

The Influence of the Role of Stakeholders to Healthy Homes in Efforts to Achieve Healthy City in Medan

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Abstract

One of the regional development pillars is human resources. The quality of human resources is determined by healthy level that can be achieved by developing healthy homes which is one of the indicators of a healthy city. The stakeholders have a very important role to develop the healthy city. The main objective of this study is to analyze the influence of the role of government, community and private sectors towards healthy home in achieving healthy city in Medan, and the specific objectives are to analyze the public's knowledge about healthy homes and healthy city, to evaluate the existence of healthy homes, and to explore qualitatively the role of government, public and private towards healthy home. The study was a survey with quantitative and qualitative approaches. The results showed public's knowledge about healthy home in good category is 63%, and for healthy city in good category is 57.8%. Only 35% of the public perception of the role of government is good, 75.5% of public perception of the role of community is good and 87.5% of the public perception of the role of the private states bad. Only 30% of healthy home that met indicator requirement as healthy house. The public perception of the role of government have positive and significant impact, especially in terms of the role for planning and evaluation of healthy home in Medan. Qualitatively the role of government is not good enough, the government had not implemented as a facilitator, catalyst and coordinator optimally. The role of public in planning, implementation, utilization and evaluation of results was still not good because it was not facilitated and coordinated by the government, as well as the role of the private sector in terms of financing, community empowerment and direct participation. The government of Medan is expected to be able to put together a program of healthy home in *RPJMD* (Masterplan of City Development) by involving related *SKPD* (Government Technical Departments) and facilitating the formation of Healthy City Forum which involves the role of community and private sectors, and coordinating CSR program of the private sectors, as well as be able to create a pilot project for the development of healthy homes in the districts that unhealthy homes categorized.

Keywords: The role of stakeholder, healthy city, healthy home

1. Introduction

Urban health is the result of a process of urban planning, interrelated among several components of management, policy makers, environmental aspects that affecting public health, which involving government, community and private sectors. Healthy city is a plan that requires the concept of regional development and regional planning in the long term, gradual, comprehensive and systematic, as well as considering the potential area that focuses on equity, social justice, participatory governance and solidarity, cross-sectoral cooperation and action to improve the health indicators.

To build a sustainable city can be done by creating harmony and cooperation among stakeholders. Some research indicate that the success of healthy urban planning is strongly influenced by the involvement and participation of stakeholders (Kickbusch and Tsouros, 2002; Werna, *et al*, 1998, WHO, 2002; Davies *et al.*, 2009; Tsouros in Davies *et al.*, 2009. Some studies also showed the role of stakeholders in regional development in Indonesia (Hidayat *et al.*, 2003; Suciati, 2006; Arifin, 2007; Purnamasari, 2008; Sudaryato *et al.*, 2008; Aisyah, 2012).

Healthy home is a condition that must be met in creating a healthy city and used as one of indicators for determining healthy city (MOH, 2005). Home is one of the 11 characteristics of a healthy city in the context of the health of the city (Glouberman *et al.*, 2006). Home is one of the basic human needs, so the house must be healthy so that the occupants can work productively. Construction of houses and neighborhoods that do not meet health requirements is a risk factor as a source of transmission of various diseases, particularly diseases based on environments, such as acute respiratory tract infection and tuberculosis closely related to unhealthy housing. Provision of clean water and sanitation that are not qualified become a risk factor for diarrhea and worm infection disease, and a disease transmitted by a vector-borne such as dengue fever, malaria, plague and filariasis. This is in line with the opinion of Hud (2006) that the health status is associated with the place where the person lived.

Some studies showed the situation of houses in several districts in the city of Medan as follow, Angelina (2013) found only 55.9% had garbage disposal facilities and 45.8% had drainages that do not meet

health requirements. Purba (2013), 38.5% of people still throw garbage in rivers of Deli, and 59.6% bowel and bladder in the river. Simatupang (2014), 70% of latrines in the communities were ineligible healthy latrines. Handayani (2012), 69% of people do not have drainage, 79% of people do not have a garbage disposal facilities and 92% of basic sanitation community does not meet health requirements. Sajida (2013), 95.5% of public water supply are not their own, only 22.7% of people have latrines of a qualified health.

The main objective of this study is to analyze the influence of the role of government, community and private sectors towards healthy home in achieving healthy city in Medan, and the specific objectives are to analyze the public's knowledge about healthy homes and healthy city, to evaluate the existence of healthy homes, and to explore qualitatively the role of government, public and private towards healthy home.

2. Literature Review

Regional Planning and Regional Development

According to Tarigan (2008), regional planning is the planning in using spatial and activities in the area of regional development, while Hadjisaroso (1994) defines as an action in developing, building and repairing or improving county/region/area for the purpose of public welfare.

Stakeholder

According to Groenendijk (2003), stakeholders are all the actors or groups who affect and/or influenced by the policies, decisions and actions of a program. Sumarto (2004), stakeholders are individuals, groups, or organizations of women and men who have an interest, get involved or affected (positively or negatively) by an activity or program. Results of research Harpham T et al., (2001), suggests that the involvement of stakeholders in healthy city is very varied, and is strongly associated with: 1). The level of stakeholder knowledge about a healthy city, 2). The location of activities healthy city that carried out; 3). The management structures that involved in healthy city program, and 4). the type of programs and healthy city activities that undertaken. The theory of 3 pillars of development according to Mulyanto (2008), which states that the program done in the development of the area should be designed, implemented and intended for the benefit of government, public and private.

The Role of Government

According to Cadwallader in Sadyohutomo (2008), the government's role in managing the city and region: 1). The service and public goods provider, 2). To organize and facilitate, 3). As a social engineering in directing society, 4). As the arbitrator in conflicts among society groups. The role of government as a facilitator by Nugroho (2000) is a development manager who mobilizes the society to take the initiative itself in accordance with the agreements towards regional and national development. The study of Aisyah *et al.*, (2012) showed that the government's role as a facilitator between the government's interests and the interests of the community and private sectors. Farhan (2005) stated that the models of socialization that much more innovative is needed by the government in order to play its role as facilitator. The government's role as catalyst, according to Osborne and Gaebler (1995) is to direct the development wheel, to direct which should be involved either the public or private sectors. The government's role as coordinator according to Kartasmita (1997) is to address the divergences between the sectoral ego or the possibility of the government institutions (related parties), community and private sectors.

The Role of Community

The role of community in development is the key to addressing urban problems (Kjellstrom, 2007). There are four levels of community participation proposed by Ndraha (1990), namely, 1). Participation in the formation of the decision, 2). Participation in the implementation, 3). Participation in the utilization of results, 4). Participation in the evaluation. The form of community participation in development phases according to Ericson (in Slamet, 1994) namely; 1). Participation in the planning phase, 2). Participation in the implementation phase, 3). Participation in utilization. The result of Asnudin's research (2010) revealed some of the benefits of public participation in development, namely; 1). Capable to stimulate the emergence of the important support of non-governmental society in the development, 2). Capable to increase the motivation and skills of people in the development, and 3). The development execution increasingly accordance with the aspirations and the public needs, and 4). The range of development become widespread though with limited funding, and 5). Not create public dependency on the government.

Conyers Diana (1994) stated three reasons for public involvement/participation, namely: 1). Public participation is a tool to obtain information on the indicators, the needs and attitudes of local people, without these the development programs will fail. 2). The society will trust the development program if they were involved in the preparatory process and planning because they will know the ins and outs of the program and will have a sense of belonging to the program, 3). It is a democratic right when people get involved in the

development of society itself.

The Role of Private Sectors

Mursitama (2012) described the role of private sectors in public services system. The business world give contribution to the passage of a public services system which is professional, fast, efficient and low cost by encouraging the public bureaucracy based on the principles of good governance in a good public services system.

Healthy City

Healthy city is the city that clean, comfortable, safe and healthy for the its inhabitant, which is achieved through the implementation and application of some integrated activities agreement between community and local government. To achieve the implementation of healthy cities, it needs the support of the quality of the physical and social environment, behavioral change through active involvement of the community and private as well as government and local governments in a focused, coordinated, cohesive and sustainable (MOH, 2005). According to the WHO, there are six characteristics of healthy city project; 1). Commitment to health 2). Political decision-making 3). Intersectoral action, 4) Public participation 5). innovation 6). Healthy public policies (WHO, 1997).

Healthy Homes Assessment

To asses healthy homes based on provision of *Kepmenkes* (Ministry of Health Regulation), it includes three scopes of assessment; 1). groups of house components, including the ceiling, walls, floor, the bedroom window, the window family rooms and living rooms, ventilation, means of disposal of kitchen smoke, lighting; 2). groups of sanitation facilities, including clean water supply, sewerage facilities, wastewater disposal, and garbage disposal facilities, and 3). groups of occupant behavior, including behavior open the bedroom window, opened the window and a family room, cleaning the yard, throwing feces infant/children to the toilet, and dispose of waste in place. The form of healthy home assessment consists of components assessed, assessment criteria, value and weight as well as the assessment result in detail can be found in the appendix of *Kepmenkes No.829/Menkes/SK /VII/1999* regarding housing health requirements (MOH, 1999).

3. Materials and Methods

This study was a survey with quantitative and qualitative approaches. The total sample was 400 households (people) of the total population of 487.599 households in a manner proportional random sampling of the entire districts in the city of Medan, and subsequently by simple random sampling from the sub-districts. In a qualitative approach, it took a number of 22 informants from government, community and private sectors. Data were analyzed by using univariate, bivariate, multivariate logistic regression test at the significant level of 95%. The form of healthy homes in the city of Medan was analyzed by measuring healthy home using a questionnaire adopted from the Technical Guidelines for Assessment of Healthy Homes Ministry of Health Directorate General of the Division of Diseases Control and Environment Year 2002. The qualitative data were used based on qualitatively simple analysis.

4. Results

4.1. Community Knowledge about Healthy Homes and Healthy Cities

The results of this study showed that in general the community knowledge about healthy homes in good category was 63%, and community knowledge on healthy cities in good category was 57.8%.

4.2. Community Perception toward Government's Role in Efforts to Develop Healthy Homes

Community perception toward the role of government in developing healthy homes was measured based on the role of government as a facilitator, catalyst, and coordinator. The low role of government was perceived by the community, due to the result revealed that 65% community stated that the role of government was poor in developing healthy homes. The lack of concern of the head of village was complained by some people.

4.3. Community Perception toward the Role of Civil Society in Efforts to Develop Healthy Homes

The role of the civil society in this case was measured based on the four components; the role of the community in planning, implementation, utilization and evaluation in relation to their involvement toward policies and programs of government in developing healthy homes. The community perception toward their role itself was 75.5% in good category.

4.4. Community Perception toward Private Role in Efforts to Develop Healthy Homes

As much of 87.5% of the community assesses the role of the private sector in housing development and settlement is in bad category. Some private companies have already distributed their funding through Corporate

Social Responsibility mechanism to the government.

4.5. Health Status of Homes

Assessment for health status of homes based on *Kepmenkes No.829/Menkes/SK/VII/1999*, result showed that 70% of homes in the city of Medan was categorized as unhealthy home. Only 30% were categorized as healthy homes.

4.6. Relationship between Community Perceptions towards Government Role with Health Status of Homes

The government has the right and duty to regulate the community housing needs, where the role of government were as facilitator, catalyst and coordinator. These three roles of government were analyzed to see its association with healthy homes of community. In general the role of government was 65% in good category and 35% in poor category, where its relation with health status of homes as shown in Table 1 below.

Table 1. The Role of Government towards Health Status of Homes

		Health Status of Homes		Total	pvalue
		Unhealthy	Healthy		
Role of Government	Poor	196 (70.0%)	64 (53.3%)	260 (65.0%)	0.010
	Good	84 (30.0%)	56 (46.7%)	140 (35.0%)	
Total		280 (100.0%)	120 (100.0%)	400 (100.0%)	

Table 1 showed that the community who had unhealthy home had perception that the government did not play its role appropriately in developing healthy home in city of Medan, as much as 70%. The result revealed that there was a significant relationship between the role of goverment with health status of home ($p = 0.010$).

4.7. Relationship between Community Perceptions towards Its role with Health Status of Homes

The role of community in developing healthy homes consists of planning, implementing, utilization and evaluation in working together with the government. For more details, it can be seen in this following table.

Table 2. The Role of Community towards Health Status of Homes

		Health Status of Home		Total	p-value
		Unhealthy	Healthy		
Role of Community	Poor	80 (28.6%)	18 (15.0%)	98 (24.5%)	0.040
	Good	200 (71.4%)	102 (85.0%)	302 (75.5%)	
Total		280 (100.0%)	120 (100.0%)	400 (100.0%)	

Based on the test results in Table 2 above, it is found that $p = 0.040$, which mean that there was a significant relationship between the role of the community and the health status of home in the city of Medan. Where 85% community who had healthy home also had a good role in developing healthy home.

4.8. Relationship between Community Perceptions towards the Role of Private Sectors with Health Status of Homes.

There were three roles that the private sectors which consist of funding, community development, and direct participation. These three roles of the private sectors were analyzed its association with the health status of community homes.

Tabel 3. The Role of Private Sectors towards Health Status of Homes

			Health Status of Homes		Total	p value
			Unhealthy	Healthy		
The Role of Private Sectors	Poor	252 (90.0%)	98 (81.7%)	350 (87.5%)	0.021	
	Good	28 (10.0%)	22 (18.3%)	50 (12.5%)		
Total			280 (100.0%)	120 (100.0%)	400 (100.0%)	

Table 3. above, showed that p value = 0.021, which may concluded that there was also a significant relationship between the role of private sectors with the health status of homes. Where as much as 90% the communy with unhealthy home had perception of poor role of private sectors in developing healthy homes in Medan.

4.9. Multivariate Analysis of Community Perceptions on the Role of Stakeholders towards Healthy Homes in Effort to Achieve a Healthy City

To determine the role of which stakeholders that is contributing more to the healthy homes in efforts to achieve a healthy city in Medan, then an analysis using logistic regression multivariate with *backward method* was performed. The variables that was included in the logistic regression analysis were the role of government, community, and the private sectors, if they have value of $p < 0.25$ as a condition in the multivariate analysis. From the bivariate analysis these three main variables were deserved to be analyzed in a multivariate logistic regression analysis. The results of the multivariate regression analysis based on the *backward method* can be seen in Table 4 below.

Table 4. Multivariate Test Result of Phase 1

Sub variable	B	Wald	Sig	OR	CI 95%
Role of Community	0.609	4,058	0,044	1.839	1.017 to 3.327
Role of Government	0.465	3.561	0.059	1,592	0.982 to 2.580
Role of Private	0,439	1,802	0.179	1,551	0.817 to 2.946

Based on the first test result, it was obtained that the values of significance of the role of government and private sectors were above 0.05 for both variables, so they had to be removed one by one from the test. In the first selection, the role of the private sector that had a significant value of 0.179 was removed and obtained the following result.

Table 5. Multivariate Test Result of Phase 2

Sub variables	B	Wald	Sig	OR	CI 95%
Role of Community	0.616	4,169	0,041	1,852	1.025 to 3.347
Role of Government	0.555	5.538	0,019	1,742	1.097 to 2.765

Based on the results of the second stage of multivariate analysis on the table above, it can be seen that the role of community and government had significant value, which was below 0.05, so not necessary for further testing. From the test, it was also obtained the Odd Ratio (OR) of the role of the community as much as 1.852 (95% CI: 1.025 to 3.347) which mean that the community who had pasive role in working together with government in developing healthy home will increase the likelihood of having healthy homes 1.9 times more higher compared with the community who actively involved in working with government's policies and programs. The role of government has the OR 1.742 (95% CI: 1.097 to 2.765) which means that if the government played pasive role in the program ,then the chances of community have an unhealthy homes was 1.7 times greater than if the government had good role. From the results above, a formula was obtained to show the influence of stakeholders toward the healthy homes in order to develop healthy city in Medan as follow:

$$Y = -1,544 + 0,616X_1 + 0,555X_2$$

Description:

C = Constanta (-1.544)

X₁ = Role of Community

X₂ = Role of Government

Based on this formula we can conclude that the biggest influence comes from the role of the community. This is in accordance with the opinion of Kjellstrom (2007) that one of the stakeholders in a regional development is the community or residents, and the key in addressing urban issues are involvement of all people, regardless of their social status. Furthermore, Zoe Heritage and Mark Dooris (2009) also concluded that almost 80% of cities have some mechanisms which involving the community to participate in decision-making, and more than two third from those cities has explicitly initiated empowering local people. Furthermore, the results of this study indicate that the next role is held by the government.

5. Discussions

The results of this study show that in order to develop a healthy home towards a healthy city in Medan, there are things that should be a concern, they are the role of government, the role of community and the role of private sectors. An understanding of these stakeholders (government, community, private) particularly about healthy homes and healthy city in general is still not fitted with the actual concepts. It is because there is no a comprehensive program about healthy homes and healthy city in Medan, although there are some government's programs which implemented by Government Technical Departments (SKPD) about the program of healthy homes and healthy city, but this program has not been integrated and implemented yet with the other program.

The study concluded that the most influential role to achieve healthy house and healthy city in Medan is the role of community with its roles in planning, implementing, utilization and evaluation. Government also play important role in developing healthy homes and healthy city with its roles as facilitator, catalyst and coordinator.

However, in fact the government has not been actively involved in the healthy homes and healthy city programs in Medan and community do not play their various roles yet whether as planners, implementers, users of the results and evaluation. Although in this study the role of the private sector was not shown to affect the efforts to develop program of healthy homes and healthy city in Medan. This may be because the government itself has not performed the functions of coordination, direction and utilization of the private sector, especially in financing, community empowerment and direct participation in the program of healthy homes and healthy city in Medan. The government of City Medan has been doing a program related to several indicators in achieving a healthy city, however it is not documented in the great plan of healthy city. The issue of healthy city has been formulated in the Medium Term Development Plan 2006-2010 of Medan city, and the healthy city forum has formed, but since the change of the mayor for periode 2006-2010, the healthy city program was not continued. Furthermore, the issue of healthy city was not mentioned on Development Plan 2011-2015 anymore, although one of mission of Medan city development is creating a clean, healthy, comfortable, and religious city environment.

The results of researchers' study towards Medan Development Plan 2011-2015 considered that programs and activities to achieve the healthy city has actually been carried out by the relevant *SKPD* in accordance with their basic tasks, such as sanitation, drainage, and others but these activities were not integrated under Healthy City Planning for Medan city. The *SKPD* related to a healthy city activities for example, Department of Health has done program for empowering communities, Department of Settlement and Housing has conducted program for housing in slums areas, Department of Public Works developed latrines program, sewers manufacture, drainage, etc. Board of Family Planning of Medan has created a rehabilitation assistance program for housing development of pre-prosperous family house, which called *Aladin* (providing roof, floor, walls).

One of the efforts made by the government is by increasing the number of livable settlements. Likewise there is a program associated with the healthy city program such as sewers repairs, house repairs in slums, latrines, and others. The program worked out by the relevant *SKPD* in accordance with their roles and functions are coordinated by *Bappeda* Medan while there is also some program that is not coordinated between *SKPD*, where the program did not focus in terms of target and location to be addressed. Therefore the program is not focused in solving the problem.

Poor sanitation of residential and housing problems in Medan has been addressed by the government. *Bappeda*, as the coordinating body has mapped the area of these problems. This mapping is summarized in the White Book of Sanitation that can be used as a reference for the construction of sanitation in the city of Medan (*Bappeda*, 2012). Hopefully, this book can act as guidance of sanitation to resolve the problem of sanitation in Medan.

In an effort to develop a healthy city, the government of Medan city actually already has some rules that act as the basic of city development, especially regarding to healthy city indicators of Medan, such as 1). Government Regulation No. 22 Year 1982 about Water Management, 2). Government Regulation No. 34 Year 2006 about Road Management, 3). Government Regulation No. 35 Year 1991 about River Management, 4). Government Regulation No. 26 Year 2008 about National Spatial Plan 5). Government Regulation No. 27 Year 1999 about Environmental Impact Analysis, 6). Government Regulation No. 82 Year 2001 about Water Quality Management and Water Pollution Control, 7) Presidential Decree No. 53 Year 1989 about Industrial Estate, 8). Presidential Decree No. 33 of 1990 about the Use of Land for Industrial Area. The government has made some efforts to address the health problems of the urban environment in Medan for example 1). Provision of basic sanitation by the Department of Housing and Settlement in the form of construction of artesian wells, and public hydrants. 2). Installation of water distribution pipes for low income people, in cooperation with *PDAM Tirtanadi*. Furthermore the fulfillment of clean water is also one of the basic requirements in improving the basic quality of human life. Easy access to clean water is very important, especially in areas that are structurally difficult to meet the water continuously. 3). Program called "*Aladin*" (providing roof, floor and walls) aimed for Pre-prosperous family in Medan that began in 2007 until 2014, where it has been counted that 437 houses have been repaired/rehabilitated. Unfortunately, this *Aladin's* program has not touched on the improvement of basic sanitation. This program is coordinated under *Bappeda* Medan City and Department of Settlement and Housing, but there is no coordination either with the Health Department or with the Department of Public Works. An integrated problem resolution is indispensable in solving urban problems. Solving the problem partially will lead in to sectoral ego and in the end it will lead into duplication of the programs it self. In the case of a healthy city program, Medan's Health Department has not fully planned healthy city program. Nevertheless, several indicators for the realization of a healthy city is already done by the City Health Office of Medan, for example in tackling cases of diarrhea are by carrying out education about environment-linked diseases (diarrhea, respiratory infection, typhus, dengue, etc), provision of household toilets and clean water that meets requirements, sanitary inspection at places that selling food/drinks, socializing healthy life style through hand washing with soap to school as well as the treatment of patients with diarrhea.

From the results of this study it can also be explained that the programs related to healthy city that has

been and is being done in the city of Medan was not disseminated to the public, so that people do not know and do not feel the benefits of the programs and in the end people do not take care of the facilities that provided by the government. In addition, because of the location of Medan which spread in 21 sub districts, it would require a long time and a big budget to create a healthy city. So that the healthy urban planning should be done first in some selected districts, in order to make these sub districts be a model for other sub districts.

The health status of homes is one of the indicators in measuring the form of a healthy city in Medan. Our study found that health status of home was very poor (only 30% that qualify as healthy homes). The Forum of Healthy City has not involved all stakeholders yet. The government also has not involved the participation of community and private sectors optimally. This resulted in the government program is not used and maintained by the community. In fact, the community is not only act as object but also as subject of development who should be involved in all development activities such as planning, implementation, utilization and evaluation results. Likewise, the role of the private sectors can play in financing, community empowerment and direct participation. The role of the private sector with its CSR program has not been used and coordinated optimally. The CSR program is supposed to be an opportunity to help the government of Medan in negotiating the limited budget. When the CSR program is allocated and coordinated properly it is very helpful in creating a healthy city in Medan. However, currently this city is not managing the role of private sectors appropriately, especially for managing company's CSR program. This is due to the legal roof for CSR management is still limited to Mayor Decision No.050/2142K/2013 about Coordination Team of Corporate Social Responsibility Development and Networking Program in Medan. This regulation is not strong enough to require companies to participate because it's only appeal. Furthermore, in 2015 Medan Government is planned to propose Government Regulation (*Ranperda*) about CSR to the House of Legislative of Medan City, for ratification to be a law regulation of CSR in Medan.

Hopefully, the stakeholders (government, community and private sectors) can jointly design the healthy city program, then propose the concepts of healthy city to be inserted in Development Plans (RPJMD) so it will be a reference for the government in making long term regional planning, gradual, comprehensive and systematic together with considering the potential areas which will be facilitated, catalysis and coordinated by the government by involving the community and private roles.

6. Conclusions

In achieving healthy city based on indicators of healthy homes in Medan found very poor, where only 30% healthy homes and 70% unhealthy homes in Medan. Community's knowledge in good category about healthy homes was 63% and 57.8% for their knowledge about healthy city. The perception of community toward government's role in efforts to achieve healthy home and healthy city in the good category was 35%, the community's role is in the good category 75,5%, and private sectors role is in the poor category amounted to 87.5%. Community perceptions of government's role as a facilitator, catalyst and coordinator is positively and significantly influence on healthy homes in Medan. The community perception of the role of the community in planning, implementing, utilization and evaluation is also positively and significantly influence on healthy homes in Medan. The most influence stakeholders in developing healthy homes is the community itself and followed by the role of government.

7. Recommendations

The government of Medan city is expected to draw up some programs related to healthy homes in efforts to achieve a healthy city that poured in RPJMD created a comprehensive, consistent, focused and continuous involving related SKPD and enhance the role of community and private sectors. The government should facilitate and reform the Healthy City Forum in order to support government to determine the direction, priorities, territory development planning that integrates various aspects so as to realize the area which is clean, comfortable, safe and healthy to live in. The utilization of CSR program needed to be legalized through regulation, which will enable the government in coordinating and managing the CRS from companies.

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