

The Role of Mead's Symbolic Interactionism in Understanding the Dynamics of Individual Health Beliefs and Collective Healthy Behavior in Jatinangor

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ABSTRACT

Healthy behavior is a main pillar in realizing Healthy Indonesia 2030, where the behavior needs to be internalized both individually and collectively. This effort is supported by various health facilities, from primary to tertiary services, to facilitate prevention, treatment, and early detection of disease. This study aims to examine and examine aspects of health beliefs in shaping healthy behavior in the Jatinangor community, using the lens of George Herbert Mead's Symbolic Interactionism Theory. This perspective highlights how the meaning of healthy behavior is constructed through social interaction, how individuals interpret the role of 'The Generalized Other' (society) in shaping collective healthy behavior, and how symbolic processes (such as communication and interpretation of cues) influence individual health beliefs. This qualitative study used in-depth interviews, observations, and Focus Group Discussions (FGD) to collect data. The results showed that the majority of informants had strong healthy behavior beliefs, reflected by high perceived susceptibility and strong perceived benefits of preventive measures. Another key finding was the significant role of supportive communities, healthy lifestyle promotion, and respect for others in improving psychological well-being, all of which are manifestations of symbolic interaction processes. In conclusion, individual beliefs, self-regulation, motivation, social support, and mindsets which are formed and strengthened through symbolic interaction play a crucial role in achieving physical and emotional well-being.

Based on these findings, it is recommended that health programs in Jatinangor District focus more on strengthening the role of communities and peer support groups, given the significant influence of social support in constructing collective healthy meanings and behaviors.

INTRODUCTION

The realization of Healthy Indonesia 2030 depends heavily on the widespread adoption of healthy behaviors by the community. Various integrated promotional, preventive, and curative efforts, supported by excellent health services from Posyandu to hospitals, have become an important foundation for achieving this goal. However, the success of health programs is not only determined by the availability of facilities, but also by the awareness and initiative of individuals and community groups in maintaining their health. Building a culture of healthy living must come from within, driven by strong understanding and conviction.

Healthy behavior is not only shaped by individual beliefs, but is also greatly influenced by social interactions and the context of the community in which the individual lives. George Herbert Mead's (1934) *Mind, Self, and Society* theory offers a comprehensive perspective on how the mind, self, and society shape each other in the social process. According to Mead, the “mind” is the capacity for symbolic thinking that arises from social interaction; the ‘self’ is an identity that develops through role-taking and the internalization of the attitudes of others (generalized other); while “society” is a network of social interactions that provides meaning and structure. In the context of health, Mead's theory suggests that individuals' perceptions and beliefs about health (as outlined in the HBM) do not arise in a vacuum, but are constructed and reinforced through symbolic communication, group norms, and identification with social roles in the community. For example, perceptions of vulnerability to disease can

be shaped or reinforced through discussion and sharing of experiences within community groups, or the “generalized other” (internalized social expectations or norms) that influence a person's decision to participate in health programs.

Sumedang Regency, particularly Jatinangor District, is an interesting location to integrate social dynamics and group identity (Mead) to provide a more holistic picture of the formation of healthy behavior. Morbidity data in Sumedang Regency, particularly Jatinangor District, reinforces the urgency of this study. Based on the 2024 Community Health Center (Puskesmas) recording and reporting system, the top ten diseases in this region are mostly related to lifestyle, such as myalgia (10.10%), primary hypertension (10%), and acute upper respiratory tract infections (8%-10%). This indicates that lifestyle behaviors do not yet fully support optimal health in the Jatinangor community.

Field observations in 2024 also revealed dominant unhealthy living behaviors, particularly among rural communities working as K3L at the UNPAD Jatinangor campus (approximately 400 people from 12 villages). Habits such as skipping breakfast, inadequate consumption of nutritious foods, preference for fried foods using reused oil, and minimal intake of vegetables and fruits are common. Additionally, the habit of sharing food without regard for hygiene and the incomplete use of personal protective equipment (PPE) when sweeping roads further exacerbates their health conditions. Early health check-up results for UNPAD K3L members revealed findings such as muscle pain, headaches, stomach ulcers, high blood pressure, gout,

and high cholesterol, which directly reflect the poor quality of health due to lifestyle factors. The tendency of the community to prioritize treatment (curative) after severe illness, often relying on over-the-counter medicines without a doctor's prescription, rather than undergoing early health checks or preventive measures, shows a perception that Puskesmas focuses more on treatment than prevention. This subjective reality, where curative services are more accepted than preventive ones, reflects barriers to changing the community's health behavior paradigm. This phenomenon can be understood through Mead's Theory, where the “meaning” of health services and the “role” of individuals in maintaining their health are socially constructed and influence behavioral choices.

Changes in people's behavior in the field of health are an active and creative mental process that involves the internalization of social norms and values (Talcott Parsons in Sarwono, 1993:19). In this context, social support—whether in the form of verbal or nonverbal information, advice, practical assistance, or emotional support—plays a crucial role (Khan and Antonucci from Orford, 1992; Lemme, 1995; Dimatteo, 1991; Sarason & Pierce in Baron & Byrne, 2000; Sarafino, 2002). Support from family, relatives, and close friends is the most significant source of support. Group support, where individuals feel part of a group and can share with each other, is also a strong form of social support. This aspect of social support, which forms the “generalized other” and influences the individual's “self,” is highly relevant in Mead's Symbolic Interactionism framework.

Many studies have been conducted on healthy living behaviors in preventing

disease. Research such as Krieger (1994) and Trevino & Jacobs (1994) highlights the role of social pathogens and health status determinants. Observations by Callon (2007), Pollock (2005), Bullard & Wright (2009), Mascarenhas (2007), Pellow (2007), and Pulido, et al. (1996a, 2000, 2015, 2016) link healthy lifestyle behavior models and motivation theory to the environmental context. Sigerist (1941), Zuniga (1994), and Altman et al. (in Rao, 2008) emphasize the importance of early health education. Wahuningrum (2015) uses the Precede-Procede concept to analyze health promotion programs, demonstrating the suitability of models that focus on preventive aspects and the important role of healthy behavior belief models and social support.

Departing from the urgency of health issues based on healthy behavior and the lack of focus on preventive aspects, as well as seeing the important role of individual belief models on healthy behavior with social support, this study aims to examine and explore health beliefs in the healthy behavior of community groups in Jatinangor District, Sumedang. This study will not only fundamentally consider how “mind,” “self,” and “society” (Mead) shape and reinforce these beliefs and behaviors. By examining the aspects of healthy behavior that influence health beliefs, identifying the factors that influence healthy behavior beliefs, and ultimately developing an integrated model of health beliefs in the behavior of community groups, it is hoped that a richer understanding can be obtained. incorporating Mead's social dimensions, along with specific factors relevant to the Jatinangor context, thereby serving as a more effective strategic guide in efforts to

improve community health toward Indonesia Sehat 2030.

METHOD

Research Methodology: Qualitative Approach with Mead's Symbolic Interactionism Lens

Design and Participants

This study adopts a qualitative approach to gain an in-depth understanding of the dynamics of individual health beliefs and collective healthy behaviors in Jatinangor. The choice of qualitative methods is based on the consideration that healthy behavior is a complex phenomenon that cannot be separated from the subjective meaning embedded in individuals and community groups. To uncover the meaning and experiences that form the basis of actions, researchers must engage in observation and in-depth interviews, in accordance with the essence of qualitative research (Lester, 1999). This approach focuses on understanding the meaning of events and their connection to individual actions in specific situations, which is highly relevant for exploring how symbolic interactions shape health realities.

Through the lens of George Herbert Mead's Symbolic Interactionism Theory, this study specifically aims to: Analyze how the meaning of healthy behavior is socially constructed among individuals and groups in Jatinangor. This includes how they interpret health information, disease symptoms, and the effectiveness of preventive interventions through daily communication and interaction.

Understand how the individual self develops and influences healthy behavior choices through the processes of role-taking and internalization of the attitude of 'The Generalized Other' (society). This means examining how community expectations and norms about "healthy people" in Jatinangor shape individual identities and health actions.

Identify patterns of social interaction that support or hinder the adoption of collective healthy behaviors, such as shared habits, group norms, and communal practices related to health.

The researcher's position in this study is to understand how individual community members in Jatinangor produce or reproduce their health lives. In line with the views of Denzin & Lincoln (2009), humans are not only products of society but also agents capable of creating society through their daily activities. This is in line with the principle of Symbolic Interactionism, which emphasizes individual agency in creating meaning and social reality. Therefore, the focus of the research is on individuals as agents capable of changing the paradigm of healthy behavior in order to achieve the highest level of health, by understanding how their actions are shaped by symbolic interactions and interpretations.

Data Collection Procedures

The selection of informants in this study used purposive sampling techniques. The criteria for determining informants were based on their ability to provide in-depth information related to the research object and relevant to answering the research questions. Informants were parties or individuals who understood the health change process in the community of Sumedang Regency, particularly in Jatinangor District, both those involved in policy-making and the community who understood the conditions of the local community.

Specifically, the key informants were members of the K3L community group at the UNPAD Jatinangor campus, which, based on initial observations (August 2024), showed unhealthy behaviors and had rich interaction dynamics in the context of health. This group consists of around 400 people with 14 foremen, coming from various villages in Sumedang-Jatinangor Regency, including Cileles, Cikuda, and

Cikeruh Villages (Gunawan, et al., 2019). This selection allows researchers to examine in depth:

The health beliefs of individual community groups from various internal and external aspects, integrating them with community health and institutional knowledge.

Crucial factors in the application of health beliefs in healthy behavior, such as the habit of rarely eating breakfast, an unbalanced diet (preference for fried foods cooked in used oil, minimal vegetables/fruit), the habit of sharing food without regard for hygiene, and minimal use of personal protective equipment (PPE) at work. Each of these habits will be analyzed as a result of the symbolic interaction process.

The data collection process was carried out through:

In-depth interviews: To explore informants' experiences, perceptions, and subjective interpretations of health, illness, and their healthy behaviors. The interviews focused on how these meanings were constructed and shared in their social interactions.

Participatory observation: To directly observe informants' daily activities related to health, their social interactions in the context of health (e.g., when eating together or working), and how these practices reflect internalized collective norms or the 'Generalized Other'.

Focus Group Discussion (FGD): To facilitate group discussions, allowing researchers to observe how meanings of health are negotiated, debated, or reinforced in group interactions, as well as how the 'Generalized Other' manifests in their social dynamics.

Data Analysis and Validity

To maintain data validity, this study uses triangulation techniques. First, source triangulation will be conducted by comparing data from various informants to

ensure consistency and depth of information. Second, methodological triangulation will be applied by comparing data obtained from interviews, observations, and FGDs. This approach ensures that the findings obtained have similarities and consistency across methods, resulting in the most valid and comprehensive understanding of the actions of individuals as agents who recreate the reality of their social health life, by deeply understanding various events in the context of time, space, situation, relationships, interactions, experiences, habits, meanings, history, and activities carried out by individual community group members in Jatinangor.

Independent Variable: Measurement and Mead's Symbolic Interactionism

In this study, the independent variable is "The Role of Mead's Symbolic Interactionism in Understanding the Dynamics of Individual Health Beliefs and Collective Healthy Behavior." The measurement of this variable, particularly in a qualitative context, is not carried out through quantitative instruments but through an in-depth exploration of how George Herbert Mead's core concepts manifest in the real lives of informants in Jatinangor.

The measurement of this independent variable focuses on: The Dynamics of Symbolic Processes in Health Beliefs (Mead: Mind):

Exploring how individuals in Jatinangor construct meaning about health and illness through daily interactions. This includes how they interpret symptoms, causes of illness, and the effectiveness of preventive measures.

Analyzing the use of symbols (e.g., language, gestures, facial expressions, health ritual practices) in interpersonal and intergroup communication related to health. For example, how certain phrases or stories shared within the community shape their

perceptions of the perceived susceptibility or perceived benefits of healthy behaviors.

Examining how individuals' internal dialogues about their health are influenced by “voices” from previous social interactions. Self Formation and Role in Collective Healthy Behavior (Mead: Self and Role-Taking): Understanding how individual identities (self) related to healthy and unhealthy behaviors are formed through role-taking in the community. For example, how K3L workers see themselves in the context of collective health, and how the role of “hard worker” may conflict with the role of “healthy individual” if they skip breakfast or do not use PPE.

Analyzing the influence of ‘The Generalized Other’ (Internalized General Society) on individual health decisions and actions. How norms and expectations from the community, family, or work group (e.g., the habit of sharing food, minimal use of PPE considered “normal”) are internalized and influence healthy behavior choices. This includes how individuals adjust their behavior to align with what they perceive as common expectations or habits in Jatinangor.

Exploring how social support, whether from family, relatives, close friends, or work groups, influences the development of individual self-efficacy and motivation to adopt healthy behaviors. This is seen as a manifestation of the process by which the individual's “self” is strengthened through positive interactions.

Social Interaction Structures and Their Influence on Health (Mead: Society):

Examining patterns of social interaction within community groups in Jatinangor (particularly K3L workers) that facilitate or hinder the adoption of healthy behaviors. For example, the habit of eating together with unhealthy foods or the lack of discussion about the importance of balanced nutrition.

Identifying collective norms and habits among informants that influence

their health beliefs and behaviors. This includes why habits such as rarely eating breakfast or not using complete PPE are common.

Analyzing how health institutions and programs (Posyandu, Puskesmas) are interpreted and used by the community. Whether Puskesmas is seen as a place of prevention or only treatment, and how this interpretation (as part of the ‘Generalized Other’) influences their health service-seeking behavior.

Informants were selected through purposive sampling, ensuring that the individuals and groups selected (particularly community groups in Sumedang Regency-Jatinangor District who require special attention to physical and non-physical health, such as UNPAD K3L workers) have rich experience and deep understanding of the health change process in their social context. This allows researchers to explore the details of symbolic interactions that shape their health beliefs and behaviors.

The data collected through in-depth interviews, observations, and FGDs, as well as its validity maintained through source and method triangulation, will provide a comprehensive picture of how Mead's mind, self, and society intrinsically influence health beliefs (also summarized in HBM) and ultimately, individual and collective healthy behaviors in Jatinangor.

RESULTS AND DISCUSSION

This section presents research findings on individual health beliefs and collective healthy behaviors in Jatinangor, which are then discussed through the lens of George Herbert Mead's Symbolic Interactionism Theory. This approach helps us understand how meanings surrounding health are constructed and enacted in social interactions, as well as how symbolic processes influence health beliefs and actions.

Research Findings

This study found that the majority of informants in Jatinangor demonstrated good healthy behavior beliefs. The main indicators were high perceived susceptibility to disease and strong beliefs in the benefits of preventive measures. Informants were generally aware that they were susceptible to various lifestyle diseases common in Jatinangor, such as myalgia, hypertension, and respiratory tract infections, which was also supported by data on morbidity rates from the local community health center. This awareness encouraged them to see the importance of preventive and promotive actions.

In addition, it was found that the existence of a supportive community, the promotion of a healthy lifestyle, and respect for others significantly improved individuals' psychological well-being. These aspects not only affect individuals personally but also create a social environment conducive to the adoption of healthy behaviors. Trust, self-regulation, motivation, social support, and individual mindset are crucial elements in achieving overall physical and emotional well-being.

Discussion in Mead's Symbolic Interactionism Lens

The findings of this study can be interpreted in depth through the framework of George Herbert Mead's Symbolic Interactionism Theory, particularly the concepts of Mind, Self, and Society, as well as the role of The Generalized Other.

First, perceived susceptibility and perceived benefits are not formed in a vacuum of individual cognition, but are the result of symbolic interaction. When individuals interact within their community, they share information, experiences, and interpretations about health and illness. Discussions about the dangers of eating fried foods, testimonials about the benefits of morning exercise, or stories about community members who fell ill due to unhealthy lifestyles become

“symbols” that shape and reinforce the individual's mind. Through this verbal and nonverbal communication, individuals begin to internalize collective meanings about susceptibility and benefits. This is in line with Mead's view that the mind or our ability to think, including about health, is a social product that arises from symbolic interaction.

Second, the phenomenon of supportive communities, the promotion of healthy lifestyles, and respect for others are concrete manifestations of how ‘Society’ shapes and influences the ‘Self’ of individuals in the context of health. When individuals see other community members actively engaging in healthy behaviors (e.g., participating in Posyandu, maintaining environmental hygiene), or when there are intensive health promotion efforts from community leaders or extension workers, this creates a ‘Generalized Other’, which is the general attitudes and expectations of society that are internalized by individuals. This ‘Generalized Other’ acts as a collective voice that provides normative guidance on how “healthy people” should behave. When individuals internalize these expectations, they tend to adopt behaviors that are in line with community norms in order to maintain their “self” in the eyes of others. Respect for others also encourages individuals not to be a burden on the community due to illness, or conversely, to feel responsible for maintaining their health for the sake of social interaction.

Third, elements such as trust, self-regulation, motivation, social support, and individual mindsets, which are crucial for achieving well-being, are formed and reinforced through symbolic interactions. For example, trust in the benefits of Posyandu or Puskesmas can be built through the good reputation of health workers who interact in a friendly manner (a symbol of friendliness) or through the real success of programs that are passed on by word of mouth. Motivation to change

may be triggered by social “cues to action,” such as invitations from neighbors to exercise together or reminders from religious leaders about the importance of maintaining physical health. Social support, as described in the background, is the most direct form of symbolic interaction that strengthens the individual's “self” in facing health challenges. Sharing information, advice, or practical assistance are all symbolic exchanges that give meaning and strength to individuals to maintain healthy behaviors. Individuals' mindsets also develop in line with how they interpret the reactions and expectations of those around them. If healthy behaviors are valued and facilitated in social interactions, then a pro-health mindset will become more deeply rooted.

The behavior of some people in Jatinangor who still prioritize curative measures and rely on over-the-counter medicines, even though they are aware of lifestyle diseases, can also be explained through Mead. This subjective reality is

CONCLUSIONS AND RECOMMENDATIONS

This study, with a total of 60 informants in Sumedang Regency, Jatinangor District, provides an in-depth understanding of the dynamics of individual health beliefs and collective healthy behavior through the lens of George Herbert Mead's Symbolic Interactionism Theory.

Each individual has diverse health beliefs, and the process of symbolic interaction plays a fundamental role in shaping and strengthening these beliefs. The majority of informants demonstrated good healthy behavior beliefs, driven by perceptions of vulnerability to disease and a strong belief in the benefits of preventive measures. This is in line with Mead's view that the individual's “mind” is not isolated, but is formed through the internalization of symbols and meanings shared in social

formed because the “meaning” of curative treatment and the accessibility of over-the-counter drugs are more dominant in their daily interactions than the meaning of prevention, which often requires more initiative. Community health centers, which are considered to be more focused on treatment, create a “Generalized Other” that positions community health centers as places for treatment, not prevention. Thus, the findings of this study not only confirm the relevance of the Health Belief Model in understanding the cognitive dimensions of individuals, but also significantly enrich that understanding by highlighting the central role of social interaction and symbolic meaning construction in shaping individual health beliefs and encouraging collective healthy behavior. Health, in Mead's perspective, is a product of the ongoing dialogue between mind, self, and society.

interactions. Discussions, experiences, and narratives spread throughout the community create a collective understanding of health and risk.

Creating supportive communities, promoting healthy lifestyles, and respecting others significantly improve psychological and physical well-being. These aspects are concrete manifestations of how ‘society’ influences the ‘self’ of individuals. ‘The Generalized Other’, namely the internalized expectations and norms of society, encourages individuals to adopt behaviors that are considered healthy and socially responsible. Social support, whether from family, relatives, or peer groups, has proven to be crucial. This support is not merely physical assistance, but rather a symbolic exchange (advice, motivation, sharing experiences) that strengthens individuals' self-confidence and their capacity to act in accordance with health goals. Collaboration and mutual support within groups create an

environment in which positive meanings of health are continuously reproduced.

This study confirms that beliefs, experiences, and information form the basis for action. Motivation, goal alignment, and self-regulation play a central role, and all of these are fundamentally shaped and reinforced through symbolic interaction. Strong beliefs in the concepts of healthy behavior, disease prevention, and prioritizing prevention are the result of internalizing these meanings from their social environment. In short, health and healthy behavior in Jatinangor are socially constructed products, where thoughts, self, and society mutually shape each other in a continuous dance of symbolic interaction.

Suggestion

Based on findings enriched by Mead's Symbolic Interactionism perspective, here are some strategic suggestions: Strengthening the Role of the Community as a Positive 'Generalized Other':

Focus on Strengthening Peer Support Groups: Rather than focusing solely on individuals, health programs in Jatinangor should prioritize the formation and strengthening of peer support groups (e.g., among K3L workers or mothers' groups). These groups can serve as a forum for the exchange of symbols and meanings about health, which in turn will strengthen the 'Generalized Other' that supports healthy behavior.

Facilitate Positive Social Interaction: Encourage health-oriented communal activities (group exercise, community nutrition programs, regular health discussions) so that individuals can actively internalize positive health norms and expectations from their peers. This will help create a more pro-health mindset.

Enhancing Individual 'Self' through Role-Taking in Health Promotion:

Story- and Experience-Based Education: Instead of merely providing factual information, health promotion should use narratives and testimonials from

community members who have successfully changed their health behaviors. These stories serve as inspiring symbols, allowing other individuals to engage in 'role-taking' and imagine themselves in the role of health change agents.

Engaging Community Leaders as Symbolic Agents of Change: Identify and train influential individuals in Jatinangor (e.g., K3L foremen, religious leaders, RT/RW heads) as "health ambassadors." They can become powerful representations of the 'Generalized Other,' providing effective cues to action and motivation through their daily interactions.

Integrating the Meaning of Prevention into Primary Health Services:

Shifting the Narrative of Community Health Centers: Community health centers need to be active in reconstructing their meaning in the eyes of the community, from mere places of treatment to centers of prevention and health promotion. This can be done through communication campaigns that emphasize preventive services, interactive counseling, and creating a more friendly environment for early health consultations.

Symbolic Education on the Importance of Nutrition and PPE: Develop educational programs that are not only informative but also change the meaning of unhealthy habits. For example, use strong visual symbols to show the impact of repeated cooking oil use or the importance of PPE. Education should be interactive and allow individuals to interpret and internalize new meanings about balanced nutrition and work safety.

By adopting this symbolic interaction-centered approach, health programs in Jatinangor can be more effective in changing beliefs and behaviors, as well as promoting the sustainable achievement of Indonesia Sehat 2030.

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