

## Factors that Play a Role in Community Participation in Creating Healthy Alleys in Makassar City

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### ABSTRACT

This research aims to reveal the factors that play a role in community participation in creating Healthy Hallways. This research is qualitative research using a Rapid Assessment Procedures design. The informants for this research were determined using purposive sampling. The data collection technique used in-depth interviews with seven community members: 1 RT head, 1 RW head, 1 Community Health Center staff, two health cadres, and one village head. This research was analyzed using the "Content Analysis" method, then interpreted and presented in narrative and matrix form. The research results found that the factors that play the most role in community participation are the will/awareness and leadership of the local government. Thus, Community Health Center health workers responsible as health tunnel supervisors must guide the form of Communication, Information, and Education (KIE) to the community to increase community participation in the Healthy Aisle program.

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### INTRODUCTION

Community participation is vital in community life to improve the learning process and direct the community toward a responsible society, eliminating feelings of alienation in some communities and generating support and acceptance from the Government (1).

A program must be supported by excellent and stable financial support and other resource support. The Lorong Sehat Program has very high and special cost requirements. However, costs previously considered significant were successfully reduced by modifying the program, especially regarding community participation.

Community participation as the primary key to the success of the Lorong Sehat program is one of the focuses of utilizing this program. The aim of using community participation is to see to what extent community participation supports the success and sustainability of the program. The manifestation starts with community service work in each front of the house and continues in all the hallways, as well as creating facilities for problematic Clean and Healthy Living Behavior indicators such as CTPS (Handwashing with Soap) and making handwashing facilities in front of the house (2).

As the capital of South Sulawesi Province, Makassar City is not free from waste problems. Such an extensive population results in large piles of waste. The increase in population and changes in people's consumption patterns have resulted in an increase in the volume, types, and characteristics of increasingly diverse waste. This is undoubtedly a big problem for the Makassar city government.

In creating a city that is clean and free from waste problems, we are now familiar with the terms See Waste Take (LISA) and the Makassar Ta no Rantasa Movement (Gemar MTR), which is a program launched by the Mayor of Makassar to create a clean Makassar City. The Makassar Ta No Rantasa Movement is one of the Makassar City Government's programs for creating a clean and healthy Makassar. The movement, which was launched on June 15, 2014, was introduced to the residents of Makassar City at the A'bbulo Sibatang Lompoe event, which was held at the Celebes Convention Center (CCC) Jalan Metro Tanjung Bunga (Express viewpoint published June 16, 2014). This program will enable the community to prioritize cleanliness in their daily lives because, without community support, the Makassar Ta Tak Rantasa Program cannot run well. After nine months of running this program, the

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condition of Makassar City has not changed much in terms of cleanliness. There is still a lot of rubbish and piles on the side of the road. Not to mention the need for more public awareness of environmental cleanliness (2).

Management programs based on community empowerment are efforts by the community itself to change behavior and understand health problems and community participation so that it is believed to be a solution for healthy living, but in reality, the programs that the Government has implemented to date have not been able to change thought patterns and behavior. Community so they can live healthily and follow PHBS to provide optimal results. Seeing these conditions, the Makassar City government created a program that directly touches the community in participation through innovations that directly touch the lower community regarding healthy pathways (3).

The results of this Healthy Alley innovation are one of the mainstay programs regarding fundamental changes in dealing with the issue of changing people's mindsets and behavior regarding health and cleanliness in Makassar. In this program, a lot of potential has been developed, for example, in terms of handling environmental health with the 3R concept (reuse, reduce, recycle), the role of community participation, and regional changes in the PHBS (Clean and Healthy Living Behavior) pattern (2).

One similar program that has successfully used a community participation approach is the Alert Village Program. An Alert Village is a village whose residents have ready resources and the ability and willingness to independently prevent and overcome health problems, disasters, and health emergencies. The town referred to here can mean sub-district or country or other terms for a legal community unit that has territorial boundaries, which has the authority to regulate and manage the interests of the local community based on local origins and customs that are recognized and respected in the system of Government of the Unitary State of the Republic of Indonesia (4).

Siaga Village is an image of a community that is aware, willing, and able to prevent and overcome threats to public health, such as malnutrition, infectious diseases, and diseases that can cause extraordinary events, disasters, accidents, etc., by utilizing local potential. Cooperatively. Implementation of Alert Village in several areas is still top-down (5).

Another program that is successful in using a community participation approach is the Waste Bank. A waste bank is a place used to collect waste, which is sorted and then deposited from the trash or waste collection point. The waste bank is managed using a banking-like system. The stages of community participation in the waste bank program include the decision-making stage, implementation stage, enjoying the results stage, and evaluation stage. This research suggests that the community is involved in four stages of participation, namely, the decision-making stage, the implementation stage, the enjoying the results stage, and the evaluation stage. The level of involvement in the decision-making stage was 74.2%, the level of participation in the implementation stage was 75.8%, the level of involvement in enjoying the results was 83.9%, and the level of participation in the evaluation stage was 51.6%. The research results can be concluded that the level of community participation in the "Pendowo Berseri" Waste Bank program can be categorized in the high category with a percentage result of 71.3% (6).

Actual participation is expected so that development goals in the community are successful, so planning programs, implementation of activities, monitoring and evaluation, and maintenance of development results genuinely involve the community. The logical reason is because they are the ones who know best about the problems and needs to develop their region. Cohen and Uphoff in Astuti (2009) differentiate participation into four types: participation in decision-making. Second, participation in implementation. Third, participation in taking benefits. Fourth, participation in evaluation. When carried out together, these four types of involvement will give rise to potentially integrated development activities (7).

The Healthy Aisle (longset) program established by the Health Service aims to reduce and achieve the PHBS program. Technically, the Healthy Aisle is carried out by the Community Health Center together with the community, where the Healthy Aisle activity consists of collecting data on Healthy Families, Baduta (if there are toddlers under two years old), P4K (if someone is pregnant), larvae-free cards, healthy homes, a safe environment. Clean, green, and changes in health behavior for each family member (3).

The number of alleys in Makassar has reached 7,520 across 15 sub-districts and 153 sub-districts. Ninety-two corridors have been built and renovated into Healthy Hallways by 46 community health centers in Makassar City. Most people live in alleys, and the conditions seem slum. The people live in unhealthy conditions and behave without PHBS. From this problem, to change people's behavior from not having PHBS to having PHBS, a Healthy Alley innovation emerged to solve this problem by increasing community participation to reduce illness (2).

From initial observations, researchers found various problems in implementing the healthy corridor in the Pacceraakang Community Health Center Work Area. Researchers found that community participation could have been more optimal in implementing the Lorong Sehat program. Researchers saw a need for more community participation in planning. For example, there were still many people who did not take part in meetings during the planning process for establishing healthy alleys, just as in the implementation process, it was seen that only the RT/RW head worked alone in the construction of this healthy alley program. Community participation is felt to be less than optimal due to various factors that influence it. Community participation is influenced by multiple things that cause high or low community participation. Communication between the RT and the community was not well established, which resulted in a lack of public knowledge about this Healthy Alley program. Some still need to understand the process of participating in this program. It was also found that many plants were wilted due to neglect, and rubbish was still strewn in the alleyways. These various problems encourage researchers to explore further "Factors that play a role in Community Participation in Realizing Healthy Alleys in Makassar City."

## **METHOD**

This research is qualitative research with a Rapid Assessment Procedures design. This design is a qualitative approach method that uses a combination of data collection techniques consisting of formal and informal interviews, Focus Group Discussion (FGD), observation, and secondary data collection with limited time (8).

This research was carried out in May-June 2020. The research location was Mangga Tiga Housing, Pacceraakang Village, and Biringkanaya District. Researchers chose this location because the site had won the Healthy Hallway Competition for the 52nd National Health Day in 2016 and could be upgraded to a Healthy Alley champion in the following years.

Informants for this research were selected using a purposive sampling method, namely a technique for determining sources of information in qualitative research, which is carried out with specific considerations. Sources of information in this research include Community Health Center staff responsible for the Lorong Sehat program, Village Heads, Heads of RTs, Heads of RWs, the community at the Lorong Sehat location, and Health Cadres.

Data was obtained from direct observation and in-depth interviews with selected informants to get as much information as possible to answer the objectives of this research. The instrument in this research is the researcher as a human instrument equipped with a recording device, interview guide, and stationery for taking field notes.

The results of in-depth interviews were recorded in the form of field notes. Next, field notes are developed by completing them with information obtained from recordings, called expanded field notes or transcripts. After that, organize the data, code and categorize the data, then summarize the data using a matrix, interpret the data, and conclude.

This research was analyzed using the "Content Analysis" method, then interpreted and presented in narrative and matrix form. According to Holsti, content analysis is any technique used to conclude efforts to discover message characteristics and is carried out objectively and systematically.

Bungin added that this technique is a qualitative verification strategy, considered a frequently used data analysis technique. Technically, Content Analysis includes efforts, classifying symbols used in communication, using criteria in classification, and using specific analysis techniques in making production. This analysis is often used in verification analyses. This analysis or the logic is the same as most qualitative data analysis. Researchers start the research by using specific symbols, classifying the data using certain criteria, and making predictions using particular analysis techniques. This process is carried out in analyzing the results of this research. Presentation of data from document searches and observations in short descriptions and the effects of interviews are used as quotations.

## RESULTS

Factors that influence community participation include internal factors and external factors. Internal factors include Awareness/Willingness, education, income.

### Internal factors

#### Awareness/Will

People will not participate of their own accord or enthusiastically in planning activities if they feel their participation does not influence the final plan. As the following interview quote:

"Planning for a healthy corridor starts with cleaning the house itself, then when it is cleaned, the surrounding environment will be helped" (RT, resident, 47 years old).

"In my opinion, in terms of monitoring, we have to work together, not just tell other people, starting with ourselves. If we are active, we can invite other people, and if other people see our behavior or our active attitude, they will also be motivated in this matter" (RL, Citizen, 50 Years).

#### Education

An adequate level of education will provide high awareness for the community by facilitating the development of the identification of national program objectives. Understanding and ability to grow independently of society depends on the availability of quality education, both formal and informal. As stated by the following informant:

"A healthy path starts from ourselves, namely from our home environment. How do we keep our home clean, healthy, and orderly so that if we can do this cleanliness in our own home, we will do it in the surrounding environment, too? If you are educated, you will know that because you will care about the environment and the impacts." (RT, resident, 47 years old).

#### Income

Income in development lies in the form of material/fund donations. Based on people's different incomes, their participation in the Healthy Aisle program can vary. Apart from the income/income being different, the level of activity (time/work) is also other. All of this can reduce participation in planning. This was confirmed by the informants interviewed as follows:

"Usually, the planning is discussed at meetings, but I never attend because it's usually a working day. But if we work together, we usually join in" (RL, resident, 50 years old).

"I don't join the planning meetings, but I usually hear from my wife about the healthy corridor. Most of the people who take part in the meeting are mostly mothers. If the fathers are working, but if there is cooperation, the children will step in" (SM, resident, 48 years old).

Thus, it is known that the cause of the participation rate is the difference in income and the stability of the community. The higher a person's income, the higher the possibility of participation in development. However, if payment is unstable or irregular, this will prevent people from participating.

### External Factors

#### Local Government Leadership

Leadership- leadership's role in an area dramatically determines community participation in a program. In mobilizing community participation for a program, informal leaders with legitimacy are needed.

Community participation is not only for people who are influenced and affected by the program who like participation, but also program planners (government bureaucrats) want people to participate not only because they can contribute an active role in every step of the program planning process but starting from implementation through to monitoring. As stated by the following informant:

"My idea is that every resident must contribute, whether from funds or materials, so everyone feels they have a responsibility in the tunnel" (AM, 27 years old).

"The community is collecting funds as sincerely as possible because, from the sub-district itself, they can only donate what they have, such as plants or used goods. I also want the residents to be united in cleaning their alleys and to be united in painting the alleys because that is not an easy thing for just a few residents to do, so people have to be united" (EP, Village Head, 47 years old).

### **Available Facilities**

A program requires the availability of adequate facilities to achieve the success of the program. If an area has sufficient facilities, it will encourage its people to carry out health programs. Vice versa, people will feel lazy if there is a lack of facilities available in a program.

The available facilities help ensure the smooth implementation of the program. This can influence program implementation, especially efforts to improve administrative services to the community. This is proven by the results of informant interviews as follows:

"If possible, the equipment will be provided by the government, and at least the funds will be distributed to healthy corridors so that residents will be encouraged to work because usually, if something new is like a new trash can, a new broomstick, etc., it will encourage people to work" (WW, resident, 25 years old).

### **DISCUSSION**

Factors that can influence community participation. One of them is internal factors. Internal factors come from within society itself. These individual characteristics include age, level of education, type of work, length of time involved in activities, income level, length of stay, and residential status, which influence group activities, individual mobility, and financial capabilities. The educational factor is important because, through the education obtained, a person can more easily communicate and interact with other people and respond quickly to developments in knowledge and technology. The higher the level of education, the more extensive knowledge about evolution and the forms and procedures for participation that can be provided.

Meanwhile, the type of job factor influences participation because it influences organizational activity. This is because work is related to a person's free time to be involved in an organization, for example, attending meetings, discussions, or seminars. A higher income level will provide more significant opportunities for people to participate. This income level will influence people's financial ability to invest by mobilizing all their abilities if the results achieved are by their desires and priority needs (9).

Another factor is external factors. The level of participation in environmental management and local settlement infrastructure also depends on the attitudes of residents and the effectiveness of community organizations. A person will be involved directly or indirectly in community life through institutions such as LKMD, RT, and RW, aiming to achieve shared prosperity. These community organizations are recognized and fostered by the government to maintain and preserve moral values based on cooperation and kinship and to help improve the smooth implementation of a program. Thus, participation must contain active involvement from stakeholders in a work organization, namely government officials and the community. Based on the assumption that government organizations will work better if members in the structure can be deeply involved with each organization (9).

Pratiwi's (2015) research results show that the factors influencing community participation in activities for the Vocational Village program are education level, income level, type of work, community motivation, and community member perceptions. The higher the level of education, the lower the participation of community members. Meanwhile, factors that do not influence community participation in Vocational Village program activities are the age of community members, institutions, community leaders' roles, and technical resource persons. Geographical conditions and regional potential can also influence the program's success. The program's impact is in the form of economic improvement, social status, and cultural change. The internal supporting factor is the high target of improving the quality of life, and the external supporting factor is guidance from related agencies. The internal inhibiting factor is low motivation. The external inhibiting factor is limited capital (10).

According to the research results of Marharani (2017), the factors that influence the level of participation of the Onggosoro Hamlet community in the Punthuk Mongkrong tourist attraction consist of 1) Internal factors of respondent characteristics such as age, gender, education level, and type of work. In this study, the internal

factors that most influence community participation are respondents aged 15 - 47 years and male. 2) External factors consist of the distance of residence to the Punthuk Mongkrong tourist attraction and the presence or absence of stakeholder involvement that encourages community participation. In this research, the external factor that most influence community participation is whether stakeholders (managers) are encouraging the community to participate in the Punthuk Mongkrong tourist attraction, with a percentage of 18 percent (11).

In his research, Hanif (2016) stated that the factors that influence community participation in implementing the model, starting from the highest rank, are; (1) the still entrenched tradition of mutual cooperation which is based on the inner bonds of fellow villagers regarding the same rights of responsibility for safety and happiness together in society, (2) the belief that mentally retarded residents are not a disaster but a test from God, (3) ) the behavior of community leaders, religious leaders and youth leaders who do not just provide information but are also role models in responding to mentally retarded citizens, (4) knowledge that mental retardation is not a disease and that mentally retarded people still have potential that can be empowered, (5) Livelihoods the lives of people who are predominantly farmers/farm laborers do not pose a significant obstacle to participation even though it is in the form of labor, and (6) The gender of men and women has relatively little influence because society's perspective on gender is starting to shift and views the problem of mentally retarded citizens as their responsibility together (12).

According to Barabad Research (2019), the factors of type of work, income, and knowledge/education influence community participation in attending and meeting attendance and activeness in community service activities. Meanwhile, knowledge about the Community Sanitation program affects all variables in the form and level of participation. Public. Local government and community leaders influence all forms and levels of involvement. While the part of the village/hamlet government influences the level of direct participation, the role of the consultant/facilitator influences the community to attend meetings to discuss the program (13).

## **CONCLUSION**

This research concludes that the factors that play a role in community participation in creating healthy corridors are internal factors consisting of awareness/willingness, education, and income. In this research, the internal factor that plays the most role is awareness/will. External factors include Local Government Leadership and available Facilities. In this research, the external factor that played the most role was the leadership of the local government. The role of stakeholders (Managers) in encouraging the community to participate in program implementation.

## **REFERENCE**

1. Notoatmodjo, S. 2012. Promosi Kesehatan dan Perilaku Kesehatan. Jakarta: PT Rineka Cipta
2. Pomanto, M.R., dan Rizal, S. 2014. 8 Jalan Masa Depan; Mainstream Baru Pembangunan Makassar. Makassar, Pelita Pustaka-Badan Arsip & Perpustakaan Makassar
3. Amran, A. R. 2018. Analisis Sistem Manajemen Lorong Sehat di Kota Makassar Tahun 2018. Skripsi. Fakultas Kesehatan Masyarakat. Universitas Hasanuddin
4. Rahantoknam, L. D. 2013. Analisis Desa Siaga di Desa Evu Kabupaten Maluku Tenggara. Jurnal MKMI. Vol.9. No.2. Hal.74-79
5. Wahyuni, T. 2015. Peran Program Desa Siaga dalam Pemberdayaan Kesehatan di Desa Pekutan Mirit Kebumen. Skripsi. Fakultas Dakwah dan Komunikasi. Universitas Islam Negeri Sunan Kalijaga Yogyakarta
6. Fauzy. 2017. Partisipasi Masyarakat dalam Program Bank Sampah "Pendowo Berseri" Desa Tritih Wetan Kecamatan Jeruklegi Kabupaten Cilacap. Geo Edukasi. Vol. 6. No.2. Hal. 43-48
7. Astuti, S.I. 2009. Desentralisasi dan Partisipasi dalam Pendidikan. Yogyakarta: UNY
8. Husaini, M.A. Rapid assessment procedure (RAP) for use in the research Cum Action Nutrition Project, Presented at the Second Meeting of the South East Asia Nutrition Research - Cum - Action Net Work, Bali, 22-26 June, 1992
9. Wijaksono, S. 2013. Pengaruh Lama Tinggal terhadap Tingkat Partisipasi Masyarakat dalam Pengelolaan Lingkungan Pemukiman. Com-Tech. VO.4. No.1. Hal. 24-32

10. Pratiwi, M. 2015. Analisis Tingkat Partisipasi Masyarakat terhadap Pelaksanaan Program Desa Vokasi di Desa Pulutaan Wetan Kecamatan Wuryantoro Kabupaten Wonogiri. Skripsi. Fakultas Geografi. Universitas Muhammadiyah Surakarta
11. Marharani, R. 2017. Tingkat Partisipasi Masyarakat dalam Pengembangan Obyek Wisata Punthuk Mongkrong di Dusun Onggsoro Desa Giritengah Kecamatan Bodobudur Kabupaten Magelang. Vol. 2. No.6
12. Hanif, M. 2016. Partisipasi Masyarakat dalam Memberdayakan Warga Retardasi Mental dengan model Asanti Emotan (Studi kasus di Sidoharjo Jambon Ponorogo). Jurnal Studi sosial. Vol. 1. No.1. Hal.1-13
13. Badarab, A. 2019. Partisipasi Masyarakat dalam Program Sanitasi Berbasis Masyarakat (Sanimas) Studi Kasus Desa Ayula Selatan Kecamatan Bulango Kabupaten Bone Bolango. Skripsi. Fakultas Ilmu Sosial. Universitas Negeri Gorontalo