

Health Services for Marginalized Groups: A Sociological Study on Construction Workers in Paccerakkang, Makassar City

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ARTICLE INFO

Manuscript Received: 25 Oct, 2025

Revised: 06 Mar, 2026

Accepted: 18 Apr, 2026

Date of Publication: 06 May, 2026

Volume: 9

Issue: 5

DOI: [10.56338/mppki.v9i5.8977](https://doi.org/10.56338/mppki.v9i5.8977)

KEYWORDS

Construction Workers;
Access to Health Services;
Sociology of Health;
Informal Sector Workers;
Phenomenology

ABSTRACT

Introduction: This study aims to gain an in-depth understanding of the experiences of construction workers in accessing health services in Paccerakkang Subdistrict, Biringkanaya District, Makassar City. As part of the informal sector workforce, construction workers face various health risks as well as structural limitations in obtaining adequate health services. This study adopts a health sociology perspective to examine how social, economic, and public policy factors influence access to health services among informal workers.

Methods: This study employed a qualitative approach with a phenomenological design. The research participants consisted of six construction workers selected purposively based on the criteria of being aged 18–60 years, actively working as construction workers, and having experience in accessing health services within the past year. Data were collected through in-depth interviews, participant observation in the workers' work and residential environments, and documentation to strengthen the empirical context of the study. Data analysis was conducted using thematic analysis through processes of data reduction, categorisation, and meaning-making to identify patterns of experience and the participants' interpretations of access to health services.

Results: The findings indicate that construction workers perceive health services not only as a means of medical treatment but also as a form of social protection that helps maintain work productivity and family well-being. The main barriers to accessing health services include economic constraints, unstable income, long working hours, and the lack of occupational safety facilities. Some participants also highlighted complicated administrative procedures and high treatment costs, although in general they did not experience discrimination from health professionals. To overcome these barriers, construction workers developed adaptive strategies such as utilising formal health services and traditional treatment, maintaining health through healthy lifestyles, and relying on social support from family members and co-workers.

Conclusion: This study concludes that the experiences of construction workers in accessing health services are shaped by the interaction of economic, social, occupational, and health policy factors. Therefore, stronger synergy between government institutions, health service providers, and worker communities is required to create a health service system that is more equitable, inclusive, and responsive to the needs of informal sector workers in urban settings.

Publisher: Fakultas Kesehatan Masyarakat Universitas Muhammadiyah Palu

INTRODUCTION

Healthcare is a basic right guaranteed to every citizen under the Indonesian Health Law (1). This right includes equal access to quality medical facilities, information, and services. However, in practice, access to healthcare is not always equitable, especially for informal workers such as construction workers (2). Construction workers face high health risks due to heavy physical workloads, exposure to unsafe environments, and a lack of occupational health protection. These conditions place them at greater vulnerability to disease and injury (3).

Although the government has implemented various health policies, including the National Health Insurance (JKN) and promotive-preventive programs, disparities in access to healthcare services persist (4). Economic factors are a major barrier, as construction workers tend to have irregular incomes and limited financial capacity to cover healthcare needs (5). Furthermore, social and cultural factors also influence these issues, such as societal norms regarding health priorities, stigma against informal workers, and a lack of social support and information regarding health rights (6).

The sociology of health emphasizes that health is influenced not only by biological factors but also by social structures, interactions, and individual experiences within society (7). The study of the sociology of health aims to understand how experiences, perceptions, and social practices influence access to and utilization of health services. With this approach, researchers can capture the social dynamics, barriers, and strategies used by construction workers to address challenges in accessing health care.

In Paccerrakkang Village, Biringkanaya District, Makassar City, construction workers constitute a significant labor group, yet they rarely receive specific attention in health research. Few studies have in-depth explored their experiences accessing health services, including how they navigate social, economic, and cultural barriers. Yet, understanding the experiences of construction workers is crucial for formulating more inclusive policy strategies and ensuring equitable access to health services.

This study aims to fill this gap, employing a qualitative phenomenological approach that emphasizes the subjective experiences of construction workers. The results are expected to provide practical insights for local governments, healthcare providers, and community organizations in designing targeted interventions, increasing health awareness, and strengthening equal access to healthcare for informal workers in Makassar City.

METHOD

Research Approach

This study employed a qualitative approach with a phenomenological design aimed at understanding the subjective experiences of construction workers in accessing health services. The phenomenological approach was chosen because it enables researchers to explore the meaning of individuals' lived experiences in depth, particularly regarding the perceptions, interpretations, and strategies used by construction workers in dealing with various barriers to accessing health services. Through this approach, the study sought to capture the social realities directly experienced by the participants, including the social, economic, and work-environment conditions that influence their experiences in obtaining health services ((8); (9)).

Research Setting

This research was conducted in Paccerrakkang Subdistrict, Biringkanaya District, Makassar City. The location was selected purposively because the area has a relatively high number of construction workers as part of the informal workforce in an urban setting. In addition, the area has varying levels of access to health service facilities such as community health centres (puskesmas), clinics, and hospitals, thus providing a relevant context for understanding the experiences of construction workers in accessing health services in an urban environment.

Research Participants and Informants

The study participants consisted of six construction workers actively working in the Paccerrakkang area. Informants were selected using a purposive sampling technique by considering their experience and involvement in the issue under study. The inclusion criteria were: aged between 18–60 years, actively working as construction workers, and having experience in accessing health services within the previous twelve months. The recruitment process was conducted through direct approaches at work locations and through recommendations from other workers

in order to reach participants with relevant experiences related to the focus of the study. Data collection continued until data saturation was achieved, that is, when additional interviews no longer generated significant new information or themes (10).

Data Collection Techniques

Data were collected through in-depth interviews, participant observation, and documentation. In-depth interviews were conducted in a semi-structured manner using an interview guide developed based on the research focus. Each interview lasted approximately 30–60 minutes and was conducted at locations agreed upon with the participants, such as their workplace or residence. All interviews were recorded using a digital recording device with the participants' consent and subsequently transcribed verbatim for analysis purposes. In addition, the researcher conducted participant observation to observe workplace conditions, social interactions among workers, and situations related to access to health services. Observational findings were documented in field notes to enrich the contextual understanding of the data. Documentation in the form of field notes and documents related to health services was also used as supporting data in the analytical process.

Data Analysis Techniques

Data analysis was conducted using thematic analysis as proposed by Braun and Clarke (2006). The analytical process began with the verbatim transcription of all interview recordings, followed by repeated reading of the transcripts to gain a comprehensive understanding of the participants' experiences (9). Subsequently, a coding process was undertaken to identify meaning units relevant to the research focus. These codes were then grouped into major themes that reflected the experiences and interpretations of construction workers regarding access to health services. The final stage of analysis involved interpreting these themes within the broader context of social, economic, and health policy factors that influenced the participants' experiences.

To enhance the trustworthiness of the data, this study applied methodological and source triangulation by comparing data obtained from interviews, observations, and documentation. In addition, member checking was conducted with several participants to ensure that the interpretation of the data accurately reflected their experiences (11). This approach was undertaken to strengthen the credibility and accuracy of the research findings.

Ethical Considerations

This study was conducted in accordance with ethical research principles. Prior to the interviews, all participants were provided with an explanation of the study objectives and were asked to provide informed consent to participate. The confidentiality of participants' identities was maintained by using codes or initials in the presentation of the data. All information obtained was used solely for academic and research purposes, thereby ensuring the integrity and security of the participants' data (12).

RESULTS

Understanding and Interpretation of Access to Health Services

Construction workers' understanding of health services indicates that these services are not only perceived as places for medical treatment but also as important services for maintaining the health of themselves and their families. Informant ABD emphasised that ideal health services should not only focus on treatment but should also include education on warming up before work, maintaining a balanced diet, and undergoing regular health check-ups. This indicates that access to health services is understood as a preventive and promotive effort. As expressed by informant ABD:

“...health services are a form of service provided by the government for the community, and in my opinion, ideal health services for construction workers should not only focus on treatment but should also provide education on the importance of warming up before work, maintaining a balanced diet, and having regular health check-ups. I believe that health services are very important for myself and my family because everyone can fall ill, especially nowadays when access to health services is increasingly available. However, based on my experience, I feel dissatisfied with the services at the community health centre, which I consider

unsatisfactory, so I prefer to seek treatment at a place farther from home but with more satisfying services...” (ABD, 45 years, 25/08/2025)

Access to health services is also understood as an effort to reduce health risks resulting from physically demanding work. DWN emphasised the importance of providing first aid facilities (P3K) in the workplace so that injuries can be treated promptly. As expressed by informant DWN:

“...health services are an effort to restore a person’s health condition. In my opinion, ideal health services for construction workers should provide adequate first aid facilities in the workplace so that injuries can be handled quickly when they occur. I stated that my experience in using health services so far has been very good because the services are satisfactory. I also emphasised that health services are very important for myself and my family, as they play a major role in preventing disease risks and maintaining health in the long term...” (DWN, 35 years, 01/09/2025)

In addition, cost is an important element in the interpretation of access to health services. ADL and ARA considered that ideal health services should cover treatment costs or be provided free of charge so as not to burden workers financially. As expressed by informants ADL and ARA:

“...health services are places to seek treatment when someone experiences health problems. In my opinion, ideal health services for construction workers are those that can cover medical expenses, thereby reducing the burden on workers. My experience of using health services so far has been very helpful in meeting my health needs. I also emphasised that health services are very important for me and my family because they play a major role in maintaining and restoring our health conditions...” (ADL, 35 years, 08/09/2025)

“...health services are services organised to improve and maintain community health. In my opinion, ideal health services for construction workers are those provided free of charge so that they can be accessed by everyone without financial barriers. I stated that my experience of using health services so far has been quite good and in line with my expectations. I also emphasised that health services are important for myself and my family because they provide services that meet our needs in maintaining our health...” (ARA, 42 years, 15/09/2025)

On the other hand, the quality of services also influences the interpretation of access to health services. ABD considered the services at the community health centre unsatisfactory, while KRM and SPR felt that the services they received were adequate. This indicates that access to health services is influenced not only by distance or cost but also by the quality of services. As expressed by informants KRM and SPR:

“...health services are places to seek treatment when experiencing health problems. In my opinion, ideal health services for construction workers should not only provide treatment but should also include education on dietary patterns, sleep patterns, and recommendations such as consuming coconut water to maintain fitness and endurance. I stated that my experience of using health services so far has been very good and satisfactory. I also stated that health services greatly help me and my family in maintaining and restoring our health conditions...” (KRM, 35 years, 22/09/2025)

“...health services are places to seek treatment when I or my family experience health problems. In my opinion, ideal health services for construction workers are those that can be provided free of charge so that workers with limited income are not burdened. I also stated that my experience of using health services so far has been quite good because the services I received were satisfactory. For me, health services play a very important role in maintaining the health of myself and my family...” (SPR, 44 years, 29/09/2025)

Construction workers interpret access to health services through three main aspects: the availability of health education and preventive efforts, affordability of costs, and satisfactory quality of services. Health services are therefore viewed as an important means of maintaining and restoring the health of themselves and their families.

Social and Economic Barriers to Accessing Health Services

Social and economic barriers are important factors influencing construction workers’ access to health services. Several informants stated that medical costs are the main obstacle, particularly due to the unstable income of construction workers. This condition indicates that economic instability can limit their ability to obtain adequate health services. As expressed by informants ABD, DWN, ADL, and KRM:

“...I personally do not experience difficulties in accessing health services because aspects such as cost, distance, and services are still within my reach. I explained that my job as a construction worker does not affect my ability to seek treatment, as I have not experienced any obstacles so far. I also stated that during treatment I have never received discriminatory treatment or differences in service from health professionals because of my occupation or economic condition. In addition, my family’s condition does not become a barrier to accessing health services because they use the Indonesian Health Card (KIS), so treatment costs are not a significant burden...” (ABD, 45 years, 25/08/2025)

“...the difficulty I have experienced when seeking treatment mainly relates to medical costs. Nevertheless, my job as a construction worker does not affect my ability to access health services. I also stated that during treatment I have never experienced discriminatory treatment or differences in service from health professionals due to my occupation or economic condition. However, my family’s economic situation still influences my ability to seek treatment, particularly when I have to cover relatively high medical expenses...” (DWN, 35 years, 01/09/2025)

“...the main difficulty I have experienced when seeking treatment relates to medical costs, which can be quite burdensome. I explained that my work as a construction worker affects my ability to access health services, especially when my income is uncertain. Nevertheless, I have never experienced discriminatory treatment from health professionals due to my occupation or economic condition, and I have always received good services. In addition, I stated that I am not yet certain to what extent my family’s condition influences my ability to seek treatment...” (ADL, 35 years, 08/09/2025)

“...the main difficulty I have experienced when seeking treatment is related to medical costs. I explained that my job as a construction worker affects my ability to access health services because my income is limited and not always sufficient to cover treatment expenses. However, I have never experienced discriminatory treatment or differences in services from health professionals due to my occupation or economic condition. In addition, I noted that my family’s condition has only a minimal influence on my ability to seek treatment because health needs can generally still be managed...” (KRM, 35 years, 22/09/2025)

In addition to cost factors, working conditions and family economic circumstances also represent barriers to accessing health services. Long working hours, unstable income, and limited family finances may influence construction workers’ ability to seek treatment. As expressed by informants ARA and SPR:

“...the difficulty I have experienced when seeking treatment relates to medical costs, which can be quite burdensome. I explained that my work as a construction worker greatly affects my ability to access health services, particularly because my income is uncertain. Nevertheless, I have never experienced discriminatory treatment or differences in services from health professionals due to my occupation or economic condition. In addition, I stated that family conditions, including the number of dependants and daily financial needs, also influence my ability to seek treatment and obtain the health services I need...” (ARA, 42 years, 15/09/2025)

“...health services play a very important role for me and my family in maintaining our health condition. However, I acknowledge that my work as a construction worker greatly affects my ability to access health services because of limited time and income. I have also experienced discriminatory treatment from health professionals due to my occupation and low economic condition. In addition, I explained that family conditions, particularly financial limitations, greatly influence my ability to seek treatment or obtain appropriate health services...” (SPR, 44 years, 29/09/2025)

Overall, barriers to accessing health services among construction workers are related to treatment costs, unstable income, limited working time, and family economic conditions.

Strategies Used to Obtain Health Services

The strategies employed by construction workers to obtain health services demonstrate a combination of the use of formal healthcare services, traditional treatment, and social support from family members and co-workers. ABD stated that although he does not have a specific strategy when facing financial or time constraints, he sometimes uses traditional treatment such as massage therapy as a more affordable alternative while still utilising formal medical services. As expressed by informant ABD:

“...when I am sick or injured at work, I usually seek treatment at the health facility where I am registered. I explained that I do not have a specific strategy to obtain treatment when facing financial or time constraints. However, on some occasions I have used traditional treatment such as massage services because I consider it cheaper and the recovery process faster, although I still combine it with medical treatment. In addition, I explained that support from co-workers, family members, and social networks greatly helps me in accessing health services, as through neighbours I often obtain information about healthcare facilities and their registration procedures...” (ABD, 45 years, 25/08/2025)

In addition, preventive strategies are also carried out by maintaining health through a healthy lifestyle so that the need for treatment can be minimised. As expressed by informant DWN:

“...when I am sick or injured at work, I usually go to the nearest clinic to obtain treatment. I explained that the strategy I use to continue seeking treatment despite financial or time limitations is to maintain my health through disease prevention and the adoption of a healthy lifestyle. I also stated that I have never used traditional or alternative medicine, but always rely on formal health services. In addition, I explained that the role of co-workers, family members, and social networks greatly helps in facilitating my access to healthcare services when needed...” (DWN, 35 years, 01/09/2025)

Some other informants use a combination of rest, traditional treatment, and formal healthcare services as an adaptation to financial and time limitations. As expressed by informants ADL and KRM:

“...when I am sick or injured at work, I usually choose to rest so that my body can recover. I explained that the strategy I use when facing financial or time limitations for treatment is to rest and allow my body to recover naturally. In addition, I have sometimes used traditional or alternative treatment because I consider it simpler, more practical, and easier to do. I also stated that support from co-workers, family members, and social networks greatly helps facilitate my access to healthcare services when I need them...” (ADL, 35 years, 08/09/2025)

“...when I experience illness or injury at work, I usually choose to rest at home as an initial step in recovery. When facing financial and time limitations, I rely on traditional remedies as an alternative form of treatment. I also acknowledged that I have used traditional or alternative treatment besides formal healthcare services, particularly because of cost considerations. In addition, I emphasised that support from co-workers, family members, and social networks plays an important role in facilitating my access to healthcare services...” (KRM, 35 years, 22/09/2025)

Social support also assists construction workers in obtaining health services through information, assistance, and easier access to healthcare facilities. As expressed by informants ARA and SPR:

“...when I am sick or injured at work, I usually go directly to a health service centre to obtain medical treatment. I explained that I do not have a specific strategy to continue seeking treatment when facing financial or time limitations. However, on some occasions I have used traditional or alternative treatment as an option besides formal healthcare services, particularly because of its more affordable cost. In addition, I stated that support from co-workers, family members, and social networks greatly helps facilitate my access to healthcare services when I need them...” (ARA, 42 years, 15/09/2025)

“...when I experience illness or injury at work, I usually go directly to the hospital to obtain medical treatment. I admitted that I do not have a specific strategy to obtain treatment when facing financial or time limitations, as I prefer formal healthcare services rather than traditional or alternative medicine. In addition, I explained that support from co-workers, family members, and social networks plays an important role in helping me obtain access to the healthcare services I need...” (SPR, 44 years, 29/09/2025)

Overall, construction workers employ adaptive strategies involving the use of formal healthcare services, traditional medicine, preventive health practices, and social support to overcome financial and time limitations in accessing health services.

Expectations and Recommendations

Construction workers' expectations regarding health services emphasise the need for greater attention from the government and healthcare providers, particularly in terms of prevention, access, and cost. ABD highlighted the

importance of occupational safety training and first aid training at construction sites so that the risk of injury can be minimised. As expressed by informant ABD:

“...I hope that the government and healthcare providers can give greater attention to construction workers through training on safe working practices to prevent injuries, as well as first aid training at the workplace. I also stated that construction workers greatly need policies or assistance such as the provision of adequate working equipment and medical facilities that can support our health. However, I mentioned that so far I have not had any particularly memorable experience when accessing health services because the entire process has been fairly ordinary without anything notable...” (ABD, 45 years, 25/08/2025)

In addition, construction workers expect the availability of free healthcare services or more affordable costs so that services can be accessed more easily. As expressed by informants DWN and ARA:

“...I hope that the government or healthcare providers can provide free health services for construction workers as a form of concern for our welfare. I believe that construction workers need policies or assistance that focus on improving the quality of healthcare services that are good and easy for us to access. In addition, one memorable experience I had when accessing health services was when I immediately received good and responsive care from healthcare staff without having to wait for a long time...” (DWN, 35 years, 01/09/2025)

“...I hope that the government and healthcare providers can reduce the cost of healthcare services so that construction workers can more easily access healthcare without being financially burdened. I believe that construction workers need policies or assistance that provide easier access and more affordable treatment costs. In addition, a positive and memorable experience for me when accessing health services was when I received direct assistance from healthcare staff who were responsive and attentive to patients’ conditions...” (ARA, 42 years, 15/09/2025)

Easier access is also expected through support programmes such as the Indonesian Health Card (KIS). As expressed by informants ADL and SPR:

“...I hope that the government and healthcare providers can fulfil the needs and expectations of construction workers regarding easier access to health services. I believe that construction workers greatly need policies or assistance such as the Indonesian Health Card (KIS) or similar programmes to support and facilitate access to healthcare services. In addition, my experience of accessing health services so far has been quite good and has helped me maintain my health...” (ADL, 35 years, 08/09/2025)

“...I hope that the government or healthcare providers will not make it difficult for construction workers to access healthcare services, because this group of workers really needs real support and assistance, such as the provision of the Indonesian Health Card (KIS) to facilitate the treatment process. I also mentioned that a positive and memorable experience when accessing health services was when I received friendly and good service from healthcare staff...” (SPR, 44 years, 29/09/2025)

In addition, the quality of healthcare services is also an important expectation, particularly services that are prompt, friendly, and attentive from healthcare professionals. As expressed by informant KRM:

“...I hope that the government and healthcare providers can facilitate easier access to healthcare services for construction workers who often face financial constraints. I believe that construction workers need policies or assistance such as free medical treatment without having to go through complicated procedures related to BPJS or other programmes. In addition, I also shared a positive and memorable experience when accessing health services, namely when I felt care and attention from healthcare staff...” (KRM, 35 years, 22/09/2025)

Overall, construction workers expect improvements in preventive health efforts in the workplace, easier access to healthcare through programmes such as KIS, more affordable healthcare costs, and more friendly and responsive healthcare services.

DISCUSSION

Understanding and Interpretation of Access to Health Services

The understanding of construction workers regarding access to health services in this study indicates that health services are not only interpreted as places to obtain medical treatment, but also as a basic need related to the protection of workers’ health and that of their families. Informants considered that ideal health services should not

only focus on curative actions but should also include health education, regular health examinations, and counselling on healthy lifestyles for workers engaged in physically demanding activities. This interpretation reflects an awareness that health represents an important form of capital for maintaining the ability to work and sustaining family economic stability. From a public health perspective, comprehensive health services emphasise the integration of promotive, preventive, curative, and rehabilitative efforts as part of a sustainable healthcare system (13).

From the perspective of the sociology of health, construction workers' understanding of health services is also influenced by working conditions that involve a high risk of injury and health problems. Work activities that require considerable physical effort, combined with working environments that are not always safe, make the need for health services part of a strategy of self-protection against occupational risks. In this study, several informants emphasised the importance of providing first aid facilities (P3K) in the workplace as a form of health access that is more contextual and responsive to workers' needs. This indicates that access to health services is not always narrowly understood as services available in formal healthcare facilities such as community health centres or hospitals, but also includes health support within the workplace environment. This perspective is consistent with the social determinants of health approach, which emphasises that working conditions, employment status, and social protection are important factors influencing individual health status (7).

In addition, the economic dimension also represents an important factor in the interpretation of access to health services among construction workers. As informal sector workers with incomes that are not always stable, the cost of treatment becomes a major consideration in utilising health services. Informants in this study perceived that ideal health services are those that can cover treatment costs or are provided free of charge so that they do not add to workers' economic burdens. These findings indicate that access to health services is determined not only by the availability of facilities but also by individuals' financial ability to utilise these services. This finding is consistent with the Behavioural Model of Health Services Use proposed by Andersen (1995), which explains that the utilisation of health services is influenced by predisposing factors, enabling factors, and individuals' health needs (14).

In the context of health service access theory, the findings of this study can also be explained through the framework developed by Petchansky and Thomas (1981), which states that healthcare access consists of several key dimensions: availability, accessibility, affordability, accommodation, and acceptability (15). Based on the study findings, the dimensions of affordability and acceptability appear to be the most prominent aspects in construction workers' interpretation of healthcare access. Informants perceived that healthcare costs must be affordable or even free in order to be accessible to workers with limited incomes. At the same time, the quality of services and experiences of interaction with healthcare professionals also influence their decisions in choosing healthcare facilities.

The quality of healthcare services is another factor influencing construction workers' perceptions of access to healthcare. In this study, some informants reported dissatisfaction with services at certain healthcare facilities and therefore chose to seek treatment at other facilities perceived to provide better services, even though these were located further away. This indicates that access to health services is influenced not only by geographical distance or cost but also by the quality of social interaction between healthcare professionals and patients. In the perspective of the sociology of health, service quality and patient experience are important factors that can influence public trust in the healthcare system (16).

Furthermore, the interpretation of access to health services in this study can also be understood through the conceptual framework of access proposed by Levesque et al. (2013), which emphasises that healthcare access is the result of interaction between the characteristics of the healthcare system and individuals' ability to utilise these services (17). In the context of construction workers as a marginalised labour group, the ability to recognise health needs, seek services, reach healthcare facilities, and pay for treatment are important factors determining whether health services can truly be accessed. Thus, access to healthcare is not merely a matter of service availability but is also closely related to the social, economic, and structural conditions that influence individuals' ability to utilise these services.

The understanding and interpretation of access to health services among construction workers in Paccerrakrang Subdistrict indicate that healthcare access is perceived as a multidimensional concept. Healthcare access is not only understood as the ability to obtain treatment when ill but also as a means of maintaining health through health education, workplace health protection, affordability of costs, and satisfactory service quality. These

findings emphasise that for marginalised labour groups, health services play a strategic role in maintaining health while also supporting the continuity of family economic livelihoods. Therefore, improving access to health services for informal sector workers must consider social, economic, and structural dimensions so that healthcare services can genuinely reach vulnerable groups within society.

Social and Economic Barriers to Accessing Health Services

Social and economic barriers constitute important factors influencing construction workers' ability to access health services. The findings of this study indicate that the cost of medical treatment is the main obstacle faced by most informants. The unstable income of construction workers, which largely depends on the availability of work, means that they must carefully consider expenditures on health services. This condition indicates that economic limitations represent a structural factor that can restrict the utilisation of health services, particularly among informal sector workers. These findings are consistent with the study by Peters et al. (2008), which explains that poverty and economic inequality are key determinants influencing access to healthcare in developing countries (18).

From the perspective of the sociology of health, these economic barriers reflect inequalities in access shaped by social structures and economic conditions within society. Informal sector workers, such as construction labourers, often occupy vulnerable positions because they lack stable income and adequate social protection. This situation may lead them to delay or even neglect healthcare needs when treatment costs are perceived as too high. The income uncertainty experienced by construction workers illustrates how economic factors can influence individuals' decisions regarding the utilisation of health services. This finding is consistent with the Behavioural Model of Health Services Use proposed by Andersen (1995), which explains that financial capability is an enabling factor that strongly determines the utilisation of healthcare services (14).

In addition to economic limitations, working conditions also represent a factor that hinders access to health services. Several informants stated that long working hours and the physical demands of their work make it difficult for them to allocate time to visit healthcare facilities. In this context, barriers to access are not only related to financial factors but also to time constraints caused by the nature of their work. Employment as a construction worker generally requires continuous physical presence at the worksite, which often leads workers to postpone medical examinations until their health condition becomes more serious. These findings are consistent with the study by Satriawan et al. (2021), which shows that occupational characteristics in the informal sector can influence health insurance coverage and workers' ability to access healthcare services (19).

Social barriers identified in this study are also associated with family conditions and household economic responsibilities. Several informants explained that the number of family dependants and the costs of daily living frequently influence their decisions to utilise healthcare services. Under conditions of limited economic resources, workers often prioritise basic household needs such as food, children's education, and other domestic expenses over health-related expenditures. This situation demonstrates that decisions to access healthcare services are influenced not only by individual circumstances but also by broader social and economic dynamics within the family. Research by Edo and Yasin (2024) indicates that family economic conditions significantly affect individuals' ability to obtain healthcare and other social services (20).

On the other hand, experiences of social discrimination also emerged as a form of barrier to accessing healthcare services. Although most informants stated that they had not experienced discriminatory treatment from healthcare professionals, one informant reported having experienced differential treatment due to occupational status and low economic conditions. From a sociological perspective, experiences of discrimination or social stigma may influence public trust in healthcare systems and affect individuals' decisions to seek medical care. Peters et al. (2008) emphasise that experiences of marginalisation within healthcare services can act as indirect barriers that nevertheless have a significant impact on healthcare-seeking behaviour (18).

Furthermore, the social and economic barriers experienced by construction workers can also be explained through the healthcare access framework proposed by Levesque et al. (2013), which emphasises that access to healthcare results from the interaction between the healthcare system and individuals' ability to utilise available services (17). In the context of this study, economic limitations, time constraints due to work demands, and family social conditions indicate limitations within the dimensions of ability to pay, ability to reach, and ability to engage in

accessing healthcare services. This demonstrates that healthcare access is determined not only by the availability of services but also by the social and economic capacity of individuals to utilise these services effectively.

The social and economic barriers experienced by construction workers in accessing healthcare services are therefore multidimensional. These barriers include treatment costs, income instability, limited time due to work demands, family economic conditions, and experiences of marginalisation within healthcare services. From the perspective of the sociology of health, this situation reflects structural inequalities that reduce the opportunities for marginalised labour groups to obtain optimal healthcare services. Therefore, efforts to improve healthcare access for informal sector workers must adopt a more comprehensive approach, including strengthening health insurance systems, expanding social protection for informal workers, and improving the quality of healthcare services so that they are more inclusive and responsive to vulnerable populations (21).

Strategies Used to Obtain Health Services

The findings of this study indicate that construction workers in Paccerakkang Subdistrict employ various adaptive strategies to obtain health services amidst the social and economic constraints they face. These strategies reflect workers' ability to navigate available resources, whether through formal healthcare services, traditional medicine, or social support from their surrounding environment. In this study, several informants stated that when experiencing illness or injury at work, they generally utilise formal healthcare facilities such as community health centres (puskesmas), clinics, or hospitals as the primary step in obtaining treatment. This finding suggests that formal healthcare services remain the main option for workers despite the various limitations they encounter in accessing care. This result is consistent with the Behavioural Model of Health Services Use proposed by Andersen (1995), which explains that individuals utilise health services based on their health needs and the resources available to support such access (14).

In addition to utilising formal healthcare services, some construction workers also rely on traditional or alternative medicine as a strategy to overcome financial and time constraints. Traditional treatments, such as massage therapy or the use of herbal remedies, are perceived as more accessible and relatively less expensive than formal healthcare services. The use of traditional medicine demonstrates flexibility in healthcare-seeking behaviour, where workers choose treatment options that best correspond to their economic circumstances and health needs. From the perspective of the sociology of health, this practice reflects a form of community adaptation to the limited accessibility of formal healthcare services and illustrates the pluralism of medical systems that exist within society (7).

Beyond treatment strategies, several informants also emphasised the importance of preventive efforts as part of their strategy to minimise the need for healthcare services. Maintaining health through healthy lifestyles, preserving physical fitness, and avoiding behaviours that may pose health risks are among the approaches adopted to reduce the likelihood of illness or injury related to work activities. These preventive strategies demonstrate that construction workers do not merely respond reactively to health problems but also possess awareness of the need for preventive actions to maintain their physical condition so that they can continue working. This approach aligns with the perspective proposed by Gilmer et al. (2021), which emphasises the importance of strengthening individual and community capacities to enhance health resilience through preventive behaviours (22).

Another strategy widely used by construction workers to obtain health services involves utilising social support from family members, co-workers, and social networks within their communities. This support may include the provision of information about healthcare facilities, assistance with healthcare registration procedures, or even financial and transportation support when medical treatment is required. In the context of informal worker communities, social networks play an important role in helping individuals overcome limitations in accessing healthcare services. Such social support can also enhance individuals' capacity to obtain information and resources necessary for accessing healthcare. Research by Rambe et al. (2025) demonstrates that social networks and community support can serve as important factors in facilitating public access to healthcare services (23).

In addition, some informants also employ rest as an initial recovery strategy when experiencing minor illness or injury. Rest is considered the most practical and accessible means of restoring physical condition without incurring additional medical expenses. This strategy reflects a rational consideration in determining the most appropriate course of action when facing health problems. In the context of workers with limited financial resources, the decision to rest

before seeking formal treatment often represents a realistic option, taking into account constraints related to both cost and time.

Overall, the strategies used by construction workers in Paccerrakkang Subdistrict to obtain healthcare services demonstrate a multidimensional pattern of adaptation. These strategies include the utilisation of formal healthcare services, the use of traditional or alternative medicine, the adoption of healthy lifestyles as preventive measures, the mobilisation of social support, and the use of rest as an initial recovery approach. From the perspective of the sociology of health, these strategies reflect the capacity of marginalised communities to navigate the structural limitations they encounter in order to access healthcare services. Therefore, the adaptive strategies employed by construction workers not only represent responses to limited healthcare access but also illustrate how individuals and communities construct social mechanisms to maintain their health amidst economic and social constraints (24).

Expectations and Recommendations

The findings of this study indicate that construction workers in Paccerrakkang Subdistrict hold various expectations regarding improvements in the quality and accessibility of health services. These expectations reflect the needs of marginalised worker groups for a healthcare system that is more responsive to their social and economic circumstances. One of the main expectations expressed by informants is greater attention from the government and healthcare providers to occupational safety and disease prevention. Several informants emphasised the importance of occupational safety training and first aid training at construction sites as efforts to reduce the risk of injury resulting from physically demanding work. This expectation demonstrates that construction workers seek healthcare services that are not only curative but also incorporate promotive and preventive approaches to maintaining workers' health. From a public health perspective, promotive and preventive approaches are essential strategies for reducing disease risk and improving population health in a sustainable manner (25).

In addition to preventive measures, construction workers also expressed strong expectations regarding easier access to healthcare services through policies that reduce the financial burden of medical treatment. Most informants indicated that affordable or even free healthcare services represent a form of support that is urgently needed by informal sector workers with unstable incomes. This expectation reflects the social reality that economic limitations constitute one of the main barriers to accessing healthcare services. Therefore, policies aimed at reducing healthcare costs are considered capable of improving access to adequate health services among marginalised groups. These findings are consistent with the study by DeCorby-Watson et al. (2018), which emphasises that health policies strengthening the capacity of healthcare systems can enhance public access to quality healthcare services (26).

Construction workers also emphasised the importance of administrative support through health insurance programmes such as the Indonesian Health Card (KIS) in facilitating access to healthcare services. Several informants stated that the availability of such health insurance programmes significantly helps reduce the burden of medical expenses and simplifies the process of obtaining healthcare without complicated procedures. Health insurance programmes are therefore perceived as an important mechanism of social protection for workers with limited economic resources. Research by Sari and Idris (2019) shows that the possession of health insurance plays a significant role in increasing the utilisation of healthcare services, particularly among low-income populations (27). In addition to cost and policy considerations, the quality of healthcare services also represents an important expectation among construction workers. Informants in this study indicated that prompt, friendly, and responsive services, as well as healthcare professionals who demonstrate concern for patients' conditions, create positive experiences when accessing healthcare services. Positive interactions between healthcare professionals and patients can strengthen public trust in the healthcare system and encourage greater utilisation of health services. Within the context of modern healthcare systems, the quality of interaction between healthcare professionals and patients is recognised as an important indicator in evaluating the overall quality of healthcare services (28).

From the perspective of the sociology of health, the expectations expressed by construction workers reflect the need for a healthcare system that is more inclusive and responsive to marginalised social groups. Construction workers, as informal sector labourers, face various structural limitations, including economic constraints, employment insecurity, and limited social protection. Therefore, health policies aimed at improving access, strengthening social protection, and enhancing the quality of healthcare services are crucial for reducing inequalities in access to healthcare. This approach is also consistent with the concept of the social determinants of health, which

emphasises that social, economic, and occupational conditions exert significant influence on population health status (7).

The expectations and recommendations expressed by construction workers regarding healthcare services encompass several key aspects, including the enhancement of health education and preventive measures in the workplace, improved accessibility to healthcare services through supportive policies and health insurance programmes, the reduction of healthcare costs, and the improvement of service quality that is more patient-centred and responsive. These findings indicate that ideal healthcare services for marginalised worker groups should not only focus on treatment but must also address broader social, economic, and experiential dimensions of healthcare in a more holistic manner. Therefore, the development of inclusive health policies oriented towards vulnerable populations represents an important step towards establishing a more equitable and sustainable healthcare system (29).

CONCLUSION

This study demonstrates that the experiences of construction workers in accessing health services are influenced not only by the availability of healthcare facilities but also by the complex interaction between economic conditions, the characteristics of informal sector employment, and the social networks possessed by workers. For construction workers, health services are interpreted not merely as facilities for medical treatment but as mechanisms of health protection that enable them to maintain their capacity to work and sustain their families' economic livelihoods. These findings indicate that access to healthcare for informal sector workers encompasses broader social dimensions than conventional understandings of healthcare access that focus solely on the availability of facilities or formal health insurance.

Conceptually, this study confirms that access to healthcare among informal sector workers is multidimensional and relational, shaped through the interaction between structural constraints—such as income instability, long working hours, and limited social protection—and the adaptive capacities of individuals and communities. Within this context, construction workers develop various adaptive strategies, including utilising formal healthcare services and traditional medicine, practising preventive health measures independently, and relying on social support from family members and workplace networks. These strategies demonstrate that social capital and community-based adaptive practices constitute important mechanisms enabling marginalised worker groups to access healthcare services despite structural limitations.

The findings of this study contribute to the field of the sociology of health by demonstrating that access to healthcare among informal workers is determined not only by the design of healthcare systems but also by the social capacities of individuals and communities to navigate these systems. Consequently, healthcare access can be understood as a dynamic social process in which individuals, social networks, and healthcare institutions interact in shaping experiences of healthcare utilisation.

Access to healthcare for construction workers therefore emerges from an ongoing negotiation between structural limitations and the adaptive social capacities possessed by workers. This perspective enriches sociological analyses of health by emphasising that informal sector workers are not merely passive recipients of healthcare inequality but also social actors who actively construct strategies to maintain their health within contexts of social and economic constraint.

AUTHOR'S CONTRIBUTION STATEMENT

Andi Alim was responsible for the development of the conceptual framework, research design, data collection, and the initial drafting of the manuscript. Arlin Adam contributed to data analysis, manuscript writing, and critical revision. Asriani Minarti supported the design of the methodology, interpretation of findings, review process, and final editing. Adhyatma A contributed to strengthening the conceptual analysis, data validation, and review of the scientific substance of the manuscript. Muhammad Syafri was involved in field data collection, data organisation, and technical support throughout the research process. Abdul Gafur contributed to the development of the theoretical framework, contextual analysis, and refinement of the discussion. Riswan Marsal contributed to the sociological interpretation of the findings, integration of the research results within a social science perspective, and final revision of the manuscript. All authors have read and approved the final version of the manuscript.

CONFLICTS OF INTEREST

All authors declare no conflict of interest.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The author uses Grammarly to help refine the language during the manuscript preparation process.

SOURCE OF FUNDING STATEMENTS

This research did not receive any specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

ACKNOWLEDGMENTS

The authors would like to express their sincere gratitude to the construction workers who participated in this research for their time and cooperation. They appreciate the constructive guidance and technical advice provided by University Mega Buana Palopo in refining the research design and methodology. Finally, we thank our colleagues and mentors for their insightful input and encouragement throughout this research.

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