

Analysis Of The Influence Of The Hope Family Program (Pkh) On Poverty In Patrang District, Jember District

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ABSTRACT

This study aims to analyze the effect of the Family Hope Program (PKH) on poverty in Patrang District, Jember Regency. The research sample consisted of 40 respondents who were PKH beneficiaries and spread across 8 sub-districts of Patrang District. The analytical tool used is multiple linear regression. Based on multiple linear regression analysis with the t hypothesis test, it was found that the health variable which is one of the family hope programs has a significant effect on poverty in Patrang District, Jember Regency. The more programs related to health, the more it will help poverty. Respondents who are PKH beneficiary participants have received health checks at health facilities, children aged 0-6 years have received immunization facilities, pregnant women have received at least 4 inspections, mothers who have given birth received assistance from health workers at health facilities and postpartum mothers have received postpartum checks. minimum 3 times. The results of the regression analysis with the f test show that the PKH program which consists of health, education and welfare has a simultaneous effect on poverty alleviation. The better the PKH given, the better the poverty. PKH beneficiary respondents have received health services and facilities, educational facilities and PKH assistance can improve their socioeconomic status. The Family Hope Program is a social protection program that provides cash assistance to Very Poor Families (KSM), and members of Very Poor Families (KSM) are required to comply with the terms and conditions that have been set.

Keywords:health, education, welfare, PKH, Poverty

INTRODUCTION

Poverty is one of the problems faced by all countries, both developed and developing countries, but poverty is more common in developing countriesdeveloping, for example in Indonesia, due to development conditions that are still not stable and sustainable. Alleviating poverty and creating prosperity for the people is the ultimate goal of a country by pursuing various thoughts and concepts about poverty that have been studied and adapted in various developing countries but have not yet found satisfactory results.

Indonesia is one of the developing countries which is still covered with poverty problems. Poverty is multi-dimensional and is a classic problem that has existed for a long time and has never disappeared from people's lives. Poverty that occurs in a country really needs to be seen as a very serious problem, because currently poverty makes many Indonesian people experience difficulties in making ends meet. The complex nature of the problem of poverty demands integrated coping policies and strategies, for example through productive employment opportunities programs, human empowerment and programs that will be provided by the Social Service. Due to various government limitations, poverty alleviation programs or policies that are oriented towards the problem of poverty require a priority scale. Poverty has been exposed and is the subject of much debate. Poverty has been defined differently and reflects a spectrum of ideological orientations. Even a quantitative approach to defining poverty has been widely debated by several researchers who have an interest in this issue. (Pandji, 2001). The Indonesian government has made various efforts to reduce the problems caused by poverty, one of which is by making policies related to empowering poor families, namely creating the Family Hope Program (PKH) which the government started launching in 2007.

PKH is expected to contribute significantly to reducing the numberpoor population, reducing inequality (gini ratio) while increasing the Human Development Index (IPM). The research results show that PKH has an impact on changes in household consumption, like in several other CCT implementing countries. PKH succeeded in increasing the consumption of beneficiary households in Indonesia by 4.8%.

The Ministry of Social Affairs of the Republic of Indonesia, in 2020, will focus on implementing PKH on four policies namely Stunting Prevention, Prosperous Graduation KPM, Validation in the Frontier, Outermost and Remote (3T) areas and Synergy with the Family Planning Program (KB). First, to prevent stunting and treat malnutrition. The policy implemented was the addition of the assistance index for the category of pregnant women and young children. The second PKH policy was Prosperous Self-Esteem Graduation through empowering Beneficiary Families (KPM) through People's Business Credit (KUR) and Micro Credit. The third policy is validation of the Frontier, Outermost and Remote (3T) areas, district saturation or the addition of sub-districts in the district is the focus of this policy. The fourth is synergy with the Family Planning (KB) program, meaning that PKH focuses on the health of pregnant women and early childhood.

RESEARCH METHODS

A. General Description of the Research Object

The research was conducted in Patrang District, Jember Regency, East Java Province. The time of this research was carried out from April 2021 to May 2021.

B. Population

The population in this study (PKH program beneficiary communities) that is temporarily known is 3,825 people. in 8 urban villages that received Family Hope Program (PKH) assistance in Patrang District, Jember Regency.

Table 1 Research Population

No	Ward	Population
1	Banjar Sengon	257
2	They learned	647
3	Bintoro	875
4	Gebang	607
5	North Jember	442
6	Jumerto	172
7	Patrang	491
8	Glory	334
	Amount	3.825

Source: Ministry of Social RI. 2021

C. Sample

Roscoe's opinion in Sekaran (2003:253) states that an appropriate sample size is in the range of 30-500. The recommended number for multivariate analysis is a multiple of 10 (ten times or more) of the desired number of variables in the study. The number of variables in this study consisted of 4 variables, so the number of samples in the study were as follows: 4 variables x 10 = 40 samples.

Furthermore, in taking samples the researchers used regional sampling techniques (*Area Sampling*). This technique is used by researchers because the sample to be studied or the data source is in a large area, which covers the entire Patrang District in Jember Regency, totaling 8 Villages. The formula used to determine the sample in Patrang District, which consists of 8 sub-districts, uses the formulapercentage :

$$P = F/N \quad \times n$$

Where:

P = Number of Respondents / Samples per District
F = Frequency

N = Population

n = Number of Samples

The results of determining the sample in each Kelurahan in Patrang District can be seen in the following table:

Table 2 Research Samples

NO	Ward	Number of recipients PKH	Formula	Respondent
1	Banjar Sengon	257	$257/3.825 \times 40 = 2,7$	3
2	They learned	647	$647/3.825 \times 40 = 6,8$	7
3	Bintoro	875	$875/3.825 \times 40 = 9,1$	9
4	Gebang	607	$607/3.825 \times 40 = 6,3$	6
5	North Jember	442	$442/3.825 \times 40 = 4,6$	5
6	Jumerto	172	$172/3.825 \times 40 = 1,8$	2
7	Patrang	491	$491/3.825 \times 40 = 5,1$	5
8	Glory	334	$334/3.825 \times 40 = 3,4$	3
		Amount		40

Source: Results of analysis with the Slovin formula.

D. Variable Identification

The research variables used are as follows:

- a. Dependent/bound variable is a form of dependent variable which in essence will arise as a result of the independent variable, while what is meant by the dependent variable in this study is poverty alleviation (Y).
- b. Independent/independent variable (X) is a variable in relation to variables others act as a cause or influence other variables and which are included in the independent variables in this study are:
 - 1) Health (X1)
 - 2) Education (X2)
 - 3) Well-being (X3)

E. Variable Operational Definitions

The operational definitions of each variable used in this study are:

- a. Poverty Reduction (Y). Poverty is a condition where human life is lacking, or in language that is not commonly referred to as having no possessions. Sajogyo (2017) states that poverty is a level of life that is below the minimum standard of

living needs which is determined based on basic food needs that make people enough to work and live healthily, based on rice needs and nutritional needs. Poverty reduction indicators consist of:

- 1) Get health services and facilities for PKH participants.
 - 2) Obtain educational services and facilities for PKH participants.
 - 3) Improving the social economic status of PKH participants
- b. Health (X1), is the physical and spiritual condition of PKH participants. Measuring tools in research are:
- 1) Children aged 0-6 years get immunization facilities
 - 2) Pregnant women get examination facilities at least 4 times
 - 3) Mothers giving birth get help from health workers at health facilities.
 - 4) Postpartum mothers get postnatal checks at least 3 times.
 - 5) Families get health checks at health facilities.
- c. Education (X2), educational services for PKH participant children. Measuring tools in research, namely:
- 1) Children aged 5-6 years are subject to educational requirements.
 - 2) Children aged 7-15 years, registered/registered at educational units (SD/MI/SDLB/Package A or SMP/MTs/SMLB/Package A or Open SMP/MTs).
 - 3) Children aged 15-18 years who have not completed basic education, PKH participants are required to register the child in an education unit that administers the 9-year Compulsory Education program or equivalence education.
 - 4) Children who are illiterate are required to attend functional literacy education at the nearest Community Learning Activity Center (PKBM).
 - 5) Child Laborers (PA) who have left school for quite a long time, data on these children will be registered and submitted to the Office of Manpower and the Office of Education at the District/City level to obtain a Child Labor Reduction Program.
 - 6) Street children (AJ) who have left school for quite a long time, then the child's data will be registered and submitted to the Office of Social Affairs and the Office of Education at the District/City level to obtain the Child Social Welfare Program
- d. Well-being (X3), good conditions for PKH participants, especially the elderly and persons with disabilities. The measuring tool is:
- 1) Get a health check by a health worker.
 - 2) Participating in social activities (*day care*).
 - 3) Get cash assistance, the amount of which is adjusted to the provisions of the program for severe disabilities.
 - 4) Get health and education services and facilities for all family members for severe disabilities.
 - 5) Registered and get program-program complementary and other poverty alleviation synergies for severe disabilities.
 - 6) For the elderly over 70 years and people with severe disabilities get basic needs fulfillment and health services as needed.

F. Method of collecting data

1. Questionnaire

Questionnaire is a data collection technique that is carried out by giving a set of questions or written statements to respondents to answer. The questionnaire contains questions related to research.

2. Interview

Namely the method of collecting data by direct interviews with the parties concerned. Directly with respondents using questions that are closed and directly related to the variables used by researchers.

3. Literature review

Namely the method of collecting data obtained from literature that is considered relevant to the problem under study, which has been listed in an article, book and scientific journal.

G. Data analysis method

1. Instrument Test (Validity Test and Reliability Test)
2. Classical Assumption Test (Normality Test, Multicollinearity Test, and Heteroscedasticity Test)
3. Multiple Linear Regression
4. Hypothesis Test (t test and f test)

RESEARCH RESULT ANALYSIS

1. Data Instrument Test (Validity Test)

a. Validity test

Based on the results of the validity test, it can be seen that the results of the validity test show that all statements used in this research questionnaire are valid and can be used as research data instruments, because they have a value of $r_{count} > r_{table}$.

b. Reliability Test

Based on the results of the reliability test to obtain a value *cronbach's alpha* above 0.60 and the relative value is consistent so that it can be interpreted that the instrument used in this study is reliable, because the results of the instrument test show that all questionnaire indicators are valid and reliable because they have a value of $r_{count} > r_{table}$ and have a value of *cronbach's alpha* > 0.6 .

2. Classic assumption test

a. Normality test

Based on the results of the normality test, it shows that the data spreads around the diagonal line and follows the direction of the diagonal line or the histogram graph which shows a normal distribution pattern, it can be concluded that the regression model meets the normality assumption.

b. Heteroscedasticity Test

The results of the analysis show that all research variables have a probability value (sig) > 0.05 , so it can be concluded that there is no heteroscedasticity

c. Multicollinearity Test

Based on the results of the analysis, it shows that all research variables have a VIF value of < 10 , which means that there is no multicollinearity.

3. Uji t

The test was carried out using a significance level of 0.05 ($\alpha=5\%$). The full t test results can be seen in the following table:

Table 3. T test results for each variable

Variable	Ttable	Tcount	Significance	Information
Health (X1)	2,002	2,194	0,035	Significant
Education (X2)	2,002	2,688	0,011	Significant
Wellbeing (X3)	2,002	2,217	0,033	Significant

Source: Primary data processed. Appendix 9. 2021.

Based on the results of the t test, it can be concluded that health, education and welfare have a partial effect on poverty, because the significance value of each variable is < 0.05 , (health $0.035 < 0.05$; education $0.011 < 0.05$; and welfare $0.033 < 0.05$). In addition, the value of tcount on each variable is greater than ttable (health $2.194 > 2.002$; Education $2.688 > 2.002$; Welfare $2.217 > 2.002$).

The first hypothesis which states that health, education and welfare factors have a partial effect on poverty in the Family Hope Program (PKH) in Patrang District, Jember Regency, is accepted.

4. F Test (Simultaneously)

According to Ghozali (2017: 96) states that basically the F statistical test shows whether all the independent variables included in the model have a simultaneous effect on the dependent variable. The F test is carried out by comparing the calculated F value with the F table and seeing a significance value of 0.05. From the ANOVA or F test, obtained Fcount of 27.050 with a significance level of 0.000. F gradcount bigger than Ftable ($27.050 > 2.87$) and because the probability of 0.000 is much smaller than 0.05, this indicates that simultaneously or together there is a significant influence of the health and education variables on poverty, so the second hypothesis which states that the health factor, education and welfare have a simultaneous effect on poverty in the Family Hope Program (PKH) in Patrang District, Jember Regency, accepted.

5. R2 Test (Coefficient of Determination)

The coefficient of determination is data to find out how much the percentage of direct influence of the independent variable is getting closer to the dependent variable or it can be said that the use of the model is justifiable. From the coefficient of determination (R^2) a value can be obtained to measure the magnitude of the contribution of several X variables to the variation of the ups and downs of the Y variable (Prayitno, 2010:66). The results of the equation show how the values of the three independent variables affect the magnitude of poverty.

Table 4. Results of Multiple Determination Coefficient Analysis

R	R square (R^2)	Adjusted R square
0,832	0,693	0,667

Source: Primary data processed. Appendix 9. 2021.

The results of the analysis show that R square (R^2) is 0.693 or 69.3% poverty is influenced by health, education and welfare factors, while the remaining 30.7% is influenced by variables other than the PKH program in the health, education and welfare sectors.

INTERPRETATION

a. The Influence of Health, Education and Welfare Factors Partially on Poverty in the Family Hope Program (PKH) in Patrang District, Jember Regency

Based on multiple linear regression analysis with the t hypothesis test, it was found that the health variable which is one of the family hope programs has a significant effect on poverty in Patrang District, Jember Regency. The more programs related to health, it will help poverty. Respondents who are PKH beneficiary participants have received health checks at health facilities, children aged 0-6 years have received immunization facilities, pregnant women have received at least 4 inspections, mothers who have given birth received assistance from health workers at health facilities and postpartum mothers have received postpartum checks. minimum 3 times.

The results of the t test analysis also show that education has a significant effect partial to poverty. The better the PKH program related to education, the more optimal the poverty. PKH beneficiary respondents have received education for those who have children aged 5-6 years, have been registered/registered at the education unit (SD/MI/SDLB/Package A or SMP/MTs/SMLB/Package A or Open SMP/MTs) for children aged 7-15 years, for children aged 15-18 years who have not completed basic education, PKH Participants are required to register the child in an education unit that organizes a 9-year Compulsory Education program or equality education, children who are illiterate, are required to attend functional literacy education at the nearest Community Learning Activity Center (PKBM), child workers (PA) who have left school for quite a long time, then the child's data will be registered and submitted to the Office of Manpower and the Office of Education at the Regency/City level to obtain the Worker Reduction Program Children and street children (AJ) who have left school for quite a long time, then the child's data will be registered and submitted to the Office of Social Affairs and the Office of Education at the District/City level to obtain the Child Social Welfare Program.

The results of the t test show that welfare has a partially significant effect on poverty. The better the welfare program provided, the more poverty can be improved. The results of the study indicated that respondents who received PKH had received health checks by health workers, participated in social activities (*day care*), get cash assistance whose amount is adjusted to the provisions of the program for severe disabilities, get health and education services and facilities for all family members for severe disabilities, be registered and get other poverty synergy and complementarity programs for severe disabilities, for the elderly over 70 years and persons with severe disabilities receive basic needs fulfillment and services health as needed.

The conclusion is the first hypothesis which states that Health, Education and Welfare factors partially influence poverty in the Family Hope Program (PKH) in Patrang District, Jember Regency, is accepted. The better the PKH program is given, the more it will be able to overcome poverty.

b. The Effect of Health Factors on Welfare Education Simultaneously on Poverty in the Family Hope Program (PKH) in Patrang District, Jember Regency

Based on the results of the regression analysis with the f test, it can be seen that the PKH program which consists of health, education and welfare has a simultaneous effect on poverty alleviation. The better PKH is given, the better the poverty. The second hypothesis which states that Health, Education and Welfare factors simultaneously influence poverty in the Family Hope Program (PKH) in Patrang District, Jember Regency, is accepted.

The results of the study indicated that PKH beneficiary respondents had received health services and facilities, educational facilities and PKH assistance could improve their socioeconomic status. The Family Hope Program is a social protection program that provides cash assistance to Very Poor Families (KSM), and members of Very Poor Families (KSM) are required to comply with the terms and conditions that have been set. This program, in the short term aims to reduce the burden on Very Poor Families (KSM) and in the long term it is expected to be able to break the intergenerational poverty chain, so that the next generation can get out of the poverty trap. Implementation of the Family Hope Program also supports efforts to achieve the Goals Millennium Development. The five components of the MDG goals that will be assisted by the Family Hope Program are: Reducing poverty and hunger, Basic Education, Gender Equality, Reducing infant and under-five mortality rates, and Reducing maternal mortality.

CONCLUSION

In general, this study aims to analyze the effect of the Family Hope Program (PKH) on poverty in Patrang District, Jember Regency. The research sample is 40 respondents. Hypothesis testing using the Multiple Linear Regression test tool. After analyzing the data, several conclusions can be drawn, namely:

1. The results of multiple regression analysis using the t test stated that health, education and welfare factors had a partial effect on poverty in the Family Hope Program (PKH) in Patrang District, Jember Regency. Thus the first hypothesis is proven true, or accepted.
2. The results of multiple regression analysis using the F test stated that the health factor of welfare education simultaneously influenced poverty in the Family Hope Program (PKH) in Patrang District, Jember Regency. Thus the second hypothesis is proven true, or accepted.

IMPLICATIONS

The implications of this study based on the results of the analysis are as follows:

1. Coordination between government agencies related to the Family Hope Program (PKH) must be further improved. Coordination between the hopeful family program and government agencies, namely educational institutions and health institutions, must be further improved. This needs to be done because coordination with these government agencies has an important role in the implementation of the Family Hope program itself.
2. The role of the Regional Government has always been an important issue that will always motivate KSM so that in the long term it will have a good impact on the next generation.

3. The need for periodic evaluation and monitoring of the implementation of the Family Hope Program both at the national level and at the regional level so that the program can run even better and the program objectives can be realized and the poor can be more prosperous.

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