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WHAT KIND OF INFORMATION THAT INDONESIAN CONDITIONAL CASH TRANSFER BENEFICIARIES NEED?: A PRELIMINARY STUDY

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ABSTRACT

Objective: To ascertain the need for Family Hope Program or *Program Keluarga Harapan* (PKH) beneficiaries' information and their interest in specific topics given in the FDS module.

Methods: 257 Paper based questionnaire was given to PKH beneficiaries in Cangkringan sub district and mountain of Kidul. In July 2020, questionnaires were returned by 120 PKH beneficiaries. Question related to what kind of information the PKH beneficiaries need, favorable information source and media were gathered in this study.

Results: Respondents were mainly desired information about economy (71%). The most favorable media and source to get these information is TV (73%). Most beneficiaries would love to hear the information during PKH group meeting (52%).

Conclusions: To effectively and comprehensively address the information needs of PKH beneficiaries, Ministry of social affair should make a TV program containing information about economic for poor.

Keywords: Information need; Family Hope Program (PKH); Poor.

I. INTRODUCTION

The Family Hope Program or *Program Keluarga Harapan* (PKH), hereby called PKH, is a conditional social assistance program for Poor Families in Indonesia. Indonesian Government running this program to accelerate poverty reduction in 2007. PKH is a social protection program, also known internationally as Conditional Cash Transfers (CCT). The program in many countries is proven to be quite successful in tackling the poverty faced in these countries. PKH beneficiaries receive sum of cash regularly. PKH beneficiaries also receive periodic grocery assistance such as rice. Through PKH, the beneficiaries are encouraged to have access and utilize basic social health services, education, food and nutrition, including access to a variety of other program's social protection. These accesses are expected to improve the living standards and economic capabilities of the recipient.

Currently, PKH has become the main program of the Indonesian government aimed at tackling poverty. In this program, various national social protection and empowerment programs are synergized. The Indonesian government through PKH has an important target to lower the poverty rate that is still high. In March 2016, Indonesia's poor population reached 28.01 million people (10.86%) of the total population.¹ The Government of Indonesia then set the poverty reduction target to 7-8% in 2019, as stated in RPJMN 2015-2019. PKH is expected to contribute significantly to lowering the number of the poor and increasing human development index.²

When a person becomes a PKH beneficiaries, they must present in a Family Development Session (FDS) or known as *Pertemuan Peningkatan Kemampuan Keluarga* (P2K2) every month.³ In this FDS, the PKH counselor must convey 5 important information, Economic information, Maternal and child health and nutrition, Knowledge of child protection, Knowledge of parenting and education, and Social welfare (disability and elderly). To certain the desirable FDS information well understood by PKH beneficiaries, PKH counselors need to know PKH

beneficiaries' preferences regarding that information. Thus, this preliminary study was designed to ascertain the need for PKH beneficiaries' information and their interest in specific topics given in the FDS module.

II. METHODS

Study design and setting

This study is a pilot study of a larger study that is a survey of assessing information need in PKH beneficiaries in Nganjuk Sub-district that includes 1600 PKH beneficiaries. To test the questionnaire we conducted a pilot study. We took 2 urban communities out of a total of 13 communities in Nganjuk Sub-district. The 2 urban communities has total of 257 PKH recipients. This urban communities was taken because it represents Nganjuk Sub-District condition in general. Since COVID-19 pandemic we are only able to spread questionnaires to respondents through PKH facilitators. All of the PKH beneficiaries are eligible to take part in this study.

Survey instrument

257 Paper based questionnaire was given to PKH beneficiaries in 2 urban communities, Cangkringan and Mountain of Kidul. In July 2020, questionnaires was returned by 120 PKH beneficiaries. This method is adapted from a study by Li, Y., et. al.⁴ Questions related to what kind of information they needed and favorable information source and media were gathered too. We designed a questionnaires that began with questions asking about respondents identity such as name, phone number, address, date of birth and job. And the second part we asked respondents to choose 1 among 5 topics they interested into, from PKH module. The next section we asked respondents to indicate what media they preferred to get information, and the method they choose to deliver the information. The last, we asked respondent to choose one their favorite source for delivering the information. The ethical committee of IIK Bhakti Wiyata approved the study. We calculated the proportions of each information need, media and method chosen, also preferred source of information. We input the data using Epi Data application and analyse it using STATA software.

III. RESULT

A total of 257 questionnaires were distributed, 137 were filled incompletely. The 120 usable questionnaires were all collected from woman aged given to the respondents, only 120 were returned. The usable 120 questionnaires represented response rate of 47%. Seventy-six percent of participants were housewife and 86% of respondents were ≥ 35 years old. No respondent with age 15-20 years old. Eleven percent of respondents had child under 5 years old and most respondents had children with older age groups.

Information Preference

Most participants (71%) preferred Economic information to share with them (Figure 1). The least in-demand topic is Knowledge of child protection (1%).

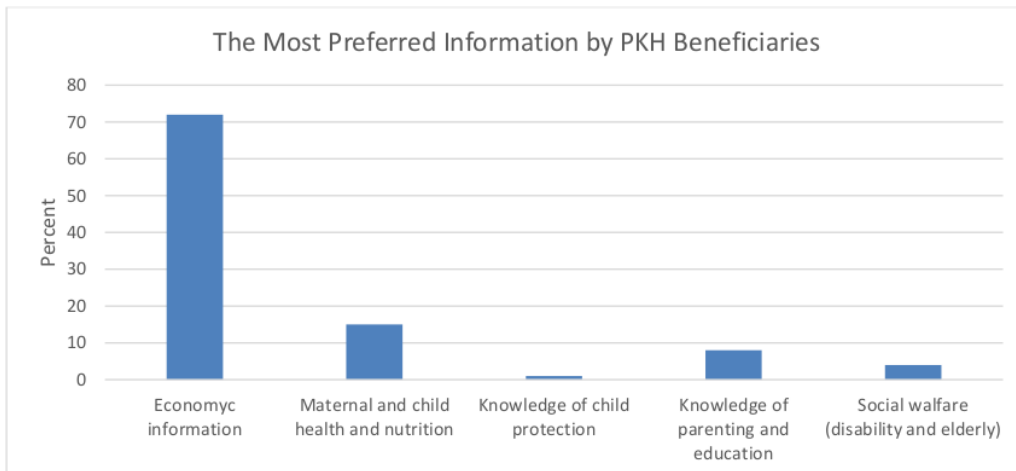


Figure 1 Most preferred information by PKH beneficiaries.

The most favorable media to get these information

We asked respondents about media they choose to get those information. Most participants (73%) choose TV as the media they preferred to get information. However, some participants chose to get the information directly, by getting information face-to-face with someone (15%).

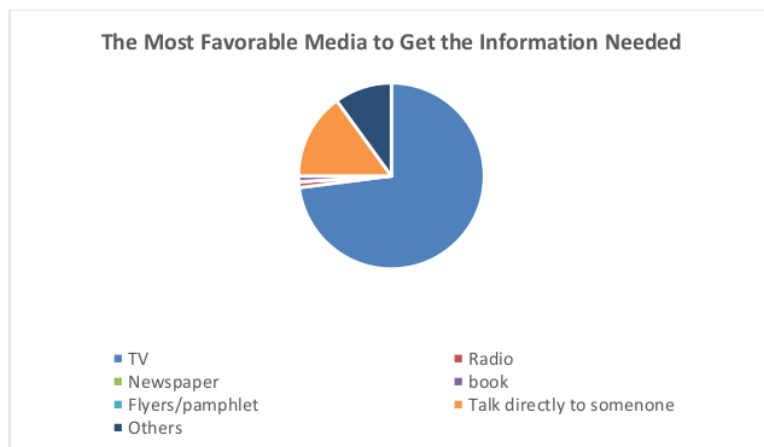


Figure 2 The most favorable media to get the information needed.

Radio, newspapers and books do not seem to be preferred because only 1% of participants voted for it.

The Method PKH beneficiaries Choose to get PKH module information

Most participants choose to get explanation during FDS (52%). Another method that many participants liked was to search the internet for information (15%). The provision of information during the *arisan* was also favored by a small number of participants (10%) (Figure 3). An *arisan* is a form of Rotating Savings and Credit Association in Indonesian culture, a form of Microfinance. This occasion is potential event to deliver information they needed for participants who preferred gaining information directly without media.

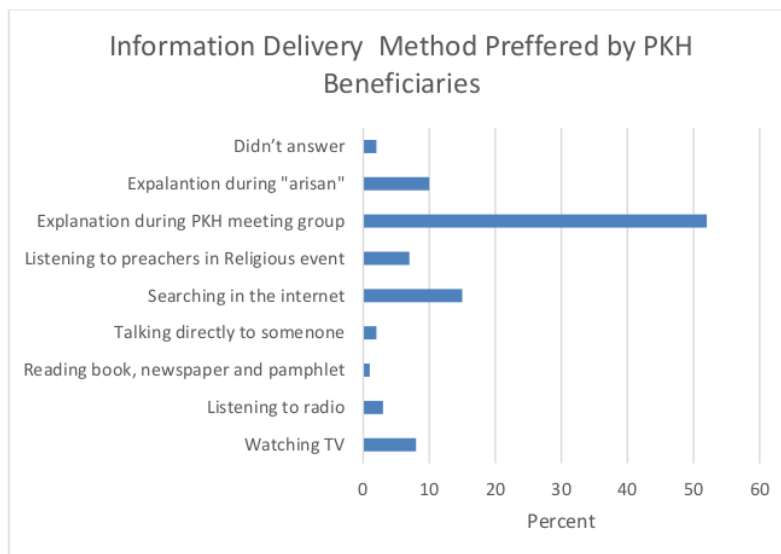


Figure 3 Information delivery method preferred by PKH beneficiaries.

Source of information

We also gathered information about source of information participants preferred. The result showed that TV is still the most wanted source of information is TV (46%).

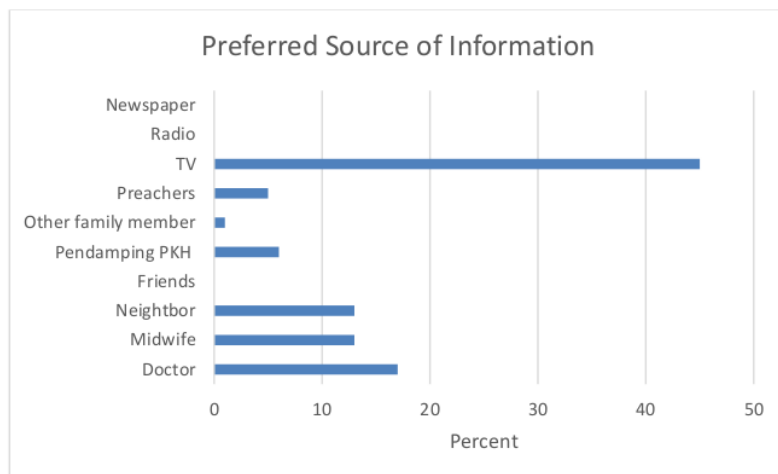


Figure 4 Preferred source of information.

Doctor is position 2 with 18% participants choose it. Neighbor dan midwife is a another source they preferred (13%). No participant choose newspaper, radio and friends as their source of information (Figure 4).

IV. DISCUSSION

This study was conducted at 2 villages whose characteristics may differ from other villages that have PKH beneficiaries in Indonesia. Therefore, the results of this study cannot be generalized. PKH program has 5 module to assist the companion in carrying FDS more easily.⁵ Those module aims to improve positive practices to encourage changes in the health behavior, children education, welfare and economic improvement of the PKH beneficiaries. In this FDS, the PKH counselor must convey 5 important information, Economic information, Maternal and child health and nutrition, Knowledge of child protection, Knowledge of parenting and education, and Social welfare (disability and elderly).

This study found that economic information is the most wanted information among all. Economic information in this section is information related to finance. A previous study by Bakar in 2011 indicates that 82% woman information about finance since money to be the most important thing.⁶ Information about maternal and child were also important for PKH beneficiaries. It indicates that child's health is still the concern of some woman in this program.

TV is ranked in the top five information media (Figures 2). Mass media provides information about health and make people aware so as to prevent the spread of various diseases. Based on the type, the type of mass media is divided into print media, radio, television, internet, traditional media and folk media mainly the electronic media very much interact with the people even illiterates can easily understand the information getting awareness about the social, political and well developmental issues.⁷

Some participants preferred to talk about the information needed by directly discussing it with others because they need to hear it from someone who have "been there" or having the same interest issues on it.⁸ Beside information delivery through FDS, some participant now tend to use internet to search their information need. But searching information through the internet is not massively done by this community because of some barriers. Despite IT hardware support, participants may still experienced internet connectivity issues that negatively impacted their health information seeking.⁹ Unable to pay the phone credit, or buying another thing that is more important than phone credit could be another reason why this group are not willing to search the information they need through the internet. Another reason why internet use not really high in this group is maybe related to low socioeconomic

status. An earlier study showed that considerable variation in Internet know-how was related to both socioeconomic status and autonomy of use.¹⁰

We found that most participants choose explanation during PKH group meeting or FDS to get the information from module. FDS is an effective way to deliver information in PKH's module. In the FDS session PKH beneficiaries are invited to play games, retelling the results of chats, answering questions, and singing together.⁵ Many studies confirm that CCT program give a positive impact in maternal health and education (school enrollment) because of the FDS.¹¹⁻¹³ But the succession of FDS program is really depend on PKH facilitator supportive role.¹⁴

Our finding showed that top 5 sources of information preferred by participants are TV, doctor, neighbor, midwife and PKH facilitator or "Pendamping PKH". This finding means that our participants preferred both informal and formal channels to receive information. The formal channels include radio, television and primary health care workers. The informal channels on the other hand constitute the imams (religious leaders).¹⁵

TV remains a popular resource for information in this group, but more traditional sources such as doctors and midwives are still the most preferred source of our participant. Just like in other study, traditional source may still be valid for some people during a recent health need.¹⁶ A study showed that those who sought a doctor or health care provider first during a recent health information need compared to other sources were most likely to be less educated and have health insurance. This finding could explain why doctor is still chosen to be the source of information since PKH beneficiaries mostly have low educational level.¹⁷

This study has limitation in data collection. We asked respondents to choose one out the numbers options of data instead of using ranking system. Giving participants a chance to rank their preferences could provide good information about information PKH beneficiaries need. Study from Schultz et.al., could be a good way to gathered information about Information need.¹⁸ Question about what kind of language that participant preferred could also be very useful to be gathered. Generally people in Nganjuk use Bahasa Indonesia in certain occasion, but they also speaks the Javanese language in daily.

Another improvement that needed to do to the next study was we need to be more specific to see what part of information the beneficiaries need. The 5 modules consist of some chapters. Among those chapters, which one is needed the most? The most interested chapter of economic module should be well explained, because PKH beneficiaries that mostly are women, will play an important part of the labor force by engaging in subsistence trade.¹⁹

V. CONCLUSION

PKH beneficiaries largely interested in economic information. Economic information PKH's module consist of 3 chapters and some sub-chapters which we didn't know specifically what sub-chapters they interested the most is. Most participants relied on TV as their favorite media and method. And some participants relied on traditional sources for information such as midwives, nurses or doctors. TV is the predominant sources of information to effectively and comprehensively address the information needs of PKH beneficiaries. We suggested Ministry of Social Affairs suggested to create TV program containing information in the module, to meet the economic information need among PKH beneficiaries.

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