CITIZEN: Jurnal Ilmiah Multidisiplin Indonesia
Vol 6, 2026
ISSN: 2807-5994
https://journal.das-institute.com/index.php/citizen-journal

CASH, CARE, ACCESS AND DIGNITY: WELFARE CONVERSION IN INDONESIA'S PKH PLUS ELDERLY ASSISTANCE

Liawati Suntiana
Social Science, Faculty of Social and Political Sciences, Universitas Airlangga, Indonesia
Corresponding email: liawati.suntiana-2024@fisip.unair.ac.id

DOI: 10.53866/jimi.v6i2.1512

Abstract

This article examines how PKH Plus, a provincial social assistance programme for older persons in East Java, contributes to elderly well-being beyond the direct transfer of money. Using a field-monitoring-based descriptive design, the study analyses structured monitoring data from 231 elderly beneficiaries observed during the 2025 implementation cycle and integrates relevant literature on old-age poverty, social pensions, informal care, health access, dignity and behavioural transformation. The findings show strong delivery integrity: all monitored respondents received the full IDR 500,000 quarterly benefit, no respondent reported deductions, and all perceived the assistance as useful for daily expenditure. However, delivery success coexists with fragile welfare conversion. Approximately 42.4% of respondents were physically unhealthy, 26.8% could not perform daily activities independently, 65.8% could not meet daily needs without assistance, 43.7% needed help during withdrawal, and KIS utilisation remained incomplete despite high PBI-JKN ownership. The article proposes a cash-care-access-dignity framework. Cash reduces immediate expenditure pressure; care enables practical use of assistance; access connects beneficiaries to disbursement, health and learning services; and dignity protects older persons as rights-bearing subjects. PKH Plus is therefore most transformative when cash delivery is integrated with family resilience, accessible services and behaviour-sensitive programme governance. The findings support sustainable, human-centred welfare policy aligned with SDG 1, SDG 3, SDG 10 and SDG 16.

Keywords: Elderly Well-Being; PKH Plus; Social Protection; Family Care; Behavioural Transformation

1. Introduction

Population ageing has become a defining social policy question because it changes not only the number of people requiring support but also the social arrangements through which support is delivered. In later life, welfare vulnerability is rarely reducible to income poverty alone. Older persons may experience declining health, reduced mobility, chronic disease, weaker bargaining power inside the household, constrained access to transport and health facilities, and greater dependence on family members for the practical use of resources. These conditions are particularly salient in developing and middle-income welfare contexts where formal long-term care systems remain limited and older persons continue to depend on a combination of household support, public transfers, community ties and local services. Cross-national research on old-age well-being consistently shows that economic security, health, social participation, autonomy and family relationships interact rather than operate as separate welfare domains (Chan & Chou, 2018; Hsu, 2007; Kieny et al., 2022; Tsang et al., 2004).

The social policy challenge is therefore not only how much assistance older persons receive, but how that assistance is converted into daily well-being. Evidence from non-contributory pensions and cash transfers suggests that income increases can reduce immediate deprivation, improve affordability of basic goods, and sometimes strengthen self-rated health or quality of life among low-income older beneficiaries (Brenes-Camacho, 2011; Byaruhanga & Debesay, 2021; Ferreira, 2006; Shin & Do, 2015). Yet the same literature cautions that cash is often insufficient to transform broader welfare conditions when beneficiaries face poor health, inadequate care, transport barriers or limited access to public services (Cartagena-Farias et al., 2024; Godfrey-Wood & Mamani-Vargas, 2019; Ku et al., 2024; Moran et al., 2013). This tension is central to the present article.

Program Keluarga Harapan Plus (PKH Plus) in East Java provides a valuable empirical case for

examining this tension. The programme extends social assistance to elderly persons aged 70 years and above within poor PKH households. In the 2025 implementation cycle, PKH Plus covered all 38 districts and cities in East Java, targeted 60,000 elderly beneficiaries and delivered quarterly assistance of IDR 500,000 (Dinas Sosial Provinsi Jawa Timur, 2025). The programme is not merely an administrative extension of poverty relief. It is a provincial instrument that recognises the specific vulnerability of older persons in poor households, especially those whose welfare depends on the interaction between cash support, family care, service access and social recognition.

The article is positioned within the 2nd International Conference of Social Science and Technology for Sustainable Future, particularly the conference theme of harmonising human-centric technology and social sciences to achieve the Sustainable Development Goals and the track on Social Sciences, Humanities and Behavioral Transformation (2nd International Conference of Social Science and Technology for Sustainable Future, 2026). The relevance is substantive. Elderly social protection is a behavioural and relational intervention: families must recognise older persons as entitled to care; local officials must understand monitoring as a learning system; services must be organised around ageing bodies; and beneficiaries should be treated not as passive recipients but as rights-bearing social subjects.

Despite the policy significance of PKH Plus, academic analysis of its welfare mechanisms remains limited. Existing local studies have addressed implementation and programme strengthening in East Java and specific districts, including Pamekasan and Gresik, but the literature still leaves room for a beneficiary-centred account of how assistance is converted into well-being (Brianita & Prathama, 2024; Kharima, 2025; Kharima & Nawangsari, 2024). This study addresses three gaps: an empirical gap in field-based PKH Plus analysis, a conceptual gap in linking cash, care, access and dignity, and a methodological gap in transforming monitoring data into theory-informed welfare analysis.

The conceptual novelty of the article is the use of welfare conversion as a middle-range analytical concept for elderly social assistance in family-based welfare contexts. Welfare conversion refers to the process through which a formal transfer is transformed into actual improvements in everyday welfare through household, service, institutional and symbolic mechanisms. This framing moves beyond the question of whether money is delivered and asks how beneficiaries can safely withdraw, manage and use assistance, access relevant services, receive family or community support, and remain recognised as persons with autonomy and social worth.

The objective of this study is to examine how PKH Plus contributes to elderly well-being and through what mechanisms the benefit is converted into practical welfare. The article argues that PKH Plus should be understood through a cash-care-access-dignity framework. Cash reduces immediate expenditure pressure. Care enables the practical use of assistance through family and community support. Access connects beneficiaries to disbursement, health and learning services. Dignity recognises older persons as entitled subjects whose autonomy, consent and social worth must be protected. This framework does not deny the importance of cash; rather, it explains why cash achieves its strongest welfare effect when embedded in a supportive social and institutional environment.

2. Literature Review

Elderly well-being and social assistance. The literature on elderly well-being increasingly rejects a narrow economic definition of welfare. Older persons themselves often identify health, independence, family support, economic security, spiritual life, meaningful activity and access to welfare policy as core components of a satisfactory old age (Hsu, 2007; Tsang et al., 2004). In low- and middle-income contexts, adverse circumstances such as poor health and low income can depress evaluative well-being, even though older age itself need not be associated with low subjective well-being when income protection and disability support are adequate (Kieny et al., 2022). These findings justify an analytical approach that measures PKH Plus not only through transfer receipt but also through health, functional independence, social support, access and perceived usefulness.

Social assistance is most visible as an income instrument. Non-contributory pensions and cash transfers can protect consumption, support household spending, and improve recipients' ability to purchase food, medicine and other necessities (Brenes-Camacho, 2011; Ferreira, 2006; Shin & Do, 2015). Studies from Uganda and South Africa show that social assistance may contribute to basic needs, supplementary income, livelihood security and reduced isolation, while evidence from South Korea indicates that small pensions can improve affordability of subsistence items even when broader financial well-being remains limited (Byaruhanga & Debesay, 2021; Ferreira, 2006; Ku et al., 2024; Shin & Do, 2015). Simulations of cash-transfer design for older populations also show that targeting choices shape leakage, under-coverage and fiscal outcomes, confirming that programme design matters for equity and reach (Aguila et al., 2017; Asri, 2019).

However, the same literature demonstrates the limits of cash-only approaches. In Bolivia, a non-contributory pension was described as highly valuable for livelihood security but insufficient to address productive investment, health care and relational well-being in remote communities (Godfrey-Wood & Mamani-Vargas, 2019). In England, a winter fuel cash transfer showed heterogeneous benefits, improving quality of life for poorer beneficiaries and some regional subgroups rather than producing uniform effects (Cartagena-Farias et al., 2024). Cash-for-care schemes can expand choice and control, but older persons may experience anxiety when they must organise support and manage budgets without sufficient assistance (Moran et al., 2013). These findings are directly relevant to PKH Plus because the programme provides meaningful cash relief but operates among older beneficiaries who may not be able to withdraw, manage or use the assistance independently.

Care as the hidden infrastructure of welfare conversion. A key insight from gerontology is that elderly welfare is relational. Formal assistance enters a household where care tasks are already distributed among spouses, children, daughters-in-law, grandchildren, neighbours, community volunteers and local services. Research on informal caregiving shows that carers' experiences include organisational assistance, social support, control, fulfilment and the quality of the caring relationship, not only the health outcomes of the care recipient (Al-Janabi et al., 2008). Studies of formal and informal care systems also show that public responsibility and family involvement may coexist rather than substitute for each other (Bergman et al., 1990; Eggers et al., 2020; Eun, 2008).

Indonesian evidence reinforces this relational view. In rural Central Java, family support was found to be central to elderly well-being through physical facilities, health care, social-emotional support and recreational activity (Demartoto, 2013). Indonesian regional ageing policies construct older people at the intersection of material decline, successful ageing, public responsibility and family obligation, creating a policy dilemma in which families are expected to care but are not always adequately supported (Lestari et al., 2022). More recent work on Indonesian elder care points to governance-capacity tensions as the state faces increasing demand for formal care while the social protection system remains stretched (Asmorowati et al., 2024). PKH Plus therefore needs to be understood as a programme that interacts with, rather than replaces, family care.

Family support is not automatically available or sufficient. Cross-national studies show that family resources matter more for some older persons than others, especially those with health problems or lower education, while adult children's proximity affects financial, functional and material support transfers (Moor et al., 2013; Quashie & Zimmer, 2013; Zheng et al., 2023). Indonesian panel evidence shows that adult children's labour migration can increase parental depression when care deficits are not offset by co-residence or frequent interaction, and that daughter migration can have gendered implications for older parents' mental health (Kumar, 2021, 2025). These studies justify treating family care as a conversion mechanism, not as a background variable.

Access, mobility and service utilisation. Access is the second major bridge between social assistance and well-being. Formal entitlement does not guarantee use. Research on health and social care access in developing countries identifies persistent disparities despite growing initiatives, with care workers highlighting the need for more equitable local arrangements (Vo et al., 2026). Health-insurance expansion may reduce inequality only when coverage is effectively connected to use, while catastrophic health expenditure can undermine health-related quality of life among older adults (Zhang & Gao, 2021). Transport and mobility are equally important. Older persons with low mobility may have unmet transport needs that reduce life quality, and mobility barriers can make formally available services practically inaccessible (Greenfield, 2018; Hjorthol, 2013).

Access is also psychosocial and informational. Welfare-rights advice among older people in the United Kingdom improved access to previously unclaimed benefits, reduced stress, increased independence and supported carers, demonstrating that information and service mediation can be as important as the existence of entitlements (Moffatt & Mackintosh, 2009; Moffatt & Scambler, 2008). Welfare entitlement may also affect health through material, psychosocial and structural pathways, with universal or collectively understood entitlements fostering recognition and integration, while need-based targeting can provoke legitimacy debates and deter uptake (Green et al., 2017). Although PKH Plus is a targeted programme, these findings caution that beneficiary dignity, clarity of entitlement and non-stigmatising communication are central to effective access.

Dignity, autonomy and behavioural transformation. Dignity is not an abstract addition to elderly assistance; it is a condition of welfare. Older age can threaten dignity when frailty, cognitive decline and limited resources interact with poorly designed services or paternalistic treatment (Calnan et al., 2013; Duncan, 2008). Dignified care depends on organisational culture, care-worker competence, physical environments and everyday interactions. Research in community and residential care shows that older

persons value autonomy, being understood as individuals, good relationships with carers and support that maintains identity rather than merely performs tasks (Hansen, 2023; Teshuva et al., 2021). A narrow understanding of dignity as independence alone can be risky because care itself may be a prerequisite for dignified life when older persons are frail or dependent (Hansen, 2023; Thelin, 2021).

The dignity question is particularly relevant to social assistance because targeted programmes can unintentionally produce stigma. Research on China's Minimum Living Security System found that welfare stigma negatively affected recipients' psychological health and well-being, including life satisfaction, happiness, self-confidence and interpersonal relationships (Qi & Wu, 2018). Conversely, participation and recognition can strengthen well-being. Formal social participation has been linked to reduced chronic conditions through quality of life and depressive-symptom pathways, while civic participation can promote health, happiness and life satisfaction among older adults across welfare contexts (Santini et al., 2020; Vega-Tinoco et al., 2022). Restricted social networks have also been associated with mortality risk among older adults in developing countries, confirming that social connection is not a peripheral issue (Santini et al., 2015).

Behavioural transformation is the final conceptual bridge. Social protection can influence behaviour when it changes household norms, care routines, health-service use and recognition of entitlement. Active engagement among older Malaysians is positively associated with health status, and volunteer service among Chinese older adults is associated with more positive attitudes toward ageing through health pathways (Liu et al., 2020; Teh et al., 2023). Yet digital or behavioural interventions must avoid placing responsibility solely on older people or informal carers; critiques of technology-solution discourses warn that older persons and carers are often constructed as resources to be activated rather than as subjects whose capacities and limits require support (Nilsson et al., 2024). This is why PKH Plus should be analysed as cash plus learning, care and accessible services, not as a behavioural responsibility shifted to households.

The cash-care-access-dignity framework. On the basis of this literature, the study proposes a four-part framework. Cash refers to predictable and deduction-free transfer receipt that reduces immediate expenditure pressure. Care refers to the family and community support that helps older persons withdraw, manage and use assistance. Access refers to the practical ability to reach and use disbursement, health, social-learning and complaint services. Dignity refers to the recognition of older beneficiaries as rights-bearing persons with consent, autonomy and social worth. Figure 1 summarises the framework and guides the analysis of PKH Plus.

Figure 1. Cash-care-access-dignity model of PKH Plus welfare conversion. Source: Author's synthesis based on the 2025 PKH Plus field monitoring dataset.

3. Research Methods

3.1 Object, Time and Place

The object of this research is the implementation of PKH Plus for elderly beneficiaries in East Java, Indonesia. The specific empirical focus is how older beneficiaries experience the assistance and how the transfer is converted into daily welfare through household, service and institutional mechanisms. The field monitoring covered the 2025 implementation cycle. In that cycle, PKH Plus operated across all 38 districts and cities in East Java, targeted 60,000 elderly beneficiaries and provided quarterly assistance of IDR 500,000.

The analysed dataset consists of 231 elderly PKH Plus beneficiaries observed during the 2025 implementation cycle. Respondents were distributed across four disbursement stages: 40 respondents in

Stage 1, 60 in Stage 2, 111 in Stage 3 and 20 in Stage 4. The sample included 91 men and 140 women. Many respondents were recent programme entrants, with the largest membership cohorts entering in 2024 and 2025. Because the monitoring sample was field-based rather than randomly selected, the findings are interpreted as descriptive and analytical evidence, not as a province-wide prevalence estimate.

3.2. Data Collection Techniques

Data were collected through a structured monitoring instrument administered to elderly beneficiaries and, when necessary, supported by explanations from family members, programme companions or local implementers. The instrument covered respondent profile, implementation stage, year of participation, physical condition, ability to perform daily activities, work status, ability to meet daily needs, receipt and management of assistance, withdrawal process, knowledge and distance of disbursement location, health-insurance ownership, KIS utilisation, health-facility use and participation in Pertemuan Peningkatan Kemampuan Keluarga (P2K2).

Measurement and operational definitions were clarified in the final revision to strengthen replicability. Physical condition refers to the structured monitoring classification of whether the respondent was reported as physically healthy or unhealthy at the time of observation. Functional independence refers to the respondent's reported or field-confirmed ability to perform daily activities without assistance. Ability to meet daily needs refers to whether the respondent could independently fulfil daily needs without relying on other household members, neighbours or other assistance. KIS utilisation refers to whether the respondent used the KIS card for health access, while assisted withdrawal refers to the need for another person to accompany or help the beneficiary during fund disbursement.

Table 1. Operational definitions and analytical domains

Analytical domain	Operational focus	Measured through
Cash	Integrity and usefulness of transfer	Receipt of full benefit, absence of deductions, perceived usefulness
Care	Household/community mediation	Independent daily activity, assisted withdrawal, fund management
Access	Practical use of services	Distance to disbursement point, KIS use, health-facility use, P2K2 participation
Dignity	Protection of entitlement and recognition	No deduction, consent-sensitive assistance, decision-making and respect as recommended indicators

Source: Author's synthesis based on the PKH Plus 2025 field monitoring instrument and literature review.

3.3. Data Analysis Techniques

The study reports descriptive statistics in the form of frequencies and percentages using the total monitoring sample of 231 respondents. Structured responses were grouped into four analytical domains derived from the literature: cash, care, access and dignity. Narrative field summaries were used to contextualise the structured results, but the study does not present verbatim quotations because full interview transcripts were not available.

The analysis proceeded in three stages. First, the programme context and respondent profile were reconstructed from the monitoring data. Second, indicators were mapped onto the cash-care-access-dignity framework. Third, the empirical patterns were interpreted through the literature on social assistance, informal care, health access, service utilisation, dignity and behavioural transformation. The study avoids causal language because the dataset is cross-sectional and has no baseline or comparison group. Percentages are calculated from available complete responses for the monitored sample. Where unit-level cross-tabulation was not available in the monitoring summary, the manuscript avoids fabricating subgroup estimates and instead uses aggregate descriptive evidence with explicit inferential caution.

4. Results and Discussion

4.1. Research Results

PKH Plus has developed into a province-wide elderly social protection instrument. In 2025, the

programme covered all 38 districts and cities in East Java, targeted 60,000 elderly beneficiaries and was supported by an allocation of IDR 115 billion. This scale indicates that elderly welfare has become a recurring provincial policy commitment rather than a temporary charity activity. Table 1 summarises the programme context and monitoring dataset.

Table 2. Programme context and monitoring dataset

Element	Empirical information
Programme	Program Keluarga Harapan Plus (PKH Plus), East Java
Policy target	Elderly persons aged 70 years and above within poor PKH households
2025 provincial coverage	38 districts/cities; 60,000 elderly beneficiaries; IDR 115 billion allocation
Monitoring sample	231 elderly beneficiaries
Respondent gender	91 men (39.4%); 140 women (60.6%)
Implementation stage	Stage 1: 40 (17.3%); Stage 2: 60 (26.0%); Stage 3: 111 (48.1%); Stage 4: 20 (8.7%)
Dominant membership years	2024: 80 respondents (34.6%); 2025: 66 respondents (28.6%)
Analytical orientation	Field-monitoring-based descriptive analysis supported by frequency tabulation

Source: Processed by author from the PKH Plus 2025 field monitoring dataset.

The monitoring sample was gendered. Women represented 60.6% of respondents, while men represented 39.4%. This profile is substantively important because older women often face cumulative disadvantage through widowhood, low lifetime earnings, informal work histories and greater dependence on family care. The largest group of respondents came from Stage 3, reflecting the expansion of beneficiaries in implementation areas with higher poverty percentages. Figure 2 visualises the monitoring profile by gender and implementation stage.

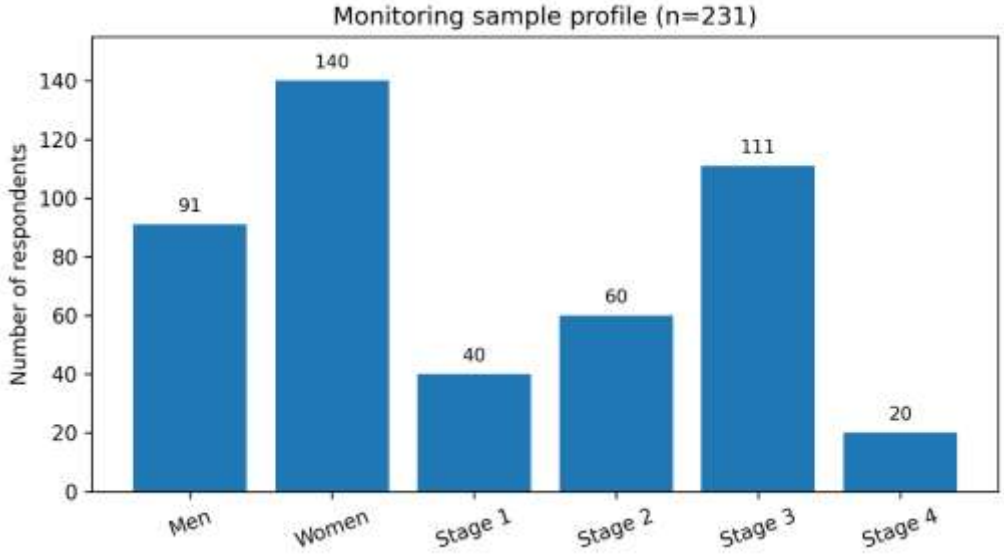

Figure 2. Monitoring sample profile by gender and implementation stage. Source: Processed by author from the PKH Plus 2025 field monitoring dataset.

The strongest empirical finding is delivery integrity. All 231 monitored respondents reported receiving the full IDR 500,000 quarterly assistance, and no respondent reported deductions or informal fees during disbursement. All respondents also perceived the benefit as helpful for daily expenditure. These results indicate that, at least within the monitored sample, the programme protected the basic entitlement of beneficiaries and delivered assistance that recipients considered relevant. Figure 3 summarises this delivery pattern.

The uses of assistance confirm its practical value. Field summaries reported that the transfer was

used for food, daily necessities, medicine, transport to health services, massage or traditional care, small business inputs and adult diapers for older persons with severe limitations. These uses are consistent with international evidence that old-age transfers often protect subsistence consumption and relieve expenditure pressure rather than produce broad upward mobility (Byaruhanga & Debesay, 2021; Ferreira, 2006; Shin & Do, 2015). The PKH Plus benefit should therefore be interpreted as a meaningful welfare stabiliser.

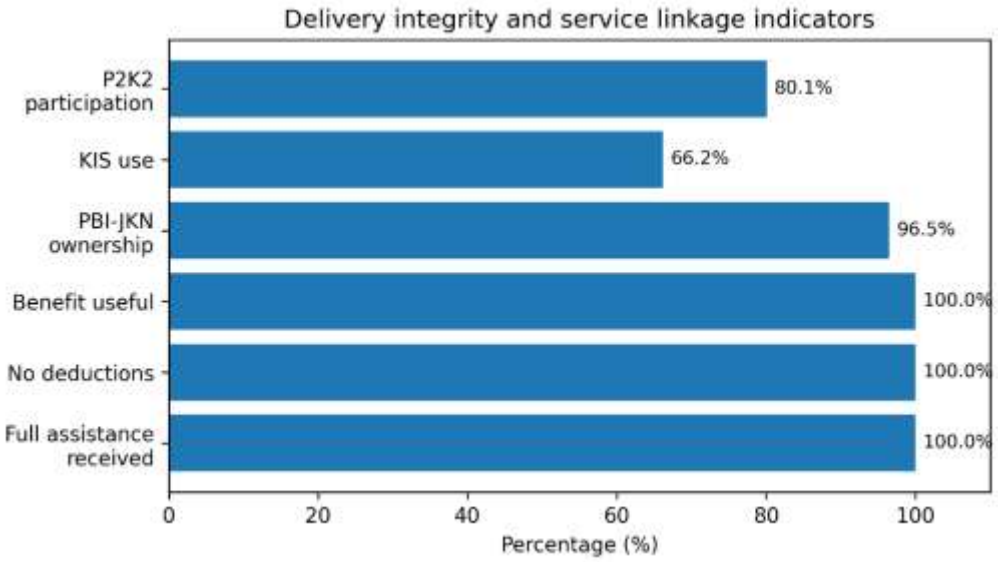

Figure 3. Delivery integrity dashboard among monitored elderly beneficiaries. Source: Processed by author from the PKH Plus 2025 field monitoring dataset.

The programme nevertheless operates among beneficiaries with significant multidimensional vulnerability. Although 57.6% of respondents were reported as physically healthy, 42.4% were physically unhealthy. Field notes identified chronic or degenerative conditions such as stroke, heart disease, diabetes, hypertension, sensory decline, hearing or visual limitations and joint pain. Functional limitation was also evident: 26.8% of respondents could not perform daily activities independently. This means that more than one in four monitored beneficiaries required daily support beyond cash, particularly for mobility, personal care and access to services.

Economic insecurity was even more pronounced. A total of 75.8% of respondents no longer worked, while 24.2% still worked in informal or physically demanding activities such as farm labour, petty trading, scavenging and casual work. Continuing to work in old age should not be romanticised as active ageing in this context. For many poor older persons, work may reflect financial necessity rather than preference, a pattern consistent with studies showing that limited welfare provision can push older persons into late-life work or leave them vulnerable after retirement (Hu & Das, 2019). The most direct indicator of vulnerability is that 65.8% of respondents could not meet daily needs independently.

The data also show that the practical use of cash is mediated by care. A substantial 43.7% of respondents required assistance from others during withdrawal, and 26.4% did not store or manage the funds independently. These patterns are predictable features of elderly social assistance because beneficiaries may be frail, ill, visually impaired, unable to travel alone or unfamiliar with disbursement procedures. Assisted withdrawal therefore needs to be understood as both a support mechanism and a governance risk.

Access barriers appear in both disbursement and health-service use. Most respondents knew the disbursement location, but 24.2% considered the withdrawal site far from home. For healthy adults this may seem minor; for older persons with chronic illness, frailty, joint pain, poor eyesight or dependence on accompaniment, a distance of two to ten kilometres can become a substantial barrier. The finding supports the argument that service accessibility must be evaluated from the standpoint of ageing bodies rather than administrative availability (Greenfield, 2018; Hjorthol, 2013; Vo et al., 2026).

Health-service access shows a similar pattern. PBI-JKN ownership was very high at 96.5%, yet only 66.2% of respondents used KIS, and 72.7% used health facilities when ill. Reasons for non-use included distance to facilities, inactive cards, physical inability to travel, dissatisfaction with services or medicine, and the habit of using over-the-counter medicine. The implication is not that health insurance

is irrelevant. Rather, insurance ownership is only the first step in a chain of access that also requires card activation, transport, accompaniment, trust, responsive services and health literacy.

P2K2 participation reached 80.1%, which indicates that social-learning channels are available for many monitored beneficiaries or their family representatives. The data do not prove behavioural change, and this limitation must be acknowledged. However, high participation creates a strategic opportunity. If P2K2 modules are adapted to elderly care, they can strengthen family awareness of nutrition, medication adherence, safe mobility, respectful communication, health checks, KIS utilisation and ethical benefit use.

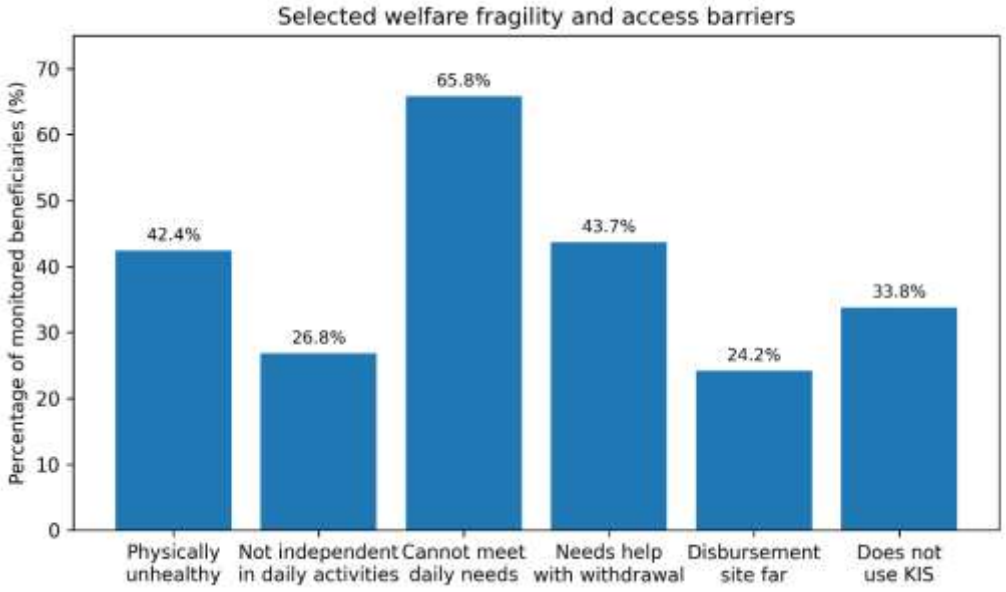

Figure 4. Selected vulnerability and access barriers among monitored elderly beneficiaries. Source: Processed by author from the PKH Plus 2025 field monitoring dataset.

Figure 4 and Table 3 synthesise the central empirical tension. PKH Plus achieved complete reported delivery in the monitoring sample, but beneficiaries still faced physical illness, functional dependency, unmet daily needs, withdrawal dependence and incomplete health-service utilisation. The synthesis confirms that the programme's value cannot be assessed through disbursement alone. The more important question is how the benefit is translated into food, medicine, mobility, care, social participation and recognition.

Table 3. Key empirical indicators mapped to the cash-care-access-dignity framework

Domain	Indicator	Empirical value	Interpretive meaning
Cash	Receives full PKH Plus assistance	231/231 (100.0%)	Delivery integrity is strong
Cash	Perceives assistance as useful for daily expenditure	231/231 (100.0%)	Cash directly relieves expenditure pressure
Care	Cannot perform daily activities independently	62/231 (26.8%)	Daily welfare requires family/community support
Care	Needs assistance during withdrawal	101/231 (43.7%)	Financial access is mediated by caregiving
Access	Disbursement location considered far	56/231 (24.2%)	Distance remains an ageing-sensitive barrier
Access	Uses KIS	153/231 (66.2%)	Insurance ownership does not guarantee utilisation

Domain	Indicator	Empirical value	Interpretive meaning
Dignity	Reported deductions during disbursement	0/231 (0.0%)	Formal entitlement was protected in the sample
Behavioural transformation	Participates in P2K2	185/231 (80.1%)	Learning channel exists but requires elderly-sensitive content

Source: Processed by author from the PKH Plus 2025 field monitoring dataset.

4.2. Discussion

The findings reveal a paradox that is common in elderly social assistance: administrative success coexists with welfare fragility. PKH Plus delivered the full amount to all monitored respondents, protected beneficiaries from reported deductions and was universally perceived as useful for daily expenditure. These are substantial achievements. At the same time, many beneficiaries remained physically unhealthy, unable to meet daily needs independently, dependent on others for withdrawal and unevenly connected to health services. The programme therefore works, but it works within conditions that cash alone cannot solve.

Welfare conversion as household mediation. Cash is necessary because it reduces immediate expenditure pressure. Older beneficiaries used the assistance for food, medicine, transport and personal care items, which are precisely the kinds of expenses that determine daily survival. The finding supports evidence that public transfers can stabilise basic consumption and reduce vulnerability among low-income older persons (Brenes-Camacho, 2011; Byaruhanga & Debesay, 2021; Ferreira, 2006; Shin & Do, 2015). However, universal perceived usefulness should not be equated with secure well-being. The fact that 65.8% of respondents still could not meet daily needs independently shows that the transfer is a protective floor, not a complete welfare package.

Care is the first conversion mechanism. For many older beneficiaries, assistance becomes useful only when someone helps them withdraw, store, spend or connect it to health care. This confirms that family resilience is not a sentimental concept but an operational condition of programme effectiveness. Studies of informal care show that caregiving includes social support, organisation, control and fulfilment, while studies of long-term care demonstrate that familial and extra-familial support may coexist in different policy combinations (Al-Janabi et al., 2008; Eggers et al., 2020; Teahan et al., 2021). In PKH Plus, the household is not merely the location where cash arrives. It is the setting where welfare conversion succeeds or fails.

Family care is also ambivalent. It can be the infrastructure that allows frail beneficiaries to use assistance safely, but it can also become a site of pressure, overburdened responsibility, dependency or loss of autonomy when families manage funds without adequate consent. Programmes that rely on families without supporting them risk transferring responsibility downward. Indonesian evidence already shows that families are central to elderly welfare but may lack sufficient support, recognition or institutional backing (Asmorowati et al., 2024; Demartoto, 2013; Lestari et al., 2022). PKH Plus can reduce this risk by explicitly incorporating family-care guidance into P2K2, monitoring assisted withdrawal and coordinating with local health and social services.

Welfare conversion as service accessibility. Formal entitlement can fail to become practical use when older persons face distance, frailty, inactive cards, dissatisfaction with services or lack of accompaniment. This is particularly evident in the gap between PBI-JKN ownership and KIS utilisation. The finding resonates with welfare-rights studies showing that entitlements require advice, mediation and accessible services, and with transport research showing that mobility constraints directly affect older persons' life quality (Hjorthol, 2013; Moffatt & Mackintosh, 2009; Moffatt & Scambler, 2008). For PKH Plus, access should therefore be measured through elderly-sensitive indicators: distance, travel assistance, waiting time, card activation, service trust and ability to use health facilities.

The access findings also speak to the sustainability agenda. A sustainable welfare programme is not only one that has a budget. It is one that remains usable by the population it serves. Older beneficiaries with joint pain, stroke history, sensory decline or cognitive limitations may require different disbursement arrangements from younger adults. Mobile services, prioritised queues, coordinated disbursement schedules, transport facilitation and home-based health outreach may matter as much as nominal benefit value. In this sense, the ICSST theme of human-centred development is directly relevant: human-centred welfare design means organising services around the realities of older bodies and household care arrangements, not around administrative convenience.

Welfare conversion as moral recognition. Dignity is the third conversion mechanism. The absence of deductions is an important dignity achievement because it confirms that beneficiaries received the value to which they were entitled. However, dignity cannot be reduced to clean disbursement. It also concerns whether beneficiaries are treated respectfully, whether they understand their entitlement, whether they are consulted in spending decisions, whether family members protect their preferences, and whether programme procedures avoid stigma. Research on dignified care warns that organisational priorities can override older persons' needs, while research on welfare stigma shows that targeted assistance can damage self-worth when recipients are framed as morally questionable or dependent (Calnan et al., 2013; Qi & Wu, 2018).

PKH Plus has the potential to counter this risk by framing assistance as citizenship recognition rather than charity. Green et al. (2017) show that welfare entitlement can affect well-being through psychosocial and structural pathways, including recognition and social integration. This insight is important for older beneficiaries who may already experience marginality, loneliness or reduced social roles. Social networks and participation matter for health, mortality and subjective well-being (Hansen & Slagsvold, 2016; Santini et al., 2015, 2020; Vega-Tinoco et al., 2022). A dignity-based PKH Plus would therefore monitor not only cash receipt but also social inclusion, decision-making, loneliness, perceived respect and participation in religious or community life.

The behavioural transformation dimension must be interpreted carefully. The data show high P2K2 participation, but participation is not equivalent to changed behaviour. Nevertheless, P2K2 provides an institutional channel through which PKH Plus can reshape family practices. Studies of active engagement and volunteer participation suggest that meaningful participation can be associated with better health and attitudes toward ageing (Liu et al., 2020; Teh et al., 2023). Yet scholars also warn against policy discourses that place the burden of independence on older persons and informal carers without adequate support (Nilsson et al., 2024). The appropriate lesson is that behavioural transformation should be enabling, not moralising.

For this reason, P2K2 should be transformed into an elderly-sensitive social-learning platform. Modules can cover safe accompaniment during withdrawal, prevention of financial misuse, respectful caregiving, nutrition, medication routines, home safety, KIS activation, early detection of health decline and the importance of social participation. Family representatives should be recognised as legitimate participants when frail older persons cannot attend directly. Such adaptation would connect cash, care, access and dignity in practice.

4.3. Relevance to Research Objectives

The study answers the research objective by showing that PKH Plus contributes to elderly well-being primarily through expenditure relief, but that this contribution is converted into practical welfare through care, access and dignity. The findings fill the empirical gap by providing beneficiary-monitoring evidence on a provincial elderly social assistance programme that remains under-analysed in academic literature. They fill the conceptual gap by advancing the cash-care-access-dignity framework as an explanation of welfare conversion. They fill the methodological gap by demonstrating that programme monitoring data can generate analytical learning when organised around a clear social science problem. The findings also support the ICSST theme of sustainable, human-centred development. PKH Plus contributes to SDG 1 by protecting older persons in poor households, to SDG 3 by revealing the need to convert insurance ownership into health-service use, to SDG 10 by addressing inequality in later life and to SDG 16 by emphasising transparent, dignity-sensitive public service delivery. The policy implication is that elderly social protection should be evaluated not only through coverage and disbursement but also through whether beneficiaries can use assistance safely, access relevant services and remain socially recognised as rights-bearing persons.

5. Conclusion

This article examined how PKH Plus contributes to elderly well-being in East Java by integrating field monitoring evidence with literature on social assistance, care, access, dignity and behavioural transformation. The findings show that the programme has strong delivery integrity: all monitored respondents received the full quarterly benefit, no respondent reported deductions and all perceived the assistance as helpful for daily expenditure. Yet delivery integrity is not the same as complete welfare security because many beneficiaries remained physically unhealthy, functionally dependent, economically insecure, unable to meet daily needs independently, dependent on assistance during withdrawal or disconnected from effective health-service use. The core conclusion is that PKH Plus is best understood as a welfare-conversion programme. Cash reduces expenditure pressure, but care, access and dignity determine whether cash becomes practical well-being. The cash-care-access-dignity

framework clarifies that elderly social assistance should not be evaluated only through administrative indicators of coverage and disbursement. It should also be evaluated through beneficiaries' ability to use assistance safely, access health and learning services, receive family and community support and remain recognised as rights-bearing persons. The study is limited by its cross-sectional monitoring design, non-random sample and absence of full interview transcripts; future research should use longitudinal and mixed-method designs to test the framework across districts and examine subjective dimensions such as loneliness, consent, respect and perceived household recognition.

Bibliography

Aguila, E., Kapteyn, A., & Tassot, C. (2017). Designing cash transfer programs for an older population: The Mexican case. Journal of the Economics of Ageing, 9, 111–121. https://doi.org/10.1016/j.jeoa.2016.09.001

Al-Janabi, H., Coast, J., & Flynn, T. N. (2008). What do people value when they provide unpaid care for an older person? A meta-ethnography with interview follow-up. Social Science and Medicine, 67(1), 111–121. https://doi.org/10.1016/j.socscimed.2008.03.032

Asmorowati, S., Schubert, V., & Supeno, E. (2024). Stretching the social protection system beyond capacity: Tensions between governance capacity and conceptualisations of elder care in nursing homes in Indonesia. International Journal of Sociology and Social Policy, 44(11–12), 1200–1218. https://doi.org/10.1108/IJSSP-12-2023-0322

Asri, V. (2019). Targeting of social transfers: Are India's poor older people left behind? World Development, 115, 46–63. https://doi.org/10.1016/j.worlddev.2018.11.001

Bergman, S., King, Y., Bentur, N., Holmes, D., Holmes, M., & Teresi, J. (1990). Care of the impaired elderly: Co-existence of formal and informal care systems in the Israeli Kibbutz. Contemporary Jewry, 11(2), 51–66. https://doi.org/10.1007/BF02965472

Brenes-Camacho, G. (2011). Favourable changes in economic well-being and self-rated health among the elderly. Social Science and Medicine, 72(8), 1228–1235. https://doi.org/10.1016/j.socscimed.2011.02.027

Brianita, O., & Prathama, A. (2024). Implementasi Program Keluarga Harapan Perlindungan Lanjut Usia (PKH Plus) Di Kecamatan Pamekasan Kabupaten Pamekasan. JDP (Jurnal Dinamika Pemerintahan), 7(2), 137–152.

Byaruhanga, I., & Debesay, J. (2021). The Impact of a Social Assistance Program on the Quality of Life of Older People in Uganda. SAGE Open, 11(1). https://doi.org/10.1177/2158244021989311

Calnan, M., Tadd, W., Calnan, S., Hillman, A., Read, S., & Bayer, A. (2013). "I often worry about the older person being in that system": Exploring the key influences on the provision of dignified care for older people in acute hospitals. Ageing and Society, 33(3), 465–485. https://doi.org/10.1017/S0144686X12000025

Cartagena-Farias, J., Brimblecombe, N., & Knapp, M. (2024). Evaluating the association between receipt of a winter fuel cash transfer and older people's care needs, quality of life, and housing quality: Evidence from England. Social Science and Medicine, 355. https://doi.org/10.1016/j.socscimed.2024.117128

Chan, L.-S., & Chou, K.-L. (2018). Poverty in old age: Evidence from Hong Kong. Ageing and Society, 38(1), 37–55. https://doi.org/10.1017/S0144686X16000817

Chester, H., Hughes, J., & Challis, D. (2014). Commissioning social care for older people: Influencing the quality of direct care. Ageing and Society, 34(6), 930–950. https://doi.org/10.1017/S0144686X12001249

Demartoto, A. (2013). The role of family in bringing the elderly's well-being into reality in rural areas of Central Java, Indonesia. Asian Social Science, 9(5), 191–202. https://doi.org/10.5539/ass.v9n5p191

Dinas Sosial Provinsi Jawa Timur. (2025). Laporan kegiatan hasil penelitian Program Keluarga Harapan (PKH) Plus Tahun 2025. Unpublished field monitoring report.

Duncan, C. (2008). The dangers and limitations of equality agendas as means for tackling old-age prejudice. Ageing and Society, 28(8), 1133–1158. https://doi.org/10.1017/S0144686X08007496

Eggers, T., Grages, C., Pfau-Effinger, B., & Och, R. (2020). Re-conceptualising the relationship between de-familialisation and familialisation and the implications for gender equality-the case of long-term care policies for older people. Ageing and Society, 40(4), 869–895. https://doi.org/10.1017/S0144686X18001435

Eun, K.-S. (2008). Population aging and social strategies for aging problems in Korea. Korea Journal, 48(4), 5–34. https://doi.org/10.25024/kj.2008.48.4.5

Ferreira, M. (2006). The differential impact of social-pension income on household poverty alleviation in three South African ethnic groups. Ageing and Society, 26(3), 337–354. https://doi.org/10.1017/S0144686X0600482X

Godfrey-Wood, R., & Mamani-Vargas, G. (2019). "It really saves us" versus "it doesn't cover everything": The benefits and limitations of a non-contributory pension in the Bolivian Altiplano. Ageing and Society, 39(1), 17–44. https://doi.org/10.1017/S0144686X17000460

Green, J., Buckner, S., Milton, S., Powell, K., Salway, S., & Moffatt, S. (2017). A model of how targeted and universal welfare entitlements impact on material, psycho-social and structural determinants of health in older adults. Social Science and Medicine, 187, 20–28. https://doi.org/10.1016/j.socscimed.2017.06.015

Greenfield, E. A. (2018). Age-Friendly Initiatives, Social Inequalities, and Spatial Justice. Hastings Center Report, 48, S41–S45. https://doi.org/10.1002/hast.912

Gusmano, M. K., & Okma, K. G. H. (2018). Population Aging and the Sustainability of the Welfare State. Hastings Center Report, 48, S57–S61. https://doi.org/10.1002/hast.915

Hansen, A. M. (2023). Dignity equals distance? Pursuing dignity in care for older adults. Ageing and Society, 43(5), 1003–1021. https://doi.org/10.1017/S0144686X21000891

Hansen, T., & Slagsvold, B. (2016). Late-Life Loneliness in 11 European Countries: Results from the Generations and Gender Survey. Social Indicators Research, 129(1), 445–464. https://doi.org/10.1007/s11205-015-1111-6

Hjorthol, R. (2013). Transport resources, mobility and unmet transport needs in old age. Ageing and Society, 33(7), 1190–1211. https://doi.org/10.1017/S0144686X12000517

Hsieh, C.-M. (2017). Health, Quality of Homecare Services and Quality of Life: A Case of Frail Older Immigrant Adults. Social Indicators Research, 134(2), 711–723. https://doi.org/10.1007/s11205-016-1442-y

Hsu, H.-C. (2007). Exploring elderly people's perspectives on successful ageing in Taiwan. Ageing and Society, 27(1), 87–102. https://doi.org/10.1017/S0144686X06005137

Hu, S., & Das, D. (2019). Quality of life among older adults in China and India: Does productive engagement help? Social Science and Medicine, 229, 144–153. https://doi.org/10.1016/j.socscimed.2018.06.028

Jitapunkul, S., & Wivatvanit, S. (2008). National policies and programs for the aging population in Thailand. Ageing International, 33(1–4), 62–74. https://doi.org/10.1007/s12126-009-9027-6

Kharima, E. (2025). Strategi Penguatan Program Keluarga Harapan (Pkh Plus) Dalam Meningkatkan Kesejahteraan Lansia Di Kecamatan Driyorejo Kabupaten Gresik.

Kharima, E., & Nawangsari, E. R. (2024). Implementasi Kebijakan Pemberdayaan Lansia Program PKH Plus di Dinas Sosial Provinsi Jawa Timur. VISA: Journal of Vision and Ideas, 4(1), 136–146.

Kieny, C., Flores, G., Ingenhaag, M., & Maurer, J. (2022). Healthy, Wealthy, Wise, and Happy? Assessing Age Differences in Evaluative and Emotional Well-Being Among Mature Adults from Five Low- and Middle-Income Countries. Social Indicators Research, 160(2–3), 1019–1050. https://doi.org/10.1007/s11205-020-02515-4

Ku, I., Kim, S., & Yoon, H. (2024). Small cash transfers to older people: Do they reduce poverty? Ageing and Society. https://doi.org/10.1017/S0144686X24000473

Kumar, S. (2021). Offspring's labor migration and its implications for elderly parents' emotional wellbeing in Indonesia. Social Science and Medicine, 276. https://doi.org/10.1016/j.socscimed.2021.113832

Kumar, S. (2025). The Feminization of Migration and Mental Health of Older Parents Left Behind: Evidence from Indonesia. International Migration Review, 59(3), 1464–1499. https://doi.org/10.1177/01979183231187624

Lestari, M. D., Stephens, C., & Morison, T. (2022). Constructions of older people's identities in Indonesian regional ageing policies: The impacts on micro and macro experiences of ageing. Ageing and Society, 42(9), 2046–2066. https://doi.org/10.1017/S0144686X20001907

Liu, Y., Duan, Y., & Xu, L. (2020). Volunteer service and positive attitudes toward aging among Chinese older adults: The mediating role of health. Social Science and Medicine, 265. https://doi.org/10.1016/j.socscimed.2020.113535

Moffatt, S., & Mackintosh, J. (2009). Older people's experience of proactive welfare rights advice: Qualitative study of a South Asian community. Ethnicity and Health, 14(1), 5–25. https://doi.org/10.1080/13557850802056455

Moffatt, S., & Scambler, G. (2008). Can welfare-rights advice targeted at older people reduce social exclusion? Ageing and Society, 28(6), 875–899. https://doi.org/10.1017/S0144686X08007253

Moor, N., de Graaf, P. M., & Komter, A. (2013). Family, welfare state generosity and the vulnerability of older adults: A cross-national study. Journal of Aging Studies, 27(4), 347–357. https://doi.org/10.1016/j.jaging.2013.07.002

Moran, N., Glendinning, C., Wilberforce, M., Stevens, M., Netten, A., Jones, K., Manthorpe, J., Knapp, M., Fernández, J.-L., Challis, D., & Jacobs, S. (2013). Older people's experiences of cash-for-care schemes: Evidence from the English Individual Budget pilot projects. Ageing and Society, 33(5), 826–851. https://doi.org/10.1017/S0144686X12000244

Nilsson, M., Andersson, S., Magnusson, L., & Hanson, E. (2024). Keeping the older population and their informal carers healthy and independent using digital technology: A discourse analysis of local policy. Ageing and Society, 44(4), 812–842. https://doi.org/10.1017/S0144686X22000514

Porisky, A., Mohamed, T. S., & Muthui, P. M. (2023). Kenya's 'Universal' social pension: The politics of registration in Marsabit County. World Development, 164. https://doi.org/10.1016/j.worlddev.2022.106164

Qi, D., & Wu, Y. (2018). Does welfare stigma exist in China? Policy evaluation of the Minimum Living Security System on recipients' psychological health and wellbeing. Social Science and Medicine, 205, 26–36. https://doi.org/10.1016/j.socscimed.2018.03.041

Quashie, N., & Zimmer, Z. (2013). Residential proximity of nearest child and older adults' receipts of informal support transfers in Barbados. Ageing and Society, 33(2), 320–341. https://doi.org/10.1017/S0144686X1100122X

Santini, Z. I., Jose, P. E., Koyanagi, A., Meilstrup, C., Nielsen, L., Madsen, K. R., & Koushede, V. (2020). Formal social participation protects physical health through enhanced mental health: A longitudinal mediation analysis using three consecutive waves of the Survey of Health, Ageing and Retirement in Europe (SHARE). Social Science and Medicine, 251. https://doi.org/10.1016/j.socscimed.2020.112906

Santini, Z. I., Koyanagi, A., Tyrovolas, S., Haro, J. M., Fiori, K. L., Uwakwa, R., Thiyagarajan, J. A., Webber, M., Prince, M., & Prina, A. M. (2015). Social network typologies and mortality risk among older people in China, India, and Latin America: A 10/66 Dementia Research Group population-based cohort study. Social Science and Medicine, 147, 134–143. https://doi.org/10.1016/j.socscimed.2015.10.061

Schmitt, V., & Chadwick, R. (2014). Social protection assessment-based national dialogue exercises: Cambodia, Indonesia, Thailand, Viet Nam. International Social Security Review, 67(1), 95–119. https://doi.org/10.1111/issr.12032

Shin, E., & Do, Y. K. (2015). Basic Old-Age Pension and financial wellbeing of older adults in South Korea. Ageing and Society, 35(5), 1055–1074. https://doi.org/10.1017/S0144686X14000051

Teahan, Á., Walsh, S., Doherty, E., & O'Shea, E. (2021). Supporting family carers of people with dementia: A discrete choice experiment of public preferences. Social Science and Medicine, 287. https://doi.org/10.1016/j.socscimed.2021.114359

Teh, J. K. L., Tey, N. P., Lai, S. L., & Azman, N. A. A. (2023). Active Engagement and Health Status of Older Malaysians: Evidence from a Household Survey. Pertanika Journal of Social Sciences and Humanities, 31(1), 241–263. https://doi.org/10.47836/PJSSH.31.1.13

Teshuva, K., Borowski, A., & Wells, Y. (2021). Holocaust survivors' perspectives on using community aged care and support services. Ageing and Society, 41(2), 231–246. https://doi.org/10.1017/S0144686X1900093X

Thelin, A. (2021). Care Ethics for Supported Decision-making. A Narrative Policy Analysis Regarding Social Work in Cases of Dementia and Self-neglect. Ethics and Social Welfare, 15(2), 167–184. https://doi.org/10.1080/17496535.2020.1863998

Tsang, E. Y. L., Liamputtong, P., & Pierson, J. (2004). The views of older Chinese people in Melbourne about their quality of life. Ageing and Society, 24(1), 51–74. https://doi.org/10.1017/S0144686X03001375

Vega-Tinoco, A., Gil-Lacruz, A. I., & Gil-Lacruz, M. (2022). Civic Participation as a Promoter of Well-Being: Comparative Analysis among European Countries. Social Indicators Research, 164(1), 217–237. https://doi.org/10.1007/s11205-022-02947-0

Vo, M. T. H., Nakamura, K., Tran, D. T. H., & Moncatar, T. J. R. T. (2026). Is equitable access to health and social care possible for Vietnamese older adults? Care providers' perspectives. International Health, 18(2), 166–173. https://doi.org/10.1093/inthealth/ihaf066

Zhang, Y., & Gao, Q. (2021). Catastrophic health expenditure and health-related quality of life among older adults in China. Ageing and Society, 41(7), 1474–1494. https://doi.org/10.1017/S0144686X19001661

Zheng, Z., Sun, N., Yang, L., Liu, W., Lu, Y., Chu, Y., & Chen, H. (2023). The socioeconomic status of adult children, intergenerational support, and the well-being of Chinese older adults. Humanities and Social Sciences Communications, 10(1). https://doi.org/10.1057/s41599-023-01970-x

Zimmer, Z., Korinek, K., Knodel, J., & Chayovan, N. (2008). Migrant interactions with elderly parents in rural cambodia and thailand. Journal of Marriage and Family, 70(3), 585–598. https://doi.org/10.1111/j.1741-3737.2008.00507.x