

***Posyandu*: Community's Temporary Landscape of Healthcare Events**

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Abstract This paper proposes a discussion on the importance of design thinking phase in a healthcare facility design development. The research particularly tries to explore *Posyandu* as one of commonly known government-initiated healthcare program in Indonesia which aim is to provide healthcare services for babies, children and families. *Posyandu* is a unique phenomenon because it is a healthcare setting without fix fixtures like other type of healthcare facility. Centralise its existence towards community resourcing, *Posyandu* is usually held in certain community buildings in a timely manner; practicing a sense of temporality in its eventual existence. Aiming to have a better understanding towards *Posyandu's* temporality, this research attempt to see *Posyandu* as a landscape of healthcare events within which healthcare activities, community, medical objects and supporting spatial elements are involved. The study results in a data which reveal what and how spatial elements involved in the events, thus informs us about the temporality of the space where the healthcare events occurred. Through landscape of events, we would then be able to see a temporal characteristic of *Posyandu* that is more dynamic rather than static. The overall image of the dynamic temporality of *Posyandu's* space would then not only give us a representation of how the nature of temporary healthcare space is performed and celebrated but also useful for further design development. This research, including its hypothetical results, offers itself as a creative design approach and as a solid design consideration since the idea of landscape of events that is proposed in this research promises a thorough and fundamentally unique way of thinking. In a broader sense, the result of the study would also help us as architect and/or designer to reposition ourselves towards healthcare architecture that will be suitable for the community.

Keywords *Posyandu*, healthcare facility, temporality, landscape of events, design thinking,

1. Introduction

In architectural design development, design thinking phase is arguably plays a significant role to the overall design process. As a cognitive-associated process within which creative and critical thinking are performed, design thinking has been believed as a new paradigm for dealing with problems for over the past decades [1]. Although design thinking is a term which also used in other field other than architecture, specifically within architectural design development, the problem-solving mechanism which implemented in the design thinking process, whether it is "...discursive (marked by explicable arguments and analytical reasoning) or non-discursive (driven by intuition)..." [2], should present itself as a creative process since design in architectural context is an activity which is based upon a creative knowledge. Being creative in a sense that is able to overcome the disputing design problems and collective search for the *best* solution [2], design thinking compromises architecture as a spatial problem-solving activity which distinctively offers designs for specific purposes based on different conditions and needs. This includes healthcare facility design.

When it comes to healthcare facility design, due to its complexity in regards to its complex spatial program and requirements and its spatial restriction in regards to general patient's safety [3], the authors argue that in its design development process, design thinking is fundamental to be discussed independently. Not because it is dependent by itself, but rather because its complexity is so rich with potential to be developed for the importance of architecture academic and practice development that it requires a separated discussion. Thus, in order to bring forward this importance, this paper offers a discussion towards a design thinking phase for *Posyandu* design development.

Posyandu, an Indonesian acronym for Integrated Health Place, is a widely known healthcare attempt that is initiated by Indonesian government. The Ministry of Health of Republic of Indonesia [4] briefly describes *Posyandu* as a community resourcing healthcare attempt which programs are delivered from, by and for the community and mainly aim to provide a basic child and maternity healthcare.

A data recorded in 2014 shows that the total number of *Posyandu* in Indonesia is up to 289.635 and spread throughout 33 provinces [5]. This number indicates that although in reality *Posyandu* is practically a small community-based

healthcare attempt in the society, it plays a significant role in the overall Indonesian healthcare condition, specifically for the mother and child health. The number also suggests that it is important to discuss the condition of Posyandu's facility design. The authors argue that Posyandu's facility design is undeniably important to look at, especially nowadays, when design of healthcare facility is considered to be as important as the healthcare itself. Healthcare facility design that especially based on certain researches or currently known as *evidence-based design*, is able to support healthcare both medically and economically [6]. Supporting healthcare medically here means that the environment makes a significant difference on the quality of care in the treatment, quality of patients' satisfaction, quality of staffs' performances, and other aspects linked to the healthcare services.

Hence, looking at the two importance that are the creative design thinking in the design development process and the overall Posyandu's facility design, the author proposed a study which explores a creative design thinking process in designing Posyandu's facility. The study particularly tries to examine how ones might creatively solve healthcare design problems by using the idea of *landscape of events* as design thinking approach.

2. Thinking with Posyandu as Temporary Healthcare Facility

Practically, Posyandu is held in the society in a timely manner, usually once every month and held throughout the year. As a community resourcing program, the practice of Posyandu is depend on the condition of the society, which means that the place where Posyandu is held is also strictly depend on what the society could offer. Generally, Posyandu is held in a public building owned by the society, thus, every Posyandu's facilities are different from one community area to another. This condition is what then believed affecting the healthcare attempt.

The Temporality of Posyandu as A Healthcare Setting

According the above conditions, one would then assume that Posyandu is practically a temporal and continuous event. However, we must underlined that the temporality of Posyandu here is explored within spatial context in a sense that although it needs an existing building for it to be held, it does not necessarily mean that the Posyandu activities themselves dependant to particular kind of space. Its activities, as continuously performed in timely basis, are not attached to any fix built environments or constructions.

As architect and/or designer, what we need to stressed out is that Posyandu exist in form of healthcare facilities that promote health. This affects Posyandu's temporality. Thus, thinking about the temporality of Posyandu in relation to its position as a healthcare setting is argued to be necessary especially for Posyandu's design development. Not only that it would generally help us to have a better understanding about Posyandu, but the potential of exploring Posyandu's temporality would also promise a set of knowledge about the idea of temporary space as a healthcare setting.

Fottler et. al. suggests that in order to perform a study towards Posyandu's temporality, we could examine its environmental dimensions which are (1) ambient condition, (2) spatial condition and (3) signs, symbols and artefacts [7]. Examination through Posyandu's ambient and spatial condition would result in a data of how spatial elements during the healthcare activity are performed. This result would help us to justify what kind of spatial elements which are related to the temporality of Posyandu. While the examination of signs, symbols and artefacts would result in a data which shows the significance of objects as part of the healthcare attempts in Posyandu. Put a thorough examination of Posyandu's environmental dimensions as part of the creative design thinking process, would arguably contribute in positive outcomes for the overall healthcare activities in Posyandu setting once it is implemented in further design development.

Building Temporality through Events

Posyandu's existence is basically central to its activity. The temporality of Posyandu is considered to be happened because of its activities rather than its eventual use of the space. The healthcare activities which occur in Posyandu are what make it held in timely manner in certain places. Its events from the activities that are offered in the Posyandu and Posyandu itself as a whole event are two main perspectives to which Posyandu can be looked at, instead of seeing it in a commonly manner, as a monthly healthcare service for example. After all, the place where Posyandu takes place, once it is occupied with people, spatial elements, medical objects and other things which are all tied up with Posyandu's activities would shift its properties from just a setting to an agentic compound which affects the social life [8]. Derived from these very thinking, the authors then proposed an approach to intertwine it with the previous surfaced idea of the study on this paper, that is to see Posyandu as a *landscape of events*.

Event-wise, Posyandu consist of several activities, each of which represents the healthcare program that has been established by the Ministry of Health of Republic of Indonesia. These activities in the real condition at the field are usually performed through certain activity flow, usually started with people registering their attendance, measuring body weight and height (for children), until they leave the place where Posyandu is occurred.

Examining Posyandu's events and activities flow would hypothetically disclose the very means and form of Posyandu's temporality that is dynamic rather than static as events and activities flow are not restricted to the fix architectural construction. The examination itself would also then be considered as creative design thinking.

The overall proposed examination of the study could be shown in Figure 1. Figure 1 shows a diagram of the general idea of landscape of events as an approach to discuss the environmental dimensions of Posyandu. Further in the examination, the study will consist of two big parts each of which analyse and synthesise the environmental dimensions and behaviours which are presented as actor, medical-related objects and spatial elements. The analysis part of the study is divided into two parts. The first part is looking at the three aspects, considering them as the elements of landscape of

events. In the second part of the analysis, the study will see how the Posyandu's healthcare events are celebrated through a dynamic activity flow. These two analyses will then be followed by looking at Posyandu as a landscape of events. This act represents the synthesise part of the study, thus revealing a big picture of the temporality of Posyandu. These stages of the study are all conducted by looking at a Posyandu that is held in Ciracas area in Indonesia.

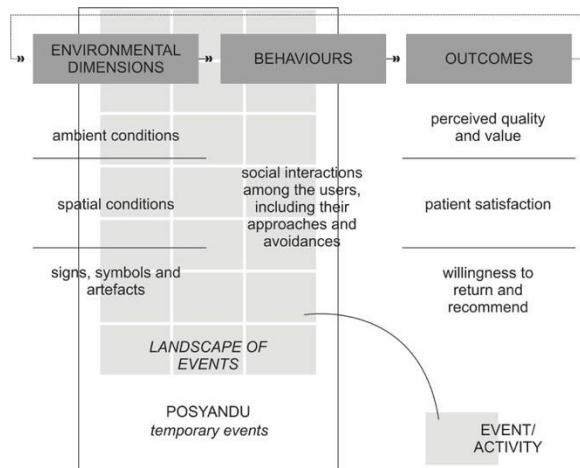


Figure 1. Diagram of the scope of the proposed study. Source: from Fottler et al (2000, 96).

3. Posyandu's Healthcare Events

Posyandu Kelapa Dua Wetan is held in monthly basis and organised by a group of women who are incorporated themselves as PKK (Family Welfare Development). The Posyandu itself took place in a public building that located nearby the society within which the Posyandu is held. The examination of Posyandu Kelapa Dua Wetan covers a part where the three aspects mentioned in the previous part of the paper, that are actor, medical-related-objects and spatial elements, are analysed accordingly the events occurred. Another part of the examination is where the authors attempt to analyse how each events are related to one another. Lastly, there is also a part of the study where the authors tries to look from a bigger perspective that is by seeing the posyandu as a whole construction of events within which the three aspects are involved. As the study of this paper is particularly positioned as creative design thinking, each of the three parts of the study uses a representational diagram as a tool for analyses and synthesise purposes. Diagrammatical examination is chosen as the authors argue that it is suitable to disclose the intangible aspects of the study.

Independent Healthcare Events

The first analysis is conducted by making analytical diagram which performs as a tool to dismantle the significance of the three aspects (actors, medical-related objects and spatial elements) in the Posyandu's healthcare events and the relation between an aspect to another. Diagram in Figure 2 shows how this first part of the study is conducted.

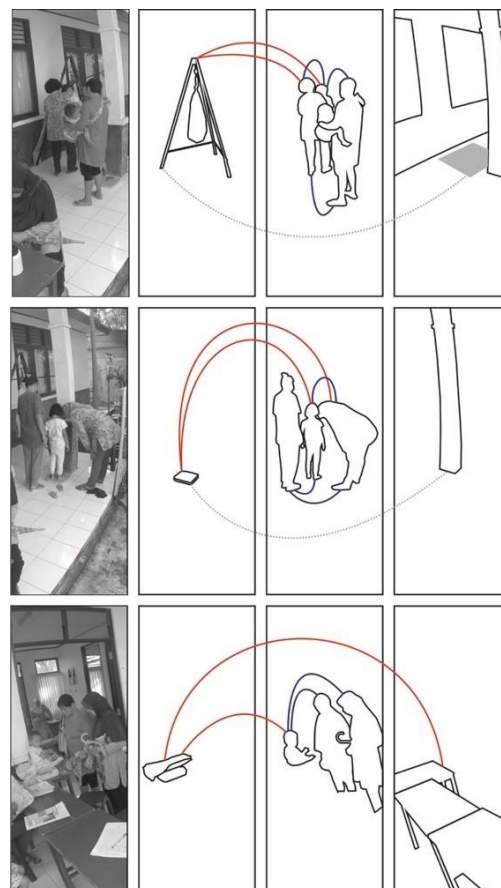


Figure 2. Analytical diagram of the three aspects in the Posyandu's body weight measuring events

The result of this part of the study are particularly as follow: 1) Most of the actors which took part in the healthcare events have direct relation with the medical-related objects; 2) Generally, the medical-related object are not attached to any fix spatial elements exist in the building. The objects are most likely to be attached to the availability of free space; 3) The medical-related objects could be supported by non-fixed spatial objects. These results indicates that Posyandu's healthcare activities, while in practice is held in certain architectural setting,/building, are not attached to the any building, This suggests the temporality of Posyandu that is independent and applicable not just one setting.

Unrestricted Healthcare Events

The second attempt of the examination is analysing the Posyandu's healthcare events by looking at its activities flow. The idea is to perform a diagrammatical analysis which explores the events in the sequential manner (see Figure 3). Through this analysis, we would then get the relation between the events and how one event, through the flowing activities, relate to another event.

Tied up by the activity flow, each of the events shown in the diagram in Figure 3 has connection to other events. As the time goes by, the diagram shows how each of healthcare events that is registration and measuring body height and weight positioned themselves in the overall activity flow. As clearly shown, the ideal activity flow that is registering-measuring body weight-measuring body height, is not able to

shape the sequence. Instead, the diagram shows an unrestricted characteristic of activity flow. This result particularly suggests a sense of dynamicity of Posyandu's healthcare event. Moreover, this finding also give us a new perspective that the temporality of Posyandu is also built upon its unrestricted activity flow. This condition not only offers a chance for the actor to adapt and reposition himself when he enters the Posyandu setting but also gives space for spatial conflict to be happened.

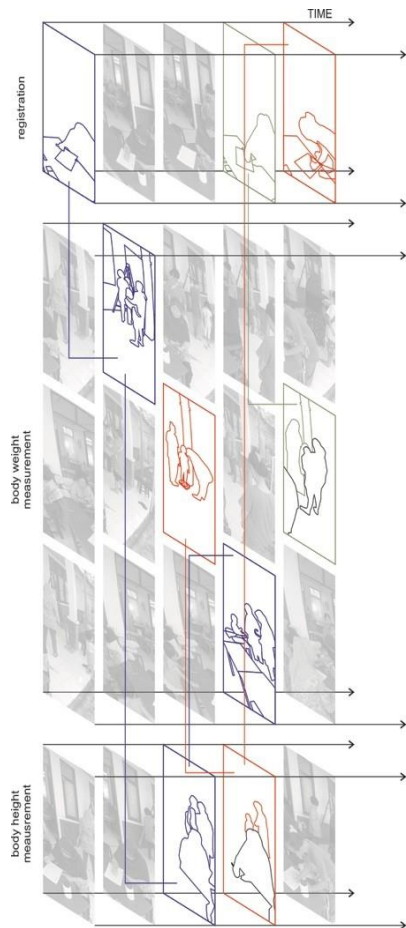


Figure 3. Analytical diagram of the activity flow of Posyandu's healthcare events

4. Temporary Landscape of Healthcare Events

In this last part of the examination, the authors conducted a synthesis which is presented in another diagram. The diagram (see Figure 4) performs as a collective representation of the previous parts of the study. The aim of this very attempt was basically to disclose the relation between the Posyandu's eventual temporality with the fixed-existing setting of where the Posyandu's healthcare activities take place.

What the authors conducted in this part of the study is actually no other than creating a representation of the landscape of events itself. Thus, the findings from this stage could be considered as the very image of the Posyandu as a landscape of healthcare events. In broader sense, this also means that what is revealed from this part of the examination suggest the

temporality of the Posyandu in discussed specifically and the temporality of posyandu in general as well.

As shown in Figure 4, one can see that once the Posyandu's healthcare events are occurred in from of activity flows, the fixed-existing setting is being insignificant on its existence. Not in a sense that the fixed-existing setting or the building is no longer important for the overall Posyandu's healthcare events, but rather overcast by the Posyandu's events themselves. The findings from the first part of the study strengthen the condition as well. The building becomes more overcast since the medical-related objects rose up unattached to the building.

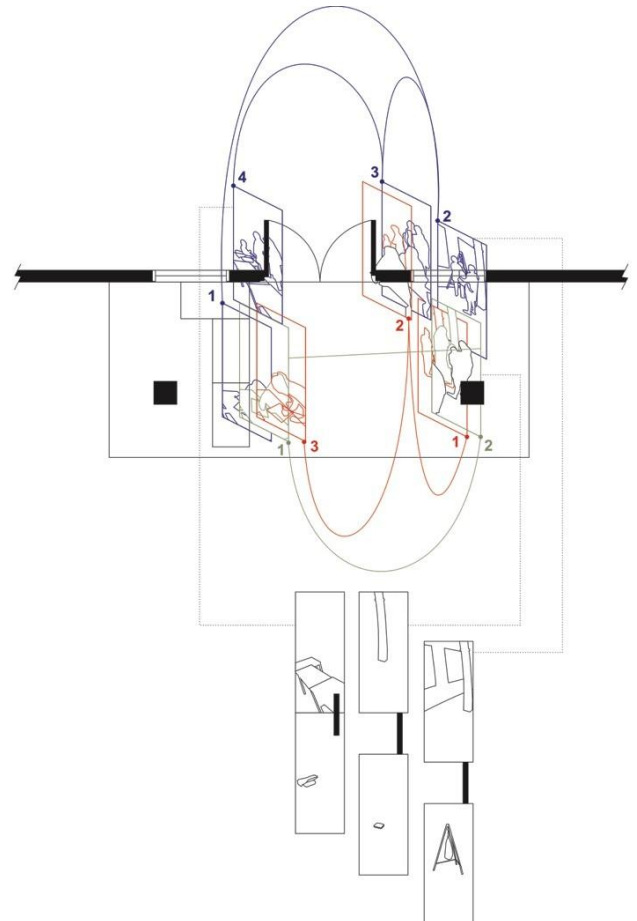


Figure 4. Synthesis diagram of Posyandu's healthcare events

Overall, the result from this part of the study not only confirms and supports the findings from the previous two parts of the study but also reveals a new perspective toward posyandu generally, that is as a landscape of events, the temporality of posyandu is a temporary condition which overcast the building or environmental setting within which the posyandu's healthcare events are occurred. Its temporality is one which overpowered the existing condition, compromising a dynamic and unbounded flexibility of spatial healthcare phenomenon.

5. Conclusion

The findings from each of the conducted parts of the study about the temporality of Posyandu's healthcare events indicate that there is a sense of dynamic characteristic which distinguish Posyandu's space than other healthcare facilities. This dynamic characteristic presents itself in a form of healthcare events that are independent, unrestricted and over-cast the existing setting. These three points are altogether signifying the temporality of Posyandu. The study particularly reveals that the medical-related objects turned out to be the aspect which mainly affected those three points of Posyandu's temporality.

As an approach for a creative design thinking phase in a design development, the overall conducted study on seeing Posyandu as a landscape of events is arguably potential to develop. The attempts and findings from each of the examinations from the study indicate that the potential of seeing a setting, especially a healthcare facility setting, as a landscape of events could help us to investigate spatial-related problems in a different way. Through events, one could uncover how three spatial aspects (actors, objects and spatial elements) play its role and relate to one another. Through events, one could also justify how things actually work in a space or setting. And through landscape of events, one could then make a position as an architect or designer towards what have been found through the examination of events and make it as a consideration for further design development.

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