

ANALYZING THE EFFECT OF SOCIAL ASSISTANCE AND HEALTH INSURANCE SUBSIDY (PBI) RECIPIENTS ON INDONESIA'S POVERTY LINE

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Article Info

Keywords:

Poverty Line; Social Assistance;
BPJS PBI; Social Protection; Fiscal
Policy

JEL Classification: I13; I32; I38

DOI:

Article History

Received : June 2025

Accepted : December 2025

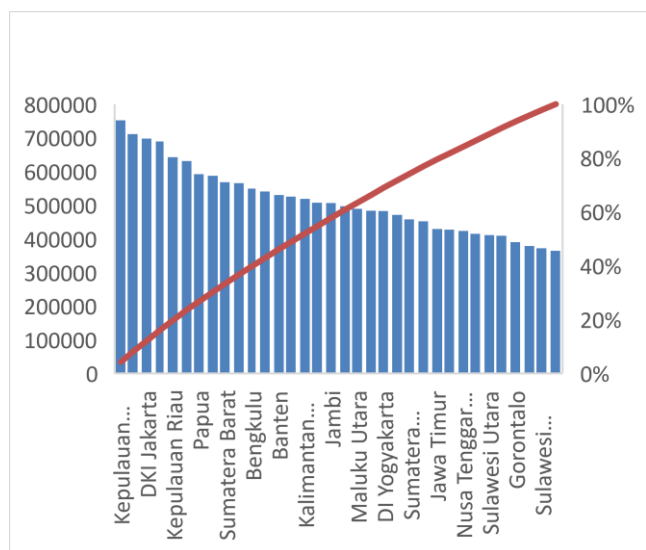
Published : April 2025

Abstract

This study discusses the topic of the influence of social protection on the poverty line in Indonesia, focusing on two main instruments: the realization of the food social assistance budget and participation in the National Health Insurance program through BPJS PBI. This topic is important given the high levels of poverty that still occur regionally, as well as the importance of the effectiveness of fiscal interventions in supporting inclusive social protection. The main problem studied is whether the realization of the social assistance budget and the number of BPJS PBI participants have an effect on the poverty line at the provincial level. The research question is formulated as follows: "Does the realization of social assistance and BPJS PBI participation significantly affect the interprovincial poverty line in Indonesia?" The main contribution of this study is to fill the gap in the literature that has been evaluating the effectiveness of social assistance and health insurance separately. This study presents an integrative approach that combines the two in a single model of empirical analysis that can be used to assess the simultaneous impact on social well-being. This study uses multiple linear regression methods with cross-section data from 34 Indonesian provinces in 2021. Classical assumption testing is also performed to ensure the validity of the model. Data is obtained from official sources such as BPS and the Ministry of Finance. The results of the study show that both the realization of the food social assistance budget and the number of BPJS PBI recipients have a negative and significant influence on the poverty line. Both programs have proven effective in reducing poverty rates through reducing the burden of spending on food and health. In conclusion, complementary social protection can be an effective instrument in reducing poverty. The proposed policy implications include increased coverage, goal-setting, and cross-program integration to build a more adaptive and sustainable social protection system.

INTRODUCTION

Poverty is still a major challenge to economic development in many developing countries, including Indonesia, because it is directly related to aspects of social justice, inequality of access to resources, and national macroeconomic stability (Todaro & Smith, 2020). In the context of contemporary development, approaches to poverty measurement have shifted from mere monetary dimensions to multidimensional, encompassing aspects of education, health, and living standards (Alkire et al., 2023). These measurements not only increase sensitivity to the real deprivation experienced by households, but also strengthen the accountability of policies geared towards structurally reducing poverty (Burchi & Malerba, 2022). On the other hand, major challenges remain as historical data show spatial inequality and stagnation of poverty reduction on a global scale, especially in countries with limited public goods provision capacity and high levels of inequality (Moatsos, 2024; Su, 2020). Therefore, the formulation of an effective poverty alleviation strategy needs to consider the fiscal viability, institutional effectiveness, and spatial distribution of social investments. The poverty line data per province (Rupiah/Month/Capita) in 2021 is as follows:



Source: Central Statistics Agency 2022

Figure 1. Chart of the Number and Percentage of Poor Population by Province in 2021.

From picture 1. The diagram, known as the poverty line per province in Indonesia, depicts the value of the minimum per capita expenditure per month needed to meet basic needs, both food and non-food. Based on available data, the province with the highest poverty line is the Bangka Belitung Islands, which is IDR 752,203, followed by North Kalimantan (IDR 710,994) and DKI Jakarta (IDR 697,638). Meanwhile, the province with the lowest poverty line is West Sulawesi, which is IDR

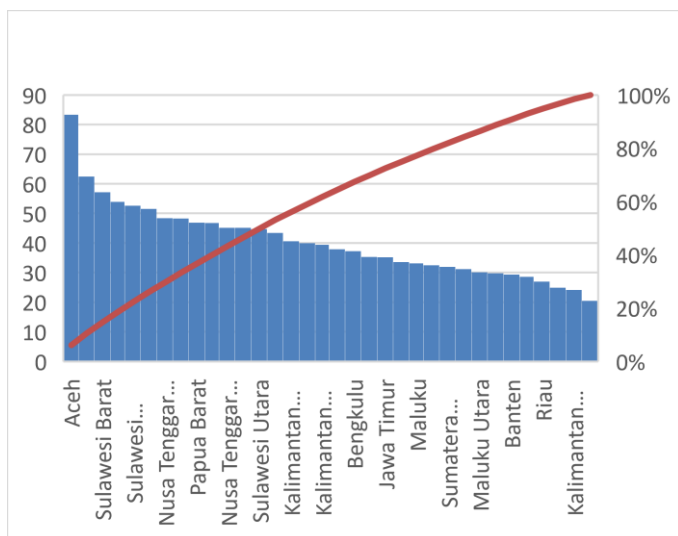
364,251, followed by South Sulawesi (IDR 372,491) and Southeast Sulawesi (IDR 378,589). In general, western and urban provinces such as Jakarta and Kalimantan show higher poverty lines, likely influenced by the relatively high cost of living. In contrast, provinces in the eastern region and parts of Sulawesi have lower poverty lines. This reflects regional economic disparities as well as non-uniform levels of basic needs across Indonesia.

BPS defines the poverty line based on the minimum per capita expenditure value per month needed to meet basic food and non-food needs (BPS, 2023). This value is highly contextual, depending on the price structure and local consumption patterns in each region. In 2021, for example, the highest poverty line in Indonesia was recorded at IDR 752,203 (Bangka Belitung Islands), while the lowest was IDR 364,251 (West Sulawesi). In contrast, the World Bank uses a more consistent global standard across countries, namely US\$2.15 per day (PPP 2017) for the extreme poverty line, and US\$3.65 to US\$6.85 for the standard for lower-middle-income countries (World Bank, 2022). If Indonesia's national poverty line is converted into PPP (Purchasing Power Parity), most of it is still below the World Bank's standards. This shows that although the national poverty rate appears to be decreasing, in a global perspective the poverty line in Indonesia is still relatively low, indicating that the vulnerability of the poor to economic shocks is very high (Ravallion, 2016).

Factors that affect the size of the poverty line are determined not only by the price of basic necessities, but also by the inflation rate, real wages, access to basic services such as education and health, and distribution patterns and household consumption (Stiglitz, Sen, & Fitoussi, 2018). In developing countries such as Indonesia, high regional disparities, weak social security in remote areas, and structural inequality between lower and upper income groups have exacerbated the welfare gap (Todaro & Smith, 2020). This indicates that a low poverty line does not mean that welfare is improving, but can reflect a minimum standard of living that is still too low compared to the international benchmark.

Although various policies have been implemented, including social security programs and national social assistance, achievements in poverty alleviation have not been fully optimal (World Bank, 2022). The cause does not only come from the global or domestic economic slowdown, but also from weaknesses in the effectiveness and accuracy of the government's intervention targets (Sumarto & Suryahadi, 2011; Hanna & Olken, 2018). Therefore, data-based approaches and policy evaluations that focus on the realization of social assistance budgets and

access to health insurance such as BPJS are crucial to assess their influence on changes in the poverty line empirically (Jha et al., 2009; Ravallion, 2016). The data is as follows:



Source: Badan Pusat Statistik, 2024

Figure 2. Graph of the Number of Beneficiary Families (KPM) and Food Social Assistance Budget by Province in 2021.

From the 2 graphs, the realization of the social assistance budget (bansos) shows quite significant variations among 34 provinces in Indonesia. Aceh Province recorded the highest realization of 83.4%, far exceeding other provinces, while Riau Islands recorded the lowest realization of 20.53%. Some other provinces with high realization rates include DKI Jakarta (53.9%), DI Yogyakarta (51.53%), South Sulawesi (52.61%), Gorontalo (62.45%), and West Sulawesi (57.24%). Provinces in the eastern region of Indonesia, such as Sulawesi and Nusa Tenggara, generally show a fairly high level of realization. In contrast, some provinces in Sumatra and Kalimantan, such as Jambi, Riau, and East Kalimantan, tend to be below average. This data indicates that there is an inequality in the implementation of the social assistance budget between regions which may be influenced by factors such as regional institutional capacity, social needs, and the effectiveness of aid distribution.

The Government of Indonesia has allocated significant budgets in social protection programs, but comprehensive studies on the simultaneous effects of social assistance and the participation of BPJS users on the poverty line are still relatively limited (TNP2K, 2021; Priebe et al., 2019). Fiscal interventions carried out by the government, especially through the allocation of social assistance (bansos) budgets and the provision of health insurance such as BPJS, have become the main instruments in responding to social inequality and reducing poverty rates in various developing countries (Gentilini et al., 2022; Barrientos, 2013). In Indonesia, social protection programs such as the Family Hope Program

(PKH), Non-Cash Food Assistance (BPNT), and National Health Insurance (JKN) managed through BPJS Kesehatan are tangible implementations of welfare-based fiscal interventions (TNP2K, 2021; Priebe et al., 2019). Empirical evidence shows that the realization of targeted social assistance can increase the purchasing power of the poor and reduce the pressure of the poverty line (Bappenas, 2022). On the other hand, participation in health insurance allows the poor to avoid economic downturn due to high health costs (World Bank, 2021; Sparrow et al., 2013).

However, the effectiveness of these two interventions is highly dependent on policy consistency, fiscal capacity, accuracy of beneficiary data, and integration of their service systems (Harimurti et al., 2020). In fact, a study by Raghunandan (2024) warns that without strong governance and supervision, subsidy policies can create negative externalities such as deviations in the behavior of aid recipient institutions, so that the initial goal of subsidies can fail to be achieved. Therefore, it is important to simultaneously evaluate the influence of the realization of the social assistance budget and the level of participation in BPJS on the poverty line, especially in the context of social protection policy reform after the COVID-19 pandemic.

Evaluation of the effectiveness of public policies, especially in the context of fiscal interventions such as social assistance (bansos) and national health insurance (JKN/BPJS), is a crucial aspect to ensure that state budget allocations are able to have a significant impact on poverty reduction (Stiglitz et al., 2018; Ravallion, 2016). In the framework of sustainable poverty alleviation, the success of a program is not only measured by the amount of budget disbursed, but also by the extent to which the program can affect welfare indicators such as the poverty line (Barrientos & Hulme, 2008; Gentilini et al., 2022). For example, various studies show that the provision of social assistance is temporary if it is not accompanied by strengthening access to public services, especially health (Handa et al., 2018). In Indonesia, the BPJS Kesehatan program as a form of universal health insurance has become an important pillar in social protection strategies, but it still leaves challenges in terms of participation, financing efficiency, and cross-sector integration (Harimurti et al., 2020; TNP2K, 2021). The data on the population of health assistance recipients is as follows:

phenomenon. According to Amartya Sen (1999), poverty is a form of limited basic capabilities and substantive freedoms, not just a lack of income. This paradigm shift expands the scope of welfare analysis, which includes access to education, health, social participation, and autonomy in decision-making (Alkire & Foster, 2011). This capability approach has influenced the development of multidimensional poverty indices as well as more comprehensive social policy designs. In practice, this implies that income transfer alone is not enough; Sustainable poverty reduction requires policies that address broader social and institutional barriers. This understanding underpins interventions such as conditional social assistance and universal health insurance, which can simultaneously improve material living standards and expand basic capabilities.

Another complementary approach is offered by the structural and lifecycle theory of poverty, which emphasizes the importance of systemic inequality, the inheritance of poverty between generations, and vulnerability in the life cycle (Devereux, 2001; Hick & Lanau, 2018). These theories hold that poverty is persistent and requires long-term state intervention to break the chain. For example, programs that combine income support (e.g., social assistance) with protection against risks (such as health insurance) have been shown to not only reduce current poverty, but also lower the likelihood of future poverty due to health shocks or economic crises (Barrientos & Hulme, 2009; Sabates-Wheeler & Devereux, 2008). In Indonesia, despite significant progress in poverty reduction, the sustainability of regional vulnerability and inequality remains a challenge. Therefore, this study is based on such a theoretical framework to examine whether the simultaneous implementation of social assistance and health insurance subsidies has a significant influence on the poverty line thus contributing to the theoretical and empirical discourse on integrated social protection.

Several studies show that targeted social spending can directly reduce poverty and inequality (World Bank, 2018; Bastagli et al., 2016). Meanwhile, the universal health insurance system has been shown to improve access to health services and lower out-of-pocket expenditures, thereby strengthening the economic resilience of poor households (Wagstaff et al., 2016; Moreno-Serra & Smith, 2015).

In the Indonesian context, studies such as those conducted by Sparrow et al. (2014) and Triyana (2016) found that JKN and social assistance programs have a positive influence on welfare, although their implementation still faces structural challenges. Thus, this literature review is important to strengthen the theoretical and empirical foundation in assessing the

simultaneous effectiveness of the two fiscal interventions on the poverty line in Indonesia.

Various empirical studies have examined the effectiveness of social interventions such as social assistance (bansos) and national health insurance programs in reducing poverty rates, both in the context of developed and developing countries. In Indonesia, the realization of social assistance programs such as the Family Hope Program (PKH) and Direct Cash Assistance (BLT) has shown a positive impact on reducing extreme poverty and improving the welfare of vulnerable households (Hidayat & Patunru, 2018; Bah et al., 2020).

Similarly, the implementation of National Health Insurance (JKN) through BPJS Kesehatan has significantly expanded access to health services, while reducing the burden of out-of-pocket expenditure which has been one of the triggers of household poverty (Agustina et al., 2019; Sparrow et al., 2014).

International studies reinforce these findings, where conditional cash transfers and social security programs have been shown to improve indicators of well-being, education, and health status of poor populations (Fiszbein & Schady, 2009; Bastagli et al., 2016). However, the effectiveness of both interventions is highly dependent on program design, target accuracy, and the capacity of implementing institutions (Hanlon et al., 2010; Samson et al., 2015). Therefore, a synthesis of cross-border empirical findings and domestic data-based analysis is needed to comprehensively understand the causal relationship between the realization of social assistance and BPJS participation with the dynamics of the poverty line in Indonesia.

Although the literature on the impact of social assistance and health insurance programs on poverty has grown significantly, most studies are still sectoral and separate analyses between interventions. This approach tends to ignore the potential effects of interaction or synergy between various social protection policies that run simultaneously in the fiscal systems of developing countries (Slater & Farrington, 2009; Hagen-Zanker et al., 2011).

In the Indonesian context, studies on the effectiveness of social assistance such as PKH, as well as the national health insurance (JKN) program through BPJS, are generally carried out separately, both in micro quantitative methods and macro policy evaluation (Agustina et al., 2019; Bah et al., 2020). Simultaneous studies examining the relationship and shared contribution between the realization of the social assistance budget and the participation of BPJS users in poverty indicators are still limited, both in terms of the number and scope of spatial and temporal panel data (Suryahadi et al., 2021; Rahardja et al., 2022).

In fact, an integrated analytical approach that considers the interdependence between social

policies is more relevant in measuring fiscal accountability and long-term impacts on welfare (OECD, 2019; UNDP, 2021). Thus, there are conceptual and empirical gaps that need to be bridged through research that integrates the two main interventions in one comprehensive analysis framework of poverty line.

RESEARCH METHOD

1. Types of Research

This study uses a quantitative method with an explanatory approach, namely, a research approach that utilizes numerical data and statistical techniques to explain the causal relationship between variables, test economic theory, and make predictions based on the Gujarati mathematical model, N, (1972). In the context of this study, the approach was used to analyze the influence of government spending in the subsidy sector on poverty and income inequality.

2. Data Sources and Types

This study uses secondary data obtained from several official sources, namely:

1. Central Statistics Agency (BPS)

BPS is an official institution that provides national statistical data, including poverty line and income inequality data. The poverty line is the minimum limit of a person's expenditure to meet basic needs, while the level of income inequality can be measured by indicators such as the Gini Coefficient or other inequality indexes.

2. Ministry of Finance (MoF)

The Ministry of Finance manages the state budget, including the realization of the social assistance budget (bansos) which is used to support vulnerable groups. Information from the Ministry of Finance includes the allocation of government subsidies in the form of direct cash assistance (BLT), family hope programs (PKH), and other subsidies aimed at reducing poverty.

3. BPJS Kesehatan

BPJS Kesehatan is the body that manages subsidized health services for the community. The number and proportion of active users of BPJS reflect public access to government-subsidized health services. The more people who use BPJS, the greater the potential impact of health subsidies in improving social welfare and reducing the economic burden of poor households.

This study uses cross-section data, which is data collected at one point in time in a certain period, in this case one year. This data does not involve changes or trends over time, but rather provides an overview of economic conditions, poverty

levels, income inequality, and government subsidy expenditures in a given year.

1. Variable Operational Definition

The variables in this study are defined as follows:

1. Y: Poverty line (rupiah per capita). The poverty line shows the minimum limit of a person's income or expenditure to meet basic needs such as food, shelter, and clothing. In this study, the poverty line is measured in rupiah per capita, which describes the level of economic well-being of individuals in a region (Watson, 2013)

2. X1: Realization of the social assistance budget (trillion rupiah). This variable shows the amount of funds allocated by the government for social assistance programs, such as the Family Hope Program (PKH), Direct Cash Assistance (BLT), and food subsidies. The value of this variable is expressed in trillions of rupiah, which reflects the amount of government intervention in efforts to reduce poverty. The larger the social assistance budget, the more effective it is expected to be in helping the poor out of difficult economic conditions (Selim & Küçükçifçi, 2024)

3. X2: The number/proportion of active BPJS users.

This variable measures the number of active users using BPJS Kesehatan, which is a health insurance program from the government. The higher the proportion of people who use BPJS, the greater their access to affordable health services. This factor can have a direct impact on poverty reduction by reducing the burden of health costs that must be borne by poor households (Simangunsong & Sihotang, 2023)

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1. Analysis Model

This study uses multiple linear regression method to estimate the

relationship between variables. The equation models used are:

$$K_i = + + + a\beta_1 SA_i \beta_2 PBI_i \varepsilon_i$$

Information:

K_i : Poverty line measured in rupiah per capita

a : Intercept/konstanta

$\beta_1 SA_i$: Regression coefficient for variable X1, namely the realization of the social assistance budget (trillion rupiah).

$\beta_2 PBI_i$: The regression coefficient for the X2 variable, which is the number or proportion of active BPJS users.

ε_i : Team errors, which include other factors that are not observed.

2. Statistical and Assumption Tests

To ensure the validity and reliability of the analysis results, several statistical tests were carried out, namely:

1. Multicollinearity test (VIF): To ensure there is no high correlation between independent variables.

2. Heteroscedasticity test: To check if the variance of error is not constant across observations.

3. Skewness/Kurtosis test: To examine the residual distribution in the regression model to ensure that the assumption of normality is met

4. F test (simultaneous): To find out whether all independent variables together have a significant effect on the dependent variables.

1. t-test (partial): To measure the significance of each independent variable to the dependent variable.

2. R-squared Coefficient of Determination: To assess the extent to which an independent variable is able to explain a dependent variable.

RESULTS

1. Descriptive Analysis

Descriptive statistics are used to provide a preliminary overview of the characteristics of the variables used in this study. The variables analyzed consisted of, **BPJS Health Insurance Assistance Recipients (X1)**, **Food Social Assistance Budget (X2)**, and **Poverty Line (Y)**. The data used in this study is cross-section data, namely

data collected from all provinces in Indonesia in 2021. Therefore, the analysis method used is multiple linear regression, analyzed using STATA software.

2. Determination Coefficient Test

Tabel 1. Determination Coefficient Test Results

Model	R-squared (R ²)	Adj-squared
1	0,3792	0,3391

Source: Stata Software Data Processing Results

The estimation results showed that the value of the determination coefficient (R²) was 0.3792, which means that the independent variables, namely BPJS Health Insurance Assistance Recipients (X1) and Food Social Assistance Budget (X2), were able to explain the variation in the Poverty Line (Y) by 37.92%, while the remaining 62.08% was explained by other variables outside this regression model.

1. F Test (Simultaneous)

Tabel 2. Test F Results (Simultaneous)

Statistics	Value
Value Sig.	0,0006
Information	Since 0.0006 < 0.05, X1 and X2 simultaneously have a significant effect on Y

Source: Stata Software Data Processing Results

The results of the F test showed that the probability value (sig.) was 0.0006 (< 0.05), so it can be concluded that simultaneously the variables X1 and X2 had a significant effect on the poverty line (Y). This shows that the regression model used is statistically feasible to be used in the analysis.

1. T Test (Partial)

Tabel 3. T Test Results (Partial)

Variabel	t-hitung	Sig.	Information
X1: BPJS Health Assistance Recipient	-2,27	0,031	Negative and significant effect on the poverty line
X2: Aid Budget Sosial Pangan	-3,37	0,002	Negative and significant effect on the poverty line

Source: Stata Software Data Processing Results

The results of the t-test were used to see the influence of each independent variable on the dependent variable partially, with the following results:

1. X1 (BPJS Health Insurance Assistance Recipient) has a t-count value of -2.27, with a significance value of 0.031 (< 0.05). This shows that X1 has a negative and significant effect on the poverty line.
2. X2 (Food Social Assistance Budget) has a t-calculated value of -3.37, with a significance value of 0.002 (< 0.05). It also shows that X2 has a negative and significant effect on the poverty line

3. Interpretation of Regression Coefficients

Tabel 4. Results of Regression Coefficient Interpretation Test

Variabel	Koefisien Regresi	Contact Directions	Interpretasi
X1: BPJS Assistance Recipient	-0,2130019	Negative	Every increase of 1 unit X1 → the poverty line decreases, other variables are constant
X2: Food Social Assistance Budget	-0,077581	Negative	Every increase of 1 unit X2 → the poverty line decreases, other variables are constant

Source: Stata Software Data Processing Results

From the results of the estimation, it was obtained that the regression coefficients for **X1 and X2** had a negative value, which indicated that:

1. Every 1% increase in BPJS Health Assistance recipients (X1) will be followed by a decrease in the poverty line, assuming other variables remain the same.
2. Any increase in the Food Social Assistance Budget (X2) will also have an impact on reducing the poverty line, indicating the effectiveness of food assistance programs in improving people's welfare.

DISCUSSION

The regression results in this study show that the variables of recipients of BPJS Health Insurance Assistance (X1) and Food Social Assistance Budget (X2) have a significant influence on the Poverty Line (Y) at the provincial level in Indonesia. The results of the analysis show that social assistance programs have an important role in poverty alleviation efforts. The existence of assistance provided to low-income people is able to encourage improved welfare and reduce the economic pressure they face. This support is one of the factors that also affect changes in the condition of the poverty line, especially when the implementation is on target and sustainable.

In general, government involvement through various forms of social intervention shows a real impact on improving the economic conditions of vulnerable communities. This indicates that strategies that prioritize social protection are still relevant and need to be strengthened as part of sustainable poverty alleviation policies.

The X2 variable (Social Assistance Budget) has a negative and significant influence on the poverty line, which indicates that the right allocation of the social budget can help reduce poverty. (Lustig, 2017). Then assistance such as BPJS can reduce poverty levels, this phenomenon shows that equity in social protection spending significantly reduces poverty, especially in developing countries such as Indonesia. Addison, Tony, (2015). The argument that public spending in aggregate has a negative relationship with poverty and inequality, but has no negative impact on economic growth. In fact, several categories of social expenditure Adema et al., (2014). Thus, the regression model constructed is considered statistically valid to explain the relationship between social assistance programs and poverty conditions.

The results of further analysis showed that each aid program, both in the health and food sectors, had a direct impact on poverty conditions. The increase in the number of recipients of health assistance, such as protection guarantees through insurance, helps ease the economic burden of poor households, especially in accessing basic services. Similarly, a larger allocation of food aid provides support for the fulfillment of the basic needs of the underprivileged.

These two forms of intervention clearly contribute to encouraging improvements in living standards, thereby helping to reduce the number of people below the poverty line. This shows that approaches that target the basic needs of the community are effective in the

context of poverty alleviation, especially if carried out in a targeted and sustainable manner. This reflects the effectiveness of social assistance in helping the poor, both through reducing the burden of health service costs and increasing access to food needs. This research supports the view that social interventions such as health assistance and food are important instruments in poverty reduction strategies. Theoretically, this research is in line with the global literature on the role of social assistance in poverty reduction. Social assistance programs such as BPJS and Non-Cash Food Assistance (BPNT) have proven to be effective in easing the economic burden of poor families and increasing their access to basic services such as health and food. (Niño-Zarazúa, 2019).

According to previous research put forward by Anand and Ravallion (1993), which emphasized that human development in poor countries does not only depend on increased income, but is also influenced by access to public services such as health and education. They emphasized that public services such as health insurance can directly strengthen people's basic ability to live healthy and productive lives, thereby helping to reduce poverty in a sustainable manner. Furthermore, related to Food Social Assistance is in line with efforts to fulfill "basic capabilities" such as avoiding hunger and malnutrition. So, poverty reduction is not only because income increases, but because people have direct access to basic needs, according to the capability approach. (Anand & Ravallion, 1993)

In addition, previous research by Bokhari et al., (2007) showed that government spending in the health sector has a negative elasticity on maternal and child mortality rates, with an impact almost equivalent to economic growth. This research supports the assumption that government investment in health services, such as through BPJS, can significantly improve people's welfare. The relationship between this research and previous research by Bokhari is that the more people who receive BPJS, the more poverty lines, where public health spending is able to create direct improvements in welfare which will later reduce poverty. Bokhari et al., (2007)

Previous research from do Vale, (2021) emphasizes that the effectiveness of this social assistance can be understood through the framework of social policy innovation regarding programs such as the Bolsa Familia and Bolse Verde in Brazil. The study suggests that gradual and adaptive policy innovations in conditional cash assistance programs can create a learning cycle that strengthens the impact of social programs in reducing poverty

in a sustainable manner. In the Indonesian context, BPJS and food social assistance can be seen as part of social policy innovations that expand access to basic needs as a poverty alleviation strategy. From Vale's perspective, the assistance program not only has a short-term effect, but also has the potential to be developed and improved innovatively, for example by including environmental aspects, local food security, and nutritional health. do Vale, (2021)

In previous research, there was social assistance such as BPJS Kesehatan for the availability of health human resources, especially general practitioners for remote areas. The study also highlights the importance of hospitals for classes A and B for follow-up services and the high rate of interprovincial patient migration due to limited local facilities. (Schaefers et al., 2022)

This previous study analyzed the burden and benefits of health financing in Indonesia. The results show that the distribution of public sector health benefits tends to be small for the poor, but the private sector tends to be very much. Therefore, there is a need to increase access to health services in remote rural areas. In addition, this study recommends the need to increase the budget for health services and improve the distribution of facilities and medical personnel. Asante et al., (2023).

This previous research explained that although JKN coverage has reached more than 80% of the population, there is an inequality of access to quality health services due to the unequal distribution of medical personnel and facilities. Especially remote and eastern areas of Indonesia face great challenges due to the lack of specialist doctors, midwives etc.

Based on this study which shows that the increase in the number of BPJS Kesehatan (PBI) recipients and the increase in the food social assistance budget significantly reduce the poverty line in Indonesia, there are a number of policy directions that can be recommended. First, the effectiveness of the PBI program needs to be increased by expanding the scope of benefits provided to better suit the needs of the poor. Implications of social protection policies in Indonesia, especially through health assistance programs (BPJS PBI) and food social assistance, have proven to have an important role in reducing poverty rates. The increase in the number of BPJS health assistance recipients can reduce the burden of health expenditure for the poor, so that they do not fall further into poverty due to high health costs. This is in line with the findings of Sosodoro, Ramadhan, & Susanto (2023) in the Journal of Economics & Development Studies, which showed that

BPJS contribution assistance recipients (PBI) have lower health expenditures than non-recipients, although the effectiveness of the program still needs to be improved to be more equitable in all types of health expenditures. On the other hand, the increase in the food social assistance budget also contributes significantly to the reduction of the poverty line. Food aid helps maintain the food security of poor families and prevents them from falling into extreme poverty. Policies that allocate more funds for food social assistance programs have proven effective in improving the welfare of the poor. Overall, the integration and strengthening of these two health and food assistance programs is a relevant and proven effective strategy in reducing the poverty line in Indonesia. However, the effectiveness of this policy needs to continue to be evaluated and adjusted to the dynamics of community needs and implementation challenges in the field, such as coverage issues, target accuracy, and funding sustainability. (Sosodoro et al., 2023). However, government spending has not been effective in reducing poverty outside Java. Spending on education and health is effective in directly reducing poverty, but not reducing inequality. Therefore, there is a need to improve social assistance such as BPJS Kesehatan and tax reform to strengthen social protection. (Agussalim et al., 2024) The implications of social protection policies if social assistance and subsidies are not significant in reducing poverty and inequality without the support of structural policies such as infrastructure development and public services. In addition, BPJS as part of social infrastructure needs to be optimized for distribution. Alma, (2020). However, several previous studies have concluded that in general, government spending in developing countries has not had a significant impact on poverty reduction. This is largely due to weak targeting and effectiveness of program implementation. This reinforces the importance of evidence-based policy evaluation in accordance with the proposals in this study. (Anderson et al., 2018)

From the results of a multiple linear test on provincial data in Indonesia in 2021, it was found that the increase in the number of BPJS health insurance recipients and the increase in the food social assistance budget have a negative and significant influence on the poverty line. In other words, the more people receive health assistance and the greater the funds allocated for food assistance, the poverty rate tends to decrease. This research indicates that social security instruments not only play a role as basic protection, but are also effective in improving people's welfare directly. This

study is in line with previous research from Palupi (2024), which stated that although the impact of social security on consumption may not be immediately visible in the short term, the program is able to strengthen economic resilience in the long term. In addition, this pattern of negative influences also reflects the possibility of changes in people's behavior in managing their risks and expenses. With support in the form of health insurance and food assistance, people gain basic certainty that allows them to allocate resources more productively, such as for savings or simple investments. In the long run, this has the potential to shift the focus of consumption from urgent needs to more mature financial planning. The behavioral economics approach outlined in previous research explains that participation in social security programs can shape more prudent and future-oriented decision-making patterns. Therefore, the results of this regression test not only confirm the effectiveness of social programs in lowering the poverty line, but also provide an early indication that social security can be the basis for the formation of more stable long-term economic behavior. Thus, policies such as expanding BPJS membership and optimizing food assistance allocation need to be maintained and directed towards a broader strategic goal, namely forming a society that not only succeeds in getting out of poverty, but is also better prepared to face future economic risks. (Bhanuwati & Palupi, 2024).

CONCLUSION

In conclusion, this study empirically investigates the impact of social assistance spending and the number of recipients of subsidized health insurance (BPJS PBI) on Indonesia's poverty line at the provincial level. The results of the multiple linear regression model revealed that the two variables of the amount of social assistance allocated and the number of recipients of BPJS PBI had a negative and statistically significant effect on the poverty line. In other words, increased coverage of health insurance recipients and increased food-related social assistance budgets were associated with a decrease in the poverty threshold, demonstrating the effectiveness of programs in alleviating poverty.

The findings underscore the importance of social protection programs not only as an instrument for direct poverty alleviation but also as a catalyst for long-term socio-economic resilience. The study further highlights that the impact of these programs goes beyond income, contributing to increased access to basic needs such as health care and nutrition. Nonetheless, the analysis also notes that these interventions only partially explain

the variation in poverty rates, implying the need for integrated policy efforts including better targeting, infrastructure development, and institutional capacity building. The results advocate the continuation and expansion of social protection strategies, especially in health and food assistance as a means to achieve more equitable and sustainable poverty reduction. However, it is critical to continue to evaluate and adapt these programs to respond to changing demographic and economic conditions, ensuring inclusivity, effectiveness, and long-term impact.

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