

## THE FAMILY HOPE PROGRAM AND NON-CASH FOOD ASSISTANCE HAVE A SIGNIFICANT IMPACT ON ENHANCING COMMUNITY WELFARE

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### Abstract

The Family Hope Program (PKH) and the Non-Cash Food Assistance (BPNT) initiated by the Indonesian government aim to improve social welfare. Despite facing challenges such as inaccuracies in beneficiary targeting and limited program evaluation, these initiatives continue to operate in support of sustainable livelihoods. This study aims to examine the extent to which these programs contribute to improving community welfare. A quantitative research method was employed through questionnaires distributed to Beneficiary Families (KPM) across eight sub-districts in Cirebon Regency, selected based on the highest number of beneficiaries. The results show that PKH and BPNT have a significant impact on the welfare of KPM, contributing 50.5%, while the remaining 49.5% is influenced by other factors. Both programs have proven effective in fulfilling basic needs, although dependency on social assistance remains a challenge.

**Keywords:** PKH, BPNT, Welfare Level, Beneficiary Families (BF)

### INTRODUCTION

Social welfare is a key indicator reflecting the quality of life within a society (Jankowska, 2015). In Indonesia, social welfare remains a central focus of government policy, aiming to enhance living standards and reduce socio-economic disparities. The government strives to achieve social welfare by creating conditions in which all individuals—particularly the poor and vulnerable—have proper access to basic needs such as education, healthcare, employment, and food (Gunawan et al., 2023).

Overall, between September 2012 and March 2023, poverty rates in Indonesia showed a decline in both absolute numbers and percentage. However, there were several periods where poverty increased, namely in September 2013, March 2015, March 2020, September 2020, and September 2022. The trend of poverty levels from September 2012 to March 2023 is illustrated in Figure 1. (Badan Pusat Statistik, 2023).



Figure 1. Percentage of Poor Population, September 2012 – 2023  
Sumber: *Badan Pusat Statistik, 2023.*

According to data from Statistics Indonesia (BPS), poverty rates in Indonesia have declined year by year, yet significant challenges remain in achieving equitable social welfare. As of March 2023, BPS recorded the national poverty rate at 9.36%, with approximately 26 million people living in poverty. Additionally, many families live near the poverty line, where even minor economic shifts could put them at risk. Therefore, efforts to ensure sustainable social welfare remain a crucial agenda in national development. (Badan Pusat Statistik, 2023).

To address poverty, the Indonesian government has implemented various policies, including the Family Hope Program (PKH) and Non-Cash Food Assistance (BPNT). PKH, which has been in operation since 2007, aims to establish a social protection system for underprivileged communities to improve welfare and break the cycle of poverty (Njonge, 2023). Meanwhile, BPNT is designed to ease the financial burden of poor families by providing monthly food assistance in a non-cash form through partner stores affiliated with Himbara banks, in accordance with Presidential Regulation No. 63 of 2017 (Julianto, 2020).

However, despite its economic potential, Cirebon Regency still faces various social and economic challenges, particularly in relation to the welfare of poor communities. Although PKH and BPNT have helped reduce the burden on vulnerable groups, challenges regarding the effectiveness of distribution and utilization of the assistance remain a major concern in efforts to improve community welfare.

Overall, the poverty rate in Cirebon Regency has shown a declining trend in both absolute numbers and percentages from 2011 to 2024. However, due to the impact of the COVID-19 pandemic that struck Indonesia, including Cirebon Regency, in 2020, poverty levels temporarily increased. Figure 2 below illustrates the evolution of poverty rates from 2011 to 2024 (Statistics Indonesia – Cirebon Regency, 2024)

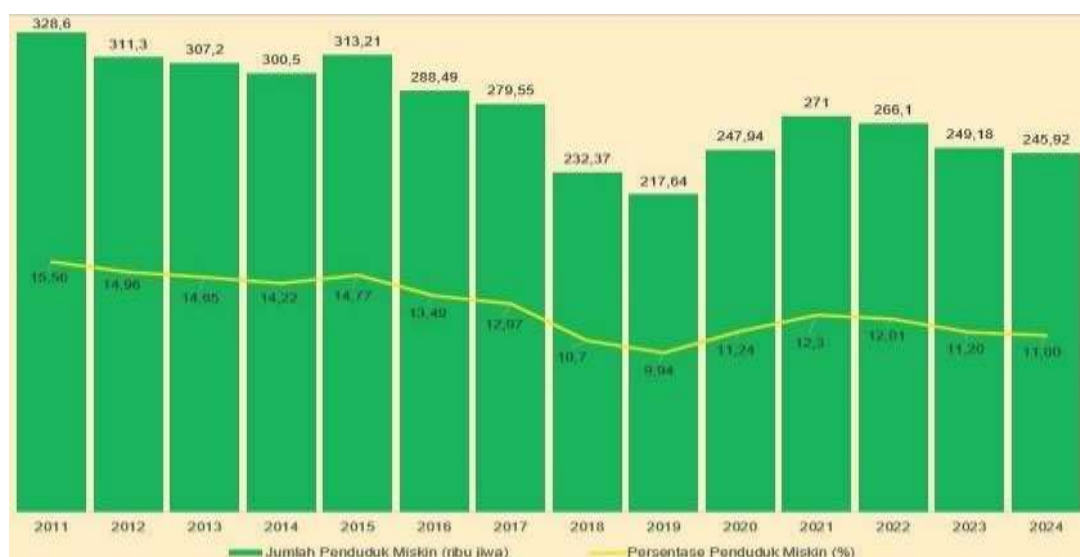


Figure 2. Number and Percentage of Poor Population, 2011-2024  
 Sumber: Badan Pusat Statistik Kabupaten Cirebon, 2024.

Based on the figure above, the poverty rate in this region remains relatively significant. In 2023, the poverty level was recorded at 11.2%, which is higher than the average in West Java Province. Several factors contribute to this condition, including the community's dependence on the informal sector—such as agriculture and small-scale businesses—which are vulnerable to market price fluctuations and climate change. Additionally, most of the poor population in Cirebon Regency

live in rural areas, where access to basic infrastructure such as education, healthcare, and public services remains limited.

In the social sector, Cirebon Regency also faces challenges in education and health. According to the Deputy Regent of Cirebon, Wahyu Tjiptaningsih, the average length of schooling in the regency is only 7.6 years. Low educational attainment, especially among the poor, is one of the main barriers to social mobility. Data show that many children in Cirebon Regency either drop out or never continue their education, particularly in rural areas. On the other hand, access to adequate healthcare services also remains a challenge, especially for low-income families living in remote areas (Dyk et al., 2018)

According to the Cirebon Regency Social Affairs Office, data as of May 2024 show that the total number of PKH beneficiaries has reached 95,068 households, while the total number of BPNT recipients stands at 231,800 households. The assistance is distributed through two main channels: HIMBARA (the State-Owned Banks Association) and the postal service (POS). Beneficiaries with access to banking services receive assistance through HIMBARA, while those without bank accounts or living in remote areas receive their benefits via POS (Cirebon Regency Social Affairs Office, 2024).

Several previous studies support the impact of these programs. Sukirno, A. (2019), in his research on the effect of PKH on beneficiary welfare in Bekasi Regency, found that PKH had a significant impact on beneficiaries' access to education and healthcare. The study showed that the cash assistance provided through PKH improved families' ability to access better health and education services, which in turn enhanced their overall social welfare. This supports the hypothesis that PKH contributes to improving the quality of life.

(Arif et al., 2020) revealed that BPNT plays an important role in improving the welfare of beneficiaries by providing more nutritious food. The program directly contributes to improved family nutrition and health, which leads to a better quality of life. The research emphasizes that food assistance programs like BPNT are highly effective in reducing household dependence on other forms of social aid and in strengthening economic well-being.

In recent years, the PKH and BPNT programs have shown a relatively positive impact on beneficiary households. One of the most noticeable effects is the increased access of poor families to education and health services. Beyond education and healthcare, BPNT has also played a role in improving food quality and family nutrition (Hasanah & Abd Mu'id Aris Shofa, 2024).

Through non-cash assistance, beneficiary families (KPM) are able to obtain essential food items such as rice and eggs, which contribute to improving household food security. This is especially important in rural areas, where access to affordable food markets is limited. Although the PKH and BPNT programs have had positive impacts, their long-term effectiveness still requires further evaluation. Some beneficiaries face difficulties in making the most of the assistance due to limited financial literacy and restricted access to information. Moreover, the long-term impact on household welfare—particularly in economic aspects such as income improvement and financial independence—still needs to be explored in greater depth (Roll et al., 2022)

## LITERATURE REVIEW AND HYPOTHESIS FORMULATION

### 1. Welfare State Theory

The concept of the welfare state was founded by Roelof Kraneburg, a Dutch politician, lawyer, and professor of constitutional law. He was born on September 8, 1880, in Groningen, the Netherlands, and passed away on December 27, 1956, in The Hague. Kraneburg asserted that: "The state must actively pursue welfare and act fairly in a way that is equitably and evenly felt by the entire society—not to benefit a specific group but to serve the entire population."

This theory has often been interpreted differently by individuals and governments (Imron et al., 2016). According to (Ahmad Syahirul Alim et al., 2024), the welfare state theory generally

encompasses four main meanings: (a) As a condition of well-being, referring to the fulfillment of both material and non-material needs. (b) As part of social services, which include five main components: social security, healthcare, education, housing, and individual social services. (c) As a form of social assistance, representing welfare contributions provided to those in need. (d) As a process or planned effort, where individuals, social organizations, communities, and government institutions work together to improve the quality of life for society.

The welfare state is closely related to social policy, which includes various approaches and government measures aimed at enhancing societal well-being. One of its main components is social protection, which includes social assistance and social insurance as part of the social security and safety net system to support public welfare (Patel, 2018).

Poverty refers to a condition in which individuals or groups lack the ability to meet basic needs such as food, clothing, shelter, and clean water. Poverty is a highly complex issue, influenced by numerous interrelated factors that contribute to its persistence (Watson, 2013). Chambers, as cited in Akhmad (Akhmad, 2021), further defines poverty as a condition where individuals or groups lack sufficient resources to meet their basic living needs.

## **2. Family Hope Program (PKH)**

PKH is a social assistance program targeting households that meet specific criteria and are subject to conditional requirements designed to influence poverty-related behaviors. This program provides cash transfers to extremely poor households (RTSM), with the condition that recipient family members comply with established obligations. Generally known as Conditional Cash Transfers (CCTs), the requirements may include regular school attendance by children or prenatal and postnatal visits to healthcare services by pregnant women and toddlers (Larasati & Jannah, 2022).

## **3. Non-Cash Food Assistance (BPNT)**

BPNT is a food assistance program distributed by the government to beneficiary families (KPM) through an electronic money system, which can only be used to purchase food items at registered vendors in collaboration with the State-Owned Banks Association (HIMBARA). These vendors may include micro-enterprises, cooperatives, traditional markets, food stores, KUBE e-warung (joint business group stalls), village shops, Rumah Pangan Kita (RPK), financial service agents, and other retail businesses (Nguyen et al., 2023).

## **4. Welfare and KPM (Beneficiary Families)**

According to (Eick, 2024), welfare is defined as a state of life encompassing social, material, and spiritual dimensions, where individuals experience a sense of security, morality, and peace both externally and internally. This condition provides individuals with the opportunity to strive optimally in fulfilling their physical, mental, and social needs—whether for themselves, their families, or society as a whole.

KPM (Keluarga Penerima Manfaat) refers to families or individuals registered as recipients of social assistance from the government, aimed at reducing poverty and improving social welfare. These beneficiaries are generally selected based on specific criteria such as income level, socio-economic status, and special needs—such as families with school-aged children, elderly members, or pregnant women ((Alba et al., 2024).

## **5. Previous Studies**

According According to research conducted by (Muharir, 2022), this study analyzed the impact of the Family Hope Program (PKH) and the Non-Cash Food Assistance (BPNT) on community welfare,

focusing on Beneficiary Families (KPM) in Tirta Makmur Village, Air Kumbang Sub-district. The research employed a quantitative method with a survey approach. Data were collected through questionnaires and analyzed using multiple linear regression techniques. The results showed that both PKH and BPNT had a significant influence on improving community welfare, with PKH having a greater impact compared to BPNT.

A study by (Gultom et al., 2020) examined the effects of the BPNT and PKH programs on poverty levels in Southeast Minahasa Regency. Using a quantitative method with a survey approach, data were gathered via questionnaires and analyzed through multiple linear regression. The findings revealed that both BPNT and PKH significantly contributed to reducing poverty, with PKH having a more dominant role in enhancing the welfare of beneficiaries.

In a study by (Amiza & Valeriani, 2024), the effectiveness of the PKH and BPNT programs in improving community welfare was assessed. This study utilized a quantitative approach through surveys, with data collected via questionnaires distributed to beneficiaries and analyzed using multiple linear regression techniques. The results demonstrated that both programs had a positive and significant effect on improving community welfare, with PKH exerting a greater influence on improving the living standards of recipients compared to BPNT.

Research conducted by (Halimah, 2023), analyzed the effects of BPNT and PKH on community welfare in Haur Kuning Village, Beruntung Baru Sub-district, Banjar Regency. A quantitative method with a survey approach was used. Data were collected through questionnaires distributed to beneficiaries and analyzed using multiple linear regression techniques. The study found that both BPNT and PKH had a positive and significant impact on welfare, with PKH having a greater effect on improving the living conditions of recipients.

The study by (Yani Ristanti & Fadhli, 2022), analyzed the implementation of the BPNT distribution in enhancing community welfare. This research applied a qualitative method with a descriptive approach. Data were collected through interviews, observations, and documentation, and were analyzed thematically. The results showed that BPNT distribution had generally been well-implemented, although challenges remained, such as delays in distribution and a lack of understanding among recipients regarding the assistance mechanism. Nevertheless, BPNT still contributed to improving welfare, especially in meeting basic food needs.

## 6. Hypothesis

*H1 : PKH has a positive and significant influence on the welfare level of beneficiary families (KPM) in Cirebon Regency.*

*H2 : BPNT has a positive and significant influence on the welfare level of beneficiary families (KPM) in Cirebon Regency.*

*H3 : PKH and BPNT simultaneously affect the welfare level of beneficiary families (KPM) in Cirebon Regency.*

## RESEARCH METHODS

The research location refers to the area selected as the source for collecting data and information relevant to the research objectives (Hasyim, 2018). In this study, only 20% of the total 40 sub-districts in Cirebon Regency were selected, representing three regional zones: the western region (Plumbon, Dukupuntang, Ciwaringin), the central region (Plered, Talun, Mundu), and the eastern region (Babakan, Gebang). The selection of these sub-districts was made strategically to reflect the characteristics of each region, thereby ensuring that the research findings provide a representative overview.

This study employed descriptive statistical methods with a quantitative approach, analyzing the relationship between independent and dependent variables to determine the impact of the programs studied.

The population in this research consisted of beneficiary families (KPM) who simultaneously received both PKH and BPNT assistance (overlapping beneficiaries) in the selected sub-districts across the western, central, and eastern regions of Cirebon Regency, totaling 21,780 households.

The sample was selected using a non-probability sampling approach with purposive sampling technique. Based on the purposive sampling calculation formula, a total of 100 respondents were selected, distributed as follows: 15 from Plumbon, 15 from Dukupuntang, , from Ciwaringin, 13 from Plered, 12 from Talun, 15 from Mundu, 14 from Babakan, 12 from Gebang.

The data collection technique used in this study was the questionnaire method. A closed-ended questionnaire format was applied, where respondents were asked to select the option they considered most appropriate. To measure responses, a Likert scale was used, with values ranging from 1 to 5 (Afriansyah et al., 2021).

## RESULTS AND DISCUSSION

The respondents in this study were overlapping beneficiaries (KPM) who received both PKH and BPNT assistance simultaneously, with the requirement that they had been receiving the aid for a minimum of two consecutive years. Respondents were selected from eight sub-districts in Cirebon Regency, categorized based on western, central, and eastern regional classifications. Referring to Table 1.2, the majority of KPM participants in this study were female, totaling 94 individuals, which represents 94% of all respondents. In contrast, only 6% of the respondents were male.

Tabel 1. Respondent Identity

| Gender        | n%       |
|---------------|----------|
| Male          | 6 (6%)   |
| Female        | 94 (94%) |
| Age           |          |
| 31-40         | 33 (33%) |
| 41-50         | 48 (48%) |
| 51-60         | 14 (14%) |
| 61-70         | 5 (5%)   |
| Occupation    |          |
| Housewife     | 81(81%)  |
| Laborer       | 7(7%)    |
| Batik Maker   | 5(5%)    |
| Trader        | 5(5%)    |
| Fisherman     | 2(2%)    |
| Member Family |          |
| 1             | 1(1%)    |
| 2             | 3(3%)    |
| 3             | 12(12%)  |
| 4             | 43(43%)  |

|                               |         |
|-------------------------------|---------|
| 5                             | 24(24%) |
| 6                             | 14(14%) |
| 7                             | 3(3%)   |
| Income                        |         |
| Rp. 1.000.000 – Rp. 1.400.000 | 21(21%) |
| Rp. 1.500.000 – Rp. 1.800.000 | 28(28%) |
| Rp. 1.900.000 – Rp. 2.200.000 | 30(30%) |
| Rp. 2.300.000 – Rp. 2.600.000 | 13(13%) |
| Rp. 2.700.000 – Rp. 3.000.000 | 8(8%)   |

Source: Processed data, 2025

In Table 1 it is clearly shown that the majority of respondents are aged between 41 and 50 years, totaling 48 individuals, which accounts for 48% of all respondents. Additionally, 33% of respondents fall within the 31–40 years age group, which is also considered a productive age category. Combined, the 31–50 age group makes up 81% of the total respondents, indicating that most beneficiaries are still of working age and bear economic responsibilities for their families.

According to Table 1, the majority of respondents are housewives (IRT), with a total of 81 individuals, or 81% of all respondents. The dominance of housewives in this data suggests that many beneficiaries do not have regular employment or independent sources of income, making them highly dependent on their husband's earnings or on social assistance to meet their household needs.

In Table 1, it is shown that most respondents have four family members, accounting for 43% of the total sample. Furthermore, 24% of respondents reported having five family members, and 14% have six family members. These figures highlight the relatively large household sizes that are common among KPM beneficiaries.

Referring to Table 1, it can be concluded that most KPM households earn below the Cirebon Regency Minimum Wage (UMK) for the year 2025, which is set at IDR 2,618,382. This is evident from the income distribution among the respondent families, where 79% reported earning less than IDR 2,600,000 per month. In fact, 49% of respondents earn no more than IDR 1,800,000 per month, reflecting a relatively low level of economic welfare.

## 1. Multiple Linear Regression Analysis

### A. T-test (Partial)

To examine the influence of the PKH and BPNT program variables on the welfare level, a multiple linear regression test was conducted, as presented in Table 2

Tabel 2. Multiple Linear Regression Test Results

| Coefficients <sup>a</sup> |                             |            |                           |       |       |
|---------------------------|-----------------------------|------------|---------------------------|-------|-------|
| Model                     | Unstandardized Coefficients |            | Standardized Coefficients | T     | Sig.  |
|                           | B                           | Std. Error | Beta                      |       |       |
| 1 (Constant)              | 15.275                      | 2.760      |                           | 5.535 | 0.000 |
| PKH                       | 0.171                       | 0.066      | 0.238                     | 2.587 | 0.011 |
| BPNT                      | 0.454                       | 0.077      | 0.542                     | 5.891 | 0.000 |

a. Dependent Variable: Welfare

Source: Processed data, 2025

Referring to the multiple linear regression analysis table above, the regression equation can be formulated as follows:

$$Y = 15.275 + 0.171X_1 + 0.454X_2 + e$$

The constant value of 15.275 indicates that, in the absence of changes in the independent variables, the average welfare level (Y) remains at this baseline. The PKH variable ( $X_1$ ) has a coefficient of 0.171, while the BPNT variable ( $X_2$ ) has a coefficient of 0.454, indicating that both variables contribute positively to the welfare of the community. Among the two, BPNT shows a stronger influence, suggesting a more substantial impact on the improvement of welfare levels among beneficiary households (KPM).

#### B. F-test (Stimulan)

Tabel 3. F Test Results (Simultan)

| ANOVA <sup>a</sup>                   |            |                |    |             |        |                    |
|--------------------------------------|------------|----------------|----|-------------|--------|--------------------|
| Model                                |            | Sum of Squares | Df | Mean Square | F      | Sig.               |
| 1                                    | Regression | 570.878        | 2  | 285.439     | 51.566 | 0.000 <sup>b</sup> |
|                                      | Residual   | 536.935        | 97 | 5.535       |        |                    |
|                                      | Total      | 1107.812       | 99 |             |        |                    |
| a. Dependent Variable: Welfare       |            |                |    |             |        |                    |
| b. Predictors: (Constant), BPNT, PKH |            |                |    |             |        |                    |

Source: Processed data, 2025

The SPSS output table above indicates that the Sig. value reaches  $0.000 < 0.05$ . In addition, the calculated F value of 51.566 exceeds the F table which is 3.09. Thus, based on the criteria in the F Test decision making, it can be concluded that the PKH and BPNT variables simultaneously affect the level of welfare.

#### C. Analysis Of Determination Coefficient (R Square)

Tabel 4. Analysis of Determination Coefficient (R Square)

| Model Summary                        |                    |          |                   |                            |
|--------------------------------------|--------------------|----------|-------------------|----------------------------|
| Model                                | R                  | R Square | Adjusted R Square | Std. Error of the Estimate |
| 1                                    | 0.718 <sup>a</sup> | 0.515    | 0.505             | 2.35275                    |
| a. Predictors: (Constant), BPNT, PKH |                    |          |                   |                            |

Source: Processed data, 2025

The Adjusted R Square value of 0.505 was obtained from the results of the regression calculation in this study. This indicates that 50.5% of the variation in the dependent variable is influenced by the independent variable, while the remaining 49.5% is caused by other factors outside the variables analyzed.

## 1. DISCUSSION

### A. The Influence of PKH on the Welfare Level of KPM in Cirebon Regency

Based on the results of the hypothesis testing, PKH significantly influences the welfare level of beneficiary families (KPM) in Cirebon Regency. PKH shows a significant



effect, as indicated by the significance value of  $0.011 < 0.05$ , and a t-count of  $2.587 >$  t-table value of 1.984.

These findings are in line with research by Fuadah (2021), which revealed that the PKH program was effective in creating “sakinah” (harmonious) families in Bojong Kulon Village, Susukan Sub-district, Cirebon Regency. Social assistance programs such as PKH not only improve access to basic needs but also contribute to enhancing the quality of life of KPM through improved consumption and access to education. Moreover, the program encourages positive behavioral change, especially in terms of household financial management. With regular assistance, poor families gain better income stability, enabling them to plan their expenditures more effectively.

Similarly, the findings of this research show that PKH has a positive and significant impact on the welfare level of KPM in Cirebon Regency. Respondents from various regions—western, central, and eastern parts of the regency—stated that the PKH assistance played a crucial role in meeting their basic needs, particularly in the education and health sectors. In addition, the program also had positive psychological effects, as beneficiaries felt more confident in planning their futures. The reliability of the assistance allowed them to focus on seeking additional economic opportunities and ultimately improving their family’s welfare.

#### **B. The Influence of BPNT on the Welfare Level of KPM in Cirebon Regency**

Based on hypothesis testing, BPNT also significantly influences the welfare level of KPM in Cirebon Regency. This is evidenced by the significance value of  $0.000 < 0.05$  and the t-count of  $5.891 >$  t-table value of 1.984, indicating a statistically significant effect.

This result aligns with findings by Adriana (2020), who showed that residents of Jaling Village, Awangpone Sub-district, Bone Regency, experienced a significant improvement in welfare through the BPNT program. By fulfilling primary needs, especially rice and eggs, the program allowed households to reallocate funds previously used for food to other essential needs such as clothing, housing, and even secondary needs. Hence, BPNT contributes not only to basic food security but also to broader improvements in quality of life.

Consistent with the present study, the results indicate that BPNT has a positive and significant impact on improving the welfare of KPM in Cirebon Regency. Respondents in this study were BPNT recipients from eastern, central, and western parts of the regency. Based on regression analysis, BPNT has proven effective in enhancing the purchasing power of beneficiary families and ensuring more stable access to food, which ultimately supports an improved level of welfare.

#### **C. The Influence Of PKH and BPNT on the Welfare Level of Beneficiary Families (KPM) in Cirebon Regency**

The results of the simultaneous analysis of PKH and BPNT on welfare levels indicate an Adjusted R Square value of 0.505, which means that the PKH and BPNT variables can explain 50.5% of the variance in the dependent variable (welfare level). This indicates that 50.5% of the variation in welfare can be attributed to these two independent variables, while the remaining 49.5% is influenced by other factors not

examined in this study. Therefore, it can be concluded that the presence of PKH and BPNT contributes significantly to improving the welfare of KPM. These social assistance programs help meet basic needs and enhance household purchasing power, which in turn positively impacts their quality of life.

This study is in line with the findings of Halimah (2023), which showed that the PKH and BPNT programs had a significant impact on community welfare in Haur Kuning Village, particularly in terms of meeting food needs and accessing basic services. These results further emphasize the importance of government intervention through PKH and BPNT in improving the living standards of beneficiary families.

The findings of this study also support the conclusion that PKH and BPNT have a positive and significant influence on the welfare level of KPM in Cirebon Regency. These two social assistance programs complement each other in enhancing community welfare in Indonesia. PKH provides financial support to families with vulnerable members, such as children and pregnant women, to help meet essential needs. Meanwhile, BPNT ensures that poor households have access to adequate food. This combination contributes to improving quality of life, reducing social inequality, and enhancing overall community welfare.

## CONCLUSION

The Family Hope Program (PKH) has a positive and significant impact on the welfare of beneficiary families (KPM) in Cirebon Regency. This is supported by a significance value (Sig.) of  $0.011 < 0.05$  and a t-count of  $2.587 > t\text{-table value of } 1.984$ , indicating a strong relationship between PKH and the improvement of KPM welfare in the region.

The Non-Cash Food Assistance (BPNT) program also demonstrates a positive and significant impact on the welfare of KPM in Cirebon Regency. This is evidenced by a significance value (Sig.) of  $0.000 < 0.05$  and a t-count of  $5.891 > t\text{-table value of } 1.984$ , suggesting that the food assistance distributed through BPNT contributes meaningfully to meeting the basic needs of beneficiary households.

Simultaneously, PKH and BPNT collectively play a role in improving the welfare of KPM in Cirebon Regency, with a combined contribution of 50.5%. The remaining 49.5% is influenced by other variables that were not addressed in this study.

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