
Inclusive Regional Development: Implementation of the Child-Friendly Regency Policy in Bogor Regency

Nanda Dita Aryani ¹, Mala Sondang Silitonga ²

Abstract:

This study explores the implementation of the Child-Friendly Regency/City (KLA) policy in Bogor Regency, specifically focusing on Cluster III: Basic Health and Welfare, as part of efforts to promote inclusive regional development. The research is motivated by the high infant mortality rate in Bogor Regency—the highest in West Java with 799 reported cases—and the region's current "developing" status in the national KLA assessment. Employing a qualitative descriptive approach, data were collected through interviews, document analysis, and field observations. The findings reveal four key obstacles hindering effective policy implementation: (1) the absence of local regulations governing child-friendly childbirth services and health facilities; (2) limited infrastructure and transportation access to healthcare for remote communities; (3) low public awareness regarding the importance of national health insurance (BPJS) and inadequate dissemination of early childhood nutrition programs; and (4) an insufficient number of child-friendly health centers. To address these challenges, the study recommends four strategic interventions: establishing a legal framework through regional regulations for child-friendly health indicators, improving infrastructure and transportation access, enhancing community literacy on child nutrition and health services, and expediting the verification of child-friendly healthcare facilities. These measures are essential for fostering inclusive development and advancing child welfare in the region.

Keywords: *Child-Friendly Regency/City, Basic Health and Welfare, Policy Implementation, Inclusive Regional Development, Bogor Regency*

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1. Introduction

Children are the cornerstone of sustainable national development. As the future bearers of a nation's economic, social, and cultural capital, ensuring their welfare is not merely a moral obligation but a developmental imperative. In Indonesia, this urgency is captured in the Child-Friendly City/Regency (Kabupaten/Kota Layak Anak or KLA) policy framework. Enacted through Law No. 17 of 2016 and Presidential Regulation No. 25 of 2021, KLA emphasizes the role of local governments in upholding the Convention on the Rights of the Child, to which Indonesia is a signatory (Duadji & Tresiana, 2018; Tedja, 2022).

¹ NIPA School of Administration, Jakarta, Indonesia. nandaditamardja@gmail.com.

² NIPA School of Administration, Jakarta, Indonesia.

The KLA policy, implemented at the district level, integrates cross-sectoral initiatives across five clusters, with Cluster III focusing on basic health and welfare. This cluster is crucial for regional development since child health and nutrition form the bedrock of human capital investment (Qoriah, Susanti, & Haliza, 2020; Suryono, 2014). In the context of economic development, healthier children lead to increased educational attainment, productivity, and long-term poverty reduction (Ishartono & Raharjo, 2016).

Bogor Regency, one of the most populous areas in West Java, has actively pursued KLA implementation. The region has introduced various initiatives aligned with the Sustainable Development Goals (SDGs), particularly Goals 1, 2, 3, and 6. These include cash transfers for vulnerable families, nutrition programs such as PMT, and improvements in water and sanitation infrastructure (Sunarti et al., 2025; Wijaya, Mujtahid, & Broto, 2022). However, despite these programs, local outcomes have not met expected targets.

Data from the Bogor Health Office in 2021 recorded over 51,000 children under five suffering from nutritional issues, highlighting a discrepancy between policy intent and real-world outcomes. Furthermore, the prevalence of violence against children, recorded at 224 cases in 2023, demonstrates persistent socio-cultural barriers to holistic child welfare (Rahman, Yuliana, & Wati, 2024; Andari, Mulyawan, & Sagita, 2023).

This paradox is further evident in the mismatch between infrastructure investment and health outcomes. In 2024, Bogor reported 799 infant deaths despite having the highest number of Puskesmas in West Java, 42 of which were certified as Child-Friendly. In contrast, Depok City, with only 27 such facilities, reported significantly fewer infant deaths (234) while earning a higher KLA rating (Yuniastuti & Hasibuan, 2019). This raises questions about the effectiveness of local governance, coordination, and implementation in Bogor.

Several studies underscore the importance of implementation capacity and community engagement in the success of KLA policies (Haq, 2016; Khotimah, Wijayanti, & Lestari, 2023). Evaluations of the Regional Child Protection Commission (KPAD) in Bogor revealed weaknesses in awareness campaigns and limited grassroots participation, which are vital for creating a child-centered development ecosystem (Al Jamily, Haning, & Nur Indar, 2024).

These implementation gaps point to a broader research problem: why does Bogor Regency, despite infrastructure and policy initiatives, continue to perform at an intermediate level in KLA assessments? This constitutes a significant research gap, especially given the lack of empirical studies that holistically assess KLA implementation using Quade's (1984) framework of policy success, which considers policy content, institutional capacity, target group behavior, and external factors (Simatupang & Akbar, 2011).

The novelty of this study lies in its integrated evaluation approach. Unlike prior research focusing solely on outcomes or infrastructure, this research explores the interactive dynamics of policy design, implementation processes, and socio-environmental conditions. It also focuses on Cluster III as a pivotal sector for linking child welfare with long-term economic development (Lasidah, Noor, & Rozikin, 2021).

The objective of this research is to analyze the effectiveness of the Child-Friendly Regency policy implementation in Bogor Regency between 2020 and 2024, particularly within Cluster III. By applying Quade's analytical model, the study aims to identify the main challenges and propose strategic improvements in inter-sectoral governance and institutional accountability.

Ultimately, the findings are expected to contribute to regional development discourse by highlighting how child welfare policies intersect with economic sustainability. More broadly, the study offers actionable insights for local governments striving to bridge the gap between policy design and on-ground outcomes, fostering an inclusive, equitable, and development-oriented governance model (Satispi, 2018; Nugroho, 2021).

2. Theoretical Background

Studies on KLA Implementation in Indonesia

Research on the implementation of Child-Friendly Regency (Kabupaten Layak Anak/KLA) policies in Indonesia reveals diverse approaches and challenges at the local level. For instance, Laras and Susilowati (2023) found that Bogor Regency has yet to achieve the full impact of its KLA policy due to limited institutional commitment and inadequate infrastructure. This is in line with Al Jamily, Haning, and Nur Indar (2024), who emphasized the role of policy networks and inter-agency coordination in East Luwu Regency. Haq (2016) also underlined the importance of active community participation as a key element for sustaining KLA programs in Sleman, while Duadji and Tresiana (2018) proposed a collaborative governance approach to address child-related issues in Lampung.

Adding to this, Andari, Mulyawan, and Sagita (2023) evaluated the KLA policy implementation in Singkawang and identified communication and commitment issues among stakeholders. Similarly, Khotimah, Wijayanti, and Lestari (2023) explored the role of the Family Learning Center (PUSPAGA) in Surabaya and demonstrated how community-based models could support KLA outcomes. These studies converge on the importance of governance quality, resource availability, and participatory mechanisms in achieving policy goals. However, this research focuses specifically on Cluster III: Basic Health and Welfare in Bogor Regency, an area underexplored in previous literature.

Policy Framework of Child-Friendly Regency

The policy framework underpinning KLA originates from Indonesia's ratification of the United Nations Convention on the Rights of the Child (CRC) through Presidential

Decree No. 36/1990. Presidential Regulation No. 25/2021 subsequently formalized the KLA initiative, encouraging local governments to ensure children's rights are realized through inclusive, sustainable development (Patilima, 2017). The regulation outlines five clusters, including civil rights, family care, health and welfare, education, and special protection. The Bogor Regency Regulation No. 3/2023 operationalizes this framework locally. For Cluster III, the indicators include childbirth in health facilities, nutrition, feeding practices, child-friendly health services, clean environments, and smoke-free areas (Pemerintah Kabupaten Bogor, 2023).

Theoretical Perspective: Children's Rights

The theoretical foundation of this study lies in the Children's Rights Theory, which posits that children are autonomous right-bearers whose well-being must be protected by both the state and society (Fortin, 2003). According to Widayanti (2012), these rights include non-discrimination, development, survival, and participation—principles that directly inform the structure of the KLA initiative. Despite legal frameworks supporting these rights, local implementation still faces issues such as limited awareness and financial constraints. The concept of KLA attempts to integrate these rights into governance systems through targeted policy clusters (Patilima, 2017).

Public Policy and Implementation Models

In the context of public policy and its implementation, Islamy (2002) views policy as a deliberate action by government to resolve public problems. Grindle (1980) further classifies policy implementation into two domains: the policy's content (clarity and resource support) and its context (social and institutional dynamics). Van Meter and Van Horn, cited in Agustino (2008), propose a model emphasizing the alignment of policy objectives, implementation activities, and intended outcomes.

Edwards III's implementation model is central to this study, focusing on four critical factors: communication, resources, disposition, and bureaucratic structure. Any weakness in these areas can lead to failure in execution. Quade (1984) complements this view by highlighting the synergy between policy design, target groups, implementing agencies, and environmental conditions. Simatupang and Akbar (2011) distinguish between outputs—immediate products of policy action—and outcomes—longer-term impacts on society. This framework helps assess how KLA policy, especially within the health and welfare cluster, translates from regulation into actual benefits for children in Bogor.

3. Methodology

This study employed a qualitative descriptive approach to analyze the implementation of the Child-Friendly District (Kabupaten Layak Anak/KLA) policy in Bogor Regency, focusing specifically on the cluster of basic health and child welfare. The qualitative method was chosen to enable an in-depth exploration of social phenomena and contextual dynamics through a detailed description of stakeholder perspectives, behaviors, and institutional interactions (Abdussamad, 2021). As emphasized by Miles and Huberman, qualitative research aims not only to describe but also to

uncover patterns and relationships that emerge from the field (Miles et al., 2014). Data collection involved three key techniques: semi-structured interviews, field observations, and document reviews. Interviews were conducted with nine informants, including officials from the Department of Women Empowerment and Child Protection (DP3AP2KB), Bappedalitbang, the Health Office, local government leaders, and community members. Observations were systematically carried out during program implementations and coordination activities, in line with the criteria of valid qualitative observation (Hardani et al., 2020). Document review was used to complement primary data by analyzing local regulations, strategic plans, and program reports relevant to the KLA initiative.

To ensure research validity, the study applied four criteria: credibility, transferability, dependability, and confirmability (Hardani et al., 2020). Data analysis was conducted through an inductive process comprising data reduction, data display, and conclusion drawing with verification (Miles et al., 2014). This iterative process allowed the emergence of significant themes related to policy effectiveness, interagency coordination, and community engagement. The researcher served as the main research instrument, which required adequate theoretical and technical preparation before fieldwork, including the formulation of structured interview guidelines tailored to policy, stakeholder roles, and socio-cultural dynamics (Abdussamad, 2021). These instruments were categorized into four thematic areas: normative policies, target groups, bureaucratic structures, and environmental factors. By combining methodological rigor with contextual sensitivity, this study provides a comprehensive understanding of how child-friendly policies are operationalized at the regional level in Indonesia.

4. Empirical Findings/Result

The implementation of the Child-Friendly District (Kabupaten Layak Anak/KLA) policy in Bogor Regency—specifically Cluster III, which covers Basic Health and Child Welfare—shows measurable progress with notable challenges across six main indicators. According to the self-evaluation (Evaluasi Mandiri/EM) and administrative verification (Verifikasi Administrasi/VA) processes, Bogor Regency achieved a total score of 143.5 out of a possible 150, indicating strong institutional commitment to child-centered health development. Two indicators—access to clean water and sanitation, and the establishment of smoke-free zones—achieved perfect scores, indicating well-executed infrastructure and enforcement policies. However, the remaining four indicators exhibited performance gaps due to structural, socio-cultural, and administrative constraints (Figure 3).

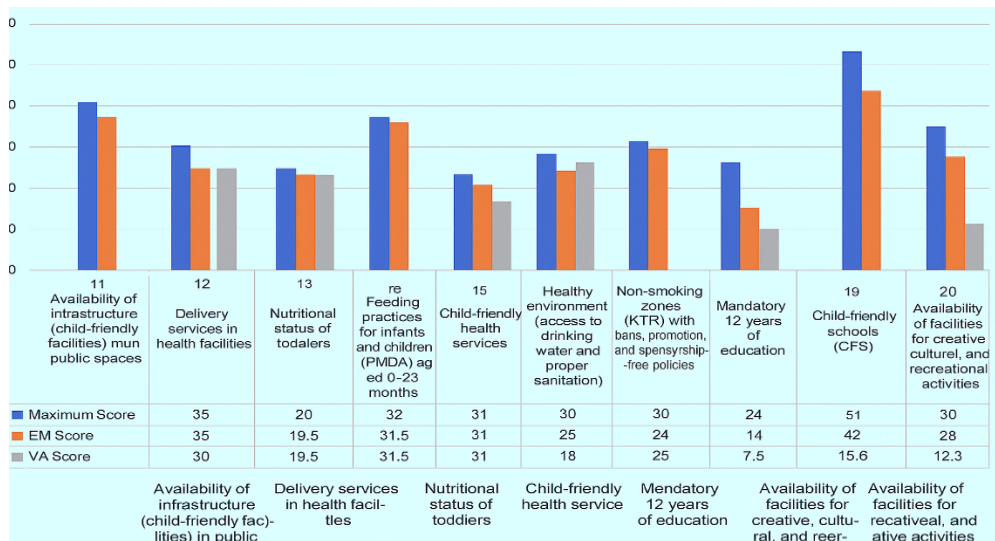


Figure 3. Evaluation of Bogor Regency KLA

Source: DP3AP2KB Bogor Regency

Delivery in Health Facilities

One of the most critical indicators—safe childbirth in health facilities—received a score of 20 out of 23. This reflects the ongoing challenges in reaching all pregnant women with institutional maternal care. According to Intan Widayanti, Head of Public Health at the Bogor District Health Office, among the main barriers identified were (1) lack of awareness of the importance of BPJS (the national health insurance program); (2) economic vulnerability leading to the perception that medical deliveries are unaffordable; (3) difficult geographic access to health facilities in rural or hilly sub-districts such as Jasinga and Tanjungsari; and (4) ongoing cultural practices that favor home births with the assistance of traditional birth attendants (known as *paraji*). These issues are further compounded by incomplete civil registration—some residents do not possess ID cards, disqualifying them from BPJS enrollment, thus creating systemic exclusion from formal healthcare systems.

To address these complex issues, the local government has developed targeted programs such as “Birth Mapping” and “Jaring PAUS” (early identification of pregnancy cases). These initiatives rely on Puskesmas (Community Health Centers) to monitor pregnant women from the beginning of pregnancy, provide education, and prepare emergency referrals. However, as noted by local health officials, mobility constraints and changing domicile status—where mothers give birth outside the area but remain registered as Bogor residents—weaken data reliability and planning effectiveness. Coordination with village leaders and budget allocations from the APBDes (village budget) for transportation subsidies, health insurance registration, and maternal shelters have been identified as complementary strategies (Elfi Nila Hartani, Bojonggede Sub-district Secretary). However, these efforts remain hampered by uneven implementation and a lack of standardization across the district’s 40 sub-districts.

Child Nutrition Status

The second indicator, related to under-five nutrition, scored 19.5 out of 20—suggesting substantial gains, particularly in reducing undernutrition from 3.4% in 2022 to 2.4% in 2023. Nonetheless, overnutrition emerged as a growing concern, rising from 1.9% to 7.8% in the same period, which lowered the evaluation score to 2.5 out of 3. The Department of Health responded with targeted nutritional interventions such as “Pemberian Makanan Tambahan” (PMT, or supplementary feeding) and the “Orang Tua Asuh” (Foster Parents) program, which mobilizes senior civil servants to provide direct nutritional support to stunted children (Intan Widayanti, Head of Public Health at the Bogor District Health Office).

A persistent limitation, however, lies in the reach of these programs. Although 75% of Puskesmas are staffed with nutritionists, PMT and similar interventions are often constrained by budget limits and vast beneficiary pools. Additionally, village authorities have been instructed to integrate nutritional objectives into local food security programs, such as community-based fish farming and vegetable gardens, to ensure sustainability and cost-efficiency. Despite these strategies, the uneven distribution of food aid, low nutritional literacy, and cultural misconceptions (e.g., belief that feeding babies banana mash is beneficial) continue to impede progress (Intan Widayanti, Head of Public Health at the Bogor District Health Office; Elfi Nila Hartani, Bojonggede Sub-district Secretary).

Infant and Toddler Feeding Practices

Appropriate feeding for infants and toddlers, particularly in the critical 0–2 year age range, is essential for child development. This indicator scored 31 out of 32, reflecting relatively high compliance. However, exclusive breastfeeding rates declined from 68.2% in 2022 to 63.76% in 2023, indicating potential regressions. The decline has been attributed to enduring cultural norms, low maternal knowledge, and inconsistent education outreach by health workers. Parents often revert to traditional weaning practices that conflict with medical guidelines, sometimes due to familial influence or lack of counseling access (Intan Widayanti, Head of Public Health at the Bogor District Health Office).

Efforts to reverse these trends include routine Posyandu (integrated service post) sessions that offer complementary food packages and practical training for mothers on how to prepare nutritious MP-ASI (complementary feeding). These are supplemented by village-led food initiatives and the “Orang Tua Asuh” scheme. Nonetheless, as noted in community interviews, while the material benefits are appreciated, awareness about KLA as a rights-based health framework remains low, suggesting a disconnect between service delivery and policy socialization (Adelia Putri Damayanti, a resident of Cibinong District).

Child-Friendly Health Services

The fourth indicator evaluates the proportion of health centers officially certified as child-friendly (PRAP). As of 2023, only 51 out of 101 Puskesmas held such designation, yielding a score of 18 out of 20. The shortcomings stem primarily from budgetary constraints, limited infrastructure (such as designated play areas), and

uneven human resource capacity. While community feedback suggests that many health workers exhibit empathy and effective communication (Rina Maulida, a resident of Cibinong District), institutional standards—such as privacy, comfort, and tailored child-care protocols—are not uniformly met. The role of DP3AP2KB is primarily facilitative, with technical execution relying on the health department (Irna Yulistiana, Head of Fulfillment of Children's Rights and Protection of Children's Cases (PHPKA), DP3AP2KB Bogor Regency).

Implementation of child-friendly spaces in Puskesmas is proceeding gradually, prioritized in subdistricts with higher child populations or health burdens. However, local officials emphasize the need for dedicated budgets and wider dissemination of technical guidelines across all sectors, including education and religious institutions.

Table 1. Implementation Barriers of KLA Cluster III – Bogor Regency

Indicator	Variable	Description	Obstacle
Childbirth in Health Facilities	Policy	Bogor Regent Regulation No. 64 of 2018, Article 2(2)	Score is 0.75 out of 1.00 due to absence of Regional Regulation (Perda)
	Policy Target	Pregnant women, infants	-
	Bureaucratic Unit/Implementer	Task Force for Child-Friendly Regency (KLA) Cluster III	-
	External Environment Factor	Infrastructure, transportation, public awareness	Limited access to health facilities in remote areas and low awareness of the importance of BPJS
Nutritional Status of Toddlers	Policy	Regional Regulation No. 5 of 2018, Article 17 (H)	-
	Policy Target	Children aged 0–5 years	-
	Bureaucratic Unit/Implementer	Task Force for KLA Cluster III	Outreach is suboptimal due to the vast geographic area of Bogor Regency
	External Environment Factor	Community participation	Low participation in posyandu programs; lack of concern for children's nutritional education
Infant and Young Child Feeding (IYCF) < 2 Years	Policy	Regional Regulation No. 5 of 2018, Article 24	-
	Policy Target	Parents, infants, and children under 2 years	-
	Bureaucratic Unit/Implementer	Task Force for KLA Cluster III	-
	External Environment Factor	Culture	Persistent cultural practices such as feeding inappropriate food (e.g., bananas) to infants
Child-Friendly Health Services	Policy	Bogor Regent Regulation No. 47 of 2022, Article 24	Score is 0.75 out of 1.00 due to the absence of a Regional Regulation (Perda)

Indicator	Variable	Description	Obstacle
	Policy Target	Community health centers (Puskesmas)	Only 51 out of 101 Puskesmas are verified as child-friendly (<75%)
	Bureaucratic Unit/Implementer	Task Force for KLA Cluster III	-
	External Environment Factor	-	-

5. Discussion

Access to Clean Water and Sanitation

The excellent score achieved for this indicator (25/25) highlights the Bogor Regency Government's significant progress in improving water infrastructure and hygiene literacy. Targeted outreach campaigns in areas such as Desa Rawa Panjang demonstrate a proactive approach to educating communities about the importance of sanitation for children's health (Sunarti et al., 2025). However, persistent issues like open defecation and limited access to latrines in rural households point to socioeconomic disparities and cultural attitudes that hinder full policy implementation. These findings are consistent with Qoriah et al. (2020), who emphasize the importance of behavioral interventions and subsidies to reduce unsafe practices.

Smoke-Free Areas

Although the smoke-free area indicator received a full score (30/30), qualitative data reveal ongoing implementation gaps. Inconsistencies in enforcement and overlapping authority between Satpol PP and the Health Office hinder effective regulation (Rahman et al., 2024). Despite positive public sentiment and the presence of smoke-free signage, especially in schools and health centers, tobacco advertising remains prevalent in certain public spaces. Adelia Putri Damayanti, a community respondent, highlighted the need for stricter accountability mechanisms. This aligns with findings by Duadji and Tresiana (2018), who argue that strong inter-agency collaboration is essential to ensuring adherence to child-protection regulations.

Recommendation of Strategies

To enhance the effectiveness of KLA implementation in Bogor Regency under Cluster III, four key strategies are proposed:

1. **Legal Reinforcement Through Local Regulations (Perda):** Current reliance on regent-level regulations limits the institutional weight of the KLA framework. Establishing regional bylaws would elevate the legal status, facilitate long-term planning, and ensure more consistent budgeting and program delivery (Susetyo et al., 2021).
2. **Improvement of Health Facility Readiness:** The development of child-friendly public health centers (Puskesmas) should be prioritized by upgrading facilities, training personnel, and ensuring services are tailored to children's needs. Similar

improvements were recommended by Andari et al. (2023) in their study of Singkawang City.

3. **Culturally Adaptive Health Communication:** Traditional practices such as home births and poor infant nutrition remain challenges. Using localized communication strategies, involving community leaders and family networks, can help shift attitudes and practices—an approach supported by Khotimah et al. (2023) in Surabaya's PUSPAGA program.
4. **Strengthening Multi-sectoral Coordination:** An empowered KLA Task Force with a clear mandate, inter-agency collaboration, and joint evaluation mechanisms is essential. Al Jamily et al. (2024) demonstrate that strong policy networks significantly impact implementation success in East Luwu Regency.

By adopting these recommendations, Bogor Regency can close the gap between policy and practice, ensuring that the rights and welfare of children—particularly in the domains of health and basic services—are fully protected in alignment with national and international standards.

6. Conclusions

The Child-Friendly Regency (Kabupaten Layak Anak/KLA) initiative signifies a concrete commitment to advancing children's rights and well-being at the regional level through the integration of policies, programs, and institutional efforts. In 2024, Bogor Regency attained "Madya" status in its KLA implementation, reflecting commendable progress while simultaneously highlighting unresolved challenges—particularly within Cluster III, which emphasizes Basic Health and Welfare. An evaluation of Cluster III revealed a VA score of 143.5 out of 150, indicating that although performance is relatively high, several structural and systemic issues continue to hinder optimal outcomes. These include the absence of local regulations related to childbirth services and child-friendly health service standards; limited access to healthcare facilities in remote areas due to inadequate infrastructure and transportation; low public awareness of health insurance (BPJS); weak dissemination of nutrition education; insufficient community engagement in Posyandu programs; and the fact that only 51 out of 101 Puskesmas (less than 75%) have met child-friendly criteria.

To overcome these constraints, several strategic recommendations are proposed. The Bogor Regency Government is encouraged to strengthen the legal basis for child health services by issuing local regulations (Peraturan Daerah), improve health infrastructure and transportation access in rural areas, and enhance public education regarding nutrition and healthcare services. Furthermore, the government should intensify efforts to verify and certify child-friendly health centers in order to accelerate the fulfillment of national KLA targets. For future researchers, further investigation into other clusters beyond Basic Health and Welfare is suggested to provide a more holistic assessment of KLA implementation. Comparative studies across different regions could also offer valuable insights into effective governance strategies and foster replicable models for achieving child-friendly regional development.

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