

How Do Mother of Children Under Five Years Use Their Funding Assistance from the Indonesian Conditional Cash Transfer Program?

Setyaningsih N, Kusuma M T P L, Helmyati S
School of Health Nutrition, Faculty of Medicine, Gadjah Mada University

E-mail: mutiara_tirta@yahoo.com

The government of Indonesia to address problems related with poverty initiates the Indonesian conditional cash transfer program called Program Keluarga Harapan (PKH). This program attempts to modify social and economic situation experienced by extreme poor family through health and education approach. This grant is directed to children and pregnant women with several conditions to be met by the recipient. To describe how recipients of PKH (mother of children under five years) allocate their funding assistance.

This study was conducted in Yogyakarta Regency among 45 mothers of children under five years who receive PKH between August 2012 and April 2013. This qualitative study employed a phenomenological approach. Data were collected through in-depth interview using semi-structured questionnaires.

Several responses were obtained from the respondents on how they allocate their grants. The vast majority spent the funding from PKH for their children, to pay tuition fee, buy books, uniforms, and shoes. They also used the grant to support household needs such as meals and pay debts. Contrastingly, only few of them allocated the grants for their children under five years health such as to buy healthy food, milk, and vitamin. Most of them argued that PKH was intended for education of their child only, thus the grants were directed to the older children to support their education.

Mother of children under five years spent their PKH grants in various ways and limited was allocated for their children under five years health. Although, no rules regulate funding allocation, proper use needs to be promoted to the recipient to achieve greater impact of PKH.

Keyword: children under five years, Indonesian CCT, PKH, funding assistance, grants allocation

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INTRODUCTION

Poverty remains is one of the major problems in Indonesia now, which give negative effect for our health. According to data that released by Badan Pusat Statistik (BPS) in 2011, the number of poor people in Indonesia in September 2011 reached 29,89 million people (12.36%) (1). This number has decreased compared to the previous six-month data which reached 30,02 million (12,49%). The poor status is based on 14 criteria of poor households determined by BPS.

Many effort have been done by the government of Indonesia to overcome poverty and the problems. Government ever gave unconditional cash transfers called Santunan Langsung Tunai (SLT), a poor rice called Raskin, Community Health Insurance called JAMKESMAS, the National Program for Community Empowerment called PNPM, and health insurance for the poor called Askeskin. One of the poverty reduction program is being run by the Indonesian government at this time is the Indonesian Conditional Cash Transfers program called Program Keluarga Harapan (PKH).

According to the National Development Planning Agency (Bappenas), PKH is one form of Conditional Cash Transfer (CCT) which is the main characteristic behaviors requires to be done by the receiver program. Such behavior is commonly associated with efforts to investment in human resources, such as education, health, and child nutrition. CCT is expected to eventually be able to break the intergenerational transmission of poverty thus likely to reduce poverty in the future (2).

At first CCT conducted in Latin America, but it's been a lot of countries that adopt it, including Indonesia. Social assistance program is expected to contribute to aspects of health, nutrition, and public education. More than it, CCT is expected to support the attainment of the objectives of the Millennium Development Goals (MDGs) that is related aspects of poverty, education, health, and nutrition (3).

Program Keluarga Harapan focuses on two components, health and education. Participants of the health program are required to use the services of health like prenatal care, labor and delivery assisted by trained health personnel and postnatal services (especially for pregnant women), immunize children, and monitor growth and development of children aged 0-6 years. For education program, the children of

program participants are registered and attend school at least 85 % of the number of school days (2).

Table 1. Obligations of CCT participants on the health aspects

No	Target	Obligations
1	Pregnant women	Do antenatal care at health facilities four times during pregnancy. Received iron supplements
2	Maternal	Assisted by trained health personnel such as doctors, nurses and /or midwives
3	Postpartum women	Examination / health checked at least two times before the baby is 28 days old
4	Children aged 0-11 months	Weighed regularly and fully immunized
5	Children aged 6-11 months	Received vitamin A supplementation
6	Children aged 2-5 years	Growth monitored by weighing regularly every three months at the health facility
7	Children aged 5-6 years	Should weigh regularly every six months

CCT pilot evaluation results in seven provinces of West Sumatra, Jakarta, West Java, East Java, East Nusa Tenggara, North Sulawesi, and Gorontalo showed that the percentage of attendance level to outreach clinic of children aged 0-36 months increase 35,7% on PKH receiver. The proportion of babies weighing under one year also increase 38,6 %. Similarly, the proportion of ownership for KMS and KIA book that percentage increased respectively by 41% and 20% (2).

The purpose of this study is to describe how the recipient PKH (mother of children under five years) obtained using the aid. Until this study has done, there has been no similar research conducted in Indonesia.

METHOD

The research was conducted in five districts in the city of Yogyakarta is Tegalrejo, Umbulharjo, Gedongtengen, Mergangsan, and Mantrijeron. Purposive site selection is done taking into account the availability of research subjects due to the new moon in July 2012 the five districts that receive assistance PKH. Data collection was

performed on 45 mothers that have child under five years and received PKH during August 2012 to April 2013. The method used is qualitative with phenomenology approach. Data were obtained through in-depth interviews with semi-structured questionnaires.

Inclusion criteria for the subjects are mothers who have children aged 0-59 months and receive PKH, living in district Umbulharjo, Tegalrejo, Mergangsan, Gedongtengen, or Mantrijeron, and willing to follow the study until completion as evidenced by informed consent . The research instrument are a sheet of informed consent for the respondents, in-depth interview guideline, and a voice recorder.

RESULT

Qualitative data capture from respondents indicated that aid recipients PKH is very useful in supporting the economy of the family. This was stated by some respondents:

Respondents 3

"There is (changes in the household economy). Yes (I get benefits from PKH) but not entirely. Ya. Yes, that can help me . Slightly lighten my load . Before i get PKH, my live is a bit difficult. Now with the PKH grant can help my life."

Respondents 7

"(PKH grant) yes very helpful. About the health of right if we can obtain affordable health, the food also more stable."

Respondents 8

"(PKH grant) is very useful, could be to pay tuition fee (Education Development Contributions) three to four months can be fulfilled. It was used to buy what our children want like shoes and milk. So that aid can get a fitting . Anyway it is very useful."

Respondents 13

"(PKH grant) is very useful. As might be to buy nutritious children food and shoes for school."

This results indicate that the use of funds by the recipient PKH not devoted to children under five years consumption everyday, although they received a PKH because there are children under five years in the house. Recipients of PKH used the money to pay for rent, school fees, buy school purposes as shoes, book, and only a few recipient that uses for consumption everyday. It happens because in the requirements that must be performed by the recipient PKH there is not obligation to use the funds for children

under five years food consumption. Most respondents to prioritize school needs of their children compared with daily consumption. These results are supported by the next interview data:

Respondents 2

" First, we get (PKH grant), for , I am frankly ya ya . To pay for rent home, at rest for the same meal for buying this girl clothes (third child). The second, the second grant was used to school fee (second child), the rest for eating. The third grant continued to buy Eid clothes . And it 's going down a fourth . "

Respondents 3

"The CCT fund normally I use,, I usually buy books or buy a bag or buy clothes . Anyway school purposes . "

Respondents 6

" Yesterday I get CCT, I was used for school children, enter my child to Junior High School. I continue to give the same light (companion PKH) for enter (pay donations) in Junior High School . "

Respondents 10

" It was a fitting date ya pay for school if I'm not (not) one of ya . That's five thousand a day school , kept it 230 then buy uniforms do not nggo (I wear) nyicil (installments) paid for it too. "

DISCUSSION

One of the hopes of PKH relief is to reduce hunger happens to the poor people. The hunger event on children under five years will greatly affect their nutritional status and growth. However, the results of this study demonstrate the use of funds devoted to meet the needs of a family food. Results of in-depth interviews indicate PKH aid given to households with children under five years and school children will prioritize the use of funds to fulfill the needs of school children.

The poverty rate would be positively related to the intensity of food insecurity. Incidence of food insecurity occurs 12 times greater in households that are below the poverty line (4. 5). Food insecurity is also influenced by the number of family members, where more family members hence its food insecurity rate is also higher. This is due to the consumption of energy and protein were decreased due to the reduction of consumption of animal food and primary food (6).

PKH aid delivery is expected to reduce the level of household food insecurity due to poverty alleviation programs that consider sustainability approach would be more

effective in achieving food security than merely granting program (7). PKH grant trying to follow this concept by providing conditions on the recipient .

If household food insecurity is resolved, many people expected to have an impact on the nutritional status of children. Nutritional status is not only influenced by the daily food intake. Infectious diseases, maternal employment status, parenting, health care, environmental health is also a determinant that affects the nutritional status of children (8, 9, 10, 11). In addition, Blum said there are four factors that affect an individual's health status. There are environmental factors, behavioral, health services, and offspring. However, PKH assistance seeks to provide one-step prevention of malnutrition status.

In Rainbow of the Social Determinant of Health also clearly illustrated how the health of a person, in this case a child under five years, is influenced by various factors in the vicinity. From the individual level, health of children under five years which one of them can be seen from the nutritional status is influenced by factors of age, gender, heredity, and other demographic variables, including lifestyle (12, 13). At the next level, the availability of food, education, work environment, living conditions, availability of clean water and basic sanitation, health care, and shelter also influences (14). At the highest level, the factors that influence the social and cultural environment. Overall these determinants interact and ultimately influence the determinants at different levels (13, 15). PKH provided by the government is expected to improve conditions at two levels , namely health care and food availability.

CONCLUSION AND RECOMMENDATIONS

This study shows that mothers of children under five years still using PKH assistance for a variety of purposes and limited use for children health. Although there are no rules governing the allocation of CCT funds, use of appropriate assistance must be socialized to the receiver in order to produce a greater impact of CCT as resolve the problem of hunger and malnutrition in children. The government also needs to conduct periodic evaluations to see impact from PKH program.

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