



# Factors Influencing Child Marriage, Teenage Pregnancy and Female Genital Mutilation/Circumcision in Lombok Barat and Sukabumi Districts, Indonesia

Baseline Report  
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by

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# Preface

**YES I DO.** is a strategic alliance of five Dutch-based organizations which main aim is to enhance the decision making space of young people about if, when and whom to marry as well as if, when and with whom to have children. Funded by the sexual and reproductive health and rights policy framework of the Ministry of Foreign Affairs of the Netherlands, the alliance is a partnership between Plan Nederland, Rutgers, Amref Flying Doctors, Choice for Youth and Sexuality, and KIT the Royal Tropical Institute. Led by Plan NL, the alliance members have committed to a five year programme to be implemented between 2016 and 2020 in seven countries: Ethiopia, Indonesia, Kenya, Malawi, Mozambique, Pakistan and Zambia.

The YES I DO Alliance partners and the Ministry of Foreign Affairs of the Netherlands acknowledge that child marriage, teenage pregnancy and female genital mutilation/cutting are interrelated issues that involve high health risks and human rights violations of young women and impede socioeconomic development. Therefore, the YES I DO programme applies a mix of intervention strategies adapted to the specific context of the target countries. The theory of change consists of five main pathways: 1) behavioural change of community and "gatekeepers", 2) meaningful engagement of young people in claiming for their sexual and reproductive health and rights, 3) informed actions of young people on their sexual health, 4) alternatives to the practice of child marriage, female genital mutilation/cutting and teenage pregnancy through education and economic empowerment, and 5) responsibility and political will of policy makers and duty bearers to develop and implement laws towards the eradication of these practices.

The programme includes a research component to investigate the interlinkages between child marriage, female genital mutilation/cutting and teenage pregnancy and look at what works, how and why in the specific country contexts. The research focuses on testing the pathways of the theory of change, underlying assumptions and interventions as well as on looking for mechanisms triggering change and enhancing programme effectiveness. To that end, the research component of YES I DO started with a baseline study in each of the seven countries where the programme is implemented.

The aim of the baseline studies is to provide a contextualized picture of the prevalence, causes and consequences of child marriage, teenage pregnancy and female genital mutilation/cutting (where applicable) in the intervention areas of the YES I DO programme. Also, the studies aim to act as a reference point for the monitoring and evaluation of the YES I DO programme throughout its implementation. In four of the seven countries, the baseline studies included control areas. Each baseline study was conducted by KIT Royal Tropical Institute, in close collaboration with local research partners.

The present report details the baseline study conducted in Indonesia. The report draws on literature about child marriage and teenage pregnancy in Indonesia, details the methodology used, presents the main results and provides general recommendations for policy and practice on child marriage and teenage pregnancy in Indonesia. The findings and recommendations can be used by different stakeholders working in the YES I DO programme as well as in other programmes on sexual and reproductive health and rights of young people.

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# Abbreviations and key terms

## LIST OF TERMS

Ageng	Large, big
Awig-Awig	Local traditional regulation, usually based on agreement of the community
Baliq	Puberty
Begawe	Party, usually referring to wedding party
Belas	Separate
Belian	Traditional birth attendant
Beseang	Divorce
Ceunah	It is said that...
Kodeq	Small
Mak Beurang	Traditional birth attendant
Merariq	The process of abducting a girl to force a marriage
Midang	The male party visiting the female party for socializing; dating
Mosot	Spinster
Nganak	To give birth
Ngenclong	Seen
Nyelabar	Declare to the public about the occurrence of merariq
Nyongkolan	Sasak tradition informing the public that a couple has been married (merariq)
Paraji	Traditional birth attendant
Parawon	Not allowed
Pebelas	To separate a married couple
Perapi	Cutting the umbilical cord
Peso	Knife
Punten	Sorry; excuse me
Selarian	Another term for merariq, the Sasak tradition of abducting girl to force a marriage
Side	You
Sokongan	Dowry ostensibly for financing the wedding party
Suwat	Prick
Tesuci	To sanctify

## LIST OF ABBREVIATIONS

FAWEMA	Forum for Women Educationists in Malawi	
AIDS	Acquired Immune Deficiency Syndrome	
ARI	Aliansi Remaja Independen	Alliance of Independent Youth
BK	Bimbingan dan Konseling	Guidance and Counselling
BKKBD	Badan Kependudukan dan Keluarga Berencana Daerah	Regional Family Planning Coordinating Body
BKKBN	Badan Kependudukan dan Keluarga Berencana Nasional	National Family Planning Coordinating Body
BP3AKB	Badan Pemberdayaan Perempuan, Perlindungan Anak dan Keluarga Berencana	Women Empowerment, Child Protection and Family Planning Body
Depkes	Departemen Kesehatan	Ministry of Health
Depsos	Departemen Sosial	Ministry of Social Affairs
FGD	Focus group discussion	
FGM/C	Female Genital Mutilation/ Circumcision	
GTAS	Greater Jakarta Transition to Adulthood Survey	
HIV	Human Immunodeficiency Virus	
HP	Handphone	Cellular phone
IBI	Ikatan Bidan Indonesia	Indonesian Midwife Association
IMS	Infeksi Menular Seksual	Sexually transmitted infections
IDHS	Indonesian Demographic and Health Survey	
KB	Keluarga Berencana	Planned Parenthood
Kespro	Kesehatan Reproduksi	Reproductive health
KII	Key Informant Interview	
KIA	Kesehatan Ibu dan Anak	Mother and Child Health
KIT	Royal Tropical Institute	
KK	Kepala Keluarga	Head of household
KPA	Komisi Perlindungan Anak	Child Protection Commission
KR	Kesehatan Reproduksi	Reproductive health
KTD	Kehamilan Tidak Diinginkan	Unintended pregnancy
KTP	Kartu Tanda Penduduk	ID card
KUA	Kantor Urusan Agama	Office of [Islamic] Religious Affairs (for registering marriages and divorces among Muslims)
Lobar	Lombok Barat	
LSM	Lembaga Swadaya Masyarakat	Civil society organization
MOTEKAR	Motivator Ketahanan Keluarga	Family Security Motivator
MUI	Majelis Ulama Indonesia	Council of Indonesian Ulemas
NTB	Nusa Tenggara Barat	West Nusa Tenggara
PA	Pengadilan Agama	Religious Court
PBB	Perserikatan Bangsa-bangsa	United Nations
Perda	Peraturan Daerah	Regional bylaw
Permenkes	Peraturan Menteri Kesehatan	Regulation of the Minister of Health
PIK-R	Pusat Informasi dan Konsultasi Remaja	Centre for Information and Counselling for Adolescents
PKPR	Pelayanan Kesehatan Peduli Remaja	Youth Care Health Services
PMTCT	Prevention of Mother to Child Transmission	
Ponpes	Pondok Pesantren	Islamic boarding school
PPL	Praktik Kerja Lapangan	Field Practice Work
PSKK	Pusat Studi Kependudukan dan Kebijakan	Centre for Population and Policy Studies

PT	Perguruan Tinggi	University
PUP	Pendewasaan Usia Perkawinan	Marriage Age Maturation
PUS	Pasangan Usia Subur Fertile age couple	
Riskesdas	Riset Kesehatan Dasar	Basic Health Research
RT	Rukun Tetangga	Smallest neighbourhood administrative unit
SDGs	Sustainable Development Goals	
SKPD	Satuan Kerja Perangkat Daerah	Regional working units
SLTA	Sekolah Lanjutan Atas	High school as a level
SLTP	Sekolah Lanjutan Pertama	Junior high school as a level
SMA	Sekolah Menengah Atas High school	
SMK	Sekolah Menengah Kejuruan	Vocational school
SMP	Sekolah Menengah Pertama	Junior high school
SPSS	Statistical Package for Social Science	
SRH	Sexual and Reproductive Health	
SRHR	Sexual and Reproductive Health and Rights	
SSI	Semi Structured Interview	
SSK	Sekolah Siaga Kependudukan	Demography Aware School
TKI	Tenaga Kerja Indonesia	Indonesian migrant worker
TKW	Tenaga Kerja Wanita Female migrant worker	
ToC	Theory of Change	
TT	Tetanus Toxoid	
TTS	Timor Tengah Selatan	South Central Timor
UGM	Universitas Gadjah Mada	
UI	Universitas Indonesia	
UKS	Unit Kesehatan Sekolah School Health Unit	
UN	Ujian Nasional	National Examinations
UNFPA	United Nations Population Fund	
UU	Undang-undang	Legislation, act
YES I DO	YES I DO Alliance	



# Executive summary

## INTRODUCTION AND OBJECTIVES

This baseline study focused on child marriage, teenage pregnancy and female genital mutilation/circumcision (FGM/C) in two districts, Lombok Barat in West Nusa Tenggara province and Sukabumi in West Java province. The study objectives are: 1) to know the causes and consequences of child marriage, teenage pregnancy and FGM/C; 2) to know the opinions of young people on child marriage, teenage pregnancy and FGM/C; 3) to explore the attitudes and behaviours of community members and religious/community leaders about child marriage, teenage pregnancy and FGM/C; 4) to identify possibilities for involvement (engagement) of young people in the program to reduce the incidence of child marriage, teenage pregnancy, and FGM/C.

## METHODOLOGY

Mixed methods were employed in this study. A survey was carried out among young women and men aged 15-24 years, using non-proportional sampling (25% young men and 75% young women). The total number of respondents in both sites was 1,534 (1,157 young women and 377 young men). Key informant interviews were conducted among policy makers and staff members of non governmental organizations (NGOs); semi-structured interviews with parents, community/religious leaders, teachers, health workers, young women and men; and focus group discussions (FGD) with young women, men and parents.

## RESULTS

The quantitative data show that in both sites, child marriage was more closely associated with young women than young men. Young women encounter social pressure – from family, community, and peers – to marry at younger age. The practice of child marriage was more salient in Lombok Barat than in Sukabumi. One consequence was that a considerable proportion of young women involved in child marriage dropped out of school for this reason, while none of the young men involved in such marriage did. Reasons for this practice included: 1) to avoid pre-marital sex or zina, which is forbidden in Islam; 2) economic factors, as marrying off daughters helped alleviate the economic burden of the family; 3) cultural tradition, especially in Lombok Barat, of merariq; 4) relatively low aspirations regarding education, considering marriage more important than education; and 5) unintended pregnancy. While family and relatives had important roles, young women often had autonomy to decide about their partners.

Qualitative data show that some parents had limited knowledge on consequences of child marriage. They preferred to marry off their daughters to avoid unintended pregnancy. Religious leaders reinforced this practice with an attitude of ‘stay away from zina by being married’. Hence, the age of marriage was not important to consider.

Child marriage intertwines with teenage pregnancy. Teenage pregnancy can lead to child marriage and reversely, child marriage often leads to teenage pregnancy. The survey illustrates that 74.6% and 88.9% of respondents, in Lombok Barat and Sukabumi respectively, agreed that marriage is a solution to teenage pregnancy. One important finding is that there was limited knowledge among respondent about the minimum legal age of marriage.

Pre-marital sex was the most important factor contributing to teenage pregnancy. It was influenced by peer pressure, media exposure, lack of sexual and reproductive health knowledge, limited access to reproductive health services and young women’s weak bargaining position in dating relationships. For unmarried young women, getting pregnant out of wedlock became a psycho-social and economic burden if they had limited family support.

The majority of young women who got pregnant dropped out of school in Lombok Barat, but only a minority in Sukabumi. Young women often did not acknowledge the risks associated with pregnancy at young age, such as malnutrition, anemia or mortality. Young women and men had access to information through internet and social media, but their utilization of these sources to obtain proper sexual and reproductive health information was low. The use of media was predominantly for dating, sexually explicit materials, and finding new friends. Meanwhile, many parents were worried about young people's behaviors but they also had difficulty to discuss these with their children. address them.

In general, in both sites, Lombok Barat and Sukabumi, FGM/C was perceived as a cultural practice. Although most respondents did not understand its rationale, they stated they will circumcise their daughters in the future. For them, FGM/C has no harmful consequences. Survey results show that some respondents did not practice FGM/C anymore. It is likely that change is underway in the community. FGM/C was not considered as violence against women, and was perceived as having no medical or non-medical consequences. In interviews, however, FGM/C was conceived as a virtue for women and as a means to control their sexual desires.

## **CONCLUSION AND RECOMMENDATIONS**

Based on the findings, addressing child marriage, teenage pregnancy and FGM/C makes it necessary to encourage social transformation through interventions at all levels, structural, cultural and social. Strengthening young people's capacity – individually, collectively and institutionally – to engage with and address these issues must be taken into account as an important intervention. This effort can be supported by also strengthening the capacity of families and communities . Youth engagement and community engagement are important strategies to achieve the program goals. Institutions, religion and education are strategic pillars to create change in the community with the aim to reduce child marriage, teenage pregnancy and FGM/C. Furthermore, these initiatives can change values, attitudes and behavior in favour of gender equality at micro, meso and macro levels.

# 1. Introduction

## 1.1 BACKGROUND ON CHILD MARRIAGE AND TEENAGE PREGNANCY

Child marriage, teenage pregnancy, and female genital mutilation/circumcision (FGM/C) have received international more attention than ever in recent years. The three problems are rooted in gender inequality, poverty, lack of sexuality and reproductive health education, and lack of access to sexual and reproductive health services for adolescents. Efforts to reduce or decrease the practice of child marriage and FGM/C and prevent teenage pregnancy are continuously carried out by various national and international agencies. In connection with the SDGs (Sustainable Development Goals), these problems are included as indicators to be considered by countries that are committed to implementing the SDGs.

In Indonesia, the practice of child marriage and female genital mutilation/circumcision are ongoing and teenage pregnancy is prevalent in different regions. Although the level of education of young women and men rises, the practice of child marriage continues to be found in rural and urban areas. There are a number of factors that boost the persistence of the practice of child marriage, such as poverty, religion, customs, and pre-marital sex. As a result, teenage pregnancy is prevalent, but not only for these reasons – also in contexts and situations where there is no link with child marriage it can be found, but rather other influencing factors such as lack of knowledge, power or access to services to avoid an unintended pregnancy; or violence (forced sex/rape).

## 1.2 SHORT COUNTRY CONTEXT

### 1.2.1 CHILD MARRIAGE

Child marriage is a marriage under the age of 18. In Indonesia, the age for marriage is 16 for women and 19 for men. During 2000-2011, more than a third (34%) of women aged 20 to 24 years in developing countries married before their 18th birthday (UNFPA 2012). In Indonesia, a research by Smeru shows that in 2010, out of about 23 million married women under the age of 18 years, 70% are living in Java and 15% in Sumatra. The average age at the first marriage of women who have been married under the age of 18 years is 16 years, or 5 years earlier than the average age at marriage of Indonesian women in general (Smeru 2013).

The 2013 Basic Health Research (Riskesdas) conducted by the Ministry of Health revealed that among women aged between 10-54 years, 2.6% was first married at the age of less than 15 years and 23.9% were married at the age of 15-19 years. This means that approximately 26% of underage girls have been married before the functions of their reproductive organs have developed optimally. In ASEAN context, the number of child marriage in Indonesia is the second highest after Cambodia (BKKBN 2012).

Various studies that have been conducted show a number of factors that lead to child marriage, teen pregnancy and female circumcision, as well as their impacts. The factors that cause child marriage in general are poverty, low education, traditions/customs, matchmaking and pre-marital sex, and these factors vary by region. The latest research conducted by Lies Marcoes et al. (2016) reveals that socio-ecological changes are the dominant factors that perpetuate the practice of child marriage.

A study on the practice of child marriage in Indonesia in 8 regions - Indramayu, Grobogan, Rembang, Tabanan, Dompu, Sikka, Lembata and South Central Timor - shows that the average age of marriage in the regions of research is 16 years old (Plan Indonesia and CPPS GMU 2011). The impacts of child marriage based on findings of the study include among others reproductive health issues, such as girls married at a young age being vulnerable to experiencing high-risk pregnancies. Another impact felt by females who marry at a young age is related to mental health. Young women often experience stress when they leave their family and are responsible for their own family.

Young women who marry usually drop out of school and do not gain the knowledge and skills that can sustain life in the future. They also cannot participate in decision-making in the family because of the unequal bargaining position and they are at risk of becoming victims of domestic violence.

## 1.2.2 TEENAGE PREGNANCY

Teenage Pregnancy is a pregnancy under the age of 20. A number of studies in various countries show that teenage pregnancy is associated with poor economic and social conditions. Poverty, lack of education, and lack of access to information and sexual and reproductive health services increase the likelihood of teenage girls becoming pregnant (Williamson 2012). Some studies show that young people from families with low socioeconomic status have higher chances of pregnancy (Miller, Benson et al., 2001). Teenage pregnancy has immediate and long-term impacts on health, education and economy. The health impacts include maternal mortality, among others due to unsafe abortions, complications during childbirth and premature birth.

The issue of adolescent fertility is important because it is associated with morbidity and mortality for both mother and child. Teenage pregnancy has a higher risk of interruption of pregnancy and maternal mortality compared to adult pregnancy. The Indonesian Demographic and Health Survey (IDHS) in 2012 revealed that 10% of adolescent girls aged 15-19 have become mothers or are pregnant with their first child.

Qualitative studies show that the social and religious stigma against pre-marital pregnancy in Indonesia results in health and psychological burdens for girls. The negative consequences of extramarital pregnancies among adolescents have an impact on the babies that are born, especially in terms of socio-economic difficulties (Utomo and Utomo, 2013: 8). In Indonesia, Utomo and McDonald (2009) argue that although increased school enrolment reduces the extent of child marriage, many young people are actively engaged in pre-marital sex. Situmorang (2001) noted the increasing incidence of pre-marital sex (9% of girls and 27% of boys) and pregnancy in Medan, North Sumatra. In West Papua, 38% of high school students have pre-marital sex. Among female students who were sexually active, 32% became pregnant and many of them had an abortion to terminate their pregnancy (Diarsvitri, et al. 2011). The national law concerning Population and Family Development (no. 52 of 2009), allows only married couples to access family planning services, thereby contributing to the problem of pregnancy among unmarried adolescents in Indonesia (Utomo, et. al. 2013).

A survey of 4,500 young people in 12 cities conducted by the Child Protection Commission (KPA) in 2010 reported that 63% of those surveyed had had sex, and 21% had had one or more abortions (cited in Kusumaningsih 2010). The Greater Jakarta Transition to Adulthood Survey (GTAS) in 2010 revealed that 11% of respondents who were not married had had sex. There were significant differences between men (16%) and women (5%) (Diarsvitri, et al. 2011). Hull and Hartanto (2009) estimate that young women under 19 years old account for 10% of abortions in health care facilities. The percentage of women under the age of 19 years having unsafe abortions is estimated to be higher, especially in rural areas (Sedgh and Ball 2008). Young women who experience unintended pregnancy often try various methods to perform self-abortion. If unsuccessful, they often seek help from a traditional birth attendant to have the an abortion, often unsafe (Utomo and McDonald 2009). Like their counterparts in many developing countries where abortion is stigmatized and highly restricted, Indonesian women often seek clandestine procedures performed by untrained providers, and resort to methods that include ingesting unsafe substances and undergoing harmful abortive massage (Guttmacher Institute 2008).

### 1.2.3 FEMALE GENITAL MUTILATION/CIRCUMCISION (FGM/C)

FGM/C comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO 2016). Regarding to WHO FGM/C is classified into 4 major types:

- **Type 1:** Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- **Type 2:** Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
- **Type 3:** Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. (WHO 2016)

In Indonesia, in 2003 the Population Council conducted a study on FGM/C in several areas such as Padang, Banten, Madura, Gorontalo, Makassar, Kutai, Yogyakarta, Lombok, and Sukabumi. The study shows a variation of FGM/C practices performed by traditional practitioners such as poking, scraping, and abrading, while trained health care providers tend to perform partial removal of the clitoris and/or prepuce. The practice of FGM/C in some regions in Indonesia tends to be carried out as a symbolic action, without making real cuts. However, in Madura, FGM/C often entails bleeding of the clitoris or labia minora. Meanwhile, FGM/C in Yogyakarta is done by applying turmeric on the clitoris. Indeed, in general, the practice of FGM/C in Java and Madura is done by cutting a small part of the clitoris, rather than by a symbolic action (Budiharsana et.al 2003; Putranti et.al 2003; Ida 2004; Delyana 2005; Ruhama 2011).

The 2013 Riskesdas, which identified the practice of FGM/C in female children aged 0-11 years in Indonesia, found that the regions where FGM/C is most prevalent are Gorontalo and Bangka Belitung (above 80%); South Kalimantan, Banten, Riau, West Java and West Sulawesi (between 70% and 80%); Jambi, West Sumatra, West Nusa Tenggara, Jakarta, Aceh, North Maluku, South Sumatra, Central Sulawesi and East Kalimantan (between 60% and 70%).

### 1.2.4 SEXUAL AND REPRODUCTIVE HEALTH RIGHTS OF YOUNG PEOPLE

Young people in Indonesia aged 16-30 years old (24.53%) have very limited access to the information of SRHR (BPS 2014). Adolescents and young people's access to comprehensive sexuality education and youth-friendly SRHR services are hindered by strong religious and cultural norms that believe in marriage, family formation, and childbearing as common values that need to be publicly promoted. SRHR services for unmarried people is generally discouraged and not provided. This goes against the government ratification of various international conventions to provide SRHR services for all citizens. Even reproductive health education is regarded as "sensitive" (Utomo, Mc Donald, Anna Reimondos, & Utomo, 2012).

As mentioned above young people face a difficulty to access sexual and reproductive health services. Evidence shows that unmarried adolescents are unable to access reproductive health services. Although some clinics provide these services, young women at the age 15-19 report to have more problems in accessing health care than older women. Around 38.3% of women ages 15-19 reported having difficulties accessing health care (2003) for the following reasons: costs of services; fear of stigma from family and friends; waiting times for services and results; lack of privacy and confidentiality; traditional norms of gender inequality and taboo surrounding unmarried women accessing sexual and reproductive health services (IPPF; UNFPA; and the Global Coalition on Women and AIDS, 2009).

Utomo and McDonald (2009) stated that the absence of political commitment and support for strengthening adolescent reproductive health policies result in health risks faced by the youth. Sexual values and behaviour among young people are formed by the political context, including traditional values, westernised values and Islamic fundamentalism, and these factors conflict with each other (Utomo and McDonald 2009).

### 1.3 COUNTRY SPECIFIC THEORY OF CHANGE (TOC) FOR INDONESIA

Child marriage, teenage pregnancy and female genital mutilation/cutting are intertwined as they are all rooted in the same social and cultural issues: gender inequality, socio-cultural norms, religious interpretation, poverty and lack of access to education and sexual and reproductive health and rights (SRHR) information and services. Child marriage and teenage pregnancy have an impact on the health and education of young women, and in turn, on economic opportunities and decision-making in the family. FGM/C also potentially harms sexual health and empowerment of young women. Child marriage increases the likelihood of teenage pregnancy and vice versa (Williamson 2012). FGM/C and child marriage are also directly related to each other. In some areas (e.g. Gorontalo), FGM/C is considered a precondition for marriage (World Vision 2014).

The interlinkages between child marriage, teenage pregnancy and FGM/C were the main focus of this baseline study. The baseline study was designed with reference to the Theory of Change (ToC) which is based on five main strategic objectives:

1. Community members and leaders to change attitudes and take action to prevent child marriage, teenage pregnancy, and female circumcision;
2. Young women and men participate actively for sexual and reproductive health rights
3. Young women and men act responsibly related to sexual health;
4. Young women have an alternative to child marriage, teenage pregnancy, and FGM/C through education and economic empowerment;
5. Policy makers develop and implement laws and policies on child marriage, teenage pregnancy, and female circumcision.

### 1.4 MAIN AND SPECIFIC OBJECTIVES OF THE STUDY

The three key issues have prompted the Independent Youth Alliance (ARI), Plan Indonesia and Rutgers WPF to intervene jointly in Sukabumi, Lombok Barat and Rembang. The baseline study undertaken in the first two regions aimed to:

1. Know the causes and consequences of child marriage, teenage pregnancy and female genital mutilation;
2. Know the opinions of young people on child marriage, teenage pregnancy and female genital mutilation;
3. Explore the attitudes and behaviours of community members and religious/community leaders about child marriage, teenage pregnancy and female genital mutilation;
4. Identify potentials for involvement (engagement) of young people in the program to reduce the incidence of child marriage, teenage pregnancy, and female circumcision.

## 2. Methodology

This study used mixed methods as a data collection. A quantitative survey was conducted to obtain data on the causes and consequences of the three main issues that are the focus of research, child marriage, teenage pregnancy and FGM/C. Qualitative methods included focus group discussions (FGDs), semi-structured interviews and key informant interviews (KII), which were conducted to understand the socio-cultural context of the three issues more in depth. Data collection in Lombok Barat was conducted in August, and in Sukabumi in August-September 2016.

### 2.1. METHODS USED AND STUDY PARTICIPANTS

#### 2.1.1 SURVEY

Young women and men aged 15-24 years were the respondents for this tool. The questions in the questionnaire addressed:

- Norms and social values about sexuality and reproduction
- Youth's ability to articulate sexual and reproductive rights
- Role of civil society organisations, schools and traditions
- Views on child marriage, teenage pregnancy and FGM/C in the community

#### 2.1.2 FGDS

Focus group discussions were conducted with groups of young women aged 15-19 and 20-24, young men aged 15-19 and 20-24, and parents/guardians. The information obtained describes the norms and values related to sexual and reproductive health, child marriage, teenage pregnancy and female genital mutilation, as well as possible changes that can be pursued.

#### 2.1.3 SEMI-STRUCTURED INTERVIEWS

The interviews were conducted with young women aged 15-19 and 20-24, young men aged 15-19 and 20-24, parents/guardians, elder women, religious and community leaders, teachers, health workers and social workers, youth organisation staff and NGO staff. The information obtained describes the causes and consequences of child marriage, teenage pregnancy and female genital mutilation; which interventions are feasible; and relevant actors in the intervention program.

#### 2.1.4 KEY INFORMANT INTERVIEWS

In-depth interviews were conducted with NGO staff and policy makers. The data obtained are the views and experiences of NGOs and policy makers of the three main issues and their ideas of how to address the existing situation.

## 2.2. SAMPLING

### 2.2.1 STUDY LOCATION

The baseline study was conducted in two of three districts that have been selected as the intervention area of the YES I DO program, namely Sukabumi and Lombok Barat. In Sukabumi, two sub-districts were selected, namely Sukaraja, which has an urban character, and Cisolok, which has a rural character. Similarly, in Lombok Barat, the sub-district of Kediri has an urban character and Lembar has a rural one. In each sub-district, two villages were selected as the intervention area; the third intervention area not included in the baseline study is Rembang.

## 2.2.2 SAMPLE SIZE CALCULATION

The sample size is an estimate based on three indicators to measure the differences, namely:

- The percentage of young women (15-24 years) who were married before the age of 18
- The percentage of young women (15-24 years) who become pregnant before the age of 18
- The percentage of young women (15-24 years) who reported having experienced FGM/C

This estimate is based on the percentage at the provincial level, except the percentage of teenage pregnancy, which is a national-level figure. Thus, in this study the sample size used is based on the indicators of child marriage and female circumcision. Thus, the sample size in West Java is 776, and in West Nusa Tenggara 752 (see Table 1), making up a total of 1.528. During the research, we obtained a sample of 1.534.

**Table 1. Estimate of Sample Size**

Indicator	Province	% at baseline	Targeted % at end line	Sample size of each group (strength = 80% and significance < 0.05)	Sample size with consideration of 'design effect' (times 1.5)
Child marriage at 15-19 years <sup>1</sup>	West Java	50.2%	40.2%	388 females, total 517 (including 25% male respondents)	776
	West Nusa Tenggara	41.6%	31.6%	364 females, total 485 (including 25% male respondents)	728
Female circumcision <sup>2</sup>	West Java	69%	59%	361 females, total 481 (including 25% male respondents)	722
	West Nusa Tenggara	65%	55%	376 females, total 668 (including 25% male respondents)	752
Teenage pregnancy <sup>3</sup>	National	9.5%	4.5%	408 females, total 544 (including 25% male respondents)	816

The following table shows the details of the samples obtained per village based on the composition of the young women and men.

**Table 2. Sample Detail by Village (Actual)**

District	Village	Number of Female Samples	Number of Male Samples
Lombok Barat	Kediri	198	59
	Jagaraga Indah	111	37
	Lembar Selatan	147	46
	Sekotong Timur	103	34
Sukabumi	Sukaraja	302	91
	Limbangan	177	62
	Cisolok	61	28
	Cikelat	58	20
<b>Total</b>		<b>1,157</b>	<b>377</b>

<sup>1</sup> Kementerian Kesehatan (Kemenkes-MOH) (2010), National Basic Health Research (Riskesdas) 2010, Jakarta, Indonesia: MOH.

<sup>2</sup> Kementerian Kesehatan (Kemenkes-MOH) (2013), National Basic Health Research (Riskesdas) 2010, Jakarta, Indonesia: MOH.

<sup>3</sup> Statistics Indonesia (Badan Pusat Statistik—BPS), National Population and Family Planning Board (BKKBN), and Kementerian Kesehatan (Kemenkes—MOH), and ICF International (2013), Indonesia Demographic and Health Survey 2012, Jakarta, Indonesia: BPS, BKKBN, Kemenkes, and ICF International



## 2.2.3 SAMPLING AND RECRUITMENT PROCEDURES

### Survey

The participants of the study were young women and men aged 15-24 years, randomly selected through a non-proportional stratified sampling method. The research locations were Sukabumi, West Java and Lombok Barat, West Nusa Tenggara. In Sukabumi, the sub-districts of Sukaraja and Cislok were selected, while in Lombok Barat, the research was conducted in the sub-districts of Kediri and Lembar.

Based on the sample size in Table 2.3 above, the number of respondents who were interviewed in each village was calculated proportionally based on the number of households per village. Females made up 75% of the respondents, and the remaining 25% were male. The reasoning is that the three issues that are the focus of this research have a greater impact towards young women compared to young men. In terms of age, the respondents were categorised into two age groups, namely 15-18 years of age and 19-24 years, with a 50:50 proportion of the sample size.

At the village level, respondents were selected randomly from each hamlet. The enumerator randomly chose a house in the hamlet, and if there was an adolescent aged 15-24 years, the enumerator asked for their willingness to be interviewed. Afterwards the enumerator went to the fourth house from the first house to ask the next respondent, and so on. The enumerators filled in the questionnaire using a tablet, so that each respondent's answers were directly stored in a soft copy format.

### FGD, SSI (Semi Structured Interview) and KII (Key Informant Interview)

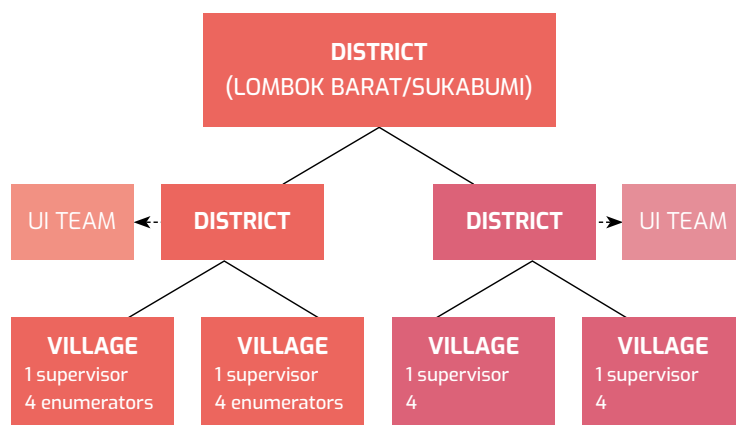
The informants were selected purposively, and were mainly young women and men, who were recruited voluntarily with the help of a local assistant/supervisor/enumerator. These were the direct or indirect beneficiaries from the future program interventions to be carried out. Adult participants for the FGD and informants for SSI were chosen based on the suggestion of the head of the village/hamlet, or midwife/Posyandu agent. Posyandu is a family planning unit in each hamlet, run by the community. Informants for the KII were government officials from institutions related to the issue of child marriage, teenage pregnancy and female circumcision. Table 2.3 presents in more detail the number of informants who were interviewed in the study locations.

Table 3. Data Collection Techniques for Research Participants

Method	Participants	Number of participants	Total
FGD	<ul style="list-style-type: none"> <li>- Females, 15-19 years</li> <li>- Females, 20-24 years</li> <li>- Males, 15-19 years</li> <li>- Males, 20-24 years</li> <li>- Parents or guardians</li> </ul>	<ul style="list-style-type: none"> <li>4 groups</li> <li>4 groups</li> <li>3 groups</li> <li>3 groups</li> <li>2 groups</li> </ul>	16
Semi-structured interview	<ul style="list-style-type: none"> <li>- Females, 15-19 years</li> <li>- Females, 20-24 years</li> <li>- Males, 15-19 years</li> <li>- Males, 20-24 years</li> <li>- Parents or guardians</li> <li>- Elder women</li> <li>- Religious/community leaders</li> <li>- Teachers</li> <li>- Health personnel and social workers</li> <li>- Youth organisation staff</li> </ul>	<ul style="list-style-type: none"> <li>4</li> <li>3</li> <li>2</li> <li>3</li> <li>2</li> <li>2</li> <li>4</li> <li>3</li> <li>9</li> <li>3</li> </ul>	35
Key informant interview	<ul style="list-style-type: none"> <li>- NGO staff</li> <li>- Decision makers</li> </ul>	<ul style="list-style-type: none"> <li>3</li> <li>9</li> </ul>	12

## 2.3. WORKSHOP ON RESEARCH METHODOLOGY AND DATA COLLECTION TRAINING

As preparation for fieldwork, a research workshop was conducted by the team of researchers and KIT in July 2016. The workshop discussed in detail the research instruments, the number of samples and the strategies for the fieldwork. The research team recruited 16 enumerators and 4 supervisors for each study site. The enumerators and supervisors were selected based on their experience of research and interviews. The training of numerators and supervisors was given during a full day preceding the survey. In the training, the enumerators and supervisors studied questionnaires, conducted interview simulations, studied the use of tablets and organization of research work. The work division of the team can be seen in the chart below.



## 2.4. DATA QUALITY ASSURANCE/MANAGEMENT

The research organization described above is an attempt to ensure the quality of data obtained. Each enumerator was assigned to interview 48-49 respondents, and in a single day the number of respondents was limited to 5-7. The supervisor performed the division of tasks every morning and checked the filled questionnaires in the evenings. The supervisor was responsible for approving the questionnaires filled out by the enumerators and sending the data to the server via the Internet. The questionnaires were also transferred to laptops as a backup. Every three days, debriefings were held with the core team to discuss the constraints faced in the field.

Qualitative data collection was done by the UI researcher team. All interviews and focus group discussions were recorded digitally and in field notes. The recorded interviews/FGDs were stored in desktop computers as backup. The qualitative data matrix was uploaded to the [www.basecamp.com](http://www.basecamp.com) site as a backup.

## 2.5. DATA PROCESSING AND ANALYSIS

The workshop on data analysis was conducted in September 2016 together with KIT researchers for a three-day period. Quantitative data were processed with SPSS with the following steps: a) reviewing the frequency tables of all variables; b) cleaning the data on the 'dirty' variables; c) creating a number of new variables as required; d) conducting cross-tabulation between variables.

Qualitative data were inserted into the matrix based on the coding framework that had been agreed. All matrices of qualitative data were uploaded to the basecamp.com site to be accessible by any member of the research team. The outline of the baseline report was discussed in detail by agreeing on what data needed to be presented in the final report.

## 2.6. ETHICAL CONSIDERATIONS

This study obtained ethical clearance from the Research Ethics Committee of the Faculty of Public Health, Universitas Indonesia. The research proposal and ethical review form were submitted to the Ethics Committee at the end of June 2016. The research team presented the research proposal before the Ethics Committee in July 2016. The Ethics Commission provided some input on ethical issues in this study. The revised proposal in relation to ethical considerations was submitted to the Ethics Committee one week after the presentation and subsequently approved. During data collection, informed consent of the respondents was obtained verbally. The enumerator briefly described the purpose of the survey, confidentiality of information and the right to withdraw participation to potential respondents.

# 3. Results

## 3.1. CHARACTERISTICS OF THE STUDY POPULATION

The YES I DO Baseline Survey obtained a total of 1,534 respondents, consisting of 735 respondents in Lombok Barat District, West Nusa Tenggara (NTB) and 799 respondents in Sukabumi, West Java. From the total of 735 respondents in Lombok Barat District, the majority were females (76.3% in Kediri Sub-District; 75.8% in Lembar Sub-District). The proportion of males was smaller, i.e. 23.7% in Kediri and 24.2% in Lembar. A similar proportion was also used in Sukabumi, with more females (75.8% in Sukaraja Sub-District; 71.3% in Cisolok Sub-District) than males (24.2% in Sukaraja; 28.7% in Cisolok). This proportion is in accordance with the selected sampling technique, namely non-proportional stratified sampling.

In general, at the population level, the proportion of males and females was relatively equal. In Lombok Barat District, in 2015 the number of the male population was 320,120 persons, while the number of the female population was 334,790.<sup>4</sup> For the total population in Kediri Sub-District, the number of females was greater than that of males (51.23%: 48.77%). For Lembar Sub-District, the proportion was also similar, with the number of females higher than males (51.11%: 48.89%). As for Sukabumi District in 2015, the number of males was slightly higher than females, i.e. 1,278,161 males and 1,225,514 females in the population. Sukaraja Sub-District data show more males than female (50.64%: 49.36%). Similarly, the Cisolok Sub-District had a slightly larger proportion of males than females (51.48%: 48.52%).<sup>5</sup>

If the respondents were disaggregated by age groups, between “18 years or higher” and “less than 18 years”, the distribution of respondents was more concentrated on the age group “18 years or higher” (58.1% in Lombok Barat District; 59.4% in Sukabumi District). In the age group “18 years or higher”, there were more in Lembar (60.8%) than in Kediri (54.4%). The group of males aged 18 or higher was relatively balanced in the two areas of research (39.6% in Kediri; 38.8% in Lembar). The number of respondents in Sukabumi District aged less than 18 years was also relatively smaller. However, in the group of males and females aged 18 years or higher, there was no difference in the proportion between the sub-districts of Sukaraja and Cisolok.

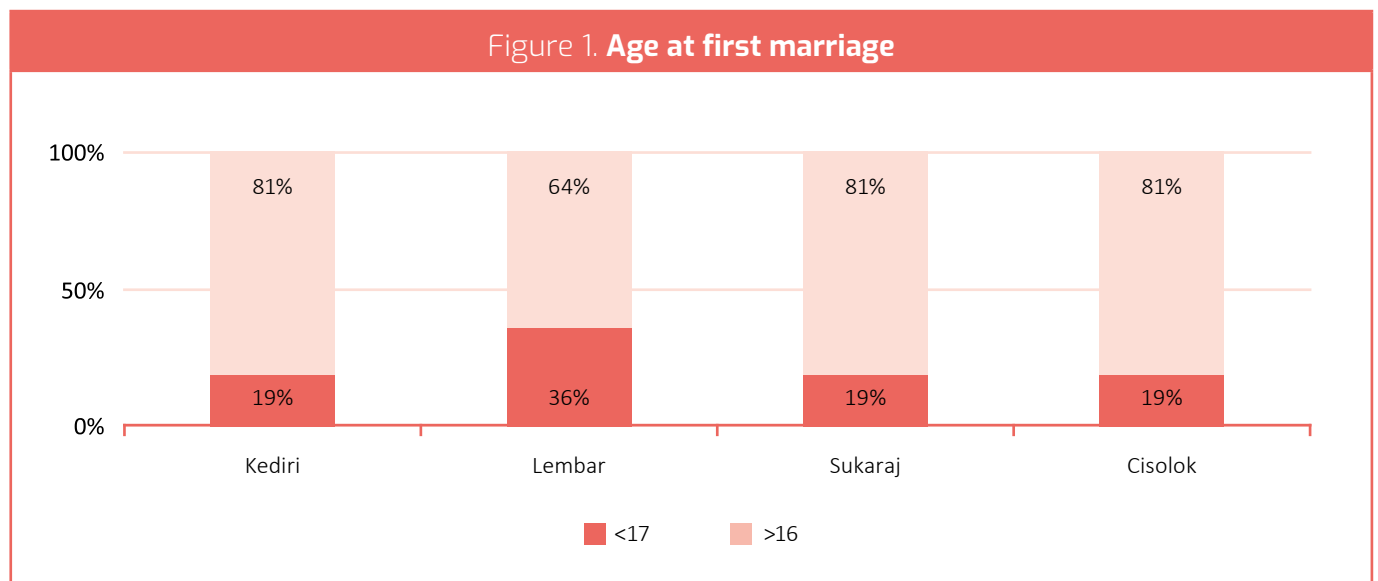
According to the Law on the Protection of Children, persons aged 18 years and above are categorised as adults, and have the obligation of possessing an identification card (KTP). Another form of identity as a citizen, which is also obligatory, is the birth certificate, obtained after birth. The data in Lombok Barat showed that most female respondents (Kediri Sub-District 78.5%; Lembar 74%) had a form of identification (KTP/Birth Certificate). In Sukabumi, almost all respondents had an identity card (Sukaraja Sub-District 93.3%; Cisolok 92.4%). However, among males, the percentage was lower (56.3%) compared to Kediri (80.2%). The same trend was also found in Sukabumi, where in Sukaraja the percentage reached 86.3%, while in Cisolok it was only 60.4%. A similar tendency in Cisolok and Lembar Sub-Districts is possibly related to the coastal characteristic of the areas, in which there were possibly a large number of migrants, although in this case this refers to local migration, such as between sub-districts or districts.

In relation to the marital status of the respondents, both in Lombok Barat and Sukabumi Districts, most of the respondents were unmarried (69%; 71.7%). Meanwhile, those who claimed to have been married make up 31% of the samples in Lombok Barat District, and 28.3% in Sukabumi District. If compared between the sub-districts of Kediri and Lembar in Lombok Barat, there were more unmarried respondents in Kediri (78.3%) than in Lembar (57.6%). This means that in Lembar more respondents were married (42.4%) compared to Kediri (21.7%). The finding in Sukabumi was rather different, in both Sukaraja and Cisolok Sub-Districts, the number of unmarried respondents was higher (78.3%; 70.1%) than those married (27.8%; 29.9%). Among the 217 respondents in Lombok Barat District who were ever married, the age at first marriage mentioned by the majority (70.5%) was above 16 years, with the proportion higher in Kediri (80.7%) compared to Lembar (63.6%).

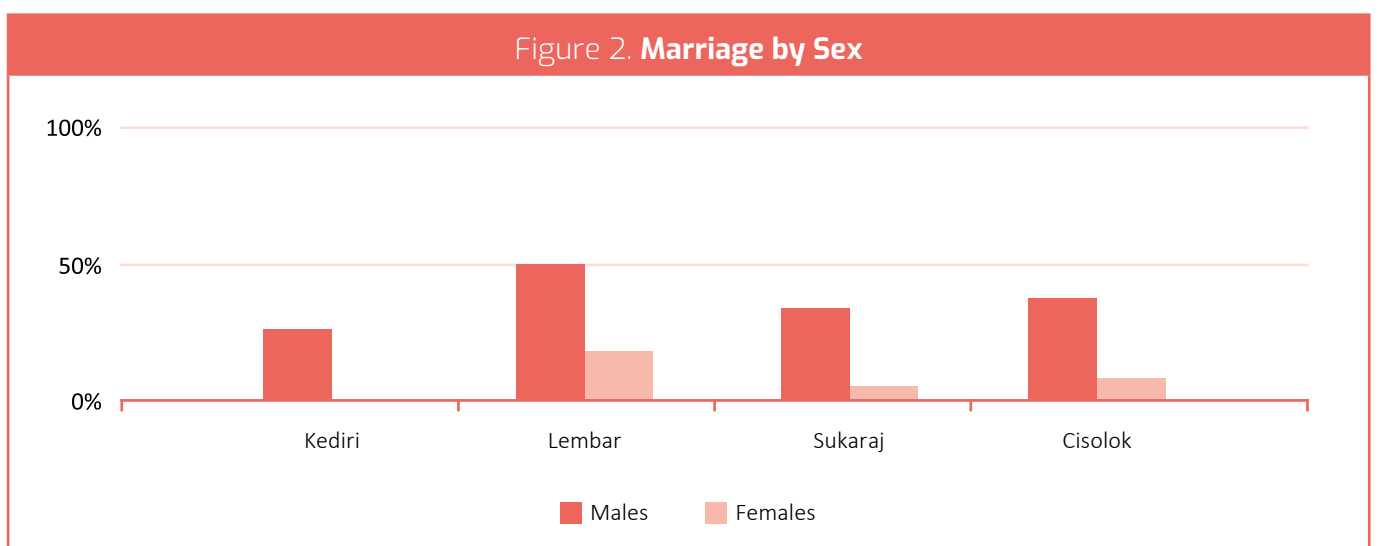
<sup>4</sup> Downloaded from <http://lombokbaratkab.go.id/wp-content/uploads/2016/08/Kabupaten-Lombok-Barat-Dalam-Angka-2016.pdf>, accessed on 14 October 2016

<sup>5</sup> Downloaded from [https://sukabumikab.bps.go.id/new/website/pdf\\_publikasi/Kabupaten-Sukabumi-Dalam-Angka-2016-.pdf](https://sukabumikab.bps.go.id/new/website/pdf_publikasi/Kabupaten-Sukabumi-Dalam-Angka-2016-.pdf), accessed on 14 October 2016

An interesting finding in Lombok Barat District is that respondents who were married under the age of 17 years were found in much larger numbers in Lembar Sub-District (36.4%) compared to in Kediri (19.3%). This could be due to the characteristics of the community of Lembar Sub-District, where some are fishermen, and others mine workers in the Sekotong Timur village, which is classified as a 'remote area'. The sub-district of Kediri has a characteristic of a student town, thus length of staying at school/education is relatively longer than in Lembar, especially Sekotong Timur. In Sukabumi District, there was no significant difference between the two studied sub-districts regarding the proportion of respondents who were married under 17 years of age (Sukaraja Sub-District 18.8%; Cisolok Sub-District 22%), or conversely, those who were married at age 17 or older (Sukaraja Sub-District 81.3%; Cisolok Sub-District 78%). This trend is interesting, given that the two regions have relatively distinct characteristics: Sukaraja being urban and Cisolok rural.



The marital status in Sukabumi indicates a 'pattern' that among male respondents, the percentage of unmarried respondents was overwhelmingly dominant (93.5%), while unmarried females account for 64.4% of the female respondents. Similarly, in Lombok Barat District, the unmarried represented a high percentage of the male respondents (90.3%), while unmarried females accounted for 62.3%. When compared between sub-districts, unmarried respondents, both male and female, were found in greater proportion in Kediri Sub-District compared to Lembar. This means that married respondents were more prevalent in Lembar. In Sukabumi, there were no significant differences between Sukaraja and Cisolok regarding the proportion of the respondents who were married or not.



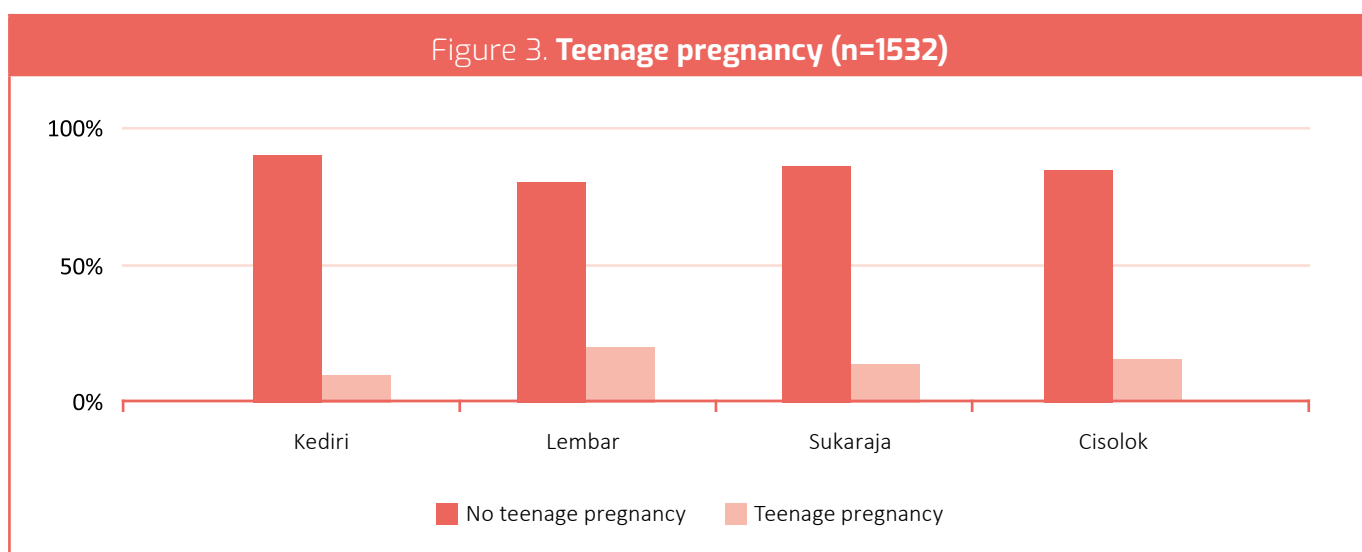
Among all respondents in Sukabumi, there were 19 cases of marriages under the age of 18 years (15 in Sukaraja; 4 in Cisolok). In Lombok Barat District, there were 21 cases (5 in Kediri, 16 in Lembar). Among those who were married under 18 years, several of them had done so despite not having identity cards (KTP). In Lombok Barat, it was possible to marry through a religious ceremony without having an ID card. Although not wed at the Religious Affairs Office (KUA), their marriage was still recorded by the village head. This record is the basis for the issuance of the Family Card. In the case of young women marrying under the age of 18 years, the various reasons cited include dropping out of school and avoiding pre-marital sex before marriage, among others. The following quotes were told by a FGD participant who was married at the age of 16 years:

*“... I was married when I was 16 years ... yeah, he was destined to be my partner, ... I am a bit sorry to have married; I was married when I was in second year of high school. I was desperate to get married for fear of exams ...”* (M, female, 20 years old, not currently married, Lembar Sub-District, Lombok Barat District)

Meanwhile, from the FGD with parents in Lombok Barat District, there was a parent who regretted the decision of their daughter to get married, while she was in school.

*“I begged my daughter not to marry. I want her to finish her education, especially as from my 13 sons and daughters, only she could study at the vocational school. But my daughter still wanted to get married, especially she had been abducted by her boyfriend. Finally she dropped out of school when she was in the second year.”* (M, male parent, FGD participant, Kediri Sub-District, Lombok Barat District)

In other cases, there were also marriages in Lombok Barat that resulted from parental pressure, especially if the daughter had been abducted (*merariq*). The *merariq* tradition is customary in Sasak culture, and is a part of the marriage tradition. The practice of underage marriage, according to various community leaders in Lombok Barat, is becoming rare. This is reflected in the survey data showing the average age of first marriage. In Sukabumi, between Sukaraja and Cisolok Sub-Districts there were no differences, showing an average age of 18 years. While in Lombok Barat District, for Kediri Sub-District the average age of marriage was also 18 years (18.41), but in Lembar, the average age was lower, 17 years (17.35). The survey also questioned whether female respondents experienced teenage pregnancy. Findings in the field show the following:



The data above indicate that in Lombok Barat District, especially the sub-district of Lembar had a high prevalence of teenage pregnancy. In Sukabumi there was no significant difference between the two areas of study.

### 3.1.1 EDUCATION

Based on educational background, data show that almost all respondents claimed to have an education (99.5% in Lombok Barat; 99.6% in Sukabumi District). Mainstream education was the most common both in Lombok Barat and Sukabumi (81.8% and 93.9% respectively). In Sukabumi the educational path taken was generally more formal while in Lombok Barat there were some respondents (16.6%) who had a religious education (*pesantren*) background.

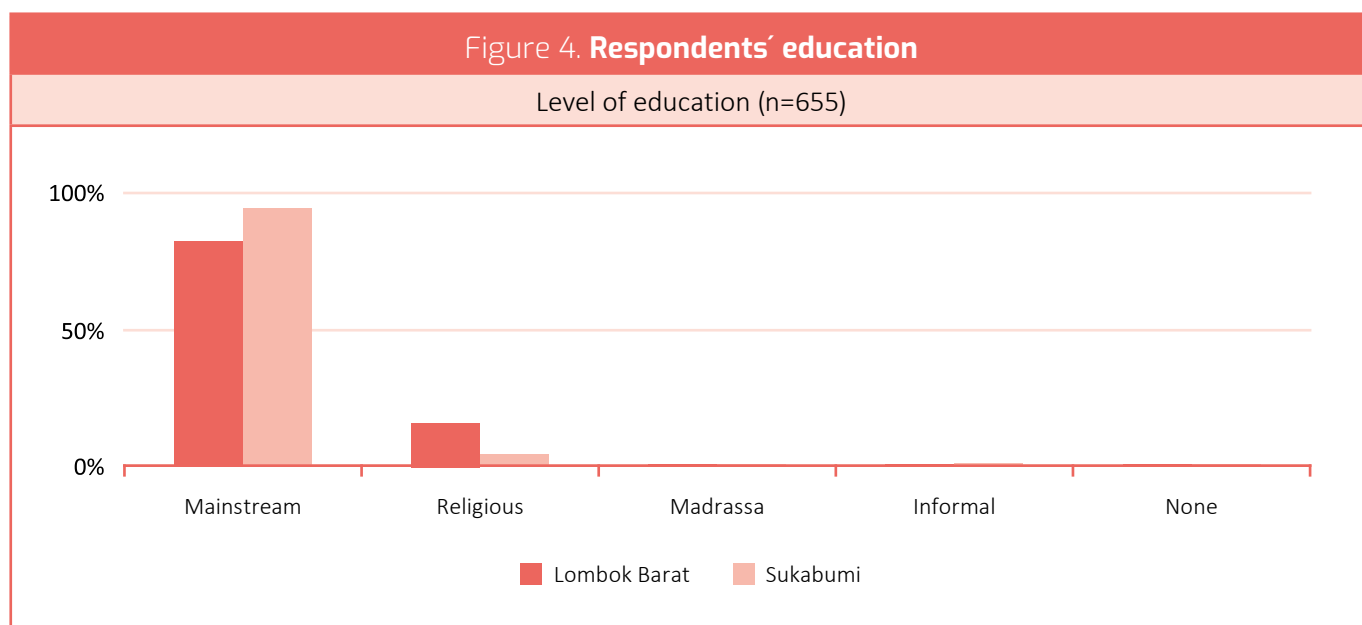


Figure 4 shows that in Lombok Barat District religious education (*madrasah* or *pesantren*) was common, while Sukabumi District was more oriented to public education. Lombok Barat, especially Kediri, prides itself as a 'student town' (*Kota Santri*).

This is confirmed by the survey findings. Those receiving religious education (*pesantren* and *madrasah*) were found in higher numbers in Kediri Sub-District compared to Lembar, and the majority were women (22.7%). In Sukabumi, there was an orientation towards public education, as well as informal education.

With regard to sustainability of education, there were differences in the percentage of dropouts, whereby the value in Lombok Barat District was much higher (25.2%) than in Sukabumi (5.9%). In Lombok Barat District, out of 559 female respondents, 155 (27%) had dropped out of school (Kediri 24.6%; Lembar 31.6%). Only 17% of male respondents had dropped out of school (Kediri 8.3%; Lembar 27.5%). In Sukabumi, only 4.8% of female respondents dropped out of school (Sukaraja 5.6%; Cisolok 1.7%), against 9% of male respondents (Sukaraja 7.8%; Cisolok 12.5%). Thus, education sustainability was more vulnerable in Lombok Barat District, especially in Lembar Sub-District, compared to in Sukabumi. In Lembar Sub-District, both males and females were more threatened with dropping out. This is confirmed by data on length of schooling, in which the number of male and female respondents who go to school for less than 9 years (did not finish junior high/equivalent) was relatively higher than in Kediri Sub-District. While in Sukabumi, among the females with less than 9 years of education, there was no difference between Sukaraja and Cisolok Sub-Districts (25.10%; 23.10%). However, for the males, the length of schooling was higher in Sukaraja (20.8%) compared to Cisolok (7.4%).

In the case of Lembar sub-district in Lombok Barat District, school drop out rates seemed to be related to the characteristics of the community. The tendency of respondents dropping out of school was linked to the aspirations of the people of Lombok Barat, who emphasised non-formal education (*pesantren*) rather than formal education (school/*madrasah*). In Sukabumi, the appeal of working in factories and industries was one of the factors triggering dropouts.

Based on level of education, particularly at the junior high level, Lembar Sub-District was doing relatively better than Kediri (29.1%; 17.1%). However, for higher education (university), Kediri had higher percentages (18.5%) than Lembar (6.3%). As for Sukabumi, the finding is more interesting. Respondents with high school education were more prevalent in Cisolok Sub-District (77.3%) compared to Sukaraja (59.7%). However, for junior high level, Sukaraja was more prevalent (26.7%) compared to Cisolok (14.7%). At the university level, it is found there were 13.6% of respondents from Sukaraja who had university education, while in Cisolok it was only 8%. There is was significant difference between males and females.

Educational aspirations of young people cannot be analysed separately from the educational aspirations of the parents. Based on the educational background of the parents, especially the father, data show that in Lombok Barat, in Kediri formal/public education was more dominant (74.3%), while in Lembar it was only 49.7%. Another interesting finding in Lembar Sub-District is that 31.5% of respondents stated that their father was not educated, while in Kediri the percentage answering similarly was only 8.4%. Similarly on the education of the mothers of respondents, in Lombok Barat (especially Kediri) formal/public education was more prominent (72.3%) compared to other types of education. Length of school of parents tended to be shorter than their children's, i.e. six years. This was more the case in Sukabumi than in Lombok Barat. There was no significant difference between the sub-districts, both in Sukabumi and Lombok Barat. The differences in educational aspirations cannot be analysed separately from the characteristics of the regions, including ease of access to education. In Lombok Barat District, Sekotong Timur is difficult to reach, which has an impact on the limited access to education. This condition was not found in Sukabumi, both in Sukaraja and Cisolok Sub-Districts. The only difference was on the category of *madrasah* education, in which Sukaraja was more prominent (17.1%) compared to Cisolok (1.8%). For other types of education, there were no significant differences between the two sub-districts in Sukabumi.

### 3.1.2 SOCIAL CHARACTERISTICS

Lombok is inhabited by the Sasak, an indigenous people. Thus it is not surprising that in Lombok Barat, the dominant ethnic group was Sasak (97% in Kediri; 99.4% in Lembar). It is interesting that in Lembar, which is a coastal area, had a very small number of migrants (0.6%), while Kediri, which has a more urban characteristic, had a higher number of migrants (3%). Migrants into Kediri are known to originate from Bali, Bima, Sumbawa, and parts of Java, or from other areas on the island of Lombok. In Sukabumi, Cisolok Sub-District, which is also a coastal area, was also homogeneous with all respondents (100%) being ethnic Sundanese. The same trend was also found in Sukaraja, with only 0.6% being non-Sundanese. There is a possibility of some migration from other areas surrounding Sukabumi District or other districts in West Java Province.

The ethnic background directly and indirectly reflects the religious affiliation. Lombok Barat District, dominated by the Sasak ethnic group, the majority of respondents were Muslim (94.1%). The others were Hindus (5.9%), particularly in Kediri. In contrast, Sukabumi was very homogeneous in terms of religion, namely Islam (99.9%). Only 0.1% were non-Muslims. Both Lombok Barat and Sukabumi are traditionally staunchly Islamic, but in Lombok Barat, the Balinese have historically become part of the society in Lombok, especially in the district.

### 3.1.3 CHARACTERISTICS OF FAMILIES

In general, families in rural Indonesia have an extended family character, while in the more urban areas, they have a nuclear family character. However, the findings of the study show a different tendency, both in Lombok Barat and Sukabumi Districts the nuclear family was more prominent (64.1%; 62.6%). This is reflected in the sub-districts showing urban or rural characteristics, both in Lombok Barat (Kediri 61.2%; Lembar 67.6%) and Sukabumi (Sukaraja 63.3%; Cisolok 59.9%). In Lombok Barat the nuclear family was more prominent than in Sukabumi, although the difference was not significant. Extended families in Lombok Barat were more common in Kediri (38.3%) compared to Lembar (31.8%). In contrast, in Sukabumi District, Cisolok Village, which more characteristically is coastal and rural, had a greater proportion of extended families (40.1%) compared to the more urban Sukaraja (36.6%). Although in both regions there was no significant difference, there is a shift in the type of families, especially in rural areas where



the nuclear family is becoming more prominent. It is interesting for Lombok Barat, given that Lombok Island is a densely populated area, and is known as an area of origin for migration, both inter-island and internationally. As for Sukabumi, the population density is lower, as the district is one of the largest districts in West Java Province.

In the management of the household, there seems to be a division of labour among family members. The field findings show that in Lombok Barat District, the family member who manages most of the housework is the mother (Kediri 62.2%; Lembar 53.9%). The same trend is also reflected in Sukabumi (Sukaraja 68.7%; Cisolok 70.1%). In addition to the mother, also assisting in the job were daughters, sisters, and even grandmothers.

The closeness in the role of family members with the management of the household (reproductive role) can be seen from the number of hours allocated per day for household activities. The survey results indicate data as in the following matrix:

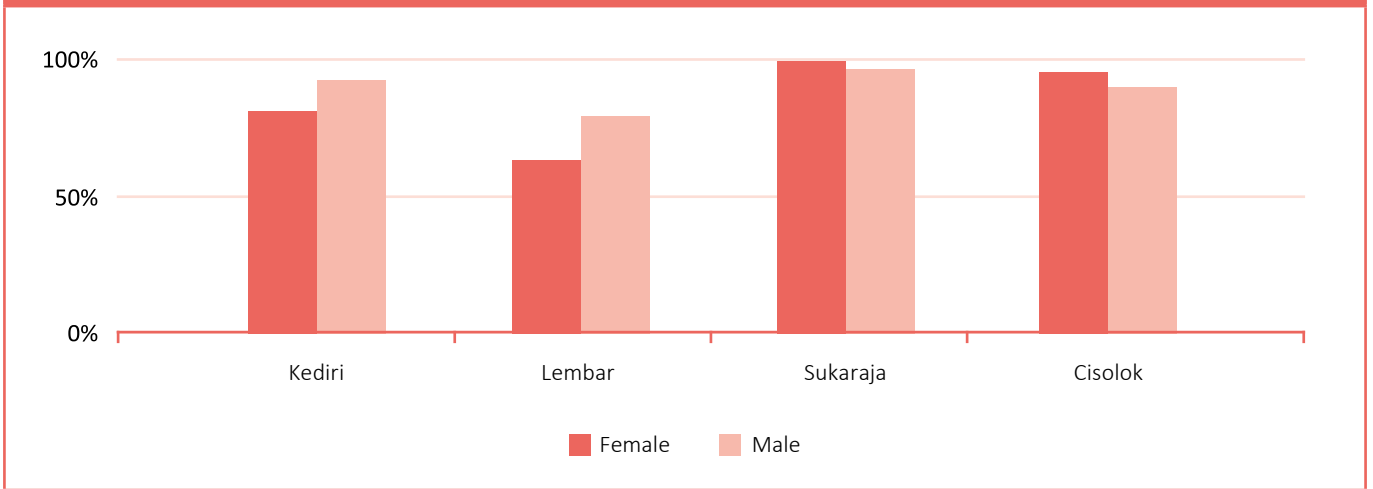
Table 4. Total hours/day spend in domestic activities								
Hours Spent/ Day	Lombok Barat				Sukabumi			
	Kediri		Lembar		Sukaraja		Cisolok	
	Female	Male	Female	Male	Female	Male	Female	Male
0-3 hours	79.60%	95.80%	70.00%	88.80%	75.80%	80.30%	80.70%	93.80%
4-8 hours	13.60%	4.20%	21.20%	3.80%	20.04%	19.70%	19.30%	6.30%
>8 hours	6.80%	0.00%	8.80%	7.50%	4.20%	-	-	-

According to the table above, it appears that most males spent 3 hours or less in domestic activities, while the ones who spent more than 4 hours of household work were females. The average hour spent in domestic activities range between 2.5 up to 3.5 hours per day. Interestingly, in Kediri the hours spent was relatively lower (2.59 hours/day) compared to Lembar (3.26 hours/day). In Sukabumi, the difference was quite striking between sub-districts: in Sukaraja the number of hours spent was 2.74 hours/day, while in Cisolok the number was only 1.9 hours/day. This is caused by marital status, household characteristics, the number of family members, whether the respondents are working or not.

### 3.1.4 ECONOMIC CHARACTERISTICS

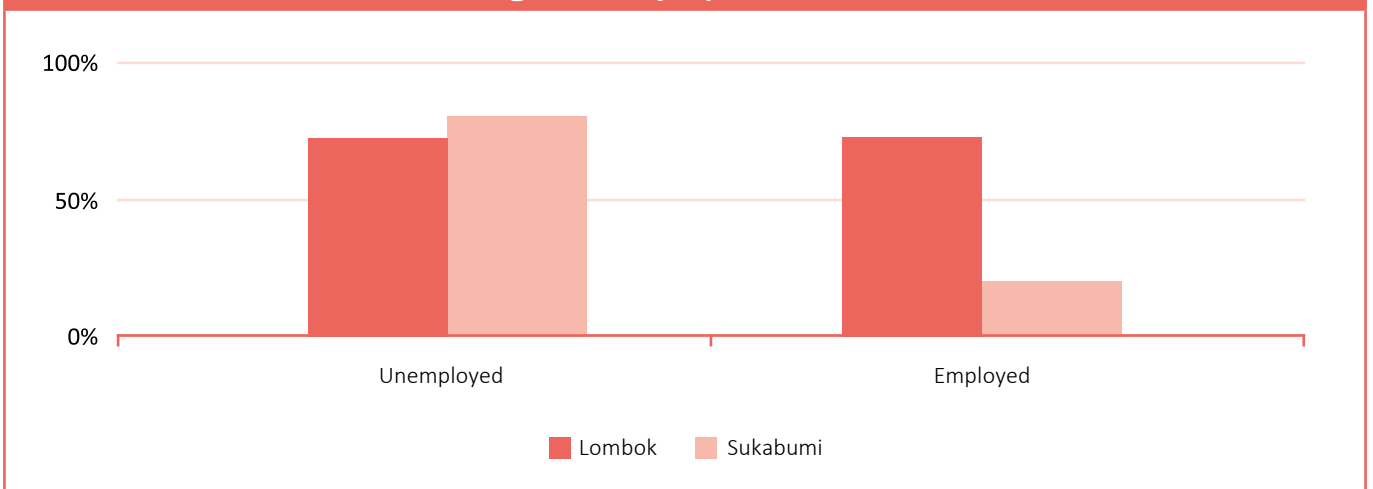
With regard to whether there was a source of income during the past six months, the survey data show that most of the respondents claimed to have an income. It is associated with the definition about income. In this study, sources of income include allowances or pocket money received by respondents from parents, etc. Referring to the income chart, it is of interest to compare Lombok Barat and Sukabumi Districts. In Sukabumi as a whole, female respondents earned less than male respondents. However, in Sukaraja, females earned more, although the difference was not significant. There were more female respondents who stated that they had no income in Lembar Sub-District in Lombok Barat (35.60%), than in Kediri Sub-District (19.1%). In the group of males a similar result was found (Kediri 7.3%; Lembar 18.8%). A similar pattern was found in Sukabumi although the difference was not as significant as in Lombok Barat, namely: females with no income (Sukaraja 0.2%; Cisolok 5%), males with no income (Sukaraja 3.9%; Cisolok 10.4%).

Figure 5. Respondents with income in the last six months (n=1534)



When questioned about employment status, the survey shows that only 23.8% of 1,534 respondents in both regions claimed to be working (27.6% in Lombok Barat: 20.3% in Sukabumi District). This means that the majority of respondents (76.2%) did not have formal work. The terms of non-working respondent shows both literally not working respondent and unpaid work such as household works. Although there is no significant difference, the number of non-working respondents is greater in Sukabumi (79.7%) compared to Lombok Barat (72.4%). At the sub-district level, the survey shows similar levels of unemployment. In Sukabumi, Sukaraja has 20.9% of respondents working, while Cisolok has 18% of respondents working. The comparison of data in Lombok Barat District is also similar, namely the 26.4% in Kediri and 29.1% in Lembar are working. The greater percentage of working respondents in Lembar may be related to the economic potential of the area surveyed: being a coastal and mining area.

Figure 6. Employment status



In Lombok Barat District, respondents who worked were generally working as informal workers, in temporary occupations or as part-time workers. Temporary work was more prevalent among male respondents. A similar tendency was found in Sukabumi. The types of work that were most often found among female respondents in Lombok Barat were traders (Kediri 41.20%; Lembar 22.80%); domestic workers (Kediri 9.4%; Lembar 14%); small business (Kediri 8.2%; Lembar 8.8%); employees (Kediri 11.8%; Lembar 3.5%); and teachers (Kediri 5.9%; Lembar 3.5%). Male respondents in Lombok Barat tended to be employed as casual workers (Kediri 54.30%; Lembar 46.7%), construction workers (Kediri 8.6%; Lembar 17.8%), as well as factory workers (Kediri 2.9%; Lembar 4.40%).

Occupations in Sukabumi tended to be more diverse. The sectors occupied by the female respondents included: domestic workers (Sukaraja 3.1%; Cisolok 25%); factory workers (Sukaraja 18.70%; Cisolok 25%); traders (Sukaraja 15.70%; Cisolok 25%), hotels and restaurants (2.2% Sukaraja; Cisolok 8.3%). Male work is more diverse, particularly in Sukaraja, including among others: labourers (Sukaraja 14%; Cisolok 18.2%); construction workers (Sukaraja was 11.60%; Cisolok 4.5%); factory workers (Sukaraja 23%; Cisolok 0%); transport workers (Sukaraja was 11.6%; Cisolok 0%); traders (Sukaraja 7%; Cisolok 13.6%); employees (Sukaraja 2.3%; Cisolok 45.5%); and teachers (Sukaraja 4.7%; Cisolok 4.5%).

When asked about the sources of family income, especially the main breadwinner, data show that in general the person responsible for the family income was the father (male parent) of both male and female respondents, in Lombok Barat and Sukabumi, 48.6% and 59.7% respectively. The second most important source of family income was the spouse (husband or wife) (25.9% in Lombok Barat; 25.7% in Sukabumi District). Interestingly in Lombok Barat District, especially in Lembar, the spouse was more important as a source of income (25.2%) compared to in Kediri (18.3%). As for this category, in Sukabumi there were no significant differences between Sukaraja (25.8%) and Cisolok (25.1%) sub-districts. The third largest most important source of income was the mother, in Lombok Barat District 13.9%, while in Sukabumi only 6.9%. This difference at least shows how women were positioned in the family. It seems that in Lombok Barat District, women played a bigger role in the economy than in Sukabumi, although it must be linked also with age and marital status.

In connection with the family as a household, it is necessary to identify the decision makers in the family/household expenditure. In both regions, the decision makers in family spending, listed according to importance, were the father (27.2 %), mother (38.2%), husband (14%), and themselves (11.3%). When comparing Lombok Barat and Sukabumi Districts, there is an interesting finding that the tendency of male dominance is reflected in Lombok Barat (the father or husband having important roles in deciding expenditure). Conversely, the mother's role was more dominant in Sukabumi (45.3%) compared to Lombok Barat (30.5%). At least this reflects that among the people of Lombok, Sasak in this case, males played a larger role in the family economy. However, in Lombok Barat District, the percentage of the respondents being decision makers themselves was higher (18.6%) than in Sukabumi (9.8%).

### 3.2. CHILD MARRIAGE

Data confirmed that child marriage was prevalent in Lombok Barat and Sukabumi Districts based on survey data. As the table below illustrates, that marriage of young women under 18 years was more prevalent among young women than among young men in the same age range. Of the respondents aged 18-24, 25% of females in Lombok Barat District and 18% in Sukabumi District had married under the age of 18. The percentages among young men in the same age range were lower, less than one percent in both districts. Based on the data, there were more females married between 15-17 years than males married in both study areas, as well as more females (15-24 years) who dropped out of school than males in the same age range.

**Table 5. Indicators on child marriage**

Child Marriage	Lombok Barat District (n, %)	Sukabumi District (n, %)	Total (n,%)
Females (18-24) who were married before age 18	n=79/320 (24,7%)	n=61/347 (17,6%)	n=140/667 (21%)
(i) Females (16-24 years) who were married or in union Before the age of 16, according to Marriage Law of 1974	n=34/476 (7,14%)	n= 16/483 (3,31%)	n=50/959 (5,212.1%)
Males (18-24 years) who have entered marriage/union before the age of 18	n = 1/107 (0.93%%)	n=1/128 (0.78%)	n=2/235 (0.85%)
Females aged 15-17 years who are currently married	n=21/239 (8.8%)	n=15/251 (5,9%)	n=36/490 (7.3%)
Males aged 15-17 years who are currently married	n=0/69 0%	n=1/73 (1.37%)	n=1/142 (0.7%)
Females 15-24 years who dropped out of school due to marriage	n=56/559 (10.02%)	n=4/598 (0.67%)	n=60/1157 (5.19%)
Females (15-17) who dropped out of school due to child marriage	n=11/239 (4.6%)	n=2/251 (0.80%)	n=13/490 (2.7%)
Males (15-24 years) who dropped out of school due to marriage	n=0/176 0%	n=1/201 0.50%	n=1/377 0.3%
Males (15-17) who dropped out of school due to child marriage	n=0/69 0%	n=1/73 1.37%	n=1/142 0,7%
Average age difference between a married female and her partner	5.39	5.55	5.47

In general, the majority of respondents who were married under 18 years had received education at school. Less than three per cent of respondents in both Lombok Barat and Sukabumi Districts who had married under the age of 18 never received education. In terms of occupational status, the majority of respondents who had a child marriage were not working. Seventy-three percent of respondents in Lombok Barat District and 78.8% of respondents in Sukabumi who had child marriage did not have an occupation producing income.

In both regions, young married females had a tendency to marry males who were older on the grounds that they assumed that older males were more mature and well-established financially as well as emotionally. Meanwhile, males considered a younger partner as one of the important standards in partner selection. This was based on the reason that younger women were considered more obedient and could serve better the husband.

*“Because the wife must respect the husband, and indeed my parents want me to have a younger wife. Then again, it is up to the Lord.”* (H, 23 years old, male, unmarried, Sukaraja Sub-District, Sukabumi District)

Based on survey data, 42.2% of the respondents agreed that marrying women when they are younger made them more obedient and respectful to their husbands.

### 3.2.1 REASONS FOR MARRIAGE

There were various reasons for child marriage. About 46.7% of respondents in Lombok Barat District and 49.3% of respondents in Sukabumi District did not agree that child marriage is caused by the problems of low education and lack of employment. About 4.7% of respondents strongly disagreed that these factors influence the practice of child marriage in the study areas. A factor that was considered to be the cause of child marriage, according to respondents, was the economic factor. Fifty-two percent of respondents in Lombok Barat District and 33.4% of respondents in Sukabumi district agreed that economic reasons are among the causes of child marriage. Four percent of the respondents said that they strongly agreed on this reason as a cause for child marriage.

In addition to education, employment and economic level, there were several other factors influencing child marriage. Child marriage was considered to be a solution to get out of the family one grows up in.

*“It could be caused by the family or by the friends, it comes from herself, who never gets attention, or do not have anyone to turn to. Sometimes she feels alone, wants affection as if in stories. You know, teenagers have many dreams, then they want their imagination to be realised, that is a reason why they want to get married.”* (LS, female, teacher, Kediri Sub-District, Lombok Barat District)

*“I got married because of the divorce of my parents and my mother’s remarriage. I have a stepfather. I finally decided it’s better to marry than to stay with the stepfather, who always considered me to be in the wrong.”* (Young Female FGD, female, 20-24 years, Sukaraja Sub-District, Sukabumi District)

Another reason to get married was because the youth were bored of going to school or had dropped out of school. “School is boring, I’m tired of studying continuously” (RAM, female, 15 years old, unmarried, Sukaraja Sub-District, Sukabumi District). In both study areas, there was a general assumption that it was unnecessary for young women to pursue higher education because they would eventually become and serve their husbands at home. “For me, women do not need a high school education, so they do not have to work and can take care of the household.” (DP, 22 years old, male, unmarried, Sukaraja Sub-District, Sukabumi District)

Young women who no longer attended school did not have much choice. Getting married was considered the most rational option, especially if there were men who ask for her hand.

*“At first, we get to know each other, then chat, then become a couple.... Then he asked to marry me, after two months knowing each other we were engaged, and married two more months later”* (AN, 17 years old, female, married, Sukaraja Sub-District, Sukabumi District).

For parents, cases of unintended pregnancy that often occur and become one of the reasons of child marriages made them worry about how their teenagers socialise. For parents, marriage was a way to prevent pre-marital sex and unintended pregnancies.

*“If the boy often visits her, the parents too, the boy already wants to get married and my daughter too, what to wait, then? I as the mother want the best, I am afraid of bad things happening, my daughter already knows men, aren’t there many occurrences [of unintended pregnancies]? It is better to follow Islamic teaching that if the child wants to get married, allows her to do so and not delay.”*

(IR, women, parent, Sukaraja Sub-District, Sukabumi District)

Another factor that also influenced child marriage in these two areas was religious practice. In this case, 56.1% of respondents in Lombok Barat and 39.8% in Sukabumi agreed that religious practice, especially Islam, affects the decision to marry at a young age, namely to avoid pre-marital sex in adolescent females. Nevertheless, disagreement to the statement that Islam is a factor in child marriage was also quite significant, with 38.3% in Sukabumi and 21.2% in Lombok Barat rejecting the notion. In Lombok Barat District a large majority agreed while in Sukabumi, the percentage was balanced between agree/disagree.

In addition to avoiding pre-marital sex, the study also shows that another reason for child marriage was the fear that the female will lose her partner. This fear made young people choose to get married. Another informant, RAM, female, 15 years, also confirmed the reason by saying that she was afraid to be left by her boyfriend, and thus she accepted when he asked to marry her. Men also feel more or less similar, if women fear of being abandoned by their boyfriends, men fear that other males ask their girlfriends for marriage.

*“I have often asked this child why she got married. She was fearful that when she graduated from high school, he would leave her.”* (AM, male, teacher, Lembar Sub-District, Lombok Barat District)

### 3.2.2 INTERLINKAGE WITH TEENAGE PREGNANCY

Based on survey results, the majority of respondents in the study area thought that child marriage could be a solution to the problem of unintended teenage pregnancy. Marriages were conducted to cover the disgrace experienced by the family/parents.

*“Must be willing to get married, whether ready or not, if she becomes pregnant, because the parents would be embarrassed, otherwise she would be expelled out of the family. The boyfriend sometimes will tell her to have an abortion, buying the medicine in a pharmacy.”* (L, young female FGD participant 20-24 years old, Cisolok Sub-District, Sukabumi District)

About 74.6% of respondents in Lombok Barat District and 88.9% of respondents in Sukabumi District expressed their approval to this statement, and only 12.5% of the total respondents stated that marriage is not the only solution to the problem of pregnancy.

*“There was a case of a girl becoming pregnant, but she was not married. Now her son is 3 years old. The boy impregnated two girls, and only married one. However, the boy and his wife are currently friends with the unmarried mother, and are responsible for financing the child.”*

(E, 24 years old, female, married, Sukaraja Sub-District, Sukabumi District)

In the case of unintended pregnancy, generally the family of the young women and men met, discussed the conditions and decided on the best solution. Having them married off, even at school age, was a common solution, both in Sukabumi and Lombok Barat. In some cases, people outside the family such as village or hamlet heads, or religious leaders also joined the discussion to seek a solution to the problem.

Not all cases of unintended teenage pregnancy ended with marriage for several reasons: families not approving having their daughters married off, young men who did not want to be held responsible and escaped, or young men who impregnated more than one young women and could only marry one. In cases of teenage pregnancy without marriage, often the parents of the young women took having the responsibility of child bearing. In both research areas, many of these babies were taken care of and brought up by their grandmothers.

### 3.2.3 RELATIONSHIP BEFORE AND AFTER MARRIAGE

There were differences in the relationship of couples in both areas, before and after marriage, especially in the changing roles due to their new statuses as husbands/wives. Before marriage, young women in the household did not have the burden of doing all the housework. Young women in Sukabumi and Lombok socialised in the family to help their mothers performing domestic jobs, but these responsibilities were the sole responsibility of married women. "Yes, like other housewives, cleaning, washing..." (AN, 17 years old, female, married, Sukaraja Sub-District, Sukabumi District)

A task which was also the responsibility of a wife was taking care of her husband and children. One of the changes perceived by women after marriage was more restrictions, both in social relations and education. One informant in Sukabumi explained that she reduced her activities in the social media after getting married to reduce potential conflicts that could occur due to interaction in the virtual world.

*"Playing with Facebook, Instagram, I used to play them a lot, but now I limit them because I am married. I am afraid of problems. Sometimes people add me on Facebook, and he gets jealous, I fear of problems. So now I limit using these social media."* (AN, 17 years old, female, married, Sukaraja Sub-District, Sukabumi District)

The view that the husband was the head of the family and the wife the partner who had to obey the husband, resulted in new rules created after marriage, one of them a limitation for education for the following informant,

*"He ordered me to quit college, I wanted to continue because my father said that whatever the challenge, I have to continue my education. He became angry and told that I better work to get income rather than get educated, and ordered me to be a shopkeeper in his mother's shop."*  
(IRH, 22 years, female, widowed, Kediri Sub-District, Lombok Barat District)

Two things that could potentially happen in a relationship were physical and sexual abuse. Based on survey data, the majority of respondents in both regions stated that they never experienced physical violence in a relationship with a partner (90.3%). Nevertheless, 4.7% of respondents said they had rarely received physical violence from their partners, 2.7% sometimes and 1.8% frequently. In the case of sexual abuse, the majority of respondents (88.7%) also stated that they never experienced sexual harassment, but there were 4.5% who said that they had experienced some form of sexual abuse, 4.7% rarely, 0.9% sometimes and 0.7% often sexually abused.

### 3.2.4 DECISION MAKING ON MARRIAGE

The majority of married respondents stated that they got married by their own choice (females 89%, males 80%). Of the respondents who were married at their sole discretion, about 55.7% of respondents in Lombok Barat dropped out of school, while in Sukabumi only 9.9% dropped out. In both study areas, the majority of respondents who chose to get married generally were unemployed (Lombok Barat 70.1% and Sukabumi 76.4%).

Matchmaking was rarely practiced in both areas, because parents gave young people the right to decide with whom and when to marry. "Children today do not have arranged marriages, they all choose their partners quietly; they do not want the parents to choose their partners." (R, female, parent, Kediri Sub-District, Lombok Barat District)

If parents judged that the partner of their children was a good person and suited them, they allowed the marriage. The criteria were different for males and females. For parents, males were considered ready for marriage if they already had jobs; whereas capability of doing domestic work was a prerequisite for females to be married. Understanding of religion was also a prerequisite for both males and females in choosing partners. If the willingness to marry was communicated to parents, it was generally acceptable if those standards were met. Parents also met the wishes of their children, because of their fear that if the children were not allowed to marry, they would do things that would be embarrassing to the parents.

The decision to marry off children at a young age was often due to their concerns about their children's social associations, or those of other young people in the community, which were considered to have crossed community boundaries. Thus, parents often recommended their children to get married at a young age.

*“Those graduating from junior high school are doing this, not because of unintended pregnancy. Why? Probably because of the culture and concerns of parents towards the girl. Courtship is now related to sexuality – having sex, abortion. I once worked with a student in grade 11 who was married by her parents because of concern for her social relations. They do not want to take the risk of pregnancy.”*

(D, male, high school teacher, Cisolok Sub-District, Sukabumi District)

Although some young people chose to get married at a young age, other claimed they were not ready to get married at a young age.

*“I want to get education, and only then get married, it is worse if the marriage is rushed because there are more domestic work after marriage, also it is difficult to think about the economy.”*

(MJ, 15 years old, female, unmarried, Kediri Sub-District, Lombok Barat District)

As mentioned above, informant MJ imagined that her status as wife would make her have a domestic role in the household. Concerns about married life were one of the important factors that precluded young people's intention to marry at a young age.

### 3.2.5 CHALLENGES AND BENEFITS OF MARRIAGE

The decision to marry was not without challenges. Some of the consequences of marriage as expressed through the research results included educational, social and economic impact.

#### 3.2.5.1 EDUCATIONAL IMPACT

For young people who married underage while in school, marriage made them unable to continue formal education. Dropping out of school could not be avoided when a school-age young women or men chose or were forced to marry, as it was a school autonomous policy. At one high school in Sukaraja Sub-District, Sukabumi, every school pupil had to sign an agreement stating that they would not get married while attending school. If they got married, they had to be prepared to resign or get expelled from school. Statistical data from the survey results show that 90.9% of respondents in both regions stated that young women who experience child marriage also drop out of school. Eighty-seven percent of respondents in Lombok Barat and 94.4% of respondents in Sukabumi agreed with the potential of dropping out of school experienced by young women who married.

Furthermore, 54.8% of respondents in Lombok Barat agreed with the statement “If girls and boys quit school, they would not have access to information.” Likewise in Sukabumi, the majority of respondents (60.1%) agreed with this statement.

Dropping out of school after marriage was regarded as not unusual and as consequence that had to be accepted.

*“Well, if you are married you don't go to school any longer. You drop out of school. Unless you go to college, you can get married while you are still in college. But if you are still in high school, for example, you should not expect to go to school again.”* (HM, female, female elder, Lembar Sub-District, Lombok Barat District)



Of the several cases of dropouts that occurred, one of the causes was teenage pregnancy that ended in child marriage,

*“There was a friend of mine who after completing work practice in grade 11, got married because she was pregnant and was expelled from school. Both she and her boyfriend who made her pregnant were expelled.”*

(H, male 20-24 years FGD, Sukaraja Sub-District, Sukabumi District)

Students who married because of teenage pregnancy were often expelled from school or dropped out of school.

*“That is not allowed. Sometimes the department will have considerations and allow them to take tests; that is all. But they could not continue. If they want to take Paket C it is possible, but not formal schooling. Usually they don’t want to take formal schooling anyway because they are embarrassed, so they won’t.”*

(AM, male, teacher, Lembar Sub-District, Lombok Barat District)

A teenage pregnancy was a very compelling reason for schools to expel students from school. If the student was pregnant just before the final school examinations, some schools gave dispensation to allow them to take the test. A viable option for students who dropped out of school due to pregnancy was Paket C (alternative non formal education for uneducated people and dropped out students in Indonesia). The school generally provided information about child marriage and its consequences to both the students and the parents, but the decision to get married lied on young people and their families.

### 3.2.5.2 SOCIAL IMPACT

In addition to dropping out of school, the other consequence was the high potential for divorce.

*“Early marriage also has the potential for the occurrence of domestic violence and divorce.”*

(D, male, high school teacher, Cisolok Sub-District, Sukabumi District)

*“The impacts of early marriage are, first, the high divorce rate because of unpreparedness for marriage. Perhaps because they were forced into marriage or the marriage was arranged. In the religious court I obtained 2014 data, in half a year, there were about 900 divorce cases and many were filed by young women.”*

(EN, female, NGO staff, Sukabumi District)

#### **Case example 1- Consequences and benefits of marriage (Social Impact 1)**

IRH, 22 years old, told about the story of her marriage that ended in divorce. She only knew her partner for a week before she was abducted. As a result, she had to get married. The informant was divorced after four months of marriage because her husband gave her the talak (declaration of intent to divorce from the husband) for the third time. The first talak was given one week after the wedding, because her husband’s ex-girlfriend tried to keep in touch. But later they were reconciled. The second talak was given because he heard that his ex-girlfriend admitted of pregnancy, even if it turned out that was not true. The husband pleaded for permission to marry the ex-girlfriend but IRH did not agree. She asked for a divorce if her husband wanted to marry the ex-girlfriend. Eventually they divorced after the third talak. Their divorce was according to religion but not registered by the state’s religious office because the marriage books were still held by her ex-husband.

The divorce in the case of IRH occurred because of the lack of information about his partner before she married. The issue of a third person was the cause of divorce between IRH and her partner. Another case was also experienced by informant MH, who had been married three times and divorced twice.

### **Case example 2 - Consequences and benefits of marriage (Social Impact 2)**

MH, male, 24-year-old from Kediri Sub-District, Lombok Barat, was first married at the age of 20 years, because he felt “trapped” to marry a girl he knew through mobile phone communications, started to date, without his knowledge that the girl was already pregnant. They got married several days after knowing each other. The marriage finally ended in divorce. The second marriage also occurred when he was still 20 years old; he married a former girlfriend, who left to work as a migrant worker in Saudi Arabia. The marriage also ended in divorce because his wife was having an affair with another man. The third marriage occurred when he was 23 years old, with a woman who is a distant relative. He is leaving his wife to Malaysia to work as a migrant worker since he must pay the marriage debt of 15 million rupiahs.

### **Case example 3 - Consequences and benefits of marriage (Social Impact 3)**

M is a woman living in the village of Sekotong Timur, Lembar Sub-District, Lombok Barat District. M was about 15 years old when she first married, while her husband was three years older than her. At the time of marriage, M had only been menstruating for less than one year. She married after dating for six months. After marriage, M and her husband lived in the family home of the husband. In the in-laws' home, M had to get up early to do housework and work in the fields. Five months after the marriage, M's husband went abroad to work as a migrant worker. She still had to stay at the in-law's home despite feeling unsettled. Two months later, she returned to her mother's house because she did not feel free in the in-law's house. Her husband's family then informed the husband that M went back to her mother's house. M later divorced her husband (beseang). Two years after her divorce, M met her second husband-to-be in the wedding of her cousin. The groom had a male cousin who was looking for a wife, and then introduced M who was the cousin of the bride. M did not know exactly how old her second husband was, but he was a bit older than her. She later divorced her second husband because the husband still liked to hang out like a teenager. According to M, a husband should not hang out or 'play' anymore because he has a wife and children to take care of.

Child marriage turning into divorce cases were generally taken care of by the father/mother of one of the divorced parties, or taken care of by the extended family. The role of grandmothers, both in Sukabumi and Lombok, was is important in taking care of children whose parents are divorced, children from unintended teenage pregnancies whose parents did not want to take care of them, or children left by their parents to become migrant workers abroad.

### 3.2.5.3 ECONOMIC IMPACT

Another consequence of marriage is the position of females who follow their husbands after marriage, no longer considered to be part of their families. Wives become the sole responsibility of husbands and the husbands' family. Men who do not own their own homes, must stay at their parents' home and his new family will become a burden to the parents. In another example, the choice of informant K of getting married and changing faith into her husband's forced her to accept the consequence of being "dumped" by her family.

#### **Case example 4 - Consequences and benefits of marriage (Economic Impact)**

K, female, 22 years was originally Muslim but she decided to follow the conviction of her husband, O, a 22-year Balinese Hindu in living in Jagaraga Indah Village, Kediri Sub-District, Lombok Barat District. She chose O to be her husband with the consequence of no longer being considered a member of her own family by her parents and not allowed to return home. She is fully part of the family of her husband and they lived together in the village of Jagaraga Indah after their marriage.

The most obvious impacts for the individuals who engaged in child marriage were educational impact, social impact, and economic impact. As for the health impact, study findings do not point to specific outcomes.

In addition to the challenges, marriage also had benefits for young people. Getting married at an early age was considered to have benefits for females. A total of 67.2% of respondents agreed with this statement, although 9.5% of respondents disagreed and 0.8% strongly disagreed. Underage marriage for young men was also considered by the majority of respondents to have benefits. A total of 66.1% of respondents said that they agreed on the benefits of marriage for young men, while 10.6% disagreed and 0.4% strongly disagreed.

One female informant said that she obtained the happiness she sought through marriage. Although she was married at the age of 17 years, and friends of her age were in school at the time, she did not regret her decision to marry. She was happy being a wife and mother to her children, although sometimes she was sad when she saw her friends could finish school. Marriage was also considered to have economic benefits, especially for the families of the marrying young people. With marriage, young women joined their husband's family and hence, reduced the economic burden of the female's family.

### 3.2.6 PRESSURE TO GET MARRIED

Pressure to get married from family or friends did not affect the decision to marry, according to 95.4% of respondents in Lombok Barat and 90.3% of respondents in Sukabumi. Only about 12% of respondents in Cisolak Sub-District, Sukabumi, answered that family or friends pressured or influenced their decision to marry. Likewise, the community was not considered to be a factor that pressured the respondent to get married or not. Ninety-six percent of respondents in Lombok Barat and 92% of respondents in Sukabumi said that they did not feel pressured by society, and it also did not affect their decision to get married.

People in both study areas perceived that the time to get married dependd on each individual's fate. Everyone would get married once they met their soul mate.

*"It depends on one's fate, if there is already a soul mate, one gets married. If not, there is a neighbour who is 27 (years old) but has not married."* (IR, female, female elder, Sukaraja Sub-District, Sukabumi District)

Not only fate defined marriage, it also defined divorce. Couples who divorced were considered to have outrun their allocated time.

*“That’s the end of the time allocated for them to be partners.”*

(M, 20 years old, female, Lembar Sub-District, Lombok Barat District)

The views on fate and matching were the solid base for the people in both areas of study to decide the time to get married. When a female met a male who was considered as her mate, then it was the right time to get married, even if it was underage.

Although basing the time to get married on finding the mate, there was also a general view about the ideal age to marry. According to the survey, in general, the ideal age for marriage for females was 21 years and 24 years for males. More specifically, for women, the average desired age for marriage in both Lombok Barat and Sukabumi Districts was 23 years old. Meanwhile, among men, the average desired age of marriage was higher, which was 24 years in Lombok Barat and 25 years in Sukabumi.

Related to the age of marriage for females and males in both areas, there was also an age limit beyond which it was considered too young or too old to get married. In both districts, the lower average age limit was 15.5 years for both males and females while the average higher age limit was 29 years for females and 34 years for males. In Lombok Barat, the average age of females considered too old for marriage was 30 years, while for males it was 34 years. In Sukabumi, average age of females considered too old for marriage was 29 years, while for males it was 35 years.

Although public confidence in both study areas about fate (regarding life partners) were strong, the society itself had a view of the age deemed appropriate for marriage for both females and males. If a woman was considered to be past marriage age but not married, she would be regarded as a ‘spinster’,

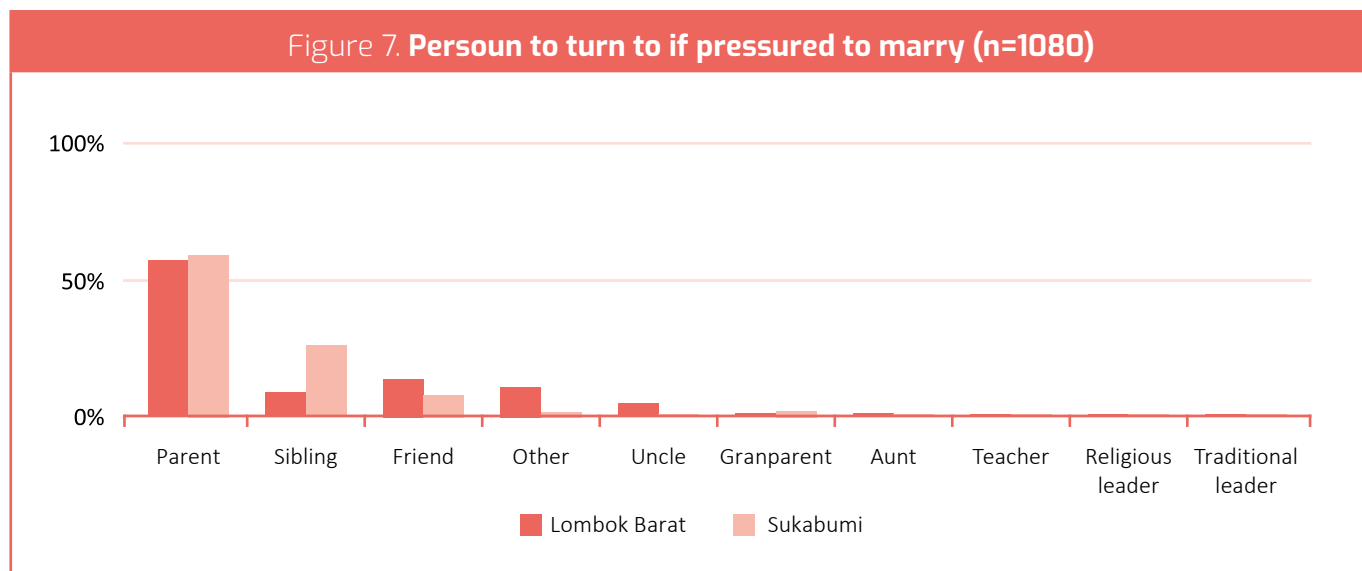
*“Here, a person who works, and has an income, is told to get married. The second eldest sister, she is working already, but not married. The neighbours often ask, why is she unmarried yet. Why does she care, she’s MY daughter. She keeps asking. Previously the eldest sister was questioned, when she would get married. She was called an old maid.”* (HM, female, female elder, Lembar Sub-District, Lombok Barat District)

*“The ideal age for marriage is 18-20. For women, it’s the early 20s and for males 22. When female reach the age of 25 years old, they will be regarded as mosot (spinsters). They would be mocked here. It is difficult here, if they get married at an older age, they will be mocked. There are never unmarried people in the 30s. These people are called mosot. Those are people who nobody wants to marry.”*

(R, male, religious official, Lembar Sub-District, Lombok Barat District)

In Lombok Barat, being called a spinster, or mosot in Sasak language, was a scourge dreaded by both young people and parents, so having the child married at a young age was considered better than getting married too late, to prevent neighbours or relatives talking about them. In the FGDs with young women in Sukabumi and Lombok Barat, the ideal age for marriage was considered to be between 17 and 24 years. However, young women who pursued higher education at universities and were not married past the age considered ideal for marriage, were not considered spinsters. This view did not apply to unmarried young women beyond the age group considered ideal to get married and not continuing their studies to a higher level of education. Views on spinsterhood were sometimes regarded as pressure from the community to get married.

In Lombok Barat District, if there was pressure to get married, 56.8% of respondents would choose their parents as the party to go to for help, 13.8% to friends and 9.3% to relatives. Meanwhile, in Sukabumi, parents were also considered as the trusted party to provide help if there were cases of pressure to marry, which amounted to 59.3%, 25.5% to siblings and 8.4% to friends.



In both regions, parents were regarded as the party with an important role in the decision to marry. While the majority of respondents stated that they could choose with whom they marry, they would go to the parents to obtain permission to marry, both among females and males.

### 3.2.7 MARRIAGE REFUSAL

Parents and the immediate family played an important role in determining whether a marriage could take place or not. In some cases, marriages did not happen because the parents/family did not give consent.

*“I was not allowed to marry by my older brother because other people told him that the groom to be was using drugs and drinking alcohol.”* (MJ, 15 years old, female, Kediri Sub-District, Lombok Barat District)

In the case of MJ, the elder brother of the informant as the representative of the deceased parents did not agree with MJ’s relationship. She had been abducted for one week, but was forced to return home. In the Sasak tradition, women who had been abducted in general will be married because otherwise they were considered a disgrace to the family.

*“So, for example if the parents do not agree, they will try to find the daughter. Later people would say, why would you want to go home? You have been taken away, what have you done? But actually nothing has happened, nothing happened to the girl. Usually it is other people who talk, why would the parents take back the daughter? The parents would not know that other people are talking behind their backs.”*  
(HM, elder woman, Lembar Sub-District, Lombok Barat District)

Young women who had been abducted by their boyfriends were not considered ‘good’ if sent back to their parents’ house because of the possibility that they had had sexual intercourse with the boyfriend during the abduction. Usually, after being abducted, the young woman married. But not all parents and families of the abducted young women agreed to marry their daughter. In the case of MJ, the family considered that MJ’s boyfriend was not good, so the family did not give consent to marry MJ with her boyfriend, even though she had been abducted for a week. MJ’s brother came to have MJ returned with the help of the police.

In Lombok Barat District, not all young women who had been taken away by young men ended up with marriage. In Sasak, this was known as pebelas (separating the couple/merariq). The following ordinance regulates pebelas:

*“The family of the girl searches the boy’s home for the girl. They will talk to the family about their intent to take back the girl. There should be the head of the village accompanying, if not the families would fight. There should be heads of both villages. Besides, the elder also participate for the belas (separation). So the heads of villages talk to each other, accompanied by elders and representatives of the family to demand the girl. Sometimes it is not successful.”* (R, male, religious official, Lembar Sub-District, Lombok Barat District)

In cases of child marriage, it was known that there were parties that intervened in the decision-making. Sixty-seven percent of survey respondents in Lombok Barat stated that there are parties that influence the decision of underage marriage. However, in Sukabumi it was different: 61.0% of the respondents said that underage marriage decisions are not influenced by others. In addition, the family, teachers and schools are also parties to intervene in case of rejection of marriage.

*“There is a year 11 student, when she was on holiday, she was abducted. Now the girl’s parents objected. She is our student, so they ask us what the law says about this. We asked a leader here to pick her up because we felt that she was our student. So they did not get married. We told that she was underage, and the male could be jailed. Finally, his parents accepted, we talked nicely to them.”*  
(LS, female, pesantren teacher, Kediri Sub-District, Lombok Barat District)

Parents who did not agree with the marriage of their child usually asked for help from others: police officers, teachers and respected community/religious leaders. In addition, the government was also an institution that played an important role in reducing the number of child marriage.

*“(To prevent early marriage) we (the school) usually collaborated with the Ministry of Social Affairs. If anyone merariq we, accompanied by MOSA, persuade the parents as much as possible, at least to delay the marriage until the national exam. But sometimes we are successful, sometimes we are not, because if the parents had agreed that their daughter wants to marry, we cannot do anything else. But we give attention for our students, so we give advice to the parents as friends.”* (AM, male, teacher, Lembar Sub-District, Lombok Barat District)

In the case of MJ, after being picked up by her brother who came with the police, MJ was taken for some time to a rehabilitation centre run by the Ministry of Social Affairs to get assistance. The school, as described by informant AM, was also eager to conduct socialisation for students at school to delay the age of marriage, particularly for school-age students. But the decision to marry in the end remained in the hands of underage young people and parents. The school in cooperation with the Ministry of Social Affairs undertook preventive measures to prevent cases of child marriage.

### 3.2.8 THE WAYS OF MARRIAGE

The common ways of marriage by respondents in Lombok Barat (67.9%) and Sukabumi (88.1%) was formal way (KUA marriage/civil records). Meanwhile, another way to do it was religious ceremony, amounting to 15% in Lombok Barat and 3.1% in Sukabumi.

Marriage legally registered in the Civil Registry or KUA was still the main choice by respondents in the study areas, although religious marriages were also accomplished. One parent who would marry her daughter explained that her marriage would be done at home with the religious official (penghulu) visiting at home,

*“I will have her married at home. The amil is coming, we just accept it as the uncle takes care of the procedures. If at home the cost is Rp 1 million in Sukabumi, in KUA the cost is less, but we want it at home because we want the relatives to watch.”* (IR, female, parent, Sukaraja Sub-District, Sukabumi District)

Both in Lombok Barat District and Sukabumi, getting married in KUA for Muslims or civil registry for non-Muslims was free of charge, but some parents preferred to spend money to invite the religious official to come to the house so that the marriage could be witnessed by family members and relatives. Before one entered into marriage, either recorded by state or religious, in Lombok Barat, particularly in the tradition of indigenous Sasak, there were traditions preceding marriage (*merariq*).

In the relationship between young men and women in Sasak, there were several stages before getting married, starting from the introduction, abduction, bride price negotiations, to the actual wedding. In the introduction, the technical term is “midang”, namely the young men came to the house of the young women to have a relationship/dating. Midang could be done in the afternoon/evening to 9 pm at the latest. Midang was not only done by people who were dating, but also as the process of initial introduction. If there were several men who came to midang, the young woman was asked about her choice. The next stage after midang was abduction, whether planned or unplanned. The young woman could plan with their partner if she wanted to get married.

#### **Case example 5 – The ways of marriage**

M (15 years old at the time) lived in the village of Seko tong Timur, Lembar Sub-District, Lombok Barat. She and her boyfriend planned to marry (*merariq*) without telling their parents. M and her boyfriend promised to meet somewhere at night. At night, she came out of her house on foot, and met with her boyfriend with a motorcycle. They then return to the family home of the boyfriend who was in another village. M's boyfriend gave the news to his family that he wanted to marry the girl he was carrying (M). Because his son had carried off a girl (*selarian*), then for the family the marriage must be done. The family of the boy then told the head of the village. The head of the village has the duty to give information (*nyelabar*) to the corresponding head of the village where M's family lived. He would then tell the family of the girl that the daughter had been taken by the youth of the neighbouring village.

However, there was also the possibility that young women were suddenly abducted by their partners without prior planning. After the abduction, the men came to the young women's house to discuss the bride price with the family and provide support money for the wedding. The bride and her family determined the amount of the bride price. In addition to the bride price, the groom also gave money for marriage expenses (receptions and *nyongkolan*/wedding procession).

Picture 1. *Nyongkolan*/wedding procession in Kediri Sub-District, Lombok Barat District



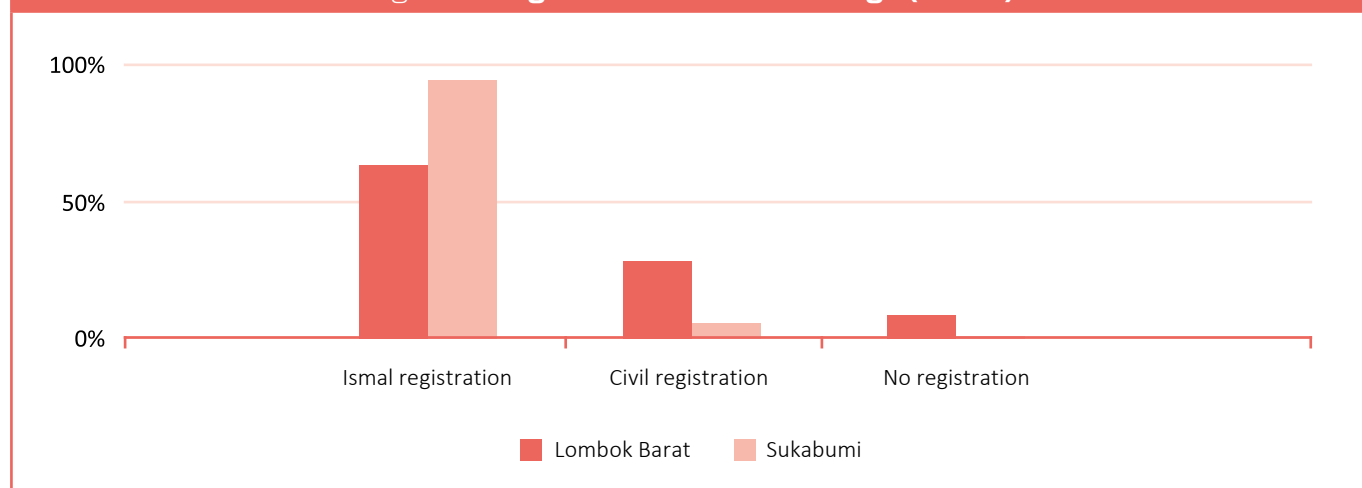
In the Sasak tradition, the bride and groom rides from the house of the groom to the house of the bride, accompanied by the family and relatives of the groom, wearing traditional dress, and accompanied by gamelan or tambourine players.

Most people in the Sasak tribe did this tradition even though there is another way to get married. Some people prefer to propose to the parents of the girls, rather than committing abduction. This is also done in Sukabumi. The family of the boy comes to the house of the girl's family to propose. After both families agree, marriage plans are discussed and the wedding is held.

### 3.2.9 MARRIAGE REGISTRATION

Based on the interview with one of the hamlet heads in Jagaraga Indah village in Kediri Sub-District, Lombok Barat, most of the Hindu-Balinese who lived there only registered their marriage in a religious manner (Hindu). The marriage certificate was obtained only after the bride and groom were married in the temple and a marriage certificate was signed by the local priest. They did not record again their marriage to the civil registry. One young couple that married in the Hindu manner stated that they did not know about the need to have a marriage certificate from the civil registry. They only had a marriage certificate from the Hindu Parisada in their village.

Figure 8. Registration of first marriage (n=443)



Most people in both study areas also had their first marriages organised in the Islamic manner. The requirements needed to get married in a religious manner were the bride and groom, penghulu (religious official), bride price, guardians and witnesses. The bride and groom did not need to take care of other administrative formalities at the KUA.



To be legally married under the provisions of state law in KUA, there were several requirements of marriage that needed to be completed, including reporting to the RT/hamlet, reporting to the village office, filling out the NA form (certificate of marriage), and providing some documents such as photocopies of ID cards, family cards and photos. In the district of Sukabumi, certificate of tetanus immunisation was also a requirement that needed to be completed for registering a marriage to the KUA. Once the necessary paperwork was filled, then the village office took care of this and went to the KUA office. As the registration procedure was quite complicated, some people chose to have their wedding in the religious manner rather than getting legally married in the KUA. Another possibility was for the couple to marry in a religious manner, and then register their marriage to KUA later.

Based on Marriage Law No. 1 of 1974, the minimum age requirement for women to marry is 16 years old and men 19 years. However, for marriage under that age, there were some practices, one of which was to raise the age in order to get married.

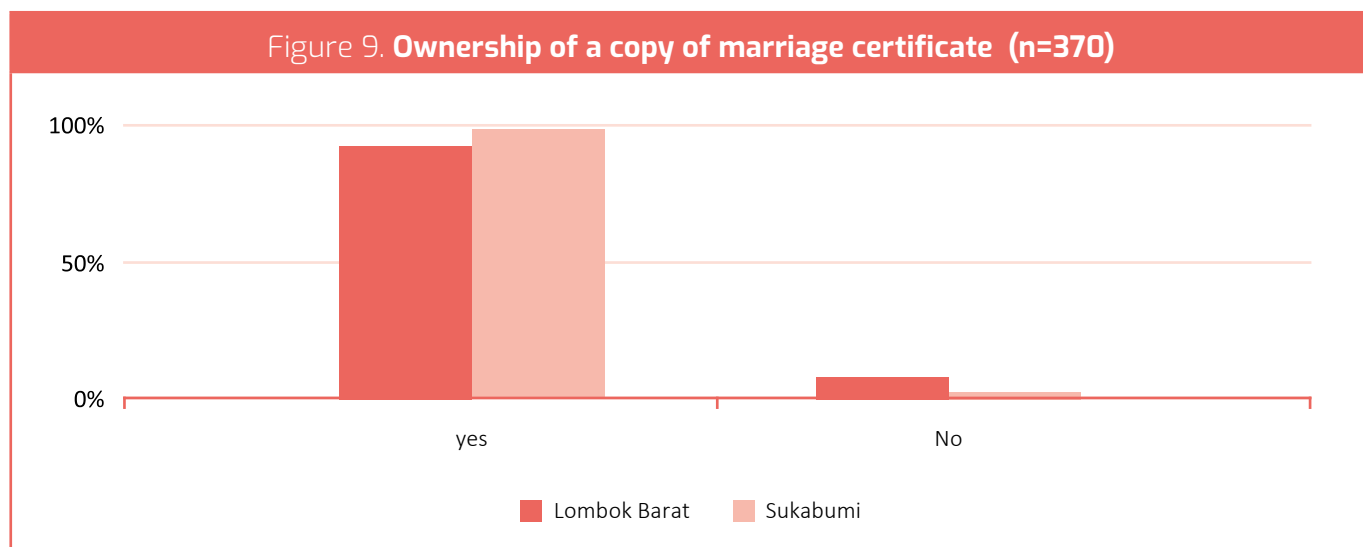
*“I do not know, probably it is set by the hamlet head. If she were 15 she would be listed as in her 20s, the average age of marriage in ... is 18 for females and 20 for males. The age of the groom usually does not matter, but the bride is often underage.”* (R, male, religious official, Lembar Sub-District, Lombok Barat District)

The hamlet/RT head was the party to come to if a couple was getting married officially. If the age of the prospective bride was less than 16 years old or the prospective groom less than 19 years, then they should obtain a marriage dispensation letter from the Religious Court (PA). This was perceived to be cumbersome, and therefore the chosen option was to record the age of the bride as being older before taking care of the state registration of marriage at the RT/hamlet.

In Sukabumi, especially Sukaraja Sub-District, the practice of raising the age of the bride was already difficult to do at the time of the study. One mother who was arranging the marriage of her 15-year-old daughter explained,

*“I was married when I was 16, but the age was recorded as 18, it was OK then. But nowadays the year of birth is questioned, so one cannot lie. Previously people used to raise the age of the bride to 18, now if you lie and forget, it can be complicated.”* (IR, female, parent, Sukaraja Sub-District, Sukabumi District)

Registration of marriage could be evidenced from their ownership of a marriage book or certificate. Based on the survey, 92.3% of married respondents in Lombok Barat and 98.1% in Sukabumi answered that they had a copy of marriage certificate.



Although quantitatively the majority of respondents said that they had valid marriage documents, in practice many married couples did not have these documents. The Vice Chairman of the Religious Court (PA) of Lombok Barat District asserted:

*“Unregistered marriages are common here, even a tradition. People are more concerned with the religious legitimacy of the marriage. The traditional elders know it and have a role in the marriages. If the children go to college, seek work and need a certificate, they then get official approval of the marriage and have the document processed. Thus the Supreme Court has a major program in Lombok, where attestation of marriage is made free of charge. There are thousands of similar cases in the districts on the island of Lombok.”*

(L, male, Deputy Head of the Religious Court of Lombok Barat District)

The Deputy Head of the PA added that uniquely in Lombok Barat District, although their marriages were not registered, they could have ID cards and KK, but did not have a marriage certificate. Children born from religious marriage could not have birth certificates, unless the marriage was already legalised by the state. He added that in the case of marriage because of teenage pregnancy, the marriage was recorded at the registrar in the religious court.

One informant who was married at the age of 16 years in Sukaraja Sub-District did not have an ID card at the time she got married, so for data recording of the marriage, she gave a domicile letter provided by the village office instead of a KTP or ID card. The informant also explained that the marriage book was kept by the village KUA office and the marriage license given after the informant had an ID card.

*“Used a domicile letter, after I turned 17 the marriage book is given. The domicile letter is given by Limbangan village. My mother just entrusted it to the amil. The cost to process the domicile letter is Rp 200,000, for the wedding Rp 1,000,000, if we directly take care of it the cost is Rp 700,000 but because we entrusted it to someone else, there is extra service fee, or gasoline money.”*

(AN, 17 years, female, Sukaraja Sub-District, Sukabumi District)

In Lombok Barat and Sukabumi, marriage registration at KUA was free of charge. In Lombok Barat District, if the penghulu was brought to the home/mosque, the charge was Rp 600.000. These costs were called ‘fines’ to be paid for not getting married in KUA. Despite having to pay, people in the two regions still chose to hold the ceremony at home/mosque and not at the KUA in order to invite relatives and friends to witness the marriage.

Related to the marriages not registered by the state, the consequence was that divorces were not registered either. Or if the marriage was officially registered in the KUA, the divorce was not always registered to the KUA.

*“Divorces are not registered here. Getting a divorce from KUA, but not recognised. Because they did not have the marriage book. They never processed it in court in the first place. If later she remarried, she will not get a marriage book, because she did not go to court.”*

(R, male, religious official, Lembar Sub-District, Lombok Barat District)

The lack of registration of divorces to the KUA had an impact on subsequent marriages being also unrecorded, as there were no supporting documents stating that a person was married or divorced.

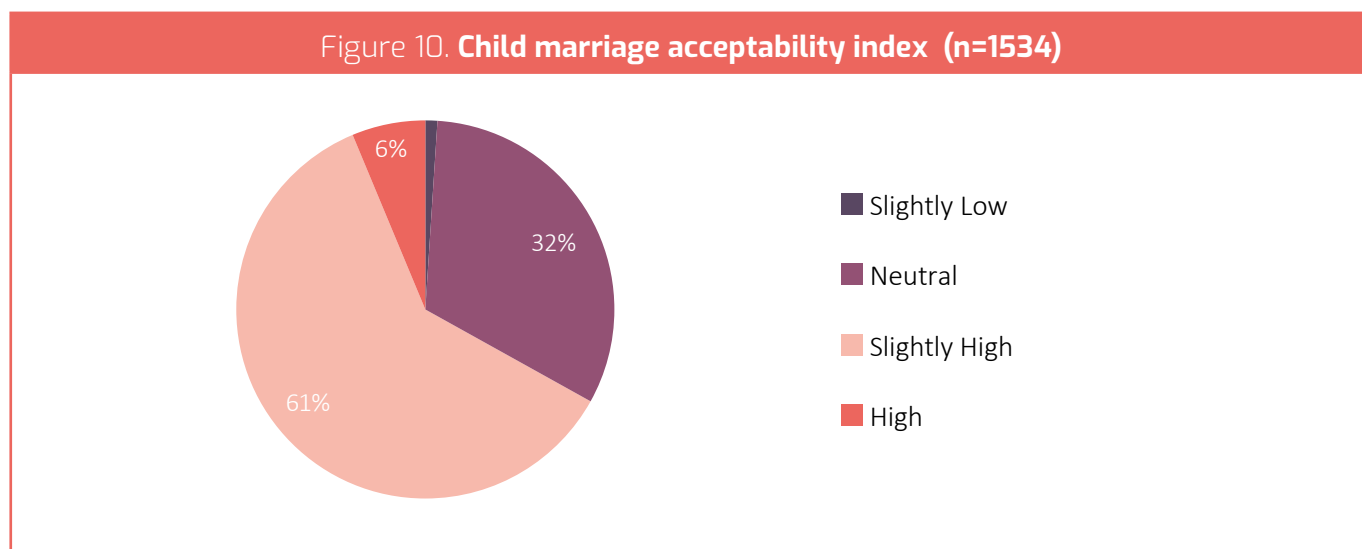
### 3.2.10 OPINIONS ON CHILD MARRIAGE

There were several questions to respondents regarding their opinion of child marriage. One thing that was asked was about the readiness to become parents after getting married as an underaged person. Ninety-six percent of respondents in Sukabumi and 88.6% in Lombok Barat answered that they are ready to be a parent after marriage. In addition, respondents also agreed that shortly after the first menstruation, young women are ready for marriage (63.7% in Lombok Barat, 67.1% in Sukabumi. The rest answered strongly agree, as many as 19.2% in Lombok Barat and 19.5% in Sukabumi. Only about 9.9% of respondents in Lombok Barat and 6.5% in Sukabumi disagreed.

*“Well, that is because they do not know. Children here, when already reached puberty, already had the first period, they are already willing to be married. Before menstruation they already know about male-female relations. Many children marry early here, married at age 15. When they have menstruation, they know about male-female relations, many through Facebook. Many divorces happen. When they know boys, they get married, no thought of the future.”* (HM, female, elder female, Lembar Sub-District, Lombok Barat District)

Menstruation or coming of age was an important basis for assessing the readiness of underage young people, particularly young women, to be married. In addition, respondents were also asked about child marriage as a tradition in their regions. Related to the above, the majority of respondents admitted or agreed that there was a culture of child marriage in their areas, amounting to 49.7% in Lombok Barat District and 57.4% in Sukabumi. Meanwhile, respondents who disagreed only made up 28.3% in Lombok Barat and 21.5% in Sukabumi.

The child marriage acceptability index is divided into some different acceptances categories which shows how the respondents feel about child marriage. The seven different acceptances are: lowest acceptability, low acceptability, slightly low acceptability, neutral acceptability, slightly high acceptability, high acceptability, and highest acceptability. The survey showed that the majority of respondents were open to child marriage, as shown in Figure 10.



The majority of respondents had slightly high acceptance of child marriage (61%), while the other (32% respondents) were neutral to child marriage. The index also shows that there was no respondent that objected to child marriage in both areas. The percentage of female respondents reception on child marriage was slightly higher than of male respondents (63% : 54,4%). Meanwhile by region, the respondents in Sukabumi District were slightly more open to child marriage than the respondents in Lombok Barat District (63,6% and 58% respectively).

### 3.3. TEENAGE PREGNANCY

As table 6 shows, data reveals that teenage pregnancy in Sukabumi and Lombok Barat was of common occurrence. Teenage pregnancy occurred under various conditions, such as pregnancy outside marriage/union, or pregnancy experienced by females engaged in child marriage. Data indicate that among female respondents aged 20-24, 35,8% had a teenage pregnancy, a percentage that was higher in Sukabumi (39%) than in Lombok Barat (32,5%). These figures are relatively high, and there were various factors involved in these pregnancies.

Table 6. Indicators on teenage pregnancy

Teenage Pregnancy	Lombok Barat District (n, %)	Sukabumi District (n, %)	Total (n,%)
Females (20-24) who had a teenage pregnancy	n=69/212 (32,5%)	n=85/218 (39%)	n=154/430 (35,8%)
Males (20-24 years) having a teenage pregnancy (pregnancy under age 20)	-	-	-
Females (15-24) who dropped out of school due to pregnancy	n=100/557 (18%)	n=90/598 (15.1%)	n=190/1155 (16.5%)
Males (15-17 and 15-24 years) who dropped out of school due to pregnancy	-	-	-
% of sample with pregnancy before or in the same year as marriage	n=60/145 (41.4%)	n=60/163 (36.8%)	n=120/308 (39%)
Young women with teenage pregnancy, who first married and then had a teenage pregnancy	n=62/106 (58.5%)	n=67/114 (58.8%)	n=129/220 (58.6%)
% of women with teenage pregnancy preceding child marriage	n=3/106 (2.8%)	n=0/114 (0%)	n=3/220 (1.4%)
Young women with teenage pregnancy, who had the teenage pregnancy and married in the same year	n=38/106 (35.8%)	n=47/114 (41.2%)	n=85/220 (38.6%)

The data above show that a relatively large number of female respondents in Sukabumi and Lombok Barat Districts experienced teenage pregnancy. This is supported by the low age standard mentioned by the respondents as the age of adulthood of females (hence, ready to marry).

Respondents in Sukabumi generally stated that a female is considered mature at 19 years. In Lombok Barat, respondents considered that a female is mature at 20 years. The survey data is also supported by data from FGD among young people aged 20-24, who stated that the age of adulthood for a female is 20. Data also indicate that the mean age at first pregnancy was 19 years in Sukabumi District and 18 years in Lombok Barat.

### 3.3.1 CIRCUMSTANCES OF TEENAGE PREGNANCY

The rate of teenage pregnancy in Sukabumi and Lombok Barat was also due to child marriage. Table 6 shows that child marriage occurring first and followed by teenage pregnancy reaches 60.2% in Lombok Barat and 58.8% in Sukabumi. Teenage pregnancy caused by ‘unprotected sex’ before marriage and followed by child marriage reaches 39.8% in Lombok Barat and 41.2% in Sukabumi. The data show that child marriage played an important role in the rate of teenage pregnancy, both in Lombok Barat and in Sukabumi.

Child marriage contributed significantly to teenage pregnancy in Sukabumi and Lombok Barat Districts. This arose from parents’ fears about the social relationships of their teenagers. They were afraid that their children engaged in pre-marital sexual activities (prohibited by their religion), and preferred to permit them to marry, despite being underaged.

*“Nowadays if the child wants to get married, but not allowed, they would do it (pre-marital sex), causing more shame. Thus it is better to marry them. Nowadays teenagers if not allowed by the parents, they would cross the line. That is our fear.”* (RAM, male, parent, Sukaraja Sub-District, Sukabumi District)

*“Angkak pire ampok na mele merariq, laun inik ndek man mauq 20, ampok mele na merariq. (If getting married, when would they want to marry, it could be before 20 and they want to marry.)”*  
(Parents FGD, Lembar Sub-District, Lombok Barat District)

Both in school and in the family cases of pre-marital teen pregnancy also occurred due to lack of knowledge among the young people about reproductive health and sexuality. Lack of knowledge caused them to not understand that they are carrying a baby.

*“It was found (that I was pregnant) when I suddenly gave birth. No one knows. The parents did not know, even I did not. I thought I had a stomach ache.”*  
(N, female, 16 years, married, Sukaraja Sub-District, Sukabumi District)

Young women did not have much knowledge about how they could get pregnant during sexual intercourse. They did not have anyone to discuss with about sexuality, unlike young men who could obtain information from their peers who were older and experienced in sexually. In several cases, young women tended to simply follow their boyfriends’ wishes to have sex, and did not understand when they became pregnant.

#### **Case example 6 – Circumstances of teenage pregnancy**

W is a 17-year-old boy living in Sukaraja Sub-District, Sukabumi. His wife gave birth when she was 16 years old. W knows about sexual intercourse through nocturnal emissions and tales from his peers who are already experienced. He did not know that his girlfriend was pregnant, and only found out when he was told that she was about to give birth. During sexual intercourse, the informant did not use contraceptives and used the withdrawal technique. This technique was according to the informant, derived from the stories of the older and more experienced peers.

In addition, lack of knowledge about sexuality and reproductive health for young people could lead to risky behaviours and actions. One informant gave birth without the assistance of health personnel.

*“I gave birth in October, he was only 7 months old. There, near the window. It was only after he was born that the Belian arrived.”* (A, female, 18 years, widowed, Lembar Sub-District, Lombok Barat District)

*“There are many impacts if she was pregnant, she does not know anything about pregnancy, and keeps silent. Many parents also do not know if their daughter were pregnant. Finally it was only after seven months, that it was found out, only then they try to find the father of the baby. There are also girls who give birth without assistance.”* (S, woman, midwife, Lembar Sub-District, Lombok Barat District)

Due to the lack of youth friendly services in both areas young people have limited access to contraceptives and comprehensive reproductive health education.

### 3.3.2 IMPREGNATOR

Males who caused the pregnancy of their partners, or termed impregnators, had their own tales, especially in cases of unintended teenage pregnancy. Cases of pre-marital pregnancies often occurred among sexually active couples. If unintended pregnancies occurred, the response of impregnators also varied. Some abandoned their partners, others suggested abortion, or decided to marry their partner.

#### **Case example 7 – Impregnator**

During 1.5 years of courtship, W and his girlfriend are active sexually. W, who was 15 years old, asked his girlfriend to have sex in the house of his girlfriend’s uncle, when she was staying there. They have sex multiple times, without protection. He admitted that all knowledge about sexual relations was obtained from his peers who are older and more sexually experienced.

Once, when W and his friends were riding motorbikes to Bogor to celebrate their graduation from junior high school, W received a phone call telling him that his girlfriend has just given birth. “When I was about to enter high school. I had just registered. I was in Bogor, celebrating graduation. I was called. I was told that she gave birth, I could not do anything.” He never knew that his girlfriend was pregnant, and neither did she. She thought that she was having stomach aches due to her gastrointestinal problems.

W married his girlfriend. Both of them did not continue their education. “I was strongly reprimanded. I was already registering to high school. That’s fate,” said W. W now works in a chicken farm with the father in law. The couple is still living with W’s parents-in-law.

Not all unintended teenage pregnancy issues were resolved after the couple was married. After marriage, there were husbands who did not take care of their family properly, ending in divorces. Such was the case of informant A in Lombok Barat, who married after an unintended teenage pregnancy when she was 17 years old. After being married for 5 months, A decided to divorce because the husband was jobless and drunk.

*“Mm, ye penguinem doang wah. jam 1 laun na ulek, kadang subuh ye. (He is an alcoholic. He went home at 1 in the morning, sometimes is already morning).”*

(A, young women, 18 years, widow, Lembar, Lombok Barat District)

Pregnancy of the female partner was not always responded positively, and not all impregnators ended up marrying the female partner. There were cases of young women being abandoned by their partners when they found out about the pregnancy, such as the case of the former wife of informant H in Lombok Barat:

*“It turned out that she was already pregnant with someone else.... My in-laws want me to be their son-in-law. That was when I was in Jakarta. I know her for three days, through cell phone, and was told to get married. She was from Labu Api, there was no merariq. I was set up. After three days, she fell ill, mother took her to the doctor, she was 3 months pregnant. My mother told me to divorce her.”*

(H, male, 24 years, married, Kediri Sub-District, Lombok Barat District)

Marriage was regarded as a solution for young women with unintended teenage pregnancy, and the community's demand to marry pregnant unwed women was often related to the obligation to provide a husband and father for the newborn, although it often occurred that the couple divorced after the young women gave birth.

### 3.3.3 CHALLENGES OF TEENAGE PREGNANCY

Teenage pregnancy had various consequences. At such a young age, teenagers were expected to do the jobs of grown-ups, and burdened with additional responsibilities, namely the baby. They had to sacrifice many things during teenage pregnancy. Furthermore, young women experienced various health issues during and after pregnancy.

Some young women had vulnerable pregnancies. The immature physical growth could lead to a risky pregnancy for the mother-to-be and the baby. Local midwives often provided the education that the minimum age at first pregnancy should be 20 years. However, there were many cases of risky pregnancies in Sukabumi and Lombok Barat Districts.

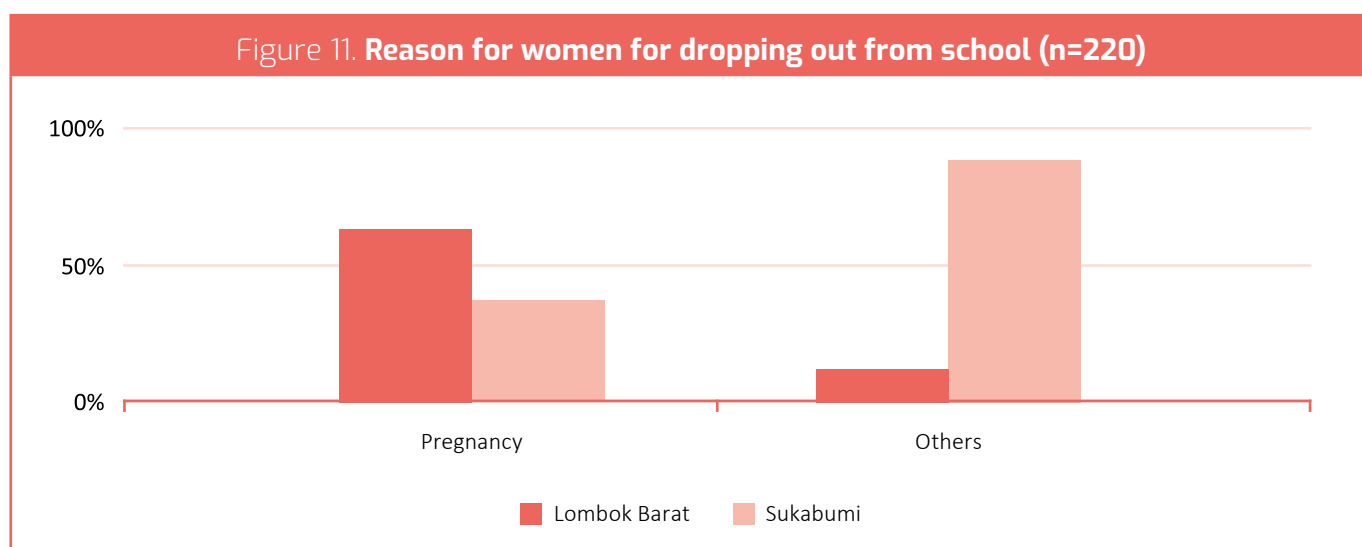
*“According to health science, high risk pregnancies occur below 20 years and above 35 years of age. It has high risks, if she is pregnant at those ages. There are risks that might occur. There can be many risks, we have informed her, in the Mother and Baby Health Book, what things that might happen. In the first trimester there can be spontaneous abortion, in the second trimester premature birth, last trimester there can be bleeding or low birth weight. The normal weight of babies is 2.5 kg and above. There can be congenital disabilities. The mother herself can experience hemorrhage; there can be anaemia, chronic lack of energy because she had low weight during pregnancy. There are many risks.”* (S, woman, midwife, Lembar Sub-District, Lombok Barat District)

*“Ada, adikke (melahirkan duluan). Adik sepupu. Payaaaaaaaah, mene. Kurang Gizi. Lantong inaq na pepa payah, ndek na iniq bleq, kodeq inaq. (Yes, my younger cousin. Very, very thin. The mother was also very thin.)”* (FGD, 15-19 years girls, Lembar, Lombok Barat District)

Young women were also vulnerable to unsafe abortions. Due to lack of knowledge, legal aspect and other difficulties, some chose to have unsafe abortions by going to the paraji (traditional birth attendant) or consuming certain foods regarded to be capable of aborting the foetus.

Other than health consequences, there were also consequences experienced by both young women and men regarding education, as well as economic and social consequences. Pregnant young women who decided to marry generally did not continue their education. After having the baby, almost all teenage mothers became housewives who took care of the baby at home, and the teenage father had to try to cover all the needs. Teenage mothers generally only finished junior high school, or did not finish junior high school. From the female respondents who did not continue their education, 16,5% dropped out of school because of pregnancy, 18% in Lombok Barat and 15% in Sukabumi.

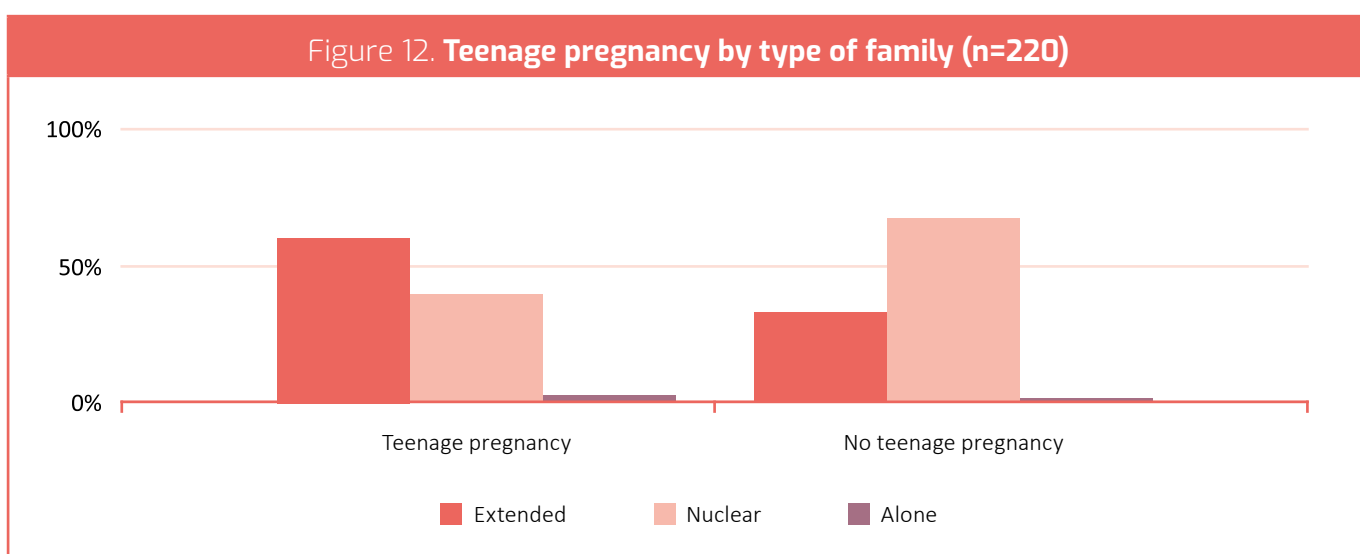
Figure 11. Reason for women for dropping out from school (n=220)



Not unlike the case with young women, young men who were still in school were expelled from school if caught to have caused a pregnancy. In addition, they tended to not finish or continue their education because of shame, or due to looking for a job as head of the family.

*“I could have continued my education, but I was ashamed. So I quit school. The teachers told me to continue, but I am ashamed.”* (W, male, 17 years old, married, Sukaraja Sub-District, Sukabumi District)

When teenagers built families, they were expected to make enough living to support their families, but often they also received economic support from their parents. Survey results show that they tended to live with their parents. From the respondents experiencing teenage pregnancy, 53% in Lombok Barat and 67% in Sukabumi lived with their extended family. The rest lived with their immediate family, 46% in Lombok Barat and 33% in Sukabumi.



More than half of the teenagers who experienced teenage pregnancy were living with their extended family. Young people experiencing teenage pregnancy, particularly if it was unintended, usually received a social sanction from the society, such as becoming the subject of gossip in the community, although not forced into exile or driven out of their neighbourhoods. Moreover, in the case of Lombok Barat District, with the merariq custom a female was rated from her ‘purity’. When a young women was found to be pregnant before marriage, their bride price became very low, and similarly with divorced females. In addition, when young women become pregnant, there was a demand from the public for them to get married and ‘give’ a father to their children someday. This did not have to be the biological father of the child; it could be with anyone just so that the family did not bear the shame. It shows the pressure to meet the public’s expectations for marriage, keep the family name and maintain the pregnancy itself at the same time.

### 3.3.4 LAW ENFORCEMENT

The government, through community health centres (Puskesmas) and midwives provided awareness education on the proper age for young women to get pregnant, which was 20 years. Women aged 20 years were considered to have the adequate physical conditions to conceive a child. In relation to that, the central government had a regulation that required that the bride had a certificate of being free of TT (Tetanus Toxoid) as a precondition of marriage issued by KUA. TT vaccine for the bride was intended to prevent mothers and children of being infected with tetanus due to unhygienic (risky) childbirth, for example, when cutting the umbilical cord. This regulation was for all brides, especially in areas with low economic levels. In practice, Sukabumi had imposed the regulations. The local government decree requiring all future brides who wanted to marry should be free of TT shows the basic assumption of the government that all those wishing to marry had to have planned and be prepared for pregnancy.



The bride-to-be could obtain a certificate of TT free, which was needed as a prerequisite for marriage, in the clinic or from the local midwife. The midwife advised the bride-to-be to postpone pregnancy by using contraceptive if the bride to be were underage. By doing so, they could reduce the number of teenage pregnancy and avoid risky pregnancies in Sukabumi.

On the other hand, the government shutted down access to contraceptives for unmarried young people to reduce the risk of teen sexual activity. If contraceptives were sold to teenagers, it was considered to be supporting teens to have sex outside of marriage.

*“That is not possible, if they are not married. What contraceptives? Unless she’s getting married tomorrow, she came to me to have the implant installed, that’s allowed. Because it is positive rather than she becoming pregnant at 16. It is better to postpone pregnancy, usually two years. She can have injections and pills later. In two years she will be 19, when she gets pregnant the baby will be born when the mother’s 20. That’s good. But we are not going to give contraceptives to unmarried teenagers. That would have meant we are promoting premarital sex.”* (S, female, midwife, Lembar Sub-District, Lombok Barat District)

*“Usually there are youths or men who want to buy birth control. We do not serve them; sometimes they claim that it’s for their wives. No, that’s not possible; I should check your wife first. Or they claim to buy pills for their sister. We do not serve them.”* (TT, female, midwife, Sukaraja Sub-District, Sukabumi District)

### 3.3.5 DECISION MAKING RELATED TO TEENAGE PREGNANCY

Teenage pregnancy was not only an issue for teenagers themselves, but also for the family and the wider community. This study found different responses and solutions offered regarding teenage pregnancy issues in the districts of Sukabumi and Lombok Barat.

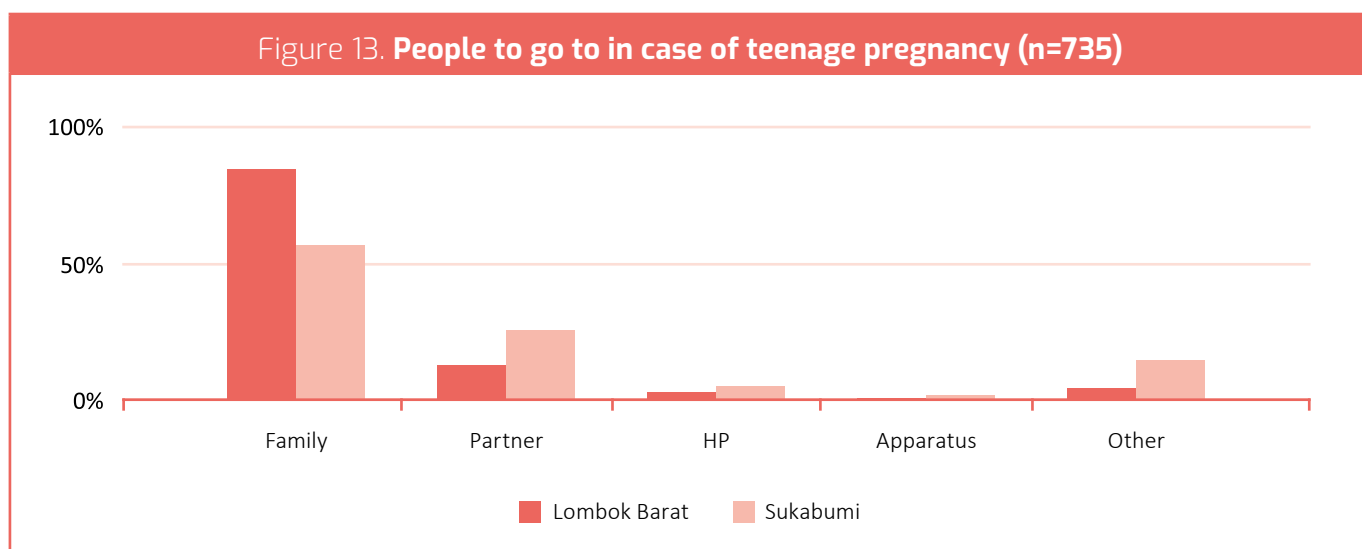


Figure 13 above shows that parents were the main persons to whom young people would turn to in case of pregnancy, (83.1% in Sukabumi and 54.7% in Lombok Barat), followed by the partner, and then health workers both in Sukabumi and Lombok Barat. Government officials such as police and village heads were not the first choice of respondents, although the figure is still remarkable in Lombok Barat District. It is also found in several interviews that the decision-making related to teenage pregnancy did not include the environment outside the family. In Lombok Barat District, there was some involvement of the relevant village heads in case of teenage pregnancy, because of the persistence of *merariq* tradition.

### 3.3.6 ABORTION

When unintended teenage pregnancy occurred, marriage was often the preferred solution, for young people and their families. However, abortion (especially in the case of unintended pregnancy) among young people was also sometimes an option. This was done by one of the informants' boyfriend, who gave her Bodrex (paracetamol + caffeine) and Sprite (soft drink) to be consumed with the expectation that they would induce abortion. It also shows that myths regarding methods to have an abortion were prevailing in society.

#### **Case example 8 – Abortion**

When dating, A, an 18-year-old girl experienced unintended pregnancy. A relationship with her boyfriend was not going well, and was often off and on, until A became pregnant. She did not tell anyone about her pregnancy except her boyfriend. A called her boyfriend when she learned she was pregnant. The boyfriend immediately came to her house. Without saying anything, he came as usual, bringing Sprite and Bodrex. Adolescent girls from Lembar Sub-District generally did not know that the Sprite and Bodrex are part of the attempt to induce an abortion. Because of ignorance, A drank whatever is given by her boyfriend. The next day, the boyfriend came again and brought the same items, but in the end her pregnancy was not affected. Finally, they got married. The marriage only lasted for 5 months and A decided to divorce because her husband was often drunk and irresponsible.

*“There are many of them, there was one who came from Bogor at 11 pm, ‘I was one month late, I want to go to work in Saudi.’ I held the stomach, it was already big, four months, I swore that I did not want to do the abortion on a 4-month fetus... well, 5 months, 1 week, 4 days, I don’t want to do it. That’s ungodly and sinful. Even if I get paid one million, five thousand, two hundred, if I kill the baby now, it’s my sin.... Who’s going to help in in the hereafter?”* (MJ, female, traditional birth attendant, Sukaraja Sub-District, Sukabumi District)

Coming to TBA or called paraji in Sukabumi was also an option to terminate the pregnancy. Sukaraja was actually known for the practice of abortion; even a paraji who had long partnered with the community health centre was accused of practicing abortion by unscrupulous police and extorted.

*“Twice the police came to my house, I was calm, he demanded two million, he accused me of practicing abortion. I swore, swore on the Quran... I was willing to swear on the Quran in front of the police, I may not kill anyone’s child, that’s prohibited by religion, state and government.”* (MJ, female, traditional birth assistant, Sukaraja Sub-District, Sukabumi District)

Paraji MJ stated that she did not conduct abortions although she knows several paraji who formerly did the practice. When extorted, MJ did not want to give any money to the police because she felt that she did not do anything unlawful.

### 3.3.7 OPINIONS ON TEENAGE PREGNANCY

While teenage was prevalent in Sukabumi and Lombok Barat Districts, there had been some changes in the society's view of teenage pregnancy and its related risks. This effort was also communicated by Posyandu cadres in their respective communities.

*“There are Quran reading sessions for teenagers, the midwives sometimes provide counselling, even they ask but we do not have the time. So we came ‘Excuse us, we come to explain reproductive health for adolescents, the functions.’ They are enthusiastic, they ask questions. Alhamdulillah, praise God, unintended pregnancies are rarely found here, indeed we need to improve the socialisation. They are very receptive when I give the socialisation.”* (TT, female, midwife, Sukaraja Sub-District, Sukabumi District)

In response to cases of teenage pregnancy, the community did not exclude young people and their families. However, if unintended pregnancy occurred, most families married off their children. This was also one of the reasons why parents preferred to marry off their children at a young age; to avoid the possibility of unintended pregnancy.

*“Better to marry underage rather than getting pregnant first.”*

(Parents FGD, Kediri Sub-District, Lombok Barat District)

*“We parents are really scared. Just like me, I have a daughter of that age, she has entered SMK. I have to really watch her associations, lest she fell wayward. But we parents cannot be too tight; we have to follow what they want. For example if neng Pitri asks for permission to go, we have to give her the permission. Instead of not allowing her and then she went away surreptitiously, we then would not know where she had gone. Then, we check, whether she did go to the place she told us, she did go with the friends she told us. We are really scared, if she got pregnant, we cannot do anything. We want our daughter to go to school, study properly and get a good job, so we can enjoy the results.”* (Parents FGD, Cisolok Sub-District, Sukabumi District)

Parents tended to give permission for their children to marry for fear that their children would do things that were not desirable if their decision to get married was not given. For example, running away from home or having sexual relations outside of marriage.

### 3.4. FEMALE GENITAL MUTILATION/CIRCUMCISION

As the table below shows, data show that the majority of female respondents (73.3%) had been circumcised. Almost all female respondents in Sukabumi District had been circumcised (92%) and in Lombok Barat, half of all female respondents had been circumcised (53.1%).

Table 7. Indicators on child marriage

Female Circumcision	Lombok Barat District (n, %)	Sukabumi District (n, %)	Total (n,%)
Circumcised females (15-24 years old female respondents)	n = 297/559 (53.1%)	n = 554/600 (92.33%)	n = 851/1159 (73.43%)

#### 3.4.1 CULTURAL CONTEXTS, CUSTOMS AND BELIEFS

FGM/C was reported as a tradition in the communities of Lombok Barat and Sukabumi. As many as 86.2% teenage respondents in Sukabumi mentioned that FGM/C is a tradition where they live, while in Lombok Barat, the number agreeing with the statement was 47.9% and 35% stated that FGM/C is not a tradition. FGM/C was particularly found among Muslims. In various in-depth interviews in Sukabumi and Lombok Barat, religion was mentioned (i.e. Islam) as reason for female circumcision. However, when asked which exact religious text mentioned female circumcision, respondents were generally unable to provide an answer.

“I think for health reasons females need to be circumcised, especially as women have a higher sexual drive. Indeed women are created by God as the *sakinah* (peace and calm) of men, both physically and mentally, so women have to be sexually healthy, automatically they are required to be clean. If not circumcised, it is related to the hygiene, it is not an obligation from religious law, but for those who know, I think it is like an obligation.” (IL, female, pesantren teacher, Kediri Sub-District, Lombok Barat District)

*“Muslims must be circumcised, to make it clean and not unholy. If I have a daughter I will have her circumcised because it is a tradition here.”* (20-24 year female adolescent FGD, Cisolok Sub-District, Sukabumi District)

In Lombok Barat, there were 138 female respondents who were not circumcised. Based on the data, all Hindu respondents (31 respondents) from Kediri Sub-District were not circumcised. This indicates that FGM/C in Kediri Sub-District was influenced by Islamic belief. The other 101 (73.2%) female respondents who were not circumcised came from Lembar Sub-District. When asked about FGM/C in FGDs, the informants in Lembar Sub-District were unfamiliar with it. According to them, no one in the area was capable of doing female circumcision.

*“There is no FGM/C here. Who would have done it? We do not have a person capable of doing it.”* (Parents FGD, Lembar Sub-District, Lombok Barat District)

This shows a shift in the values of the community members in Lembar Sub-District, who no longer thought that FGM/C is obligatory. Only 43.48% of the young women from Lembar were circumcised. The health personnel in the sub-district, who strictly prohibited the practice, were also influential in the low rate of FGM/C in the area.

FGM/C in Lombok Barat was called ‘tesuci’ or ‘tesucian’, referring to the need to sanctify the female genital. Further, when asked about the intent of female circumcision, several informants claimed that the circumcision was performed to ‘clean’ or ‘sanctify’ the female genital.

*“If it is not made holy, the prayer would not be accepted. They have to be tesuci, in both the Sasak and Islamic manner. Muslims, both males and females, need to be circumcised.”* (IS, female, Belian, Kediri Sub-District, Lombok Barat District)

Besides, FGM/C was also practiced due to the belief, in both districts, that circumcision could suppress the female sexual drive.

*“If the girl is not circumcised, when she grows up, syahwatna ageng (she has a high sex drive). Once she has intercourse, she would want it continuously, due to her high sex drive.”*

(MI, female, Mak Beurang, Cisolok Sub-District, Sukabumi District)

*“It is said that circumcision is not done anymore, but in the villages, if the girls are not circumcised, it is said that when she grows up she becomes promiscuous.”*

(BA, female, village midwife, Kediri Sub-District, Lombok Barat District)

*“Yes, women have to be circumcised, to reduce sex drive, they say. If not circumcised the sex drive would be higher, and according to religion, women have to be circumcised.”*

(20-24 years female adolescent FGD, Sukaraja Sub-District, Sukabumi District)

According to the informants both in in-depth interviews and FGDs, religion serves as an underlying reason of FGM/C in both Sukabumi and Lombok Barat Districts.

### 3.4.2 THE PRACTICE OF FGM/C

The majority of respondents (72.8%) did not know how FGM/C was performed. The practice of FGM/C was done differently in each region. This was due to the absence of clear rules regarding FGM/C in Indonesia. FGM/C was not taught in health sciences, neither in nursing or medicine. Both in Lombok Barat and Sukabumi Districts, health personnel did not respond to the demand for female circumcision.

*“There was a bulletin from the health minister from 2008 about the prohibition of circumcision, we explain the harm of the practice, most people ask about the law, but above the rules there are also the statement from the minister of religious affairs and health considerations.”*

(BT, women, village midwife, Sukaraja Sub-District, Sukabumi District)

*“I never suggest that girls have circumcision. From health, or religion, there are no reasons. What point, what benefits, what the reward is, there are none. There are some benefits for men. I would never suggest, but also do not prohibit. Please [do it] if it is your own belief, your own myth. I just give a message that before circumcision some things must be done first. It should not be cut away, because it was a sensitive area for women.”* (S, female, village midwife, Lembar Sub-District, Lombok Barat District)

Health workers did not provide for FGM/C services. The people who did circumcise their daughters, used traditional healers, namely Paraji or Mak Beurang in Sukabumi District and Belian in Lombok Barat District. A total of 82.6% of circumcised young women in Sukabumi claimed to know who did the circumcision, namely the Paraji or Mak Beurang. In Lombok Barat District, only 38.7% of circumcised young women knew that she was circumcised by a Belian, while 36.7% of respondents did not know who circumcised them.

Girls were circumcised shortly after birth at the earliest, and at the age of 24 months at the latest, at an average age of 40 days. There were different opinions about the best age when girls should be circumcised. Some mention at baby girls' age of 40 days, or before the age of three months, or that it should be done after the age of six months.

FGM/C in Sukabumi was done by nicking a knife or needle into the girl's clitoris to shed a little blood. MJ, a village paraji in Sukaraja told about the method to circumcise girls as follows:

*“Use a needle, previously we used a knife, but it is not allowed anymore. Use a needle and alcohol, I removed the little unclean part, and then give some Betadine. The part above the ‘nut’ [clitoris], the visible part, it would be pierced a bit, the blister, has alcohol applied and nicked until some liquid and blood ooze out.”*

(MJ, female, paraji, Sukaraja Sub-District, Sukabumi District)

MI, a Mak Beurang in Cikelat village explained that FGM/C was done by nicking. According to her, FGM/C had to wait until the baby girl was at least six months old.

*“That is the unclean part, the dirty part. The part above the urethra is nicked out. Just a little, using the tip of a sharp knife, used only for circumcision. If pressed a bit there will be some kind of pus, like the contents of a pimple. The knife is used to create a small nick, just for the sake of it. Every girl has it. At the oldest she should be one year old, usually 6, 7 or 8 months. If she’s still a baby, still 1 month, it would grow again. It has to be cleaned completely. If she’s still too young, it won’t be visible.”*

(MI, female, Mak Beurang, Cisolok Sub-District, Sukabumi District)

Unlike the practice of female circumcision in Sukabumi District, FGM/C in Lombok Barat it was not practiced with sharp knives, but using two pieces of old coins. The FGM/C was done after the umbilical cord was cut, usually started at 1 week old until the baby was 3 months old. A Belian di Jaragaraga Indah Village, Kediri Sub-District, told about the process as follows:

*“The genital is washed, using water in a glass, using a bit with a piece of cotton, prayers are said. Before doing it, there are prayers to be said. A little part (the dark part) is removed, sometimes it bleeds, sometimes not, using a razor blade or coins, the dark part is pinched with two coins, pre-Dutch era coins used for this process.”*

(IS, female, Belian, Kediri Sub-District, Lombok Barat District)

### 3.4.3 SOCIAL PRESSURE AND ACCEPTANCE

Fifty nine percent of the respondents thought that FGM/C did not contravene any regulations. A total of 30.6% of the respondents claimed not to know whether FGM/C was against any government regulation or not. The Indonesian government itself had no clear regulations regarding female circumcision. In 2006, the Director General of Public Health Department of the Ministry of Health issued Circular HK00.07.1.31047 prohibiting health care workers to perform FGM/C because it had no proven medical benefit.<sup>6</sup> In May 2008, the MUI issued a fatwa No.9A that stipulates that FGM/C is part of the religious symbols of Islam, and hence should not be prohibited.<sup>7</sup> In June 2011, the Ministry of Health issued Regulation of the Minister of Health (Permenkes) No. 1636/Menkes/Per/XI/2010, which set the boundaries of the measures referred to FGM/C and implementation of FGM/C by health personnel.<sup>8</sup> In the end, in February 2014, the Ministry of Health issued another regulation, Ministry of Health Regulation (Permenkes) No. 6 of 2014 that repealed Permenkes No.1636/Menkes/Per/XI/2011 and provided mandate to the Advisory and Islamic Law Council to set guidelines for safe FGM/C without mutilating the genital.<sup>9</sup> However, up to this report, there have been no guidelines created as referred to female circumcision.

*“When I have a daughter, I will follow the decision of my parents as to circumcision, whether they want the granddaughter to be circumcised or not.”*

(B, 20-24 young women FGD, Sukaraja Sub-District, Sukabumi District)

*“If the daughter is already one, or two years old, the neighbours would definitely ask, ‘Why isn’t she circumcised? Mine has been circumcised at six months, why your daughter has not been circumcised? If it were a boy it would have been easier, 6 years, 7 years, if he has not been circumcised it would raise no questions.”*

(MI, female, Mak Beurang, Cisolok Sub-District, Sukabumi District)

<sup>6</sup> Peraturan Menteri Kesehatan No.1636/MENKES/PER/XI/2010 tentang Sunat Perempuan harus Dicaput!, downloaded from [www.institutperempuan.or.id/?p=175](http://www.institutperempuan.or.id/?p=175) accessed on 10 October 2016.

<sup>7</sup> Fatwa MUI Tentang Sunat Perempuan, downloaded from [www.muidiy.or.id/fatwa-mui/fatwa-mui-tentang-khitan-perempuan](http://www.muidiy.or.id/fatwa-mui/fatwa-mui-tentang-khitan-perempuan) accessed on 10 October 2016.

<sup>8</sup> No.1636/MENKES/PER/XI/2010 tentang Sunat Perempuan, downloaded from [www.hukum.depkes.go.id/uploads/produk\\_hukum/PMK%20No.%201636%20ttg%20Sunat%20Perempuan.pdf](http://www.hukum.depkes.go.id/uploads/produk_hukum/PMK%20No.%201636%20ttg%20Sunat%20Perempuan.pdf) accessed on 10 October 2016.

<sup>9</sup> Peraturan Menteri Kesehatan Republik Indonesia No.6 Tahun 2014, downloaded from [www.bkkbn.go.id/jdih/Instrumen%20Peraturan%20PerundangUndangan/PMK%20No.%206%20ttg%20Sunat%20Perempuan.pdf](http://www.bkkbn.go.id/jdih/Instrumen%20Peraturan%20PerundangUndangan/PMK%20No.%206%20ttg%20Sunat%20Perempuan.pdf) accessed on 7 November 2016.

The extended family and the community had an important role in influencing the decision to circumcise daughters. When girls were not circumcised, then the questions and demands were directed more towards the mother, rather than the father. This was also probably the reason why FGM/C was no longer widely practiced in Lembar Sub-District. In Lembar Sub-District, neighbours and family were no longer asking if a girl had been circumcised or not. Hence, families were no longer having the urgency to circumcise their daughters.

The pressure to perform circumcision was also experienced by non-Muslim women marrying Muslim men. Although this was not always the case, a paraji in Sukabumi admitted of having circumcised an adult woman who was marrying a Muslim man.

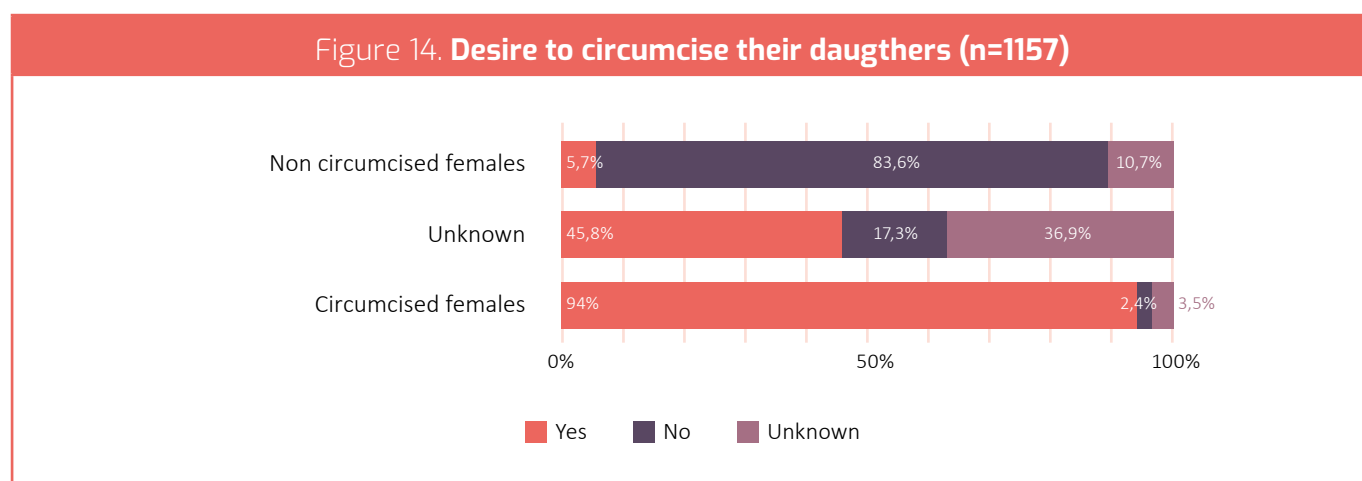
*“There has been a Christian woman aged 21 years, who wanted to marry a Muslim, who I circumcised. She had a big one [clitoris], that part was big.”* (MJ, female, paraji, Sukaraja Sub-District, Sukabumi District)

This shows the importance of FGM/C for Muslim communities in Sukabumi.

### 3.4.4 PERCEPTIONS TOWARDS FGM/C

Most circumcised young women felt neutral (80.9%) towards the practice of FGM/C that had been done to them. This was because FGM/C was done when they were still too young to remember exactly what happened. Circumcision was done without the consent of girls themselves because of being very young (months or a year).

As figure 14 visualizes, from the circumcised female respondents, 94% would have their own daughters circumcised. Among uncircumcised female respondents, 83.6% did not want to circumcise their own daughters. From the male respondents, 69.9% wanted to circumcise their future daughters, while the majority of female respondents (76.3%) wanted to circumcise their future daughters.



Data indicate that the level of education did not have an influence in the belief about female circumcision. Most young women and men reported to want their daughters circumcised in the future with little difference among those with more than nine years of education completed and those with less than nine years of education completed.

In the FGDs conducted with young men aged 15-19 years and 20-24 years, it was found that FGM/C was not among the main criteria for marriage, in contrast to male circumcision which was considered mandatory before marriage. Young men claimed that they were not going to ask about FGM/C to the prospective bride.

*“We are not going to ask whether she is circumcised or not. At most we will ask whether she is a virgin or not. But if we are going to marry, that will not be an issue, anyway we are considering getting married. It is not important whether she is circumcised or not, even if she is not, we would still get married.”*  
(20-24 male adolescent FGD, Cisolok Sub-District, Sukabumi District)

Nevertheless, 62.6% of male respondents mentioned that they preferred women who had been circumcised to become their life partners. A total of 86.6% of male respondents in Sukabumi wanted a circumcised female as a partner. A different situation occurred in Lombok Barat, where only 35.2% of the male respondents wanted a partner who had been circumcised, 32.4% did not care whether their partner was circumcised or not, and the remaining 29.5% claimed not to know whether to choose a partner who had been circumcised or not.

These findings show a strong influence of the community in Sukabumi that considered FGM/C as mandatory, although young men did not really understand the reasons, advantages and disadvantages of female circumcision.

### 3.4.5 CONSEQUENCES OF FGM/C AND THEIR RELATIONS TO CHILD MARRIAGE

The community perceived FGM/C as not adversely affecting health. Sixty eight percent of the total respondents perceived that FGM/C did not cause menstrual problems, and about 61% perceived it would not cause sexual problems, fertility problems, or problems during childbirth.

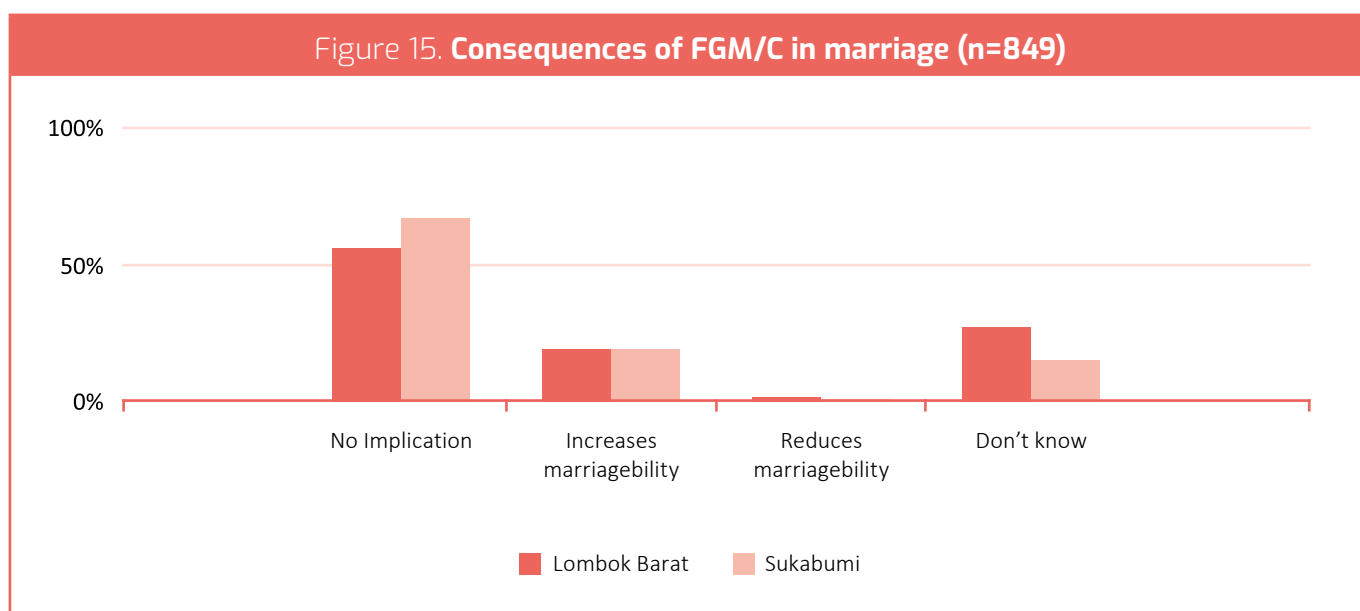


Figure 15 shows that 60.6% of respondents perceived that FGM/C had no influence on marriage. FGM/C did not make it easier to marry, nor more difficult. This is consistent with the results of the FGDs conducted with young women and men, where participants stated that the circumcision status of a woman did not determine when she would be married and with whom. Thus, FGM/C seemed to have no relationship with teenage pregnancy or child marriage.

One of health providers in Puskesmas (community health center) Lembar Sub-District explained that when there was a mother who insisted to request for circumcision for her daughter, then they would simply wipe the genital with a piece of cotton, without injuring her.

One of the adverse effects of FGM/C mentioned to have occurred in Lombok Barat District was bleeding. In the following quote, a midwife explained to have once referred a girl who suffered bleeding after circumcision.

*“There was a case, a traditional healer was probably having eyesight problems, so she cut too much. There was a bleeding. I referred the girl to an ob-gyn, because she was bleeding after the circumcision. The doctor was angry with the parents, asking who ordered the circumcision. She needed several stitches due to the bleeding. The girl is now already in kindergarten by now.”*

(S, female, village midwife of Lembar Selatan, Lembar Sub-District, Lombok Barat District)



## 3.5 COMMUNITY CONTEXT

The study also explored the characteristics and sociocultural contexts of Lombok Barat and Sukabumi Districts. Both districts have a composition of urban and rural, mountainous and coastal areas with a majority of Muslim population.

### 3.5.1. LOMBOK BARAT DISTRICT

The region of Lombok Barat, bordering the Lombok Strait, is a popular tourist destination in Indonesia. Most people living in this region come from the Sasak ethnic group, although many migrants, especially from Bali, live in this region. The majority of the region's population is Muslim. One of the sub-districts in the study area, Kediri, is characterised by the number of Islamic boarding schools as the centre of Islamic learning in the sub-district.

#### 3.5.1.1. SOCIAL NORMS REGARDING BOYS AND GIRLS

As a strongly Islamic community, the values of the status and role of women and men were socialised, not only in the family, but also through educational institutions. In one of the boarding schools, young women and men were prepared and given the means to be wives and husbands in accordance with the teachings of the Quran. Young women and men are believed to have their own separate natures, which affect their status and role.

*“Management in the household is actually miniaturised in boarding schools in the education ... from waking up, she is prepared to be a mother, preparing for her husband. If she is not trained from now on, she will not know anything about it in the future.”* (L, female, teacher, Kediri Sub-District, Lombok Barat District)

In everyday life, young men were also given more permission in socializing, without time limits, while there were limits to young women when they wanted to go out of the house. Young men also tended to be more assertive in expressing affection for young women, while young women tended to be passive and waiting for someone to come for *midang* (visit). Young women also felt embarrassed to propose for marriage. The call to *merariq* always come from the men because it is the men in the Sasak tradition who steal the women.

In relation to discussions about gender, in Lembar Sub-District, respondents in Lombok Barat District were sometimes more comfortable discussing issues of gender equality and equality of rights with female friends (43.9%) than with male friends (40.6%). Meanwhile, in Kediri Sub-District, respondents answered that they were not comfortable at all discussing the issues of equality and gender relations with male friends (44.9%) and they were more comfortable discussing with female friends (35.6%).

#### 3.5.1.2. ROLE OF RELIGIOUS AND TRADITIONAL LEADERS

The Sasak tradition is strongly influenced by the development of Islam in the area, so the community often found it difficult to distinguish what was part of Sasak tradition and what was part of Islam. Both are attached to each other, because Sasak culture is strongly influenced by the Islamic religion. This is strengthened by the Tuan Guru or religious leaders, as the reference for the community. In other words, the Tuan Guru had great influence in the life of the Sasak in Lombok Barat. In relation to the attempt to decrease the practice of child marriage, the West Nusa Tenggara government had launched a policy called PUP (Marriage Age Maturation). One of the Tuan Gurus explained:

*“As a terminology PUP is inaccurate, what is being addressed is the readiness or maturity in having a family, not merely age, so the rationalisation is that the readiness requires adequate knowledge and adequate experience, not just a biological age.”* (TGH, male, Tuan Guru, Lombok Barat District)

For the Sasak, FGM/C is considered as tradition in the community life. It is the realm of women's affairs. Most men did not have interest on this issue and did not see it not as a problem. This was in contrast to the context of the Mbojo (Bima) community in Sumbawa Island, also in the province of West Nusa Tenggara, where the practice of FGM/C was a family affair that involved both women and men.

### 3.5.1.3 ROLE OF HEALTH SERVICES AND HEALTH WORKERS

In Lombok Barat District, the midwife had a strategic role in the village. Each village had a midwife to assist childbirth, contraceptives and child health. Most people were already aware of the role of the midwife in the village, although there were still some people who came to the Belian (traditional birth attendant) for delivery. Midwives already had partnerships with several Belian in the villages, who were asked to accompany pregnant women before and after childbirth. For the childbirth process, the midwives attended.

In Kediri Sub-District, midwives in health centres provided FGM/C services, but the midwives in Lembar Sub-District firmly refused to do female circumcision. Thus, people who felt the need for circumcision of their daughters went to the Belian in their village. The Puskesmas in Kediri and Lembar Sub-Districts also had health services for teenagers, the Youth Care Health Services (PKPR). In Kediri Sub-District, PKPR service included not only care in the Puskesmas, but also school visits and provided counselling. Puskesmas Kediri also had a special counselling room for young people.

The problems often complained about during counselling were usually menstrual disorders and vaginal discharge for young women. Unintended pregnancy cases for unmarried young women were also addressed by the PKPR service through consultation prior to referral to the MCH (Maternal and Child Health) section.

### 3.5.1.4. ROLE OF SCHOOLS AND TEACHERS

Teachers and schools in Lombok Barat District did not only function as education institutions, but were also active in the prevention of child marriage cases that occur in their area. The goal, among them, was to maintain the graduation rate which could be affected by students who were not completing their studies because of getting married.

*“We make as much effort as possible to prevent marriages before leaving (school). If it could not be prevented, at least after taking the national examination. Because otherwise it will interfere with the graduation rate. 90% could be prevented. But we cannot go forward if the parents already agreed. What can I say?”*

(AM, male, teacher, Lembar Sub-District, Lombok Barat District)

In addition, the school, along with other parties, was also a mediator in case of refusal of marriage that occurred after the female student in the school or boarding school was abducted, but was not approved by the family. In compulsory subjects and extracurricular activities, the school attempted to provide sufficient information about the importance of sexual and reproductive health for students. In one of the boarding schools in Kediri Sub-District, a Centre for Information and Counselling for Adolescents (PIK-R) had been formed, managed by peer counsellors for reproductive health issues faced by their friends.

### 3.5.1.5 INTERGENERATIONAL DIALOGUES

The intergenerational dialogues reflected in the institution of the family indicate that the wide gap between parents and children was caused by the intense use of technology among young people, particularly the Internet. Children were becoming more intensely connected to the social media, resulting in reduced interactions with their parents. Religious activities such as Quran recitations, prayers and such, that used to unite parents and young people in the village, were no longer much attended by young people.

Another activity that unified generations was the gotong royong (communal work) in the hamlet. Gotong royong is an activity where all part of the community (male, female, old, young) work together and help each other, for example cleaning up the whole neighbourhood, celebrating independence day, building road or mosque, helping a family to prepare a marital celebration, etc. In FGD with parents, the issue given most attention to were social relationship between young people.

Both daughters and sons were always told to do their prayers. There were certain prohibitions directed towards daughters, which were not given to sons. After their puberty, young women were advised to behave and not stay out late, whereas young men had more freedom in terms of hanging out and staying out late. Parents also hoped

that their children did not get married at a young age, and expect their children to finish school first before getting married.

*“Told her not to merariq because she was still very young... she could marry when she is older... but suddenly the girl disappeared even while she has not graduated from junior high school, eventually she got hooked to her first love, finally merariq kodeq (had child marriage)... because she is already in love, she said that if they have to separate she would rather die... in the end she was married.”*

(M, male, parent, parent FGD, Kediri Sub-District, Lombok Barat District)

When a young woman decided to get married with her boyfriend in junior high school, parents became sad but could not do anything. Parents felt that they had warned their daughters to continue her studies before getting married, but as daughter had been abducted in the tradition of the Sasak, it was considered a disgrace to the family if she were not married.

### 3.5.2 SUKABUMI DISTRICT

Sukabumi is a largely agricultural area with strong Sundanese culture. The northern part of Sukabumi has transformed from a rural society into an urban one, marked by the rising number of factories and increased inward migration. As a Muslim-majority area, Islamic values and teachings are integrated in daily life.

#### 3.5.2.1 SOCIAL NORMS REGARDING YOUNG WOMEN AND MEN

From the FGD with parents, young women and men, it is seen that the socialisation of gender norms within the family tended to limit young women more than young men. Young men were taught to be the backbone of the family and to earn a living. Education for young men was prioritised, because young women would be responsible for managing the household later. The gender norm that women are responsible for domestic affairs was strong. In an in-depth interview, an informant stated:

*“Mother often says that I have to be a good wife, obeying my husband, taking care of the husband. Now I am unmarried so it is different. Later I have to take care of my husband, in the mornings make coffee for him, and wake up early.”* (R, female, 16 years old, single, Sukaraja Sub-District, Sukabumi District)

In association with the relationship among young people, young women were often reminded to be able to keep their good name, keep the good family name and be religious. Young men tended to be freer, although they were told to keep from drugs and free sex. The relationships of the daughters were kept closely monitored. Loss of virginity, or specially pregnancy out of wedlock was shameful for the family. The importance of religious values was reflected in the pesantren activities after school, or sending them to madrasah, which gives them more religious lessons.

#### 3.5.2.2 ROLE OF RELIGIOUS AND TRADITIONAL LEADERS

Normatively, religious and community leaders were regarded as role models for people in Sukaraja and Ciselok. The presence of a number of Islamic schools in the two sub-districts shows the importance of the role of the clergy. The involvement of religious/community leaders on the issues of child marriage and teenage pregnancy was not highly visible. Interviews with religious leaders, teachers and NGO activists show that child marriage, especially for young women, did not contradict the teachings of Islam. There was the idea that child marriage was better than pregnancy out of wedlock, which was considered as a sign and a form of pre-marital sex in Islam. In case of pregnancy out of wedlock, the best solution according to the parents, religious leaders and community was marriage. Several key informants interviewed believed that Islamic scholars could play their part in preventing child marriage in Sukabumi, although there were variations in the views among the scholars themselves.

On female circumcision, a number of key informants - activists, legislators, SKPD - recognised that this practice was related to the teachings of Islam, which had become a tradition and was considered to not have adverse effects for young women. Interviewed religious leaders stated that FGM/C was aimed at suppressing the sexual desire of women. Even while health workers, particularly midwives, no longer performed female circumcision; the practice was carried out by paraji or mak beurang (traditional birth attendants).

### **3.5.2.3 ROLE OF HEALTH SERVICES AND HEALTH WORKERS**

Interviews with health workers revealed that in their view child marriage in both study areas had declined. Marriages arranged by the parents were rarely found. Cases of child marriage were commonly caused by teenage pregnancy. Midwives had taken the role of providing education about reproductive health to youth, for example during Quran recitations of teenagers.

*“During Quran recitals for teenagers, midwives sometimes provide counselling, in fact they often ask for counselling. We come to explain reproductive health for adolescents, what it is like, what the functions are. We explain about reproduction, about menstruation, about the dangers.”* (T, midwife, 38 years, Sukaraja Sub-District, Sukabumi District)

According to the Health Office of Sukabumi District, quite a number of community health centres had been working with the schools to provide education on reproductive health, drugs and nutrition. One community health centre program is the Youth Care Health Services (PKPR), although the implementation was uneven.

*“PKPR for counselling is usually based on a request from the school. Except if there are urgencies for the teenagers, for example about HIV-AIDS, we do it on our initiative. So there are requests from the schools, and also our own programs.... If there are teens who want to ask questions, they can come here, and we have a room for providing counselling service. So it is integrated with other services. It is integrated in the counselling clinic.”* (M, doctor, 40 years old, Cisolok Sub-District, Sukabumi District)

Pertaining to the practice of female circumcision, midwives in both districts no longer did it since the last few years. Parents asked for help from the paraji if they wanted to circumcise their daughters.

### **3.5.2.3 ROLE OF SCHOOLS AND TEACHERS**

The school had a strategic role in providing reproductive health education for young people. The School Health Unit (UKS) program of the Health Office was present in elementary, junior and senior high schools although it was not specifically about reproductive health. Based on interviews with teachers in Cisolok high school, reproductive health knowledge was provided through a number of subjects, counselling, and the Demography Aware School (SSK) program in collaboration with BKKBD. Included in the activities is the PUP program, which campaigned for marriage at the minimum age of 21 years and informed the risks of teenage pregnancy. The use of digital technology devices, especially smartphones, among young people was changing the way they associate. It was quite difficult for parents and teachers to effectively monitor what was done by young people.

### **3.5.2.4 INTERGENERATIONAL DIALOGUES**

In Sukabumi, Friday clean-up activities, Quran recitals, Posyandu, and gotong royong during religious celebrations acted as spaces for dialogue between generations. In FGDs with young women and men, it was found out that young people discuss with their parents, especially the mother, about friends, boyfriends/girlfriends, education, future, and work. In FGD with mothers, the main concern were the social relations of young people and the tendency of some young people to not obey the words of their parents. Therefore, several parents who married off their daughters when they already had well-established (employed) boyfriends.

## 3.6 YOUTH ENGAGEMENT

### 3.6.1 YOUNG PEOPLE'S INTERACTIONS

The interactions of young people aged 15-24 were different among those who were in school and those who had dropped out. The first interacted and socialized with wider network, while the ones who had dropped out from school only socialize with fellow young people in communities inside the village. The activities in which young people participated also influenced their interactions. Based on the FGDs conducted with young people, they usually participated in religious activities such as pengajian (religion studying or recital) and remaja masjid (mosque' youth group) in villages and hamlets. In both areas, pengajian (religion studying or recital) for young women and men were performed separately.

In social activities, young people participated in various community activities at the village and hamlet levels. Some young people had joined Karang Taruna (the youth unit). In Lombok Barat, Karang Taruna was only available at the village level. In Sukaraja Sukabumi, Karang Taruna was available at village level and also at hamlet level. However, the activities of Karang Taruna did not involve all young people in the village. The decision making process inside Karang Taruna was monopolized by the adults. The village funds allocated for youth activities were given through Karang Taruna. The funds were given for activities which represent various elements of the community. These activities covered limited issues, and were facilitated by the village officials.

### 3.6.2 DISCUSSION ON SEXUALITY AND RELATIONSHIPS

Based on the results of the quantitative study, it can be said that young people in the research sites felt more comfortable to discuss their problems with their peers than with family. The FGDs revealed that young women tended to be more open about dating relationships, marriage, and sexuality and reproductive health. The person they talked to about these topics was usually their mother or older sister. In relation to dating relationships, conversations that parents had with their young daughters usually were about advices to be careful with themselves, to not become pregnant out of wedlock, suggesting their daughters to invite the boyfriend to come to the house and meet the family, or advising on choosing a boyfriend who was established and had a job.

*"I was told (by parents) not to marry too young as now. Especially if boyfriend hasn't any job. They would say things like, 'you shouldn't rush it, look at now. Your boyfriend doesn't have a job. You know what you have to do? Find a man who already has a job. Someone established.' Like that."*

(B, female, single, Sub-district Lembar, Lombok Barat)

In Sukabumi, young women discussed reproductive health issues with their mothers. One informant, F (20 years old) once asked her mother about menstrual problems when experiencing irregular periods. In addition to mothers, young women also discussed reproductive health issues with their friends. In Lombok Barat District, most of them preferred to discuss it with friends rather than with their own mother.

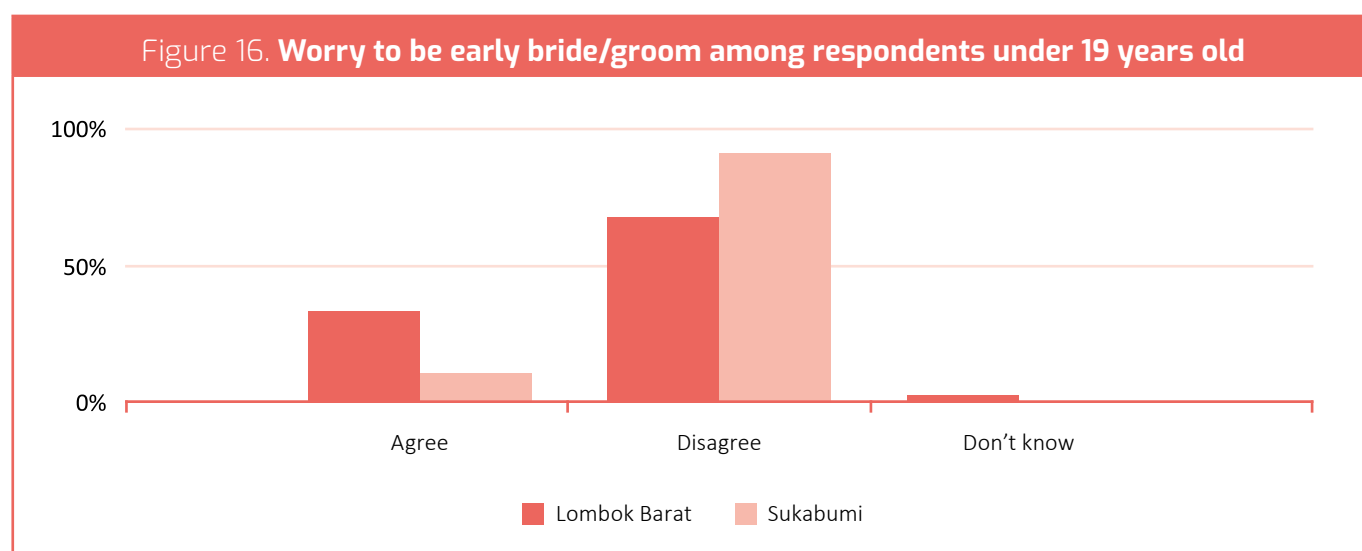
*"Ask about it to older mature girls. The ones already married, already experienced. If they know the answer, they'll answer. If they don't know...well, i don't know. It's only just sharing stories."*

(R, female, 15-19 years old adolescent girls, FGD participant, Lembar Sub-District, Lombok Barat)

Among young men, conversations with parents about dating relationships and sexuality were rare. Young men tended to be more open to their peers than with parents or family. "Conversations with parents are rare, at the very least we watch TV at home together," said one of them in an FGD. The FGD with parents revealed that communication between parents and children rarely happened since young men were often outside the house socializing with their friends or occupied with their activities on social media.

### 3.6.3 CONCERNS ON SRHR

The figure below shows that, in general, child marriage was not something that was feared by young women from both Lombok Barat and Sukabumi District. This could be because marrying early was a prevalent practice in young people's lives, be it at school, or in their neighborhood. In the FGDs with young women and men, it was found that respondents had peers, either at school or in the neighborhood, who were married under age.



As stated by A, the vice principal for student matters in one of the junior high school in Lombok Barat District, every year there were always at least two to three students who dropped out of school because they married. Usually, the students who dropped out due to marriage were young women, and the timing was usually nearing the national exam. This was once found by A who stated as follows:

*“At one time...there were three students who wanted to marry. The bad thing is, when one wants to marry, the others also want to marry. Only one of the three was able to be persuaded to take the exam.”*

(A, Male, Teacher, Lembar Sub-District, Lombok Barat)

In a group interview with members of Karang Taruna (youth group) in Lombok Barat District, some of the youth group members said that among the peers they sometimes supported each other to get married early. The support could even be in the form of financial aid to get marry. Not infrequently, to help their friend who wants to marry, they raised money to help the bride and groom on the wedding expenses. Such practices inspired the head of Karang Taruna to formalize such act into a regulation (awig-awig).

*“Well, it's to ease the load, not to pay for the whole thing, just to take some of the burden. The guys in this hamlet and me, not the village, but in this hamlet, when a member marries, each one of us takes out 25 per person; 1 teenager, 1 member, 25 thousand rupiah, so that's good for tea plus half a kilo of sugar, and one ripe coconut. Just to ease the load off. And on the wedding day, all of us will attend. For the preparation, we rally up the youngsters.”* (D, male, head of Karang Taruna, Lombok Barat)

Based on FGD with several members of Karang Taruna, it is understood that the attention was not on the issue of marriage but on the costs incurred in having a wedding. In addition, the social pressure from the people was quite high, especially on someone who was considered to be marrying late. As expressed by a penghulu in Lombok Barat District:

*“Here, no one waits until they're 30 years old to get marry. They'd be bullied. It's tough here, anything can be ridiculed.”* (R, male, penghulu, Lembar Sub-District, Lombok Barat)

In a focus group discussion with young people aged 15-24, when talking about marriage concerns, participants underlined the financial preparedness as a precondition of the readiness to marry. Financial preparedness, or in this case is the certainty of income, were the ideal conditions expected for someone to enter the next level of life that is marriage. The problem was that these ideal conditions were often difficult to realize by the young people, especially when looking at the lack of opportunities to find a job in the village.

Based on the FGDs, young people in both districts seemed to not have a lot of concerns about SRHR. Most of their concerns were more likely about the continuation of their education and about looking for jobs in the future. On the other hand, based on FGDs among parents, mothers were very concerned on the sexuality of their daughters especially. When the daughters had a boyfriend or male friends, mothers got worried about pregnancy. Even then, mothers did not teach their daughters about safe sex or how to prevent pregnancy. This kind of concern was only addressed to the daughters, and there was similar concern for the sons.

### 3.7 KNOWLEDGE, PRACTICES, AND UTILIZATION OF SRHR SERVICES

Table 8 below shows some of indicators around knowledge, practice and utilization of SRHR services. Indicators 1 to 3 are calculated from the total sample in this survey. The table shows that the percentage of respondents who had ever received sexuality education was slightly higher in Sukabumi than in Lombok Barat. Conversely, the utilization of SRHR services by young people in Lombok Barat was slightly higher than in Sukabumi. Data also indicates that knowledge to prevent pregnancy among respondents was higher in Sukabumi in Lombok Barat.

Table 8. Indicators on SRHR									
Information and utilization of SRHR services (including family planning)	Lombok Barat District (n, %)			Sukabumi District (n, %)			Total (n,%)		
	(n) and %	Married	Unmarried	(n) and %	Married	Unmarried	(n) and %	Married	Unmarried
Young women and men aged 15-24 who ever received sexuality and reproductive health education	516/73 (70.2%)	137/228 (60.1%)	379/507 (74.8%)	621/799 (77.7%)	165/226 (73%)	456/573 (79.6%)	1137/1534 (74.1%)	302/454 (66.5%)	835/1080 (77.3%)
Young women and men aged 15 -24 that have ever utilized SRHR services, including modern contraceptives	251/735 (34.15%)	182/228 (79.82%)	69/507 (13.6%)	235/799 (29.41%)	199/226 (88.05%)	36/573 (6.3%)	486/1534 (31.68%)	381/454 (83.92%)	105/1080 (9.7%)
Condom use among young women and men, aged 15-24 years, who have children	0/158 (0%)	0/158 (0%)	0 (0%)	6/171 (3,51%)	6/171 (3,51%)	0 (0%)	6/329 (1,82%)	6/329 (1,82%)	0 (0%)
Young women and men who knew how to prevent pregnancy)	43/735 (60.27%)	78/228 (78.07%)	65/507 (52.27%)	79/799 (84.98%)	19/226 (96.9%)	460/573 (80.28%)	1122/1534 (73.14%)	397/454 (87.44%)	725/1080 (67.13%)

## 3.7.1 SEXUAL PRACTICES

### 3.7.1.1 SEXUAL DEBUT

The survey did not collect information on initial experiences related to sexuality. However, from SSI and FGD, some information about puberty, the first dating, and sexual practices was obtained. First menstruation and wet dreams were experienced by some informants between the ages of 11 to 13 years. Young women and men started having interest in each other and dating while in junior high school. Dating started from simply communicating by phone, chatting, going out to eat together, hanging out, to visiting girlfriend's/boyfriend's house. There were light touching only, holding hands, hugging, kissing, and sexual intercourse. In both study areas, mobile phones and social media became the most effective means to find a girlfriend/boyfriend. Young women and men could date only several times before marriage, although there were some who dated for a short time and then immediately got married.

### 3.7.1.2 PEER PRESSURE

The sexual life of young people in both study areas was influenced by their peers. Young men were more likely to be open to communicate their sexual experiences, like holding hands with girlfriends, kissing, even about sexual intercourses before marriage. In Lombok Barat District, Rumah Bajang (the house of bachelor) became a place for young people, especially young men, to gather, hang out, and discuss various matters, including their relationships. They also discussed their views on women, which ones were considered good ones and otherwise. These discussions affected how they perceived women and relationships. Young people tended to adopt the behavior of their friends in order to be able to share the same experience with their peer groups. Competition to form an image as masculine grew among young men. In the other hand, this kind of competition was not accompanied by sufficient knowledge about sexual and reproductive health, thus could lead into risky sexual behaviour.

*"For us, dating is holding hands, kissing, hugging, etc."*

(S, male, FGD adolescents aged 15-19 years, Lombok Barat)

*"Here, dating is just to use the girls."*

(H, male, FGD adolescents aged 20-24 years, Sukabumi)

*"I don't want to date sluts (cewek murahan), who shows their thighs, frequently changing boyfriends, who were touched by boys."* (J, male, FGD adolescents aged 15-19 years, Lombok Barat)

Different from young men, young women tended to be more private in discussing their sexual behaviour. They only shared their experience with their closest friends. They preferred to discuss about female friends who had gone "too far" in relationships, rather than talking about their own experiences.

### 3.7.1.3 SRHR KNOWLEDGE: RESOURCES AND ACCESSIBILITY

The survey showed that the three main parties that most often provided information on SRHR were teachers (26%), health professionals (24%), parents (9%) and friends (9%). When asked who was the best suited to promote SRHR, respondents said health workers (51%), teachers (27%) and parents (11%). The answer seemed to be consistent with results of previous studies on adolescent reproductive health in Indonesia.

The survey results also show that teenagers in the two areas most frequently used TV (53% of Lombok Barat and 55% of Sukabumi) and the internet (36% of Lombok Barat District and 43% of Sukabumi) to obtain a variety of information.

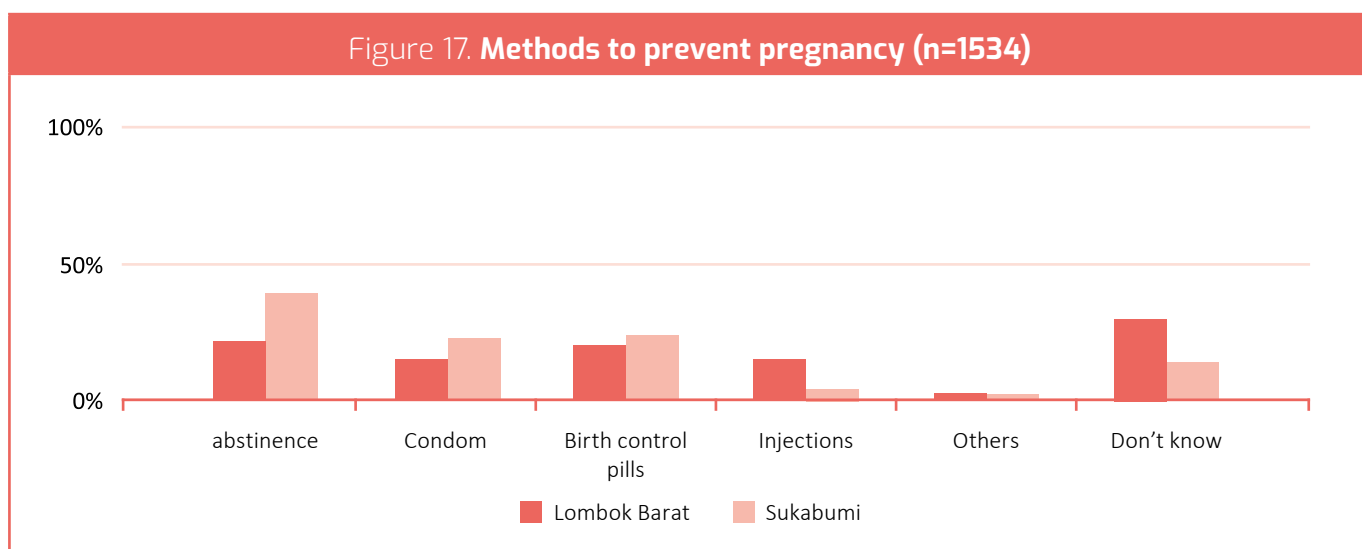
*"Mostly meet through facebook, handphone. From handphone, they get to talk to each other. They played facebook, met, then get married"*

(A, parents FGD participants, East Sekotong Village, Lembar Sub-District, Lombok Barat).



Internet exposure was the main concern of parents in both regions. In a focus group discussion with parents in Cisolok Sub-District, there were concerns about pornography, which was found as difficult to control. There were concerns on the use of social media, as young people seemed to get acquainted via Facebook, meet, and not long afterward they asked to get married.

Knowledge about the prevention of pregnancy can be seen in Figure 17, below. Abstinence, birth control pills, condoms, and injection were the contraceptive methods most widely known by the respondents, 31%, 21%, 18% and 8% respectively. Young people’s knowledge on how to prevent pregnancy was slightly better in Sukabumi than in Lombok Barat, except for the injection. When differentiated by sex, the percentage of female respondents who mentioned abstinence, birth control pills, and injection was higher than among male respondents. As for condoms, there was only a slight difference between the percentage of female and male respondents. There were 20.5% respondents who answered "don't know", and the percentage who answered that in Lombok Barat was higher than in Sukabumi. More specifically, respondents in Kediri and Lembar Sub-Districts, Lombok Barat, who answered "don't know" were 31.4% and 26.7%, respectively, while in Sukaraja and Cisolok Sub-Districts, Sukabumi, these were only 12.7% and 12%, respectively.



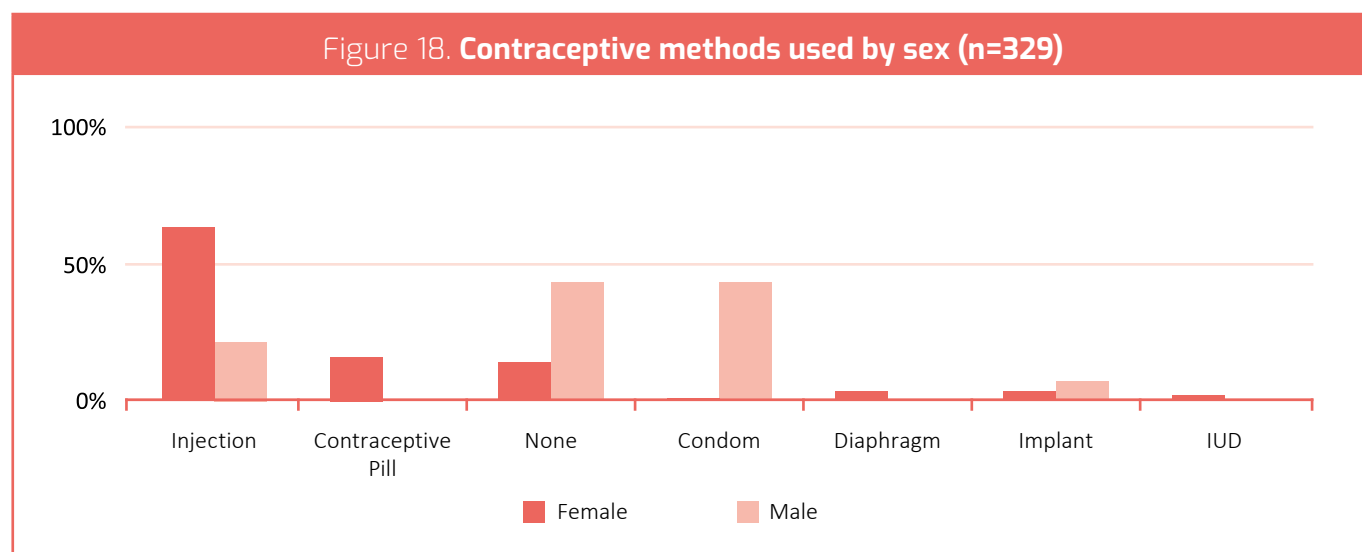
Another interesting finding for further discussion were the attitudes of respondents to the two statements: “I can decide with whom to date” and “Parents/families can determine who my husband/wife will be”. More than 80% of respondents reported to “disagree” with the first statement and 70% of respondents answered “agree” for the second statement. The answers in this survey were somewhat different from the qualitative data obtained through FGDs with young people and parents. Young women and men in the two research areas claimed that they had the autonomy to choose a boyfriend/girlfriend. Parents also revealed that young people today no longer wanted to be set up for arranged marriage. They were free to choose with whom they date and marry.

The different answers in the survey, could be explained because respondents’ attitudes implied that even if young people could choose their own boyfriend/girlfriend, they needed the approval and blessing of parents and family. During FGDs, several parents said that they had to know well who the boyfriend/girlfriend of their children was, their family background, whether or not they already has a steady job, etc.

### 3.7.2 ACCESS TO REPRODUCTIVE AND SEXUAL HEALTH SERVICES

The survey also asked about the use of sexual and reproductive health services. Thirty-four percent of respondents in Lombok Barat and 29% of respondents in Sukabumi had ever used reproductive health services. Among the respondents who had ever used those services, prenatal care and family planning were the most widely used. Users of antenatal care and family planning were mostly married women. On respondents who experienced teenage pregnancy, about 65% used antenatal services and about 30% used family planning services.

As shown in Table 8 at the beginning of this section, 34% (Lombok Barat) and 29% (Sukabumi) of respondents (male and female) had ever used SRHR services, including contraceptive services. Figure 18 below shows the most frequently used methods were injection and pill, respectively 61% and 15%. There were 15% of married respondents who were not using contraception at the time of the survey. Condom use was low, both for the female condom and a male condom. It is interesting to know that no married respondents in Lombok Barat use condoms as a contraceptive. Figure 18, shows that there were male respondents that answered the use of injection and implant which probably referred to the female partner as the contraceptive user. Male participation in the use of contraceptives was low, as is the case in the whole country.



In Indonesia, people who generally use contraception are those who are married. The contraception methods available in the neighborhood where respondents lived were generally birth control pills, injection, and condoms. The three could be obtained at health centers and midwifery practices, condoms particularly could be obtained also in the minimarket or pharmacy. Though legally contraceptives were only for married couples, it did not mean that unmarried young people did not use it. Young people knew where to get condoms or pills, but they were reluctant or too embarrassed to buy it outright.

### 3.7.3. YOUTH FRIENDLY HEALTH SERVICES

In the two research areas, one of the programs intended for young people was PKPR (Adolescent Health Care Services). In Kediri, Lombok Barat, Puskesmas provided services for young people which included: menstruation, unintended pregnancy, childbirth, nutritional disorders, abortion and drugs. In Cisolok, Sukabumi, PKPR program focused on education to schools, in addition to providing counseling services and monitoring of cases found in the clinic.

*“PKPR is counseling to schools, and if in health centers, cases are found, counseling will also be given. For example, if a teenager was found pregnant, we’ll do a follow up and she will be monitored by the village midwife. since they’re still underage, for example 16 years old. So we’ll keep an eye until she gives birth so the baby will be delivered safely. So we do counseling to high school, junior high school. Meanwhile, PKPR counseling is usually a request from the school. In addition, there is also things to be detected quickly by teenagers, such as HIV-AIDS so we carry that out too. So there is request from the school, and there are from our program too.”* (Head of Puskesmas Cisolok, Sukabumi).

Although it was not health care, there was a BKKBD initiated program in Cisolok Sub-District high school, i. e. SSK (Sekolah Siaga Kependudukan) that integrated population issues into several school subjects. An interview with one of the counseling teachers in that high school reveals that this program was not merely giving the material in class, but the students were given the task to visit hospitals or Puskesmas.

### 3.8 ECONOMIC EMPOWERMENT

In relation to youth involvement in economic activities, there was a higher percentage of young women engaged in economic activities in Lombok Barat (30.9%) than in Sukabumi (23.4%). The economic engagement of young men aged 18-24 in Lombok Barat District was also higher (as much as 58.9%) than in Sukabumi (as much as 46.9%). When compared in both places, the percentage of economic involvement of young men was higher than among young women (52.3% and 27%).

Table 9. Indicators of economic empowerment

Economic empowerment and education		Lombok Barat District (n, %)	Sukabumi District (n, %)	Total (n,%)
1	Percentage of young women aged between 18-24 years who contribute economically in the household (female workers)	n=99/320 (30.9%)	n=81/347 (23.4%)	n=180/487 (27%)
2	The percentage of young men aged between 18-24 years who contribute economically in the household (male workers)	n=63/107 (58.9%)	n=60/128 (46.9%)	n=123/235 (52.3%)
3	Percentage of Young women aged between 18-24 years who have access to economic resources	n=231/320 (72.2%)	n=342/347 (98.6%)	n=573/667 (85.9%)
4	Youth with education less than 9 years and in child marriages	n=48/99 (48.5%)	n=36/106 (34%)	n=84/205 (41%)
5	Youth with education less than 9 years and experience teen pregnancy	n=43/98 (43.9%)	n=41/106 (38.7%)	n=84/204 (41.2%)
6	Youth with education more than 9 years and, in child marriage	n=50/300 (16.7%)	n=44/357 (12.3%)	n=94/657 (14.3%)
7	Youth with education more than 9 years, in teen pregnancy	n=61/299 (20.4%)	n=72/357 (20.2%)	n=133/656 (20.3%)
8	Youth with a worker status and experience child marriage	n=24/203 (11.8%)	n=18/162 (11.1%)	n=42/365 (11.5%)
9	Youth with a worker status and experience teen pregnancy	n=27/203 (13.3%)	n=21/162 (13%)	n=48/365 (13.2%)

Furthermore, the table above shows a link between youth participation in education and economic activities with child marriage and teenage pregnancy. There was a significant difference between the teenagers with less than 9 years of education and the ones with more than 9 years of education related to child marriage and teenage pregnancy.

### 3.8.1 YOUTH INVOLVEMENT IN ECONOMIC ACTIVITY

The study found that opportunities to work were very limited for young people. When engaged in economic activity, young people did so mainly as casual laborers or day laborers. For example, young men in South Lembar village generally worked as day laborers in factories or warehouses around the village, as porters at the port, freight transport truck helpers, mechanics, gold miners, or heavy equipment operators. The work done by young people in Lombok Barat was generally seasonal and often erratic in terms of time. Job opportunities in Lombok Barat were more for men than for women. Young women generally did domestic work, helped family businesses, or sold food.

Meanwhile, in Sukabumi the unemployment rate was high. In Sukaraja Sub-District there are various factories which generally recruit female labor, while the male labor is not much needed. In Cisolok Sub-District, closer to the coastal, tourism is one of the main economic sources for the community. Most women in Cisolok did not work. However, on weekends, major holidays, and school holidays, young women go to the beach to attend food stalls, sell food and soft drinks, attend the clothing or accessories store located along the shoreline. Several young men also become lifeguards and had their own watch schedule. Fishing had been the main mode of livelihood for most men in Cisolok. However, in the past ten years, the catch volume is no longer able to cover the cost to go to sea. Fish catch volumes are declining and the high price of fuel drive Cisolok people to turn into rice farmers, traders, and motorcycle taxi drivers.

Based on FGDs conducted with young men, the study found that the majority of women in Sukaraja and Cisolok become migrant workers to Taiwan, Hongkong, Saudi Arabia, and Malaysia. Meanwhile, the opportunity for men to become migrant workers is smaller, since the cost for men to become a migrant worker is much more expensive than for women (Rp. 40,000,000). The big difference in the cost to become migrant workers is influenced by the migrant worker provider company that's willing to bear part of the registration fees for women.

*“Women can easily become migrant worker to Hongkong, Malaysia, Arab, Taiwan. They are sponsored. If men want to become migrant workers, they have to pay 40 million. They say, men are unruly, more likely to run away, so nobody wants to sponsor them. They have to pay by their own”*

(FGD with Adolescent Male Age 19-24 years, Cisolok Sub-District, Sukabumi).

The fact that factories and migrant worker recruitment agencies have a preference for hiring women only has made the male unemployment rate in Sukabumi, both in the sub-district of Sukaraja and Cisolok, quite high.

There are several economic initiatives in the Sukabumi community. One of them is Badan Usaha Saluyu, an enterprise that employs widows. Saluyu was established with the aim that women could be empowered economically despite being widowed or divorced. To this day, Saluyu has 10 workers who have the expertise to process marine products as dried foods and snacks. Saluyu product marketing is conducted by young women using the Internet to promote the products.

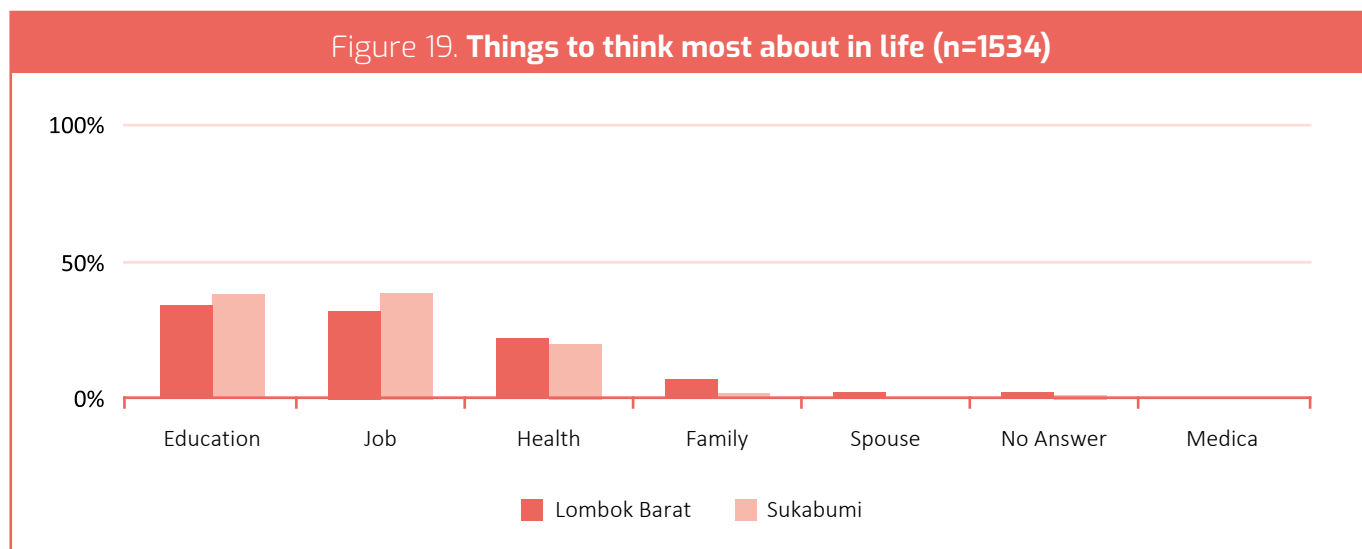
*“Some of the widows, their husband died, some were divorced, probably because of disharmony. The ones that work here, most of them because their husband died. Currently, there are 10 (employees). Marketing products to Sukabumi is also via online, the children help”*

(IN, female, Chairman of Saluyu, Sukaraja Sub-District, Sukabumi)

In Sukabumi, some teenagers in Karang Taruna are also trying out activities that have economic value. The teens in the organization accept orders for designing and printing invitation card. However, they passively wait for the order, without any active activities to market the business to design and printing invitations. While there are many initiatives from the community in conducting economic ventures, the scale of these efforts are still too small to affect the overall unemployment rate. Efforts related to tourism can only be conducted during weekends and holidays. On the other days, men tend to not work and women stay at home as housewives.

### 3.8.2 CONCERNS ON EDUCATION AND EMPLOYMENT

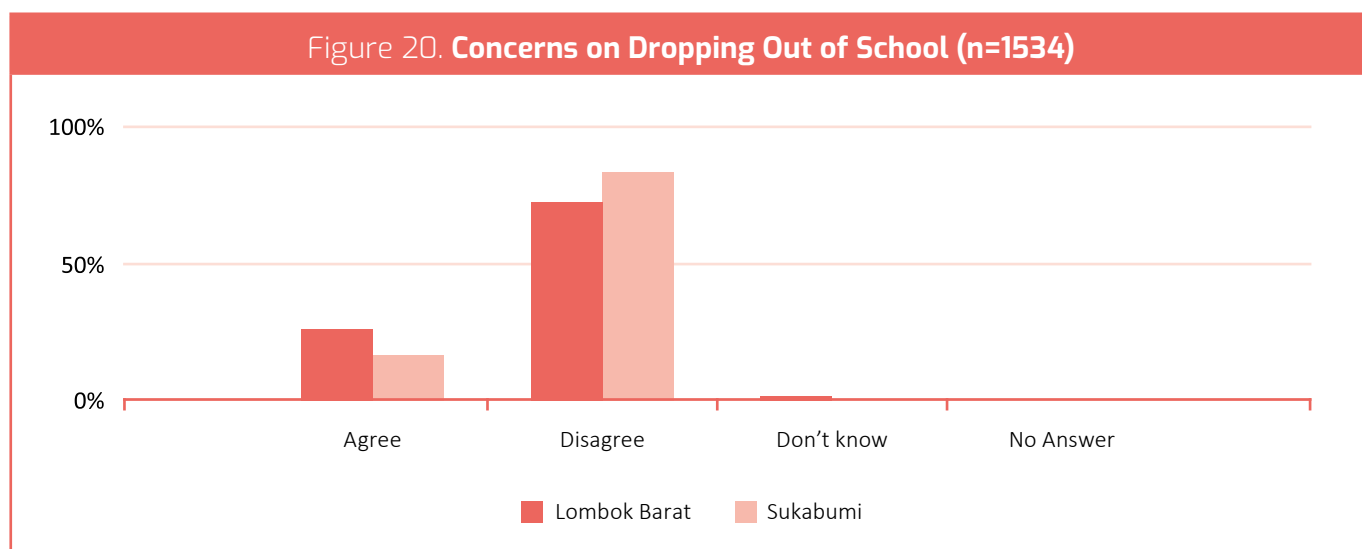
According to the survey, education and employment are two things that are most widely thought of by young people aged 15-24 years at the two study sites. In Lombok Barat, 34% of respondents answered that they most often think about graduating; and 32.2% stated that they often think about getting a job. In Sukabumi, most respondents answered that they often think about getting a job (38.3%) and finish education (37.9%). In this case, it is shown that the problem of education and also the chance to get a job were understood as two interrelated things.



Education was considered as the ‘ticket’ to get a better job. Both in the Lombok Barat and Sukabumi, certainty of income was a major problem for young people aged 15-24, especially for those with low education levels. With limited employment opportunities, young people often had to go out of their village in order to obtain better jobs.

The quantitative data in Lombok Barat and Sukabumi indicate that most young people were not concerned on dropping out of school. When referring to an interview with teachers at school, concerns for students who dropped out of school were quite high. 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 comments was that the low level of education was because young people were not concerned with education and preferred to work.

*“Because the youngsters here think that maybe education is not important, since they would still be in the villages, so it is better to get a job than go to school.” (D, male, head of Karang Taruna, Lombok Barat)*



The vice principal of the school in South Lembar argued during an interview that the majority of students came from poor families and most of them went to schools and were also working. In such situations, many students activities at school were disrupted because of their work.

*“They (students) work in the port, join the ship, sometimes even sleep there. I’ve asked some students here that hadn’t attend school for days, they said that they slept on the ship. What do we say in this case?”*

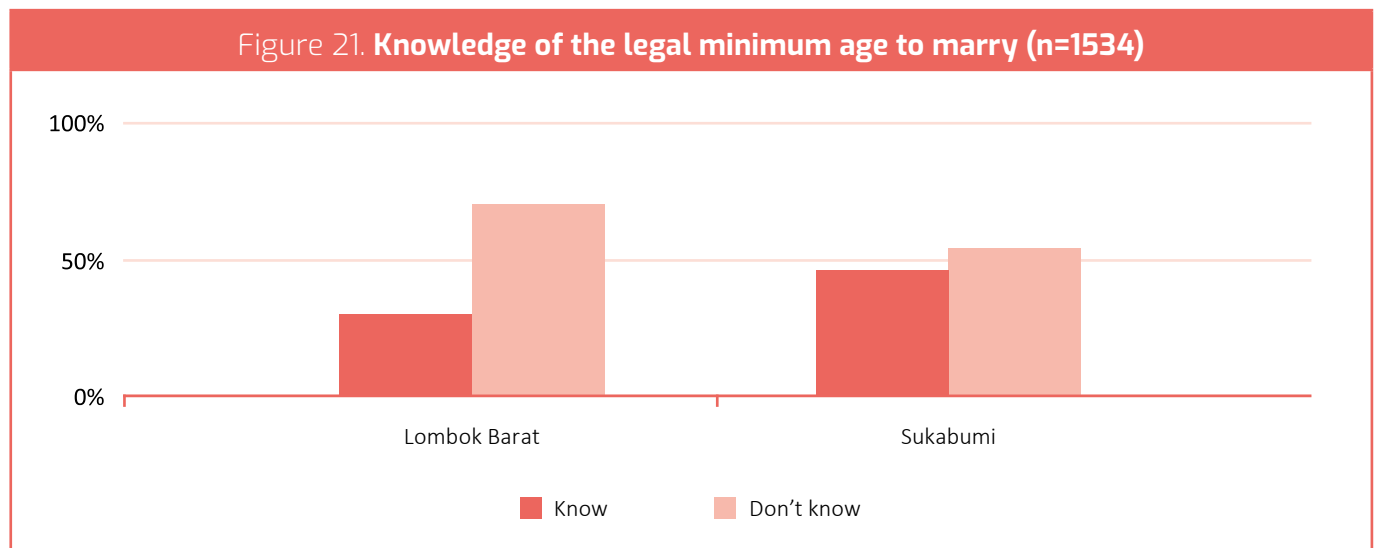
(A, male, junior high vice principal, Lembar Sub-District, Lombok Barat District)

Economic uncertainty experienced by families seemed to be the real situation faced by young people when they have to complete their education. In a focus group discussion with parents in Lombok Barat, it was found that the family’s economic situation was often behind the decisions of young people to drop out of school.

*“Because there’s no money for us to buy clothes, there’s no clothes, there’s nothing for buying school school stuff. There are many stuff there, boring stuff. When that’s done, (s)he’s bored, even at home (s)he’s bored. Since it’s his/her mother alone who earns a living, (s)he’s tired of seeing her like that, made her/him not wanting to finish school.”* (G, woman, participant of parent FGD in Lembar Sub-District, Lombok Barat District)

### 3.9 POLICY AND LEGAL CONTEXT

The study found a general low awareness on policy issues regarding marriage, especially the minimum age to marry. Data show that most respondents reported that they did not know what was the minimum age to marry (69.6% of Lombok Barat; Sukabumi 53.5%). The percentage of respondents who reported so was higher in Sukabumi (46.6%) than in Lombok Barat (30.2%), and higher among men (79.2% in Kediri and 78.8% in Lembar), than among women (64% in Kediri and 69-6% in Lembar).



These results might be related to cultural traditions. As stated by one religious leader (Tuan Guru) in West Nusa Tenggara, marriageability was not guided by age limit, but rather on the maturity of the ones getting married, both economically and psychologically.

*“...My mother was married at 16 years old... had 11 children...no problems with reproductive health...the children were healthy...educated...not one was neglected...all of them turned out good. We shouldn't follow the west culture..fussing on the minimum age of marriage....there is a cultural context that we have to consider as well...”* (HS, male, Tuan Guru, Lombok Barat)

The 1974 Marriage Law no.1 of article 6, paragraph 2 states that any person wanting to get married before the age of 21 need permission from both parents. In practice, especially in Lombok Barat, parents give permission due to cultural traditions, and religions, and is often not based on a statutory provision. According to Chairman of the Religious Court of Lombok Barat, it is possible for the marriage to occur (recorded) under the provision of the Marriage Law no.1/1974 as long as they have the parents' consent and from the Religious Court (dispensation of marriage).

*“Basically, early marriage is allowed, provided that the parties concerned obtains the permission from the Religious Court Office, which is referred to as ‘dispensation of marriage’. This means that parents ask permission for their child to be able to marry, customary guardian. But not all is permitted, the case must be tried first, starting with a letter of application, then on to the court, with witnesses. The bottom line is these matters are not decided in a flash, there are procedures that must be followed, including whether the parents really consent to it? Including the procurement of witnesses. The Religious Court also had the opportunity through a mediator (a court staff as well) to remind the parties concerned not to go into early marriage, including explaining the impact of such marriage, including the financial preparedness. Also the importance of the quality of marriage.”* (M & M, male, Lombok Barat Religious Court Office)

Informants from Religious Court Chairman and Vice Chairman of Lombok Barat District asserted that not all of the applications are granted, the wide range of requirements have to be studied first. The reason for rejection depends on the case, for example, if one of the spouses is not yet ready for marriage, but the parents impose it on them. Another cause for rejection can be that the characteristics of the bride or groom are not yet qualified, for example their ability, economic possibilities, etc.

However, qualitative data show that for Lombok Barat, the couples that have a child marriage tend to take advantage of the “nikah adat/nikah agama” tradition (marriage under custom/religious law, but unrecorded in the government document). Therefore, registration of marriage (nikah isbath) becomes the main program in Lombok Barat, because out of 10 marriages, 7 to 8 marriages were not registered. This matter can not be separated from the tradition in Lombok-West Nusa Tenggara region.

Formally, Sukabumi doesn't have local regulations pertaining to child marriage, teenage pregnancy or FGM/C. Efforts of local authorities are more in the form of socialization or counseling to various community groups. For teenage pregnancy, there is one relevant regulation, namely the Regional Regulation No. 3 of 2013, concerning Midwives, Paraji and Health Agents Partnership. This regulation is an attempt to ensure a safe delivery for every pregnant woman in Sukabumi. Although this regulation is more about pregnancy and childbirth, the partnership of midwife and paraji may be the mechanism of advocacy on the issue of FGM/C, because many paraji are still doing the practice, whereas most midwives are not willing to accept the demand of female circumcision.

*“I understand that FGM/C is not to be allowed anymore. Sukabumi is a religious area, and most people refer to the Hadith. The benefit of this is virtually nonexistent. On delivering this information to the public, this is not easily accepted. Midwives today no longer perform female circumcision.”*

(T, female, Sukabumi District Health Office staff).

In an interview with the member of local parliament in Sukabumi, she argued that it's about time that sex education is included in the local curriculum in elementary, junior, and senior high school. In addition, a draft on Women's Empowerment and Child Protection is also being discussed, which is an opportunity to raise the issue of child marriage, teenage pregnancy and FGM/C.

These findings indicate that marriage was legitimate according religious law, if conducted in a mushola/mosque and registered to the head of the village (Kadus), as it has been practiced over the years. It seems that there are efforts at the district level to restrict the practice of 'customary/religious'. Couples that marry without registering to the KUA (Religious Affairs Office) have to pay the fine of Rp 600,000. The effectiveness of this sanction still needs to be evaluated as it has been socialized and implemented only in recent years.

The survey also tried to capture information on the parties involved if there is a case or incident of child marriage. The number of 'responsive' parties was slightly lower in Sukabumi (61%) than in Lombok Barat (66.7%). This suggests that social control in Lombok Barat concerning child marriage tends could be higher than in Sukabumi.

The local government showed commitment towards the need for regulation on Maturation Age of Marriage (PUP), and the efforts to embrace and involve the Tuan Guru. This is based on the assumption that marriage is part of the 'religious deeds' in Islam, so that people who do not/have not marry are considered not yet a “whole” Muslim. In addition, there is a 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.

With regard to the policy/program and/or the parties actively involved in efforts to reduce the tendency of child marriage (e. g. PUP policy, GAMAK, etc.), data point to the weakness of the “attention” and “seriousness” in addressing child marriage, particularly in Sukabumi. For Lombok Barat District, there are still questions related to the effectiveness of the movements promoted by government and civil society organizations. In both districts, the survey data show a lack of knowledge among youth of various policies/programs concerning child marriage, and even policies at the local level.



## 4. Discussion

Previous chapters have described the baseline study findings in terms of causes, consequences and opinions regarding child marriage, teenage pregnancy and FGM/C, including attitudes and behavior of communities regarding these issues. In this section we discuss these results in relation to other relevant studies.

One of the key findings of the 2012 Indonesian Demographic and Health Survey (IDHS), was that 13% of women under 20 years were married (BPS et al. 2013: 41). The baseline study presented found that the proportion of young women (15-24 years) who had entered marriage before age of 18 was 17.9% and 13% in Lombok Barat and Sukabumi respectively; in total, 15.4%. The qualitative findings show that there are various efforts to prevent child marriage in Indonesia. In stakeholder meetings, the willingness to synergize among sectors and address these issues was evident, and a member of parliament pledged to allocate budget for the program.

The 2012 IDHS showed that ten percent of young women aged 15-19 were already mothers or pregnant of their first child. Compared to the 2007 IDHS, there was a slight increase of teenage pregnancy from 9% to 10%. The Baseline Survey revealed a teenage pregnancy rate in both districts of around 35,8% among female respondents aged 20-24, which is a little higher than the national figure. Another study in Cilimus district of West Java found that 41 out of 428 brides-to-be were pregnant (in Utomo & Utomo 2013), which represented almost 10% of all respondents.

The baseline data indicate that about 39% of young women in Lombok Barat and had a teenage pregnancy before or in the same year as child marriage, which is significantly higher than the IDHS figure and previous studies. This baseline figure is almost similar to a previous study among high-school students in Papua, which revealed that 32% of sexually-active female students were pregnant, whereby most resorted to induced abortion (Diarsvitri, et al. 2011).

The 2013 Riskesdas showed that West Java and West Nusa Tenggara provinces had a high prevalence of FGM/C, above 70% and 65% respectively. In Lombok Barat district (West Nusa Tenggara), 53% of female respondents were circumcised compared with 92% of female respondents in Sukabumi district (West Java). These data provide important insights for Lombok Barat district, as having a lower prevalence than the provincial figure, while the prevalence among young women in Sukabumi district was higher than the provincial one. Hence, it is interesting to deepen understanding about what circumstances can reduce the FGM/C practice in Lombok Barat, where the majority of the population is Moslem.

In the stakeholder meeting in Lombok Barat, participants perceived FGM/C as a sensitive issue in the community that is difficult to address. The Indonesia Midwife Association (Ikatan Bidan Indonesia or IBI) acknowledged that midwives were not allowed to do FGM/C but often found it difficult to decline mothers' request in the community. Most participants perceived that religious leaders should play a strategic role on this issue.

Fifty eight percent of married women aged 15-49 were using modern contraceptives, according to the 2012 IDHS. The baseline study showed a higher number in both districts, with about 73% of married young women between 15-24 years using modern contraceptives. The reported condom use among young women and men who had children was 24.9% in both districts with Sukabumi significantly higher than Lombok Barat (32.2% and 17.1% respectively). This figure is interesting as the 2012 IDHS reported that only 3% of young men aged 15-54 were using condoms. Although promotion of condoms as contraceptives has been done since long in Indonesia, male uptake of this method was very low.

Access to and knowledge about SRHR information are important factors that can affect young people's behavior in relation to child marriage and teenage pregnancy. Access to SRHR information for young women and men in both sites was relatively high, more or less 70%. Yet, the proportion of those who had sufficient knowledge and positive attitudes on SRHR was relatively low, 23%. This finding supports a previous survey on adolescent reproductive health, as part of the 2012 IDHS, which shows relatively low knowledge on SRHR information.

Child marriage and teenage pregnancy were clearly intertwined with each other and affected the well-being of young people, particularly young women, in terms of education, economy, and health. FGM/C was not directly linked to child marriage and teenage pregnancy, although in some parts of Indonesia it is related to marriageability.

Addressing these cross-cutting issues inevitably needs a synergetic approach, which in line with YES I DO strategies: meaningful youth involvement, gender transformation, access to SRHR education and services, and young women's empowerment. In general, intervention concerning these three main issues should be done at three levels, namely cultural, structural and social processes. At the cultural level, the YES I DO program must deal with how to change norms and values in the community; at the structural level, efforts must be directed to advocate for policy-making; and interventions are also needed at the grassroots level, through social processes addressing the three main issues.

#### 4.1 STUDY LIMITATIONS

The baseline study of which findings have been presented in previous sections has its limitations. Not all the information and data obtained through the survey are presented in this report due to several methodological reasons. First, the respondents' answers to several questions/statements were insufficiently reliable, which may have been caused by lack of understanding of the question/statement on the side of respondents. Second, the enumerators used local languages when conducting surveys, so there is a possibility of slight inaccuracy in translating the question/statement in the questionnaire. In terms of capacity, there were skills differences between the enumerators in Lombok Barat and Sukabumi since most of the enumerators in Lombok Barat had better experience in conducting surveys than the ones in Sukabumi. Thirdly, the limited amount of qualitative data collected meant we were not able to provide comprehensive descriptions of the socio-cultural context in the research area.

In general, qualitative research data quality strongly depends on the ability of interviewers and FGD facilitators and on the willingness and openness of respondents to collaborate. To a certain extent, there were skills differences among qualitative researchers. Willingness may be limited, without the researchers knowing, when it comes to sensitive topics (violence, pre-marital sex, divorce), where there may be a tendency to socially accepted responses (in line with religion, tradition etc.). Recall bias is a risk in surveys and interviews that ask about the past (but in this case may be limited given the type of questions/topics). This baseline will be followed by midline and endline studies, but no control sites were included due to limitations in logistics and budgets, so it will be difficult to measure intervention impact over time.

## 5. Conclusions and recommendations

In both sites, child marriage was more closely associated with young women than men. Young women encounter social pressure – from family, community and peers – to marry at younger age. The practice of child marriage was more salient in Lombok Barat than in Sukabumi. Reasons for this practice include: 1) to avoid pre-marital sex or zina which is forbidden in Islam; 2) economic factors, as marrying off daughters helped alleviate the economic burden of the family; 3) cultural tradition, especially in Lombok Barat, of merariq; 4) relatively low aspiration regarding education, considering marriage more important than education; 5) unintended pregnancy. While family and relatives had important roles, young women had autonomy to decide about their partners.

Qualitative data showed that some parents had limited knowledge on consequences of child marriage. They preferred to marry off their daughters to avoid unintended pregnancy. Religious leaders reinforced this practice with an attitude of ‘stay away from zina by being married’. Hence, the age of marriage was not important to consider.

Child marriage intertwined with teenage pregnancy. Teenage pregnancy leads to child marriage and reversely, child marriage often leads to teenage pregnancy. The Baseline Survey illustrated that 74.6% and 88.9% of respondents, in Lombok Barat and Sukabumi respectively, agreed that marriage is a solution to teenage pregnancy. One important finding is that there was limited knowledge among respondents about the minimum legal age of marriage.

Pre-marital sex was the most important factor contributing to teenage pregnancy. It is influenced by peer pressure, media exposure, lack of sexual and reproductive health knowledge, limited access to reproductive health services and young women’s weak bargaining position in dating relationships. For unmarried young women, getting pregnant out of wedlock became a psycho-social and economic burden if they had limited family support.

The majority of young women who got pregnant will dropped out of school in Lombok Barat, but only a minority in Sukabumi. Young women often did not acknowledge the risks associated with pregnancy at young age, such as malnutrition, anemia or mortality. Young women and men had access to information through internet and social media, but their utilization of these sources to obtain proper sexual and reproductive health information was low. The use of media was predominantly for dating, sexually explicit materials, and finding new friends. Meanwhile, many parents were worried about young people’s behaviors but they also had difficulty to address them.

In general, both communities perceived FGM/C as a cultural practice. Although most respondents did not understand its objective, they stated they will circumcise their daughters in the future. For them, FGM/C has no harmful consequences. Survey results show that some Moslem respondents did not practice FGM/C anymore. It is likely that change is underway in the community. FGM/C was not considered as violence against women, as it is perceived as having no medical or non-medical consequences. In interviews, FGM/C was conceived as a virtue for women and as a means to control their sexual desires.

The survey results provide enough baseline data associated with the socio-cultural context of the two areas of YES I DO intervention program. Based on the findings of this survey, a number of recommendations were prepared for consideration to develop the program in both regions. These recommendations are made in reference to the four strategies of YES I DO, and considering the context of cultural, structural and social processes in the study area. The major findings and recommendations are laid out in the following matrix.

## 5.1. CONTEXT OF THE COMMUNITY

Figure 22. Main Findings and Recommendations for the Context of Community

1/2

YES I DO Strategies	Findings in Lombok Barat District	Recommendations	Findings in Sukabumi District	Recommendations
<i>Meaningful youth participation and youth adult partnership</i>	<ul style="list-style-type: none"> <li>In social activities, women and men participate together. However, there is segregation between male and female in religious activities.</li> <li>Young people (especially the girls) are not involved in the decision making process in the community level.</li> <li>There is fragmentations among the young people based on activities and groups/organizations.</li> </ul>	<ul style="list-style-type: none"> <li>Gender balance affirmative policy is needed in every activity.</li> <li>Building young people movement on healthy community. <ul style="list-style-type: none"> <li>▶ Cooperate with PKPR (program young people Posyandu and counseling in schools)</li> </ul> </li> <li>Capacity building for the young people, on organizational skill and advocacy through cross cutting activities. <ul style="list-style-type: none"> <li>▶ Ex. of activities: Youth-camp</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>In social activities, women and men participate together. However, there is segregation between male and female in religious activities.</li> <li>Young people (especially the girls) are not involved in the decision making process in the community level.</li> <li>Young people' involvement in community activities is low.</li> </ul>	<ul style="list-style-type: none"> <li>Gender balance affirmative policy is needed in every activity.</li> <li>Building young people movement on healthy community. <ul style="list-style-type: none"> <li>▶ Karang Taruna and PKPR revitalization</li> </ul> </li> <li>Capacity building for the young people, on organizational skill and advocacy through cross cutting activities. <ul style="list-style-type: none"> <li>▶ Ex. of activities: Youth-camp</li> </ul> </li> </ul>
<i>Gender transformative (including Male Involvement)</i>	<ul style="list-style-type: none"> <li>The division of gender roles in the household and community is strong.</li> <li>Men have the dominant role in community and household decision-making.</li> <li>The activities in the community are segregated by age and by gender.</li> <li>Religious leaders have strong influence on the division of gender roles.</li> <li>Religious institutions haven't optimally embraced the young people.</li> </ul>	<ul style="list-style-type: none"> <li>Increasing gender awareness for men in efforts to create gender responsive family. <ul style="list-style-type: none"> <li>▶ Through siskamling activities and pengajian for men</li> </ul> </li> <li>Expanding and optimizing the involvement of religious leaders/organizations. <ul style="list-style-type: none"> <li>▶ Training and capacity building for religious leaders on gender awareness</li> <li>▶ Involving the religious leaders in socialization activities and policy advocacy</li> </ul> </li> <li>Encouraging collaboration activities with youth and religious groups/ organizations. <ul style="list-style-type: none"> <li>▶ Form of activities: sports, arts, cleanliness</li> <li>▶ Involving various youth groups as the driving element in community</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The division of gender roles in the household and community is strong.</li> <li>Men have the dominant role in community and household decision-making.</li> <li>The involvement of young men in the community activities is low.</li> <li>There are no religious leaders who have broad influence.</li> <li>Religious institutions haven't optimally embraced the young people.</li> </ul>	<ul style="list-style-type: none"> <li>Increasing gender awareness for men in efforts to create gender responsive family. <ul style="list-style-type: none"> <li>▶ Through siskamling activities and pengajian for men</li> </ul> </li> <li>Expanding and optimizing the involvement of religious leaders/organizations. <ul style="list-style-type: none"> <li>▶ Training and capacity building for religious leaders on gender awareness</li> <li>▶ Involving the religious leaders in socialization activities and policy advocacy</li> </ul> </li> <li>Identification of potential religious organizations for YES I DO program.</li> <li>Encourage activities of collaboration/ cooperation between youth organizations/groups and religious groups. <ul style="list-style-type: none"> <li>▶ Form of activities: sports, arts, cleanliness</li> <li>▶ Involving various youth groups as the driving element in community</li> </ul> </li> </ul>

Figure 22. Main Findings and Recommendations for the Context of Community

YES I DO Strategies	Findings in Lombok Barat District	Recommendations	Findings in Sukabumi District	Recommendations
<i>Access to SRHR education and services</i>	<ul style="list-style-type: none"> <li>• Some Islamic Boarding School (pesantren) are teaching SRHR through akhlak and fiqh subjects.</li> <li>• There is PIK-R on one of pesantren in Kediri Sub-District.</li> <li>• The use of internet and social media to access SRHR information is high.</li> <li>• Puskesmas provides PKPR service in sub-districts, but it's not yet young people friendly (as in the operational hours and limited counseling time to the schools).</li> </ul>	<ul style="list-style-type: none"> <li>• Use the social media to create awareness on SRHR.                             <ul style="list-style-type: none"> <li>▶ Provide SRHR consultation service via internet messenger</li> </ul> </li> <li>• SRHR roadshow to schools and village communities.</li> <li>• Advocacy on the improvement of young people friendly PKPR service.</li> </ul>	<ul style="list-style-type: none"> <li>• There is already SSK (Demography Aware School) program in one high school in Cisolok sub-district, one of its subjects is SRHR.</li> <li>• The use of internet and social media to access SRHR information is high.</li> <li>• PKPR service is only available in the form of school counseling.</li> </ul>	<ul style="list-style-type: none"> <li>• Use the social media to create awareness on SRHR.                             <ul style="list-style-type: none"> <li>▶ Provide SRHR consultation service via internet messenger</li> </ul> </li> <li>• SRHR roadshow to schools and village communities.</li> <li>• Advocacy on the improvement of young people friendly PKPR service.</li> </ul>
<i>Girls empowerment</i>	<ul style="list-style-type: none"> <li>• The continuity of education is more vulnerable for women than for men.</li> <li>• Bargaining power of young women is low, both in households and in the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy to secure the continuity of education for women.                             <ul style="list-style-type: none"> <li>▶ Advocacy at sub-district level</li> <li>▶ Advocacy at school level</li> <li>▶ Conducting periodic parenting sessions</li> </ul> </li> <li>• Economic empowerment for young women.                             <ul style="list-style-type: none"> <li>▶ Creating economic support groups for married/widowed/divorced young women</li> <li>▶ Capacity strengthening for young women on entrepreneurship</li> <li>▶ Capacity strengthening on household financial management</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The continuity of education is more vulnerable for women than for men.</li> <li>• Bargaining power of young women is low, both in households and in the community.</li> <li>• Young women contribute to the household's economy.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy to secure the continuity of education for women.                             <ul style="list-style-type: none"> <li>▶ Advocacy at sub-district level</li> <li>▶ Advocacy at school level</li> <li>▶ Conducting periodic parenting sessions</li> </ul> </li> <li>• Economic empowerment for young women.                             <ul style="list-style-type: none"> <li>▶ Creating economic support groups for married/widowed/divorced young women</li> <li>▶ Capacity strengthening for young women on entrepreneurship</li> <li>▶ Capacity strengthening on household financial management</li> </ul> </li> </ul>

## 5.2. CHILD MARRIAGE

Figure 23. Main Findings and Recommendations for Child Marriage Issues

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YES I DO Strategies	Findings in Lombok Barat District	Recommendations	Findings in Sukabumi District	Recommendations
<i>Meaningful youth participation and youth adult partnership</i>	<ul style="list-style-type: none"> <li>Young people's awareness concerning the risk of child marriage is low.</li> <li>Social capital is available to young people, through collective funds managed by the young people to help their friends with the costs of wedding.</li> <li>There are PIK-R activities based in Islamic Boarding School.</li> </ul>	<ul style="list-style-type: none"> <li>Raise young people awareness through capacity building and public campaigns, by cooperating with existing youth activities (ex. Karang Taruna and Mosque' youth group).</li> <li>Creating CM task force which included governments, CSOs, youth organizations/ groups, the private sectors, and academia.</li> </ul>	<ul style="list-style-type: none"> <li>Young people's awareness concerning the risk of child marriage is low.</li> <li>Existing youth organizations/groups have not yet paid attention to the issue of child marriage.</li> </ul>	<ul style="list-style-type: none"> <li>Raise young people awareness through capacity building and public campaigns, by cooperation with existing youth groups/ organizations (ex. Karang Taruna and Mosque' youth group).</li> <li>Existing youth groups/ organizations raise community awareness (adult and communities) about CM and SRHR.</li> </ul>
<i>Gender transformative (including Male Involvement)</i>	<ul style="list-style-type: none"> <li>Men are the decision maker to do merariq.</li> <li>Tuan Guru (religious leaders) is the main role model.</li> <li>There is already anti-merariq kodeq movement which involves the government, social organizations, and NGOs.</li> <li>There is already Governor's Decree on the affirmation of PUP (maturation of legal marriage age) in 2014.</li> <li>There is already regional bylaw on family security in 2015, but has not yet implemented.</li> <li>Some villages have local regulation (awig-awig) on maturation age of Merariq.</li> </ul>	<ul style="list-style-type: none"> <li>Training on gender sensitivity for young people (men and women) to prevent Merariq Kodeq.</li> <li>Involving Tuan Guru in the advocacy of Merariq Kodeq, both in the community level and policy level.</li> <li>Advocating the related governmental bodies to materialize existing policy into implemented programs.</li> <li>Advocacy in village level to create local regulation (awig-awig) concerning CM.</li> </ul>	<ul style="list-style-type: none"> <li>Child marriage occurs more frequently because of adverse event (KTD)</li> <li>The lack of religious leaders' role in the issue of child marriage</li> <li>There is no commitment from the local government concerning CM and maturation of legal marriage age.</li> <li>There is already SSK (Demography Aware School) pilot project program in one high school in Cisolok sub-district, which supports maturation of legal marriage age.</li> </ul>	<ul style="list-style-type: none"> <li>Training on gender sensitivity for young people (men and women) to prevent CM</li> <li>Raising the awareness of religious leader and religious organizations to do advocacy for in the community level and policy level.</li> <li>Advocacy to create policy on the local level on CM and maturation of legal marriage age.</li> </ul>
<i>Access to SRHR education and services</i>	<ul style="list-style-type: none"> <li>In some pesantren/ madrasah, there is already socialization to delay marriage.</li> </ul>	<ul style="list-style-type: none"> <li>Capacity building for teachers in school concerning SRHR.</li> <li>Improving young people's access to contraceptive information and materials by promoting health services for youth which is provided in the community health center.</li> </ul>	<ul style="list-style-type: none"> <li>The document of TT-free is mandatory before registering to get married.</li> <li>CM is one of subjects in SSK (Demography Aware School) program in one high school in Cisolok Sub-District.</li> </ul>	<ul style="list-style-type: none"> <li>Capacity building for teachers in school concerning SRHR.</li> <li>Improving young people's access to contraceptive information and materials by promoting health services for youth which is provided in the community health center.</li> </ul>
<i>Girls empowerment</i>	<ul style="list-style-type: none"> <li>Marriage causes school dropout.</li> <li>Lack of employment opportunities underlies the tendency of child marriage practice.</li> </ul>	<ul style="list-style-type: none"> <li>Promoting alternatives other than formal education for women to continue their education.</li> <li>Creating youth agents at local level to counsel the young women who dropped out of school due to CM to continue their education.</li> <li>Local economic empowerment based on creative industries.</li> </ul>	<ul style="list-style-type: none"> <li>Marriage causes school dropout.</li> <li>Women contribute to the household's economy.</li> </ul>	<ul style="list-style-type: none"> <li>Promoting alternatives other than formal education for women to continue their education.</li> <li>Creating youth agents at local level to counsel the young women who dropped out of school due to CM to continue their education.</li> <li>Empowering small and micro business which involves young women. <ul style="list-style-type: none"> <li>▶ Training on the use of social media for marketing</li> </ul> </li> </ul>

## 5.3. TEENAGE PREGNANCY

Figure 24. Main Findings and Recommendations for Teenage Pregnancy Issues

1/2

YES I DO Strategies	Findings in Lombok Barat District	Recommendations	Findings in Sukabumi District	Recommendations
<i>Meaningful youth participation and youth adult partnership</i>	<ul style="list-style-type: none"> <li>• There is already program PKPR (in health centers in Kediri and Lembar Sub-Districts) but not yet synchronized with youth organizations/groups at the local level.</li> </ul>	<ul style="list-style-type: none"> <li>• Building young people movement on healthy community               <ul style="list-style-type: none"> <li>▶ Cooperate with PKPR (program young people Posyandu and counseling in schools).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• There is already program PKPR (in health center in Cisolok Sub-District) but not yet synchronized with youth organizations/groups at the local level.</li> </ul>	<ul style="list-style-type: none"> <li>• Building young people movement on healthy community               <ul style="list-style-type: none"> <li>▶ Cooperate with PKPR (program young people Posyandu and counseling in schools)</li> </ul> </li> <li>• Building cooperation with MOTEKAR (family security motivator) program.</li> </ul>
<i>Gender transformative (including Male Involvement)</i>	<ul style="list-style-type: none"> <li>• Adverse events contribute to the occurrence of child marriages.</li> <li>• 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.</li> <li>• Women who experience unintended pregnancy have lower dowry than women who did not experience unintended pregnancy in the Merariq custom.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing gender awareness for men in efforts to create gender responsive family.               <ul style="list-style-type: none"> <li>▶ Through siskamling activities and pengajian for men</li> </ul> </li> <li>• Expanding and optimizing the involvement of religious leaders/organizations.               <ul style="list-style-type: none"> <li>▶ Training and capacity building for religious leaders on gender awareness</li> <li>▶ Involving the religious leaders in socialization activities and policy advocacy</li> </ul> </li> <li>• Encouraging collaboration activities with youth and religious groups/organizations.               <ul style="list-style-type: none"> <li>▶ Form of activities: sports, arts, cleanliness</li> </ul> </li> <li>• Involving various youth groups as the driving element in community.</li> <li>• Increasing men's awareness and willingness to appreciate their spouse.               <ul style="list-style-type: none"> <li>▶ Ex. of activities: Short movie competition in schools</li> <li>▶ Movie screening on the result of the above competition to all villages.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Adverse events contribute to the occurrence of child marriages.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing gender awareness for men in efforts to create gender responsive family.               <ul style="list-style-type: none"> <li>▶ Through siskamling activities and pengajian for men</li> </ul> </li> <li>• Expanding and optimizing the involvement of religious leaders/organizations.               <ul style="list-style-type: none"> <li>▶ Training and capacity building for religious leaders on gender awareness</li> <li>▶ Involving the religious leaders in socialization activities and policy advocacy</li> </ul> </li> <li>• Encouraging collaboration activities with youth and religious groups/organizations.               <ul style="list-style-type: none"> <li>▶ Form of activities: sports, arts, cleanliness</li> </ul> </li> <li>• Involving various youth groups as the driving element in community.</li> <li>• Increasing men's awareness and willingness to appreciate their spouse.               <ul style="list-style-type: none"> <li>▶ Ex. of activities: Short movie competition in schools</li> <li>▶ Movie screening on the result of the above competition to all villages.</li> </ul> </li> </ul>

Figure 24. Main Findings and Recommendations for Teenage Pregnancy Issues

2/2

YES I DO Strategies	Findings in Lombok Barat District	Recommendations	Findings in Sukabumi District	Recommendations
<i>Access to SRHR education and services</i>	<ul style="list-style-type: none"> <li>• The low use of contraception among young men.</li> <li>• The youths' lack of knowledge concerning SRHR.</li> </ul>	<ul style="list-style-type: none"> <li>• Creating youth agents in the village level to campaign on the prevention of pregnancy in the case of child marriage.</li> <li>• Improving young people's access to contraceptive information and materials by working with the community health center to strengthen Posyandu for youth in every village.</li> <li>• Provide SRHR education in communities, schools/ pesantren.</li> </ul>	<ul style="list-style-type: none"> <li>• The low use of contraception among young men.</li> <li>• The youths' lack of knowledge concerning SRHR.</li> <li>• Health providers suggest the use of contraception for women who are married under 20 yr.</li> </ul>	<ul style="list-style-type: none"> <li>• Creating youth agents in the village level to campaign on the prevention of pregnancy in the case of child marriage.</li> <li>• Improving young people's access to contraceptive information and materials by working with the community health center to strengthen Posyandu for youth in every village.</li> </ul>
<i>Girls empowerment</i>	<ul style="list-style-type: none"> <li>• Boys and girls with a case of unintended pregnancy cannot continue their education.</li> <li>• The economic survival for young people who experience unintended pregnancy is very vulnerable.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure the continuation of education for girls who dropped out of school due to teenage pregnancy.                             <ul style="list-style-type: none"> <li>▶ Advocacy in sub-district level</li> <li>▶ Advocacy at school level</li> <li>▶ Conducting periodic parenting sessions</li> </ul> </li> <li>• Provide online and offline counseling services, which gender sensitive.</li> <li>• Economic empowerment for young women.                             <ul style="list-style-type: none"> <li>▶ Creating economic support groups for married/widowed/divorced young women</li> <li>▶ Capacity strengthening for young women on entrepreneurship</li> <li>▶ Capacity strengthening on household financial management</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Boys and girls with a case of unintended pregnancy cannot continue their education.</li> <li>• The economic survival for young people who experience unintended pregnancy is very vulnerable.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure the continuation of education for girls who dropped out of school due to teenage pregnancy.                             <ul style="list-style-type: none"> <li>▶ Advocacy in sub-district level</li> <li>▶ Advocacy at school level</li> <li>▶ Conducting periodic parenting sessions</li> </ul> </li> <li>• Provide online and offline counseling services, which gender sensitive.</li> <li>• Economic empowerment for young women.                             <ul style="list-style-type: none"> <li>▶ Creating economic support groups for married/widowed/divorced young women</li> <li>▶ Capacity strengthening for young women on entrepreneurship</li> <li>▶ Capacity strengthening on household financial management</li> </ul> </li> </ul>



## 5.4. FGM/C

Figure 25. Main Findings and Recommendations for Issues of Female Circumcision 1/2

YES I DO Strategies	Findings in Lombok Barat District	Recommendations	Findings in Sukabumi District	Recommendations
<i>Meaningful youth participation and youth adult partnership</i>	<ul style="list-style-type: none"> <li>FGM/C is not regarded as a problem by the young people.</li> </ul>	<ul style="list-style-type: none"> <li>Provide information about FGM/C from various alternate perspectives (medical, religion, psychological, bodily integrity).               <ul style="list-style-type: none"> <li>Ex. of activities: Roadshow to communities and schools.</li> <li>Provide discussion services through internet messenger and community radio.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>FGM/C is not regarded as a problem by the young people.</li> </ul>	<ul style="list-style-type: none"> <li>Provide information about FGM/C from various alternate perspectives (medical, religion, psychological, bodily integrity).               <ul style="list-style-type: none"> <li>Ex. of activities: Roadshow to communities and schools.</li> <li>Provide discussion services through internet messenger and community radio.</li> </ul> </li> </ul>
<i>Gender transformative (including Male Involvement)</i>	<ul style="list-style-type: none"> <li>Some men (in Kediri Sub-District) know the practice of female circumcision, but have low involvement since it is considered women's affairs/responsibility.</li> <li>FGM/C is not regarded as a problem and doesn't have negative impact as perceived by the community.</li> <li>FGM/C doesn't affect partner selection and marriage.</li> <li>The community in Lembar sub-district doesn't practice FGM/C anymore, and there is no social pressure about the necessity of female circumcision.</li> <li>FGM/C is interpreted as control on female sexuality.</li> </ul>	<ul style="list-style-type: none"> <li>Integrating SRHR in parenting activities, religious activities (ex. pengajian), and other social activities.</li> <li>Advocate the posyandu agents and PKK about female circumcision.</li> <li>Advocate local policy concerning FGM/C</li> </ul>	<ul style="list-style-type: none"> <li>Men tend to not know and not involved in the practice of female circumcision, because it is considered women's affairs/responsibility.</li> <li>FGM/C is a tradition that is inherited and not to be questioned.</li> <li>FGM/C is not regarded as a problem and doesn't have negative impact as perceived by the community.</li> <li>FGM/C doesn't affect partner selection and marriage.</li> <li>The community in Lembar sub-district doesn't practice FGM/C anymore, and there is no social pressure about the necessity of female circumcision.</li> <li>FGM/C is interpreted as control on female sexuality.</li> </ul>	<ul style="list-style-type: none"> <li>Integrating SRHR in parenting activities, religious activities (ex. pengajian), and other social activities.</li> <li>Advocate the posyandu agents and PKK about female circumcision.</li> <li>Advocate local policy concerning FGM/C through partnership programs with midwives and paraji.</li> </ul>
<i>Access to SRHR education and services</i>	<ul style="list-style-type: none"> <li>The knowledge of FGM/C is transmitted through generations.</li> <li>FGM/C is regarded as religious and cultural obligation.</li> </ul>	<ul style="list-style-type: none"> <li>Integrating SRHR material into schools' and pesantrens' activities.</li> <li>Utilize the paraji-midwives partnership program to limit the practice of female circumcision.</li> <li>Capacity building for posyandu agents and PKK on female circumcision.</li> </ul>	<ul style="list-style-type: none"> <li>The knowledge of FGM/C is transmitted through generations.</li> <li>FGM/C is regarded as religious and cultural obligation.</li> </ul>	<ul style="list-style-type: none"> <li>Integrating SRHR material into schools' and pesantrens' activities.</li> <li>Utilize the paraji-midwives partnership program to limit the practice of female circumcision.</li> <li>Capacity building for posyandu agents and PKK on female circumcision.</li> </ul>
<i>Girls empowerment</i>	<ul style="list-style-type: none"> <li>FGM/C has no effect on education and the economy.</li> </ul>	<ul style="list-style-type: none"> <li>Integrating SRHR material in schools, pesantrens, and pengajians.</li> </ul>	<ul style="list-style-type: none"> <li>FGM/C has no effect on education and the economy.</li> </ul>	<ul style="list-style-type: none"> <li>Integrating SRHR material in schools, pesantrens, and pengajians.</li> </ul>

## 6. References

- Budiharsana, M. et.al. 2003. FGM/C in Indonesia. Research report. Jakarta: Population Council dan USAID.
- BPS, BKKBN, Kemenkes and ICF International. 2013. Indonesian Demographic and Health Survey 2012. Jakarta: BPS, BKKBN, Kemenkes and ICF International.
- Delyana, D. 2005. Sunat perempuan dalam budaya Sunda (Studi tentang Posisi Perempuan dan Pemaknaan Tradisi Sunat Perempuan sebagai Kontrol Seksualitas di Desa Cipanengah Kecamatan Lembur Situ Kotamadya Sukabumi). Skripsi tidak diterbitkan. FISIP Universitas Jenderal Soedirman.
- Diarsvitri, W., I. D. Utomo, T. Neeman, dan A. Oktavian. 2011. "Beyond sexual desire and curiosity: sexuality among senior high school students in Papua and West Papua Provinces (Indonesia) and implications for HIV prevention." *Culture, Health & Sexuality* 13:1047-60.
- Hull, Terence H dan Wendy Hartanto. 2009. "Resolving contradictions in Indonesian fertility estimates." *Bulletin of Indonesian Economic Studies* 45:61-71.
- IPPF, UNFPA and the Global Coalition on Women and AIDS. 2009. Report Card HIV Prevention for Girls and Young Women: Indonesia. IPPF, UNFPA, the Global Coalition on Women and AIDS.
- Kusumaningsih, Tri Puspa. 2010. "Hubungan praktek intercourse dengan kecemasan terjadinya kehamilan diluar nikah pada remaja di SMA X tahun 2010." *Jurnal Komunikasi Kesehatan* 2:1-7.
- Miller, B. C., B. Benson and K. A. Galbraith (2001). "Family relationships and adolescent pregnancy risk: A research synthesis." *Developmental review* 21(1): 1-38.
- Sedgh, G dan H Ball. 2008. "Abortion in Indonesia." Guttmacher Institute, New York.
- Utomo, I.D. dan A. Utomo. 2013. Adolescent Pregnancy in Indonesia: A Literature Review. Executive Summary. World Population Day.
- Utomo, I. D., McDonald, P., Anna Reimondos, T. H., & Utomo, a. A. 2012. "The 2010 Greater Jakarta Transition to Adulthood Study". Policy Brief No. 5. *Reproductive Health Services for Single Young Adults*.
- Utomo, I.D. dan P.McDonald. 2009. "Adolescent Reproductive Health in Indonesia: Contested Values and Policy Inaction", *Studies in Family Planning* (40)2: 133-146.
- Williamson, N. E. (2012). *Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy: UNFPA State of World Population 2013*, United Nations Population Fund.
- World Vision (2014). *Exploring the links: Female genital mutilation/circumcision and early marriage*. London, World Vision.

