Principles and strategies for aisles communities empowerment in creating Makassar Healthy City, Indonesia

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ABSTRACT

Objective: To discuss the characteristics of the aisles communities and to identify the principles and strategies for empowering alley communities in realizing the Makassar Healthy City.

Method: The method used in this research was a qualitative method. Data collection was carried out through an extensive literature review, FGD, and in-depth interviews. Data were analyzed using thematic analysis.

Results: This research identified the characteristics of the aisles community. This research also found that empowerment of aisles communities can be built with holistic principles, commitment to alley health, leadership, participation, synergy, independence, equality, and sustainability. The development strategies for the aisle communities can be carried out through regulation, the principles of brains and muscles (thinkers and workers), organizations/work groups, community education, funding, and advocacy.

Conclusion: Synergy and convergence action of the aisles program that has the leverage/effect in realizing a clean, comfortable, safe, healthy, and productive aisles is needed.

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Introduction

The concept of community empowerment has been developed in various programs and policies, including the implementation of healthy cities in both developed and developing countries, including Indonesia. The effective implementation of healthy cities in Indonesia began with the issuance of a Joint Regulation between the Ministry of Home Affairs and the Ministry of Health through regulations Number 34 of 2005 and Number: 1138/MENKES/PB/VIII/2005 concerning the implementation of Healthy Regency/City in Indonesia. Empowerment of alley communities is important to do with the principles of effective alley empowerment. The principle of community empowerment, including the alley, is very much determined by dimensions such as a sense of ownership, management, and project design by the group, a local organization that is supportive and works in an integrated manner, intensive, and skilled resource in community development practices. The principle of community empowerment is the existence of community control, public sector leadership, effective relationships, improving outcomes, and accountability.

This research aimed to examine the characteristics of the alley community and identify the principles and strategies for empowering alley communities in realizing the Makassar Healthy City.

Methods

The method used in this research was a qualitative method. The research locations were Rappocini Sub-district and Ujung Tanah Sub-district, Makassar. The basis for consideration of choosing the two sub-districts is that Rappocini Sub-district represents the Kassi-Kassi Health Center area which is considered to be actively participating in realizing the Makassar Healthy City and is in a densely populated area, while Ujung Tanah Sub-district is in Pattingalloa Health Center area with densely populated characteristics and is relatively seedy and poor. Data collection was carried out through an extensive literature review, Focus Group Discussion (FGD), and in-depth interviews. FGD was conducted on 10 participants. Data were analyzed using thematic analysis.

Results and discussion

Characteristics of the Aisles community

The aisles (alley) communities are different from other community groups. The designation of alley is commonly known in urban areas. This research identified the characteristics of the aisles community, wherein the aisles is physically a small road and is inhabited by the community. Most of the aisles area is rarely accessible by
four-wheeled vehicles; it is usually only for two-wheelers or even just for walking. The aisles communities tend not to have house yards. Their houses tend to be close to one’s wall (be right to one another). Socially there are differences, the alley communities in Ujung Tanah Sub-district tend to gather and socialize more, while the alley communities in Rappocini Sub-district tend to be quiet, this perhaps because of differences in work activities, wherein some of the residents of Rappocini Sub-district are office workers. The alley communities in Rappocini-sub-district tend to be more organized than the alley communities in Ujung Tanah Sub-district.

Principles of the Aisles community empowerment

From the results of in-depth interviews and Focus Group Discussion (FGD) of this research several principles of community empowerment are found, namely:

Awareness, willingness and ability

The main principles in the development of the alley are awareness, willingness, and ability. The awareness arises from within the community themselves, which will eventually create a willingness for those who have the ability. Awareness, willingness, and ability are important elements to develop alley communities, this is also in line with the overall health development goals.10

2) Holistic

The aisles (alley) communities must be developed holistically.11 This means that the development of alleys should not only in the matter of health and cleanliness; but also be developed on aspects that have leverage/effect for them, for example, aspects related to the community’s economy. The development of the alley community from an economic aspect is adjusted according to the interest and the ability of the community.

3) Commitment to alley health

Commitment to health is a principle of developing a health program.12 Commitment to health means placing health as the main issue in the development. They all have a commitment to the health of the environment and society. This commitment can be born vertically from the city, sub-district, and village governments to the RT/RW (neighborhood associations) level.

4) Leadership

City leadership influences the pattern of policymaking at the lower level structure,13 including alley communities. Different leaders have different perspectives. That is why changes in leadership always have an impact on the sustainability of the program, likewise, in the development of the alley community. At the alley level, there is also a need for community leaders who can mobilize them. This leader can come from the village level structure, namely the working group that can cover programs and policies down to the alley level.14

5) Participation

Community participation is one of the principles in organizing a healthy city15–18 including in the context of the alley. Community participation also contributes to the sustainability of the program. Community participation is expected to be involved in maintaining the cleanliness of the environment. With community participation, it is expected that the community can solve their own problems. They can take advantage of the community potential that they have to solve health problems in the area.

6) Synergy

Synergy means that there are various stakeholders who can be involved in solving various health problems in the alley. At the city level, almost all Regional Apparatus Organizations can be involved in handling alleys based on the problems faced, for example, the Health Office, Public Works Office, Social Affairs Office, Housing and Settlement Office, Sanitation Office, and so on. Besides, the private sector and community organizations can also be involved.

7) Independence

Building self-reliance is the principle of community development.19 Independence avoids dependence on other parties, including the government. At the community level, they actually have resources in the form of financial, material, logistical and intellectual resources. These can be used in sustainable alley development. In the long term, independence can guarantee the sustainability of the program. That is the essence of why community independence is needed.

8) Equality

Alley development must meet the principle of equality. This means that all community groups regardless of gender, religion, and social status are involved in the development of alleys. Health development must be inclusive. Development must be enjoyed by all community groups including vulnerable groups such as children, pregnant women, and elderly people.

9) Sustainability

The sustainability of the program in the development of Healthy Cities including the alley context is the principle of community development.20 The program being developed should not only think about the current aspects, but also the future aspects. Therefore, the development of the alley must be socialized continuously. The development of the alley requires a strategy that can be described further in the following section.

Alley community empowerment strategy

The development strategy for alley communities can be carried out through regulation, the principles of the brain and muscles (thinkers and workers), organizations/workgroups, community education, funding, and advocacy.

1) Regulation

Regulation is one strategy in health promotion. Regulation is usually carried out with a structural approach to sound public policies. In relation to the development of a healthy alley, regulation is needed to promote sound policies.

2) Thinkers and workers

Developing a healthy alley requires a combination of thinkers and workers. These thinkers (brains) represent groups of people who have conceptual abilities, while workers (muscles) represent groups of people who have technical abilities. Both are needed.

3) Working group/institution

Healthy cities or healthy alleys need working groups or institutions.5 In developing a healthy city, there is a working group at the village level. However, there is no specific workgroup for the development of a healthy alley. A healthy alley working group can be created separately, but it can also be made to follow the existing organizational structure in a healthy city or a healthy city forum. Both have advantages and disadvantages.

4) Community education

Education for the community in the development of the alley is certainly very necessary. With that understanding, the community
knows what benefits can be obtained in developing the alley. Education is a process that must run continuously so that society can be maximally involved.

5) Funding
Funding for the development of the alley is absolutely necessary. Funding can come from the government, namely Regional Apparatus Organizations, namely the budget allocated through the Regional Government Budget (APBD), as well as budgets that can come from private or public elements.

6) Advocacy
Continuously providing advocacy to the government in developing alleys so that the alley community is protected or so that community problems in the alley are solved is urgently needed. Alley communities are an integral part of the development of the city as a whole.

Conclusion
Alley communities are different from other community groups. They have their own characteristics. This research suggests the need for synergy and convergence action of the alleys program that has the leverage/effect in realizing a clean, comfortable, safe, healthy, and productive hall.

Conflict of interests
None.

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References