



Social Construction of Defecation Behavior in Disadvantaged Villages

Edy Agustinus[✉], Resky Nanda Pranaka, Efriani
Badan Penelitian dan Pengembangan Provinsi Kalimantan Barat, Indonesia
Prodi Antropologi Sosial, Universitas Tanjungpura, Indonesia

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Abstract

In 2020, the status of the Disadvantaged Village is pinned to Bengawan Ampar Village. The sanitation achievement is only 31% which indicates that defecation behavior in the area needs better direction. This study was conducted from July to December 2020. Informants were determined by purposive sampling. There are 8 informants, 4 have latrines, and the rest do not. They are 29-59 years old. This qualitative research aims to analyze the social construction of defecation behavior in people in disadvantaged villages. By using the analysis of the Miles and Huberman model, the study results confirm that most of the defecation behavior of the people of Bengawan Ampar Village is in the river and yard. The contributing factors include (1) the old habit of defecating in the river or yard; (2) economic conditions; (3) pigs are not penned; (4) limited infrastructure such as water, electricity, and roads; (5) lack of counseling; and (6) limited number of health workers.

Introduction

The behavior of defecating (BAB) in the community in West Kalimantan still needs to be pushed in a better direction, indicated by the low percentage of households with access to proper sanitation or healthy latrines. In 2019, through the 2018 Indonesia Health Profile, the Ministry of Health of the Republic of Indonesia reported that access to sanitation in West Kalimantan was in 29th place out of 34 provinces, with an achievement of 53.97% or below the national percentage, which had reached 69.71%. In 2020 the Ministry of Health of the Republic of Indonesia, in the 2019 Indonesia Health Profile, the percentage of West Kalimantan had increased to 71.91%. But its ranking had decreased to 33rd or below the national percentage, which had reached 87.81%.

At the Regency/City level, the Provincial Government of West Kalimantan reported that in 2018, out of 14 Regencies/Cities in West Kalimantan, there were 10 Regencies/

Cities whose access to sanitation was below the percentage of the Province, including Landak District. In 2020, in the report from the Public Housing and Settlement Area Office of West Kalimantan Province, it was noted that in 2019, community access to sanitation in Landak Regency decreased from 63.5% to 46.16%. This situation is a fact about the need to improve access to sanitation down to the District level. The Landak District Health Profile in 2017, 2018, and 2019 confirmed that from 2017-2019, there were sub-districts whose percentage figures ranged from 29% to 70% of which were in Kuala Behe District, where the achievement was 32.06% in 2017, 60.89% in 2018, whereas in 2019, the achievement decreased to 29.9%.

Furthermore, in terms of the progress and independence status, which is determined based on the Development Village Index (IDM) in the Regulation of the Minister of Villages for Development of Disadvantaged Regions and Transmigration of the Republic of Indonesia Number 2 of 2016, in 2019 the

[✉] Correspondence Address:
Badan Penelitian dan Pengembangan Provinsi Kalimantan Barat, Indonesia.
Email : agustinedy05@gmail.com

Directorate General of Village and Community Development and Empowerment, the Ministry of Villages reports the Villages in Kuala Behe District, are on average included in the classification of very underdeveloped villages. In 2020, the Directorate General of Village Development and Empowerment of the Ministry of Villages again reported that the situation had not changed much, only increased by 1 level out of 11 villages. The average status was a disadvantaged village.

This portrait of parallel access to sanitation and achievement of IDM status shows that between the two things there are interrelated slices. The slice in question is that one of the determinants of IDM status criteria is the achievement of scores on the Social Resilience Index (IKS), especially in the settlement dimension, with the indicator that most residents are identified as having healthy latrines. It means that if the residents' access to healthy latrines is in the low category, this condition will also contribute to being one of the reasons for the low achievement of IDM status.

The phenomenon of low access to sanitation in rural areas characterized by open defecation is a complex problem and seems difficult to solve. Because, in general, this behavior is caused by socio-cultural factors. So it is understandable that healthy latrines are available in the upper middle class, while the lower middle class have difficulty accessing them (Reilly et al., 2016). Indeed, if explored more deeply, poor welfare community affects low access to sanitation, especially the availability of standardized toilets at the household level (O'Reilly, 2016 ; Ross et al., 2021). The land unavailability to build proper sanitation and toilets encourages open defecation behavior (O'Reilly, 2018). Low sanitation services, of course, is a problem, especially for people's welfare and health (Ferreira et al., 2021 ; Kayser et al., 2021 ; Shermin and Rahaman, 2021).

Several studies in rural areas in India show the government's success in developing rural sanitation through various government policies prioritizing the availability of sanitation for the lower middle class (O'Reilly & Louiss, 2014; C. Sutherland et al., 2021). Another matter is addressed by the Ethiopian government,

which implements the Community Led Total Sanitation (CLTS) policy or community-based sanitation, which has been judged effective in stopping open defecation (Crocker et al., 2021). In addition, in Eastern China, the involvement of farming communities in rural development programs is the key to owning and maintaining latrines (Li et al., 2021). Subsidies for sanitation, clean and healthy living campaigns, and regulations at the village level are also seen as a means of reducing open defecation in communities in remote areas of Nepal (Mcmichael, 2017). Other things show that stopping open defecation is more effective when it involves women (Winter et al., 2019) and is also socialized to children from an early age (Sutherland et al., 2017).

Therefore, the involvement of the government and the community simultaneously is the key to realizing Open Defecation Free (ODF) and increasing the status of the Village to become an Independent Village, especially in achieving the goals of sustainable development (SDGs6) (Greene et al., 2021). The West Kalimantan Provincial Government itself, based on West Kalimantan Provincial Regulation Number 2 of 2019 concerning the West Kalimantan Provincial Medium-Term Development Plan (RPJMD) 2018-2023, targets that by 2023 there will be 425 villages with the status of Independent Villages. With the condition of access to latrines, which is still relatively low, to achieve this target, the Social Security Index (IKS) score on the housing dimension with indicators of access to sanitation needs to be increased by the stakeholder. (Fleming et al., 2019).

This movement is in line with the global agenda, namely the Sustainable Development Goals (SDGs), where the diffusion and adoption of inclusive innovations such as latrines must be strengthened (Ramani, 2019). Therefore, community-based empowerment movements such as Community Led Total Sanitation (CLTS) need to be considered more to increase access to sanitation (Kresch et al., 2019 ; Zuin et al., 2019). Because what should be understood is sanitation development in rural areas needs to be oriented toward behavior change. And CLTS, or Community-Based Total Sanitation (STBM), is a development approach believed

can change people's behavior in the long run (S. L. Rautanen & Baaniya, 2008).

Furthermore, from a sociological perspective, open defecation can be explained by understanding the process of social construction that occurs in society. To understand it, the theory of social construction, by Peter L. Berger in a book entitled *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*, is used as an analytical knife (Chaniotis, 2018). Social construction theory is useful for understanding social reality, which is formed through 3 moments, namely: externalization, objectification, and internalization (Friedman, 2015). Social construction is formed due to social and cultural influences (Sun et al., 2020). So by understanding the society social construction, objective and subjective realities regarding the behavior of defecating in society will be explained. Social reality itself is a reality created by individuals, and social reality is constructed based on human will (Chaniotis, 2018).

Humans should be understood as creative actors who produce and reproduce their social world through social interactions. Therefore, the reality regarding defecation behavior and low access to sanitation or healthy latrines in Kuala Behe District is believed to be the result of human production and reproduction. It means that human decisions to choose certain behaviors in defecating and decisions to have or not have access to healthy latrines have something to do with the social reality constructed. Herlina (2017) has studied the social construction of defecation behavior, but the work presented has not specifically explained this phenomenology in villages with the status of Disadvantaged Villages.

It should be understood the characteristics of a backward village in the IDM concept, especially in terms of the Social Composite Index (IKS) in the settlement dimension, the achievement of the indicator sets is deemed to still need improvement. The set of indicators referred to are: (a) access to clean and potable water, (b) access to sanitation facilities, (c) access to electricity facilities, and (d) access to information and communication facilities. Referring to the explanation that has

been stated above, this study specifically aims to analyze the phenomenology of the social construction of defecation behavior in people in Disadvantaged Villages. In terms of usefulness, the results of this research can be input for policy makers to implement concrete steps in the context of alleviating the problem of access to sanitation, especially in Disadvantaged Villages.

Method

This qualitative research took time from July to December 2020. The research location was in Bengawan Ampar Village, Kuala Behe District, Landak Regency, West Kalimantan Province. From the perspective of IDM, in 2020, the village is included in the category of Disadvantaged Villages as reported by the Directorate General of Village Development and Empowerment, Ministry of Villages, Development of Disadvantaged Regions and Transmigration. In addition, as reported by the Health Office of the Landak District Government in 2020, the percentage of access to sanitation in Bengawan Ampar Village is low, namely 31%.

Social construction theory is the theoretical basis for designing this study. This theory is the theory of the sociology of knowledge. Its roots are phenomenological sociology. The form of the investigation emphasizes the experiences of informants. The informants' experiences were analyzed to identify the essence of the social construction of defecation behavior in disadvantaged villages (Merriam, 2002). Therefore, the informants in this study were selected by purposive sampling, with the following criteria: (1) Bengawan Ampar Village officials; (2) residents born and settled in Bengawan Ampar Village; and (3) come from a variety of occupations. Table 1 below informs that of the 8 informants: (1) 3 people aged 29-35 years, and 5 people aged ≥ 36 years; (2) the work ranges from village officials, teachers, housewives, to farmers; (3) All informants are Catholics, come from the Dayak tribe and were born and live in Bengawan Ampar Village; and (4) education from elementary to high school level. For more details, see the following table.

Table 1. Characteristics of Informants in Terms of Socio-Economic Conditions

Codes	Age (Years)	Occupation	Income (Rp)/Month/family	Number of Family Members
BL	52	Village Head	4000.0000	7 people
AA	46	Farmer	300.000	4 people
RO	30	Farmer	600.000	6 people
RI	31	Chief of Finance	2.500.000	6 people
TA	29	Contracted Teacher	700.000	4 people
DE	40	Farmer	8000.000	10 people
HE	38	Village Secretary	2.500.000	4 people
NO	38	Housewife	900.000	5 people

Source: Primary Data, 2020

Data collection techniques in this study were in-depth interviews, observation, and documentation. The in-depth interview process started with Bengawan Ampar Village officials and continued with the local community. Things observed included the location of the residents' toilets, the condition of the toilets, the location of feces disposal, environmental conditions, and sources of clean water. The documents collected include (1) demographics of Bengawan Ampar Village; (2) Indonesia Health

Profile 2018 and 2019; (3) West Kalimantan Province Health Profile 2018; (4) 2019 West Kalimantan Province Drinking Water and Sanitation Percentage Recap; (5) Health Profile of Landak District 2017 and 2018; and Rating or status of Developing Villages Index (IDM) for 2019 and 2020. The data analysis technique uses an interaction analysis model starting from data reduction, data display, and conclusion; drawing/verification (Miles B. & Huberman, 1994).

Result and Discussion

Table 2. Environment Condition

Code	Latrine Ownership	House Condition			
		Wall	Roof	Floor	Area (LxW)
BL	Have	Concrete brick	Zinc	Floortile	12x12
AA	No	Wood&Bamboo	Sago Leaves	Planking	8x4
RO	No	Wood	Sago Leaves	Planking	6x6
RI	Have	Wood	Zinc	Planking	6x7
TA	No	Concrete brick	Zinc	Concrete brick	6x5
DE	Have	Wood	Zinc	Planking	6x12
HE	Have	Wood	Zinc	Planking	6x10
NO	No	Concrete brick &Bamboo	Zinc	Concrete brick&Wood	6x7

Source: Primary Data, 2020

Table 3. Defecation Behavior

Code	Latrine Ownership	Tempat BAB
BL	Have	Latrine
AA	No	River
RO	No	River and Yard
RI	Have	Latrine and River
TA	No	River and Yard
DE	Have	Latrine and River
HE	Have	Latrine
NO	No	River and Yard

Source: Primary Data, 2020

Based on Table 2, out of 8 informants 4 already have latrines. The rest are not yet available. The informants' houses have the same length. Namely an average of 6 meters. 6 houses are similar. Meanwhile, the width of the house varies from 4 meters to 12 meters.

Paying attention to Table 3, only one informant has a latrine, and defecates consistently in the latrine, namely BL. BL is the Head of Bengawan Ampar Village. He and his family already have permanent toilets, namely the type of gooseneck, located inside the house or in the kitchen, and clean water is also

available inside the house. The water source comes from the Kersik River. The Kersik River is located right behind their house.

In Figure 1, Clean and Healthy Behavior, especially related to defecation behavior in Bengawan Ampar Village, is classified into three parts. First, there were some of the informants who already had latrines and did not defecate on the river. Second, some don't have latrines, so they defecate on the river or around their yards. And third, some informants already have latrines but are still defecating on the river (see also Table 3).

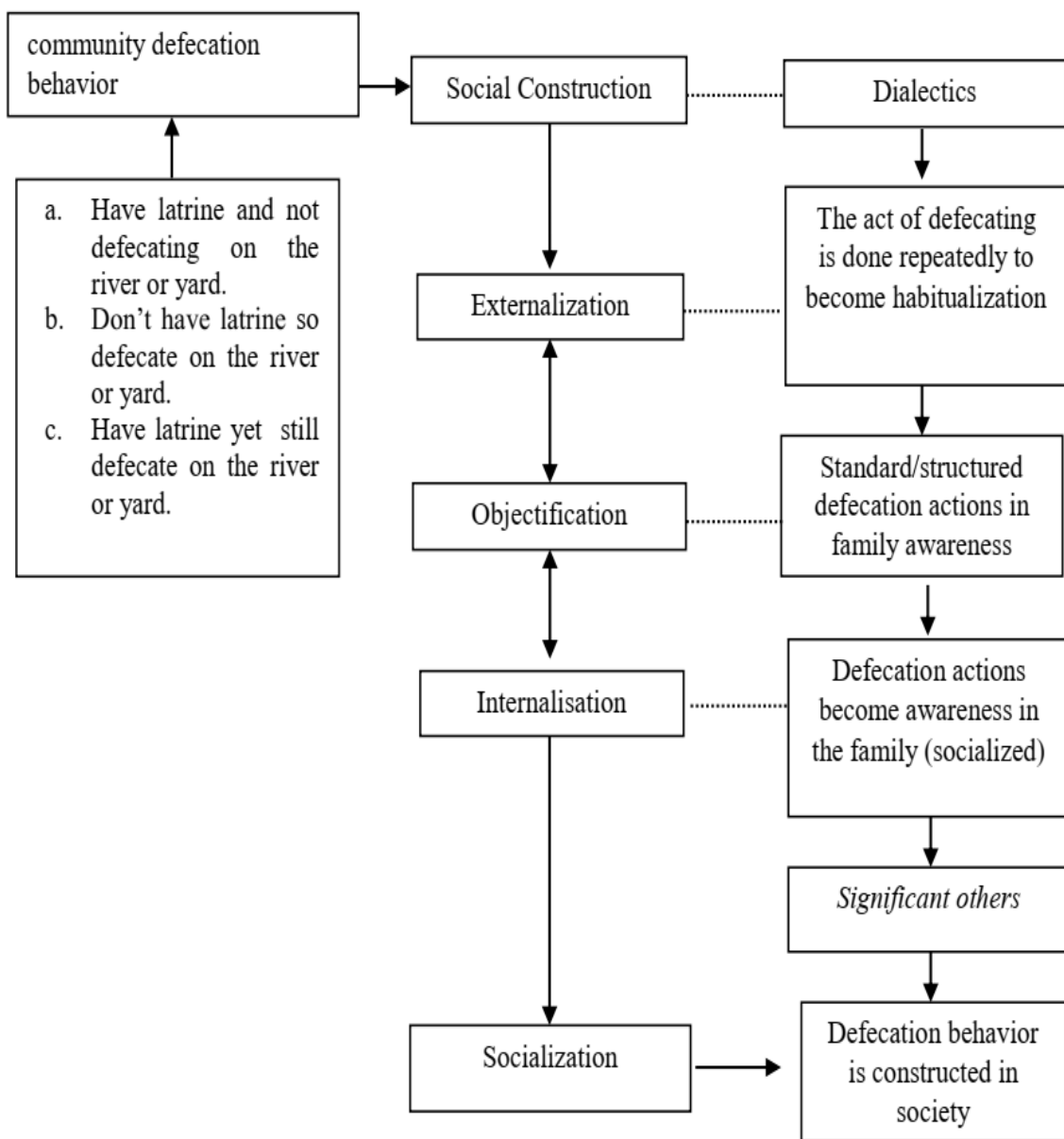


Figure 1. The Social Construction of Defecation Behavior of the Community in Disadvantaged Villages

These three behaviors generally become the collective consciousness in Bengawan Ampar Village. This behavior is carried out repeatedly until it becomes a pattern of action or capitalization, namely the process of depositing behavior determined by tradition, paradigm, ideology, and even the actions of actors (Yildirim et al., 2020). However, it should be realized that the most dominant collective awareness, as presented in Table 3, is that 4 informants do not have latrines, thus defecating in rivers and yards. The remaining 3 out of 4 informants already have latrines but still often defecate in the river. It confirms that in general, the behavior of defecating in rivers and yards is still dominant. So people's awareness of the importance of owning and utilizing appropriate latrines still needs to be increased. Regarding the dialectics of externalization, objectivation, and internalization moments as presented in Figure 1, the following is an explanation.

From the perspective of social construction, the formation of these action patterns is caused by the existence of objective reality (read: reality), which becomes a stock of knowledge or past knowledge that shapes views about events happening in the present. Past knowledge shapes the behavior of individuals in the community in Bengawan Ampar Village. The objective reality in question is the behavior of defecating in the river or yard. One of the reasons for this behavior is the absence of a latrine (Ajisuksmo & Iustitiani, 2020). This reality is a paramount (the most vital fact) on the behavior of individuals in Bengawan Ampar Village.

The presence of objective reality in defecation behavior in rivers and yards continues to be carried out in the same way by some individuals or the community in Bengawan Ampar Village nowadays. This method is identical to what was done by previous generations. It is also a sign that the presence of objective reality in the people of Bengawan Ampar Village is taken for granted to be adopted in their actions. In this case the objective reality that prevails in Bengawan Ampar Village, as the anthropologist Karl Marx, with Berger's approval, is behavior that is formed as a product of socio-culture. Furthermore, that dimension is what is meant

by the moment of externalization, marked by the existence of individual actions as human products. It means that the act of defecating outside the latrine, a product of the past, has been adopted or accepted by individuals in the community in Bengawan Ampar Village without question.

Regarding "the product of past knowledge", BL (52 years) explained that it was around the 1970s to 1980s when there were still Betang or Radank houses in Tembawang, Pansik, and Ampar Villages. One house generally consists of 12 doors. Defecation behavior at that time was done in any place, anywhere. Because previously, there were no latrines like the current. Radank's house used to have a tall shape, under Radank's house, there were pets, namely pigs, which were still roaming freely. And at that time, the function of the pig is to "sweep/clean" the dirt. So that the dirt is as if it doesn't exist.

The product of past knowledge is what is meant by objective reality. This objective reality mentioned above has become the stock of knowledge of individuals in the community in Bengawan Ampar Village, which has influenced their behavior so far. Knowledge is one of the factors related to defecation behavior in society at various levels. It is needed in the frame of development and causes social change. Knowledge or stock of knowledge is needed in objective reality at the moment of externalization and subjective at the moment of internalization (Venugopal, 2018)

Apart from that, economic problems are also the main obstacle for the people in Bengawan Ampar Village to provide latrines, as is the case in various other low-income villages (Guo et al., 2021; Zerbo et al., 2021). The people in Bengawan Ampar Village, on average, make the agricultural sector, especially farming, the primary source of their livelihood. In 2020, in the IDM survey in Bengawan Ampar Village, out of 248 household heads (KK), 185 households were classified as poor. It is in line with the views of Paladiang, Haryanto dan Has (2020) and Fitriani, Nislawaty dan Mayasari (2021) that economic conditions and defecation behavior are interrelated, especially for those who have income below the City/ Provincial minimum wage, will have difficulty

making healthy latrines.

In addition to these two things, according to BL (52 years), the availability of health facilities in Bengawan Ampar Village already exists. There is a Village Maternity Boarding School (Polindes), only 300 meters from the capital city of Bengawan Ampar Village. It's a shame that at the moment the Polindes are not active. Apart from the fact that there is only one health worker, it is also due to the difficulty of accessing the road to the village. So that the health workers had difficulty serving optimally. The impact is that knowledge about the importance of latrines for health and the environment cannot be socialized massively to the people of Bengawan Ampar Village. So it is not surprising that there are still individuals in the community in Bengawan Ampar Village who still defecate outside the latrines.

The understanding of these individuals then increases in the realm of dialectics (read: discussion) further, to give birth to a society that is *sui generis*. The characteristics of a unique society (*sui generis*) include knowledge understood and practiced collectively in the same situation. Therefore, the structure then appears together with the roles. Structures and roles are needed so that the institutionalization process that begins with the externalization process can result in the deposition of behavior, which is then passed on to the next generation. It was this event that marked the moment of objectification, when the deposition and traditions that emerged from the habitualization process were then passed on to the following generations. It is where, especially in relation to the inheritance and tradition of experience, there is a role in the institutional order. So, it represents a whole series of institutionalized behavior.

The unique characteristics of the individuals in the community in Bengawan Ampar Village referred to here are in the form of actions that have been carried out so far, especially regarding defecation behavior on the river or the yard. Meanwhile, the structures and roles that emerge serve to encourage these characteristics to be understood and carried out collectively by the target individual or group. In this paper, the intended target group is the family. Because of this, in this case, the father

and mother are the most vital structures in the nuclear family, which play a role in transmitting their experiences in defecation behavior to other family members. It can be observed by listening to the following interview excerpts.

“Occasionally there are still family members who defecate in the river. Especially when there are activities, and there are a lot of people who stay at home and when it's dry, and the water is dry” (RI, 31 years old, in the family his position/structure is as a father, while his role is someone who influences the availability of clean water in his house).

“If it's dry season, it's normal for the river to be in, especially since the current condition is that the water is stuck, no water, since the fifth month [of 2020] yesterday” (DE, 40 years old, a housewife whose role is to ensure the availability of water at home).

“It's convenient to go to the river for defecation because the water is about 200 meters away from the house” (AA, 46 years old, is a family head who plays a vital role in providing healthy latrines at his home)

“When it's time to take a bath, we happen to have a stomach ache, we go to the river” (TA, 26 years old, a mother who participates in perpetuating the behavior of defecating in the river).

The study of the structures and roles that emerge within the nuclear family in the dialectical process at this moment of objectification shows that the defecating behavior in the river has gained legitimacy in the family institution. In this case the nuclear family does not only know and carry out these actions. However, they involve their rational considerations to make the ideas, ideas, or knowledge, contained in the behavior become their collective behavior. Their common sense considerations for defecating in rivers are due to unfavorable environmental conditions such as unavailable water and limited sanitation facilities. In this context, the family is an

institution whose function is to direct the behavior of its family members in particular patterns. It means the parents experience in a family institution can be freely transmitted to other family members.

From this incident, it can be understood that the family plays a vital role in controlling individual behavior, especially those belonging to family members. Behavior is an action that has been done repeatedly for a long time. Therefore, behavior change needs to be supported by the closest people, namely the nuclear family. Without the support of the closest family, changes in defecation behavior in the river will inevitably occur. In that context, legitimacy is an objectification of the second level of meaning and acts as knowledge with a cognitive and normative dimension. This role is caused by legitimacy, which does not only related with explanations but serves to objectify what has been institutionalized to make subjective sense.

The next moment in the dialectic of social construction is the moment of internalization. At this moment, humans have been able to interpret objective reality into subjective reality by involving cognitive experience. That objective reality is no longer being taken for granted but is starting to be questioned. That subjective reality is the basis for understanding whether an individual will follow the objective reality completely, or only partially. Therefore, at this moment, socialization involving significant others is vital. Assessment of objective reality tends to vary, adjusting their values, their ideology to the interests of both personal and group (Venugopal, 2018). The involvement of significant others in social construction is divided into two types of socialization. Namely primary and secondary. For Herlina (2017), significant others are people who are the main reference in acting as well as real and important people in the process of primary and secondary socialization. In other words, significant others are vital actors in the social construction process.

In Bengawan Ampar Village, important actors or significant others in primary socialization consist of parents, especially fathers, and mothers. They are the main people and are the first to perform defecation behavior

in the latrine, in the river, or other places. Subsequent individuals, especially children and closest relatives, will acquire this knowledge directly because they see and can be sure they are carrying out a learning-by-doing process when interact with each other. Meanwhile, the significant others in secondary socialization are the government, educational institutions, and other people outside the Bengawan Ampar Village community. The government as a significant other in secondary socialization plays a role in concocting and implementing health policies for people who are considered to be experiencing social problems (Ferreira et al., 2021; Gstrein, 2018). The government that concocted the policy was: the Indonesian Ministry of Health, the West Kalimantan Provincial Health Office, and the Landak District Health Office. Furthermore, the actors who implement it are health workers who work in the Kuala Behe District or Bengawan Ampar Village (Chevannes, 2002). Next, regarding the involvement of educational institutions and outsiders in secondary outreach, Mr. BL (51 years) gave an example that he obtained knowledge about latrines because he had studied outside Bengawan Ampar Village and often interacted with other individuals outside the village area.

Sources of knowledge obtained from primary and secondary socialization influence the understanding of individuals to assess whether the stock of knowledge, which is a product of the past or previous generations, is still relevant for full adoption or not. If borrowing the Weberian view, they will think about whether another creative action is needed so that they can adapt to the situation. Mr. BL (51 years) himself ultimately has a stock of knowledge that is new and different from the previous generations' knowledge stock who live and interact around Radank's house. According to him, every family must have a latrine because it is closely related to environmental hygiene and health. The knowledge stock is formed from the secondary socialization process. First, the septic tank (tube) going directly to the river is wrong because it pollutes the water source. Second, latrines must be clean to be healthy. Third, open defecation can trigger diarrheal disease. Fourth, if open defecation

is done carelessly, the waste will pollute the environment. Fifth, the cleanliness of the house is vital, so defecating in the latrines is very important. Sixth, the existence of a latrine is a primary requirement, and must be provided at home, and seventh, there is a sense of shame if you don't have a toilet, especially if you have guests visiting your house.

The moment of internalization occurred in the community individuals in Bengawan Ampar Village eventually resulted in a diverse stock of knowledge. It is undeniable, as mentioned at the outset, some people in Bengawan Ampar Village already have latrines and do not defecate in the river. Some other people who do not have it defecate on the river or around their yards. And some people already have latrines but still defecate in the river. Each society has independence in choosing which "knowledge" can be used as a reference for behavior. As stated by Herlina (2017), the stock of knowledge in this context covers the practical uses of whether it is vital or not to have a latrine and defecate in it. RO (30 years old) has an elementary school education, with a middle to lower economic category (monthly income below 1 million rupiahs), for example, as a representative of a community that does not have a latrine so that defecation is carried out in the river or around their yard, said that:

If you defecate in the river, urinate around here [in the neighborhood]. It's nicer on the river than around here. [Because] there is no water source [here], the wells, that are there are dirty, a lot of waste has gotten in, because there are lots of pigs under them. Pigs roam around a lot. That's why I don't use them. So defecating in the river since the time of our ancestors... The income from cutting [tapping] rubber is 7 kilos per day. So around 600 thousand per month. That's why they don't make latrines.

In contrast to RO, participants with the initials DE tended to combine knowledge gained through primary and secondary socialization as a guide in behavior, especially when defecating. That is, he is a representation of an individual who already has a latrine but still defecates in the river. The merger in question is a merger between the stock of knowledge of past production and the stock of knowledge obtained through cognitive

experience. The cognitive experience in question is in the form of knowledge gained. For example, when an individual visits another place outside the area where he lives, he gains new knowledge about the importance of owning and using a latrine. According to DE's statement, the cognitive experiences gained. Included first, the requirements for a healthy latrine are not smelly. Second, open defecation can cause itching. And third, the transmission of hives can come from water.

In addition, the result of a combination of stock of knowledge from past production and obtained through cognitive experience regarding latrines is evident from the existence of a septic tank owned by DE's latrine, which goes directly to the river, without a septic tank on land. It is the same with several houses belonging to other residents in Bengawan Ampar Village, where the sewage or septic tank goes to the "pig" cage.

Another thing that should be known is the defecation behavior is not only caused by knowledge obtained through primary and secondary socialization. It is also caused by, first, limited water availability because the Kresik Dam was damaged; secondly, the unavailability of electric current; third, the role of health workers in building awareness of the importance of owning and using latrines is still minimal; and fourth, road infrastructure is still limited, making it difficult for residents to obtain the materials needed to build latrines. So, in the context of the social construction of defecation behavior in the Bengawan Village community at this moment of internalization, each individual can choose whether to act passively or actively when responding to the stock of knowledge that has gained legitimacy in the family institution. It really depends on the experience they have had. That experience turns out to be able to help individuals consider whether objective reality will be adopted in its entirety or requires modification by adding elements of new knowledge without eliminating knowledge that has been generally accepted. This fact actually explains that objective reality and subjective reality are realities that are not identical. And at this moment the subjective reality formed is a decision from humans that tends to be interpretive.

Conclusion

From the explanation regarding the dialectics of externalization, objectification, and internalization, the most dominant and constructed defecation behavior in the people of Bengawan Ampar Village, which bears the title of Disadvantaged Village, is defecation carried out in rivers and yards. This situation applies to those who do not have or already have latrines. Meanwhile, the defecating behavior consistently in latrines is only carried out by people who already have it. And in terms of numbers, they are fewer when compared to those who defecate outside. The constructed behavior is a paramount of reality, as well as objective reality and subjective reality that applies to the people of Bengawan Ampar Village. Reality is constructed because of the involvement of significant others both in primary and secondary socialization. Parents, especially fathers and mothers, are the core actors in primary socialization, parents in the primary socialization process serve as examples for children or their immediate family in determining defecation behavior. Meanwhile, the parties involved in secondary socialization came from external parties, namely the government and educational institutions. External parties play a role in providing input in the form of a new stock of knowledge related to the importance of defecating in latrines.

From this explanation, it turns out that changing the behavior of defecating in rivers and yards is not an easy matter. Apart from having a stock of knowledge that defecation outside the latrines has become habitualized, structured in family awareness, and socialized so that the stock of knowledge becomes the behavior of those closest to them, it is also caused by: (1) the existence of old habits of individuals who still feel comfortable defecating on the river or the yard; (2) economic conditions; (3) environmental conditions such as pets or pigs that have not been caged; (4) limited access to infrastructure in the form of water, electricity, and roads; (5) the lack of new knowledge received due to the lack of counseling regarding the importance of latrines; and (5) counseling regarding clean and health behavior or the importance of owning and using latrines cannot be socialized immediately due to the

limited presence of health workers.

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