



Research Paper

# The Contribution of Hope Family Program Services in Overcoming Stunting Problems in Timor Tengah Selatan Regency

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**Abstract:** Stunting is a serious problem and requires handling from various sectors and stakeholders, including the social assistance sector. The Hope Family Program (HFP) seeks to improve the quality of human resources by providing cash assistance to beneficiary families so they can access certain health and education services. The HFP helps reduce the expenditure burden of very poor households and invests in future generations through improving health and education. This study aims to determine the contribution of HFP services in overcoming the problem of stunting in the Timor Tengah Selatan Regency. The method used is a qualitative method with a research focus on the service quality of the Prosperous Family Program. The research informants were determined purposively, consisting of social assistance officers from the Timor Tengah Selatan regency Social Service, officers from the community health center (Puskesmas) and integrated service center (Posyandu) that deal with stunting problems, village heads and village officials, social assistance assistants and mothers, pregnant women who are receiving treatment at the Puskesmas and Posyandu. Based on the research results it is known that the contribution of the Hope Family Program services in overcoming the problem of stunting in Timor Tengah Selatan Regency is Enough Good, the main obstacle faced in handling stunting through HFP lies in difficult access to reach health service centers. The research recommendation is that it is expected that officers, both health workers and social assistance workers, will bring health services closer to pregnant women and children with Infants under 2 years old by visiting them for examination, weighing, and giving medicine and additional food.

**Keywords:** Social Assistance, Stunting, Services, Poverty

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## I. INTRODUCTION

The problem of stunting is a very serious problem faced by the Indonesian nation, why not, this is because the number of infant in Indonesia who experience stunting is as much as 30.8%. Stunting is essentially an indicator of children's welfare and a real reflection of the social inequality that exists in society. Stunting is the most common form of child malnutrition and affects millions of children worldwide.

Stunting is defined as a condition in which a infant has a length or height that is less than their age. Thus stunting is identified through an assessment of the length or height of the child (recumbent length for children less than 2 years and standing height for children aged 2 years or more) and interpret measurements by comparing them to a standard set of acceptable values. International agreement states that children are said to be stunted if their length/height is below 2 standard deviations from the WHO Child Growth Standards median for the same age and sex [1]. Stunting occurs due to factors including; socioeconomic conditions, maternal nutrition during pregnancy, illness in infants, and lack of nutritional intake in infants, in the future they will experience difficulties in achieving optimal physical and cognitive development.

In Timor Tengah Selatan (TTS) regency, East Nusa Tenggara province, the prevalence rate of stunting is very high, data quoted from the Indonesian Nutritional Status Study, namely at the beginning of 2021 the stunting prevalence rate reached 48.3 percent and was the highest in the province of East Nusa Tenggara. Based on this number, it means that there are 48 stunted babies out of 100 babies. The high prevalence of stunting in the TTS district is closely related to the number of poor people, namely 37,320 people out of the total population of 455,410 people in the Timor Tengah Selatan regency[2]. Based on the data on the prevalence rate of stunting,

then inspire various institutions, give serious attention and intervention so that this number can be reduced, and the results are proven in the data collection for the period February 2022, there has been a decrease in the prevalence of stunting to 29.8%. It was noted that the number of children who experienced stunting was 12,431.

The drastic reduction in the prevalence of stunting in the Timor Tengah Selatan regency is inseparable from the attention of various parties with various programs including the Prosperous Family Program. Tackling stunting is a national priority for the Indonesian government, which includes accelerating poverty reduction, improving public health and nutrition services, equitable distribution of quality education services, increasing access to housing and decent settlements, and improving basic service governance.

The Hope Family Program is one of the government policies related to poverty reduction where this policy is in the form of conditional social assistance given to Poor Families. This program opens access for poor families, especially pregnant women and children, to utilize various health service facilities and educational service facilities available around their homes. Through this program, poor families are encouraged to have access to and utilize basic social services, such as health, education, care, nutrition, and social protection programs. According to data from the Directorate General of Social Protection and Security the HFP, which is considered to have a role in increasing consumption in the family, the research results show that there was an increase of 3.8% in the increase in consumption caused by the Hope Family Program [3]. As a result of the low income of poor families, they are unable to meet their health and education needs, so that poor families are unable to meet their minimum needs.

Based on the HFP implementation guidelines, it is known that poor families' access to health services can be done through; (a) checkup of the womb for pregnant women, (b) provision of nutritional intake, (c) immunization, and (d) weighing for children under 5 years and preschool children. The implementation of the HFP program in the Timor Tengah Selatan regency was also considered to have had an impact on handling the problem of stunting. The following data shows that the HFP interventions have an impact on society related to access of poor families to health services.

**Table 1.** Allocation of HFP Assistance in Timor Tengah Selatan Regency

No	Category	Year			
		2019	2020	2021	2022
1	Beneficiary	43.924	42.449	39.466	32.388
2	Allocation	178.614.225.000	159.239.000.000	131.231.425.000	48.228.100*

\* phase 2 of 4 phase

Source: The Social Service, TTS Regency, 2022

The allocation of aid for the HFP is quite significant for the number of poor beneficiaries, namely 43,924, spread over 32 sub-districts, 266 villages in TTS regency. The average annual assistance is 156,361,333,000 Billion Rupiahs.

## II. LITERATURE REVIEW

### Public Policy

Public policy is a product of decisions made by the government. Public policy is always related to government decisions that greatly affect people's lives through policy instruments owned by the government in the form of laws, services, transfers of funds, taxes and budgets. Policy is basically what is done or not done in order to influence the problems faced by society. Public policy is developed by government agencies and government officials [4].

There are several implications of the concept of public policy namely; (a) there is always a link between policies made and actions taken to achieve goals; (b) public policy consists of a number of patterns of action taken by government officials; (c) public policy emerges as a response to various demands and problems faced by the public; (d) policy involves what the government actually does to address public problems [5]. Public policies can be positive or negative, depending on which groups feel the effects of a policy. public policy is whatever the government chooses to do or not do [6].

### Public Service

Service quality is the result of the interaction of various aspects, namely service systems, human resources for service providers, strategy and customers [7]. A good service system will also produce good service quality, where a good system must implement clear service procedures and have control mechanisms within the company so that any deviations that occur are easily identified.

Service quality can be measured from 5 dimensions namely; (a) physical evidence; (c) reliability; (c) responsiveness; (d) guarantees; and (e) empathy [8]. The quality of services provided will greatly determine the level of satisfaction of the people served. Customer satisfaction is a perception of the product or service received

[9]. Thus customer satisfaction is the level of customer feelings after comparing the services received and expected.

### **Stunting**

For some people, stunting is usually not recognized, the condition of stunting for them is considered normal. The difficulty in visually identifying stunted children and the lack of assessment by health service centers are the reasons why stunting is considered normal. That currently the problem of stunting is identified as a major global health priority and the focus of attention from several organizations, for example, Scaling Up Nutrition, Zero Hunger Challenge and Nutrition for Growth Summit [10].

The increasing international attention to the problem of stunting is the result of the awareness that stunting is a major problem for society. Stunting is a chronic nutritional problem in infants or children under 2 years of age which is characterized by a shorter height compared to children of the same age. Children who suffer from stunting will be more susceptible to disease and when they become adults are at risk of developing degenerative diseases. The impact of stunting is not only in terms of health but also affects the level of intelligence of children.

The problem of stunting will affect the condition of human resources in the future. The general definition of stunting is a condition in which a infant or child under 2 years of age has a shorter length or height compared to their age. This condition is measured by length or height that is more than minus two standard deviations of the WHO child growth standard median [11].

### **The Hope Family Program (HFP)**

The Family Hope Program (FHP) is social protection in Indonesia in the form of social assistance. The FHP is one of the government's efforts to accelerate poverty alleviation. Internationally, this program is known as Conditional Cash Transfers (CCT), which aims to reduce poverty by creating welfare programs that depend on the recipient's actions. The government (or charity) only transfers money to people who meet certain criteria. These criteria might include getting the kids into public school, getting regular checkups at the doctor's office, receiving vaccinations, or the like. CCT seeks to help the current generation in poverty, and break the cycle of poverty for the future through human resource development [12].

The Conditional Cash Transfers (CCT) program, originated in Latin America and the Caribbean (LAC) during the mid-1990s as a result of poverty reduction program reforms. These reforms focused on rationalizing and targeting redistributive programs that were inefficient because they were regressive and resulted in significant price distortions, such as tax breaks and consumption subsidies [13]. The focus on poverty reduction promoted by the CCT program was quickly adopted both within and outside the LAC by several national and sub-national governments.

In 2007 the Government of Indonesia launched the Family Hope Program (FHP) for the first time. This program seeks to improve the quality of human resources by providing cash assistance with the condition that households access certain health and education services. The FHP helps reduce the expenditure burden of very poor households (direct consumption effect), as well as investing for future generations through improving health and education [14].

Based on FHP implementation guidelines, beneficiaries are distinguished by component; Health, Education, and social welfare. The component that is directly related to the problem of handling stunting is the Health component. The criteria for beneficiaries of the FHP program are; pregnant/postpartum/breastfeeding women, early childhood (0-6 years).

The rights that will be obtained by them are; receive social assistance, assistance, health services, and complementary assistance programs in the health sector. While their obligations are; pregnant/postpartum/breastfeeding women, and young children are required to have their health checked at health facilities/services according to health protocols; Beneficiary groups attend monthly group meetings or family capacity building meetings.

## **III. METHODS**

This study uses a qualitative design, qualitative research is interpretative research [15]. As such, the biases, values and judgement of the researches become stated explicitly in the research report. Such openness is considering to be useful and positive. The use of this method is to describe and examine qualitatively, how the services of the Family Hope Program contribute to overcoming stunting.

This research is focused on the services of the Family Hope program which is linked to the handling of stunting, so that what is examined is the contribution of FHP in overcoming the problem of stunting. While the service dimensions studied are Tangible, Responsiveness, Competence, and Access dimensions.

The data needed in this study includes primary and secondary data. Primary data were obtained by researchers through field research that came from informants directly in the field by conducting interviews related

to the Family Hope Program, especially those related to the Health component. Secondary data in this study were obtained by conducting a documentation study at the Social Services and Health Services, and the TTS Regency Statistics Bureau.

The informants in this study were determined purposively. Those who became research informants were; social assistance workers from the TTS Regency Social Service, Community Health Center (Puskesmas) officers and integrated health service workers (Posyandu) who deal with stunting problems, village heads and village officials, social assistance assistants and pregnant women who are receiving treatment at the Puskesmas and Posyandu.

Data analysis is the process of compiling data so that the data in research can be interpreted. Organizing data means classifying it into patterns, themes or categorization. Data analysis is a process of compiling, simplifying data to make it simpler and easier to read and easy to integrate. Data analysis has started since formulating it and explaining the problem, before plunging into the field and continues until the writing of the research results.

#### IV. RESEARCH RESULTS AND DISCUSSION

##### Research Result Data

##### a. Health Profile of Maternal/Breastfeeding Mothers and Early Childhood in TTS Regency

Table 2: Health Profile of Maternal/Breastfeeding Mothers and Early Childhood

No	Health Profile of Maternal/Breastfeeding Mothers and Early Childhood	Percent
1.	Check Pregnancy	71,4%
	- Routine	38%
	- Not a routine	91,8%
2	Place to check pregnancy	
	- Community Health Centers (Puskesmas)	71,4%
	- Hospital	21,2%
	- Integrated Service Center (Posyandu)	7,4%
3	Have a Towards Healthy Card (KMS)	96%
4	Have a Health Card Guarantee (BPJS)	60%
5	Consuming blood booster drugs (TTD)	92%
6	Get TTD 90 Granule / 3 sachets	92%
7	Source TTD	
	-Puskesmas	92,3%
	-Pustu	54,5%
	-Polindes	38,5%
8	Additional food	66%

Source: Report on Handling and Prevention of Stunting in NTT,

Based on table 2 above, there are still many health indicators that need to be addressed so that the problem of stunting can be completely resolved, through prenatal checks and provision of additional food to pregnant women and babies.

The data in the table above also shows that the target for achieving the Health component of the Family Hope Program is quite a lot, and reaches pregnant women and early childhood (Babies under 5 years and under 2 years)

##### b. Health Sector Beneficiaries

Table 3: Data of Health Component Beneficiaries

No	Criteria	Amount
1	Pregnant/Breastfeeding	54
2	Early childhood	17.124
	Total	17.178

Source: TTS Regency Social Service, 2022

Table above shows that the number of beneficiaries based on the criteria for pregnant/breastfeeding women and children under five reached by FHP is 17,178 people in all TTS districts, the total allocation of funds realized for programs to improve maternal and child health (pregnancy checks and checks for toddlers) and the nutrition improvement program in 2020 is Rp. 3,826,859,161,000 [16].

c. Health Personnel

Table 4: Health Personnel in TTS Regency

No	Jenis Tenaga	Jumlah
1	Doctor	27
2	Nurse	127
3	Midwife	183
4	Pharmacist	27
5	Nutritionists	40
	Total	404

Source: TTS Regency Health Office, 2022

Based on table 4 above, it shows that the number of medical personnel in TTS district is sufficient, but the proportion of the population and the number of medical personnel is still unequal, namely for example 1 doctor serving 16,867 people.

**Discussion**

The Family Hope Program as one of the integrated stunting prevention intervention programs requires a service pattern in order to achieve outcomes so that stunting prevention and reduction occurs. Measuring the quality of organizational services is to compare people's expectations with their perceptions of the services provided [17]. Quality service is believed to exist when perceptions exceed expectations. The following is an overview of FHP services.

a. Tangible Aspect

The Tangible aspect or direct evidence is one of the dimensions in public services related to the facilities and infrastructure used in the service. With regard to FHP, the facilities and infrastructure used are facilities and infrastructure from other agencies, but what is provided by FHP is an allocation of funding/funds for health checks for pregnant/breastfeeding women and children under five years.

If it is related to the tangible dimension, which is related to FHP services, it shows that the reach and contribution made by FHP to beneficiaries is quite large and significant. The results of interviews with research informants show that the government's attention to the problem of stunting in TTS district is very serious. The government has allocated a stunting management budget through various financing schemes and related agencies. Tangible aspects include indicators; availability of service facilities; personnel appearance; the equipment used in the service; the condition of the infrastructure used in the service [18]. All of the tangible indicators as stated above are quite representative of efforts to tackle stunting in the TTS regency.

b. Responsiveness Aspect

Responsiveness concerns the willingness or readiness of officers to provide services. Officers have attention to the public who request services so as to provide services quickly. Related to the response given by officers in the context of FHP, it can be seen from a number of activities in the FHP mechanism, namely; (a) location determination planning; (b) initial meeting and validation; (c) determination of beneficiaries; and (d) distribution of aid. Interviews conducted with informants stated that officials acted quickly in serving beneficiary families.

At the planning stage, officers collect data on poor families, determine the location, and determine the number of poor families who will become beneficiary families. Based on the results of interviews with informants, it was found that the value assessors were quite responsive about poor families in TTS regency, they were able to categorize these poor families into beneficiary categories. Overall, the number of beneficiaries of the program was 32,388, with 17,178 people from the health component. That the responsiveness of officers in helping the community and the level of readiness to serve in accordance with applicable procedures and to meet their expectations are fundamental in improving service quality [19].

c. Competence Aspect

Competence is an underlying characteristic of a person that is causally related to the criteria referred to as effective performance in a work situation. Competence consists of elements of their abilities, skills, attitudes in carrying out their work. Competence is important because it is the main factor for achieving high performance. Competence is a fundamental characteristic that directly influences the implementation and achievement of program objectives as set out.

Therefore competence is a set of knowledge, skills, values, and attitudes possessed by public services in serving the community. Based on the results of the research, it is known that the competency of the apparatus in the service of the Family Hope Program has not been maximized.

Referring to their attitude in carrying out their work, officials do not yet have a high commitment, the indication is that they carry out their work as officers in the family hope program because of their duties and functions, not really because of a high sense of concern for the condition of the people whose purchasing power

is very low and the poverty rate is high. The following data shows that the poverty rate in TTS district is still high, reaching 27.49% or as many as 128,980 people [20].

d. Access Aspect

Access to social assistance services is related to people's attitudes and knowledge about the extent to which social assistance services are available at the time and place when they are needed. The quality of services related to community access to social assistance is an integral part of the overall dimensions of the quality of social assistance services. Satisfaction of social assistance beneficiaries is a level of beneficiary feelings that arise as a result of the performance of social assistance services obtained after comparing with what is expected.

Based on the research results, it is known that beneficiaries' access to the services of the Family Hope Program has not been maximized, because it is related to physical access to maternal, child health services. The FHP that is directly related to the handling of stunting is the Health component, especially related to services for pregnant women and babies under 5 years.

The wide geographical conditions, different topography, the location of the Puskesmas and Posyandu which are far from residential areas are one of the difficulties in accessibility of social assistance services. According to research informants, the average distance between health services and residential areas is 15 km with very poor road infrastructure. While in terms of medical personnel who serve enough available.

## V. CONCLUSION

The Family Hope Program (FHP) is one of the accelerated poverty alleviation programs that aims to break the intergenerational poverty chain, this program also opens access for poor families, especially for pregnant women and children, to take advantage of various health facilities. The FHP program contributes to handling acceleration and tackling stunting in the TTS regency.

Based on the results of research on the contribution of the Family Hope Program services in Timor Tengah Selatan (TTS) regency, it can be concluded that the Family Hope Program services for handling and overcoming stunting have shown quite good results, this is based on the reach of the PKH target for beneficiaries achieving services above the average minimum service.

The main obstacle faced in providing services to beneficiaries is access to services due to geographical conditions, topography and road infrastructure to reach health service centers.

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