Asian Social Work Journal, Volume 4, Issue 2, (page 63 - 70), 2019

Asian Social Work Journal (ASWJ)

Volume 4, Issue 2, March 2019

e-ISSN : 0128-1577

Journal home page:
www.msocialwork.com

The Contribution of Hope Family Program and *Madani* Brotherhood Program in Increasing Public Health in Kendari City

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Abstract

Health is an important basic capital for humans to be able to function socially. Without good physical and mental health conditions, humans find it difficult to get happiness in life. Efforts to maintain and improve public health continue to be carried out, both by the government and by the community through health activities and programs. This paper aims to explore the contribution of the Hope Family Program (HFP) and the Madani Brotherhood Program (MBP) in improving public health, as well as the factors that influence it in Kendari City. The research method used is a qualitative method with a case study approach. The focus of this study is the recipients of the Family Hope Program and the Madani Brotherhood Program, where the majority of them are poor families. The results showed that: First, MBP was more effective in improving public health than HFP. This is because the community health improvement program carried out by the community is easier to implement and more sustainable in nature. Second, the factors that influence the success and failure in the implementation of the program in Kendari City are: first, the legal rules underlying the program; second, human resource factors, third, funding support factors; and finally is a factor of the values underlying the implementation of the program.

Key words: health, family program, brotherhood program, community health

Introduction

Health is an important basic capital for humans to be able to function socially. Without good physical and mental health conditions, humans find it difficult to get happiness in life. In the Oxford Learner's Dictionary (1995: 469) it is stated that health is a component of well-being in addition to the components of comfort and happiness. For a long time, the history of human life has been marked by the struggle to free itself from ignorance, poverty and disease. The struggle of humans to obtain and maintain body health has even begun since from the mother's womb to old age even to the grave. Various efforts were made to improve public health. Efforts to maintain and improve public health are not only carried out by the government, but also by non-government and the community. Efforts to improve public health are manifested in the form of health activities and programs. The aim is to overcome various types of diseases as well as to improve the health of individuals, families and communities.

Public health problems in Indonesia are generally caused by conditions of the low socio-economic level of society and poverty which results in inability and ignorance in various ways, especially in the health sector to maintain themselves (self care). The condition of poverty affects the health conditions of families and communities. Because the condition of the body is poor and vulnerable, the physical

condition and health of a person will be bad. Chambers (1987) says that poverty is associated with a state of poverty and unluckiness, lack of income and wealth, physical weakness, isolation, fragility and helplessness. Poverty also according to Douglas (1973) in Jordan (2008) is related to the exclusion from the esteem and power. Therefore, the approach to addressing health problems should not only be resolved through economic approaches, for example by overcoming poverty but also through biopsychosocial approaches to the overall social functioning of individuals. The biopsychosocial approach is a perspective that argues that biological, psychological (which includes thoughts, emotions and behavior), and social factors play an important role in human functioning and social dysfunction (Fahrudin, 2018: 22).

In the context of the state, the provision of health services is the right of every citizen. This is contained in the amendment to Article 28 H paragraph 1 of the 1945 Constitution, namely the right to live physically and mentally prosperously, to live, and to get a good and healthy environment, and the right to obtain health services. Indonesia is a country that adheres to the "Welfare State" notion with the Participatory welfare state model. This model emphasizes that the state must continue to take part in the handling of social problems and the implementation of social security, even though the operation still involves the community (Suharto, 2005: 2).

As a manifestation of the state's responsibility towards its citizens in the health sector, the government created a public health improvement program, both carried out by the central government and regional governments. At the central level, the community health improvement program is called the National Health Insurance. Examples include: Poor People's Health Insurance (Askeskin), public health insurance (Jamkesmas), Health BPJS, Hope Family Program (PKH), Healthy Indonesia Card (KIS), and others. The basic objectives of the National Health Insurance are: first, provide financial protection to participants so that they do not experience difficulties when they are sick; second, increasing the access of participants to health services; and third, help improve the health status of the population.

The community health improvement program has also been running in Kendari City, both by the government and the community. Central government health programs such as the Hope Family Program (HFP), Healthy Indonesia Card, Health BPJS, and others. Specifically for HFP or PKH, Kendari City began implementing in 2012. While the community health improvement program carried out by the community, for example, was like the *Madani* Brotherhood Program (MBP). Efforts to share and help these people in people's lives are referred to as social solidarity *(kesetiakawanan sosial)* (Nugraha, 2015: 6). This paper aims to elaborate the comparison between public health improvement programs carried out by the government and community health promotion programs. The results of the elaboration of the two types of programs will eventually be able to answer the question of which community health improvement program is the most contributing, is the public health program run by the government or is the community health program run by the community?

Hope Family Program

The Hope Family Program (HFP) is a central government social assistance program given to poor families. In the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 1 Year 2018 concerning the Hope Family Program Article 1 paragraph 1 is said that the Hope Family Program is a program of conditional social assistance to families and / or someone who is poor and vulnerable who are registered in integrated data, processed by the Social Welfare Data and Information Center and designated as HFP beneficiary families. The goals of HFP are: in the short term, this assistance will help reduce the burden of spending on Beneficiary Families (BF), while for the long term it is expected to break the inter-generational poverty chain, so that the next generation can escape the poverty trap. Poor families targeted by HFP, if they want to get HFP assistance, then the family must fulfill one of the 3 components of HFP's requirements, namely the first component of education, the two components of health, and the three components of social welfare. These three components must be in a poor family if they want to get HFP assistance, but if they do not have the required components, the poor family will not get HFP assistance despite the fact that the family is poor.

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Nationally the Hope Family Program began to be implemented in 2007, but in Kendari City HFP began in 2012. The number of HFP beneficiary families and the amount of funds provided for HFP recipients continued to increase from year to year. According to the Ministry of Social Affairs of the Republic of Indonesia in 2018, it was recorded that as of December 2018, the total HFP recipients of twelve million families with HFP funds disbursed by the government had reached ten trillion rupiah. The same development also occurred in Kendari City. At the beginning of the HFP implementation in 2012, the number of HFP recipients was 1,820 families spread in four sub-districts namely Puuwatu District as many as 491 Beneficiary Families (BF), Wua-wua District as many as 289 BF, Poasia District as much as 373 BF and Abeli District as many as 667 BF. But in 2018, the number of HFP recipients has reached 7,607 BF spread in 11 sub-districts and 64 urban villages in Kendari (Tuwu, 2018: 277).

Madani Brotherhood Program

The *Madani* Brotherhood Program (MBP) is a humanitarian program created by the Kendari City Government to address the problem of high rates of poverty and various other social problems. The technical implementation is to familiarize one rich family with one poor family with the "one helps one" scheme. There are two cornerstones of *madani* brotherhood. The first is the operational basis of the Mayor of Kendari Regulation Number 17 of 2008 concerning the *Madani* Brotherhood. The second is the religious foundation, namely the Qur'an, Al-Maaun verse 1-3 about the need to support orphans and the poor, and the Hadith of the Prophet which reads: "the best of men are those who benefit others". Inamori (2014) says that encouragement helps others because of caring, love, affection, and altruism.

The aim of the *Madani* Brotherhood Program is to raise the rank of poor *madani* brother (poor families) from the initial condition that the poor are changed to not be poor through the empowerment process. The aspects of empowering poor families include: first, aspects of providing employment or providing income; second, housing aspects; third, aspects of mental health and spirituality; fourth, the aspect of education; and finally the aspect of household development.

After the occurrence of *madani* brotherhood between one rich family and one poor family, the rights and obligations between them are voluntary. Rich families have an obligation to help fulfill all kinds of needs of poor families without expecting compensation from these poor families, while poor families have the obligation to behave well and help their rich families through good behavior, attitude and energy. Until the end of 2018 the Kendari City government had successfully brought 2,160 pairs of families together. Interestingly, in Kendari the *Madani* Brotherhood Program was carried out by the government, while in Europe and the USA similar programs such as Faith-Based Organizations were conducted by Non Government Organizations (Bielefeld et al., 2013: 468; Smith et al., 2009: 306).

Comparison Between Hope Family Program and *Madani* Brotherhood Program in Various Things

Unlike the Poor People's Health Insurance (Askeskin) program, the community health insurance program (Jamkesmas) and the Healthy Indonesia Card Program (KIS) which clearly refers to health programs, the Hope Family Program (HFP) and the *Madani* Brotherhood Program (MBP) are not the case because these two programs health words are not explicitly displayed. In HFP health includes one component of program requirements, as well as in the *Madani* Brotherhood Program. The following will show a comparison between the Hope Family Program and the *Madani* Brotherhood Program in relation to health. Next can be seen in Table 1 below.

Based on table 1 above, it can be seen that the difference between HFP and MBP is as follows: first, from the actor who runs the program. HFP is run by the central and regional governments, while MBP is run by the community. Even though the initiator of MBP was Kendari City Government, the implementation of the MBP was more successful in the community than the government. Why did this happen? Because the *madani* brotherhood carried out by government officials is based on the rules and positions held by officials. For example, the A, as a Head of Sector or a Head of Service in Kendari

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City Government. The Head of Division or Head of Service acts as a wealthy family. He appointed a poor family to be made his poor *madani* brother. On a trip when the position of the A as Head of Division or Head of Service is replaced, transferred, or transferred to another place, then automatically, the relationship of *madani* brotherhood between the A and the poor family will be cut off automatically. Meanwhile, on the other hand, if the one who does *madani* brotherhood is a society, the relationship between *madani* brotherhood between them lasts longer due to the basic foundation of brotherly relations is spirituality (which comes from the teachings of the Qur'an and Hadith) and is not based on written rules or occupied position. This was revealed in the findings of the research cases that I examined in the field.

Table 1. Comparison between the Hope Family Program and the *Madani* Brotherhood Program in Kendari City, Southeast Sulawesi Province.

Hope Family Program (HFP/CCT)	***Madani* Brotherhood Program (MBP)**
- Run by the government.	- Run by the community.
- The program has a time limit.	- The program has no time limit.
- Unsustainable program.	- Sustainable program.
- Formal.	- Informal.
- Complicated requirements.	- Easy and simple requirements.
- Utilizing government resources.	- Use local resources and values.
- High cost.	- Low cost.

Source(s): Data Adapted from Tuwu (2018).

Second, the term of membership in HFP has a limited period of time, for example, for five years plus one year, after that HFP participant membership will end. While the period of participation in MBP is unlimited, the only thing that stops the *madani* brotherhood between one rich family and one poor family is death. So the whole body is still contained throughout the life, so long as *madani* brotherhood takes place. Therefore, membership in the MBP is more sustainable and long-term compared to membership in HFP that is not sustainable.

Third, to become HFP recipients is very formal, while MBP is informal. To be a HFP beneficiary member is not enough if only the status of a poor family, but the poor family must fulfill one component of the three components required by the government, namely the education component, the health component, and the social welfare component. In other words, even though a family is classified as a poor family, if the family does not have school-age children aged 6 years to 15 years, or does not have pregnant women and nursing mothers, and does not have family members of elderly parents, then the poor family is not entitled to HFP assistance. So short sentence, to become a recipient of HFP assistance funds, a family must have a number of requirements as follows:

i. First, every HFP recipient's family must come from a family that is less fortunate, less fortunate and poor,
ii. Second, every poor family of HFP recipients must have one of the components of education, health, and social welfare,
iii. Third, every poor family of HFP recipients must be recorded in the Central Bureau of Statistics's Integrated Data Bank,
iv. Fourth, every poor family HFP recipient must have a HFP participant card,
v. Fifth, every poor family of HFP recipients must fulfill school attendance (80%) and attendance at health facilities (community health center and integrated service post) every month, and
vi. Finally, every poor family of HFP recipients is required to attend group meetings held by sub-district facilitators in each village (kelurahan).

While in MBP which is driven by the community, the requirements are not as often as the requirements in HFP. In MBP participants, the important thing is that a family is in the poor category, so the poor family has the opportunity and has the right to be appointed as a poor *madani* brother. For families who are classified as poor, to become poor *madani* brother, there are several requirements that must be met,

but these requirements are not as complicated and not as serious as the requirements in HFP funded by the government.

The last difference between HFP and MBP is the difference in terms of the resources and sources of funds used to implement the program. Because HFP is a central government program to break the poverty chain and improve maternal and child health, the entire process and implementation of the program uses government resources, of course with a large budget sourced from the State Development and Expenditure Budget. The resources used are: at the central level there is a central HFP coordinator, at the district / city level there is a district / city HFP coordinator, sub-district facilitator, and computer operator. All HFP resources receive a salary from the government every month. Many funds are used to pay the salaries of HFP employees. Meanwhile to run the MBP, the community uses local resources and local wisdom called spirituality (Tuwu, 2018). Spiritual values exist and are owned by everyone, every family, every group, every culture, and every society everywhere. In villages or in cities, in developed-modern countries or in developing countries, all of them have spiritual values. Spirituality is values that come from the community that are not only sourced from religious values and beliefs, but also from traditional values and culture, trust, social capital, careness, empathy, sympathy, love, affection. With the existence of spiritual values in each person, then moving someone to be willing, sincere selflessly help others. Because of that, it is economically cheaper. Spirituality values that exist in MBP are community capital called spirituality capital, which can be used to overcome problems faced by the community, including health problems. Adi (2013) called it a community asset.

Difference When the Program Recipient Suffers Disease then Goes to the Hospital

Everyone always craves a healthy, safe and happy life in their lives. Health is a very valuable asset in human life, therefore everyone is willing to pay any amount to care for their health and treat their illnesses. For rich people, it is not difficult to maintain health and treat illnesses that are suffered because they have a lot of money. It is different with poor people, if they are sick or suffer from an illness, let alone to go to hospital to eat it is difficult. Therefore they must need the help of others to fulfill their needs. Such is the narrative of one of the research informants. He was one of the participants in the *Madani* Brotherhood Program. More information can be listened to in the following interview.

> Are you sick? how long have you been sick, and why didn't you go to the hospital? I have a headache sir, I have a lung ache. My pain comes, sometimes it hurts sometimes but if he comes in pain, I can't stand the pain, the pain is very painful. I have felt my pain for a long time, when I was in the village I had begun to feel the pain. When my husband was still alive, he took care of me, he went to buy me medicine. I think there is a change but after my husband passed away, I have never been treated again. Actually there was my desire to go to the hospital, but I had no money. Moreover, we know that medical treatment at the hospital is expensive. Let alone for treatment, just to eat everyday is difficult. So I have to leave it alone. But since I met with Mr. Bahrul, he always gave me money and took me to the hospital (Interview with Mrs. Wa Ana, 51 Years July 27, 2018).

Based on the results of an interview with one of the participants of the *Madani* Brotherhood Program, it can be seen that the condition of a poor family (Wa Ana, 51 years) is very alarming, especially when he is sick or suffering from an illness. Let alone go to the hospital for treatment, to buy and fulfill your daily needs is difficult. To buy rice and daily basic necessities is difficult. But thanks to the help and presence of a kind-hearted person who will later become a *madanian* it is very helpful to ease the burden of life and the suffering felt by Mrs. Wa Ana, including treating her illness in the hospital.

Based on the results of interviews with Mrs. Wa Ana, she told the story of her illness that when she suffered a severe illness, she suddenly fell on the side of the road, then people came to see forming a crowd. In the midst of hectic traffic and crowds of people and passing vehicles there is no one who cares about her pain. Until then came Mr. Bahrul, an elementary school teacher, who came to help her. In the midst of the crowd, Mr. Bahrul said: "Why don't you try to help and just see and let someone

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who is seriously ill? Don't you feel sorry? She thinks humans are just like you. After that, Mr. Bahrul raised and took her to the hospital to be treated. All medical expenses at the hospital are borne by Mr. Bahrul. Even Wa Ana's children at home were financed by Mr. Bahrul. Mr. Bahrul does it all because of the encouragement of humanity, empathy, love, and caring so that he is moved to help others. This is what is called spirituality. So without the spiritual values in Mr. Bahrul, he would not be willing and willing to be moved to help Mrs. Wa Ana.

While on the other hand are participants in the Hope Family Program. If there are HFP participants who are sick, and want to go to the hospital, then the procedure taken by HFP card holders is very long. The procedure to go to the hospital starts from taking a referral letter from the local Community Health Center (Puskesmas), carrying the Identity Card and HFP Participant Card. But once he arrived at the hospital, it turned out that the HFP card could not be used. But he was fortunate to have a Healthy Indonesia Card, so what he used for medical treatment at the hospital was the Healthy Indonesia Card.

But the problem for the recipients of HFP grants is that when they are sick, not all costs are borne by the hospital (government) such as drug costs, transportation costs, living expenses of families who come to look after and stay in the hospital and others. Because of the large amount of money that HFP recipient patients have to pay when they are sick, they feel very miserable. In fact, sometimes they are forced to pay debts to their neighbors or family debts to cover the costs of transportation and redeem their prescriptions. This is different from the case example when participants in the *Madani* Brotherhood Program were sick. In the case when the participants of the *Madani* Brotherhood Program were sick, all costs were borne by the rich *madani* family, while in the case when the Hope Family Program participants were sick, there were still many costs to cover such as transportation costs and drug costs, etc. These additional costs are very heavy for participants receiving HFP assistance funds.

The Contributions of PKH and PPM in Improving Public Health in Kendari City

Although the government claims that CCT has succeeded in improving public health conditions, reducing malnutrition rates, reducing malnutrition rates, increasing poor people's access to basic health care (especially for children and pregnant women), the benefits obtained from HFP/CCT, especially the health component, are still very low because it has not reached all age groups of poor families. This is because the HFP/CCT coverage of the health component is still limited to the age group of children aged 0-15 years and pregnant women, so the contribution and benefits of HFP/CCT for other age groups are still very low. So, even though treatment for other age groups has been handled by the Healthy Indonesia Program (HIP), the fact shows that the Healthy Indonesia Program has not been able to answer all the problems that exist. The existing problems are the poor who are sick and must be referred to the hospital, still feeling burdened with additional costs incurred during illness. The Healthy Indonesia Program only covers the costs of sickness and hospital fees, while transportation costs, drug costs, family expenses, and other costs are still borne by the community. Based on this fact, it can be said that both HFP and HIP, both of which did not achieve the National Health Insurance target, were providing financial protection to participants so that they did not experience cost difficulties when they were ill; and help improve the health status of the population. Why is that? because people still experience financial difficulties when they go to hospital.

Not to mention when talking about the complaints of participants of the National Health Card-Indonesia Health Insurance for health services in health facilities in general is very much. The participants' complaints included the following:

i. First, the queue of services at health facilities is too long.
ii. Second, restrictions on drug administration; limited drug availability, or empty medication, so participants are forced to spend their own money to buy medicine.
iii. Third, sometimes patients are told to come repeatedly, even though the cost of transportation from home to hospital is relatively expensive.
iv. Fourth, the doctor's practice hours at the hospital are limited.
v. Fifth, there is a lack of information about the types of services available at the Hospital.

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vi. Finally, there is a quota of inpatient rooms and information on limited room availability, rooms are only available 10% of the total hospital.

Meanwhile, for participants in the *Madani* Brotherhood Program if they suffer from illness or illness and must be referred to the hospital for treatment, then all hospital medical expenses, transportation costs and drug costs, and other costs, are all borne by the rich *madani* family. Besides that, the procedure is also very easy and simple.

So, if we compare between the two types of social protection programs, namely a comparison between HFP and MBP, we will find the answer that HFP is not effective in improving public health even though the program is supported by large government resources and state funding, but the results are less effective. While the *Madani* Brotherhood Program is run by the community, the results are far better and more effective. Social interventions in the *Madani* Brotherhood Program are more effective and make participants more socially functioning than HFP participants. Why is that? Because the funds were paid in HFP were not comparable with the benefits obtained.

Conclusion

HFP/CCT as the flagship program of the Jokowo-JK government must truly be a superior program that is useful, because with substantial financial and resource support, HFP/CCT should contribute more to the creation of public health conditions. But in fact, the benefits of the HFP/CCT health component are still very low, because it only touches children aged 0-15 years and pregnant women, while other age groups have not been touched. Even though the HFP/CCT beneficiary's sick family has been served with a Healthy Indonesia card, this program has not handled all the components of the participant's medical costs, especially transportation costs, additional drug costs, and the family's living expenses while in the hospital.

While on the other hand, MBP contributes more to improving public health. The Madani Brotherhood Program is a good humanitarian program, which is a community subsidy toward the state program to tackle poverty and disease in society. Therefore, the civilization is a movement that needs to be encouraged, especially the people who are categorized economically as capable or rich families. So that various types of diseases can be cured and public health can be improved.

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