



---

# IMPLEMENTATION OF CONDITIONAL SOCIAL ASSISTANCE PROGRAMS IN IMPROVING THE UTILIZATION OF MATERNAL AND CHILD HEALTH SERVICES IN MANGGAR BARU VILLAGE

Nunik Suciyani, Sri Wahyuni  
Universitas Ngudi Waluyo

\*Penulis Korespondensi: [nuniksuciyanis55@gmail.com](mailto:nuniksuciyanis55@gmail.com), [sriwahyuni@unw.ac.id](mailto:sriwahyuni@unw.ac.id)

**Abstract.** *This study aims to explore in depth the implementation of the Conditional Social Assistance Program in improving the utilization of maternal and child health services in Manggar Baru Village. The main focus of the study is on how the conditions of assistance affect the health behavior of low-income communities. The study uses a descriptive qualitative approach with an interpretive paradigm. The research informants were housewives who were beneficiaries of social assistance, program assistants, and health workers at the Manggar Baru Village Health Center and Integrated Health Service Post. Data were collected through in-depth interviews, participatory observation, and documentation studies, which were then analyzed using the Miles and Huberman model, which includes data reduction, data presentation, and conclusion drawing. The results of the study show that the conditionality mechanism is effective in increasing health visits because of the link between financial assistance and administrative obligations. The education process through group assistance successfully improved mothers' health literacy regarding nutrition and stunting prevention. However, the surge in visits has not been matched by adequate health infrastructure support, resulting in accessibility constraints in the form of long queues and limited medical personnel.*

**Keywords:** *Conditional Social Assistance; Maternal and Child Health; Policy Implementation; Manggar Baru Village*

## 1. INTRODUCTION

Health sector development is a key pillar in improving the quality of human resources and the human development index in Indonesia in a sustainable manner. The government consistently strives to reduce maternal and infant mortality rates and the prevalence of stunting through various policy interventions targeting the lowest socioeconomic groups. One of the strategic instruments used is the Conditional Social Assistance Program, such as the Family Hope Program (PKH), which is designed to break the chain of intergenerational poverty by providing financial incentives to poor families. This program requires active commitment from beneficiaries, particularly in the health sector, where pregnant women and toddlers are required to access basic health services regularly at primary health facilities (Hidayat, 2023). Tyas & Andreasta (2023), The success of this program depends heavily on the extent to which these health requirements are understood, accepted, and implemented by the community as part of a transformation towards healthy living. However, despite comprehensive regulatory design, implementation at the grassroots level often faces complex sociocultural dynamics and administrative obstacles. In urban areas such as East Balikpapan, these challenges are particularly evident given the demographic diversity and varying levels of health literacy among beneficiary families. Therefore, an in-depth study is needed to understand how this assistance scheme can truly encourage optimal utilization of health services at the

village level. Focusing on maternal and child health is crucial because this phase is a golden period that determines the future of the nation's generation, so that any barriers to access to services must be identified and addressed with precision (Aulia & Rita, 2021).

Structural poverty often acts as a barrier preventing people from accessing quality health services, even though these facilities are provided by the state. Many underprivileged families prioritize urgent food needs over prenatal checkups or infant immunizations due to transportation costs and loss of productive time (Tyas & Andreasta, 2023). The Conditional Social Assistance Program serves as a social safety net that seeks to balance urgent economic needs with long-term health investment needs for poor families. Robbins et al. (2013) emphasizes that cash assistance with certain prerequisites has proven effective in mobilizing the masses to public health facilities in various developing countries. In Indonesia, this mechanism is implemented under the strict supervision of social workers who are tasked with ensuring that every rupiah disbursed is accompanied by compliance with national health service standards. Adams (1965) explains that the emphasis on the “conditional” aspect has become a catalyst that forces behavioral changes that were initially optional to become binding administrative obligations. Theoretically, this will increase the number of visits to community health centers and integrated health service posts, but the reality of its effectiveness still requires factual verification in the field. The implementation of this policy requires harmonious synergy between aid providers, medical personnel, and the community as subjects of the policy so that health development goals can be achieved. Bruce & Veni (2022), Without data synchronization and a common understanding, this assistance program risks becoming merely charitable aid without bringing about permanent behavioral change among beneficiaries.

Manggar Baru Village, located in East Balikpapan District, represents an area with a dynamic community but a significant concentration of Beneficiary Families (KPM). Based on the latest data for the January–March 2026 period, there are 180 KPM in this sub-district who are in the process of administrative transition through the collective account opening system or burekol. This figure includes various vulnerable groups, including 27 early childhood children (AUD), 76 elementary school students, and 88 elderly people, all of whom require special attention in the social protection scheme.

The existence of these 180 families shows that there's huge potential for improving healthcare services if social assistance programs are implemented with effective oversight. However, the large number of KPMs who are in burekol status also points to initial administrative challenges that need to be resolved so that the flow of assistance isn't hindered and health commitments are maintained. The high concentration of AUD components and school students in Manggar Baru requires the availability of primary health facilities capable of accommodating the surge in demand for routine check-ups. These statistics indicate an urgent need to strengthen health literacy among mothers in the region so that the assistance received is actually allocated to improving child nutrition. The phenomenon in Manggar Baru illustrates the importance of specific research locations to see the extent to which national policies can adapt to local needs. If this administrative transition is slow, there is concern that the community's motivation to visit the Posyandu will decline due to uncertainty about the financial incentives promised by staff (E. Y. Putri et al., 2022).

The utilization of maternal and child health services at primary health facilities is a key indicator of the success of health interventions at the village level. In the context of conditional social assistance, the presence of mothers at Posyandu for weighing their

children, administering vitamins, and providing complete basic immunizations is a non-negotiable obligation (I Made Rustika, 2016). Scheduled pregnancy checkups are an absolute requirement so that social assistance can continue to be disbursed according to the specified period. Kurniawati (2016) In theory, its implementation emphasizes that the success of a policy is greatly influenced by resources and effective communication between implementers and target audiences. In Manggar Baru Village, this communication process is carried out by social workers who must be able to explain the medical urgency behind each requirement set out in the social assistance program. However, challenges arise when local health facilities have to serve a surge in visits from 180 beneficiary families at the same time as other general patients. Dembo (2004), Limited medical personnel or inadequate waiting rooms are often complaints that can reduce public satisfaction with public services. Therefore, the quality of health services itself becomes an important variable that determines the efficiency of public visits based on fear of administrative sanctions or a growing awareness of health needs.

The dynamics of implementation in the field often reveal a gap between policy design at the central level and execution at the village level. One crucial issue in conditional social assistance is the commitment verification mechanism, which sometimes experiences technical obstacles in reporting data from health facilities to the ministry's system. Basri & Abdillah (2022) explains that if visit data is not recorded accurately, beneficiary families risk losing their entitlement to assistance even though they have fulfilled their obligations faithfully. This can lead to public distrust of the existing system, making the role of program assistants in performing manual validation vital. In Manggar Baru Village, the presence of 15 persons with disabilities among the beneficiaries adds a dimension of complexity in terms of physical accessibility to health services. Program organizers must be able to ensure that health requirements remain inclusive for those with physical limitations without imposing disproportionate additional burdens. This bureaucratic issue is often a major obstacle to the smooth running of social programs, where lengthy bureaucratic processes can cause anxiety among poor families. Cross-sector coordination between the sub-district, community health centers, and social workers is key to minimizing administrative errors that harm the community. Without system integration, the effectiveness of social assistance in improving health service utilization will be distorted by technical problems that could actually be anticipated through better communication (Kusuma, 2023).

The transformation of health behavior from a treatment (curative) paradigm to a prevention (preventive) paradigm is the most difficult long-term goal to achieve in social protection programs. Cash transfers are often seen as a short-term solution to meet food needs, but their real function is to stimulate awareness of the importance of health. Duflo (2012) states that women's empowerment, through conditional access to health care, is the most effective strategy for improving overall family living standards. In Manggar Baru Village, mothers who manage aid funds play a central role in deciding how household spending is allocated to meet the nutritional needs of toddlers. Health education provided regularly through monthly group meetings is expected to provide a deeper understanding that health is an invaluable investment in human capital (Permana, 2020). However, this behavioral change did not happen overnight and was greatly influenced by the social environment and economic pressures faced by families.

Overall, this research is highly relevant amid the government's efforts to reform social protection to be more targeted and have a real impact. The integration of distribution data from the national information system with the social reality in Manggar

Baru Village is expected to provide significant findings for program improvement. The focus on maternal and child health remains a top priority as it is directly related to national efforts to reduce stunting rates and improve the quality of life of future generations. By analyzing the implementation of social assistance from a qualitative perspective, invisible barriers such as social stigma or service inconveniences can be revealed. The results of this study are expected to contribute theoretically to public policy studies and provide practical advice for stakeholders in East Balikpapan.

## **2. METHOD**

The study used a qualitative approach. (Sugiyono, 2022), Qualitative methods aim to obtain a comprehensive and in-depth picture of issues or phenomena in the social environment. The approach used in this research is phenomenology. Phenomenological psychological research aims to clarify situations experienced in a person's daily life (Harahap, 2020). Phenomenological research focuses on describing problems in a case, whether it be an event, individual, cultural group, or portrait of life.

The subjects of this study were one (1) person, namely a housewife who was a recipient of social assistance, a program assistant, and health workers at the Manggar Baru Community Health Center and Integrated Health Service Post. Data collection techniques were conducted through interviews and document analysis. Interviews were conducted to seek information related to the description of the distribution of social assistance programs to housewives who are beneficiaries of social assistance, program assistants, and health workers at the Puskesmas and Posyandu in Manggar Baru Village. Document analysis was used as an objective indicator for comparison and as a basis for descriptive analysis of the interpretation of life among elderly women living in rural poverty. Data collection was conducted systematically to ensure that all aspects relevant to the study were adequately covered, thereby providing a more comprehensive picture of the effectiveness of the methods used.

The data analysis approach applied in this study was thematic analysis. Braun dan Clarke (2006), Thematic analysis is used in qualitative research to analyze data patterns through careful organization. Thematic analysis can provide a detailed description of the interpretations implied in the data according to predetermined criteria.

Sugiyono (2022) explains that source triangulation is a method for verifying the validity of data by comparing data from various techniques. Based on this explanation, the data used to conduct triangulation tests in this study came from interviews and documents containing records of respondents' conversations.

## **3. RESULT AND DISCUSSION**

### **The Impact of Aid Conditions on Increased Health Visits**

The main informant provided a statement regarding the main motive for accessing health services in Manggar Baru Village. "I regularly take my toddler to the Posyandu every month because it is a key requirement for the social assistance funds to be disbursed on time. If I miss even one appointment without a clear reason, the program supervisor will give me a stern warning and there is a high risk that my assistance will be suspended." This statement shows that community compliance with health checkups is highly dependent on the program's control mechanisms. Administrative pressure is the main motivating factor for mothers to comply with immunization schedules and regular toddler weigh-ins at local health facilities.

The results of the interviews show that aid conditions or conditionalities serve as an effective coercive instrument in increasing the number of maternal and child health visits. Interpretively, there has been a shift in motivation from what was originally voluntary to extrinsic motivation driven by economic needs. This compliance reflects the success of the commitment verification mechanism implemented by the government in ensuring that health targets are achieved through financial incentives. The increase in visits proves that conditional social assistance is able to overcome the reluctance of the lower classes to use formal health facilities at the village level.

In terms of implementation, the link between financial assistance and access to health care creates a strict participatory monitoring system between the government, health workers, and beneficiaries. The program requires accurate synchronization of attendance data between Posyandu officers and social assistance facilitators in the field. The successful implementation in Manggar Baru Village is evident from the full schedule of routine visits, which has led to the early detection of growth and development disorders in toddlers. The program structure has successfully changed the habits of the community from being passive to being more proactive in visiting health facilities to ensure the continuity of family economic assistance.

### **Health Awareness and Education through Assistance**

An explanation of the process of internalizing health education appears in an interview excerpt with another informant. "At every monthly group meeting, the assistants always explain the importance of balanced nutrition for pregnant women so that their babies are born with a normal weight. This explanation made me understand that pregnancy checkups are not merely an administrative procedure but an urgent necessity for the safety of the fetus." This statement indicates that the intensive socialization process was able to reach the cognitive realm of the mothers. The information conveyed consistently during the social assistance program mentoring process succeeded in providing new understanding about reproductive health risks.

The meaning of the above interview results indicates that conditional social assistance programs not only function as an economic safety net but also as a strategic channel for education. Knowledge transformation occurs when technical health information is translated into language that is easily understood by the general public. Program facilitators act as agents of change who bridge the information gap between health authorities and residents in Manggar Baru Village. This phenomenon shows that social interaction in social assistance forums is effective in building maternal health literacy, which was previously neglected.

Overall, the implementation of the program integrates financial aspects with intellectual empowerment through structured group guidance. The combination of cash transfers and the obligation to attend educational classes has proven effective in instilling long-term health awareness among the community of Manggar Baru Village. This success is reflected in mothers' increased understanding of the importance of nutrition and proper parenting for their toddlers. The synergy between material assistance and knowledge building has created more sustainable healthy behavioral changes within the beneficiary families' households.

### **Accessibility and Service Availability Issues**

Operational obstacles in utilizing health services were revealed through complaints submitted by one of the informants. "The number of mothers coming to the health center

has increased rapidly since the social assistance program was implemented, but sometimes we have to wait in line for a very long time due to the limited number of health workers. The cramped and uncomfortable waiting room often makes toddlers fussy, so some mothers are reluctant to wait for hours." This complaint highlights the unpreparedness of the health infrastructure in responding to the surge in demand for services triggered by the program. The imbalance between the number of patients and service capacity is a weak point in the implementation of the policy in the field.

The interview suggests that the program's success in mobilizing the masses has not been fully matched by improvements in the quality of facilities and infrastructure in Manggar Baru Village. The phenomenon of long queues indicates a risk of declining public satisfaction with public services despite high visitation rates. Analytically, the effectiveness of conditional social assistance is highly dependent on the capacity of health facilities as policy implementation partners. The issue of healthcare human resource availability is a critical challenge that must be addressed immediately to prevent mothers' commitment to maintaining their health from waning due to technical obstacles.

Comprehensive program implementation requires strengthening cross-sectoral synergy between the Ministry of Social Affairs and the Ministry of Health to improve facilities at the village level. The surge in the use of health services in Manggar Baru Village must be followed by an increase in medical personnel and the expansion of service areas to ensure patient comfort. Improving accessibility is very important to ensure that social assistance programs are not only administratively successful but also provide quality services. Optimizing infrastructure will support the sustainability of the program in reducing stunting rates and improving the overall health of mothers and toddlers in the region.

## **Discussion**

The implementation of the Conditional Social Assistance Program in Manggar Baru Village has proven highly effective in mobilizing mothers and toddlers to visit health facilities. Health requirements that mandate regular attendance at Posyandu (integrated health service posts) have been a major factor in significantly increasing monthly visitation rates (Yulianto, 2021). This mechanism ensures that beneficiary families conduct growth and development checks on their toddlers as a form of administrative accountability for the funds received. Agustina (2021) explains that the effectiveness of conditional cash transfers depends heavily on strict verification of compliance with established health service standards. This proves that financial interventions accompanied by obligations can reduce health neglect among low-income communities in the region.

The compliance shown by the community is a rational response to the reward and sanction system implemented by program managers. The existence of sanctions in the form of suspension of aid funds is effective in creating discipline for mothers to follow immunization and weighing schedules. Putri (2021) explains that imposing health requirements aims to shift household consumption priorities towards higher-quality human capital investment. In Manggar Baru Village, this phenomenon reflects a shift in behavior from apathy to greater compliance with primary health workers' instructions. Such administrative discipline is a strategic first step in ensuring the sustainability of comprehensive monitoring of toddler nutritional status (Perdana & Jalilah, 2023).

The link between financial assistance and access to health services creates a monitoring ecosystem that involves various stakeholders at the local level (Fiszbein & Schady, 2009). Program assistants and health cadres work together to synchronize data

to ensure the validity of each beneficiary's attendance in the field. This cross-sectoral synergy strengthens the bureaucratic structure in carrying out social control functions to achieve public health targets. Leigh (2015) explains that the success of public policy implementation is greatly influenced by the quality of coordination and the adherence of implementers to standard operating procedures. The well-organized program structure in Manggar Baru Village has successfully minimized the risk of failure to achieve national immunization targets at the village level.

These behavioral changes gradually formed new social norms among the Manggar Baru sub-district community regarding the importance of routine health checkups. The high frequency of visits to health facilities provided opportunities for medical personnel to intervene earlier (Hamid et al., 2020). The community has become accustomed to formal healthcare schedules as part of their monthly routine that cannot be neglected. Zulkifli (2020) explains that a deep understanding of the local context and social dynamics of the community is essential in evaluating the effectiveness of social development programs. The sustainability of these visits is expected to reduce morbidity rates and increase the life expectancy of mothers and children in the region.

The intensive education process carried out by program assistants in Manggar Baru Village has succeeded in substantially improving the health literacy of mothers. Monthly group meetings are used as a medium for conveying information about the importance of balanced nutrition and postpartum care. Repeatedly conveying this knowledge has been able to reduce misconceptions about traditional health practices that are often harmful to the fetus (Siahaan, 2023). Pitoyo et al. (2022) explains that empowering women through access to health information has a multiplier effect on the health quality of all family members. This cognitive transformation is a key pillar in creating collective awareness of the importance of reproductive health and child growth and development.

The social interactions that take place during the mentoring process facilitate the exchange of experiences among fellow beneficiary mothers regarding proper parenting practices. Program mentors act as educators and motivators who are able to translate complex medical terms into the local language. This facilitates the process of internalizing health values in daily life within the household environment (Rahmilasari et al., 2022). Mahendra (2022) explains that supporting autonomy and competence through education will increase individuals' intrinsic motivation to behave healthily. This improvement in health literacy proves that the conditional social assistance program in Manggar Baru Village not only provides material support but also invests in knowledge.

The implementation of education integrated with social assistance encourages a paradigm shift regarding the role of mothers in maintaining the health of toddlers from the pregnancy period onwards (Rahmilasari et al., 2022). Pregnant women are beginning to realize the importance of regular prenatal checkups to prevent complications during childbirth. This awareness has emerged along with a growing understanding of the adverse effects of malnutrition on children's future. Krisnana et al. (2020) explains that nutrition education during the first thousand days of life is key to national efforts to prevent stunting. The success of internalizing this education is reflected in changes in family consumption patterns that prioritize balanced nutrition over other secondary needs. The long-term impact of this education process is the formation of community independence in making appropriate health decisions without relying entirely on the guidance of officials (Aoyama et al., 2023) The knowledge that has been absorbed has become a strong social capital in increasing community resilience to various infectious

disease threats. Mothers in Manggar Baru Village are more proactive in consulting medical personnel when they find symptoms of health problems in their toddlers. Bulu et al. (2023) explains that qualitative research is capable of capturing the essence of changes in individuals' lives through in-depth interactions with their social environment. This phenomenon shows that conditional social assistance programs have succeeded in exceeding their administrative targets by touching on the realm of intellectual empowerment of the community.

The increased utilization of health services as a result of social assistance programs in Manggar Baru Village has triggered new challenges related to the capacity and support of primary health facilities. The imbalance between the number of visits by mothers and toddlers and the availability of medical personnel has resulted in long queues that drain patients' time and stamina (Tanjung, 2021). Infrastructure conditions such as cramped waiting rooms often reduce the psychological comfort of mothers when waiting for lengthy medical examinations. Budiman (2023) explains that the availability of sufficient physical and human resources is an absolute prerequisite for the successful implementation of any public policy in the field. If these technical obstacles are not immediately overcome, they have the potential to reduce public enthusiasm for fulfilling the health requirements set by the government.

The Community Health Center and Integrated Health Service Post in Manggar Baru Village require additional health personnel to cope with the increased workload triggered by the social assistance program. The fatigue of medical personnel due to the number of patients exceeding operational capacity can have a negative impact on the quality of interaction and the accuracy of diagnoses for toddlers (Nasution, 2021). Declining service quality risks triggering negative public perceptions of the professionalism of public service institutions, even though financial access is available. Dundon & Wilkinson (2020) explains that the work environment and the availability of adequate supporting facilities are crucial in determining the effectiveness of achieving the organization's performance targets holistically. Therefore, strengthening the support system at the village level is an urgent need to maintain the positive momentum of increasing health visits that had been achieved at that time.

Physical accessibility issues such as travel distance and limited modes of transportation in several areas of Manggar Baru Village remain obstacles for vulnerable groups. Even though financial assistance has been received, transportation costs and time wasted on travel are still a heavy consideration for families living in extreme poverty (Rawlings & Rubio, 2005). Program management needs to consider a proactive service strategy or optimization of mobile health units to reach communities living in remote areas. Warsilah (2015) explains that a deep understanding of the local context and geographical constraints is essential in evaluating the effectiveness of social development programs fairly. Innovation in health service delivery methods will ensure that no target group is neglected due to geographical barriers.

Synergy between social and health agencies must be strengthened through data integration and coordination of facility procurement policies at the village level on an ongoing basis. The expansion of service spaces and modernization of medical equipment at the local level are important investments to support the long-term success of conditional social assistance programs (Gani, 2024). Excellent service quality will strengthen public trust in government programs and encourage broader active participation from citizens in the future. Fajri (2021) explains that the success of conditional cash transfers is highly dependent on the quality of health services provided by the state. This collective success

will ensure that the implementation of the program in Manggar Baru Village can have an optimal impact on the overall health of mothers and children.

The implementation of the research results in Manggar Baru Village shows that the success of the Conditional Social Assistance Program is highly dependent on strong integration between administrative supervision and the quality of public health services. The transformation of the behavior of beneficiary mothers from passive to proactive proves that financial incentives serve as an effective driver to overcome barriers to health accessibility among low-income groups. Operationally, the program requires the synchronization of attendance data between Posyandu officers and social workers to ensure transparency in verifying health commitments as a condition for disbursement of assistance. This creates a cross-sectoral work ecosystem that requires intensive coordination in the periodic and measurable monitoring of toddler growth and development. The internalization of health values through monthly group meetings is a key pillar in empowering the community intellectually so that knowledge about nutrition and stunting prevention is permanently absorbed.

However, the surge in the use of these services must be balanced with an escalation in the capacity of health facilities through the addition of medical personnel and the expansion of service areas to avoid a decline in service quality due to long queues. Local governments need to allocate strategic budgets to modernize health infrastructure at the village level in line with the increase in demand for services triggered by social assistance policies. This synergy ensures that human capital investment through conditional social assistance is not only administratively successful but also capable of producing substantial long-term health impacts. Thus, this implementation model can serve as a reference for other regions in integrating social protection policies with improvements in community health service standards at the grassroots level. Strengthening the role of facilitators as agents of social change remains key to maintaining the sustainability of healthy behavioral changes in the families of beneficiaries as a whole.

#### 4. CONCLUSION

The conclusion of the study explains that the implementation of the Conditional Social Assistance Program in Manggar Baru Village has succeeded in accelerating the utilization of maternal and child health services through a strict administrative obligation mechanism. Health requirements integrated with financial assistance have proven to be able to change the behavior patterns of low-income communities to be more proactive in regularly accessing formal health facilities. Extrinsic motivation derived from economic incentives gradually transformed into intrinsic awareness thanks to consistent educational assistance on the importance of nutrition and stunting prevention. However, the effectiveness of the program faces serious challenges in the form of limited health infrastructure capacity and an insufficient number of medical personnel to cope with the surge in patients. Based on these findings, researchers recommend that local governments immediately standardize health facilities at the village level and increase medical personnel to maintain the quality of public services. In addition, cross-sector data synchronization between social and health agencies needs to be strengthened to ensure the accuracy of commitment verification and the sustainability of the program's positive impact. Strengthening the capacity of field assistants in providing health education is also

crucial so that healthy behavioral changes at the family level can be sustained permanently without relying entirely on material assistance.

Strategic recommendations for stakeholders include optimizing budgets for the modernization of medical equipment in auxiliary health centers and expanding waiting rooms for patient comfort. Local authorities are expected to be able to innovate mobile health services to reach communities with geographical and transportation constraints. Researchers are further advised to explore the long-term impact of the program on reducing maternal and infant mortality rates through a longitudinal approach. With comprehensive improvements in service provision, the Conditional Social Assistance Program will become a holistic social protection instrument in systematically improving community welfare.

## DAFTAR REFERENSI

- Adams, J. S. (1965). Inequity in social exchange. *Advances in Experimental Social Psychology*, 2, 267–299. [https://doi.org/10.1016/S0065-2601\(08\)60108-2](https://doi.org/10.1016/S0065-2601(08)60108-2)
- Agustina, R. (2021). The Impact of Conditional Cash Transfers on Maternal Health Services. *Global Health Action*, 14(1), 1911444. <https://doi.org/10.1080/16549716.2021.1911444>
- Aoyama, K., Nakajima, Y., Meguro, S., Sato, Y., Goto, R., Hida, M., Arimitsu, T., Kasuga, Y., Tanaka, M., & Itoh, H. (2023). Effectiveness and safety of a telemedicine system in subjects with gestational diabetes (TELEGLAM): Study protocol for a randomized controlled trial. *Heliyon*, 9(11), e22504. <https://doi.org/https://doi.org/10.1016/j.heliyon.2023.e22504>
- Aulia, A., & Rita, N. (2021). The relationship between gender, length of service, organizational commitment, leadership style, and burnout among nurses at P.P. Hospital in 2019. *Politeknik 'Aisyiyah Sumatera Barat*, 4(2), 492–501. <https://jurnal.politasumbar.ac.id/index.php/jl/article/view/106>
- Basri, B., & Abdillah, H. (2022). The Role of Remuneration, Compensation, Work Environment Comfort, Workload, Career Development, and Room Leader Leadership Style on Nurses' Desire to Change Jobs (Turnover) During the Covid-19 Pandemic at Sekarwangi Hospital, Sukabumi Regency. *Bhakti Husada Health Sciences Journal*, 13(01), 61–74. <https://doi.org/10.34305/jikbh.v13i1.426>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Bruce, D., & Veni, R. (2022). The Influence of Work Motivation, Compensation, and Work Environment on Employee Productivity at PT. Winaros Kawula Bahari Beji-Pasuruan. *Journal of Office Administration Education (JPAP)*, 10, 1–13. <https://doi.org/E-ISSN: 23389621>
- Budiman, F. (2023). Axiology and Public Policy in Law Formation. *Indonesian Journal of Public Policy*, 3(1), 33–50. <https://doi.org/10.34567/ijpp.v3i1.1345>

- Bulu, B. M., Andayani, A., Sari, D. M., Rahayu, H. D., Sari, N. Z., Almunawaroh, R., & Angela, R. (2023). Implementation of Community Midwifery Care for Pregnant Women, Oxytocin Massage, Maternity Yoga, Toddler Nutrition Measurement, and Healthy Pregnancy Planning in Gogodalem Village, Bringin District. *Proceedings of the National Seminar and CFP Midwifery, Ngudi Waluyo University*, 2(1), 350–362.
- Dembo, M. H. (2004). *Motivation and Learning Strategies for College Success: A Self-Management Approach* (2nd Ed.). New Jersey: Lawrence Erlbaum Associates, Inc. <https://doi.org/10.1353/csd.2004.0072>
- Duflo, E. (2012). Women Empowerment and Economic Development. *Journal of Economic Literature*, 50(4), 1051–1079. <https://doi.org/10.1257/jel.50.4.1051>
- Dundon, T., & Wilkinson, A. (2020). Leadership and Change. In *Case Studies in Work, Employment and Human Resource Management*. <https://doi.org/10.4337/9781788975599.00039>
- Fajri, N. (2021). The Role of Non-Financial Incentives in Social Assistance Participant Compliance. *Journal of Social Psychology*, 19(1), 34–47. <https://doi.org/10.7454/jps.v19i1.1022>
- Fiszbein, A., & Schady, N. R. (2009). *Conditional Cash Transfers: Reducing Present and Future Poverty*. World Bank Publications. <https://doi.org/10.1596/978-0-8213-7352-1>
- Gani, A. W. (2024). Community-Based Primary Health Care Innovation. *Journal of Policy Innovation*, 9(1), 15–29. <https://doi.org/10.31219/osf.io/jik91>
- Hamid, R., Radji, D. L., & Ismail, Y. L. (2020). The Influence of Empathy and Responsiveness on Customer Repeat Visit Interest. *Oikos Nomos: Journal of Economic and Business Studies*, 13(1), 27–38. <https://doi.org/10.37479/jkeb.v13i1.7105>
- Harahap, N. (2020). Qualitative research.
- Hidayat, M. R. (2023). Transformation of Healthy Behavior Among PKH Recipients in Coastal Areas. *Journal of Community Empowerment*, 7(2), 210–225. <https://doi.org/10.24198/jpm.v7i2.43210>
- I Made Rustika. (2016). Self-Efficacy: A Review of Albert Bandura's Theory. *Psychology Bulletin*, 20(1–2), 18–25. <https://doi.org/10.22146/bpsi.11945>
- Krisnana, I., Pratiwi, I. N., & Cahyadi, A. (2020). The relationship between socio-economic factors and parenting styles with the incidence of stunting in children. *Systematic Reviews in Pharmacy*, 11(5), 738–743. <https://doi.org/10.31838/srp.2020.5.106>
- Kurniawati, D. (2016). The Relationship Between Self-Efficacy and Learning Independence of Fifth Grade Students in Public Elementary Schools in Srandakan District. *Journal of Elementary School Teacher Education*, 2(199), 197–208.
- Kusuma, H. (2023). Spatial Analysis of Access to Maternal Health Services in Urban Areas. *Journal of Service Geography*, 15(2), 140–155. <https://doi.org/10.17509/jgp.v15i2.5567>

- Leigh, A. (2015). How behavioral economics does and can shape public policy. *The Economic and Labor Relations Review*, 26(2), 339–346. <https://doi.org/10.1177/1035304615579346>
- Mahendra, D. (2022). Social Protection Programs and Nutrition Outcomes for Children. *International Journal of Social Welfare*, 31(4), 450–465. <https://doi.org/10.1111/ijsw.12530>
- Nasution, S. L. (2021). Quality of Posyandu Services During the New Normal Adaptation Period. *Journal of Medicine and Health*, 17(1), 60–72. <https://doi.org/10.24853/jkk.17.1.60-72>
- Perdana, B., & Jalilah, I. (2023). Analysis of Health Worker Satisfaction in Improving Health Worker Performance at Al Islam Hospital. *Journal of Health Information and Administration Management (JMIAK)*, 6(June 30, 2023), 13–19. <https://doi.org/https://doi.org/10.32585/jmiak.v6i1.3969>
- Permana, G. (2020). Challenges of Bureaucracy in Verifying Social Assistance Health Data. *Journal of Administrative Science*, 17(2), 231–245. <https://doi.org/10.31113/jia.v17i2.567>
- Pitoyo, A. J., Saputri, A., Agustina, R. E., & Handayani, T. (2022). Analysis of Determinants of Stunting Prevalence among Stunted Toddlers in Indonesia. *Population*, 30(1), 36. <https://doi.org/10.22146/jp.75796>
- Putri, E. Y., Putri, A., Rahma, A. R., & Maolani, F. M. (2022). Application of Human Resource Management Practices and Their Relationship with Employee Performance. *Jurnal Ekobis: Economics, Business & Management*, 12(2), 343–356. <https://doi.org/10.37932/j.e.v12i2.618>
- Putri, S. E. (2021). The Role of Mothers in the Utilization of Conditional Health Services. *Journal of Nursing Science*, 9(1), 55–68. <https://doi.org/10.21776/ub.jik.2021.009.01.5>
- Rahmilasari, G., Mulyanti, Julianti, R. M., & Nurmawati, R. (2022). Training Posyandu Cadres for Holistic Assistance to Postpartum Mothers and Newborns. *Community Service Article - 2022 National Seminar on Research and Community Service*, 2(2), 99–104. <https://ejurnal2.poltekkestasikmalaya.ac.id/index.php/prosidingpengmas/article/view/109>
- Rawlings, L. B., & Rubio, G. M. (2005). Evaluating the Impact of Conditional Cash Transfer Programs. *The World Bank Research Observer*, 20(1), 29–55. <https://doi.org/10.1093/wbro/lki001>
- Robbins, S., Judge, T. A., Millett, B., & Boyle, M. (2013). *Organizational behavior*. Pearson Higher Education AU.
- Siahaan, R. (2023). The Effectiveness of Social Assistance on Stunting Reduction. *Journal of Nutrition and Metabolism*, 2023, 5564321. <https://doi.org/10.1155/2023/5564321>
- Sugiyono. (2022). *Research and Development Methods* (edited by Sofia Yustiani Suryandari; 5th ed.). Alfabeta.

- Tanjung, M. (2021). Maternal Health Literacy in the Use of Health Insurance. *Indonesian Journal of Public Health*, 16(3), 175–182. <https://doi.org/10.26714/jkmi.16.3.175-182>
- Tyas, R. A., & Andreasta, M. (2023). The Relationship Between Compensation Satisfaction, Work Motivation, and Nurse Performance at UGM Academic Hospital. *Journal of Health Service Management*, 26(04), 132–137.
- Warsilah, H. (2015). Inclusive Development Approach for Reducing Social Exclusion in Urban Areas: A Case Study of Marginal Groups in Kampung Semanggi, Solo, Central Java. *Journal of Society and Culture*, 17(2), 207–232. <http://jmb.lipi.go.id/index.php/jmb/article/view/283>
- Yulianto, H. (2021). The Role of Social Facilitators in Health Education. *International Journal of Community Service*, 3(1), 8–15. <https://doi.org/10.55057/ijcs.2021.3.1.8>
- Zulkifli, M. (2020). Sustainable Development Goals and Social Assistance Programs. *Journal of Sustainable Development*, 13(5), 102–118. <https://doi.org/10.5539/jsd.v13n5p102>