

Child-Centered Social Policy-Based Infectious Disease Control Policy to Ensure Children Welfare

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ABSTRACT

Background: The e-learning system is one of the policies to control the infectious disease that can cause discrimination for children in rural areas. It is because of the gap in facilities between the urban and the rural.

Aim: This research aims To analyze the formation of a policy to control child-centred social infectious pandemics-based policies to ensure children's welfare.

Methods: This research uses a normative method (qualitative), and descriptive-analytical (research specification).

Conclusion: The result of the research shows that to ensure children's welfare, the policy should be consulted with children. The process of consulting with children was conducted by listening to children to encourage them to participate in decision making. The aim of consultation with children encourages children and adults to collaborate as equal stakeholders.

Keywords: Child-centered social policies; children welfare; covid-19

INTRODUCTION

Social restrictions on a large-scale policy need to implement the principle of good governance. It needs to create an optimization related to the implementation of a policy by conducting oversight. Supervision needs to be conducted with a holistic, tiered, broad-minded, and integrated mechanism. Supervision in good governance is based on democratization, which not only involves bureaucracy but also involves the community¹. In the perspective of good governance, policymakers are required to produce policies that lead to political philosophy goals, so that ethically justified, the example is policies that are carried out without discrimination². A policy will lose ethical value if it carelessly disregards the interests of the lives of many people. In the Cochran and Malone category, a policy is interpreted as an acceptable policy, if the policy is related to government decisions and actions with a design to save people's problems, for children as the case³.

Feminist law theory considers that good law favours women and anyone (in this case, children) who are socially weakened to fight oppression⁴ later. Departing from the principles of good governance and feminist legal theory, policies for handling infectious pandemic diseases, especially those related to children such as learning systems in the network and children's health must be formed based on child-centred social policies. In public policy, children are positioned in the target group and social actors in determining their rights, especially the right to existence and the right to freedom of opinion and be critical in making a public policy⁵. Child-centred public policies must respect the rights, needs and voices of children. Social restrictions on a large-scale policy as a pandemic management policy for child-centred policies based on infectious diseases are expected to produce equitable policy outputs for children according to the country's goal of seeking social justice.

As the research about children welfare had been conducted before, such as Rosnawaty Anasiru in 2017, this research focused on policy models to prevent street children in Makassar⁶. There is also research conducted by

Rangga Reisdian, M. Saleh Soeaidy, and Sukanto in 2015. It focused on implementing the policy of mainstreaming children's rights in order to realize child-friendly districts⁷. Research conducted by Masriani in 2017, this research focused on implementing policies on protection for begging children in the District of Mandau⁸. Research conducted by Andriani Elizabeth and Zainal Hidayat in 2016 focused on the implementation of child-friendly city programs in efforts to strengthen children's rights in Bekasi City⁹. Research conducted by Ulil Absor in 2015 focused on controlling children in the natural disaster response period in a review of the Convention on the Rights of the Child and the Law on the Protection of Children¹⁰. Research conducted by Sean Lynch, Laura Sherman, Susan M. Snyder, and Margaret Matsson in 2018 focused on the well-being of children experiencing Neonatal Abstinence Syndrome¹¹. Research conducted by Karmen Toros, Egle Vabla and Anne Tiko in 2017 focused on family involvement in the level of child welfare in Estonia¹².

Based on previous research, there are differences in the research focuses that researchers will conduct. Although both of them take the theme of child welfare, the authors emphasize the formation of child-centred social policies based on infectious disease control policies to realize child welfare. Thus, this discussion is always essential and actual for further research.

The problem that needs to be researched in this study is about 'how is the establishment of a policy for handling child-centred social policies based on infectious pandemic to ensure the welfare of children?' This research aims to find out and analyze the formation of child-centred social policies based on infectious pandemic diseases to ensure children's welfare.

METHODS

This research uses qualitative method with the normative juridical approach. This research can be specified as analytical descriptive because it describes, illustrates, or expresses the applicable laws and regulations regarding

children's welfare in the pandemic condition of an infectious disease. Furthermore, it will be associated with applicable legal theories and the practice of implementing favourable laws regarding current problems researched. Data collection techniques used are literature studies and documents to discuss the problem in more detail, and it can be scientifically justified¹³. In this case, the Child-Centered Social Policies based Policy for Controlling Communicable Diseases to Ensure Child Welfare.

RESULTS AND DISCUSSION

The impact of infectious disease on the social environment is causing stigma against certain ethnic groups. In society, a pandemic of an infectious disease can cause disruption and limited access to basic needs services, such as hospitals, education services, and others. In the community's scope, the outbreak of a disease can cause damage to trust, competition for scarce resources, family separation, reduced community support, and increased risk of violence. In the family, a pandemic of an infectious disease can disrupt livelihoods, disruption of family relationships and support, and massive fear of infectious diseases that will result in abuse of the family's domestic space. Toward children, an infectious pandemic can increase children's risk of abuse, neglect, violence, exploitation, and psychological pressure. Therefore, it is essential to create a policy in emergencies that is child-centred, especially ensuring the welfare of children in an emergency.

The leading international treaties governing children's rights, particularly those related to emergencies, are the Convention on the Rights of the Child (CRC), the Optional Protocol on Child Trafficking, Child Prostitution and Child Pornography in 2000 (Optional Protocol on the Sale of Children Child Prostitution and Child Pornography) and Optional Protocol on the Involvement of Children in Armed Conflict in 2000 (Optional to the Convention on the Involvement of the Children in Armed Conflict). Indonesia has a legal basis used as special treatment for children in emergencies. Law Number 23 of 2002 concerning Child Protection; Article 59 states that the Government, Regional Governments and other State Institutions have the obligation and responsibility to provide exceptional children protection¹⁴. Superior protection is provided when children are in an emergency, those who conflict with the law, those who are from isolated minority groups, those who are exploited economically and sexually, those who are victims of abuse of narcotics, alcohol, psychotropic and other addictive substances, those who are victims of pornography, children with HIV/AIDS, children who have been abducted, trafficked, and trafficked, children who are victims of physical and psychological abuse, children who are victims of sexual crimes, children who are victims of terrorism networks, children with disabilities, children who have been mistreated and neglected, children with deviant social behaviour, and children who are victims of stigmatization from labelling related to the condition of their parents. Child protection based on Article 59 A is carried out through several efforts, such as rapid handling, including physical, psychological and social treatment and rehabilitation, as well as prevention of diseases and other health problems,

psycho-social assistance at the time of treatment until recovery, provision of social assistance to children those who come from low-income families, provide protection and assistance in every court process¹⁵.

Children are categorized in an emergency as stated in Article 60, such as children who become refugees, victims of riots, victims of natural disasters and children in armed conflict situations. The child protection law has not been regulated explicitly regarding emergencies caused by a pandemic of an infectious disease. Nevertheless, Article 46 gives obligations to the State, Government, Regional Government, family, and parents to ensure that children avoid disease, threatening the survival and causes disability. Diseases that threaten survival and cause disability are, for example, Human Immunodeficiency Virus (HIV) or Acquired Immuno Deficiency Syndrome (AIDS), Tuberculosis (TB), leprosy, and polio.

The Law Number 24 of 2007 about Disaster Management categorizes that a disease pandemic is a non-natural disaster, a disaster caused by an event or series of non-natural events, which includes technological failure, modernization, epidemics, and a disease pandemic. Implementation of disaster management during emergency response includes the rapid and responsive assessment of location, damage and resources, determination of the status of a disaster emergency, rescue and evacuation of people affected by disasters, the fulfilment of basic needs; protection of vulnerable groups, and immediate recovery of vital infrastructure and facilities. Article 55 paragraph (2) positions children as vulnerable groups who are given priority in the form of rescue, evacuation, security, health services, and psycho-social¹⁶.

Protecting children from danger, helping to fulfil children's rights, and creating an environment that guarantees children's well-being and healthy development are the main objectives of the emergency policy system. In emergencies, children experience many risks to psycho-social protection and well-being. These risks include physical and sexual harassment, exploitation, recruitment into the armed forces, separation from detention, death of family members, witnessing or directly experiencing violence, harassment, discrimination and exclusion, dropping out of school, transfer of roles and responsibilities in the household and loss of community-based support mechanisms.

Convention about Rights of Children promotes the protection and welfare of children are conducted in these following ways; offering immediate protection and security for children through the provision of safe and adequately supervised spaces for children to gather and engage in normalization activities, promoting the development and recovery of children's health from stress from events resulting from emergencies through expressive activities, social integrity and non-formal education, and mobilizing local communities to organize and act on behalf of children.

The standard policy is about the emergency condition, especially the rights of children for education. The government needs to create a non-formal education that guarantees access to education, even amid an emergency. Besides education, children must also be sure to be involved in their growth and development activities, such as playing and activities appropriate to the local culture.

However, no less critical is mobilizing the wider community to care for and protect children. The strands of community mobilization tied to each other around children need to be explored further to create an emergency policy-oriented to child welfare.

The policy of prevention of infectious diseases affects children, family and the larger environment. Emergency policies to close some public services such as restrictions on movement and use of public transportation that affect the reduction in income, school closures, access to services and social support, hunger and social isolation affect the possibility of high domestic violence, violence and civil unrest. In some conditions, such as isolation, it can cause separation between children and families. The long-term socio-economic impact of the emergency policy of handling infectious diseases is a crisis in the capacity of families that depends on the scale of the pandemic, as well as various government systems in general and child protection systems specifically in order to deal with the impact of pandemics on children and families.

CRC applies to all children in all context, including in an emergency. According to Article 24 of the CRC, children have the right to high health standards that the state must achieve. Children deprived of their liberty are more vulnerable to infection with infectious diseases because they are confined to their homes. Deprivation of liberty that places children in overcrowded and unclean conditions and poor safety and infrastructure systems, with such conditions, children are vulnerable to physical and mental health problems. Therefore, it is essential to make policies to deal with infectious diseases.

The policy arrangement stages include the stage of agenda-setting, the stage of policy formulation, the stage of policy adoption, the stage of policy implementation, and the stage of policy evaluation. At the same time, Ramesh stated that the policy process consists of 5 (five) stages which are: Arranging the agenda, namely the process so that a problem can get the attention of the government; Policy formulation, namely the process of formulating policy choices by the government; Policymaking, which is the process when the government chooses to take any action or does not take action; Policy implementation, the process of implementing policies in order to achieve results; and Policy evaluation, which is a process for monitoring and assessing the results or performance of policies.

Patriarchal values assume that making a policy must be neutral and objective if the policy-making process is closed and autonomous from various perspectives on moral, religious, philosophical, political, historical, and even gender. The law does not reveal good-bad or fair-unjust. If a law still applies, it must be considered fair and must still be implemented. The patriarchal value in legal theory is more widely applied in the flow of legal positivism, which emphasizes that every policy-making must accept the official version of the law as a legal reality and tend not to question the nature and primary purpose of the law, and to accept the flow of legislation or law as something given. The neutral and objective attitude developed by legal positivism is the main criticism of feminist legal experts or thinkers. Feminists from the late 1960s to throughout the 1970s discussed the possibility of realizing a law with a gender equality dimension because conceptual neutral and

objective policy-making attitudes have placed women or anyone who is socially disadvantaged by a policy, such as children, minority groups, and the environment as potential victims, and actually in many fields and circumstances often discriminate against groups who are socially weakened because of the unique conditions they experience, such as limited communication and others.

The feminist legal theory approach represents a complex and multidimensional legal approach as a form of struggle for people or groups who are disadvantaged because they have neglected their interests in making a public policy. In the perspective of feminist legal theory, making a policy must be kept away from understanding that is the same and general. To dismantle the concept of objective and neutral, Patricia Cain¹⁷ provides the concept that policy-making must be based on every social actor's experience to influence the making and implementation of a public policy based on different interests. Therefore, policy-making must take sides to anyone who is directly or indirectly affected by the policy-making.

Based on the value applied in feminist legal theory, Policy-making that affects children must be based on child-centred social policies. It emphasizes that in the process of making a policy must be oriented to children. The intention is to place the children in the primary position in policy-making, such as children's involvement and the process of listening to input or opinions from children. The reasons vary from policymakers' obligation to include children in making policies, namely ethical, excellence and pragmatism.

The policy that involves children in making policy expresses ethical beliefs. It means that children have the right to be consulted and involved in making policies that affect them. The policy has the advantage of involving children in designing a policy, allowing children to meet the needs and desires through a policy's expression. Finally, policy-making that aims at children will raise the possibility that children will support the policies for them.

The aim of consultation toward policy-making should enable and encourage children and adults to collaborate as equal stakeholders in an ongoing process from planning to evaluation. The consultation method must be sensitive to the age, context, particular culture and background of the children involved. The policyholder must allow all children regardless of gender, race, culture, disability and so on. The method used follows a particular way of communicating with children to ensure that children's views are accurately reflected¹⁸.

The consultation process for children is listening to them to encourage and help them become citizens who actively participate in public decision making. Thus, holding consultations with children must respect the consultation process as much as possible, in particular, organizers must provide children with appropriate, safe, and comfortable ways and places to express their views and ideas. Besides, the consultation process must involve supporting resources such as funds, adequate human resources, and all people's participation, including the community.

CONCLUSION

Policy-making of child-centred social policies based on controlling infectious diseases in order to ensure child

welfare. Every policy for handling infectious pandemic diseases must be implemented with a model that aims to realize principles sensitive to the development and needs of children. The concept of child-centred social policies is following the values applied in feminist legal theory, that each legal policy must be based on differences, experiences, and the needs of different individual subjectivities. Thus, policies on controlling infectious diseases must be consulted with children. The process of consulting with children, namely by listening to children to encourage and help them become citizens who actively participate in public decision making. Policies based on the child's experience will produce a policy that guarantees the welfare of the child.

Acknowledgements: Thanks to the Faculty of Law, Universitas Diponegoro, for supporting this research.

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