

THE IMPACT OF RELOCATION FROM SLUM TO SIMPLE RENTED FLATS ON THE HEALTH OF RESIDENTS AT KAMPUNG PULO

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Abstract

This research discussed the impact of relocating from Kampung Pulo in East Jakarta that was exposed to the environment by the local government of the capital (DKI) Jakarta due to their initial condition occupying the slums on the Ciliwung River were often affected by flooding when the rainy season. The research also illustrated the impact of relocation on the health of Kampung Pulo residents in their environment, health facilities and reality they perceived. This research was a qualitative study presented descriptively. The results stated that there were changes, namely changes that occurred in the health condition of Kampung Pulo residents, when the flood felt the mud entered into their homes and the threat of diseases such as diarrhea, vomit and skin diseases aggravated by the condition of unavailability of sanitation, such as the availability of toilets and water needs and could be seen that many of their homes do not have such facilities. But after the relocation they got excellent sanitation and water proved in each unit of flats had a lavatory, raw water that can be cooked to be used to cook and drink, a sink as well as a clean and separate cooking place, other than that. This research could also see that the health level of Kampung Pulo residents increased, they were not suffering from any disease as suffered at Kampung Pulo, a fundamental change in their health.

KEYWORDS: *Health, relocation, environmental change*

INTRODUCTION

Uneven development caused the number of local residents to come to the city, what is the matter with the capital. The development in Java Island is very fast and becomes the center of economic activity in Indonesia which contributes about 57 percent of the national economy, with an area of 139,000 km² or about 7 percent of the land area of Indonesia, Java Island inhabited by about 60 percent of Indonesia's population and become the most populous island in Indonesia. The biggest contribution was given by DKI Jakarta (16.46 percent), East Java (14.4 percent) and West Java (12.95 percent).

Data showed that Java Island becomes a highly productive city in the economy, one of the reasons why people from suburbs want to come to complain, economic conditions are the reason, the result is the gap occurs. That is what is seen as urbanization when depicted, due to physical development, education and economics in bad areas

added by the difficulty of finding a decent job field, this is the basis that makes the thought that development in relatively larger cities and relatively better imagery of the city as a promising area of profit, so that the population continuously in each year increases, it is perceived by the capital of Indonesia, namely DKI Jakarta province.

The rapid increase in the population of Jakarta, not balanced with the services and facilities obtained by its residents, not everyone who comes can realize his dream to be successful in this very dominant indicator is economic factors, many of them are ultimately important to earn money in Jakarta, for shelter because there is an open space and their inability in the end they fill the slums on the edge of the river which is a vulnerable area flood and categorize them in the poverty level of the city. The growth of DKI Jakarta population versus population density can be see:

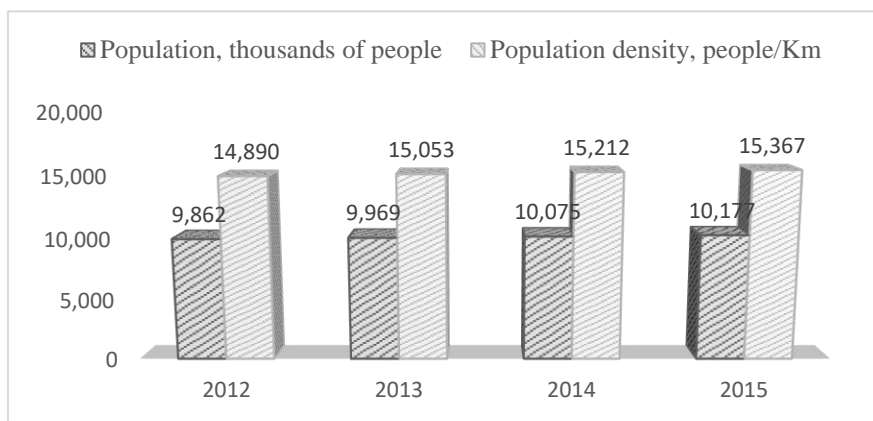


Diagram 1: The growth of DKI Jakarta population
Source: BPS DKI Jakarta 2015

Local governments have initiated the transfer of residents to overcome the

problems of settlements, especially slum, not only because of flood impacts

but also it inhibits the development. One solution that is considered good for the development of Jakarta is to build vertical housing. But this is not acceptable to the culture of the people who still choose a residence that is close to flood although flooding has been so melting into part of the culture of poor people of the city. The agreement of open the door of the water gate for example, before being handed over to the local government, was decided itself by the community so as not infrequently triggers the conflict and population transfer is precisely a problem for poor people who do not have many options. Settlements environment which is located on the edge of Ciliwung River is a slum and is not legal with public facilities and environmental infrastructure that is still below standard.

Housing provision becomes a major problem at the national level and also in urban areas, especially cities such as Jakarta. The city of Jakarta with a large urbanization flow implicates the

increasing population and housing needs. Along with that, the more limited land will make the land price increase, especially in the city center. With the limitations of the land, the development of vertical housing is an alternative to be developed because it is more minimal in terms of use.

With the growing number of people in DKI Jakarta, the capacity of the city to serve the existing population is increasingly reduced. This one can be seen from still many people especially from the low income group (MBR) in DKI Jakarta who do not have a healthy home as one of the basic needs. In anticipation of the inability of low-income communities to have a decent residence in DKI Jakarta, the Ministry of Housing (Menpera) launched a simple rental house building program. But the number is also not enough of the needs of people in Jakarta where the research is shown the number of developments in the 5 (five) areas of Jakarta, as follows:

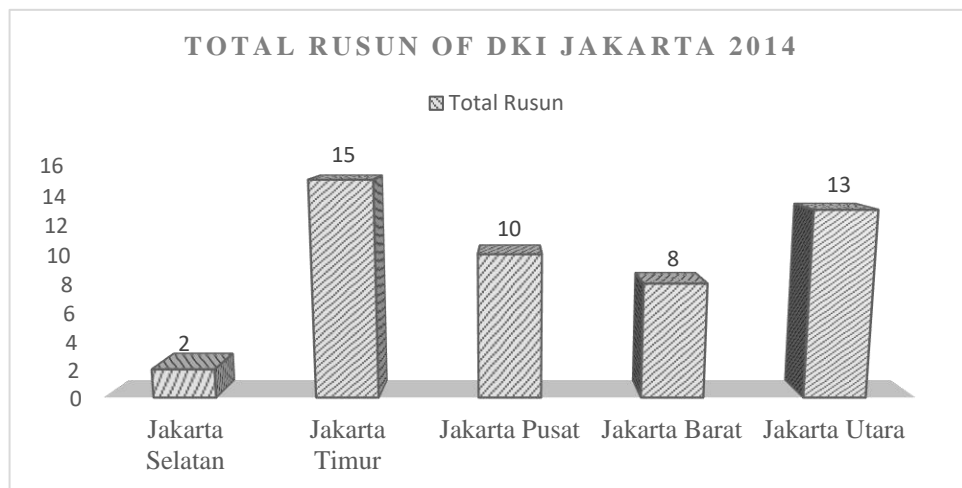


Diagram 2 Simple houses already in DKI Jakarta year 2014
Source BPS DKI Jakarta 2015

RPJMD (Regional medium Term development plan) 2013-2017 DKI Jakarta regional government, revealing the problems of housing and settlements is one of the basic needs of human being that the manpower is the responsibility of the Government. Fulfillment of home needs is still faced with the problem of providing decent and affordable housing for all the Jakarta community. While home needs continue to increase as the number of people and new families grow. The calculation of home needs deficiency (backlog) reaches 700,000 houses in the last ten years or about 70,000 houses annually (the source of the Jakarta RPJMD is 2013 – 2017). Fulfillment of home needs is faced with the limitation of land in Jakarta area. Related to this provision of home needs by the government and private are more widely constructed vertically compared to horizontal houses requiring large land.

DKI Jakarta government uses IPM indicator (Human development index) in order to be able to know the changes – which changes to be prioritized, IPM consists of education, economics and health. When related to BPS data year of 2015 the housing and settlements intervention that need to be done and is very influential to the HDI is in relation to economics and health. For the education of DKI Jakarta government uses KJP Program (smart Jakarta card) to help children who are less able to get to school, economic condition and health condition to be the main focus.

The health conditions are seen from the conditions of the House that are adjacent to each other and are located at

the time of making this settlement appear untidy and visible and flood prone. Based on observations of physical traits that appear to be dense environments, Availability of land and the need for housing is not balanced, the area of each house averages 30 M², dominated by non permanent homes, environmental roads are made of cement, and has a width of 1 m, there is no drainage network and waste disposal so it will Impact on health, this condition is worsened by the location of the Puskesmas is located that takes time and when the disease suffered by weight should be brought to the public hospital area, so that it is very concern by the Government DKI Jakarta area to prioritise their health facilities when relocated to a new place in the house of simple bunk West Jatinegara rental. Health get the same portion is not inferior steal the attention of the community, especially the village Pulo, where sanitation is not well supported when the flood that carries the impact of germs disease, is expected with the relocation resulted Health and wellness facilities that will be better available 24 hours.

Health condition seen from homes condition close to each other and located on the edge of river made these settlements looked crowded and untidy and also prone to flooding. Based on the field observation, the physical characteristics seen were crowded environment, availability of land and the need of housing was inbalanced, the large of each house was about 30 M², dominated by non-permanents houses, environmental roads were made of

cement with 1 (one) meter wide, drainage network and garbage disposal were not yet available in order that they will have an impact on health. This condition was made worse by the location of Puskesmas located at Kelurahan which required time and when a patient suffered severe illness, the patient should be taken to the regional hospital, so that the government of DKI Jakarta highly paid attention to these things, prioritized their health facilities when being relocated to the new areas at simple rented flats at West Jatinegara. The same attention was also given to the community who lived at the riverbank, especially Kampung Pulo, which did not have good sanitation

supported by when flooding gave the impact of germs. It was expected that relocation could produce the better health facilities and Puskesmas that was always ready 24 hours.

Relocation to the flats let people get good health facilities, could monitor their health at no cost. The flats changed them indirectly and they realized unconsciously there was health with the rules and patterns of their daily attitudes that was regulated and got a livable, as SR recognition: "There is Puskesmas down the street, but very rare to visit" (Ada puskesmas dibawah, tapi jarang banget"). (SR, Rusunawa resident, 18 March 2017) According to the patient's report on health care:

Table 1 visit to the patient in West Jatinegara clinic.

26 December 2016 – 25 January 2017			
Poly	Male	Female	Total
Public	163	257	
Teeth	23	44	
KB		17	
26 February 2017 – 25 March 2017			
Poly	Male	Female	Total
Public	154	221	
Teeth	9	25	
KB		25	

Source: Puskesmas Jatinegara Barat

The Data on the puskesmas showed that every month more than 400-500 people did control, when sick they came to do check-up. The sick is often complained of by citizens according to data from Puskesmas: "The first is the flu, the second is hypertension, it does not move every month". (doctor and

nurse of Rusunawa Puskesmas, 12 April 2017). Almost similar response of the UPT manager: "Flats has been good and hospital is very close to and RS Hermina serves, their health is good, the diseases like diarrhea and vomiting are no more suffered, and now heart and cholesterol

instead, it means". (UPT Rusunawa, 24 March 2017)

The changes made in health conditions could bring the impact on the flats residents. They were far more effective in their activities. Having a healthy physique and a strong soul slowly affected the behavior of both individuals and families. As the

following vision and mission of the Puskesmas West Jatinegara: "Improvement of their health quality, they have to be aware of their health, and the extension about their lifestyle change at Kampung Pulo and at the flats must be different". (The Doctor and Puskesmas of Rusunawa, 12 April 2017).

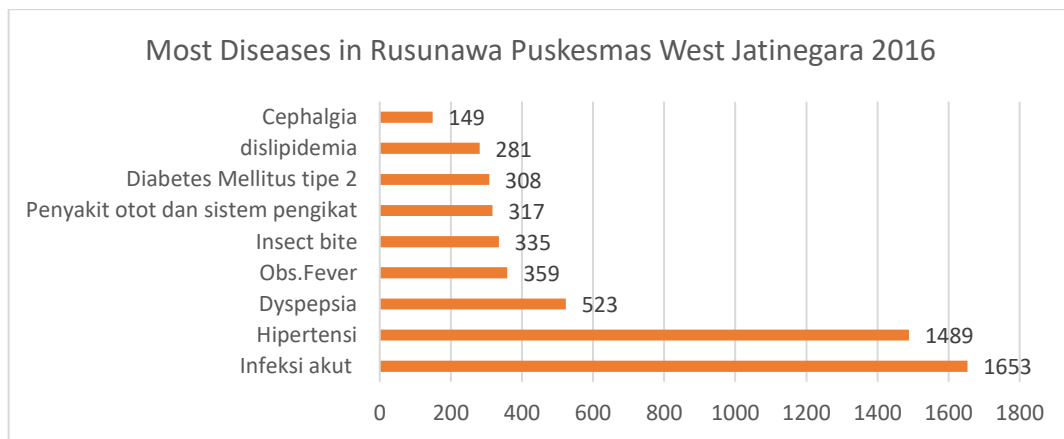


Diagram 3. Most diseases of Rusunawa Jatinegara health
Source: Puskesmas West Jatinegara.

Diseases mentioned above are the most acute infections, this lacked understanding of the concept of healthy living as mentioned above, the behavior of a clean and healthy life, did not shut the nose when sneezing, spitting carelessly. The diseases used to be suffered by Kampung Pulo residents, now the residents become healthier. Many programs conducted by the Puskesmas in cooperation with UPT Jatinegara, such as: "There is prolanis (chronic disease program) each month they gather, they are given extension about check-up, and they get the drug a month. The target is to lower prevention for complications. Weight of body, height, abdominal circumference, calculation of DMI, sugar and

cholesterol checking ". (The Doctor and Puskesmas of Rusunawa, 12 April 2017).

This research focuses on one thing that will be expressed deeply that is health condition because this research sees the aspect is very related how in Indonesia has a standard, that standard explained the index Human development IPM as in the report UNDP 2015: *The 2015 Human Development Report (HDR) Work for Human Development examines the intrinsic relationship between work and human development. Measuring aspects of work, both positive and negative, can help shape policy agendas and track progress toward human development enhancing work. But many countries are missing*

international data at the country level on key indicators including child labour, forced labour, unpaid care work, time use, labour regulations, and social protection. This limits the ability of countries to monitor progress on these fronts. This briefing note is organized into seven sections. The first section presents information on the country coverage and methodology of the Statistical Annex of the 2015 HDR. The next five sections provide information about key indicators of human development including the Human Development Index (HDI), the Inequality-adjusted Human Development Index (IHDI), the Gender Development Index (GDI), the Gender Inequality Index (GII), and the Multidimensional Poverty Index (MPI). The final section presents a selection of additional indicators related to the topic of work. It is important to note that national and international data can differ because international agencies standardize national data to allow comparability across countries and in some cases may not have access to the most recent national data. We encourage national partners to explore the issues raised in the HDR with the most relevant and appropriate data from national and international sources

Can be seen through the report expressed, the IPM indicator is an important one then in this study see that the health factor has a standard – the standard of how and when the factor is said to be good even bad.

The health condition, which is depicted with the healthy community in this study, looked at the Ministry of

Health's Strategic plan in 2015 – 2019 which was used as a guide to the issued policy, expressed in Environmental restrictions are:

Environmental dissemination efforts also showed considerable success. The percentage of households with decent drinking water access increased from 47.7% in 2009 to 55.04% in 2011. This figure decreased to 41.66% in 2012, but then increased again to 66.8% in 2013. This improved condition approached the target number of 68% in 2014. In 2013 the proportion of households with ongoing access to decent drinking water is 59.8% which means it has increased when compared 2010 to 45.1%, while a decent basic sanitation access in 2013 is 66.8% also increased From 55.5% of the year 2010. Similarly, the development of the village that implemented the Total community-based sanitation (STBM) as an effort to improve environmental health, its achievement continues to increase.

What is presented by the Ministry of Health through its strategic plan that the factors of drinking water and sanitation is still below 60% until there is a hike in 2013, this research saw that sanitation is the most important and rare factor touched Assistance or in a tangible form in the development infrastructure, so the public needs to get the basic facilities of clean water, with the relocation expected the change of the health patterns they receive every day, the change becomes more Good. From the health side will be able to produce healthy human resources both the soul and physical so that it can contribute, but the data still shows that the fulfillment of

sanitation in accordance with the Strategic Plan of Health Ministry is still Below 60% so clearly the sanitary fulfillment indicator is said to be able to provide very important that is used as a basic facility. The second indicator about the number of people who are sick, gained and done according to the Ministry of Health Strategic Explanation:

Environment control and environmental dissemination program target of disease control and environmental enhancement Program is decreased infectious diseases, untransmitted diseases, and improvement of environmental quality. The target achievement indicator is: A. The percentage of districts/cities that meet the environmental health quality of 40%. B. The percentage of decrease in the case of preventable diseases with immunization (PD3I) is 40%. C. The percentage of districts/cities that have a preparedness policy in response to the emergency health of a potentially outbreaks of 100%. D. Percentage of smoking prevalence at age \leq 18 years 5.4%.

With the target of decreasing disease figures ranging from general diseases to the special is obliged to make a program that relates to healthy living free from disease is expected to bring minimal impact on the surrounding environment Improving the quality of the environment as expressed above. This research concluded that the number of people who are sick will affect the welfare of citizens, the success can be seen the figure of the sick society is reduced or decreased, and the change of mindset that the validity is very Important as residents have begun to care to increase the intake of vitamins to maintain their health, so the reference of the Ministry cheerful plan of health can walk synergize. The third indicator is the figure of life expectancy in accordance with BPS data in the year 2014 for women 72.59 whereas 68.87, UNDP indicator The latest in the year 2014 which is adapted from BPS 2014, longevity and healthy living becomes a condition Important to determine the IPM in Indonesia such as Table 1.3 below:

Table 2 Indicator Differences old and new methods UNDP

Dimension	Old Methods	New Methods
Longevity and healthy Living	Life expectancy at birth (AHH)	Life expectancy at birth (AHH)
Knowledge	Literacy rate Knowledge (AMH) Rough participation number combinations (APK)	School Duration (HLS) Average length of school (RLS)
Standard Living Decent	GDP Per Capita	PNB Per Capita
Aggregation	Average Arithmetic	Average Geometric

By becoming an important requirement of life expectancy at birth and longevity makes an indicator measurable when in society there is an increase in health quality is directly proportional to the number of longevity and life. This research sees relocation programmes related to health. Relocation is a government effort to set people in order from poor conditions into better conditions, then to deepen the concept of relocation needed understanding about it.

The unworthy settlements are the focus of the problem, which is very related to proper health, so the government needs to give its attention to the people who reside and live at the same time in the capital, The transfer process is very dependent on how the public assesses the good or poor displacement of their settlements, it is also not regardless of their viewpoint in getting information preached by the media and the talk of people to the person who may be less likely to see their

profits in the transfer of settlements that are not layat to a decent settlement.

Therefore, according to Lawson (1994) *"The personal construct, according to Kelly (1955), is an abstractive, interpretive structure. It is both the result of the individual seeking to anticipate and control events and the mechanism of anticipation. Over time and through experimentation, a person's hypotheses about the events that make up the world result in characteristic anticipations of the world. It is this individual manner of perceiving and dealing with events that makes up personality. As Kelly stated, "An individual's processes are psychologically channelized by the ways in which he anticipates events" (p.46). This channelization is the guide for the individual's perceptions of and reactions to the world. The basic unit of this channelization is the personal construct, which is operationally defined as how the individual perceives two objects or events to be similar, but different from a third. This defines the boundaries of*

knowable experience: the individual knows the Reproduced with permission of the copyright owner. Further reproduction prohibited without permission. world by construing people (including the self), events, and things by comparison and contrast to one another, and in relation to their expected future behavior.”

The point expressed in the journal is how community thinking is very important to understand, ignorance will result in different objectives, the community given information everyday about the negativity of relocation will be embedded in their minds. They will not see a good thing in the relocation.

This study argued with the ignorance of society about the benefits they would get when going to make the displacement made them already think inappropriate and dare not come out of their comfort zone, eventhough they knew that their settlements were not feasible both economically and in health. Another factor that caused the unwillingness of the public to move is the concept of kinship, for that the neighboring environment is very important as revealed by Rubin & Rubin 1992, the first is a neighboring neighborhood (neighbourhoods), the physical area connected. Bonding in neighboring neighborhoods is based on lifestyle sharing, although these bonds are often encouraged in similarities to ethnic or cultural backgrounds. People in this environment face similar problems (e.g., toxic waste affects everyone who lives nearby) and has a balanced resource (because people who live in close proximity tend to have income,

education and similar works). Starting from here the relocation must have the understanding and function that is expected to help the community. Therefore relocation must be known and understood by the affected community relocation, relocation in the sense of Karen and Combes (2015):

“As a consequence of the impacts of climate change, some households and entire communities across the Pacific are making the complex and challenging decision to leave their homelands and relocate to new environments that can sustain their livelihoods”

In this research, it means that relocation is a migration where it is true that it is decided to mature into a new environment that can sustain their livelihoods and fulfill basic health needs in the communities to get better.

METHODOLOGY

This research aimed to determine the impact of relocation on the welfare of Kampung Pulo health condition by collecting data and information to be analyzed deeply, so that the approach in this study used qualitative approach.

The research approach conducted used qualitative research methods, which have characteristics among others Neuman 2011 a) Researchers catch and find meaning after diving data; b) Concepts in the form of themes, motives, generalizations and taxonomy; c) Measurements are made in behavior and are often specific to individual order or research; d) The data is in the form of words – words and imagery of documents, observation, and manuscripts; e) theories are causal or

noncausal and often are inductive; f) Specific research procedures and replication is very rare; g) analysis is done by taking a theme or generalization of evidence and compiling the data to present a sequential (coherent) picture and consistency.

Neuman (2013), descriptive research "presents a specific description of the situation, social arrangement, or relationship. It presents a description of investigating new issues or explaining the reasons for something". The focus of the descriptive explains how social symptoms are formed and given meaning.

Lokasi dalam penelitian ini berada di DKI Jakarta Indonesia, rumah susun sederhana sewa Jatinegara Barat Jakarta Timur, dikarenakan ini merupakan percontohan awal pemerintah daerah memindahkan atau relokasi ke rumah susun sewa sederhana yang berdekatan dengan pemukiman awal, dimana pada awalnya mereka bermukim dan menempati lahan di pinggir kali ciliwung yang terkena dampak pelebaran sepanjang 6 meter, lokasi yang mereka tempati selalu berlangganan banjir dikala musim hujan dan kiriman air dari bogor dan sekitarnya sehingga dipindahkan tidak jauh dari pemukiman awalnya hanya berpindah keseberang kali, dan saat ini warga yang menempati rumah susun sewa Jatinegara Barat pindahan warga dari kampung pulo Jakarta Timur, yang tercatat dalam data UPT rusun Jatinegara Barat sebanyak 518 kepala keluarga (UPT Jatinegara Barat 2016).

The location in this research was located in DKI Jakarta Indonesia, simple

rented flats in East Jakarta, Jatinegara Barat, because it was a preliminary pilot of the local government to move or relocate to a simple rented flats adjacent to early settlement, where at first they settled and occupied the land on the edge of the Ciliwung affected by the widening of the 6 meters long, the location that they occupied used to subscribe to flood in the rainy season and water shipments from Bogor and surrounding areas. Thus it was moved not far from the original settlement just moved out of time, and nowadays the citizens who occupy the rented flats Jatinegara West transfer residents from Kampung Pulo East Jakarta, which is recorded in the data of UPT Rusun Jatinegara Barat 518 Family Head (UPT Jatinegara Barat 2016).

The determination of the informants were chosen to provide valid information and in accordance with the facts in the field, involving some informant with criteria, first among the informant had a description of the relocation of policymakers until the executive field that originated from the bureaucrat of the government of DKI namely governor, head of the Office of Buildings and Housing and UPT Jatinegara Barat, both the related informants affected by the relocation of Kampung Pulo to a simple flat Jatinegara and the informants of the citizens who were less and unable to afford the rent. :

1. Governor of DKI Jakarta.
2. Head of Office Building and Housing Office of DKI Jakarta.
3. Head of UPT (technical Implementing unit) Jatinegara Barat.

4. Residents house rent Jatinegara west of the former Kampung Pulo.

The selection of the informant in this study is a non probabilita sample withdrawal technique, using the purposive sampling.

RESULTS AND DISCUSSION

The change of health condition when the Jakarta local government relocate from the slum into a simple rented flat, enabling a change of health in terms of long-term quality of life, can be seen how sanitation as well as their water and lavatory before relocation as shown below:



Figure1: Needs washing, bathing and water needs daily-day use water kali
Source: Kompas Megapolitan

The basic needs of sanitation and health are important, become not susceptible to disease and can be activities so as not to interfere with the activities of the day, residents can work well that resulted in economic turnover can be continuous and reduced number of people who are sick, when relocated health services are ready to be seen from the package facility in the flats located on the base. Puskesmas is ready to help and serve the community, doctors are ready to come to the units to perform health monitoring and provide counseling, in keeping the ideal amount in a unit of things found is in the process of replacing and this simple rented flat displacement with the concept of compensation of areas not based on the family head, so that if in a single home

when completed at Kampung Pulo there are two heads of families then only get one rented flat (real estate when completed at Kampung Pulo in one house but 2 or 3 storey floor then each floor in 1 head of family) problems that arise next is KK (head of family) Gendong, even with any good facilities mentioned when people are too much then not for the atmosphere of the home and the environment. In the rainy season is felt along the river Ciliwung affected by flooding, water in the home-the house of residents not only the water mud and garbage into one, flood height can be up to 1 – 2 meters.

The results of this study which answered how the relocation impacted the health condition in the field findings would describe how the health condition

affected the family. At the first informant of the family BPK Syarifudin, expressed before the relocation, Mr. Syafrudin had a house with an area of 100 M² used to trade and make a rental house (rented) about 3 rooms, day activities from the Father Syarifudin Selling groceries in his house, but when the rainy season or got water shipment from Bogor ensured the river in front of the house of Mr. Syarifudin rose and environment of Kampung Pulo was flooded. When the father had to move his trades and went out of the house until the river receded. The incident was repeated over the years, after having experienced the next stage that dating was a plague of diseases such as diarrhea, muntaber, typhoid and skin diseases plus the garbage that was participating in the house, small drainage flows (got) and unavailability of toilets and trash could make people do throw away garbage, bathing even throw away the silence of the litter every day. Mr. Syarifudin was ensured every month come to the Puskesmas where it required the cost to take the bus not only the father but with his family. But while the relocation of health did not become important to him and the family because their demands were indemnity, felt compelled to move to the house all good things were not seen in the first two months. Mr. Syarifudin felt stress because it lost its eyes, but when life went on and began to understand the positive effect was directly perceived. Health was the concern of the father and his family as an interview excerpt expressed "instead of the father in Kampung Pulo often the health of the flood may also whisthin mud, often

swept yard was the same assisted by office boy. Bapak most often once a health at least 1 month was definitely. Now there was already Puskesmas down stair the house, but rarely to visit, let alone the flood season Bapak could not trade, eat what there was a new time down there was a frequent came to Puskesmas".

The second family was Ibu Warsiti, in the family of Ibu Warsiti there were four people who lived with her, namely her husband, her children and their sons and youngest children. They came from Kampung Pulo. Her house had two floors where the ground was used to residential and second floor was used for a sewing business place. Nowadays, Ibu Warsiti had a grandson, their concern was how the grandchildren played safely and was not contracted the disease, when flood grandchildren and her family were often suffered by diseases such as quoted from interviews " At Kampung Pulo was really not healthy, when flood a lot of mud and garbage entered the home, all were sick, began to get dengue fever, diarrhea, because the stayed left moist" conveyed also that there were no health facilities inside Kampung Pulo so that the residents needed the cost and time to reach Puskesmas (Public Health center). Currently after the relocated Ibu Warsiti admitted that health was really good coupled with the lavatory in the house, and also water sanitation. For the health, Ibu Warsiti and her families very brave to go to Puskesmas, but mothers remain diligent to check themselves and family for routine examinations such as sugar, cholesterol and blood pressure that was

carried out continuously by Puskesmas of the simple rented flats of West Jatinegara, they just dropped the base of the floor and checked it, no need to charge for transportation and recommended that the drug could be obtained immediately and all obtained free.

Her sicked mother used the health insurance of BPJS which its premium was paid by the government of DKI Jakarta, in the rules of the flats every resident was obligated to have BPJS and school children were obligated to have KJP (Smart Jakarta Card). When at Kampung Pulo, it was very hard for this mother to get treatment because she could not come to Puskesmas of *Kelurahan* but to big hospital, when relocated to Puskesmas at the ground floor was very helpful, routinely the doctor at Puskesmas came to Ibu Nuraeni unit to check her mother condition attacked by stroke. Many facilities that they could get from their health condition, services for unable people and the hospital also was very close to the flats namely Jatinegara Hermina hospital which the distance was only 100 M from the flats. Water sanitation condition and unit hygiene made her mother's cure to be maximal. Ibu Nuraeni lived with her mother and her aunt also her son who was at the senior high school, the mother explained about the situation at Kampung Pulo which was crowded and narrow, even when flood at rainy season the water and rubbish and mud entered, life was prone to diseases.

Mrs. Nuraeni lived with the burden of not being able to pay her rent, because she had to keep her mother with

heart stroke, this was the third family that in this study was interviewed deeply to see the impact of relocation on health, her sicked mother used BPJS health insurance which its premium was paid by the government of DKI Jakarta. In the flats rules, every resident should have health insurance of BPJS and school children should have KJP (smart Jakarta card).

Of the three informants of the study that entered in the category of residents of Kampung Pulo, the affected by relocation, could describe that their removals in the form of relocation of crowded areas had the impact on changes that could be seen and felt from the side of health condition. It was also supported with information obtained from the Housing Office and Government Building of DKI Jakarta through technical implementing unit of the House Management of West Jatinegara, where the interview results "Actually before they moved, the Local Government of DKI Jakarta had BPJS program although at the flats they were obligated to have it and Puskesmas here was pro-active, the doctor here could be called up stairs. The system of health had been standardized". Environment condition had highly changed, when the residents were relocated, behaviour change and indirectly changed the way of thinking about health, clean environmental factor, life habit regulated by the rules by the manager also took a role like how to dispose rubbish and clean the floor by the caretaker at the flats gave socialization continuously about the importance of health which was indirectly followed by the residents.

The residents also actively implemented the community service with the programs facilitated by RTs and RWs. Before moving to the local government of DKI Jakarta have BPJS program even though they are also mandatory and here the pick up of the ball, doctor here can be called upwards. From the health of the system that is raw "to the condition of the environment has been very changed, at the time of the citizens relocated then behavior change and indirectly change the way of thinking about health, environmental factors are clean habits of life Which is governed by the regulations by the organizer in the role of how the garbage should be discarded and floor cleaning by the task-house executor

provide socialization continuously the importance of health that indirectly followed by the residents. People are also actively doing service work with programs from Pak RT and Pak RW. Jakarta Local Government had expectation in the increasingly improved health conditions should be facilitated by the doctor who had good housing, good ventilation, completed water sanitation and lavatory, saperate and clean sink and the kitchen, in order for the residents continuously could be able to increase their health both individually and family, and could be monitored periodically which would give impact on the long term health.

Table 4.4. Health Change Analysis

Changes in health conditions	A. Kampung Pulo	B. West Jatinegara Flats	Description
Health Facilities	It is not sick here, but healthy, there, it was pain too, Puskesmas at Kampung Pulo needed transport fee but should walk too.	Imagined by free cost, the service was the same, so did services by Puskesmas down street was employed too. The mother also used BPJS, also by guaranted. Puskesmas on the first floor had been equipped with one doctor and one nurse Mother attacked by stroke could be checked, there was a complaint and I	The nearest health facility at Kampung Pulo was Kebon Pala Puskesmas which needed public transportation to get there, this made residents of Kampung Pulo suffer from heavy illness suffered late. When relocated health facilities

		asked doctor and nurse to come, and they came to unit, very helpfull, when at Kampong Pulo they could not come.	were under or base of the house, doctors and nurses had a pro-active working system, they visit each unit which really had obstacles to come to Puskesmas directly. There were no costs to pay even though there were some people who did not have BPJS but was free of charge.
Sanitation (water and toilet)	Not all had toilets in their homes. At Kampong Pulo was comfort because did not pay for water, and conversely here. At Kampong Pulo, ground water was comfort but here should pay for PAM.	Good toilet (facilities acquired by all residents) Sanitation of bathroom and toilet water available in the room Nice toilet available here but water pump less liked, pump water could not be used to drink. Each unit had a bathroom, sanitary sink also saperated, STP was also good, <i>septiteng</i> was processed and then discarded, the consumption of the standard of PT AETRA,	Clean water sanitation and toilet at Kampong Pulo was less good, where not all houses had the basic facilities, the availability of flood disaster at Kampong Pulo made worse sanitation, sewerages opened shortly, no waste disposal, the contaminated river

		<p>Pam standard. Here because of their habit of gallon raw water can already be cooked and tested</p> <p>Definitely reduced, the sanitation is now good, water used is raw water, diarrhea is also rare.</p>	<p>by industry and domestic waste.</p> <p>At the flats, water sanitation and toilets were basic facilities possessed by all flat units, waste disposal system processed in advance, until the facilities such as kitchen sink and bathroom that their hygiene and layouts had been considered.</p> <p>Indirectly all residents admitted that they had got excellent sanitation.</p>
<p>Illness history</p>	<p>Precisely at Kampung Pulo often come to Puskesmas maybe tired when flood should clean mud, often sweep yard, here helped by OB. Father often used to come to Puskesmas at least once a month, it had to be</p>	<p>The flats had been good and hospital was very near, Hermina hospital served, their health was good, no longer past illness like vomiting and diarrhea, now instead the heart and cholesterol, meaning different. There was Puskesmas down street, but rarely to visit.</p>	<p>Staying at Kampung Pulo, consciously they knew the impact on their health, they lived on the river edge, the diseases often attacked them, vomiting, dysentery, skin diseases and others, made them</p>

	<p>At Kampung Pulo even is not healthy, there is a lot of waste and mud when flood, mother was dengue fever, ever got vomiting because on the edge of river was moist, where did mother could live, at Kampung Pulo also used to be sick. .</p>	<p>It was really comfort here at flats, mother and grandchildren were safe, no sewerage, the space was clean and healthy, not sick.</p>	<p>vulnerable to diseases. There were some informants who really every month always came to Puskesmas to do chech-up. The impact was well felt directly when the relocation was done, the disease figures declined and they had been rare to ask for a maltreatment of the drug, so that health was heavily influenced by how they lived and what their behaviour was like.</p>
<p>Diseases often suffered</p>	<p>The old disease like vomiting diarrhea is no longer</p>	<p>Hypertension is actually behavior, lifestyle, dietary habit, now more comfort, they rarely controlled before, now here is near so more controlled.</p>	<p>Diseases that were often suffered and caused by the environment in which residents lived, Kampung Pulo with viruses and bacteria made fertile land from</p>

			<p>diarrhea, hot, vomiting due to a less clean environment.</p> <p>Relocation changed the disease suffered by the residents, no more diseases as found T Kampung Pulo, based on the health centers justified by the doctors mentioned that influenza and hypertension became a disease that often struck, why because of the influence of more flats residents who were conscious of diseases such as sneezing, did not waste saliva, for more hypertension to how the person overcame the dietary habit so that it affected the pattern of life – respectively.</p>
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Source: Processed researchers

CONCLUSION

From the research results on the health impact of the relocation of the slum into a simple rented flat, it could be concluded that:

1. There was a change in the condition of the relocated residents that could be seen from the reduction of the residents to come for treatment to the health facilities (Puskesmas).
2. With the change of environmental form from horizontal to vertical, which in the unit had the completeness of sanitation, water and a good lavatory, a healthy and clean lives were fulfilled.
3. The health facilities owned by the simple rented flat helped residents in overcoming and preventing the diseases suffered due to the sustainable health program provided by the flats housekeepers who work with health service.
4. Relocation by informing the benefits obtained such as health would impact on the way people think the residents would relocate, they got a good education how to arrange and maintain and to determine their life towards a prosperous life both in the health and by itself would build ways to think they were better about health.

Thus, the study saw that relocating in Jakarta was not a scary thing, but an opportunity to change and change, approach into and build the right thinking. "The flat is my duty to

administer social justice to educate the public" and see health as one of its indicators.

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