

**TYOLOGY OF STREET LEVEL BUREAUCRACY
IN THE IMPLEMENTATION OF HEALTHY LIVING PROGRAMS
(GERAKAN MASYARAKAT HIDUP SEHAT)
IN THE BANDA ACEH CITY**

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Abstract: Increasing cases of Non Communicable Diseases (PTM) in Indonesia received serious attention from the government. Based on data Suveilans PTM-based health centers (prevalence) Aceh Provincial Health Office 2018, Banda Aceh has the highest rates of hypertension with 1,088 PTM types of cases, compared to other regions namely; Lhokseumawe 997 cases, 188 cases Sabang, Langsa Subussalam 893 cases and 215 cases. This qualitative study aimed to identify and analyze the typology of street-level bureaucracy and obstacle. Data collection technique include observation, interview and documentation study. The results showed Typology Street Level bureaucracy in Banda Aceh Germas program is inadequate information Provide bureaucrats, where health promotion officer in conveying information to the public is still incomplete, so that there are still people who do not understand the program Germas well. The obstacles experienced by Street Level Bureaucracy include internal obstacles in the form of limited number of human resources, the ability of officers to convey information to the public is not optimal, and lack of budget. External barriers in the form of difficulties in presenting the community in Germas activities, as well as people's dietary habits that are still low in the consumption of vegetables and fruit. Therefore we need good cross-sectoral support and cooperation in order to increase public knowledge on healthy living behavior.

Keywords: Street Level bureaucracy, Healthy Lifestyle, Germas Programe

Introduction

Non Communicable Diseases (PTM) is a health issue that is getting serious attention from the government. In Indonesia, PTM become one of the biggest causes of death. The proportion of mortality due to PTM increased from 41.7% in 1995 to 49.9% in 2001 and 59.5% in 2007. The cause of death from all causes of death was stroke (15.4%), followed by hypertension, diabetes, cancer, and chronic obstructive pulmonary disease (Kemenkes, 2011).

World health organizations (WHO) states that PTM into the biggest killer of this century (WHO, 2017). PTM also killed civilians with a younger age and threaten the nation's social and economic (Ministry of Health, 2011; Abdullah, 2018). Therefore, a decrease in cases of PTM in Indonesia be the main priorities for the government to maintain social stability and The country's economic JKN era.

The report argued by the United Nations through a program of Sustainable Development Goals (SDGs), revealed that the PTM cause premature death (before age 70). Premature death due to cardiovascular disease, cancer, chronic respiratory disease or diabetes was about 13 million in 2015 <https://sustainabledevelopment.un.org/sdg3>.

Problems PTM is also an issue at the regional level. One of the provinces which occupy the highest proportion for some types of PTM is the province of Aceh. In 2007, Aceh put the highest proportion of heart disease. Some types of PTM, Aceh is above the national average, such as Chronic Obstructive Pulmonary Disease (COPD). The proportion of cases in

Aceh are higher by 4.3% compared to 3.7% national rate (Abdullah, 2018). Meanwhile, panyakit types of diabetes mellitus (DM) puts ratings of eight of the top ten diseases in the province of Aceh, some 1,638 cases (BPS, 2016).

One of the cities in Aceh province that has the highest type of PTM Banda Aceh. Based on data Suveilans PTM-based health centers (prevalence) Aceh Provincial Health Office in 2018, showed Banda Aceh has 1,088 cases of hypertension in January 2018. The case was categorized as high when compared with other cities in Aceh province ranked as Kota Lhokseumawe (997 cases), Kota Sabang (188 cases), Langsa (893 case), and the City Subussalam (215 cases).

The increasing number of cases of PTM in Banda Aceh due to changes in people's lifestyles. People's behavior patterns in consuming unbalanced diet, smoking, and not doing physical activity a major factor in the high case of PTM, besides faktor genetika. Responding these problems, the government represented by the Ministry of Health has launched the program Healthy Living Society Movement (Germas).

Germas is a program of the government in the form of a planned and systematic actions carried out jointly by all components of the nation with awareness, willingness and ability to adopt healthy behaviors to improve the quality of life. Germas can be done by: (a) conducting physical activity; (b) Eating vegetables and fruits; (c) Do not smoke; (d) Do not consume alcohol; (e) routine health check; (f) cleaning the environment, and; (g) use latrines. In the early stages, the program nationally begins by focusing on three activities, namely: 1) Perform 30 minutes of physical activity per day, 2) Eating fruits and vegetables; and 3) Checking routine health (Kemenkes, 2016).

The success of a program, including Germas greatly influenced the role of street-level bureaucracy or other terms of bureaucratic vanguard. Creation monumental (Lipsky, 1980) mentions the role of street-level bureaucracy associated to function in presenting the program output directly to the target group policy. Lipsky stressed that the vanguard of this bureaucracy that is directly related intensively with communities in the implementation of government programs (Purwanto & Sulistyastuti, 2011).

The existence of street level bureaucracy is considered unimportant the success of government programs. However, the facts prove that they turned out to have a very important position. They get a position as an employee of the "front line" which is a technical master and direct contact with the public (Zedekiah, 2017). Therefore, this study focuses on the role of street-level bureaucracy with the aim of identifying the typology and the resistance of the street-level bureaucracy in policy implementation Germas in Banda Aceh. Street-level bureaucracy that is referred to in this study were employees of the health department of health promotion and health centers in Banda Aceh. Health promotion has the function of providing information and education in the form of health education to the community about healthy behaviors.

Framework Theory

Typology Street Level bureaucracy

Street level bureaucracy or known as the vanguard bureaucracy is often overlooked in its role in the implementation of government policies and programs. In fact, one of the keys to successful implementation of government programs lie in the ability of street-level bureaucracy as bureaucratic vanguard in direct contact with the target group policy (the public).

In that regard, Prottas (1979) in Purwanto and Sulistyastuti (2012) suggests that there are three types of street-level bureaucracy associated with the delivery of information policy, including:

1. Suppress information bureaucrats. Bureaucrats are included in this category are those that actually hide some information that should be communicated to the target group. This means that the street-level bureaucracy does not explain in detail the things pertaining to the policies being implemented, such as free services, transfer, or grant that can be enjoyed by the target group.
2. Provide inadequate information bureaucrats. This type is a bureaucrat in providing information to the target groups conducted with incomplete, so the target group lacking a comprehensive understanding about the purpose and benefits of policies that can make the target group are confused. Incompleteness of information received by the target group mainly due to the inability of bureaucrats to understand and translate the policy objectives in a language easily understood by the target group in the field.
3. Provide supportive information bureaucrats. This type is the most ideal type. In performing its duties the street level bureaucracy provide adequate information, accurate, and fair to the public. In addition, they also provide more time to serve the policy goals. Type of street-level bureaucracy like this will make a positive contribution towards achieving the objectives of the policy.

Further Purwanto and Sulistyastuti (2012) explains that there are several factors that affect street-level bureaucracy, among others: (a) the lowest income levels; (b) the level of education; (c) the existence of pressures make a street-level bureaucracy should cover most of the information. However, getting information through public education is an important factor in the achievement of the content of a policy.

At least there is some form of socialization that can be performed by street the level of bureaucracy, namely: (a) face to face; (B) through the print media in the form of banners, brochures, stickers, and so on; (C) through electronic media, such as TV and radio; and (d) through the medium of the Internet, such as through websites, social networks facebook, twitter, instgram, whatsapps, and others (Purwanto and Sulistyastuti,2012).

Germas Programe

Healthy Living Society Movement (Germas) is a planned and systematic actions carried out jointly by all components of the nation with awareness, willingness and ability to adopt healthy behaviors to improve the quality of life. The general objective of this program is to boost the awareness, willingness and ability of people to adopt healthy behaviors in an effort to improve the quality of life in Indonesia (Kemenkes, 2016).

In 2016-2017 there were three main focuses: (1) physical activity; (2) consumption and fruit and glazed; (3) periodic health check Germas Program implemented by all components of the nation, ranging from central and local government, education, private sector, community organizations, up on individuals, families and society itself.

At the district / city level, local governments are responsible for germas implement the program. The main activities carried out by the district/city according to the Ministry of Health (2016), namely:

- a. Provide a means of physical activity, public open space, free zone motor vehicle (car-free day), bike paths and pedestrian paths were representative and secure.
- b. Conducting utilization perkarangan home for planting vegetables and fruit.
- c. Implement policies smoking area according to the regulation in force.
- d. Implement interventions that support Germas based on local policy.
- e. Germas implementation report to the governor.

Research Methods

Research approach

This study used a qualitative approach, with a case study. The case study is a qualitative approach whose research explores real life, the limited system of contemporary (cases) or multiple systems limited (various cases), through the collection of data detail and depth that involve a variety of sources of information or resources compound (for example: observation, interviews, audiovisual materials, documents and various reports) (Creswell, 2014: 137).

Data collection technique

Data collection techniques in this study are: (a) observation, namely direct observation of the researchers do to get the input of the research object. Observations do observe some Germas activities conducted in Banda Aceh; (b) interview, the means used to try to get verbal descriptions of the informant. Interviews were conducted with the head of the health department of Banda Aceh, the head of public health, health promotion section chief health agencies and health center of Banda Aceh; (c) Study documentation, namely the collection of data sourced from books, writings, reports or resources relevant to the study.

Data analysis technique

Data analysis techniques in this study using a model of the Sugiyono Miles and Huberman (2013: 334-343), which suggests that activity in the qualitative data analysis performed interactively and continues over time through, so that the data is already saturated. There are three activities in the data analysis include data reduction, data presentation, and draw conclusions / verification.

Results and Discussion

Typology Street Level bureaucracy

Implementation of the Healthy Living program Community Movement, otherwise known as Germas marked with Presidential Instruction No. 1 in 2017. In these instructions explain the purpose of the establishment of Germas program is to accelerate and synergize the action of promotive and preventive healthy life to improve the productivity of the population and reduce the burden of health care financing as a result of the disease.

Then the birth of the National Development Planning Minister Regulation No. 11 of 2017 governing the implementation Germas more common. Following up on these rules, The Government of Aceh Province has issued circular letter number 440/23856 in 2018 concerning the Implementation of Germas in the Government of Aceh and Regency / City Governments. In this circular letter addressed to the regents and mayors and regional work units to carry out Germas.

There are nine main focuses in the circular letter, including:

- a. Germas integrate activities into various programs and activities of local devices.
- b. Doing promotive and preventif in order to improve public health through hygienic behavior and healthy with the implementation of Handwashing (CTPS), especially in the five critical time, ie before eating, after defecation, before preparing food, after handling animals and before breastfeeding.
- c. Requiring all employees to stretch which is done regularly after \pm 1-2 hours working in the same position.
- d. Requiring regular sports activities along with doing exercise together every week.
- e. Provide a means of physical activity for all employees who want a good workout before business hours and after business hours.

- f. Serving traditional healthy diet as a snack on organizing a meeting/conference inside or outside the office such as vegetables, local fruits, boiled cassava, boiled bananas, nuts and like.
- g. Faslitias provide early detection services routinely to all ASN to monitoring through a medical examination (medical check up) on a regular basis at least 1 times a year.
- h. Applying no smoking area in the whole building government.
- i. Provide a means of space lactation / breastfeeding and equipment in government institutions.

The success of a government's policies and programs one of which is the presence of street-level bureaucracy (SLB). The existence of SLB be critical in determining the success of government policy, because they are in direct contact to the public in conveying information to the public and policy objectives as a target group.

In this study, which is referred to as SLB is section promotion and community empowerment Health Department and Community Health Center of Banda Aceh. Part of health promotion has become an important element supporting the success of campaign health campaign undertaken by the government. This is because health promotion officer is a person who interacts directly at the community level.

Based on the Banda Aceh Mayor Regulation No. 41 of 2016 concerning the composition, status, tasks, functions, authority and Working Procedure of Department of Health Banda Aceh, describes the task of section promotion and empowerment, among others:

- a. Preparing materials work plan in the field of promotion and community empowerment;
- b. Prepare material for formulation of policy and technical guidance in the field of promotion and community empowerment;
- c. Preparing materials work plan implementation in the field of promotion and community empowerment;
- d. Duties in the field of promotion and empowerment appropriate work plan;
- e. Exercise supervision and pengendalaian field of promotion and empowerment in accordance legislation;
- f. Setting up monitoring and evaluation of materials in the field of promotion and empowerment in accordance with the scope of their duties;
- g. Preparing materials implementation report in accordance with the scope of his duties, and;
- h. Carrying out other official duties given by leaders in their respective sectors.

The eighth task is the responsibility of section promotion and empowerment of communities to provide information to the community related to anything aimed at improving the quality of public health, in particular Germas program.

Based SLB typology proposed by Prottas (1979) (Purwanto & Sulistyastuti, 2011), that the Street Level bureaucracy in this case the employee health promotion in both the health department and health centers in Banda Aceh belonging to the type of inadequate information Provide bureaucrats. The results of the study, suggesting that bureaucratic vanguard delivered information/knowledge related germas program through outreach to the community.

The activity is packaged in the form of information dissemination and outreach to the community conducted by the health promotion section of each clinic. But still there is information / knowledge provided by the health promotion section is not complete, as well as

the detailed explanations are not given a concrete example, so that people do not understand comprehensively towards healthy behavior within the meaning of Gernas program.

In addition, the public is also difficult to understand medical terms that are often used by officers when doing counseling, such as the terms of calories, hypertension, and obesity. The language used by officers should be adjusted to environmental conditions or education level of the local community. I'll need the officer using the local language, so that people more easily understood in the context of everyday life Thus, information or knowledge relatedgermas programs delivered to the public.

Barriers Street Level bureaucracy in knowledge Strengthening Against Healthy Lifestyle In Banda Aceh

A government policy and program when implemented cannot be separated from obstacles. Likewise with the implementation of gernas in Banda Aceh City. The obstacles faced by street level bureaucracy in this case the health promotion section consists of internal and external obstacles.

Internal barriers include limited human resources (HR) in the field of health promotion and community empowerment in the Banda Aceh City Health Office. Though the presence of this field affects the delivery rate of gernas related counseling to the community. Faced with these problems, the health department of Banda Aceh to coordinate with community health centers to conduct outreach to the community related to healthy behavior. In addition, the city of Banda Aceh office in cooperation with other institutions, such as political parties in the dissemination to the public. Cooperation with institutions outside the government as a solution in the face of limited human resources.

In the structure of the organization, promotion section headed by one person, and assisted by two staff members. The scope of the health department of Banda Aceh covering 9 districts, 17 habitation, 70 villages and 20 urban villages, and population 259 913 people (BPS Banda Aceh, 2018). While the level of health centers, health promotion section occupied by one person only section chief. So that, in the conduct of outreach to the community, often involving outside section promotion and empowerment of communities to assist extension activities. In fact, the promotion section is an important part to increase public knowledge about healthy behavior.

In addition to human resource constraints, other barriers are the ability of employee health promotion. As we know, this section required good communication skills so that people understand the purpose and content of the program gernas. However, in practice, the field of health promotion often involves other areas that are considered able to communicate well with the public. The ability to communicate an important element in the success of health education to the community. Thus, the message can be understood by the general public.

Another obstacle is the limited budget. In the letter six points ederan Aceh Governor has described their consumption of fruits at every meeting activities or other activities in government offices. However, based on observations and research in the field, this ederan has not done well. This is due to the limited budget, because the budget for snacks office has been established in accordance with the rules of finance ministers. When coupled with the fruits it is not in accordance with a predetermined.

Furthermore, the external barriers include the habits of the people who are difficult to change, such as diet and interest to eat fruit. Changing the mindset of the people is not as easy as turning the palm of the hand. The perspective of the Acehnese to an unbalanced diet are still found among the people of Banda Aceh. Some of the things that researchers have encountered in the field shows that carbohydrate consumption is not balanced with the consumption of vegetables and fruit. Especially in religious activities and social activities, such as birthday events and activities of the wedding party.

In these activities, especially the people of Banda Aceh is inseparable with the cuisine "kuah beulangong" (the curried goat / cow). Goat curry is very often encountered at every restaurant menu in Banda Aceh. Then, most of the people of Banda Aceh is still low consumption of vegetables and fruit. The food menu is often encountered in the plate at every meal, usually just rice and fish. The content of such foods can be categorized not balanced. Not to meet the elements of vegetables and fruits. The high price of fruit one factor Banda Aceh society rarely to eat fruit.

Other external obstacles is the difficulty to bring the community in germas socialization activities. Banda Aceh community characteristics as the capital of Aceh province, which generally results in attendant difficulties workers to bring the community in germas extension activities. Every month there is a health education activities provided by the clinic, but that came only activity the same people, who generally housewives. So, we need a solution to overcome these problems, such as socialization / counseling based online, social media, or android applications to facilitate the people in getting knowledge about germas.

During this time the public get information related to the program germas through banners, brochures distributed at exhibitions, baligho, and leafet. However, the model of socialization as it was less effective when viewed characteristics of the people of Banda Aceh workers. Thus, online-based socialization is indispensable especially in the era of this gadget. More information quickly spread through the gadget or smartphone.

Conclusion

Typology *Street Level bureaucracy* in the implementation of the program in Banda Aceh Germas belong to the type of inadequate information Provide bureaucrats. Bureaucracy vanguard of this type has submitted information / knowledge related to the public germas program. However, some of the information / knowledge provided was not complete, as well as the detailed explanations are not given a concrete example, that people lack a comprehensive understanding of the purpose and benefits of the program germas. In addition, the use of medical language terms like calories, hypertension and diabetes mellitus become an obstacle for the public to understand the contents of the socialization of health care workers.

Resistance *Street Level bureaucracy* consisting of internal and external obstacles. The internal resistance in the form of those limitation HR officer of health promotion, and communication skills in outreach to the community. While the external constraints such as difficulties to bring the community in outreach activities / socialization. This is because the people of Banda Aceh mostly workers and rarely at home. Faced with this problem of online-based socialization models are considered very effective for the character of the people of Banda Aceh that are difficult to be found because of the work.

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