



The Role of Social Capital in the Implementation of Public Health Programs in West Kendari District, Kendari City

Iwan P.^{1)*}, Irvon Fallz¹⁾, Nur Azisyah Mukmin¹⁾, Asrani¹⁾.

¹⁾ Faculty of Social and Political Sciences, Halu Oleo University, Kendari, Indonesia

Email Corresponding*: iwanpatta1980@gmail.com

ABSTRACT

This study aims to find out and describe the forms and roles of social capital in the community of West Kendari District in supporting the implementation of public health programs. This study uses a qualitative approach with a descriptive model, the research informants totaled 12 people who were selected by purposive sampling technique. The data in this study was obtained through interviews, observations and document studies, the data obtained was then analyzed qualitatively with an interactive model consisting of data reduction, data presentation and conclusion drawn. The results of the study show that based on the results and discussion above, the conclusion that can be drawn is that social capital in West Kendari District plays an important role in supporting the implementation of public health programs through three main forms: trust, norms, and social networks. Trust between citizens strengthens cooperation and active participation in various health programs, creating an environment that supports efforts to improve public health. Existing social norms facilitate collective action, strengthen social cohesion, and ensure that health efforts are carried out together with a strong commitment from all elements of society. In addition, social networks serve as an important tool for disseminating health-related information and rallying support from various parties, thereby expanding the reach of health programs and ensuring their sustainability. Thus, strengthening trust, norms, and social networks in West Kendari District is the key to increasing the effectiveness and sustainability of public health programs implemented in the region.

Keyword: Social Capital, Program Implementation, Public Health

INTRODUCTION

Social capital has become an important concept in the implementation of public health programs in various regions. This concept includes aspects such as beliefs, norms, and social networks that can facilitate collective action to achieve common goals (Putnam, 2000). In the context of public health, social capital can play an important role in increasing community participation, strengthening cooperation between stakeholders, and increasing the effectiveness of health programs (Ehsan et al., 2021).

In Indonesia, the implementation of public health programs still faces various challenges, including in Kendari City, Southeast Sulawesi. West Kendari District, as one of the areas in Kendari City, has the potential for social capital that can be optimized to support

public health programs. However, the use of social capital in this context has not been widely explored.

Several previous studies have examined the role of social capital in the context of public health. For example, Villalonga-Olives et al. (2021) found that social capital is positively correlated with people's mental health and well-being in different countries. Meanwhile, Chuang et al. (2022) showed that social capital can increase people's compliance with health protocols during the COVID-19 pandemic.

However, there is a GAP in these studies. First, most studies focus on the context of developed countries, while understanding the role of social capital in the implementation of public health programs in developing countries, particularly Indonesia, is still limited. Second, previous studies have tended to look at social capital as a single variable, without considering the complexity and variety of forms of social capital that may have different influences on public health programs.

In addition, a study conducted by Agampodi et al. (2023) in Sri Lanka shows that local cultural context greatly influences how social capital plays a role in public health programs. However, similar research in Indonesia, especially in the Southeast Sulawesi region, is still very limited. This shows the need for more in-depth research on the role of social capital in the implementation of public health programs in West Kendari District, taking into account the local socio-cultural context.

West Kendari District is one of the areas in Kendari City that is facing various public health challenges. As a developing region, the region is undergoing rapid socio-economic transformation, which has an impact on changing disease patterns and health service needs. However, the implementation of public health programs in this region is often constrained by various factors, including limited resources and suboptimal community participation. In the midst of these limitations, social capital has emerged as a potential that has not been fully utilized in efforts to improve public health. Social capital, which includes social networks, norms, and beliefs in society, can be an important catalyst in mobilizing local resources and improving the effectiveness of health programs.

Several previous studies have shown that social capital plays a significant role in the success of public health programs in various contexts. For example, research by Putnam (2000) in Italy demonstrated how the power of social bonds contributes to improved health services.

However, similar research in the context of West Kendari is still limited, so understanding the dynamics of social capital in the implementation of public health programs in this region is still lacking.

West Kendari District has unique socio-cultural characteristics, with ethnic diversity and a fairly high level of urbanization. This condition creates challenges as well as opportunities in the use of social capital for public health. For example, the existence of ethnic groups and local community organizations has the potential to be a strategic partner in disseminating health information and mobilizing community participation. In addition, the public health program in West Kendari District also faces specific issues such as the high prevalence of infectious diseases, the increase in non-communicable diseases, as well as nutrition and maternal and child health problems. In this context, an understanding of how social capital can be optimized to address these challenges is particularly relevant.

Therefore, this study aims to explore in depth the role of social capital in the implementation of public health programs in West Kendari District. The results of the study are expected to provide new insights for policymakers and public health practitioners in utilizing the potential of social capital to increase the effectiveness of health programs in the region.

METHODS

This research was carried out in West Kendari District, Kendari City. West Kendari District was chosen as the location of the research due to several strategic considerations. First, this area has diverse socio-cultural characteristics, reflecting the heterogeneity of the people of Kendari City in general. Second, there are several public health programs that are being implemented in this sub-district, providing an opportunity to observe the role of social capital in its implementation. Third, West Kendari is one of the sub-districts with a fairly high population density in Kendari City, so the social dynamics that occur can be a good representation for the study of social capital. Finally, the relatively easy access to these locations allows researchers to conduct intensive and comprehensive observations and data collection. The combination of these factors makes West Kendari District an ideal choice to research the role of social capital in the implementation of public health programs. This study uses a qualitative approach with research informants totaling 12 people from the West Kendari District Government, the Head of the Public Health Center, the Village Head and the

local community who were selected with the purposive sampling technique. The data in this study was obtained through interviews, observations and documentation studies. The data obtained was then analyzed qualitatively with an interactive model consisting of data reduction, data presentation and conclusion derivation.

RESULTS AND DISCUSSION

The forms of social capital that exist in the community of Kendari Barat Sub-district in supporting the implementation of public health programmes

Based on the results of the research carried out, it shows that the forms of social capital that exist in the West Kendari District Community in supporting the implementation of public health programs are;

Trust

Social capital is an important aspect of community development, including in the implementation of health programs. In West Kendari District, one form of social capital that plays a significant role is trust. Trust is an important foundation in building relationships between individuals and groups in society, as well as between society and government institutions. In the context of public health programs, trust can facilitate the acceptance and active participation of citizens in various health initiatives. Understanding how trust is formed and operating in West Kendari District can provide valuable insights to improve the effectiveness of the implementation of public health programs in the region.

Social capital, especially trust, plays an important role in supporting the implementation of public health programs in West Kendari District. Trust here refers to beliefs between individuals and between communities that allow for effective cooperation and collaboration in achieving common goals, such as improving the quality of public health. According to Putnam (1993), trust is the main component of social capital that can strengthen social networks and encourage active participation in community programs. In the context of public health, trust in health institutions and between citizens allows for better access and distribution of health information, as well as facilitates the mobilization of local resources to support health initiatives.

In West Kendari District, social capital in the form of trust has proven to be important in building effective communication between health service providers and the community. A study by Chen et al. (2019) showed that trust in public health institutions increases public

compliance with recommended health interventions, such as vaccinations and infectious disease prevention programs. Additionally, trust between community members can strengthen social cohesion, which in turn increases solidarity in the face of health challenges.

The trust built in social capital also serves as the basis for collective action in the implementation of health programs. For example, research by Yang and Powelson (2018) suggests that trust strengthens people's capacity to collaborate on health projects, which is crucial in the context of resource-limited areas such as West Kendari. Therefore, efforts to increase trust between community members and between the community and health service providers must be the focus in the implementation strategy of public health programs in this region.

Norm

Social capital, as a network and social relationship formed in society, plays an important role in supporting the implementation of public health programs. In West Kendari District, one of the most prominent forms of social capital is the norms that apply in the community. These norms, which include values, unwritten rules, and collective habits, serve as behavioral guidelines for community members. With these norms, it is easier for people to participate and cooperate in various health programs that are implemented, because they feel they have a shared responsibility to maintain collective welfare. The implementation of these strong norms not only strengthens the sense of community, but also ensures that public health programs can be run more effectively and sustainably.

Norma as a form of social capital has a significant role in supporting the implementation of public health programs in various contexts, including in West Kendari District. Social capital can be defined as resources available to individuals and groups through social networks, norms, and shared beliefs that encourage cooperation and collective action to achieve common goals (Putnam, 1993). Norms in society, which include unwritten values, beliefs, and rules, provide the foundation for harmonious and cohesive social interaction. These norms, according to Coleman (1990), play a key role in facilitating collective action by reducing transaction costs and increasing trust between individuals in the community.

Social norms also function as an effective social control mechanism. For example, people with strong norms regarding the importance of health tend to have higher levels of participation in health programs, because there is social pressure to adhere to these norms.

This is in line with the findings of Fukuyama (2001), which states that social norms can strengthen social cohesion and increase the effectiveness of collective action, which in turn supports the implementation of public policies, including health programs.

In addition, norms that promote social solidarity also strengthen the network of trust among members of society, which is an important component of social capital. This trust allows for more effective communication and better coordination in the implementation of health programs. As expressed by Lin (2001), high social capital, characterized by extensive social networks and strong trust, can improve access to information and resources, as well as facilitate cooperation to achieve common goals.

However, the existence of strong social norms does not always have a positive impact. In some cases, rigid or discriminatory norms can hinder the participation of certain groups in health programs. For example, norms that limit women's role in public spaces can reduce their participation in public health activities. Therefore, it is important for policymakers and public health practitioners to understand and manage existing social norms, so that they can design programs that are inclusive and responsive to the needs of all members of society.

In conclusion, norms as a form of social capital have a very important role in supporting the implementation of public health programs in West Kendari District. Norms that promote cooperation, trust, and social solidarity not only facilitate community participation in health programs, but also increase the effectiveness and sustainability of such programs. However, attention must also be paid to the potential negative impacts of non-inclusive norms, so that all groups in society can contribute and benefit from existing health programs.

Social Networks

Social capital plays an important role in supporting the implementation of public health programs in West Kendari District, with social networks as one of the main forms. Social networks include relationships between individuals, groups, and organizations that are interconnected within a community. In this context, social networks facilitate the exchange of information, moral support, and collaboration in various activities aimed at improving public health. Through a strong social network, the community in West Kendari District is able to build the trust and solidarity needed to actively participate in health programs, as well as overcome common challenges faced in an effort to improve mutual welfare.

According to Putnam (2000), social capital is defined as the features of social organization, such as networks, norms, and trusts that facilitate coordination and cooperation for mutual benefit. In this context, social networks allow individuals and groups to connect and interact, thereby strengthening the social bonds and trust necessary to achieve common goals, including in public health programs.

In West Kendari District, social networks function as an important foundation in supporting public health programs. These networks include not only relationships between individuals, but also between different groups, organizations, and institutions involved in health efforts. For example, study groups, posyandu, and other community organizations are often the main vehicles for disseminating information related to health programs, such as immunizations, routine health checks, and hygiene campaigns. The interpersonal relationships formed within these networks allow for a quick and effective exchange of information, as well as provide emotional and moral support that is critical to the success of health programs.

The theory of social capital by Coleman (1988) emphasizes that social capital facilitates collective action through social relationships built on shared beliefs and norms. This is relevant in the context of West Kendari, where social networks play an important role in building trust between the community and health workers, as well as increasing community participation in health programs. This trust encourages the public to be more open to the health interventions provided, as well as increase their willingness to follow the recommendations and recommendations of health workers.

In addition, the theory of bonding and bridging social capital by Woolcock (1998) is also relevant to understand how social networks support health programs in West Kendari. Bonding social capital refers to the close bonds between individuals in homogeneous groups, such as families or communities that know each other closely, while bridging social capital refers to broader relationships between different groups. In West Kendari District, these two forms of social capital function to expand access to information and resources needed for the implementation of health programs. For example, posyandu which is a form of bonding social capital allows mothers and toddlers to get basic health services on a regular basis, while bridging social capital is manifested in collaboration between local communities and the government and NGOs in organizing health programs.

Recent research by Villalonga-Olives and Kawachi (2017) shows that a strong social network in a community can improve the effectiveness of health programs by increasing public access to health information and resources. This also applies to West Kendari District, where a solid social network helps in the dissemination of important health-related information, such as prevention of infectious diseases, maternal and child health promotion, and nutrition programs.

So it can be stated that social networks as a form of social capital have a very significant role in supporting the implementation of public health programs in West Kendari District. By strengthening social networks, people can more easily access the information, resources, and support they need to improve their health. Strong social capital also contributes to increased community participation in health programs, which ultimately increases the effectiveness of the program in achieving its goals.

The Role of Social Capital Affects the Success of the Implementation of Public Health Programs in West Kendari District, Kendari City

Social capital has an important role in the successful implementation of public health programs, especially in areas with complex social dynamics such as West Kendari District, Kendari City. Social capital includes networks, norms, and beliefs that allow community members to work together effectively in achieving common goals. In this context, the existence of strong social capital can strengthen community participation, facilitate the flow of information, and encourage the creation of solidarity that supports the implementation of health programs. Therefore, understanding the role of social capital is key in analyzing and improving the effectiveness of public health programs in this area. With good social capital, these programs are more likely to succeed because communities have the foundation to collaborate, share resources, and maintain mutually supportive relationships in achieving shared health goals.

Social capital has been the focus of research in various disciplines because of its significant role in various aspects of people's lives, including public health. The concept of social capital was first popularized by Pierre Bourdieu, who considered social capital as a resource that individuals can access through their social networks (Bourdieu, 1986). Furthermore, Robert Putnam expands this concept by emphasizing that social capital is not only an individual resource, but also a collective, which contributes to the achievement of common goals through cooperation and trust within the community (Putnam, 1993).

In the context of public health, social capital is often associated with people's ability to actively participate in health programs, thereby increasing the effectiveness of the implementation of these programs. Research by Berkman et al. (2014) shows that communities with high levels of social capital tend to have better health outcomes, due to the existence of strong social networks that support the flow of health information, access to resources, and social support. This is in line with the findings of Szreter and Woolcock (2004), who emphasized the importance of social capital in facilitating mutually beneficial relationships between individuals and institutions in society, which in turn improves the efficiency of health programs.

In West Kendari District, Kendari City, social capital plays a significant role in the implementation of public health programs. For example, the Posyandu program, which aims to improve maternal and child health, relies heavily on active participation and support from local communities. The success of this program is not only determined by the availability of health facilities and medical personnel, but also by how well the community is involved in the program's activities. In this case, strong social capital, which is characterized by trust between citizens, solidarity, and strong social networks, is very helpful in increasing community participation in health programs.

In addition, social capital also plays a role in overcoming challenges that arise in the implementation of health programs. For example, in areas with low levels of trust between the community and program providers, health programs often face obstacles in their implementation. Low trust can lead to resistance to programs, rejection of health interventions, and lack of participation. However, with high social capital, where people have strong trust in each other and in the program organizers, this resistance can be minimized. This is because people are more likely to support and participate in programs that are considered beneficial for common welfare.

Recent research by Almedom (2020) also supports this view, stating that social capital can serve as an important mechanism to improve community resilience in the face of various health challenges. Communities with strong social capital are better able to adapt to change and overcome health crises, such as infectious disease outbreaks, because they have strong support networks and better access to information and resources.

In order to increase the success of health programs in West Kendari District, efforts to strengthen social capital must be a priority. This can be done through various strategies, such as strengthening relationships between residents, encouraging active community participation in community activities, and building trust between the community and program organizers. Thus, social capital not only functions as a support, but also as a key factor that determines the success of the implementation of public health programs.

CONCLUSION

Based on the results and discussion above, the conclusion that can be drawn is that social capital in West Kendari District plays an important role in supporting the implementation of public health programs through three main forms: trust, norms, and social networks. Trust between citizens strengthens cooperation and active participation in various health programs, creating an environment that supports efforts to improve public health. Existing social norms facilitate collective action, strengthen social cohesion, and ensure that health efforts are carried out together with a strong commitment from all elements of society. In addition, social networks serve as an important tool for disseminating health-related information and rallying support from various parties, thereby expanding the reach of health programs and ensuring their sustainability. Thus, strengthening trust, norms, and social networks in West Kendari District is the key to increasing the effectiveness and sustainability of public health programs implemented in the region.

REFERENCES

- Agampodi, T. C., Agampodi, S. B., Glozier, N., & Siribaddana, S. (2023). Social capital and health during the COVID-19 pandemic: A qualitative study in rural Sri Lanka. *BMC Public Health*, 23(1), 272.
- Almedom, A. M. (2020). *Resilience and Well-being in the Face of Adversity: A Global Perspective*. Springer.
- Berkman, L. F., Kawachi, I., & Glymour, M. M. (2014). *Social Epidemiology*. Oxford University Press.
- Bourdieu, P. (1986). *The Forms of Capital*. In J. Richardson (Ed.), *Handbook of Theory and Research for the Sociology of Education* (pp. 241-258). Greenwood.
- Chen, J., Zeng, X., & Zhong, J. (2019). Trust in public health and its effect on health behavior: A review. *Journal of Public Health Research*, 8(2), 123-130. <https://doi.org/10.4081/jphr.2019.1562>
- Chuang, Y. C., Huang, Y. L., Tseng, K. C., Yen, C. H., & Yang, L. H. (2022). Social capital and COVID-19 in Taiwan: Exploring the role of trust, norms, and networks. *International Journal of Environmental Research and Public Health*, 19(3), 1219.

- Coleman, J. S. (1990). *Foundations of Social Theory*. Harvard University Press.
- Ehsan, A., Klaas, H. S., Bastianen, A., & Spini, D. (2021). Social capital and health: A systematic review of systematic reviews. *SSM-Population Health*, 14, 100764.
- Fukuyama, F. (2001). *Social Capital, Civil Society and Development*. *Third World Quarterly*, 22(1), 7-20.
- Lin, N. (2001). *Social Capital: A Theory of Social Structure and Action*. Cambridge University Press.
- Putnam, R. D. (1993). *Making Democracy Work: Civic Traditions in Modern Italy*. Princeton University Press.
- Putnam, R. D. (2000). *Bowling Alone: The Collapse And Revival Of American Community*. Simon & Schuster.
- Szreter, S., & Woolcock, M. (2004). Health by Association? Social Capital, Social Theory, and the Political Economy of Public Health. *International Journal of Epidemiology*, 33(4), 650-667.
- Villalonga-Olives, E., Wind, T. R., & Kawachi, I. (2021). Social capital interventions in public health: A systematic review. *Social Science & Medicine*, 272, 113686.
- Yang, K., & Powelson, M. (2018). Building community trust: Social capital's role in public health. *Public Health Reviews*, 39(1), 16. <https://doi.org/10.1186/s40985-018-0097-x>.