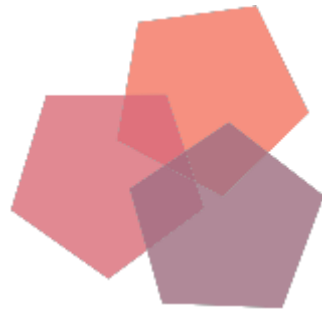


YES I DO.



The Situation of Child Marriage, Teenage Pregnancy, and FGM/C in Sukabumi, Rembang and West Lombok Regencies

2018 Midline Study

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List of Acronyms and Key Terms

AD	Anggaran Dasar	Articles of Association
ADD	Alokasi Dana Desa	Village Allocation Funds
AIDS		Acquired Immune Deficiency Syndrome
Angkot	Angkutan Kota	Public Transportation
APBDes	Anggaran Penerimaan dan Belanja Desa	Village Revenue and Expenditure Budget
ARI	Aliansi Remaja Independen	Alliance of Independent Youth
ART	Asisten Rumah Tangga	Household assistant
BK	Bimbingan Konseling	Guidance and Counselling
BKKBN	Badan Kependudukan dan Keluarga Berencana Nasional	National Family Planning Coordinating Body
BLK	Balai Latihan Kerja	Vocational Training Center
BPS	Badan Pusat Statistik	Central Statistic Agency
BUMDes	Badan Usaha Milik Desa	Village-owned enterprise
Dinindakop	Dinas Perindustrian, Perdagangan, Koperasi dan UMKM	Agency of Industry, Trade, Cooperatives and MSMEs
Dinsos	Dinas Sosial	Regional Office of Social Services Ministry
Disnakertrans	Dinas Tenaga Kerja dan Transmigrasi	Regional Office of Manpower and Transmigration Ministry
DKM	Dewan Kemakmuran Masjid	Board of Mosque Prosperity
DP3A	Dinas Pemberdayaan Perempuan dan Perlindungan Anak	Women Empowerment and Child Protection Office
DPPKB	Dinas Pengendalian Penduduk dan Keluarga Berencana	Population Control and Family Planning Agency
FAD	Forum Anak Desa	Village Children Forum
FGD		Focus Group Discussion
Forbumi	Forum Barudak Sukabumi	Sukabumi Youth Forum
GenRe	Generasi Rencana	
HIV		Human Immunodeficiency Virus
HPPC	Himpunan Pemuda-Pemudi Cibereum	Cibereum Youth Association
IMS	Infeksi Menular Seksual	Sexually Transmitted Disease
IPS	Ilmu Pengetahuan Sosial	Social Science
Kadus	Kepala dusun	Sub-head of the Village
KB	Keluarga Berencana	Family Planning
Kespro	Kesehatan reproduksi	Reproduction Health
KLA	Kabupaten Layak Anak	Decent City for Children
KPAD	Kelompok Perlindungan Anak Desa	Group of Village Child Protection
KTD	Kehamilan Tidak Diinginkan	Unintended Pregnancy
	Kantor Urusan Agama	Office of Islamic Religious Affairs (for registering marriages and divorces among Muslims)
KUA		
KUBE	Kelompok Usaha Bersama	Joint Business Group
LPAR	Lembaga Perlindungan Anak Rembang	Rembang Child Protection Institution
LPKA	Lembaga Pembinaan Khusus Anak	Children Development Institution

LPMD	Lembaga Pemberdayaan Masyarakat Desa	Village Community Empowerment Institution
LSM	Lembaga Swadaya Masyarakat	Non-Governmental Organisation
MCR	Mitra Citra Remaja	A programme of PKBI Sukabumi
MKJP	Metode Kontrasepsi Jangka Panjang	Long-term Contraceptive method
MoU		Memorandum of Understanding
MTS	Madrasah Tsanawiyah	
MUI	Majelis Ulama Indonesia	Council of Indonesian Ulemas
Musrenbangdes	Musyawaharah Perencanaan Pembangunan Desa	Village Development Planning Meetings
NU	Nahdhatul Ulama	Islamic leading organisation
OPD	Organisasi Perangkat Daerah Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak	Regional Official Organisation Integrated Service Center for Women and Children
P2TP2A		
PAP	Penundaan Anak Pertama	Postponement on having the first child
PAUD	Pendidikan Anak Usia Dini	Early Year Children Education
PEB	Pre Eklampsia Berat	Severe Pre-Eclampsia
Perbup	Peraturan Bupati	District Regulation
Perda	Peraturan Daerah	Regional/local Regulation
Perdes	Peraturan Desa	Village Regulation
Permen	Peraturan Menteri	Ministry Regulation
PKBI	Persatuan Keluarga Berencana Indonesia	Indonesia Family Planning Association
PKBM	Pusat Kegiatan Belajar Masyarakat	Center of Community Learning
PKK	Pembinaan Kesejahteraan Keluarga	Family Welfare Movement
PKPR	Pelayanan Kesehatan Peduli Remaja	Youth Care Health Services
PLKB	Petugas Lapangan Keluarga Berencana	Field Officer for Family Planning
PNS	Pegawai Negeri Sipil	Civil Servant
Polindes	Poliklinik Desa	Village Polyclinic
Polri	Kepolisian Republik Indonesia	Indonesian National Police
PONED	Pelayanan Obstetri Neonatal Emergensi Dasar Pos Pelayanan Terpadu	Basic Service for Neonatal Obstetrics Integrated Health POS; maternal and baby clinic
Posyandu		
PPKB	Pengendalian Penduduk dan Keluarga Berencana Pemberdayaan Perempuan dan Perlindungan Anak	Population Control and Family Planning Women Empowerment and Children Protection
PPPA		
Prolegda	Programme Legislasi Daerah	Regional Legislation Programmeme
PUP	Pendewasaan Usia Pernikahan	Marriage Age Maturation Programme
PUPUK	Perkumpulan Untuk Peningkatan Usaha Kecil Pusat Kesehatan Masyarakat	Association for small business development Community Health Center at Sub-District Level
Puskesmas		
Puspaga	Pusat Pembelajaran Keluarga	Center of Family Learning
Puspaga Samara	Pusat Pembelajaran Keluarga Sakinah Mawadah dan Rahmah	Center of Family <i>Sakinah Mawadah</i> and <i>Rahmah</i> learning
RAD	Rencana Aksi Daerah	Regional Action Plan
RT	Rukun Tetangga	Neighborhood Administrative Unit (Smallest)

RW	Rukun Warga	Community Administrative Unit (Above RT)
Satgas	Satuan tugas	Task Force
	Saka Bakthi Husada	A post of “Scouts for health people” in the Puskesmas
SBH		Elementary School
SD	Sekolah Dasar	
	sembilan bahan pokok (sembilan jenis kebutuhan pokok masyarakat menurut keputusan Menteri Industri dan Perdagangan pada 1998) (Sumber: KBBI V)	Nine fundamental items for daily consumption (refers to the decision of the Minister of Industry and Trade in 1998)
Sembako		
SK	Surat Keputusan	Decree
SKM	Surat Keterangan Miskin	Poor Certificate
SMA	Sekolah Menengah Atas	Senior High School
SMK	Sekolah Menengah Kejuruan	Vocational High School
SMP	Sekolah Menengah Pertama	Junior High School
SPP	Sumbangan Pembinaan Pendidikan	Tuition Fee
SRH		Sexual and Reproductive Health
SRHR		Sexual and Reproductive Health and Rights
SSK	Sekolah Siaga Kependudukan	Demography Aware School
TBA		Traditional Birth Attendants
ToC		Theory of Change
TK	Taman Kanak-kanan	Pre-Elementary School
TKB	Tempat Kegiatan Belajar	Place of Learning
TKI	Tenaga Kerja Indonesia	Indonesian Labor/Migrant Workers
TNI	Tentara Nasional Indonesia	Indonesian National Army
UKM	Usaha Kecil dan Menengah	Small and Intermediate level business
	Usaha Mikro, Kecil, dan Menengah	Micro, Small, and Intermediate level business
UMKM		
UU	Undang-Undang	Legislation, Act
VCT		Voluntary Counselling and Testing
Warnet	Warung internet	Internet Cafe
	Wahana Kesejahteraan Sosial Berbasis Masyarakat	Community-based Social Welfare Forum
WKSBM		
WPA	Warga Peduli AIDS	AIDS-care community
YIDA		YES I DO Alliance

Executive Summary

This midline study aims to provide insight into the (interrelated) causes and effects of child marriage, teenage pregnancy and female genital mutilation/cutting (FGM/C) that are present in the intervention areas of the YES I DO programme in Indonesia. In addition, it aims to provide insight into different pathways of change and unravel why and how the YES I DO intervention's strategies do or do not contribute towards improved outcomes related to the strategic goals of the programme since the baseline study in 2016.

This midline study, first, aims to explore changes in attitudes of community members and gatekeepers¹ around child marriage and teenage pregnancy, and if and to what extent they take action to prevent child marriage, teenage pregnancy and FGM/C. Second, it also aims to understand the level of meaningful youth engagement of young people in community activities, programmes and policies. Third, it will assess if and to what extent young people take informed action of their sexual reproductive and health rights (SRHR). Fourth, it will look at what types of alternatives are provided by education and economic empowerment to young women. Fifth, it will provide insight into changes in the creation and implementation of laws regarding child marriage, teenage pregnancy and FGM/C. Lastly, it will contribute to the evidence on effective and context-specific intervention strategies to eliminate child marriage and FGM/C and reduce teenage pregnancy.

The YES I DO Alliance in Indonesia has implemented the programme in three districts, namely: Sukabumi, Rembang, and West Lombok. In each district, the alliance works in four villages in two sub-districts.

This research was conducted in three districts where the YES I DO programme has been implemented, namely Sukabumi, Rembang and West Lombok. One village was selected in each district. The selected villages were Sukaraja in Sukabumi, Menoro in Rembang, and Kediri in West Lombok. The data collection process was conducted for 14 days in each research location within the period of July 8 – 29, 2018.

This midline study was a qualitative study that used a number of data collection techniques that were Focus Group Discussions, In-depth Interviews, and Key Informant Interviews. Young women and men,

¹ Gatekeepers are caretakers (family members such as grandmothers, mothers in-law), health/social workers, teachers, traditional and religious leaders and peers, who influence girls' situation in relation to child marriage, teenage pregnancy and FGM/C.

both married and unmarried, between 15-24 were interviewed. Parents and key stakeholders such as health workers, religious and community leaders and teachers were also interviewed. The study team also interviewed NGOs involved in the YES I DO programme and relevant policy makers. Selected participants included those who were involved in the YES I DO programme as well as those who were not.

As of July 2018, the child protection commission at the village level (*Komisi Perlindungan Anak Desa/KPAD*) and Children Village Forums (*Forum Anak Desa/FAD*) have been established in the three districts. The alliance has also implemented SRHR education at schools and in the village as part of the programme. Entrepreneurship trainings have been delivered for youth at schools and in the village. Key policy makers at the district level have been involved in the programme as well.

There are changes observed in the midline study in comparison with the baseline study. First, *there are changes in the attitudes and actions of the gatekeepers to prevent child marriage*. In Kediri, West Lombok, the KPAD plays a significant role in changing the attitudes of the gatekeepers. However, the *belas* mechanism (the process of separation of the groom from the bride i.e. a canceling of the *merariq*- which is a practice in which the groom "kidnaps" his prospective bride from her parents' home) encouraged by the KPAD to prevent child marriage should be more child-sensitive. The *belas* mechanism can make a child groom and a child bride feel ashamed and traumatized. Religious and traditional leaders have also played a role in changing attitudes of gatekeepers. In Kediri, the religious leaders talk about the prevention of child marriage in many village activities, and YES I DO programme activities such as *Dai Kesehatan* and *Kak Mamat*. The YES I DO programme in West Lombok also builds alliances with the provincial and district programmes such as the Marriage Age Maturation and Anti-Child Marriage Movement (GAMAK). The cooperation is encouraging the issuing of a regulation on the prevention of child marriage at the village level. In Sukaraja, Sukabumi, changes in the attitudes and actions of the gatekeepers to prevent child marriage are also observed. The YES I DO programme engages with the district government programmes such as the Marriage Age Maturation programme and the child-friendly cities programme. However, in Sukaraja, the KPAD is less active since it is dominated by older individuals. Moreover, the KPAD mostly only reaches young people who are part of the family of village officials or traditional leaders. The engagement of the religious leaders is not clear and sufficient enough to create changes in attitudes of the gatekeepers in the village. In Menoro, Rembang, the changes in the attitudes and actions of the gatekeepers to prevent child marriage are due to the role of KPAD as well as the engagement with the district government programmes. The KPAD in Menoro actively campaigns against child marriage and

enforces the implementation of the district regulation on child protection. It is mentioned in the regulation that the age of marriage is above 18 years.

Second, the midline study finds that *there a few to no changes in the attitudes and actions of the gatekeepers to prevent female genital mutilation/cutting*. In all villages, the practice of female circumcision is still regarded as part of the obligatory Islamic rituals (*ibadah wajib* or at least *sunnah muakad*). In Menoro, the study found that traditional birth attendants perform FGM/C.

Third, *there are changes observed in the level of meaningful engagement of young people*. In Kediri, young people actively campaign for the prevention of child marriage and are represented in the KPAD and will soon be represented in the BPD (village consultative body) that are strategic for child protection. In Sukaraja, young people are involved in the village meetings and are represented in the KPAD but their roles in the KPAD must be improved and made more meaningful.

Fourth, *there are a few changes in the provision of SRHR information and services*. The YES I DO programme engages with the Posyandu (integrated health post for children and pregnant women) and youth-friendly services. In Kediri, the Posyandu Remaja (Youth Posyandu) is supported by the YES I DO programme and has reached young people, in particular girls and youth under 15 years. Thus, there should be more outreach to older youth (above 15 years) and young men. The Posyandu Remaja in Sukaraja also needs to involve more young people. In Menoro, no Posyandu Remaja is running yet. The YES I DO programme also provides SRHR information in schools by delivering the Setara Module.

Fifth, *the economic empowerment component of the YES I DO programme needs to reach older youth in the village more*. The activities of the programme are not enough to support young people to start their business.

Sixth, *there are policies at the village level issued with the support from the YES I DO programme*. In Kediri there is *awig-awig desa* (village ordinance) to prevent child marriage. In Sukaraja, there is *peraturan desa* (village regulation) and in Rembang there is a KPAD regulation regarding the prevention of child marriage.

This study offers **key recommendations** for each pathway.

For the first pathway, the strategic engagement of religious and traditional/community leaders is needed to accelerate the changes in the attitudes of parents, other religious and community figures, and village officials towards child marriage, teenage pregnancy, and FGM/C. In addition, the YES I DO programme

should continue and strengthen its engagement with the national, provincial, and district programmes to prevent child marriage, teenage pregnancy as well as FGM/C.

For the second pathway, since the KPAD plays a strategic role in the village, it should be strengthened to facilitate the meaningful engagement of young people. Youth ownership of the KPAD should be established by significantly involving young people in the management of the KPAD. Youth leadership in the KPAD and the community should be encouraged and generated. Moreover, KPAD should be more accountable in advocating youth's interests and should not be dominated by older people's perspectives.

For the third pathway, since the youth Posyandu has potential to reach out to youth in the community, the commitment of the district government to regularly implement youth Posyandu in hamlets should be encouraged. The provision of SRHR services should also reach more youth including those who engage in risky sexual practices. Seeing the importance of the role of midwives from this study, their roles should be maintained and strengthened in the provision of the SRHR services and information to youth in the villages. The leadership in the delivery of the SETARA module at schools should be established by involving more teachers and the principal with the support from the district education office.

For the fourth pathway, the economic empowerment component of the programme should continue its synergy with the local government programme such as the community learning center programme (PKBM) to help out-of-school youth. The economic empowerment component needs to provide concrete guidance on young people's businesses. Establishing an incubator to develop young people's entrepreneurship can be an option.

For the last pathway, the commitment of policy makers to finance some programmes related to the prevention of child marriage and teenage pregnancy should be demanded, including the transparency and accountability of the imbursement of the budget.

1. Introduction

1.1 Background

Child marriage, teenage pregnancy, and female genital mutilation/cutting (FGM/C) have been increasingly of international concern in recent years as human rights violations. Efforts to prevent the practice of child marriage, teenage pregnancy and FGM/C continue to be pursued by various international and national agencies. In the SDGs (Sustainable Development Goals), these three phenomena are included in the indicators and targets that must be reduced by countries committed to implementing these goals. The practices are rooted in gender inequality, harmful social and gender norms and aggravated by poverty, lack of sexuality education, and lack of access to sexual and reproductive health (SRH) services for youth.

In Indonesia, the practice of child marriage, teenage pregnancy and FGM/C are still prevalent and vary between regions. Despite increasing education levels of the population, child marriage is commonly practiced in rural and urban areas. Factors perpetuating this practice include poverty, religion, customs, and premarital sex. As a result, teenage pregnancy, which has long-term consequences for the health of young women and their babies, is a common consequence. Meanwhile, the practice of FGM/C which is found in many districts is linked to religion, tradition, sexuality and marriageability.

This midline study aims to provide insight into the (interrelated) causes and effects of child marriage, teenage pregnancy and FGM/C that are present in the intervention areas of the YES I DO programme in Indonesia. In specific, it aims to provide insight into different pathways of change and unravel why and how the YES I DO interventions strategies do or do not contribute towards improved outcomes related to the YES I DO five strategic goals since the baseline study in 2016.

1.2 Child Marriage, Teenage Pregnancy, and Female Genital Mutilation/Cutting in Indonesia

1.2.1 Child Marriage

Globally, child marriage is defined as a marriage (formal or informal) which occurs when one or both the spouses are under 18. According to Indonesian Marital Law No. 1/1974, the age for marriage is 16 for women and 19 for men. Given that context, a girl who marries at the age of 16 or 17 is legal in Indonesia. According to the 2013 Basic Health Research (Riskesdas), around 26% of underage (> 18 years) women were married before their bodies were considered healthy enough for childbearing (Kementerian Kesehatan Republik Indonesia, 2013:203). The latest data from the Central Statistics Agency (BPS) in 2013 and 2015 showed that the prevalence of child marriage in Indonesia in 2015 was 23%. Hence, one in five women aged 20-24 years old in Indonesia who was or had been married, had her first marriage before her 18th birthday. In this case, the prevalence of child marriage in Indonesia has only decreased by about 1 percent since 2013 (24%). In addition, based on the data of child marriage in Indonesia in 2013 and 2015, it is known that the percentage of women aged 20-24 years who were married before they reached 16 years of age was less, though it was higher among those

who were between 16 years of age and less than 18 years. The increasing number of marriages among girls when they reached the age of 16 shows that the marriage of 16 and 17 year old girls are still common in Indonesia. Furthermore, based on the 2015 National Socio-Economic Survey of Indonesia (SUSENAS) data, there were 20 provinces with higher prevalence of child marriage than the national figure (22.8%). These provinces are spread throughout Indonesia in the West and East of the country. The top five provinces with the highest prevalence were West Sulawesi (34.22%), South Kalimantan (33.68%), Central Kalimantan (33.56%), West Kalimantan (32.21%), and Central Sulawesi (31.91%) (Badan Pusat Statistik, 2017).

The baseline study of the YES I DO programme found that 17.9% of respondents aged 15-24 years in West Lombok were married before the age of 18. While in Sukabumi, this rate was lower at 13%. Factors contributing to child marriage were generally poverty, low education, tradition/custom, matchmaking practice and premarital sex (Hidayana et al., 2016). These factors varied between regions. According to a study conducted by the Center of Study for Gender and Sexuality in 2016 on the impact of child marriage in Indonesia in 8 regions, child marriage had impacts that fall under five categories i.e. economic impact (child marriage adds new layer to the poverty cycle); social impact (it makes those involved vulnerable to divorce at an early age and school dropout); health impacts (maternal and infant mortality caused by immature reproductive organs and low birth weight due to malnutrition); psychological impact (psychological unpreparedness in having children, teenage couples mentally unprepared in having changes in their roles and facing household problems, etc.), as well as other impacts that were mostly found across the study area, namely the occurrence of domestic violence, instability in raising their family, as well as subordination of women - impacting them in terms of their health, socially, economically as well as psychologically (Djamilah. et al., 2016). The operational research of the YES I DO programme shows that child marriage is vulnerable to divorce and divorce after child marriage has negative effects such as adding to the economic burden of families, and social stigmas against young female divorcees (Benedicta et al., 2017).

Research conducted by Marcoes & Sirimorok (2016) on "Monographs of Child Marriage Research in five provinces in Indonesia" revealed that socio-ecological changes such as social and gender relations in family and community, and changes in living space settings are the dominant factors that perpetuate the practice of child marriage. Girls who marry at a young age usually stop attending school, a situation that deprives them of knowledge and skills necessary to support their future. Moreover, they cannot participate in decision-making in the family because of their weak bargaining position and the risk of becoming victims of domestic violence (Marcoes & Sirimorok, 2016). Parallel to this, the YES I DO baseline study (Hidayana et al., 2016) also showed the crucial role of parents in the practice of child marriage. Parents had limited knowledge on the consequences of child marriage; hence they preferred to marry off their daughters to avoid unintended pregnancy. Moreover, religious leaders reinforced this practice as they also considered marriage as a way to avoid *zina*².

² The Islamic notion of illicit sex or adultery

1.2.2 Teenage Pregnancy

When a teenage girl, usually between 13-19 years of age is pregnant, it is defined as a teenage pregnancy. In Indonesia, the 2013 Basic Health Research (Riskesdas) data showed that the proportion of pregnancies among females aged 10-54 years in Indonesia was 2.68%. Among the same population, the number of pregnancies found among the very young (<15 years) was (0.02%) or 22,000 young girls. These girls were between 10-14 years of age, and were married, mainly in rural areas (0.03%). The proportion of pregnancies in adolescence (15-19 years) was 1.97% which was higher in rural areas (2.71%) as compared to urban areas (1.28%) (Kementerian Kesehatan Republik Indonesia, 2013:203).

The 2012 and 2017 Indonesian Demographic and Health Survey (IDHS) (BKKBN, Kemenkes, & ICF International, 2013; BKKBN, Kementerian Kesehatan Republik Indonesia, Badan Pusat Statistik, & USAID, 2017) show that the level of education plays an important role in influencing young people's (15-24 years) sexual experiences. Unmarried young women who did not complete their basic education tended to have nearly four times more sexual experiences than unmarried educated women. Moreover, Utomo & McDonald (2009) argued that although increasing levels of education decreased the rate of early marriage, it had no effect on the likelihood of premarital sex amongst teenagers.

Unfortunately, many youth engage in unprotected premarital sex. The 2012 IDHS found that only 18% of female adolescents and 25% of male adolescents stated that they had used condoms when having sex for the first time. Twenty-seven percent (27%) of male adolescents stated that they had used condoms the last time they had had sex. These numbers indicate that there were risks of an unintended pregnancy. A survey involving 4,500 adolescents in 12 cities conducted by the Child Protection Commission (KPA) in 2010 reported that 63% of these youth were already engaged in sex, and 21% had had an abortion (quoted in Kusumaningsih, 2010). The Greater Jakarta Transition to Adulthood Survey (GTAS) in 2010 revealed that 11% of unmarried respondents had already had sex (I. D. Utomo, McDonald, Hull, Utomo, & Reimondos, 2010). In West Papua, 38% of high school students had had premarital sex. Among sexually active female students, 32% had become pregnant and many had to resort to induced abortions to end their pregnancy (Diarsvitri, Utomo, Neeman, & Oktavian, 2011).

Hull & Hartanto (2009) estimated that adolescent girls under 19 years accounted for 10% of the incidence of abortion in health services. The percentage of women under the age of 19 who had unsafe abortions was estimated to be higher especially in rural areas (Sedgh & Ball, 2008). Teenage girls who had an unintended pregnancy would try to abort their pregnancy in various ways, including seeking help from a traditional birth attendant (TBA) to have an abortion (I. Utomo & McDonald, 2009).

The 2012 Indonesian Demographic and Health Survey (IDHS) showed that three out of 10 young girls and 18% of boys said that they personally knew someone who had an unintended pregnancy. In such cases, respondents had suggested to them they should not undergo an abortion. Meanwhile, young people's knowledge regarding prevention of pregnancy was still limited. The 2012 IDHS recorded a decrease in knowledge of young people regarding condom use and its ability to prevent pregnancies

and protect against HIV/AIDS & STIs compared to the results of the 2007 IDHS. When respondents were disaggregated by gender, the 2012 IDHS showed that men tended to agree more than women with the statement that condom use can prevent pregnancy (74% of men and 64% of women) and can prevent HIV/ AIDS (66% of men and 50% of women). In general, the age group of older youth (20-24 years) residing in urban areas with higher education tended to be more willing to use condoms to prevent pregnancy. Furthermore, the 2012 IDHS also showed that the number of teenagers who wanted family planning services to be available for unmarried young people had declined.

1.2.3 Female Genital Mutilation/Cutting

In 2003, the Population Council conducted research in Indonesia on female circumcision³ in several areas i.e. Padang, Banten, Madura, Gorontalo, Makassar, Kutai Kartanegara, Yogyakarta, Lombok, and Sukabumi. The study showed variations in the practice of female circumcision methods used by traditional circumcisers such as piercing, scratching, and rubbing, while trained health care providers tended to perform a partial removal of the clitoris and/or preputium (Meiwita Budiharsana, Amaliah, Utomo, & Erwinia, 2003). According to the study, female circumcision practices can be divided into two main groups: “symbolic only” types where there is no incision or excision, accounting for about 28% of all the cases of female circumcision in the study for which an eye-witness account was available, and ‘harmful’ forms, involving incision (49%) and excision (22%).

According to a research study conducted by Center for Gender and Sexuality Studies in 2015 in seven cities/regencies in Indonesia, the types of FGM found were type 4, type 1 and symbolic cutting. Type 4 (e.g. scraping, piercing, and pricking) was found in five cities/regencies, symbolic without actual cutting was found in five cities/regencies, and type 1 was found in three cities/regencies (Pusat Kajian Gender dan Seksualitas FISIPUI, 2015). Type 1, for example in Bima, required a removal of the tip of clitoris. This is parallel with some previous studies showing that the practice of female circumcision in Java and Madura is done by cutting a little bit of the clitoris (M. Budiharsana, 2003; Delyana, 2005).

The practice of female circumcision in Indonesia is still prevalent. Based on data from Riskesdas in 2013, 51.2% of girls aged 0-11 years old were circumcised. The highest number of circumcised girls was found in Gorontalo (83.7%), and the lowest in East Nusa Tenggara (2.7%). The 2013 Riskesdas data also show that most girls were circumcised when they were between 1-5 months old.

The Indonesian Ulema Council supports the practice of female circumcision and has been urging the Indonesian government to establish a national regulation. In November 2010, the Ministry of Health issued regulation No. 1636/Menkes/Per/XI/2010 concerning female circumcision⁴. The regulation was revoked by the Ministry of Health on February 6, 2014, with the Permenkes No. 6/2014 under the consideration that the practice of female circumcision in Indonesia is mainly done because of customs and religion, and is not a medical treatment. A study conducted by the National Commission for

³ The term used by the YES I DO programme is female genital mutilation/cutting (FGM/C). We also use the term female circumcision. Despite the notion that the term may disguise the harmful nature of the practice, our interlocutors including programme implementers use it in the field. The term female circumcision allows us to discuss it as part of traditional and religious practice that sometimes does not entail mutilation or cutting. When we refer to the YES I DO programme we use the term FGM/C, but when we discuss about the practice done by the community we use the female circumcision.

⁴ This regulation sanctioned FGM/C and authorized certain medical professionals to conduct it, conditional to request and consent from the person to be circumcised, parents or guardians.

Women (2017) shows that the main motives for female circumcision were religious teachings, traditions and culture, and family traditions involving the grandmother and mother who play the biggest role in the decision-making regarding FGM/C (Anshor & Hewatt, 2017). The study also asserts that there is no medical benefit from the practice. However, there has been no follow-up from the legal authorities in Indonesia regarding the official stance on the practice of FGM. The YES I DO baseline study (2016) also showed how FGM/C was perceived as a religious or cultural practice. Although most respondents did not understand the medical and non-medical consequences of FGM/C, they stated they would circumcise their daughters in the future (Hidayana et al., 2016).

1.3 The YES I DO Programme in Indonesia

Rutgers WPF Indonesia, Plan International Indonesia and ARI (Independent Youth Alliance)⁵ collaborate in the YES I DO Alliance (YIDA) Indonesia to implement interventions on child marriage, teenage pregnancies, and female genital mutilation/cutting (FGM/C) through the YES I DO programme. The YES I DO programme has been implemented in three districts, namely: Sukabumi, Rembang, and West Lombok. The additional local partners that constitute the Alliance in Indonesia are PKBI (Persatuan Keluarga Berencana Indonesia/Indonesia Family Planning Association), PUPUK (Perkumpulan Untuk Peningkatan Usaha Kecil Pusat Kesehatan Masyarakat/Association for small business development Community Health Center at Sub-District Level), and LPAR (Lembaga Perlindungan Anak Rembang/Rembang Child Protection Institution). In each district, the programme is present in four villages in two sub-districts. The programme has five strategic goals:

1. Community members and gatekeepers have changed attitudes and take action to prevent child marriage, teenage pregnancy and FGM/C.
2. Adolescent girls and boys are actively claiming their SRH rights and are considered equal partners.
3. Adolescent girls and boys take informed action on their sexual health.
4. Adolescent boys especially girls have alternatives beyond child marriage, teenage pregnancy and FGM/C through education and economic empowerment.
5. Policy makers and duty bearers develop and implement laws and policies on child marriage, teenage pregnancy and FGM/C.

These five goals are related to the five intervention strategies of the theory of change (ToC) of YES I DO. In Indonesia, as per July 2018, in the three districts of the YIDA, the child protection commission at the village level (*Komisi Perlindungan Anak Desa/KPAD*) and Children Village Forums (*Forum Anak Desa/FAD*) have been established. The programme has also implemented SRHR education at schools and in the village. Entrepreneurship trainings have been delivered for youth at schools and in the village. Key policy makers at the district level have been involved in the programme as well.

1.4 The Process of Base-, Mid-, and End Line Studies Within YES I DO

The base-, mid-, and endline studies are to provide insight into the (interrelated) causes and effects of child marriage, teenage pregnancy and FGM/C and the extent to which these causes and effects, and the three problems themselves, are present in the intervention areas of the YES I DO programme over a

⁵ ARI is the local partner of CHOICE, for youth and sexuality a partner within the Yes I Do alliance.

period of five years. In addition, the research aims to provide insight into the different pathways of change, thereby testing the theory of change (ToC), and unravel why and how the YES I DO interventions strategies do or do not contribute towards improved outcomes related to the five strategic goals. The research aims to assess whether the programme ultimately results in a decrease in child marriage, teenage pregnancy and FGM/C. In 2016, we undertook a baseline study before the YES I DO programme was implemented. This midline study analyses changes in the progress on the five strategic goals after 2.5 years of the programme's implementation. The endline study will be conducted at the end of the programme in 2020 to capture the accomplishments of the five strategic goals.

1.5 Research Objectives

This midline study analyses progress on five pathways of change from the 2016 baseline study. Specifically, it has the following objectives:

1. To explore changes in attitudes of community members and gate keepers⁶ around child marriage, teenage pregnancy and FGM/C, whether and to what extent they take action to prevent child marriage, teenage pregnancy and FGM/C and which factors influence this and how
2. To determine changes in the level of meaningful engagement of adolescent girls and boys in community activities, programmes and policies – thereby claiming their rights - and which factors influence this and how
3. To explore and analyse whether and to what extent youth take informed action on their sexual and reproductive health and which factors influence this and how
4. To explore and analyse whether and to what extent education and economic empowerment of girls provides them with alternatives beyond child marriage, teenage pregnancy and FGM/C
5. To provide insight into changes in developed and implemented laws and policies on child marriage, teenage pregnancy and FGM/C
6. To contribute to the evidence on effective and context-specific intervention strategies to eliminate child marriage and FGM/C and reduce teenage pregnancy

⁶ Gatekeepers: caretakers; family members such as grandmothers, mothers-in-law; health and social workers; teachers; traditional and religious leaders and peers, who influence girls' situation in relation to child marriage, teenage pregnancy and FGM/C.

2. Methodology

2.1 Research Sites

The research was conducted in three districts where the YES I DO programme has been implemented, namely Sukabumi, Rembang and West Lombok. One village was selected in each district. The villages were selected together with the Alliance members at a workshop held on June 29, 2018. The selected villages were namely Sukaraja in Sukabumi, Menoro in Rembang, and Kediri in West Lombok. The data collection was conducted over the span of 14 days in each research location within the period of July 8 – 29, 2018.

2.2 Research Methods and Participants

The midline study is a qualitative study that uses a number of data collection techniques that are Focus Group Discussions (FGD), In-depth Interviews (IDI), and Key Informant Interviews (KII). In addition, this study also carried out observations in the selected villages where the research took place.

2.2.1 Focus Group Discussion (FGD)

Focus group discussions (FGDs) were conducted with 5 (five) groups in each village, namely: (1) unmarried female youth aged 15-18 years old; (2) Unmarried and married female youth aged 19-24 years old; (3) Unmarried and married male youth aged 15-24 years old; (4) fathers; and (5) mothers. In each of the FGDs, the selected participants included those who were involved in the YES I DO programme as well as those who were not.

In the FGDs, at times, certain participants would dominate the discussion, which would affect the dynamics of the group. This was seen, for example, in the FGD conducted with fathers in Sukabumi, where one FGD participant often corroborated his opinions with the teachings of Islam, which made other participants reluctant to express their opinions that might be different. Differing social status of participants also affected the discussion. In the FGD conducted with fathers in West Lombok, there was one participant who was respected by several other participants, resulting in their tendency to agree with the opinion of this respected figure. In Rembang, marital status affected the flow of the FGD with girls aged 19-24 years old. Married participants tended to be dominant over unmarried ones. Efforts were made by the facilitator to address these dynamics and provide opportunities to other participants to express their opinions.

The language barrier proved to be another challenge. Not all researchers were able to speak the local language of the villages studied. This affected the level of probing done by the researchers when the FGD was not optimal, especially among parents. Local research assistants who were present helped to explain, but this resulted in the FGDs becoming less interactive.

2.2.2 In-depth Interview (IDI)

In-depth interviews were conducted with young people aged 15-18 years and 19-24 years. This included young women and men, of whom some had participated in the YES I DO programme and

some who had not. Religious and community leaders, teachers who taught sexuality education using the SETARA Module, and Heads of the community health center (Puskesmas) along with midwives involved in the YES I DO programme were also interviewed. Details of these informants per region are available in Table 1.

In some in-depth interviews conducted with youth, parents wanted to be present and vice versa. Therefore, in Sukabumi, several interviews with children were conducted in the residence of the researchers. In West Lombok, the interviews were conducted in the house of one of the village child protection commission (KPAD) youth members, a space which had also been used to conduct the YES I DO programme activities.

Challenges were faced in establishing trust between researchers and the villagers in the limited time available. To address this, researchers developed an interview strategy to talk about sexuality by referring to the experiences of others, initially talking about other things such as friends and schools, and probing. In a few occasions, researchers also did some part of the interviews without a recording device when the informants said they felt uncomfortable having their responses recorded.

2.2.3 Key Informant Interview (KII)

KIIs were conducted with NGOs involved in the YES I DO programme and relevant policy makers i.e. the regional government and the Municipal People's Representative Council (DPRD). Details of the KIIs carried out per region can be seen in table 1.

The challenge faced when conducting the KIIs with NGOs was the high staff turnover in several organizations in Sukabumi and West Lombok, resulting in the existing staff unable to provide adequate or complete explanations. For example, one staff member interviewed had been involved in the programme for less than two months after replacing the previous staff member who had moved out of the area.

2.2.4 Observations

Observations were made in the neighborhood where the researchers stayed, at the health services such as Puskesmas and the integrated health post (Posyandu), as well as activities carried out by the villagers. In West Lombok, researchers had the opportunity to observe *nyongkohan* (a procession in which a groom is brought to the bride's house) and the activities of the *pesantren* students in Kediri Village. In Sukabumi, researchers observed places where young people gathered at night, including areas where there was street prostitution. In Rembang, researchers made observations at different spaces in the village, which included village facilities, places where youth gathered, and schools. These observations were documented in the forms of photos and fieldnotes.

Table 1 Methods and Participants of the Midline Study

Methods	Participants	Number of Participants			Total
		Sukabumi	Rembang	Lombok Barat	
FGD	Girls aged between 15-18 years unmarried	7	8	8	111
	Girls aged 19-24 years married and unmarried	6	7	9	
	Boys aged 15-24 years married and unmarried	7	7	7	
	Female parents or caregivers	7	8	8	
	Male parents or caregivers	6	8	8	
	Total	33	38	40	
IDI	Girls aged between 15-18 years	2	2	3	42
	Girls aged between 19-24 years	2	1	1	
	Boys aged between 15-18 years	2	2	2	
	Boys aged between 19-24 years	1	1	2	
	Parents or caregivers	2	1	1	
	Religious and traditional leaders	1	1	2	
	Teachers	2	1	1	
	Health workers (Puskesmas)	1	1	1	
	Midwives	1	1	1	
	Traditional birth attendants (TBAs)	-	1	-	
	CBO and youth organization staff	2	-	1	
	Total	16	12	15	
KIIS	PKBI	1	1	1	31
	ARI	1	1	1	
	LPAR	-	1	1	
	PUPUK	1	1	1	
	Health Office	1	-	1	
	Women Empowerment, Child Protection, and Family Planning Office	2	1	1	
	Religious Affairs Office	-	1	-	
	Manpower and Transmigration Office	1	1	1	
	Social Welfare Office	-	-	1	
	Women's Crisis Center	1	-	-	
	Village Official	1	1	2	
	Legislative	-	-	1	
	Village Child Protection Commission	1	1	1	
	Religious Court	-	1	-	
	Total	10	10	12	
TOTAL				185	

2.3 Recruitment of Research Participants

Purposive sampling was used to select the study participants. Relevant policy-makers were identified with the help of local research assistants and was based on information obtained from the NGOs implementing the YES I DO programme in each region. To conduct the interviews, researchers submitted requests for research permission to the Office of National Unity and Community Protection in each district. After the permission was granted, the researchers submitted a request for interviews to the intended government agencies in the districts.

For youth informants, parents, and religious/community leaders at the village level, researchers were assisted by the KPADs in identifying informants that met the determined criteria (age, marital status, involvement/ non-involvement in the YES I DO programme). For teachers and health workers, the recruitment of informants was carried out with the help of the KPADs and NGOs implementing the YES I DO programme in each region.

The role of the KPADs was very important in the process of recruiting informants in villages in Rembang and West Lombok. Researchers were not yet familiar with the areas and had to build a rapport with the locals and the KPADs knowledge of the local community bridged this gap.

However, not all KPADs had a good understanding of the community. For example, in Sukaraja in Sukabumi, which is a relatively large village, the YES I DO programme was only implemented in four neighbourhood clusters (RW) out of 25 RWs. In this case, the KPAD could not reach many of the villagers, due to which they were unable to refer many informants or FGD participants. Researchers used the snowball sampling method and visited households of youth aged 15-24 years old in order to get youth informants and parents for IDIs and FGDs.

2.4 Data Collection and Training

As part of the preparation and training of the researchers, the Center for Gender and Sexuality Studies (CGSS) conducted several workshops. The first workshop was conducted with KIT on June 28-29, 2018 in which topic guides for FGD, IDI, and KII were discussed to achieve common understanding among the researchers. In addition, the workshop also discussed the methods and strategies for the data collection of the midline study. The YES I DO Alliance members participated for part of the workshop to give input on research sites and the study. This was followed by another CGCS workshop on July 4, 2018 where the research team was trained in conducting interviews and FGDs.

2.5 Quality Assurance and Data Management

Before data were collected, CGSS coordinated with research assistants in each research location. Researchers presented the research methods and recruitment criteria for participants to the research assistants. At each research location, prior to carrying out data collection, researchers discussed data collection strategies and planned a research agenda and schedule in the field with the research assistants.

During the process of collecting data in the field, the research team made a daily activity report and an evaluation report at the end of the fieldwork.

All data obtained by researchers in the forms of interview recordings, secondary data, IDI, KII and FGD transcripts, photographs, and the results of data processing from the NVivo programme were all compiled and stored on CGSS laptops. The researchers checked all transcript data from the IDIs, KIIs, and FGDs for quality purposes. CGSS standardized the transcript writing as well as the labeling of documents and folders. All of the documents were backed up.

2.6 Data Processing

All the recordings of the IDIs and KIIs, as well as the FGD were transcribed. While in the field, the researchers also made interview and observation fieldnotes. The IDI, KII and FGD transcripts and fieldnotes were processed using NVivo. The data were processed separately based on research locations. The research lead developed the data analysis plan/coding frame which was used as a guide for researchers who carried out data analysis. After this, the researchers rechecked the results obtained from the data analysis for the accuracy of the coding.

2.7 Research Ethics

This study obtained ethical clearance from the Ethics Committee of the Institute for Research and Community Service of the Atma Jaya University. Research proposals and ethical review forms along with other supporting documents were sent to the Ethics Commission in early June 2018. The Commission gave the ethical clearance for this research on July 4, 2018 and required the researchers to provide a report to the commission regarding the implementation of the research.

The researchers prepared the informed consent form to get consent from research participants. In this form, the researchers briefly explained the objective of the research, the guarantee of confidentiality and the right to resign as informants or participants in the research either during in-depth interviews or focus group discussions (FGD). Researchers also provided details of contact persons should there be problems, or questions related to the research in each research location.

The researchers also gave souvenirs such as a small bath towel, a small canvas tote bag, or a t-shirt to the study participants as a token of appreciation for their participation and willingness to take part in the research. Meanwhile, participants for focus group discussions (FGDs) were also provided with transport allowance. During the FGDs, drinks and snacks were also provided. The researchers ensured that the value of the souvenirs did not influence the willingness to participate.

3 Research Findings

3.1 West Lombok

3.1.1 Characteristics of the Study Population – Kediri Induk

Village Profile

Kediri Induk is one of the villages of the Kediri sub-district in West Lombok District located in the centre of the district government and businesses. It is a small village, spanning 2.92km² with 10,098 residents- 51% women and 49% men. The number of Kediri Induk village residents between 10-19 years of age is 2,931 or 29% of the village population. Majority of the population belong to the Sasak ethnic group. These are the main target beneficiaries of the YES I DO programme (Pemerintah Desa Kediri Induk, 2017). The village has several public and private schools (*madrasah*), as well as Islamic boarding schools (*pesantren*) ranging from kindergarten to universities (Kediri District in Figures 2017). Kediri Induk is also known as "*santri* village" for its large Islamic boarding schools with thousands of students or *santri*. There are four Islamic boarding schools located in the village.



Figure 1 One of the Biggest Pesantrens in Kediri Induk Village

Source: Research Team of Center for Gender and Sexuality Studies UI, July 2018

It has good health facilities and infrastructure, with one Puskesmas, one Poskesdes (Village Health Post), eight Posyandu, and two general practitioner clinics (Kediri Sub-district in Figures 2017). The Kediri Puskesmas has a special youth service unit with dedicated health personnel. Youth Posyandu has also been running in the village.



Figure 2 Poli Youth in Puskesmas Kediri in West Lombok

Source: Research Team of Center for Gender and Sexuality Studies UI, July 2018

The village is the center of Kediri sub-district administration and economic activities. Employment opportunities include working as an entrepreneur, as a farmer or farm labourer, a teacher or civil servant (PNS). Some villagers migrate outside of the village or abroad as Indonesian Migrant Workers (TKI). Data from the village profile (Profile of Kediri Induk Village in 2014) shows that 42% of the productive age population (18 - 56 years old) is unemployed or yet to be employed. Majority of these are women. There are a number of social organizations in Kediri Induk village, namely the PKK (Family Welfare Development Women's Group), the *Karang Taruna* youth group, a farmer's group, a village-owned enterprise (*BUMDes*), and community cadres (e.g. those of Posyandu). Five of these organizations, which are commonly found in other villages carry out routine programmes that involve the community. A difference is found in the Posyandu, which, in addition to providing service to babies, toddlers, and the elderly, has been serving youth since 2018 in the youth Posyandu, which is supported by the YES I DO programme. In addition, the village also has economic entities such as savings and loan cooperatives and *BUMDes* serving small and medium-sized entrepreneurs in the village. In the last three years, KPAD has become one of the new social organizations in the village. KPAD synergizes with other social organizations in the village under village administration's supervision focusing on the YES I DO programme.

Social Norms Concerning Gender

Gender-related social norms in West Lombok are reflected in various social institutions in the society, such as the family, school and community. Within these institutions, men tend to be positioned as a leader. Women, on the other hand, tend to be given the role of housewives dealing with reproductive and care functions such as child care and household management. The role of women in schools and in the community is also related to these domestic roles, such as preparing food in social activities held in the community.

This construction of gender roles in the community plays a role in shaping parents' treatment of their daughters and sons. For example, the FGD involving male parents reveals that despite girls

being given the opportunity to study, boys are encouraged to achieve higher education as they are considered the future leaders and breadwinners of the family (FGD of fathers, Kediri Induk - West Lombok, July 17, 2018). Girls and boys also have differentiated roles in terms of what household chores are suitable to them. Girls, for example, are expected to be able to cook and clean the house, while boys are expected to do work that requires strong physical strength.

However, some young women involved in the YES I DO programme had the opinion that girls must aim high in their education, higher than men as they saw that more girls had done better than boys at school. Therefore, according to them, girls could now be expected to get better jobs as well. This view is a change from the baseline study where education for girls was seen as a preparation to be mothers.

The Views on Marriage, Children, and Parenting Role

Views on marriage, children, and parenting roles can contribute to the practice of child marriage. The view concerning marriage is heavily intertwined with the views on gender, the interpretation of Islamic teachings, and customs in West Lombok. An ideal marriage is a marriage in which the groom has a good job and future. Participants in this study mentioned that men over the age of 25 were seen as ideal grooms as they were considered as having a steady income at this age. On the other hand, marriage is also still widely seen as a way to avoid adultery (sex outside of marriage) or considered as religiously allowed or '*halal*' dating. This fear of committing adultery, or *zina* renders youth vulnerable to getting married young.

In Sasak tradition, marriage must be done through *merariq*, a practice in which the groom "kidnaps" his prospective bride from her parents' home. When a young couple resorts to *merariq*, their parents usually allow them to get married. *Merariq* is the tradition of the Sasak ethnic group of West Lombok. Since Sasak is the majority ethnic group, *merariq* is usually done prior to marriage. It is seen as problematic when those involved are children, a phenomenon referred to as *merariq kodeq*, which is one of the reasons behind child marriage. However, nowadays when a *merariq kodeq* happens, a *belas* practice (separating the groom from the bride which means a canceling of the *merariq*) could be performed. Recently, the KPAD and district and provincial government have reinforced the *belas* practice and developed the *belas* mechanism in the case of *merariq kodeq* as is further explained below.

Merariq and marriage are regarded as sacred rituals. Therefore, when *merariq* occurs, it is offensive to separate the groom from the bride or to have a *belas* just because of their age. People view that it is against the tradition, and the bride will be cursed to become an old spinster who will find it difficult to find a husband. However, since the KPAD with the support of the YES I DO programme has raised awareness about the negative impacts of child marriage among village officials, religious figures, and parents; the attitude towards the practice of *belas* gradually has changed. Since 2017, *belas* has been performed when a *merariq kodeq* happens.

The role of parents in their children's marriage is still central. It is parents who accept the *merariq* and marry their children, conduct and finance the marriage rituals and the wedding ceremony. Therefore, in the case of *belas*, it is necessary to approach the parents first.

3.1.2 Community Context (Related to ToC Pathway 1)

Community Views on Child Marriage, Teenage Pregnancy and Female Genital Mutilation/Cutting

Child Marriage

The YES I DO baseline study (Hidayana et al., 2016) showed that in West Lombok, 17.9% respondents were married before 18 years. According to our interviews with the study participants, several circumstances contributed to the likelihood of a child marriage before the KPAD intervened in Kediri. The first of these involved underage couples who were in love and wished to seal their relationship. They resorted to the *merariq* tradition to avoid their parents' interference. The second circumstance was concerning youth whose parents worked as migrant workers or had separated, making them "*papu's children*" (grandmother's children). These youth lacked care and attention from their parents. It was common that young women from these backgrounds would take part in the *merariq* practice and marry at a young age. The third circumstance was when young people had few future employment opportunities due to their limited skills and hence marriage and having a family were seen as attractive options. The fourth circumstance concerned economic hardship. Children's needs including their financial needs were usually considered the parents' responsibility. To ease their burden, parents tended to marry off their children when they practiced *merariq* as illustrated above. However, such marriage often backfired economically as it would end in divorce and they would have to be responsible for not only their children again, but also their grandchildren.

The practice of *merariq* at times involved an underage bride and groom (*merariq kodeq*). Efforts had been made to address *merariq kodeq* phenomenon through *belas* (separation) mechanism. Since 2017, the KPAD, community leaders, religious leaders, and *Babinsa* (the Indonesian army's village supervisory non-commissioned officers) had been actively involved in the effort to deal with this issue and successfully solved four *merariq* cases involving minors through the *belas* mechanism. These community stakeholders have been involved in the mechanism despite the lack of clarity in terms of its procedure and regarding who must be involved. The *belas* practice was part of the Anti *Merariq Kodeq* Movement (GAMAK), which was initiated by the West Lombok Regent and had also been implemented in Kediri Induk village. The advocacy efforts by the YES I DO programme to eliminate the practice of *merariq kodeq* had shown results that in 2018, according to KPAD, there had been no cases of *merariq kodeq* found in this village.

The role of the KPAD in the campaign to eliminate child marriage and to promote *belas* practice was important. The YES I DO programme supported the KPAD efforts with the activities of

community dialogues, serial discussions and sharing sessions at the fora created by the programme to exchange information in a bid to eliminate child marriage. These activities along with the support from the sub-village heads, village heads, as well as community and religious leaders contributed to the enabling environment that made the campaign against child marriage and for the *belas* practice possible.

Teenage Pregnancy

The study affirmed that teenage pregnancy and child marriage were interrelated. While teenage pregnancy was considered a cause of child marriage, it was also the solution in cases of shameful unintended pregnancies, even if that involved underage children. It was believed that in such a situation, a marriage would restore the good name of the families affected and the community. According to a young female participant (15-18 years) of an FGD, "girls who were pregnant out-of-wedlock would be expelled from the village ..." (Kediri Induk - West Lombok, July 13, 2018). Even though there were no cases of expulsion from the village anymore, there had been cases in which girls who got pregnant were married and had to drop out of school. The reason was two-fold. Firstly, the school's policy did not allow students who were pregnant and married and secondly, the young women felt ashamed to continue to go to school. Some schools offered dispensation for the young women and men involved in such cases on the condition that a fine was paid, the amount of which was decided according to an agreement between the school and the parents/guardians of the students. However, students never opted for this as they would prefer to stop studying than to get stigmatized.

The implementation of the YES I DO program for the last 2.5 years, especially through the role of the KPAD, has meant that there were no more cases of teenage pregnancy due to child marriage. This was in line with what the Kediri Induk village head who said that "there has been a reduction in the number of teenage pregnancies that lead to child marriage. In fact, no cases have been found so far this year (2018) thanks to the YES I DO programme" (Village Head, July 17, 2018). The Kediri Induk village authority and Kediri Puskesmas had collaborated to run the family planning education programme to reduce teenage pregnancy. According to the village head, education regarding family planning methods was closely related to efforts to reduce the risks of teenage pregnancy from spontaneous abortion, stunting, to the risk of maternal and infant death.

Despite the efforts by the village and Puskesmas, data obtained from Poskesdes Kediri Induk showed that pregnant young women of less than 20 years old were still found, albeit declining in number. Indeed, based on the data, there were only twelve pregnant women under 20 years old in 2018, a decline from 25 recorded in 2017. Another effort to prevent teenage pregnancy was the involvement of the village midwife to educate young people about family planning (IUD or spiral); however, the contraceptive services provided by the midwives were only for married couples.

Female Genital Mutilation/Cutting

The view on female genital mutilation/cutting or circumcision ("*tesuci*") was that it was practiced with the purpose of "*besuci*" (purifying oneself) in accordance with the values of Islamic religion, the prophet's *sunnah* to honour women and control sexual desire. Female circumcision was believed to be a way of serving God, or '*ibadah*,' similar to male circumcision. According to the health workers and mothers, there was a change over the past years in the actors performing female circumcision from TBAs to midwives in Puskesmas or Hospitals. As revealed by the Health Agency, "even if female circumcision is still found, it is not a *dukun*⁷ performing it and it is usually done on parents' requests" (Ani, Health Service, 45 years, Kediri Induk - West Lombok, July 16, 2018). According to Ani, in Kediri Induk village, there was a change in the process of circumcision from cutting of the genital part to symbolic practice only (the clitoris is cleaned with gauze and alcohol).

Mothers are also more knowledgeable about the practice of female circumcision than fathers. According to mothers, babies were circumcised before they are one month old. After the YES I DO programme was implemented, there were no significant changes in the levels of awareness regarding the harms of female circumcision or the community's involvement to prevent the practice. Efforts to raise awareness, educate and even advocate regarding the practice was challenging. It was still difficult, for example, for health workers (in this case midwives) to make parents understand that the practice of female circumcision was not necessary.

Based on our research dissemination meeting with key stakeholders in West Lombok, the issue of female circumcision generated a long debate. The Ministry of Religious Affairs tended to oppose the elimination of female circumcision due to religious reasons. There was a discourse about a possibility to conduct a mass female circumcision. The head of the Kediri Puskesmas still believed that the practice of female circumcision was mandatory in Islam, while the midwives tended to support the elimination of this practice because of its harmful effects. The District Health Office and the Women Empowerment, Child Protection, and Family Planning Office gave their support to eliminate FGM/C by arguing that there was no health benefit behind the practice. The head of Kediri Induk village would conduct a dialogue with the religious figures and the health workers to address the issue of female circumcision. The YES I DO Alliance in West Lombok would need to bring this issue carefully to the government and religious/community leaders.

According to Article 2 of the Regulation of the Minister of Health of the Republic of Indonesia No. 6 of 2014, the Ministry of Health had submitted to the Assembly of Health and Syara Considerations to issue a guideline for the practice of female circumcision that would guarantee the safety and health of circumcised women and would ensure that female genital mutilation was not carried out. However, this regulation was not known and supported by religious figures at the district level.

⁷ Someone considered to possess supernatural powers/shaman

The Role of Religious and Community Leaders

In the tradition of the Sasak people, especially in Kediri Induk Village, the role of religious leaders who are referred to as 'Tuan Guru' was important, especially in discussing marital issues including child marriage, and in solving problems or disputes (divorce, disputes in the community, juvenile delinquency etc.) in the village.

Religious leaders had started participating in the prevention of child marriage (*merariq kodeq*) in various ways. They did this by talking about the negative effects of child marriage to the community; being a mediator in the process of *belas* and advising on the problem of risky youth behaviours that may lead to unintended pregnancy. The religious leaders disseminated the information in Friday sermons, religious study groups, Friday night studies (Kajian Malam Jumat - Kak Mamat), as well as when they acted as the *penghulu* (the person officiating marriage in Islam) giving marriage advice. Additionally, a 'Health *Dai*' – a religious figure engaged by the Health Agency, was also involved in raising health awareness that included child marriage prevention in West Lombok District. However, the implementation of the Health *Dai* programme had not involved as many religious leaders at the village and hamlet levels as expected.

"... when advice is given in a marriage procession, the unmarried young guests in attendance also listen to it as we invite parents, children, both boys and girls. Besides that, when there is a divorce or dispute, we also involve Pak *Kadus* (sub-village head) to give special advice. We also do the same thing to reduce child marriage" (Abdul, Religious Leader, 45 Years old, Kediri Induk-West Lombok, July 18, 2018).

In Sasak culture, the village head (*Kades*) is perceived as *pengemong krama* (he who oversees matters related to traditional values) of tradition and sub-village head (*Kadus*) is regarded as *pengemban krama adat* or he who implements the tradition and who must understand traditional values correctly. Therefore, their roles are very important in advocating for child marriage prevention. Indeed, the *Kades* and *Kadus* have been actively involved in *belas* mechanism. As the smallest unit in the village administration structure, the *Kadus* knows the condition of the community and makes a record of couples who just got married, including those who were still underaged. This record would be reported to the *Kades* as evidence to proceed with the *belas* process mediation. The *Kadus* and *Kades* would establish communication with the parents in the *belas* mediation.

However, the role of religious and traditional leaders in Kediri Induk village had been very minimal in handling the issue of female genital mutilation/circumcision. There was little change observed since the baseline study. When discussing the issue of female circumcision, for example, there were still many religious and *adat* (tradition/custom) leaders in Kediri Induk village who considered it to be an Islamic ritual which had religious values and honour for women. Moreover, female circumcision was still considered a rather sensitive issue to discuss as it was always

associated with religion, especially Islam. However, this was not in line with the advocacy of the YES I DO programme.

The Roles of Teachers and Schools

The roles played by schools and teachers in preventing child marriage, teenage pregnancy, and FGM/C were important. Schools were one of the formal institutions that could reach out to youth more broadly. Since 2017, one school in Kediri Induk village, SMPN 1 Kediri, had been implementing comprehensive reproductive health and sexuality education (PKRS) with support from the YES I DO programme. The information was delivered to students through SETARA module, either by inserting it in the subjects of Biology and Indonesian Language, in supporting subjects, such as Guidance and Counseling (BK), or outside of school hours (like a private session) conducted by the BK teacher. In addition, the school also provided facilities and infrastructure to disseminate sexuality information through the School Health Promotion (UKS) extracurricular activities with its junior doctor (*dokcil*) programme. The SETARA module seemed to have a positive impact on SRHR-related knowledge of young people which is further discussed in Section 3.1.4.

"Yes, there are four teachers involved. Two science teachers, a colleague and I, and the other two are Indonesian and Guidance and Counseling teachers. Regular sessions are given by the Guidance and Counseling teacher. For guidance and counseling, there is a kind of meeting once for every class. So every class gets one session with 2 lesson hours each" (Yadi, Biology Teacher, 40 years old, Kediri Induk-West Lombok, July 16 2018).



Figure 3 SETARA Module

Source: Research Team of Center for Gender and Sexuality Studies FISIP UI, July 2018

Schools also had a role in the reinforcement of the 'Villagers' Charter' – a written agreement made by Kediri Induk villagers and signed by various stakeholders such as the village head, head of KPAD, KUA and BP2KBP3A as government representatives in April 2018. Before the issuance of Villagers' Charter, some schools had already applied sanctions to married students and with the Villagers' Charter the sanctions were further enforced. However, in some Islamic boarding schools, parents

of the students tended to pay the sanction rather than canceling the *merariq*. In addition, schools also collaborated with relevant agencies such as BKKBN (the Family Planning Agency) and the Health Agency in dissemination sessions on the impact of child marriage. However, sanctions for married students as stated in the Villagers' Charter would not be effective if they were not accompanied by the provision of information, awareness-raising on the impact of child marriage, and comprehensive reproductive and sexuality health to parents/guardians. The parents/guardians were the ones who had an important role in decision-making in their children's marriage, especially when it involved *merariq*.

The involvement of schools and teachers was seen as having positive impacts on the prevention of child marriage and teenage pregnancy in the past year. According to one of SMPN 1 Kediri's teachers, the number of children dropping out of school following their engagement in *merariq kodeq* at the school is zero, unlike the previous years in which one or two child marriages had taken place, particularly with female students.

With regards to the issue of FGM/C, schools had not been exposed much about the harms of the practice of FGM/C. In general, the YES I DO programme in West Lombok and KPAD in Kediri village had not touched upon the issues of the prevention of FGM/C. Some Islamic figures viewed that FGM/C was a mandatory Islamic ritual and believed that a discussion about the harms and prevention of FGM could prompt a heated debate in the community. Nevertheless, the willingness of the key stakeholders to discuss this issue indicated a good start for advocacy.

The Role of Health Workers

Village midwives played a strategic role in the prevention of child marriage, especially in the village of Kediri Induk, West Lombok. Midwives provided services at the sub-district health centers (Puskesmas and Poskesdes Kediri Induk) including the youth-friendly services to youth. A youth Posyandu in Kediri Induk village had been running once a month since 2017 with the support from the YES I DO programme. The village midwife not only provided SRH education to young people but also became a figure for youth to share their health concerns and personal issues such as romance and dating.

Health workers were involved in the prevention of child marriage in the community and schools. An MoU was signed between Puskesmas Kediri and KUA (Religious Affairs Office) concerning the issue of child marriage prevention in this year (2018). With this MoU, both the Puskesmas and KUA promoted the provision of information about the impact of child marriage, especially in terms of health. This would be in the form of a bride and groom's pocket book that would be given during the bride and groom course (*Suscatin*) programme, a national programme by the Ministry of Religious Affairs.

Puskesmas Kediri had also partnered with traditional birth attendants (*belian*) (TBAs). The midwife and TBA partnership included raising awareness about pregnancy check-ups, delivery and circumcision, especially for female babies. They were asked to refer those patients who came to

them for pregnancy consultation, delivery or female circumcision, to the midwife. When some parents asked for their baby girls to be circumcised, the midwife would do it symbolically, i.e. just clean the genitals of their babies. The issue of female circumcision itself was still considered sensitive. The midwives still found it difficult to make people understand that female circumcision was not necessary and did not have health benefits. It was still associated with religious practices, especially those of Islam, explained with the term "*besuci*" i.e. to be pure, clean and as part of a woman's honour.

3.1.3 Meaningful Youth Participation (Related to ToC Pathway 2)

Inter-generational Communication

Youth's involvement in activities and decision-making at the village-level could be influenced by their interaction with older generations in the village. In these cases, open communication was important. Youth in the family would communicate with their parents about daily activities or problems they faced with friends and at school. However, when it came to issues about sexuality, these youth tended not to talk about them with their parents because they felt embarrassed. Likewise, the parents felt uncomfortable talking about these issues with their children. When in a romantic relationship, youth were likely to hide it from their parents to avoid being separated from their lover. In some cases, this resulted in their parents being shocked when they found their children running away and engaging in *merariq*. Some other youth who lived in Islamic boarding schools in Kediri were more likely to share their problems with their peers.

In the community, the space for young people to express their opinions to the older generations such as village officials, community leaders, and religious figures had begun to open with the presence of KPAD. The head of KPAD who was the former chairman of *Karang Taruna* youth organization was capable of bridging the communication between young people and village officials as well as leaders or prominent figures in the community.

In general, Kediri Induk village had several ways that could be used by youth to participate in decision-making and channel their aspirations. This could be in relation to their rights to obtain information, services as well as access to facilities and infrastructure in the fields of health, education, economic development, or participating in activities at the village level. *Firstly*, the Village Child Protection Commission (KPAD) was established in Kediri village. Their activities were supported by the YES I DO programme such as community dialogues, business classes and youth Posyandu. Since 2017, KPAD's activities were directly funded by the village budget or APBDes (the total amount of which is IDR 1.7 billion). At the time, the KPAD received IDR 9 million for its programme and operation.

Secondly, the Village Consultative Body (*BPD*) would also be involving youth as managing members at the end of that year (2018) or early 2019. The election of these members was carried out through *Musrembang* activities.

"The plan after the establishment of the new Village Consultative Body (BPD) at the end of 2018 is that there will be a consultative session to develop a village regulation regarding teenage pregnancy and *merariq kodeq*. The managing members of the BPD for this year also involves young people "(Farhan, Village Head, 45 Years Old, Kediri Induk - West Lombok, 17 July 2018).

Youth Participation via the BPD and KPAD reflected the support from the local government to involve youth as one of the decision makers at the village level. In this case, youth had shown their courage to get involved and to voice out their concerns in various occasions such as citizen dialogues, KPAD activities, and others. This progress notwithstanding, youth would still need a way in which they could be involved actively. This could be in the form of a children or youth forum which could accommodate their aspirations fully in the village.

Activities and Interventions Involving Youth

The existence of KPAD provides an opportunity for youth to voice out their interests, by including youth representatives as one of its managing members. Furthermore, village officials have also promised to involve youth by making their representatives one of the managing members of the Village Consultative Body (BPD) at the end of 2018 or early 2019, after the village head election.



Figure 4 Community Dialogue (Female Youth Participants)

Source: Research Team of Center for Gender and Sexuality Studies FISIP UI, July 2018

The KPAD interventions facilitated by the YES I DO programme provided opportunities for youth to be involved in village activities, exchange information and establish networks with their peers or older people, and plan and develop campaigns or activities. For example, community dialogues, serial discussions and sharing sessions had become the fora for both male and female youths to increase their awareness and knowledge about child marriage and teenage pregnancy. These activities also serve as a medium for parents to educate each other and better understand youth.

Another activity in the village is youth Posyandu, which is organized by young people and has become an anticipated social gathering in sub-villages or hamlets.

At the end of 2018, young people would be involved in the BPD as one of the managing members. If this was implemented, young people would play a direct role in the BPD. They would be able to voice out their aspirations, make decisions and oversee all budgets and implementation of activities in the village.

KPAD had become a forum for youth to voice their rights, such as the marriage age maturation campaign initiated by young women in which a petition was signed by residents of sub-villages. With the intervention of the YES I DO programme through KPAD, the concrete output of the community dialogues was the Villagers' Charter agreed upon by the KPAD, the Citizen's Forum, the head of Kediri Induk village, and the child protection and family planning district government office (DP2AKB) and the religious affairs office or KUA. This Villagers' Charter initiative was facilitated by the APIK Legal Aid (LBH APIK) and the implementation was reinforced with the support from the YES I DO programme.



Figure 5 Documentation of Child Marriage Prevention Petition by Youth

Source: Research Team of Center for Gender and Sexuality Studies FISIP UI, July 2018

3.1.4 SRHR Practice, Information and Service (Related to Pathway 3)

Sexual Practice and Health

Most people in Kediri Induk village were of the view that all forms of sexual practices outside of marriage institution were taboo. This is because they were prohibited in Islam, which was followed by majority of villagers. Therefore, romantic relationships among young people is also perceived negatively as it may encourage them to engage in sexual behaviors which could range

from kissing to sexual intercourse. As many parents did not allow their children to have romantic relationships, young people tended to do so without the knowledge of their parents. Girls were unlikely to tell their parents that they were dating, and instead introduced their boyfriend as a friend. In such cases, even if a mother was aware that this so-called friend was, in fact her daughter's boyfriend, she would likely turn a blind eye, neither allowing nor prohibiting her. Many parents thought that it was better for their son or daughter to meet their girlfriend/boyfriend at home instead of prohibiting them from meeting. Irrespective, they would still continue to meet behind their back.

In general, youth would start dating when they started junior high school, while some were found dating when they were in elementary school. Junior or elementary school children commonly dated only through social media like Facebook. It was only when they were already in senior high school would male youth have the courage to come to their girlfriend's house. Because of the strict supervision of their parents and the surrounding community, youth tended to communicate with their romantic partners mainly via cellphone. However, it was also through cellphones and social media that youth were likely to be exposed to pornographic content.

When a girl was dating for a year or two, her boyfriend would usually resort to *merariq*. Nowadays, the practice was no longer limited to taking the girl to the boy's parents' house. Boys often took their girlfriend to other places before being brought home. When a girl eloped in this way, the couple might have had sex even if they were not officially married. In such cases, when a girl was taken for more than three days, the *belas* mechanism of separating them was not an option. This was because the community considered them to have already had sex. In carrying out the *belas* mechanism, the people of Kediri Induk wanted to know if the youth involved had had sex. If they had done so, it would be difficult for the *belas* process to take place and marriage would be the only option.

Although premarital sex was not commonly found among youth in Kediri Induk village, it could lead to unintended pregnancies when unprotected. The village midwife stated that a teen pregnancy often led to spontaneous abortion or miscarriage. She also indicated that most young people complained about menstruation-related problems when it comes to their SRH issues.

Access and Availability of Service for Youth

There was a change in the access and availability of services for youth identified since the implementation of the YES I DO programme in Kediri Induk village. However, access to contraceptive services was still limited to married couples. The provision of health services in Kediri Induk village was mainly provided by Kediri Puskesmas. For young people, Kediri Puskesmas had youth-friendly services or PKPR, which provided health and counseling services in the teenager's polyclinic (*poliklinik remaja*). Although the youth-friendly services were not initiated by the YES I DO programme, young people had become more aware about the availability of the services.

The Puskesmas also provided brochures on youth reproductive health, including brochures from the YES I DO programme. In addition to the Puskesmas, there was also the Poskesdes (Village Health Post) providing health services, including to youth at the village level. They medically examined young people and provided counseling for those who needed it. The midwives in the Poskesdes were very active in contacting patients via their cellphones and visiting them. Health workers were also directly involved in youth Posyandu activities in the YES I DO programme. Male and female youth were encouraged to discuss their reproductive health issues with the midwives or their peers who were the Posyandu cadres. Youth Posyandu was carried out in hamlets periodically and moved places in the hope of reaching more youth. Most of those who had been involved were under the age of 15 and generally female. The term 'Posyandu' was associated with the health service for mothers and infants. Hence, teenage boys were reluctant and felt ashamed to come to the youth Posyandu since it was dominated by girls and younger youth.



Figure 6 Blood Pressure Test is one of activities at Youth Posyandu

Source: Research Team of Center for Gender and Sexuality Studies FISIP UI, July 2018

Access and Availability of SRHR Information and Education

There were several channels used to provide a comprehensive reproductive health and sexuality education (PKRS) in schools and villages. In schools, under the YES I DO programme, the sexuality education was provided by delivering the SETARA module. The sexuality education was either inserted in Biology, Indonesian, or Guidance and Counseling (BK) subjects (in the relevant sub-chapters that discuss reproductive health information) or given in special sessions using the SETARA module especially for students at SMPN 1 Kediri. For instance, one of the students who

received the SETARA module material said that he acquired knowledge about reproductive organs and he felt that it was not taboo to talk about sexual and reproductive health issues at school. He also felt that he had become more respectful towards women since he was taught about gender equality.

As mentioned earlier, information about sexuality and reproductive health was also delivered through the youth Posyandu programmes in the community. It encouraged girls and boys to discuss SRH issues with the midwives. The youth-friendly service at the Puskesmas Kediri also provides SRH information to the youth coming to the clinic.

Furthermore, at the village level, sexuality-related information was also provided by the YES I DO programme such as through the Community Dialogues facilitated by PKBI; Sharing Session by ARI, and Discussion Series by LPAR. In addition, religious leaders have now been involved in providing information about youth reproductive health especially since the establishment of the Anti-*Merariq* Kodeq Movement (GAMAK) programme in West Lombok. Information about SRHR was delivered through a number of religious study fora involving both youth and parents (fathers/mothers), Friday Night Religious Study (*Ka Mamat*), and Health Cleric programme initiated by the West Lombok District Health Agency. The information included the negative impacts of child marriage- such as dropping out of school and divorces among young couples as they were not ready to get married psychologically. It also covered the consequences of teenage pregnancy such as maternal and infant deaths, as well as other information linked to the concept of being a *Sakinah* family (Islamic term which means a peaceful family full of compassion in line with the values of Islam).

3.1.5 Education and Economic Empowerment (Related to Pathway 4)

Access and Quality of Education

In West Lombok, particularly in Kediri Induk village, there were already school programmes regarding youth economic empowerment. One of these programmes was implemented at SMPN 1 Kediri by embedding it with the arts and crafts subject facilitated by PUPUK as part of the YES I DO programme.

In addition to formal regular school, a non-formal education programme was running in Kediri Induk village. This meant that there were open schools equivalent to junior and senior high schools that were conducted at their parent schools (SMPN 1 Kediri and SMAN 1 Kediri) as well as in other locations referred to as "place of learning" (*Tempat Kegiatan Belajar/TKB*). This programme targeted youth who dropped out of school. This could have been due to economic reasons, geographical conditions (remote school access), as well as other social problems such as having been expelled from school for engaging in *merariq kodeq* (married at young age) or having an unintended pregnancy. These open schools were beneficial for those young people who wanted to have a formal diploma to work in the formal sector. They could work in factories,

Alfamart stores and supermarkets which all required –among others—minimum educational background of high school or its equivalent.

"The Open SMP (Junior High School) was established with social, geographical, and economic background considerations. Those with low economic power cannot afford regular schools as they are expensive. The locations of these schools are at SMPN 1 Kediri as the parent school as well as in other locations called TKB, with one village having one guardian teacher in charge of coordinating the agreed place for teaching and learning activities for a week, and arranging the teaching and learning process" (Yadi, Biology Teacher, 40 Tahun, Kediri Induk - West Lombok, July 16 2018).

Another source of informal education was that of the Community Learning Center (PKBM) programme which was being established in 2018. This allowed young people with fewer resources to be able to access education and in turn to avail better job opportunities. It was particularly useful for those young people with fewer resources. This PKBM would benefit those who wanted to get a diploma equivalent to high school diploma by participating in package C⁸ activities. This programme would be provided free of charge and funded by APBDes. However, no youth have used this opportunity (yet) because the system and venue were only available for the first time in mid-2018.

In the village of Kediri Induk, the location and distance of both public schools (state-owned and private) and religious schools (*madrasah* and Islamic boarding schools or *pesantren*) from residential areas was not far. They could be reached by walking, riding a bicycle, or even using *cidomo* (horse carriages). This was because the location of the village was still within the capital city of the subdistrict.

Regarding the cost of education, several types of educational assistance were available for junior high school and high school students with weak economic backgrounds such as School Operational Assistance (BOS) funds that were given to public schools. BOS was also given to open junior and senior high school students. In addition to BOS funds, some students were given Smart Indonesia Cards (KIS) distributed by the village and hamlet heads. Meanwhile, from the private sector, scholarships in 2016 were provided by Islamic Relief⁹ for the residents of Kediri Induk village who were orphans and disadvantaged children in the form of a fund amounting to IDR 400 thousand/month (approximately 25 euros).

However, when it came to access to education, this was still difficult for students who were involved in in *merariq kodeq* practice or those who had an unintended pregnancy. As explained earlier in Section 3.1.2, they were asked to leave or drop out of school and pay fines which also

⁸ The learning package offered by community learning centers or PKBM for high school level.

⁹Islamic Relief is a foreign NGO. A scholarship was provided to those students who did not have a father and came from a poor socio-economic background. Every year, the programme is checked directly by the NGO.

acted as a barrier. As a solution, these students could continue their education through PKBM or open schools as previously explained.

Safety at School

There were cases of harassment or bullying recorded several years ago at SMPN 1 Kediri. The harassment took the form of male students "cat-calling," whistling, using vulgar words, and intentionally touching body parts of female students, while the bullying involved teasing and using harsh words. Some girls, for example, were mocked as too ugly to get a boyfriend, and some others were referred to as 'cheap' girls by boys. These cases made the school and teachers at SMPN 1 Kediri create a regulation in 2015 separating female and male students into different classes. The regulation is considered to be an alternative solution to reduce the incidence of abuse and bullying in the school, especially between young women and men.

"We at SMP 1 Kediri separate boys and girls, unlike most other junior high schools, because we have stronger ties with religion and customs. It has been 3 or 4 years, now. At first, there was a sense of objection among students. But we persevered to become a special educational institution based on local values. This is a *santri* city and we tried to look at it from the aspect of many religious boarding schools established here. After two years of implementation, we no longer have any issues." (Yadi, Biology Teacher, 40 Years Old, Kediri Induk-West Lombok, July 16 2018).

Indeed, Islamic boarding schools or *pesantren* were considered a suitable place to instill strong socio-religious values in youth. However, some cases of harassment or bullying involving male and female students were still found, despite the imposition of class separation by gender. They took place, for example, at the school cafeteria. Bullying also frequently occurred among male students. Moreover, the *pesantren* was not immune to harassment. A student was found sneaking into the girls' dormitory and sexually harassing female students at a *pesantren*.

Youth's Work Aspirations and Available Job Opportunities

Female and male youth in Kediri village aspired to get a good job in the future. Young men generally wanted to get a well-established job with a high salary, or have a successful business. Meanwhile, young women, in addition to having a strong desire to work, dreamt of specific jobs such as being a lecturer, policewoman, or even a member of the regional legislature. Unfortunately, these aspirations were often constrained by limited access to higher education. Some young men who are high school graduates in Kediri village agreed that in order to get a well-established job, they needed to continue their education to college. However, their parents were unable to finance their education. In the end, they had no other option but to do whatever work was available to them to earn money.

One option among young men to get a job with a high salary was to work as immigrant workers. They argued that the employment opportunities available in their area were not sufficient or even non-existent. For women, being an overseas worker was not an ideal choice because they had to

live alone away from their families or relatives. In the end, many women worked by selling food or opening small shops at home.

Youth Economic Empowerment Interventions

Empowerment programme for youth, especially in Kediri Induk village were available and provided by the District Government, the village authority, private sector, and the YES I DO programme. The programmes were mostly aimed to give soft skills training and capacity building to better prepare young people entering the workforce economically empower them for their future. The programmes were: *First*, the automotive training conducted by the West Lombok District Government of Manpower and Transmigration in collaboration with *Karang Taruna* youth groups. *Second*, the programme of cooperation between the head of Kediri Induk village and factories around the village to provide job opportunities for youth who had finished their high school. *Third*, a BLK training programme in cooperation with private sectors that also provided work opportunities for youth. *Fourth*, the KPAD's business class programme carried out by PUPUK under the YES I DO programme. The business class aimed to improve youths' soft skills in the creative industry in the hope that they could make their artisan products worth selling and make profits. At the time, business classes had already been underway for girls who were taught how to make souvenir products, but these were still prototypes and were not yet sold. There had been a lot of feedback in the interviews, especially from young men to include them as participants.

PUPUK, under the YES I DO programme, had planned to develop a business incubator as its pilot project at the end of 2018. The pilot would be a canal tours business that would be developed by young people that had been involved in the YES I DO business class together with young people who were trained by the Ministry of Manpower. Expectantly, the results of the pilot will be seen at the end of the YES I DO programme.

3.1.6 Policy and Legal Issues (Related to Pathway 5)

Policy and Regulation Concerning Child Marriage and Female Genital Mutilation/Cutting

Regulations and policies, especially those to prevent child marriages, were drafted and enacted either at the provincial, district, or village levels. West Lombok had a leader who had responded to the Governor's Circular on Marriage Age Maturation No. SE/ 150/1138/ Kum 2014 by signing the District Head's Circular regarding *Anti-Merariq Kodeq* Movement (GAMAK) No. 843.4/ 34/ BKBPP/ 2016. The SKPD as the executive branch and the DPRD as the legislative branch of the government agreed that a circular concerning GAMAK needed to be made into a by-law for it to have strong legal standing, so that budget could be allocated for child marriage elimination programmes.

At the village level, there was the village *awig-awig* (the Village Ordinance) based on the Villager's Charter about steps and efforts to prevent child marriage. The citizen's charter, which was the concrete result of citizen dialogue concerning marriage age maturation, clearly stipulated the vision, purpose and role of the parties involved, such as the village authority, families, educational institutions, marriage registrar, KUA, including KPAD. The village *awig-awig* included efforts to prevent child marriage as a response to strong *merariq* tradition. The *awig-awig* also regulated curfew, which varied between regions.



Figure 7 The Villager's Charter signing

Source: KPAD Kediri Induk Village

In addition to circulars and policies, there was also an MoU signed between Puskesmas and KUA concerning health checks for couples who are to get married (HIV and TT injections). The data of these couples would be recorded by the *Kadus* to be submitted to the village head so these couples could register their marriage to the KUA and undergo a medical examination. If a couple was found to be too young, the village head would not provide a recommendation letter to them to have their health checked at the Puskesmas, which meant that they could not meet KUA's requirements.

The available regulations, policies and MoUs showed multi-sectoral, multi-stakeholder commitments, especially to prevent child marriage. The hope is that these were not merely regulations and policies "on paper", but could be translated concretely into programmes with budget allocated down to the village level.

Budget advocacy had been undertaken at the district level by officials in the executive and legislature, especially in the commission that oversaw issues related to women and children. These included the women's empowerment and child protection district government office (DP2TP2A) for women's and children's programmes, including GAMAK. At the village level, 30% of the village funds (IDR 1.7 billion) was for community empowerment (including for KPAD). The activities for the allocations were proposed at sub-village level to be subsequently brought to *Musrembang Desa* (Village Consultative Meeting) for which the "team nine" was established to develop the proposal. One of the proposals was a production of a 20-minute documentary movie

about *merariq kodeq* with a budget of IDR 12 million in 2018 to be created by youth. The village budget was also allocated for the Community Learning Centers that accommodated capacity-building activities for community, including for youth.

Commitment of Policy Makers

The commitment of the local government to reducing child marriage cases was seen in the *Anti-Merariq Kodeq* Movement (GAMAK) as explained earlier. The government agency related to the marriage age maturation programme in West Lombok District was the women's empowerment and family planning district government office (DP2AKB). This agency was the leading sector in the formulation of GAMAK implementation down to the village level. In addition, for the issue of child marriage, the district government of West Lombok had coordination between regional government organizations in the district working group.

The government's political commitment to prevent teenage pregnancy could be seen in the programmes of SRHR education for youth, the Youth Friendly Health Service (PKPR) programme and youth Posyandu. These programmes were run based on the Decree of the West Lombok District Health Agency on the Puskesmas and Youth Posyandu and had been implemented in Kediri village. The Puskesmas had its own special room and personnel. In the room, youth could find posters and leaflets related to SRHR from government and non-government programmes such as the YES I DO programme.

DP2AKB had become aware that the practice of female circumcision or female genital cutting needed to be eliminated, but they said that they needed support from other relevant agencies. The agency thought that the abolition of this practice could be done through the MoU concerning marriage couples, so that support could be provided by the Ministry of Religious affairs to eliminate the practice of female circumcision. However, the government's commitment was still needed to advocate for this issue among religious and community leaders at the community level.

Advocacy Efforts to Reduce the Number of Child Marriage, Teenage Pregnancy and Female Genital Mutilation/Cutting

In terms of advocacy on the issue of child marriage, unintended pregnancy and female circumcision, some progress had been made in Kediri Induk village against the baseline data of 2016. Some of the advocacy efforts that had been running, for example, could be seen in several activities carried out by the YES I DO programme through KPAD. One result of the advocacy was the allocation of the village budget (APBDes) for the KPAD programme since 2017.¹⁰ Meanwhile, at the community level, KPAD's advocacy took the form of awareness sessions or socialization activities both directly and indirectly. This included the signing of a petition by community members to prevent child marriage in early 2018; disseminating and sticking 'stop child marriage'

¹⁰ For 2017 the funding allocated by the village through APBDes for KPAD was approximately 8 million. Meanwhile, the budget allocated for this year is 12 million for the development of a 20-minute long documentary 20 on the issue of child marriage along with its negative impacts.

stickers on the doors of the people's houses; community dialogues, sharing sessions, serial discussions and more, in collaboration with the YES I DO Alliance and involving all villagers. It also included advocacy for '*belas*' (separation) mechanism in Kediri Induk village, which involved all stakeholders in the community (government elements, religious leaders, etc.).

At the level of educational institutions, the YES I DO programme had also been engaged in advocacy efforts by providing training to relevant teachers (Biology, BK, Indonesian language, etc.) in how to teach the SETARA module. This programme had been running since 2017 at SMPN 1 Kediri.

Some government agencies had also advocated the prevention of child marriage to support the GAMAK programme. One of them was the Health Agency, through its programme involving Health Clerics at the sub-district and village levels, and the PKPR Puskesmas in collaboration with YES I DO programme, especially for youth Posyandu activities in several pilot project villages.

In addition to the Health Agency, other government agencies i.e. West Lombok DP2AKB and also the Regional Secretary for People's Welfare would also begin advocating for a referral system at the Integrated Service Center for Women and Children Empowerment (P2TP2A). This referral system could be used if there was a '*belas*' (separation) case following *merariq kodeq*, which required counseling assistance, or if there were other cases that required referral, such as rape cases. This would be done by involving various community stakeholders such as religious leaders, the police, local NGOs and others.

Finally, a lot more needed to be done regarding the advocacy on the issue of female circumcision. So far, advocacy efforts had only been made by village midwives in the form of raising awareness among community members- especially targeting (female) parents. They did this by not allowing them to circumcise their daughters with TBAs but at the Puskesmas to avoid harmful cutting on babies.

3.2 Sukabumi

3.2.1 Characteristics of the Study Population

Village Profile

Sukaraja village has a population of 16,382 individuals forming 19% of the population of the Sukaraja sub-district. It is composed of 5,378 households, with a fairly equal number of males and females (BPS Sukabumi, 2017). According to the updated Sukaraja village data from 2014, 15-19 years olds made up 11% of the population of the village, who were the target group of the YES I DO programme (Pemerintah Desa Sukaraja, 2018).

Sukaraja village had a range of public, private and *pesantren* schools available. Play groups, kindergarten, elementary schools and senior high schools could be found in the village. However, neither junior high schools nor universities were present in the village. One of the closest junior high schools to the village was SMP 2 Sukaraja located in Limbangan village. Universities and higher education facilities were available in Sukabumi city (BPS-Sukabumi 2017; Pemerintah Desa Sukaraja, 2018)

Health facilities available included Hermina hospital, Sukaraja Puskesmas, a polyclinic unit, a Polindes (Village Maternity Cottage), 23 Posyandus, 5 general practitioner clinics, 7 midwife clinics, and 3 pharmacies (BPS-Sukabumi 2017; Pemerintah Desa Sukaraja, 2018). Health services that specifically dealt with youth problems could be found at the Youth Friendly Services Puskesmas Sukaraja, while in the village, services for youth, known as 'table six' were available in Posyandu in RW 2 under the management of the Joint Business Group (KUBE) 'Saluyu'. The village authority had prepared a decree on the establishment of 23 Posyandus, which included youth Posyandu. However, at the time only the youth posyandu in RW 2 was operating.

Referring to BPS Sukabumi (2017), in Sukaraja District, most villagers make ends meet as casual laborers. While most residents were employees or non-agricultural workers, some also worked as farmers or farm labourers and entrepreneurs. A few were civil servants or military/police personnel. A total of 7,665 residents of productive age did not work (BPS Sukabumi, 2017, pp. 19–21). Based on village records, as many as 11 men and 21 women also worked as migrant workers.

Administratively, Sukaraja village was divided into five sub-villages or hamlets i.e. Kedaraja, Cibereum, Jenungjing, Nyalindung, and Babakan. When divided into smaller units, the village had 25 Neighborhood Clusters or *Rukun Warga* (RW) and 91 Neighborhood Units or *Rukun Tetangga* (RT) (Pemerintah Desa Sukaraja, 2018).

Community organizations in the village included the Village Community Empowerment Institution (LPMD), Family Welfare Development Women's Group (PKK), Village-owned Enterprises (BUMDes), Indonesian Ulema Council (MUI) of Sukaraja village, RW, RT, youth organization *Karang Taruna*, Mosque Prosperity Council (DKM), People who were concerned about AIDS (WPA), and Community-based Social Welfare Forum (WKSBM) (Pemerintah Desa Sukaraja, 2018). Village organizations which included youth involvement were BUMDes, MUI, and *Karang Taruna*.

Social Norms Concerning Gender

Social norms related to the characteristics of good girls and boys were strongly influenced by the understanding of Islamic teachings. Good girls and boys were those who behaved in accordance with Islamic teachings called *sholehah* and *sholeh*. As such, good women were expected to wear clothes that were in accordance with Islamic Shari'a and to be conservative regarding any relationships with men.

In terms of gender roles in the family, data obtained from female villagers - mothers and youth - show that both girls and boys were expected to be highly educated, work for a living, and do household chores.

“Nowadays, women must also be highly educated to get university degrees. There is nothing wrong with women having a career. They must earn a lot of money for their children’s future education. Women should not be just staying in the kitchen. They must be equal and have skills. Domestic work must be shared by both (men and women), men should be able to do washing just like women” (FGD Mothers, Sukaraja, Sukabumi, 24 July 2018)

Meanwhile, some among men still have a strong opinion that men were the family leaders and women were housewives who must obey their husbands.

“Men should be allowed to pursue higher education so they can be independent. Women only need someone responsible for them. Their place is in the kitchen, but of course they need to be educated, but for women, the sort of education that fits them is one concerning their manners and piety, while men are educated so that they could have a good job. Women only need to think how to get a good husband. They must be guided by the head of the household” (FGD Father, Sukaraja, Sukabumi, 22 July 2018).

These views show that women tend to be more open than men in terms of transforming social norms on gender. The number of women who became breadwinners in the family because of divorce, the fact that many women work to support their households economically, and the increasing awareness of gender equality among women contribute to this transformation.

The Views on Marriage, Children, and Parenting Role

Participants of the study emphasized how young people must be ‘ready’ before considering the option of marriage. For the groom, this readiness was perceived as economic readiness, while for the bride, their readiness was assessed by whether they could take care of their children and husbands. One of the goals of marriage was to bear offspring. As such, the ability to care for children was also important in an ideal marriage according to young people.

“The point is that we can respond well to our husband’s needs, provide good guidance to our children and provide them with basic education.” (Female Youth FGD, 15-18 years, Sukaraja, Sukabumi, July 22, 2018).

Although there was still a strong view that the purpose of marriage was to avoid adultery, there was awareness in the community that marriage was not merely aimed to avoid adultery, but required readiness to play a role as a husband, father, wife and mother. Based on our discussion with girls, they wanted to be a mother that understood their children’s feelings and were open

when their children wanted to talk. This wish was based on their reflections of their own experiences with their parents.

Most girls wanted to get married after the age of 20 years, while boys after 25 years. Some of the girls want to have children right away after getting married, but some hoped that they could have a career and enjoy the company of their partner before having a child.

3.2.2 Community Context (Related to Pathway 1)

Community Views on Child Marriage, Teenage Pregnancy and Female Genital Mutilation/Cutting

Child Marriage

Child marriage statistics were not available at any of the Sukabumi government agencies, including the Sukaraja village authority. The village secretary could only estimate one or two cases a year. This figure was considered better than the previous years because the village now had a mechanism using marriage recommendation letters supported by the YES I DO programme. Administrative requests made to the village authority by underage couples to get a recommendation letter to get married would be rejected. In the past - at least before 2014 when the Sukaraja village did not have an online administration system - there were more cases of child marriage because ages could easily be falsified. With the present online system, identity forgery was getting increasingly difficult.

The information we collected through interviews with various stakeholders of the community showed that the data do not represent the reality. This study captured various cases that were unrecorded in the archives of the village authority or KUA, but were circulated through talks within the village community. Child marriages were usually conducted only according to Islamic teachings without proper documents (*siri*). This meant that marriages involving underage children were done without official procedures of obtaining dispensation to religious courts. As explained by a religious leader who was interviewed, this was considered a troublesome process as it involved appearing several times before the court in Pelabuhan Ratu located far from the village (Ilyas, religious leaders, Sukaraja, Sukabumi, 17 July 2018). Unfortunately, the role of KPAD was still weak in recording and taking up the cases of child marriage in the village.

Most child marriages were justified as per an Islamic perspective on marriage. In Islam, one of the conditions for a person to get married was that they should already reach *balig* or the phase of puberty. This view was a reduction of the Islamic perspective on marriage as it isolated marriage from many other requirements and interrelated contexts. There was a perpetual assumption amongst some villagers that children who had reached puberty had begun to enter the stage of life in which they had become vulnerable to a decadent lifestyle. Hence, it was not surprising that various stakeholders in the community used the phrase "rather than committing adultery" in their

interviews. To complicate matters further, the community was of the view that children were better off getting married if they were no longer in school, either because they had dropped out of school or because they had finished high school.

“I worry more that my children commit adultery. Everything is halal (religiously allowed) once they get married. Adultery is a sin. Most parents marry off their children so as to avoid exactly that” (P2TP2A, Sukabumi, 23 July 2018).

Cases of child marriages were often caused by unprotected sexual behavior among youth such as sexual intercourse without condoms. A young woman who was pregnant, regardless of her age, would be married off to her sexual partner because of shame. Another cause related to the unfavorable economic conditions of the family. Since children were perceived to be a burden by the family, marriage was considered a solution as this burden would be transferred to her husband. One of the cases of child marriage that had occurred two years prior to the data collection involved an arrange marriage between a 14 year old female and a 50-year-old male. Such a relationship where there was a big age gap between partners resulted in an unequal power relation. This in turn triggered irresponsible treatment where the teenager was abandoned by the husband shortly after she became pregnant.

“Many children get married young because of their parents. I told them to prioritize school for their children as it is our responsibility as parents. We should not marry off our children merely because of economic hardship, right? Our responsibility to our children will not end in this mortal world. That is what I always say to them.” (Dinda, Teacher involved in the YES I DO programme, Sukaraja, Sukabumi, 23 July 2018).

"Because they are not old enough, they get involved in romantic relationships and get into this accident (getting pregnant) and their parents have to marry them off. So, a lot of this cases occur because of girls having this kind of accident" (FGD Fathers, Sukaraja, Sukabumi, 22 July 2018).

Cases of child marriage which were preceded by an unintended pregnancy were considered as negative. At school, married students were essentially allowed to continue their education but they were perceived negatively due to which they felt inferior and embarrassed. Most chose to leave. Stigmatization by teachers and other students became fodder for a gossip, which further reduced their confidence to return to school.

“...we never expel students because it was indeed not necessary. But sometimes the parents themselves feel embarrassed, because among children, even one small news could spread in an instant. They find out about everything even before we do” (Dinda, Teacher involved in the YES I DO programme, Sukaraja, Sukabumi, 23 July 2018).

Families built on marriages that were preceded by unintended pregnancy were often not equipped with emotional and financial readiness. Emotionally speaking, married youth talked

about emotional barriers in their family, rendering their marriage vulnerable to divorce. Teenage marriages also had financial implications as the husband did not have a well-established job yet, and at the same time he had to be responsible for the needs of his wife and children.

In addition to the YES I DO programme, the government also had child marriage prevention programmes at the Population Control and Family Planning Agency (DPPKB) and the Women Empowerment and Child Protection Agency (DP3A). DP3A had technical guidance regarding child protection for community leaders, religious leaders, and peer educators, in collaboration with the Ministry of Religion and the Health Office. Since 2016, DP3A had also helped accelerate the establishment of the Task Force for the Protection of Children and Women in 47 sub-districts. Both agencies were partners of the YES I DO programme. The collaboration with local government offices facilitated the YES I DO Alliance in Sukabumi to strengthen the programme's influence on the village officials and figures as some village regulations were issued in relation to child protection and the prevention of child marriage.

Teenage Pregnancy

Most cases of teenage pregnancies were unintended. The main causes were a limited access to contraception and a lack of knowledge regarding how to prevent pregnancies. Boys were more knowledgeable than girls in pregnancy prevention as topics of contraception, especially condoms, were often spoken about freely among their peers. Unlike boys, topics related to contraception were considered a taboo for girls. They were ashamed of discussing the topic of sexual behavior and contraceptive use. On the other hand, the community perceived married girls who got pregnant at a young age positively as they could nurture their children longer.

Some young people understood the health risks related to teenage pregnancy such as miscarriages, low birth weight, and birth defects. One of the participants who was pregnant at a young age said that she understood these health risks. She explained that she had once gone to the Sukaraja Puskesmas for consultation and was advised by the midwife to use MKJP (long-term contraceptive method) to avoid a subsequent pregnancy. This was one of the ways to mitigate the health risks of being pregnant at young age.

"I said first, what's the best? She said that it was better for me to take part in a family planning programme considering my young age. She was apprehensive if I got pregnant again when in fact my body was not yet ready" (Anisa, Married girl, 19 years old, Sukaraja, Sukabumi, 26 July 2018).

If there was a pregnant student, the school would not explicitly apply administrative sanctions right away. However, girls might have felt unworthy for her conduct. As mentioned earlier, being a pregnant school-girl (regardless of marital status) was highly stigmatized causing embarrassment and shame to the girl and her parents. In the end, they would eventually withdraw themselves from school.

Female Genital Mutilation/Circumcision

Most people in Sukaraja perceived the practice of female genital mutilation/circumcision as part of Islamic teachings. Opinions regarding the benefits of female circumcision varied; with some who thought that female circumcision prevented girls from diseases, reduced their libido upon reaching adulthood, improved their health, and purified them.

The religious rationale concerning female circumcision tended to lack depth as the *dalil* or the verses used to justify the practice had never been put forward, especially by religious leaders. One of the religious leaders in Sukaraja also did not know the exact religious significance of practicing female circumcision, which was reflected in his inconsistent answers when he was asked about this matter; his first answer was that it was obligatory (*wajib*), before changing his mind and said that it was advisable (*sunnah*).

However, nowadays health workers and the local government advocated for prohibition of female circumcision, which was line with the YES I DO programme. Many mothers felt puzzled because they perceived the practice of female circumcision as obligatory according to the Islamic Law, but on the other hand, they were told that the practice could harm the baby girls' health. According to them, they had not yet completely understood what the harms of female circumcision were. On the other hand, all fathers mentioned that newborn baby girls had to undergo circumcision based on the Islamic Law. They claimed that the practice was beneficial for women's health.

Health workers no longer performed female circumcision. However, some midwives did offer symbolic and fake female circumcision services in which the baby's vagina was only touched with a cold object to make her cry. They did this to prevent mothers from bringing their babies to a *paraji* or the traditional circumciser/TBA to be circumcised. Meanwhile, some *parajis* still offered female circumcision. As one informant said, people who requested that their children be circumcised, did so even if they did not know the exact benefits of the practice. They did it as they thought that something would not be right if they did so otherwise.

The YES I DO programme in Sukabumi tended to address the issue of female circumcision indirectly as it was considered as sensitive. However, the debates surrounding the religious justification for FGM/C coupled with the lack of clarity regarding its harms could be taken as an opportunity for the programme to educate the villagers.

The Role of Religious and Community Figures

Some religious figures were still resistant in changing their views on child marriage and female circumcision. According to the interviews with KPAD and the YES I DO Alliance in Sukabumi, some religious figures continued to think that marriage was a good means to avoid adultery. They were also one of the parties who rejected the ban on female circumcision, as they saw that this practice was a *sunnah* and suppressed excessive desire among women.

"Then the challenge was that religious leaders still think in old-fashioned way. In child marriage, for example, most of them think that, OK, if they were ready to get married, why postpone it? Even if they haven't reached the age of 18+ as promoted by YES I DO. For them, there is no need to delay when everyone is ready. Changing mindset is indeed difficult. Repeated efforts are needed" (KPAD, Sukaraja, Sukabumi, July 16, 2018).

The villagers shared that there was a religious leader in the village who was known for facilitating marriages of those who wanted to marry according to Islamic requirements and without proper state documents (*siri*). According to one religious leader interviewed, child marriage might have occurred in Sukaraja village even though he claimed to have never heard of any cases directly. With a diplomatic tone, he stressed that the KUA had always been following the mandate of Law No. 1 of 1974 concerning marriage so that every marriage that occurred always involved those who were above the legal age according to the law.

The Role of Teachers and School

Teachers and schools played a meaningful role in efforts to prevent child marriage and teenage pregnancy by delivering the SETARA module and through the Demography Aware School programme (SSK)¹¹. However, teachers and schools were selective in delivering the teaching materials in the module. Teachers found the topics of contraceptive rights and dating to be difficult to teach. They chose not to deliver the two topics to avoid giving the impression that they were encouraging students to have romantic relationships and access contraceptives.

¹¹ The Demography Aware School programme (SSK) is a programme run by the Population Control and Family Planning Agency.

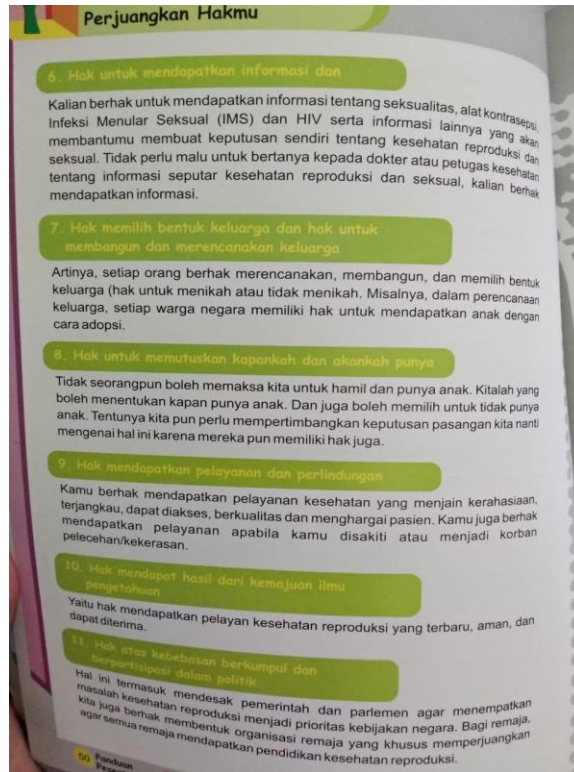


Figure 8 SETARA Module Page Questioned by Teachers

Source: Research Team of Center for Gender and Sexuality Studies FISIP UI, July 2018

In general, schools would never expel students for being in romantic relationships. Schools only regulated violation scores.¹² If a student had received a high violation score, the school would summon the parents and ask the student to withdraw themselves from the school. It is common that a high score could prompt students (and their parents) to withdraw from school due to the embarrassment felt by them. According to the teachers we interviewed, usually students who have withdrawn from school would be enrolled at *pesantren*.

The Role of Health Workers

Sukaraja District Health Center or Puskesmas had a complete PKPR programme with a dedicated room. However, not many youth used these services. At the village level, there had also been a decree to establish a youth Posyandu in all neighborhood clusters (RW). However, at the time, there was only one youth Posyandu running. Not many youth in Sukaraja would access it as many of them did not know about it and the Posyandu was perceived as being a health service for only mothers and their children.

¹² Violation scores is a common practice for schools in Indonesia to maintain discipline among students. Schools measure the degree of violation according to the scores accumulation of the students.

There were several activities of the KPAD together with the YES I DO programme, including the youth Posyandu. In these activities, youth were trained on how to measure the height and weight of an individual in the hope that they could play an active role in the youth Posyandu. These activities were held regularly and only embedded in YES I DO's incidental activities.

“We are learning. It is also managed together with youth. For KPADs in YES I DO activities, there is a midwife. We as youth learn about how to measure height. We are involved. We are practicing, like measuring the weight of girls and boys. For girls, they have sharing session talking about menstrual period, any issues with that. They get asked” (KPAD, Sukaraja, Sukabumi, July 16, 2018).

In youth Posyandu activities, health workers also talked about the disadvantages of child marriage. In addition, health workers explained that they also spoke about harms of female circumcision. Health workers did not offer female circumcision to their clients. However, they sometimes performed female circumcision symbolically for parents who insisted. They would do this to avoid the baby being taken to the *paraji* to be circumcised.

“We tell them while serving at Posyandu activities. Girls don't have dirt unlike boys. In women there is no dirt, unlike men, for example, if you say that many women in Indonesia do not enjoy having sex with their husbands it is because their nervous system has been cut off and it equals torture” (Aisyah, Midwife YES I DO, Sukaraja, Sukabumi, July 17, 2018).

However, mothers in the community said that they did not understand the harms of FGM/C practice and its religious justification. Because of this incomplete knowledge, some mothers said that they hesitated to end the practice. The Women Empowerment Office said that health workers might perform 'fake' circumcision by cleaning the baby's genitals with cotton to prevent parents from going to shamans to circumcise the baby. They also said that such 'fake' circumcision was done to prevent the harms of FGM/C but at the same time, it preserved the practice and the beliefs about it.

Health workers were actively preventing teenage pregnancy by suggesting the use of contraception for girls who got married before the age of 20 years. Nevertheless, contraceptive services were still not provided for unmarried girls. Health workers indicated that it was illegal for them to accommodate requests for abortion, and they could only provide health services for cases of miscarriage.

3.2.3 Meaningful Youth Participation (Related to Pathway 2)

Intergenerational Communication

Topics of conversations between young people and their parents ranged from school to work-related issues. Youth did not discuss sexuality-related issues or romantic relationships with their parents

because they felt ashamed and awkward. However, youth often discussed these topics with their peers.

Boys were especially afraid to speak to their fathers. They had more courage speaking to their mothers than their fathers. Meanwhile, girls felt more comfortable communicating with their mothers. Some of them were even willing to talk about romance and sexuality-related topics such as menstruation.

One parent reflected that strained communication between parents and children affected the behavior of youth negatively. Young people who did not have a harmonious relationship with their parents had the tendency to explore their identity outside of home. For instance, they would spend time at the internet café, which resulted in parents having less control over their development. In the end, these parents blamed the internet as the reason for juvenile delinquency.

“Many of these night kids stayed up late until 11 or 12 at games and internet café. You can easily see. Please. Some stay up until midnight or until the wee hours, some even skip school” (KPAD, Sukaraja, Sukabumi, July 16, 2018).

Activities and Interventions involving Youth

The youth organization in Sukaraja could be categorized as active. Every RW had a *Karang Taruna* youth group, the most famous being the Cibereum Youth Association (HPPC). Activities carried out by *Karang Taruna* included organizing village holiday events such as the celebration of Indonesian independence, birth day commemoration of prophet Muhammad, Rajab month, and garbage collection. In addition, active members of village youth groups were often involved in village meetings and become youth representatives in village institutions such as KPAD and BUMDes.

Although youth were represented in the KPAD, their level of meaningful participation still needed to improve. In the KPAD, some youth were involved in mobilizing teenagers by delivering invitations to activities. However, adults dominated the decision-making in the organization. The KPAD received fund allocation from the village budget, yet had not carried out many activities for youth in the village. Despite the YES I DO programme working closely with the KPAD, many young people in Sukaraja had never heard of KPAD. They did not know that they could participate and voice their interests through KPAD.

According to the Sukaraja village secretary, the KPAD of Sukaraja village had been hampered by its management capacity. At the village level, the activities carried out had only been awareness-raising activities or campaigns. With the 2018 budget, the village had prepared the budget from village funds to finance KPAD activities, which had included several more raising awareness activities. For the youth organization formed by LPAR, the Village Chief's Decision regarding the establishment of the organization was issued in 2017. However, the implementation of activities involving youth by this organization had been minimal.

“But when talking about other roles such as those involving children to participate, we can say yes to this but there is no guarantee that it will work. The indicator is when the KPAD says yes, then the FAD in the village should really function. But...the FAD itself does not exist, I say it is a no, not yet ... The other day we used this in evaluation checklist, but pathway 1 is actually implemented more by LPAR. That is why, as the coordinator I want to make sure whether the role is suitable or not. It is possible that in the evaluation checklist everything works accordingly but the reality is that the FAD does not really exist. I would say not yet” (YES I DO programme implementer, Sukabumi, July 16, 2018).

Therefore, even though Sukaraja already had a Village Children Forum (FAD) established from a decree of the Village Head Decree No. 39/2017, the FAD had not done any activity yet and not many young people knew about it. Both the decree and the FAD were supported by the YES I DO programme.



Figure 9 Kiosk where Youth Hang Out

Source: Research Team of Center for Gender and Sexuality Studies FISIP UI, July 2018

In addition, there was the Sukabumi Youth Forum (Forbumi) initiated by DP3A (Women Empowerment and Child Protection Office). This organization could serve as a medium for youth to fight for their rights. Forbumi was a forum for Sukabumi youth from various sub-districts to gather and get information and training related to issues of child marriage, sexual abuse, and street children. After acquiring this knowledge and these skills, Forbumi youth were expected to play the role of a ‘pioneer’ or ‘reporter’. The pioneer role entailed giving information about the dangers of child marriage, sexual abuse, or bullying to their peers, not getting married at a young age and not sexually harassing others. Meanwhile, the role of the reporter was to report what they saw and experienced

in their daily lives. In their role as 'reporter', youth who had problems could ask for help through members of Forbumi. Depending on the problem, the issue would be then be referred to the DP3A and related institutions. By doing so, youth played an active role in preventing child marriage and sexual abuse.

Mitra Citra Remaja (MCR), a programme of PKBI Sukabumi, was only formed on December 17, 2017. The activity that was carried out by this organization was the Care Programme. This included a visit to the Special Detention for Juveniles (LPKA) by the families of the children and was also meant to observe the response of local residents towards the children and their families. This activity also encouraged the improvement of the quality of child-friendly cities (KLA) by not excluding children in conflict with law. In addition, there was a 'Go to School' Roadshow to promote MCR activities at schools by screening films related to the issues being campaigned.

Musrenbangdes (A village development planning programme) requires representatives from every group in the community such as youth, parents, *Kadus*, RT, RW¹³. One of the youth in Sukaraja village was involved in this Musrenbangdes. Arini was one of the youth who actively participated in youth activities in the village. Her motivation to participate was to get to know new friends, gain experience, and contribute to helping others.

"I just feel happy, many friends, many new people, many new experiences ... Yes, I can help others. It's just fun "(Arini, Unmarried girl, 22 years old, Sukaraja, Sukabumi, July 22, 2018).

In sum, there were many spaces and opportunities for young people to engage in the decision-making forum in Sukaraja Village, however the YES I DO programme still needs to ensure that young people can meaningfully participate in the decision-making process to voice their needs and to be heard by the village officials and community figures.

3.2.4 SRHR Practice, Information and Service (Related to Pathway 3)

Sexual Practice and Health

Broadly speaking, the problems faced by youth in Sukaraja could be classified into four issues i.e. unsafe sex, excessive consumption of alcohol, drugs, and participation in motorcycle gangs or other youth groups. These four issues were interrelated and in particular affected the reproductive health of young people.

Youth's sexual behavior was linked to their experiences of dating and relationships. In Sukaraja, teenagers began dating from the age of 11 to 13 years when they were still in elementary or junior high school. Their dating activities were not only about sex, but also about exploring the relationship of two individuals through going out with their partners on a motorbike and *angkot* (public minivan). As said by a young man: "They were '*angkot* ladies', girls of *angkot* drivers, and

¹³ RT (Rukun Tetangga) and RW (Rukun Warga) are the lowest strata of the government.

after school the *angkot* drivers take them somewhere or hang around the city by the minivan.” During the FGD with girls aged 15-18 years, they revealed that their friends or acquaintances who were in junior high school dated *angkot* drivers and many of them had an unintended pregnancy. This phenomenon had caught the attention of teachers. This was because *angkot* drivers were having relationships with girls who were much younger than them and were putting them at risk of unprotected sexual behavior.



Figure 10 A spot where public minivans wait for passengers

Source: Research Team of Center for Gender and Sexuality Studies FISIP UI, July 2018

Through advances in smartphone and internet technology, pornographic materials were accessible on social media or websites. Such pornographic content easily circulates between groups of teenagers and in places where youth gather such as in internet cafes, food stalls or nightclubs. Young people used private spaces to physically interact with the opposite sex. These spaces could be rented rooms around factories, abandoned houses, hotels or open/ public spaces such as the Goalpara tea estate, rice fields and internet cafes among boys and girls.

Youth’s sexual activity in Sukaraja tends to be unsafe because they find secret places to meet to avoid accusations and persecution. Spontaneous and secretive sex makes the use of contraception - especially condoms less likely. Along with this, there is stigma of accessing family planning services by health services such as the Sukaraja Puskesmas, which refuses to provide family planning services to unmarried youth. This makes young people increasingly vulnerable to unintended pregnancies, STI infections and dangerous abortion practices.

The practice of abortion was illegal according to the health law and the criminal law. However, a physician and some young people said that young women made attempts to have an abortion in different ways. This could be either with the help of traditional masseuses or by consuming drugs

that could lead to cases of incomplete abortion. In cases of incomplete abortion, doctors could provide safe abortion and post-abortion care. Information about the existence of a traditional masseuse who provided abortion services was not widespread. However, this information was shared among those youth who had accompanied someone having an abortion or those who had themselves gone to the masseuse in cases of unintended pregnancies.

Young people often used alcohol and drugs as an appetizer to get into the mood to have sex. This was usually done by groups of youth who gathered at night. In Sukaraja, there were at least 4 hamlet-based groups of 'night youth', namely Ingggris, Cibereum, Cibereum Legok, and Alinda hamlets.

At the time, the YES I DO programme had been limited to improving knowledge about reproductive health and sexuality. Based on the research findings, among youth who were the target group, there were some young people who were more vulnerable than others. The YES I DO programme should involve these youth groups more in the programme. Some of these young people had already participated in some of the YES I DO activities. However, their participation cannot be perceived as being meaningful because the motivation to follow the programme was only limited to getting incentives for transport payments in every activity. The YES I DO programme was also stigmatized by different youth groups. There was an assumption that the YES I DO Programme was an activity for little kids because the participants formerly belonged to an impact group.¹⁴

Access and Availability of SRH Service for Youth

There was a variety of health services available for young people in Sukaraja village. These included the Sukaraja Sub-district Puskesmas which had the PKPR programme, the Village Puskesmas which was open once a week in the village office, private midwives' clinics, and the youth Posyandu which was incorporated into one of the posyandus in Sukaraja village. In addition, informally there were some traditional masseuses who claimed to provide a massage that could abort pregnancy. Despite this, the YES I DO programme did not address this harmful practice through any of its activities with the health services.

¹⁴ According to the Yes I Do Alliance, the impact group is a selected group of girls aged 10-15 years old that the Alliance is following over time. These girls are those who are considered as vulnerable in their communities as their family has low education, low income, and live in a remote area.



Figure 11 PKPR Puskesmas of Sukaraja

Source: Research Team of Center for Gender and Sexuality Studies FISIP UI, July 2018

The reproductive health and sexual health services for youth of Sukaraja village were provided by PKPR available at the Sukaraja Sub-district Puskesmas located only 2 kilometers away from the village office. The PKPR service at the Puskesmas shared a room with Voluntary Counseling and Testing (VCT) and HIV services. The PKPR service schedule was in accordance with the opening hours of the Puskesmas; Monday-Saturday at 7.00-14.00, which was not friendly for youth who were of school-going age. That being said, there was a possibility that HIV and VCT services and PKPR opened well into the evening if there were many accessing the services on any day. For HIV and VCT services, the Sukaraja Puskesmas had mobile services that regularly reached out to residents in 13 villages and *kelurahan*¹⁵ directly. This mobile service gathered data about young people or villagers who needed further consultation related to HIV and VCT services or those who wanted to consult with PKPR officers. The Puskesmas would then determine a special day of service where it would be open until the evening for residents including youth referred for further services and consultations about VCT and HIV.

Contraceptive services at the Puskesmas were only provided for married youth. Unmarried youth could not access contraceptive services at the health center. The Puskesmas also did not provide abortion services, but pregnant girls who had to undergo either complete or incomplete abortions

¹⁵ Administrative village level in Indonesia

could get post-abortion care and services at the Puskesmas or would be referred to a hospital depending on their condition.



Figure 12 Posyandu RW 2

Source: Research Team of Center for Gender and Sexuality Studies FISIP UI, July 2018

Sukaraja village office had a decree related to the establishment of the Youth Posyandu in 23 RWs, but only one youth Posyandu was regularly operating. The Youth Posyandu in Sukaraja village was not a separate Posyandu that was established, but was an additional service to the existing Posyandu. The Posyandu was used to provide five types of services. With the decree of the establishment of the youth Posyandu, the sixth service or 'table' was mandated, namely consultation services for youth. In the youth Posyandu, youth would be weighed and their height and blood pressure would be measured. The youth service was usually handled by cadres from the PLKB (Family Planning Field Officer). However, the number of youth accessing services was still very low compared to the total population of the youth aged 15-19 years (around 1,800 people) in 23 RWs. Only 1-5 young people would visit the facility every month as the word 'Posyandu' was perceived by young people to be a service directed to maternal and infants' health.

Access and Availability of SRHR Information and Education

Government and non-government institutions have carried out many information and education sessions about SRHR for youth in schools and communities. In schools, SRHR material - or on many occasions referred to as *Pendidikan Kesehatan Reproduksi* or Kespro (Reproductive health education) - was considered to have been delivered through school subjects such as Biology. Schools were also the target of SRHR education programmes of the government and non-governmental institutions. The government institution that had programmes in schools was the

DPPKB with its Demography Aware School (SSK) programme. The SSK programme was implemented among others at SMA 1 Sukaraja. In this programme, apart from being given information about population issues, youth were also given material on reproductive health through leaflets or through relevant school subjects. The aim of this programme was to delay the age of marriage and delay the birth of first child to prevent future population problems. DPPKB also had other programmes in schools, namely GenRe (Planning Generation). This programme provided material in schools on the reproductive health of youth, addressing topics such as puberty, the reproductive system and its functions, STIs and HIV/AIDS. It was expected that youth who had received such training could become peer educators and pass on the materials to their peers.

The non-government institution that preferred to have programmes in schools was PKBI through the YES I DO programme. This programme delivered SRHR education in four schools in Sukabumi exclusively using the SETARA module. Teachers were in charge of delivering the module. However, they objected to the topic of healthy dating because according to them, that meant that they were allowing children to have a romantic relationship. This was contrary to what the teachers had previously told their students. The implementation of SRHR education in the first year of the YES I DO programme faced challenges as there was a shortage of teachers to deliver the SETARA module. As a consequence, only few topics could be delivered to the students. Some students said that they were only taught two topics from the module.

In addition to the SETARA module, the YES I DO programme also trained students to become SRHR peer educators at school and in their neighborhood. In SMP 2 Sukaraja, there were 30 students who applied to be peer educators. Peer educators were given communication skills to enable them to talk to teachers and their peers, including on topics related to SRHR. However, in the view of the teachers, the recruitment of the peer educators was not proper in some cases. For example, one of the teachers perceived a certain peer educator to be a troubled teen and did not consider that person to be suitable.

In Sukaraja village, the YES I DO programme also provided SRHR education for young people once a month to once every three months. Sometimes a game was inserted in between the delivery of material so as not to make youth feel bored. Sukaraja Puskesmas had also delivered material on reproductive health to village youth. The YES I DO programme together with KPAD held several health education sessions in collaboration with the Puskesmas, in which topics such as puberty and health of reproductive organs were addressed. In the discussion and question and answer session, usually teenage boys asked a lot of questions while girls tended to be too ashamed to have this type of discussion openly. In addition, some youth also claimed to have received material about the prevention of HIV and AIDS and sexual behavior from the AIDS Commission.

3.2.5 Education and Economic Empowerment (Related to Pathway 4)

Access and Quality of Education

Youth in Sukaraja had several options in terms of education - either public, private, Islamic or *pesantren*. These schools could be reached using public or private transportation. The relatively close distance made access to schools easy as they could be reached using private vehicles or public transportation such as *angkot* and online motorcycle taxi. The same could be said with educational facilities that were not available in the village such as junior high schools and universities. Sometimes, there were those who preferred to pursue education in the city of Sukabumi which was considered better in terms of quality.

The YES I DO programme in its attempt to provide better access to quality education collaborated with the child-friendly schools programme by DP3A. The YES I DO programme also supported the child-friendly district (KLA) programme as it was in line with the programme's objective to prevent child marriage. For instance, synergy between the programmes was created when the YES I DO Alliance informed and consulted with the DP3A about the schools to be targeted. The DP3A then followed this up by holding a socialization for those schools in collaboration with the Ministry of Religious Affairs and the Ministry of Education, and provided technical guidance to facilitators who would also be involved in DP3A's activities related to children protection.

Youth who dropped out of school could still complete their education and get a diploma by taking the learning package A programme for elementary school level, package B for junior high school level, and package C for high school level in the community learning centers (PKBM). In addition to supporting the 12-year compulsory education programme, the existence of PKBM was also important for the prevention of child marriage. One of the reasons for child marriage identified was children dropping out of school. With the availability of PKBM in the village, students who dropped out of school could complete their education. PKBM Nusantara in Sukaraja in cooperation with PUPUK under the YES I DO programme supported those young people who had dropped out to continue their education. Together with the YES I DO programme, PKBM Nusantara also provided trainings to improve young people's skills on working in a beauty salon and through a make-up class. PUPUK also built a partnership with the Manpower District Office by providing vocational trainings for school dropouts or providing employment opportunities for the PKBM graduates. While PKBM was free, students might have had to pay for some expenses related to the final exam.

Safety at School

Schools were not always safe because sexual harassment among fellow students often occurred. Youth in the interviews or FGDs said that some of their friends did not understand the types of actions categorized as harassment, such as being touched by the opposite sex, skirt peeping, being stared at/ observed until they felt uncomfortable. Cases where young woman's body was touched without her consent were still found in schools.

“Those who like touching were mostly boys. There was a guy who was the son of a nurse who liked hugging girls often as if he were a girl” (FGD Girls 15-18 years old, Sukaraja, Sukabumi, 22 July 2018).

Complaint services were available in schools in the event of abuse, provided by teachers involved in YES I DO. At SMP 2 Sukaraja for example, there were eight teachers who were ready to listen to various complaints of teenagers in school either face-to-face or through Whatsapp. The teachers were also being assisted by peer educators. Friendly teachers who were open for consultation provided a friendly space for young people to share their daily life problems, romantic relationships, among other things. Even though no student had reported cases of violence or abuse, some students knew of several cases of sexual harassment. They did not dare to share and report the case because some of the perpetrators were their own peers and teachers. Thus, there was a clear need for a safer reporting mechanism for students to be able to report cases of sexual harassment and abuse, for example through an anonymous reporting system.

Youth's Work Aspirations and Available Job Opportunities

The FGDs conducted with young people show that youth from Sukaraja village did not have strong ambitions related to work. There was no particular type of work desired, because the available employment options in the village and the occupations taken up by people in their neighborhood did not inspire them to think of a desirable job. However, teenagers did want to be able to work in accordance with the skills they had after completing school. Having an online business was also one of the aspirations of the girls.

"...We want to be able to work in the factory in accordance with our expertise." (FGD Girls 19-24 years old, Sukaraja, Sukabumi, 17 July 2018).

Some job opportunities in Sukaraja included working in a factory, artisan work using buffalo horn, working for various micro and small enterprises, being a shopkeeper, being a minimarket employee, seller, and being a furniture worker. Job opportunities at the factories absorbed more female workers. Men who were not accepted at the factory turned to entrepreneurship such as opening a grocery store or working at a shop. A new trend emerged where many youth worked in cooperatives, which was commonly referred to as bank by the local community. Although employment opportunities in factories were relatively wide, most young people did not expect to work in factories. Factory working hours were longer and sometimes employees had to work at night, which was considered unsuitable for women.

The village authority conducted a rigorous selection of applications for permission to work abroad. To get permission to work abroad, villagers together with the migrant worker distribution agency must register themselves at the village office to clearly identify what agency was used, the age of the migrant worker candidates, their skills, and the type of works to do. This was done to anticipate human trafficking practices experienced by neighboring villages, where residents were lured to work as restaurant servants, but were exploited instead as sex workers in Jakarta, Batam and Sulawesi. Since then, the village

apparatus had become more selective in providing work permits abroad and only issued permits to 8 migrant workers in 2017 and 5 migrant workers in 2018.

On the other hand, farmlands were still available in the Sukaraja village, although not to a large extent. However, when adults and youth were asked about their interest in farming, none said they were interested, which was not surprising as these farmlands had only been cultivated by older people.

In general, it could be concluded that formal employment opportunities such as working in factories and being minimarket employees absorbed more female workers than male workers. Although the opportunity to work in a factory was very large, this was not the aspiration of the youth of Sukaraja Village. They preferred other jobs if possible.

Youth Economic Empowerment Interventions

Unemployment among productive ages (15-64 years) was one of the economic problems in Sukabumi Regency. For this reason, efforts to empower youth economically were important. Therefore, the Manpower and Transmigration Agency conducted trainings at the Vocational Training Centers (BLK) in Sukabumi district for youth high school graduates. Once the training was completed, these youth were assisted in looking for jobs at relevant companies. However, the quota for these trainings was very limited compared to those interested in the training. For example, of approximately 400 youth who registered, only 30 were taken as participants. As a result, many were still unable to access these skill-building activities. In addition, there were complaints that the selection of the participants was not transparent with only those close to government officials having access to these trainings. In addition to the BLK, the agency also had a programme in the village in the form of an entrepreneurship training for residents. However, these trainings were limited and not sufficient to enable participants to open their own businesses. According to some who participated, they only understood the basics of the skills.

The government of Sukabumi district also provided packages A, B and C for those who dropped out of school but wanted to continue their education and get an elementary, junior high school and senior high school diplomas. However, one of the problems was the high cost of obtaining the certificate of graduation, as experienced by one young woman aged 23 in Sukaraja village.

In addition to the government, the YES I DO programme through PUPUK also conducted economic empowerment activities for young people. These activities were carried out at schools and at PKBM (Community Learning Center). At schools, the activities carried out were the delivery of 'soft skills' and 'I am Entrepreneur' modules, and the introduction to the business world. At PKBM, youth were trained to improve their skills.

In Sukaraja village, entrepreneurial groups were developed for young people. One example was of mushroom cultivation. Groups of boys experimented with mushroom cultivation, and tried to develop "crispy mushroom" business from the yield with funding from BUMDes. However, these youth felt that their knowledge was not enough to make their business grow. For example, they said they did not know

how to control pests and fungal diseases. As a result, the mushrooms perished and the harvest failed, forcing them to close their business.

Sukaraja village also had KUBE or Joint Business Group called 'Saluyu', which also involved youth in introducing them to entrepreneurship. However, according to KUBE, youth were not yet mentally ready to become entrepreneurs, as they tended to give up easily when they faced obstacles in their entrepreneurial efforts. At the same time, boys complained about their parents who demanded that they find work or open a business while never giving them any adequate guidance on how to do so. In other words, there was a gap between young people's desires and parental expectations.

3.2.6 Policy and Legal Issues (Related to Pathway 5)

Policy and Regulation Concerning Child Marriage and Female Genital Mutilation/Cutting

In Sukabumi, there was already a Regulation on Child Protection No. 1 of 2018. This legal product was a result of the advocacy of the YES I DO programme that was coincidentally in line with the political promises of the Sukabumi Regent who was sworn in 2016, the same year the YES I DO programme was initiated. Ideas to issue this regulation were generated in two stages. The first was from the legislative initiatives that started in 2015 and the second stage was in between 2016-2017. The signing of this by-law gave freedom to the KPAD of Sukaraja village to access village funds for the 2018 budget year.

In 2017, Sukabumi Regent issued the Regent Regulation No. 20/2017 concerning Child-Friendly Districts, which signified the commitment of the regional government to implement regional development initiatives that focuses on the needs and best interests of children. Through this commitment, the regional government would integrate the potential of human resources, finance, facilities and regional infrastructure to make Sukabumi more friendly for children. Following up on this regulation, the regent of Sukabumi issued a Decree No. 463/Kep.421-DP3A/2017 which regulates the Regional Action Plan for Child-Friendly District Development. In this decree, the indicators for child-friendly district to be achieved during the period 2017-2021 would be regulated.

In addition, the Sukaraja Village Regulation No. 7/2016 concerning Child Protection was issued prior to the existence of the Regional Regulation on Child Protection. This was a strategy of the village to be able to expedite KPAD activities by utilizing the village budget. According to the village apparatus, village regulations had to refer to existing regional regulations. Thus, Village Regulation No. 7 of 2016 did not have a legal umbrella at the time, resulting in the village apparatus unable to propose budget from the APBDes. To get around this, they included the activities of the KPAD under the activities of the village administration in order to get funding.

According to the treasurer of the KPAD in Sukaraja village, the village budget was very likely to be used for KPAD activities. However, when the research was taking place, KPAD had not received any funding from ADD (Village Allocation Funds). In the first year of the programme in 2017, IDR 5,000,000 was allocated for KPAD activities from Village Budget (APBDes) under the allocation for childcare training. After the signing of Regulation No. 1 of 2018, the KPAD began developing a work plan and a budget for 2018 amounting to IDR 15,000,000 from ADD. However, the implementation of the activities for that budget year could only be implemented in 2019.

“Not yet. We addressed it last time by using the money for child care protection training. Once in 2017 we allocated 5 million rupiah in the form of training. So, we have already spent a budget of 5 million from the village’s APBDes. In 2018, we deal with the KPAD operation programme. For now, it is not yet possible because we don’t have the by-law yet. If we did, we would be able to allocate budget. That is how important the by-law is” (KPAD, Sukaraja, Sukabumi, 16 July 2018).

Since the baseline study, there have been many policies initiated by the district and village government as a result of the advocacy of the YES I DO programme. In the future, the main challenge for the programme would be to ensure that policies are enacted and that young people are benefiting most from the funds.

Commitment of Policy makers

Prevention of child marriage was covered in Regulation No. 1 of 2018, which according to the Regent’s wife was a political promise to the people. DP3A was committed to socializing local regulations in the 2019 budget year in a bid to reduce child marriage. All of these showed that the district government had the political will to prevent child marriage as reflected in its programmes. Prevention of child marriage had become part of the government’s programmes, especially the Population Control and Family Planning Agency (DPPKB) and also the Agency of Women’s Empowerment and Child Protection (DP3A). DPPKB had a programme of marriage age maturation implemented through the Demography Aware School programme (SSK), as previously explained. Meanwhile, DP3A had a Child Friendly City (KLA) and Child Friendly Schools (SRA) programme to ensure that children get quality education and feel safe in schools, thereby reducing drop-out rates and early marriage.

For the issue of teenage pregnancy, the government programmes would address the delay of first child in cases of child marriage and reproductive health education. These were implemented through DPPKB’s SKK and GenRe programmes. Delaying the first-born through the provision of contraceptives was only aimed at married couples. In addition, there was a view among policy makers that sexuality and reproductive health education needed to be harmonized with religious teachings and had to be aimed at discouraging youth from premarital sex and consequently unintended pregnancies.

Strong opposition was shown by policy makers on the issue of FGM/C. According to P2TP2A of Sukabumi District, this issue remains sensitive in the community and religious interpretations on this vary. There were no local government programmes that specifically dealt with this issue. This resulted in low commitment from policy makers.

There were many local government programmes related to child marriage and teenage pregnancy that were in line with the YES I DO programme and thus, it was easier to demand the commitment of the local policy makers on those issues. However, the issue of FGM/C still needed to be advocated to the local government.

Advocacy Efforts

The YES I DO programme jointly implemented by PKBI Sukabumi, ARI, PUPUK, and LPAR contacted the Sukaraja village government apparatus to explain the importance of child protection, especially relating it to the issues of child marriage, teenage pregnancy, and female circumcision. The parties in the village which gave positive responses were provided with guidance and strengthened. This resulted in the issuance of the Sukaraja Village Regulation No. 7 of 2016 concerning Child Protection. This regulation stipulated children's rights and obligations, including the right to live, grow, participate optimally, etc. Children had the right to identity and citizenship status. Children also had the right to education, express their opinions, play and rest, and were entitled to protection from abuse and torture. Village Regulation No. 7 of 2016 regulated efforts to prevent child marriage in chapter II, which stipulated that children had the right to keep and protect themselves from child marriages, including child marriage prevention. The responsibility for the prevention of child marriage was laid in the hands in the village government, community, and parents. The regulation also stipulated the responsibility of village institutions in the implementation of child protection, one of which was stipulated in chapter VI concerning Village Child Protection Group (KPAD). KPAD consisted of individuals (usually public figures), village authority, village institutions, community leaders, religious leaders, education figures, women, businesses, parents or children's guardians, health cadres and child/youth groups. The list of KPAD management members had to have to balanced representation of these various members. Nonetheless, the role of the youth groups in the KPAD's decision-making process and activities was still not meaningful as previously explained.

Advocacy efforts on child protection policy in Sukabumi District was a rough journey that started in 2015. That year, several government agencies such as the The Agency of Social Affairs and the Protection of Women and Children, the Education Agency, the Health Agency and the DPPKB worked together to draft regional regulations related to child protection. This draft of the by-law on child protection was proposed to be included in the discussion on the 2016 Regional Legislation Programme (Prolegda). However, the draft was not included in the 2016 Prolegda. In light of this, in 2016 the YES I DO Programme worked to ensure that the child protection by-law draft was included in 2017 Prolegda. The draft of Regional Regulation No. 1 of 2018 concerning child

protection was finally passed earlier this year (2018) with one of its clauses covering stipulations on child marriage.

The Sukabumi District Government, in particular the Population Control and Family Planning Agency (DPPKB) and the Women Empowerment and Child Protection Agency (DP3A) had made efforts to prevent child marriages through the programmes they implement. DPPKB had the Demography Aware School (SSK) programme which educated students to get to know the demographics of their neighborhood so they could plan their future in terms of when to get married and have children. In addition to SSK, there was also a Marriage Age Maturation Programme (PUP).

DP3A focused on child protection programmes especially the Child Friendly City (KLA) programme for which Sukabumi district had received a national appreciation for its success in meeting KLA indicators. Programmes related to child marriage and teenage pregnancy initiated by DP3A included the Sukabumi Youth Forum (Forbumi) which was formed in 2012 as 'pioneers and reporters'. This institution also established a child protection task force in half the number of all villages in Sukabumi.

Efforts to prevent child marriage in the village was also made through the selection process implemented when someone requested for a marriage recommendation letter from the village authority. Sukaraja village refused to issue such recommendation when the ages of the marriage applicants were under 16 years old for female applicants and 19 years old for male applicants. This method had brought about change in Sukaraja compared to the situation before 2014. This change was related to an online administrative system that curbed age falsification. In the past, most cases of child marriage involved age manipulation. Nowadays, when the village refused to issue a marriage recommendation, the village would follow up by informing KUA to record the applicants' names and refuse officiating the marriage. Other child marriage prevention efforts in the village included building *Kampung Tilawah* (Quran Reciting Village) which would begin in 2019. This plan aimed to bring youth closer to religion and enable them to participate in activities other than marriage.

In sum, the YES I DO programme had already established a strong alliance with local authorities and had good coordination to build synergy with the local government's programmes. This condition had some upsides and downsides. The upsides were the YES I DO programme could get access to political and financial support and that the programme could possibly be replicated elsewhere and sustained with the support from the local government. On the other hand, it was tricky to demand accountability from the local government. Moreover, the local government could have different values in regard to child protection and gender transformation from the YES I DO programme that in turn could hamper the outcomes of the programme in the future.

3.3 Rembang

3.3.1 Characteristics of the Study Population

Village Profile

Based on the 2017 Menoro Village Monograph, the total population of Menoro Village in Rembang was 2,398 people, consisting of 47% males and 53% females. The population of productive age i.e. those aged 20-59 years old was 67.3% of the total population, composed of 31.9% and 35.3% male and female populations respectively (Pemerintah Desa Menoro, 2017). Meanwhile, youth accounted for 22.9% of the total population.

Data from Menoro Village Monograph in 2017 showed that the village had 3 kindergartens, 3 elementary school/equivalent, 2 junior high schools/equivalent, 1 high school/equivalent, but there were no universities. Based on the interviews, not all Menoro teenagers went to schools available in the village. Many children choose schools outside of the village. The high school/equivalent available was based on Islam or MA¹⁶, so that children who wanted to go to public schools must look for them outside of Menoro. Based on the 2017 Menoro Village Monograph, 78% of Menoro population (2.087 out of 2.665 people) were elementary school graduates. However, based on the results of this midline, many residents graduated from junior high schools/equivalent, and senior high schools/equivalent.

Based on survey data on the economic potential of Menoro Village, June 2015, the majority of Menoro's population were farmers accounting for 40.3% of the population, followed by farm laborers (33%), construction workers (10.5%), and a small percentage of sellers, breeders and other/non-permanent work. However, these numbers were not reflected in the field. Farmers were decreasing in number as many people migrated to work as construction workers or private employees. Some worked mainly as livestock breeders. Those having the jobs mentioned were mostly men. Women were usually found working as textile manufacturer employees, household assistants, tailors, masseuses, and housewives. Based on observations, the labor force in Menoro rarely had permanent employment. The majority of the population had seasonal jobs without fixed income.

The entire community of Menoro village, which comprised of two hamlets, embraced Islam. The pattern of inter-community relations was strongly influenced by NU (Nahdlatul Ulama) and Muhammadiyah¹⁷ cultures. However, there was no significant difference between the people who followed NU and those who followed Muhammadiyah. Community activities that were carried out were always linked to religious events, such as the drumband event held in conjunction with the Prophet's birthday celebration.

¹⁶ Madrasah Aliyah (MA) is the Islamic schooling equivalent of SMA or high school in Indonesia

¹⁷ Nahdlatul Ulama and Muhammadiyah are two of the major Islamic organisations in Indonesia.

Every activity in the community was conducted after it was approved by the village administration. The organizational structure of the village administration consisted of the village head and the village apparatus (comprising village secretary, financial affairs staff, general affairs staff, planning affairs staff, field technical implementer, and local stakeholder).

KPAD was a relatively new social organization in Menoro Village. The social issue advocated by KPAD related to the protection of children's rights and reproductive health. In the first year that KPAD advocated the issue, not all Menoro people openly accepted it. However, KPAD were well-received in the end after the intervention from religious figures and village administration. KPAD also received funding support from the APBDes.

Social Norms Concerning Gender

In general, people of Menoro stated that they upheld Islamic values in their actions and life. Women wore the veil every day, though not all the time. They took off the veil while at home, around the house, or when they paid informal visits to their neighbors. Men appeared to be active in religious activities, but only when they were conducted communally. Indeed, men took part in communal activities more than women did. Men were expected to be the head of the family, hence they put more priority in getting jobs and money to provide for their families.

In the public sphere, girls were considered to be good when they wore the veil, took part in Islamic teaching sessions and if they were kind to their parents, while boys were considered good if they looked charismatic and were respected in the community. In the domestic space, girls were required to do household work, but boys did not have the same obligation. This indicated that social norms were more stringent in binding women already at a young age.

If a young woman's parents had money, a daughter would likely study at a pesantren after completing formal education to prepare herself to be an ideal figure for marriage while waiting for a husband. She would leave the pesantren once someone asked her to marry. However, not all girls followed this path. Some girls also wanted to continue their education to university to "... become a boss ... who sells groceries ..." (Nita, teenage girl, 18 years old, Menoro, Rembang, 19 July 2018). When men were in their productive age, social norms required them to earn money and show economic responsibility to their families, "...responsible men were those who *nggolek duit* (earn money)... "(Aji, KPAD, 25 years, Menoro, Rembang, July 18, 2018). Daughters were taught by their families that no matter how high they pursued their education; they would end up being a wife. In the end, girls did not have a future vision other than getting married.

Views on Marriage, Children and Parenting Roles

People in Menoro village interpreted marriage as a necessity in life for men and women. For women, being single after a certain age would be worrisome. However, men did not have this issue. They assumed that having a job which allowed them to earn a lot of money was what was important for marriage (to be considered worthy of being a husband) and the future.

“... [men] make money so they can purchase women ...”

(FGD men, 15-24 years, Menoro, Rembang, 25 July 2018)

The anxiety of becoming a spinster left parents with no option but to accept a proposal from someone who wanted to marry their teen daughter. It was done to save the daughter and the parents from the embarrassment that could be caused by a late marriage. This attitude indicated that the community had not understood the complete picture of the risks and dangers caused by child marriage and teenage pregnancy.

Emotional maturity of their spouse, income levels and ability to handle the responsibilities of being head of the household were areas of concern for young people. Young male adolescents had concerns about not getting the right wife, while women were afraid of getting irresponsible husbands. One of the ways for men to guarantee a partner was to propose a girl they desired when she was in her teens, which was called *ngecup*. Girls assumed that the risk of getting an irresponsible partner could be minimized by searching for partners through matchmaking (*ta'aruf*). In other words, young men and women made efforts to reduce the possibility of disappointments and failures.

The possibility of having a divorce after marriage was not feared or seen as a failure by young women. Teenage divorcees could immediately look for their future husbands with the help of *dandan* (matchmakers), family, clerics, or even without anyone's help. In fact, it was considered easier for young widows to get a husband than young women who had never been married. This was because widows were seen as more attractive and having better sexual skills.

3.3.2 Community Contexts (Related to Pathway 1)

Community Views Concerning Child Marriage, Teenage Pregnancy, and Female Genital Mutilation/Cutting

Child Marriage

At the time of conducting the midline, child marriage in Menoro was said to have never happened in the past two years, save some exceptions. One case that was always shared by people in Menoro when they were asked about child marriage was a case that occurred in 2017. The main cause of this child marriage was an unintended pregnancy (KTD). The case was the only case that was always mentioned when questions about child marriage and teenage pregnancy were asked in Menoro. The main cause of child marriage other than KTD was matchmaking, which -- in the context of Menoro -- was closely related to economic conditions. Some of the causes of arranged marriages were because parents felt they were unable to provide for their children, and because there were marriage proposals involving a large sum of dowry. The absence of a strict Regional Regulation concerning child marriage also made child marriage difficult to stop. The existence of

KPAD in Menoro village influenced the regulations that were used as a reference by the community in terms of the age limit of marriage i.e. 18 years. If there were young people under this age who want to get married, then the choice was to do so in other villages or resort to unregistered Islamic marriage.

The mindset of being single seen as "not selling well " was still strong, causing young women to be haunted by the fear of being an old maid. That said, many cases of child marriage ended up in divorce. Aside from the awareness raising done by the YES I DO programme to prevent child marriage, the Marriage Dispensation by KUA and the Samara Puspaga counseling programme from the Social Agency were present in the village

Teenage Pregnancy

People in Menoro tended to overlook cases of teenage pregnancy that occurred within marriages as they considered this type of pregnancy as normal. The last case of teenage pregnancy in Menoro occurred in 2017 and was a KTD case. They considered teenage pregnancy outside of marriage as a disgrace, in which case marriage was the only solution. When young women were pregnant and got married, they would automatically drop out of school. Many people already had knowledge about the adverse health effects of teenage pregnancies related to a weak uterus that may cause miscarriage, bleeding, or other problems during childbirth. The Head of the Puskesmas also mentioned that he handled several cases of PEB (Severe Pre-Eclampsia) or high blood pressure in teenage pregnancy, which could have affected the fetus or resulted in a baby born with incomplete organs. It had not been recorded or clearly known whether abortion was practiced in Menoro, but there was one case suspected by the local midwife to be an attempted abortion.

Teenagers who were pregnant in Menoro discontinued their school because an unintended pregnancy was generally seen as a "disgrace". This stigma brought about various problems such as pressures from the family, neighbors, and peers. Marriage was the only choice for pregnant teens. According to KPAD, in the 2017 case, efforts were made to persuade the student to continue school, but she herself insisted on not continuing her study. Activities carried out with the aim to prevent pregnancy were regularly carried out by FAD and KPAD in the YES I DO programme. In addition, according to parents, pregnancy among youth could be prevented by intensive religious study.

Contraceptives for women were only provided by clinics or health centers to married women. Young male youths in Menoro were of the view that condoms were not the right choice because "(using condom) was actually belittling" (male FGD, 15-24 years old, Menoro, Rembang). In other words, they thought that condoms actually made young people take the issue of the 'free sex lifestyle' lightly, which was clearly contrary to the values and norms that exist in the village.

Parents were of the opinion that the use of smartphones among youth meant that pornographic content was more accessible and was leading to unsafe sexual practices such as unprotected casual sex.

“... But everything goes back to the children themselves, their mistake in terms of where they obtain information. Nowadays they get information from android phones, which has a huge effect. That is what destroys our young generation. I do not think TV is a problem. The biggest problem is these android cellphones.”

(Tono, Religious Figure, 41 years old, Menoro, Rembang, 20 July 2018)

According to the older generation, youth could freely access various types of information—whether accurate or misleading via mobile phones, including that of sexual matters. At an age where they were highly curious, the worry was that after getting the information, these youth were not afraid to practice what they had learned. Moreover, because parents felt limited in understanding how to use mobile phones, they were unable to control what their children did with mobile cell phones. With the free use of social media, children and youth could meet anyone without parental supervision.

Female Genital Mutilation/Cutting

Almost all Menoro villagers responded uniformly that female circumcision was not really practiced anymore in Menoro, and what remained was symbolic female circumcision, in which a small portion of turmeric was cut as a sign that the girl had been circumcised. However, a traditional birth attendant interviewed gave a different account. She clearly said that female circumcision was still done, and that she was one of the people who did it. She said she "*kethok sok ngono wae* (cut just a little bit)" the clitoris using small scissors (Ratna, Traditional Birth Attendant, 35 years, Menoro, Rembang, July 23, 2018). She learned the method of cutting from her parent who had also been a traditional birth attendant.

Information about FGM/C performed by health workers was obtained during the dissemination process of the research findings. A health worker from a regional public hospital of Rembang did not allude that FGM/C was performed, but said that the practice did not cause any lesion or mutilated the genital organ. Further explanation she provided was,

“I have many midwife colleagues... what they do is not really circumcising. Midwives only clean the vagina. In the vagina, there is the labia majora, labia minora, and clitoris. In the inside, often there is leftover fat from the delivery process. It is only being cleaned *sret sret* [onomatopoeia of cleaning something in a fast movement in Indonesian] using cotton covered by gauze, with NaCl [Sodium Chloride]. That is what called as a circumcision is not an actual one. I also once had a parent came to me and asked me to circumcise the daughter, so I just cleaned it like that... In circumcision which causes lesions, there is heavy

bleeding and then [the patient] shall be sent to Puskesmas or hospital. Mr. Sammy (Head of Puskesmas of Sedan Sub-District) must know about this.”

(Teti, Rembang Regional Public Hospital, 29 Oktober 2018)

Opinions differed between men and women regarding the function of female circumcision. In general, men in Menoro said that female circumcision was practiced to curb women’s excessive sexual desire. On the other hand, women said that female circumcision was done to avoid vomiting of the amniotic fluid when the woman was pregnant. The YES I DO programme appears to be the only programme targeting all village members in addressing the prevention of female circumcision.

The Role of Religious and Community Leaders

Although local religious figures supported the KPAD and the YES I DO programme, the community did not feel their role was meaningful in preventing child marriage, teenage pregnancy, and FGM/C. Based on interviews conducted with the community, this was because these three issues had never been included in discussions by religious leaders in religious gatherings. It could be said that these religious leaders did not directly prevent these three issues through their role, but when interviewed, in general they supported the implementation of YES I DO programme in the village.

The parents indicated that before the implementation of the YES I DO programme, religious figures tended to ask teenagers to get married soon. As revealed in a FGD with fathers:

“So, before the YES I DO programme, Kyai [religious figures] advised to get married soon. If teenagers want to get married according to Hadith, said Kyai, they should immediately get married otherwise they will do zina. However, since the YES I DO programme, they have changed because of the village officials and KPAD, they have changed even though deep down in their hearts they do not accept, but for the benefits of the community, they now said get married after 18 years.” (FGD Fathers, Menoro, Rembang, 26 July 2018).

According to a religious figure in Menoro and an official at the Office of Religious Affairs, religious leaders did not talk about child marriage at religious events. However, they were concerned about the issues of child marriage and supported its prevention. In relation to female circumcision, a religious leader said that in Islam there was no definite Islamic law about it, therefore it was not necessarily needed to practice female circumcision.

The Role of Teachers and Schools

Teachers made efforts to be available to listen to their students’ concerns. Some teenage girls were willing to talk about their relationship and problems related to it to their teachers, while teenage boys thought that sharing their stories with their teachers was not an option for them.

Teenagers never got any knowledge about the dangers of child marriage, teenage pregnancy, and FGM/C from their parents. Their social circle allowed them to get information on reproductive health – regardless of whether it was valid. The teachers were the only valid source of knowledge about the three phenomena, with the capacity to reach out to many young men and women. For all these reasons, teachers had a very important role in preventing child marriage, teenage pregnancy, and female circumcision.

Both the teachers and PKBI said that the Setara Module was not always smoothly delivered as politics and value differences within schools could be obstacles in hampering the delivery. On one hand, the teachers did not deliver the contents of the module in sequence. Topics that were considered "dangerous" for students – such as the right to have a romantic relationship – were not delivered, because they were worried that it would cause students to resist social norms that discouraged dating as interpreted from Islamic values. Students also refused to listen when it came to reproductive health, especially when the teachers mentioned and explained matters relating to reproductive organs and their functions. In addition, the unsuitable appointment of teachers trained to teach the SETARA module (Administrative Teachers who do not have teaching slots), as well as transfer of teachers to other schools, also contributed to the fact that the module could not be delivered in some schools.

The Role of Health Workers

The village midwife had an important role in preventing teenage pregnancy. She had been actively trying to convince married residents to postpone pregnancy if they had not reached the age of 20. She did this by talking to the community and disseminating the right information to break the myth that using family planning devices made the uterus dry and reduced the potential to have offspring in the future. According to the midwife, generally, residents used the injection once a month or once every three months. This was effective enough to prevent teenage pregnancies in legal marriages. For unmarried youth, access to contraception was very limited. Health workers at the sub-district level and at village level could not provide contraceptive services to unmarried youths.

The village midwife helped monitor existing teenage pregnancies by conducting Posyandu once every month, visiting the young women's homes, and communicating with them through the mobile phone. In Posyandu, all mothers including pregnant mothers gathered to have their and their children's health checked. By doing so, the village midwife could understand the condition of these youths and anticipate difficulties that may be encountered during their pregnancy.

On the issue of FGM/C, health workers said that it had no longer been practiced in Menoro Village. However, interviews conducted with TBAs in the village revealed that female genital cutting was still carried out in Menoro village by TBAs without the knowledge of health workers. However, several midwives performed female circumcision symbolically by cleaning the baby's genital organs to ensure that parents would not go to the TBA. In other words, the symbolic FGM/C

performed by midwives was intended to make parents believe that their daughter had been circumcised.

3.3.3 Meaningful Youth Participation (Related to Pathway 2)

Intergenerational Communication

In terms of intergenerational communication, there were different perspectives regarding the relationship between parents and their children. Children usually shared any issues about school, work, and their daily needs with their parents. Issues that they considered more private such as problems with friends, love, or sexual problems were not shared with their parents either because they were too ashamed or because they saw their parents as having no understanding about the problems faced by their children. According to an FGD conducted with young people between 15-18 years, in terms of communication, parents tended to say a lot more to their children, and not the other way around. However, when speaking to young women of the same age, it was said that parents were reluctant to tell their problems to their children because they were worried that these problems would burden them.

Parents considered communication and reminders regarding religious rituals, eating, and getting married if their age was considered sufficient. Parents wanted to know about their children's school or work activities, so conversations usually revolved around these topics. Sexual problems were usually only discussed with girls and was often alluding to the first menstrual period. Wet dreams experienced by boys were not considered necessary to be discussed because they were considered a shameful thing.

Parents found it difficult to communicate with their children. The use of smartphones by their children posed an obstacle for parents as many of them did not understand how to operate them. Young people in Menoro spent a lot of time on their smartphones communicating with their friends and the outside world. Hence, parents were not aware of what happened in their children's lives and they did not get much time to communicate with them.

Youth were also involved in village activities, but their involvement was limited to being a member of KPAD and taking part in youth activities. In the composition of the KPAD membership, several youth were mentioned as its managing members. However, when asked what the exact role of these young people was in the decision-making process, it was found that they could not play a meaningful role. Hence, despite being included in the management of the KPAD, they were not able to participate in decision-making processes.

Activities and Interventions Involving Youth

Youth had a very active and meaningful role in youth activities, such as being in the drumband and playing volleyball. Both boys and girls had a high interest in volleyball because facilities for this sport were available in the village. However, the volleyball court was used by teenage boys more often, leaving the teenage girls unable to use it. Teenage girls who were interested in seeing volleyball games could not do

so at the edge of the volleyball court as it was considered inappropriate for teenage girls to hang out where male youth gathered.

Menoro Village had a quality drumband team. Boys and girls who were interested in participating in the village drumband activities were free to join in regular exercise every week. This opportunity was then used to create a campaign to prevent child marriage and teenage pregnancy in a lively way that attracted the interest of all villagers.

In addition, young men also gathered in informal activities which manifested in motorcycle groups. There were two prominent motorcycle groups in Menoro Village based on the type of motorcycles owned i.e. Ninja Motor Group and the Built-Up Motor. Young men who had one of two types of motorcycles would gather in the afternoon up until the evening.

The FAD was then established as a medium for various kinds of youth groups in Menoro Village to gather and learn new skills. Meanwhile, as mentioned earlier, meaningful participation of youth in the decision-making process at the village level had not yet come about.

The above-mentioned youth groups, could be a medium for youth to voice their opinions and claim their rights. This is because these were the only activities during which Menoro youth could gather and practice their skills. In addition, the KPAD facilitated by YES I DO programme was also a medium for the same.

3.3.4 SRHR Practice, Information, and Service (Related to Pathway 3)

Sexual Practice and Health

In general, youth – both female and male – in Menoro Village had different issues and concerns about their reproductive health and sexual rights. Without them realizing it, these concerns motivated them to seek information about reproductive health and sexual rights from diverse sources. This resulted in them acquiring knowledge that was partially or completely untrue. Teenage girls who were not married usually got reproductive health information from their peers, the internet, and village midwives. Reproductive health problems that girls complained about were related to menstruation (vaginal discharge or pain).

Youth in Menoro Village said that they began to have feelings towards the opposite sex when they were between 8 and 11 years old. Some teenagers started to engage in sexual activities at around 13 years old or when they start having romantic relationship, spending time together with their partners in quiet places, such as their house when it was empty or their parents were away, in a school bathroom, in a bush or rice field.

“... an FGD participant ... with a bandage on his neck [to hide bite marks] ... [It happened in] in the bathroom ... school ... this afternoon ... [quiet] after the break [time] ... if I can't do it at school, then it's my house then ... my house is next to the school.”

(FGD with male youth, 15-24 years old, Menoro, Rembang, 25 July 2018)

“... Rubbing each other’s nipples [*petting*]... kissing but not only on the lips but also nipples... rubbing against each other’s body... all over it... if we have the chance we do it for sure, depending on our mood. We do it for sure in quiet places.”

(Aji, KPAD, 25 years old, Menoro, Rembang, 18 July 2018)

In addition, young men also masturbated. Young women that were interviewed were not willing to provide information, but young men were quite open to talk about this.

“... I never lie, honestly, I have done that ... I confess... making hole in a soap to masturbate with it or with liquid soap ...”

(Aji, KPAD, 25 years old, Menoro, Rembang, 18 July 2018))

The three statements above showed that at a young age, youth engaged in various sexual practices that were adapted to the conditions and time they had. The decision to engage in sexual activity or not was in the hands of the youth themselves.

For young women, engaging in sexual activity created anxiety because they were afraid of getting pregnant. Pregnancy outside of marriage was considered a disgrace in the community. In line with that, male youth were also worried if their girlfriends were pregnant. Therefore, when youth engaged in sexual acts, they tried to do it in a way that prevented pregnancy.

“[To avoid pregnancy]... well we hold it... hold it so that the penis won’t enter the vagina].”

(FGD for young men, 15-24 years old, Menoro, Rembang, 25 July 2018)

“[of unmarried youth using family planning methods] ... many... those using condoms are many... I see that junior high school students using condoms to ‘test’ if someone will be pregnant]

(Melati, married woman, 23 years old, Menoro, Rembang, 19 July 2018)

The two quotes above implied that youth were indeed sexually active. To avoid the risk of pregnancy, youth engaged in sexual practices without penetration or used contraceptives when their sexual activity involved penetration.

After marriage, young women had become more comfortable asking for SRHR information to their parents and to the midwives. This was closely linked to the culture and assumption that unmarried youth should not have extensive knowledge about sexuality as this was believed to lead young women to engage in sexual activity, which was considered sinful. Married women could also ask questions related to their reproductive health and that of their husbands’ directly to the midwife. Their concerns revolved around uterine cancer and other diseases that they considered to be transmitted by unfaithful husbands. Young men had concerns about their future wife's reproductive health. However, they did not see their own

reproductive health as a concern. Moreover, men did not want their wives to use contraceptives, because they were worried that the uterus would become dry.

Access and Availability of SRHR Service for Youth

Health facilities that were available and accessible for Menoro youth were Puskesmas, Posyandu, Pustu¹⁸, and the village midwives. In the Puskesmas, PKPR facilities were available though youth were yet to come and use them. The PKPR facilities included one room dedicated to youth and health workers. The majority of youth who come to the Puskesmas were teenage girls with complaints about menstruation, while male youth had never come with specific complaints about reproductive health. However, these youth always proceeded to the general clinic when they came to the health center and never specifically used PKPR service. According to the Head of the Sedan Sub-district, this was due to the lack of understanding among youth regarding which conditions should be referred to the specific Puskesmas unit and which to the general unit. In the Puskesmas there was a PONEC (Basic Emergency Neonatal Obstetrics Service) section, which often handled high-risk teenage pregnancy cases. Access to contraceptives in the Puskesmas was only available for married people.

"Family planning contraceptive use before marriage is like legalizing free sex. So, we only have family planning program for married people" (Sammy, Head of the Puskesmas, 40 years, Menoro, Rembang, 21 July 2018).

Condoms could be freely accessed in the minimarket, but people were reluctant to buy them because based on the FGD with young men aged 15-24, they were heavily stigmatized even when they were just approaching the shelves where the condoms were displayed in mini-markets. Married female youth who were pregnant before the age of 20 would try to delay pregnancy by using contraceptives in the form of one-month or once every three-month contraceptive, thanks to the role of health workers in the village who always monitored residents in their working areas.

At the village level, youth felt that the health worker that they could speak to regarding reproductive health problems was the village midwife. From the results of interviews, youth preferred to go to the midwife or directly to the Puskesmas when they had health issues. The midwife in Menoro was trusted by youth in the village because she was considered friendly, open, and non-judgmental. Consultation did not need to be done face-to-face, but could also be done via short message services or WhatsApp. Such messaging platforms were used frequently by these youth as they saw this as a better option in terms of confidentiality as compared to walking to the midwife's clinic to have a consultation. In addition, the midwife was young and her appearance was appealing to the youth. While the regular discussions held by ARI had only involved around 20 youth, the midwife was seen as sufficient as a medium for young people to get new knowledge and consult SRHR issues.

F(acilitator) : "For example... if there was itchy feeling in the vagina..... Maybe girls would feel confused, "whom should I ask?..."

¹⁸ The Pustu is an Auxilliary Health Centre

- M(onica) : Maybe she could visit the midwife... Girls, here, usually see the village midwife...
- F : If the girl asked, "Ma'am, what happened with me?Would the midwife said, "That's why... do not date all the time..." ...?"
- M : No, she [the village midwife] is friendly."

(Monica, unmarried woman, 15-18 years old, Menoro, Rembang, 19 July 2018)

The Youth Posyandu in Menoro village did not yet exist and was still in the stage of being established by PKBI when the study was conducted. However, during the dissemination, KPAD Menoro shared that youth Posyandu had begun to operate and it piqued the interest of youth who had come to visit and nominate themselves as cadres or to check their health. For approximately one month that it was being run in Menoro, young people's response towards the youth Posyandu could be considered good.

Access and Availability of SRHR Information and Education

Prior to the implementation of YES I DO Programme, Menoro youth had sources of SRHR information i.e. the Diniyah School or informal school held in the afternoon to study the Qur'an and Islamic teachings. The SRHR information received by teenage boys and girls in the Diniyah School was limited to the basic knowledge of puberty and Islamic body purification. A religious boarding school or *pesantren* had taught topics about sexual relationships, however, not all Menoro village youth could study at *pesantren*. At that *pesantren*, students were taught a section of 'Jima of Kitabul Ilmi', one of the teaching books (*kitab*) in Islamic schools, there was information about natural family planning, which was a way to avoid pregnancy naturally. The method involved "getting on" the wife from the right side and "getting off" from the left. If one did that, his wife would not get pregnant.

The closest schools from Menoro which were partnering with YES I DO, i.e. MTs. Riyadh, Al Manar and Tri Bakti provided SRHR information through teaching SETARA module. The module could only be implemented partially as some of these topics were considered inappropriate. At Mts. Riyadh, the school taught most of the SETARA module except two topics, namely (1) reproductive organs, because youth felt that discussion about genitals was inappropriate; and (2) the rights of youth, because teachers felt that the topic of rights would embolden youths to argue with their parents. Mts. Al Manar only delivered seven chapters of the SETARA Module because teachers who had been trained moved to teach in other schools. Mts. Tri Bakti only delivered five chapters of the Setara module because the teacher that was trained was in fact an Administration staff member who did not have teaching slots in the classroom. Meanwhile, the SETARA delivered at Kragan 2 Junior High School was hampered by administrative problems where teachers felt that reproductive health education was not in the curriculum and hence there was no obligation for them to teach the module. This rejection, of course, was closely related to the lack of the school's commitment and support in the implementation of the SETARA module. In state-owned public schools there was SBH (Saka Bhakti Husada), which was referred to as "scouts for health people" (Sammy, Head of the Puskesmas, 40 years, Menoro, Rembang, July 21, 2018). SBH had a post in each Puskesmas and disseminated information about health in schools, including the issue of reproductive health.

The Regional Office of the Social Services Ministry already had similar programmes with peer educators, namely PIK-Remaja. It could be used as an activity to assist the values implementation of the YES I DO programme through young people.

“Actually this was one of [our] programmes to support the Marriage Age Maturation and Planned Generation. PIK-R could be one of our entry points, because the programme has peer educators and peer counselors between friends... between children of the same age, they might had more ability to give understanding. And, actually those peer educators and peer counselors already received strengthening. Thus, they already know what is Marriage Age Maturation, what is Planned Generation, life skill, etc, particularly about Planned Generation, because in that programme there is also material about reproductive organs, reproductive health, reproductive organs care, it is also available in Puskesmas. Towards peer educators and peer counselors, we could use them to share information to young people.”

(Tiara, Regional Office of Social Services Ministry, 29 October 2018)

In addition to these sources, Menoro youth used the internet via their mobile phones (which they called android) to find information on sexuality issues. While women usually look for things related to their own reproductive issues, men usually sought out information related to women's reproductive issues or searched for pornographic videos. The people of Menoro hoped that there were people with a health background who could provide information about health to them, so that it was not limited to merely conducting trainings for them.

3.3.5 Education and Economic Empowerment (Related to Pathway 4)

Access and Quality of Education

There were a number of schools in or near Menoro where villagers sent their kids to study, and the majority of which were Islamic schools or madrasahs. Menoro village comprised of three hamlets, each of which had schools available. One primary school was located at the village entrance, and other schools with the closest proximity were MTS Tri Bakti, MTS and MA Al Manar, and SMP 3. Students usually used motorbikes to get to school, as there was no public transport. School fees in Islamic schools --usually owned by family foundations¹⁹-- were relatively cheaper than public schools, as students paid according to how much their parents could afford. Though state-owned schools imposed standard fees (SPP) that had to be paid, the amount could be adjusted to the parent's financial capacity provided that an SKM (Poor Certificate) was given as proof. Schools that were close in proximity were often chosen as they were Islamic schools. It was also because parents were worried that schools that were farther would give young people the opportunity to mingle with each other which could result in them dating. The so-called package schools were also available around Menoro, which were usually promoted with brochures through the FAD programme. Apart from that, school facilities could be accessed easily by Menoro residents because of the close distance and affordable costs.

¹⁹ An organization which was established, managed, and owned by family or a group of family members (*yayasan keluarga*).

Based on our discussions with the implementing partners of the YES I DO programme, many Menoro youth did not continue their education after (junior) high school. This was because teenagers did not have a vision about what the future they could have aside from marriage, as jobs in and around Menoro were not available.

PUPUK collaborated with PKBM Gemilang and PKBM Pusaka Ilmu to establish study groups for youth and adults who dropped out of school. Young men who were drop-outs who worked out of town to earn income preferred to study at the PKBM because of flexibility in the timings. Meanwhile, young girls who dropped out of formal school because they continued their study in pesantren or due to marriage could also continue their education and get a diploma through PKBM. Information about the PKBM was provided through leaflets distributed in events held by KPAD or FAD.



Figure 13 PKBM leaflet in Rembang

Source: Research Team of Center for Gender and Sexuality Studies FISIP UI, July 2018

PUPUK also collaborated with Mts Al Manar, Mts. Tri Bakti, Mts. Riyadh and SMAN 1 Sedan in developing a Child-friendly School policy. With this policy, it was expected that the rules and various other school policies and regulations would be child-friendly and involve children in terms of the decision-making process. In these schools, PUPUK planned to train teachers with soft skills modules and entrepreneurship modules that could be taught through extracurricular activities.

Safety at School

In an interview, a 21-year-old young man shared a story about a sexual abuse case in a high-school in Menoro in which a female student tried to seduce her male teacher. Someone recorded what happened and the teacher was expelled from the school while the girl was allowed to continue her studies. A teacher

who was an informant had told him that in MTS where he taught, there was no guidance and counseling teacher available. As a result, students who wanted to consult about their personal problems could only do so with other teachers with no guarantee that their story would be kept confidential. In the same school, there was an incident where a male student who had feelings towards a female student and he expressed it by deliberately sticking his leg out when she passed him by, tripping her as a result. The girl was upset and decided to report it to a teacher. The problem of mocking between genders also occurred in the school of one 18-year-old male informant. He attended a vocational school with two specializations, namely Techniques and Fashion. He said when a man took the Fashion specialization, he would be ridiculed by his friends, as would be a female student who took the Technique specialization.

Sexual harassment was not only experienced by girls at school or on the way to and from school, but also in everyday social settings. When they were on the way for a religious study session or when they were having an afternoon walk, for example, girls became the target of 'cat-calling' by their male peers or even men who were much older as shared in the FGD with girls aged 15-18 years.

Based on the interviews conducted, young women and men had the same vulnerability to sexual abuse. In general, young women experienced abuse from young men because they were sexually attracted to them, while boys tended to get abused from teenage girls and other boys because of their choice of education and work, or their gender expression. In addition, sexual harassment could occur anywhere, not only at school and could be committed by anyone. There had been many cases of sexual abuse in Menoro, either verbally or non-verbally, but the residents did not understand the concept of sexual harassment itself, so they were not aware that what had happened was actually sexual harassment.

Youth's Work Aspirations and Job Availability

Male and female youth had various future aspirations. Teenage boys aspired to have jobs that would take them out of the village (for example: being military personnel, construction worker, coal miner, or inter-city and inter-provincial bus drivers). Young women's aspirations were related to activities that allowed them to stay in the village (for example a grocery store owner, seller, or tailor), but there were some who aspired to be fashion designers. Some girls who were still in school had started selling veils online. Many young women in Menoro were also fond of shopping online. This would suggest that online business would need to be considered as an alternative choice of income for young women in Menoro who were expected to remain at home and take care of the household.

In general, there was a perception that it was not important for women to have jobs and an income, as the economic burden was laid on men's shoulders. Women were only expected to be obedient, understand their husbands, and take care of the household. This condition explained why schools were more "sellable" among girls. On the other hand, women assumed that they did not have opportunities of getting formal or informal jobs. Job opportunities that were available to them were only farming and becoming a labourer for a hijab manufacturer (which was not a big opportunity as orders and the workers were limited). As a result, schools become activities that were "in demand" among girls, as there were no

other activities available for them. In other words, female youth went to school not because they needed to, but because there were no other alternatives.

Parents hoped that their teenage children (especially males) could have office jobs such as being a civil servant, a bank employee, or shopkeeper. In general, the people hoped that there would be factories built in Rembang so that young people no longer needed to go far away from their families. Since people felt that there were no jobs that matched their skills, many female youth in Menoro chose to get married, whereas male youth choose to work outside the village (*merantau*) for example work in a city in East Java, Jakarta, or in Malaysia.

Youth Economic Empowerment Interventions

Some youth economic empowerment activities facilitated by PUPUK had been held in Menoro village. Through regular FAD meetings, discussions were held to teach soft skills to expose young people to different job possibilities than those that they were used to. PUPUK also visited schools in order to introduce various professions, so that the children and youth in Menoro village could find out more professions other than teachers, doctors, and police. In addition to soft skills, skills upgrading was also carried out through training in processing wood waste from furniture businesses to be made into crafts and in making woven plates from sticks. However, these economic empowerment efforts were hampered by marketing issues and raw materials (sticks) that were not available in the village.

Based on the assessment of job opportunities conducted, the main economic potential of Menoro village was corn. PUPUK tried to seize this opportunity and collaborated with the Agency of Industry, Trade, Cooperatives, and MSMEs (Dinindakop) to organize a training in the making of corn juice and pudding, chicken nuggets and processed mushroom. Following the training, an economic group was established consisting of 22 young women and adult women. This group was facilitated by the village in developing a proposal for funding and business tools assistance. However, until then there had been no response from Dinindakop regarding the proposal. The technical skills required so far had been used only in personal household consumption. After the members of the joint business group required the skills in the form of commodity processing techniques, PUPUK planned to teach packaging and production techniques.

Until now, the economic empowerment activities carried out had been at the level of dismantling the mental blocks of the youth. This was so that they were able to see and imagine the possibility of working in various kinds of economic opportunities and activities. However, the skills that had been taught could not yet yield an alternative income because of the lack of availability of relevant raw materials in the village and the lack of capacity to market their products.

Activities conducted by PUPUK in the YES I DO programme could not become the solution to end child marriage. However, by participating in them, boys and girls of Menoro were expected to have alternative of choices and future perspective besides getting married or working out of town after graduating from school, but this had not yet been achieved.

3.3.6 Policy and Legal Issues (Related to Pathway 5)

Policy and Regulation concerning Child Marriage and Female Genital Mutilation/Cutting

People in Meoro were well aware of the existence of different regulations concerning the age limit of marriage, so much so that the village had two regulations used as reference on this matter i.e. the Marriage Law and the KPAD regulation. The Marriage Law stipulated that the minimum age for women was 16 years, and for men was 19 years old. On the other hand, KPAD stipulated that the minimum age for marriage was 18 years old. There was no law in Rembang that explicitly and firmly prohibited and punished the practice of FGM/C. However, according to the Social Affairs Agency, there were several regulations in Rembang that could indirectly be used as a legal basis for handling child-related cases, namely: Law No. 1/1974 concerning Marriage; Law No. 52/2009 concerning the Population Development and Family Development; Law No. 35/2014 concerning Child Protection; Law No. 23/2014 concerning Regional Government; PERMEN PPPA No. 06/2013 concerning Implementation of Family Development; Regional Regulation No. 6/2014 concerning the Implementation of Child Protection in Rembang Regency; MoU between the Social Affairs Agency, PPKB Rembang and Rembang Religious Court on the Request for Marriage Dispensation in Rembang Regency; AD of Rembang District Family Learning Center. Another party, the Puskesmas, said that they would not serve the request for female circumcision anymore because there was no benefit from a medical standpoint. In addition, the partnership programme with TBAs had also been running, which had resulted in reducing the authority of TBAs to practice, both female circumcision and birth attendance.

The Rembang City Government had also been intensifying the Child-friendly City (KLA) programme which was included in the Regional Action Plan (RAD). The KLA programme had also been assisted by YES I DO programme. The Social Affairs Agency said that the BKKBN had issued PUP or Marriage Age Regulation following the results of a health review concerning the issue. This regulation set the minimum marriage ages of 21 years for women and 25 years for men.

Rembang Regency Government through the District Head Regulation No. 28/2016 concerning RAD KLA stated that all funding for the implementation of RAD KLA, including the PUP programme, would be taken from Rembang Regency Regional Budget. KPAD in Menoro village received financial support (1.3% of the total APBDes) from the Child-friendly Activities budget post of Menoro Village Budget.²⁰ The allocated funding had been used for programme socialization, incentives/salaries of members (including officials in the structure of KPAD) and other expenditures (purchase of food for meetings, but this was rare as there was funding provided by LPAR for this). APBDes was usually disbursed per quarter (40%, 40%, 20%). Funds for development were usually taken in the last quarter; the priority was for funds used for infrastructure

²⁰ For instance, in 2017, the total APBDes was IDR 834,179,000, of which IDR 11,000,000 was allocated to the KPAD. While the total APBDes had increased since 2015, the percentage allocated to the KPAD had stayed more or less the same.

development. Incentives/ salaries for KPADs had never been disbursed directly to members. These were used for communal activities. The 2017 incentives/salaries were used for a trip to Jogjakarta in May/ June 2018.

There had never been a social programme initiated directly by the village government. The programmes carried out (mostly related to agriculture) were usually related to national programmes or were collaborations with NGOs. Every general activity (including *Karang Taruna* and other youth activities) conducted for the benefit of the general public had to obtain prior permission from the village authority. In addition to providing funding support for youth activities, the village authority also provided support for activities carried out by KPAD through budget allocations in the APBDes. However, the allocation for each KPAD activity was not explicitly stated.

Commitment of Policy Makers

In handling cases of child marriage, teenage pregnancy, and FGM/C, the Social Affairs Agency used the Rembang District Regulation No. 6/2014 regarding child protection and District Head Regulation No. 28/2016 concerning Child-friendly District Regional Action Plan in the Prevention of Female Circumcision. Article 8 point C of Rembang District Bylaw No. 6/2014 also stipulated the "prevention of marriage among children."

In Rembang, Marriage Dispensation applied. Referring to the Marriage Law, a child who planned to marry under 16 years of age would be given a dispensation letter by the KUA followed by a hearing in the Religious Court. The Religious Court would play a role in deciding in as fair a manner as possible, but as long as the bride candidate was not pregnant, the request for dispensation would be rejected. Before the hearing, the youth requesting for dispensation had to go through a counseling process conducted by the Social Affairs Agency and PPKB through the Samara Family Learning Center. In the counseling process, they would be advised to postpone marriage until they reached a sufficient age.

Identical complaints were heard in interviews with the Social Affairs Agency and Manpower and Transmigration Agency of the lack of involvement of these agencies in the YES I DO. programme. They hoped to be more involved and help in various activities so that YES I DO programme could be implemented more smoothly and the rate of child marriage and teenage pregnancy could be further reduced. Regarding female circumcision, policymakers stated that in Rembang the practice no longer existed, hence no special programmes dealt with it.

Advocacy Efforts

The advocacy in the prevention of child marriage, teenage pregnancy, and female circumcision in Rembang District was synergized with several Rembang district government policies related to child protection such as the Rembang District Bylaw No. 6 of 2014 concerning the Implementation of Child Protection and District Head Regulation No. 28 of 2016 concerning Regional Child-Friendly District Action Plan. These two regional regulations were then used as the basis for the follow-up

of the cooperation in efforts to prevent child marriage, teenage pregnancy, and female circumcision within the framework of protection. LPAR, PKBI Rembang, ARI, and PUPUK worked together to involve the Rembang district head in the launching of YES I DO programme. When a local leader showed commitment to child protection efforts, it was easier to get relevant agencies to work with.

Although advocacy efforts were carried out jointly within the Alliance, responsibilities were divided based on the pathway topic for each organization. For example, PKBI as the organization responsible for the topics of reproductive health and education led the lobby of collaborating with the Education Agency, the Health Agency and the Social Affairs and Population Control and Family Planning Agency (Dinsos PPKB). PUPUK, which was responsible for the economic empowerment of youth, led the lobby of collaborating with the Industry, Trade, Cooperatives and UMKM Agency (Dinindakop), the Culture and Tourism Agency, and the Manpower and Transmigration Agency. Meanwhile, the cooperation with the Religious Courts and the Ministry of Religion was led by LPAR. To guarantee the commitment of cooperation at the District level, MoUs were signed between YES I DO Alliance and the relevant district heads and OPDs, while at the village level, MoUs were signed between YES I DO Alliance and the four villages of intervention.

4. Discussion

4.1 Changes in Attitudes of Community Around Child Marriage, Teenage Pregnancy, and Female Genital Mutilation/Circumcision

4.1.1 Child Marriage and Teenage Pregnancy

In Kediri, West Lombok, compared to the baseline, parents have become aware of not marrying their children off at a young age. They have begun to understand the negative effects of child marriage such as divorce. They hope that their children finish high school and continue their studies into university rather than getting married. Religious and traditional leaders have become gradually aware of the negative effects of child marriage and teenage pregnancy. According to the KPAD records in 2018 there have been no case of *merariq kodeq* or child marriage in Kediri Induk village.

In the YES I DO programme, religious leaders are involved in the campaigns against child marriage in the village by giving Islamic preaching to parents and children in various religious forums including in wedding ceremonies. Religious and traditional leaders are also involved in the *belas* process in order to eliminate the cases of child marriage. The *belas* mechanism is initiated by the Village Child Protection Commission (KPAD) involving village officials, community leaders, religious leaders, and the police. However, *belas* mechanism, at times, puts the young bride and young groom in a problematic situation as they feel ashamed because many people want to cancel their *merariq*. Therefore, it is important to take into account youth's experiences and needs in the *belas* mechanism.

The village officials and the district government also actively participate in the campaigns against child marriage. There is a Villagers' Charter (*Piagam Warga*) signed by the village head, the head of KPAD, the representative of the Office of Religious Affairs, and the representative of the Office of Women Empowerment, Family Planning, and Child Protection stating the commitment to prevent child marriage. The YES I DO programme, in particular, the KPAD in Kediri, West Lombok links their advocacy effort with this villagers' charter. However, in the cases of teenage pregnancy outside of marriage, parents continue to marry off their children to make up the family's disgrace and in case of unintended pregnancies, religious leaders also give the advice to marry off the girl.

In West Lombok, the involvement of schools and teachers in the YES I DO programme is regarded as having positive impacts in the prevention of child marriage and teenage pregnancy in the past year. Teachers who delivered the SETARA module said that the number of children engaged in *merariq kodeq* at the school is zero this year, which was a decline from the previous years. A student who received the sexuality education from the SETARA module material said that he got better sexual and reproductive health knowledge from the module, especially about the male body.

In Sukabumi, since the baseline there are a few changes related to the YES I DO programme. In general, parents, in particular, the mothers, realize about their roles to prevent child marriage. In their opinion, it is their duty to prioritize and to provide their children with a good education and to teach them not to get

married at a young age. The YES I DO programme contributes to the awareness regarding the minimum age of marriage as per the law among the parents. They claim that the practice of child marriage is not allowed anymore, and that if there is a case of child marriage in the village, it is not legal or registered in the District Religious Affairs Office. However, there are still some fathers and older young men who perceive that it is an obligation for parents to marry their daughter off if she has undergone puberty and wishes to be married. In spite of this, youth emphasize that they want to be ready when deciding to marry someone. There are many aspects that determine their readiness of getting married. According to the youth: first, financially ready means to be able to self-finance their household. This is often important for young men; second, emotionally and mentally ready means to be responsible of their marriage, to take roles as a husband and wife, to be ready to have children, and to be able to deal with in-laws. Yet, some young people state that getting married at a young age can prevent them from premarital pregnancy. Since the YES I DO programme began, more young people and mothers seem to realize that teenage pregnancy carries health risks.

The YES I DO programme has already sensitized the village officials about the harms of child marriage. As mentioned earlier, Sukaraja village in Sukabumi has already had a mechanism of child marriage prevention through the marriage recommendation letter supported by the YES I DO programme. Administrative requests to get a recommendation letter to get married from underage couples will be rejected. The online population registration system by Ministry of Internal Affairs also constricts age falsification. Unfortunately, the KUA officials do not have the authority to administer marriage rejection as long as all the requirements are met; for instance, when a bride/groom is younger than the legal age but she/he holds a legitimate dispensation from the religious court, there is no way the KUA can reject the marriage request. Moreover, some of the religious leaders in the village still facilitate *Siri* marriage (religious marriage). Even though they do not openly admit their acts, villagers know to whom they should go to for an unregistered marriage. There has not been any record on *Siri* marriage involving an underage bride/groom in the village.

Teachers are involved in the prevention of child marriage and teenage pregnancy by giving SRHR education in schools. They are trained by the YES I DO programme, however, only trained teachers seem to support SRHR education. Many other teachers and the principals need to be persuaded about the importance of providing SRHR education in their schools to prevent child marriage and teenage pregnancy.

In Rembang, parents have become aware of the negative effects of child marriage and teenage pregnancy. They want their children to finish school before getting married. However, there are still concerns among girls about becoming a spinster as found in the operational research (Benedicta et al., 2017). Thus, they would rather marry at a young age to save themselves and their parents from embarrassment.

The villagers do not perceive the case of teenage pregnancy within marriage as a problem. However, when health workers find a young girl under 20 years who is already married, they usually advise her to use a contraceptive. The provision of contraceptives is limited to married couples. Among young people, condoms seem to be stigmatized and related to sexual promiscuity.

Villagers do not see their role in the prevention of child marriage and teenage pregnancy as being of any significance. Religious and traditional leaders have been involved in the YES I DO programme but it is not clear to what extent. Since the baseline study, teachers have become involved by the YES I DO programme in the prevention of child marriage and teenage pregnancy in schools by delivering SRHR education through SETARA module. More information about SRHR education through SETARA module is below in the Section 4.3.

4.1.2 FGM/C

Since the baseline study and the operational research, we do not see many changes in the practice of FGM/C in the three research sites. In West Lombok, many parents continue to perceive female circumcision as part of obligatory Islamic rituals. Female circumcision is expected for a newborn baby girl to purify them to be able to achieve great honour (*kemuliaan*). Female circumcision is linked to the notion of female purity, holiness, and honour. Some religious figures also share this view on FGM/C asserting that it is part of '*sunnah*' Islamic ritual meaning that it is recommended to do in Islam. Nevertheless, some religious figures do show their willingness to have a dialogue about this practice. This is progress to break the taboo in discussing the practice of FGM/C.

The village midwives in Kediri Induk, West Lombok are more knowledgeable about the harms of FGM/C. A midwife in Kediri mentioned that there is no health benefit behind the practice of female circumcision and the practice of genital cutting done by TBAs can harm newborn baby girls. Health workers try to persuade the villagers to not go to the TBAs to have their babies circumcised. To prevent this, midwives carry out the circumcision when asked by parents. This circumcision is done by cleaning the baby girl's genital with a gauze and then briefly attaching a sterilized blunt knife to the genital without cutting it.

Youth continue to believe that female circumcision is part of obligatory Islamic rituals and part of their tradition that has been passed down from generation to generation. However, they neither know how the practice of female circumcision is performed in detail nor do they know the harmful effects of the practice. Therefore, young people also have to be informed that FGM/C is not part of Islamic rituals.

In Sukabumi, similar to the baseline, most villagers continue to believe that female circumcision is part of an obligatory Islamic ritual (*ibadah wajib*) and part of the Sundanese tradition. Some view that the aim of the practice of female circumcision is to reduce women's sex drive, to avoid sexual disease, to improve women's health, and to purify women. It seems that the practice of FGM is continuing. In the field, there was a celebration of female circumcision. The circumcision was performed by a *paraji* (traditional healer). Some mothers in the FGD said that the circumcision was done by cutting a small part of the tip of the clitoris. Midwives, when asked by a mother to perform female circumcision, will not do FGM/C but only clean the baby's genital using cotton. This is done to prevent the mother from going to the *paraji* who would likely cut the genital.

However, nowadays there is a socialization of prohibition of female circumcision by the health workers and the local government, which is in line with the YES I DO programme. Many mothers feel puzzled because they perceive the practice of female circumcision as obligatory according to the Islamic Law, but on the other hand, they are told that the practice can harm the baby girls' health. According to them, they have not yet completely understood the harms of female circumcision. There is a dispute surrounding the

mandatory nature of female circumcision according to the Islamic Law. Most people claim it is an obligatory Islamic ritual, but the others view it is strongly recommended in Islam (*sunnah muakad*). On the bright side, this debate opens up an opportunity for the YES I DO programme to align with some progressive religious figures to educate the community about the harms of FGM/C.

Meanwhile in Rembang, health workers are shown to be more knowledgeable about the harms FGM/C as supported by the YES I DO programme. They stated that there is no health benefit in the practice of female circumcision. Therefore, the practice is no longer allowed to be done in Menoro. Nevertheless, from our interviews, we found that a TBA still practices FGM/C. In the practice, small part of clitoris is cut using scissors. According to fathers in Menoro, FGM/C is performed to control women's libido. Yet, mothers in Menoro said that the intention of FGM/C is to smooth the (birthing) labour process in the future and avoid vomiting of amniotic fluid from the mouth when women are pregnant. There are also practices of FGM/C done symbolically with no genital cutting performed. In this kind of practice, the shaman cuts a turmeric as a symbol of cutting the genitals. Religious leaders said that there are no definite Islamic rules on female circumcision. However, they said that Islam views women's sexual drive as high, therefore their clitoris needs to be cut a little. Since the YES I DO programme, some parents are beginning to be aware of the harms of female circumcision. They regret that they did the circumcision to their daughters that involved clitoris cutting.

Summarising the role of health workers across the three regions: the findings show that midwives claim to be performing symbolic circumcision or pretending to circumcise when parents approach them. They do this because they do not want these parents to go to the TBA where their daughters might undergo real cutting. However, the research team did not observe or witness any symbolic circumcision done by midwives and there may have been a possibility that there were giving socially desirable answers. Nevertheless, we believe that this is unlikely as midwives- in general, demonstrated strong disapproval regarding FGM/C practices for a variety of reasons- including that there were no health benefits. Moreover, in order to triangulate this findings, we found that other participants such as mothers and young women indicated the same- that the Puskesmas would not perform FGM/C particularly in Sukabumi. In West Lombok- the circumcision that would be carried at the Puskesmas because they were not allowed to go the TBAs but this was supposedly a symbolic circumcision. Finally, in Rembang- participants indicated that shamans were performing circumcision in a variety of ways- including pricking. A dissemination meeting of the results held with key stakeholders saw strong disapproval in Sukabumi and West Lombok by the District Health office and the Child Protection and Women's empowerment office. However for the religious affairs office in Sukabumi, it was important that the prevention of female circumcision be accompanied by *ulama's fatwa*.²¹

In sum, the issue of FGM/C continues to be a sensitive topic to be addressed in all the villages. The advocacy of FGM/C can oppose some prominent religious figures. The YES I DO Alliance in all areas needs to work with them as well as approach some strategic figures who can support the elimination of FGM/C. Otherwise, the advocacy can face a backlash against the whole programme because of the resistance from religious leaders.

²¹ A *fatwa* is a ruling on a point of Islamic law given by a religious authority such as the *ulama*. It is non-binding in nature.

4.2 Changes in the Level of Meaningful Engagement of Youth in the Community

In the three research sites, the YES I DO programme has created more space for youth to engage in the community than before. In West Lombok, since the advent of the programme, youth have become more active in voicing their views on child marriage. There are some advocacy efforts carried out by youth such as writing a petition and gathering the villagers' signatures as proof of their support and commitment to prevent child marriage, rallying and displaying posters around the village, and creating a movie to be used in the campaign against child marriage.

The YES I DO programme has given opportunities for youth to organize themselves, conduct some activities and engage in some village forums, specifically, in the activities done by the KPAD. Youth are represented in the KPAD in which one female youth holds a position as secretary. At the end of this year (2018), young people will be represented in the Village Consultative Body (BPD). This is an indirect influence from the YES I DO programme since the villagers and village officials have become more aware of child rights and meaningful youth engagement in the village. Those strategic positions are potential for youth to voice their opinions and needs at the village level.

In Sukabumi, the YES I DO programme has established KPAD and FAD that encourage youth participation in village. However, not all of the recruited youth are consistently active in the events held by the programme such as serial discussions and community dialogues that are implemented by the local alliances. Youth involvement in these events is still needed. Youth still play a passive role not actively voicing their rights in the village decision-making processes. However, some youth who are involved in the YES I DO events can express and assert their concerns and rights in front of district stakeholders.

A strategic medium to voicing youth rights in the village is KPAD. In 2018, KPAD has got fund allocation from the village budget, but it has not done many activities for youth in the village other than seminars. Although the YES I DO programme works closely with the KPAD, many young people in Sukaraja have never heard of KPAD. They did not know that they can participate and voice their interests through KPAD.

Sukaraja has established Village Children Forum (FAD) adhering to the Village Head Decree No. 39/2017. However, not a single activity has been conducted by the organization. Its members can be involved in many programme events, which are implemented by the local alliances as participants and who are particularly aware of their membership in FAD. Both the decree and the FAD are supported by the YES I DO programme. The YES I DO programme in Sukabumi also aligns with a programme from DP3A to enhance meaningful youth participation through Sukabumi Child Forum (FORBUMI). Youth from FAD and FORBUMI usually participate in the YES I DO advocacy meetings with the district offices in which they assert their concerns.

In Rembang, young people participate in many sports activities. There is also a marching band group that has regular meetings and exercises, and youth motorcycle clubs. Those are spaces for young people to get together and have become the medium for the anti-child marriage campaign done by the YES I DO

programme. Since the establishment of KPAD, youth have become involved in the KPAD and its activities. Some youth are members and administrators of KPAD. Recently, the Village Children Forum (FAD) is a new forum for young people to meet and learn together supported by the YES I DO programme. However, they are not provided with the ability to make decision at the village level. In other words, young people's participation in village governance is not meaningful enough.

4.3 Changes in Access to SRH Services and Information

Overall, the access to SRH services and information in the three locations has improved since the implementation of the programme. In West Lombok, there is a Kediri Puskesmas that provides a special youth clinic (*poli remaja*) or youth-friendly services (PKPR) in a cooperation with the YES I DO programme. Many young people know the clinic and know that they can access it when they are sick. The Kediri Puskesmas also has a cooperation with some schools in its coverage service area to provide health and SRHR education to the students. In addition to the youth clinic, a youth's integrated health post (Posyandu *Remaja*) also provides health services to youth in the village such as height measurement and weighing, and blood pressure tests. The youth Posyandu is run in cooperation between the District Health Office, Puskesmas, and the YES I DO programme. The implementation is organized by youth and is accompanied by a midwife, in which sometimes, she gives health and sexual and reproductive health education. The running of the youth Posyandu usually attracts younger *youth* (fifteen years old and under) in which they can get together with their peers and dance together after the weight, height and blood pressure measurements and physical examination. The challenge of youth Posyandu is to appeal the older *youth* (older than fifteen years old) coming to it.

In Sukabumi, the YES I DO programme provides SRHR education in schools delivered specifically using the SETARA module. Teachers made some adjustments to the content such as the topic of healthy dating. Teachers are reluctant to deliver the topic since students can misinterpret it as allowing them to date. This is contrary to the teachers' opinions that students should not date. However, the delivery of the module has opened up communication between teachers and students about dating, and further encourages students to talk about their private issues. In addition to the delivery of module, the YES I DO programme at the school also trains students to become peer educators who are capable of giving SRHR information in their school and in their neighborhood.

In Sukaraja Village in Sukabumi, the YES I DO programme also provides informations on child marriage and teenage pregnancy for youth and adults through serial discussions and dialogues. However, as said by male youth in the interview, youth who often engage in unsafe sexual practices are not much involved in these activities. Additionally, the older youth (eighteen years old and older) said that those involved in the YES I DO programme are kids (around 10-15 years old). Therefore, the programme should reach out to older youth much more in the community or involve them in activities that might be of their interests.

The Sukaraja Health Center provides health services to young people through the programme of youth-friendly services (PKPR) which is line with the YES I DO programme. However, the opening hours of the PKPR are during school hours, thus not many youth have ever utilized the service. The Sukaraja Health Center has a VCT (voluntary counseling and testing) service and a mobile VCT service. There is also a Youth

Posyandu in Sukaraja village, which is also in line with the YES I DO programme. However, not many young people know about this and hence have never come to the youth Posyandu. In addition to those formal health services, some young people speak about popular shamans who can abort pregnancies by massaging the pregnant belly and giving herbal concoctions. This harmful abortion practice is not addressed in the YES I DO programme.

In Menoro, Rembang, when this study was conducted the Youth Posyandu was not yet running. It was planned to be available this year with the support from the YES I DO programme. As per October 2018, Posyandu for youth is already functioning. PKPR is also available in Puskesmas Sedan, but it has not been well integrated to teenagers' school schedules and it has not been well socialized to people so there are not a lot of people who access the facility. The referral system in Puskesmas to guide young people to access PKPR is also still not well managed. Meanwhile, SRHR information is available in schools supported by the YES I DO programme. It is implemented in three schools by using the SETARA Module. However, the module can only be implemented partially as some topics were considered inappropriate by both teachers and the students. In addition, there are some challenges in delivering the module: (1) the teachers trained did not have teaching slots in the classroom or transfer of trained teachers to other schools; (2) the module was not part of the school's curriculum so it was not prioritized; and (3) the lack of the school's commitment and support in the implementation of the SETARA module. Moreover, the content of the SRHR education in the SETARA module is seen to be contrary to the Islamic values; and secondly, the subjectivity of teachers and students.

All in all, the youth Posyandu seems to be a strategic medium that can be sustained even after the end of the YES I DO programme. It is a national programme that reaches youth in the sub-district and at village level. It can provide SRHR education and information to youth. With support from a youth-friendly midwife, youth Posyandu can provide SRHR consultations and it can refer youth who need further health examination. The YES I DO programme can demand for commitment from the District Health Office and Puskesmas to regularly run youth Posyandu in some hamlets in the village.

4.4 The Way Education and Economic Empowerment of girls Provides Alternatives beyond CM, TP, and FGM/C

In West Lombok and Sukabumi, both young girls and boys aspire to achieve a high education and get steady jobs. Whereas in Rembang, young girls want to pursue higher education while young boys prefer to work out of town to earn money. Because of these aspirations, in all research sites, youth no longer wish to get married before they finish school or get a job. The ideal age for marriage is between 21 – 25 years old.

With regards to work-related aspirations, the business class conducted by the YES I DO programme in all sites is seen valuable. However, young people realize that it does not prepare or make them ready to develop a business by themselves. Some older young people have a plan on starting a small business. However, they still do not know how to execute it. It is clear from the midline that older young people are not sufficiently reached by the YES I DO programme.

In Sukabumi, as the unemployment rate is relatively high according to the Office of Manpower and Transmigration, there are some economic empowerment programmes run by the local government, NGOs, and the YES I DO programme. However, the recruitment for the courses provided by the local government is at times, not transparent and accountable.

PUPUK delivers the 'I am entrepreneur' and soft skill modules and supports a community micro-business group (KUBE Saluyu) to facilitate young people's business start ups. However, young people's participation in KUBE Saluyu is still low. KUBE Saluyu once conducted a cooking class for youth who participated in the YES I DO programme. The YES I DO programme in Sukabumi also works with community learning centers (PKBM). Community learning centers can provide an alternative education for youth school drop-outs to finish schooling, get the diploma and consequently have more opportunities for their future.

In West Lombok, the YES I DO programme also includes an economic empowerment component run by PUPUK. In addition to the soft skills and entrepreneurship education at schools, PUPUK also plans to develop a business incubator that will initiate canal tours carried out by young people. Nevertheless, various economic empowerment efforts still need synergy with the work or business aspirations that young people have.

In Menoro, Rembang there are a lot of schools which young people can access from elementary level until high-school level. The YES I DO programme also collaborates with PKBM for youths and adults who drop-out of school to continue their study. Boys prefer to work so they can earn money, meanwhile girls aspire to achieve higher education and have work experiences before marriage.

The YES I DO economic empowerment activities have been aimed to change the perspectives of young people to see various kinds of economic opportunities and activities aside of marriage at a young age. However, the skills that have been taught cannot yet yield an alternative employment in the future. This is because business that they initiate face structural constraints such as the unavailability of raw materials and the lack of capacity to market products.

4.5 Changes in Laws and Policies on Child marriage and FGM/C

There are some existing by-laws related to the prevention of child marriage in all research locations. In West Lombok, in 2016, the West Lombok Regency issued a circular letter on Anti-Child Marriage Movement (Gerakan Anti Merariq Kodek – GAMAK) Nomor. 843.4/34/BKBPP/2016. GAMAK as a Regent of West Lombok responded to the Governor's Circular on Marriage Age Maturation No. SE/ 150/1138/Kum 2014. The SKPD of West Lombok has had coordination and collaboration through the District Working Group (DWG) to work together for child marriage prevention. DWG and the district parliament will facilitate the implementation of GAMAK and advocate to the regent to issue a regent decree about the prevention of child marriage.

Recently in West Lombok, there is progress at the village level, which can be seen as the result of the advocacy done by the YES I DO programme. In Kediri Induk, there is a Villagers' Charter followed by a Village Ordinance (*awig-awig desa*) created in 2018 to prevent child marriage. There is also an MoU between the Village Head and the District Religious Affairs Office stating that if the age of the groom or

the bride is under 18, the Village Head will not issue a recommendation letter; thus, the district office will not be able to issue a marriage certificate.

In Sukabumi regency there is a local regulation child protection No. 1/2018 in which the prevention of child marriage is addressed. The advocacy in the YES I DO programme contributes to the issuing of the regulation. At the village level, a village regulation (*perdes*) concerning child protection was issued in 2016 (Perdes No. 7/2016) that also mentions the prevention of child marriage. In 2018, the Sukaraja village head issued a village head decree No. 3/2018 and because of this decree, the Sukaraja KPAD can now access the village fund (APBDs). The issuing of the decree is also supported by the YES I DO programme.

Meanwhile, Rembang has a local regulation on child protection No. 28/2016 that supports the prevention of child marriage. Rembang's action plans for the child-friendly City programme (*Kota Layak Anak/KLA*) also support the efforts to prevent child marriage. The YES I DO programme also engages with the programme. The national programme of Marriage Age Maturation is also implemented in this regency bolstering the efforts to eliminate child marriage.

4.6 Cross-cutting Strategies

With regard to male involvement, young men are involved in the various activities of the YES I DO programme, however, it is mostly young girls who actively participate in campaigns and advocacy efforts to prevent child marriage. Only a few young men express their concerns about the issue of child marriage, teenage pregnancy, and female circumcision in the village.

Positions of religious and traditional leaders as well as village officials are still dominated by men, but they have begun to show their commitment to prevent child marriage in the village. Many men such as parents, religious figures and community leaders, participate in the prevention of child marriage in the YES I DO programme or through their involvement in the KPAD. However, some of them still have misogynistic views related to women's sexuality and the practice of female genital mutilation/circumcision. Moreover, some influential men still believe that the practice of child marriage is done to avoid *zina* (sex outside marriage). This shows that patriarchal values are hampering the transformation towards a more gender-equal community.

In all locations, young girls show a desire to continue their studies and not get married before 20 years of age. Some young girls in the village actively participate in advocacies done in the YES I DO programme (particularly in West Lombok). As a result, according to them, they have gained more respect from boys and older people. They are seen as brave and active young girls in the community. In turn, it gives them more confidence and encourages them to be more involved in organizations or village forums. The YES I DO programme allows girls to actively participate in various village forums voicing their rights. This shows that the YES I DO programme has empowered some young women in West Lombok.

5. Conclusions and Recommendations

We conclude that there are changes observed in the midline study. First, *there are changes in the attitudes and actions of the gatekeepers to prevent child marriage*. In Kediri, West Lombok, the KPAD plays a significant role in changing the attitudes of the gatekeepers i.e. parents, religious figures, traditional or community leaders, and health workers in the village. However, the *belas* mechanism encouraged by the KPAD to prevent child marriage needs to be more child-sensitive. The *belas* mechanism can make a child groom and a child bride feel ashamed and traumatized. The changing attitudes are also contributed to by religious and traditional leaders. In Kediri, the religious leaders talk about the prevention of child marriage in many village activities. The YES I DO programme also has some activities designed for the religious leaders to talk about this issue such as *Dai Kesehatan* and *Kak Mamat*. The programme in West Lombok also builds alliances with the provincial and district programmes such as the Marriage Age Maturation and Anti-Child Marriage Movement (GAMAK). The cooperation is encouraging the issuance of a regulation of the prevention of child marriage at the village level.

In Sukaraja, Sukabumi, changes in the attitudes and actions of the gatekeepers to prevent child marriage are also observed. The YES I DO programme engages with district government programmes such as the Marriage Age Maturation programme and the child-friendly cities programme. However, in Sukaraja, the KPAD is less active since it is dominated by older people and mostly only reaches young people who members of the family of village officials or traditional leaders. The engagement of the religious leaders is not clear and sufficient enough to create changes in attitudes of the gatekeepers in the village.

In Menoro, Rembang, the changes in the attitudes and actions of the gatekeepers to prevent child marriage are because of the role of KPAD as well as the engagement with the district government programmes. The KPAD in Menoro actively campaigns against child marriage and enforces the implementation of the district regulation on child protection. It is mentioned in the regulation that the age of marriage is above 18 years.

Second, the midline study finds that *there a few to no changes in the attitudes and actions of the gatekeepers to prevent female genital mutilation/circumcision*. In all villages, the practice of female circumcision is still regarded as part of obligatory Islamic rituals (*ibadah wajib* or at least *sunnah muakad*). In Menoro, the practice of female genital cutting done by traditional birth attendants is found.

Third, *there are changes observed in the level of meaningful engagement of young people*. In Kediri, young people actively campaign for the prevention of child marriage and are represented in some village organizations such as the KPAD and BPD (village consultative body) that are strategic for child protection. In Sukaraja, young people are involved in the village meetings and are also represented in the KPAD but their meaningful participation and decision-making in the KPAD must be improved.

Fourth, *there are a few changes in the provision of SRHR information and services*. The YES I DO programme engages with the programmes of youth-friendly services as well as Posyandu. In Kediri, West Lombok, the Posyandu Remaja is supported by the YES I DO programme and has reached young people in particular girls and youth under 15 years. Thus, outreach to older youth and young men should be improved. The Posyandu Remaja in Sukaraja, Sukabumi also needs to involve more young people. In

Menoro, Rembang no Posyandu Remaja has been run yet. The YES I DO programme also provides SRHR information in schools by delivering the Setara Module.

Fifth, *the economic empowerment in the YES I DO programme needs to reach older young people in the village more.* The activities of the programme are not enough to support young people to start their business.

Sixth, *there are policies at the village level issued with the support from the YES I DO programme.* In Kediri, West Lombok there is *awig-awig desa* (village ordinance) to prevent child marriage. In Sukaraja, Sukabumi there is *peraturan desa* (village regulation). In Menoro, Rembang there is a KPAD regulation of the prevention of child marriage.

Recommendations

The recommendations of the midline study are as the following:

Pathway 1

Community members & gatekeepers have change attitudes and take action to prevent Child marriage, Teenage Pregnancy and FGM/C

1. Religious and traditional leaders need to be further involved in specific activities where they can talk about the prevention of child marriage, teenage pregnancy, and FGM/C. Religious leaders should be well-informed about the harms of child marriage, teenage pregnancy, and FGM/C in the community. With regards to the prevention of FGM/C, the programme needs to bolster its alliance with the religious leaders who are of the view that the practice of FGM/C is not an obligatory Islamic ritual.
2. Parents need to be more informed about the practice of FGM/C from various perspectives: religious, health, and sociocultural perspectives of FGM/C.
3. Since it is women who determine the practice of FGM/C in the family, programmes should reach out more to female figures in the community in the advocacy to eliminate this practice. These female figures should be educated about the harms of FGM/C and encouraged to talk about FGM/C in women's spaces in the community.
4. The YES I DO programme should continue and strengthen its engagement with the national, provincial, and district programmes to prevent child marriage. The relevant government programmes identified from the midline are: (1) age maturation programme (PUP), (2) the postponement of the birth of the first child programme (PAP); (3) child-friendly city programme (KLA); (4) child-friendly schools (SRA); (5) youth friendly services (PKPR); and (6) youth Posyandu programme (Posyandu Remaja).
5. The YES I DO programme can also initiate a collaboration with the ministry of religious affairs in the prevention of FGM/C since there is already a joint programme and MoU between the ministry of religious affairs and the ministry of health in the prevention of child marriage.

Pathway 2

Adolescent girls and boys are meaningfully engaged to claim their SRHR

6. KPAD should actively improve the meaningful engagement of young people in the villages by creating spaces and activities together with them in the village.
7. Young people's ownership of the KPAD should be established by significantly involving them in the management of the KPAD. Young people's leadership in the KPAD and the community should be encouraged.
8. KPAD should be supported to become more accountable in advocating youth interests and should not be dominated by older people's opinions.
9. More youth leaders should be encouraged as they can be a role model and inspire other youth.
10. The Village Child Forum (FAD) should involve more young people and young people's ownership of it should be initiated.
11. The village and community should meaningfully support FAD by involving FAD members in the village community and encourage their creativity to manage and plan their own activities.

Pathway 3

Adolescent girls and boys take informed action on their sexual health

1. Youth Posyandu has the potential to reach out to youth in the community, thus the commitment of the district government to regularly implement youth Posyandu in hamlets should be encouraged.
2. The provision of SRHR services and information should involve young men and older youth in the villages more.
3. The provision of SRHR services should also reach out to older youth and address unprotected sexual behaviour and other related harmful practices that youth engage in.
4. The role of the midwives should be maintained and strengthened in the provision of the SRHR services and information to the youth in the villages.
5. Leadership in the delivery of the SETARA module at schools should be established by involving the principals and more teachers. The support from the District Education Office is needed.
6. Some mechanisms to gather feedback from the schools, teachers, and students and to discuss solutions with regards to the sensitive content of the SETARA module should be established. This will prevent teachers from simply omitting certain topics while teaching the module.

Pathway 4

Girls have alternatives beyond Child marriage, Teenage Pregnancy and FGM/C through education and economic empowerment

7. The economic empowerment component should continue its synergy with the local government programme such as the community learning center programme (PKBM) to help out-of-school youth.
8. The YES I DO programme can help the local government to make sure that eligible youth benefit most from the skill improvement courses, micro-credits, and employment opportunities provided by the local government.
9. The economic empowerment component should reach out to more older youth in the villages and concretely provide guidance for their business start-ups. Establishing an incubator business

to develop young people's entrepreneurship or a cooperation with a young business person that can inspire the youth can be some options.

Pathway 5

Policy makers and duty bearers develop and implement laws and policies on Child Marriage and FGM/C

10. Policies at the district level should be supported and the implementation of existing policies at the village level needs to be enforced.
11. The commitment of policy makers to finance some programmes related to the prevention of child marriage and teenage pregnancy should be reminded and demanded, including the transparency and accountability of the imbursement of the budget.
12. Synergies with other NGOs with the same concerns needs to be maintained and strengthened to create a wider impact in advocacy and a larger social movement.

We see that the issue of FGM/C in all research sites has not been addressed much and the resistance to talk about this issue at the community level as well as at the district government level is still strong. On the other hand, this midline study did not capture the practice of FGM/C enough, its taboo and resistance to prevent the practice. Therefore, we recommend further research to elaborate and examine more on the practice of FGM/C.

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7. Annex

Annex 1. Comparison of Midline Findings with Baseline Findings

District	Pathway	Topic	Baseline	Midline
Sukabumi	Changes in community views	Views on child marriage	<ul style="list-style-type: none"> • Young people’s awareness concerning the risk of child marriage is low. • Existing youth organizations/groups have not yet paid attention to the issue of child marriage. 	<ul style="list-style-type: none"> • Mothers are more knowledgeable about the disadvantages of child marriage than fathers. • Some fathers and young men continue to see girls as to be married once they reach <i>balig</i> or puberty. • Village officials would refuse issuing the marriage recommendation letter to the under-aged bride and groom. • KUA continues not to reject child marriage as long as there is a legitimate dispensation from the religious court. • Some of the religious leaders in the village are suspected to facilitate child marriage by <i>siri</i>. • Young people have a high aspiration in terms of education and employment than getting married.
		Views on teenage pregnancy	<ul style="list-style-type: none"> • Adverse events contribute to the occurrence of child marriages. • Decisions related to teenage pregnancy, particularly in the case of unintended pregnancy is still held by the family and religious leaders who are generally male. 	<ul style="list-style-type: none"> • Mothers are more knowledgeable about the risks of teenage pregnancy than fathers. • The village community still perceives marriage as a solution for unintended teenage pregnancy. Provision of contraceptives that is limited to married couples prohibits the prevention of teenage pregnancy • Contraceptive use by unmarried youth is still stigmatized. • Teenage pregnancy is not seen as a negative if the girl is married.
		Views on female genital mutilation/circumcision	<ul style="list-style-type: none"> • FGM/C is not regarded as a problem by the young people. • Men tend to not know and are not involved in the practice of female 	<ul style="list-style-type: none"> • There is a need for information among mothers about the health risks of FGM as well as the Islamic stance. • Mothers are the ones who ask for their babies to be circumcised.

			<p>circumcision, because it is considered women's affairs/responsibility.</p> <ul style="list-style-type: none"> • FGM/C is a tradition that is inherited and not to be questioned. • FGM/C is not regarded as a problem and doesn't have negative impact as perceived by the community. • FGM/C doesn't affect partner selection and marriage. • FGM/C is interpreted as control on female sexuality. • The knowledge of FGM/C is transmitted through generations. • FGM/C is regarded as religious and cultural obligation. 	<ul style="list-style-type: none"> • The practice is supported by fathers for religious reasons. They are not aware of the risks of the practice. • Some girls are aware about the harms of FGM/C and realize that the practice is unnecessary. • <i>Parajis</i> still perform FGM/C to female babies at the request of mothers. • Midwives no longer perform FGM and see it as unnecessary. However, when asked by a mother, the health providers would undergo the 'fake' FGM by cleaning the baby's genital to prevent her going to a <i>paraji</i>. • FGM/C is believed to reduce women's sex drive when they reach adulthood and to purify women. • According to the District Women Empowerment and Child Protection Office, the symbolic practice of FGM done by health providers is proof that beliefs and myths surrounding women's sexuality continue to persist.
	Changes in meaningful youth engagement	Activities and intervention of youth in the community	<ul style="list-style-type: none"> • There are youth organizations at the village level, which is Karang Taruna. However, Karang Taruna didn't involve all the young people in the village. The organization was more elitist and being dominated by young adults. • In every village and hamlet, there are <i>pengajian</i> groups (religious recital groups), and there were also youth 	<ul style="list-style-type: none"> • KPAD and FAD have been established. • Karang Taruna, Forbumi are involved in the YES I DO programme to advocate the issue of child marriage and teenage pregnancy. They often voice the issue in meetings with local government.

			<p><i>pengajian</i> groups. <i>Pengajian</i> groups have a considerable influence, thus could be an opportunity for the YES I DO Programme.</p>	
	Changes in SRHR information and services for youth	Access and availability of SRHR information for youth	<ul style="list-style-type: none"> • In general, the youth lack of knowledge concerning SRHR. • Some schools have the SSK programme, some others have PIK-R programme. 	<ul style="list-style-type: none"> • SRHR is provided at the selected schools by delivering the SETARA module. Not all the topics are discussed as they are selected by the teachers. The topics of healthy dating and contraception are seen as inappropriate. Not all the teachers and principals are supportive of the provision of SRHR through SETARA module. More teachers and principals need to be involved. • The delivery of SRHR information through SETARA module has made students feel courageous to discuss their problems as youth with teachers. • The YES I DO programme also cooperates with the district government programme such as Child Friendly School (SRA) and Demography Aware School (SSK) in delivering SRHR education at schools. • Selected schools and villages have had peer educators. Capacity development is still needed to improve their roles. • There are risky sexual behaviors particularly among young men which interrelate with youth gangs, drugs, and inconsiderate alcohol consumption. These risky behaviors are rarely discussed in the SRHR education.
		Access and availability of SRHR services for youth	<ul style="list-style-type: none"> • There is already a programme PKPR (in health center in Cisolok Sub-District) but not yet synchronized with youth organizations/groups at the local level. • The low use of 	<ul style="list-style-type: none"> • Puskesmas Sukaraja has PKPR and VCT/HIV services but the opening hours of PKPR is during school hours. • The Puskesmas Sukaraja has a mobile VCT service, which regularly reached out to 13 villages, thus can give services to more people who might be reluctant to come to Puskesmas.

			<p>contraception among young men.</p> <ul style="list-style-type: none"> Health providers suggest the use of contraception for women who are married below 20 years old. However, contraceptive services provided by the health provider can be accessed only by married couples. 	<ul style="list-style-type: none"> There are still many youth who do not know about PKPR and youth Posyandu. Out of 23 village decrees (SK), only one youth posyandu has been operating in RW 2. Contraceptive services are still provided by the health provider but can be accessed only by married people.
	Changes in the quality of education and economic empowerment	Access and quality of education	<ul style="list-style-type: none"> Marriage causes school dropout. Boys and girls with a case of unintended pregnancy cannot continue their education. There are generally more jobs for women rather for men. Various factories need more women than men. The fee to become a migrant worker for men is also significantly more expensive than for women migrant workers. Thus, women can contribute to the household's economy. Meanwhile it's hard for men to provide for the family. 	<ul style="list-style-type: none"> There are cases of sexual harassment at schools either verbally or physically touching body parts. When it comes to sexual harassment by teachers, students do not dare to talk about it to their peers let alone teachers. Therefore, schools need to have a reporting mechanism that can guarantee safety for the victims as well as support system. YES I DO programme works with PKBM to encourage youth who drop out of schools to finish their school and get a diploma. There are vocational trainings provided by PKBM for youth in Sukaraja and Limbangan village. Although PKBM is free, however youth still struggle to access computers for the examination.
		Programme and intervention for youth	<ul style="list-style-type: none"> The economic survival for young people who 	<ul style="list-style-type: none"> The YES I DO programme introduces entrepreneurship and business soft skills through the

		economic empowerment	experience unintended pregnancy is very vulnerable.	<p>delivery of the 'I am Entrepreneur' module at schools.</p> <ul style="list-style-type: none"> • In the village, entrepreneurship and business soft skill are also introduced to the youth. • There are trainings to youth in the village such as sewing and computer skills. However, the trainings has not reached the dropped out youth. • There are micro enterprise groups under KUBE Saluyu that can facilitate business initiated by young people.
		Policy and regulation concerning child marriage and female genital mutilation/circumcision	Child protection policies are being discussed in the legislative council.	<ul style="list-style-type: none"> • Bylaw No. 1/2018 concerning child protection. • Regent decree No. 463/2017 concerning child-friendly village and district. • Regent regulation No. 20/2017 concerning child-friendly district. • Village regulation No. 7/2016 concerning child protection. • Village head decree No. 3/2018 concerning child-friendly village task force • Village head decree No. 39/2017 concerning Village Children Forum.
		Commitment from policy makers	<ul style="list-style-type: none"> • The Bupati together with the Office of Social Affairs submitted a draft of child protection policy to the Legislative Council of Sukabumi Regency. • The District FamilyPlanning Office committed to supporting the prevention of teenage pregnancy. 	<ul style="list-style-type: none"> • The prevention of child marriage has been one of the political promises of Sukabumi regent. • The District Women Empowerment and Child Protection Office (DP3A) committed to socializing local regulations in the 2019 budget year in a bid to reduce child marriage. • There is budget allocation for KPAD from the village. • Prevention of child marriage has become part of the government's programmes, especially the programmes of DP3A and DPPKB that have already been synergized with the YES I DO programme.
West Lombok	Changes in community views	Views on child marriage	<ul style="list-style-type: none"> • Youth awareness is relatively low regarding the risk of child marriage. • Men are the main actors in the occurrence of child 	<ul style="list-style-type: none"> • Parents, community leaders, religious leaders, and the school (teachers), as well as youth are starting to realize not to marry their children at a young age. They have begun to understand the impact of child marriage.

			<p>marriages through the tradition of <i>merariq</i></p>	<ul style="list-style-type: none"> ● Religious leaders, community leaders participate in socializing the impact of child marriage in community forums, religious council, Friday recitation for youth, wedding ceremonies, marriage advice forum, and others. ● Engagement of Religious and Community Leaders, on changes in the <i>merariq</i> and <i>belas</i> mechanism. ● Youth already know the negative effects of child marriage. They also choose to pursue their education rather than <i>merariq</i>.
		Views on teenage pregnancy	<ul style="list-style-type: none"> ● Cases of unintended pregnancies contributed to the incidence of child marriage. ● Decisions to marry off girls who have unintended pregnancies are still made by families and religious leaders who are generally male. ● Boys and girls who have unintended pregnancy will drop out of school. ● Economic vulnerability of children who had unintended pregnancy. 	<ul style="list-style-type: none"> ● There are no unintended pregnancy cases in schools that are part of YES I DO programme for this year (up to July 2018). No cases of unintended pregnancy were found this year in the village as well. ● People continue to consider marriage to be the solution to premarital pregnancy. ● Boys and girls who dropped out the school due to premarital pregnancy can continue their education in open junior high/high school or through the PKBM programme. ● Youth who experienced unintended pregnancy have an opportunity to participate in economic empowerment programme such as joining business classes done by PUPUK.
		Views on female genital mutilation/circumcision	<ul style="list-style-type: none"> ● FGM/C is not considered a problem by young people ● Some men (Kediri Sub-district) know the practice of female circumcision, but their involvement is low because it is considered women's affairs/responsibilities ● Female circumcision is not considered a problem by the community 	<ul style="list-style-type: none"> ● Young people, especially women, already understand that female circumcision does not have medical benefits. ● Parents (mothers) bring their female babies to a midwife not to a <i>belian</i> (shaman) to be circumcised. ● Midwives still symbolically perform female circumcision to avoid parents who bring their daughters to circumcision to <i>belian</i>. ● There is already a partnership between midwives and traditional birth attendants to prevent them from practicing female circumcision

			<ul style="list-style-type: none"> Female circumcision is considered not to have a bad impact 	<ul style="list-style-type: none"> FGM/C is still considered as part of the cultural and religious practice of "tesuci" (to purify). Religious leaders and the community have begun to be invited to openly discuss about the issue of FGM/C.
	Changes in meaningful youth engagement	Activities and intervention of youth in the community	<ul style="list-style-type: none"> Youth are still not much involved because there is still an assumption that they belong to the young, strong and healthy age group, so that they are not noticed not only by the Government but also in the community. Teenage boys are more involved in decision making than youth girls. 	<ul style="list-style-type: none"> Youth have begun to take an active part in several KPAD programmes related to citizen dialogue, business class, serial discussions aimed at preventing child marriages and unintended pregnancies. Young girls are also now starting to organize and invite other youth to come to the youth posyandu. There has been a movement or campaign from youth to gather support in the form of signatures of marriage age maturation petitions coordinated by KPAD Kediri Induk Village. Youth can access village funds for child marriage prevention campaign activities through KPAD.
	Changes in SRHR information and services for youth	Access and availability of SRHR information for youth	<ul style="list-style-type: none"> Young people's knowledge regarding SRHR information and education is limited. Sources of information about SRHR education are mostly obtained by youth from TV or the internet than from health workers and teachers. Awareness of accessing SRHR information in Puskesmas or Poskesdes by youth is low to none. 	<ul style="list-style-type: none"> Provision of SRHR education at schools by delivering SETARA module. Youth Posyandu with the support from village midwives provides SRHR information regularly conducted in some hamlets. Provision of information on prevention of child marriage and teenage pregnancy facilitated by KPAD with support from YES I DO through citizen dialogues facilitated by PKBI; sharing session by ARI, as well as serial discussions by the LPAR. Young people in the community said that the SRHR education provides them knowledge, in particular about body anatomy and reproductive functions. Involvement of religious leaders through the Friday Night Study (MAMAT KA), as well as the Dai Health programme initiated by the West Lombok District Health Office to prevent child marriage.
		Access and availability of SRHR services for youth	<ul style="list-style-type: none"> PKPR services are still not widely accessed by youth due to service time is during school hours. 	<ul style="list-style-type: none"> There are PKPR, Poskesdes, and Youth Posyandu. Young people know about them, but not many have accessed.

			<ul style="list-style-type: none"> • Most antenatal and family planning services are for married women only. 	<ul style="list-style-type: none"> • There are young people who consult their SRHR issues with village midwives at Poskesdes or Youth Posyandu. • Mostly children under 15 years old and young women who come to Youth Posyandu.
	Changes in the quality of education and economic empowerment	<i>Access and Quality of Education</i>	<ul style="list-style-type: none"> • Boys and girls with a case of unintended pregnancy cannot continue their education. • Community participation in education was a challenge in the two study sites since there were a lot of students who dropped out of school. A common comment was that the low level of education was because young people were not concerned with education and preferred to work. 	<ul style="list-style-type: none"> • There are cases of harassment and bullying at schools, but no clear mechanism to tackle them. • Students who get married while still in school, can continue their education at the open school outside formal school hours with the same teacher. • There is an informal education programme in Kediri Induk Village, namely: open schools for junior and senior high schools, PKBM (Community Learning Activity Centers) programmes. • The school applies fines to students who do <i>merariq codeq</i>. • PUPUK provides subjects about entrepreneurship skills at schools.
		Programme and intervention for youth economic empowerment	<ul style="list-style-type: none"> • Lack of employment opportunities underlies the tendency of child marriage practice. 	<ul style="list-style-type: none"> • There are trainings available for youth in the community from the regency government, village government, private sector, and the YES I DO programme involving Karang Taruna, • There is an agreement between the village government and the factories around the Kediri neighborhood to provide job opportunities for people from the village. • There is a BLK (Work Training Center) programme with the private sector that provides opportunities for teens to work, but some fees applied. • There is a business class programme from PUPUK for youth in the village. • Incubator business plan (Canal Tourism) has been planned as part of youth's economic empowerment.

	Changes in policy and regulation	Policy and regulation concerning child marriage and female genital mutilation/circumcision	<ul style="list-style-type: none"> ● Movement in Lombok Barat called “GAMAK” (Gerakan Anti Merariq Kodek) (Movement of Anti-Child Marriage), involving various stakeholders, both government and civilians. At the village level, it was also found that several villages had developed village regulations (awig-awig) to tackle child marriage. 	<ul style="list-style-type: none"> ● Governor’s Circular Letter No. SE/150/1138/Kum 2014 concerning marriage age maturation. ● Regent’s Circulat Letter No. 843.4/34/BKBPP/201 concerning GAMAK ● Villager’s Charter was issued in April 2018 to prevent child marriage in the village. ● MoU between Puskesmas Sukaraja and KUA to prevent child marriage through health examination.
		Commitment from policy makers	<ul style="list-style-type: none"> ● The local government showed commitment towards the need for regulation on Maturation Age of Marriage (PUP), and the efforts to embrace and involve the <i>Tuan Gurus</i>. This is based on the assumption that marriage is part of the ‘religious deeds’ in Islam, so that people who do not/have not married are not yet considered not yet a “whole” Muslim. ● There are still questions related to the effectiveness of the movements promoted by government and civil society organizations. 	<ul style="list-style-type: none"> ● The West Lombok Regency Government shows their commitment through the DWG (District Working Group) driven by DP2AKB and the Health Office to implement GAMAK up to the village level. ● There is already advocacy done by DWG to issue a Regent Regulation in West Lombok related to prevention of child marriage.