

ANALYSIS OF THE EFFECTIVENESS OF THE FAMILY HOPE PROGRAM ON STUNTING IN CHILDREN AGED 24-36 MONTHS IN KUTA BARO SUB-DISTRICT, ACEH BESAR DISTRICT

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Abstract

Stunting is a nutritional problem facing Indonesia, especially Aceh. This is important because it concerns the quality of Aceh's human resources in the future. Efforts to prevent and reduce stunting cannot be done only by the health sector, but by involving cross-sectors and of course from within the family itself. One of the health problems facing the community, especially the poor, is nutritional problems that can cause stunting in children. Children who come from poor families are certainly at great risk of stunting, because they have the potential to experience long-term malnutrition. One of the government programs that has been implemented in order to reduce the problem of stunting is the Family Hope Program (PKH). This study aims to determine how the effectiveness of the Family Hope Program on stunting in children aged 24-36 months in Kuta Baro District, Aceh Besar Regency. This research uses qualitative research methods with a descriptive analysis approach. Data collection techniques through observation, interviews and documentation. The results of this study indicate that the implementation of PKH in preventing stunting includes preventive efforts including encouraging changes in KPM behavior through agreed commitments, with the assistance funds provided by PKH can help KPM in fulfilling nutrition for family members. The technical implementation of PKH in Kuta Baro District is in accordance with government regulations in efforts to eradicate poverty and prevent stunting. The amount of PKH assistance funds is based on the criteria met by the Beneficiary Family (KPM).

Keywords: Family Hope Program, Stunting, Family Welfare

1. INTRODUCTION

Stunting is one of the health problems still faced by Indonesia. The World Health Organization (WHO) once ranked Indonesia as the third country with the highest stunting prevalence rate in Asia in 2017. The results of the 2019 Indonesian Toddler Nutrition Status Study (SSGBI) show that there has been a decrease in the prevalence of stunting from 30.8% in 2018 to 27.67% in 2019 (Indonesia, 2020). Although declining, this figure is still considered high, because the WHO tolerance level for stunting is 20%.

Aceh is one of the regions that is facing nutrition problems, namely stunting. This is important because it concerns the quality of Aceh's human resources in the future. Efforts to prevent and reduce stunting cannot be done only by the health sector, but by involving cross-sectors and of course from within the family itself (Kemenkes RI, 2018).

Low family income results in minimal fulfillment of nutrition for family members, especially children who need nutrition during their development. Nutritional problems that can arise due to the low quality of food consumed are stunting in children (Fikrina & Rokhanawati, 2017). Stunting is a condition where the mismatch between height and age is caused by experiencing malnutrition for a long time so that children become shorter

than normal children their age and have developmental delays in thinking (Ministry of Health of the Republic of Indonesia, 2018)

In an effort to measure the effectiveness of reducing the problem of stunting, the government has implemented and formed a national movement to prevent stunting and work with multi-sector partnerships (Setiawan et al., 2018). Recognizing the importance of the problem, the government is making every effort to overcome the problems caused by poverty. One of the special programs issued by the government in order to accelerate poverty reduction is the Family Hope Program (PKH) (Aguslida et al., 2020). The Family Hope Program is a program to provide conditional social assistance to poor and vulnerable families or people who are registered in the integrated data of the poor handling program processed by the Social Welfare Data and Information Center and are designated as PKH beneficiary families (Risman, 2020).

The purpose of PKH in the health sector is to improve the health status of pregnant women and toddlers by utilizing various health service facilities, conducting nutritional interventions for pregnant women and toddlers by providing cash assistance funds and strengthening mindsets about the importance of maintaining health for pregnant women and toddlers through the Family Development Session (FDS) program (Setiawan et al., 2018). Based on the description above, researchers are interested in conducting research on the analysis of the effectiveness of the family hope program on stunting in children aged 24-36 months.

2. LITERATURE REVIEW

2.1. Nutrition Status

Nutritional status is an expression of a state of balance in the form of certain variables, or a manifestation of nutrition in the form of certain variables. Nutritional status is a measure of success in fulfilling nutrition for children as indicated by the child's weight and height (Raisah et al., 2022). Nutritional status is also defined as the health status that results from the balance between nutrient requirements and inputs. Nutritional status research is a measurement based on anthropometric and biochemical data and personal history (Hartini, 2023). Nutritional status is the state of the body as a result of food consumption and the use of nutrients. Distinguished between poor, less, good, and more nutritional status. Food consumption affects a person's nutritional status.

2.2. Stunting

Based on the WHO explanation, stunting is a child growth and development disorder caused by lack of nutritional intake, infection, or inadequate stimulation (WHO, 2012). The definition of stunting according to the Ministry of Health of the Republic of Indonesia (2018) is a toddler with a Z-Score of less than -2 SD (stunted) and less than -3 SD (severely stunted). Toddlers (babies under two years of age) who experience stunting will have an intelligence level that is not maximal (Fitri, 2018). Stunting is also a chronic nutritional problem because it is a state of malnutrition that has a relationship with insufficient nutrients in the past (Setiawan et al., 2018).

2.3. Family Hope Program (PKH)

The Family Hope Program (PKH) is a program that provides cash assistance to Very Poor Households (RTSM). In return, RTSM are required to fulfill requirements related to efforts to improve the quality of human resources, namely education and health. PKH is a program launched by the government in the form of providing cash assistance intended for education and health aimed at alleviating the living needs of a Very Poor Household that meets certain criteria, this is done by the government to accelerate poverty reduction in Indonesia (Umar, 2016).

2.4. Toddlers

Toddlers are children aged 0-59 months, at this time characterized by a very rapid process of growth and development and accompanied by changes that require nutrients that are more in quantity with high quality. However, toddlers are a group that is prone to nutrition and easily suffer from nutritional disorders due to lack of food needed (Yeni Febrianti, 2020).

3. RESEARCH METHOD

This research uses the method then penaltitive with phenomenological design, namely research that aims to understand the meaning of something based on everyday experience and understanding by using in-depth interview techniques to obtain information from direct question and answer face to face between researchers and respondents with the aim of obtaining information or data that will be used in research, steps in data analysis using miles and huberman techniques known as interactive model techniques (Burhan, 2013). Data collection was carried out in Kuta Baro District, Aceh Besar Regency with a total of 9 respondents as informants.

4. RESULT AND DISCUSSION

4.1. Research Result

4.1.1. Implementation of the Family Hope Program

a. Technical Implementation of PKH

The implementation of the Family Hope Program in Kabupaten Aceh Besar began in 2010. The process of determining the target of PKH assistance comes from data obtained from the Ministry of Social Affairs through BPS regarding the number of poor people. Then the PKH Facilitator is tasked with coordinating with the District and the Keuchik / Village, the data obtained from the Ministry of Social Affairs is then submitted to the Keuchik. Then the Keuchik is in charge of inviting people contained in the data to attend the Village Hall or meunasah by giving SUPA (Initial Meeting Invitation Letter), inviting Village officials, Health, Education and other related sectors.

At this initial meeting, the facilitator conducted socialization about the Family Hope Program to the community, the facilitator always informed that not all poor people could get PKH assistance (Mardikanto & Soebiato, 2012). To get PKH assistance, poor people must have predetermined criteria based on each component, namely the Health Component, the criteria are pregnant / postpartum women and have children aged 0-6

years, the Education Component, the criteria are having children of elementary, junior and senior high school age and the Social Welfare Component, the criteria are the elderly and people with disabilities. At this initial meeting, the facilitator will also carry out the data verification and validation process. Data verification and validation aims to determine whether the community meets the predetermined criteria in accordance with the evidence and facts of the current conditions of prospective PKH participants. Then a statement is signed stating that the prospective PKH participants agree to the commitments that have been determined. After verifying and validating the data, the data is sent back to the Ministry of Social Affairs, then after some time the names of PKH beneficiaries will be determined through a Decree (SK) of the Director of Family Social Security of the Indonesian Ministry of Social Affairs. Then for the distribution of aid funds now in non-cash form through the Prosperous Family Card (KKS), usually KPM disburses it at Bsi Link so as not to be confused.

Then later the KPM will be formed into groups, in order to facilitate the mentoring process. Assistance is intended to accelerate the process of achieving one of the PKH objectives, namely creating behavioral changes and the independence of KPM in accessing health and education services.

According to M. Samsuar (37 years old) as the Facilitator as well as the PKH Coordinator of Kuta Baro Sub-district explained that the technical implementation of PKH is in accordance with the guidelines set by the Indonesian Ministry of Social Affairs. Then later the KPM will be formed into groups, in order to facilitate the mentoring process. Assistance is intended to accelerate the process of achieving one of the PKH objectives, namely creating behavioral changes and the independence of KPM in accessing health and education services.

According to M. Samsuar (37 years old) as the Facilitator as well as the PKH Coordinator of Kuta Baro Sub-district explained that the technical implementation of PKH is in accordance with the guidelines set by the Indonesian Ministry of Social Affairs.

Communicator: "How is the technical implementation of PKH and where does the data of PKH participants come from?"

Interviewee: "For the technical implementation of PKH, we do it based on the rules of the game from the center. The data used for PKH targeting uses data from BPS, after that we validate the data during the initial meeting, then we send the data to the Aceh Besar District Social Service. Later, we will make the selected KPM groups to facilitate the mentoring process (interview results with the PKH coordinator of Kuta Baro District. On October 21, 2022)".

b. Beneficiary Family

Based on the results of field observations, KPM have toddlers and school-age children in accordance with the criteria for PKH assistance (Depkes, 2009). When viewed in terms of poverty, the majority of KPM houses are indeed in poor condition, namely the type of wall is semi-permanent, the type of floor is cement with poor conditions, and the building area can be said to be narrow. However, researchers also found several KPM houses that were good in terms of the type of building, the type of floor and the size of

the building. The type of building is permanent with beautiful color paint, the type of floor is good ceramic, and the building area can be said to be spacious.

According to M. Samsuar (37 years old) as the Facilitator and PKH Coordinator of Kuta Baro Sub-district, the PKH target is right on target, namely poor people who are registered in DTKS and meet the requirements.

Communicator: *"Do you think the PKH program in Kuta Baro Sub-district is right on target?"*

Interviewee: *"It is right on target, where the KPM are poor people who are registered in DTKS and meet the requirements. This is in accordance with the Ministry's decision. (The results of the interview with M. Samsuar as the PKH Facilitator and Coordinator of Kuta Sub-district, on October 21, 2022)."*

To get PKH assistance, the main requirement is that the poor are registered in DTKS, then meet the criteria set by PKH. The status of residential buildings or houses is one of the indicators in determining poverty as stated by BPS, seen from the type of building, type of floor and building area. A beautiful house is a reflection of the family's established economic conditions, and vice versa. Based on the results of observations in the field, the majority of KPM houses are indeed in poor condition, namely the type of wall is semi-permanent, the type of floor is cement with poor conditions, and the building area can be said to be narrow. However, in the field researchers also found KPM houses that could be said to be beautiful, this indicated that the family's economy was well established so that the implementation of PKH in Kuta Baro District was not fully targeted.

c. Amount and Distribution of Support Funds

The amount of PKH assistance funds is based on the criteria met by KPM. For the health component, the criteria include pregnant / breastfeeding mothers and toddlers whose assistance amount is IDR 3,000,000, the education component includes school-age children according to the level of education, namely elementary school the amount is IDR 900,000, junior high school the amount is IDR 1,500,000 and high school the amount is IDR 2,000,000 and the last is the social welfare component the criteria include the elderly and people with disabilities whose assistance amount is IDR 2,400,000. The assistance funds are distributed non-cash by transferring to each KPM account.

According to M. Samsuar (37 years old) as the Facilitator and PKH Coordinator of Air Joman Sub-district, the amount of assistance is based on the criteria met by KPM. The distribution of assistance is carried out in stages, namely 4 times a year, when the schedule will go directly to each KPM account.

Communicator: *"Are there criteria for PKH recipients and what is the amount of assistance distributed by the PKH?"*

Interviewee: *"In the health component in the category of pregnant / postpartum women and toddlers the amount of assistance is IDR 3,000,000. In the education component, the amount of assistance is adjusted to the child's level of education,*

namely elementary school children amounting to Rp900,000, junior high school amounting to Rp1,500,000, high school amounting to Rp2,000,000. In the social welfare component, namely the elderly and persons with disabilities, the amount of assistance is Rp2,400,000".

For now, the distribution of assistance goes directly to each KPM account in stages, namely 4 times a year, KPM can withdraw money independently at BSI-Link. (The results of the interview with M. Samsuar as the PKH Facilitator and Coordinator of Kuta Baro District on October 21, 2022).

Communicator: *"Are there criteria for PKH recipients and what is the amount of assistance distributed by the PKH?"*

Interviewee: *"In the health component in the category of pregnant / postpartum women and toddlers the amount of assistance is IDR 3,000,000. In the education component, the amount of assistance is adjusted to the child's level of education, namely elementary school children amounting to Rp900,000, junior high school amounting to Rp1,500,000, high school amounting to Rp2,000,000. In the social welfare component, namely the elderly and persons with disabilities, the amount of assistance is Rp2,400,000".*

For now, the distribution of assistance goes directly to each KPM account in stages, namely 4 times a year, KPM can withdraw money independently at BSI-Link. (The results of the interview with M. Samsuar as the PKH Facilitator and Coordinator of Kuta Baro District on October 21, 2022).

Mrs. Syamsiah (36 years old) said that she received PKH assistance in the category of children under five with stunting, the amount of assistance obtained was IDR 2,400,000 distributed in stages 4 times a year and the withdrawal of aid funds was carried out at BSI-link.

Communicator: *"What are your criteria so that you can be included in the PKH beneficiary participants, and when is the assistance disbursed, are there any deductions from the PKH assistant or group leader?"*

Interviewee: *"I got PKH because I have a toddler with stunting and also with a poor economic status, the assistance is disbursed 4 times a year. I get Rp600,000 every disbursement, I take it at BSI-link, there are no deductions, the most I give to the group leader as a thank you for telling me when the money is disbursed (interview with Mrs. Syamsiah as a PKH beneficiary, on October 23, 2022)."*

Researchers also conducted an interview with Mrs. Mariati (34 years old), who is also a recipient of PKH assistance and has a child with stunting.

Communicator: *"Are you also a PKH beneficiary, what do you use the assistance for and do you often bring your children for health checks at the posyandu?"*

Interviewee: *"Yes, I am a recipient of PKH assistance, the PKH money that I have received so far I have used for daily living needs such as buying groceries, and also for children's snacks. I often bring my child for check-ups at the posyandu and I was told that my child is a stunted child. (interview with Mrs. Mariati as a PKH recipient, on October 23, 2022)."*

The amount of PKH assistance funds is based on the criteria met by KPM. The current PKH distribution is different from the previous PKH distribution, since President Joko Widodo's leadership period the distribution of social assistance is carried out non-cash. Each KPM is given a Prosperous Family Card (KKS) which also functions as an ATM for the distribution of aid funds. The purpose of this distribution system is to introduce the digital world and to make it easier for the community itself to withdraw aid funds and to save and avoid illegal levies from rogue elements. In the distribution of PKH assistance funds, KPM disburses them through Bsi-link without any administrative costs so that they can be withdrawn in full. However, KPM often give money to the assistants as a form of gratitude and gratitude, this is based on the wishes of the KPM without any coercion from the assistants.

d. Achievements, Constraints and Barriers

In the implementation of PKH in Kuta Baro Sub-district, the achievements that have been achieved in the health sector are that the community has become more active in utilizing health facilities such as posyandu and puskesmas and increasing awareness of the importance of health, especially for pregnant women and toddlers. The obstacles experienced by PKH through assistants are difficulties in conveying information and learning methods during meetings, Regarding obstacles, there are no significant obstacles in the implementation of PKH in Kuta Baro District.

According to M. Samsuar (37 years old) as the Facilitator as well as the PKH Coordinator of Kuta Baro Subdistrict said that currently the achievements that have been achieved by PKH, especially in the health sector, are KPM being more active in utilizing health facilities and increasing awareness of the importance of health for pregnant women and toddlers. The obstacles experienced are difficulties in conveying information and learning modules, regarding obstacles he said there were no significant obstacles.

Communicator: *"What about the achievements, obstacles and barriers that have occurred so far?"*

Interviewee: *"Alhamdulillah, we have succeeded in increasing KPM's participation in utilizing the available health facilities and awareness of health has also begun to appear. The obstacle that I experienced was during the meeting where KPM liked to chat when I was talking in front, if the obstacle is almost none, it's safe." (Results of interviews with M. Samsuar as PKH Facilitator and Coordinator of Kuta Baro District on October 21, 2022)".*

One of the objectives of PKH in the health sector is to encourage KPM to utilize good health facilities available at both Puskesmas and Posyandu. This is done because

there is still a community mindset, especially the poor who are pregnant, that pregnancy checks are not important, they are guided by their parents who in the past never did pregnancy checks but their children were born healthy and safe. Likewise, in the process of childbirth, there is still a mindset in the community that childbirth does not have to go to a health center or midwife, it is enough to go to a traditional birth attendant so that the cost of childbirth is more affordable. Then the paradigm in the community that bringing children to Posyandu is not very important, because in the past their parents never brought their children to Posyandu but their children were healthy.

This is where PKH plays a role in providing information about health to KPM, PKH is here to be able to change the mindset of people who are still conservative. Slowly with the implementation of PKH in Kuta Baro Sub-district, the community's mindset about the importance of health facilities began to emerge as evidenced by KPM's participation in Puskesmas and Posyandu. Then PKH also created a learning module on health and nutrition which made KPM more aware of the importance of maintaining health and fulfilling nutrition for pregnant women and toddlers (Depkes, 2005). The obstacles experienced by facilitators are when conveying information and learning modules, often during meetings KPM are more busy chatting behind each other so that they ignore the facilitator when talking in front and also the low education factor of KPM so that facilitators must really convey information and learning modules in a language that is easily understood by KPM. Regarding obstacles, the facilitators did not experience significant obstacles in the implementation of PKH in Kuta Baro Sub-district (Depkes RI, 2014).

4.2. Beneficiary Family (KPM) Health

a. Child and Family Nutrition

Regarding the fulfillment of nutrition, based on the results of interviews, the majority of KPM said that the assistance funds provided by PKH can help them meet the nutritional needs of children and families, they use the assistance funds to buy nutritious food. The delivery of nutrition and health learning modules can be understood by them, thus increasing KPM's awareness of the importance of maintaining health and fulfilling family nutrition, especially for children (Indonesia, 2020).

According to M. Samsuar (37 years old) as the Facilitator as well as the PKH Coordinator of Kuta Baro Sub-district, one of the objectives of PKH is to distribute aid funds to help KPM in meeting the nutritional needs of children and families and the delivery of health and nutrition modules is to increase KPM's awareness of the importance of maintaining health and fulfilling nutrition for children and families.

Communicator: *"Is the purpose of the distribution of PKH funds to fulfill children's nutrition or to improve the health status of PKM itself?"*

Interviewee: *"One of the objectives of PKH is to provide assistance so that the nutrition of children and families can be fulfilled, the assistance funds can be used to buy nutritious food. Then we do reinforcement during FDS or P2K2 activities by delivering health and nutrition learning modules so that KPM awareness increases".* (Results of interviews with M. Samsuar as PKH Facilitator and Coordinator of Kuta Baro District on October 21, 2022)

Then Kamsinar (38 years old) as the Nutrition Executive of Kuta Baro Health Center explained that stunting prevention can be done starting from the mother first, namely fulfilling the nutrition of pregnant women during pregnancy until the golden period of child growth, namely the first 1000 days of birth (HPK).

Communicator: *"How can stunting prevention be done by mothers who have toddlers and toddlers or mothers who are pregnant?"*

Interviewee: *"Nutritional fulfillment begins when the child is in the womb, namely through nutrition obtained from what the mother eats, so it is important for pregnant women to eat nutritious food up to 1000 HPK children".* (Results of an interview with Mrs. Kamsinar as Nutrition Executive Officer of Kuta Brao Health Center, on October 22, 2022).

Furthermore, according to Sri Juwita (37 years old) as KPM who said that by getting PKH assistance, she was greatly helped by PKH assistance to fulfill the nutrition of her children and family.

Communicator: *"Can the PKH funds that you receive help you in fulfilling your child's nutrition?"*

Interviewee: *"Alhamdulillah, this PKH is very helpful. I can buy fish, meat, vegetables, fruits for the nutrition of my children and family."* (Interview with Mrs. Paini as KPM, on October 21, 2022).

Then according to Asniah Wati as the head of the PKH group who said that the nutrition of her children and family was sufficient, PKH assistance was very helpful in buying food and also new knowledge about nutrition she got through FDS activities.

Communicator: *"What do you think about the utilization of the PKH funds?"*

Interviewee: *"I am very grateful to get this PKH deck, I can buy nutritious food for my children. I also got new knowledge about nutrition from the facilitator during the meeting".* (Results of an interview with Mrs. Supini as KPM, on October 21, 2022).

Fulfillment of family nutrition, especially in groups of children and pregnant women, is the main thing in preventing health risks such as stunting in children (Permadi, 2016). Stunting itself is caused by chronic malnutrition from the time the child is in the womb until the golden period of child growth, namely 1000 HPK (SJMJ et al., 2020). The government is currently aggressively tackling stunting, because stunting is a nutritional problem with the highest prevalence today. One of the efforts made by the government through the Ministry of Health is to promote stunting prevention (Larasati & Wahyuningsih, 2018).

PKH is one of the government programs that contributes to current stunting prevention efforts. One of the objectives of PKH, especially in the health sector, is to improve the health levels of pregnant women and toddlers. Preventive efforts made by PKH are by providing PKH assistance funds and delivering learning modules on health and nutrition. KPM said that the assistance funds provided by PKH can help them meet the nutritional needs of children and families, they use the assistance funds to buy nutritious food. The delivery of nutrition and health learning modules can be understood by them, thus increasing KPM's awareness of the importance of maintaining health and fulfilling family nutrition, especially for children.

b. KPM Health Service Access

Access to Health Services for KPM To support KPM's health level, PKH encourages beneficiaries to utilize health services as a form of commitment built by PKH with KPM. PKH must ensure that KPM has access to health services, one of which is ensuring that KPM become BPJS-PBI participants.

According to M. Samsuar (37 years old) as the Facilitator and PKH Coordinator of Kuta Baro Sub-district said that PKH encourages KPM to have access to health services, namely BPJS-PBI, this is one form of commitment built by PKH with KPM.

Communicator: *"Can the PKH assistance give KPM access to health services?"*

Interviewee: *"We encourage KPM to have access to health services, namely BPJS-PBI. PKH must ensure that KPM has this access, so that KPM can fulfill their commitments."* (Interview with M. Samsuar as PKH Facilitator and Coordinator of Kuta Baro Sub-district on October 21, 2022).

According to Wardani (33 years old) as a beneficiary said that by receiving PKH assistance she became routine to access health services at the Puskesmas and Posyandu.

Communicator: *"What is the routine in accessing maternal health services while being a PKH beneficiary?"*

Interviewee: *"Alhamdulillah, at that time I routinely checked my pregnancy at the Puskesmas using the BJPS card, all costs were free until I gave birth. Now my child is 1 year and 3 months old, I also regularly take him to the posyandu".* (Interview with Mrs. Siti Kholijah as KPM, on October 22, 2022).

In line with Susanti's statement (28 years old), she said that she actively accesses health services such as checking pregnancy and childbirth at the Puskesmas and routinely brings her child to the posyandu every month.

Communicator: *"Have you been utilizing the health care facilities provided by the Government?"*

Interviewee: *"Yes deck, when I was pregnant with my child, I diligently checked at the Puskemas and gave birth there using BPJS, Alhamdulillah deck, all costs were*

free. After birth, I routinely take my child to Posyandu every month." (Interview with Mrs. Susanti as KPM, on October 23, 2022).

By receiving PKH assistance, KPM become more routine to use health facilities both because of their own awareness and also as a form of compliance with the commitments agreed with PKH, including KPM utilizing health services at Puskesmas to conduct pregnancy and childbirth checks and routinely bringing children to Posyandu to get immunizations, vitamins and growth monitoring. The health services obtained by KPM are also quite good, only I have a long queue if I want to seek treatment because there are many people who also want free treatment at the Puskesmas. The efforts made by PKH are in line with the indicators to achieve healthy families put forward by PERMENKES RI No.39 of 2016 concerning Guidelines for Implementing the Healthy Indonesia Program with a Family Approach, namely pregnant women giving birth at health facilities, infants receiving complete basic immunization, and toddlers getting growth monitoring.

5. CONCLUSION

Based on the results of the research described in the previous chapters, the authors conclude that the Analysis of the Effectiveness of the Family Hope Program on Stunting in Children Aged 24-36 Months in Kuta Baro District, Aceh Besar Regency includes preventive efforts including encouraging changes in KPM behavior in utilizing health facilities through mutually agreed commitments, with the assistance funds provided by PKH can help KPM in fulfilling nutrition for their family members. The technical implementation of PKH in Kuta Baro District is in accordance with government regulations in efforts to eradicate poverty and prevent stunting. The amount of PKH assistance funds is based on the criteria met by the Beneficiary Family (KPM). The obstacles faced at this time are difficulties in delivering information and there are no significant obstacles.

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