

The Collaborative Role of Stakeholders in the Policy to Stop Open Defecation in Petamburan Subdistrict, Central Jakarta

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ABSTRACT

Keywords:

Policies; Roles; Collaborations;
Government; Community and
recommendations.

Sanitation remains a critical public health challenge in densely populated urban areas of Indonesia. The purpose of this study is to investigate and identify the role of stakeholders, particularly in Petamburan Village, DKI Jakarta Province, in implementing the Stop Open Defecation (SBS) policy. The method used is qualitative, employing 1) an observation approach, including both direct and indirect observations, and 2) a literature review of policies and references related to Stop Open Defecation (SBS). The results of this research are expected to serve as a reference for enhancing collaboration among stakeholders in harmonizing policy implementation, particularly in preventing open defecation, to achieve a clean, healthy, and comfortable environment for residents. This study concludes that the problem of open defecation in Petamburan is systemic, requiring integrated multi-stakeholder interventions. Collaboration among government, community, and the private sector remains suboptimal, often characterized by top-down approaches without fully leveraging citizen participation. Key contributing factors include limited land availability, economic constraints, and low levels of sanitation education.

INTRODUCTION

DKI Jakarta is currently still designated as a Special Capital Region (DKI), which serves as the center of government and the national economy, although the status of the country's capital will later move to the Capital City of the Archipelago (IKN). Jakarta is one of the largest metropolitan cities in Indonesia, densely populated and located in the lowlands near the mouth of the Ciliwung River. It borders West Java to the east and south and features various iconic landmarks such as Monas, the HI Roundabout, Istiqlal Mosque, and the State Palace, which is precisely located in Central Jakarta Administrative City as the center of the national government.

DKI Jakarta Province is divided into five Administrative Cities and one Administrative Regency, with a total area of 662.33 km²: Central Jakarta Administrative City with an area of 48.13 km², North Jakarta with 146.66 km², West Jakarta with 129.54 km², South Jakarta with 141.37 km², East Jakarta with 188.03 km², and Thousand Islands Administrative Regency with 8.70 km². By the end of 2024, the population of DKI Jakarta is projected to reach 11,038,216 people. Given its size and large population, DKI Jakarta faces many challenges similar to other major cities worldwide, including congestion, high population density, sanitation issues, housing, health, air pollution, socio-economic inequality, waste management, natural disasters, and flooding (Taufiqurakhman, 2020).

This study focuses on one of the challenges faced by DKI Jakarta Province, namely sanitation, which is closely related to public health. According to the World Health Organization (WHO), sanitation refers to the control of all factors in the human physical environment that can cause adverse effects on human life, both physically and mentally (UNICEF & WHO, 2023). According to the Great Dictionary of the Indonesian Language (KBBI), sanitation is an effort to foster and create a good state in the health sector, especially public health (Sentanu, 2024). The principle of sanitation implementation in the RPJPN redefines sanitation as domestic wastewater management, with an emphasis on functioning as a service, targeting 70% of households to have access to safe sanitation by 2045. This means that domestic wastewater is managed and either safely returned to the environment or reused. Additionally, the provision of sustainable sanitation services should ensure availability at all times, be adaptive and resilient, inclusive, and provide opportunities for all parties, including the community, to participate in service fulfillment according to regional characteristics while respecting local wisdom.

The government organizes the Community-Based Total Sanitation Program (STBM) to prevent the spread of environmentally based diseases. The program is implemented through five pillars: 1) Stop Open Defecation, 2) Wash Hands with Soap, 3) Drinking Water – Household Food Management, 4) Household Waste Management, and 5) Household Liquid Waste Management. These efforts aim to increase access to better public sanitation and strengthen Clean and Healthy Living Behavior (PHBS), contributing to a sustainable society (Irawaty et al., 2024; Rusadi et al., 2025). This aligns with the Sustainable Development Goals (SDGs) target of ensuring that everyone has access to proper and safe sanitation, with the involvement of regional planning, settlement and housing/PUPR (provision of sanitation facilities), the environment sector, development partners, and the private sector (Sinharoy & Pittluck, 2020). Open defecation (OD) refers to household and public practices where toilets are used but the final disposal of feces does not employ a septic tank, making sanitation access inadequate (Hermansyah et al., 2020; Subianto, 2012).

Table 1. STBM DKI Jakarta Province Pillar 1 Year 2024

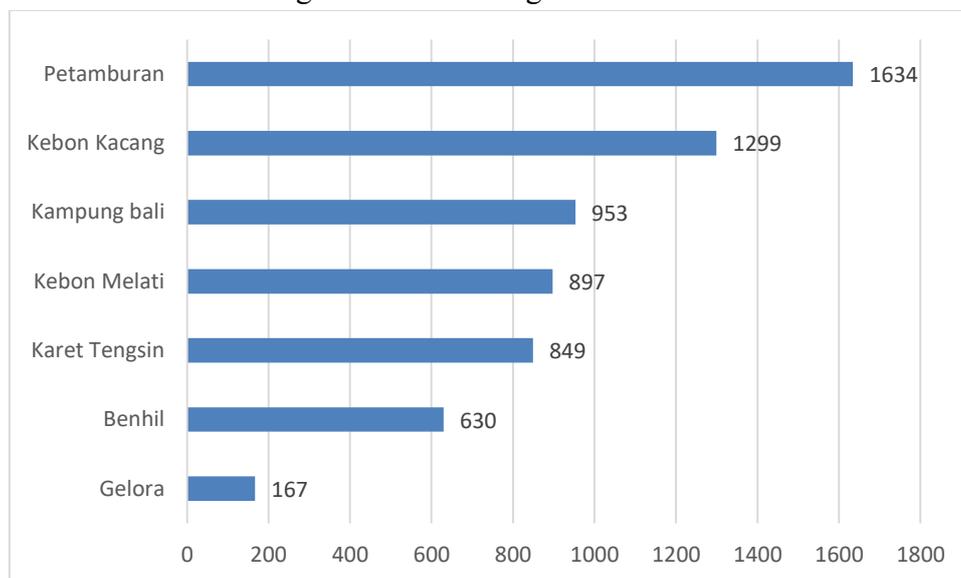
No	Regency/City	Village	SBS	% SBS	% KK access pillar 1	Subdistrict still OD Open
1	Central Jakarta	44	5	11,36	87,94	0
2	North Jakarta	31	18	58,06	97,1	11
3	West Jakarta	56	23	41,07	95,67	3
4	South Jakarta	65	14	21,54	92,12	1
5	East Jakarta	65	24	36,92	96,59	2
6	Kepulauan Seribu	6	6	100,00	99,1	0
7	DKI Jakarta	267	90	33,71	94,88	17

Source : Tanah Abang Health Center, 2025

From the Regencies and Cities in DKI Jakarta Province, Central Jakarta Administrative City and Thousand Islands Regency that do not have open OD (Open Defecation) or 0% open defecation KK are those who defecate in open places without proper sanitation facilities, such

as to rivers, vacant land, roadsides or bushes. However, the percentage of urban villages that have been free from open defecation (SBS) in the Central Jakarta Administrative City is only 5 villages (11.36%) that have been SBS out of a total of 267 villages in DKI Jakarta Province, only 90 villages (33.7%) have SBS. Then of the eight sub-districts in the Central Jakarta Administrative City, the distribution of the number of closed OD Heads of Families (KK), namely families who still defecate openly in a closed manner (have latrines but do not have septic tanks) is the most in Tanah Abang District of 6,429 families with the following details per village:

Figure 1. Distribution of Closed OD Households per Village in Tanah Abang District in 2024



Source : Tanah Abang District Health Center, 2025

The purpose of this research is to find out and identify the role in collaboration between the government and the community, especially in Petamburan Village, DKI Provisi. Jakarta in implementing the Stop Open Defecation (SBS) policy. In order to realize a collaborative, massive, and interdependent collaboration between the community, the government and the private sector in optimizing the implementation of SBS policies.

The formulation of the problem of this study is what is the collaborative role between the government, the community, and the private sector in the implementation of the Stop Open Defecation (SBS) policy in Petamburan Village, Central Jakarta? What are the factors that cause the high number of closed OD Heads of Families (KK) (inappropriate sanitation access) in Petamburan Village? What is the form of implementation of good governance principles in the implementation of SBS policies in Petamburan Village? What are effective strategies to improve access to safe sanitation through multi-stakeholder collaboration in congested areas such as Petamburan?

METHOD

This research uses a descriptive qualitative approach, which is an approach that focuses on depicting social phenomena in depth and contextually. This method was chosen because:

- a) Sanitation (closed OD) is a complex and multidimensional socio-environmental problem, which cannot be fully explained through numbers or quantitative statistics alone.
- b) The research aims to understand the collaborative role of stakeholders (government, community, and private sector) in the implementation of the Stop Open Defecation (SBS) policy at the local level, especially in Petamburan Village, Central Jakarta.

According to Bogdan and Taylor (in Moleong, 2019), this approach generates descriptive data in the form of written or spoken words from people and observed behaviors.

Data Collection Techniques

This study uses several triangulation techniques to obtain valid and reliable data, namely:

1. Field Observation
 - a) Participant Observation: The researcher is directly involved in community activities related to STBM/SBS.
 - b) Non-participant Observation: The researcher only observes the processes and interactions between stakeholders without direct intervention.

2. Literature Review / Document Study

Includes regulations, policies, guidelines and official roadmaps from the central and regional governments related to STBM, including:

- a) Permendagri No. 87 of 2022
- b) Letter from the Director General of Regional Development (August 2023 & February 2024)
- c) Minister of Health Regulation No. 3 of 2014
- d) Roadmap SBS 2022–2030
- e) STBM Implementation Guidelines

Data Processing and Analysis Techniques

Data analysis is carried out thematically and systematically in the following three main stages:

1. Data Categorization
 - a) The data from observation and literature review were sorted based on the research themes.
 - b) The identification of answers and statements from informants are grouped in a matrix or table that answers the formulation of the problem.
2. Data Presentation
 - a) The presentation is carried out in the form of a descriptive narrative that explains the social, environmental, and policy context.
 - b) Supported by visual data (graphs, OD distribution tables, KK distribution maps, etc.).
3. Conclusion
 - a) The researcher draws inductive conclusions, by relating field data and theory.
 - b) Policy recommendations are also prepared based on empirical findings and local needs.

Validitas Data (Trustworthiness)

To ensure the quality of the data, the researchers applied Lincoln and Guba criteria, namely:

- a) **Credibility:** Data are obtained through triangulation (observation, documents, informal interviews).
- b) **Transferability:** Results can be applied or adapted in other dense urban areas.
- c) **Dependability:** The process of recording observations and documents is carried out systematically.
- d) **Confirmability:** Data can be verified by other parties, such as the Sub-district STBM Working Group.

Collaborative Analysis Tools (Analysis Models)

The researcher used the collaborative governance model to map the process of interaction between actors in policy implementation (Ansell & Gash, 2008; McNaught, 2024; Calò et al., 2024). This process is analyzed in 6 stages:

1. Identify issues and urgency of collaboration
2. Characterization of technical issues and challenges
3. Identify actors and stakeholders
4. Collaborative implementation (including CAP, PKTD, JSS, SPALD-T)
5. Participatory program implementation
6. Evaluation of policy processes and results (good governance framework)

Research Empirism

This research is based on real (empirical) field data such as:

- a) Data on the number of closed OD households in Petamburan: 1,190 households (656 buildings)
- b) Population density: 44,500 inhabitants/km²
- c) Location and land limitations (physical factors as an obstacle)
- d) Real implementation of CAP, PKTD, CSR assistance and government intervention
- e) RW commitment and STBM verification at the Village level

RESULT AND DISCUSSION

A. Background Analysis of the Problem

Jakarta as a megapolitan city faces various urban challenges, and one of the most important but often overlooked issues is sanitation, especially the practice of open defecation (BABS), both open and closed (Das & Mondal, 2024; Griffiths et al., 2023). Although Jakarta's economic and infrastructure conditions are relatively better than other regions in Indonesia, data shows that there are still many households that do not have access to proper and safe sanitation.

Field Findings:

1. Central Jakarta City and Thousand Islands Regency are free from open OD (0%), but there are still many closed OD (inappropriate access).
2. Petamburan Village in Tanah Abang District has the highest number of closed OD as many as 1,190 households (656 buildings), indicating that there are still many households using latrines without septic tanks, or unsafe sewer systems.

3. Of the 267 villages in DKI Jakarta, only 90 villages (33.7%) were declared free from BABS.
4. In Central Jakarta, only 5 villages (11.36%) have SBS (free from BABS) – reflecting the still weak access to safe sanitation services.

Problem Analysis:

1. Sanitation problems are not only technical (infrastructure), but also rooted in social, cultural, economic, and governance aspects.
2. Closed OD is considered not a problem by some residents, because there is already "a latrine", even though the sewer system does not meet the requirements for safe sanitation.
3. This problem is very relevant to the SDGs targets (especially goal 6: Clean Water and Decent Sanitation) and the RPJPN 2025–2045 (UNICEF & WHO, 2023; Nkansah & Acheampong, 2024).

B. Purpose and Troubleshooting

This research aims to:

1. Identify the collaborative role between the government, the community, and the private sector in the implementation of SBS policies in Petamburan Village.
2. Analyze the factors that cause the high number of closed OD, including social, physical, and policy aspects.
3. Examining the application of good governance principles in the implementation of SBS at the sub-district level.
4. Formulate effective collaborative strategies to accelerate access to safe sanitation in densely populated areas such as Petamburan.

C. Theoretical Foundation Analysis

Several important theories underlie this study:

1. Public Administration & Policy
 - a) Dwight Waldo & Fred W. Riggs: Public administration is a form of state service to the people in realizing the government's goals.
 - b) Anderson & Carl J. Friedrich: Public policy is a set of actions taken by actors or institutions to address a particular problem.
2. Policy Implementation
 - a) Sabatier & Mazmanian: Implementation is not just about running a program, but encompassing the process of social change and its impact on society (Hysing, 2022; Boagé, et al., 2021).
 - b) Technical and non-technical support is needed for the SBS policy to be effectively implemented.
3. Collaboration in Governance
 - a) The UN ESCAP principles on Good Governance are an important framework in assessing collaboration: participation, transparency, accountability, effectiveness, and inclusivity (Zahran et al., 2023; Suhardi, 2023).
 - b) Vigoda Collaborative Theory: Explains that collaboration must go through 6 strategic stages, starting from problem identification to impact evaluation (Emerson & Nabatchi, 2015; Ansell & Gash, 2008).
 - c) Stakeholder Theory

- d) Freeman & Bryson: All parties who have a vested interest in the success of the policy – including citizens, NGOs, and the private sector – must be involved as active stakeholders (Torfing & Ansell, 2021; Ambrose & Siddiki, 2024).

D. Data Analysis

1. Identifying Sanitation Problems in Petamburan

- a) 1,190 households with closed OD showed that access to sanitation was not feasible very high, even though there were physical toilets.
- b) The population density of 44,500 people/km² is a major challenge in structuring sanitation infrastructure (Sinharoy & Pittluck, 2020; Griffiths et al., 2023).

2. Causal Factors, based on observations and literature studies:

- a) Physical Factors: Land is narrow and limited for the construction of septic tanks.
- b) Social Factors: Lack of public understanding of safe sanitation.
- c) Economic Factors: Not all residents are able to build a sanitation system that meets standards.
- d) Policy Factors: The implementation of SBS policies has not touched all layers equally.

3. Actor Roles

- a) Government: Health Centers, Urban Villages, Districts, Health Offices, Environmental Offices, PUPR.
- b) Community: RW, RT, health cadres, non-governmental groups.
- c) Private/CSR: Companies involved in funding the construction of facilities (e.g. SPALD-T, JSS, communal toilet CSR assistance).

However, the role of the public and private sector is not optimal and tends to be passive (Torfing & Ansell, 2021; Ganason & Md. Ali, 2023).

E. Collaborative Analysis Framework

Table 2. Model: Collaborative Governance

Phase	Findings
1. Identify the Problem	High enclosed OD in dense areas, physical limitations, low consciousness
2. Problem Characterization	Multidimensional: physical, social, economic, policy
3. Identify Actors	Regional Government, RW/RT, CSR, STBM cadres
4. Implementation	The STBM, CAP, JSS, SPALD-T programs have started to be implemented but have not yet touched all residents
5. Program Implementation	Still sectoral, not yet integrated between actors, RW's commitment varies
6. Evaluation	It has not been done thoroughly; The principles of good governance are still not fully implemented

F. Research Results

Based on data, observations, and studies, it can be concluded as follows:

- 1. The problem of closed OD in Petamburan is systemic and requires a more integrated multi-stakeholder intervention.

2. Collaboration between government, society, and the private sector is still not optimal — often top-down, not participatory.
3. The dominant factor is a combination of narrow land, economic limitations, and low sanitation education.
4. Programs such as CAP (Community Action Plan) and CSR have begun to be implemented, but they are not evenly distributed.
5. Good governance principles such as participation, accountability, and inclusivity still need to be improved, especially at the RW and RT levels.

CONCLUSION

Sanitation in Petamburan Village, particularly the practice of closed open defecation (OD), remains an urgent issue, with 1,190 households using latrines without safe sewer systems. This multidimensional problem is driven by high population density limiting infrastructure development, low public awareness of safe sanitation, residents' economic constraints, and the Community-Based Total Sanitation (STBM) program failing to address issues at the RW/RT level. Collaboration between the government, community, and private sector remains suboptimal, as policies are implemented top-down with limited citizen participation, while good governance principles—such as transparency, accountability, and inclusiveness—are inadequately applied. Existing interventions, including CAP, communal toilet CSR programs, and SPALD-T, operate sectorally and lack integration into a sustainable, collaborative system. Future research should explore effective multi-stakeholder frameworks and participatory approaches that integrate community, government, and private initiatives to create sustainable sanitation solutions at the neighborhood level.

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