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Spatial Variations in Ordinance Enforcement: Implications for Policy and Practice

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Abstract

Local governance is a cornerstone of effective public administration, particularly at the community level, which represents the most immediate interface between the government and the people. This study assessed the extent of implementation of local ordinances focusing on public health and safety. A descriptive research design was used to provide a comprehensive understanding of the extent of implementation of ordinances, factors to the effective implementation and the efficiency of the leadership styles of the policy implementers. The respondents of the study were 736 individuals which were grouped according to the three types of communities: urban, suburban and rural. Those living in the suburban areas observed significantly better implementation of ordinances as compared to the other cohorts. On the factors to the effective implementation; as to enforcement of fines or penalties against violators, those living in the suburban areas responded significantly higher efficiency of implementation as compared to the other groups. In terms of Public Information and campaign, those living in the rural areas significantly scored a lower level of effective implementation and the same was observed in terms of police visibility and engagement. Moreover, as to the efficiency of leadership styles in the enforcement of ordinances, those in the suburban areas perceived significantly higher level of efficiency in comparison to other community groups. The spatial variances were tested using the f-test (ANOVA) and Least Square Difference set at 0.05 and 0.01 alpha levels.

Keywords: Spatial variations, Ordinance, Enforcement, Policy and Practice

Introduction

Local ordinances are foundational to the governance of communities, serving as regulatory frameworks for diverse aspects of urban and rural life, from land use and zoning to public health and safety (Cullen & O'Brien, 2009). Effective ordinance enforcement is critical for maintaining public order, protecting community well-being, and ensuring equitable development. However, the implementation of these laws can vary significantly across geographic space, raising questions about the factors influencing these disparities and their implications for policy and practice.

Spatial variations in the enforcement of local ordinances can have significant implications for policy and practice. Differences in enforcement across geographic areas can lead to unequal outcomes and undermine the effectiveness of regulations (Tacconi, L., Rodrigues, R. J., & Maryudi, A., 2019 & Anton, Ediwarman, Madiasa, & Hamdan, M., 2020).

This study investigates spatial variations in ordinance enforcement, examining how enforcement patterns differ across neighborhoods and communities. By exploring the underlying causes of these disparities, the research aims to contribute to a deeper understanding of the challenges and opportunities for improving ordinance enforcement and promoting more equitable outcomes.

Factors such as resource allocation, political priorities, and community engagement will be considered to understand their influence on enforcement outcomes (Tacconi, L., Rodrigues, R. J., & Maryudi, A., 2019 & Brandtner, C., Höllerer, M. A., Meyer, R. E., & Kornberger, M., 2017).

By shedding light on the spatial dimensions of ordinance enforcement, this research seeks to inform policy decisions and improve the implementation of local regulations. The findings will provide insights for policymakers, law enforcement agencies, and community stakeholders on strategies to ensure more equitable and effective enforcement practices (Anton, Ediwarman, Madiasa, & Hamdan, M., 2020 & Vriens, D., Vosselman, E., & Groß, C., 2021).

This study is anchored on Governance theory of Gerry Stoker (2008). This theory offers five propositions. These are, governance: 1) is a set of institutions and actors that are drawn from but also beyond government; 2) identifies the

blurring of boundaries and responsibilities for tacking social and economic issues; 3) identifies the power dependence involved in the relationships between institutions involved in collective action; 4) is about autonomous self-governing networks of actors; and 5) recognizes the capacity to get things done which does not rest on the power of government to command or use its authority. It can be deduced from these propositions that governance can be perceived as the equal participation of all stakeholders in the decision-making processes and taking up responsibilities for those in the power to get things done for the benefit of those to whom these things are intended to. This study intends to relate these views in determining whether there is truly an equal participation of all stakeholders in the implementation of ordinances and whether those in the power truly intends to exercise responsibilities in doing so. The end in view is that the effective implementation of ordinances will redound to the alleviation of the social, economic, political, and environmental conditions of the intended beneficiaries in their respective communities and that the primary actors will efficiently exercise their power to ensure that the whole well-being of their constituents are preserved.

Objectives of the Study

The study aims to assess the level of implementation and enforcement of municipal ordinances specifically on public health and safety and the efficiency of leadership styles employed by the local government officials relative to the implementation of the said ordinances.

Specifically, this shall answer the following problems:

1. What is the level of implementation of the public health and safety ordinances as observed by the residents in different types of communities?

2. Are there significant differences on the level of implementation of the public health and safety ordinances as observed by the residents in the different types of communities?

3. What is the level of efficiency of the factors to the enforcement of the public health and safety ordinances as observed by the residents in different types of communities?

4. Are there significant differences on the efficiency of enforcement of the public health and safety ordinances as observed by the residents in different types of communities?

5. What is the level of the efficiency of leadership in the enforcement of public health and safety ordinances as observed by the residents in different types of communities?

6. Are there significant differences on the efficiency of leadership in the enforcement of public health and safety ordinances as observed by the residents in different types of communities?

Method/Process

A descriptive research methodology was used in this study illustrating the level of implementation of public health and safety ordinances, the efficiency of enforcement and the leadership styles relative to the enforcement of such ordinances. The ordinances which were the subject of this study were those passed by the local government for 10 years which covered the following: Dengue, Rabies, Drugs, COVID19, and Maternal Health Care.

The respondent of the study were the 736 individuals from forty-two classified according to the type of communities they reside: urban, those who lived at the municipality's center of governance and commerce; suburban, those who reside in the outskirts of the urban; and rural, those who live in a relatively far distant communities from the center of governance and commerce.

The instrument employed in this study was a research-made questionnaire subjected to validation by five (5) experts in the field of research and local governance. The researcher used the simple random sampling technique to determine the samples size. The samples were based on a representation of the different categories. In adherence to ethical guidelines, the researcher ensured that the selected date, time, and venue were most convenient to the respondents. The data collection was executed in an individual setup. There was one respondent per data-gathering session. Such was the design to ensure the accuracy and completeness of the information. Moreover, the data collection process followed the standard sequence of administration. Initially, the researcher created a relaxed atmosphere of a friendly and harmonious relationship with each respondent characterized by agreement, mutual understanding, and empathy that made communication possible and easy. The researcher ascertained as to the completeness of the responses made.

Finally, the completed questionnaire was collected and assured the respondent of the confidentiality of the responses therein.

Results

Level of Implementation of Public Health and Safety Ordinances

The table below presents the community observation on the level of implementation of public health and safety ordinances as respondents were grouped according to the type of community: urban, suburban, and rural.

The basis of the data analyses were the ordinances passed and implemented by a local government unit in the Philippines. As provided by the local government unit, for 10 years, the ordinances on public health and safety were concerning the following: dengue control and prevention, rabies prevention, maternal health care, campaign against drug addiction and recently the control of covid19 pandemic.

There were variations in the perceptions of the respondents in the extent of implementation of ordinances. Those in the suburban had relatively higher and better perception in terms of extent of implementation or public health and safety ordinances which were interpreted as 'very high' in all indicators.

For those living in urban areas, the respondents perception is from 'high' to 'very high' level. This view is similar with rabies and drug related ordinances. In contrast with their perception on covid19 and maternal health care ordinances, their views are at 'high' level.

Table 1 shows the extent of implementation of health and safety ordinances. There is only one indicator which the three groups of respondents agreed, the indicator number 2; Dengue Prevention Activities in which their unanimous observation was 'very high'. The activities conducted to prevent the spread of dengue include community clean-up, and fogging. In indicator number 1, Dengue prevention education/information dissemination and imposition of penalty; urban communities observed '*high*' extent ($\bar{wx}$ = 3.50 and SD = 0.50), suburban communities observed '*very high'* ($\bar{wx}$ = 3.58 and SD = 0.54), and rural communities observed '*very high'* ($\bar{wx}$ = 3.51 and SD = 0.53).

For indicator number 3, on rabies prevention education/information dissemination, those in the urban communities observed '*very high'* extent ($\bar{wx}$ = 3.54 and SD = 0.50), also those in suburban communities observed *very high* ($\bar{wx}$ = 3.60 and SD = 0.51) while '*high' in rural areas* ($\bar{wx}$ = 3.50 and SD = 0.51).

For indicator number 4: Rabies vaccination; urban communities had observed a '*very high'* extent of implementation ($\bar{wx}$ = 3.58 and SD = 0.50), suburban communities also observed '*very high'* extent ($\bar{wx}$ = 3.60 and SD = 0.55) while rural communities had relatively lower rating of '*high'* ($\bar{wx}$ = 3.49 and SD = 0.51).

For indicator number 5: Imposition of penalties for non-compliance with rabies vaccination; the urban communities rated '*high'* ($\bar{wx}$ = 3.35 and SD = 0.48), suburban communities as '*very high'* ($\bar{wx}$ = 3.57 and SD = 0.56), and rural communities rated '*high'* ($\bar{wx}$ = 3.42 and SD = 0.50).

For indicator number 6: Drug-free workplace campaign; urban communities rated '*very high'* ($\bar{wx}$ = 3.52 and SD = 0.50), suburban communities as '*very high'* ($\bar{wx}$ = 3.55 and SD = 0.54), and rural communities as '*high'* ($\bar{wx}$ = 3.48 and SD = 0.51).

For indicator number 7: Random drug testing; urban communities rated '*high'* ($\bar{wx}$ = 3.43 and SD = 0.50), suburban communities as '*very high'* ($\bar{wx}$ = 3.58 and SD = 0.52), and rural communities as '*high'* ($\bar{wx}$ = 3.47 and SD = 0.51).

For indicator number 8: COVID19 precautionary measures and safety protocols; urban communities rated '*high'* ($\bar{wx}$ = 3.48 and SD = 0.50), suburban communities as '*very high'* ($\bar{wx}$ = 3.61 and SD = 0.54), and rural communities as '*high'* ($\bar{wx}$ = 3.50 and SD = 0.50).

For indicator number 9: Imposition of penalty for non-compliance with COVID19 health protocols; urban communities rated '*high'* ($\bar{wx}$ = 3.50 and SD = 0.50), suburban communities as '*very high'* ($\bar{wx}$ = 3.57 and SD = 0.52), and rural communities as '*high'* ($\bar{wx}$ = 3.50 and SD = 0.53).

For indicator number 10: Maternal health education; urban communities rated '*high'* ($\bar{wx}$ = 3.50 and SD = 0.50), suburban communities as '*very high'* ($\bar{wx}$ = 3.59 and SD = 0.58), and rural communities as '*high'* ($\bar{wx}$ = 3.50 and SD = 0.50).

For indicator number 11: Imposition of penalties for noncompliance with institutional delivery mandate; urban communities rated '*high'* ($w\bar{x}$ = 3.27 and SD = 0.45), suburban communities as '*very high'* ($w\bar{x}$ = 3.58 and SD = 0.55), and rural communities as *very high*($w\bar{x}$ = 3.52 and SD = 0.50).

And, for indicator number 12: Establishment of birthing facilities; urban communities rated '*high'* ($w\bar{x}$ = 3.50 and SD = 0.50), suburban communities as '*very high'* ($w\bar{x}$ = 3.61 and SD = 0.54), and rural communities as '*very high'* ($w\bar{x}$ = 3.52 and SD = 0.50).

Table 1. Extent of Implementation of Public Health and Safety Ordinances

	Urban (n=360)			Suburban (n=234)			Rural (n=143)		
Public Health and Safety	$w\bar{x}$	**I**	**SD**	$w\bar{x}$	**I**	**SD**	$w\bar{x}$	**I**	**SD**
Dengue prevention education/information dissemination	3.50	H	0.50	3.58	VH	0.54	3.51	VH	0.53
Dengue prevention activities	3.52	VH	0.50	3.57	VH	0.52	3.58	VH	0.50
Rabies prevention education/information dissemination	3.54	VH	0.50	3.60	VH	0.51	3.50	H	0.51
Rabies vaccination	3.58	VH	0.50	3.60	VH	0.55	3.49	H	0.51
Imposition of penalties for non-compliance in rabies vaccination	3.35	H	0.48	3.57	VH	0.56	3.42	H	0.50
Drug-free workplace campaign	3.52	VH	0.50	3.55	VH	0.54	3.48	H	0.51
Random drug testing	3.43	H	0.50	3.58	VH	0.52	3.47	H	0.51
COVID19 precautionary measures and safety protocols	3.48	H	0.50	3.61	VH	0.54	3.50	H	0.50
Imposition of penalty for non compliance in COVID19 health protocols	3.50	H	0.50	3.57	VH	0.52	3.50	H	0.53
Maternal health education initiatives	3.50	H	0.50	3.59	VH	0.58	3.50	H	0.50
Imposition of penalties for non-compliance with institutional delivery mandate	3.27	H	0.45	3.58	VH	0.55	3.52	VH	0.50
Establishment of birthing facilities	3.50	H	0.50	3.61	VH	0.54	3.52	VH	0.50

Scale: 3.51 – 4.00 - Very high; 2.51 – 3.50 - High; 1.51 – 2.50 - Low; 1.00 – 1.50 - Very low

To test whether disparity exists in the extent of implementation of public health and safety ordinances, the table for the Analysis of Variance and the Least Square Difference are presented in the following tables.

It could be gleaned that differences are significant with F-value equals 8.502 with p-value (sig.) 0.00 which is higher to 0.01 alpha level. This means that the observations of the different groups are different and implied that the implementation of public health and safety ordinances is better compared to the others. To determine which group comparatively score higher is illustrated in Table 3. It could be observed in Table 3 that suburban communities in comparison to urban communities if significantly different [p-value (sig.) = 0.016] and the same was observed in comparison to rural communities [p-value (sig.) =0.000]. The results mean that the implementation of the said ordinances is much better in suburban communities in comparison to other cohorts.

Table 2. The Analysis of Variance

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.607	2	1.303	8.502	.000
Within Groups	112.386	733	.153		
Total	114.993	735			

Table 3. The Least Square Difference for the test of Analysis of Variance

					95% Confidence Interval	
Community Category	Community Category	Mean Difference	Std. Error	Sig.	Lower Bound	Upper Bound
Urban	Suburban	-.14844*	.06127	.016*	-.2687	-.0282
	Rural	-.02924	.05970	.624	-.1464	.0880
Suburban	Urban	.14844*	.06127	.016*	.0282	.2687
	Rural	.11921*	.03049	.000*	.0593	.1791
Rural	Urban	.02924	.05970	.624	-.0880	.1464
	Suburban	-.11921*	.03049	.000*	-.1791	-.0593

*. The mean difference is significant at the 0.05 level.

Factors to the Efficiency of the Factors to the Enforcement of Public Health and Safety Ordinances

The following tables illustrate the factors that influence the effective implementation of public health and safety ordinances. It could be observed that the suburban communities scored all three (3) identified factors as 'very effective' as opposed to the ratings of the rural communities which was 'effective'. However, for the urban residents, imposition of fines or penalties against violators was 'effective' while public information campaign and police visibility and engagement were 'very effective'.

Table 4. Factors Influencing the Effective Implementation of Public Health and Safety Ordinances

Description	**Urban (n=360)**			**Suburban (n=234)**			**Rural (n=143)**		
	$w\bar{x}$	I	**SD**	$w\bar{x}$	VD	**SD**	$w\bar{x}$	I	**SD**
Public Health and Safety									
imposition of fines or penalties against violators	4.06	E	0.42	4.30	VE	0.68	4.13	E	0.58
Public Information Campaign	4.42	VE	0.54	4.31	VE	0.59	4.20	E	0.55
Police visibility and engagement	4.46	VE	0.50	4.41	VE	0.59	4.20	E	0.56

Scale: 4.26-5.00-Very Effective; 3.46-4.25-Effective; 2.66-3.45-Enough Effective; 1.86-2.65-Less Effective; 1.00-1.85-Not Effective

As shown in Table 5, in terms of imposition of fines or penalties against violators, highly significant difference was observed [p-value (sig.) = 0.001] which is means that one community observed a more better implementation of public health and safety ordinances compared to others. It further revealed in Table 6 that the suburban communities had relatively and significantly rated much higher to other groups. This means that the imposition of fines or penalties against violators in suburban communities is more effective than the other communities.

In terms of public information campaign, the differences are also significant with p-value (sig.) = 0.11 which is significant at 0.05 alpha level. Verifying this differences, it is revealed in Table 6, in the row public information and campaign, the communities in rural areas observed that public information campaign is less effective compared to the urban and suburban areas.

Moreover, in terms of police visibility and engagement, the test of difference revealed a significant result; p-value (sig.) = 0.000, significant at 0.01 alpha level. To verify the significant difference, it is revealed in Table 6, in the police visibility and engagement row, rural areas had relatively lower efficiency compared to the two other cohorts.

Table 5. Analysis of Variance

		Sum of Squares	df	Mean Square	F	Sig.
Imposition of fines or penalties against violators	Between Groups	5.508	2	2.754	7.338**	.001
	Within Groups	275.095	733	.375		
	Total	280.603	735			
Public Information Campaign	Between Groups	2.901	2	1.450	4.582*	.011
	Within Groups	232.050	733	.317		
	Total	234.951	735			
Police visibility and engagement	Between Groups	7.431	2	3.715	11.539**	.000
	Within Groups	236.003	733	.322		
	Total	243.433	735			

** highly significant, * significant

Table 6. The Least Square Difference for the Analysis of Variance on

Dependent Variable	Community Category	Community Category	Mean Difference (I-J)	Std. Error	Sig.
Enforcement of fines or penalties against violators	Urban	Suburban	-.24042*	.09586	.012
		Rural	-.07277	.09341	.436
	Suburban	Urban	.24042*	.09586	.012
		Rural	.16765*	.04771	.000
	Rural	Urban	.07277	.09341	.436
		Suburban	-.16765*	.04771	.000
Public Information and Campaign	Urban	Suburban	.11010	.08804	.211
		Rural	.20894*	.08579	.015
	Suburban	Urban	-.11010	.08804	.211
		Rural	.09884*	.04382	.024
	Rural	Urban	-.20894*	.08579	.015
		Suburban	-.09884*	.04382	.024
Police visibility and engagement	Urban	Suburban	.04957	.08878	.577
		Rural	.24336*	.08652	.005
	Suburban	Urban	-.04957	.08878	.577
		Rural	.19378*	.04419	.000
	Rural	Urban	-.24336*	.08652	.005
		Suburban	-.19378*	.04419	.000

Efficiency of Leadership Styles in the Enforcement of Ordinances

As shown in Table 7, the urban communities said 'efficient' in all 12 indicators while both the suburban communities and rural communities said highly efficient. The indicators were: (1) Dengue prevention education/information dissemination; (2) Dengue prevention activities; (3) Rabies prevention education/information dissemination; (4) Rabies vaccination; (5) Imposition of penalties for noncompliance with rabies vaccination; (6) a Drug-Free workplace campaign; (7) Random drug testing; (8) COVID19 precautionary measures and safety protocols; (9) Imposition of penalty for noncompliance with COVID19 health protocols; (10) Maternal health education initiatives; (11) Imposition of penalties for noncompliance with instituted delivery/birthing mandate; and (12) Establishment of birthing facilities.

Table 7. Efficiency of Leadership Styles in the Enforcement of Public Health and Safety Ordinances

	Urban (n=98)			Suburban (n=254)			Rural (n=384)		
	$w\bar{x}$	I	SD	$w\bar{x}$	I	SD	$w\bar{x}$	I	SD
Public Health and Safety									
Dengue prevention education/information dissemination	4.12	E	0.39	4.46	HE	0.56	4.29	HE	0.60
Dengue prevention activities	4.08	E	0.40	4.45	HE	0.59	4.30	HE	0.59
Rabies prevention education/information dissemination	4.10	E	0.37	4.43	HE	0.60	4.27	HE	0.58
Rabies vaccination	4.10	E	0.37	4.43	HE	0.58	4.27	HE	0.54
Imposition of penalties for noncompliance with rabies vaccination	4.15	E	0.41	4.43	HE	0.56	4.28	HE	0.53
Drug-free workplace campaign	4.12	E	0.39	4.42	HE	0.60	4.31	HE	0.57
Random drug testing	4.10	E	0.42	4.41	HE	0.57	4.23	HE	0.56
COVID19 precautionary measures and safety protocols	4.15	E	0.41	4.45	HE	0.57	4.32	HE	0.60
Imposition of penalty for non compliance in COVID19 health protocols	4.15	E	0.41	4.43	HE	0.55	4.28	HE	0.56
Maternal health education initiatives	4.12	E	0.39	4.44	HE	0.57	4.43	HE	0.58
Imposition of penalties for non-compliance with institutional delivery mandate	4.12	E	0.39	4.45	HE	0.55	4.31	HE	0.59
Establishment of birthing facilities	4.15	E	0.41	4.43	HE	0.55	4.28	HE	0.56

Scale: 4.26-5.00-Highly Efficient; 3.46-4.25-Efficient; 2.66-3.45-Moderately Efficient; 1.86-2.65-Less Efficient; 1.00-1.85-Not Efficient

In the test of significant difference on the efficiency of leadership style, it is revealed in Table 8 that the difference is significant with p-value (sig.) = 0.000, significant at 0.05 alpha level. To further test this difference, Table 9 reveled that all three types of communities; urban, suburban, and rural are significantly different from each other in terms of their views on the efficiency of leadership styles in the enforcement of public health and safety ordinances. It is further revealed that the suburban communities scored significantly higher which implied that the residents in this type of community observed that the leadership of the implementers or the local government officials was effective. This was followed by the observations of the residents of the rural communities and the least were the urban communities.

Table 8. Analysis of Variance

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	5.928	2	2.964	12.555	.000
Within Groups	173.057	733	.236		
Total	178.985	735			

Table 9. The Least Square Difference for the Analysis of Variance

Community Category	Community Category	Mean Difference (I-J)	Std. Error	Sig.
Urban	Suburban	-.31538*	.07603	.000
	Rural	-.16687*	.07409	.025
Suburban	Urban	.31538*	.07603	.000
	Rural	.14850*	.03784	.000
Rural	Urban	.16687*	.07409	.025
	Suburban	-.14850*	.03784	.000

Conclusion

The study revealed that significant differences occurred in the level of implementation, efficiency of enforcement and the effectiveness of leadership styles employed by the government officials in the implementation of public health and safety ordinances. It is therefore concluded that:

1. The extent of implementation of public health and safety ordinances is significantly higher in suburban communities as compared to urban and rural communities.
2. In suburban communities, the factors influencing the effective implementation of public health and safety ordinances is significantly effective than in urban and rural communities. The imposition of fines or penalties and police visibility and engagement scored highly and significantly efficient in suburban areas.
3. The efficiency of leadership styles in the enforcement of public health and safety ordinances is significantly higher in suburban communities in comparison to the other cohorts.

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