

Marginalization of Women: Social Stigma Against Women Recipients of the Family Hope Program Mubadalah Analysis

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Abstract: The Family Hope Program (PKH) is a conditional social assistance program from the Indonesian government aimed at poor families to break the chain of intergenerational poverty. In practice, women are the main actors who receive and manage assistance because of their strategic position in childcare and household management. However, women who receive PKH often face social stigma that creates psychological pressure and social discrimination. This stigma is rooted in societal stereotypes that equate recipients of assistance with laziness, dependency, and failure in carrying out domestic roles. This study aims to analyze the social stigma against women who receive PKH, and to examine the extent to which the Mubadalah theory is a strategy to overcome this stigma. The study used a qualitative approach with a case study type and primary data sources in the form of in-depth interviews, participatory observations, and documentation of PKH recipients and program supporting actors in Bandar Surabaya District, Central Lampung Regency. The data were analyzed using a thematic approach and using the Mubadalah theory as the main conceptual framework that emphasizes mutuality and justice in gender relations. The results showed that most women who receive PKH experience social stigma in the form of ridicule, exclusion, and moral judgment by the surrounding community, which strengthens social and psychological marginalization. Through the application of the Mubadalah principle, this study shows that transforming mindsets and gender relations structures to be more equal can be a solution-based approach to reducing social stigma and increasing women's empowerment in managing social assistance programs more fairly and effectively.

Keywords: Family Hope Program, Marginalization of Women, Mubadalah

Introduction

Poverty is a multidimensional social problem that has a broad impact on people's quality of life, including access to education, health, and employment (Asnawi., 2024). The Indonesian government continues to strive to address it through various social protection policies, one of which is the Family Hope Program (PKH). PKH is a conditional social assistance program that aims to break the chain of intergenerational poverty by providing financial incentives to very poor families, especially those with school-age children and vulnerable family members such as the elderly or people with disabilities (Trisnanti & Adi, 2022). Since its launch, PKH has reached more than 10 million beneficiary families throughout Indonesia (Shofi & Rusmiwari, 2019).

Women are often the designated recipients and managers of aid because of their strategic role in childcare and household management (Asnawi, 2024). Women's involvement in this program shows a shift in role from passive recipients to empowered family development agents (Mustika, 2016). However, at the same time, many women receiving PKH face severe social challenges in the form of negative stigma from the surrounding community. This stigma includes the assumption that

aid recipients are a burden on the state, lazy to work, and unable to be independent, so they deserve to be looked down upon socially (Anisa, 2018).

Discrimination against women receiving PKH occurs in various forms, such as verbal taunts, exclusion from social activities, and refusal to participate in community activities. These forms of discrimination have a direct impact on the dignity and mental health of women receiving assistance, and have the potential to hinder PKH's long-term goal of creating empowered and independent families (Khairani, 2016).

This phenomenon was also found in Bandar Surabaya District, Central Lampung Regency, which was the location of this research. Several women receiving PKH in the area admitted to experiencing unpleasant treatment, such as not being invited to village meetings, being laughed at when receiving assistance, and being labeled as ignorant because they received assistance from the state. This shows that behind the progressive state policy, there are still cultural barriers that strengthen the marginalization of poor women. Based on the description above, this research focuses on two main problems: (1) what are the forms and causes of social stigma against women receiving PKH, and (2) whether the Mubadalah theory which emphasizes the mutual relations between men and women can be used to dismantle unequal social structures and offer a fairer empowerment approach for women receiving social assistance.

In the context of normative values, the issue of social stigma against women receiving social assistance is closely related to the principles of social justice and gender equality which have been guaranteed in the Indonesian constitution and various international legal instruments, including *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) which has been ratified through Law No. 7 of 1984 (Wiguna, 2018). Although normatively the state guarantees equal rights and protection for women, practices in the field show that women still face structural and cultural barriers that hinder their empowerment efforts. This can be seen from limited access to resources, unequal division of domestic labor, and minimal participation of women in decision-making in the public sphere (Mustika, 2016).

In the context of the Family Hope Program (PKH), the social stigma against female beneficiaries is rooted in a social construction that equates poverty with the failure of individuals, especially women, to fulfill family responsibilities. Negative stereotypes such as the assumption that PKH recipients are “lazy”, “unproductive”, or “only rely on government assistance” have become common narratives that have developed in society (Anisa, 2018). In many cases, female PKH recipients feel morally and socially judged by their surroundings, including community leaders and neighbors. The forms of discrimination they experience include exclusion from social activities, ridicule in public places, and rejection in village deliberation forums.

This phenomenon causes significant psychological and social pressure, disrupts women's self-confidence, and has a negative impact on their participation in the PKH program itself. Based on various qualitative study findings, the gap between social reality (*that be*) and normative values (*that should*) become one of the main causes of the failure of the social transformation expected through empowerment programs (Varamitha et al., 2016).

This study is important because the impact of the stigma is systemic and can strengthen the structure of gender inequality in society. When women who receive social assistance are continuously stigmatized, the empowerment process which is the main goal of PKH will be hampered and has the potential to fail in the long term (Sari, 2023). In this context, the Mubadalah theory offers an alternative approach by emphasizing the principle of mutual (*Mubadala*) in gender relations, which places

women not as passive objects but as active subjects who are empowered, equal, and have a strategic role in social transformation. By using this theory as a framework for thinking, this article aims to develop practical strategies in overcoming the social stigma faced by women receiving PKH.

Previous research has shown that social stigma against social assistance recipients is a recurring phenomenon and has a systemic impact on vulnerable groups, including poor women. A study by (Habibullah et al., 2024) found that aid recipients in Indonesia are often faced with negative stereotypes such as being considered lazy, unworthy of help, or dependent on the state. As a result, they experience significant psychological and social stress, including exclusion in the community. Meanwhile, (Mahfudhoh & Kinseng, 2023) showed that the community's misperception of the social assistance mechanism triggers social jealousy and horizontal conflict, which worsens social acceptance of aid recipients. Furthermore, (Trisnanti & Adi, 2022) noted that PKH recipients often feel they have to prove themselves "worthy" as aid recipients so as not to be considered a burden on society, emphasizing how strong the social effects of this stigma are in the practice of implementing social policies at the local level.

The three studies have a common thread in highlighting how social stigma exacerbates the marginalization of poor groups and aid recipients. However, there are important gaps (*gap*) which has not been widely discussed, namely the absence of a normative-theoretical approach based on progressive Islamic values, such as the Mubadalah theory, in analyzing and responding to the social stigma against women receiving PKH in particular. In addition, previous studies tend not to place women as the main subject of analysis in the context of power relations and gender inequality internalized in social assistance policies. Thus, this article occupies a new position (*novelty*) by integrating gender approaches and social justice values based on Mubadalah theory, which emphasizes the principle of reciprocity and justice in the relationship between men and women. This approach not only offers a more critical dimension of analysis of unequal social structures, but also provides theoretical and practical contributions in developing empowerment strategies for women receiving social assistance in a more just, participatory, and transformative manner.

Based on the background and focus of the study that has been described previously, the formulation of the problem in this article is designed to answer two main questions: (1) What are the forms and factors that cause social stigma experienced by women recipients of the Family Hope Program (PKH)? (2) How can the Mubadalah theory be used to understand and overcome social stigma against women recipients of PKH, and encourage their empowerment in the implementation of social assistance programs? This formulation of the problem is designed to direct the study towards efforts to reveal the roots of social problems that strengthen the marginalization of women recipients of assistance, while exploring a conceptual approach based on mutuality (*Mubadala*) as a relevant solution strategy in the context of gender justice.

Method

This study uses a qualitative approach to analyze social stigma against women receiving PKH. This approach was chosen because it allows researchers to deeply understand complex and dynamic social phenomena. The study was conducted in one of the PKH beneficiary areas in Indonesia that has a significant level of participation of women recipients of assistance, namely in Bandar Surabaya District, Central Lampung Regency. This location was chosen because it is representative in reflecting the dynamics of acceptance and social stigma against women receiving PKH. This study was conducted for three months to obtain comprehensive data.

Primary data sources were obtained through in-depth interviews with women recipients of PKH, program assistance officers, and local community leaders. Respondents were selected based on the technique *purposive sampling* to ensure they have first-hand experience relevant to the research topic. In addition, participant observation was conducted to understand social interactions and stigma dynamics in the PKH recipient environment. Secondary data were collected from official government documents, previous research reports, and relevant academic literature.

Data collection techniques included semi-structured interviews with open-ended questions. The main respondents were female PKH recipients, while assistant officers and community leaders were interviewed to provide additional perspectives. Observations were conducted by recording social interactions in the PKH recipient environment, including community reactions to the program. The validity of the data was checked through source triangulation, namely comparing information from interviews, observations, and written documents.

Data analysis was conducted using a thematic approach, where the data obtained was categorized based on themes relevant to the Mubadalah theory. Data were analyzed iteratively, starting with the interview transcription process, coding, to identifying main patterns and themes. The Mubadalah theory was used as an analytical framework to evaluate how social stigma can be addressed through a gender equality approach.

Findings/Results

Social Stigma and Negative Stereotypes Against Women Recipients of PKH

The results of this study revealed that the majority of women recipients of the Family Hope Program (PKH) in Bandar Surabaya District, Central Lampung Regency, face strong social stigma, which is rooted in negative stereotypes about social assistance recipients. This stigma includes the assumption that PKH recipients are “lazy”, “don't want to work”, and “not independent”, which then leads to discriminatory treatment at the local community level (Sari, 2023). From the results of in-depth interviews with 15 women recipients of PKH in the sub-district, 12 respondents (80%) admitted to having received negative comments from neighbors or community leaders. These comments include statements such as “lazy to work”, “only relying on state assistance”, and “spending assistance money on unimportant things”. The researcher's direct observations also noted the exclusion of these women in village social activities, including not being invited to village meetings or not being considered in community decision-making (Asnawi, 2022).

This finding is consistent with Anisa's study (2018), which found that PKH recipients in North Barito Regency also experienced stigma due to the community's inaccurate understanding of the purpose of social assistance, which then gave rise to discrimination against women as the main recipients (Anisa, 2018). This stigma exacerbates the marginalization of women because it not only weakens their social position but also impacts their self-confidence, social participation, and the effectiveness of assistance in improving family welfare (Asnawi, 2012). A similar thing was also noted by Trisnanti and Adi (2021), who emphasized that social resistance to PKH recipients is one of the obstacles to achieving the program's goals as a whole (Trisnanti & Adi, 2022). As support, the following is data on the population of women receiving PKH in Bandar Surabaya District based on data from the Central Lampung Regency Social Service:

Table 1: Data on the Number of Female Residents Receiving PKH in Bandar Surabaya Regency

No.	Village/Sub-district	Number of Women Recipients of PKH
1.	Gaya Baru V	246
2.	Surabaya Ilir	392
3.	Rajawali	190
4.	Cempaka Putih	236
5.	Subang Jaya	173
6.	Cabang	139
7.	Beringin Jaya	111
8.	Sidodadi	380
9.	Sumber Agung	249
10.	Surabaya Baru	110
Amount		2.226

Source: DTKS Bandar District Surabaya April 2025

These data show that women are the dominant actors in the PKH benefit distribution scheme at the local level, but are most affected by the stigma construction attached to them by society. This inequality is evidence of a gap between the normative objectives of the program and the social realities faced in the field, as also emphasized in the social analysis by Varamitha et al. (2016) which states that prejudice and stereotypes develop through social cues that are not structurally criticized (Varamitha et al., 2016).

Second, the social stigma experienced by women receiving the Family Hope Program (PKH) does not merely arise from stereotypes about individual recipients of assistance, but is also exacerbated by the low level of public understanding of the essence and strategic objectives of PKH. In public perception, this social assistance is often considered a form of "gift" from the government or "passive income" for poor families, rather than a long-term intervention designed to break the chain of poverty between generations (Al-Fitri et al., 2025).

Based on interviews with three PKH assistance officers in Bandar District, Surabaya, it was found that the lack of socialization about the purpose and mechanism of PKH caused most people to misunderstand this assistance scheme. One of the assistance officers stated that many residents consider PKH recipients as "recipients of assistance because they are lazy to work", even though this program requires compliance with conditions such as child attendance at school, maternal and toddler health checks, and involvement in family empowerment activities.

This finding is in line with a study by Trisnanti and Adi (2021), which shows that weak community education is one of the inhibiting factors in the optimal implementation of PKH at the local level. In their case in Trenggalek Regency, the lack of understanding of the strategic function of PKH caused beneficiaries to become the target of social criticism, even from village officials themselves (Trisnanti & Adi, 2022).

Another study by Anisa (2018) also found that PKH recipients in North Barito Regency often felt pressured to "prove their eligibility" as recipients of assistance, because of the general view that assistance should only be given to people who are truly extremely poor, not to families who can still afford to buy cellphones or motorbikes for their children. As a result, many recipients choose to cover up their status in the PKH program in order to avoid social ridicule (Anisa, 2018).

This phenomenon of social pressure is also reflected in the choreographic work "Tinta Hijau" by Yussi Ambar Sari (2023), which raises the theme of stigma against

women in public spaces due to negative perceptions that have developed from generation to generation and are not based on a critical understanding of the socio-economic conditions of poor women (Sari, 2023).

Thus, the lack of understanding of PKH's objectives reinforces existing stigma, creates multiple layers of psychological and social pressure on women recipients, and ultimately reduces the program's effectiveness in encouraging empowerment. The third finding of this study shows that unequal gender relations in the family also strengthen the social stigma against women receiving PKH. The Mubadalah theory perspective helps reveal that unequal relations in decision-making and management of assistance in the household are a source of additional psychological pressure for women (Mustaqim et al., 2025). Based on in-depth interviews with 15 female respondents receiving PKH in Bandar District, Surabaya, 9 people (60%) stated that they did not receive support from their partners or male family members in managing the assistance they received. In some cases, husbands actually demanded full control over the assistance funds even though administratively the recipients were their wives.

This lack of support is often reinforced by patriarchal cultural constructions that position women as passive parties or merely implementers of household policies, not strategic decision makers (Arifin et al., 2024). A study by Kusumastuti and Kusumaningrum (2020) emphasized that traditional gender norms tend to place women as subordinates in the household economic sphere, including in the management of social assistance. This inequality causes women to feel they have no authority over the assistance that is legally their right (Agus Hermanto, 2024).

In this context, the Mubadalah theory can be used as a solution approach that emphasizes the importance of reciprocal and mutually supportive relations between men and women in households and society (Yusron Rofi et al., 2024). According to Mubarak (2021), the Mubadalah approach views that fair relations can only be achieved if all parties recognize and respect each other's roles and responsibilities without domination. By adopting the principle of reciprocity in gender relations, women receiving PKH can be more empowered structurally and emotionally to take an active role in the use of assistance, and avoid unilateral domination in the household (Kashvi, 2024).

Furthermore, the analysis by Az-Zahra (2022) also supports that the application of Mubadalah in poor family-based programs can be a more progressive and contextual alternative approach in dismantling gender-based power relations inequality. Thus, the Mubadalah theory is not only conceptually relevant, but also applicable in supporting social transformation and gender justice in social protection policies. This qualitative data is supported by the following table which summarizes the main responses from the interviews:

Table 2: Interview Result Data

Key Findings	Percentage of Respondents	Interview Source
Experiencing social stigma	80% (12 of 15 respondents)	Interview with PKH recipients, January 10-12, 2025
Feeling undereducated	70% (10 of 15 respondents)	Interview with PKH Facilitator, January 13, 2025
Not supported by partner	60% (9 out of 15 respondents)	Interview with PKH recipients, January 10-12, 2025

Through these findings, further analysis suggests that social stigma can be reduced through an educational approach involving the entire community (Fathul Muin et al., 2025). In addition, the application of Mubadalah principles, such as

mutuality in family relations and respect for women's roles, can increase social acceptance of PKH women recipients and strengthen the effectiveness of the program.

Factors Causing Social Stigma of Women Recipients of the Family Hope Program

Based on the results of research and literature review, there are a number of main factors that cause the emergence and strengthening of social stigma against women who receive the Family Hope Program (PKH). These factors reflect the interaction between social construction, lack of public understanding, and inequality in gender relations at the family and community levels.

First, social stigma against women who receive assistance arises from the stereotype that social assistance is only given to individuals who are lazy, unproductive, and economically unsuccessful (Rohmi Yuhani'ah et al., 2025). This perception does not consider the structural conditions that cause poverty and instead blames individuals, especially women, as the main cause of family economic problems. A qualitative study by Habibullah et al. (2023) found that although some recipients experienced improvements in socioeconomic conditions, they were still reluctant to leave the program due to social pressure and shame due to negative labels attached, such as houses marked with "assistance recipient" stickers that trigger social exclusion (Habibullah et al., 2024).

Second, low public literacy regarding the objectives and mechanisms of the PKH program exacerbates the stigma. Many people consider PKH assistance to be a "gift" or "free income" from the state, not a strategic social intervention policy to break the chain of intergenerational poverty (Zuhdi, 2024). This causes recipients of assistance to be considered a burden on the state who enjoy rights without obligations. As shown by Cahyadi et al. (2020), there is still a gap in understanding between program implementers and the general public regarding the long-term objectives of PKH, which leads to social resistance towards beneficiaries (Cahyadi et al., 2020).

Third, patriarchal cultural factors strengthen women's subordinate position in the household (Hermanto et al., 2024), so that when they become recipients of assistance, society considers that the role is "inappropriate" for women, or even "unnatural" if women appear economically independent. In a study by Arif et al. (2013), it was found that in many cases, control over the use of assistance funds remains in the hands of men (husbands), while women are only formal recipients. (Fauzi & Ahmad Failasuf Nasuha, 2025) This indicates that economic control is still determined by unequal power relations in the family, even though assistance is intended for women (Arif et al., 2013).

The above factors show that social stigma does not stand alone, but is formed by a combination of misunderstanding of policies, structural bias against the poor, and social norms that place women in a weak position (Lestari et al., 2024). Therefore, understanding the causes of this stigma as a whole is an important first step in developing a gender-based empowerment strategy (Rimanto et al., 2025).

Discussion/Analysis

The Impact of Social Stigma on Women Recipients of the Family Hope Program in Bandar District, Surabaya

The social stigma against women recipients of the Family Hope Program (PKH) in Bandar District, Surabaya has had significant, multi-layered impacts, covering social, psychological, and economic dimensions. The results of the study through interviews with 15 respondents showed that the majority of women experienced exclusion in their social environment after being identified as PKH recipients. This form of exclusion

occurred both subtly and explicitly. For example, one respondent stated that since her name was registered as a PKH recipient, she was “never invited to village meetings or social gathering activities again,” while another respondent admitted that “every time I received assistance, my neighbors looked at me with a cynical look, as if I had no self-respect.” This condition reflects the process of social labeling, in which women recipients of assistance are stigmatized not only because of their poverty, but also because they are considered to deviate from the norms of economic productivity and dependence on the state.

This social impact creates a distance between beneficiaries and their communities. They feel alienated, unappreciated, and not given space to participate equally in social activities. This has a direct impact on their social integration, which should be encouraged by empowerment programs such as PKH. Mahfudhoh and Kinseng's (2023) study shows that social jealousy, inaccurate information, and misunderstanding of the community regarding the aid mechanism can trigger horizontal conflict and exacerbate stigma against aid recipients (Mahfudhoh, 2022).

The psychological impacts are no less serious. Some respondents admitted to feeling ashamed, not confident, and reluctant to interact with local residents. The stigma of being “lazy” or “unworthy of help” is strongly attached to them. This labeling creates mental and emotional pressure that causes women to feel guilty just for receiving assistance from the state. As shown by Habibullah et al. (2024), this stigma triggers the phenomenon “*self-exclusion*,” where the recipient chooses to withdraw from social interactions as a form of self-protection from ridicule and negative judgment.

The economic impact of this stigma is also significant. In some cases, women feel morally burdened to prove that they are worthy of receiving assistance. They try hard not to look “more capable” than other recipients, for example by not buying new clothes, not using modern communication tools in public, and even covering up the fact that their children are already working for fear of being considered no longer worthy of receiving PKH. Such practices contribute to the inefficiency of aid use because women focus more on maintaining their social image than optimizing the benefits of aid for family welfare. Trisnanti and Adi (2021) also found that PKH recipients often experience a dilemma between economic needs and social pressures, which impacts their participation in empowerment programs and skills training.

Overall, these findings confirm that the social stigma against women receiving PKH cannot be understood simply as a matter of public perception, but as a symptom of a social structure that marginalizes poor women in various aspects of life. This stigma undermines PKH's goal of improving family welfare and independence, and creates new social inequalities that were not anticipated in the program's design.”

This finding is supported by research by Habibullah et al. (2024), which shows that social stigma makes some aid recipients feel ashamed and even choose to leave the program even though they still need assistance economically. In the study, the installation of aid recipient stickers on homes became a symbol that triggered feelings of shame and alienation in the community (Habibullah et al., 2024).

In addition, the psychological burden due to social pressure also reduces the effectiveness of the program in empowering women. The study by Cahyadi et al. (2020) shows that although PKH has a positive impact on children's health and education indicators, the transformative effect on family welfare is not achieved if recipients experience social pressure or relational barriers in the household (Cahyadi et al., 2020).

In-depth interviews with PKH facilitators in Bandar District, Surabaya, confirmed that the social stigma attached to female beneficiaries affected their behavior in daily life, especially in the context of social relations and community participation.

Facilitators noted that many female beneficiaries actively withdrew from village activities, such as deliberations, social gatherings, and integrated health posts, because they felt unworthy of being in the same social space as other residents who were considered more “capable.” In some cases, they refused to appear in public forums or hid their status as PKH recipients from other community members. One facilitator stated that “there were women who asked not to be photographed during the disbursement of aid, because they were afraid that their photos would be spread and they would be considered poor.”

This behavior of hiding aid is a social survival strategy, which indirectly reinforces the stigma itself. Women feel they have to “prove their moral worthiness” by showing excessive frugality, such as avoiding the consumption of secondary goods, not wearing new clothes, and keeping aid cards in hidden places. They also tend not to use aid funds for productive purposes that are visible to the public, such as buying household appliances or taking skills training, for fear of being suspected of being “no longer poor” and being removed from the recipient list. This is in line with the findings of (Habibullah et al., 2024), which state that aid recipients in Indonesia tend to respond to stigma with mechanisms *defensive* like *withdrawal* social, restrictions on public consumption, and behavioral adjustments to meet societal expectations of “ideal poverty.”

The systemic impact of this mechanism is very real: beneficiaries are not only socially marginalized, but also lose access to the empowerment potential offered by the PKH program itself. When they feel they have to cover up their status and avoid involvement in community forums, their opportunities to access training, complementary assistance, or productive social networks become very limited. (Trisnanti & Adi, 2022) also emphasized that beneficiaries' fear of social judgment has a direct impact on their low involvement in the capacity building agenda which is actually a pillar of the social empowerment approach.

Thus, the withdrawal and the need to constantly “prove oneself” morally are not only evidence of social pressure, but also reinforce the cycle of marginalization that keeps women in a position of dependency with no real way out of poverty. Social stigma, in this case, operates not simply as a form of verbal discrimination, but as a mechanism of social control that deepens structural inequalities and reduces the effectiveness of state policy interventions in conditional social assistance programs.

Mubadalah Analysis of the Social Stigma of Women Recipients of the Family Hope Program

In this context, the Mubadalah theory offers a relevant and solution-oriented conceptual approach in understanding and overcoming the social stigma against women receiving PKH. The Mubadalah theory was developed as an Islamic-based social interpretation approach that emphasizes the principle of mutual (*Mubadala*) between men and women in all aspects of life, including the division of economic and social roles in the family and society.

The application of the Mubadalah principle in analyzing the social stigma against women recipients of the Family Hope Program (PKH) reveals that the root of the problem does not lie solely in the technical implementation of assistance, but rather in the unequal structure of social and gender relations. In many cases, women are not positioned as decision-making subjects for the assistance they receive, but only as administrative implementers. This inequality creates a double stigma: women are stigmatized because of their poverty and at the same time because they violate gender norms that assume that productive roles are not their domain. This condition is consistent with the findings (Arif et al., 2013), which show that although women are

designated as the main recipients of assistance, decision-making is still dominated by men in the household, reflecting patriarchal power in the context of poor families.

Mubadalah theory, developed within the framework of progressive interpretation of Islam, emphasizes the relationship of reciprocity (*Exchange*) between men and women in all aspects of life. This principle demands that healthy and fair relationships in households and in society must be built on the basis of reciprocal recognition of the rights, responsibilities, and authorities of each individual, without subordination of one party to the other. In the context of PKH, the application of the Mubadalah principle not only challenges the prevailing gender dominance in the use of assistance, but also leads to the reconstruction of women's social roles as agents of social transformation. As emphasized by Mubarak (2021), the Mubadalah principle normatively offers an alternative to the patriarchal paradigm by prioritizing the values of justice, mutuality, and active involvement of all parties in the social and economic life of the family.

In addition, the application of the Mubadalah approach in the context of social programs in Indonesia is also in line with gender-friendly Islamic discourse. In a study by (Kudsiyah et al., 2020), efforts to increase understanding of gender equality through social education showed positive results in changing normative perceptions of women's roles, especially among Islamic campus communities. This shows that education and approaches based on progressive religious values such as Mubadalah can be effective tools for dismantling discriminatory social constructions.

Thus, the application of Mubadalah theory in PKH is not only relevant as an analytical tool, but also as a practical approach to building a fairer relational structure in poor families. By encouraging men and women to share responsibilities equally, social stigma can be reduced and the effectiveness of social assistance programs such as PKH can be increased sustainably.

Conclusion

This study reveals that the social stigma against women recipients of the Family Hope Program (PKH) is a complex and layered phenomenon, rooted in negative stereotypes about poverty and gender inequality in society. This stigma appears in the form of the assumption that aid recipients are lazy, unproductive individuals, and too dependent on the state. Field findings show that most women recipients of PKH experience social pressure both from the community environment and from their own families. This pressure not only disrupts their psychological condition and social participation, but also weakens the main objective of the PKH program itself, namely to improve the welfare and independence of poor families. Furthermore, the application of Mubadalah theory in analyzing this phenomenon shows that unequal gender relations are an important root of the stigma problem faced by women. By prioritizing the principle of reciprocity and relational justice between men and women, the Mubadalah approach provides a strong theoretical basis for dismantling unequal social structures. In the context of the PKH program, this approach is relevant to strengthening the role of women as active subjects in managing assistance, while encouraging participation and support from men in the household. Therefore, the integration of Mubadalah principles in the design and implementation of social assistance programs can be an effective strategy to overcome social stigma and strengthen women's empowerment in a sustainable manner at the community level.

Recommendation

Academic Recommendations: Further research is needed to explore the impact of applying the Mubadalah principle to other social assistance programs to address

similar social stigma; Policy Recommendations: The government should increase public education programs regarding the goals and benefits of PKH, involving community leaders, local leaders, and the media to disseminate accurate information; Real Follow Up: Local governments together with PKH facilitators can prepare training modules based on mutual values. (*Mubadala*) to be given to beneficiary family groups. Then, the involvement of family members, especially spouses, in the management of PKH assistance can be done through skills training and community-based workshops that prioritize the principle of gender equality.

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