
<td>30</td>
<td>41</td>
</tr>
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<td>3</td>
<td>2021</td>
<td>7</td>
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<td>15</td>
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<tr>
<td>4</td>
<td>2022</td>
<td>24</td>
<td>22</td>
<td>46</td>
</tr>
<tr>
<td>5</td>
<td>TOTAL</td>
<td>300</td>
<td>234</td>
<td>534</td>
</tr>
</tbody>
</table>

Source: Laz Harfa Data Center

Based on the results, it was discovered that the community formed a clean water management committee after the distribution to households. This committee was tasked to maintain the pump and collect monthly contributions from households using clean water, amounting to IDR 20,000 to IDR 30,000. The clean water source was used for cooking, bathing, washing, watering plants, and cleaning various equipment and two-wheeled vehicles.

Quoting Merrill and Eldredge in Cangara (2020:85) stated that social change involved the engagement of a large number of people in activities different from those carried out by their ancestors. Therefore, the community of Kertaraharja Village, which abandoned the practice of open defecation, had passed through social change. This practice, which was inherited from their ancestors was discontinued through the use of healthy latrines. Social change also encompassed changes in norms and social values that bind people together, fostering social order (Cangara, 2020:86). This indicated that residents of Kertaharja Village had abandoned old values and embraced new values in their reality of life, particularly by adopting the use of healthy latrines. The change in values and social norms became a bond that helped maintain social order.

Conclusion

In conclusion, this study was conducted on social construction of unsubsidized latrines by impoverished communities. The results showed that social construction formed by individuals through interaction was created by the community due to the intervention of LAZ HARFA to promote clean and healthy living patterns.

Social construction carried out by the community of Kertaraharja Village started with the interpretation of building unsubsidized latrines for the poor as seemingly beyond human capabilities. Through the exchange of information, the residents were able to interpret and understand the values of cleanliness. Subsequently, the community constructed messages based on social reality and knowledge, which were subjectively interpreted in relation to healthy latrines program. This subjectivity was objectified by creating an agreed-upon action plan for building unsubsidized latrines, with construction of a septic tank hole serving as an indicator of progress. Residents also collaborated with LAZ HARFA, engaged in sensitization through simulations, such as drinking water mixed with feces to evoke disgust, conducting a village tour (transcheck walk) to identify locations of open defecation, and making a commitment to participate in healthy latrines program.

References

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