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The Effect of the Implementation of the Family Hope Program (PKH) Policy on the Welfare of the Community in Cangkoak Village

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ABSTRACT
The government launched the Family Hope Program as an effort to alleviate poverty among the poor. However, there are still several problems in its implementation, such as inaccurate and untargeted recipient data, as well as the large number of PKH recipients who are dependent on assistance. This study was conducted to examine the impact of the PKH policy implementation on the welfare of the Cangkoak Village community. The method used was a quantitative method through a causal association design. By distributing questionnaires to gather data, the study found a clear link between the PKH policy and increased community welfare. The statistical significance of this relationship is backed by a partial T-test; the calculated t-value (5.779) proved to be higher than the t-table value (1.99394) at the 5% alpha level. The conclusion of this study proves that PKH has an impact on community welfare in alleviating poverty by 32%. Therefore, this program must be improved by refining the data collection system for recipients to ensure it is on target, as well as the role of PKH assistants in encouraging the community not to become dependent on assistance.
Keywords: Poverty; Implementation; Policy; PKH; Community Welfare

INTRODUCTION

Poverty remains a structural and universal problem that is not limited to a single country or region, but affects the entire world, including Indonesia (Faharuddin & Endrawati, 2022; Sudaryanto et al., 2023; Sugiharti et al., 2022; Wiratama et al., 2023). Poverty is characterized by a person's inability to secure fundamental necessities such as food, clothing, and education (Restita et al., 2023). Given its complexity and the difficulty in addressing it, poverty remains a major social challenge that actively obstructs the improvement of community well-being (Sujastiawan et al., 2024). Therefore, in order to achieve social welfare, the issue of poverty must be addressed quickly by the government (Daud & Marini, 2019).

Data from the Central Statistics Agency indicates a decline in Indonesia's impoverished population. In September 2024, there were 24.06 million individuals living in poverty (representing 8.57% of the total population), a figure which dropped to 23.85 million, or 8.47%, by March 2025 (BPS, 2025). This decline indicates that there have been positive changes in the government's efforts to tackle poverty, but the figure is still relatively high considering the size of the country and the disparities between regions. The government needs to provide special assistance to particular groups of people who live in remote areas because those areas have higher poverty rates than urban areas (Cui et al., 2023; Sugiharti et al., 2023; Wang et al., 2023).

The government has implemented various public policies to combat poverty (Ayoo, 2022; Bossuroy et al., 2022; Iriqat & Bawab, 2025; Prayitno, 2023; Wang et al., 2023). The government provides medical services and free educational programs for underprivileged citizens and essential food commodities as the main elements of basic social protection (Daud & Marini, 2019). The existing measures have failed to resolve the complete systemic issue of poverty that exists throughout Indonesia.

The government has determined that poverty alleviation and social welfare improvement serve as national priorities which require constitutional and legislative support (Suharto, 2008). The Family Hope Program (PKH) functions as the primary strategic solution which the government uses to tackle these ongoing problems. The conditional cash transfer program which began in 2007 now operates under Minister of Social Affairs Regulation No. 1 of 2018.

The Family Hope Program (PKH) functions as a social protection program according to Indonesian Minister of Social Affairs Regulation No. 1 of 2018. The program aims to improve life quality through healthcare and education access while increasing economic status for low-income families (Kemensos RI, 2018). The PKH program offers more than just financial aid to its recipients. The program requires recipients to fulfill designated requirements which include both school attendance for their children and their participation in health assessments that occur regularly.

The disbursement process of PKH aid needs to follow the family welfare rankings which exist within Integrated Social Welfare Data (DTKS) according to the guidelines established in Decree of the Minister of Social Affairs No. 79/HUK/2025. The process requires compliancewith Presidential Decree No. 4 of 2025 which limits eligibility to households that belong to decile groups one through five. The PKH assistance program divides its beneficiaries into three main pillars which include health education and social welfare. The health component provides support for early childhood development and pregnant women through financial assistance of IDR 750000 for each development stage. The education component distributes funding according to educational levels which include IDR 225000 for elementary students and IDR 375000 for junior high students and IDR 500000 for senior high school students. The social welfare component provides a fixed payment of IDR 600000 for each stage to both senior citizens and people who have severe disabilities.

The results of prior research demonstrate that PKH implementation brings positive effects which lead to reduced poverty rates and enhanced community development. The study (Sahib, 2021) showed that PKH implementation provided advantages which helped Gowa Regency achieve about 38 percent success in its poverty reduction efforts. The research conducted by Ernita T et al. (2024) showed that when the PKH policy got implemented it created major advantages for the people of Teluk Buluh Village. PKH recipients used this program to fulfill their children's essential needs which included school expenses and they expect to experience socioeconomic development during the upcoming years (Ernita et al., 2024). The two studies examined how PKH programs affect poverty and welfare outcomes but they did not conduct thorough research on the process of implementing policies. Economic and educational factors remained the only welfare indicators which both studies utilized to measure results. The studies were conducted in areas that were socially and

economically different from Cangkoak village, so there has been no study examining the implementation of the PKH policy in that area.

The urgency of this research is underscored by local data from Cangkoak Village. Data from the Next Generation Social Welfare Information System (SIKS-NG) shows that the number of PKH beneficiaries in the village has steadily increased from 236 in 2023 to 249 in 2024 and 255 in 2025 (Indonesian Ministry of Social Affairs, 2025). While this increase could indicate successful program outreach, it also paradoxically suggests that community welfare conditions have not improved sufficiently to reduce the number of families requiring assistance. Direct observations reveal multiple obstacles including incorrect identification of beneficiaries, inadequate data collection processes, limited community understanding of program objectives, and recipient dependency on assistance.

Based on the final closing data of Family Hope Program recipients obtained from the SIKS-NG (Next Generation Social Welfare Information System), the number of PKH beneficiaries in Cangkoak Village increased from 236 beneficiaries in 2023 to 249 in 2024 and 255 in 2025 (Indonesian Ministry of Social Affairs, 2025). The rising number of recipients proves that there exist economically at-risk groups who require government social assistance. The growing number of recipients demonstrates that community welfare conditions remain unchanged because more residents now qualify for PKH assistance.

Direct observations of the PKH policy in Cangkoak Village show that multiple obstacles continue to exist. The system faces three major problems which include incorrect identification of beneficiaries and their data collection process and the community's lack of knowledge about the program's main objectives and the recipients' complete dependence on the program. The research studies PKH policy effects on Cangkoak Village community welfare as its main purpose.

METHOD

The researchers used a quantitative method with an associative causal design to assess how independent variables affected their dependent counterparts. The framework enables researchers to confirm causal relationships by examining actual empirical data (Sugiyono, 2019).

The subjects of this study were families receiving PKH. The study took place in Cangkoak Village which belongs to Dukupuntang District in Cirebon Regency. The researchers obtained primary data through questionnaires which they distributed to selected PKH beneficiaries. The research used secondary data which researchers obtained from official government bodies such as the Ministry of Social Affairs and the Social Services Agency and BPS and village-level administration and from extensive literature reviews and existing research studies.

Data collection techniques included distributing questionnaires containing a list of statements for respondents. The researchers used the Likert scale which had five response options to measure the data about how PKH implementation affected community welfare. The scale had the following response options which represented different levels of agreement: 5 = Strongly Agree, 4 = Agree, 3 = Disagree, 2 = Strongly Disagree, and 1 = Disagree.

The researchers used simple random sampling to select study participants from the entire population. The researcher established sample size requirements through a precision formula because he needed to demonstrate that his sample achieved adequate representativeness:

$$n = \frac{N}{1 + N(e)^2} \text{ (Slovin)}$$

Description: n = Total Sample
N = Total Population
e = Error Tolerance Limit, 10% (0,10)

The researchers conducted validity and reliability tests on research instruments to confirm that each instrument statement could effectively assess the corresponding indicator. According to Sugiyono (2019) item validity requires that the relationship between single test items and total test scores shows statistical significance through an r-value which surpasses the r-table threshold at a 5 percent significance level. The assessment of reliability showed that the instrument produced stable results through different testing occasions. The reliability of a variable according to Sugiyono's (2019) standards requires its Cronbach's Alpha coefficient to exceed 0.60 which indicates the variable maintains enough internal consistency and stability for assessment purposes.

The purpose of normality testing is to determine whether the research variables exhibit a normal distribution. According to Sugiyono (2019), quantitative studies generally implement Shapiro-Wilk or Kolmogorov-Smirnov tests as their standard testing methods. The Shapiro-Wilk method is suitable for samples which contain fewer than 50 participants, but the Kolmogorov-Smirnov test works better with bigger sample groups. This research study used 73 participants, so the researchers chose to implement the one-sample Kolmogorov-Smirnov (K-S) test.

The research used basic linear regression analysis to determine whether the implementation of PKH policy brings about measurable benefits to the community. The regression formula $Y = a + bX$ shows that a positive coefficient (b) indicates the PKH policy brings positive effects to welfare. The relationship between variable X and variable Y shows that an increase in X results in increased Y, while a decrease in X produces the opposite effect.

Following the simple linear regression analysis the study moves to hypothesis testing which uses a partial T-test and a coefficient of determination R2 analysis through SPSS software. The T-test serves to evaluate the research hypotheses: the null hypothesis (H0) posits that PKH policy implementation has no effect on community welfare, whereas the alternative hypothesis (H1) asserts a significant impact. The R2 test measures how much of the dependent variable's variance direct explanation from independent variables.

RESULT AND DISCUSSION

After researchers distributed their questionnaires to 73 participants, who received eight different statements about each variable, the researchers compiled complete score results:

Table 1. Summary of Total Questionnaire Scores

Keterangan	Variable X	Variable Y
Total Score	2.366	2.349

On the continuum, every aggregate value computed for a given variable maps onto a specific location of the depicted scale:

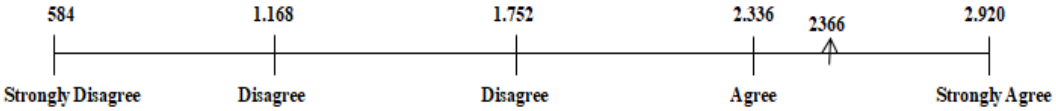

Figure 1. Level of Variable X Continuum

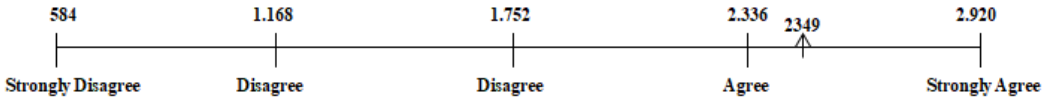

Figure 2. Level of Variable Y Continuum

Table 2. Likert Scale Assessment Criteria

Percentage	Category
0% – 20%	Very Low
21% – 40%	Low
41% – 60%	Currently
61% – 80%	High
81% – 100%	Very High

Source: Ridwan (2018)

Table 3. Percentage of Total Questionnaire Score

No	Variable	Total Score	Maximum Score	Percentage	Category
1	Implementation of PKH policy	2.366	2.920	81,02%	Very High
2	Community Welfare	2.349	2.920	80,45%	High

Source: data analysis results

The percentage analysis method allows determination of respondents' perception levels for every variable when researchers compare total score performance with maximum score requirements as defined in Table 2. The reference table criteria establish the fundamental rules which researchers need to follow when they analyze study data. The PKH policy implementation variable achieved an 81.02% score according to Table 3 which established this result within the "very high" category. The community welfare variable achieved an 80.45% score which placed it in the high category. The results indicated that most

respondents provided positive assessments for the study indicators which researchers used in their investigation.

The PKH program in Cangkoak Village achieves successful operations according to its four essential communication resources disposition and bureaucratic system components because Variable X shows an increased total score. The results for Variable Y show that the recipients have achieved better welfare because they gained improved healthcare access and educational opportunities and basic necessities while their social environment remained stable. The findings demonstrate that improved PKH execution functions as the main factor which improves community welfare.

The research results support George C. Edwards III's policy implementation theory, which states that organizations need four essential elements, namely communication and resources and disposition and bureaucratic structure, for their success. The study shows that the PKH program benefits Cangkoak Village residents because it improves their well-being, yet the program needs additional improvements to function at its highest level.

The research results were obtained from several tests, including validity, reliability, and normality tests. The research hypothesis evaluation involved multiple analytical methods which included simple linear regression and partial T-tests as well as determination of the coefficient of determination (R2). The regression analysis required diagnostic statistical tests to be performed first which needed to test for validity and reliability and normality. Research variables become unusable for quantitative analysis when their data fails to meet the three criteria of validity and reliability and normal distribution.

Validity Test

Table 4. Validity Test of PKH Policy Implementation Variables

Instrument	Statement Item	r-value	r-table	Description
Communication	X1	0,811	0,2303	Valid
Communication	X2	0,8	0,2303	Valid
Resources	X3	0,761	0,2303	Valid
Resources	X4	0,802	0,2303	Valid
Disposition	X5	0,793	0,2303	Valid
Disposition	X6	0,793	0,2303	Valid
Bureaucratic Structure	X7	0,843	0,2303	Valid
Bureaucratic Structure	X8	0,744	0,2303	Valid

Source: SPSS data analysis results, 2025

Table 5. Testing the Validity of Community Welfare Variables

Instrument	Statement Item	r-value	r-table	Description
Economic	Y1	0,853	0,2303	Valid
Economic	Y2	0,808	0,2303	Valid
Educational	Y3	0,761	0,2303	Valid
Educational	Y4	0,817	0,2303	Valid
Health	Y5	0,814	0,2303	Valid
Health	Y6	0,818	0,2303	Valid
Social and Environmental	Y7	0,802	0,2303	Valid
Social and Environmental	Y8	0,751	0,2303	Valid

Source: SPSS data analysis results, 2025

The researchers conducted validity testing to determine whether each survey instrument was suitable and accurate for their assessment needs. The research used 16 distinct items which were equally distributed between 8 statements that examined PKH policy implementation and 8 statements that evaluated community welfare. The item needed to show a calculated r-value which was higher than the corresponding r-table value to become valid for use in this research study.

The analysis used an r-table value of 0.2303 which the researchers established through calculations based on their degree of freedom at df=71. The validity assessments presented in Tables 1 and 2 confirm that the calculated r-value for every individual item exceeds this threshold. The study validated all statements which assess PKH policy implementation and community welfare for use in research purposes.

Reliability Test

Table 6. Reliability Test of PKH Policy Implementation Variables and Community Welfare Variables

Variable	Cronbach's Alpha Value	Description
Implementation of PKH Policy (X)	0,916	Reliable
Community Welfare (Y)	0,921	Reliable

Source: data analysis results

The researchers conducted reliability testing after completing the validity assessment to confirm that their research instruments produced consistent results during multiple testing periods. The established benchmark requires an instrument to achieve reliability when its Cronbach's Alpha coefficient reaches a value above 0.60. Table 3 shows that the PKH policy implementation variable has a Cronbach's Alpha of 0.916 and the community welfare variable has a Cronbach's Alpha of 0.921. Because both coefficients exceed the 0.60 threshold all research variables demonstrate high reliability according to established criteria.

Normality Test

Table 7. Data Normality Test

Parameter	Detail	Unstandardized Residual
N		73
Normal Parameters	Mean	0
Normal Parameters	Std. Deviation	440.165.608
Most Extreme Differences	Absolute	0.95
Most Extreme Differences	Positive	0.90
Most Extreme Differences	Negative	-0.95
Test Statistic		0.95
Asymp. Sig. (2-tailed)		0.174

Source: SPSS data analysis results, 2025

The researchers conducted a normality assessment before they began testing their hypotheses to determine whether the study variables followed a normal distribution. The researchers selected the Kolmogorov-Smirnov test because their sample size contained more than 50 participants. The Asymp. Sig. (2-tailed) value displayed in Table 4 reached a value of 0.174 which exceeded the established 0.05 significance threshold. The standardized residual values show normal distribution according to the results obtained through analysis.

Simple Linear Regression Analysis

Table 8. Simple Linear Regression Analysis

Model	Variable	B	Std. Error	Beta	t	Sig.
1	(Constant)	14.089	3.161	—	4.457	<.001
1	TotalX	0.561	0.97	0.566	5.779	<.001

Dependent Variable: TotalY

Source: SPSS data analysis results, 2025

The researchers conducted a straightforward linear regression analysis to measure how PKH policy implementation affected community welfare. According to the coefficients presented in Table 5, the model yielded a constant of 14.089 and an X-variable coefficient of 0.561, resulting in the equation Y = 14.089 + 0.561X. The results show that community welfare increases by 0.561 for every 1% improvement in policy implementation. The positive direction of this coefficient confirms that more effective PKH implementation leads to higher welfare levels for program recipients.

Partial T-Test

Table 9. T-Test

Model	Variable	B	Std. Error	Beta	t	Sig.
1	(Constant)	14.089	3.161	—	4.457	< .001
1	TotalX	0.561	0.97	0.566	5.779	< .001

a. Dependent Variable: TotalY

Source: SPSS data analysis results, 2025

The researchers conducted hypothesis testing by comparing their computed t-value with the predefined t-table limit. Table 6 presents data which shows a t-value of 5.779 and a p-value of less than 0.001. The t-table value for df=71 equals 1.99394 which means that the result exceeds the critical point and the p-value stays below the 0.05 alpha threshold. The research results show that the PKH policy implementation has a statistically significant impact on community welfare in Cangkoak Village which leads to researchers rejecting the null hypothesis (H0) and accepting the alternative hypothesis (H1).

Determination Coefficient Test (R^2)

Table 10. Determination Coefficient Test

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.566	0.320	0.310	4.433

a. Predictors: (Constant), TotalX

Source: SPSS data analysis results, 2025

The analysis utilized R Square values from Table 7 to determine how independent variables affected dependent variables which led to the determination of the coefficient of determination. The results yield an R Square of 0.320 which shows that 32 percent of community welfare variation results from PKH policy implementation. The other 68 percent of the results stem from variables that this research did not measure including household income and personal savings and existing debt. The results indicate that the PKH program

helps improve community welfare while other social and economic factors have a stronger impact.

CONCLUSION

The research shows that Cangkoak Village reached 81.02% of its PKH policy execution while the community had an 80.45% level of welfare. The statistical analysis found strong evidence that the two variables connect with each other because the T-test results showed a t-count of 5.779 which exceeded the t-table value of 1.99394. The analysis showed that PKH policy accounted for 32% of welfare changes while external factors caused the remaining 68% of changes according to the coefficients of determination at the 5% significance level. The study shows that PKH functions as an efficient poverty reduction method when proper governance and accurate targeting practices support its implementation.

The research suffers from multiple limitations because it studies one independent variable without detailing how other factors affect the dependent variable. The research restricts itself because it examines only one village and has a small participant group of 73 people. The results apply only to the population that was studied which results in restricted applicability beyond the specific area of Cangkoak Village. The research should extend its scope and recruit more participants to achieve better accuracy. The program implementers need to enhance their monitoring and data collection methods to improve their ability to identify aid recipients. The PKH facilitators need to receive more support because their work helps build community independence from government assistance.

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