

THE IMPACT OF THE FAMILY HOPE PROGRAM (PKH) ON COMMUNITY WELFARE: EVIDENCE FROM KALU- KALUKUANG, PANGKEP REGENCY, INDONESIA

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Abstract

This study analyzes the effect of the implementation of the Family Hope Program (Program Keluarga Harapan, PKH), Indonesia's conditional cash transfer scheme, on community welfare in Kalu-Kalukuang Urban Village, Liukang Kalmas District, Pangkep Regency. A quantitative approach with an associative design was employed. The population comprised 183 PKH beneficiary families (Keluarga Penerima Manfaat, KPM), and the sample consisted of 125 respondents. Data were collected through questionnaires, observation, and documentation, and were analyzed using descriptive statistics, validity and reliability tests, classical assumption tests, simple linear regression, the t-test, the F-test, and the coefficient of determination. The results show that both PKH implementation and community welfare improvement fall into the moderate category, and that the research instruments are valid and reliable. The simple linear regression yields the equation $Y = 13.836 + 0.493X$. The positive regression coefficient indicates that better PKH implementation is accompanied by higher community welfare. The t-test (calculated $t = 8.557$, significance $< .001$) shows that PKH implementation has a positive and significant effect on community welfare improvement. The coefficient of determination of 0.373 indicates that PKH implementation explains 37.3% of the variation in community welfare improvement, while 62.7% is explained by other factors outside the model. These findings suggest that PKH implementation is significantly associated with the welfare of beneficiary communities, although welfare is also shaped by other social and economic factors.

Keywords: Family Hope Program (PKH); PKH implementation; Community Welfare; Beneficiary Families; Conditional Cash Transfer

1. INTRODUCTION

Poverty is a development problem closely tied to the capacity of the population to meet basic needs. Badan Pusat Statistik (BPS) defines poverty in economic terms, as the inability to meet basic food and non-food needs, measured on the basis of expenditure; a person is classified as poor when average monthly per capita expenditure falls below the poverty line (Badan Pusat Statistik [BPS], 2023a). Poverty is not only a matter of low income. It may

also be associated with limited access to education, health, employment, and other basic services, and it has been linked to weaker regional economic performance (Haya et al., 2022).

In the context of social development, the government has developed various forms of social protection to reduce the burden on poor and vulnerable people. One such program is the Family Hope Program (Program Keluarga Harapan, PKH). PKH is a conditional social assistance (conditional cash transfer) scheme targeted at poor and vulnerable families, with specific components related mainly to education, health, and social welfare. Its implementation aims to reduce family expenditure burdens while encouraging improvements in the quality of human resources and breaking the intergenerational cycle of poverty (Kementerian Sosial Republik Indonesia, 2018).

PKH provides not only social assistance but also conditionality and mentoring mechanisms. Beneficiary families are expected to fulfil obligations related to education and health. Consequently, the success of PKH depends not only on the amount of assistance received but also on the quality of program implementation, targeting accuracy, mentoring, access to public services, and families' ability to use the assistance in line with program objectives.

Community welfare is itself a multidimensional concept. Law No. 11 of 2009 on Social Welfare (Republik Indonesia, 2009) defines social welfare as the fulfilment of citizens' material, spiritual, and social needs so that they can live decently and develop themselves in order to carry out their social functions. Welfare therefore cannot be judged by income growth alone, but also by the fulfilment of basic needs, education, health, and households' socioeconomic conditions. This view is consistent with the capability approach, which conceives development as the expansion of people's real freedoms rather than the growth of income alone (Sen, 1999).

Previous studies indicate a relationship between PKH implementation and community welfare. Abizal et al. (2022) found that PKH was related to community welfare during the pandemic, and Andika (2021) examined the relationship between PKH and community welfare at the village level. Arum and Digdowiseiso (2023) reported a positive and significant effect of PKH assistance on community welfare, and Kontu et al. (2021) showed that PKH implementation was associated with improved community welfare. These findings provide an empirical basis for examining the quality of program implementation in different regional contexts.

Beyond Indonesia, conditional cash transfers (CCTs) have become one of the most widely adopted social protection instruments in developing countries, combining income support with incentives for human capital investment (Fiszbein & Schady, 2009). Experimental evidence from Indonesia indicates that PKH improved several targeted education and health indicators, although the transfers did not on their own generate transformative economic change for recipient households (Cahyadi et al., 2020; Arif &

Windarsari, 2026). The accuracy with which poor households are identified also shapes program outcomes (Alatas et al., 2012; Dipomatmodjo et al., 2026; Riu et al., 2026). However, the evidence base on the perceived quality of PKH implementation in remote archipelagic settings appears limited. This study addresses that gap by examining the association between PKH implementation and welfare among beneficiary families in an island community of Pangkep Regency.

Kalu-Kalukuang Urban Village (Kelurahan), Liukang Kalmas District, Pangkep Regency, has an archipelagic geographical character. This condition affects residents' access to education, health, transportation, and economic activities. The number of PKH recipients in Kalu-Kalukuang was recorded at 183 beneficiary families (KPM) in 2025. At the Liukang Kalmas District level, the number of PKH recipients in the same year reached 1,119 KPM.

These geographical conditions pose particular challenges for the delivery of social protection programs. Distances between islands, dependence on sea transport, weather conditions, and limited public facilities may affect residents' access to basic services. Preliminary field information also pointed to several implementation problems, including limited outreach, targeting accuracy, and mentoring of beneficiary families.

Against this background, it is important to study the effect of PKH implementation on community welfare improvement in Kalu-Kalukuang. Specifically, this study aims to determine whether PKH implementation has an effect on the welfare improvement of beneficiary communities in the area.

2. LITERATURE REVIEW

2.1 Family Hope Program (PKH)

The Family Hope Program is a government social protection instrument to assist poor and vulnerable families. The program provides conditional social assistance and is directed at improving families' access to education, health, and social welfare services (Kementerian Sosial Republik Indonesia, 2018, 2023).

According to Minister of Social Affairs Regulation No. 1 of 2018, the objectives of PKH include reducing the expenditure burden of poor and vulnerable families, improving access to education and health services, encouraging behavioral change among beneficiary families, and reducing social disparities (Kementerian Sosial Republik Indonesia, 2018). PKH thus has both an economic-assistance dimension and a human-capital-development dimension.

In this study, PKH implementation is understood as the quality of program delivery as experienced by beneficiary families. The PKH implementation variable is measured through indicators related to targeting accuracy, timeliness, fulfilment of education and health requirements, and mentoring.

2.2 Community Welfare

Community welfare refers to a condition in which individuals or households are able to meet their basic needs and live a decent social life. Welfare encompasses economic, educational, health, and social dimensions. BPS also uses a range of socioeconomic indicators to describe the level of community welfare, including poverty, expenditure, education, health, housing, and access to basic services (BPS, 2023b). Improving beneficiaries' quality of life is likewise a central concern in PKH studies (Hidayatulloh, 2019).

In the context of PKH, welfare improvement is assessed not only through the ability to meet economic needs but also through access to education and health. This approach is consistent with the character of PKH as conditional social assistance that encourages beneficiary families to fulfil obligations in education and health.

The community welfare improvement variable in this study is measured through the fulfilment of basic needs, access to education, access to health services, and households' socioeconomic conditions.

2.3 PKH Implementation and Welfare: Hypothesis Development

Conceptually, better program implementation is expected to increase the benefits received by target families. Targeting accuracy allows assistance to reach families in need, while mentoring can help recipients understand the program's objectives, rights, and obligations.

Several previous studies have also shown a relationship between PKH and welfare (Daud & Marini, 2019; Kontu et al., 2021). Kontu et al. (2021) found that PKH implementation was associated with improved community welfare, and Arum and Digdowiseiso (2023) likewise found a positive and significant effect of PKH assistance on community welfare. Ernita et al. (2024) examined the effect of PKH implementation on community welfare. Ibrahim et al. (2024) emphasized the importance of evaluating PKH in the context of poverty alleviation, and evaluation findings also highlight the importance of accurate disbursement processes and beneficiary data.

Based on this conceptual and empirical reasoning, the following hypotheses are tested. H_0 : PKH implementation has no significant effect on community welfare improvement. H_1 : PKH implementation has a positive and significant effect on community welfare improvement.

3. RESEARCH METHOD

This study employed a quantitative approach with an associative research design (Sugiyono, 2013; Sujarweni, 2021). The research was conducted in Kalu-Kalukuang Urban Village, Liukang Kalmas District, Pangkep Regency. The population comprised all 183 PKH beneficiary families (KPM) in Kalu-Kalukuang, and the sample consisted of 125 respondents.

The data consisted of primary and secondary data. Primary data were obtained by distributing questionnaires to respondents, while secondary data were obtained through documentation and relevant institutional sources; observation was also used. The research instrument used a Likert scale (Sugiyono, 2013). The PKH implementation variable comprised 15 statement items, and the community welfare improvement variable comprised 12 statement items.

Data analysis proceeded in several stages. First, descriptive statistics were used to describe the tendency of respondents' answers. Second, validity tests were conducted to determine each item's ability to measure the research variable. Third, reliability was tested using Cronbach's alpha (Cronbach, 1951). Classical assumption tests followed, covering normality, multicollinearity, and heteroscedasticity (Hair et al., 2019). Because the study uses a single independent variable, simple linear regression was the main analytical model. All analyses were performed using SPSS. The simple linear regression equation used is:

$$Y = a + bX + e$$

Notes:

Y = community welfare improvement;

X = implementation of the Family Hope Program (PKH);

a = constant;

b = regression coefficient;

e = error term.

Hypothesis testing used the t-test to determine the effect of PKH implementation on community welfare improvement. The F-test was used to assess the significance of the regression model, and the coefficient of determination (R^2) was used to determine the proportion of welfare variation that can be explained by PKH implementation.

4. RESULTS AND DISCUSSION

4.1 Descriptive Statistics of Research Variables

The study involved 125 PKH beneficiary respondents. Descriptive analysis was used to describe respondents' answers on PKH implementation and community welfare improvement. Based on the interpretation criteria adopted in this study, mean scores of 2.61 – 3.40 fall into the moderate category. The results show that both variables lie within this range.

Table 1. Descriptive statistics of research variables

Variable	Number of Items	Mean Score	Category
PKH Implementation (X)	15	3.01	Moderate
Welfare Improvement (Y)	12	3.01	Moderate

Source: Primary data processed by the authors, 2026.

On the PKH implementation variable, relatively higher item scores were found for beneficiaries' compliance with program obligations and for the mentors' role in reminding families of their education and health obligations. By contrast, the targeting-accuracy aspect received a relatively lower rating. This finding is important because targeting accuracy is a fundamental part of the quality of social assistance implementation. If recipients do not fully match the required conditions, the program's benefits may be reduced.

On the welfare variable, the education indicator showed a positive tendency, particularly regarding children's regular school attendance and continuation of schooling. In terms of health, respondents also reported benefits in family health monitoring. However, the fulfilment of medical check-up costs and household economic needs remained in the moderate category. This suggests that PKH supports several basic needs but is not the only factor determining family welfare.

4.2 Instrument Quality Tests

4.2.1 Validity Test

Validity tests were conducted to determine each item's ability to measure the research variable. With 125 respondents, the degrees of freedom are $df = n - 2 = 123$. At the 5% significance level, the critical r value is approximately 0.176.

Table 2. Results of the validity test for the PKH implementation variable

Item	Calculated r	Critical r	Remark
X1	0.847	0.176	Valid
X2	0.725	0.176	Valid
X3	0.735	0.176	Valid
X4	0.719	0.176	Valid

X5	0.689	0.176	Valid
X6	0.814	0.176	Valid
X7	0.816	0.176	Valid
X8	0.836	0.176	Valid
X9	0.773	0.176	Valid
X10	0.818	0.176	Valid
X11	0.751	0.176	Valid
X12	0.744	0.176	Valid
X13	0.816	0.176	Valid
X14	0.739	0.176	Valid
X15	0.847	0.176	Valid

The item–total correlations for X in the SPSS output show that the calculated r of all items exceeds the critical r; hence, all items are considered valid.

Table 3. Results of the validity test for the community welfare improvement variable

Item	Calculated r	Critical r	Remark
Y1	0.757	0.176	Valid
Y2	0.779	0.176	Valid
Y3	0.832	0.176	Valid
Y4	0.775	0.176	Valid
Y5	0.762	0.176	Valid
Y6	0.735	0.176	Valid
Y7	0.723	0.176	Valid
Y8	0.803	0.176	Valid
Y9	0.822	0.176	Valid
Y10	0.801	0.176	Valid
Y11	0.772	0.176	Valid
Y12	0.821	0.176	Valid

The correlation output for Y shows that all question items have calculated r values above the critical r (0.176); hence, all items are considered valid.

4.2.2 Reliability Test

The reliability test was conducted to determine the consistency of the instrument in measuring the research variables. Following the criterion adopted in this study, a variable is considered reliable if Cronbach's alpha is greater than or equal to 0.60.

Table 4. Results of the reliability test

Variable	Cronbach's Alpha	Number of Items	Criterion	Remark
PKH Implementation (X)	0.953	15	≥ 0.60	Reliable
Community Welfare Improvement (Y)	0.942	12	≥ 0.60	Reliable

Source: SPSS output, 2026.

Table 4 shows that Cronbach's alpha is 0.953 for the PKH implementation variable and 0.942 for the community welfare improvement variable. Both values exceed 0.60; hence, both variables are considered reliable.

4.3 Classical Assumption Tests

4.3.1 Normality Test

The normality test was conducted to determine whether the residuals of the regression model are normally distributed. The One-Sample Kolmogorov–Smirnov test was used. The data are considered to satisfy the normality assumption if Asymp. Sig. is greater than 0.05.

Table 5. Results of the normality test

Remark	Result
N	125
Test Statistic	0.065
Asymp. Sig. (2-tailed)	0.200

Source: SPSS output, 2026.

Table 5 shows an Asymp. Sig. (2-tailed) value of 0.200. This value is greater than 0.05; therefore, the residuals of the regression model can be considered normally distributed, and the model satisfies the normality assumption.

4.3.2 Multicollinearity Test

Table 6. Results of the multicollinearity test

Variable	Tolerance	VIF	Remark
Family Hope Program (PKH) Implementation	1.000	1.000	No multicollinearity

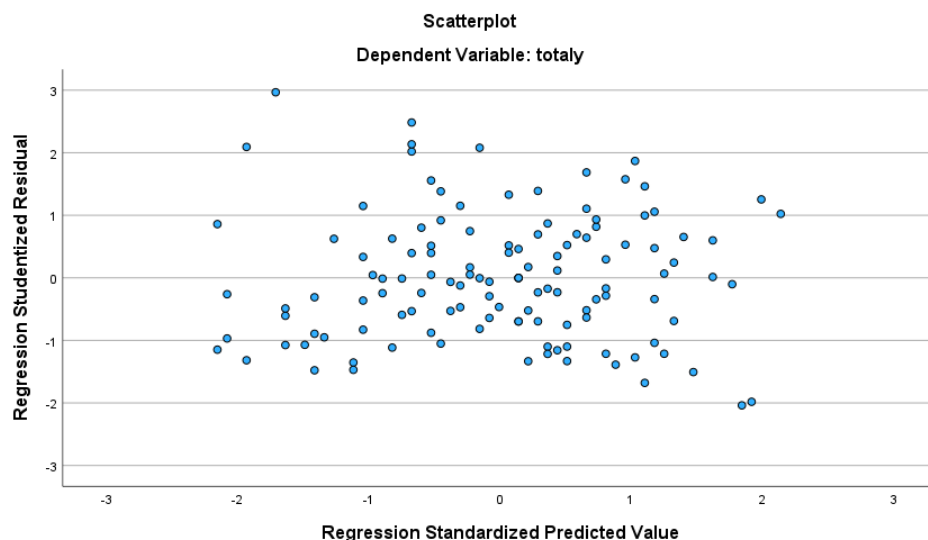
Source: SPSS output, 2026.

The test yields a Tolerance value of 1.000 and a VIF of 1.000. Tolerance is greater than 0.10 and VIF is less than 10; therefore, the model shows no sign of multicollinearity. Because only one independent variable is included, correlation among independent variables is essentially not an issue in this simple regression model.

4.3.3 Heteroscedasticity Test

The heteroscedasticity test in this study used a scatterplot of the *Regression Standardized Predicted Value* against the *Regression Studentized Residual*. The model is considered free of heteroscedasticity if the points are scattered above and below zero and do not form a particular pattern.

Figure 1. Results of the heteroscedasticity test using a scatterplot



Source: SPSS output based on primary data, 2026.

Figure 1 shows that the residual points are scattered above and below the zero line and do not form a systematic pattern such as a funnel, systematic widening, or waves. The points tend to be randomly dispersed across predicted values. It can therefore be concluded that the regression model shows no sign of heteroscedasticity, that is, it satisfies the homoscedasticity assumption.

4.4 Simple Linear Regression Analysis

Simple linear regression analysis was used to determine the direction and magnitude of the effect of PKH implementation on community welfare improvement.

Table 7. Results of simple linear regression analysis

Variable	B	Std. Error	Beta	t	Sig.
Constant	13.836	2.713		5.100	<.001
PKH Implementation	.493	.058	.611	8.557	<.001

Source: SPSS output, 2026.

Based on Table 7, the regression equation is:

$$Y = 13.836 + 0.493X + e$$

The constant of 13.836 indicates that if PKH implementation is held constant at zero, the baseline value of community welfare improvement predicted by the model is 13.836.

The regression coefficient for PKH implementation is 0.493 and positive. This indicates that each one-unit increase in the PKH implementation score is expected to increase the community welfare improvement score by 0.493 units. The positive sign implies that the better the program is implemented, the higher the community welfare, according to the research model.

4.5 Hypothesis Testing

4.5.1 Partial Test (t-test)

The t-test was used to determine whether PKH implementation partially affects community welfare improvement.

Table 8. Results of the t-test

Variable	Calculated	Critical	Sig.	Remark
t	t			
PKH Implementation	8.557	±1.979	0.000	Significant effect

Source: SPSS output, 2026

The test yields a calculated t of 8.557 with a significance value of 0.000. The significance value is less than 0.05 and the calculated t exceeds the critical t. Therefore, H_0 is rejected and H_1 is accepted; that is, the implementation of the Family Hope Program has a positive and significant effect on community welfare improvement in Kalu-Kalukuang Urban Village, Liukang Kalmas District, Pangkep Regency.

4.5.2 Simultaneous Test (F-test)

Table 9. Results of the F-test

Model	Calculated F	Sig.	Remark
Regression	73.218	0.000	Significant

Source: SPSS output, 2026

Table 9 shows a calculated F of 73.218 with a significance value of 0.000. Because the significance value is less than 0.05, the regression model is considered significant. In a regression with one independent variable, the F-test result is consistent with the t-test and reinforces the conclusion that the implementation of the Family Hope Program is significantly related to community welfare improvement.

4.5.3 Coefficient of Determination

Table 10. Results of the coefficient of determination

Model	R	R Square	Adjusted R Square	Std. Error of Estimate
1	.611 ^a	.373	.368	8.67050

Source: SPSS output, 2026.

Table 10 shows an R Square of 0.373, or 37.3%. This indicates that the implementation of the Family Hope Program explains 37.3% of the variation in community welfare improvement, while 62.7% of the variation is explained by other factors not included in the research model.

This result shows that although the effect of PKH is statistically significant, the explanatory power of PKH implementation for overall welfare variation remains relatively modest. The welfare of beneficiary families is therefore influenced not only by PKH implementation but potentially also by household income, employment, number of dependents, access to public services, prices of staple goods, health conditions, education, and other household economic conditions.

4.6 DISCUSSION

The results show that PKH implementation has a positive and significant effect on community welfare improvement in Kalu-Kalukuang. This suggests that conditional social assistance is associated not only with the direct receipt of benefits but also with the fulfilment of education and health obligations and the mentoring support provided to beneficiary families. In an archipelagic context, such support is particularly relevant because limited access to basic services can heighten families' vulnerability to economic shocks. The finding is also in line with international evidence that conditional cash transfers can raise human capital investment among poor households (Fiszbein & Schady, 2009) and with experimental evidence from Indonesia showing improvements in education and health outcomes under PKH (Cahyadi et al., 2020).

These findings are consistent with Fajriati et al. (2020), who examined the effect of PKH on improving the welfare of poor communities. They also point in the same direction as Abizal et al. (2022) and Arum and Digdowiseiso (2023), who position PKH as an instrument related to the welfare conditions of beneficiaries. This convergence supports the view that well-implemented social assistance can help families meet basic needs (Ernita et al., 2024; Beni & Manggu, 2020).

Nevertheless, the R Square of 37.3% shows that community welfare is not fully determined by PKH implementation; 62.7% of the variation is related to other factors outside the model. This is consistent with the multidimensional character of welfare (Sen, 1999). Household income and employment, number of dependents, education, access to health

services, geographical conditions, transport access, and business opportunities may also shape families' ability to improve their quality of life (BPS, 2023b; World Bank, 2022). It also accords with evidence that PKH transfers alone did not generate transformative economic change for recipient households (Cahyadi et al., 2020).

The descriptive findings on targeting accuracy also carry important implications. Although the average implementation score is in the moderate category, the lower rating on targeting accuracy points to the need for data updating, verification of family conditions, and consistent supervision. This is in line with the evaluation by Garini et al. (2023), who emphasize examining PKH implementation comprehensively, not only by the amount of assistance disbursed but also by program processes and outcomes, and with evidence that the method used to identify poor households strongly affects targeting accuracy (Alatas et al., 2012).

Therefore, increasing the benefits of PKH in Kalu-Kalukuang requires more than the disbursement of assistance. Mentoring should be directed at improving recipients' understanding of program obligations and of how to use the assistance, while local governments and program implementers need to strengthen data accuracy and access to education, health, and economic empowerment services. Such a strategy can help ensure that social assistance functions not merely as short-term consumption support but also contributes to a gradual improvement in family capacity (Aslinda et al., 2022).

5. CONCLUSION

Based on the results, the implementation of the Family Hope Program in Kalu-Kalukuang is in the moderate category, and community welfare improvement is also in the moderate category. The simple linear regression yields the equation $Y = 13.836 + 0.493X$. The t-test yields a value of 8.557 with a significance of $< .001$, and the F-test yields a value of 73.218 with a significance of 0.000. Accordingly, based on the statistical tests, PKH implementation has a positive and significant effect on community welfare improvement. The R Square of 0.373 indicates that PKH implementation explains 37.3% of the variation in welfare improvement, while 62.7% is related to other factors outside the model.

The implication is that improving the quality of PKH should focus on targeting accuracy, accuracy of disbursement, stronger mentoring, and connecting recipients with education, health, and economic empowerment services. Future studies could include household income, employment, number of dependents, access to services, geographical conditions, and economic empowerment so that a larger share of the variation in community welfare can be explained.

This study has several limitations. First, the cross-sectional associative design and the use of perception-based questionnaire data mean that the estimated relationship should be interpreted as a statistical association rather than strict causal identification. Second, the model includes a single predictor and no control variables, which likely explains the modest

explanatory power and may leave omitted-variable bias. Third, the findings are drawn from one island community and may not generalize to other PKH areas. Future research could employ multivariate models, panel or quasi-experimental designs, and objective welfare indicators such as household expenditure.

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