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## The Impact of the Unfit Housing Program (*Rutilahu*) on the Quality of Life of the Community Through the Promotion of Healthy Housing in Bekasi Regency

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### Abstract

This study aims to analyze the impact of the *Rumah Tidak Layak Huni (Rutilahu)* program on the quality of life of the community through the improvement of healthy housing in Bekasi Regency. Using the World Health Organization Quality of Life–BREF (WHOQOL-BREF) approach, information was obtained on the effectiveness of housing renovations for uninhabitable houses from health, psychological, and social perspectives. This study conducted a comparative analysis between beneficiaries of the *Rutilahu* program and non-beneficiaries to evaluate the program's actual impact on the community's quality of life through improvements in healthy housing standards in Bekasi Regency. This study uses a qualitative method with a descriptive approach. Data were collected through observation, documentation, and in-depth interviews with six informants consisting of beneficiaries and non-beneficiaries of the *Rutilahu* program. The results of the study show that the renovation of uninhabitable houses has not made an optimal contribution to the development process and has not been effective in reducing the number of low-income residents or affecting the rate of population growth in Bekasi Regency. Analysis using the WHOQOL-BREF approach indicates that *Rutilahu* not only improves housing quality in terms of sanitation, ventilation, and structural safety but also has a positive impact on the quality of life of its beneficiaries.

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### INTRODUCTION

Settlement for the community is a basic human need as a place to live, even though everyone's ability to obtain housing differs (Boanada-Fuchs et al., 2024; Bredewold & van der Weele, 2022; Mazzucato & Farha, 2024; Nuraini et al., 2023; Ruiz-Rivas et al., 2023; Steinfeld, 2025). Housing, as a basic need, must primarily be physically adequate and healthy for habitation (Howden-Chapman et al., 2023; Nicholson et al., 2023; Reyes et al., 2022; Teremetskyi et al., 2024; Van Aerschot et al., 2022). Decent community housing has several essential components, namely sturdy construction, proper ventilation, adequate air circulation, good lighting, and clean sanitation facilities (Modu, 2022; Ogunsanya, 2026; Winston, 2022).

A healthy house is a building that meets health requirements, namely one with proper ceilings, walls, floors, windows, ventilation, and adequate bathroom and water facilities (Adeswastoto, 2020). The concept of a house is not limited to its physical form but must also support the development and well-being of the family in physical, mental, and social aspects,

including building materials, spatial arrangement, and elements related to health, household waste disposal, and proper sanitation (Devi, 2022).

According to the Committee on the Hygiene of Housing of the American Public Health Association in Kusnoputranto (1983), a decent and healthy house must meet several criteria: (1) fulfilling physiological needs, including appropriate indoor temperature, safety and security, lighting, adequate space relative to the number of occupants, and proper ventilation; (2) protecting against the spread and transmission of disease, including the availability of clean water, proper waste disposal, and safe food storage; and (3) providing protection for occupants from potential hazards, such as structurally sound construction, and protection from fire, building collapse, and other mechanical accidents.

The research gap this study addresses is threefold. First, existing literature lacks a comparative analysis between Rutilahu beneficiaries and non-beneficiaries using the complete WHOQOL-BREF framework, which would enable the isolation of the program's causal impact on quality of life. Second, previous research has not systematically examined the financial externalities of the Rutilahu program, particularly the self-help debt burden that beneficiaries must bear to complete renovations beyond government subsidies. Third, the effectiveness of the Rutilahu program in Bekasi Regency has not been comprehensively evaluated using standardized quality-of-life instruments. This study fills these gaps by providing a comparative analysis of six informants (three beneficiaries and three non-beneficiaries) using the WHOQOL-BREF framework, while also identifying unintended financial consequences that emerge from program implementation.

The urgency of this research stems from four factors. First, the high number of uninhabitable houses in Bekasi Regency (with 12,246 units renovated since 2019, representing only a fraction of the total need) indicates that many residents continue to live in conditions that threaten their health and safety. Second, the link between poor housing and stunting—a serious public health problem in Indonesia—requires urgent policy evaluation to ensure that housing programs effectively address this connection. Third, the Bekasi Regency Government requires evidence-based policy recommendations to improve the effectiveness and efficiency of the Rutilahu program. Fourth, without systematic evaluation, the program may continue based on unexamined assumptions about its impact, potentially wasting resources and failing to achieve its poverty-reduction objectives. The novelty of this research lies in its integrated analytical framework, combining the WHOQOL-BREF instrument with comparative beneficiary and non-beneficiary analysis to isolate program impact, its identification of self-help debt as an unintended financial externality not previously documented in Rutilahu research, and its application of the WHOQOL-BREF framework specifically to the urban context of Bekasi Regency. Unlike prior studies that evaluated only physical housing improvements, this research comprehensively assesses quality of life across physical, psychological, social, and environmental domains.

The problem of settlements and decent housing remains a major challenge in Bekasi Regency. Although 12,246 housing units have been successfully renovated since 2019 through various programs, many settlements are still considered uninhabitable. This housing inadequacy has a serious impact on public health, including contributing to stunting due to poor sanitation and environmental conditions. In addition, unhealthy living conditions hinder

community productivity; therefore, appropriate and well-targeted policy formulation is needed to address this issue comprehensively.

As a concrete step, the Bekasi Regency Government has implemented the Uninhabitable Housing (*Rutilahu*) program under the auspices of the Public Housing, Settlement Areas, and Land Office. Juridically, *Rutilahu* is defined under Law Number 1 of 2011 as housing that does not meet requirements for building safety, minimum building area, and health standards for occupants. Based on the Regulation of the Minister of Public Works and Public Housing (PUPR) Number 7/PRT/M/2018, the technical criteria for *Rutilahu* include damage to structural components—commonly referred to as “*Aladin*” (roof, floor, and walls)—as well as inadequate access to lighting, ventilation, and sanitation that meets minimum health standards.

Although the government program is already underway, its effectiveness needs to be reviewed and studied to ensure a more sustainable resolution of the problem. Therefore, this study presents a fundamental discussion of solutions to housing problems in Bekasi Regency, particularly those related to building quality, residents’ health, and efforts to reduce stunting rates. Through improving housing quality, it is expected that Bekasi Regency can foster healthier and more productive human resources, which will ultimately have a positive impact on regional development in the future.

## RESEARCH METHOD

In this study, a qualitative descriptive approach was used to analyze the impact of the Uninhabitable Housing (*Rutilahu*) program on the quality of life of the community through improvements in healthy housing in Bekasi Regency, West Java Province. The main focus of this study was to conduct a comparative analysis of the quality of life between beneficiary and non-beneficiary groups based on improvements in healthy housing standards. Quality of life was understood as a multidimensional concept encompassing health, functional ability, and individual perceptions of well-being (Hunt, 1997). It was approached through three perspectives: as health, as well-being, and as a broader overarching construct (Post, Witter, & Writers, 1999; Sekarwiri, 2008).

The qualitative method was used to describe the condition of the research object through interviews, observations, and documentation, guided by the World Health Organization Quality of Life-BREF (WHOQOL-BREF) framework. This framework included four dimensions of quality of life: physical health, psychological health, social relationships, and environmental conditions.

This study aimed to compare the quality of life between beneficiaries and non-beneficiaries of the *Rutilahu* program. The WHOQOL-BREF framework was applied qualitatively to assess the four domains of quality of life, along with individuals’ overall perceptions of their quality of life and general health (Skevington et al., 2004). The use of this framework was supported by previous studies demonstrating its reliability and validity across various populations, including those in Indonesia (Latifa Resmiya & Ifa H. Misbach, 2019).

Data collection was conducted through in-depth interviews to capture subjective experiences and narratives from residents. Informants were selected using criterion-based selection, assuming that they were relevant to the research focus (Idrus, 2009). The criteria included: (1) individuals who received *Rutilahu* assistance between 2021 and 2023, to ensure sufficient time to reflect on the program’s impact; and (2) individuals who did not receive

assistance but had comparable socioeconomic backgrounds, housing conditions, and residential environments, to enable meaningful comparison.

The number of informants was limited to six respondents, following the principle of data saturation in qualitative research. This approach ensured that data collection continued until no new information emerged and consistent patterns were identified. To ensure data validity, triangulation was applied by comparing information obtained from multiple sources (Sugiyono, 2013).

## RESULTS AND DISCUSSION

This study aims to analyze in depth the impact of the Uninhabitable House (Rutilahu) repair program on the quality of life of the community in Bekasi Regency through the variables of improving healthy houses. This evaluation uses the WHOQOL-BREF instrument as the main analysis tool to measure four essential domains, namely physical health, psychological health, social relationships, and environmental conditions. Through this framework, the effectiveness of the program is not only assessed from the physical aspect of the building, but also from its influence on the overall well-being of the beneficiaries.

The characteristics of the respondents in this study include the profile of the recipient and the profile of the non-beneficiary of the Uninhabitable House Rehabilitation (Rutilahu) program spread across Bekasi Regency. Characteristically, the respondents in this study consist of an age group that can be called middle adulthood (40-60 years) with a balanced gender composition between men and women as the head of the family or household manager. All respondents are residents who have been verified as the target of the program in the 2025 fiscal year so that the data presented reflects the factual conditions regarding the impact and implementation of housing assistance in Bekasi Regency.

The following are the results of research on the impact of the Uninhabitable Houses (Rutilahu) program on the quality of life of people in Bekasi Regency based on the WHOQOL-BREF domain. This analysis was carried out by comparing two subject groups, namely the community group that has not received assistance and the group that has received assistance from the Rutilahu program.

**Table 1. Interview Results of the Uninhabitable House Program (Rutilahu) in Bekasi Regency**

Interview Results of Recipient Groups and Non-Recipient Groups of the Uninhabitable Housing Program (Rutilahu) in Bekasi Regency			
Domain	Beneficiaries of Assistance	Non-Recipient	Comparative Analysis
WHOQOL-BREF			
Physical Health	Sleep better because it doesn't leak. (Mrs. J) felt that her physical health was improving. (Mrs. H) has a proper toilet so that sanitation activities are healthier.	(Mr. NH) had difficulty sleeping in the rain because the roof was leaking. (Mrs. H) was exposed to dust and garbage because the building was not tight.	Aid recipients have a much better quality of rest and sanitation than non-recipients whose physical comfort is compromised by the weather.
Psychological Health	(Mrs. Y) felt more confident and was no longer insulted by the	In general, they feel resigned and grateful for the condition, but	Rutilahu's assistance has a great impact on increasing self-esteem

Interview Results of Recipient Groups and Non-Recipient Groups of the Uninhabitable Housing Program (Rutilahu) in Bekasi Regency			
Social Relationships	"goat pen". (Mrs. H & Mrs. J) feel calmer and solemn during worship. Mothers feel more comfortable and prouder when they receive guests or relatives who visit their homes.	still feel worried about the risk of the house collapsing or rain. Social relations remain good because the majority of the surrounding environment are relatives and siblings.	and inner peace in worship. The Rutilahu program improves social interaction (openness to receiving guests), while non-recipient groups rely on kinship as the main social support.
Environment	Housing is a safe place from floods and strong winds. There is a new work motivation even though there is a burden of self-help debt for development.	Facing the threat of a sagging roof (Mr. S) and knee-high flooding (Mrs. H). Finances are very limited only to daily consumption.	A stark difference in the safety and security aspect of the home is evident; the beneficiaries now have adequate physical protection against environmental threats.

Respondents who have not received assistance face serious physical health challenges due to exposure to the weather and poor sanitation. Their sleep quality is at a low level due to roof leak disturbances and an unhygienic environment, including the habit of defecating at times. There is a real risk of life safety due to unstable, weathered, and prone to collapse buildings, especially during strong winds. This condition puts its inhabitants in a cycle of physical vulnerability and diseases associated with an unhealthy environment.

In contrast, the group that has received assistance shows an increase that has a direct impact on economic productivity. Building structural improvements, such as the loss of roof leaks and flood mitigation, clinically subjectively improve the quality of rest and physical health of its occupants. Housing that is now livable is a stimulant factor for the head of the family to work with a higher enthusiasm to earn a living. This shows that physical interventions in residential homes have a positive correlation with the work capacity and daily energy of the beneficiary community.

Psychologically, for the group that has received assistance, Rutilahu has transformed the emotional state of the respondents from a feeling of chronic anxiety to a sense of security and calm. The change in the aspect of self-esteem is evident because they no longer feel humiliated by the housing conditions that were previously shabby or unsuitable. In addition, the availability of cleaner and representative spaces also encourages an increase in spiritual activity and more positive cognition within the family. A sense of security from environmental threats provides space for the development of more stable mental health for all family members.

In contrast, the group that has not received Rutilahu's assistance shows a form of resilience or limited mental resilience through gratitude even though they live in a poor condition. However, this gratitude is accompanied by a psychological burden in the form of chronic worries about the safety of family members from the threat of bad weather or sudden house damage. These negative feelings continue to haunt daily life and affect their emotional

well-being. Although optimism remains, the shadow of fear of physical disaster at home still dominates their minds.

In the social relations domain for groups that have received the benefits of the rutilahu program, there is a noticeable increase in social confidence when interacting with the surrounding environment. Beneficiaries now feel more comfortable and no longer embarrassed to host guests or have social interactions inside their homes. Relations with neighbors and social support are well maintained without any conflicts arising after the provision of assistance. This residential transformation indirectly strengthens social ties and the integration of respondents in the community structure in Bekasi Regency.

Inversely proportional to the group that has not received the benefits of the program, it is maintained through a very strong kinship system. A modest home still serves as a center of interaction for large families, where neighbors are often considered like brothers themselves. This creates an organically solid social safety net in the midst of economic and physical limitations. Social support between fellow citizens is the main capital for them to survive and face difficulties together.

In the environmental aspect imposed on groups that have not received the benefits of the rutilahu program, their homes are very vulnerable to flooding disasters due to poor drainage and changes in the surrounding land use. Access to sanitation is still open and a high risk to the health of the wider community. Economically, this group shows a very high level of dependence on government social assistance such as BPNT to meet basic needs. The absence of self-help funds makes it difficult for them to make home repairs independently without the intervention of the Rutilahu program.

For groups that have received the benefits of the Rutilahu program, it has succeeded in providing access to basic sanitation (MCK) in accordance with health standards. The foundations of the houses that have been raised and the use of permanent materials effectively mitigate the risk of flood disasters that previously hit frequently. However, there are new challenges on the financial side in the form of the burden of self-help debt that respondents must bear to meet development costs outside of government subsidies. Although the home environment is improving physically, family financial management requires further adjustments due to the burden of these additional costs.

Physical intervention through the Rehabilitation of Uninhabitable Houses (Rutilahu) program provides a fundamental transformation to the quality of life of beneficiaries through improving the physical health dimension, increasing economic productivity, and strengthening psychological welfare. Improving the structure of the building and providing access to standard sanitation (MCK) effectively mitigates the risk of environmental pathologies while improving the quality of rest, which is clinically subjectively correlated with increased daily energy and work motivation of the head of the family. In contrast, groups that have not been touched by assistance are identified as being in a cycle of vulnerability due to exposure to extreme weather and structural instability of buildings that trigger chronic concerns. The change in housing status from slum to livable has been proven to be able to reconstruct self-esteem and security, shifting the psychological burden from anxiety about physical disasters to more consistent emotional stability for all family members.

From a sociological and environmental perspective, the program builds social confidence and more inclusive community integration, where beneficiaries show greater comfort in

interacting in their domestic spaces. Although non-beneficiary groups maintain social cohesion through organic kinship networks as a survival mechanism, the availability of representative housing provides room for the accentuation of spiritual activity and positive cognition within the family. However, the findings of the study also identified a new financial dynamic in the form of the burden of self-help debt taken by respondents to meet construction costs outside of government subsidies. This indicates that although the physical repair of the house has succeeded in reducing the risk of flood disasters, the economic resilience of post-intervention families still requires managerial adaptation to overcome the financial pressures caused by self-financing.

## CONCLUSION

The findings indicate that the Uninhabitable Housing (Rutilahu) program in Bekasi Regency significantly improved beneficiaries' quality of life by enhancing housing conditions, which in turn supported better physical health, reduced environmental health risks, and increased economic productivity through improved rest and living conditions. Beyond physical benefits, the program also contributed to psychosocial improvements, including increased self-esteem, reduced anxiety, and stronger social integration, highlighting housing as both a physical and mental well-being asset. However, the study identified important limitations, particularly the emergence of financial burdens due to gaps between government assistance and actual renovation costs, as well as persistent environmental issues such as inadequate sanitation and drainage. In contrast, non-beneficiaries continued to experience poor living conditions, reinforcing cycles of poverty and inequality. Overall, while Rutilahu functioned as an effective socio-economic intervention, its long-term sustainability requires more comprehensive financial support and integrated environmental improvements. Future research should expand the sample size and incorporate longitudinal and quantitative approaches to better measure long-term impacts, particularly regarding economic resilience, environmental infrastructure, and the scalability of housing interventions across different regions.

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