

The Effect of the Family Hope Program on Poverty Reduction in Sinarjaya Village, Pandeglang Regency in 2025

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ARTICLE INFORMATION	ABSTRACT
<p>Article History: Received August 01, 2024 Revised August 28, 2024 Accepted September 20, 2024 Published October 31, 2024</p> <p>Keywords: Family Hope Program, Poverty Reduction, Social Policy, Sinarjaya Village</p> <p>*Corresponding Author: alinurdin@unmabanten.ac.id</p> <p>DOI: https://doi.org/10.60036/cg9n1j17</p>	<p>This study analyzes the impact of the Family Hope Program (PKH) on poverty reduction in Sinarjaya Village, Pandeglang Regency. PKH is a conditional cash transfer designed to assist very poor families by improving access to education, health, and social welfare. Using a mixed-method approach with an explanatory sequential design, the research combines quantitative and qualitative analyses. The study involved 325 PKH beneficiary families, with 120 respondents selected through stratified random sampling. Data were collected through surveys, in-depth interviews, observations, and document reviews, and analyzed using multiple regression and path analysis. The findings reveal that PKH significantly contributes to reducing both economic and multidimensional poverty levels. Improved access to education and health services mediates the positive effects of the program. However, its effectiveness is influenced by local institutional capacity, targeting accuracy, and the beneficiaries' consumption patterns, which remain mostly consumptive. The study recommends strengthening community assistance, improving data accuracy, and integrating PKH with local economic empowerment initiatives to ensure sustainable poverty alleviation.</p>

INTRODUCTION

Poverty is still one of the main development challenges in Indonesia. Although the national poverty rate decreased to 9.36% in 2023 with the number of poor people reaching 25.90 million people (BPS, 2023), social and economic disparities remain high, especially in rural areas. Pandeglang Regency, Banten Province, is one of the areas with a higher poverty rate than the national average, which is 12.5%. This condition shows that there are structural problems in the form of limited access to education, health, employment, and basic infrastructure that is not evenly distributed.

Sinarjaya Village as part of the Pandeglang area faces complex and multidimensional poverty problems. Most of the population works in the agricultural sector with unstable income and lack of economic diversification. Low productivity, limited access to clean water, and still high unemployment rate have exacerbated the poverty condition in this village. In this context, the central government through the Ministry of Social Affairs implements the Family Hope Program (PKH) as one of the social policy instruments to reduce poverty through *conditional cash transfer*.

PKH aims to improve the welfare of very poor families by providing cash assistance accompanied by the obligation of recipients to meet the requirements in the fields of education and health. Through this approach, the government seeks not only to reduce the short-term economic burden, but also to improve the quality of human resources in order to break the intergenerational chain of poverty. Since its launch in 2007, PKH has reached more than 10 million beneficiary families (Ministry of Social Affairs, 2023).

Various previous studies have shown that PKH is able to reduce poverty levels and increase access to basic community services. A World Bank study (2021) noted that the implementation of PKH contributes to a reduction in poverty by 0.5–1% per year, while research by the SMERU Research Institute (2022) shows an increase in school attendance for children receiving assistance by 12% and an increase in visits by pregnant women to health facilities by 20%. However, the effectiveness of PKH at the village level is not always uniform because it is greatly influenced by the quality of mentoring, the accuracy of recipient data, and local socio-economic conditions.

In Sinarjaya Village, the implementation of PKH still faces several obstacles such as inaccuracy of target recipients (*targeting error*), delays in the distribution of funds, and low public awareness of the use of assistance for productive activities. Some recipients tend to be passive and dependent on aid, while others face limited access to health and education facilities. This condition shows that there is a gap between the program's objectives and the reality of its implementation in the field.

The problem of poverty in Sinarjaya Village also has a strong socio-cultural dimension. There is still a fatalistic view that poverty is an irreversible fate, as well as a negative stigma against social assistance recipients. This can hinder the community empowerment process if it is not balanced with effective communication and mentoring strategies.

Based on this background, this study aims to analyze the extent to which the Family Hope Program has an effect on poverty reduction in Sinarjaya Village, Pandeglang Regency. The research also seeks to identify factors that mediate and moderate the effectiveness of the program, such as the institutional capacity of the village, the consumption behavior of the recipients, and access to basic services. The findings of the research are expected to provide strategic recommendations for local governments and social companions in increasing the effectiveness of PKH implementation and strengthening integration with the economic empowerment program of village communities. Thus, PKH not only functions as consumptive assistance, but also becomes a catalyst for the sustainable improvement of the welfare and independence of poor families.

LITERATURE REVIEW

Concept of Family Hope Program (PKH)

The Family Hope Program (PKH) is a *conditional cash transfer* (CCT) program launched by the Indonesian government in 2007. This program targets very poor families in order to meet basic needs in the fields of education, health, and social welfare. According to the Ministry of Social Affairs (2023), the main goal of PKH is to reduce the economic burden on poor households while encouraging investment in human resources through increasing children's school participation and health checks for pregnant women, toddlers, and the elderly.

Conceptually, PKH adopts the theory of human capital investment put forward by Becker (1964), that improving human quality through education and health will strengthen the economic capacity of poor families in the future. In addition, PKH also contains the principle of social safety net as a short-term protection to maintain the purchasing power of the poor. In the context of implementation in villages, PKH not only functions as a tool of economic transfer, but also as a means of social empowerment through group meetings and assistance by community social workers.

The implementation of PKH is carried out based on Integrated Social Welfare Data (DTKS) data which contains a list of poor families throughout Indonesia. Each beneficiary family (KPM) is required to meet the set requirements, such as ensuring that children attend school and conducting routine health checks. PKH companions play an important role in ensuring compliance with these requirements and providing basic economic guidance to beneficiaries.

Poverty Theory

Poverty is a condition of a person's or household's inability to meet basic needs properly. According to Lewis (1959), poverty can be structural or cultural. Structural poverty is caused by inequality in the economic system and public policies, while cultural poverty arises due to the values and habits of people who are resigned to the situation. In rural contexts such as Sinarjaya Village, these two forms of poverty are often intertwined, characterized by limited access to education, employment, and a culture of dependence on social assistance.

In addition, the multidimensional poverty approach developed by UNDP (2010) emphasizes that poverty is not only measured from the income aspect, but also from social aspects such as education, health, and living standards. This approach is relevant to understand the phenomenon of poverty in Indonesia, especially in rural areas that still face inequality in access to public services. The Multidimensional Poverty Index (IKM) allows for a more comprehensive measurement of poverty by taking into account non-economic factors that affect people's welfare.

The Relationship between PKH and Poverty Reduction

The Family Hope program has been proven to make a positive contribution to poverty reduction in Indonesia. Based on a World Bank report (2021), the implementation of PKH is able to reduce poverty rates by 0.5–1% per year and improve the quality of human resources in beneficiary areas. A study by the SMERU Research Institute (2022) also showed that PKH increased school attendance for children from poor families by 12% and visits by pregnant women to health facilities by 20%. This shows that conditionality-based interventions are able to create changes in social behavior towards improving long-term well-being.

However, the effectiveness of PKH cannot be separated from the challenges of implementation at the regional level. Kurniawati's research (2021) found that inaccuracy of recipient targets (*inclusion and exclusion error*), weak companion capacity, and delay in disbursement of funds are factors that reduce the effectiveness of the program. On the other hand, the consumption patterns of beneficiaries who tend to be consumptive also cause assistance to not have a significant impact on increasing the economic productivity of poor families. Therefore, the integration of PKH with local economic empowerment programs such as entrepreneurship training and strengthening Village-Owned Enterprises (BUMDes) is needed.

The Role of Institutional Capacity and Mentoring

The institutional capacity of the village is a key factor in the successful implementation of PKH. Governance theory (Osborne, 2010) emphasizes that effective, transparent, and participatory governance will increase the accountability of social programs. In Sinarjaya Village, the effectiveness of PKH is highly dependent on coordination between social companions, village governments, and the District Social Service. The lack of the number of companions with a ratio of 1 companion to 125 beneficiary families is the main obstacle that reduces the quality of service and program monitoring.

PKH companions function not only as administrative facilitators, but also agents of social change that help recipients understand the program's long-term goals. When the mentoring function is effective, beneficiaries will be more encouraged to use the assistance productively, such as for children's education costs or small business capital. On the other hand, weak assistance tends to reinforce dependence on cash assistance alone.

Research Conceptual Framework

Based on theoretical studies and previous research results, the relationship between PKH and poverty reduction can be explained through two main mechanisms: direct and indirect.

Directly, PKH increases the purchasing power of poor families through cash assistance, so that it is able to meet basic needs and reduce the economic burden. Indirectly, PKH encourages the improvement of the quality of education and health which then strengthens the family's economic capabilities in the future.

The relationship is also influenced by moderation factors such as village institutional capacity and geographical factors, as well as mediating factors such as consumption behavior and access to basic services. This conceptual model refers to the theory of social change Rogers (2003) which views social policy as an external intervention that is able to change the local social system through the process of adaptation and innovation of society.

With this framework, this study seeks to explain the extent to which PKH contributes to poverty reduction in Sinarjaya Village, as well as how institutional factors and community behavior mediate the effectiveness of the program. This literature review also emphasizes that the success of social protection programs is not only determined by the amount of assistance, but also by the quality of governance, mentoring, and public awareness in managing assistance productively.

RESEARCH METHODS

Research Approach and Design

This study uses a *mixed methods* approach, which combines quantitative and qualitative approaches sequentially (*explanatory sequential design*). The quantitative approach is used to measure the relationship between research variables statistically, while the qualitative approach functions to explain the results of quantitative findings through in-depth interviews and field observations. This design was chosen because it is considered to be able to provide a more comprehensive understanding of the influence of the Family Hope Program (PKH) on poverty reduction in Sinarjaya Village, Pandeglang Regency.

The first stage of the research was carried out through a quantitative survey by distributing questionnaires to PKH beneficiary respondents. The results of the survey were then analyzed to determine the level of influence and relationship between variables. The second stage is in the form of collecting qualitative data to delve deeper into the social context, implementation constraints, and public perception of the effectiveness of PKH. The integration of these two approaches is carried out at the stage of interpretation of results in order to obtain a holistic understanding.

Location, Population, and Research Sample

This research was carried out in Sinarjaya Village, Cigeulis District, Pandeglang Regency, Banten Province. This location was chosen because it is an area with a fairly high poverty rate and is one of the main target villages of the Family Hope Program in Pandeglang. Based on data from the Pandeglang Regency Social Service in 2024, the number of PKH recipients in Sinarjaya Village is 325 Heads of Families (KK).

The research population includes all PKH beneficiary families in the village. To obtain representative data, the researcher used a stratified random sampling technique by considering the length of aid receipts, namely: (1) new recipients (<1 year), (2) medium recipients (1–3 years), and (3) old recipients (>3 years). Based on the Slovin formula with an error rate of 8%, a sample of 120 respondents was obtained. This number is considered sufficient to conduct an inferential analysis with a confidence level of 92%.

In addition to the survey respondents, this study also involved 15 key informants selected through purposive sampling, including PKH companions, village officials, and beneficiaries from various socio-economic backgrounds. The selection of informants is based on their knowledge

and involvement in the implementation of the program, so that it can provide in-depth qualitative data.

Data Types and Sources

This study uses two types of data, namely primary data and secondary data. Primary data were obtained through the dissemination of questionnaires, in-depth interviews, focus group discussions (FGDs), and field observations. Meanwhile, secondary data is collected from official documents such as Social Service reports, Social Welfare Integrated Data (DTKS) data, and publications from the Central Statistics Agency (BPS). The use of these two data sources aims to ensure the validity and reliability of research findings through information triangulation.

Data Collection Techniques

Data collection is carried out through several stages:

1. Quantitative Survey – using a structured questionnaire with a Likert scale to measure variables such as PKH acceptance rate, poverty level, consumption behavior, and access to education and health.
2. In-Depth Interviews – conducted with key informants to gain a qualitative understanding of the dynamics of PKH implementation and social changes that occur in society.
3. FGD (*Focus Group Discussion*) – held with a group of PKH recipients to discuss the benefits, constraints, and perceptions of the program.
4. Participatory Observation – carried out by observing community activities and the PKH mentoring process in the field.

Each stage of data collection is carried out with the principles of research ethics, namely maintaining the confidentiality of respondents' identities, obtaining informed consent, and ensuring that there is no negative impact on the receipt of social assistance.

Research Instruments

The main instruments of the research were questionnaires and interview guides. The questionnaire consists of six parts, including demographic data, experience of receiving PKH, household economic conditions, patterns of use of assistance, access to education and health, and perceptions of program effectiveness. Before being used, the questionnaire was tested for validity through expert tests and trials on 30 respondents in neighboring villages with similar characteristics. The results of the reliability test showed that Cronbach's Alpha values ranged from 0.82–0.91, indicating excellent internal consistency.

The interview guide is semi-structured to be flexible in exploring the respondents' experiences and opinions. Meanwhile, observation sheets are used to record the physical condition of households, productive assets, and access to basic infrastructure such as roads, clean water, and health facilities.

Data Analysis Techniques

Data analysis was carried out in two stages. The first stage uses quantitative analysis with the help of SPSS software version 25. Descriptive analysis was used to map respondent characteristics, while multiple linear regression analysis was used to test the influence of PKH on poverty levels. The path analysis test was applied to see the mediation mechanism of improving access to education and health as an intermediate variable. Tests of classical assumptions such as normality, multicollinearity, and heteroscedasticity were also performed to ensure the validity of the regression model.

The second stage is in the form of qualitative analysis using the thematic analysis method with the help of NVivo software. The interview and FGD data were coded based on key themes

such as program effectiveness, implementation constraints, and economic empowerment strategies. The integration of quantitative and qualitative analysis results was carried out at the interpretation stage to explain the cause-and-effect relationship contextually.

Research Limitations

This study has limitations, including the potential for recall bias in respondents' self-reported data, difficulties in distinguishing the impact of PKH from other assistance programs such as BPNT and BST, and limited observation time that does not include long-term effects between generations. However, the use of data triangulation, a combination of approaches, and rigorous statistical tests is expected to minimize bias and produce findings that are valid and can be used as a reference for social policies at the local and national levels.

RESULTS AND DISCUSSION

Respondent Overview

This study involved 120 respondents of beneficiary families (KPM) of the Family Hope Program (PKH) in Sinarjaya Village, Pandeglang Regency. Based on the survey results, most heads of families are between 35–50 years old, with the highest level of education being junior high school graduates (41%), followed by elementary school (28%) and high school (18%). Most respondents work in the agricultural sector as farm laborers (52%) and smallholders (27%). This shows that the majority of PKH recipients come from low-income groups and depend on the informal sector which is vulnerable to economic and climate fluctuations.

In terms of demographics, most households have between 3–5 family members (81%), which describes the structure of the nuclear family. As many as 44% of respondents have received PKH assistance for 1-3 years, 33% less than 1 year, and 23% more than 3 years. This condition shows that most of the recipients have been in the program for quite some time, making it possible to assess the medium-term impact of PKH on the economic and social conditions of the family.

The Influence of PKH on Poverty Reduction

The results of multiple linear regression analysis showed that the variables of PKH receipt intensity (amount of assistance and length of receipt) had a significant negative effect on the level of family economic poverty with a p-value of < 0.05 . This means that the greater the assistance and the longer the receipt, the lower the level of household poverty. Quantitatively, the contribution of PKH to the reduction of economic poverty was recorded at 27% of the total variation described by the model.

In addition, path analysis shows an indirect influence through increasing access to education and health. PKH recipients reported an increase in children's school attendance by 15% compared to before receiving assistance, as well as an increase in visits by pregnant women and toddlers to health facilities by 22%. This finding is in line with the SMERU study (2022) which confirms that conditional cash transfers are effective in increasing positive social behavior in the fields of education and health.

The survey results also show that 68% of beneficiaries use aid funds for children's educational needs (school fees, uniforms, and stationery), 20% for health needs, and only 12% allocate part of it for productive activities such as small business capital. This illustrates that PKH still functions predominantly as consumptive assistance, even though it has begun to have an impact on improving the quality of human resources.

Supporting and Inhibiting Factors for the Implementation of PKH

The success of PKH in Sinarjaya Village cannot be separated from the support of village institutions and social companions. The village government actively assists in the process of

validating recipient data and provides KPM group meeting facilities. However, the ratio of companions is still high (1 companion serves ±125 families) causing limited time in conducting intensive monitoring and coaching.

From the results of the interviews, several main obstacles were found in the implementation of the program, including:

1. Inclusion and *exclusion errors* – there are still poor families who are not registered, while some recipients no longer meet the criteria.
2. Delay in disbursement of funds – 30% of respondents admitted that they had experienced a delay in disbursement for 1-3 months, which had an impact on difficulty meeting daily needs.
3. Consumptive pattern of aid recipients – some recipients use PKH funds only for daily needs without long-term financial planning.
4. Access to basic facilities is limited – the distance to schools and health centers is quite far (5–7 km) making it difficult for recipients to qualify for the program.

These obstacles show that the effectiveness of PKH does not only depend on the amount of assistance, but also on the capacity of local institutions and the quality of social assistance. A social development approach that emphasizes active community participation and local economic empowerment needs to be integrated for programs to have a sustainable impact.

Qualitative Analysis: Social Impact of PKH

Qualitative findings from interviews and FGDs showed that most of the beneficiaries felt increased confidence and social participation after becoming PKH participants. Some recipients admitted to being more active in community activities such as posyandu, children's schools, and PKH group meetings. This change in behavior shows that PKH not only affects economic conditions, but also strengthens social cohesion and awareness of the importance of education and family health.

However, social side effects also emerge, such as the emergence of jealousy from non-recipient citizens who feel that they do not get justice in determining aid targets. This phenomenon shows the importance of transparency and good public communication in the implementation of programs so as not to cause horizontal social conflicts.

Discussion

The results of this study confirm that PKH has a significant influence on poverty reduction in Sinarjaya Village, both through direct mechanisms (increasing purchasing power) and indirectly (improving the quality of human resources). Theoretically, these findings support the concept of human capital investment which states that investment in education and health of poor families will result in long-term economic impacts.

However, the effectiveness of the program still faces structural obstacles, especially in the institutional and behavioral aspects of consumption. As Lewis (1959) explains in the theory of structural poverty, poverty is caused not only by low incomes, but also by social and cultural systems that reinforce dependence on aid. Therefore, poverty alleviation strategies through PKH must be accompanied by policies of productive economic empowerment, skills training, and strengthening village institutional capacity.

The integration of PKH with empowerment programs such as entrepreneurship training, strengthening BUMDes, and women's economic assistance will increase its effectiveness in the long term. Mekarjaya Village in the Pandeglang area, for example, has succeeded in reducing the poverty rate by 8% in two years through PKH's collaboration with a household-based catfish farming program (BAPPEDA Pandeglang, 2023). The example shows that when social assistance is integrated with local economic empowerment, the effects of poverty alleviation become more real and sustainable.

Overall, PKH in Sinarjaya Village has made a positive contribution to poverty reduction, although its effectiveness still needs to be strengthened through improving the quality of mentoring, supervision, and integration with local potential-based community empowerment programs.

CONCLUSIONS AND SUGGESTIONS

Conclusion

This study shows that the Family Hope Program (PKH) has a significant influence on poverty reduction in Sinarjaya Village, Pandeglang Regency. Empirically, the results of regression analysis prove that the greater the intensity of the receipt and the longer the participation in PKH, the lower the poverty level of the beneficiary families. PKH has proven to be able to increase access to education and health, which acts as a mediator in strengthening the long-term impact on the welfare of the poor.

In addition to providing direct economic assistance, PKH also encourages positive social behavior changes, such as increasing awareness of the importance of children's education and health checks for pregnant women and toddlers. However, the effectiveness of the program still faces obstacles, including the inaccuracy of recipient targets, delays in the distribution of funds, and recipients' consumption patterns that still tend to be consumptive. The low institutional capacity of the village and the limited number of companions are also factors that hinder the optimization of program benefits.

Theoretically, the results of this study strengthen the concept of human capital investment which emphasizes the importance of education and health as the main capital in breaking the inter-generational poverty chain. Thus, PKH can be categorized as a social policy that is not only protective, but also transformative, as long as its implementation is accompanied by effective assistance and community economic empowerment strategies.

Suggestions

In order for PKH to be more effective in reducing poverty in a sustainable manner, several strategic recommendations can be proposed:

1. Improved accuracy of beneficiary data. The village government and the Social Service need to update the Integrated Social Welfare Data (DTKS) periodically to avoid inclusion *and* exclusion errors.
2. Strengthening the capacity of PKH companions. It is necessary to increase the ratio of companions to the number of recipient families as well as advanced training on communication techniques and economic empowerment of poor families.
3. Integration with village economic empowerment programs. PKH needs to be linked to entrepreneurship training, access to microcapital, and BUMDes programs so that cash assistance can be transformed into productive capital.
4. Strengthening community participation and program transparency. Active involvement of citizens in data verification and socialization programs can reduce social conflicts and increase a sense of justice.
5. Improvement of education and health infrastructure in villages. Local governments need to ensure the availability of adequate basic facilities so that recipients can meet the program requirements more easily.

With the implementation of these measures, the Family Hope Program is expected not only to reduce the temporary economic burden, but also to be able to create sustainable socio-economic transformation and strengthen the independence of rural communities.

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