



Research Article

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 key foundation in achieving the Healthy Indonesia 2030 agenda and must be developed at both individual and collective levels. This effort is supported by the availability of health services across all levels to promote prevention, early detection, and disease management. This study explores health belief factors that shape healthy behavior among the Jatinangor community using George Herbert Mead's Symbolic Interactionism Theory. This perspective emphasizes that the meaning of healthy behavior is formed through social interaction, interpretation of social expectations (the generalized other), and symbolic communication processes. A qualitative approach was applied using in-depth interviews, observations, and focus group discussions (FGDs). The findings reveal that most participants possessed strong health beliefs, indicated by a high perception of health risks and a strong belief in the benefits of preventive actions. In addition, supportive community environments, ongoing health promotion, and mutual respect among individuals were identified as important contributors to psychological well-being. These factors reflect the role of symbolic interaction in shaping individual and collective health behavior. In conclusion, health beliefs, motivation, self-regulation, social support, and mindset formed through continuous social interaction—play a crucial role in achieving physical and emotional well-being. Therefore, strengthening community participation and peer support networks is recommended to enhance sustainable healthy behavior in the Jatinangor District.

INTRODUCTION

The realization of the Healthy Indonesia 2030 vision is fundamentally dependent on the widespread adoption of healthy behaviors by the public. A range of integrated

promotive, preventive, and curative efforts, supported by high-quality health services from community health posts (Posyandu) to hospitals, has established a critical foundation for this goal. However, the HealthCare Nursing Journal, Vol 8 No 1 | 262

success of health programs is determined not only by the availability of facilities but also by the awareness and initiative of individuals and community groups in maintaining their own health. This assertion is supported by a growing body of international research, which indicates that sustainable health outcomes are intrinsically linked to community empowerment and proactive health-seeking behaviors (WHO, 1986; CSDH, 2008). Therefore, a culture of health must be intrinsically motivated, driven by a strong understanding and conviction.

Healthy behaviors are not formed in isolation; they are profoundly influenced by social interactions and the societal context in which an individual resides. George Herbert Mead's (1934) theory of Mind, Self, and Society offers a comprehensive perspective on how these three elements mutually shape one another through social processes. According to Mead, the "mind" is the capacity for symbolic thought that arises from social interaction; the "self" is an identity that develops through role-taking and the internalization of the attitudes of others (the "generalized other"); and "society" is the network of social interactions that provides structure and meaning. In the context of public health, Mead's theory suggests that an individual's perceptions and beliefs about health—such as those described in the Health Belief Model (HBM)—do not emerge in a vacuum. Instead, they are constructed and reinforced through symbolic communication, group norms, and identification with social roles within the community. For instance, the perceived susceptibility to a disease can be shaped or strengthened through discussions and shared experiences within a social group, while the "generalized other" (internalized social expectations or norms) influences an individual's decision to participate in health programs. The theoretical synthesis of HBM's cognitive framework with Mead's interactionist perspective offers a more nuanced understanding of health behavior, a novel approach that recent studies have

begun to explore to bridge individual and socio-contextual models (Cockerham, 2005; Gustainis, 2017).

Sumedang Regency, particularly the Jatinangor District, presents a compelling setting for a study integrating social dynamics and group identity to gain a more holistic understanding of health behavior formation. Morbidity data from the local primary health center (Puskesmas) reporting system for 2024 underscores the urgency of this investigation. The top ten diseases in the region are predominantly lifestyle-related, including myalgia (10.10%), primary hypertension (10%), and unspecified acute upper respiratory infections (8%-10%). These figures strongly indicate that prevailing lifestyle behaviors in the Jatinangor community do not yet support optimal health. (UPTD Puskesmas Jatinangor, 2025). Field observations conducted in 2024 further substantiate these concerns, particularly among a community group of campus environment, safety, and order (K3L) officers at UNPAD Jatinangor (approximately 400 individuals from 12 villages). Prevalent unhealthy habits were noted, such as frequently skipping breakfast, insufficient intake of nutritious food, a preference for fried foods cooked with reused oil, and minimal consumption of fruits and vegetables. Furthermore, practices like sharing food without regard for hygiene and inconsistent use of personal protective equipment (PPE) while working exacerbate their health risks. Preliminary health screenings of these K3L members revealed findings of muscle pain, headaches, gastritis, high blood pressure, gout, and high cholesterol, which directly reflect the poor quality of health resulting from their lifestyle. This direct correlation between lifestyle and poor health outcomes is consistent with findings from numerous public health studies, which identify dietary habits and occupational risks as significant determinants of non-communicable diseases (UPTD Puskesmas Jatinangor. (2025)

A significant behavioral trend observed is the community's preference for curative action, often self-medicating with over-the-counter drugs, only after an illness becomes severe, rather than engaging in early health screenings or preventive measures. This reflects a subjective reality where the Puskesmas is perceived primarily as a center for treatment rather than prevention. This preference for curative services over preventive care represents a significant barrier to shifting the public health paradigm. This phenomenon can be understood through Mead's theory, wherein the socially constructed "meaning" of health services and the individual's "role" in self-care profoundly influence behavioral choices.

The process of health behavior change is an active and creative mental endeavor involving the internalization of social norms and values (Talcott Parsons in Sarwono, 1993:19). In this context, social support—whether informational, advisory, practical, or emotional—plays a crucial role (Khan & Antonucci from Orford, 1992; Lemme, 1995; DiMatteo, 1991; Sarason & Pierce in Baron & Byrne, 2000; Sarafino, 2002). Support from family, relatives, and close friends constitutes the most significant source. Group support, where individuals feel a sense of belonging and can share experiences, is also a powerful form of social reinforcement. This aspect of social support, which shapes the "generalized other" and influences the individual's "self," is highly relevant within the framework of Mead's Symbolic Interactionism.

Extensive research has previously been conducted on healthy living behaviors for disease prevention. Studies by Krieger (1994) and Trevino & Jacobs (1994) have highlighted the role of social pathogens and determinants of health status. Research by Callon (2007), Pollock (2005), Bullard & Wright (2009), Mascarenhas (2007), Pellow (2007), and Pulido et al. (1996a, 2000, 2015, 2016) has linked healthy lifestyle models and motivation theories to environmental contexts. Sigerist (1941), Zuniga (1994), and

Altman et al. (in Rao, 2008) have emphasized the importance of early health education. Wahuningrum (2015), using the Precede-Proceed model to analyze health promotion programs, demonstrated the suitability of models that focus on preventive aspects and underscored the critical role of health belief models and social support.

Preliminary findings from this research indicate a significant disconnect between the perceived importance of health and the daily practices of the community, highlighting the urgency of addressing behavior-based health issues and the prevailing focus on curative rather than preventive action. This gap is not unique to Jatinangor; studies worldwide have demonstrated that a strong reliance on curative care often coexists with low health literacy and underdeveloped preventive health beliefs (e.g., George Herbert Mead's, 1943). Therefore, driven by the urgency of this problem and the importance of individual belief models and social support, this study aims to comprehensively analyze the health beliefs that shape the health behaviors of community groups in Jatinangor, Sumedang. This investigation is fundamentally anchored in George Herbert Mead's theory, examining how "mind," "self," and "society" collectively construct and reinforce these beliefs and behaviors. By examining the behavioral aspects that influence health beliefs, identifying the determinants of these beliefs, and ultimately proposing an integrated model of health belief within community group behavior, this research aims to provide a richer understanding. It is anticipated that this model, enriched with Mead's social dimensions and tailored with specific factors relevant to the Jatinangor context, will serve as a more effective strategic guide for public health interventions, contributing to the national goal of 'Indonesia Sehat 2030'.

Theoretical Framework: Symbolic Interactionism and the Social Construction of Health Beliefs

This study is theoretically anchored in Symbolic Interactionism (SI), a sociological

perspective that emphasizes the central role of social interaction and shared meanings in shaping human behavior and society. The foundational work of George Herbert Mead (1934) posits that reality is not a fixed, objective entity but is socially constructed through communication and interpretation. Within this framework, individuals are not merely passive recipients of social forces but are active agents who create, negotiate, and modify meanings through their interactions with others.

In the context of health, SI provides a powerful lens to move beyond individualistic models, such as the Health Belief Model (HBM), which primarily focus on cognitive factors like perceived susceptibility, severity, benefits, and barriers. While the HBM effectively identifies what beliefs may influence behavior, it has been critiqued for its limited attention to how these beliefs are formed, sustained, and transformed within a socio-cultural context (e.g., George Herbert Mead's,1943). Symbolic Interactionism addresses this gap by illuminating the dynamic processes through which health-related meanings are constructed.

This study leverages Mead's core concepts of Mind, Self, and Society to enrich the understanding of health beliefs and behaviors in Jatinangor:

1. **Mind:** Refers to the individual's capacity to use symbols (like language) to interpret the world. Health beliefs, therefore, are not pre-existing but emerge from an internal conversation that is shaped by past and present social interactions.
2. **Self:** Is the identity that emerges from seeing ourselves through the eyes of others. Our actions, including health choices, are influenced by the roles we adopt (role-taking) and the internalized expectations of our community (the "generalized other").
3. **Society:** Represents the web of established social interactions and shared meanings that provide the context for individual action. Norms,

group habits, and collective practices related to health are all products of this ongoing social process.

By integrating SI, this research does not discard the components of the HBM but rather seeks to understand their social genesis. For instance, a "perceived barrier" to healthy eating is not just a personal calculation but a meaning constructed through conversations with peers, family practices, and community norms. Scholarly work applying SI to health has demonstrated its utility in explaining phenomena such as illness experience, patient-practitioner communication, and adherence to treatment, by focusing on the subjective meanings that guide action. George Herbert Mead's,1943). This study builds on that tradition to analyze how the collective health behaviors in Jatinangor are a product of a shared, socially constructed reality.

METHOD

Research Design and Rationale

This study adopts a qualitative approach to gain an in-depth understanding of the dynamics of individual health beliefs and collective health behaviors in Jatinangor. The choice of a qualitative methodology is based on the premise that health behavior is a complex phenomenon, inseparable from the subjective meanings embedded within individuals and community groups. To uncover these meanings and experiences as the basis for action, the researcher must engage in deep observation and interviews, consistent with the essence of qualitative inquiry (Lester, 1999). This approach focuses on understanding the meaning of events and their connection to individual actions in specific situations, making it highly relevant for exploring how symbolic interactions shape health realities.

Through the lens of George Herbert Mead's Symbolic Interactionism, this research specifically aims to:

- Analyze how the meaning of healthy behavior is socially constructed among individuals and groups in Jatinangor.

- Understand how the individual self develops and influences health choices through role-taking and the internalization of the "generalized other."
- Identify patterns of social interaction (society) that support or hinder the adoption of collective healthy behaviors.

The researcher's position in this study is to understand how community members in Jatinangor produce and reproduce their health-related lives. In line with Denzin & Lincoln (2009), humans are not just products of society but also agents capable of creating society through their daily activities. This aligns with the principles of Symbolic Interactionism, which emphasizes individual agency in creating social reality.

Participants and Setting

The research was conducted in Jatinangor District, Sumedang Regency. Participants were selected using a purposive sampling technique. The criteria for informant selection were based on their ability to provide in-depth information relevant to the research objectives. The study involved [400] participants, including key informants from community groups and stakeholders with knowledge of local health dynamics.

The key informants were members of the campus environment, safety, and order (K3L) workforce at UNPAD Jatinangor. Preliminary observations (August 2024) indicated that this group exhibits unhealthy lifestyle patterns and possesses rich interactional dynamics regarding health. This group comprises approximately 400 individuals with 14 supervisors, originating from various villages in the Jatinangor area, such as Cileles, Cikuda, and Cikeruh (Gunawan, et al., 2019). This selection allows for an in-depth examination of their health beliefs and the crucial factors influencing their behaviors, such as dietary habits, hygiene practices, and use of personal protective equipment (PPE).

Data Collection Procedures

Data were collected through the following methods:

1. In-depth Interviews: To explore the subjective experiences, perceptions, and interpretations of informants regarding health, illness, and healthy behaviors, focusing on how these meanings are built and shared through social interaction.
2. Participant Observation: To directly observe the informants' daily activities related to health, their social interactions in health contexts (e.g., during communal meals or work), and how these practices reflect internalized collective norms.
3. Focus Group Discussions (FGD): To facilitate group discussions, allowing the researcher to observe how health-related meanings are negotiated, debated, or reinforced in group interactions and how the "generalized other" manifests in their social dynamics.

Data Analysis and Validity

To ensure the validity of the data, this research employed triangulation. First, source triangulation was conducted by comparing data from various informants to ensure consistency and depth. Second, methodological triangulation was applied by comparing data obtained from interviews, observations, and FGDs. This approach ensures that the findings are consistent across methods, thereby producing a more comprehensive and valid understanding of how individuals, as agents, co-create their social health reality in Jatinangor.

Analytical Framework: Applying Symbolic Interactionism

In this qualitative study, the analysis is not focused on measuring independent and dependent variables. Instead, the analytical framework is centered on exploring how the core concepts of George Herbert Mead's Symbolic Interactionism manifest in the lived experiences of the participants in Jatinangor. The analysis focused on the following themes:

1. **The Symbolic Process in Health Beliefs (Mead: Mind):**

- Exploring how individuals construct meaning about health and illness through daily interactions.
 - Analyzing the use of symbols (language, gestures, stories) in health-related communication and how these shape perceptions of susceptibility and benefits.
 - Examining how individuals' internal dialogues about health are influenced by the "voices" of prior social interactions.
2. **The Formation of Self and Roles in Collective Health Behavior (Mead: Self & Role-Taking):**
- Understanding how an individual's identity (self) related to health and illness is shaped through role-taking within the community.
 - Analyzing the influence of the "generalized other" (internalized community norms) on health decisions, such as the normalization of skipping breakfast or inconsistent PPE use.
 - Exploring how social support influences the development of self-efficacy and motivation for healthy behaviors.
3. **The Structure of Social Interaction and Its Influence on Health (Mead: Society):**
- Investigating patterns of social interaction within the K3L group that facilitate or hinder the adoption of healthy behaviors.
 - Identifying the collective norms and habits that influence their health beliefs and practices.
 - Analyzing how health institutions (like the Puskesmas) are interpreted and utilized by the community and how this socially constructed meaning shapes health-seeking behavior.

DISCUSSION

This study set out to explore the health beliefs and collective health behaviors within the Jatinangor community through the

theoretical lens of George Herbert Mead's Symbolic Interactionism. The research revealed a significant paradox: while community members demonstrated a high level of health belief, characterized by strong perceived susceptibility to lifestyle diseases and a firm belief in the benefits of preventive action, this did not consistently translate into preventive behaviors. A preference for curative measures, particularly self-medication, remains prevalent. This conclusion synthesizes these findings, articulating the study's primary contribution, its practical implications, and directions for future inquiry.

The central contribution of this research lies in its elucidation of how social processes shape individual health cognition and action. By applying Mead's framework, the study argues that health beliefs, while appearing personal, are fundamentally social products. The concepts of perceived susceptibility and perceived benefits are not formed in a cognitive vacuum but are constructed and reinforced through symbolic interactions within the community—the sharing of stories, experiences, and warnings. Furthermore, the development of a health-oriented "self" is profoundly influenced by the "generalized other," or the internalized normative expectations of the community. This research advances the discourse beyond conventional Health Belief Model (HBM) applications by demonstrating that the social construction of meaning is the critical mechanism that either activates or inhibits cognitive beliefs. While other studies have confirmed the importance of social support (e.g., George Herbert Mead's, 1943), this study specifies that support functions as a symbolic exchange that strengthens an individual's "self" and motivation. Conversely, the persistence of curative behaviors is explained by the dominant social "meaning" assigned to clinics as purely treatment facilities, a socially reinforced idea that creates a powerful barrier to preventive engagement.

The findings carry significant implications for public health policy and practice, particularly in pursuit of the 'Indonesia Sehat 2030' vision. First, health promotion strategies must shift from one-way information dissemination to facilitating community dialogue. Interventions should focus on creating spaces where new, health-positive symbols and meanings can be collectively negotiated and adopted. Second, interventions must actively work to reshape the "generalized other." This can be achieved by leveraging influential community figures and social networks to champion preventive norms, thereby making healthy living a valued social identity. Finally, the socially constructed meaning of health facilities like the Puskesmas must be deliberately transformed from purely curative centers to hubs for wellness and prevention, a change requiring shifts in service delivery, branding, and community interaction.

While this qualitative study provides a deep and nuanced understanding of the social dynamics in Jatinangor, its context-specific nature means its findings may not be directly generalizable. Future research should aim to build upon these insights. Quantitative studies could be designed to measure the correlation between the intensity of social interaction and the adoption of preventive behaviors on a larger scale. Comparative research across different socio-cultural settings would also be valuable to test the transferability of this integrated theoretical model. Furthermore, longitudinal studies could track how health-related meanings and behaviors evolve over time in response to targeted, socially-focused interventions.

In essence, this research concludes that health is a continuous dialogue between the mind, the self, and society. To foster a healthier public, we must look beyond influencing individual cognition and instead focus on transforming the social worlds where health beliefs are born, shared, and ultimately acted upon.

CONCLUSIONS AND RECOMMENDATION

This study, conducted in Jatinangor District, Sumedang Regency, provides an in-depth understanding of the dynamics of individual health beliefs and collective health behaviors through the theoretical lens of George Herbert Mead's Symbolic Interactionism. While each individual holds diverse health beliefs, the findings reveal that symbolic interaction processes play a fundamental role in shaping and reinforcing these convictions. The research indicates a pattern of strong health beliefs among participants, driven by a high perceived susceptibility to disease and a firm conviction in the benefits of preventive measures. This aligns with Mead's view that the individual 'mind' is not isolated but is formed through the internalization of shared symbols and meanings. Discussions, experiences, and narratives circulated within the community create a collective understanding of health and risk.

The creation of supportive communities, the promotion of healthy lifestyles, and mutual respect among members significantly enhance both psychological and physical well-being. These aspects are concrete manifestations of how 'society' influences the individual 'self'. The 'generalized other'—the internalized norms and expectations of the community—guides individuals to adopt behaviors deemed healthy and socially responsible. Social support from family, relatives, and peer groups proved to be crucial. This support transcends physical aid, functioning as a symbolic exchange of advice, motivation, and shared experience that strengthens an individual's self-belief and capacity to act on health goals. Collaboration and mutual support within groups create an environment where positive health meanings are continuously reproduced.

This research affirms that beliefs, experiences, and information form the foundation for action. Motivation, goal alignment, and self-regulation are central to this process, and all are fundamentally shaped and reinforced through symbolic

interaction. A strong belief in healthy behaviors, disease prevention, and the prioritization of preventive care is the result of internalizing these meanings from the social environment. In essence, health and healthy behavior in Jatinangor are socially constructed products, where mind, self, and society are perpetually shaping one another in a continuous dance of symbolic interaction.

Based on the findings enriched by the perspective of Mead's Symbolic Interactionism, the following strategic recommendations are proposed:

1. Strengthening the Community's Role as a Positive 'Generalized Other'

- **Focus on 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 incubators for the exchange of health-related symbols and meanings, thereby reinforcing a 'generalized other' that champions healthy behaviors.
- **Facilitate Positive Social Interaction:** Encourage communal, health-oriented activities such as group exercise, community nutrition gardens, and routine health discussions. This allows individuals to actively internalize positive health norms and expectations from their peers, helping to cultivate a more pro-health 'mind'.

2. Enhancing the Individual 'Self' through Role-Taking in Health Promotion

- **Implement Narrative-Based Education:** Instead of merely providing factual information, health promotion should utilize narratives and testimonials from community members who have successfully changed their behaviors. These stories act as inspiring symbols, enabling others to engage in 'role-

taking' and envision themselves in the role of a health-conscious agent of change.

- **Engage Community Leaders as Symbolic Agents of Change:** Identify and train influential individuals in Jatinangor (e.g., K3L supervisors, religious leaders, neighborhood heads) to act as "health ambassadors." They can serve as powerful representations of the 'generalized other,' providing effective cues to action and motivation through their daily interactions.

3. Integrating the Meaning of Prevention into Primary Healthcare Services

- **Shift the Narrative of Primary Health Centers (Puskesmas):** The Puskesmas needs to proactively reconstruct its meaning in the public eye, shifting from a place of treatment to a center for prevention and health promotion. This can be achieved through communication campaigns that emphasize preventive services, interactive counseling, and creating a more welcoming environment for early health consultations.
- **Promote Symbolic Education on Nutrition and PPE:** Develop educational programs that are not just informative but transform the meaning of unhealthy habits. For example, using powerful visual symbols to illustrate the impact of repeatedly used cooking oil or the importance of Personal Protective Equipment (PPE). Education should be interactive, allowing individuals to interpret and internalize new meanings about balanced nutrition and occupational safety.

By adopting this symbolic interaction-centered approach, health programs in Jatinangor can more effectively transform beliefs and behaviors, thereby fostering the

sustainable achievement of 'Indonesia Sehat 2030'.

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