



# Principles and strategies for aisles communities empowerment in creating Makassar Healthy City, Indonesia<sup>☆</sup>

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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,<sup>1</sup> including Indonesia.<sup>2–4</sup> 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<sup>2,5</sup> 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,<sup>6</sup> a local organization that is supportive and works in an integrated manner,<sup>7</sup> intensive, and skilled resource in community development practices.<sup>8</sup> The principle of community empowerment is the existence of community control, public sector leadership, effective relationships, improving outcomes, and accountability.<sup>9</sup>

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 Pattin-galloang 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

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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.<sup>10</sup>

##### *2) Holistic*

The *aisles* (alley) communities must be developed holistically.<sup>11</sup> 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.<sup>12</sup> 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,<sup>13</sup> 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.<sup>5,14</sup>

##### *5) Participation*

Community participation is one of the principles in organizing a healthy city<sup>3,15–18</sup> 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.<sup>19</sup> 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.<sup>20</sup> 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.<sup>5</sup> 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

1. Moon JY, Nam EW, Dhakal S. Empowerment for healthy cities and communities in Korea. *J Urban Health.* 2014;91:886–93.

2. Palutturi S, Chu C, Moon JY, et al. A comparative study on healthy city capacity mapping: Indonesia and Korea. *Soc Sci.* 2015;10:848–54.
3. Palutturi S, Rutherford S, Davey P, et al. Comparison between healthy cities and Adipura in Indonesia. *Malays J Med Health Sci.* 2013;9:35–43.
4. Palutturi S. Healthy cities implementation in Indonesia: challenges and determinants of successful partnership. Thesis (PhD Doctorate). Brisbane, Queensland, Australia: Griffith School of Environment, Griffith University; 2013.
5. MOHA & MOH. The guideline of healthy districts/cities implementation (Joint Regulation Between the Ministry of Home Affairs and the Ministry of Health) Number: 34/2005 and Number: 1138/MOH/PB/VIII/2005. Jakarta, Indonesia: Healthy Cities Advisory Team; 2005.
6. Kerrigan D, Kennedy CE, Morgan-Thomas R, et al. A community empowerment approach to the HIV response among sex workers: effectiveness, challenges, and considerations for implementation and scale-up. *Lancet.* 2015;385:172–85.
7. Bailey N. Understanding community empowerment in urban regeneration and planning in England: putting policy and practice in context. *Plan Pract Res.* 2010;25:317–32.
8. Adamson D. Community empowerment: identifying the barriers to “purposeful” citizen participation. *Int J Sociol Soc Policy.* 2010.
9. Strategic Scrutiny Group. Principles for community empowerment; 2019. Available at: [https://www.audit-scotland.gov.uk/uploads/docs/report/2019/briefing.190725\\_community\\_empowerment.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2019/briefing.190725_community_empowerment.pdf) [accessed 25.08.20].
10. Hastuti S, Andriyani A. Perbedaan Pengaruh Pendidikan Kesehatan Gigi dalam Meningkatkan Pengetahuan tentang Kesehatan Gigi pada Anak di SD Negeri 2 Sambi Kecamatan Sambi Kabupaten Boyolali. *Gaster.* 2010;7:624–32.
11. Dooris M. Holistic and sustainable health improvement: the contribution of the settings-based approach to health promotion. *Perspect Public Health.* 2009;129:29–36.
12. Meeker D, Goldberg J, Kim KK, et al. Patient Commitment to Health (PACT-Health) in the Heart Failure Population: a focus group study of an active communication framework for patient-centered health behavior change. *J Med Internet Res.* 2019;21:e12483.
13. Palutturi S. Public health leadership. Yogyakarta: Pustaka Pelajar; 2015.
14. Palutturi S, Arifin MA. Re-standardization Makassar healthy city based on local needs. *Indian J Public Health Res Dev.* 2019;10.
15. Palutturi S, Zulkifli A, Syam A. The key challenges and recommendations for healthy cities implementation of North Kolaka, Indonesia. *Indian J Public Health Res Dev.* 2017;8:252–7.
16. Batara AS, Syafar M, Palutturi S, et al. Participatory approaches in creating a concept of healthy public transport facilities toward healthy community. *Exec Editor.* 2018;9:532.
17. Palutturi S, Zulkifli A, Syam A, et al. The key challenges and recommendations for healthy cities implementation of North Kolaka, Indonesia. *Indian J Public Health Res Dev.* 2017;8.
18. Jo HS, Moon JY, Kim BG, et al. Analysis of socio-demographics, self-rated health, social capital, and happiness in a medium-sized healthy city, Republic of Korea. *J Lifestyle Med.* 2015;5:68.
19. De Vriendt P, Peersman W, Florus A, et al. Improving health related quality of life and independence in community dwelling frail older adults through a client-centred and activity-oriented program. A pragmatic randomized controlled trial. *J Nutr Health Aging.* 2016;20:35–40.
20. Drexhage J, Murphy D. Sustainable Development: From Brundtland to Rio 2012, prepared for consideration by the High Level Panel on Global Sustainability at its first meeting. New York: United Nations Headquarters; 2010.