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Study of Health-seeking Behavior Towards the Practice of Sangkal Putung for Bone Fracture and the Making of Medical Discrimination in Cikendung Village, Pemalang Regency, Central Java - Indonesia

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Abstract

The practice of Sangkal Putung is a popular traditional medicine for bone fracture among Cikendung Villagers. Its popularity cannot be defeated yet with the existence of easy-accessible *Rumah Sakit Pusat Kesehatan Umum* (RS PKU) Muhammadiyah, a modern hospital which is believed to have better approach for curing bone fracture with advanced development in orthopedic surgery and radiology than its traditional counterpart. The study of such health-seeking behavior through the analysis of semantic network and factors that influences will lead to the analytical explanation on why Cikendung Villagers prefer the practice of Sangkal Putung than go to the nearest hospital and its implication for the make of a new category of discrimination called medical discrimination. The method of phenomenology is used to analyze the linkages of the empirical data that has been gathered for two weeks and the relevancy of semantic networks among Cikendung Villagers which implies to the experience of discrimination. Cultural aspect that comes from semantic network has been given big role to form villager's preferences towards the cure of bone fracture by weighing the hospitality that modern medicine practice lacks which comes indirectly from globalization and its implication that gives a massive impact not for Cikendung Villagers alone but today's twenty first century Southeast Asian societies.

1. Introduction

Human disease has provided anthropologist with an important domain for investigation of cultural relativity, which is the meaningful shaping of 'natural' reality. Such

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studies are not of academic import alone. As Kleinman, Leon, and Good argue that our understanding of the way in which psychosocial and cultural factors affect the incidence, course, experience and outcome of disease is crucial for clinical medicine, both in the determination of what data is clinically relevant and where the therapeutic intervention occur [1]. Our conception of disease and illness is this basic to cross-cultural studies of medicine and to medical practice.

Good said that there have been a variety of recent efforts to re-identify disease theory, to explore the view that diseases are not constituted as natural entities but as social and historical realities [2]. A philosopher of medicine contends that a new 'onto-logical' basis for disease theory and medical practice is required, which can incorporate our recognition that a person's suffering is both a 'medical fact' and a 'socio-historical fact' [3]. Foucault's critical studies of medicine in Western history pose sharply the question of whether diseases are artefacts of historically-specific modes of treatment and theoretical constructs [4]. On the other hand, a variety of studies have assumed the view that disease is a dynamic product of a person's relationship to his social and cultural environment: Disease may be a response to social stresses or life events [5] and is shaped in part by the nature of the cultural label which is applied to a person's condition [6]. Efforts to apply such a clinically have found it necessary to reformulate disease theory in terms of 'open systems models' [7]. Notwithstanding these constructive efforts, the 'medical model', which conceives diseases as natural entities that are reducible to physiological terms and are essentially free of cultural context, continues to have great force. Ironically, Good argues that this perspective is assumed by a great deal of recent cross-cultural research. Ethnoscientific studies have conceived comparative analysis as the examination of the way diseases are mapped onto culturally constructed classificatory schemata [2].

The link between medicine and empiricist theories of language is a very old one in Western philosophy. Givner argues that Locke's theory of language was modelled on the medical experiments of his friend Sydenham [8]. Locke believed the two primary functions of language to be designation and classification [8]. This view predominates in ethnoscience. Meaning, it is held, is constituted as the relationship between clas-sificatory categories and the diseases which they designate. Categories are defined by distinctive features which provide their boundaries. Such a theory of meaning is closely modelled on one mode of medical activity – diagnosis. Diagnosis is viewed as the linking of patient's condition to a disease category through the interpretation of symptoms as distinctive features [9]. Good's criticism of this perspective is not that diagnosis is an unimportant mode of medical activity. Medical diagnosis, however, is

an unsatisfactory model for the construction of new theories of disease, particularly when such theories are intended to redefine what data is relevant to diagnosis. And the ethnocentricity in the assumption in cross-cultural research that diagnosis is simply based on physical symptomatology is exposed by, for example, Turner's analysis of Ndembu divination as the diagnosis of pathology in patient's social field [10].

The study of relation between medicine and language, as Good's argument, needs further more research to develop a theory of medical language that does not reify the conception of disease and reduce medical semantics to the ostensive or naming function of language [2]. Such a theory should direct cross-cultural research away from simply how examining how societies map classificatory categories onto disease to an analysis of the manner in which illness and disease are deeply integrated into the structure of a society.

It would be proposed here that the study of relation between medicine and language to understand health-seeking behavior reflects what is happening in the twenty-first century of Southeast Asian societies under the rapid grow of globalization. The meaning of health-seek act, as part of medical process, cannot be understood simply as a respond of socio-economic phenomena. It is rather a 'syndrome' of common experiences, a set of words and feelings which typically 'run harmonically' for the members of a society and such syndrome is not merely a reflection logical respond of symptoms linked with each other in natural reality, but a set of experiences associated through networks of idea and social interaction in a society. This conception directs concern to the use of medical discourse to articulate the experience of distinctive patterns of poverty, to develop of health-seeking behavior which formed by language to 'negotiate' relief as the result of medical discrimination, and to the constitution of the meaning of medical language in its use in a variety of communicative context.

This paper will analyze the practice of Sangkal Putung as part of health-seek act towards bone fracture in rural highland society. This analysis will be used as the basis for suggestions for further research. The data for this paper was gathered during two weeks of field research in Cikendung Village, a small village on the slope of Gunung Slamet in Central Java Province - Indonesia.

2. Health-care System on the Slope of Gunung Slamet

2.1. Cikendung village

Cikendung Village, as one of the twelve villages in Pulosari District, Pemalang Regency, is located on the slope of Gunung Slamet mountain which makes this village has a specific topographically extreme. There are some meander footpaths and steep climbs, it will be more terrible during the rainy season because the rain could make the footpaths and climbs more slippery. The lack of street lamps even makes the condition even worse. The big truck that carries construction materials also use the same steep climb. By the existence of big trucks that carries construction materials for building development or house renovation on the slope of mountain which is common to find footpaths or climbs that extremely steep yet slippery has been picturing the high potentiality of accident occurrence that leads to bone fracture to people in that village.

Cikendung Village occupies an area of 700 ha × 40 ha and is located at an altitude of 600 m asl which made it the warmest village considering its elevation as the lowest compared to eleven other villages in Pulosari District. *Coak*, a pick-up type of car, is the only public transportation that Cikendung Villagers access to go to market, school, clinic, and the center of district. It is the only public transportation that operates limitedly in the entire Pulosari District. The villages divided into three hamlets (*dusun*) namely Kubang, Krajan, and Batur. Those hamlets fill up the village's topography that is full of meander footpaths and steep climbs. In front of the gate (*gapura*) can be found a billboard that greeted with 'Desa Cikendung' written there with its tourism icons like *sila kupang* (a local performing art which blends dance groups into one), *kliwonan* (a market that is held every *kliwon* as in Javanese calendar counting), and *ruwat bumi* (a harvest festival) because the village was prepared to become a tourist village in Pulosari District. As one of the achievement in order to become tourist village, Cikendung Village became the first village in Pemalang Regency to get Open Defection Free (ODF) status with the given of the certificate on May 3, 2011. In 2013, out of the total of 1 375 houses in the villages, 776 of them have permanent latrines, 517 of them have semi-permanent latrines and 187 of them have rustic latrines according to village's annual data.

Cikendung Villagers occupations are diverse, ranging from farmers, civil servant (popularly called *Pegawai Negeri Sipil* or abbreviated as PNS, traders, cattlemen, labors, and nurses. Some public and private companies has been taking part for widen job opportunities for the villagers, such as PT PN (which is the abbreviation of *Perseroan Terbatas Perkebunan Nusantara*, a limited liability company) as the owner of large tea

plantation that extended near *gapura* of the village and there are four public elementary schools built in addition to the job opportunities, it's also built for better educational infrastructure in the village. Those four schools are SDN 1 Cikendung and SDN 2 Cikendung in Krajan, SDN 3 Cikendung in Kubang and SDN 4 Cikendung in Batur. For infrastructure development in public sector, Cikendung Village has been trying to fix things up for the convenience of its villagers. The village's clean water supply has been aided by the inclusion of drinking water company (*Perusahaan Air Minum*, which is abbreviated as PAM) and the build of *tempat mandi, cuci, kakus* (abbreviated to MCK, means 'bathing, clothes washing, defecating' in English) is easier to find in some points of the village. The existence of MCK is indispensable for the villagers, especially during a dry season. For the electricity distribution within the village, it can be accessed by the majority of families, but the undeveloped street lighting construction for better sighting at night has made a flashlight is convenience item that every villager should have if they want to do activities in the evening such go to the neighbor's house to read holy Qur'an together every Thursday night. It is describing a photograph of poverty among Cikendung villagers who is classified as rural poverty. Poverty itself is a widespread phenomenon that issues Indonesian citizens from year to year. According to BPS (stands for *Badan Pusat Statistik*/Statistics Indonesia), 28.51×10^6 or more than 11.3 % out of total population are living under poverty until September 2015 and it is increased from 27.73×10^6 or 10.96 % out of total population from previous period (September 2014). Poverty will make borders for those people to access a better education, medical service and other opportunities which forms social exclusion in the society. Until this research is finished, Cikendung villagers was still struggling to fight against poverty under the sheet of globalization.

2.2. Health-care system Arena

There are two major health-care systems in Pulosari District for the treatment of bone fracture, Puskesmas (which is the abbreviated form from for *Pusat Kesehatan Masyarakat*/Sociey Health Center) which integrated with *Rumah Sakit Pusat Kesehatan Umum* (RS PKU) Muhammadiyah as one of the prominent hospitals in Pemalang Regency that located outside the district (Moga District to be exact) as the representation of modern health-care system and Klinik Sangkal Putung that located in the same district with its modern counterpart as the representation of traditional health-care system. Cikendung Village itself located near the border of those districts, making those two health-care systems easier to access for Cikendung Villagers than any
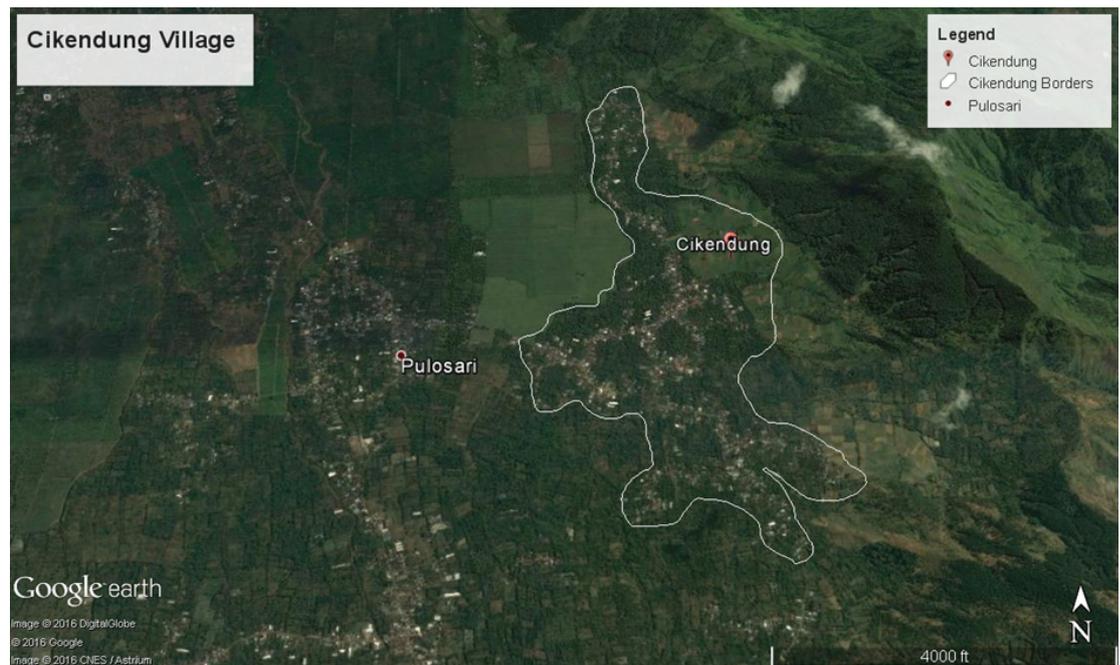
Figure 1: Map of Cikendung Village (© Muhammad Kautsar).

villagers in Pulosari District. The modern health-care system has more scientific health secured factors with the availability of orthopedic surgery and radiology instruments. On the other hand, Sangkal Putung is a traditional medicine which knowledge of certain treatment techniques are obtained from generation to generation so it is very exclusive to be a shaman or healer of Sangkal Putung and it has various versions of historical background, so the development of the techniques is varied from massaging to spell-giving.

2.3. A brief explanation about bone fracture

Bu Waryono, head of Dusun Krajan's wife, shared her stories about her neighbors who has been experiencing bone fracture but didn't come to puskesmas for treatment but rather came to *Klinik* Sangkal Putung. That kind of tendency is corroborated by Puskesmas Pulosari's annual report data which states that only two patients of the bone fracture case have been recorded during the period. Cikendung villagers is very infatuated by *Klinik* Sangkal Putung because it costs cheaper than the treatment from an orthopedic surgeon and radiologist at RS PKU Muhammadiyah and there is no surgical process. Even though the nearest *Klinik* Sangkal Putung is outside the village, her siblings from Cikendung Village or other villages in Pulosari District always come to *Klinik* Sangkal Putung to get treatment for bone fracture.

Pak Razi is a man who held a responsible position in the village as one of the people behind the initiation of Cikendung Village to be tourism village. He is married and has three sons ranging in age 25 yr old to 45 yr old. He lives with his wife and all of his sons in his father-in-law's house. The family income average is about one million rupiahs per month, plus a small income from Pak Razi's wife who sells *nasi jagung* (rice which made of corn) in harvest season at the beginning of the year. He shared his experience when his right heel crushed by a truck and the bone shattered instantaneously circa 2010. He went to *Klinik* Sangkal Putung because he did not want to experience surgery and it was quite surprising to see that his heel looks fine and he can walk normally after the treatment of Sangkal Putung which consists of some massage and spell-giving.

Even though the practice of Sangkal Putung is considered to be cheaper than its modern counterpart, it would be more expensive if it is calculated by the cost of post-healing treatment. The distance consideration is irrelevant because *Praktik* Sangkal Putung shared the same location with *Rumah Sakit* PKU Muhammadiyah which is having the advanced treatment and techniques of orthopedic surgery and radiology that considered safer and faster process than its traditional counterpart. Naila, a Cikendung Villagers who works as a nurse in *Rumah Sakit* PKU Muhammadiyah, recounted some of her experiences when dealing with bone fracture patients who has previously been handled with Sangkal Putung treatment, ranging from ridiculous to gruesome kind of stories. She said that there was a patient whose feet were wrapped in banana leaves and there was a patient whose left leg elongated so it appeared longer than the right one. Naila elaborated that there is a small number of surgeons who is the expert in the field of orthopedic and radiologist not only in Pemalang Regency but particularly in Indonesia. It makes the rates that stipulate for an orthopedic surgeon is soared so high and it is unfortunate, especially for people who happens to live on the slope of mountain, like Cikendung Villagers, to have greater chance to meet accident and get injured compared to other areas so bone fracture is haunting them every day. It makes them, especially Cikendung Villagers, stand in a complicated point: (i) being vulnerable and (ii) difficult to be protected.

3. Understanding Health-Seeking Behavior

3.1. Health-seeking behaviour and its concept within ethnomedicine and medical anthropology framework

Health-seeking behavior is a sequence remedial process of actions that individuals take as a result of pros-cons analysis to rectify perceived ill-health [11]. The study of concept in health–seeking behavior can be used as a tool for understanding how people, especially particular society, engage with health care systems in their respective socio-cultural, economic and demographic circumstances. There are two models to explain one's decision on health-seeking behavior: pathway model and determinants model. Pathway model aims to identify the procedural process of health-seeking behavior by study each logical sequence of steps and the latter model is based on a more quantitative approach by focusing on highlighting a set of determinants as core factors to shape health-seeking behavior rather than focuses on the procedural process [12].

The practice of Sangkal Putung can be categorized as traditional medicine. Traditional medicine itself is defined by World Health Organization (WHO) as the sum of the knowledge, skills, and practices based on the theories, beliefs, and experiences of indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. The sub-discipline of anthropology which deals with the comparative study of traditional medicine is ethnomedicine [13]. In ethnomedicine study, there are two big systems in etiology to explain the causes of diseases or pathologies: naturalistic medical systems [14–17] and personalistic medical [18]. Naturalistic medical systems appear to explain the occurrence of illness is only happen due to impersonal, imbalance, mechanistic causes in nature and personalistic medical systems appear to explain that illness is seen as the result of other people's acts of wishes trough supernatural beings and forces. Health-seeking behavior emerges as a turbine that integrates those systems to work simultaneously within the dynamic life of society in anthropological senses.

Socio-cultural, economic, and demographic circumstances that shape such health-seeking behavior will be different from one area to another because of the specified geographic context. In Tanzania, the concept of health-seeking behavior has been applied to study health-related cases within the cultural dynamic and economic development in the rural area which having a distinctive feature of the socio-economic scheme [19]. In the United States of America, the concept of health-seeking behavior has been applied to the Afro-American community who has a new kind of socio-cultural patterns that implicates the application of health administration there [20]. In

San José, the capital city of Costa Rica, The concept of health-seeking behavior is used to study the health-care system throughout socio-economic-political condition that forms a new actor in society called 'urban patient' who lives on the border of modernity and country's development [21]. In Bangladesh, the socio-economic-political-culture condition of Bangladeshi families has made such circumstance in health care system by brought up a concept of health-seeking behavior to seek the analytical problem within poverty and gender inequality. It has been found that even though all of those four cases shaped from different kind of circumstances, there is always poverty which bonds in economic aspect as the substantial factor [22]. The term 'health economics', as Sloan explained, coined as a new discipline to study the relation between economic issues and health-related problems as triggered factors for people to form and run the process of health-seeking behavior [23].

3.2. Ethnomedicine research methodology with phenomenology of health seek act

As part of ethnoscience, the study of ethnomedicine would produce a hierarchal ordered taxonomy of categories, defined by their boundaries, whose meanings are essentially independent of their context of use and in this study it can applies for the categorization of health-seek act. Methodologically, ethnoscience rigorously standardizes the context of elicitation, thus producing an 'analytic' domain not necessarily congruent with the meaning of a category as used in typical communicative context [24]. Such analysis directs my attention away from the social and symbolic context which gives a health seek act category its distinctive semantic configuration.

The work of Turner, Izutsu, and Fox suggest a model of semantic analysis that is an important alternative to the ethnoscience model [10, 25, 26]. Each contends that a system of discourse has certain symbols which gather their power and meaning by linking together a set or field of disparate symbols and condensing them into a simple image which can "invoke a nexus of symbolic associations" [26]. Turner calls these "dominant ritual symbols" [10]; Izutsu, "focus-words" [25]; Fox, "core terms" [26]. These symbols attain their dept not through their taxonomic generality but through their quality of polysemy – "the property of a symbol to relate to a multiple range of other symbols". Such core symbols join together in a polysemic relationship anetwoek of heterogeneous symbols that "cross–cut conventional grammatical categories" [26]. Turner added that their very generality enables them to bracket together the most diverse ideas and phenomena [24]. Understood subjectively, these symbols or images

condense not merely a field of symbols, but a whole 'syndrome of experiences', as Lienhardt shows for the Dinka divinities, images, the powers contract whole fields of direct experience and represent their fundamental nature each by a single term [27]. Methodologically, then, tracing out these networks of symbols and experiences should provide "a glimpse of the structuring of cultural code..." [26], yielding insight into the meaning of the most important elements in semantic domain.

Turner goes on to show that these dense ritual symbols attain their meaning not merely as elements in a symbolic system, but as 'forces' in social interaction [10]. They represent 'gross' social experience in the society, displaying at once the most basic normative or ideological principles of the society and a collection of "frankly, even flagrantly, physiological" *significanta* (such as breast milk, breasts, blood, or male and female genitalia) because they link basic social and motivational elements, manipulation of these symbols has the power to affect social action. These core symbols thus play as crucial role in forming a symbolic pathway which links the values and aspirations of purposive interaction, the stresses shames and disappointments of social contingencies, and the affective and ultimately physiological elements of the personal.

As Good approaches, this model suggest a method for approaching not merely ritual symbols but the language and discourse the language and discourse of illness and healing as well [2]. It is suggested that the research is conducted by analyzing the potent elements in the idiom of social interaction and explore the associated words, situations, and forms of experience which they condense. These patterns of associations or semantic networks, which give meaning to the elements in the vocabulary of illness and healing, should lead phenomenologically to those typical stress situations in a society and in the personality of individuals. Through a kind of social free association, an entry into the 'inscape' of individuals, 'the distinctive reality as it is apprehended' [28], and 'into the meaningful structuring of social reality' might be gained [2].

Phenomenology is used as a research instrument to approach the understanding of issue. There are five points of epistemological basis to use phenomenology approach within socio-cultural context [29]. Those following five points are:

i. Phenomenology viewed men as creatures who has consciousness;

ii. Communication trough oral language is the manifestation of consciousness;

iii. From the analysis of communication context, it can be concluded that consciousness is inter-subjective;

iv. A set of knowledge that formed from the communication is a framework to shape the act and behavior of the subject; and

v. Classification process is a part of consciousness set that can be used to study.

Using those bases to study the issue, some medical terms (surgery, rontgen, syringe) are having semantic relation with emotional terms (fright, insecure, weak) has been founded. The relation is built from the consciousness through oral communication which brought the inter-subjective discourse up and it leads to the classification process to choose treatment for bone fracture. Following the model described above, the categorization of health seek act can be understood as images which condense fields of experience, a stressful one to be particular, and they can be understood as a product of social phenomenon within particular society. A network of medical and emotional terms, political or economic situations, symptoms and feeling which are associated with bone fracture and give it meaning for the sufferer. The meaning of illness and healing term is generated socially as it is used by individuals to articulate their experiences of conflict and stress, thus becoming linked to typical syndromes of stresses in the society. Meanings of terms change as social conditions and the social context of their use are altered. The meaning of an illness term may be newly constituted as it may be newly constituted as it is linked to an altered network of symbols and stressful situations.

The most important field of symbols and experience which emerges may be called "medical discrimination". It was developed by noting the semantic links between causes of health seek act given for bone fracture then the common associations which extend the meaning of the linked terms. Such associative links are taken form informant's statements, complaints that occur around bone fracture treatment, or explanatory models from modern health–care system, and are joined together in the semantic networks outlined.

4. Medical Discrimination and the Make of Health–seeking Behaviour: A Discussion

TABLE 1: Comparison of bone fracture treatments.

KLINIK SANGKAL PUTUNG	RS PKU MUHAMMADIYAH
Cheaper	More expensive
Without surgical process	Within surgical process
Familiar with the shaman	Unfamiliar with hospital staff
Offer hospitality	Lack of hospitality

Poverty, as what Cikendung villagers face today, could be the essential reason on why the cheaper *Klinik* Sangkal Putung is popular than the expensive modern counterpart. But it is simply not the best consideration if it is accumulated with the distance consideration to commute from the village to the nearest *kinik* and the long post-healing process which which concludes to the confiscation of their time to do daily activities and works. Cultural aspect has been given the big role for this kind of phenomenon with hospitality through the social capital that formed between the shaman or healer of Sangkal Putung with the patients, particularly from Cikendung Village. Social Capital binds actors, in this context, the shaman or healer and Cikendung Villagers as patients, with imaginary rope with reciprocity, trust, cooperation, market agents, goods and service that are beneficial for the actors who involved [30]. It has been formed in the traditional medicine practice because of the relation between the shaman/healer and the patient is not rigid and inclined parallel compared to the relation between patients and physician that formed over the power in the realm of professionalism which is very formal and felt uncomfortable for Cikendung villagers. It implies the social limitations within social class scheme between Cikendung villagers and hospital staff (physician, nurse, pharmacist) who has better opportunities when it comes to education system which leads to the lack of hopitality in RS PKU Muhammadiyah. Said noted that such experience is likely the result of medical semantic rivalry of modern and traditional ideas that has drawn upon Said's theory of orientalism that describes as how European see the society and culture outside Europe which classified as the binary oppositon: exotic, unicivilzed, and stagnant [31]. European imperialism during colonial era has given a massive impact to spead the idea across Southeast Asia and it massively reshaped a lot of Southeast Asian society's socio-cultural parts, including the concept of health, illness, and healing which is reintroduced as the modern medical infrastrucutres and discourses grown massively through post–colonial era and it is continually influencing not just the expensive medical education and unfair public health policies in Southeast Asia today but it expanding the knowledge and complicating the medical semantic network as the globalization has given a space for modern and traditional ideas to insensively meet, distribute and conflict within Southeast Asian societies without any signifant boundaries.

Such phenomenon has given a result of what is called 'medical discrimination' which makes Cikendung villagers 'experience' not simply just a hurtful bone fracture but an implict cultural violence. As violence itself is hard to be described [32], Galtung proposed a model of 'violence triangle', he explained that there are two typologies of violence: *direct violence* that can be observed through concrete evidences and *structural*

violence that can be observed by the imaginary structure among society [33]. When those typologies juxtaposed, it will produce cultural violence which Galtung described as those aspects of culture, the symbolic sphere of the existence – exemplified by religion and ideology, language and art, emipirical science and formal science (logic, mathematics) – that can be used to justify or legitimize direct or structural violence [34]. In this context, medical discrimination as cultural violence has been justified semantic network of health seek act among Cikendung villagers has produced an oppression as structural violence. As Farmer defined structural violence as a violence exerted systematically – that is, indirectly – by everyone who belings to a certain social order: hence the discomfort therse ideas provoke in a moral economy still geared to pinning praise or blame in individual actors. In short, the concept of structural violence ia intended to inform the study of the social machinary of oppression [34].

5. Conclusions

By such definition, it concludes that the popularity of Klinik Sangkal Putung as the make of health–seeking behaviour toward bone fracture among Cikendung villagers are not just some economic bonded respond but it can be viewed as a set of discriminations along culturally spedific dimensions. It is an image which draws together a network of symbols, experiences, motives, feelings, and stresses which are rooted in the structural setting in which the Cikendung villagers live. It is one element in a language or idiom of illnees, which called 'an order of discourse'. It is a public, collective project or representation, with fields of meaning which extend beyond the consciousness of any individual at any given time. But while not explicitly recognizes, there extended associations give meaning and depth to the experience for people who is doing health seek act towards bone fracture.

The popularity of *Klinik* Sangkal Putung is the result of what Cikendung villagers experience every day, which is fight against poverty under the invisible medical discrimination. The lack of cultural aspect in the process of health seek act can be viewed from the sematic networks that maps the relation between medical discourses and emotinal symbols through oral communication and it is an important semantic field of symbols and the existence of *Klinik* Sangkal Putung has been very helpful to fulfil the villagers' need of the cure of bone fracture even though RS PKU Muhammadiyah, by global point of view, offer faster, safer, and more reasonable option. The appearance of medical discrimination has made the fragility of equality status more vulnerable and it makes Cikendung villagers feeling insecure.

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