

Boosting the quality of life through additional general allocation funds for village infrastructure development

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ABSTRACT

Improving the quality of life of the community as one of the key indicators of development success is a must since it has an impact on the wellbeing of the community. This study aims to measure quality of life and analyze the effect of additional general allocation funds for village infrastructure development, education, and control variables on the quality of life of the community who lived in Tangerang. The researchers employed a sample size of 368 people. Using a cross-sectional survey approach, valid, and reliable questionnaires were distributed. The results of the multiple regression analysis showed that the general allocation funds for the village infrastructure development were proven to have a significant effect on improving the quality of life of the community. The education level variable did not have a significant effect on improving the quality of life, but it had a significant effect on the psychological health domain of quality of life. In addition to the provision and maintenance of health services, it is necessary for the government to include the construction of infiltration wells, community-based domestic wastewater management networks, light fire extinguishers, and portable fire pumps as development priorities.

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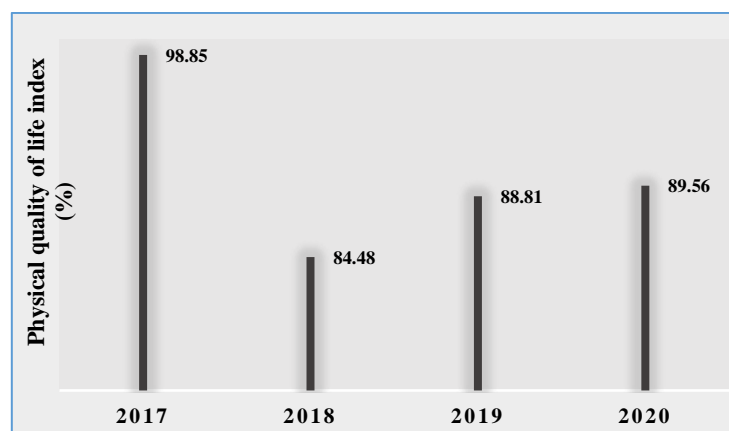
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1. INTRODUCTION

Urbanization, industrialization, and globalization are associated with transformation have impacts and challenges on the quality of life of the community [1], for examples the environment, social activities, economy, inequality, and backwardness. Thus, improving the quality of life of the community has become one of the important agendas in economic development. Quality of life is multidimensional and it depends on the increase in the value of the subjective, personal, and emotional conditions of an individual [2], the ability to access economic resources [3], [4], making it possible for the individual or community to achieve happiness, well-being, and life satisfaction. Happiness focuses on an individual's balance of positive and negative influences, as well as the values in his or her life, and life experiences. Well-being refers to the changes in various variables that affect the development of an individual or community, while life satisfaction contains a critical view of life satisfaction according to the perceptions that an individual has based on his/her personal experiences [5].

Quality of life has become an important thing for countries to measure one of the successes of development. The condition of Indonesia's quality of life is moderate category with a score between 0.70-0.79 [6]. Regarding the quality of life domain, the public welfare in Thailand is better than Indonesia, but the domain

of personal welfare and social relations in Indonesia is better [7]. Meanwhile, the physical quality of life index (*PQLI*) as one of the indicators of economic development showed a decrease in 2018 by 2.37 points compared to 2017 as presented in Figure 1.



Source: Own calculation (2021)

Figure 1. Physical quality of life index (*PQLI*) Tangerang city from 2017 to 2020

A decrease in the quality-of-life index was due to an increase in infant mortality rates in 2018, while life expectancy and literacy rates increased more slowly. In 2019 and 2020, the quality of life of the people of Tangerang city improved as shown in Figure 1. The improved physical quality of life was possible due to the efforts of the government of Tangerang city to continuously work with stakeholders to cope with various causes that led to a decline in the quality of life, such as infant mortality, life expectancy, and education. In general, the quality of life of the people of Tangerang city was good, evident by a physical quality of life index score of >75, making it categorized as high. However, the quality of life of the community of Tangerang city in 2018-2020 is lower than 2017 and the improvement is quite slow.

Achieving the quality of life of the community, particularly urban communities, requires the involvement, and commitment of both central and regional policy makers. The government regulates the development in each city using additional general allocation funds (*dana alokasi umum/DAU*) for villages to fund the construction of village facilities and infrastructure, basic social services to promote equality in regional financial abilities, and improvement of the community's quality of life [8]. In relation to the DAU for village which started in 2019, any urban areas that do not have a village must allocate no less than 5% of the APBD (regional budget) after deducted by special allocation funds (*dana alokasi khusus/DAK*). Tangerang as a city has been categorized as a "good" area, allowing it to receive IDR 350,000,000 per village (IDR 36,400,000,000 annually) for 104 villages [9]. This policy has increased the welfare or quality of life of the people of Tangerang city.

The general allocation funds for villages can improve basic services, thus boosting the community's the quality of life. Previous studies have shown that the coverage of basic social services, particularly in terms of health and education, plays a crucial role in improving the quality of life of ethnic minorities, in realizing the construction of transport and communication infrastructures, and in increasing the access to basic social services for ethnic minorities [10]. The ability of the government in assisting the provision of infrastructure, such as housing, education, electricity, and sanitation brings a direct effect on the quality of life [11], [12], health, culture, recreation [13], psychological, physical, and environmental health [14], as well as the well-being of the community [15]. Other studies have also shown that fiscal transfer to public services can increase happiness and life satisfaction [16]–[18].

Other findings showed that the budgetary governance of city governments in terms of the aspects of transparency, collaboration, involvement and partnership, communication, and accountability had a positive correlation with the quality of life of urban communities [19] and the well-being of the community [20]. On the other hand, another study showed that village funds did not have any significant effect on area/village development [21]. Recent studies have also revealed that the provision of basic services through government budgets had a negative effect on the quality of life of the community [15]. The availability of health resources (including integrated healthcare center/*pos pelayanan terpadu (posyandu)*, health personnel) did not bring any effect on increasing the quality of health of the community [22] due to scarcity of health infrastructure in an area. In addition, the results of other studies also concluded that government budgets did not have any

significant effect on psychological health and health in general [23]–[25], similar to a study in Indonesia which also showed no significant effect in the short term [26]. The findings of previous studies still show inconsistencies.

The education level of the community also determines the quality of life of the community. An increase in the education level which reflects the level of knowledge and understanding of the importance of lifestyle can promote better quality of life. The results of previous empirical studies which used a systematic literature review approach indicated that education served as a significant determinant of the quality of life of community [18], [27]–[29] and home environment [18]. Good education can lower both physical stress and emotional stress [30], lead to proper jobs and activities, and especially in terms of the economy [31], [32]. These findings indicated that education plays an important role in influencing the specific and general symptoms of psychological, social, and emotional activities [28]. On the one hand, formal education offers the opportunity to acquire knowledge and skills that will serve as human capital, which is related to productivity and success in the labor market to obtain a high return on investment in education [33]. The previous finding showed that education contributes in improving community's quality of life. People with higher education tend to maintain their quality of life better.

Based on the brief description above, the researcher states that the quality of life of community in Indonesia was still low and tended to grow slowly, including in Tangerang city. The determinants of quality of life include fiscal transfer policies for the provision of infrastructure and education. However, the findings of studies on improving the quality of life by increasing the budget for public infrastructure through fiscal transfers are still inconsistent. Generally, the previous study about the correlation between the additional general allocation fund (government's fiscal policy) and quality of life utilized a secondary data. The current study proposed another perspective by measuring public perceptions of additional general allocation funds to fund village infrastructure development and education. In addition, the additional general allocation funds policy is a policy of which the implementation started in 2019, so research on additional general allocation fund in Indonesia is still relatively limited. The researcher considered the importance of the additional general allocation funds policy for village infrastructure development in relation to the domains of quality of life and the overall quality of life variable.

This study aims to measure the level of community's quality of life and examines the correlation of additional general allocation funds, education, and control variables with an improvement of the quality of life of the community. The results of this research enrich knowledge, especially in health economics, and development economics. Besides, the results of the empirical study could also provide an empirical contribution as an input for the government in making policies related to village infrastructure development as perceived by the community so as to improve the quality of life.

2. RESEARCH METHOD

2.1. Study design and setting

This is analytic quantitative research conducted using a cross-sectional survey approach to analyze the impact of village infrastructure development, village community empowerment, education, and control variables on the quality of life of the people of. This study took place in Tangerang city, Indonesia. The data collection was done using measurement instruments, while the data analysis used a quantitative/statistical method, to test, and prove the hypotheses [34].

2.2. Population and sample

The population of this study is the urban village community in Tangerang city, including the village office employees, heads of neighborhoods, mosque organizers, community members, and students. Meanwhile, the sample size employed the Isaac-Michale model with a sampling error of 5% [35], so with a total number of population of 1,895,486 people [36], the minimum sample size was 348 people. To obtain data, the researcher distributed online questionnaires (through Google Forms). There were 368 questionnaires completed (81.51%) out of the 452 questionnaires returned.

2.3. Variable operationalization

We utilized the dependent variable in the form of the quality of life domain and the total domain (quality of life). While the dependent variable included additional special allocation funds and education. We also used control variables consisting of income, gender, age, marital status, community involvement, and location. To prevent multi-interpretations, the variables included in this study were given limitations or operational definitions as shown in Table 1.

Table 1. The operationalization of research variables

Variables	Concept	Dimensions/Indicators	Scale
Dependent variables			
Quality of life (QL) [32], [37]–[40]	The quality that is perceived in the everyday life of an individual, i.e., an assessment of his/her well-being or the absence of it.	Physical health, psychological health, economic aspect, social relations, and environmental conditions	Likert
Physical health (PhH) [32], [38]	The ability of the body to adjust its functions within the physiological limits to the environmental conditions and or sufficiently efficient physical work without extreme fatigue.	Physical condition, physical activity, appearance, and sleep duration	Likert
Psychological health (PsH) [32], [38]	A condition in which an individual feels prosperous psychologically, emotionally, or socially.	The needs for consultation; satisfaction, enjoyment, and meaningful life; concentration ability; sense of security, negative feelings.	Likert
Social relations (SC) [32], [38]	A structured relationship in the form of actions that comply with the applicable social values and norms.	Social skills, personal/social relationships, and support from peers.	Likert
Economic aspect (ECA) [37], [38]	The ability of an individual to provide resources for him/herself and family with a certain amount of income.	There is a sufficient amount of money to meet physical and psychological needs, availability of information, and ability to work	Likert
Environmental conditions (EC) [37]–[40]	An ecological balance that must exist between humans & the environment to ensure the human health	The conditions around the house, access to health services, and means of transportation.	Likert
Independent variables			
Additional general allocation fund (AGAF) [8]	The development of village facilities and infrastructure funded by additional general allocation fund for village.	Construction of drainage system, village streets, street light, waste management, and integrated healthcare services station (Posyandu)	Likert
Education level (EDUC) [28], [32]	The highest level of education that has been completed, that represents competencies	Not school or (elementary school/equivalent) Postgraduate, scores range 1–5. Dummy variable of education: junior highschool/equivalent=1, others=0; senior high school/equivalent=1, others=0; Undergraduate=1, others =0; Postgraduate=1, others=0.	Ordinal or Nominal
Control variables			
Income (INC) [41]	The average monthly income	<Regional minimum wage (RMW)=1, RMW–IDR 10,000,000=2, IDR 10,000,001–IDR 15,000,000=3,> IDR 15,000,000=4	Ordinal
Gender (G) [32]	The community member is female.	Male=1, Female=0	Nominal
Age (A) [28]	The time that has passed since birth in which an individual is mature in the way of thinking, behaving, and making actions.	The youngest ones to the oldest ones in years	Ratio
Marital status (MS) [28]	The community is married in accordance with the applicable regulations.	Married=1, others=	Nominal
Community involvement (CI) [42], [43]	The local community involvement in the development and implementation of development programs or projects.	Involvement in the preparation of planning, implementation, and supervision of activities/programs	Likert
Location (L) [36], [44]	The community lives in the western and eastern part of Tangerang city	Western part of Tangerang city=1, others=0	Nominal

2.4. Instrument

We utilized questionnaires to assess quality of life, additional special allocation funds for infrastructure development, and community involvement in urban village development in Tangerang city. The questionnaires used consisted of open-ended questions and likert scales (1-5/very bad-very good). There were 452 questionnaires that had been answered. However, after sorting the questionnaires, there were 368 units that

met the criteria. The author also validates the instrument first so that the research instrument is valid and reliable. The researcher also conducted an instrument testing, namely a validity test and reliability test to ensure the reliability and validity of the instruments. The tests used a sample size of $n=95$ units. The following table presents the results of the instrument tests:

Table 2. Results of instrument validity and reliability test

Variables	Items	Invalid	Valid	Cronbachs' apha	Interpretation
QL	26	1	25	0.838	Reliable
AGAF	5	0	5	0.610	Reliable
CI	7	0	7	0.701	Reliable
Numbers	38	1	37		

The results of the validity test using the Pearson correlation showed 25 valid question items for the quality-of-life variable (QL). There are five valid items for the additional general allocation funds for village infrastructure development, and seven valid items for community involvement in village development as shown in Table 2. Meanwhile, the reliability test using the Cronbach' alpha obtained a value ranging between $0.610-0.838 > 0.60$, so the instrument is considered reliable.

2.5. Statistical analysis

To analyze the effect of additional general allocation funds for village infrastructure development, education, and control variables on the quality of life of the community in Tangerang city, the researcher used a multiple regression model. The regression model can be expressed as (1):

$$Y_i = f(AGAF, EDUC, Z_i) + e \quad (1)$$

where Y_i is dependent variable i : 1: quality of life (QL), 2: psychological health (PsH), 3: physical health (PhH), 4: social relations (SR), 5: economic aspect (ECA), and 6: environmental conditions (EC)], AGAF: perceptions of development of the village facilities and infrastructures funded by additional general allocation fund, EDUC: education level, and Z_i is control variable, consisting of G : gender, A : age, MS : marital status, INC : income, CI : community involvement, and L : location.

Prior to a further analysis, the researcher first tested the model with residual normality test, outlier test, multicollinearity test, 5 eteroscedasticity test, and R^2 . The researcher then performed a causal analysis or the partial impact of the relationship between the variables using a partial test (t test). The researcher finally drew conclusions and made recommendations of the research findings.

3. RESULTS AND DISCUSSION

3.1. Participants

In this section, the characteristics of the 368 (81.51%) respondents out of the 452 samples based on certain criteria are described. The researcher classified the respondents based on gender, marital status, age, place (subdistrict) of residence, and occupation. The detailed characteristics of the respondents can be seen in Table 3.

Based on Table 3, the study was dominated by male respondents (62.5%) compared to female respondents. Meanwhile, in terms of age, most of the respondents were in the age range of 41-50 years old (25.82%), followed by those aged 21-30 years old (23.64%), and those older than 60 years old (3.26%). This means that most of the respondents in the study were in the productive age.

There was a higher number of respondents who lived in the eastern part of Tangerang city than in the western part. In terms of occupation, most of the respondents worked as private employees or the employees of state/regional owned enterprises or daily/freelance workers (56.52%). There were respondents who had a concern for this research, so they were willing to fill and answer the questionnaires (3.80%). In terms of education level, most of the respondents graduated from high school/equivalent (58.70%).

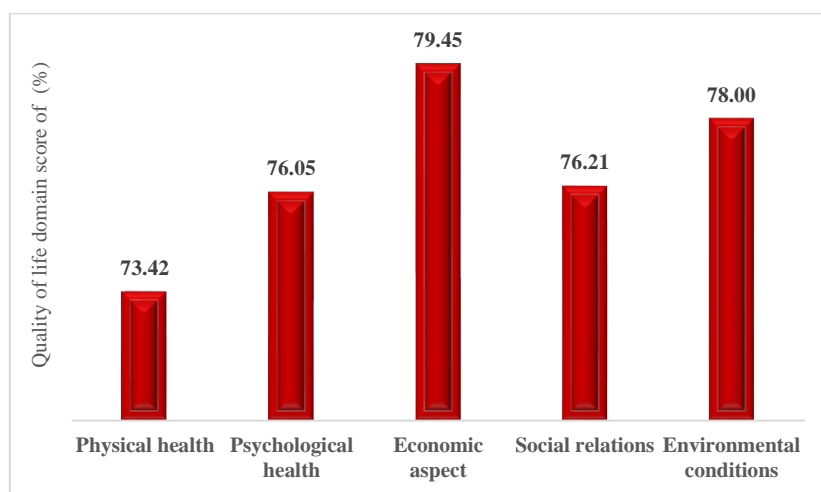
3.2. Quality of life achievements

The researchers also described the quality of life of the community in Tangerang city based on the community perceptions. The domains measured in determining the quality of life of the community were the physical health, psychological health, social relations, economic aspect, and environmental conditions of the community. The results of the field survey showed that the quality of life of the people in Tangerang city in

the last one month was good. Nonetheless, this quality of life had not been reflected because the questions in general and for all the domains showed a fairly good condition. The details can be seen in Figure 2.

Table 3. Sample characteristics

Criteria	Number	Percentage
Gender		
Male	230	62.50%
Female	138	37.50%
Marital status		
Married	266	72.28%
Not married	102	27.72%
Age		
<=20 years	23	6.25%
21–30 years	87	23.64%
31–40 years	67	18.21%
41–50 years	95	25.82%
51–60 years	84	22.83%
>60 years	12	3.26%
Area		
Western	154	41.85%
Eastern	214	58.15%
Occupation		
State employee	41	11.14%
Private employee	208	56.52%
Student	56	15.22%
Entrepreneur	49	13.32%
Housewife	14	3.80%
Education		
Not school/elementary school	34	9.24%
Junior high school/equivalent	49	13.32%
Senior high school/equivalent	216	58.70%
Undergraduate	57	15.49%
Postgraduate	12	3.26%



Source: own calculation (2021)

Figure 2. Respondents' perceptions of the quality-of-life domain

Figure 2 shows that the community perceived that the main determinant of the quality of life in Tangerang city was social relations with a score of 79.49% (good category), while the domains of physical health and environmental conditions obtained the lowest score (quite bad), and other domains were quite good. These results indicated that for urban communities, social relationships are important as they can help each other, evident from civic services, community works when there are neighbors who face loss and grief, and so on. In fact, the level of urbanization of the people of Tangerang is high, especially those from Java (more than 30%) so the social aspect becomes important for the community to maintain social relations.

The physical health and environmental conditions showed worse conditions compared to the social relations and economic aspect. This is related to public anxiety because they had lived in the COVID-19 pandemic for a quite long time, i.e., almost two years, affecting their answers to the questionnaires especially in relation to physical health question items. However, in general, the results of this study indicated that the quality of life of the people in Tangerang city was quite good (moderate), regardless of the quite poor physical health and environmental conditions. On the other hand, these results could serve as a consideration for policy makers that the health, economic, social, and environmental aspects are important determinants in improving the quality of life as well as physical and psychological well-being of the community.

3.3. Statistical description

The description of the research variables consisted of the mean, standard deviation, maximum, and minimum scores. The results of the data processing as shown in Table 4 show that the mean and standard deviation of the quality-of-life variable were $[M=82.882; SD=9.475]$. This means that the mean of the quality-of-life variable (QL) was quite good with a value of 76.63%. The physical health (PhH) and environmental conditions (EC) of the people of Tangerang city were poor; the social relations (SR) and economic aspect (ECA) were quite good; the psychological health (PsH) was good. The following Table 4 presents the detailed descriptions:

Table 4. Statistical description of the research variables

Variables	Obs	Minimum	Maximum	Mean	Std. Dev
Quality of life (QL)	368	59.360	108.218	82.882	9.475
Physical health (PhH)	368	11.751	25.794	19.043	2.768
Psychological health (PsH)	368	11.613	29.501	22.419	3.419
Economic aspect (ECA)	368	6.663	17.121	13.366	2.241
Social relations (SR)	368	5.108	13.738	10.920	2.078
Environmental condition (EC)	368	3.829	13.311	9.829	1.851
Additional general allocation fund (AGAF)	368	11.179	23.891	18.066	2.719
Education (EDUC)	368	1	5	2.890	0.887
Not school/elementary school (NS_ES)	368	0	1	0.090	0.290
Junior high school (JHS)	368	0	1	0.130	0.340
Senior high school (SHS)	368	0	1	0.590	0.493
Undergraduate (UNDER)	368	0	1	0.150	0.362
Postgraduate (POST)	368	0	1	0.030	0.178
Community involvement (CI)	368	10.02	28.851	20.617	3.351
Gender (G)	368	0	1	0.620	0.485
Age (A)	368	19	70	41.130	12.928
Marital status (MS)	368	0	1	0.870	0.331
Income (INC)	368	1	4	1.710	0.898
Location (L)	368	0	1	0.510	0.500

Meanwhile, the mean and standard deviation of the variable of general allocation funds for village infrastructure development (AGAF) according to the respondents' perceptions were $[M=56.33; SD=9.368]$, meaning that the community's perception of the village infrastructure development funded by the additional general allocation funds was 74.79%. The mean and standard deviation of the education variable (EDUC) showed that, on average, the respondents graduated from junior high school/equivalent and senior high school/equivalent. The mean of the community involvement (CI) variable was 86.29%, meaning that the community involvement in the preparation of development planning, implementation, and supervision was good. In addition, in terms of gender (GEN), there were 62.5% male respondents; in terms of place of residence, 51% of the respondents lived in the eastern part of Tangerang.

In this study, classical assumption tests were performed only for normality, multicollinearity, and heteroskedasticity tests. The results of the residual normality test showed that the Sig. Kolmogorov-Smirnov (p-value) = 0.200 > 0.05, meaning that the data were normally distributed. A multicollinearity test aims to identify the signs of multicollinearity using the variance inflation factor (VIF) and tolerance. The test results showed a VIF score = 1.014-3.098 < 10 and tolerance = 0.323-0.986 < 1 for all the models, meaning that all the regression models in the study did not have any multicollinearity problems. Meanwhile, the results of the Glasjer test to detect the signs of heteroskedasticity obtained sig values = 0.064-0.861 > 0.05, meaning that all the regression models did not have any heteroskedasticity problems.

3.4. Regression results

After the analysis requirements had been tested, the researcher then tested the effect of the additional general allocation funds for the village infrastructure development, education, and control variables on the

quality of life of the community in Tangerang city. The researcher divided the results of the tests on these variables into two parts. First, testing each sub-variable (domain) of quality of life, i.e., physical health, psychological health, economic aspect, social relations, and environmental conditions. Second, testing the effect of these variables on the overall quality of life variable of the community. The results of the multiple regression analysis are presented in Tables 5 and 6.

Table 5. Regression results of dependent variables: physical health, psychological health, and economic aspect

Variables	Physical health 1	Physical health 2	Psychological health 1	Psychological health 2	Economic aspect 1	Economic aspect 2
AGAF	0.147***(0.050)	0.150***(0.051)	0.271***(0.061)	0.278***(0.061)	0.117***(0.040)	0.118***(0.041)
EDUC	-0.017 (0.157)	-	0.032 (0.192)	-	-0.078 (0,126)	-
NS_ES	-	R	-	R	-	R
JHS	-	-0.387 (0.585)	-	-0.052 (0.704)	-	-0.168 (0.470)
SHS	-	-0.295 (0.578)	-	-0.472 (0.586)	-	-0.274 (0.391)
UNDER	-	-0.295 (0.578)	-	-0.523 (0.695)	-	-0.277 (0.464)
POST	-	-0.057 (0.899)	-	2.454***(1.081)	-	-0.388 (0.721)
CI	0.236***(0.042)	0.236***(0.042)	0.300***(0.051)	0.315***(0.051)	0.208***(0.208)	0.208***(0.034)
INC	-0.215 (0.154)	-0.223 (0.161)	-0.062 (0.188)	-0.132 (0.194)	0.280***(0.033)	0.269***(0.129)
G	0.391 (0.282)	0.383 (0.284)	-0.486 (0.344)	-0.529 (0.341)	-0.122 (0.402)	-0.126 (0.228)
A	-0.005 (0.013)	-0.004 (0.013)	0.013 (0.016)	0.016 (0.015)	-0.012 (0.010)	-0.012 (0.010)
MS	-0.291 (0.502)	-0.311 (0.506)	-0.497 (0.611)	-0.692 (0.608)	0.329 (0.402)	0.327 (0.406)
L	-0.404 (0.275)	-0.402 (0.276)	-0.384 (0.335)	-0.414 (0.332)	-0.287 (0.220)	-0.282 (0.228)
Constant	12.359***	12.550***	11.746***	11.904***	7.135***	7.140***
Obs	368	368	368	368	368	368
R ²	0.133	0.135	0.156	0.180	0.148	0.149
Adjusted R ²	0.114	0.108	0.138	0.155	0.129	0.123
F-stat	6.896	5.030	8.314	7.103	7.819	5.665
Sig.	0.000	0.000	0.000	0.000	0.000	0.000

Note: ***sig=1%, **sig=5%, *sig=0.1, R=Reference

Table 6. Regression results of dependent variables: social relations, environmental conditions, and quality of life

Variables	Social relations 1	Social relations 2	Environmental conditions 1	Environmental conditions 2	Quality of life 1	Quality of life 2
AGAF	0.041 (0.037)	0.042 (0.037)	0.048 (0.033)	0.045 (0.033)	0.690***(0.158)	0.701***(0.158)
EDUC	0.072 (0.072)	-	-0.167 (0.104)	-	-0.274 (0.493)	-
NS_ES	-	R	-	R	-	R
JHS	-	0.255 (0.429)	-	0.221 (0.386)	-	-0.224 (1.827)
SHS	-	0.087 (0.357)	-	-0.077 (0.321)	-	-1.326 (1.519)
UNDER	-	0.264 (0.424)	-	-0.514 (0.381)	-	-1.542 (1.803)
POST	-	0.694 (0.659)	-	-0.216 (0.592)	-	2.351 (2.802)
CI	0.236***(0.031)	0.240***(0.031)	0.174***(0.027)	0.174***(0.028)	1.250***(0.130)	1.272***(0.131)
INC	-0.061(0.113)	-0.086 (0.118)	0.011 (0.102)	0.032 (0.106)	0.095 (0.482)	-0.028 (0.503)
G	0.021(0.207)	0.371 (0.208)	0.274 (0.186)	0.274 (0.187)	0.039 (0.884)	-0.032 (0.885)
A	-0.004 (0.009)	-0.004 (0.009)	0.001 (0.008)	0.001 (0.008)	-0.009 (0.040)	-0.004 (0.040)
MS	-0.015 (0.015)	-0.043 (0.371)	-0.883*** (0.331)	-0.899*** (0.333)	-1.451 (1.570)	-1.732 (1.577)
L	-0.492** (0.202)	-0.495** (0.203)	-0.348* (0.893)	-0.365** (0.182)	-2.097** (0.860)	-2.133** (0.862)
Constant	5.646***	5.662***	6.231***	6.231***	47.872***	47.813***
Obs	368	368	368	368	368	368
R ²	0.173	0.175	0.156	0.161	0.276	0.282
Adjusted R ²	0.154	0.150	0.137	0.135	0.259	0.260
F-stat	9.357	6.881	8.266	6.209	17.066	12.713
Sig.	0.000	0.000	0.000	0.000	0.000	0.000

Note: *sig=0.1, **sig=0.05, and***sig.=0.01

The results of the regression analysis showed that the coefficient of the variable of additional general allocation funds for village infrastructure development was positive, ranging between 0.117-0.701 and sig. value=0.000<0.01 for all the models, and except for the social relation and environmental condition models.

This means that the village infrastructure development funded by the additional general allocation funds brought a significant effect (1%) on the physical health, psychological health, and quality of life of the people of Tangerang city, but it did not improve social relations and environmental conditions (see Tables 4 and 5). Meanwhile, the coefficient of the education level variable was $-0.274-0.072$ and $\text{sig. value}=0.617-0.948 > 0.05$, meaning that the education level brought no significant effect on the domain of quality of life (physical health, psychological health, social relations, economic aspect, and environmental conditions) and the overall quality of life of the people in Tangerang city. However, the dummy variable for the education level variable showed that only those with a postgraduate had a positive and significant effect (coefficient= 2.454) on the psychological health domain of quality of life. This indicates that those with a master's/doctorate degree had a better psychological health compared to those with lower education level.

Meanwhile, the control variable that had a consistent and significant effect on the domains of quality of life and the overall quality of life was the variable of community involvement in development with a coefficient ranging between $0.174-1.272$ and $\text{sig. value}=0.000 < 0.01$. The income variable had a significant effect only on the economic aspect domain of quality of life with a coefficient ranging between $0.269-0.280$ and $\text{sig. value}=0.024-0.038 < 0.05$ as shown in Table 4. The coefficient of the marital status variable was $[-0.899]-[-0.883]$ and $\text{sig. value}=0.007-0.008 < 0.01$ as shown in Table 5, meaning that the environmental condition of the married community members was not better than that of the unmarried community members. The place of residence variable had a significant and negative effect on the domains of social relations, environmental conditions, and overall quality of life with a coefficient ranging between $[-2.133]-[-0.0348]$ and $\text{sig. value}=0.014-0.56 < 0.05$ and 0.1 . This means that the social relations, environmental conditions, and overall quality of life of the people who lived in the eastern part of Tangerang city were not better than those who lived in the western part. Meanwhile, the control variables that did not have a significant effect on one of or all the domains of quality of life and the overall quality of life were gender and age.

The multiple regression analysis also obtained $F\text{-stat}=5.030-17.066$, $p\text{-value}=0.000 < 0.01$, and $R^2=0.133-0.282$. Based on these results, it can be concluded that at least the variables of additional general allocation funds for infrastructure development, education level, community involvement, income, and place of residence had a significant effect on improving the quality of life of the community. Regarding the value of R^2 , it can be said that the variables in this study could explain the domains of quality of life and the overall quality of life variable of the people in Tangerang city with a percentage ranging from 13.3%-28.2% and the remaining was explained by other variables, with a percentage ranging from 71.8%-86.7%.

3.4. Discussion

In article 3 paragraph 1 of regulation of the minister of home affairs number 130 of 2018 concerning village facility and infrastructure development activities and village community empowerment, it is stated that the Village facilities and infrastructure development activities as referred to in article 2 letter a are used to finance basic social services that have an impact on improving the quality of life of the community [8]. The analysis of the additional general allocation funds for infrastructure development obtained a positive and significant coefficient on the quality of life. This means that the higher the village infrastructure development funded by the additional general allocation funds, the higher the quality of life of the community, including the domains of physical health, psychological health, social relations, economic aspect, and environmental conditions. This policy came into force in 2019 and since then, the village infrastructure development still focused on the construction and maintenance of drainage system, village streets, street lights, provision of waste containers and transport, and integrated healthcare services station (posyandu). This development, in fact, was proven to have a significant impact on improving the quality of life. In other words, village infrastructure development offers great benefits in promoting the well-being of community.

The results of this study are in line with those of previous studies, concluding that good urban budgetary governance which meets the principles of transparency, collaboration, involvement and partnership, communication, and accountability had a positive correlation with the quality of life of urban communities [19]. It caused that good budgetary management meets its objectives, for examples, the provision of basic services highly needed by the community (health infrastructure). These findings are also consistent with previous studies, concluding that the government ability to build and provide infrastructure was proven to significantly improve the quality of life of the community [12], [19], including the domains of psychological health, physical health, well-being, socio-cultural aspects, and environmental conditions [14], [15], [45]. However, this study does not support the findings of previous studies which concluded that village funds did not have a significant effect on improving village development and the quality of life of the community [15], [21]. Government spending on health, such as the provision of health resources, did not have any effect on increasing the health quality and life the population either [22], [23].

The education level variable was proven to be insignificant in improving the quality of life of the community. In other words, the education level did not determine the improvement of quality of life. However,

the physical health domain of quality of life was proven to be significantly affected by the education level variable, especially master's/doctorate degree. The community members who had such degree had more knowledge and understanding of the importance of maintaining both physical and psychological health because psychological health can affect the balance between their personal lives and work. In fact, people should be highly educated to have full recognition of life and basic knowledge in science and technology to maintain and improve the quality of life. Education is a basic means to convey knowledge and culture across generations [46] and a manifestation of the accumulation of human capital with a high level of productivity and a high competitiveness in the labor market to obtain a high return on investment in education [33].

The results of this study support previous findings, showing that a good education is able to lower or maintain emotional stress [28], [30]. People with good knowledge can control his psychological health compared to those who have no knowledge [27]. In general, however, the results of this study are not consistent with previous experimental studies which found that educational program interventions were significantly correlated with improved quality of life [47]. Other researchers also revealed that the higher the education level, the more the knowledge gained through education, the better the quality of life [27].

Infrastructure development funded by additional general allocation funds for village still focused on 5 out of the 19 village infrastructure development fields. In other words, the infrastructure development for the provision of basic social services still had low variations. Besides, the additional general allocation funds have not covered village community empowerment activities because the COVID-19 pandemic is still ongoing. Thus, in managing the budget, it is necessary for stakeholders to include the development of other infrastructures that are also needed by the community. The stakeholders (at the village and subdistrict level) are expected to include the procurement/construction/maintenance of infiltration wells, community-based domestic wastewater management networks, light fire extinguishers, and portable fire pumps as development priorities.

3.5. Strength and limitation

The strength of this study is on the measurement of the additional allocation fund variable with development outcomes or benefits, in contrast to the previous research that was using monetary measures. In addition, communities could benefit directly from the development of urban village infrastructure, which was funded with the additional allocation funds. Meanwhile, the limitations of this study include the variable level of education, it has not been proven to significantly improve the quality of life of the community. Besides, a low level of involvement from the village office employees as the respondents of this study because the level of involvement in filling out the questionnaires was less than 10%. Similarly, heads of neighborhood (*rukun tetangga*/RT) and mosque organizers also had a low level of involvement, i.e., only 50% of the target, and whereas the information expectedly obtained from them was very important to achieve the objectives of the research and minimize research bias. In addition, the fact that the respondents lacked understanding of the general allocation funds policy was another limitation of this study. The respondents were not able to differentiate the infrastructure development funded by the state budget and those funded by the regional budget. The responses given by the respondents were based on the village infrastructure development in general.

4. CONCLUSION

Based on the analysis, interpretation, and discussion of the research findings, it can be concluded that the urban village community in Tangerang had a quite good level of quality of life, evident from the domains of physical health, psychological health, economic aspect, social relations, and environmental conditions. The village infrastructure development funded by the additional general allocation funds has been proven to significantly improve the quality of life of the community. In other words, the higher the village infrastructure development will be the better the quality of life of the community, and vice versa. The education level variable did not significantly affect the improvement of quality of life, except for the psychological health domain of quality of life. This means that the psychological health of the community members who had a high level of education (postgraduate) was better than those with a lower education level. Meanwhile, the control variable that consistently affected the quality of life of the community was the level of the urban village community involvement in development activities.

The researchers suggest some policy recommendations to the authorities to help address the questions of how to improve the quality of life of the urban village community in Tangerang. This is because there is still an infrastructure gap, especially in the procurement of infiltration wells, community-based domestic wastewater management network, light fire extinguishers, and portable fire pumps. Village offices, the Department of Environment, and the Department of Housing and Settlement should plan their budgets to fund activities that aim at reducing the impact of floods and waste, improving sanitation and environmental health, and preventing fire occurrence in densely populated areas, thus improving the quality of life of the community. The construction of infiltration wells at locations prone to flooding and the procurement of community-based domestic wastewater

management networks in all villages should be done. Meanwhile, the construction of village streets and drainage system should be funded through the regional budget, not the state budget.




The results of this study could contribute to enriching the literature, especially in the field of health economics and complement the findings of other research on the determinants of quality of life of community by utilizing village infrastructure development. However, it is still necessary to further develop this study by including the results of village community empowerment activities funded by additional general allocation funds for village as an independent variable associated with the quality of life of community. It is recommended that future researchers distinguish research samples or respondents who know or understand the results of village development funded through the additional general allocation funds (purposive sampling). In addition, future researchers could utilize probability models for data analysis.

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