Community Empowerment through Digital Maternal and Neonatal Care Services in Indonesia

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Abstract: The transformation of public services from conventional to digital is being intensively conducted in Indonesia. This is an effort toward achieving good governance and bureaucratic reform. In addition, digital-based services are expected to increase the independence and participation of Indonesia's citizens. Sidoarjo, a city in East Java, Indonesia, has a digital maternal and neonatal care service which involves multiple actors. This study aimed to examine community empowerment through the digital maternal and neonatal care service in Sidoarjo. This research employed a qualitative method with a purposive technique to determine the informants. This research found that the maternal and neonatal care service made the local communities gain new abilities and ways to participate in the network of the government. The communities, through multi-stage processes, improved their networking, communication and cooperation, and increased the competence of the community to act as an influential participant in public services. In this case, the communities were viewed as subjects or actors with the ability to develop. The community is not just a participatory object as a whole, but it is made up of actors involved in the public service process.

1 INTRODUCTION

The transformation of public services from conventional to digital is being intensively conducted in Indonesia. Indonesia has launched a series of political reforms since 1998. However, the policy on bureaucratic reformation itself is still unclear and vague. In 2008, the government formulated a bureaucratic reform policy. The purpose of the bureaucratic reform policy is to improve the accountability of public services, reduce corruption and improve competitive indexes. The implementation of bureaucratic reform in Indonesia is still significantly centralised on the Ministry of Administrative and Bureaucratic Reforms (MABR), which has the authority to control and evaluate the implementation of bureaucratic reforms in local government.

The centralisation of bureaucracy reform policy reaped criticism because its roadmap is still incomplete. The roadmap was designed without any conceptual structure and linkage between the central government and the local governments (Choi, 2009).

However, the Ministry of Administrative and Bureaucratic Reform (MABR) held a public service innovation competition. This triggered local governments to compete with others to spawn innovations in public services, especially digital-based innovations. The concept of innovation itself contains ideas of bureaucratic reform. Bureaucratic reform is an effort to change the status quo to meritocracy, better policies and improved public services.

Innovation should be a core activity in the public sector: it helps public services to improve their performance and increase their public value, it allows them to respond to the expectations of citizens and to adapt to the needs of users and it increases service efficiency and minimises costs (Mulgan & Albury, 2003). Innovation is the process of gaining ideas to improve the quality of public services that benefit the community. This is an effort to apply the principles of good governance and it is also a form of bureaucratic reform in Indonesia. Digital-based services are expected to increase the independence and participation of its citizens.

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One of the local governments that have made digital-based innovations is Sidoarjo Regency. Sidoarjo has a maternal and neonatal care service which is digitally-based and collaborative, involving multiple actors. The innovation of the maternal and neonatal mortality program in Sidoarjo District was and is unique and comprehensive. This is because the program involves multi-sector actors. The participants not only come from the government, but also private individuals, NGOs, academicians, expert practitioners and society as a whole. In this case, a new concept emerged; that to empower society is not necessarily like taking on the role of a teacher who has knowledge, who conducts training and who teaches the community. Instead, the community is the subject in any public activity that affects it. Therefore, the researcher is interested in studying the community empowerment experienced through this particular digital-based public service in Sidoarjo Regency.

2 LITERATURE REVIEW

2.1 Empowerment

Empowerment is a rather complicated concept. The term can be identified as a principal theory of community psychology (Rappaport, 1987), and it is a fundamental concept for communities to remedy inequalities and to achieve the better and fairer distribution of resources (Minker et al., 2001). Empowerment can be defined through three components: multi-dimensional, social and process (Czuba, 1999). Empowerment is multi-dimensional because it does not use only a single dimension but rather, it involves various aspects such as sociology, economics and psychology. Empowerment is a social process because it involves society and the interactions that exist in society. According to Zimmerman (2000), empowerment can be seen in the different levels of society itself: individuals, organisations and communities. These levels are closely related to one another. In community empowerment, there is organisational empowerment. Similarly, in organisational empowerment, there must be individual empowerment within the organisation itself.

2.2 Community Empowerment

Community empowerment is understood to be both a process and a result (Laverack and Labonte, 2000). As a process, empowerment is able to direct people's

capabilities into a force that allows them to act effectively and efficiently in changing their lives and the environment (Rich and Stocker, 2009). Empowerment is the process of community transformation from the previously incapable or not knowing into a capable and knowledgeable society. Empowerment is not just the process of increasing knowledge and ability. The community empowerment process promotes the participation of people, organisations and communities to gain increased individual and community control, political efficacy, improved quality of life and social justice (Makara, 1994). In this research, community empowerment through a digital-based service in Sidoarjo Regency is described by the empowerment dimension, which is the result of the elaboration of the Rapla community members and Bush et al (2002).

The elaboration result is the dimension of community empowerment consisting of four components, including:

- *Community Activation* is understood to be the community members' participation in the community problem-solving process, in the creation of community groups, leaders, and networks, and their involvement level and relationship quality.
- *Community Competences* are required when solving its problems. The competence of the community is defined as the knowledge and skills that the community has available to solve its problems, including problem-specific awareness, information dissemination skills, and communication skills within and between groups.
- *Program Management Skills* are understood to be the ability of the community groups to use evidence-based methods in identifying and solving their problems during program development, implementation and evaluation.
- *The Creation of a Supportive Environment* is an ability to mobilise resources, including political, social, intellectual and financial resources.

3 METHOD

This study employed a qualitative method and tried to describe the process of community empowerment through the digital-based service in Sidoarjo Regency using the domain of community empowerment by Rapla and Bush (2002). A purposive technique was used to choose the

informants. The informants consisted of the governments and communities involved in digital-based services, whether as agents or users in Sidoarjo Regency.

Data collection was done through various activities: 1) defining the locations; 2) gaining access and building relationships; 3) purposeful sampling (informant determination); 4) collecting the data; 5) recording the information; 6) solving the field problems and 7) storing the data (Creswell, 2015). The data analysis technique was conducted through data gathering, reduction and categorisation (disassembling), data compilation (reassembling), the interpretation of the data (interpreting) and concluding (Yin, 2011).

4 RESULT AND DISCUSSION

The current health promotion policy and practice places a high value on community development work (Robinson and Elliott, 2000) because it aims to enable communities to identify problems, develop solutions and facilitate change (Blackburn, 2000). In Sidoarjo district itself, community empowerment through digital-based services occurs in its maternal and neonatal care programs.

Firstly, the program empowered the participation of the society through socialisation. Motivation training was provided for all of the involved actors. The primary concept was to mobilise the local communities to address their health and social needs and to work across all sectors to solve local problems (Laverack and Wallerstein, 2001). Based on the evidence in the field, this was done to make each actor have the same level of awareness. In this case, having the same awareness is an awareness of maternal and neonatal death. They should also be aware of the importance of maternal and neonatal death cases. Furthermore, they will contribute to the reduction of maternal and neonatal mortality.

Community development has been suggested as offering "the most promising approach to reducing health inequalities" (Labonte, 1990). It has been seen of as a key strategy to mobilise citizens, organisations and communities for health action and to stimulate conditions for change. It is an approach aimed at facilitating community groups and individuals to "empower themselves", and one that seeks "to recognise and value the health experience and knowledge that exists in the community and to use it for everyone's benefit" (Minkler, 1992). This process was carried out through training and learning on the handling of maternal and neonatal

mortality cases. Learning between the actors was done primarily regarding a shared culture, science and their social life. The approach conducted through PKK and recitation groups is because the community culture places more trust in the words of religious leaders. At the second level, there were healthcare agents/cadres in the community who are specially trained to monitor and give first aid when there are signs of an emergency related to maternal or neonatal death. In this case, academics and practitioners prepared software focused on emergency handling that can be used by all parties easily. The next level started to spread to the medical context, which also assisted with the software to allow the users to know what to do.

In the last stage, the community taught about how to advocate regarding policies, and how to promote digital-based health-care services to other agencies or institutions.

Table 1: Community Empowerment Activities through Digital-Based Public Services in Sidoarjo Regency

Domain	Activities
Community Activation	- The engagement and deliberate process between the government and the communities. - Involvement and engagement of more stakeholders (such as Non-Government Organisations, recitation groups, donor agencies) - Motivation classes and awareness raising for all stakeholders involved. - Creating new networks with recitation or religious groups such as Fatayat from NU and Aisyiyah from Muhammadiyah. - Establishment of a Civil Society Forum (FMM) and cadre, as the motivator of Mother and Child Health (MKIA)
Community Competence	- The training of community awareness and the raising of the knowledge of high-risk pregnant women through a group approach Family Welfare Development Group (PKK), recitation groups. - Distribution of information through community leaders or respected people such as religious leaders or ethnic leaders. - Sharing information between health workers who have mastered the early handling of health and society who understand the

		cultural aspects
Management Skills Program	-	The training of the management program and team building skills through regular meetings
	-	The training on the planning, implementing and evaluating of the used techniques through regular meetings and deliberation.
	-	The training of the cadre of MKIA and the members of FMM to approach society through good communication.
	-	Training improvements program from the technical side (first emergency management), including knowledge (the risk of pregnancy) and skills (using the maternal and neonatal mortality networks application)
Creation of Supportive Environment	-	Training community members (FMM, MKIA) and society to increase their lobbying skills with government or donor agencies.
	-	Advocating policymakers to implement maternal and neonatal handling policies through the local government's program via the Regional Department of Health, funded by the Regional Government Budget.
	-	Promoting better access to different foundations (NGO, USAID, Save The Children, RTI) and expert resources

5 CONCLUSIONS

Community empowerment through the maternal and neonatal care service in Sidoarjo has allowed the communities to gain new abilities and ways to participate in the network of the government. The communities, through multi-stage processes, have gained better networking abilities with the other stakeholders such as NGOs and the private sector. The level of communication and cooperation was excellent and mutual. The competence, awareness and knowledge of the communities increased to position them as an influential participant in the public service. The communities are viewed as subjects or as actors who have the ability to develop. The community is not just a lesser participatory object, but it is also made up of actors involved in the public services process. Therefore, to empower society is not necessarily like being a teacher who

has knowledge and thought the community. Instead, the community is the subject in relation to any public activity that affects them.

REFERENCES

Blackburn, J., 2000. Understanding Paulo Freire: reflections on the origins, concepts and possible pitfalls of his educational approach. *Community Development Journal*, 35: 3–15.

Bush, R.; Dover, J.; Mutch, A., 2002. *Community Capacity Manual*; University of Queensland: Melbourne, Australia

Choi, Jin-Wook, 2009. What Holds Indonesia Back? The Structural Roots of Corruption and Reform, Proceeding, *Korean Association for Public Administration* International. University of Incheon, Korea, 22-24

Creswell, J. W., 2015. *Penelitian Kualitatif & Desain Riset, Pustaka Pelajar*. Yogyakarta. Edisi 3.

Czuba, C. E., 1999. Empowerment: What Is It?, *Journal of Extension*, 37(5)

Labonte, R., 1990. Empowerment: notes on community and professional dimensions. *Canadian Research on Social Policy*, 26: 64-75

Laverack, G.; Labonte, R., 2000. A planning framework for community empowerment goals within health promotion. *Health Policy Plan*, 15, page 255-262

Makara, P., 1994. Policy implications of differential health status in East and West Europe. *The case of Hungary. Social Science Med.*, 39, 1295-1302.

Minkler, M., 1992. Community organising among the elderly poor in the United States: A case study. *International Journal of Health Services*, 22: 303-316

Minkler, M., et al., 2001. Contributions of Community Involvement to Organizational-Level Empowerment: The Federal Healthy Start Experience. *Health Education & Behavior*, 28 (6): 783-807.

Mulgan, G., & Albury, D., 2003. *Innovation in The Public Sector*, Strategy Unit, Cabinet Office. The UK.

Rappaport, J., 1987. Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15: 121-148

Rich, M.J., and Stoker, R.P., 2009. Rethinking empowerment: Local empowerment zone programs. *Urb. Aff. Rev*, 45, 775-796.

Robinson, K.L.; Elliott, S.J., 2000. The practice of community development approaches in heart health promotion. *Health Education. Res*earch, 15, 219-231

Yin, R. K., 2016. *Qualitative Research from Start to Finish*, Guilford Press. New York.

Zimmerman, M. A., 2000. Empowerment theory: Psychological, organizational, and community level of analysis. In (eds.) J. Rappaport, E. Seidman. Handbook of Community Psychology. New York: KlewerPlenum.