

# Policy Analysis of One House One Jumantik Movement in Padang City

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## ABSTRACT

The "One House One Jumantik" movement is a model of community empowerment developed by the government from the concept of self Jumantik using a family approach strategy. This movement is part of the DHF Control Program which has been campaigned by the government through various activities but has not been implemented effectively in the city of Padang. The purpose of this study is to analyze the One House One Jumantik Movement Policy in Padang City. The research was conducted with a qualitative method using the case study genre. The study was conducted in the Padang City, with a focus on the most routine health centers in recording and reporting control activities in the field, including the Nanggalo, Pagambiran, and Rawang Health Center. Informants in this study included those in charge of the DHF Control Program at the Health Department and Health Center. Data analysis was done by triangulation. The results of the study indicate the fact that the policy regarding the One House One Jumantik Movement has been established in the city of Padang since 2019. However, since it was established, the Movement has not been implemented properly. Based on information from the informants, it is known that there are still many obstacles in implementing this Movement in each work area, starting from communication factors, resources, dispositions, and bureaucratic structures. Uneven socialization, non-performing coaching, and the absence of a comprehensively established supervisory system are also obstacles to its implementation. Therefore, it is necessary to design a comprehensive model to improve guidance and supervision in this movement.

**Keywords:** DHF, Policy, Control

## 1. INTRODUCTION

Dengue Hemorrhagic Fever (DHF) is a major problem of infectious diseases in various parts of the world. During a decade the incidence rate (IR) of DHF has increased rapidly in all parts of the world. It is estimated that 50 million people are infected with DHF every year and 2.5 billion (1/5 of the world's population) live in dengue endemic areas [1].

The World Health Organization (WHO) noted that Indonesia is the country with the highest dengue cases in Southeast Asia. In 2014, until mid-December, there were 71,668 people with dengue fever in 34 provinces in Indonesia, and 641 of them died. Throughout January

2016, the Ministry of Health recorded 3,298 cases of DHF with 50 deaths in Indonesia [2].

Based on the data above, the Government of Indonesia continues to improve its DHF prevention program. The program aims to reduce the spread of dengue-infected areas, reduce the number of DHF sufferers, and reduce mortality due to DHF. In reality, it is not easy to overcome DHF because there are various obstacles in its implementation. As a result, the DHF prevention strategy is not implemented properly so every year Indonesia continues to be overshadowed by the extraordinary events of DHF [3].

The success of efforts to eradicate DHF can only be achieved if the entire community plays an active role in PSN DHF. The PSN DHF program is the most

important part of the overall effort to eradicate DHF by the family/community. The experience of several countries shows that the eradication of larvae through DHF PSN activities can control the *Aedes aegypti* mosquito population, so that the transmission of DHF can be prevented/reduced [4].

Self-reliance is the ability to maintain and protect their own health. Self-reliance is the independence of an empowered community as a result of community empowerment which will then form an independent society [5].

The "One House One Jumantik" movement is a model of community empowerment developed by the government from the self-jumantik concept using a family approach strategy. Self jumantik is a larva monitoring interpreter that is carried out independently by the community to protect their territory from dengue mosquito larvae, with the basic 3M plus technique, namely draining the bathtub, closing water reservoirs, burying used goods, and as for what is meant by plus is a form of activity. such as using mosquito repellent or mosquito repellent, using mosquito nets while sleeping, planting mosquito repellent plants, keeping fish that can eat mosquito larvae, and avoiding dark areas in the house so that mosquitoes are not occupied by adjusting ventilation and lighting. With the existence of "One House One Jumantik", it is hoped that each house has one cadre who will always monitor mosquito larvae in their own homes and can increase self-reliance from people in the local area [6].

Through Circular Letter Number PM.01.11/Menkes/591/2016 concerning the Implementation of the Eradication of 3M Plus Mosquito Nests with the "One House One Jumantik Movement" it is known that this movement is carried out in the residential neighborhood through the following efforts: first, inviting family and neighbors in the neighborhood around to become a Home Jumantik and monitor mosquito larvae as well as 3M Plus PSN activities in their respective homes. Second, coordinate with the chairman or local RT management by establishing an environmental Jumantik and a Jumantik coordinator. Third, coordinate with the local RW and RT chairman/management to form a Jumantik Supervisor [7]. Although the DBD PSN Program has been campaigned by the government, through various activities and movements, the last one is the One House One Jumantik Movement, these activities have not been implemented effectively in all levels of society in various regions in Indonesia, including the city of Padang. One of the important things in the success of this movement is the existence of a larva monitoring officer (jumantik). Larva Monitoring Interpreters (Jumantik) are community members who voluntarily monitor the presence of *Ae. aegypti* in their respective homes [8].

Based on a preliminary survey conducted at the Padang City Health Office, it is known that the policy regarding the One House One Jumantik Movement has been implemented in Padang City since 2019 based on the Padang Mayor's Decree No. 53 of 2019. However, since the issuance of the decree, the one house one jumantik movement has yet to be implemented. Therefore, the researcher wants to conduct study to conduct a Policy Analysis of the One House One Jumantik Movement in Padang City.

## **2. METHODS**

Qualitative research was conducted using the case study genre through a constructivist approach. Case studies are used to describe in detail and analyze a phenomenon (the Implementation of the One House One Jumantik Movement) that is socially bound (in Padang City). While the constructivism approach is a paradigm that emphasizes that reality is socially constructed, where individuals develop subjective meanings from their personal experiences to look for causes or things that influence the occurrence of something [9].

The research method at this stage uses a qualitative approach with in-depth interviews. The location of the qualitative research was carried out at the Padang City Health Office. The informant of this research is the person in charge of the DHF control program. Determination of informants in this qualitative research using purposive sampling technique. Data analysis was done by triangulation.

## **3. RESULT & DISCUSSION**

Based on research conducted at the Padang City Health Office, it is known that the policy regarding the One House One Jumantik Movement has been implemented in the City of Padang since 2019 based on the Decree of the Mayor of Padang No. 53 of 2019. However, since the issuance of the Decree, according to the Person in Charge of the DHF Program at the Padang City Health Office, there are still many obstacles in implementing the One House One Jumantik Movement in each work area, starting from communication factors, resources, disposition, and bureaucratic structure. This is in accordance with the theory issued by Edward III which states that the four factors are variables that can affect policy implementation [10].

### **3.1. Communication**

Based on the results of the study, it is known that communication related to the One House One Jumantik Movement has been carried out, the socialization has been conveyed by the Health Office either directly or through social media to the Public health center, but the information obtained by the Public health center is not

conveyed optimally and evenly to the community. This is because communication between the Health Office, Public health center and the community is still one-way, so that the purpose of policy socialization is not achieved, many people do not know the policy about the One House One Jumantik Movement.

Whereas in this movement it is known that the community will be the spearhead of determining the success of the program. Communication should be created properly so that policy actors can understand what is the content, objectives, and direction of the policy, thus policy actors can prepare any matters relating to policy implementation, so that the policy implementation process can run effectively in accordance with the objectives. the policy itself [11].

Communication as a process of delivering messages by one person to another to give or to change attitudes, opinions or behavior either directly (verbally) or indirectly. Health communication is the process of delivering health messages by communicators through certain channels/media to the communicant with the aim of encouraging human behavior to achieve prosperity as a force that leads to a healthy state (status) intact physically, mentally (spiritually), and socially [12].

Communication in policy implementation includes several important dimensions, namely information transformation (transmission), clarity of information (clarity) and consistency of information (consistency). The transformation dimension requires that information be conveyed not only to policy implementers but also to target groups and related parties. The clarity dimension requires that the information conveyed is clear and easy to understand, in addition to avoiding misinterpretations from policy implementers, target groups and parties involved in policy implementation. While the consistency dimension requires that the information conveyed must be consistent so as not to cause confusion for policy implementers, target groups, and related parties. The dimension of communication in policy implementation is determined by several elements contained in communication, such as the sender of the message, the content of the message, the media used, and the target recipient of the message.

Communication can change health attitudes and behavior directly towards the same cause. Changes in knowledge and attitudes are pre-conditions in changing health behavior. Communication requires the existence of a communicant competence, a commitment to convey messages, the content of the communication must influence and support the policy, the scope of coverage that has been mastered, and continuity, namely communication that continues to be delivered so that it becomes public behavior.

Communication is one of the elements that can affect the successful implementation of a policy. The

One House One Jumantik movement is a form of policy from the central government. In this study, communication is used to disseminate information to the community so that the implementation of the One House One Jumantik Movement can run well. Effective implementation will be carried out, if the target (community) knows about what they will do. Information can only be understood by the target through well-delivered communication.

The communication factor is very influential on the acceptance of policies by the target group, so that the quality of communication will influence in achieving the effectiveness of policy implementation. Thus, the dissemination of policy content through a good communication process will affect policy implementation.

### **3.2. Resources**

Resources are also an obstacle in carrying out the policies of the One House One Jumantik Movement, both human resources, budgets, facilities, information and authority. Based on the results of the study, it was found that the obstacle was due to the lack of guidance, monitoring, and supervision carried out by coordinators, jumantik supervisors, and Public health center health workers to the community in program implementation, so that the community did not have sufficient capacity to implement the movement.

Budget constraints are also an obstacle that causes there are still many activities that do not go according to plan, the work motivation of field officers is also low due to limitations and unclear salaries received. The minimal budget also affects the available facilities, the facilities in question such as operational tools for both internal and external activities. Furthermore, it is known that not all jumantik coordinators and supervisors have received training from the local Public health center. And in its implementation, it turns out that there are also problems in information and authority, especially in recording and reporting activities, where according to the explanations of a number of cadres it is known that not a few reports from supervisors are still not in accordance with the reality on the ground, this is disclosed considering that there are still many people and cadres who do not carry out the movement but reporting is still available every month [13].

Resources are also important in implementing good policies. Resources are positioned as inputs in the organization as a system that has economic and technological implications. Economically, resources relate to the direct costs or sacrifices incurred by the organization that reflect the value or potential use in their transformation into outputs. While technologically, resources are related to the transformational ability of the organization [14].

The indicators used to see the extent to which resources influence policy implementation consist of staff, information, authority, and facilities. Staff or employees are the main resource in policy implementation. Failures that often occur in policy implementation, one of which is caused by inadequate, sufficient, or incompetent staff/employees in their respective fields. The addition of the number of staff and implementers is not enough to solve the problem of policy implementation, but it requires an adequate number of staff with the necessary skills and abilities (competent and capable) in implementing the policy.

The second indicator in policy implementation is information, information has two forms, namely first, information related to how to implement policies. Second, information on compliance data from implementers to established government rules and regulations.

The third indicator is authority. In general, authority must be formal in order for orders to be carried out effectively. Authority is the authority or legitimacy for implementers in carrying out politically determined policies. When the authority does not exist, then the power of the implementers in the eyes of the public is not legitimized, so that it can thwart the implementation of public policies. But in other contexts, when formal authority is available, there is often an error in seeing the effectiveness of the authority. On the one hand, the effectiveness of the authority is needed in implementing policies, but on the other hand, the effectiveness will decrease when the authority is misused by the implementers for their own interests or their groups. The last indicator is facilities. Physical facilities are an important factor in policy implementation. Implementors may have sufficient, capable and competent staff, but without supporting facilities (facilities and infrastructure) the implementation of the policy will not succeed.

The success of policy implementation is also highly dependent on the ability to utilize available resources. Humans are the most important resource in determining the success of a policy implementation. Each stage of implementation requires quality human resources in accordance with the work required by the established policies. In addition to human resources, financial resources, and time are important calculations in the success of policy implementation. Without resources, policies are only documents.

### **3.3. Disposition**

Disposition, namely how the characteristics of policy actors which include aspects of honesty, commitment, and democracy. Based on the results of the study, it is known that the commitment and honesty of the policy actors of the One House One Jumantik

Movement is still relatively low, this can be measured by the inconsistent level of consistency between the implementation of activities and the established rules, the more in accordance with the rules, the higher the commitment. Meanwhile, the same thing is also reflected in the democratic level as measured by the low intensity of implementers in communicating with the target group and seeking solutions to problems encountered in the field. One of the reasons is because there are no written sanctions for violations committed by health workers who do not carry out their main duties and functions, even though regional regulations and technical instructions are available, so that many officers still consider trivial and feel free not to carry out guidance and supervision as intended should be.

Disposition is one of the factors that have important consequences for effective policy implementation. If the implementers have a tendency, positive attitude, or support for the implementation of the policy, there is a high probability that the implementation of the policy will be carried out in accordance with the initial decision. On the other hand, if the implementers are negative or refuse to implement the policy because of a conflict of interest, the implementation of the policy will face serious obstacles [15].

If the policy implementer has a good disposition, then the policy can run well as desired by the policy maker. The disposition referred to here has been explained in the previous chapter, namely how the commitment, honesty, and democratic nature of each policy implementer in carrying out their program.

The attitude of acceptance or rejection of policy implementing agents greatly affects the success or failure of public policy implementation. This is very likely to happen because the policies implemented are not the result of the formulation of local residents who are well acquainted with the problems and problems they feel. But public policies are usually top-down in nature, where it is very possible that decision makers do not know or even are able to touch the needs, desires or problems that must be solved.

### **3.4. Bureaucratic Structure**

The bureaucratic structure can also influence the implementation of the One House One Jumantik Movement policy. The organizational structure consists of aspects of the mechanism and organizational structure. Based on the mechanism, it is known that not all regions have clear Standard Operating Procedures (SOP) in implementing the movement, so this movement is carried out only based on the existing Technical Instructions. A good SOP includes a clear, systematic, uncomplicated and easy-to-understand framework because it will become a reference in the work of policy actors. In addition, even though an

organizational structure has been formed, it needs to be revitalized because many organizations are passive and do not carry out their main tasks and functions as expected at the beginning of their formation, this is evidenced by the low control carried out in program implementation. One of the reasons is the unavailability of comprehensive technology that can control program implementation (starting from the socialization stage to evaluation).

Organizational structure that is too long will tend to weaken oversight and lead to complicated bureaucratic procedures and complex, which causes activity organization is not flexible. Seen from bureaucratic structure in implementation One House One Jumentik Movement, The city of Padang is faced with a problem responsibilities between related programs not implemented. Even though coordination has been done, program holders related as jumentik coordinator in charge of implementing monitoring and evaluation do not carry out their duties well.

As a unit policy administrator organization, leaders/implementers must establishing standard organizational procedures to handle routine situations as usually handled. Unfortunately standard designed for policies that has been running and can't work well for the new policies making it difficult to change, delay, renewal, or actions that not desired. Policy implementers will know what to do and have the wants and resources to carry out policies, but they the implementation process will continue to be hampered by the organizational structure they serve.

#### **4. CONCLUSIONS & SUGGESTIONS**

There are still many obstacles in implementing the One House One Jumentik Movement in Padang City, starting from communication factors, resources, dispositions, and bureaucratic structures. Therefore, it is necessary to increase cross-sectoral collaboration and communicate behavior change through strengthening coaching and monitoring activities that are carried out periodically by the jumentik coordinator and the person in charge of the program both at the puskesmas and the health office.

#### **AUTHORS' CONTRIBUTIONS**

The author's contributions in this study include preliminary surveys, proposal makers, licensing administrators, conducting research data collection activities, conducting data analysis, making reports, and making research manuscripts for publication.

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