

**LAPORAN AKHIR  
PENELITIAN SKEMA PENELITIAN DASAR**



**STUDI KUALITATIF PROGRAM KELUARGA HARAPAN DAN  
PENANGGULANGAN STUNTING DI KABUPATEN BIMA**

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Embarika Mostafa

**UNIVERSITAS MUHAMMADIYAH YOGYAKARTA**

Dibiayai Oleh Lembaga Riset dan Inovasi (LRI)  
Universitas Muhammadiyah Yogyakarta  
Tahun Anggaran 2022/2023



**UNIVERSITAS MUHAMMADIYAH YOGYAKARTA**

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**PROTEKSI ISI LAPORAN AKHIR PENELITIAN**

Dilarang menyalin, menyimpan, memperbanyak sebagian atau seluruh isi laporan ini dalam bentuk apapun kecuali oleh peneliti dan pengelola administrasi penelitian.

# LAPORAN AKHIR PENELITIAN

## Informasi Data Usulan Penelitian

### 1. IDENTITAS PENELITIAN

#### A. JUDUL PENELITIAN

Studi Kualitatif Program Keluarga Harapan dan Penanggulangan Stunting di Kabupaten Bima
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#### B. SKEMA, BIDANG, TEMA, DAN TOPIK PENELITIAN

Skema Penelitian	Bidang Fokus Penelitian	Tema Penelitian	Topik Penelitian
Penelitian Dasar	Sosial Humaniora - Seni Budaya - Pendidikan	Penguatan modal sosial	Pengentasan kemiskinan dan kemandirian pangan.

#### C. KOLABORASI DAN RUMPUN ILMU PENELITIAN

Jenis Kolaborasi Penelitian	Rumpun Ilmu 1	Rumpun Ilmu 2	Rumpun Ilmu 3
Kolaboratif Luar Negeri	ILMU EKONOMI	ILMU EKONOMI	Ekonomi Pembangunan

#### D. WAKTU PELAKSANAAN

Tahun Usulan	Tahun Pelaksanaan	Lama Penelitian
2022	2023	1

#### E. ANCOR RESEARCH

Anchor Research	Topik Anchor
Imamudin Yuliadi, Prof. Dr., S.E., M.Si.	Economic Development & Monetary Policy

### 2. IDENTITAS PENELITIAN

Nama	Peran	Tugas
Romi Bhakti Hartarto, S.E., M.Ec., Ph.D.	Ketua Pengusul	
Dyah Titis Kusuma Wardani, S.E., MIDEc., Ph.D.	Anggota Pengusul	Penyusunan instrumen
Gigih Ganang Asyraf R.	Anggota Pengusul	Transkripsi wawancara

### 3. MITRA KERJASAMA PENELITIAN (JIKA ADA)

Pelaksanaan penelitian dapat melibatkan mitra kerjasama, yaitu mitra kerjasama dalam melaksanakan penelitian, mitra sebagai calon pengguna hasil penelitian, atau mitra investor

Mitra	Nama Mitra	Kepakaran
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#### 4. KOLABORASI PENELITIAN (JIKA ADA)

Mitra	NIDN/NIK	Instansi
Embarika Mostafa	N/A	Swansea University

#### 5. LUARAN DAN TARGET CAPAIAN

##### Luaran Wajib

Tahun	Jenis Luaran
1	Publikasi Jurnal Internasional terindeks SCOPUS,

##### Luaran Tambahan

Tahun	Jenis Luaran
1	Naskah Kebijakan

#### 6. KLUSTER

Kluster	Sub Kluster	Group Riset	Mata kuliah
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#### 7. ANGGARAN

Rencana anggaran biaya penelitian mengacu pada PMK yang berlaku dengan besaran minimum dan maksimum sebagaimana diatur pada buku Panduan Penelitian dan Pengabdian kepada Masyarakat.

Total Keseluruhan RAB Rp. 18,000,000

Tahun 1 Total Rp. 18,000,000

Jenis Pembelanjaan	Komponen	Item	Satuan	Vol.	Harga Satuan	Total
PENGUMPULAN DATA	Tiket Transportasi	pesawat	OK(Kali)	2	Rp. 2,500,000	Rp. 5,000,000
PELAPORAN, LUARAN WAJIB, DAN LUARAN TAMBAHAN	Biaya Seminar Internasional	acara	Paket	1	Rp. 1,500,000	Rp. 1,500,000
PENGUMPULAN DATA	Tiket Transportasi	kereta	OK(Kali)	2	Rp. 375,000	Rp. 750,000

Jenis Pembelanjaan	Komponen	Item	Satuan	Vol.	Harga Satuan	Total
PENGUMPULAN DATA	Transportasi/BBM	perjalanan	OK(Kali)	2	Rp. 150,000	Rp. 300,000
PENGUMPULAN DATA	Hotel/penginapan	hari	OH	5	Rp. 300,000	Rp. 1,500,000
PENGUMPULAN DATA	Biaya Konsumsi Harian	hari	OH	5	Rp. 100,000	Rp. 500,000
ANALISIS DATA	Honorarium Pengolah Data	orang	Per Penelitian	1	Rp. 2,000,000	Rp. 2,000,000
ANALISIS DATA	Honorarium Analisis Data	orang	OK(Kali)	1	Rp. 2,000,000	Rp. 2,000,000
ANALISIS DATA	Honorarium Narasumber	orang	OJ	23	Rp. 50,000	Rp. 1,150,000
PENGUMPULAN DATA	Honorarium Petugas Survey	transkrip	OH/OR	23	Rp. 100,000	Rp. 2,300,000
PENGUMPULAN DATA	Honorarium Asisten Lapangan	orang	OJ	1	Rp. 500,000	Rp. 500,000
PENGUMPULAN DATA	Uang Harian	hari	OH	5	Rp. 100,000	Rp. 500,000

## 8. LEMBAR PENGESAHAN

### HALAMAN PENGESAHAN LAPORAN AKHIR PENELITIAN SKEMA:

Judul : Studi Kualitatif Program Keluarga Harapan dan Penanggulangan Stunting di Kabupaten Bima

Peneliti/Pelaksana : Romi Bhakti Hartarto, S.E.,M.Ec., Ph.D.

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Program Studi/Fakultas : Ekonomi

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Program Studi/Fakultas : Ekonomi

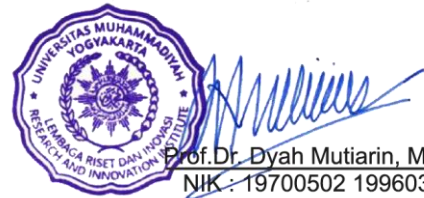
Nama : Gigih Ganang Asyraf R.

NIM : 20180430160

Prodi : S1 Ekonomi

Nama : Embarika Mostafa  
NIK : N/A  
Institusi : Swansea University  
  
Biaya : Rp. 18,000,000

Yogyakarta, 16 Agustus 2023  
Mengetahui,  
Kepala LRI,

  
Prof. Dr. Dyah Mutiarin, MS.i.  
NIK : 19700502 199603

## 9. RINGKASAN

Stunting has become a global problem that contributes to many deaths in children and is an indicator of inequality in human development. This study seeks to explain the pathways by which the Indonesian conditional cash transfer (CCT), namely, the Family Hope Program (FHP), can help reduce the stunting rates in Bima City, West Nusa Tenggara, Indonesia. In Bima City, the stunting rate decreased by more than half within the last five years from 36.5% in 2017 to 14.81% in 2022. Using thematic analysis, this study identifies the possible mechanisms of how the FHP can influence child nutrition based on semi-structured in-depth interviews with 15 beneficiary households of FHP throughout five subdistricts in Bima City. This study finds that some pathways of FHP contribute to reducing stunting in Bima City, such as through cash transfers to women, micronutrient intervention, education in health and nutrition from program facilitators, and health visits as a program conditionality. The external environment also matters in supporting the stunting reduction in Bima City, for example, the existence of applications to report stunting, field visits from health workers, and the role of higher education institutions.

## 10. KEYWORDS

Conditional cash transfer, stunting, child nutrition, health

## 11. HASIL PELAKSANAAN PENELITIAN

Following Leroy et al. (2009), we use a program impact theory framework to help understand the qualitative evidence of the mechanisms through which FHP potentially reduces stunting in Bima City. Program impact theory is defined as a process of how a program achieves its expected impacts through its activities (Rossi et al., 2004). Figure 1 illustrates that FHP influences child nutrition through several pathways. In general, this study supports Lagarde et al. (2007) in the sense that CCT can contribute to improving children's nutritional status through increased household income, better caloric intake from micronutrient intervention, and enhanced knowledge of mothers from exposure to health worker and program facilitator, or combination among those.

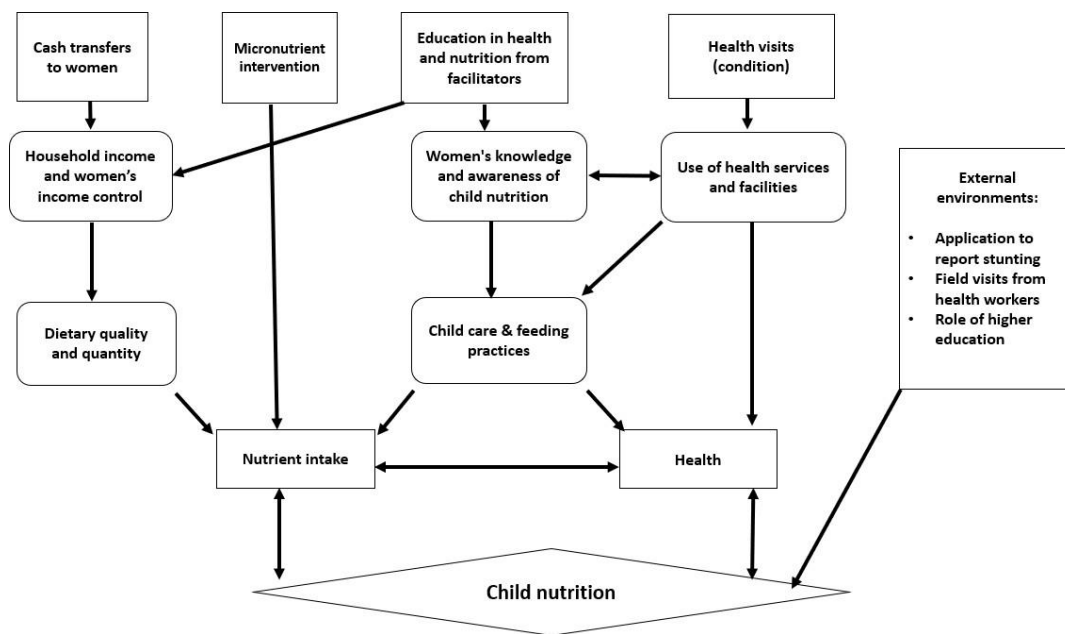


Figure 1. Pathways of which FHP affects child nutrition

FHP beneficiaries mentioned that receiving cash transfers has provided them with additional disposable income, particularly when they were jobless. Since the beneficiaries are women as main caregivers, they would have more financial control over household resources to buy more diversified and nutritious foods (Rodgers & Kassens, 2018). Recipients of FHP were reported to purchase protein-rich food such as fish and eggs and healthier items like fruits, vegetables, and milk, especially when they still breastfed their children. Consequently, this would allow them to increase both dietary quality and quantity for their children.

“Thankfully, when we have no jobs, we can afford to buy food with FHP.” (Recipient 02, 35 years old, West Rasanae)

“Usually (FHP) for daily needs, but we prioritize child nutrition.” (Recipient 02, 35 years old, West Rasanae)

“Before receiving FHP, I rarely fed my child nutritious food because I had no money. Thankfully, FHP helped me a lot financially.” (Recipient 05, 33 years old, Mpunda)

“I can buy more rice, eggs, soap, detergent, and fish. Then, I can buy diapers, baby oil, baby powder, and infant formula. I usually buy one box of infant formula straight away and it can last up to two months.” (Recipient 03, 42 years old, Mpunda)

“Buying fish and vegetables for my own consumption because I still need to breastfeed my child, then buying egg and chicken for my toddler, while the rest is for rice.” (Recipient 04, 35 years old, Mpunda)

Additional income solely is not enough to overcome undernutrition without any complementary interventions (Alderman et al., 2005). A more impactful effect can be realized if the improvement in a child’s food intake is combined with proper feeding practices and styles, enabling easier absorption of micronutrients (Amin et al., 2022; Batool et al., 2023). Thus, FHP involves education in health and nutrition from program facilitators with family development sessions (FDS) through monthly meetings. Health education content from program facilitators includes healthy behavior and parenting skills improvement such as caregiving and child feeding practices, which in turn increase the women’s awareness and knowledge of child health. Even, most of the recipients were already knowledgeable of stunting. These have shifted the intrahousehold preference and allocation for nutritious foods in favor of children’s needs, which contributes to stunting reduction. The topics covered in FDS also include business advice, productive economy, and household financing.

“There is monthly socialization. We were taught by the facilitators how to raise our kids, and how to earn more income apart from the cash transfer. We were taught how to sell, and how to use the yard to grow crops.” (Recipient 01, 47 years old, Raba)

“There is socialization, counseling, monitoring, and face-to-face meetings with the program facilitators. They always remind us to go to the health clinic and have our child vaccinated.” (Recipient 15, 31 years old, Asakota)

“We try to change their mindset to manage what they can manage for their children’s future. As a facilitator, we act like their second husband, solving all their problems.” (Program facilitator, male, 36 years old)

“We highlight the importance of health and nutrition, especially for their children. If their children are sick, they will be in trouble. We also encourage them to buy their children healthy food and milk.” (Program facilitator, male, 36 years old)

FHP also includes micronutrient interventions such as providing fortified food and essential supplements which potentially improve children’s anthropometric status. Micronutrient interventions even already started during pregnancy. Pregnant and lactating mothers are provided with blood supplements and some vitamins. If they weigh less than ideal, they will receive fortified biscuits. Such intervention is essential to prevent women from adverse pregnancy outcomes due to micronutrient deficiency and insufficient pregnancy weight gain (Levinson & Bassett, 2007). In addition to micronutrient interventions, those receiving FHP are also the recipients of other government programs such as non-cash food assistance<sup>6</sup>.

“Fortified porridge and eggs. There are also vitamins provided in months two and eight, twice a year. Anthelmintic is also there.” (Recipient 06, 34 years old, East Rasanae)

“They receive vitamin A. There are also fortified porridge and fruits provided free by the health clinic.” (Program facilitator, male, 36 years old)

“There are some facilities for pregnant mothers, like vitamins before giving birth. They also receive fortified biscuits if they weigh less than ideal during pregnancy. (Recipient 12, 43 years old, West Rasanae)

“Facilities for pregnant mothers include medicines, vitamins, and blood supplements.” (Recipient 14, 45 years old, Asakota)

“There is also non-cash food assistance, a national program that is implemented at the municipal level.” (Secretary of Social Services)

One conditionality of FHP requires its recipients to comply with a monthly visit to primary health care for child growth monitoring and promotion. Their attendance is reported, and the cash transfer can be postponed if they cannot manage to visit the health clinic once a month. During the health visit, toddlers are weighed periodically, and the result is used to make mothers more aware and enhance their child’s growth. Exposure to health workers in the clinic also enhances knowledge of the mothers about stunting. It is because each health center in Bima City provides early stimulation, detection, and intervention of the growth program against stunting (Rokx et al., 2018). Furthermore, this health-seeking behavior will increase access to and utilization of health, including vaccination and preventive care, which in turn reduce infant diseases, particularly infectious ones (Ullah et al., 2022; Zrieq et al., 2022). Furthermore, better child health will improve nutritional status.

“Visiting health clinic is one of the conditionalities. Failure to do so may result in the postponement of the grant for three months.” (Program facilitator, male, 36 years old)

“Nearly all toddlers of FHP recipients visit the health clinic for weighing, growth monitoring, and medical check-ups.” (Health administrator, female, 41 years old)

“We need to visit the health clinic regularly if having an infant or toddler, and it is always monitored by the facilitator.” (Recipient 10, 43 years old, Raba)

“Visit health clinic regularly during the pregnancy until giving birth once in a month.” (Recipient 15, 31 years old, Asakota)

“Stunting is like a malnourished child, lack of growth. I heard this from a midwife at the health clinic. The midwives always explain to us about stunting in every health clinic.” (Recipient 03, 42 years old, Mpunda)

“For those indicated as stunted, they will receive additional supplements. They only need to bring their family card, and they will receive eggs and fortified biscuits from the health center. Since they (the toddlers) are weighed every month, the health center will stop the aid if their weight increases.” (Health administrator, female, 41 years old)

“DPT immunization, polio vaccine for age nine-month, and measles. All my two kids have completed vaccinations.” (Recipient 06, 34 years old, East Rasanae)

In addition to FHP, the progress of stunting reduction in Bima City was accelerated by rapid improvement in hygiene and sanitation as well as community health intervention (Rokx et al., 2018). The percentage of children with access to appropriate sanitation and hygiene reached 94.18% in 2019, which increased up to 15% from the previous year.<sup>7</sup> The community health intervention involves multiple parties relating to stunting. Public Health Office and Population Control and Family Planning Service, for example, have launched an application to report stunting cases in Bima City.

“Some innovations are carried out by the Government of Bima City such as an application to report stunting cases. This is a collaboration project between Public Health Office and Population Control and Family Planning Service to participate in a national competition.” (Head of Public Health Division, Public Health Office)

As the main actor in stunting reduction, Public Health Office actively socializes how to raise kids and prevent stunting for future brides and grooms. They also instruct health workers to conduct field visits for pregnant and lactating mothers to have antenatal care six times and two-time screening with medical doctors as an early stage of stunting prevention. However, some basic facilities in public health clinics still need major improvement, no specific module about stunting in the public health clinic is provided, and the budget post is only available for stunting recovery.

“Every month, there are some health administrators from the clinic doing a field visit to monitor pregnancy mothers and infants/toddlers.” (Recipient 15, 43 years old, Raba)

“We start socialization from future brides and grooms about how to prepare for pregnancy, giving birth, and fulfilling child nutrition.” (Head of Public Health Division, Public Health Office)

“The initial effort we carry out for pregnant mothers is antenatal care at least six times with two times for screening with the medical doctor. We encourage them to prepare for their pregnancy and what kind of nutrition is required to prevent stunting.” (Head of Public Health Division, Public Health Office)

“We need more scales for infants and toddlers since the amount is not enough and the number is pretty inaccurate.” (Recipient 08, 30 years old, West Rasanae)

“Operational cost is the barrier. We do not have enough facilities to provide communication, information, and education to the parents and their children.” (Health administrator, female, 41 years old)

“We do not have any specific module for stunting, so we still use the health and nutrition module.” (Program facilitator, male, 36 years old)

“We need specific budget posts related to stunting so that we can solve the issue immediately each time we find a stunting case.” (Secretary of Social Services)

Finally, the substantial reduction of the stunting rate in Bima City is inseparable from strong commitment and close coordination across all sectors. There are some ways forward to achieve the stunting rate by one digit as targeted by the mayor. Beyond coordination, stunting prevention always requires collaboration across institutions, and it is not solely the responsibility of the Public Health Office. Moreover, stunting prevention is related to food security and clean water source, which involves Food Service and Water Service, respectively, where Regional Planning Agency acts as the leading sector in budgeting and decision-making. Universities also play a role in stunting prevention as consultants for related government institutions. Thus, the involvement of academicians with active participation from the community is instrumental to accelerate the stunting reduction in Bima City.

“Clean water is influential to stunting. Food security, too. Food Service should create food innovation that we can use for socialization about nutrition like what kind of nutritious foods to provide for stunting children and pregnancy/lactating mothers. Then, Regional Planning Agency, as a leading sector for budgetary and decision-making, must determine what needs to be done in stunting prevention.” (Head of Public Health Division, Public Health Office)

“This year, our mayor aims to reduce the stunting rate to one digit. Hopefully, this is achievable.” (Head of Public Health Division, Public Health Office)



“We have collaborated with universities by formulating policy relating to the stunting issue since a stunting locus in Bima City. So far, our program includes distributing free eggs to the local people.” (Head of Population Control and Family Planning Service)

“Community still perceives that stunting is government affairs. This is homework for us to socialize more in which we cannot rely on government programs without any support from the community. (Head of Public Health Division, Public Health Office)

## **12. KESIMPULAN PENELITIAN**

Information on the mechanism of the CCT impact is important to improve the program’s effectiveness. This study provides qualitative evidence from Bima City as a case study on how the CCT program can contribute to reducing stunting through four mechanisms. First, the Indonesian CCT program, FHP, can influence the child nutrition of its recipients through extra income earned by the household. This subsequently can be used to buy more nutritious foods for their children. Second, micronutrient intervention can prevent pregnant mothers from being underweight and improve children’s anthropometric measures. Third, health and nutrition education from program facilitators can change the mindset of recipients and improve their knowledge about child health. Fourth, program conditionality to visit the health clinic on a regular basis can increase exposure to health workers, which consequently improves health-seeking behavior and utilization of health services. Most importantly, the success of Bima City in stunting reduction is not only due to the FHP alone but also contextual factors such as the strong commitment of multiple government actors which enhances program effectiveness.

The limitation of this study lies in the sense that it only captures the mothers’ viewpoints as the FHP recipients. We neglect the role of the fathers as the household heads. As the breadwinners, they also play an important role in taking care of the children knowing that the household decision is primarily made by them. We also do not interview Regional Planning Agency as the key decision maker regarding stunting prevention. Although our findings cannot be generalized to other regions, this study can provide lessons learned from Bima City on how to succeed in declining stunting through FHP supported by enabling environments.

## **13. STATUS LUARAN WAJIB**

Revision required di Cogent Social Science (Scopus Q2 terbitan Taylor & Francis)

## **14. DOKUMEN LUARAN WAJIB**

Terlampir di SIMLITABMAS

## **15. LINK LUARAN WAJIB**

N/A

## **16. STATUS LUARAN TAMBAHAN**

Sudah dipresentasikan di depan BRIDA (Badan Riset Inovasi Daerah) dan diserahkan ke Pemerintah Kota Bima

## **17. DOKUMEN LUARAN TAMBAHAN**

Terlampir di SIMLITABMAS

## **18. LINK LUARAN TAMBAHAN**

N/A

## **19. PERAN MITRA (JIKA ADA)**

Verifikasi penyusunan instrumen pertanyaan wawancara dan revisi artikel.

## **20. DAFTAR PUSTAKA**

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## 21. LAMPIRAN-LAMPIRAN

