TRANSPUBLIKA INTERNATIONAL RESEARCH IN EXACT SCIENCES (TIRES)

ANALYSIS OF THE IMPLEMENTATION OF THE FAMILY HOPE PROGRAM (PKH) ON HANDLING STUNTING IN MOTHERS WHO HAVE CHILDREN AGED 12-23 MONTHS IN KRUENG SABEE SUB-DISTRICT, ACEH JAYA DISTRICT

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Abstract

Stunting is a significant nutritional challenge among toddlers worldwide. One government strategy to address stunting and improve public health, particularly for children, is the Family Hope Program (PKH). Introduced in 2007, PKH is a conditional social assistance program targeting Extremely Poor Households (EPHs). This program provides cash assistance to pregnant women, toddlers, preschoolers, the elderly, and individuals with disabilities. This research employs a qualitative descriptive approach to provide an in-depth and comprehensive understanding of the situation and phenomenon under study. Findings indicate that program participants receive PKH assistance for various health-related needs, including prenatal care for pregnant women and educational support for school-aged children. Additionally, assistance is provided to the elderly and disabled. It is recommended that the government enhance preventive measures for the community, especially for residents in remote areas and individuals with limited understanding of health's importance.

Keywords: *Family Hope Program, Stunting, Poverty*

1. INTRODUCTION

Stunting is a growth disorder experienced by children due to malnutrition or malnutrition for a long time and food intake that does not meet nutritional needs as well as repeated infections and inadequate psychosocial stimulation. The incidence of short toddlers or commonly referred to as stunting is one of the nutritional problems experienced by toddlers in the world today (Widiastity & Harleli, 2021).

The World Health Organization (WHO) has placed 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 (Indonesia, 2021). Although declining, this figure is still considered high, because the WHO tolerance level for stunting is 20% (Jibril & Nawangsih, 2022).

According to Marimbi in the journal Aguslida et al. (2020), he nutritional status of children under five can be used as an indicator of the nutritional state of the community. Toddlerhood is an important period in the process of human growth and development. Malnutrition, especially in children, will result in disruption of physical growth and intelligence. The problem of poverty will also have an impact on the community's lack of access to food and health services. One type of community-based health service is the integrated service post (Posyandu). Posyandu has the benefit of monitoring the growth of toddlers, providing vitamin A, immunization, growth stimulation, and education about nutrition and health. Households of toddlers who utilize health services have more

toddlers with good nutritional status and lower morbidity rates when compared to households that do not utilize health services (Rahmawati et al., 2020).

The Indonesian government has implemented various poverty reduction program policies. Through the National Team for the Acceleration of Poverty Reduction (TNP2K), the government classifies poverty reduction policies and programs, one of which is the Family Hope Program (PKH). In 2014 this program has been applied in 34 provinces in Indonesia (Fajriati et al., 2020).

The Family Hope Program (PKH) is a conditional non-cash assistance program, also known as Conditional Cash Transfers (CCT). PKH has an empowerment nuance, namely strengthening beneficiary families (KPM) to be able to get out of poverty through improving health and education (Aguslida et al., 2020). The requirements for poor families to become KPM PKH are poor families who are registered and attend health facilities (Erliani, 2021; Muin & Rosdiana, 2020). One of the government agencies that plays a role in health services is the Puskesmas, where the Puskesmas is required to provide services to the community so that it can meet the needs, desires and expectations of the community to improve their health (Kala et al., 2020).

Indonesia, the number of beneficiaries of the Family Hope Program (PKH) is stable, which remains at 10 million people, but has a different budget each year, such as in 2018 the budget issued for the realization of PKH assistance was 17.5 trillion, in 2019 the budget for PKH was 32.65 trillion, while in 2020 the PKH budget issued was 37.4 trillion. The amount of the PKH budget can change according to the number of beneficiaries (Arthamevia & Sukmana, 2022).

PKH targets are families who are poor and vulnerable and are registered in the integrated data of the poor handling program which has health components (pregnant women and toddlers), education (school-age children) and social welfare (disabilities and the elderly) (Ministry of Social Affairs, 2018 in Aguslida et al., 2020).

Research discussing the Effectiveness Analysis of the Family Hope Program (PKH) has also been conducted by Prichatin, (2019) on the Effectiveness of the Family Hope Program (PKH) in Efforts to Improve Family Welfare concluded that the Family Hope Program implemented in Kasegeran Village, seen from the accuracy of targeting, understanding the objectives of the program, the existence of socialization and program monitoring, has been running very effectively. With the existence of PKH, it has brought some real welfare changes to PKH beneficiary families. Over time, the implementation of PKH in Kasegeran Village has made many changes to KPM. However, there are still Beneficiary Families (KPM) who object if at any time the Family Hope Program is dismissed from the government. This shows that there is still a sense of dependence of the Beneficiary Families (KPM) on assistance.

Based on the definition of effectiveness above, it can be concluded that effectiveness is the ability of work carried out by a person or organization to achieve predetermined goals. The level of effectiveness can be measured by comparing the predetermined plan with the actual results that have been realized. Efforts or results of work and actions taken must be appropriate, if they are not appropriate, it causes the goal not to be achieved or in other words it is said to be ineffective.

Based on the background, the researcher wants to examine the Effectiveness Analysis of the Family Hope Program (PKH) on Handling Stunting in Children Aged 12-23 Months in Krueng Sabee District, Aceh Jaya Regency.

2. RESEARCH METHODS

This type of research uses a descriptive qualitative approach to provide an in-depth and comprehensive description based on the situation and phenomenon being studied. A qualitative approach is an approach that is concerned with the process rather than the end result so that it emphasizes meaning, reasoning, the definition of a particular situation, and examines more things related to everyday life.

Using a qualitative approach will give freedom to give opinions on everything related to the theme or event being discussed. The data collection techniques used are literature study and direct observation methods. The literature study method is used by looking for various references through scientific journals, books and data from previous research sources that have been published related to "The Role of Family Hope Program (PKH) Facilitators in Overcoming Child Stunting in Beneficiary Families". By using the literature study method, the author can gain more understanding to think thoroughly and view a problem as a whole. The total number of stunted children is 110 people while the total number of children receiving family hope program (PKH) assistance is 166 people.

3. RESULTS AND DISCUSSION

3.1. Research Results

Effectiveness is the ability of someone to do something right, effectiveness is closely related to goals because the closer the organization is to its goals, the more effective the organization is. Program understanding is an indicator used to measure how far the community's knowledge of the Family Hope Program (PKH) is, especially the benefit recipient families (KPM).

Based on the question of how long he has been a companion and how long the community has received PKH assistance, the companion said that it was from 2016 and most of them have received PKH assistance for 3 years and some for 7 years in Krueng Sabe District, the following is an interview with the companion and the community:

"I started working at KPM PKH in 2016, with several teams with me" (Ha.01).

"For about 3 years I received PKH money" (Ha.02).

"For about 7 years I got PKH assistance" (Ha.03).

Based on the next question, the researcher responded to what the social service did to make PKH a success and how the mother's opinion about this program they said the following interview:

"In improving the performance of assistants in sub-districts and villages, the Social Service often makes changes from several existing policies related to PKH assistance, where policy changes can be conveyed directly well. besides that, the agency also often conducts monitoring and goes directly to the field for several times until now even though it has not been done for all KPM PKH groups, maybe only at the sub-district level and in one sub-district, three or four villages are monitored. This is done in order to find out the direct conditions of KPM in the field whether the program is running well or whether there are problems below" (Hb.01).

"PKH is very helpful for school children and the elderly. Helps the needs of children and the elderly" (Hb.02).

"Alhamdulillah, the government has helped. So, I can feel helped by this PKH" (Hb.03).

Based on the researcher's question, how is the strategy so that when holding a meeting with PKH kpm members it can run smoothly and the community receives assistance in the amount, the following interview:

"*So this PKH assistance is channeled through mothers, so during the meeting all the members are mothers. Each KPM has a different level of experience and education so that it forms a different personality. And every area that I assist is also different in the way the community understands things. Therefore, so that I can convey information and can be understood by the KPM PKH group that I am assisting, I ask for help from one of the PKH members who has been appointed as their group leader to find out how the characteristics of the KPM I am assisting are so that the message I give can be easily understood by them" (Hc.01).*

"Usually I get 750,000 once out because I only have one small child if there are many children who are in school, I get a lot of money" (Hc.02).

"Actually, the money can depend on how many children if there are many children, but I get 750,000 for toddlers every three months, elementary 225,000, junior high 375,000, senior high 500,000 every 3 months" (Hc.03).

Based on the researcher's question about how to attract the attention of PKH kpm members so that the mentoring activities can run conducively and whether there are obstacles for the member's mother while receiving PKH assistance, the following interview:

"When conveying messages in the form of information or anything related to PKH, we usually use the concept of direct face-to-face. So we have a meeting every month, in that activity I convey information and material to KPM directly. There I also

usually provide opportunities for PKH who have problems related to PKH to convey their unek-unek. And if it is an emergency, I usually communicate via WA. But usually I exchange information with the group leader. So members when they have an emergency problem can convey it to the group leader then the group leader conveys it to me. Likewise, when I have impromptu information, I also inform it through the group leader so that it is conveyed to all members" (Hd.01).

"There is a deck, usually we are told to gather for a meeting about the problem, sometimes the money takes a long time to come out because there are some people who take a long time to collect files, usually if the money wants to come out, we are asked for files to be collected to the assistant" (Hd.02).

"Sometimes the money comes out late, the factor is from the members themselves, it could also be from the government and then when they take the money, they queue" (Hd.03).

Based on the researcher's questions about how the PKH program used to be and now and how many times mothers and members in one month hold meetings with assistants, the following interview:

"According to the PKH facilitator in the Kreung Sabee sub-district, the data on the poor was given by BPS (Central Statistics Agency). After the integrated data is available, we as PKH assistants verify the homes of residents who are really entitled to PKH assistance. In this way, there are still many opportunities that can occur and result in mis-targeted Family Hope Program (PKH) assistance. This is also explained by the mentor, that in the distribution of the Family Hope Program (PKH) assistance there are several components or groups that are entitled to receive this assistance. The components here in question are pregnant women, toddlers, children (elementary, junior high, high school), then disabilities and the elderly. Now with the amount of assistance allocated to the Family Hope Program (PKH), it is implemented with the latest application, namely people who are unable in the village are recorded by the village, after the data is entered in an application called the Social Welfare Information System" (He.01).

"Usually once every 3 months if there is to be recollected, sometimes there is another pregnant woman, or a newborn baby, all data is collected again in a meeting" (He.02).

"Once a month, there is a meeting to collect data again and then ask questions to fill in the data, sometimes there will be members who get pregnant again, it must be recorded, and children who enter a new school, for example, if they don't go to school anymore, they don't get the money anymore, then ask how the children's schooling is going well or not, the children are enthusiastic about school. Pregnant women must also go to the posyandu, and all health problems are monitored. God willing, all directives are tried to be implemented well" (He.03).

Based on the researcher's questions about how PKH facilitators recognize KPM to be the target of communication and how PKH assistance is now distributed, the following interview:

> *"The target of the Family Hope Program is the Beneficiary Family (KPM). Because we focus on KPM which is the target to achieve the objectives of the Family Hope Program (PKH). KPM is a family that we must understand. We also have to know how KPM is by recognizing it. How to recognize KPM is by approach, we blend in with KPM because we are targeting poor families. So, we communicate with each other according to their language. For example, seeing KPM communicating with other KPM, of course we can apply this" (Hf.01).*

> *"Now the money is sent to the atm and there are vegetables, eggs, rice, oil if in the past only the money was given" (Hf.02).*

> *"Now it's good to just go to the atm and be given basic necessities such as vegetables, oil, rice and eggs to increase nutrition. In the past, it was tiring to take it at the post office in all the villages there and all the sub-districts, and it took a long time to queue, sometimes you have to go back the next day if you are not ready that day" (Hf.03).*

Based on the researcher's question about whether there are any obstacles while being a PKH facilitator and whether the distribution that the mother mentioned earlier is given every month like that, the following interview:

> *"The obstacles are more about the running of the program or activities that will be carried out by the assistants. Therefore, we also have to look at the overall existence of PKH assistants as individuals in the community and see how the environmental system affects the problems that occur and affects people's lifestyle" (Hg.01).*

> *"No, vegetables, eggs, oil, rice, given once every 3 months if the money is still given but during the third month the money is changed to basic necessities not given money" (Hg.02).*

> *"No, money is always given, but groceries are given once every 3 months now, there was no money before" (Hg.03).*

Based on the researcher's question about whether the PKH family hope program is used for handling stunting and whether this assistance helps mothers in terms of the economy, the following interview:

> *"In the short term, this program aims to reduce the burden on very poor households (RTSM) and in the long term it is expected to break the chain of poverty between*

generations, so that the next generation can get out of the poverty trap. PKH targets are poor and vulnerable families registered in the Integrated Data of the Poor Handling Program who have a health component with the criteria of pregnant or lactating mothers, children aged zero to six years. The obligations of KPM PKH in the health sector include obstetric examinations for pregnant women, provision of nutritional intake and immunization and weighing of children under five and pre-school children. PKH is one of the programs needed to overcome stunting" (Hh.01).

"There is because as long as there is this assistance, it helps a little finance at home even though there is not much to give but still grateful to get it because there are still many who have not received it here" (Hh.02).

"Alhamdulillah, it is very helpful even though it is not much at least it helps for the needs of school children and others" (Hh.03).

Based on the researchers' questions about how the PKH family hope program utilizes these funds for handling stunting and how PKH assistants convey empathy to the children, the following interview:

"The problem of stunting is closely related to the lower middle class or poor people who are less aware of the adverse effects. Not only does the Ministry of Health take the problem of stunting seriously, the Ministry of Social Affairs also has a stunting problem, this is evidenced by the intervention carried out by the Ministry of Social Affairs in handling stunting problems through the Family Hope Program (PKH). The Family Hope Program (PKH), known as Conditional Cash Transfer (CCT), is a conditional social assistance program that opens access for poor families, especially pregnant women and children, to utilize health services (health facilities) and education service facilities" (Hi.01).

"Explaining well, providing information from above well. There is information directly conveyed to KPM and when someone is sick, they visit" (Hi.02).

"The response is very fast if there is a KPM who is pregnant, sick and someone dies, the companion immediately comes and sees the condition of this member" (Hi.03).

3.2. Discussion

The Family Hope Program (PKH) is a program providing conditional social assistance to Very Poor Households (RTSM) since 2007. This program is provided through cash assistance to very poor families based on predetermined terms and conditions. This Social Protection Program is provided through the concept of Conditional Cash Transfers (CCT) and is considered quite successful in reducing poverty faced by various countries, especially the problem of chronic poverty. In accordance with the provisions of the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 1 of 2018 concerning the Family Hope Program, in article 6 of the provisions referred to, PKH Beneficiary Families (KPM) are entitled to: a) PKH Social

Assistance; b) PKH assistance; c) services at health, education, and / or social welfare facilities; and d) Complementary Assistance programs in the fields of health, education, energy subsidies, economy, housing, and fulfillment of other basic needs.

Beneficiary families (KPM) must be registered and present at health and education facilities. The obligations of PKH beneficiary families in the health sector include obstetric examinations for pregnant women, provision of nutritional intake and immunization and weighing of children under five and preschool children. Meanwhile, the obligation in the field of education is to register and ensure the attendance of PKH family members to educational units according to the levels of Elementary School, Junior High School and Senior High School.

1. Health Aspect

   Low income means that poor families are unable to fulfill even the minimum level of health needs. Inadequate health care for pregnant women results in poor health conditions and nutritional intake for the babies who are born. The incidence of stunting is a major nutritional problem faced by poor families.
2. Education Aspect

   High school dropout rates lead to low development index rankings. Therefore, encouraging children to stay in school during their teenage years is fundamental. The participation of those outside the school system should also be a major concern.
3. Social Welfare Aspects
   a. Persons with Disabilities Persons with disabilities are part of Indonesian society who have the same rights and obligations as other citizens.
   b. Elderly Based on Law No.13 of 1998 concerning elderly welfare, an elderly person is someone who is 60 years old and above. Improvements in care and provision of health facilities as well as better nutrition in the last three decades have had an impact on the life expectancy of the Indonesian population, which has the consequence of increasing the number of elderly people from year to year.
4. Criteria for Recipients of Social Assistance for the Family Hope Program

   The criteria for the components of PKH social assistance recipients are as follows:
   a. Health component criteria include:
      1) Pregnant/breastfeeding mothers
      2) Children aged 0 to 6 years
   b. Education component criteria
      1) Elementary school / madrasah children or equivalent.
      2) Junior secondary school children/madrassas or equivalent.
      3) Senior high school children/ madrasah or equivalent.
      4) Children aged 6 to 21 who have not completed 12 years of compulsory education.

5. Amount of PKH Criteria Assistance The total budget ceiling for PKH in 2022 is IDR 28,709,816,300,000. In 2022, PKH social assistance is allocated to 10 million beneficiary families. Assistance is carried out over a period of one year. The following is the amount of PKH Criteria assistance:
    a. Pregnant women IDR 3 million
    b. Early Childhood Rp 3 million
    c. Elementary school children Rp 900 thousand
    d. Junior high school children Rp 1.5 million
    e. Senior high school child Rp 2 million
    f. Elderly 70+ IDR 2.4 million
    g. Disability Rp 2.4 million.

4. CONCLUSION

Based on the research findings previously outlined, the author concludes that the Facilitator has been involved in the Family Hope Program (PKH) for seven years, from 2016 to the present. Facilitators understand that the PKH assistance is directly distributed to each beneficiary family (KPM) according to different components, thereby assisting various individuals in each village. The target of the PKH beneficiary family program is the KPM itself. Despite the program's success, there are obstacles, where the facilitator plays a crucial role in the PKH program's success.

Beneficiary families (KPM) have received PKH assistance for 3 to 7 years, with funding assistance allocated as follows: pregnant women, 3 million IDR; early childhood, 3 million IDR; elementary school children, 900 thousand IDR; junior high school children, 1.5 million IDR; high school children, 2 million IDR; elderly, 2.4 million IDR; and individuals with disabilities, 2.4 million IDR. The assistance is typically provided every three months, with data collected in each sub-district and village. Pregnant women or newborn babies are recorded at monthly meetings, and the money is sent directly to the KPM. Additionally, KPMs receive nutritional assistance such as rice, vegetables, and eggs. In the short term, this program aims to reduce the burden on poor households (RTSM), and in the long term, it is hoped to break the cycle of intergenerational poverty.

The implementation of the Family Hope Program (PKH) in the "Analysis of the Implementation of the Family Hope Program (PKH) Towards Handling Stunting in Mothers with Children Aged 12-23 Months in Krueng Sabee District, Aceh Jaya Regency" is very effective in promoting behavior changes among beneficiary families (KPM) in utilizing health facilities. Through mutually agreed commitments and the assistance funds provided by PKH, beneficiary families (KPM) can better fulfill the nutritional needs of their family members. However, the targeting of PKH recipients has not been fully optimized.

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