



RESEARCH ARTICLE

The Role of Companion Communication in the Cognitive Achievement of Family Members of the Indonesian Conditional Cash Transfer Program in Indonesia

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ARTICLE INFO	ABSTRACT
Received: Apr 24, 2024	Indonesia's Ministry of Social Affairs determines eligibility for the Indonesian Conditional Cash Transfer Program (PKH), which offers conditional cash assistance to poor families who meet the criteria. The objectives and hypotheses of a program are created to help very poor families meet their needs for health and education. By providing beneficiary families with access to social welfare, health, and education services, the Indonesian Conditional Cash Transfer Program hopes to improve their standard of living. An investigation into the level of cognitive achievement of recipient households in understanding the P2K2 (Family Empowerment Meeting) module and changes in their mental attitudes is urgently needed after the community receives assistance. The design of quantitative research questionnaires is more based on calculable data resulting in solid interpretations. With the sampling area technique, samples were taken randomly as many as 360 families receiving PKH assistance in Banyumas, Central Java, Indonesia. Data analysis from the results of descriptive statistical analysis, the data description of the cognitive achievement level of the beneficiary families in understanding the module, especially health competencies, ranged from 56% to 64% of respondents were classified as knowing. The process of companion communication that provides knowledge about the first 1000 days of life, awareness of the importance of nutritious food and drinks, attending health services (Puskesmas), exclusive breastfeeding, and complementary foods according to respondents are important for children's growth and children's health and families.
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INTRODUCTION

The program to provide social assistance in the form of cash that is given directly to the community has existed since the administration of President Susilo Bambang Yudhoyono. The theory of social assistance was first written by Jean Louis Vives in the book "De Subventionem Pauperum", which discusses the review of assistance for the poor in several ways to improve distribution and more optimal equity (Travill, 1987). Jean Louis Vives conveyed the idea that social assistance is an action based on a sense of social solidarity. Poverty is seen as a crime against society. However, the provision of social assistance does not mean that poverty is immediately resolved. The logical consequence of providing social assistance, especially in urban areas, is that it provokes the arrival of the poor from other areas. This phenomenon also occurs in several countries in Europe, showing a bias in the provision of social assistance provided to the poor. There are many challenges and

opportunities in poverty alleviation through stakeholder involvement, which is very relevant to the implementation of PKH in Indonesia (Setiawan et al., 2023; Kanval et al., 2024).

The adoption of social assistance is also carried out in Indonesia through the Indonesian Conditional Cash Transfer Program (PKH). PKH is a program to provide conditional cash assistance to underprivileged families who meet the requirements for membership and is determined by the Ministry of Social Affairs. PKH is directed to help the very poor in meeting their educational and health needs. The target of PKH is families who meet the criteria for being categorized as very poor or poor and have one or several criteria in the health component (pregnant women, children under five years old, and preschoolers), the education component (children registered in elementary, junior high, high school, or equivalent, as well as Islamic boarding schools), and the social welfare component (birth disability/severe disability and the elderly are equal to or more than 60 years old).

PKH's objectives include improving the living standards of beneficiary families through access to education, health, and social welfare services; reduce the burden of expenditure and increase the income of poor and vulnerable families; creating behavioral changes and independence of beneficiary families in accessing health services, education, and social welfare; introduce the benefits of formal financial products and services to beneficiary families; and reduce poverty and inequality.

In 2022, the disbursement of the third phase of the Indonesian Conditional Cash Transfer Program Fund was carried out in September and was only given to poor people who were officially registered in the Ministry of Social Affairs' Integrated Social Welfare Data (DTKS). There are 83,638 beneficiary families in 2021 in Banyumas Regency spread across 27 sub-districts in urban and rural areas.

Poverty alleviation can not only be achieved through the development of better facilities and infrastructure or infrastructure development. Other approaches involve the provision of social assistance, capital assistance, and various forms of intervention to improve the quality of life of the community. For example, more attention to family, financial restructuring, and various other ways that can improve well-being. Research on poverty alleviation and social assistance has been carried out and provides various perspectives on the effectiveness of these programs. One of the programs that is often analyzed in the context of poverty alleviation is the Indonesian Conditional Cash Transfer Program (PKH). PKH is a conditional social assistance program designed to improve the quality of life of poor families.

Research by Khodziah Isnaini Kholif (2018) in the Journal of Public Administration (JAP) examines the implementation of PKH in Dawarblandong District, Mojokerto Regency. The results of the study show that this program has succeeded in reducing poverty in the area by increasing poor families' access to education and health (Kholif, 2014). Shella Yulia Rosalina (2018) from Walisongo State Islamic University Semarang conducted an analysis of the implementation of PKH in Ngaliyan District, Semarang City, with a focus on Islamic counseling guidance. This study found that intervention through PKH, combined with religious counseling, can improve the quality of life of beneficiaries in a holistic manner (Rosalina, 2018). Dedy Utomo, Abdul Hakim, and Heru Ribawanto (2020) in the Journal of Public Administration examined the implementation of PKH in Purwoasri District, Kediri Regency. This study shows that PKH is able to improve the quality of life of poor households through increasing access to health and education services (Utomo et al., 2014). Siswati Saragi, Maria Ulfah Batoebara, and Nuar Ambia Arma (2021) in the PUBLIK Journal researched the implementation of PKH in Rantang City Village, Hamparan Perak District. The study found that PKH helps reduce the economic burden on poor families and improve their well-being through conditional cash assistance (Saragi et al., 2021; Phayap et al., 2024).

This literature review shows that the Indonesian Conditional Cash Transfer Program (PKH) has made a significant contribution to poverty alleviation in various regions in Indonesia. Through conditional cash assistance and interventions focused on education and health, PKH is able to improve the quality of life of poor families. Good program implementation and combination with counseling and other social support have proven to be effective in overcoming various aspects of poverty.

PKH is one of the social assistance programs that is different from other programs because of the assistance in the field by officers. The purpose of this assistance is to ensure that the assistance is used in accordance with the allocation that has been determined by the government. In contrast to the general understanding of the public that PKH activities are only in the form of distributing social assistance, there are other activities aimed at achieving community welfare. P2K2 (Family Empowerment Meeting) is a structured behaviour change intervention. This behavior change effort is carried out by providing knowledge to the recipient families about child care and education, health and nutrition, family financial management, child protection, and social welfare (including assistance for the elderly and people with severe disabilities). In practice, the implementation of P2K2 requires active participation from Beneficiary Families (KPM) so that the material provided is easier to understand.

The implementation of the Family Capacity Building Meeting (P2K2) in the Family Hope Program (PKH) requires various completeness to ensure that the goal of empowering the poor can be achieved properly. First, the P2K2 module and Smart Book are important components that are used as structured learning materials. This module is designed to improve the life skills of the poor with a primary focus on economics, child education, health, and child protection. The P2K2 module is delivered to Beneficiary Families (KPM) by paying attention to their specific needs. Each KPM is also equipped with a Smart Book to support the learning process independently.

In addition, P2K2 education and training are provided to PKH human resources (HR). This training is adjusted to the provisions and policies of the program in the current year. This is important to ensure that PKH facilitators have adequate knowledge and skills to assist and assist KPM in understanding and applying P2K2 materials.

Teaching materials used in P2K2 include module books, smart books, flipcharts, posters, brochures, and other tools. All of these teaching materials are provided by the Ministry of Social Affairs or other parties who want to contribute. The teaching materials are designed to support the delivery of P2K2 material effectively and interestingly, making it easier for KPM to understand the information provided.

The implementation of P2K2 is carried out every month during the PKH membership period. This monthly meeting aims to provide continuous knowledge and ensure that KPM can apply the knowledge they have gained in their daily lives. Monitoring and evaluation are integral to the implementation of P2K2. PKH Companions are responsible for monitoring and evaluating KPM who are their companions in monthly meetings. This activity is part of the performance measure of a companion and is supervised by the district/city coordinator and the regional coordinator. Monitoring and evaluation are carried out to ensure that P2K2 runs in accordance with the objectives and KPM gets the maximum benefit from this program.

Thus, PKH not only functions as a social assistance program, but also as a comprehensive effort to empower the poor through structured education, mentoring, and supervision. The program is

designed to assist poor families in improving their life skills, so that they can achieve better well-being and quality of life.

Health communication is a process of conveying messages about health by communicators through certain channels/media to communicators with the aim of encouraging the creation of a healthy state as a whole, both physical, mental and social. According to Littlejohn & Foss (2009) in *The Encyclopedia of Communication and Information*, health communication is a communication process in achieving health-care and health promotion goals (Littlejohn & Foss, 2009; Mani et al., 2024). Health communication is also often used in the terminology of health counseling and health promotion, even communication is part of counseling and promotion activities (Noegroho, 2015; Rashid et al., 2023). According to Ensminger (Altekruse & Ray, 1998), counseling is education that aims to change the attitudes and practices of the people who are targeted by the program. Van den Ban and Hawkins (Altekruse & Ray, 1998) stated that counseling involves the conscious use of information communication to help people form good opinions and make informed decisions. Altekruse & Ray (1998) defines counseling as the science of making society innovative for the sake of sustainable quality of life improvement (Altekruse & Ray, 1998).

The emergence of the Innovation Diffusion Theory began in the early 20th century, precisely in 1903, when a French sociologist, Gabriel Tarde, introduced the S-shaped Diffusion Curve. This curve basically describes how an innovation is adopted by a person or a group of people seen from the time dimension. In this curve, there are two axes where one axis represents the adoption rate and the other represents the time dimension. Tarde's thinking is important because it can simply describe the trends associated with the diffusion process of innovation. Rogers (1983) says that Tarde's S-shaped Diffusion Curve has relevance today because "most innovations have an S-shaped rate of adoption" (Rogers, 1981). Since then, the rate of adoption or the rate of diffusion has become the focus of important studies in sociological studies. In 1940, two sociologists, Bryce Ryan and Neal Gross, published the results of a diffusion study of hybrid corn on farmers in Iowa, United States. The results of this study update and confirm the S curve model in innovation diffusion. One of the conclusions of Ryan and Gross's research states that "The rate of adoption of the agricultural innovation followed an S-shaped normal curve when plotted on a cumulative basis over time" (Ryan & Gross, 1943). The next development of the Innovation Diffusion Theory occurred in 1960, where the study or research of diffusion began to be associated with a variety of more contemporary topics, such as the fields of marketing, culture, and so on. This is where figures in the theory of Innovation Diffusion such as Everett M. Rogers with his masterpiece "Diffusion of Innovation" emerged (Rogers, 1981).

Apart from the structure and implementation of the program, the Family Hope Program is intended as a poverty alleviation program. However, the process does not take place briefly and spontaneously. There are a series of steps that are sought by implementing human resources to realize these goals. Overall, the essence of the program's activities is the provision of stimulant assistance to underprivileged communities to make improvements in order to achieve better welfare and quality of life. PKH assistance involves providing P2K2 (Family Capacity Improvement Meeting) materials. It is very important to research the role of health communication in improving competency achievement and changing the mental attitude of beneficiary families after receiving assistance.

Based on the background explanation above, the formulation of the problem proposed is what is the role of health communication in improving the competency achievement of beneficiary families in understanding the P2K2 module?

MATERIALS AND METHODS

This research uses the positivism paradigm, which is the understanding initiated by Auguste Comte as part of modern philosophy. This paradigm is influenced by the philosophy of empiricism pioneered by Galileo Galilei, Thomas Hobbes, John Locke, and David Hume (Purwanto, 2008). This paradigm emphasizes the use of scientific and empirical methods in acquiring knowledge. In the context of this study, the positivism approach is applied through a quantitative survey method with a descriptive approach. Quantitative research relies on data that can be counted and measured to produce objective and robust interpretations. Scientists often refer to quantitative research as a scientific paradigm, because of its systematic and measurable approach (Hikmat, 2014). The research was conducted in the areas of South Purwokerto and North Purwokerto Districts as urban areas, as well as Banyumas and Lumbir Districts as rural areas. The subject of the study is the Beneficiary Families (KPM) of the Family Hope Program (PKH) in Berkoh Village, while the object of the research is social changes arising from the social assistance program for KPM who are underprivileged families.

The Area Sampling technique was used to take samples from a sampling framework consisting of 83,638 beneficiary families in 2021 in Banyumas Regency spread across 27 sub-districts, both in urban and rural areas. The sample size was determined as many as 360 beneficiary families, taken from the total population using the Taro Yamane formula, with a standard error of 5% at a confidence interval of 95% and a sample proportion of $p: q = 0.5: 0.5$. The data collection method in this study uses a questionnaire consisting of several statements that are considered to represent the views of the respondents. The questionnaire is designed to accurately measure the variables that are the focus of the research and ensure the validity and reliability of the data collected. The validity and reliability of the questionnaire are tested to ensure that the research instrument is able to measure what should be measured and is consistent in its measurement results (Sekaran & Bougie, 2016). Data analysis uses descriptive statistics that aim to describe the distribution of the data studied. Descriptive statistics provide an overview of the data collected, including frequency distributions, averages, medians, and modes. This analysis helps researchers understand the basic characteristics of the data before conducting further analysis (Fowler, 2013).

This research also refers to the latest literature to support the methods used. Sugiyono (2018) emphasized the importance of selecting the right sampling method to ensure an accurate representation of the research population (Sugiyono, 2018). In this study, the area sampling technique is very relevant to obtain representative samples from large populations spread across various geographical regions. Creswell (2019) explained that the use of questionnaires in quantitative data collection allows researchers to measure variables objectively and produce data that can be analyzed statistically (Creswell, 2019). Hair et al. (2019) stated that descriptive methods in quantitative data analysis are very useful for describing patterns and trends in data, as well as providing a basis for statistical inference and more in-depth advanced analysis (Hair, 2009). By using research methods supported by the latest literature, this study is expected to produce valid and reliable findings regarding the impact of the Family Hope Program (PKH) on social change among Beneficiary Families in Banyumas Regency.

RESULTS

The results of the data tabulating on the respondents of the Beneficiary Families regarding the level of cognition of the achievement of health competencies of the Beneficiary Families in understanding

the P2K2 (Family Capacity Improvement Meeting) module as part of the Indonesian Conditional Cash Transfer Program in South Purwokerto District, Banyumas Regency.

Table 1. Level of Knowledge About the First Days of Life (HPK)

Category	4	3	2	1
Knowledge level 1000 HPK	38	242	64	16
%	10,57	67,22	17,77	4,44

Source: primary data 2023

In table 1, it can be seen that the level of knowledge of respondents about 1000 HPK starts from the time the baby is in the womb, from 9 months and 10 days of pregnancy, the infant period is 0 to 6 months to 2 years, and ignoring the importance of 1000 HPK can cause children to be malnourished, unhealthy and unintelligent. A good figure regarding the level of understanding of the beneficiary families about 1000 HPK with 67.22% stating that they know and 10.57% know very much.

Table 2. Level of Knowledge about Family Nutrition

Category	4	3	2	1
Family Nutrition Knowledge Level	54	232	61	14
%	14,75	64,44	16,94	3,89

Source: primary data 2023

Foods and drinks consumed by pregnant women affect the condition of the fetus/baby, Nutritious foods and drinks must contain balanced carbohydrates, proteins, vitamins and minerals so that the baby's growth and development can be high, healthy and intelligent. Children who are malnourished, can experience obstacles in their development, grow up as children who get sick easily, have difficulty receiving lessons at school and will have difficulty finding a job. The level of knowledge of respondents about family nutrition in table 2 is presented as 64.44% stating that they know and 14.75% stating that they know very much.

Table 3. Level of Knowledge about Complementary Foods for Breast Milk (MP ASI)

Category	4	3	2	1
Level of knowledge of Breastfeeding Foods	88	250	12	10
%	24,44	69,44	3,33	2,78

Source: primary data 2023

In table 3, it can be seen that the level of knowledge about MP ASI shows that 69.44% of respondents stated that they knew and 24.44% stated that they knew very much. Information about Complementary Foods for Breast Milk that can be given to babies after reaching the age of 6 months,

breast milk can still be given to babies until they are 2 years old, MP Breast Milk is given because the nutritional needs of children are needed for the development of the body and brain. In making MP breast milk, there are 5 things that need to be considered, namely nutrient content/variety, portion, viscosity, frequency and cleanliness, must be adjusted to the age of the baby, the administration of MP breast milk to children aged 6 to 9 months, 9 to 12 months and over 12 months varies.

Table 4. Level of Knowledge about Pregnant Women's Health

Category	4	3	2	1
Level of knowledge of Pregnant Women's Health	88	250	17	5
%	24,44	69,44	4,72	1,40

Source: primary data 2023

Pregnant women need to check the condition of their pregnancy to health facilities 4 times during pregnancy, namely 1x each in the first and second trimesters, 2x in the last trimester, there are 10 health services that pregnant women must receive, namely height and weight measurement, tension, LILA, uterine height, fetal location, TT immunization, getting TTD, laboratory tests, explanations from health workers and consultation sessions. If I want my child to grow up healthy, tall and intelligent, in the next pregnancy I have to be diligent in checking my pregnancy and getting 10 health services. In table 3, it can be seen that the level of knowledge about what is needed for the health of pregnant women, namely 69.44% stated that they knew and 24.44% knew very much.

Table 5. Level of Knowledge about Postpartum Health Examination

Category	4	3	2	1
Knowledge level of Postpartum Health Examination	83	262	9	6
%	23,06	72,77	2,5	1,67

Source: primary data 2023

Health information after giving birth, such as postpartum mothers need to check their condition at least 3 times, namely at 6 hours to 3 days after giving birth, 4 to 28 days after giving birth and 29 to 42 days after giving birth, There are 5 things that postpartum mothers need to do, namely immediately doing IMD (Early Breastfeeding Initiation), giving the first breast milk containing colostrum to their babies, provide exclusive breast milk during the first 6 months of the baby's life, consume nutritious foods and drinks and drink more clear water (12 to 14 glasses per day). After giving birth, I got a minimum of 3 check-ups and did IMD, first breastfeeding, exclusive breastfeeding, consuming nutritious food and drinks and drinking more clear water.

The level of knowledge of respondents regarding postpartum health, early breastfeeding initiation, the importance of exclusive breastfeeding and balanced nutrition for postpartum mothers can be seen in table 5, namely 72.77% stated that they knew to, and 23.06% stated that they knew very much.

Table 6. Level of Knowledge about National Security Assurance (JKN)

Source: primary data 2023

Category	4	3	2	1
Knowledge level of National Treasury Guarantee (JKN)	119	150	84	7
%	33,06	41,67	23,33	1,94

Awareness about JKN or National Health Insurance in the form of KIS (Healthy Indonesia Card), the KIS owned is included in the membership of BPJS Kesehatan PBI (Social Security Implementation Agency for Contributory Free Recipients). By using KIS or BPJS Kesehatan PBI membership card, there is no need to spend money when checking for pregnancy and or illness suffered during check-up at a health facility as stated on the card. In the previous table 6, it can be seen that 33.06% stated that they knew a lot about JKN, but still 23.33% stated that they knew little. Therefore, it is still a concern for wider socialization by inviting family members, relatives and neighbors to register as recipients of KIS or BPJS Kesehatan PBI membership cards (Recipient Free of Contributions).

Table 7. Level of Knowledge about Environmental Health

Category	4	3	2	1
Level of knowledge of Environmental Hygiene	202	57	71	30
%	56,11	15,83	19,72	8,33

Source: primary data 2023

The level of knowledge of respondents regarding environmental health can be seen in table 7, which states that they know a lot (56.11%) and know little (19.72%). This is proven by the level of understanding of residents if they throw garbage carelessly, do not care about environmental cleanliness, do not implement PHBS (Clean and Healthy Living Behavior), families cannot avoid diarrhea, worms and malaria. Diarrhea is a runny bowel movement or water that occurs more than 3 times a day, even in babies who are still drinking breast milk can occur up to 6 times. So that implementing PHBS provides benefits for families and the surrounding environment.

DISCUSSION

The Innovation Diffusion Theory introduced by Gabriel Tarde and further developed by Everett M. Rogers provides a useful framework for understanding how new innovations, ideas, or practices are adopted in a population (Rogers, 1981). In the context of the Indonesian Conditional Cash Transfer Program (PKH) and Family Capacity Building Meetings (P2K2), this theory can be applied to analyze the level of adoption of health knowledge and practices by Beneficiary Families (KPM). Knowledge of the First 1000 Days of Life (HPK) shows that most KPM have adopted this information well. The data shows that 67.22% of respondents stated that they knew and 10.57% knew very much about the importance of 1000 HPK. This shows that communication and interventions carried out through P2K2 are successful in disseminating this knowledge. In the S-curve, most KPMs have been at a high

stage of adoption, although there are still a small percentage who have not fully adopted this knowledge.

The level of knowledge about family nutrition also showed quite good results with 64.44% of respondents stating that they knew and 14.75% knew very much. However, around 20.83% of respondents still have low knowledge or no knowledge at all. This suggests that a large portion of the population has adopted this knowledge, but there is still room for improvement through information repetition and more intensive approaches.

Knowledge of Complementary Foods (MP-ASI) showed that 69.44% of respondents stated that they knew and 24.44% knew very much. The adoption rate of knowledge about MP-ASI is very high, which indicates that the message about the importance of MP-ASI has been effectively conveyed and adopted by the majority of KPM. This suggests that the adoption curve is at its peak, where a large portion of the population has adopted this knowledge.

Knowledge about the health of pregnant women also showed a high adoption rate with 69.44% of respondents stating that they knew and 24.44% knew very much. Information about the health of pregnant women has been quite well adopted by the majority of KPM. This shows the same pattern as MP-ASI, where most KPM have achieved a high adoption rate. The level of knowledge about postpartum health checks showed that 72.77% of respondents stated that they knew and 23.06% knew very much. The adoption rate of knowledge about postpartum health check-ups is very high, indicating that this message has been effectively disseminated and adopted by KPM.

However, knowledge of the National Health Insurance (JKN) shows varying adoption rates. As many as 41.67% of respondents stated that they knew and 33.06% knew very much, while there were still 23.33% of respondents who had low knowledge or did not know. This shows that JKN socialization still needs to be improved. The S-curve here may still be in the early stages of growth, with the potential for increased adoption through more intensive communication. Knowledge about environmental health showed a high adoption rate with 56.11% of respondents stating that they knew very well and 15.83% knew about it. However, there are still 19.72% who have low knowledge, indicating the need to increase socialization and education about environmental health.

According to innovation diffusion theory, several important factors affect the success of innovation diffusion, including the credibility of the communicator, the message conveyed, environmental influences, and the continuity of the message (Zappa & Mariani, 2011). In the context of P2K2, social companions who have received P2K2 training have high credibility, which affects the rate of information adoption by KPM. Comprehensive and relevant P2K2 materials are essential in ensuring KPM understands and adopts information. The environment of underprivileged communities also affects how KPM receives and applies the knowledge they have acquired. Redundancy or linkages between the materials presented help ensure that the MOE understands the information in depth and applies it in daily life.

Overall, the data show that the level of knowledge of KPM on various aspects of health and well-being has reached a high level of adoption, in line with the S-curve model in innovation diffusion theory. While there are some areas that still need improvement, communication and education strategies through P2K2 have been successful in disseminating knowledge effectively. To achieve wider and deeper adoption, it is necessary to carry out information repetition, increase communication intensity, and wider socialization, especially in terms of JKN and environmental health. With this approach, it is hoped that KPM can achieve a higher cognitive level and change their behavior

towards a more prosperous and independent life. Health communication plays an important role in achieving the goals of health promotion and health protection (Gernert et al., 2023). According to Littlejohn & Foss (2009) in "The Encyclopedia of Communication and Information", health communication is a communication process that aims to achieve health protection and health promotion goals (Littlejohn & Foss, 2009). The delivery of P2K2 material is carried out through direct interaction in group discussions by the facilitators to KPM. By using audiovisual media and role-playing, the program planner aims to optimize the understanding of the material by the KPM who attend the meeting. There is an invitation or persuasion for KPM to further improve the quality of relationships in their families, starting from the smallest scale.

A person's knowledge or belief in something can affect their attitude, even their behavior or actions towards something. In other words, in order to change an individual's behavior, one must first change the knowledge possessed by that individual (Volk et al., 2023). Health communication is also often used in the terminology of health counseling and health promotion, even communication is part of counseling and promotion activities (Noegroho, 2015; Stambekova et al., 2023). In the Family Hope Program (PKH), the communication process is carried out by PKH companions who provide knowledge to beneficiary families about the first 1000 days of life, awareness of the importance of nutritious food and drinks, attending health services (Puskesmas), exclusive breastfeeding, and complementary foods for breastfeeding, National Health Insurance (JKN), and environmental health. This is in line with the thought of Everett M. Rogers in "Diffusion of Innovation" (1981) who said, "Tarde's S-shaped diffusion curve is of current importance because most innovations have an S-shaped rate of adoption" (Rogers, 1981). The results of this study confirm that the innovation diffusion model is still appropriate to be used in the knowledge transfer process in the form of health communication messages conveyed by the companions to the beneficiary families of the Indonesian Conditional Cash Transfer Program (PKH).

CONCLUSION

From the results and discussion of the role of communication in improving the cognition of beneficiaries in the Indonesian Conditional Cash Transfer Program in Banyumas Regency, it can be described that the average level of cognitive achievement of beneficiary families in understanding modules, especially health competencies, ranges from 56% - 64% of respondents to know. The process of companion communication that provides knowledge to beneficiary families about the first 1000 days of life, awareness of the importance of nutritious food and drinks, attending health services (Puskesmas), exclusive breastfeeding, and complementary foods according to respondents is important for the growth and health of children, children and families.

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