

ORIGINAL ARTICLE

The family hope program and poverty alleviation: A social construction perspective from North Lemito Village, Pohuwato Regency

Saleh Al Hamid¹  and **Rahmad Koem²****Affiliation**

^{1,2} Gorontalo State University, Gorontalo City, Gorontalo, Indonesia, 96128

Correspondence

salehalhamid@ung.ac.id

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Abstract

Poverty is increasingly understood as a multidimensional phenomenon that involves limited access to education, healthcare, and social welfare rather than merely low income. In Indonesia, the Family Hope Program (Program Keluarga Harapan/PKH), a conditional cash transfer initiative, has been implemented to alleviate poverty while promoting human capital development. However, beyond its economic contribution, the way beneficiaries interpret and socially construct the program remains insufficiently explored. This study aims to analyze how PKH is socially constructed as a poverty alleviation instrument at the community level. This research employed a qualitative case study approach conducted in North Lemito Village, Pohuwato Regency, Indonesia. Data were collected through in-depth interviews, observations, and documentation involving PKH beneficiaries, facilitators, and community representatives. The data were analyzed using an interactive qualitative analysis model to identify patterns of meaning, perceptions, and experiences related to the program's implementation. The findings show that PKH is socially constructed as an important support mechanism that improves access to education, healthcare services, and basic household welfare. Beneficiaries perceive the program as reducing financial pressure, encouraging children's school participation, promoting preventive health behavior, and stabilizing daily living conditions. Nevertheless, PKH is generally viewed as complementary support rather than a comprehensive solution to poverty, as structural economic constraints and rising living costs continue to shape household vulnerability. These findings suggest that strengthening PKH requires not only financial assistance but also integration with broader empowerment initiatives to support sustainable poverty reduction.

Keywords

Social construction, Family Hope Program, Poverty alleviation, Social welfare, Rural study, Indonesia.

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1 | INTRODUCTION

Indonesia, as a developing country, continues to face complex and persistent poverty challenges. These challenges became particularly severe during periods of economic instability, most notably the 1998 Asian financial crisis. The sharp depreciation of the Indonesian Rupiah against foreign currencies triggered a profound economic downturn, causing national economic growth to fall from approximately 7% to -13.7% (Ramesh, 2025). This crisis resulted in one of the highest poverty levels in Indonesia's modern history. Although poverty rates declined steadily until 2019, poverty remains a central issue and a major challenge in national development (Hill, 2021).

Poverty in Indonesia should not be understood solely as a statistical measure of income deficiency; rather, it represents a multidimensional social problem (Rusli et al., 2024). It is characterized by deprivation, limited access to resources and services, and a persistent sense of vulnerability among affected communities in fulfilling basic needs (Rusli et al., 2024). Consequently, how poverty is defined, interpreted, and addressed by both the state and society becomes crucial. This social construction of poverty has shaped various policy responses, including the Family Hope Program (*Program Keluarga Harapan/PKH*), a conditional cash transfer initiative designed as a strategic instrument to alleviate multidimensional poverty (Nurlinah et al., 2024).

In addition to government initiatives, social enterprises have emerged as external actors supporting poverty alleviation efforts through community empowerment, microfinance services, and educational assistance (Ansar et al., 2023). Despite national economic improvements, the structural problems faced by very poor households (RTSM) remain unresolved (Allen, 2017; Wang et al., 2020). Poverty is increasingly recognized not only as material deprivation but also as a socially constructed condition interpreted through moral, comparative, subjective, and even spiritual perspectives (Helminiak, 2020; Rahman et al., 2023). This complexity underscores the importance of critically examining the implementation and social meaning of poverty alleviation programs such as PKH.

Empirical evidence regarding PKH implementation shows mixed outcomes. Studies in various regions indicate that targeting inaccuracies, outdated beneficiary data, and limited community understanding of reporting requirements often reduce program effectiveness (Habibullah et al., 2024; Jewed et al., 2025; Ladhani & Sitter, 2020). Nevertheless, several national studies highlight PKH's positive contributions, including improved access to basic needs, education, and health services among beneficiary households (Habibullah et al., 2024; Hudang et al., 2024). Other research emphasizes the program's role in strengthening social protection through education, health, and financial assistance pillars (Hudang et al., 2024; Sumarto, 2023). However, these studies also note that PKH's impact tends to be partial; while it alleviates short-term economic burdens, it has not consistently generated sustainable income improvements or long-term economic transformation among beneficiaries (Sumarto, 2023).

Operational challenges further complicate program implementation. Recurring issues include inaccurate beneficiary data, weak inter-agency coordination, delayed fund disbursement, and administrative inefficiencies (Erlianti et al., 2025; Heryani et al., 2025). Beyond administrative challenges, unintended social consequences have also been identified, such as social jealousy within communities and potential dependency attitudes among recipients (Sumarto, 2023). These findings indicate that poverty alleviation policies operate within dynamic social contexts and may reshape local social relations. In this regard, program facilitators play a crucial role as educators, mediators, and agents of social change, although they often face structural constraints including role conflicts, uneven workloads, and limited institutional support (Habibullah et al., 2024; Komarawati et al., 2025).

Despite these challenges, substantial evidence confirms the positive impact of PKH. Studies have documented improvements in household welfare, beneficiary satisfaction with program services, and statistically significant poverty reduction effects among recipient groups (Habibullah et al., 2024; Hudang et al., 2024). From a broader policy perspective, PKH is increasingly viewed as part of Indonesia's comprehensive social protection

framework aimed at fulfilling citizens' basic rights, although issues related to targeting accuracy and program effectiveness persist (Yuda, 2019).

Previous studies consistently recommend a more integrated approach, including stronger coordination, improved data accuracy, enhanced facilitator capacity, and integration with broader economic empowerment programs (Hudang et al., 2024; Komarawati et al., 2025; Sumarto, 2023). Within this context, examining how PKH is socially constructed at the local level becomes particularly relevant. Understanding how beneficiaries, non-beneficiaries, facilitators, and community leaders interpret the program can provide deeper insights into its effectiveness, acceptance, and sustainability. This study offers novelty by examining PKH not merely as a policy instrument with measurable outcomes, but as a socially constructed reality shaped by local actors' interpretations, interactions, and meaning-making processes at the village level, an aspect that remains underexplored in existing poverty policy research.

This study applies Berger and Luckmann's Social Construction of Reality theory as the primary analytical framework for examining the Family Hope Program (PKH) in North Lemito Village (Nitschke, 2024). The theory is operationalized through three dialectical processes. First, externalization is used to analyze how various actors—including government officials, facilitators, and beneficiaries—express their subjective understandings and expectations regarding PKH. Second, objectivation examines how the program becomes institutionalized as an objective social fact through administrative procedures, formal roles, and symbolic practices at the village level. Third, internalization explores how these institutional meanings are adopted, reinterpreted, and embedded in the everyday consciousness and practices of beneficiaries. Through this perspective, PKH is understood not merely as a technical policy intervention but as a socially constructed reality whose effectiveness is shaped by ongoing processes of interpretation, negotiation, and interaction within local communities.

2 | REVIEW OF RELATED LITERATURE

2.1 | Poverty as a Multidimensional Problem

Poverty is no longer viewed solely as insufficient income but as a multidimensional condition involving deprivation across several aspects of life, including education, health, housing, and social participation. Sen's Capability Approach conceptualizes poverty as the inability to achieve essential capabilities, such as maintaining good health, attaining education, and participating meaningfully in society (Walker, 2005). This perspective shifts the analytical focus from purely monetary indicators toward broader dimensions of human well-being, highlighting that poverty fundamentally reflects limited opportunities and constrained life chances.

Recent scholarship emphasizes the need for multidimensional measurement frameworks that integrate social, economic, and environmental indicators (Ansar et al., 2023; Rusli et al., 2024). One widely used example is the Multidimensional Poverty Index (MPI), developed by the United Nations Development Programme (UNDP) and the Oxford Poverty and Human Development Initiative, which assesses poverty through indicators related to education, health, and living standards (Alkire et al., 2021). A systematic review by D'Attoma & Matteucci (2024) demonstrates that both conceptual definitions and measurement approaches to poverty have evolved considerably, reinforcing the scholarly consensus that poverty cannot be adequately captured by income indicators alone.

In the Indonesian context, poverty is often associated with unequal access to public services, limited social protection coverage, and persistent structural inequalities. Haidir & Setyari (2024) argue that poverty in developing countries such as Indonesia reflects both material deprivation and social exclusion, where disadvantaged populations encounter barriers to education, healthcare, and employment opportunities. This multidimensional character helps explain why poverty can persist despite macroeconomic growth, as increases in gross domestic product (GDP) do not necessarily translate into improved living conditions for marginalized groups.

Furthermore, contemporary research highlights the close relationship between poverty and capability deprivation. Poverty may arise when individuals lack access to essential resources through markets, public services, or community support systems, thereby restricting their ability to achieve basic functioning and well-being (Adams et al., 2020; Rusli et al., 2024; Xu et al., 2023). This perspective suggests that effective poverty reduction policies should extend beyond financial assistance to include measures that expand access to education, healthcare, decent work opportunities, and social participation. Consequently, a multidimensional poverty framework provides a more comprehensive analytical basis for evaluating poverty alleviation programs such as the Family Hope Program (PKH), ensuring that policy interventions address both economic hardship and broader forms of social disadvantage.

2.2 | Conditional Cash Transfer Programs (CCTs)

Conditional Cash Transfer (CCT) programs have become a widely adopted policy instrument for poverty reduction in many developing countries (Ahmed et al., 2022; Ladhani & Sitter, 2020). These programs provide financial assistance to low-income households conditional upon compliance with specific requirements, typically related to children's school attendance, healthcare utilization, or maternal and child health services. The underlying rationale is that poverty involves not only insufficient current income but also limited investment in human capital. By linking financial support to education and health behaviors, CCTs aim to reduce immediate economic vulnerability while promoting long-term human development and breaking intergenerational poverty cycles (Mohamed Esa et al., 2025; Xie & Xie, 2025).

International experience demonstrates the potential effectiveness of CCT programs. Prominent examples include Bolsa Família in Brazil and Progresa/Oportunidades (now Prospera) in Mexico (Tomazini, 2022). Empirical studies indicate that these programs have contributed to increased school enrollment, reduced dropout rates, and improved access to healthcare services, particularly for mothers and children (Clingham et al., 2025; Tomazini, 2022). In Brazil, Bolsa Família has been associated with reductions in extreme poverty and income inequality, while Mexico's Progresa program showed measurable improvements in educational attainment, nutrition, and health outcomes. These findings suggest that CCTs can function both as short-term social protection mechanisms and as long-term investments in human capital development.

Despite these positive outcomes, the implementation of CCT programs also presents several challenges. Studies frequently identify issues such as targeting errors, administrative constraints, monitoring difficulties, and the risk of limited program sustainability (Clingham et al., 2025; Mirzal et al., 2025). Some scholars argue that although CCTs can improve access to essential services, their capacity to generate lasting economic mobility for beneficiary households remains uneven. This limitation has led to calls for integrating CCT programs with complementary interventions, including skills development, employment promotion, financial inclusion initiatives, and community-based empowerment programs. Such integrated approaches are considered important for enhancing the long-term effectiveness of poverty reduction policies and improving beneficiaries' overall socioeconomic resilience.

2.3 | The Family Hope Program (PKH) in Indonesia

The Family Hope Program (*Program Keluarga Harapan*/PKH) was launched in Indonesia in 2007 as a major Conditional Cash Transfer (CCT) initiative aimed at reducing poverty while strengthening human capital development (Mirzal et al., 2025; Yuda, 2019). The program provides cash assistance to low-income households, subject to compliance with specific conditions related to education, health, and social welfare. These conditions typically include children's school attendance, utilization of maternal and child health services, and support for elderly or persons with disabilities within beneficiary households (Yuda, 2019). Through this conditional framework, PKH seeks to alleviate short-term economic hardship while promoting long-term improvements in education, health, and social protection outcomes.

Empirical studies have documented several positive impacts of PKH implementation. Sulfadli et al. (2025) report that the program has contributed to increased access to education and healthcare services among beneficiaries, including reductions in school dropout rates and improvements in maternal and child health indicators. Similarly, Tantriana & Rakhmawan (2024), using a difference-in-differences analytical approach, found that PKH contributed to a measurable reduction in poverty levels among recipient households in East Java. These findings suggest that PKH functions as an important social protection mechanism, supporting immediate household needs while facilitating investments in human capital development.

Nevertheless, the program continues to face several structural and operational challenges. Studies identify issues such as targeting inaccuracies, administrative capacity constraints, and concerns about program sustainability (Erlianti et al., 2025; Rusli et al., 2024). In some cases, beneficiaries perceive PKH primarily as short-term financial assistance rather than as part of a broader poverty reduction strategy (Nugroho et al., 2021). In addition, weak coordination among implementing institutions and delays in benefit distribution have been reported as factors that may reduce program effectiveness (Kurniawan et al., 2024; Marantek & Sejati, 2023). These challenges indicate that although PKH has helped alleviate immediate economic pressures among poor households, its capacity to support sustained economic mobility remains uneven.

PKH represents a key component of Indonesia's social protection framework, combining conditional financial assistance with efforts to improve access to education, healthcare, and social welfare services. However, enhancing the program's long-term effectiveness requires improvements in targeting accuracy, institutional coordination, and program integration with complementary initiatives such as skills development, employment promotion, and financial inclusion programs. Strengthening these aspects may enable PKH to evolve from a primarily protective intervention into a more transformative instrument for sustainable poverty reduction.

2.4 | Social Construction of Poverty Alleviation Programs

The effectiveness of poverty alleviation programs cannot be evaluated solely through economic indicators such as income levels or consumption patterns (Singh & Chudasama, 2020). From a sociological perspective, public policies are also shaped by how they are interpreted, negotiated, and practiced by communities in everyday social contexts. Berger and Luckmann's Social Construction of Reality offers a relevant analytical framework by emphasizing that social reality is continuously produced through the dialectical processes of externalization, objectivation, and internalization (Nitschke, 2024). Within this perspective, poverty alleviation programs such as the Family Hope Program (PKH) can be understood not only as technical policy interventions but also as socially constructed phenomena whose meanings evolve through social interaction, institutional practices, and community perceptions.

Empirical studies in Indonesia indicate that beneficiaries often attach broader social meanings to PKH beyond its material benefits. For instance, Nofiana (2021) found that PKH beneficiaries in Blora perceived the program as providing psychological security, particularly in relation to educational expenses for their children. Similarly, some beneficiaries interpret PKH as a form of state recognition and social support, even when the financial assistance itself is relatively modest (Antriyandarti et al., 2024; Muhtar et al., 2022). These findings suggest that the perceived legitimacy and acceptance of social assistance programs are shaped not only by their economic value but also by their symbolic and social significance. At the same time, such interpretations may carry potential risks, including the normalization of long-term dependency if assistance is viewed as the primary solution to poverty.

Comparable dynamics have also been observed in Conditional Cash Transfer programs internationally. Ungson et al. (2023) note that in several Latin American contexts, CCT programs have been interpreted by beneficiaries as mechanisms of social inclusion and recognition. However, some critics argue that conditional assistance may inadvertently reinforce hierarchical relationships between the state and recipients, raising

concerns about paternalism in social policy design. This dual perspective illustrates that the social construction of policy interventions can generate both empowering and constraining effects, depending on implementation practices, institutional communication, and local social contexts.

In Indonesia, the social construction of PKH is particularly significant because local interpretations can influence program compliance, benefit utilization, and overall policy effectiveness. Communities may perceive PKH either as an opportunity for social mobility or as short-term economic assistance, and these perceptions can shape participation patterns and long-term outcomes. Therefore, analyzing poverty alleviation programs through a social construction lens provides a deeper understanding of how policy outcomes are produced in practice, highlighting the importance of culturally responsive, socially informed, and context-sensitive approaches to poverty reduction policy design.

3 | METHODS

3.1 | Research Design

This study employs a qualitative descriptive approach using a case study design to examine the social construction of the Family Hope Program (Program Keluarga Harapan/PKH). A qualitative approach was selected because it allows for an in-depth exploration of meanings, perceptions, and social interactions surrounding poverty alleviation policies, which cannot be adequately captured through quantitative measurement alone (Villamin et al., 2025). This approach is particularly suitable for understanding how PKH is interpreted and experienced by different actors at the community level.

The case study design provides a contextualized and holistic perspective by focusing on a specific local setting. It enables the researcher to examine how national poverty alleviation policies interact with local social, cultural, and economic dynamics. Through this design, the study seeks not only to describe PKH implementation but also to interpret how the program is socially constructed as a poverty alleviation instrument, including its perceived benefits, limitations, and broader social implications.

3.2 | Study Area and Data Collection

This research was conducted in North Lemito Village, Pohuwato Regency, Gorontalo Province, Indonesia. The site was selected purposively because PKH has been actively implemented in this rural area, where poverty remains a significant social concern. This context provides a relevant setting for examining how national social protection policies are interpreted and practiced at the grassroots level.

Participants included PKH beneficiary households, PKH facilitators, and community leaders. Beneficiaries were selected because they directly experience the program's impacts, facilitators because they are responsible for program implementation and monitoring, and community leaders because they provide broader perspectives on local social dynamics. Informants were selected using purposive sampling based on criteria such as active participation in PKH, involvement in education or health program components, and familiarity with community-level program implementation.

Data were collected through three main techniques: in-depth interviews, participant observation, and document analysis. Semi-structured interviews allowed flexibility to explore participants' experiences while maintaining alignment with research objectives. Observations were conducted to understand everyday practices related to PKH implementation, including interactions between facilitators and beneficiaries. Documentation review included policy reports, academic literature, and local administrative records to complement primary data and support triangulation.

3.3 | Data Analysis and Trustworthiness

Data analysis followed the interactive model (Thompson Burdine et al., 2021), which involves three interconnected processes: data reduction, data display, and conclusion drawing. Data reduction involved organizing interview transcripts, observation notes, and documents into thematic categories relevant to the social construction of PKH. Data display included structured narrative descriptions and thematic matrices to facilitate interpretation and identification of patterns. Conclusions were drawn iteratively through continuous comparison of data sources and emerging themes.

To enhance the trustworthiness of the findings, several validation strategies were applied. Data triangulation was conducted by comparing information from interviews, observations, and documents. Member checking was used to confirm interpretations with selected participants, while peer debriefing provided external academic perspectives on the analytical process. An audit trail documenting each stage of data collection and analysis was also maintained to ensure transparency and methodological rigor. These procedures strengthen the credibility, dependability, and analytical validity of the study's findings regarding the social construction of PKH in North Lemito Village.

4 | RESULTS AND DISCUSSION

4.1 | Social Construction of PKH in Education

The Family Hope Program (PKH) is socially constructed by beneficiary families as an important instrument for supporting children's education and alleviating poverty. The educational component of PKH provides financial assistance that helps households meet essential school-related needs, including uniforms, books, stationery, bags, shoes, and other operational costs. For many low-income families, this assistance reduces financial pressure and helps ensure continuity of children's schooling across educational levels, from primary to secondary education. In addition, program conditionalities—such as school attendance requirements and reporting obligations—reinforce parental responsibility toward children's education.

From the perspective of social construction theory (Nitschke, 2024), beneficiaries' interpretations of PKH can be understood through the processes of externalization, objectivation, and internalization. Externalization occurs when families actively interpret PKH assistance within their daily socio-economic realities. Several anonymized participants (e.g., Participant A and Participant B) described how the financial support directly eased education-related expenses that previously caused stress or forced families to delay purchasing school supplies. In some cases, children had previously relied on borrowed books or worn uniforms due to financial limitations. Through PKH assistance, these constraints were reduced, allowing families to allocate resources more confidently toward education.

Objectivation emerges as these individual interpretations gradually form shared community understandings. In North Lemito Village, PKH is increasingly viewed not merely as cash assistance but as a socially legitimate mechanism for sustaining children's education. Regular school attendance, prioritization of educational spending, and interaction with PKH facilitators have contributed to the normalization of education as a collective priority among beneficiary households. This shared perception strengthens the program's legitimacy and acceptance while reinforcing expectations that assistance should be used primarily for educational purposes.

Internalization occurs when these socially constructed meanings become embedded in beneficiaries' values and long-term behavior. Several participants (e.g., Participant C and Participant D) indicated that PKH assistance fostered greater motivation among parents to prioritize education despite economic hardship. Parents reported reduced anxiety about schooling costs and increased optimism regarding their children's educational prospects. Some families also demonstrated disciplined allocation of PKH funds specifically for educational needs, even when faced with competing household expenses. This internalization suggests that the program contributes not only to material support but also to shifts in attitudes toward education as a pathway out of poverty.

Nevertheless, the findings also highlight the complexity of beneficiaries' experiences. While most participants emphasized the positive impact of PKH, some noted that the assistance does not fully cover all educational expenses, such as transportation costs or unexpected school fees. A few participants (e.g., Participant E) described situations in which funds were temporarily diverted to urgent household needs, reflecting the ongoing economic vulnerability faced by beneficiary families. Importantly, many respondents stressed that PKH should be understood as complementary support rather than a complete solution to poverty. Some families diversified income sources through informal work or small-scale trading to sustain educational investments.

From a broader analytical perspective, the social construction of PKH in the education sector demonstrates both empowering and potentially constraining effects. On the one hand, the program enhances access to education, strengthens parental commitment, reduces psychological stress, and contributes to human capital development—factors widely recognized as essential for breaking intergenerational poverty cycles. On the other hand, if the program is perceived solely as continuous assistance without pathways to economic independence, it may risk fostering long-term dependency. This ambivalence reflects broader debates surrounding conditional cash transfer programs globally.

Within the socio-cultural context of North Lemito Village, the effectiveness of PKH appears strongly influenced by how beneficiaries interpret and negotiate the program's meaning. Educational outcomes are shaped not only by financial support but also by evolving social norms, community expectations, and facilitator engagement. Therefore, understanding PKH through a social construction lens provides deeper insight into how policy implementation interacts with local cultural contexts and household coping strategies.

PKH functions simultaneously as an economic intervention and a socio-cultural process that reshapes perceptions of education, family responsibility, and future aspirations. Strengthening participatory facilitation, clear communication about program objectives, and complementary empowerment initiatives may further enhance the positive social construction of PKH while reducing potential dependency risks. Such approaches are essential for ensuring that educational assistance contributes sustainably to poverty alleviation and social mobility.

4.2 | Social Construction of PKH in Health

Financial assistance provided through the program enables households to access health services that were previously difficult to afford, including maternal care, child immunization, and routine health monitoring. Beyond material support, PKH also contributes to the development of collective awareness regarding preventive healthcare, reflected in beneficiaries' increasing willingness to utilize health facilities such as integrated health posts (Posyandu), community health centers (Puskesmas), and hospitals.

This phenomenon can be understood through the interconnected processes of externalization, objectivation, and internalization. First, externalization occurs as beneficiaries actively interpret PKH assistance in relation to their daily health needs. Interview data from several anonymized participants (e.g., Participant A and Participant B) suggest that the assistance is not perceived merely as financial aid but as encouragement to adopt healthier behaviors, such as consistently attending child health check-ups, ensuring immunization, and fulfilling nutritional needs. These practices reflect how subjective interpretations of the program are translated into observable health-related actions.

Second, objectivation emerges as these practices become normalized within the community. Regular visits to health facilities, compliance with program conditionalities, and ongoing interaction with PKH facilitators gradually establish shared expectations about appropriate health behavior among beneficiary families. Preventive healthcare, which was previously considered secondary due to financial and accessibility constraints, increasingly becomes viewed as a routine responsibility. Through this process, PKH shifts from being perceived solely as government assistance to being understood as a legitimate social mechanism for improving family well-being.

Third, internalization is evident when these socially constructed norms are incorporated into personal beliefs and long-term behavioral patterns. Several participants (e.g., Participant C, a pregnant beneficiary, and Participant D, a mother of toddlers) reported that PKH obligations fostered self-discipline in maintaining maternal and child health. Financial support helped meet nutritional needs, while facilitator reminders strengthened motivation to maintain regular health check-ups. Over time, these practices were no longer seen simply as program requirements but as integral aspects of responsible parenting and household health management.

The findings also highlight that beneficiaries attribute significant economic value to the health component of PKH, particularly assistance allocated for toddlers and maternal health. Some anonymized respondents (e.g., Participant E) emphasized that this assistance reduces financial anxiety related to purchasing milk, nutritional supplements, transportation to health facilities, and other essential health expenses. Consequently, PKH contributes not only to immediate health access but also to a broader sense of security that supports household stability.

However, the social construction of PKH in the health sector also presents ambivalent implications. On one hand, the program promotes empowerment by enhancing health awareness, encouraging preventive care, and strengthening human capital development—factors widely recognized as crucial for breaking intergenerational poverty cycles. On the other hand, there remains a potential risk of dependency if assistance is perceived as a permanent support mechanism rather than a transitional policy instrument. This duality reflects ongoing debates in the conditional cash transfer literature regarding the balance between social protection, behavioral change, and long-term self-sufficiency.

Within the local socio-cultural context of North Lemito Village, the effectiveness of PKH appears closely linked to how beneficiaries interpret and negotiate the program's meaning. Health improvements are not driven solely by financial incentives but also by evolving social norms, facilitator engagement, and community interactions. Therefore, the success of poverty alleviation programs like PKH depends not only on policy design but also on how these policies are socially constructed and internalized at the community level.

Viewing PKH through a social construction lens provides deeper insight into its multidimensional role in poverty alleviation. The program functions simultaneously as an economic intervention and a socio-cultural process that reshapes health awareness, behavioral norms, and perceptions of well-being. Strengthening participatory facilitation, culturally sensitive communication, and community empowerment strategies may further enhance the positive social construction of PKH while minimizing risks of dependency.

4.3 | Social Construction of PKH in Social Welfare

Field findings in North Lemito Village indicate that the Family Hope Program (PKH) is socially constructed by beneficiaries as an important instrument for improving household social welfare, particularly among economically vulnerable groups such as the elderly and families with limited income sources. Beneficiaries commonly interpret PKH assistance as support that helps meet basic daily needs, including food, health supplements, medicines, and other essential household expenses. This perception reflects how conditional cash transfer programs function not only as economic interventions but also as socially meaningful support systems that shape beneficiaries' sense of security and well-being.

Beneficiaries actively interpret PKH assistance through their lived experiences (externalization). Several anonymized participants (e.g., Participant A and Participant B), particularly older beneficiaries aged approximately 60–80 years, described PKH as crucial support given their declining capacity to work. For these individuals, assistance contributes directly to maintaining basic living standards and reducing reliance on family members. The program is therefore interpreted not simply as financial aid but as a form of social protection that sustains dignity and independence in later life.

Through repeated interactions among beneficiaries, facilitators, and the broader community, these individual interpretations gradually become institutionalized (objectivation). PKH is increasingly perceived collectively as a social safety net provided by the state to protect vulnerable groups. Participants frequently associated the program with governmental concern and recognition of their socio-economic challenges. This shared understanding strengthens the legitimacy of PKH as part of local welfare structures, shaping expectations that the program should continue and potentially expand to respond to evolving economic pressures.

Internalization occurs when these shared meanings influence attitudes and behavioral strategies. Some participants (e.g., Participant C and Participant D) reported allocating assistance primarily for essential consumption while simultaneously seeking supplementary income through informal economic activities, such as small-scale trading from home. This suggests that, rather than replacing economic initiative, PKH can function as stabilizing support that enables families to manage risks more confidently. However, internalization also reveals ambivalence. Several beneficiaries acknowledged a growing dependence on assistance due to limited employment opportunities, age-related constraints, or fluctuating household income.

The findings also highlight critical perspectives among recipients. Some participants (e.g., Participant E) emphasized that PKH assistance does not fully address structural poverty challenges, particularly amid rising living costs. The perceived gap between assistance amounts and increasing household expenditures has contributed to a social construction of PKH as temporary relief rather than a transformative poverty alleviation instrument. This perception generates collective expectations for policy adjustment, including increased assistance amounts or complementary empowerment programs.

Another dimension of social construction emerges among families caring for children with disabilities or specific health needs. Participants (e.g., Participant F) described PKH as essential for covering specialized healthcare, therapy, and nutritional requirements. Although assistance is often entirely absorbed by basic needs—leaving little room for savings or investment—it significantly reduces economic vulnerability and prevents deeper financial hardship. In such contexts, PKH is constructed as a critical protective mechanism ensuring fulfillment of basic rights rather than as a pathway to immediate economic mobility.

The social construction of PKH in the social welfare domain reflects a dynamic interplay between material assistance, community perceptions, and structural socio-economic conditions. The program contributes positively to household stability, psychological security, and recognition of vulnerable populations. At the same time, the persistence of economic uncertainty and limited income opportunities means that PKH is often perceived as supportive rather than transformative.

These findings suggest that strengthening PKH's long-term impact requires not only financial assistance but also complementary strategies, such as economic empowerment programs, health and social services integration, and adaptive policy adjustments responsive to inflation and local living costs. Understanding PKH through a social construction lens thus provides valuable insight into how social policy is interpreted, legitimized, and negotiated at the community level, shaping both its effectiveness and its perceived sustainability in poverty alleviation efforts.

5 | CONCLUSION

This study demonstrates that the Family Hope Program (PKH) in North Lemito Village is not only an economic assistance policy but also a socially constructed intervention shaped by beneficiaries' experiences, interpretations, and daily practices. Through the lens of social construction theory, PKH is understood as a meaningful social institution formed through processes of externalization, objectivation, and internalization. Beneficiaries interpret the program as support that reduces economic pressure, enhances access to education and healthcare, and

strengthens household welfare, particularly among vulnerable groups such as low-income families, the elderly, and households with children requiring special care.

The findings also reveal that PKH contributes positively to education, health, and social welfare outcomes, including improved school participation, increased utilization of healthcare services, and greater stability in meeting basic needs. However, beneficiaries generally perceive PKH as complementary rather than transformative assistance. Rising living costs, limited income opportunities, and structural poverty constraints shape a collective understanding that the program functions primarily as a social safety net rather than a permanent pathway out of poverty. This perception highlights both the strengths of PKH in reducing immediate vulnerability and its limitations in achieving long-term socioeconomic mobility.

Understanding PKH through a social construction perspective provides deeper insight into how poverty alleviation policies are interpreted and negotiated at the community level. Strengthening the program's effectiveness requires not only continued financial support but also integration with empowerment initiatives such as livelihood development, education access improvement, and health service strengthening. Such complementary strategies may help transform PKH from short-term assistance into a more sustainable instrument for poverty reduction while maintaining its important role in protecting vulnerable households.

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Data Availability Statement

The data used in this article is sourced entirely from literature studies, including articles, reports, and other published sources relevant to the topic of the Social Construction of the Family Hope Program as an Instrument for Poverty Alleviation. To obtain further access to the references used, readers can contact the author via the email address listed in this article

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