

ABSTRAK

Studi ini bertujuan memahami dan menganalisis secara sosiologis resistensi masyarakat miskin di Kota (*urban poor*) terhadap sistem medis modern yang dipraktekkan rezim medis melalui proses *hegemony* dan mekanisme *panopticism*. Praktek dominasi kekuasaan dan pengetahuan rezim medis ditandai oleh bekerjanya regulasi dan pengawasan (*surveillance*) serta pendisiplinan yang dilakukan secara berkelanjutan terhadap individu dan masyarakat. Secara lebih spesifik studi ini memfokuskan permasalahan pada proses berlangsungnya resistensi *urban poor* atas sistem pengobatan modern rezim medis, pola atau bentuk resistensi serta latar belakang atau basis terjadinya resistensi. Untuk mengkritisi realitas sosial yang diamati studi ini menggunakan perspektif teori kritis terutama teori *hegemony* dari Antonio Gramsci dan pemikiran Michel Foucault untuk menjelaskan relasi kuasa yang berlangsung serta teori James Scott tentang resistensi dan *health resistance* dari Michele L. Crossley pada level meso.

Penelitian ini dilakukan menggunakan metode induktif kualitatif melalui pendekatan refleksif (*reflexive methodology*) dengan lokasi penelitian di Kecamatan Semampir Kota Surabaya. Data primer diperoleh melalui observasi dan wawancara mendalam (*indepth interview*) yang dilakukan terhadap *urban poor*, tokoh masyarakat, tenaga medis (*personal health*), penyembuh tradisional (*traditional healers*), *medical representative* sebagai representasi dari perusahaan farmasi dan data sekunder yang diperoleh dari berbagai sumber baik media elektronik (internet atau website) maupun non elektronik seperti; *reference book*, *hand book*, ensklopedia, *dictionary*, jurnal ilmiah, hasil-hasil penelitian terdahulu serta dokumen pendukung lainnya.

Selanjutnya studi ini menemukan bahwa proses *governmentality* medis modern melalui *hegemony* dan *panopticism* ternyata tidak selalu dipatuhi dan diikuti *urban poor* sesuai kehendak dan otoritas rezim medis tetapi justru telah melahirkan resistensi sebagai produk kesadaran kritis. *Resistance* berlangsung dipicu oleh berbagai kondisi antara lain; (a). adanya *skepticism* dan melemahnya kepercayaan (*distrust*) atas sistem pengobatan modern termasuk otoritas negara (birokrasi medis) dan ideologi medis modern serta *health professional*; (b). kuatnya dominasi kuasa rezim medis yang terlihat dalam relasi asimetris yang terbentuk dalam proses pengobatan dengan basis otoritas ilmiah atau profesi dan pengetahuan; (c). terbatasnya daya jangkau *urban poor* dalam mengakses pengobatan modern akibat masuknya industri medis serta (d). adanya jaringan informal dan kuatnya peran figure sosial kultural lokal dalam mengarahkan pilihan system pengobatan bagi *urban poor*. Resistensi yang dilakukan *urban poor* terwujud dalam karakter yang khas yakni; mengembangkan teknik *low profile* dengan menghindar, menarik diri, fatalis dan pasif sesuai dengan ciri struktur kelas bawah. Bentuk resistensi lain yang dikembangkan *urban poor* bersifat personal dan spontan serta ekspresif dan cenderung bersifat *manifest* yang merefleksikan adanya kesadaran kritis yang tumbuh di kalangan *urban poor*. Dalam konteks tindakan resistensi *urban poor* terwujud dalam 3 (tiga) bentuk yakni; (a). *urban poor* mengembangkan *skepticisme* dan *kritisisme* atas pengobatan modern meski tetap bertahan mengakses pengobatan modern, (b). mengembangkan orientasi medis berpola *pluralistik* atau kombinatif (c). *urban poor* keluar (*exit*) dan membangun diskursus alternative/wacana lain (*otherness*) tentang system pengobatan untuk memperoleh kesembuhan sesuai dengan otonomi kehendak dan kuasa yang dimilikinya.

Keyword: *hegemony*, *panopticism*, rezim medis, *urban poor*, pengobatan modern, resistensi, *dominant power*

ABSTRACT

This study aims to understand and analyze sociologically the resistance of urban poor toward modern medical systems that are practiced by the medical regime through hegemony and panopticism mechanisms. The practice of the dominance of power and knowledge of the medical regime is characterized by the continuous work of regulation and surveillance and discipline on individuals and communities. More specifically this study focuses on the problem of the ongoing process of urban poor resistance to the modern medical regime's treatment system, the pattern or form of resistance as well as the background or basis for the occurrence of resistance. To criticize the social realities observed this study uses the perspective of critical theory, especially the hegemony theory of Antonio Gramsci and the thought of Michel Foucault in order to explain the ongoing power relations as well as James Scott's theory of resistance and health resistance of Michele L. Crossley at the meso level.

This research was conducted using qualitative inductive method through reflexive methodology with research location in Semampir Sub-district of Surabaya City. Primary data obtained through observation and indepth interviews conducted on urban poor, community leaders, medical personnel (*personal health*), traditional healers (*traditional healers*), medical representatives as representatives of pharmaceutical companies and secondary data obtained from various sources either electronic media (internet or website) or non electronic such as; reference book, hand book, ensklopedia, dictionary, scientific journal, previous research results and other supporting documents.

Furthermore, this study found that the process of modern medical governmentality through hegemony and panopticism was not always adhered to and followed by urban poor according to the will and authority of the medical regime but it has spawned resistance as a product of *critical awareness*. Resistance takes place triggered by various conditions, among others; (a). *skepticism* and *distrust* over modern medical systems including state authorities (*medical bureaucracy*) and *modern medical ideology* and *health professionals*; (b). the strong dominance of the power of medical regimes seen in asymmetric relationships formed in the treatment process on the basis of scientific authority or profession and knowledge; (c). the limited reach of the urban poor in accessing modern medicine due to the entry of the medical industry and (d). the existence of informal networks and the strong role of local social cultural figures in directing the choice of treatment system for urban poor. The urban poor resistance manifests itself in the distinctive character of; developing low profile techniques by avoiding/dodging, withdrawing, fatalist and passive as the characteristics of lower class structures. Another form of resistance which are developing by urban poor is personal, spontaneous and expressive and tends to be a manifest that reflects the growing critical awareness among urban poor. In the context of the action of urban poor resistance is manifested in 3 (three) forms namely; (a). urban poor develops *skepticism* and *criticism* over modern medicine while retaining access to modern medicine, (b). develop a pluralistic or combinative medical orientation (c). urban poor out (exit) and build discourse alternative / other discourse (otherness) about the treatment system to obtain healing in accordance with autonomy of will and power it has.

Keyword: *hegemony, panopticism, medical regime, urban poor, modern medicine, resistance, dominant power.*