Marginalized Society in the City of Surabaya: A Proposal for Effective Solution

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Abstract. Advance development of a city as big as Surabaya has created a sophisticated physical development. Nevertheless, on the other side it has enlarged the marginalized society. Marginalized society is a group of people which is due to many factors, they cannot take roles properly in the society. The number of marginalized society in East Java has been up to 26.27 % of total population, and most of them live in Surabaya. The aim of this article is to provide a description of marginalized society (such as street children, sex workers, beggars, the homeless, the homeless with psychosomatic disorder, and criminals), treatment by the government, and a proposal for effective solution from the perspective of psychology.

Keywords: marginalized society, handling solution, psychology.

Abstrak. Perkembangan pesat kota sebesar Surabaya telah menciptakan perkembangan fisik yang canggih. Namun, di sisi lain hal tersebut telah meningkatkan jumlah masyarakat yang terpinggirkan. Masyarakat yang terpinggirkan adalah kelompok orang yang karena berbagai sebab, tak mampu berperan secara tepat dalam masyarakat luas. Jumlah masyarakat terpinggirkan di Jawa Timur telah meningkat hingga 26.27 % dari seluruh populasi, dan sebagian besar tinggal di Surabaya. Tujuan artikel ini adalah mengenali masyarakat terpinggirkan (seperti anak jalanan, pekerja seks komersial, pengemis, tuna wisma, tuna wisma dengan kelainan psikosomatik, dan kriminal), penanganan oleh pemerintah, dan menyampaikan solusi efektif dari sudut pandang psikologi.

Kata kunci: masyarakat terpinggirkan, upaya penanganan, psikologi

Advanced development of a city as big as Surabaya has created a positive effect such as the building of the roads, the building of luxurious city facilities such as marketplaces, malls, hospitals, schools, offices, basketball courts, golf courses and elite houses. Physical development can be seen easily and well-liked, but it is the development of urban society which is often forgotten.

The development of a city will create a marginalized society, because it would attract the people from the rural area to come and live in a bigger city. Thus, the crowd and the tight competition will create a marginalized group which usually comes from the people with low educational background as well as low economic status. The numbers of marginalized society in East Java is 26.27% from total

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population (Dinas Sosial Propinsi Jawa Timur, 2007), but most of them live in Surabaya. They live on the street, under the bridge or in the porch of a store and make a living by doing some work, that is perceived as a trivial one, like peddlers (PKL), beggars, prostitutes/sex workers, housemaids, and criminals. That's why, they are often managed roughly. It's because they are regarded as the cause of unlawfulness and unattractiveness of the city. No wonder, their work is trifled and meaningless since they aren't considered matching with the criteria of city government. However, as a matter of fact, they are still the citizen of Indonesia who have the rights in socioeconomic status.

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People With Social Problems

This article will focus on PMKS groups (Penyandang Masalah Kesejahteraan Sosial – people with social problems, such as street children, prostitutes, beggars, the homeless, the homeless with psychosomatic disorder and criminals). PMKS is a term stated by the social welfare department, which is responsible for social problems in the city. PMKS could be an individual, a family, or a society and is caused by some factors which make them difficult to perform their social functions properly. There are 7 categories of PMKS, which includes poverty, neglect/negligence, deformity, immorality, social disturbance, underdeveloped in many aspects, and the victims of disasters.

According to the Social Department, There are 28 types of PMKS, which consist of neglected children under five years old, neglected children, the children who are the victims of abusive behavior, juvenile, street children, social economic disturbance women, neglected old people, the old people who are the victims of abusive behavior, handicapped people/people with a disability, disability that is caused by chronic disease, immorality, beggars, the homeless, the homeless with psychosomatic disorder, ex-prisoners, drug abused victims, poor family, family with inappropriate home, family with social psychological problems, a society that lives in the susceptible to disaster region, the victims of natural disaster, the victims or the refugee of social/socioeconomic disaster, community with isolated customs, neglected immigrant workers, HIV/AIDS patients, disorganized family, the women who are the victim of abusive behavior (Dinas Sosial Jawa Timur, 2007).

Based on the 28 types of PMKS mentioned before,

he Social Welfare Department in the Province, together with the municipalities have focused on 5 types of PMKS (it is proven by the making of MOU between the two departments). Five types of PMKS has become the main priority because they have a high mobility, they have disturbed the program to manage and increase the attractiveness of the city, and they have shown behaviors against the law and norms. These 5 types of PMKS are the homeless, the beggars, the homeless with psychosomatic disorder, prostitutes, and street children (Departemen Sosial Surabaya, 2007).

Data in the Social Welfare Department related to 5 kinds of PMKS are (see Table 1).

Based on the data on Table 1, it can be found out that there is a continuous increase especially on the homeless with psychosomatic disorder. Its number has increased drastically by 250 % from 2005 to 2006, whereas the other groups (the homeless, prostitutes, and street children) has shown a decrease in number in 2006 although it is still relatively huge.

The number of criminals in Surabaya is also increasing greatly. It can be seen from the news in mass media (such as newspapers, televisions as well as radios) and the data from several prisons. Not only the quantity, but also the quality is increasing, which means the criminal number and level is worsening (see Table 2).

Quantitatively, using the data that the author obtained from the other prisons (Porong, Krobokan Bali, Rutan Tulungagung, and Rutan Gresik), it could be seen that most of the prisons were almost over capacity, whilst qualitatively, many kinds of new murder cases were found at the prison in Blitar (such as kidnapping and murder or rape and murder by juvenile delinquents).

Table 1
The Number of People With Social Problems in Surabaya City

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No.	PMKS	2003	2004	2005	2006		
1	Homeless people & Beggar	1,632	1,717	1,759	1,659		
2	Sex worker	7,244	7,814	8,009	7,754		
3	Psychotic homeless people	140	172	186	665		
4	Street children	2,310	2,417	2,477	2,227		

(Source: Dinas Sosial Kotamadya Surabaya, 2007)

Table 2
The Number of Criminals in Prison

No.	Location	2006	2007	Note
1	Children prison in Blitar	<u>+</u> 110	<u>+</u> 220	Over capacity
2.	Women prison in Malang	<u>+</u> 160	<u>+</u> 262	Over capacity

(Source: Children Prison in Blitar and Women Prison in Malang)

Causes and Treatment

If we analyze any social problem such as PMKS and criminality, which is under the responsibility of the government, we'll often find out that poverty is the cause of these social problems. Whereas, there are still many other aspects that could be the cause. Kartono (1999) stated that the cause of deviant behaviors (including PMKS and criminal) are primary deviation (individual), seconddary deviation (situational) and systematic deviation. Individual deviation can be in the form of a biological deviation, but it may appear in the form of a psychological deviation. For example, a psychopatic personality tends to show a deviant behavior. Secondary deviation is a deviation which is caused by external factors outside the person him/ herself (social). Social factors can force a person to behave deviantly. For example, a girl makes a living as a prostitute because she isn't satisfied with her salary in her last job. Systematic deviation is a deviation which is caused by some certain society sub cultures that have attitude systems, values and norms different from the common ones. Each aspect can interact with one upon another and have impact on social deviation.

Causes of Criminality

Biological influence/factor. Biological flow theory was pioneered by Lombroso in 1911 and he stated that people who committed crime had different physical characteristics from common people. Healy, in 1934, stated that there was no hereditary factor in criminality. Burt found out that criminal behavior was determined by family factor. Stock, in 1968, stated that the structure of XYY chromosome might evoke an aggressive and criminal behavior. The damage on the system nerve centre was also prognosed/predicted in incurring/causing criminal behaviors as was stated by East,

Levy and Pygott (as cited in Walker & Roberts, 1992). Transler (as cited in Walker & Roberts) found out that serious crime/psychopathy was caused by the damage on the autonomy nerve. Recent researches showed that biological factor was not the only factor which had impact on the occurrence of criminal behaviors. Biological factor also incurred a criminal action when it was interacted with the environmental, cultural, and psychological factors (Probowati, 2004).

Family & psychological factor/influence. These two factors cannot be separated easily because a family has a deep impact on someone's psychological life. S. Glueck and E. Glueck (as cited in Walker & Roberts, 1992) believed that family had an important role in forming criminal behavior when it was compared with the economic and cultural factor. He found out that 98 from 100 children had become juvenile delinquents because of the disorder in the family function (parent's divorce, parent's irresponsibility, a criminal history in the family, family with addiction problem). W. McCord and J. McCord (as cited in Walker & Roberts) examined the disorderly family in which the mother refused her child and the father was involved in crime. It caused the child to conduct crime. It's the same as Bandura's theory about modelling, which stated that criminal behaviors are learned from the environment (family, peer-group, neighbourhood). Such behavior would be reinforced when the people received a reward (such as group recognition) (Semin & Fiedler, 1996).

Community factor/influence. The schools have an important role in cultivating a juvenile delinquent. Most of juvenile delinquents are not good at their academic lessons, for, they are lack of attentions, impulsive, and lack of conceptual skill. Many experts believe that traumatic experience at school might create an anti-social behavior which tends to become a criminal behavior. The Schools are considered as the source of frustration and disappointment because of failures in academic lessons. Such

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students will commit vandalism at school in order to get the attention and compensation for their failures. They disobey the rules or the teachers, have no interest in joining any activities, try to make a problem by fighting. If these delinquencies aren't put into concern, it will be reinforced and become criminal behaviors (Probowati, 2004).

Crowded surroundings and vileness in the middle of the city are often considered as the source of crime. Shaw explained that the causes were that there was no social organization in the vile area, therefore, the social norm was more varied and the society was less controlled. Durkheim (in Johnson, 1986) explained that anomic condition is a condition within a society, in which its value is (not) unclear and confusing. Its members don't feel any solid relations with the society and its values. Therefore, lower control will strengthen deviant behaviors including criminality.

From the explanations above, it is found that the cause of PMKS and crime is not only poverty, but also biological, psychological, as well as communital factors are. Therefore, its treatment can be synergized well among these perspectives. There is no treatment that can be done alone, without one upon another.

The treatment programs by the governments are often partially done. As for PMKS in Surabaya, the programs are based on UU no.6/1974 and PP 31/1980. The Surabaya Social Welfare Department differentiates the treatment of PMKS from inside and outside Surabaya. Limitation in getting financial fund and coordination from the Social Welfare Department in the province of East Java enables the PMKS from outside Surabaya to return to their families or to their hometowns, then return to Surabaya again shortly after that (Dinas Sosial Surabaya, 2007).

As for PMKS from Surabaya, they will be sent to a social institution or a mental health rehabilitation centre, called Asylum, who would be given a standard procedure of rehabilitation treatment (especially the homeless with psychosomatic disorder). Unfortunately, limited places in the mental health rehabilition centre are the most common problem, that will force them to find a place somewhere else, like "Ling-kungan Pondok Sosial Keputih" (Keputih Social House Environment) in which, has no appropriate treatment. They only receive a guidance

and moti-vation (for a few days) and learn some skills. Matu-lessy's research (2007) on the treatment of PMKS in Surabaya found that the government had shown some weakness such as: Less comprehensive me-thods and (not) incomplete treatment; overcapacity of PMKS compared to the capacity of "liponsos", thus makes them often neglected and only docu-mented before being returned to their original place with no guidance. Space are so limited that make many PMKS placed together in one place (for example the homeless with psychosomatic disorder with street children)

Criminal treatment also has some weaknesses. They are sent to prison in which rehabilitation given is focused more on the security system (Probowati, 2004). Rehabilitation is very limited and more oriented to religion and skills. From the perspective of the government, a successful prison is a strong guarded prison with no escape. Whereas/Moreover, prison and "Liponsos Keputih" is a rehabilitative place which success is determined by the condition that enables them to turn over a new leaf to a better life.

Proposal for Effective Solution to Manage the Problem: Psychological Perspective

Greenblatt (as citated in Martaniah, 1977) divided rehabilitation into (a) physical rehabilitation (for example speaking therapy for stammering kids), (b) psychological rehabilitation (therapy, counseling), (c) vocational rehabilitation (giving a job), (d) education rehabilitation (giving formal/informal education, skill training), (e) recreation social rehabilitation (giving entertainment, like play sport and music), (f) family and community rehabilitation (giving therapy for family and community).

In order to perform the correct rehabilitation, all of the rehabilitions above must be performed (except physical rehabilitation, because PMKS and criminals are people with defective social psychological trait). Moreover, all forms of rehabilitation should be given based on client's need. PMKS treatment centre or the prisons do not provide its clients with psychological rehabilitation and family/community rehabilitation because of the lack

of rehabilitation officers who have the ability to manage psychological problems and family/community rehabilitation. These two rehabilitations (psychological and family/community) are not the most important methods, but without both of them, the others will be meaningless. For example, there are a lot of prostitutes who receive sewing trainings (educational rehabilitation) but instead of using the skills they have learned to be a dress maker, they return to their previous profession. Therefore the key word is synergy among the whole rehabilitations.

Psychological rehabilitation can be done by providing a counseling or a psychotherapy, both individually and collectively. Counseling or psychotherapy is a method to treat client's problem in emotion, personality, and or adaption to the environment. Moreover, several trainings can be taken, such as pro-social training, which aims to grow cooperation, empathy, and care to others (Ma, Shek, Cheung, & Lee, 1996; Dodds, 1995; Samenow as cited in Walker & Roberts, 1992).

Family and community rehabilitation can be used as well. However, having the member of family or the member of community with deviant problems will create a psychological effect, such as rejection because of shame, and mental burden. The Society still has a bad stigma to an individual with a deviant behavior, although sometimes, it is the Society itself which has a deviant value (for example, in the region of Imogiri in Yogyakarta, there is a region where nearly all its members have a profession as a beggar). What should be done is to change their beliefs and the values they have, thus, it's the duty of a psychologist, a sociologist, as well as an anthopologist to conduct a family/community rehabilitation.

The example for the synergism of organization rehabilitation has been performed by the author in collaboration with Margret Rueffler – (a psychologist and a therapist from Psycho Political Peace International Switzerland). They have conducted a rehabilitation to juvenile prisoners in the juvenile prison in Blitar. The Rehabilitation that we conducted to them was performed using group therapy as the method of treatment for more than 2 years. Group therapy was chosen because it was more efficient considering that there were a lot of juvenile prisoners that should be treated. Group therapy will

also build social support for its members, therefore it will help them when they need help (Ferrara, 1992; Paleg, & Jongsma, 2000) when we are not present (therapist will be present once in 3 months). The therapy was conducted to 20 children between 12-21 year old with variety of cases, such as theft, murder, and robbery. All of them are boys (because most of juvenile prisoners at juvenility prison in Blitar are boys), and they must be imprisoned more than a year.

Steps of Rehabilition

Profiling and analyzing. Profiling and analyzing the group for therapy, as well as their needs.. The social characteristics of the group for therapy is that they come from a disorderly family with low economic status. The psychological characteristics are wild, difficult to manage, aggressive, difficult to trust others, shortminded, lack of empathy, difficult in communication because of bad concentration, and aggressive communication. But, in spite of it all, we found out that they have a need to be loved, cared and understood. (Probowati & Rueffler, 2005)

Gaining Rapport. Gaining rapport to the group for therapy. A good relationship between therapist and his/her client is needed to conduct a good therapy. We also observed their conditions which weren't "too good" in clothes, food, and a time to have fun. That's why, every time we visited, we brought a few things they needed such as cakes, candies, toothpaste, soap, toothbrush, shampoo, book, pens, shirts, guitars and balls. We always showed that we really cared about them (Probowati & Rueffler, 2005).

Group therapy. The process of therapy was going slowly but they learned something in every session (Probowati & Rueffler, 2005).

- 1. They learned about trust from the guitars and the foot balls we had given before. We wanted to teach them that they could be trusted to take care of the guitar and foot ball, and they should believe that they could be trusted. Throughout their lives, they had believed that they couldn't be believed, that's why they had no trust for to themselves.
- 2. They learned to love and to be loved by someone else from our visit since we had always given them what they needed such as food. In their

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lives, they are used to be neglected by receiving less love from the others. It's not easy to touch their heart, so they're forced to take care of each other and not to be an individualist.

- 3. Communication between the group members must be maintained by learning to listen and care for the other friends. When we talk, others must listen. When their friend talks, then others must also listen.
- 4. They must learn to think carefully about life. They had been used to think for a long time that life is today, tomorrow is another problem. We tried to give them some homework to think about and we gave them two question. First, what will you do when you get out? And the second, in order to reach it, what should you prepare from now on. Everything was discussed together with the group and finally they chose a training to become a mechanic in motor cycle as their profession when they go out. The most important thing is the process of discussion with them as it was held to let them learn how to face the problem realistically as well as to give them hope that there could be something to achieve in life. Then we help them to fulfill their hope.
- 5. A training as the mechanic in motor cycle. Actually this training is only a way to rise their pride and trust for themselves with the assumption that if they have the will, they will be able to do anything. In order to make this happen, we need an instructor in mechanic who is capable to understand and teach the children in this group of therapy.

Conducting individual therapy. This is in order to support and motivate them to be a better one. Counseling is given based on the need of the children.

Environment and community therapy. When they go out, they will need a support from the environment or their family. There should be a therapy for family or environment to provide the support. Unfortunately, we cannot give this rehabilitation, because our group therapy were from various regions in Java. We didn't have enough time to do this rehabilitation.

The example of the rehabilitation mentioned before is just an example about how a psychological therapy can become the part of the whole rehabilitation. One rehabilitation will be synergized with the other one in order to cure a client with a social deviation. There is no rehabilitation that can be done alone without the others. The Social Welfare Department and the prison which is in charge of PMKS and criminality are hopefully capable of integrating the system of rehabilitation and make it suitable with the client's needs. Therefore, there is a need for the commitment of the government to support the rehabilitation program by providing the funding. Moreover, there is also a need of concern from the other social groups (such as the academicians, the entrepreneurs and the wider society) in order to make these problems successfully reduced.

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