

THE BALANCE OF BIOCULTURE AND SOCIOCULTURE WITHIN FOOD CULTURE (Case: Obesity at Buginess Ethnic)

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ABSTRACT

Many phenomena about eat culture create a gap and conflict between the culture and health perspektif in order to satisfy any need of biocultural-biosocial and socioculture. This research aim to analyse a conception about biocultural – biosocial and socioculture to eating in culturization. A qualitaive descriptive by Grand Theory used a kind of this research. Obesity and its characteristic as subject of this study. The primary ad secondary as source of data. Any data collected by observation, interviews and documentation. A qualitative used to analyze data. The result of this research indicated that there are a gap and conflict between the culture and health perspektif in order to satisfy any need of biocultural-biosocial and socioculture particularly for the at culture. The culture viewed that obesity is a eat culture product which represented culturization and social predicate it. The health look at be unbalance food intake need a body. The gap occur caused the culture perspective oriented socioculture dimension as macro locus dan the health stressed a bioculture ones. The social culture element can be able create a routinely eating behavior or attitude many people which often contrast or different with a food intake standard. The phenomena of bioculture not one single determinant but there are other determinant influence eat culture namely socioculture and ecoculture. Their relation are reflected at knowledge system, economy, traditionally ritual, and culture process. The eat culture include bioculture, socioculture and ecoculture. For its balance require to apply any principle of health and value of culture into eat cultur so need integrated- internalized them.

Keywords: bioculture, socioculture, balance, eat culture, health, culture

INTRODUCTION

Today, conception about bioculture and socioculture are not be easy or difficult to actualized by every one both individual, family and community include the health community. On the one side, bioculture need is sometime more dominant but they neglect their socioculture aspect, and other side there are people make more priority to satisfy their socioculture need but they are less pay attention to satisfy bioculture need both within their eat pattern and body image. Many people don't or less still to understanding their bioculture need in order to regulate their eat pattern and to image their body. This is caused their knowledge about food in balance are relatively less or not be enough. Then, many people make high priority for bioculture but they neglect their socioculture aspect.

Of course, not balance between bioculture and socioculture aspect can be appear an implication both medical or healt and culture. Its domination socioculture need can be caused someone (man and women) less be able to controlling his/her

behavior to eat, over food consumption, and then implicated over weight physic body, over food and their psychosocial attitude or behavior be negative. Then, if bioculture need more dominant, so can be cause someone get more rule burden about food need which must be always ready or given available for his/her for while their economy can not be always support their need, and the condition can be too implicate to create economy and psychology burden to them.

People condition by different social economy background be often cause they neglect their bioculture need. Social economy condition as like education level, knowledge, experience, motivation, and income can be support or not supporting someone to satisfy their need both bioculture and socioculture need. But, the better social economy condition can be too create an balance to satisfy bioculture and socioculture need.

In the health perspective, bioculture-bioculture be always more pay attention and stressing to kept physical

body health through a better eat pattern regulation and ideally body image. By contrary, at culture (ethnicity) perspective, socioculture-socioeconomy be always oriented to actualize a welfare, to kept body health by eat pattern and body image base on their willing.

To analyze by more, gap between health and culture perspective againts eat pattern and body image are basically caused each other perspective have been less integrate a biology-cultural-social aspects, so that they are too difficult to actualize the balancing between bioculture and socioculture. At health, eat behavior which less based on the bioculture aspect can be considered as abnormal and have a potency to appear a disease especially is non communicable diseases . But at culture, eat behavior of someone considered not be necessary guided to the food standard for someone consumed the eat by happy, make their seoul/batin in peace, and they owned a perception that so more eat so better, if their body physic be grow more solid-filled and fat so better.

Different view of the second perspectives are tend to influence many people both their eat pattern and eat behavior and their body image. Busily activity phenomena be often make someone take need and select instant any food or fast food which neglect food intake need aspect. So then, someone by life style developing are too often influence their eat pattern and body image. Motivation someone which expected an physical image his/her body be solid and fat often shown over eat pattern behavior which neglect biocultural-biosocial aspects. And then, if someone make priority to satisfy food nutrient often neglect any value and trust in their socioculture system.

Base on the phenomena, so main issue and problem in this research is the balance of bioculture and socioculture within eat pattern and body image. The balance of second aspects be more important to actualize them so that not be happen a dichotomy and gap at satisfy food

need and eat pattern behavior and body image. Other side, more expected a synergy relationship of the bioculture-biosocial (health perspective) and socioculture aspect (culture perspective) be created them.

METHODS

Research approach

The research approach is qualitative, namely a research study which make a completely description about invention result in the field by using any fundamental theory given available to analyze and clarify amount phenomena about the balance of bioculture-biosocial (health perspective) and socioculture aspect (culture perspective).

Kind and Resource of Data

There are 16 (sixteen) people (man and women) in obesity as research subject. A qualitative and quantitative data used as kind of data. The qualitative data came from observation and interview result with informant. The quantitative include obesity statistic and characteristic, obesity prevalency in percentage, weight and tall of physic body, eat frequency, food kind and portion amount have been consumed by obes in a day. Data resource instead of primary data (this is directly get in the field, as like: observation and interview results, and secondary data (get from literature, documentation and normative policy, internet, and from hospital/community health central or medicare centre, include department-related it).

Data Collection Technique

There are three technique used are observation, interview and documentation. Observation be done by directly in the field or object investigated over really condition occurred it, by systematical recording on the phenomenon include: eat pattern/behavior, eat frequency, obes actions to choice and consumed any food, their activity, interaction and communication both in the family or household, job and public area. Interview by use a guide be directly conducted, structure and more in

depth with key informant and key speaker. At interview, investigator as participant involved together with informant both in the home, job area or other location in order to interview. Documentation be done by literature study and explore other written source particularly related with data and information needed for this study.

Research Instrument

Main instrument are self-researcher which supported by interview guideness and arranged base on the operationalization of indicators at investigation focus. In order to easier any data recording and validation so used instrument as like field notes, pen, stips, and also tape recorder, digital camera and other electronic ones.

Data Analyze Technique

At this research, a qualitative approach and comparative study used as data analyze. The qualitative is describe any phenomenon which happened in the field by using any theory basic in order to solve any problems, and comparative study used to compare bioculture-biosocial (health perspective) and socioculture aspect (culture perspective). A deductive used to make conclusion.

RESULT AND DISCUSSION

Result Research

Characteristic of Obesity

Base on the research result that 87,5% obese are women and 12,5% man. This indicated that women owned a obesity potency more than man. Their age in variation from lowest 30 years and highest 57 old years. This mean that obesity can be happen at productive age. Obesity found at all education level from not be graduate elementary school until to scholarship graduate. About job or profession of obesity, 43,7% have clear job include as officer or employee of government, trader and fisherman, 56,3% worked as administrator of household. This mean that obesity at all kind of job or profession.

Obesity or family have income variation, from lowest under or less Rps.1

million until to highest over Rps.10 millions, and even up to Rps.50 millions per annual. These mean that obesity happen at all income level both lower and higher. Obesity history be varied from 1 year to 20 years. This indicate that existency of obesity can be long time and give an experience about their condition.

All obesity have stomach cycle measurement varied from lowest 103 up to 127 centimeters, or average more 100 centimeters at 16 obesity. These have correlation with Body Mass Index (BMI) value from each obesity. This mean that so greater stomach cycle measurement so higher too value. Lower value is 30.0 and higher 38.0.

For all description indicate that obesity of Buginese ethnic have characteristic of social (age, education, job or profession, social status), economy (life source, income), and health (stomach cycle measurement and BMI value). There are different and equality at obesity, and all phenomena can be found at all level both age, education, job or profession, income, history and stomach cycle measurement and BMI value.

Eat Behavior and Food Intake

Result of this research indicate that 87,5% obesity consumed main menu of food by average 2 or 3 times a day, and among them are too consume snack dish or cake which equal with non-obesity in the general. Food intake consumed by them more dominant contain fat and carbo and also energy. This phenomena indicate that obesity can be caused by biologic factor. Obesity has a habitual and hobby or like consumed any food by high calori without significantly exhale so that easier a problem happen with over body weight. By other say that obesity appear because amount calory be intake via food more than amount calory burned it. This intake have been occurred for years or along time which result a fat collection into body.

Obesity by physical characteristic, food intake and eat supply, and eat behavior have been symbolized as statute over

nutrition. Food nutrient condition include process in supply and usage any food nutrient for body growth, development, kept and activity of body. Over food nutrient can be happen from some result namely unbalance food intake, disease factor, absorption and infection (Depkes RI, 2000). Although obes eat overcapacity (2-4 times a day consume main food) but the most adding dishes they consumed food intake more dominant compact energy.

Its phenomenal that among obesity have a custom to buy food and drink as like bakso, donat, soft drink, es teller, es doger, and they have too habit to eat food fry, snack, and or other kind of food that have a over nutrient value and appear an impact from over nutrition problem, so that they are difficult to avoid obesity or over body weight as a consequence. The result of nutrient problem have been caused a change in body size and form or influence a nature body structure change which clinical called obesity. The change appear signs and phenomenal at physical body.

The satisfy a nutrient need be one of important aspect in the medical care. Partially, nutrient statute can be measured by antropometri (the measurement a certain part of body) or biochemical or clinical measurement. The nutrient statute is a condition which resulted by balance statute between food nutrient intake and nutrient need for physical body in order to satisfy biologic process variation. The phenomena of obesity subject (patient) increase be difficult separated from eat pattern by highly calorie and fat and fibre consumption. Obes (obesity) has a habitual more like or often consumed instant food service which contain a highly kalori value and cause over calory in the body or person, changed and save to be fat body.

Obes not completely understanding and pay attention yet any nutrient statute indicators about balance condition between intake and need of food nutrition by body for vary biologic process them. These are enough reasoned remember that food intake and supply consumed by obes

contain a highly kalori and lower fibre so that happened an unbalance a food intake or supply into their body. Food intake into obes body have a biologic process and influence body organs function, so that if food intake more contain kalori so structure of body organs will be contained by fat. The choice of obes to food supply influence food intake into their body, and therefore their choice be difficult separated from influence their cultural.

Generally obes recognized that they have been never fathom (surprise) their body can be change become fat or obesity. For the change process, all obes too recognize that they never mind to be self-trouble, they eat any food given available or anything can be eaten them, their mind and seoul have been always calm, they are not wish to make dizzy with any family problems or other ones, they let their free life and enjoy, always wish to eat and feel nice or pleasant to eat, always wish to sleep and healthy in slept. All those reality indicate that process of obesity signed by transformation any social feeling as like calm mind and seoul, happiness, satisfaction, growing or developing at a body form change without special treatment. If compared with someone effort to make diet in order to be less his/her body weight or doing a slim, so can be say that obesity process is more easier than diet process.

The welfare and food nutrient degree of community or people can be measured through nutrition statute. Therefore, nutrient problems are necessary viewed as one of determinant factor to support or buffering life welfare both individual, family and household and community toward promote a human resource quality of Indonesia, as part of completely human development. Base on the condition so can be conceptualized that obesity process in the medical view or health perspective which only look at biocultural-biosocial phenomenon, is still weak. Such that obesity process from Ethnic view which too only pay attention

toward sociocultural phenomena, is still weak. Therefore, they are necessary integrated biology, social and cultural process to explore any obesity process phenomena.

Among obes, although parts their body are fully fat contained and flesh clump, their stomach cycle size be grow up, their body weight increase, nevertheless they are actively steady to do daily domestic activity in their household or family (for obes that manage household), they conduct their job or profession in the office (for obes that working as officer or employee), or to do trade or business activity (for obes as trader or entrepreneur); they are actively steady to interaction with around environment like as non-obes establish their activity. In shortly that they (obes) are stead to do their social role in daily.

Many more encouragement or advocation (in Bugis ethnic called *Appasingerrang*) given to obes have very related with effort to promote food nutrition quality, keep their body health and eat culture, avoid theirselves from stall, prevent a disease, keep mental and seoul healthy, to actualize their happiness and welfare include to safe their thereafter life. The conception on *Pemali* (prohibition) and *Appasingerrang* (to advice) in the eat culture owned Bugis ethnic suitable with stated by Suhardjo (2003) that the role of culture value are still tend to different toward food or eat, example certaint food matter by a community culture can be considered 'taboo' (prohibition order) for consumption caused certaint reasons, for the temporary while there are food considered have a highest value both economic and social aspects within food dish particularly at life cycle ceremonies related with believe and religion system.

The food pattern or eat custom (social determination) or food habitual among obes can be influenced by many factors like as custom, pleasure, and believe or trust system, economy stage, age and experience. Food pattern and life

style (social determination) among obes of Bugis ethnic are two aspects which unseparated within eat culture, inspite of not be always influence their eat culture. Exogen factor include social culture, geography and demography characteristic, economy system and perception or any way used someone that has widely insight about eat and his/her body among obes (knowledge, believe, pleasure, price, prestige, known food better, feeling/appetite, tolerant, satisfied to body) have been important influence toward eat culture with obesity. Such as genetic or hereditary influence (endogen factor) against obesity is too difficult losed which make synergy with influence of eat culture.

Customs of someone with obesity owned together by a group at Bugis which have culture with equally amount mindset patterns and behavior come from learning process. The culture at the ethnic can be formulated as a set pair of believe, value and behavior method or custom that they learned and owned together with by all citizen include obes.

In the culture of Bugis ethnic, eat pattern and behavior are two things different. Eat pattern is more preferred to the amount portion of food and its kind liked and often consumed them. For eat behavior more guided to behavior and motivation to the food, intensity to consumed any food at the certaint time, attitude to face and treat food. Culture value of Buginess stressed that over capacity eat pattern and behavior are not benefit for physical body healthy, and can be considered or personified a bad character like as greedy attitude. Thus in the social norms are too regulated like as lie down after finish eat will be own bigger stomach, eat in front of home gate can rise a warning from evil and be ill or sick, someone prohibited eat while speak and valued bad attitude, and every one can't mixed many kind of food into stomach and to eat all considered greedy and their body impressed negative image.

DISCUSSION

Obesity story reflected a problematical about medical insight which not own yet a clearly parametre (measurement) on how long time (year) occurred a pile of overly fat net until can create an obesity. The formulation and application are necessary a special study in quantitative research to actualize a role of medical control against phenomena obesity in process or biocultural phenomena. Study on biocultural phenomena toward obesity can be conducted after eat or food into body by over capacity and establish a biologic process and have an influence to body organs functions.

The problem rise that, study on biocultural-biosocial phenomena not enough or not optimum yet in order to determinant from obesity process, because there are a contribution of psychosocial and sosioculture (social feelings like as happiness and trust value) which too give a contribution to obesity and other side much many consumption main menu of food and substitution have high energy and also less active to do activity inspite of they are steady in obesity.

Many more literature shown that eat pattern and life style (social determination) are very influenced by a background of the social culture system where someone stay. In generally, study about social culture system as related with obesity conducted in order to explore any information from people or community which oriented to clarifying a phenomena of social and culture determination. Kind of snack consumed by obes when they after eat main dishes at interval time or intermesso generally have higher energy, so that suitable with said by Nurul Irawan and Hidayat (2007:3-4) that nutrition factor as cause resulted their customs consumption many food by high energy.

Medical or health insight like as said by Soetjningsih (1995:186) that factor caused obesity are abnormal function of hipotalamus so that hiperfagia (overly appetite) be reason rise a disturbance at

satisfied central in the brain, are not fully right. Insight too suitable with statement Soetjningsih (1995:186) that estimated mayority obesity caused by interaction between genetic and environment factors include: activity, life style, social economy and nutritional namely food pattern or eat behavior. Environment factors for someone play a significantly role, include their behavior and life style pattern (example what they eaten and frequency to eat and how their activities). Physical activity factor is the main component from energy expenditure.

If some opinion above mentioned related with kind of snack which they consumed after main dishes, so can be understanding that although average 2 or 3 times consumption main dishes but eat behavior of obes against kind of snack or add dish are more than and not regulate or not in a good order and uncontrolled them. These mean that if viewed from medical or health insight, can be say that eat behavior of obes against kind of snack or adding dishes are tend more than main dishes so that be a cause factor or given a main contribution for obesity.

As related with, medical or health perspective is too own insight about obesity occurring process, like as stated by Suhardjo (2003) that obesity rise because amount calorie into a body via food more than burned it, and if these condition have go for years so will be result a collection or pile a overly fat net in the body. If the opinion related with obesity happened among Buginess people at *Mangkoso Barru*, can be get an understanding that, bioculturally, main food dishes and adding snack dishes are majority saved as energy calori that not be burned it.

Amount great food intake both main dishes and add dishes that consumption by obes or into body of obes, not be burned because they are less sport activity, less movement, so that food intake many more saved as calory, and furtherly cause pile overly fat net in collection in the body of obes after years. Therefore, satisfy a

nutrition in balance suitable with one of the goal expected to achievement at Nutrition Repairment Program (Depkes. 2000).

For further analyse about nutrition problem of obesity in the context clinical or health, so can be said that food or eat not only be biologic problem at symbolic meaning toward social statute of obese but it is too about cultural problems, so its right said by Mudanijah (2004) that food as biocultural problem. Its problematical that medical insight not own yet a clearly parameter about how long time (year) pile overly fat net in collection occurred until can rise an obesity. How amount calorie into obese body via food and amount not burned up to obesity.

Medical or health insight as stated by Suhardjo (2003) about long time (year) overly fat net collection occurred and amount calorie into the body of obese via food and not burned which rise obesity, is still necessary clarified him, because until today not found yet one concept or research result to answer the problem. These reality indicate that other side biocultural phenomena, there are other phenomena that give a contribution for obesity happening, namely socioculture-psychosocial. Base on the phenomenal, can be said that medical or health insight like as stated by Sandjaya (2005) about the role factor less movement in activity that can be cause an obesity, is not fully right.

Nurul Irawan and Hidayat (2007) tell that research in advance country get a relationship between lower physical activities with obesity case. Individu with lower activities has a risk to increase 5 (five) kilograms body weight. For while, nutrition factor resulted by custom someone take high energy food consumption. This opinion is not too fully in right or less suitable with research invention at Buginess ethnic. Base on the situation so medical or health insight is necessary look at social culture function of food which influence or can be cause obesity, because at the function given available a knowledge system, economy, manners and customs

and also culture process that influence someone to select kind of food, food processing, and ways to do consumption. On the other hand, ethnic insight is too necessary to considerate biocultural-biosocial dimensions of food because there are saving process and exhale calorie in order to keep a balance of energy system within a body and food pattern which can be influence body organs.

Related with food pattern, Mudanijah (2004) state that food pattern is ways someone or group conducted an activity related with food according to social culture system. This opinion is still weak because food pattern not only as a way to do activity base on the social culture system but is too as tendency behavior, knowledge system and motivation, and also related with biocultural and biosocial system. Furtherly analyses indicate, it is right the medical or health insight that abnormal food pattern can be cause obesity, but research result shown that normal food pattern is too can be cause obesity. Base on the analyse so can be made a hypothesis that: normal and abnormal in food pattern can cause obesity. For years, someone is eat main menu dishes 2 or 3 times a day and take a snack consumption both in order to overcome hungry, stabilize strongly physical and spiritual power and satisfaction with to eat which is filling to enjoy spiritual calm, enjoy inner peace and pleasure, to do daily activities and regulate rest time, to conduct a health control if there are ill symptom or sick feel. At the certain time, body indicate a form change by naturally become *padat* and *berisi* which rise a happy feeling, cheerful, happiness, and pride them. Body is steady kept so that in healthy and productive, and take a medical treatment if get a disturbance.

The condition can not fully received yet because abnormal food pattern that can be determinan obesity namely eat in many portion (*binge*) and eat at midnight, evertheles, all it are too necessary considered factors cause someone eat in

great portion and eat in midnight. Research invention shown that there are obes often weak up in midnight to eat because hungry, but among obes only eat twice a day, or other obes have food pattern by average three times a day, so of course can't be said simultantly as abnormal food pattern because too be done by non obes. Base on the reason so can proposed a concept that abnormal food pattern that can cause obesity are to eat much many main dishes and add dish menu selingan, not be order and not be controlled when they eat with high hasrat toward all kind of food and not following a balance movement activity them.

Environment as place or location for obes in order to establish their life, doing an interaction with around people and natural environment, they actualize their self, keep or care their health, get food nutrition sources. Viewed from health perspective, any problem about food sources jajanan which get from around environment and its contribution to life style and then cause obesity. These situation indicate that environment dimension is necessary considerate natural aspect and harmonization between human being with natural and animal beside to adopted value of human behavior in order to use many more food sources and manage their environment for promoting physical body health, psychology and sociocultural stability for them.

Political dimension like as leadership role in the organization or community, human rights, freedom and responsibility value, ability and capacity tell an opinion or aspiration in the democracy, competency to manage their life by certaint strategy. All of it necessary to be part of symbolic meaning against social statute with obesity. The conception indicate that political dimension must contain a health behavior both physical and mental, empowering self potency and leadership, their role in the community or organization, ability to manage body be ideal and health.

Its right an opinion stated by Mechanic that task of medical can be only effectively implemented if considerate biological and social-psychology factors (Kalangie, 1994:172). Its begin to explore any role of social-culture factors for medical successful to apply any tasks be basic for its growth and development sociology medical (Sunarto, 2009).

Medical simptoms that rise by food biology process in the body can be separated from socioculture and psychosocial aspects or factors. Therefore, health perspective that only guided to the biology process factor, is weak. This is suitable with statement Sarwono (1993) that since human have an awareness that the health not only physical but too about mental and also social condition of someone. Thus, opinion Sarwono is not comprehensive yet because only touch biology, psychology and social dimensions, which must be include culture, economy, environment and political dimensions.

The health perspective is only tend to use emic approach to put biology process factor as single instrument to meaning a symbolic, but in contrary still neglect ethic approach (don't look other factors like as psychology, social, culture, economy, environment and politic) as basic for consideration them. These are not enough if only based on the emic approach. Its ideal, emic and ethic are integrate but comprehensive them. Biosocial, psychosocial, socioculture, socio-environment, socioeconomy and sociopolitic factors must be integrate together with.

The statement Mechanic (Kalangie, 1994:172) is more clarifying that the health perspective can't be only using medical job to mean symbolic against social statute of obesity, but must be integrate the socioculture role. This is suitable Sunarto (2009) that usage the role may be medical domain and also can insurance a successful for implementation medical job.

Food pattern with pleasure get by obes caused their behavior to establish an

effort or job are too successful, which can be trusted to give a yield and make their mind and soul be calm so that they enjoy to eat. To eat by comfortable and nice believed to make their desire to supply food into their body so strongly and great. Ability to satisfy physical need clothing and food as wish them, too mean that need to eat more and more enough, body felt enjoy to food consumption. Their life source have a role to create a balance in activities and eat, and regularly food pattern.

Their knowledge and attitude aren't support yet for eat culture them. Among obes are basically know and understand that food consumption or eat is fine, less nafsu makan signed bad for their health, and contrary that great appetite indicate healthy. Their knowledge like that influence their attitude to satisfy appetite for food. Social culture feelings owned by obes cause among obes are tend to kept their trust to their food pattern and they berasumsi that not problem with their health. But other obes are effort to change their attitude toward food after be sick, although the ill not significant and not related with obesity.

The desire to satisfy appetite causes the obesity diet to be of higher intensity, which also means that the interaction of obesity with food is more frequent. In the view of Bugis ethnicity, this interaction in eating patterns with obesity is meant to be symbolic as welfare and happiness and pleasure. Buginess ethnicity, like ethnic Samoa in Carolin's research, adheres to the understanding of cultural values that: the more food is better for the body and health, such as the phrase *"naiya to macommoe pede maega inanre na manyamengngi manre, pede maloppo na makanja lanro alena, medecengngi pakkalionna"* (more fat people eat more and more delicious, the bigger and better body, healthy and prosperous worldly life).

Body care and health are essential elements for everyone including obesity. The need for body care and health often makes someone use certain methods

according to their knowledge, experience and abilities. Among obese visible face and body clean and well-maintained in accordance with natural conditions. Besides that, it also looks healthy, easy and delicious to be invited to tell stories or communicative, its attitude is friendly and polite with its Bugis cultural values, preserving the culture of the matanre siri in caring for its body according to the values of Siri'na Passe. They do not use technological assistance in treating their bodies so that their bodies look original and natural. The reality is in line with the symbolic meanings such as: "... jajitu wita'tu babuae", "malise-lise na makanjato tappana", "pakkaleng makanjae iya mallise'pappada ase ', the form of eating is pappadae ana'lolo mappakarennu rennu, mpekke'makanjae pede' Maloppo, the owner of the food.

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The body with obesity in the view of health contains behavior or from the cause of social behavior that supplies too much food into the body but its intake is not

balanced with the use of the body. The most food intake supplied to the body is high energy, and consequently fat deposits occur. Fat deposits are further aggravated by a lack of movement and exercise activity which causes relatively less fat burning, which makes the body potentially at risk of disease. The reality of such a biological process is then interpreted as symbolic behavior of the disease. That is, obesity is considered to create and maintain disease in the body due to behavior in consuming food that exceeds the nutritional adequacy rate.

Overall from the description it can be concluded that, the health perspective views social behavior with obesity as behavioral, as an abnormal diet, as irregular and excessive eating behavior, as eating behavior with unbalanced nutrition menu, as lifestyle behavior, and as a behavior with medical symptoms that require medical treatment is not entirely correct. Obesity social behavior both from an ethnicity perspective and a health perspective requires integration in the interpretation of biocultural, biosocial, psychosocial, ecocultural, and sociocultural symbols.

Coleman (1984) is right about the role of biological, psychosocial and sociocultural factors in obesity, because these three factors significantly influence the obesity process. However, these three factors need to be seen as a whole, not partially or separately. Obesity is difficult to be released from the biological, psychosocial and sociocultural dimensions, because in obese people, there is a penchant for consuming high-calorie foods without significant release which has the potential to increase excess weight; the existence of eating habits in families who always want to satisfy the desire to eat family members, including the assumption that the more food is getting better, otherwise laziness to eat or lack of appetite is considered to be bad can cause illness; the existence of cultural value symbols that a body that is dense and filled or fat gets a

place in the community that is interpreted as welfare / wealth, power, prosperity, strength.

Obesity arises because the number of calories entered through food is more than the calories burned, this condition lasts for years will result in accumulation of excessive fat tissue in the body. Obesity is a multifactorial disease which is assumed that most obesity is caused by interactions between genetic factors and environmental factors, among others: activity, lifestyle, socio-economic and nutritional, namely diet or eating behavior. Basically it has been stated by a number of experts that fat accumulation and excess weight tend to contain risks to the onset of disease or groups of non-infectious diseases (Non-Common Diseases) called New World Syndrome, as suggested by Gracey (1995) that obesity or obesity is considered the first sign of the emergence of a group of non-infectious diseases (NonCommunicable Diseases).

Generally obese acknowledge that explicitly, obesity experienced is not on its own volition (self-willingness) but just happens. However, implicitly, it is difficult to deny that in their small hearts there is a strong desire that their bodies can be better, healthier, denser and full (in the Bugis view called *mallise*). This reality indicates that obesity motivation in the view of Bugis ethnicity is faced with the phenomenon of objectivation, namely "not willingness but desirable", "desirable but then wanting to be rejected", and / or "there is willingness and desire and want to be maintained". The problem is that the motivation for obesity varies.

Suhardjo (2003) states that, socio-cultural factors play an important role in the process of the occurrence of nutritional problems in various communities. Socio-cultural elements are able to create a habit of eating the population which is sometimes in conflict with the principles of nutrition. Biocultural phenomena are not a single determinant but there are still other determinants, namely sociocultural and

ecocultural phenomena. The interconnectedness of the socio-cultural and ecocultural dimensions of the eating culture with obesity is mainly reflected in the system of knowledge, economics, customs and cultural processes that influence someone with obesity in choosing the type of food, food processing, ways of eating. Overall, the culture of eating is not only about biocultural phenomena but also socio-cultural and ecocultural phenomena.

As it is known that culture as the whole way of life of society occupies a central position in the desired system of behavior, the dimensions of eating culture in Bugis ethnic culture are directly linked to the prevailing methods, beliefs, attitudes and actions, with the characteristics of the society. Referring to the source and characteristics and cultural urgency of the eating culture with obesity in ethnic Bugis, as also stated by Kalangie (1994), it can be said that the eating culture with obesity in Bugis ethnic originates from learning experiences, then forms a characteristic of eating patterns.

The culture of eating with obesity in ethnic Bugis is not derived biologically or inherited through genetic elements even though the indication is there but the effect is partial. This distinguishes human behavior that is driven by culture with other creatures whose behavior is driven by instinct. Eating behavior occurs because humans learn or imitate something done by previous generations or the environment around them that is considered good and useful in their lives. Conversely, instinct-driven behavior is not learned.

Looking further at the issue of nutrition with obesity in the clinical or health context can be said that food is not only a biological problem in symbolic meaning of obese social status but also involves cultural or cultural issues, so that is true as stated by Mudanijah (2004: 69 - 72) that food is a biocultural problem. Foods that enter the obese body undergo biological processes and affect the functioning of the organs of the body, so that if food intake

contains more calories, the structure of the organs of the body will be filled with fat. Obese choices for food supply affect the food intake that enters the body, and the choice is difficult to release from its cultural influences.

The results showed that generally obese people are simple and consume more traditional food made by themselves or given by neighbors or relatives. Obese don't eat fancy foods like those in urban areas. On that basis it can be said that symbolic meaning as lifestyle behavior towards the social status of obesity has not been fully accepted. This also means that the lifestyle status addressed to obesity cannot be generalized or universalized. The cultural perspective is still more dominant using the sociocultural approach in symbolic meaning of social status with obesity, while the health perspective is more dominant using the biocultural approach.

Its core that there area gap of the symbolic meaning between health and ethnicity perspectives against social statute of obesity. This gap caused sociocultural approach many more touched things like as: ideally physic standard (qualitative), social and culture feelings, definition and image on body, food pattern, interaction and behavior, profession or job, and welfare. On the other hand, biocultural approach more touched about: BMI and stomach cycle measurement (quantitative), medical symptom, disease image, food supply into body, food nutrition intake, food pattern, and food biological process in the body. Base on the problems so its necessary a solution to overcame the gap between second perspectives. Its solution is sociology approach (by integrated biology, social, cultural dimensions).

CONCLUSION AND RECOMMENDATION

Different or gap of the symbolic meaning between health and ethnicity perspectives against social statute of obesity are located at view point of socioculture and bioculture insight. Different

are too happen in the food and eat. Culture perspective is tend to promoting food culture. This mean that obesity viewed as a food culture that represented cultururation and social predicate. On the contrary, health perspective is tend to front of unbalance problem of food intake with need a nutrition for body. Base on the case so can be said that gap happened because culture perspective more stressed at macro locus of sociocultur, but health perspective more impressed at micro locus of bioculture. The gap between health and ethnicity perspectives caused lose perekat which can be integrate them. Its tendency of the health perspectives become a locomotive for capitalism rezim to controlled modern health system, which result culture perspective be more marginalize it.

The health perspectives is always related obesity with disease or its contributor for penyakit tidak manular which considered as family burden or other people or government if obes have a disease. Thus, abnormal food pattern is too valued as economy burden because need much manyexpenditure cost for food. On the other hand, culture perspective more related obesity with phenomena a life level increase, manage potency and ability to manage financial resouces and job prestation that implicate to life satisfaction and welfare. These are indicate that economic dimension must be considerate economy indicators to satisfy life need and medical care, cost allocation and expenditure in order to satisfy nutrition in balance, owner a life source and productivity, owner asset and income source, independency in economy, not need an aid from other people to satisfy life need in daily include amount cost need for health care.

Social culture elements be able create a food custom for people which sometimes contradict with science principles of nutrition. Biocultural phenomena is not a single determinant but there are other ones namely *sociocultural* and *ecocultural* phenomena. Related social cultural and

ecocultural dimensions to food culture with obesity particularly reflected at knowledge system, economy, manners and custom and culture process that influence someone in obesity to choice kind of food, food processing, ways to take consumption. For all food culture not only relate on biocultural phenomena but its too about sociocultural and ecocultural phenomena. The balance of them in the food pattern and image are basically expect so that health principles and its value within culture can be integrated and internalize them. For this objective so its necessary regularly food pattern and satisfy enough nutrition need.

REFERENCES

- Ahmadin. 2008. *Kapitalisme Bugis. Aspek Sosio-Kultural Dalam Etika Bisnis Orang Bugis*. Makassar: Pustaka Refleksi.
- Almatsier, S. 2009. *Prinsip Dasar Ilmu Gizi*. Jakarta: Dramedia Pustaka Utama.
- Amal. 1992. *Perubahan Sosial dan Pembangunan*. Jakarta: Hecca Mitra Utama.
- Armstrong, D. 1995. *The Rise of Surveillance Medicine, Sociology of Health and Illness*. Terjemahan: Edinburg University Press.
- Asmarudin P, Abdullah T, Nur Aliah P. 2007. Asupan Gizi dan Pola Makan Siswa Obesitas Pada SMUN 5 Makassar. *Jurnal Media Gizi Pangan*, IV(2). 54
- Atkinson, R. L. dkk, 1991. *Pengantar Psikologi*. Jakarta: Erlangga.
- Bagong, Suyanto. 2010. *Sosiologi Teks Pengantar dan Terapan*. Jakarta: Kencana Prenada Media Group.
- Balasong, Nur Fitri dan Hasmawati H. 2006. *Perempuan untuk Perempuan, Sketsa Pemikiran Perempuan untuk Pemberdayaan Potensi di Sulawesi Selatan*. Makassar: ACCE Tim Penggerak Perempuan Makassar.
- Barker, Chris. 2004 *Cultures Study, Teori dan Praktik*. Yogyakarta: Kreasi Kencana Brookfield USA: Avebury.

- Blane, D. Davey Smith, G, and Bartley, M. 1996. *Social Selection: What Does it Contribute to Social Class Difference in Health? Sociology of Health and Illness*. Terjemahan. British Medical.
- Bodgan, Robert and Steven J.Taylor. 1993. *Penelitian Kualitatif*. Surabaya: Usaha Nasional.
- Bungin, Burhan. 2010. *Penelitian Kualitatif*. Jakarta: Kencana Prenada MediaGroup, Cetakan IV.
- Conrad, P. 1996. *Medicalisation and Social Control*. Terjemahan. St.Louis, Mosby
- Cecil Helman. 1985. *Culture, Health and Illness*. Wright Bristol.
- Coleman, J.C. (1984). *Abnormal Psychology and Modern Life*. Illionis: Scott, Foresman and Company.
- Davis, Keith. 2002. *Human Behavior at Work Organization*. Delhi: Hill Publishing Company.
- Departemen Kesehatan Republik Indonesia. *Profil kesehatan Indonesia Menuju Indonesia Sehat 2010*. Jakarta: Pusat Data Depkes. 2000
- Desiana M, Rias Gesang K. 2005. Perilaku Makan Pada Siswa Obesitas. *Jurnal IPTEK Olah Raga Malang*, 7 (3). 182-192.
- Donald Black. *Health Behavior*. Epidemiologic Research. Belmont, California: Lifetime Learning Publications 2005
- Emy Huriyati. 2006. Prevalensi Obesitas Siswa Siswi SLTP Kota Yogyakarta. *Jurnal Gizi Klinik Indonesia*, 3 (1). 1-5
- Fakih, M. 2005. *Analisis Gender dan Transformasi Sosial*. Yogyakarta: Pelajar.
- Farid. 2007. Obesitas Anak. *Jurnal Farmaci Jakarta* 6 (10).
- Fein, O. 1995. The Influence of Social Class and Health Status: American and British Research on Health Inequality. *Journal Internal Medicine*. Terjemahan. St.Louis, Mosby.
- Foster, GM & Anderson, BG.1986. *Antropology Kesehatan*. Jakarta: Universitas Indonesia Press.
- Foster,1989. Improving the Doctor/Patient Relationship.: A Feminist Perspective *Journal of Social Policy*,18:337-61
- Gibson F.J, and Cardoso. 1996. *The Knowledge Is Very Important For Us*. Published by Addison-Wesley, Publishing Company.
- Gumilar, Rusliwa Somantri. 2005. Memahami Metode Kualitatif. *Jurnal Makara Sosial Humaniora Jakarta* 9 (2).
- Hadi, Hamam. 2005. Beban Ganda Masalah Gizi Dan Implikasinya Terhadap Kebijakan Pembangunan Kesehatan Nasional. *Pidato Pengukuhan Jabatan Guru Besar pada Fakultas Kedokteran Universitas Gadjah Mada*.
- Hamdat, Supriadi. 2008. Perilaku Makan dan Penyakit Diabetes Mellitus. *Disertasi*. Tidak diterbitkan. Makassar: Program Pascasarjana Universitas Hasanuddin.
- Hamid, Abu. 2006. *Kebudayaan Bugis*. Makassar: Dinas Kebudayaan dan Pariwisata Provinsi Sulawesi Selatan.
- Hardinsyah dan Pranadji D. 2004. *Pangan dalam Era Globalisasi. Pengantar Pangan Dan Gizi*. Jakarta: Penebar Swadaya.
- Heller, Agnes, 1990. *Social Theory*, Terjemahan, Oxford, Blackwell
- Hyden L-C, 1997. *Illness and Narrative*. Sociology of Health and Illness. London. Longman.
- Howard B.W., Barbara Waterman. 1993. *Sosiologi Kesehatan, Mengeksplotasi Penyakit Mencari Keuntungan*. Jakarta: Penerbit Prima Aksara.
- Jan,S,1998. *Holistic Approach to the Economic Evaluation of Health*

- Program Using Institutional Methodology, Social Science and Medicine.* Cambridge University Press
- Johnson Wiley & Sons, Inc Liliweri, Alo, *Dasar-Dasar Komunikasi Kesehatan*, Pustaka Pelajar, Yogyakarta. 2007
- Jufri. 2007. Struktur Makro dalam Wacana Lontara La Galigo Suatu Kajian Wacana Kritis. *Jurnal Penelitian Kependidikan*. Jakarta 17 (2) Des.
- Kalangie, Nico S. 1994. *Kebudayaan dan Kesehatan: Pengembangan Pelayanan Kesehatan Primer Melalui Pendekatan Sosiobudaya*. Jakarta: Kesaint Blane Indah Corp.
- Khomsan Ali. 2004. *Pangan dan Gizi Untuk Kesehatan*. Jakarta: Rajagrafindo Persada.
- Khumaidi. 2000. Identifikasi Dan Perumusan Masalah Pangan Dan Gizi Masyarakat dalam Khomsan, *Manajemen Penelitian Bidang Pangan Dan Gizi Masyarakat*. Jakarta: Project CHN III, Direktorat Pendidikan Tinggi DEPDIKNAS.
- Lacyendacker, L., 199 1, *Order, Verandering, Ongelijkheid: End Inleding in de Geschiedenis Van de Sociologie*. Terjemahan: Samekto, dengan judul Tata Perubahan, dan Ketimpangan (Suatu Pengantar Sejarah Sosiologi). Jakarta: Grarnedia Pustaka Utama
- Laurer, Robert H, 2003, *Perspektif tentang Perubahan Sosial*. Jakarta: Rhineka Cipta.
- Mattulada. 1985. *Latoa: Satu Lukisan Analitis terhadap Antropologi Politik Orang Bugis*. Yogyakarta: Gadjah Mada University Press.
- Megawangi, 1999. *Sosiologi Keluarga*. Yogyakarta: Pelajar.
- Miles B. Nfattewa, Huberman Michael, A., 1984. *Qualitative Data Analysis*. New Delhi: SAGE Fublication India.
- Moore, Helen. A, 1996, *Sosiologi Wanita*. Jakarta: Rineka Cipta.
- Muh. Artisto Adi .Y, dkk. 2007. Prevalensi Obesitas Pada Anak Usia 4-6 Tahun dan Hubungannya dengan Asupan Serta Pola Makan. *Jurnal Kedokteran Indonesia, Jakarta 57 (2)*.
- Muh. Yunus Hafid dkk. 2000. *Perubahan Nilai Upacara Tradisional pada Masyarakat Makassar di Sulawesi Selatan*. Makassar: Departemen Pendidikan Nasional Bagian Proyek Pengkajian dan Pembinaan Nilai-Nilai Budaya Sulawesi Selatan 2000
- Muzaham. Fauzi. 1995. *Sosiologi Kesehatan*. Jakarta: UI-Press.
- NC dan IT. 2010. Wawancara Observasi Awal Penelitian di Mangkoso Kabupaten Barru Sulawesi Selatan.
- Nazsir, Nasrullah. 2008. *Teori-Teori Sosiologi*. Bandung: Widya Padjadjaran.
- Notoatmodjo, Soekidjo. *Ilmu Kesehatan Masyarakat, Prinsip-Prinsip Dasar*, Rineka Cipta, Jakarta. 2007
- _____. *Pengantar Pendidikan Kesehatan dan Ilmu Perilaku Kesehatan*. Andi Offset, Yogyakarta. 2003
- Pelras, C. 2005a. *Budaya Bugis Sebuah Tradisi Modernitas. Tapak-Tapak Waktu*. Makassar: Penerbit Inninawa.
- _____. 2005b. *The Bugis. Terjemahan Abdul Rahman Abu Manusia Bugis*. Jakarta: Nalar Bekerjasama dengan Forum Jakarta-Paris.
- Persagi. 2009. *Kamus GiziPersagi*. Jakarta: Departemen Kesehatan Republik Indonesia.
- Pip, Jones. 2009. *Pengantar Teori-Teori Sosial*. Jakarta: Yayasan Obor Indonesia.
- Purwaningrum N.F. 2007. Hubungan Antara Citra Raga Dengan Perilaku Makan Pada Remaja Putri. *Skripsi* tidak diterbitkan. Surakarta: Fakultas Psikologi Universitas Muhammadiyah .

- Rahman, Rahim. 1992. *Nilai- Nilai Utama Kebudayaan Bugis*. Makassar: Hasanuddin University Press.
- Raho, Bernard,SVD. 2007. *Teori Sosiologi Modern*. Jakarta: Prestasi Pustakaraya.
- Riskesdas. 2007. *Laporan Hasil Riset Kesehatan Dasar Nasional*. Jakarta: Depkes RI.
- _____. 2007. *Laporan Hasil Riset Kesehatan Dasar Pro. Sulawesi Selatan*. Jakarta: DepKes RI
- Ritenbaugh, C, 1991. Body Size And Shape: A Dialogue Of Culture And Biology. *Medical Antropology Journal*, 13. 173-180.
- Ritzer.G. 1992. *Classical Sociological Theory*. University of Maryland. United State Of America
- _____.2004. *Modern Sociology Theory*; Terjemahan Aliman. Jakarta: Prenada Media.
- _____. 2009. *Sosiologi Ilmu Pengetahuan Berparadigma Ganda*. Jakarta: PT Raja Grafindo Persada.
- _____. 1992. *Classical Sociological Theory*. University of Maryland. United State Of America
- Rivai, *Psikologi Komunikasi*, Bandung, Remaja Rosdakarya. 2005
- Robbins. W. G. 1995. *Organization Behavior (Terjemahan)*. Jakarta: Penerbit Erlangga.
- Sandjaja dan Sudikno. 2005. Prevalensi Gizi Lebih dan Obesitas Penduduk Dewasa di Indonesia. *Jurnal Gizi Indonesia Bogor* 28(2).69-75.
- Santoso, Soegeng. 2004. *Kesehatan Dan Gizi*. Jakarta: Rineke Cipta.
- Sarwono.R. 1992. *Personalistics Belief In Health: A Case Of West Java*. Leiden: workshop on Health Care In Java.
- _____. 1993. *Sosiologi Kesehatan: Beberapa Konsep Beserta Aplikasinya*. Yogyakarta: Gajah Mada Press.
- Siti Mudanijah. 2004. *Pola Konsumsi Pangan. Pengantar Pangan Dan Gizi*. Jakarta: Penebar Swadaya.
- Siti Nurul Hidayati, Rudi Irawan, Boerhan Hidayat, 2007. Obesitas Pada Anak. *Hand Out Ilmu Kesehatan Anak F.K Unair*. 3-4.
- Soekanto Soerjono. 2007. *Sosiologi Suatu Pengantar*. Jakarta: Raja Grafindo Persada.
- Soetjningsih, 1998, Tumbuh Kembang Anak, EGC, Jakarta
- Sonny C, Nurmiati A, Ika W. 2007. Hubungan Antara Obesitas Dengan Psikopatologi Pada Siswa SMU di Jakarta. *Jurnal Cermin Dunia Kedokteran Jakarta* 34 (6/159). 289
- Sudarma. Momon, 2008. *Sosiologi Kesehatan*. Jakarta: Penerbit Salemba Medika
- Sudesti, 1988. *Berbagai Cara Pendidikan Gizi*, Penerbit Bumi Aksara, Jakarta
- Suhardjo. 2003. *Perencanaan Pangan Dan Gizi*. Bumi Aksara Jakarta bekerja sama dengan Pusat Antar Universitas-Pangan Dan Gizi Institut Pertanian Bogor.
- Sunarto Kamanto, 2000. *Pengantar Sosiologi*, Jakarta: Lembaga Penerbit Fakultas Ekonomi UI.
- Supriasa. 2002. *Hukum Kesehatan*. Bandung: Penerbit CV. Mandar Maju.
- Sztompka, Piotr, 2004, *The Sociology of Social Change*. Diterjemahkan oleh Alimandan, Editor Triwibowo Budi Santoso dengan Judul Sosiologi Perubahan Sosial Jakarta: Prenada.
- Toon,P. 1981. *Defining Disease: Classification Must Be Distinguished from Evaluation*, Terjemahan.Journal of Medical Ethics 7 : 197-201.
- Veeger, K.J., 1993, *Realitas Sosial: Refleksi Filsafat Sosial atau Hubungan Individu-Masyarakat dalam Cakrawala Sejarah Sosiologi*. Jakarta: Gramedia.
- V. Irmayanti M, Budiarto. 2004. Dimensi Etis terhadap Budaya Makan dan

- Dampaknya pada Masyarakat. *Jurnal Makara Sosial Humaniora* Jakarta.
- Wahyu. 2005. *Perubahan Sosial dan Pembangunan*. Jakarta: Hecca Mitra Utama.
- Wambrau.D. 1994. *Konsep Sehat, Persepsi Sakit dan Cara Pengenalan Suku Moi di Kecamatan Sentani*. Jayapura: PSK-UNCEN
- _____. 1996. *Mati Karena Dibunuh Suanggi: Suatu Konsep Sakit dan Persepsi Penyakit Masyarakat Pulau Nunmfor*. Jayapura: PSK-UNCEN.
- Wawan, A & Dewi,M. 2010, *Teori dan Pengukuran Pengetahuan, Sikap dan Perilaku Manusia*. Nuha Medika, Jakarta.
- White, Kevin.1996. *Social Construction of Medicine and the Development of the Sociology of Health*. In *Healthin Australia: Sociology Concept and Issues*. Edited by C.Grbich, Sidney: Prentice Hall
- _____. 2000. *Health and Illness*. In *Sociology: Australian Connection*, edited by R.Jureidini and M.Poole, Sidney: Allen and Unwin
- _____. 2001. *The Early Sociology of Health* 6 Volume. London, Routledge
- _____. 2002. *Sociology Of Health and Illness*. London, California, New Delhi: Sage Publications
- Wilkinson,R and Marmot,M. 1998. *Social Determinant of Health- The Solid Facts*. World Health Organization
- Yusharmen, 2010. *Kebijakan Pembiayaan dan Pelayanan Kesehatan*. Bali: PSIKM Universitas Udayana.
- Zanden. 1986. *Makro Sosiologi*. Jakarta: Rajawali Press.
- Zola, I, 1972. Medicine as an Institution of Social Control. *American Sociology Review* 20:487-504.