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Analysis of the Implementation of Family Learning Centers (PUSPAGA) in Indonesia

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Abstract

The purpose of this study is to analyze the implementation of the Family Learning Center (PUSPAGA) in Indonesia. Indonesian family problems are very complex and related to psychosocial issues. Family dysfunction will impact relationship problems between family members, lack of parental control over children's behavior, and a lack of warmth and support between family members. Well-functioning families will impact family well-being. PUSPAGA is a learning center to improve the quality of family life, carried out by professionals through increasing the capacity of parents/persons responsible for children to create affection, attachment, safety, and well-being for the

best interests of children, including protection from violence, exploitation, abuse and neglect.

The research method used is a qualitative approach with a literature study. The results show that the implementation of PUSPAGA in Indonesia is not optimal because all stakeholders involved have not collaborated well. The Indonesian government, especially the DPPA, has not actively disseminated information about PUSPAGA on social media. As a result, many people do not participate in the PUSPAGA program. In addition, some human resources in PUSPAGA are still untrained, so they are not optimal in providing counseling services.

Keywords: PUSPAGA, Family Learning Centers, DPPA

Introduction

The family is the smallest socio-cultural institution in society that has a very large role in shaping children's behavior and in forming commendable individual characters (BKKBN, 2017). The family institution is the foundation and pillar supporting the existence of a nation. Therefore, if the family has problems, it will cause problems for the country and it will be difficult to advance the nation (Juwandi *et al.*, 2021). The phenomenon of family problems should receive attention because it is a complex problem and is related to psychosocial. Psychosocial problems are psychological problems experienced by individuals that can interfere with the individual's personal functioning (Chang *et.al*, 2020) ^[13]. The following are examples of psychosocial problems:

Table 1: Examples of psychosocial problems

Psychosocial Types	Examples of psychosocial problems
Family Psychosocial	Divorce, Economy/poverty, Domestic violence, Communication, Parenting
Psychosocial Adolescents	Depression, Drug abuse, promiscuity
Child Psychosocial	Emotional disorders, hyperactivity, behavioral disorders

Source: Ariandini, 2023

The Central Statistics Agency (BPS) stated that the cases. The number of divorces in Indonesia increased rapidly and peaked in 2021, reaching 447,743 divorces or an increase of 53.50% from the previous year.

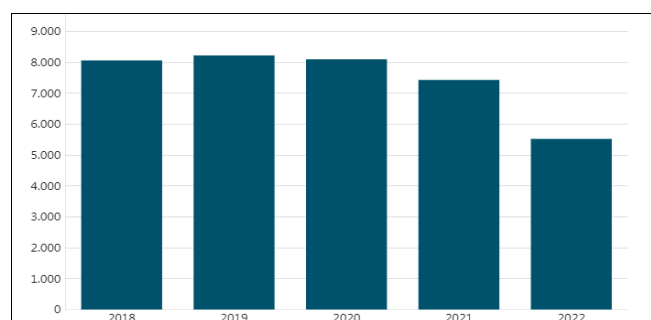
Table 2: Divorce Data in Indonesia

S. No	Year	Number of Cases
1	2018	408,202
2	2019	493,002
3	2020	291,677
4	2021	447,743
5	2022	616,334
6	2023	408,347

Source: Central Bureau of Statistics

Domestic violence is one of the factors causing divorce. Indonesian statistical reports recorded that there were 448,126 divorces. Disputes and quarrels were the main factors (63.1%), then economic factors (24.75%), leaving one of the parties (8.78), and fourth was domestic violence (1.1%) (Annur, 2023) [8].

Intimate partner violence is a global public health problem, particularly in developing countries (Verma & Choudhury, 2023) [53]. Based on the report of the Central Statistics Agency (BPS) entitled Criminal Statistics 2023, the number of domestic violence cases in Indonesia in 2022 reached 5,526 cases per year. This number decreased compared to the period of 2021 (7,435 cases) and 2020 as many as 8,104 cases.

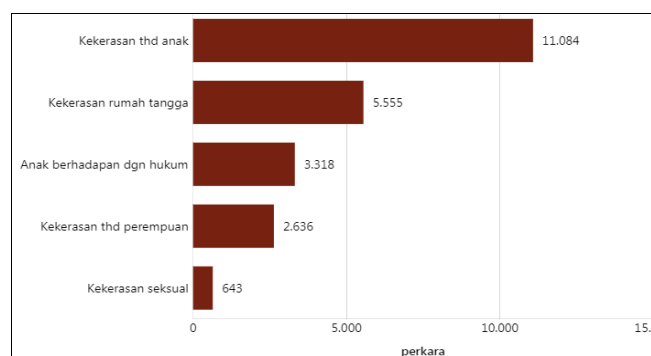


Source: databoks.katadata.co.id, 2023

Fig 1: Number of Domestic Violence Cases in Indonesia

In 2023, the National Commission on Violence Against Women recorded 289,111 cases of violence against women. The police received 21,768 cases of crimes against women and children during 2023.

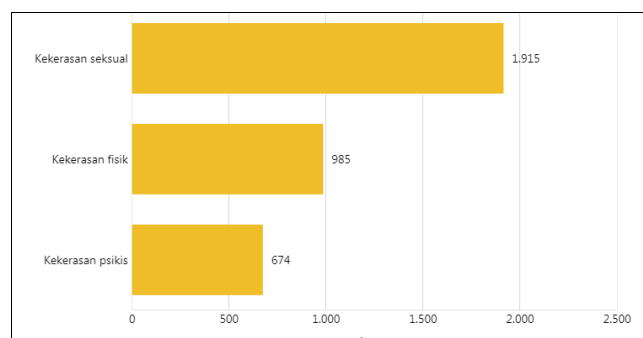
The most frequently reported crime to the Police in 2023 was violence against children, namely 11,084 cases, an increase of 12.3% compared to 2022. Then There is 5,555 domestic violence cases. Then the number of children in conflict with the law was recorded at 3,318 cases. Violence against women was 2,636 cases. Lastly, there were 643 criminal acts of sexual violence.



Source: databoks.katadata.co.id, 2023

Fig 2: Crime Report to the Police

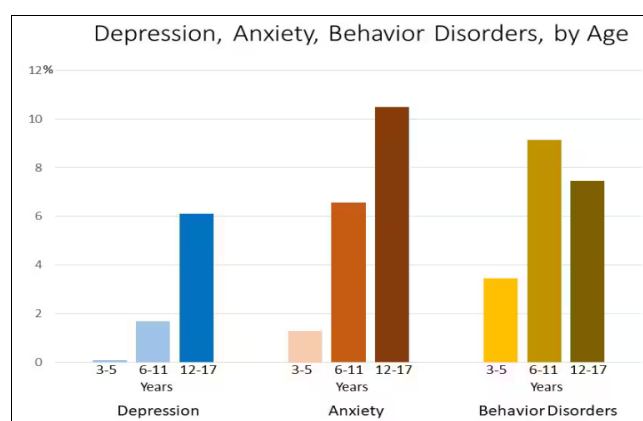
The National Commission for Child Protection (Komnas PA) revealed that there were 3,547 complaints of cases of violence against children received throughout 2023. The most dominant cases were sexual violence with 1,915 complaints. Then followed by physical violence with 985 cases and psychological violence with 674 cases. Based on the place of occurrence, cases of violence against children mostly occurred in the family environment, which was 35%. Followed by incidents in the school environment with 30%, the social environment with 23%, and not mentioned with 12%.



Source: databoks.katadata.co.id, 2023

Fig 3: Percentage of Types of Violence Experienced by Children

Mental health is an important part of a child's overall health and well-being. Mental health encompasses a child's mental, emotional, and behavioral well-being. Among the more common mental disorders that can be diagnosed in childhood are attention deficit/hyperactivity disorder (ADHD), anxiety, and conduct disorder. Based on data from cdc.gov, the estimated number of children ages 3-17 who were diagnosed with ADHD in 2016-2019 were: ADHD 9.8% (about 6.0 million); Anxiety 9.4% (about 5.8 million); Conduct problems 8.9% (about 5.5 million); Depression 4.4% (about 2.7 million).



Source: <https://www.cdc.gov/childrensmentalhealth/data.html>

Fig 4: Percentage of Mental Health Disorders by Age

Of the 50 studies, involving 186,056 children and adolescents from 35 countries. The total prevalence of conduct disorder was 8% (CI: 7-9%; I2: 99.77%), including 7% in girls (CI: 4-9%; I2: 99.56%) and 11% in boys (CI: 7-15%; I2: 99.74%) (Mohammadi MR *et al.*, 2021) [29].

Parents or caregivers are obliged and have the responsibility to care for, maintain, educate, protect, develop talents according to interests, and provide character education to become provisions for children in adulthood. Based on

Susenas data (2020), there are still many toddlers who have inappropriate parenting patterns. The average in Indonesia has a percentage of 3.64 and this means that there are 15 provinces out of 24 provinces that have parenting patterns below the Indonesian average.

Family is the first and foremost environment in instilling family functions. In the family, children first get direct early experiences that will be used as provisions for their lives in the future (Krauss *et.al*, 2020) ^[24]. Family conditions, both economically and non-economically, have a very large influence on children's development and life. According to Endah and Herawati (2015) a well-functioning family will affect family welfare. Family dysfunction will have an impact on problems in relationships between family members, lack of parental control over children's behavior, and lack of warmth and support between family members (Ahmed, 2015). Good family quality is the basic capital for realizing national resilience.

The state has an obligation to help improve the quality of family life, help strengthen the quality of families in the form of education/care programs, parenting skills, child protection skills, the ability to increase children's participation in the family and the implementation of counseling programs for children and families (Alharbi *et.al.*, 2024) ^[5].

Indonesia has ratified the Convention on the Rights of the Child (CRC) through Presidential Decree Number 36 of 1990, which means that the state is obliged to fulfill, respect and protect children. In addition, Indonesia also has Law Number 23 of 2002 in conjunction with Law Number 35 of 2014 concerning Child Protection. The Convention on the Rights of the Child is an important part of making any city more child and family friendly (Widyawati & Adi, 2020) ^[55].

Concern for parenting skills, child protection skills, the ability to increase children's participation in the family and services for children gave rise to the Family Learning Center (PUSPAGA), a form of family capacity building service under the coordinator of Women's Empowerment and Child Protection (PPPA) (Abdullah, OD, 2020). The Family Learning Center (PUSPAGA) functions as a one-stop service/ Family One-Stop Service, Holistic Integrative Based on Children's Rights ", namely improving family capabilities, increasing the capacity of parents or people responsible for children in carrying out their responsibilities to care for and protect children so that the need for affection, attachment, safety, and welfare is created that is permanent and sustainable for the best interests of children, including protection from violence, exploitation, mistreatment and neglect (PUSPAGA, 2021).

The services provided through the PUSPAGA program are intended for children, parents, guardians, prospective parents, and those who act as parents. The PUSPAGA program is present with the principles of non-discrimination, the best interests of the child, survival, easy access with various facilities, has a well-known service concept such as comfort and pleasure. Prevention services are run by the coordinator of Women's Empowerment and Child Protection Services as part of the state's concern to strengthen families (Noer *et al.*, 2019) ^[33]. Professionals work to strengthen families at Family Learning Centers (PUSPAGA), teaching parents and other guardians how to better fulfill their legal and ethical obligations to their dependent children (Maratun,

2022) ^[27]. In addition to educating prospective brides and grooms and their parents, PUSPAGA excels in providing services in the context of child-rights-based foster homes, and educating the general public. Client visits by children, parents, prospective parents, guardians, and families seeking information about child-rights-based foster care and counseling services are the starting point for the passive service flow at Family Learning Centers (PUSPAGA) today. Birth certificates, food, reproductive health, education, child-friendly information, health services, and parenting counseling are some of the care services (Andriyani, 2020) ^[6]. In this case, in relation to professional staff who provide information, consultation, or counseling services, administrative staff maintain administrative records and collect data during client visits.

The District/City Women's Empowerment Agency is responsible for adapting programs and activities to local needs and resources to strengthen the institutional framework underlying PUSPAGA. The services provided by PUSPAGA fall into three categories: primary prevention, risk reduction, and case management.

PUSPAGA is implemented based on five service principles, namely: non-discrimination; the best interests of children and families; the right to life, survival and development; respect for children's views; easy to access. These principles are expected to make it easier for families to participate in the PUSPAGA Program and all families get the counseling, consultation services, and information they need to become parents in a way that respects their children's rights.

Until now, PUSPAGA has been formed in 257 districts/cities, almost 50% of the total 514 districts/cities have been implemented. The PUSPAGA policy concept is to provide protection to children (Khakhimah *et al.*, 2023) ^[22]. Even though the PUSPAGA program is already running from 2019, but the number of people who consulted through PUSPAGA at the Population Control, Family Planning, Women's Empowerment, Child Protection, and Community Empowerment Service (DP2KBP3A) is still relatively minimal. In 2021, the formation of PUSPAGA only reached 3% (Kompas.com). In fact, the PUSPAGA program is a form of effort to prevent violence against children in Indonesia and to increase understanding of child and family issues.

The success of policy implementation can be measured from the process of achieving *outcomes*, namely whether or not the set goals are achieved (Grindle in Agustino, 2020).

Research Methods

In this study, the author uses a library research methodology. There are several reasons why the author uses a library research method, including because the problems in this study can be answered by studying books, journals, newspapers, or other relevant sources; library research is also needed as a preliminary study with the aim of understanding community events; and the available literature sources can be trusted to answer the problems in this study, namely related to the implementation of PUSPAGA. This study uses a qualitative approach that emphasizes analysis in the process of concluding from existing comparisons and analyzing the evolution of the relationship between observed events using scientific reasoning (Darwin, M., *et al.*, 2021) ^[16].

Results and Discussion

PUSPAGA is a one-stop family service, holistic integrative based on children's rights to improve the quality of family life carried out by professional personnel by increasing the capacity of parents/families or people responsible for children in carrying out the responsibility of caring for and protecting children in order to create the need for affection, attachment, safety, and welfare that is permanent and sustainable for the best interests of the child, including protection from violence, exploitation, mistreatment and neglect (PUSPAGA, 2021). PUSPAGA is implemented in order to reduce child marriage in Indonesia (Nadhifah, N., & Kuncorowati, PW, 2022) [30].

The objectives of developing PUSPAGA services are: 1) the availability of holistic integrative family "one stop services" based on children's rights; 2) the availability of family learning places through the provision of services for families; 3) the availability of places to get information, consultation and counseling services for children, parents or people responsible for children; 4) the availability of referral liaison places as solutions to children and family problems; 5) strengthening the ability of families to care for and protect children to realize families that are gender equal and in accordance with children's rights; 6) strengthening the synergy of cooperation between the center and regions in fulfilling children's rights and family quality and accelerating KLA (Riyanti *et.al.*, 2025) [43].

PUSPAGA targets children, parents, guardians, prospective parents and people responsible for child care. PUSPAGA services are carried out by professional staff based on the institutional form of PUSPAGA services. Budget resources consist of the APBN, Provincial/District/City APBD, CSR (Corporate Social Responsibility) from companies, village fund budgets and other non-binding funding sources.

Types of PUSPAGA services are: counseling and consultation; information services. Based on the service targets there are 4, namely: 1) services at the PUSPAGA office for those who come alone; 2) services at the PUSPAGA office for those referred by other institutions; 3) outreach services outside the PUSPAGA office; 4) referral services to other service institutions.

PUSPAGA programs and activities consist of Prevention Program (Primary), Risk Reduction Program (Secondary) and Case Handling Program (Tertiary). Activities in the prevention program include: improving the ability and skills of parents; improving children's ability to listen and consider; improving the ability and skills of professional groups and institutions working with children; improving public understanding and awareness; cooperation with professional groups.

Preventive actions are implemented through many services, especially through networking and cooperation with affiliated organizations. Since early marriage is associated with factors such as promiscuity, unwanted pregnancy, parental perceptions of early marriage, and the culture of early marriage in Indonesia, the government has implemented a series of preventive actions known as PUSPAGA, which includes parenting counseling, marriage counseling, and special education (Riyanti *et.al.*, 2025) [43].

PUSPAGA's persuasive actions consist of promotion radio broadcasts and other information services it offers to the public. To help prevent early marriage in Indonesia, PUSPAGA offers educational programs with a focus on families and children in Indonesia (Nurfadillah, S., *et al.*,

2022) [34].

The risk reduction program focuses on activities: mapping vulnerable families, counseling for children and families, providing conflict resolution skills, special services for disabilities, building peer groups of parents who need reinforcement in parenting, referring parents and children to financial assistance providers and referring those identified as substance abusers. Case handling programs are carried out if there are problems related to child care.

parenting program at PUSPAGA was implemented in 4 stages, all of which were successful and in accordance with the objectives of the activity, namely explaining the parenting program, providing an understanding to parents who have obligations towards their children, providing an overview of the mother's pregnancy to childbirth through video displays, and sharing with parents (Husniyah, A., 2019) [20].

The DPPPAKB approach in developing KLA includes building child-friendly infrastructure, mainstreaming children's rights, increasing the number of providers of family consultation institutions and alternative care institutions, collaborating with related OPDs, and forming a KLA task force. The DPPPAKB program to protect and advance children's rights has received broad public support. As a result, there has been an increase in the construction of child-friendly facilities, which is the right step to realize children's rights. (Widyawati, I., & Adi, AS, 2020) [55].

Implementation of the Family Learning Center Program (PUSPAGA) in Indonesia

1. Policy Objectives and Standards

Family Learning Center (PUSPAGA) is an Indonesian government program that aims to provide education and training to families, especially mothers and children, in various aspects of life.

The emergence of the PUSPAGA program influenced by issues concerning women and child. Child protection is not only about child safety physical and psychological but also protection from various forms of discrimination, upholding their rights in decision-making, survival and other rights (Warrington and Larkins, 2019) [54]. Meanwhile, women are generally considered physically weaker than men and vulnerable to various dangers such as becoming victims of sexual violence and being trapped in abusive relationships (Purkey, 2022) [37].

This program is intended to improve the quality of family life and encourage the development of individual potential within it Kania (2022) [21]. Here are some aspects that are usually covered by PUSPAGA:

1. Family Education: Providing knowledge and skills to families related to parenting, health, nutrition, and other important aspects of daily life.
2. Focus on developing children's potential, including aspects of education, health and child safety.
3. Daily Living Skills: Includes practical skills training such as cooking, cleaning, family financial management, etc.
4. Social and Psychological Development: Providing psychological and social support to families to ensure emotional well-being.
5. Community Activities: Encourage active participation in community activities to strengthen social networks and support families in solving problems together.

In the PUSPAGA guidebook (2021) it is explained that the

objectives of developing PUSPAGA services are: 1) the availability of holistic integrative family "one stop services" based on children's rights; 2) the availability of family learning places through the provision of services for families; 3) the availability of a place to get information, consultation and counseling services for children, parents or people responsible for children; 4) the availability of a referral liaison as a solution to children and family problems; 5) strengthening the family's ability to care for and protect children to create families that are gender equal and in accordance with children's rights; 6) strengthening the synergy of cooperation between the center and regions in fulfilling children's rights and family quality and accelerating KLA.

The expected final results of the PUSPAGA program are 1) increasing the capacity and development of PUSPAGA at the provincial, district/city levels which function as mentors, coaches and assistants in the implementation of PUSPAGA activities to accelerate child-friendly provinces, districts/cities; 2) the availability of professional staff at PUSPAGA who function to run information, consultation and counseling services in increasing the capacity of child-friendly child care for parents/families/persons responsible for children; 3) the availability of further referrals for family services for family quality for parents/families/persons responsible for children to support the growth and development of children in physical, spiritual, mental and social development of children; 4) the formation of Pioneer and Reporting Families (2P) for Child Care Based on Child Rights as Family Forums at Village/Sub-District, District, Regency/City Levels to accelerate the realization of Child-Friendly Districts/Cities.

The PUSPAGA policy standards refer to the PUPAGA standard guideline book issued by the Ministry of PPPA and its implementation is in accordance with the PUSPAGA policy standards (Khakimah, 2023) [22]. The ability of families to act as pioneers and reporters who can also function as agents of change in fulfilling children's rights is a benchmark for the success of the implementation of this program (Ardana & Manggalau, 2024) [9]. The standards and objectives of the policy in the implementation of the PUSPAGA program in efforts to prevent violence against children are clearly known by the staff of the Population Control, Family Planning, Women's Empowerment, Child Protection, and Community Empowerment Service (DP2KBP3A) and PUSPAGA administrators, while the targets of the PUSPAGA Program in its implementation are not all aware of the program (Salsabila & Wahyudi, 2023) [47]. As a service that focuses on family issues, childcare, and other forms of community development, PUSPAGA makes it easier for people to obtain non-formal education (Fazirah, EN, Sunariyanto, S., & Abidin, AZ, 2022) [18]. PUSPAGA is important in efforts to prevent cases of violence against women and children, including preventing cases of sexual violence (Fitriati *et al.*, 2023) [19].

Goals and standards must be measurable and clear to make it easier realize. The setting of standards and objectives should not be ambiguous and contradictory because it will confusing implementers. Implementation studies require that goals and objectives be measured and identified. If policy targets and standards are unclear, there will be multiple interpretations and it is easy to cause conflict between implementers. Policy objectives are not too broad and complex so that they are easy for implementers to

implement (Van Metter & Van Horn, in Boreel *et.al*, 2022) [12].

2. Resource

One of the important factors in policy implementation is resources. Implementers must calculate resources properly and use them effectively and efficiently so that goals and targets are achieved (Sinambela *et.al.*, 2022) [49]. Resources in PUSPAGA services consist of professional staff who provide services, infrastructure and budget resources. Professional staff for PUSPAGA Dinas can be optimized from staff/functional PPPA Dinas. Meanwhile, PUSPAGA Community Institutions, professional staff can be optimized from synergistic collaboration with other services or institutions that have professional staff that meet the specified requirements.

The requirements for professional staff who provide services at PUSPAGA are:

1. Have a professional background (Psychologist/Professional Social Work/Professional Counseling Guidance) or Professional Personnel from other institutions as supervisors;
2. If the Counselor has a background with a bachelor's degree related to the field of parenting, education, family (bachelor of education, social, health, law/related) who is trained;
3. Have experience in participating in training on the Convention on the Rights of the Child, child safety policies in child protection and have a caring spirit for children.

The formation of the management involves people who are competent in their fields, and are serious about implementing Puspaga policies. The availability of professional staff in the management and implementation of the PUSPAGA program is sufficient (Salsabila & Wahyudi, 2023) [47]. The competence of the implementers in implementing the PUSPAGA program is very good, because they are individuals who have extensive knowledge and skills in their respective fields (Ardana & Manggalau, 2024) [9]. The implementation of PUSPAGA services is carried out by experts who have undergone training, enrichment, and coaching regarding PUSPAGA. In terms of capacity, human resources at PUSPAGA have met the standards, but in the implementation of services it is only carried out by three people, consisting of one psychologist, one counselor, and one admin so that the implementation of services is not optimal because the number of experts with clients handled is not balanced (Angesti & Azizah, 2023) [7]. PUSPAGA officers who have received technical guidance, in carrying out their authority have referred to the established rules and the information between officers is clear and coordinated, but the number is still limited (Wigati & Handayani, 2024) [56]. Psychologists must be brought in from the PP and PA Service and wait for the schedule for the arrival of the Psychologists, this means that they cannot serve clients every day (Khakimah, 2023; Fitriati *et al.*, 2023) [22, 19]. Limited human resources affect the quality of counseling services (Rahmawati & Alya, 2024) [39].

PUSPAGA facilities and infrastructure are regulated by the following provisions:

1. There is one gender-responsive and child-friendly building as a service location. The building is in a location that is easily accessible for children, parents, children with special needs (disabled) and families who

need care services, where the location can be reached with easy access and is not integrated with services for handling victims of violence.

2. Buildings where activities take place, including counseling/consultation service rooms, family-friendly information rooms/Family Education Centers, healthy, safe and comfortable children's playrooms, etc.;
3. Buildings and rooms should be made comfortable with good air circulation and with bright wall colors that have a calming effect;
4. Facilities are available to support the implementation of services, both software in the form of leaflets, booklets, videos, etc.) and hardware (furniture, computers/laptops, cameras, recording devices), so that implementation is optimal;
5. Breastfeeding room is available with the following requirements: Room and furniture; Ventilation; Sink with running water and hand soap; Closed room; Refrigerator for storage; Breastfeeding Bottle Sterilizer
6. There are disaster evacuation routes and Temporary Evacuation Sites (TES);
7. There are signs warning that smoking is prohibited and it is a No-Smoking Area, based on PUSPAGA regulations.

Facilities and infrastructure to implement the PUSPAGA program are available. Among them are several rooms, including an administration room, a waiting room and children's playroom, a service room, and a handling room (Angesti & Azizah, 2023) ^[7]. The available equipment includes nameplates, office stationery, and tables, chairs, cupboards, and bookshelves, computers, LCD projectors, screen projectors, banners, KIE, printers and others. (Angesti & Azizah, 2023; Safitri & Bataha, 2024) ^[7, 46]. Some facilities used to provide services are inadequate (Wigati & Handayani, 2024) ^[56] and some are not yet available, including the availability of breastfeeding rooms, disaster evacuation routes and Temporary Evacuation Sites (TES), and smoke-free areas with no smoking warning signs (Angesti & Azizah, 2023) ^[7]. With complete facilities and infrastructure, it can support the implementation of policies properly and run optimally (Safitri & Bataha, 2024) ^[46].

Budget resources consist of: APBN, Provincial/District/City APBD, CSR (Corporate Social Responsibility) from companies, Village Fund Budget, Other non-binding sources of funds. The PUSPAGA program is one of the strategic programs of the Ministry of PPPA whose management is fully handed over to the respective Regional Governments. However, in its implementation, PUSPAGA Regency experienced constraints in terms of budget and costs (Fitriati *et al.*, 2023) ^[19]. The availability of a budget that only comes from the APBN makes PUSPAGA have to reduce the budget so that it can be used for one year (Angesti & Azizah, 2023) ^[7]. There is no budget at all at Puspaga Al Inayah, operational costs for electricity, water, buildings and administrators' salaries are borne by the foundation. The PP and PA Service only pays for the honorarium for Psychologist Staff (Khakimah, 2023) ^[22]. Elsewhere, the availability of budget in its implementation can be said to be sufficient for both the needs of its activities and its operations (Salsabila & Wahyudi, 2023; Ardana & Manggalau, 2024) ^[47, 9].

The success of the implementation process depends on the ability to utilize available resources (Agustino, 2014) ^[3]. The ability to utilize resources well determines the success of the

policy implementation process (Van Metter & Van Horn, in Boreel *et al.*, 2022) ^[12].

3. Inter-organizational Communication

Communication is an effort to spread information networks in order from top to bottom, or from bottom to top or between levels. The delivery of information requires timeliness, clarity of information and accuracy and consistency so that the information delivered is not confusing. Communication is essential in determining the success of achieving goals when implementing policies. Effective implementation occurs when decision makers have a clear understanding of the steps to be taken and the purpose of those steps. So that every regulation and implementation provision taken must be conveyed to the appropriate human resources section.

The Puspaga program is implemented by DP3APPKB in collaboration with other agencies/agencies according to the needs and discussions that will be informed to the community. Then the information is forwarded to the community through socialization and counseling activities that invite enthusiasm from the community (Marchelina & Puspaningtyas, 2023; Ardana & Manggalau, 2024) ^[28, 9]. Socialization activities carried out by DP3APPKB and Puspaga facilitators directly or through print media such as brochures or pamphlets are a form of dissemination carried out so that the community understands the PUSPAGA program (Tribuana & Arundinasari, 2024) ^[51]. The majority of people know about the Puspaga program and services and actively access services such as counseling and parenting classes so that the community knows what actions to take if domestic violence occurs in their environment (Safitri & Bataha, 2024) ^[46]. In addition, increasing parental understanding in raising their children through the application of good and effective parenting methodologies (Ardana & Manggalau, 2024) ^[9]. Communication is also reflected in the implementation mechanism of the PUSPAGA program, namely that if a case handled at the village PUSPAGA cannot be resolved, handling will be handed over to the Regency PUSPAGA and then to the Province (Fitriati *et al.*, 2023) ^[19].

The government in general and law enforcement in particular have a role in addressing the problem of domestic violence. This shows that there is substantial coordination between government agencies for the benefit of the community (Rachman, RF, 2019) ^[38].

In several other cases, communication between the PP and PA office of the Regency and the Head of Puspaga is only in the initial stage, there has been no further assistance for the development of the Puspaga program (Khakimah, 2023) ^[22]. The socialization of the Puspaga program by the PPPA office in several regions has not been optimal so that many people do not know about the Puspaga program and services (Wigati & Handayani, 2024; Angesti & Azizah, 2023; Fitriati *et al.*, 2023) ^[56, 7, 19].

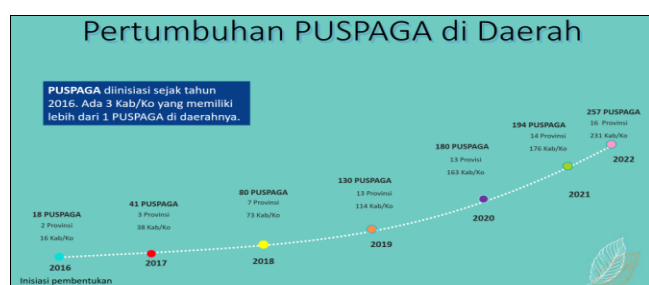
Internal and external communication at the organizational level affects coordination with fellow co-workers or with superiors in carrying out tasks (Pradhana & Wibowo, 2020). In the process of implementing public policy, coordination is an approach that almost never fails. The higher the level of coordination of all parties involved in policy implementation, the less likely errors are to occur (Van Metter & Van Horn, in Boreel, 2022) ^[12]. The PUSPAGA program was successfully implemented thanks to effective

communication between all parties and related agencies. To ensure that these services meet the needs of the community and are implemented effectively, the Population Control, Family Planning, Women's Empowerment, Child Protection, and Community Empowerment Service (DP2KBP3A) and PUSPAGA work together. Districts and Sub-districts, as well as community organizations, doctors, HIMPSI (Psychology Association), and family service institutions such as the Integrated Service Center for the Protection of Women and Children, are all good candidates to collaborate in this scenario.

4. Implementer's Attitude

Another important factor to consider is the attitude of the implementer during the implementation process. The attitude of acceptance or rejection from the implementer will have an impact on the success of public policy implementation (Van Metter & Van Horn, in Boreel, 2022) [12]. The attitude of the implementer is influenced by how they view a policy and how they see the impact of the policy on the interests of their organization and their personal interests.

The Puspaga policy issued by the Ministry of PPPA has been implemented in 257 districts/cities out of 514, meaning that 50% has been achieved. Seven years of this program being initiated, it can be seen that in 2016 there were only 8 Puspaga, in 2017 there were 14 Puspaga, in 2018 there were 14 Puspaga, in 2019 there were 14 Puspaga, in 2020 there were 14 Puspaga, in 2021 there were 14 Puspaga, in 2022 there were 14 Puspaga, in 2023 there were 14 Puspaga, in 2024 there were 14 Puspaga, in 2025 there were 14 Puspaga, in 2026 there were 14 Puspaga, in 2027 there were 14 Puspaga, in 2028 there were 14 Puspaga, in 202 2018 as many as 80 Puspaga, in 2019 as many as 130 Puspaga and in 2020 as many as 180 Puspaga, in 2021 it increased to 194 Puspaga and in 2022 as many as 257 Puspaga. From this milestone it can be said that the Puspaga policy has been successfully implemented in the region as evidenced by the increase (Khakimah, 2023) [22].



Source: Deputy Assistant for Fulfillment of Children's Rights to Care

Fig 5: Milestones of Puspaga's growth in the region

The party responsible for implementation has knowledge and skills and a positive response from the community to the Puspaga program shows that the implementer has a positive attitude towards the implementation of the effective Puspaga program (Ardana & Manggalau, 2024) [9]. The program implementer carries out his duties in accordance with the provisions and the community responds positively which is manifested in actions to support and fully participate in the implementation of the program so that success will be achieved (Marchelina & Puspaningtyas, 2023) [28]. Puspaga officers are responsive and oriented towards the interests

and needs of clients (Wigati & Handayani, 2024) [56]. The implementers of the Puspaga program also have honesty and commitment to the community so that the community trusts and voluntarily reports or provides counseling regarding family problems to the Puspaga facilitator (Safitri & Bataha, 2024) [46]. The implementation of a program requires commitment from the implementers. If the implementer agrees with the contents of the policy, then the policy will be implemented properly. Conversely, if the implementer does not agree with the contents of the policy, then the policy will not run well or fail (Khakimah, 2023) [22].

The financing of Puspaga implementation is financed independently or from the APBN and APBD. The existence of independent financing shows that there is support from community institutions to be involved in implementing the policy. Meanwhile, the budget from the APBD shows a commitment from the implementers to include the Puspaga Policy in the regional work plan to obtain a budget (Khakimah, 2023) [22].

The attitude of the implementers is in line with the opinion of Van Horn Van Meter who said that several elements that influence the organization in implementing policies are: competency and size of staff; the level of hierarchical supervision of unit decisions and processes within implementing agencies; the formal and informal links of an agency with decision makers or decision implementers.

Driving Factors for the Implementation of the Family Learning Center Program

Having legal and local government support, having a physical location for consultation and counseling, having a straightforward and easy-to-understand service program, having implementing staff whose handling is handled directly by psychologists, and having a thorough understanding of client needs are factors that support the success of implementing family counseling. In addition, it is necessary to ensure that everything is organized and well-maintained in a state of readiness to serve the community during the operating hours that have been set (Rosita, ISW, & Kusuma, RH, 2021) [44].

PUSPAGA, if implemented well, has the potential to provide significant benefits to Indonesian society Baxter & Clark (1996) [10]. Some key factors that can influence the success of PUSPAGA implementation include:

1. **Community Participation:** The success of PUSPAGA depends heavily on the active participation and involvement of the community. Efforts to build awareness and gain support from local families and communities will be key.
2. **Resource Allocation:** It is important to allocate adequate resources to support PUSPAGA operations. This includes funds, trained personnel, facilities, and training materials.
3. **Evaluation and Update:** It is important to regularly evaluate the effectiveness of the program and make adjustments if necessary. This ensures that PUSPAGA remains relevant to the evolving needs and demands of the community.
4. **Partnerships and Collaboration:** Collaboration with non-governmental organizations, educational institutions, and the private sector can expand the reach and resources available to PUSPAGA.
5. **Staff Education and Training:** Ensuring that staff involved in the implementation of PUSPAGA have

sufficient skills and knowledge to provide quality services to families.

6. Impact Measurement: Determining metrics to measure the success of PUSPAGA is important. This may include improvements in the quality of life of families, improvements in individual skills, or other relevant indicators.

Barriers to Implementing the Family Learning Center Program

The obstacles that exist in implementing the Family Learning Center Program are as follows:

1. The City DP2KBP3A and PUSPAGA administrators have yet to use social media to disseminate information about the program, leaving many people confused about its implementation. Children and adolescents, who are critical to the effective launch of the PUSPAGA program, are not included in program management (Boreel, MS, & Meigawati, D., 2022) ^[12].
2. Indonesian society does not understand the basic thinking and usefulness of PUSPAGA because there are no socialization activities involving socialization and education about its existence.
3. There is a shortage of psychologists in counseling roles, not all administrators have a thorough understanding of the field, and psychologists' schedules are constantly changing.
4. Not all parents have access to face-to-face consultations because parenting programs are often implemented indirectly through means such as seminars, *outreach*, and *online* training. Time efficiency is not optimal because the event is held *online* (Nurhayati, ES, & Swarnawati, A., 2022) ^[35].
5. It is difficult to find trained personnel to build KLA because many OPDs still lack CRC (Child Friendly City) education.
6. The lack of a professional budget that does not support the *Family Learning Center's work program* is an additional obstacle to the community's ability to communicate directly with PUSPAGA.
7. The ignorance of society about the importance of healthy human resources physically and mentally in building and maintaining a peaceful and prosperous society. Especially, in each and every person related to a group. No community or region should ignore the importance of its youth as its future.
8. Cultural and Language Factors, cultural and language differences in various regions of Indonesia can be obstacles. Program adjustments and approaches that are sensitive to local contexts are needed.
9. Low Level of Education and Literacy, in some areas, the level of education and literacy of the community may be low. This can affect the ability of families to follow the program properly.
10. Technology and Internet Access Challenges, in remote areas or with limited internet access, using technology to support learning may be difficult.

To overcome these barriers, it is important to conduct an in-depth study of the local needs and context in each area served by PUSPAGA Maratun. (2022) ^[27]. In addition, community and stakeholder involvement, as well as ongoing monitoring, can help improve the implementation of this

program.

The implementation of the PUSPAGA program has a real positive impact on Indonesian families. This program helps parents understand how to better educate their children and prevent violence and child marriage practices that are still rampant in various regions. Research by Latifah *et al.* (2023) ^[25] shows that counseling services at PUSPAGA through activities such as *role playing* and family counseling sessions able to reduce the risk of violence in early childhood. A similar approach is applied in PUSPAGA Bantul Regency by adding feminist therapy that emphasizes gender awareness. Through this method, children are invited to know their rights more comprehensively, including the right to learn and grow without being forced to marry at a young age.

What PUSPAGA is doing in Indonesia is in line with international research. Studies by Sandler *et al.* (2015) ^[48] and Cinà *et al.* (2024) ^[14] show that family-based interventions namely an approach that starts from home and parent-child relationships is one of the most effective ways to prevent violence and child marriage.

However, good programs do not always run smoothly in the field. PUSPAGA faces several quite complex challenges. There are still many areas that lack professional staff such as psychologists and counselors, while budget support from local governments is not evenly distributed. In addition, the communication strategies used have not fully reached the wider community, especially in environments with low digital literacy. Research in Surabaya and Tambak Wedi noted that low community participation and the minimal presence of assistants at the RW or sub-district level are real obstacles to the effective implementation of this program (Safitri & Jaro'ah, 2024; Natus & Reviandani, 2024) ^[45, 31].

This fact is in line with the results of a meta-analysis on parenting education programs which concluded that the success of a program is greatly influenced by the ability to adapt to the local context and the involvement of adequate professional staff. PUSPAGA is expected to become a child-friendly family learning center that supports the future of Indonesian children. If managed consistently and with empathy, PUSPAGA can become an inspiring model, strengthen social resilience, and foster a generation that grows in a safe, healthy, and loving environment.

Conclusion and Recommendations

The implementation of the Family Learning Center (PUSPAGA) program in Indonesia is an important and relevant strategy in strengthening the role of the family as the main unit in child protection and care based on child rights. PUSPAGA has been proven to contribute to reducing violence against children, preventing early marriage, and improving the quality of parenting patterns and family mental health through integrated education, consultation, and counseling services.

However, the implementation of PUSPAGA still faces several challenges, especially in terms of human resources, budget, and public communication. The uneven distribution of professional staff such as psychologists and counselors, budget limitations in several regions, and suboptimal socialization strategies have resulted in the utilization of PUSPAGA services being less than optimal. In addition, the gap in digital and cultural literacy in the community also affects the effectiveness of this program. However, active stakeholder involvement, increasing the capacity of

implementers, providing child-friendly facilities, and synergy between the center and regions are key factors in supporting the success of this program. If managed consistently and inclusively, PUSPAGA has great potential to become a model for family services to create a more child-friendly and violence-free Indonesia.

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