

# AN EXERCISE IN AGENCY

Experiences of Youth and  
Enabling Support Structures in claiming their SRHR



DIANA TERESA PAKASI  
FATIMAH AZ ZAHRO, NADIRA REZA CHAIRANI  
RENI KARTIKAWATI, NI NYOMAN SRI NATIH  
RAHMADI FAJAR HIMAWAN  
CENTER OF GENDER & SEXUALITY STUDIES, UNIVERSITY OF INDONESIA

TASNEEM KAKAL  
ANKE VAN DER KWAAK  
KIT ROYAL TROPICAL INSTITUTE

## **ABOUT YES I DO**

The Yes I Do project (2016-2020) aims to reduce child marriage, teenage pregnancies and female genital mutilation/cutting (FGM/C) related practices in Pakistan, Indonesia, Ethiopia, Kenya, Mozambique, Zambia and Malawi. It is a joint collaboration with Plan Netherlands, CHOICE, Rutgers, Amref and KIT Royal Tropical Institute. It is funded by the Dutch Ministry of Foreign Affairs.

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## **CONTACT INFORMATION**

For more information regarding this study, please contact Diana Pakasi at [diana.pakasi@puskagenseks.org](mailto:diana.pakasi@puskagenseks.org) and Tasneem Kakal at [t.kakal@kit.nl](mailto:t.kakal@kit.nl).

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## Table of Contents

List of Tables .....	3
List of Figures .....	3
List of Acronyms and Abbreviations .....	4
An Exercise in Agency: Executive Summary .....	6
1. Introduction .....	9
1.1 Introduction.....	9
1.2 Background.....	9
1.3 Research Objectives .....	10
2. Methodology .....	11
2.1 Selection of research topic and study sites: A collaborative exercise .....	11
2.2 Data Collection Methods.....	11
2.3 Data Collection Process .....	14
2.4 Recruitment of Participants.....	15
2.5 Data Analysis .....	16
2.6 Quality Assurance.....	17
2.7 Ethical Considerations.....	17
2.8 Limitations.....	18
3. Reviewing the literature: what do we know .....	18
3.1 Problematizing Sexual and Reproductive Health and Rights (SRHR) of Indonesian Youth .....	18
3.2 Conceptualising Agency and Support Structures .....	21
3.3 Current support structures promoting youth SRHR .....	23
4. Youth Aspirations, Problems and Gender Norms in the Two Villages .....	26
4.1 Limbangan Village.....	26
4.2 Cikelat Village.....	35
4.3 Community Norms on Gender and Youth Sexuality in Limbangan and Cikelat .....	42
5. Youth's Views and Experiences on Sexual and Reproductive Health and Rights (SRHR).....	45
5.1 Youth's Views on Body, Puberty, and Sexuality .....	45
5.2 Puberty Experiences .....	47
5.3 Dating Experiences .....	48
5.4 Pregnancies, Contraception, and Abortion .....	50
5.5 Sexually Transmitted Infections (STI) and HIV/AIDS .....	55
5.6 Female Genital Mutilation or Cutting (FGM/C).....	56

5.7 Youth's Access to Information and Health Services .....	57
6. Child Marriage and Teenage Pregnancy .....	60
6.1 Child Marriage .....	60
6.2 Teenage Pregnancy.....	64
7. Support Structures for Youth: FAD and KPAD .....	66
7.1 Village Children Forum (FAD) .....	66
7.2 Community-based Child Protection Mechanism (KPAD): Case of Limbangan Village .....	70
7.3 Community-based Child Protection Mechanism (KPAD): Case of Cikelat Village .....	75
7.4 Community-based Child Protection Mechanism (KPAD): A brief insight into Sukaraja and Cisolok 79	
8. Discussion and Conclusions .....	81
8.1 SRHR issues faced by youth .....	81
8.2 Youth Agency .....	82
8.3 Support Structures.....	84
9. Reflections and Recommendations .....	87
Pathway 1: Changed attitudes and actions of community members and gatekeepers .....	87
Pathway 2 and 3: Meaningful engagement of youth to claim and act on their SRHR .....	88
Pathway 4: Education and Economic Empowerment .....	89
Pathway 5: Development and implementation of laws and policies .....	90
10. References .....	91

## List of Tables

Table 1. Research Method and Participants.....	15
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## List of Figures

Figure 1 FGD with girls using the body mapping technique.....	12
Figure 2 Results from the Youth FGD: Female and Male Bodies.....	12
Figure 3 Map of the Village Presentation by FGD Participants .....	13
Figure 4 The integrated health services post in Limbangan Village’s Nagrak Sub-District .....	27
Figure 5 A preschool facility in Limbangan Village’s Limbangan Sub-District .....	27
Figure 6 Farmer dries his rice in the sun in Limbangan Village .....	27
Figure 7 Female teenagers participating in a training facilitated by the Association for Small Business Development (PUPUK) in Limbangan Village .....	28
Figure 8 Assessing infants’ weight in Limbangan Village.....	29
Figure 9 Limbangan Village’s institutions and programs.....	29
Figure 10. A snippet of the story completion exercises on teenage boys and girls in Limbangan Village..	30
Figure 11. The differences of job aspirations between young men and women based on age groups .....	31
Figure 12 The road to a school in one of Cikelat Village’s sub-districts .....	35
Figure 13 An Islamic boarding school’s female dormitory in Cikelat Village.....	35
Figure 14 Village residents picking cloves .....	36
Figure 15 The mothers of Cikelat Village after attending mingon .....	37
Figure 16 A fooTBAll game in Cikelat Village .....	37
Figure 17. The story completion task of a young man (right) and young woman (left) in Cikelat Village..	39
Figure 18 The differences in job aspirations between the young men and women of Cikelat Village .....	39
Figure 19 Body mapping exercise on ‘changes within male bodies’, Male Youth, Cikelat Village.....	45
Figure 20 Body mapping exercise on ‘changes within female bodies’ from the male youth of Cikelat Village.....	46
Figure 21 Result of the body mapping exercise on ‘how female should appear’ .....	46
Figure 22 Result of the body mapping exercise on ‘how male should appear’ .....	46
Figure 23 A natural bench in Goalpara Tea Plantation with ‘no dating’ sign affixed on the tree.....	49
Figure 24 Interplay of child marriage and teenage pregnancy in Limbangan and Cikelat villages .....	60
Figure 25. The Group of Village Child Protection’s (KPAD) Case Book.....	64
Figure 26 KPAD’s Organizational Structure in Limbangan Village .....	70
Figure 27 Flow Chart of the Child Protection Services’ Mechanism .....	70
Figure 28 The Case Book of Limbangan Village’s KPAD.....	69
Figure 29 Types of support as an emerging theme .....	84

## List of Acronyms and Abbreviations

AIDS		Acquired Immune Deficiency Syndrome
APBDes	Anggaran Penerimaan dan Belanja Desa	Village Revenue and Expenditure Budget
BKKBN	Badan Koordinasi Keluarga Berencana Nasional	National Family Planning Coordinating Board
BUMDes	Badan Usaha Milik Desa	Village-owned enterprise
DKM	Dewan Kemakmuran Masjid	Mosque Prosperity Council
	Dinas Pemberdayaan Perempuan dan Perlindungan Anak	Women Empowerment and Child Protection Office
DP3A		Village Children Forum
FAD	Forum Anak Desa	Focus Group Discussion
FGD		Sukabumi Youth Forum
Forbumi	Forum Barudak Sukabumi	
GenRe	Generasi Rencana	
HIV		Human Immunodeficiency Virus
KLA	Kabupaten Layak Anak	Child Friendly City
	Kelompok Perlindungan Anak Desa	Community-based Child Protection Mechanism (CBCPM)
KPAD		Office of Islamic Religious Affairs (for registering marriages and divorces among Muslims)
	Kantor Urusan Agama	Joint Business Group
KUA		Rembang Child Protection Institution
KUBE	Kelompok Usaha Bersama	Village Community Empowerment Institution
LPAR	Lembaga Perlindungan Anak Rembang	Madrasah Tsanawiyah (junior high school level)
LPMD	Lembaga Pemberdayaan Masyarakat Desa	Indonesian Ulema Council
MTS	Madrasah Tsanawiyah	Meaningful Youth Participation
MUI	Majelis Ulama Indonesia	Village Development Planning Deliberations
MYP		Integrated Community Based Child Protection
Musrenbangdes	Musyawarah Perencanaan Pembangunan Desa	Village Regulation
PATBM	Perlindungan Anak Terpadu Berbasis Masyarakat	Indonesian Planned Parenthood Association
Perdes	Peraturan Desa	Center of Community Learning
PKBI	Persatuan Keluarga Berencana Indonesia	Family Welfare Movement
PKBM	Pusat Kegiatan Belajar Masyarakat	Youth Care Health Services
PKK	Pembinaan Kesejahteraan Keluarga	Village Health Post
PKPR	Pelayanan Kesehatan Peduli Remaja	Integrated Health Service Post
Poskesdes	Pos Kesehatan Desa	
Posyandu	Pos Pelayanan Terpadu	
	Pemberdayaan Perempuan dan Perlindungan Anak	
PPPA		Women Empowerment and Children Protection Association for small business development
PUPUK	Perkumpulan Untuk Peningkatan Usaha Kecil	Community Health Center
Puskesmas	Pusat Kesehatan Masyarakat	Auxiliary Health Center
Pustu	Puskesmas Pembantu	Child Protection Task Force
Satgas PA	Satuan Tugas Perlindungan Anak	Senior High School
SMA	Sekolah Menengah Atas	Vocational High School
SMK	Sekolah Menengah Kejuruan	

SMP  
SPP  
SRHR  
TBA  
VCT

Sekolah Menengah Pertama  
Simpan Pinjam Perempuan

Junior High School  
Savings and Loan Programme for Women  
Sexual and Reproductive Health and Rights  
Traditional Birth Attendants  
Voluntary Counselling and Testing

## An Exercise in Agency: Executive Summary

In Indonesia, where contraception is legally only provided to married couples, young people face a diverse range of SRHR challenges. This study dives deeper into how youth exercise their agency to claim their sexual and reproductive health and rights (SRHR) and which support structures enable them to do so and how. Conducted in 2019 in Limbangan and Cikelat villages in Sukabumi, West Java, these youth and their communities have been exposed to the Yes I Do programme (2016-2020) which aims to end child marriages, teenage pregnancy and FGM/C. This qualitative study zooms into the role of Community-based Child Protection Mechanism (CBCPM, hereafter KPAD), which were spearheaded by the Yes I Do programme and the Village Children's Forum (FAD) to support youth. In particular, the role of the KPAD focuses on intervention in cases of child marriages and teenage pregnancy under a child rights framework. The study also explores the aspirations, choices and capacities of young people in advocating for themselves and the strategies they use when faced with a teenage pregnancy or child marriage.

Norms on gender and sexuality underpin the manifold of issues faced by youth in Limbangan and Cikelat village. Moreover, young women bear a greater SRH burden compared to young men and are more stigmatized by society in cases of pre-marital teenage pregnancy, contraception and child marriage. Talking about sexuality is uncommon among women, and they limit themselves to discussing physical changes in their bodies. Boys however, are private but can and do talk about masturbation. Informational and emotional support is also gendered. While young women get information and emotional support from female family members or peers, it is not clear if young men receive enough emotional support at all.

Youth in the two villages grow up in a context, which fears '*zina*', literally translated as sex outside of marriage. In a similar vein, society also fears a pre-marital teenage pregnancy. These are the main motivators of child marriage in the two villages. Moreover, economic insecurity also prompts child marriage especially when school fees are high; girls have dropped out of school and are not skilled enough for the job market. While a pre-marital pregnancy is highly stigmatized, a teenage pregnancy within marriage is celebrated. Myths espousing that contraception use causes a 'dry womb' and infertility mean that women do not use pregnancy prevention measures until after their first child.

Parents play a crucial role in the decision-making regarding marriage. They are aware of the harms of child marriage. Despite being advised against it by the KPAD and at times religious leaders, parents are keen on marriage, as it would repair the damage caused to the honour of the family in cases of pregnancy. At the same time, other SRHR myths have negative consequences on women's lives and health. Taboos on rejecting one's first marriage proposal to treating childbirth delivery wounds with the help of ginger and ash are common. Several gatekeepers – in specific the *paraji* i.e. the traditional birth attendant, perpetuate these myths. These circumstances leave little space for youth, in particular girls, to make a decision for themselves.

At the same time, however, we see that young people engage in romantic relationships and date. Social media – mainly Facebook and WhatsApp plays a major role in meeting others and is often the primary mode of being in a relationship. Dating is accepted and is seen as normal but is not always approved by society.

Under these circumstances, how do we understand youth agency? In this report, we will see how youth navigate their sexual and reproductive health matters. This is a kind of agency – the general ability to perform actions to tackle their issues even under a patriarchal and unfriendly environment. This is evident from the youth who explained their strategies on dealing with issues related to puberty, marriage and pregnancy- whether they sought out alternative sources of information for their puberty concerns, or whether they agreed to marry for their family's benefit. This is also evident in their aspirations. While younger adolescents push the boundaries of what jobs are possible and in their purview, older youth recognize their constraints and negotiate to be more realistic. The internet has also given young people an opportunity to exercise their agency to engage in romantic relationships. Under these traditions and circumstances, they are able to perform this mode of agency. However, this study did not shed light on how individuals collectively organize themselves and exercise their agency to support each other when faced with SRHR challenges.

In general, the findings indicate that support for youth to exercise their agency regarding their SRHR is still limited. While youth may have emotional support from family and friends in dealing with SRHR issues, the informational support they have may not be up to mark- due to poor quality information received from the TBA and other community members. Although, the Youth Posyandu (Integrated Youth Health Services Post), Youth-Friendly Health Center, village midwives, teachers, parents, and KPAD exist for youth, harmful myths and social and gender norms are more influential in determining the actions of youth and their parents.

The availability of SRH services and funds to organize themselves i.e. instrumental support is very limited due to poor collaboration between the KPAD and FAD, limited services by the Youth Posyandu, and legal barriers that prohibit unmarried youth from accessing contraception. The role of FAD and KPAD in supporting youth SRHR is not optimal and both organisations face challenges. Either the adults patronize the FAD or it lacks guidance from them. It also struggles with keeping young people interested in the activities. Meanwhile, KPAD members do not have an aligned and strong standpoint that favours youth SRHR, with some members continue to believe that marrying off children in cases of premarital pregnancy is the only solution. It is urgent that value clarification is done with all members of the KPAD together so that they are able to fulfill their responsibilities as a child protection mechanism. Although the KPAD has been handling many cases of child marriage and teenage pregnancy, it is difficult to change parents' decision to not to marry their children off when social norms dictate otherwise. Other SRHR issues stay unaddressed in KPAD work.

The sustainability of KPAD after the end of the Yes I Do programme remains a question. Even though it has a decree from the village government, the government has not significantly supported them: in terms of

budget allocation, coordination with local stakeholders, and operational support. The work of KPAD relies on volunteerism with no material and non-material incentives from the community and village administration (lack of respect and support from the community/village administration, and assistance from implementing partners) for the members. A discussion is urgently needed between the national programme PATBM (integrated community-based child protection), and the KPAD for the latter's sustainability.

Partnership between youth and adults in KPAD remains an issue as well. In the advocacy of child marriage and teenage pregnancies, youth's voice is often unheard. In village or district meetings, their presence does not bring a recognition of their voice and rights. This was evident during the dissemination of the findings when some of the village leadership indicated that adults could effectively voice youth rights themselves. There is still a long way to go to gain meaningful youth participation (MYP) in SRHR and the FAD and KPAD should jointly operationalize MYP in their work.

## 1. Introduction

### 1.1 Introduction

Solving problems of youth sexual and reproductive health and rights (SRHR) is significant for achieving the Sustainable Development Goals (SDGs). Young people aged 15 to 24 constitute 17% (45 million) of the total Indonesian population (Indonesian Central Statistics Agency, 2011). The availability of services, information, and education related to reproductive health is of paramount importance for youth. Since 2016, the Yes I Do Programme has been running in Sukabumi, Rembang, and West Lombok regencies to fulfill young people's SRHR needs. In particular, Yes I Do facilitates young people in obtaining information regarding the necessary actions for their sexual and reproductive health. Through this operational research, the Yes I Do Alliance seeks to explore the ways in which young people exercise their sexual and reproductive rights, and how they are supported to perform their agency in relation to their SRHR. This research is primarily concerned with the prevention of child marriages and teenage pregnancies in two districts in Sukabumi Regency.

### 1.2 Background

Sukabumi District in West Java sees a high number of child marriages, especially in the villages in its periphery. With an incidence of 32% for marriage under 18 of ever married women between 20-24 it is slightly higher than the provincial average of 30.7% (Grijns, 2016).

The Yes I Do Programme's baseline study finds that 18% of marriages in Sukabumi are child marriages (Hidayana et al., 2016) and that child marriages have contributed to 59% of teenage pregnancies in the area. Teenage pregnancies often occur due to unprotected sex and are usually followed by marriage. The number of such cases in Sukabumi has reached 41%. In addition, unintended teen pregnancies are commonly found in cases of female teenagers who are not married. The study also found practices of unsafe abortions among girls who experienced unintended pregnancy (Hidayana et al., 2016).

Young people's access to information regarding SRHR remains poor (Hidayana et al., 2016). Village midwives run the youth education on reproductive health and frequently hold the event in religious forums such as Koran-reading sessions. Those who do not participate in these religious forums could not receive the education. The Yes I Do programme has initiated the idea of an Integrated Youth Health Services Center (Youth *Posyandu*) in Sukabumi. The Yes I Do's midline study then finds that a Youth Posyandu has been made available in Sukabumi.

In the meantime, Sukabumi's young people experience SRHR problems. Yes I Do's midline study finds that practices of unprotected sex have made young people vulnerable to unintended pregnancies, infectious sexual diseases, and unsafe abortions. (Pakasi et al., 2018)

Several actors and structures to mitigate problems related to SRH and other youth rights are available in Sukabumi and other areas with Yes I Do's intervention. One of the actors who plays a key role in preventing and mitigating the rate of child marriages and teen pregnancies is the Community-based Child Protection Mechanism (KPAD- *Kelompok Perlindungan Anak Desa*).

### 1.3 Research Objectives

The research study aims to explore youth agency and the support that young people receive to perform their agency in SRHR related issues, especially in preventing child marriages and teen pregnancies in Sukabumi's two districts. This research specifically aims to:

1. Explore the range of issues pertaining to SRHR which young women and men experience
2. Look into the choices and capacities that young people have when experiencing SRHR problems, especially child marriage and teen pregnancy.
3. Examine young people's strategies and support when experiencing SRHR problems, especially teen pregnancy.
4. Understand the role of the Community-based Child Protection Mechanism (KPAD) in facilitating youth SRHR, especially in the prevention of child marriages and teen pregnancies.
5. Provide recommendations to the Yes I Do Alliance, local government, local civil society organisations (CSOs) and KPAD.

This research aims to answer the question: How do young people exercise their agency and how do structures support this for their SRHR issues, primarily in preventing child marriages and teen pregnancies in Sukabumi Regency? Specifically, this research aims to address the following questions:

1. What SRHR issues do young women and men face?
2. What choices and capacity do young women and men have when facing issues related to their SRHR, including child marriages and teen pregnancies?
3. What strategies and support do youth have in this regard?
4. How does the KPAD play a role in facilitating youth who are having SRHR issues, including child marriages and teen pregnancies?
5. In what ways could the Yes I Do alliance, local government, CSOs, and KPAD support youth SRHR?

## 2. Methodology

### 2.1 Selection of research topic and study sites: A collaborative exercise

The selection of the research topic and the conceptualization and design of the study was a joint collaborative process between the Yes I Do Alliance partners. This process started with a meeting between Yes I Do alliance partners in Indonesia with CGSS to discuss priority knowledge gaps that were important for the intervention. This was followed by the input of the Dutch Alliance partners. A joint workshop was held to further flesh out the topic in Jakarta in May 2019. Throughout, the programme context, challenges and learning from the mid-term review of the programme in 2018 were considered. A meeting was held in Sukabumi between the local partners, KPAD and FAD representatives and KIT and CGSS researchers for their input.

The topic also guided the selection of study sites. Of three intervention regencies, Sukabumi was chosen for several reasons. One intervention area had already been the focus of an operation study in 2017 while circumstances in Lombok were not conducive. Within Sukabumi regency, we arrived at the specific districts considering the rates of child marriage, teenage pregnancy, presence of youth-friendly health facilities and the performance of the KPAD. Inclusion of every Yes I do district in a research study through the course of 5 years was also a consideration. The Limbangan and Cikelat KPAD were chosen to understand best practices and challenges.

### 2.2 Data Collection Methods

This qualitative study was exploratory in nature. This research employed several methods for collecting data, such as Focus Group Discussions (FGD), in-depth interviews, and key informant interviews. Within each method, techniques such as body mapping, social mapping and story/sentence completion were used. Using hypothetical persons in body mapping and story completion allow young people to also give socially undesirable answers as they are about a third person. These methods and techniques are further elaborated on below.

#### 2.2.1 Focus Group Discussions (FGD)

Focus Group Discussions (FGDs) were conducted with four groups of young people in each village: (1) girls aged 15-18; (2) young women aged 19-24; (3) boys aged 15-18; and (4) young men aged 19-24.

The body mapping and social mapping participatory visual techniques were used during the FGDs. They shed light into the SRHR behavior of young people as explained further below. Moreover, it

provided researchers with the opportunity to extract data in a way that is relaxing and enjoyable for young people.

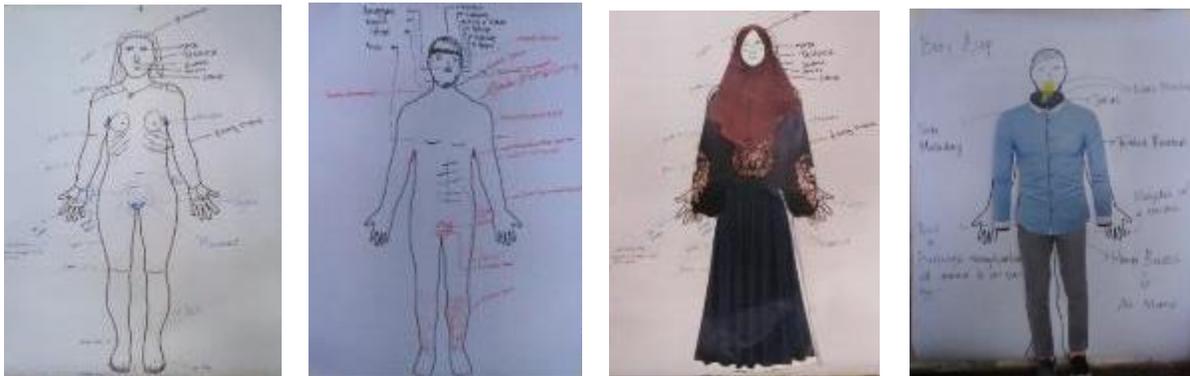
### Body mapping

Throughout the FGD, we employed the body mapping technique. This participatory visual technique can be used with young people to better understand their knowledge and experiences of their body and SRHR (Coetzee et al 2017). Hence, we used this technique to explore young people's perception of, knowledge on, and experience with their body, sexualities, reproductive health and related issues. In addition, it enabled us to collect data on the cultural norms related to gender and sexuality, especially regarding puberty.



FGD participants were given two pictures of genderless human silhouettes to draw on. We then asked participants to present and discuss their drawings. We asked FGD participants to identify the differences between female and male bodies, and the body changes during puberty.

*Figure 1 FGD with girls using the body mapping technique*



*Figure 2 Results from the Youth FGD: Female and Male Bodies*

The body mapping involved drawing the differences between the male and female body and dressing these silhouettes with appropriate clothing using cutouts of different clothing pieces.

This technique allowed us to learn about their views on gender norms, values on the good girls and boys, and taboos related to sexuality.

### **Social mapping:**

We used a social mapping technique during the FGDs to identify places young people go to hang out with their peers, go out on a date, or engage in other activities. When identifying places, they also identified which youth groups usually hang out in those places. A map of the village with key locations such as the health centers and village administrative office were given to participants, which they used to map these places with coloured stickers.



*Figure 3 Map of the Village Presentation by FGD Participants*

### **2.2.2 In-Depth Interviews**

We conducted in-depth interviews with single and married young women and men aged 15-24. We found difficulties in recruiting married young men aged 15-24 because they tended to have migrated elsewhere (usually to take jobs as construction workers). We succeeded in recruiting male and female informants who were married under the legal age (including those who recently just got married) and those that became pregnant and had to quit school. Some of them were more expressive and articulate when interviews were conducted in the Sundanese language. Young people aged 15-18 were more open to discuss their body and sexuality, including sexual and reproductive health and rights (SRHR) issues, than other age groups.

We conducted interviews with young people in either their respective homes (without their parents' presence) or in places where youth usually hang out. Some interviews were conducted in groups (mostly with the female participants) because they were more comfortable and outspoken when interviews were held together with peers of their age. Most of the time, female participation relied on either the participation of their peers or approval from their parents or husband. We always sought parental consent prior to interviewing minors.

### **Story Completion**

We employed the story completion technique when conducting in-depth interviews<sup>1</sup>. We did not use this technique when interviewing participants who quit school or seemed to feel uncomfortable working with pen and paper. A discussion with the participants usually followed the story completion exercise. The story completion exercise presented the study participant with

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<sup>1</sup> One IDI was done in a group for comfort of the participant.

the case of a young male or female. The participants were presented with gaps in the story i.e. blanks in the sentences, which they then had to fill in. The stories focused on future aspirations of young people.

### 2.2.3 Key Informant Interviews

Key informants included community and religious leaders and regional government-appointed village midwives who were involved in the Yes I Do programme. In Cikelat, we also interviewed other health personnel such as a paramedic and HIV counsellor. Based on our interviews, Cikelat residents, including youth tended to go to these health personnel than the health center more frequently. We interviewed Cikelat Village's health personnel who also serve as counsel for HIV, and a health administrator who runs teen-friendly services in the health center (*puskesmas*). Cikelat lacks such services. Although we found a traditional midwife to speak to in Cikelat, this was not the case in Limbangan.

In addition to health administrators, we also interviewed representatives of the Village Children Forum (FAD) and those of the Community-based Child Protection Mechanism (KPAD) in four villages (Sukaraja, Limbangan, Cisolok, and Cikelat). In Cikelat Village, we also interviewed teachers as they are active members of Cikelat's KPAD and are engaged in the Yes I Do programme. They teach in the Indonesian Teachers Association Junior High School (SMP PGRI), the school that received Yes I Do's intervention. The teachers also assisted in recruiting youth as study participants.

While interviewing parents, they tended to be more cautious than youth when answering questions about out-of-wedlock teen pregnancy. We observed a high level of sensitivity in asking local residents about cases of premarital teen pregnancy in their village.

With regard to policymakers, we interviewed the officials of the Woman Empowerment and Child Protection Office (DP3A) in the region, and the chiefs of Limbangan and Cikelat villages. We also conducted a group interview with the community organizer<sup>2</sup> of each organization to obtain a picture of the Yes I Do Programme's implementation.

## 2.3 Data Collection Process

Prior to data collection, a kick-off workshop took place in June 2019 to provide the research team with a refined set of qualitative tools, to discuss ethical considerations and a common understanding of SRHR.

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<sup>2</sup> Staff of implementing partners who deals with the village officers, facilitates the process of establishing and support technical assistance of KPAD, initiates series of discussions in the village, etc. Community organisers are often young.

Our local research assistants, fluent in Sundanese and knowledgeable about the research site have aided our research since 2016. A pre-test of the tools was conducted with two FAD members from Sukaraja and Limbangan villages. Their feedback on using simpler terms and words to explain SRHR and improving the flow of the interview was incorporated.

Each village comprised a team of two researchers. Research teams stayed in the village throughout the data collection phase. Table 1 gives an overview of the methods and participants.

*Table 1. Research Method and Participants*

Methods	Participants	Subtotal		Total
		Limbangan Village	Cikelat Village	
Focus Group Discussions	Girls Aged 15-18	10	7	59
	Women Aged 19-24	4	9	
	Boys Aged 15-18	6	8	
	Men Aged 19-24	8	7	
In-Depth Interviews	Married Female Young Adults Aged 15-24	3	3	21
	Single Female Young Adults Aged 15-24	2	1	
	Married Male Young Adults Aged 15-24	1	2	
	Single Male Young Adults Aged 15-24	2	3	
	Parents of Female Participants	1	1	
	Parents of Male Participants	1	1	
Key Informant Interviews	Community and Religious Leaders	1	1	29
	Village Midwives	1	1	
	Health or <i>Puskesmas</i> Personnel	1	2	
	Traditional Midwives	-	1	
	Community-based Child Protection Mechanism (KPAD)	5 (Limbangan and Sukaraja)	4 (Cikelat and Cisolok)	
	Village Children Forum (FAD)	2	1	
	Sukabumi Regency's Woman Empowerment and Child Protection Office	1	-	
	Village Chiefs	1	1	
	Teachers	-	2	
	Community Organizers	2	2	
Total		52	57	109

## 2.4 Recruitment of Participants

The FAD and KPAD assisted in recruitment of study participants. Participants were mainly recruited from hamlets where the Yes I Do programme is being implemented. These included Bangbayang, Cipanengah, and Nagrak hamlets in Cikelat. Only few participants were from the Cikelat hamlet. In Limbangan Village, most participants came from Limbangan and Nagrak hamlets—the two of four hamlets which implemented the Yes I Do programme. We also recruited participants from a

semi-urban housing complex in Limbangan Village called Gentong Mas, to ensure the diversity of young people in the study.

We considered variation regarding the participants' participation or non-participation in the Yes I Do programme, enrollment in school, employment status, and the type of school they attended (regular or Islamic school). While teachers who are also KPAD members assisted our researchers in interviewing youth from Cikelat Village, FAD members assisted us in interviewing the youth from Limbangan Village. In addition to these suggestions, we also received recommendations from our participants themselves.

## 2.5 Data Analysis

We recorded the entire process of interviewing and conducting the FGD with audio recording devices. These recordings were transcribed in Bahasa and subsequently translated into English. Data were processed and analysed in Nvivo and coded according to a thematic framework. The Bahasa transcripts were used for the analysis and all analysis and report writing was done in Bahasa. The report was then translated into English after which it was peer reviewed.

We designed a coding framework, based on our research questions and tools, which served as a guide to code the collected data. The coding framework and categorizations were done through an iteration of the data's empirics and abstraction. We later analyzed these categorizations to answer the research questions of this report.

The body mapping, social mapping and story completion technique that were part of the FGD and IDI were also recorded. The transcript along with the photos of the mappings and stories were used for the analysis. We analyzed the body mapping results as data related to participants' knowledge, values, and norms about sexuality. With regard to the social mapping results, we analyzed them as the set of data pertaining to the variety of places, existing social groups, and activities held at those places. These results provide a description of: 1) young people's view about the kind of issues that they face; 2) youth problems; 3) gender-based youth social groups; 4) their interests in sports; 5) their school; and 6) other social characteristics.

After the completion of data collection and the preliminary coding done in Nvivo, KIT and CGSS conducted a workshop on qualitative data analysis in mid-September 2019 for the research team. The findings were further discussed and nuanced in this workshop. The data collection, analysis and key findings were presented to the Yes I Do Alliance. Through this process, researchers and alliance members took the opportunity to confirm and clarify their findings.

## 2.6 Quality Assurance

Working with a team of researchers from CGSS and KIT ensured regular peer reviews and checks.

During data collection, researchers in each field site also coordinated with local research assistants repeatedly to discuss data collection strategies and the agenda of data collection activities. Throughout, our team of researchers produced reports on their daily activities as well as mid- and final evaluations of their research. Moreover, using different data collection methods and technique ensured triangulation of data.

Regular communication and sharing of findings with the local partners ensured that the findings were discussed and validated. A validation session was held with the national and local partners on November 8 where the final results were presented and discussed.

We compiled and stored all of the data in laptops that belong to the CGSS. All documented transcripts are data that have undergone our researchers' quality check. Standardised formats were followed for the transcripts and the management of documents. The entire documentation has also been backed up in a Google Drive and is accessible only to the research team.

## 2.7 Ethical Considerations

The research was conducted after receiving ethical approval from the Research Ethics Committee in Atma Jaya University's Research and Community Service Center (LPPM), and permission from the government of Sukabumi regency.

Informed consent was taken throughout and parental consent was taken for minors, both explaining the participants' rights including that of withdrawal from the interview at any time. Participants were also given the chance to ask questions. Although researchers had already explained that the study was conducted in collaboration with the Yes I Do programme, participants often thought this was a student project due to the involvement of a research institute. Of the entire rounds of FGD, only one participant resigned voluntarily before the FGD ended.

Our researchers gave souvenirs such as t-shirts and small towels to informants and FGD participants as a form of our appreciation for their time. We also provided FGD participants with snacks and transportation allowance.

There were cases in which FGD participants were too shy to draw sexual and reproductive organs during the body mapping. In such cases, researchers would not force participants who felt uncomfortable to draw them.

## 2.8 Limitations

We faced difficulties in recruiting certain participants for the data collection. As mentioned earlier, this included young women (19-24 years) in Limbangan Village and married young men (15-24 years), as they were likely to migrate away from the village for work. Although we interviewed the KPAD of all villages, the scope of the findings was limited as other stakeholders were only interviewed in the primary study sites.

## 3. Reviewing the literature: what do we know

### 3.1 Problematizing Sexual and Reproductive Health and Rights (SRHR) of Indonesian Youth

This chapter will present the review of literature related to the state of Indonesian youth's SRHR. It will also discuss efforts from the government, non-profit and private sector in supporting the fulfillment of Indonesian youth's SRHR.

#### 3.1.1 Child Marriage

Data from 2017's Indonesia Demographic and Health Survey (IDHS) show that the percentage of women aged 20-24 who were married by age 18 was still relatively high, at 31.4% (BKKBN, Kementerian Kesehatan Republik Indonesia, Badan Pusat Statistik, & USAID, 2017). It also showed that child marriages were more common in poorer households (BKKBN et al., 2017). According to the latest data from the 2018's National Socioeconomic Survey (SUSENAS), there is a decrease in the percentage of women aged 20-24 who were married by age 18, from 31.4% in 2017 - according to IDHS, to 11.2% (Bappenas, 2019). Moreover, this survey showed that the prevalence of child marriage in the province of West Java was higher than the national prevalence of 13.3%.

There are several underlying factors associated with child marriage, such as parental pressure; easing the family's economic burden and preventing children from committing pre-marital sex (Ali & Kalosa 2018). The internalization of values related to religious fundamentalism also plays a role (Grijns, 2016). Premarital pregnancy also often leads to child marriage (Marcoes & Putri, 2016). Studies from I'anah (2018) found that girls who were married off because of premarital pregnancy are prone to problems such as dropping out of school, lack of readiness in taking care of both the households and the children, missing their teenage life, have difficulty in socializing and in entering the workforce.

Some studies on child marriage in Sukabumi District show that the causes of child marriage were the combination of the lack of control of girls' sexuality, the fear of *zina*, poor access to education and health (Grijns, 2016; Van Der Kooij, 2016). Correspondingly, the incidences of premarital pregnancy and the fear of *zina* as causes in Sukabumi were confirmed by the 2016 Yes I Do Baseline

study and the 2018 Yes I Do Midline Study (Hidayana et al., 2016; Pakasi et al., 2018). In a context of conservative Islam, judges in Sukabumi used their discretion to achieve compromises between state laws and local norms resulting in the underground practices of child marriage (Grijns & Horii, 2018). In many cases, parents married off their children without knowing the health consequences (Marcoes & Putri 2016). Kalosa (2018) found that parents were unaware that girls who are married early are not ready to have sexual intercourse, do not have adequate knowledge related to sexual and reproductive health, and do not have an 'equal socio-economic standing' in front of their husbands. It is important to note that children have their own opinions on the ideal age of marriage; which the majority of them mentioned "above 20 years" (BKKBN et al., 2017).

### 3.1.2 Teenage Pregnancy and unsafe abortions

According to IDHS 2017, the proportion of women who gave birth at age 15-19 declined from 48 per 1000 in 2012 to 36 per 1000 in 2017 (BKKBN et al., 2017).. A study conducted in Jakarta, Bogor, Cirebon and Makassar found that teenage pregnancy caused by premarital sex invoked negative stigmas from the locals; thus, parents often sought marriage as a solution to spare their family members - especially their children - from social sanctions (Marcoes, Damopolii, & Hidayat, 2018). In literature, it is explained that aside from facing the risk of being forced into a (child) marriage, teenagers who got pregnant were also facing the risk of several health problems that might occur during their labor processes and childbirth period (*nifas*) (Fatmawati, Rachmawati, & Budiati 2018) (Afifah et al., 2016).

Abortion is one of the solutions for teenagers who want to avoid negative stigmas, due to pregnancy caused by premarital sex (Ali, Gunawan, Hilmi, & Mohammad, 2015). There are no complete records or statistical data related to the practice of abortion in Indonesia, but according to the 2017 IDHS, 42.5% of Indonesian youth knew someone who had had an abortion.

Abortion is considered to be illegal in Indonesia, unless there are indications of medical emergencies, and/or if the pregnancy was due to rape. Islamic law experts (*ulemas and fiqh*) advocate against abortion and often propose marriage as a solution for pre-marital pregnancies (Ali, Gunawan, Hilmi, & Mohammad, 2015). The ban and restrictions on abortion result in its underground practice. Some studies on online abortion show how young women in Indonesia are in need of safe abortion services (Gerdtts & Hudaya, 2016; Wahyudi, Jacky, Mudzakkir, & Deprita, 2018). A study on safe abortion hotline services found that nearly one-third (29.9%) of initial contacts reported their age as between 18 and 24 years, and most (51.2%) reported being unmarried. When asked about their reason for calling the hotline, the majority of initial contacts stated that they were pregnant and not ready to have a child (Gerdtts & Hudaya, 2016). Another

study showed how teenagers turned to social media to seek information on abortion practices that at times were not safe abortion practices (Wahyudi et al., 2018).

### **3.1.5 Sexual Violence, including FGM/C**

The Violence Against Children Survey (VACS) conducted in 2013 found the prevalence of sexual violence among male and female youth aged 18-24 is around 6% (Kementerian PPPA RI, 2015).

One of the forms of sexual violence experienced by girls is female genital mutilation/cutting - or better known as 'female circumcision' (*sunat perempuan*) in Indonesia. The practice of FGM in Indonesia has many forms: from cleaning the female genitalia as a form of symbolic act, to removing parts of the clitoris. Girls who underwent invasive procedures are at high risk of genital hemorrhage and infection (Anshor & Hewatt, 2017). In Padang, FGM is accepted as part of the Islamic law; and its main purposes are to stabilize women's sexual drive or libido, and to ensure the cleanliness of their genital organs (Islamic Relief Canada, 2016). The study found that girls who underwent FGM between the ages of 1 - 6 experienced pain, fever, and bleeding because of the procedure.

### **3.1.6 Youth's Knowledge of Sexual and Reproductive Health and Rights (SRHR)**

The 2017's IDHS revealed that knowledge related to SRH possessed by both male and female unmarried youth aged 15-24 is relatively low. Only 6% of males and 12% of females knew where to get SRH information. Most of the respondents discussed SRH problems with their friends. Schools provide information related to SRH - but that information is not comprehensive enough (BKKBN et al., 2017). The notion of 'sexuality,' which is considered a taboo subject among teachers hinders the delivery of Comprehensive Sexuality Education (CSE) (Utomo, McDonald, Reimondos, Utomo, & Hull, 2014).

Knowledge of SRHR is considered to be an important need for the youth, as it provides them with the ability to assess the changes happening within their own bodies (BKKBN et al., 2017). Men tend to be more reluctant in discussing bodily changes brought on by puberty compared to women -54% of male youth chose not to talk about their first wet dreams (BKKBN et al., 2017). Educated youth living in urban areas are more likely to discuss their reproductive health related issues with friends, family members, or health care providers. The 2017's IDHS also recorded high levels information on youth's knowledge on contraceptive methods, with condoms known more by men, and birth control pills and injections known by women (BKKBN et al., 2017).

According to the statistical data on HIV positive and AIDS cases in Indonesia, citizens aged 15-24 make up 20.7% of the 48.300 positive HIV cases and 32.6% of the 9.280 AIDS cases (Ministry of

Health of the Republic of Indonesia, 2018). Although the IDHS (2017) shows an increase in knowledge on HIV/AIDS, it does not translate into change in behavior (Rokhmah & Khoiron, 2015).

## 3.2 Conceptualising Agency and Support Structures

### 3.2.1 Agency

Agency is regarded as the capacity of an agent to act. Sociology conceptualizes actions that have subjective meanings and orientations (Eichner, 2014). This implies that agency is rational and intentional. Nevertheless, many of our actions are irrational and intentional. Ahearn (2001) points out that agency is neither necessarily intentional, oppositional nor absent, but refers to, “the socio-culturally mediated capacity to act” (Ahearn, 2001, p. 130). Therefore, agency is different from action: action is defined as the actual process of acting, agency refers to the general ability to perform these actions.

Within feminist theory, the question of women’s agency in the context of ‘patriarchy’, ‘male domination’, ‘power’, or ‘culture’ has long been one of the important debates. How can women exercise agency in a situation that requires acquiescence to power structures, or in many cases religious submission? Mahmood Saba (2005) explores the particular kinds of “moral agency” that emerge in a Muslim women’s movement in Egypt. She criticizes the conceptualization of agency that is a desire for freedom, autonomy and the subversion of social norms. She challenges the common Western assumption that Islamic patriarchy leaves little or no space for women’s agency. She suggests new ways of thinking about “agency” beyond the notions of “resistance”, but instead suggesting that we should be open to understanding radically different concepts about responsibility, effectivity, and modes of being. She argues how agency is located within structures of power, such that relations of subordination may create and enable people in unforeseen ways. There are multiple forms of agency that inform women’s practices (Mahmood, 2005).

Mahmood argues that agency does not belong to the women themselves but is a product of the historically depending discursive traditions in which they are located. The women are called to recognize themselves in terms of the virtues and codes of these traditions (Islamic traditions), and they come to measure themselves against the ideals furbished by these traditions; in this important sense, the individual is made possible by the discursive logic of the ethical traditions she enacts. Hence, agency is not a rational choice, it is capacities for action that are created through various discursive traditions (Frank, 2006). Therefore, in examining agency, it is important to take into account different modalities of agency with their effect, meanings, and forms whether they are acts of resistance (to patriarchal norms) or abilities of the body to behave in particular ways within a particular historically situated social structure.

Addressing agency among children is not simple. Children too are social actors; they have agency that cannot be seen as simple in which children are seen to “exercise autonomous will,” while paying limited attention to the complex contexts and structures that (dis-)qualify such agency. Abebe (2019) explores multiple kinds of agency children have: how they come by and exercise it, and how their agency relates them to their families, communities, and others, how different contexts shape children’s agency and the ways in which children navigate these contexts (Abebe, 2019).

In conceptualizing how economic and cultural contexts influence child agency, Klocker (2007) distinguishes between ‘thick agency’ and ‘thin agency.’ Thick agency refers to having the autonomy to act within a broad range of choices and options. Thick agency can be the opportunity of girls and boys to choose the circumstances that affect their lives and facilitate better living conditions for them. This includes, for example, being able to choose which school, activities to attend, or to choose marriage partners. On the other hand, ‘thin agency’ represents children’s everyday decisions and actions that are carried out within highly restrictive contexts with few or limited opportunities (Klocker, 2007). Indeed, social structures, contexts and relationships work as ‘thinners’ or ‘thickeners’ of children’s agency by limiting or increasing the range of available choices.

Similar to Klocker, Abebe (2019) conceptualizes agency as a continuum and agency as interdependence. Children exercise agency to fulfil social, economic, cultural expectations while simultaneously charting individual and/or collective choice and possibilities for their lives. This implies that agency is not only partial and contextual but also in flux. It is situated in practices and actions that transform both the immediate and future lives of children. This conceptualization also indicates that agency is negotiated continuously between children, families, and communities as they navigate tensions between personal and collective interests.

Mahmood, Klocker, and Abebe see agency as involving a range of possibilities for the agent to act (thick or thin, or continuum) that are in interdependence with social contexts. In this sense, we frame youth agency for SRHR: the kinds of agency they have and in what contexts and support structures that shape them.

### **3.2.2 Support Structures**

Previous studies view social support as either structural or functional (Barera, 1986). The structural perspective of social support focuses on characteristics of one’s social network such as size and composition (Borgatti, Everett, & Johnson, 2013). The functional perspective emphasizes specific types of social support that people perceive or receive from their social networks (Gottlieb &

Bergen, 2010). Types of social support include emotional support (e.g. the availability of caring, encouragement, and understanding), informational support (e.g. the availability of advice, knowledge, and feedback), and instrumental support (e.g. the availability tangible resources such as money) (Cutrona & Suhr, 1992). The three types of social support: emotional, informational, and instrumental are support structures for youth SRHR. In the context of SRHR, emotional support is the availability of caring, encouragement, understanding of youth's SRHR needs, informational support is the availability of advice, knowledge, and feedback for youth SRHR, and instrumental support is the availability of SRHR services, local government funds for youth organizing for SRHR.

### 3.3 Current support structures promoting youth SRHR

There have been a number of initiatives carried out by both the government and private sectors to support the fulfillment of Indonesian youth's SRHR. This sub-chapter will discuss such initiatives, which span from local policies and programmes to national regulations.

#### 3.3.1 Government Programmes and Regulations

PKPR (*Pelayanan Kesehatan Peduli Remaja* or Youth-care Health Care Services) is a government programme aimed at increasing youth's access to SRHR services. Initiated by the Public Health Office (*Dinas Kesehatan*), it has been implemented in Puskesmas (*Pusat Kesehatan Masyarakat* or Community Health Center) since 2013 focusing on promotion, prevention, cure and rehabilitation (Kementerian Kesehatan RI, 2014). As of 2013, there were 406 districts/cities that had at least four Puskesmas capable of implementing PKPR programme (Kementerian Kesehatan RI, 2014).

The 'GenRe' programme started in 2009, piloted by BKKBN (*Badan Kependudukan dan Keluarga Berencana Nasional* or National Population and Family Planning Board) was developed to raise awareness on 'the ideal age of marriage' among youth. It focused on the importance of education and career through a personal approach with youth and parents. This was done through the development of counseling centers, of which there are currently 23,579 across the country and youth family development groups.

There is also a KLA (*Kota Layak Anak* or Child Friendly City) programme developed by MoWECF in 2006 (Kementrian PPPA RI, 2016). Many districts/cities have begun implementing SRA (*Sekolah Ramah Anak* or Child Friendly School), because it is an important indicator in evaluating KLA programme (Kementrian PPPA RI, 2016). The government is also consistent in encouraging the implementation of KB (*Keluarga Berencana* or Family Planning) programme as a means to prevent problems for youth who have experienced child marriage (Kementrian PPPA RI; BPS, 2017).

In 2016, the MoWECP established PATBM (*Perlindungan Anak Terpadu Berbasis Masyarakat* or Community-based Integrated Child Protection) programme (MoWECP, 2016a). PATBM is designed as a movement, managed by a group of people living in a specific area (village) which focuses on violence prevention efforts (MoWECP, 2016a).

On the prevention of child marriage, in 2019 the government raised the national marriage age. On September 1 2019, the government alongside the DPR (*Dewan Perwakilan Rakyat* or People's Representative Council) ratified the bill on the Amendment to Law No. 1 of 1974 on Marriage. This set the marriage age to 19 for both men and women (MoCEWP, 2019). Before the Amendment, the marriage age(s) enforced by the Law No. 1 of 1974 were 19 and 16 for men and women respectively (Husna, 2017). However, the pre-amendment law is contradictory to Law No. 35 of 2014 on Child Protection, which states that those who are under 18 are considered as children. Hence, this pre-amendment actually allowed child marriage.

There are government policies that hinder youth's access to information and services related to SRHR. For instance, abortion is prohibited (Dhewy, 2017). Meanwhile, unmarried youth's access to contraceptive methods is limited through Law No. 52 of 2009 on Population Development and Family-building, whereby contraceptive methods are provided only to married couples.

### **3.3.2 Non-Governmental Organizations' Programmes on Youth SRHR**

Most of the programmes that facilitate youth SRHR are spearheaded by international organizations with their local partners. For example, in 2018 the UNFPA (United Nations Population Fund) provided youth-friendly SRHR services to more than 3400 youth aged 15 - 24 in Yogyakarta, through their collaboration with the local government and private sector. They also initiated a national 'instructor forum,' which helped teachers integrate the information on SRHR handbook into their respective school's curriculum; again, through the collaboration with the Ministry of Health, Ministry of Education, and Ministry of Religion (UNFPA, 2018).

In 2018, Rutgers WPF, a Non-Governmental Organization (NGO), succeeded in providing CSE to 77 schools (SMP, MTs, SLB, SMA, SMK, and MA) all across Indonesia in collaboration with PKBI (*Perkumpulan Keluarga Berencana Indonesia* or Indonesian Planned Parenthood Association) by using the SETARA (*Semangat Dunia Remaja* or Youth World's Spirit) module. They were able to provide youth-friendly SRHR services; launched a child marriage prevention initiative by involving 795 female youth in the community level; and carried out youth empowerment programmes and partnerships. Until 2018, they had collaborated with the Puskokes (*Pusat Kedokteran dan Kesehatan Polri* or National Police Health and Medical Center) in providing counseling services for Puskokes' male members, and with the Greater Jakarta Metropolitan Regional Police's Child

Protection Service Unit in formulating the guidelines for handling domestic violence cases while fulfilling the victim's rights (Rutgers WPF Indonesia, 2018).

In providing support for the youth, often times an alliance is formed between several NGOs with the goal to develop a programme aimed at the fulfillment of Indonesian youth's SRHR. Currently such alliances include the Get Out Speak Out (GUSO), Yes I Do (YID), Prevention + and Right here Right now.

In 2017, the PITCH (Partnership to Inspire, Transform, and Connect the HIV response) programme, aimed at ending the AIDS epidemic (PITCH, 2018) was started by Dutch partners. In 2018, the Ministry of Health had included the provision on SRHR education in the 2018-2024 national budget, which includes budget for SRHR training developed by PITCH partners in Indonesia.

Support is also provided by the private sector through their Corporate Social Responsibility (CSR) programme from several companies in Bogor. The CSR programme built information and counseling centers for youth that are actively involved in child marriage prevention campaigns, albeit on a smaller scale (Ali & Kalosa 2018). The programme also ran awareness campaigns on reproductive health in collaboration with the community health center in high schools and junior schools (Ali & Kalosa 2018).

## 4. Youth Aspirations, Problems and Gender Norms in the Two Villages

This chapter describes the characteristics of our research sites: Limbangan Village and Cikelat Village. Each village's description discusses (1) its profile that includes the available educational and health facilities, population's income sources and economic opportunities, development programs in the village; Based on the findings, (2) young people's aspirations; (3) youth problems; and (4) societal norms on gender and sexuality are presented.

### 4.1 Limbangan Village

#### 4.1.1 Demographic context of Limbangan Village

Limbangan Village is located within the administration of Sukabumi Regency's Sukaraja District and has about 10,000 inhabitants.

#### Education

As the Indonesian government only mandates compulsory education until junior high school level, the availability of schools at the village level were also until junior high school level. Hence, most of the village's residents were either elementary school (25%) or junior high school (24%) graduates. The community considered Islamic education important as there were five such boarding schools in the village (BPS, 2018). Informal education was also available with the Center of Community Learning (PKBM) that was under the National Education Board's (*Diknas*) watch. PKBM had been established for those who quit school and intend to pursue the B and C Packages, which offer degrees equivalent to junior and senior high school levels respectively. However, gaining access was still challenging due to relatively expensive fees. One of our informants had to pay 3 million Rupiah for one of the packages' test.

#### Health Facilities

Limbangan Village had one community health center (*puskesmas*), one auxiliary health center (*pustu*), one village health post (*poskesdes*), and thirteen integrated health services posts (*posyandu*). These health facilities were equipped with two doctors in the village, four midwives, and three nurses (Limbangan Village Profile, 2019). The village also had seven traditional midwives who have already received trainings (BPS, 2018).

Based on our interviews with the village midwives, a majority of the traditional midwives were already collaborating with them, while a few other traditional midwives had not yet decided to collaborate. The village midwives said that it was their 'homework' to approach the traditional midwives who did not want to collaborate with them. Limbangan Village's community health center alone had already run its Youth Care Health Services (PKPR) programme that was merged

with the School Health Unit (UKS) project since 2017. Nevertheless, the programme was ridden with poor facilities and service, with it being mixed with mother, child, and other health services.



Figure 5 A preschool facility in Limbangan Village's Limbangan Sub-District



Figure 4 The integrated health services post in Limbangan Village's Nagrak Sub-District

In addition, through the School Health Unit project, the community health center provided schools within its jurisdiction with access to basic health tests such as blood pressure, weight, and height assessments.

The integrated youth health services post (*posyandu remaja*) was made available through the village's partnership with Yes I Do and was administered by the village midwives since late 2018. However, the research team had not observed any young people nor the Village Children Forum (FAD) engaging in the post's activities. The center was usually open on the last Saturday or Sunday of each month. Nevertheless, its services remained limited to measuring young people's weight, height, and blood pressure.

### Sources of Income and Economic Opportunities

Based on the Central Bureau of Statistics (BPS) report (2018), Limbangan Village's main source of income was agriculture and rice was the main commodity. Meanwhile, Limbangan Village Profile (2019) showed that the majority of its population fell within the category of miscellaneous jobs including unemployment and/or precarious jobs –for e.g. motor taxi drivers for online applications or freelance workers. Due to the majority of its people working in the agricultural sector, Limbangan Village had a Village-Owned Enterprise (*Bumdes*) which provided farming groups with seeds and fertilizers.



Figure 6 Farmer dries his rice in the sun in Limbangan Village

The population's small enterprises such as food stalls, grocery stores, automotive workstations, and hardware stores could be seen along the arterial road. Due to Limbangan Village's proximity to Sukabumi City, several young women of the village worked in the shops and garment or shoe factories around Sukabumi City. While women could easily gain access to work in factories, male applicants often had to pay a fee to brokers for the job. Limbangan Village Profile categorized the majority of families there as "extremely poor" (1,016 or 37%) and "poor" (1,070 or 39%).

### **Social Organizations and Activities in the Community**

The kind of social organizations, which attracted most residents in the village, were those related to religious activities. The majority of Limbangan Village practiced Islam; hence, many of the religious activities included prayer, reading and memorization of the Quran groups for women, children and teenagers. These activities were held in either one of the village's 13 mosques and 54 prayer houses (Limbangan Village Profile 2019) or residents' homes. Many young people attended these groups. In addition to religious activities, residents who worked in farming were also involved in farming groups.

The Village Children Forum (FAD) that had just been established in the village in 2018 was yet to run effectively. It did not have its own activities and generally was still dependent on Yes I Do partners to organize activities. The existence of youth groups, sports clubs, and musical communities was uneven and not all hamlets in Limbangan Village had them. Only hamlets near the village office had more active youth groups. In addition to the main youth group such as *Karang Taruna*, youth in Limbangan hamlet had also created an informal group called *Analisis* (the Children of Sukabumi's Limbangan). Young people hung out in exclusive small groups that did not interact with each other. Other informants also claimed that the youth tended to form youth gangs. Individualism and fragmentation among the young people were the challenges to build solidarity in youth organizations at the village level such as the Village Children Forum (FAD).



*Figure 7 Female teenagers participating in a training facilitated by the Association for Small Business Development (PUPUK) in Limbangan Village*

The Yes I Do programme's intervention added to the number of social organizations in the village through the establishment of the Community-based Child Protection Mechanism (KPAD), which functioned as a child protection committee at the village level. KPAD also helped resolve various kinds of cases related to child marriage, sexual harassment, and teenage pregnancy.

The KPAD took a friendly approach of resolving problems as if they were family matters, so that problems related to children did not reach the law enforcement authorities. KPAD was established since 2017 based on the Village Chief's decree

(SK), and took effect since 2018. KPAD's membership had involved various social elements that ranged from the village chief as the organization's head of governing and advisory boards, the sub-village head, community leaders, religious leaders, village midwives, cadres of the integrated health services post, and young people.

### Village Development Programmes

Some of the programmes in Limbangan Village that were related to the village-level government's programmes fell within the sectors of health, community's social and economic empowerment, and other specific programmes from the central/provincial government. Several health-related programmes included the community health center's Youth Care Health Services (PKPR); the traveling community health center; the integrated health services post for mothers and infants; and the integrated youth health services post, which collaborated with Yes I Do. There were also other joint programs, such as the socialization of HIV/AIDS prevention and countermeasures that was jointly organized by Limbangan Village's community division and the Sukabumi Regency's Commission of AIDS Countermeasures (KPA). The socialization included the campaign to take the VCT or Voluntary Counseling and Testing of HIV/AIDS.<sup>3</sup>

Furthermore, a programme that was related to community empowerment, especially its women, was the Family Welfare Movement (PKK). Cadres of the village's PKK ran the programme. KPAD focused on three areas: reports and recommendation, prevention, and advocacy and development of the network built by Yes I Do and the Rembang Child Protection Institution (LPAR). Other non-regular activities included discussions about entrepreneurship and soft skills for young people and their parents, a joint project with the Association for Small Business Development (PUPUK).



*Figure 8 Assessing infants' weight in Limbangan Village*



*Figure 9 Limbangan Village's institutions and programs*

To empower the community at the socioeconomic sector, the Family Hope Programme (PKH) and Village-Owned Enterprise (BumDes) programme assisted farming groups by giving them seeds or seedlings, fertilizers, and operational equipment such as tractors (Limbangan Village Profile per July 2019). A programme

<sup>3</sup> Preventing HIV/AIDS, Sukabumi AIDS Commission Did Raising Awareness in Limbangan Village, September 12 2018, <https://sukabumiupdate.com> accessed on October 1, 2019).

focused on small and medium enterprises to open up jobs was also available<sup>4</sup>.

Several specific programs in Limbangan Village originated as a part of the central or provincial government's programmes. These included the Rural Agribusiness Development (PUAP) programme from the Agricultural Ministry; the Pension Fund Programme with Defined Contribution (PPIP) from the Public Works Ministry; and the National Community Empowerment Programme (PNPM) by the Coordinating Ministry for People's Welfare (Limbangan Village Profile per July 2019). Nevertheless, this research has yet to explore the existence of these programmes further.

#### 4.1.2 Youth Aspirations

The aspirations of Limbangan Village's young people varied across issues regarding education, aspired jobs, and dreams they aimed to achieve in the future. This section also describes the people who inspire these young people.

Youth had a strong aspiration for higher education, which was motivated by a want of a better life than their parents. Our findings indicated that youth to date had pursued education until senior high school and even college level. Progress in the education sector was most apparent in the ways in which they described their aspirations through the story completion technique. Although the informants were not writing their own biography, their writing projected the day-to-day lives and aspirations of young people in the village.

Figure 10. A snippet of the story completion exercises on teenage boys and girls in Limbangan Village

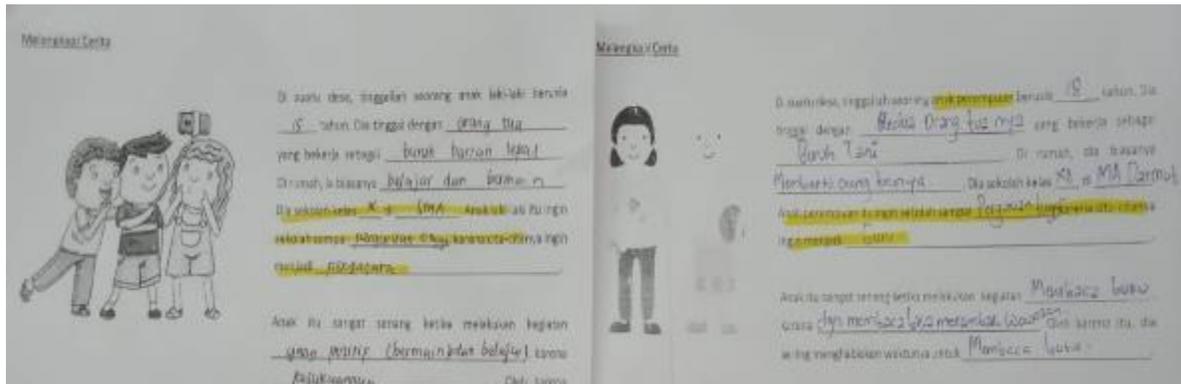


Figure 7 shows one of the stories completed by a teenage boy who wants to go to college because he aspired to be a lawyer, even though his parents worked as freelance workers. This story very much depicts the days of informants around the age of 15, who live in a village where precarious jobs are common. A similar story by a teenage girl was about wanting to go to college as she

<sup>4</sup> Celebrating the 73th Independence Day, Limbangan Village Conducted Educational Activities, August 22, 2018, (<http://www.tatarsukabumi.id> accessed on October 1, 2019).

aspired to be a teacher, even though her parents were farm workers. Kindi and a few other teenage boys in an FGD said:

“...I want to study in Bogor Agricultural University (IPB) or enroll in the Institute of Home Affairs Governance (IPDN). People would surely laugh at my goals...they say that it is impossible [for me to attain them]. Honestly, I have a dream to be a leader, that is, to be a president. Before (that), I want to be biologist because I like gardening very much.” (In-depth interview with Kindi, Limbangan, 10 July 2019)”

Drawing from the stories of these young people and the FGD results, youth aspirations regarding education and jobs were generally limitless. Both young men and women aspired to pursue their education through college, even though some aspired to study only until senior high school in order to have jobs right away and help their parents.

With regard to jobs, however, the differences between the young men and women were apparent. Young women mostly aspired to become teachers, be it in teaching the Indonesian language, mathematics, Islamic teachings, or reading the Koran and prayers. Although some of them aspired to be homemakers, others also aspired to be businesswomen (of snacks and cosmetics), doctors, photographers, and designers (for their hobby was drawing). Younger men (15-18 years) each mentioned their desire to be a civil servant, teacher, pilot, train engineer, businessman, architect, lawyer, biologist and guitarist. Older male youth, however hoped to be office boys, salesmen, vegetable sellers, and factory or construction workers.

For both women and men, the job aspirations of the older youth were more realistic and grounded in their daily lives and available job opportunities. In contrast, the aspirations of the younger youth were more inspired by either their external conditions or particular leaders and figures whom they looked up to.

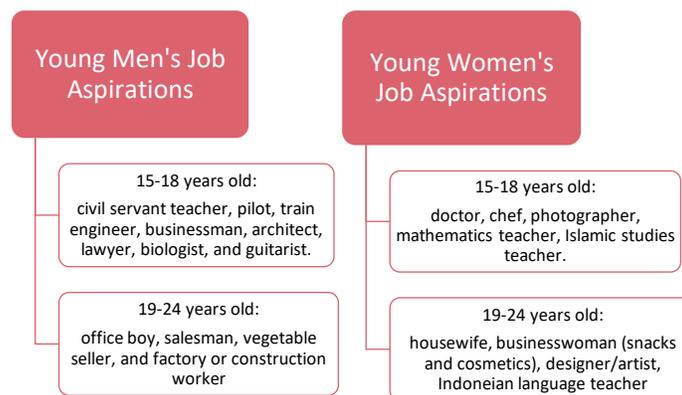


Figure 11. The differences of job aspirations between young men and women based on age groups

The apparent differences of job aspirations between young women and men were also influenced by internalized values about gender roles. Women were expected to be closer to domestic work and life, whereas the men were expected to find jobs in the public sphere. This was evident when young women discussed how their choice of profession was dependent on the flexibility it offered.

“Yes, my aunt inspired me. She is a teacher and kind-hearted. Becoming a teacher seems to allow us to have more time in taking care of our families.” (FGD with young women aged 19-24 Tahun, Limbangan, 7 July 2019)

In addition, these young men and women aspired to be useful people, primarily to their parents. They indicated that they were happy if they could be helpful, pioneering, and cooperative.

### **Inspirational figures for young people**

A few people or figures were role models or the sources of inspiration for the young people in shaping their high-achieving and diverse aspirations. Some young women indicated that they were inspired by the people around them, such as their mother or parents, aunt, neighbor, school teacher, and seniors in school. Others said they were inspired by a female figure in Islam, Siti Khadijah (the Prophet Muhammad’s wife), and the female motor racer, Raya Kitty.

“I am very much inspired by Raya Kitty, she is a female motor racer, I want to be like her and prove that girls can do what boys do too.” (In-Depth Interview with Rahma, a teenage girl, Limbangan, 10 July 2019)

“I am inspired by my senior in my vocational senior high school. She already has her own IT company. So, I want to be like her, but selling cosmetics.” (FGD with young women aged 19-24, Limbangan, 7 July 2019)

The female figures who become the sources of inspiration for the young women were those who achieved success in the male-dominated world—breaking the glass ceiling—or those who could balance their work as a businesswoman and wife. Young women also idolized some male figures such as the well-known chef, Chef Juna, and writer/actor, Raditya Dika.

Prophet Muhammad, Indonesia’s third president B. J. Habibie, popular football player Neymar, and their own parents inspired young male participants. However, no young man idolized a female figure.

Based on our informants, the figures whom these young people idolized had become one of their key motivators to achieve success. Nevertheless, young people generally did not know how to

achieve their goals and dreams realistically, given their socioeconomic conditions in Limbangan Village.

### 4.1.3 Problems youth face

Problems of youth generally related to education, misbehavior, premarital pregnancy, and access to decent jobs. With regard to education, young people claimed that quitting school was largely due to lack of funds or unintended pregnancy and marriage. These young people chose to terminate their education as they worried that their families would not be able to fund their education until graduation. A parent that was interviewed also confirmed this.

A 19-year-old teenager named Bagus, for instance, was expelled by his school for bringing drugs to school. He said that he was misbehaving and was caused by bad influence from his peers and his frustration with his parents' divorce.

Youth waywardness manifested in different forms such as skipping school, hanging out with friends through late hours, and consuming alcoholic drinks or even drugs (i.e., pills which include excimer and tramadol, and were sometimes mixed with alcohol) or other dangerous substances (such as sniffing "*Aibon*" glue and overdrinking "*Komix*" cough syrup). Based on the young people whom we interviewed, such behavior was due to the lack of attention from their parents. This was due to divorce, busy work schedules, and shifting their caretaking duties to the child's grandmother. These circumstances were apparent in our interview with a young man and religious figure in Limbangan Village:

"I think situations in which parents don't pay enough attention or care enough about their children are most vulnerable. Both parents are busy working, while the child is left with the grandmother." (Key Informant Interview with Dion, young man and member of Limbangan Village's Village Children Forum, 7 July 2019)

In addition, young people feel that their village lacked the facilities to channel their creativity and hold youth activities. One of them who was 19 years old, Bagus, expressed his disappointment because he was not able to channel his interests and talent in playing football. He wanted to go to a football academy, but he did not know of how he could be recruited and given a football scholarship. He continued going to an Islamic school and eventually quit. He then realized the importance of education and took the C Package to obtain his high school diploma. Bagus opined that if his highest education was junior high school level, he most likely would only be a construction worker. He was motivated to continue pursuing higher education for a more decent job.

Getting a decent job was one of the main youth problems in this village. Employment opportunities that were mainly available for young men was working as either construction workers, farm workers, *angkot* drivers (medium-sized mode of transportation), motor taxi drivers, or sellers. To work in factories, male applicants often pay job brokers up to 10 million Rupiah for their job application without any guarantee that they would be accepted. Young women had a greater chance to be factory workers, although the stigma on female factory workers remained that they tended to engage in “free and open relationships” prevails.

Another problem, which young people expressed, was unintended pregnancy. Several informants mentioned that their close friends experienced this. A young male informant by the name of Bungsu, for instance, got married when he was 17 years old because of unintended pregnancy. Bungsu and his 16-year-old wife had quit school after being married. Bungsu now worked to afford his wife’s expenses and who was now 5 months pregnant. Further explanation on unintended teen pregnancy will be discussed in the following chapter.

Although using drugs could run young people the risk of expulsion from school and dealing with the law, they still attempted to consume pills. During an FGD, they explained that the type of pills included tramadol and excimer. Young people learnt about the shops, which sold those pills through their peers. According to these young people, drug consumption was due to their lack of knowledge and parental supervision. To prevent further drug misuse, young people mentioned the importance of religious knowledge. Furthermore, youth organizations in the village, such as the Village Children Forum (FAD), did not put enough focus on drug prevention, although the FAD had held discussions on unintended pregnancy.

Based on these youth problems, youth empowerment programmes such as those implemented by Yes I Do, the FAD, the Association for Small Business Development’s (PUPUK) weekend class activities, and the Alliance of Independent Youth (ARI) sharing sessions played an important role in serving as the sources of positive activities for youngsters in Limbangan Village. Unfortunately, its benefits were not experienced by all youth in Limbangan Village, as these programmes were available in only two or three hamlets. Youth communities that already existed in the village had yet to reap the benefits of these programmes. Youth groups such as the *Karang Taruna* or other programmes were deemed as not active as they should, and could not develop the creativity of Limbangan Village’s young people.

“We used to have youth activities, *Karang Taruna* used to organize them, but not anymore now. So, we now just hang out with no purpose or community every afternoon. My neighborhood does not really facilitate our activeness. We like engaging in activities but there is not a place or community for that. We want to be

able to share useful things with each other, and get to know each other...” (FGD with young women aged 19-24, Limbangan, 7 July 2019)

Based on an FGD with the young women above, youth wanted a communal body or programmatic activities that served as a place or source for their self-development, to share things with each other, and to be acquainted with their fellow peers in the village. To date, both the village and hamlet administrators had not been facilitating these youngsters’ activities. So far, the only active groups were religious such as the Koran-reading and prayer groups.

## 4.2 Cikelat Village

### 4.2.1 Demographic context of Cikelat Village

Cikelat Village is almost an hour drive away from Sukabumi Regency’s capital, Ratu Harbor. This village is part of Cisolok Sub-district. The population is about 6000 people of which 28% are young people (10-24 years). One-third of this village (300 hectares) consists of conserved forests, whereas most of the other parts are farmlands. The population resides in only a minor part of the land (17 hectares).



Figure 12 The road to a school in one of Cikelat Village’s sub-districts

### Educational Facilities

Cikelat Village’s educational facilities comprise schooling until junior high. The senior high schools that residents of Cikelat Village could gain access to included one vocational senior high school (specializing on business administration) and one public senior high school in Wangunsari Village. To access both, a relatively large sum of money was needed- to commute, as there was lack of public transportation. In addition, the senior high school’s monthly tuition was a large, often unaffordable amount of 200,000 Rupiah. The majority of the village’s population were elementary school graduates (32%) and junior high school graduates (22%).

An informal school such as the *Tibelat* Center of Community Learning (PKBM) was available in Cikelat Village. It was an alternative for youth in this area to continue their education. The head along with the Teachers Association Junior High School collected the data of teenagers who did not proceed to senior high school, often because boys wanted to work and the girls wanted to help their parents or get married.



Figure 13 An Islamic boarding school’s female dormitory in Cikelat Village

Participation in the PKBM also depended on willingness of youth and funding from the Education Board. During the 2018/2019 academic year, it was free of charge. However, the head of the PKBM was unsure of the Education Board's financial commitment to tuition and, therefore, the fee was unknown for the following year. Cikelat Village also had a Salafi Islamic boarding school for 20,000 Rupiah per month.

### Health Facilities

The auxiliary community health center (*pustu*) in Cikelat Village was open on Mondays, Wednesdays, and Saturdays. Two health personnel were available—a midwife and nurse. The auxiliary community health center held its integrated health services post for young people on Monday. In addition, some midwives and nurses practiced in their own private homes.

### Sources of Income and Economic Opportunities

The majority of Cikelat Village's residents worked as farmers (Cikelat Village Profile, 2018). They were either landowners or farm workers. Other jobs included sellers, construction workers, drivers, and civil servants. The women worked as either farmers, homemakers, domestic care workers, bridal artists, or seasonal workers (clove pickers). Picking cloves served as not only an addition to the family's income, but also a chance to socialize with other residents.



Figure 14 Village residents picking cloves

About half of the residents aged 18-56 in this village worked. However, the income from their agricultural work was little. More than half of the families in this village fell within the "extremely poor" category, which meant they could not afford to buy their daily necessities. As many as 170 children worked to aid their families' income. The average monthly income of each household head in this village was 800,000 Rupiah, an amount considerably lower than the minimum wage of the Regency. (Cikelat Village Profile, 2018).

### Social Organizations and Activities in the Community

The organizations in Cikelat Village included the Village Community Empowerment Institution (LPMD), the Family Welfare Movement (PKK), the youth group *Karang Taruna*, farming and fishing groups, Village-Owned Enterprise (*Bumdes*), religious organizations (i.e., the Indonesian Ulema Council and mosque board), and women's organizations (i.e. *Majelis Taklim*). PKK cadres were also active in activities such as those related to the integrated health services post (*posyandu*).

Besides these longstanding organizations, Cikelat Village also had the KPAD that had been running for 4 years and supported by Yes I Do. The village's KPAD covered three main sectors: reports and recommendations, prevention, as well as advocacy and network development. Further explanation on the KPAD will be discussed in the following chapters.

Cikelat Village also had informal and communal activities such as prayer groups or *mingon*, which were gender segregated and sporting activities- mainly attended by boys.



*Figure 15 The mothers of Cikelat Village after attending mingon*



*Figure 16 A football game in Cikelat Village*

### **Village Development Programs**

Cikelat Village was one of the few villages that had been allocated an annual Village Revenue and Expenditure Budget and had realized its budget in 2019<sup>5</sup>. In implementing the village's development, 8% of funds were allocated to education and 4.3% to the health sector. Within the health sector's allocated budget, funds for implementing the integrated health services post were included, but no funds had been allocated to the KPAD.

Cikelat Village received two types of funds: village funds (from the annual State Revenue and Expenditure Budget) and allocated village funds (from the annual Regency's Revenue and Expenditure Budget). To gain access to these funds, residents of the village had to attend meetings at the hamlet level to propose development projects. However, infrastructure continued to remain a priority. Cikelat Village also ran the Ministry of Social Affairs' live-able house programme. However, a few informants complained about the lack of transparency in the usage of village funds. Therefore, village residents viewed that no meaningful development had ever taken place in the village.

Cikelat Village also had a Savings and Loan Programme for Women (SPP) initiated by the Village's Independent Community Empowerment Programme (PNPM). Another programme for economic empowerment is the Joint Business Group (KUBE). KUBE was one of the programmes designed by the Ministry of Social Affairs. There was also the National Family Planning Coordination Board's

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<sup>5</sup> with the following breakdown: of the 1.579 billion Rupiah of revenue, 37% of it covers the village's administration, 47% for the village's development, 6.2% for societal improvement, 9% for community empowerment, and 0.8% for disaster relief, emergencies, and other urgent affairs

(BKKBN) Income Generating Programme or UPPKS. The programme was for fertile couples, especially those of the “extremely poor” and “poor” families. UPPKS funds were on a rolling basis and were worth 20 million Rupiah.

Another economic empowerment programme is the Ministry of Social Affairs’ Family Hope Programme (PKH), which targets poor families. The financial aid, which each family received, was dependent on the composition of the family. The largest sum of PKH aid in Cikelat Village was worth 10,700,000 Rupiah and is given every three months. Families that received PKH’s education funds were obligated to secure their children’s education trajectory. However, according to Cikelat Village’s PKH facilitator, there was a case in which the family’s child was married off under the legal marital age and their senior high school education was discontinued.

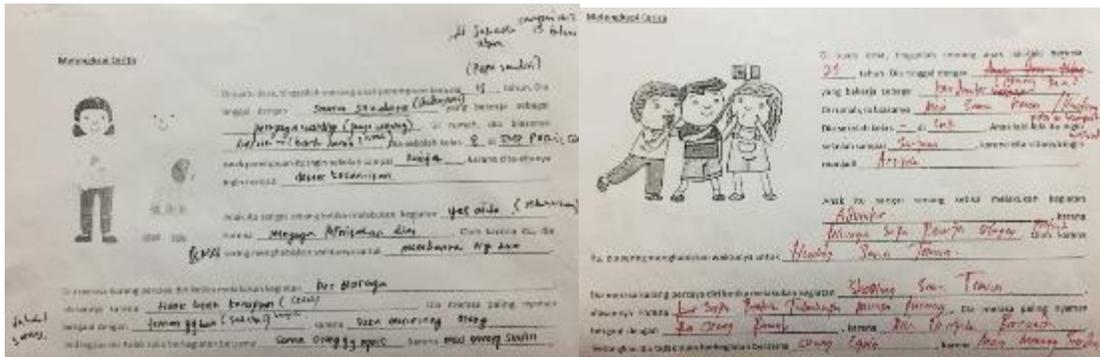
#### **4.1.1 Youth Aspirations in Cikelat Village**

The aspirations of youth in Cikelat Village for their education, jobs, and future generally varied. With regard to education, Cikelat youngsters were visionary enough to think about getting through college. They were not impeded by the limit of their parent’s financial ability and their mindset who valued vocation more than higher education. One of the younger men in the FGD claimed that young people could continue pursuing their education as long as they possessed the willingness and drive within themselves. If parents faced difficulty in funding one’s tuition, many scholarship opportunities were available. Young people could also work and go to school or find work to earn savings for continuing school. An older male participant supported this: “... [We would] feel embarrassed by ourselves. [I am] embarrassed in front of my parents, I start to realize by myself that my obligation is to earn my own money.” The statement highlights how willing and motivated Cikelat’s youngsters are in making progress for their future.

This drive is also apparent the story completion task. The forward-looking aspiration for higher education is seen not only among the young men but also among the young women who hope for an education level that is equal to men’s.

Figure 15 shows two stories. A 15-year-old girl who wanted to continue going to school towards college completed one story. She even specifically mentioned medical school as her desired major for she aimed to be a cosmetic doctor. Another story was completed by a 23-year-old young man who was married and already working after he graduated from vocational senior high school. Even though he had started working for his family, he wanted to continue pursuing his education until college to be an architect.

Figure 17. The story completion task of a young man (right) and young woman (left) in Cikelat Village



However, a few young people still worried that they would have to quit school and start working due to their family's condition. They were more confident in expressing their aspirations up to middle school.

Educational aspirations were closely related to job aspirations. A dream job could be one of the main drivers for teenagers when they were in school.

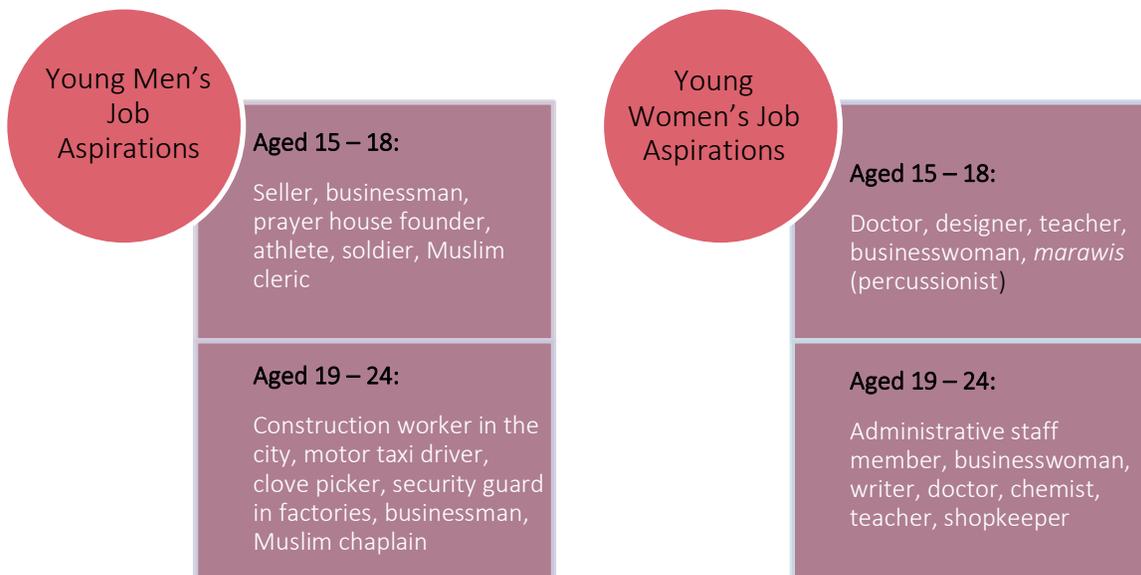


Figure 18 The differences in job aspirations between the young men and women of Cikelat Village

The preferred jobs among young men and women were dominated by the teaching and entrepreneurial sectors. Some of the aspirations are founded upon individuals' external factors, such as the responsibility to aid the family's finances- forcing them to be realistic—especially

young men. Therefore, such factors manifested in their aspirations to be sellers, construction workers in the city, motor taxi drivers, or the already widely available- clove pickers.

“I usually work hard to pick cloves or to do anything, depending on what our neighborhood needs. If I have a motorcycle, then I can use it as a motor taxi to cover my daily needs.” (FGD with young men aged 19 – 24, Cikelat, 11 July 2019)

Besides working in the village, several young people also attempted to migrate to cities and worked as construction workers, shopkeepers, factory workers, domestic care workers, and security guards. The kind of job they obtained depends on their highest school diploma. They obtained information about job vacancies in the cities through their friends who had already gone for work in the city. Young people also made use of social media as an alternative mode of employment for them, such as selling clothes online.

An interesting finding on job aspirations was recorded during an FGD with young men aged 19 – 24. It was clear that youth thought about farming as the last resort when no other jobs were available.

“For young people like us, we probably feel too proud or that the time has not come for us to be farmers. Maybe later, as we have grown older, have kids, and maybe a wife, we’d follow our parents by working in farms. If we can have a better fate, we certainly wouldn’t choose to be farmers.” (FGD with young men aged 19 – 24, Cikelat, 11 July 2019)

The statement differed from a young woman’s statement during an FGD. She viewed working as part of one’s effort to achieve goals and make parents happy. Even though they would get married and their husbands would be working, they would save some money for their parents. We can see how young women had thought about self-development early, but were still constrained within their role in the domestic sphere, such as caring for the household and raising children.

### **Inspiring Figures for the Young**

Certain figures or role models inspired Cikelat’s youth. Drawing from the story completion task and an In-Depth Interview (IDI) with Rahmat, he mentioned that he was inspired by the Indonesian statesman Sukarno. Kencana, on the other hand was inspired by a public figure Natasha Wilona- as she was still young but already independent.

Favorite athletes, Muslim chaplains, statesmen, inspired young men whereas writers, artists, and their parents inspired young women. Both young men and women also mentioned their teachers/mentors, close friends, and Youtube artists could be their sources of inspiration.

Inspiring figures for the young people of Cikelat consisted of not only famous people but also people who were close to them and lived among them, such as parents and especially mothers. Some teenagers were even inspired by the Islamic cleric who regularly gave sermons in the village.

Having a role model added motivation to the young people so that they would not shy away from expressing their wishes, be it in education, vocation, or the future in general. They also understood that in the long-run, situations would change and they would have to be more realistic in selecting a vocation. Their strategy in choosing the right vocation influenced the benefits in the future. Therefore, they admitted that it was important to follow the pathways of the people who inspired them, or even perform better than them.

#### **4.1.2 Problems youth face**

Many youth in Cikelat mentioned that they faced problems related to education. As indicated earlier, this was due to lack of public transport, transportation fees and high tuition costs. The latter was an issue when deciding whether to continue from junior to senior high school. Although Islamic boarding school and a vocational senior high school with dormitory existed, their availability did not suffice young people's possibility to continue and finish school. Young people shared that scholarships for disadvantaged students were available.

The way in which parents thought had gradually changed and then they were supportive toward their children's aim for college.

“... in Nagrag Hamlet, for example, parents force their children to go to school. They are more open-minded, in my opinion. Their education increases each year. Back in the days, parents would not allow [their kids] to go to school when they have no money. Now, parents would do anything to get their kids to school.” (FGD with teenage boys aged 15 – 18, Cikelat, 10 July 2019)

Aside from financial hurdles, quitting school due to bad influence was another problem. Mr. Rifat, a teacher, mentioned a case of a student who decided to quit school because he was caught in engaging in a robbery. He discontinued as he felt ashamed and the teacher encouraged him instead to continue in the PKBM. Another case pertained to a teenager who quit school because his peers' invitation to work in a factory or company outside of Cikelat Village attracted him. Yusup and Cecep's statement goes as follows:

“The kid was enticed into working. [...] We explained some working skills to him because we worry that he would be trafficked, trapped in a commercial exchange of children or some sort. We wanted the family to receive the Family Hope Programme's (PKH) benefits if financial reasons burden them from paying school

fees. Then, we ask [the kid] again [...] until finally, [the kid] told us himself that he quit school because of a friend's invitation [to work]." (Key-Informants Interview with Yusup and Cecep, Cikelat, 6 July 2019)

Such a case prompted the KPAD to find a solution through mediation. Mediation was done through deliberating personally with the involved teenager before opening discussions with the parents.

In addition to matters related to education, another issue was regarding the (mis)use of drugs. Young people tended to mix drugs and consume them together with their peers for stress relief. They mixed drugs such as *komix* and *premadol* with *antimo*. They also smoked and drank alcohol mixed with spirit, mosquito repellent, and thinner. Underage youngsters were also involved in this.

"It just happened...hmm...two weeks ago. Somebody just died two weeks ago for drinking it." (In-Depth Interview with Gugun, Aan, Heri, as single young men, Cikelat Village, 8 July 2019)

A death was caused by misuse of these substances and youth, KPAD and village administrators responded to it. KPAD provides thorough explanations during each Yes I Do seminar for not only young people but also parents.

#### 4.3 Community Norms on Gender and Youth Sexuality in Limbangan and Cikelat

The social norms on gender and sexuality in both villages were mostly based on Islamic teachings. Both villages' norms pertaining to the good characters of girls and boys, as well as to the division of household labor, were primarily based on religious narratives that intermingled with local and traditional customs. Gender and sexuality norms were apparent in the organizations of the familial institution, community or public sphere in general.

Within the familial institution, parents' treatment of their sons differed from that of their daughters. Although equal treatment applied to the affairs of children's education in which boys and girls had equal opportunities, parents regulated their daughters' mobility, friendship network, and appearance more strictly. For example, girls in Cikelat Village were expected to be home before the *maghrib* prayer (around 6pm local time), and had to notify their parents if they were to go somewhere after school. Parents also had to be notified of their daughters' social engagements. In contrast, parents gave much more freedom to their sons. Boys were sometimes allowed to stay the night with friends. With regard to appearance, girls were obligated to cover their '*aurat*' (parts of the body that should be covered according to Islamic teachings) with the hijab, such that they were accustomed to wearing the hijab since they were infants. Young men and women shared the same view about the primary feature that defined a good woman, that is,

one who covered her *aurat* or wore the hijab. Young men opined that girls who did not cover their *aurat* or did not wear clothes modestly could tempt and arouse their male counterparts' sexual drive. Female youth considered "minimal" clothing not only from a religious perspective, but also from the quotidian circumstance in which girls and women in the village rarely dressed that way and, therefore, they feared public scrutiny. Furthermore, girls and women who wore short skirts or pants were considered impolite and were subject to receive scolding from parents and Islamic preachers.

The division of labor between men and women remained traditional. Generally, men were breadwinners and women performed domestic work. However, such division was not stringent. Parents of both sides would approve working women on the condition that they had their husbands' approval.

"It depends on the husband, communication is important. She ought to tell [her husband] before getting married that she wants to work." (Ms. Dedeh, Cikelat Village, 7 July 2019)

Within the village's community, girls and boys also engaged in different activities and occupied different spaces. Girls mostly either played with friends of their own age at home or practiced reading the Koran in prayer houses or mosques. In contrast, boys mostly had their activities outdoors, playing football, futsal, and volleyball. They also played online games or music with friends. Many of them also simply chatted at some of the village's hangouts such as the neighborhood watch post, minimarket's front yard, football field, and by the bridge. Girls were hardly seen sitting around in public places.

The job market was biased due to gender-based stereotypes. Jobs dominated by women included working as shopkeepers, restaurant workers, factory workers, and domestic care workers. The extent of job vacancies for women exceeded that for men because of the kind of sectors that are most available in the area around Limbangan and Cikelat villages. Limbangan Village's proximity to downtown Sukabumi led to the large number of shops as well as garment and shoe factories there that recruited female workers. While Cikelat Village's young women worked as domestic care workers in the city, laundry worker, shopkeepers, factory workers, and food sellers, its young men faced difficulties in obtaining formal jobs. Most of them were either construction workers, motor taxi drivers, public transport drivers, or sellers in the market. These phenomena occurred not only because the kind of jobs that were vacant was considered more "suitable" for women, but also because women were regarded as the compliant labor force.

“Well, how do you say it...women are more compliant, it’s easier to get them to do things. Men are mostly not so...women fill 90% of Sukabumi’s factories.” (Bagus, a single man aged 19, Limbangan Village, 15 July 2019)

With regard to sexuality, parents in both villages broadly viewed that, in order to prevent unintended pregnancy, youth sexuality needed to be controlled. Parents made great efforts to control their children’s social engagements—especially toward their daughters—and prevent promiscuity. Dating was viewed negatively and young people preferably shunned it. To avoid promiscuity, parents monitor their children’s social engagements.

“Basically, [we’re] afraid, terrified. For instance, the school is close, right? We would know when classes end. If classes end at 2pm, [our children] haven’t reached home by 3pm, and yet it only takes half an hour to get to Cislok from here, they should already be home by 3pm. If not, we start to worry and fear of knowing where they had gone to.” (Ms. Dedeh, Cikelat Village, 7 July 2019)

On the other hand, young people generally developed an attraction to the opposite sex, fell in love, and desired dating. Consequently, young people were hesitant about sharing their thoughts on dating and social engagements with their parents for fear of being ashamed or scolded. A few young people even tried to tame their attraction to the opposite sex because they viewed it as immoral. Puberty was viewed as a “perilous” phase because of its vulnerability to promiscuity and premarital sex.

“Puberty causes and feeds it and, [therefore] dangerous. There is this fear of using it inappropriately, promiscuity, and premarital sex. Fear of impregnating [someone].” (FGD with young men aged 19-24, Cikelat Village, 11 July 2019)

In addition, female participants in an FGD participants aged 15-18 in Cikelat Village claimed that they experienced more restraints than their male counterparts because of their ‘bellies’. The claim rendered extra caution for girls and young women as they could get pregnant out-of-wedlock. Young women, who experience unintended pregnancy, including their families, were badly stigmatized by the community. Hence, child marriage was treated as a solution for two things: preventing unintended pregnancy and avoiding premarital sex. Abortion was considered as extremely sinful and immoral, such that the only solution for impregnated girls and women was marriage.

The administrators of one of Cikelat Village’s Islamic boarding schools recognized that attraction to the opposite sex would develop during the ages of adolescence. Therefore, the school allowed

its students to have romantic relationships, but discouraged them to engage in any sexual activity. A few teenage boys who lived in the Islamic boarding school even described how they exchange love letters with their romantic partners. The Islamic boarding school administrators hoped that this approach could facilitate their students' needs for affection without running the risk of enabling physical and sexual activities among young people.

## 5. Youth's Views and Experiences on Sexual and Reproductive Health and Rights (SRHR)

In this chapter, youth's views and experiences on Sexual and Reproductive Health and Rights (SRHR) is discussed. It includes several topics, starting from youth's views on body and sexuality; dating experiences; SRH myths; youth's views on pregnancy and abortion; problems surrounding Sexually Transmitted Infections (STIs), HIV, and AIDS; and sexual violence.

### 5.1 Youth's Views on Body, Puberty, and Sexuality

Youth often experienced confusion about changes that they went through during puberty. Idealized images about 'what their bodies should look like' started to surface and this experience differed in female and males.

In Limbangan Village, a muscular body - complete with visible abdominal muscles or a six-pack - was considered the ideal body for young men. Young women, however, had a more diverse view. Some of the girls mentioned that an ideal body meant perfect eyebrows; while others mentioned- having a proportional height, slim build, chubby cheeks, big eyes, small waist, and even short hair. This showed that young women tended to give more attention to, and were more critical towards specific parts of their own bodies. They also mentioned specific body parts that made them feel uncomfortable, such as oversized breasts, inadequate body height, large hips (because it was hard to find pants with the right size), and a big belly - just like what was mentioned by a female youth aged 15 - 18 from Cikelat Village: *"it's not comfortable . . . because (I'm) ashamed. Breasts are,*

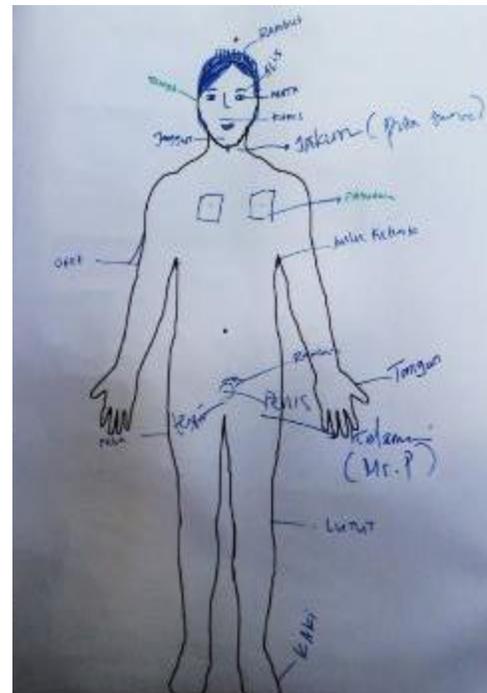


Figure 19 Body mapping exercise on 'changes within male bodies', Male Youth, Cikelat Village

too big". Meanwhile, young men did not care much about their body, as they considered having money more important than an ideal body.

However, the male youth of Cikelat Village did indicate that the growth of their body hair made them feel uncomfortable. Although body hair was considered to be a symbol of virility among men, too much hair was not considered a good look, nor was little hair.

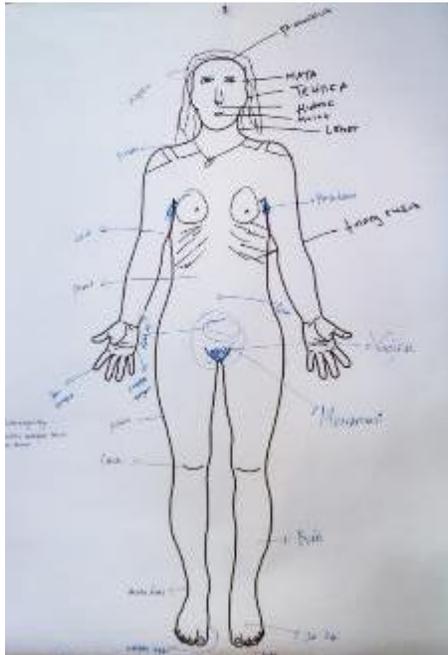


Figure 20 Body mapping exercise on 'changes within female bodies' from the male youth of Cikelat Village

Youth were also asked to indicate their favourite body parts in the opposite sex. While young women mentioned specifics such as a handsome face, including facial hair and a lean body, young men simply mentioned a beautiful and a sexy appearance. In general, youth felt uncomfortable mentioning their own body parts, especially when it came to their sexual organs. This reluctance and shame when confronted with their own bodies was visible through the body mapping exercise.

Youth's alienation from their own bodies, and the idealization of a specific body type among the youth resulted in the normalization of body shaming among them - as it happened at school and within the neighborhood. Through the body mapping exercise, we also observed the youth's views and knowledge on puberty. In general, youth from both villages were able to mention physical changes that occurred during puberty in both men and women, as shown in Figure 23.



Figure 22 Result of the body mapping exercise on 'how male should appear'

Youth's views on bodies were linked to their views on sexuality. These views were made visible through how they perceived 'an ideal appearance in public for both men and women,' which was related to the feminine and/or masculine values embedded within them; as shown in the exercise results below.

In general, youth from both villages thought that women should appear as depicted in Figure 21. This idealized appearance cannot be separated from the concept of *aurat*; that there are parts of the human body that must not be exposed because of sin. For women, it was widely accepted that their *aurat* consisted of their entire body except their



Figure 21 Result of the body mapping exercise on 'how female should appear'

faces and palms. In fact, the male youth of Cikelat compared women's bodies to candies: that those who do not cover their *aurat* are similar to unwrapped candies, dirty and covered in flies - compared to the 'wrapped candies,' or women who cover their *aurat*. There was also a view that women's bodies should be covered because they belonged to their future husbands.

*"Morally speaking, they (women who cover their aurat) are more protected, like that; compared to women who dress like this (uncovered) . . . this kind of pants (the short pants), will draw other people's eyes. Where is the husband's share then?"* (FGD among male youth aged 19 - 24 in Cikelat, 11 July 2019)

Young women also felt that they needed to cover their *aurat*. Those who did not were often gossiped about in the village. This was also due to the strong Islamic conservative context in the village, which has been explained in Chapter 3. In contrast, the male *aurat* only covered the region between their navel and knees. Thus, men were granted more liberty in choosing their preferred clothing as seen in the photo above.

Strong religious teachings influenced the way in which youth in both villages explained puberty. Some believed that men developed an Adam's apple because Adam bit into the forbidden fruit. Women developed breasts as Eve swallowed the whole fruit. Religious narratives were also used in explaining male and female sexuality. For example, male youth thought that women had a greater sexual drive compared to men while men were more intellectual.

## 5.2 Puberty Experiences

While stories on female youth's puberty usually revolved around menstruation, male youth tended to talk about their first wet dream when asked about their experience.

### 5.1.1 Female Youth: Menstruation

Young women obtained knowledge on menstruation from women in their surroundings as well as the internet. Female family members, schoolteachers and female friends were usually the first people they would speak to upon getting their first period, which was often a shocking experience for them. The role of men, especially the father, was almost nonexistent in this context. The *ustaz* was the only male that the youth ever mentioned. He was the one teaching them about the *fiqih perempuan*, or 'female Islamic jurisprudence,' in which knowledge related to menstruation, was imparted.

Young men believed that menstruating women produced 'dirty blood'. This led to restrictions on participation in certain activities such as entering religious facilities since they were deemed

unclean. Hence, young women felt afraid and ashamed when their menstrual blood leaked and created visible stains and they were often teased about this. The “dirty” menstrual blood was also believed to have the power to attract spirits. Hence, Kencana from Cikelat Village was afraid of carelessly disposing unwashed menstrual pads.

Young women experienced stomach cramps; vomiting; itching; and fatigue during their period. The menstrual pain or stomach cramps, referred to as *sumilangeun* in Cikelat Village, often disrupted their daily activities. Most young women self-medicated through over the counter pain relievers, sleeping, taking herbal medicines and drinking warm water - as it was believed to speed up the menstruation cycle. There was also a myth that the pain would subside if one stopped drinking soda and washing their hair. When a young woman with menstrual problems approached the Puskesmas (*Pusat Kesehatan Masyarakat* or Public’s Health Service), the midwife only advised her to drink plenty of water.

Itching and scratching wounds around the genitals was often caused by poor hygiene. Young women are well informed on menstrual hygiene management in Limbangan Village, while in Cikelat village, some youth chose to use cloth instead as they felt it was more natural and did not have chemicals.

### 5.1.2 Male Youth: Wet Dreams

Wet dreams are considered a sign of puberty among male youth. However, their parents did not inform them on what to expect and hence, they were usually shocked when it first happened. Due to insufficient information, several myths became popular among youth. Youth mentioned that too many wet dreams could cause infertility. Young men also indicated that it was the body’s way to get rid of *kotoran-kotoran* (impurities, filths). The male youth from both villages remained silent, and did not tell anyone after experiencing wet dream for the first time.

### 5.3 Dating Experiences

Youth also began to experience attraction during puberty- and this was considered normal. These feelings of attraction and the notion of ‘falling in love’ brought some of the young women and men into a relationship, as they started dating each other. In general, dating was neither prohibited, nor was it seen as something positive. Due to this, some youth decided to hide the fact that they are dating from their parents. Several things motivated this decision. Youth thought that it was not an appropriate topic to be discussed with parents. Moreover, they felt ashamed or feared their parents’ reactions.

In both villages, social media, especially Facebook, played a central role in the practice of matchmaking among youth. Most of the study participants met their partners for the first time through Facebook, using the 'mutual friends' feature to add each other. Young men usually initiated the conversation, attracted by a profile picture on Facebook Messenger and this would eventually continue over WhatsApp. They would eventually meet in-person and if they felt they were a match; they would start dating.

“If we’ve been chatting for a long time, and the girl put her trust on the boy, maybe from that moment we’ll be able to know about her (feelings)” (FGD with male youth aged 15 - 18 from Cikelat, 10 July 2019)

Popular dating places that youth frequented were the tourist spots, or a place known as 'dating point' among the youth. In Limbangan Village, these included the near-by Goalpara Tea Plantation, security post, a stall near the village office, and stalls that provide chairs for them to hang out. In fact, the Goalpara tea plantation was so popular that several 'no dating' signs can be found there. In Cikelat Village, the youth had a favourite place for dating. This was clear from the social village mapping exercise: the football field, rubber plantation, school, security post, and a stall near the village's bridge. As for places outside of their village, the youth mentioned the beach, or mountainous areas such as the Habibie Hill.

The girl's home was also another choice; however, it could lead to negative stigma from the community.



Figure 23 A natural bench in Goalpara Tea Plantation with 'no dating' sign affixed on the tree.

“So from what I’ve seen, it’s always wrong here. First, if we - girls - bring a guy home, the positive side is that we introduce him to our parents; but people often think ‘why did that girl brought a boy to her house,’ negatively. Then if we decide to go on a date outside, it’s also wrong. People will think that ‘what are they doing together in that place’... we are always on the wrong side if we follow what people want. There is no right, only wrong.” (FGD with female youth aged 15 - 18 in Limbangan).

Youth who believe that dating was not good and were avoiding it said that *ta’aruf* is better than dating. The knowledge on *ta’aruf* was obtained from *ustadz* and other Qur’an studies teachers.

“Dating puts you closer to adultery, like, closer to bad things. So, the meaning of ta’aruf is that... if we are doing the ta’aruf, we (as the man) go directly (to the woman’s house). If she wants to, accepted; if not, rejected.”. (FGD with male youth aged 19 - 24 in Cikelat, 11 July 2019).

*Zina* or premarital sex was considered a big sin. Nevertheless, youth were exploring their sexuality. They engaged in sexual activity and intercourse when parents were not at home, or in the tea plantation in Limbangan, or even in public facilities in Cikelat. However, knowledge about sexual relations remained limited and insufficient and was a taboo subject. Hence, the prime source for youth was the Internet; through porn; and often times, they watched it together with their friends. Nevertheless, they also recognized the need for accurate information.

“Yes, people are asking why there are a lot of people doing that kind of thing [referring to porn] - it’s because they lack the education, we’re lacking sex education. If we know it, we’ll be able to determine which one is acceptable, and which one is not” (FGD with female youth aged 19 - 24 in Cikelat, 14 July 2019).

#### 5.4 Pregnancies, Contraception, and Abortion

In both villages, health care services for prenatal check-ups, labor and delivery care, and postpartum care were available for the villagers through the Puskesmas, auxiliary Puskesmas, and Posyandu. The Posyandu was opened in each *dusun* or small village in turn, and health care providers used the Posyandu to monitor the health of pregnant women and toddlers.

Health care providers paid special attention to women experiencing ‘high-risk’ pregnancies, such as those who are pregnant under the age of 20 and above the age of 35. If they did not show up for prenatal check-ups, the providers would look for them with the help of public health cadres, who assisted them.

Childbirth assisted by shaman –i.e. the, TBA<sup>6</sup> - was no longer common due to changes in the law. However, they were allowed to partner with health care providers. Midwives in both villages were well aware of this regulation. However, in Limbangan, the midwife stated that additional work was needed to persuade TBAs who refuse to form partnerships with health care providers. Nevertheless, in Limbangan, most childbirth happened inside health care facilities, because the facilities were easy to access. In Cikelat Village, on the other hand, some of the older female youth who had children shared that they gave birth at home. However, the house needed to be in proper condition otherwise the midwife could refuse to provide labour and delivery care.

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<sup>6</sup> or *mak beurang* or *dukun pijat* or *paraji*

The ease of accessing health facilities hence, also determined how big the role of the TBA was. In Limbangan, the TBA helped with postpartum care and providing prenatal massages for pregnant women<sup>7</sup>. Meanwhile in Cikelat Village, the TBA in the village played a more significant role. Young mothers aged 19-24 mentioned that the TBA had stayed by their side during the pregnancy, delivery and postpartum period. Since they also worked as masseurs for the women and their children, they were very close to the women of the village, regardless of age. Pregnant women in Cikelat received routine massage treatments from the TBA after they reached the fifth month of their pregnancy. Any massage prior to that during pregnancy was believed to cause a miscarriage. Furthermore, pregnant women in Cikelat Village would never go into labor in a health care facility without being accompanied by a TBA.

Services provided by TBA were often based on myths that could cause harmful side effects to the women's reproductive health; such as the use of grated red ginger, warm ash, and betel leaves to heal the vaginal tear, which occurs during delivery. Moreover, women believed that they should not wear sanitary pads to absorb postpartum bleeding as they were not hygienic enough and felt 'hot' compared to the bundle of cloth (*buntel*) they used. As part of postpartum care, the TBA performed a series of massages, believed to reduce muscle soreness after delivery, and put the uterus (*kantong Peranakan*) back to its original position.

Such myths were caused by the lack of knowledge related to reproductive health. According to an interview with a midwife from Puskesmas Limbangan, level of knowledge related to pregnancy preparation and stages of pregnancy among the public - including the youth - was still very low. However, based on the information from the village's midwife, the presence of youth-focused Posyandu - which was supported by the Yes I Do programme - helped in reducing the risk factors among youth related to anemia, underweight, and hypotension. Since 2018, the youth-focused Posyandu provided the youth with access to information related to the danger of child marriage and nutritional status assessments. Unfortunately, these services were not yet available in all locations across Limbangan Village and in general, citizens, including soon-to-be parents were not fully aware of the existence of this programme, including those of the Limbangan Village.

Some of the most popular myths revolve around food and SRH outcomes: eating cucumber would cause vaginal discharge; eating pineapple would make it hard for women to get pregnant; and drinking soda and cold water could suppress menstruation. However, in reality, most of these myths could result in adverse health effects, particularly those around pregnancy and post-partum care found in Cikelat village. Myths mainly perpetuated by the TBA also usually revolved around diet for women who just give birth including not eating fruits or seafood and broiler chicken as it could cause vaginal itching. Women were also advised to eat lemongrass *sambal*; a self-made concoction to tighten their uterus (*peranakan*) and speed up the healing process. These myths

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<sup>7</sup> One of the most visited and well-known dukun pijat in Limbangan Village was Mak Enung from Cisarua.

reflected patriarchal culture and ideals - such as keeping the women's vaginas 'tight' and 'dry' - rather than reflecting the needs of the women themselves. Some of the ingredients that were high in nutritional value were banned for women.

Several cases of teenage pregnancies - both premarital pregnancies and pregnancies after marriage - were found in both villages. Information related to contraceptive methods for youth were usually provided by their mothers, close family members, midwife, and accessed through the Puskesmas' awareness raising session. Meanwhile, to gain a deeper understanding and further information on contraceptive tools, the youth utilized the Internet instead.

"I've heard about contraceptive methods - such as condoms, implants, and pills, and then the contraceptive injection. I heard that from my mother and Grandma Ami, a public health cadre... As for me, I learned that from my biology teacher at middle school. We know about it but we never try to access it, because if we got caught accessing it, people from the entire village will know and we'll be the topic of the talk." (FGD with Female Youth Aged 15 - 18 from Limbangan Village, 8 July 2019).

It is not common for unmarried youth to use contraceptive methods, as was mentioned in chapter three. However, youth from both villages were able to mention several contraceptive methods, including condoms, injections, pills, and implant. Unmarried youth lacked knowledge on the side effects of contraception and believed in myths. Since they could not legally access contraception from public health facilities, one of the only contraceptives they could buy in minimarkets were condoms, which was also stigmatized. Married young women, on the other hand, mentioned several side effects such as bleeding, irregular menstruation, and weight gain. Currently, in health facilities there was insufficient counseling service before using contraceptives. One of our informants said that it became hard for her to get pregnant after she stopped using contraceptives.

Those youth who were seen buying condoms or other contraceptive methods would be stigmatized as 'free-sex-doers'. Moreover, free condoms were only distributed by HIV counselors to those who were deemed 'high-risk,' such as transgender persons who worked at a beauty salon and/or people who underwent VCT (Voluntary Counseling and Testing). The midwife also indicated that in cases of child marriage, knowledge on contraceptives was imparted to the couple to postpone their first pregnancy.

Nevertheless, there were still a lot of young women who were reluctant in using contraceptives - especially those who had never had children before. This was caused by the belief among villagers,

especially in Cikelat Village, that using hormonal contraceptive methods such as pills and injections before having a child would cause their uterus to dry out; making it harder for them to have children in the future. They believed that young couples who just got married should not use contraceptives, at least until they had their first child. Sari, Yuyun, and Itung were all married under the age of 18, and they did not use contraceptive tools. These myths were also believed by young men, which prompted them to first have a child and then use contraceptives.

In addition, there was also the mother's role in deciding whether a couple should, or should not postpone their pregnancy. One of the female youth who were married at the age of 17, Sekar, was using contraceptive injections because of her mother's instruction. Her sister-in-law was pregnant and her mother did not want Sekar and her sister-in-law to have children at the same time. Aside from that, Sekar herself did not want to have children at a young age. In child marriage cases, the responsibility to take care of the baby is usually fall within the hands of the married girl's mother. Sekar wanted to have her own house before having a child, so that she can live alone with her family.

In both villages, the most commonly used contraceptive method is the injection. The injection was chosen because of its accessibility, low-cost, and effectiveness. Other options such as contraceptive pills were not considered because pills had to be taken routinely (one could not forget). Implants since the idea of inserting an alien object into their bodies was frightening.

Youth were also familiar with the myths related to 'pregnancy prevention' and '(unsafe) pregnancy termination'. These pregnancy prevention and termination methods would be carried through drinking herbal concoction, soda, and eating a specific food like pineapple. Related to pregnancy termination, the youth in Limbangan were familiar with a traditional birth attendant (TBA) who was able to provide such service. Such information was usually transmitted from mouth-to-mouth.

Youth indicated that this medicine had to be taken before the third month of the pregnancy. However, we could not trace the existence of such drug in pharmacies around the village.

"Well from what I've heard, kids nowadays use that kind of drugs, like that. I do not know what it is called, but usually they take it before, I mean, when they know that the girl is pregnant, but before the fetus grows, before it is a 'baby' yet. They terminate it using the drug, that's from what I've heard." (FGD with Male Youth Aged 19 - 24 from Limbangan Village, 14 July 2019).

In both villages, youth who experienced premarital pregnancy opted for an abortion through the help of (medical) health care providers such as doctor and midwife, or non-medical health care provider like TBA. Most of the time, the youth who failed to terminate their pregnancy using the

pregnancy prevention drug, drinking soda, eating pineapple, pepper, and any other method seek abortion service provider as their last resort.

Premarital pregnancy was considered a taboo. Thus, youth experiencing premarital pregnancy tended to be afraid, caught in a state of panic, and often tried to terminate their pregnancies. Premarital pregnancy often led to child marriage. There was a case where a young woman decided to get an abortion, because she did not want to be married, and wanted to continue her studies instead.

“It happened, my friend, aborted, because she was still a student, and she couldn’t get married because she was still young. She was on the third grade of SMP (Sekolah Menengah Pertama or Junior High School). And since she terminated her pregnancy, the marriage was called off. Her ‘boy’ (who got her pregnant) is my relative.” (FGD with Female Youth Aged 19-24 from Cikelat Village, 14 July 2019).

There was also a case in Limbangan Village where a pregnant woman and her family failed to realize that she was in fact, pregnant. Her family, too, did not realize that she was pregnant.

Just like what was mentioned before, in Cikelat Village, the TBA played an important role in providing pregnancy, labor and delivery, and postpartum care. Aside from that, there was a rumor that there was a TBA who excelled in providing abortion service in Cikelat Village. This rumor had spread outside of the village too. Another TBA in Cikelat village mentioned that someone asked her to provide abortion service, but she refused - although she ended up accompanying that person to a TBA in the neighboring village.

“I accompanied them [a girl and a boy] and showed the way...Her stomach was squeezed, brutally. She was crying and trying to find a grip. The guy who impregnates her, in my assumption, went into the room. Waiting. ‘Just hold it, hold it.’ The fetus is already loose, already destroyed by the TBA. ‘You can go to the hospital now.’” (Interview with Yayah, TBA from Cikelat Village, 14 July 2019).

Unsafe abortion practices performed by these shamans are dangerous, and might result in incomplete abortion. The Cikelat Village’s midwife admitted that she had encountered some such cases in Cisolok sub-district. She was able to recognize it, because the patient was suffering from hemorrhage after getting a ‘massage treatment’ from TBA. This was done because they could not ask for such service to be provided by the health care service providers. The midwife usually proceeded to explain the danger of unsafe abortion to them. After getting an ‘abortion massage,’ the women would experience hemorrhage, and the ‘destroyed’ fetus would need to be scraped

using a curette (*dikuret*). During the massage and ‘curettage’ process, women were prone to excessive hemorrhage and rapid decrease in the level of hemoglobin and blood pressure; thus, they would need immediate medical response, including blood transfusion. However, since she started serving in early 2019, the village’s midwife has never encountered a case of incomplete abortion.

There were also cases where married women attempted to perform self-induced abortion themselves. They tried to consume specific substances that are believed to induce miscarriage; and when everything failed, they sought help from TBA instead.

Other than using methods that were mentioned above, when asked about abortion in an interview, a youth also mentioned a specific type of drug that can be used as an emergency pill

“My schoolmate once did that, but it was not an abortion; it’s more like, prevention. She tried to find the drug, but she could not find it; thus she went to the pharmacy. The pharmacist gave her a number and told her to call that number. So after having sexual intercourse now she takes the pill immediately. So it (the sperm) hasn’t reached the uterus yet.” (Interview with Dion, FAD Member from Limbangan Village, 7 July 2019).

This indicates that emergency pills are accessible by people, especially by youth. However, there is no reliable source of information for youth, regarding the emergency pills. Moreover, the research team was unable to identify this ‘drug’ young people were referring to.

## 5.5 Sexually Transmitted Infections (STI) and HIV/AIDS

In general, youth from both villages were able to mention several STIs; starting from gonorrhea, syphilis, and herpes - but none of them said that they have contracted the disease before. They were also familiar with the term HIV/AIDS, knowledge of which was obtained through school, seminars conducted by BNN, PPA (*Pelajar Peduli AIDS* or Students for AIDS), and parents. In Cikelat, especially among those who lived together in a boarding house, cases of genital itching were common. Meanwhile among female youth, the most common complaints revolved around experiencing vaginal discharge, which they resolved through self-medication.

In Cikelat, an HIV counselor monitored HIV cases and invited high-risk groups for VCT (Voluntary Counseling and Testing). Cases of HIV/AIDS were found among youth in Cikelat. Seven cases were reported in the village while 33 were reported in the sub-district. According to the HIV counselor, cases were mainly caused by unprotected heterosexual sex. Male workers; often working outside of Sukabumi had unprotected sex with sex workers and contracted the disease, which they

eventually passed on to their wives. Those who were living with HIV were afraid to seek medications because of the negative stigma attached to them. There were also cases among male youth who engaged in sexual activities with members of the same sex, as mentioned by the HIV counselor in Cikelat Village. Those who have been diagnosed with HIV tended to refuse medication, even though it was free of charge at the regional public hospital and the *Puskesmas* in Cisolok. The lack of awareness in: using condoms, being routinely tested, and taking proper medications could lead to the rise of HIV/AIDS cases in the future.

### 5.6 Female Genital Mutilation or Cutting (FGM/C)

There were several differences between the situation regarding the practice of FGM/C in Cikelat and Limbangan Village. In Limbangan, study participants said that it (known as *sunat perempuan*<sup>8</sup>) was no longer performed. While in Cikelat Village, study participants shared that they were still practicing it and that TBAs often performed FGM/C. Study participants were aware of the rule prohibiting the practice, which they had learnt of from health care providers.

According to a TBA in Cikelat village, girls needed to be “circumcised” to suppress their sexual drive. If the clitoris was cut before one year of age, it was believed that it could grow back. Young mothers who participated in the study also admitted that they circumcised their daughters. While speaking to a mother of a research participant, she was unaware of the effects of FGM/C, and the consequences of not circumcising her daughter. She herself was afraid of the procedure.

The advocacy to ban FGM/C was a sensitive matter. This advocacy process was carried out by KPAD from both villages, in the Yes I Do Programme. Midwives from both villages said that the public understood that FGM/C was no longer allowed, and no one forced the health care providers to perform such a procedure on their daughters anymore. However, the religious narrative supporting the practice of female “circumcision” was still circulating among the villagers, with some KPAD members agreeing with this Islamic narrative. This could be because one of the members considered FGM/C as an honour for women.

*“...when I was on a Qur’an recital with the women.. there was one woman who said that it is no longer allowed to perform female circumcision...in religion, it is an obligation (wajib). But then we see at another explanation that ‘alkhitan sunattur rijahi, wamukramatun ala nisa’i.’ so there’s an opinion that for women, it’s considered as an honor.”* (Interview with one of Limbangan KPAD members, 5 July 2019).

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<sup>8</sup> female circumcision

In Cikelat, a KPAD member also mentioned that they were facing several challenges in bringing up the discussion related to the prevention of female “circumcision”. These challenges usually came from religious figures in the village.

“So we went to the local MUI (Majelis Ulama Indonesia or Indonesian Ulama Council) chapter, because.. ending female circumcision is also one of the goals of the programme. (Someone asked) “Brother, I want to complain why female circumcision is prohibited here? It’s only a symbolic (act).” Thus we explained that we are not banning female circumcision, because it doesn’t always happen, only symbolic . . . clean it up a little, because it’s said that if you don’t clean it, her libido, her sexual drive, in the future, will be uncontrollable. (Interview with one of the KPAD members in Cikelat Village, 6 July 2019).

Explanation from those two members shows that there was a strong resistance against the complete ban on female circumcision, voiced by religious leaders in both villages. The KPAD members from Cikelat and Limbangan Village tended to support these Islamic narratives when challenged by those religious leaders. They tended to agree to “Islamic” values that could promote female circumcision, on the basis that such practice was needed to suppress women’s sexual drive.

### 5.7 Youth’s Access to Information and Health Services

Youth-focused health care services could be accessed through the PKPR (*Pelayanan Kesehatan Peduli Remaja* or Youth Care Health Care Services) programme in *Puskesmas* Limbangan since 2017. Unfortunately, the service lacked facilities such as a separate consultation room, the visiting hours were not youth-friendly as it was open only during school-hours. A PKPR officer in Limbangan explained these challenges.

There was also a youth *Posyandu* that was initiated by the Yes I Do programme in Limbangan Village. This youth *Posyandu* was active since 2018, but in terms of service provided, it was still limited to measuring weight, height, blood pressure, and nutritional status assessment for the youth. It also hosted several irregular activities such as awareness raising sessions on SRHR for youth and parents (mostly mothers), blood type test, and youth counseling service – young women, compared to young men, mostly accessed this. The youth *Posyandu* was held once a week, usually on the fourth week each month in Limbangan and Cikelat villages. It was held on weekend days so youth do not have to miss school to come there.

As mentioned before, youth got information a variety of sources including the internet. As for the parents, they are more comfortable if such information was imparted through school (teachers)

or health care service providers who really understood the issue. At the same time, some youth felt reluctant in asking their parents their questions about SRHR. One parent suggested that an 'app' should be made to give youth access to SRH information, so that they did not have to wait in queues for health care providers to know of SRH services.

Our findings indicate that young people's need to obtain information related to SRH was high. The youth felt happy if there were activities such as a discussion or youth forum that could facilitate them in obtaining such knowledge. According to them, the *dusun* (small village, referring to the officials in the village) were not able to provide such room for the youth to obtain comprehensive information related to SRH. The way the youth in Cikelat was accessing information related to SRH was identical to the youth in Limbangan: through KPAD and Yes I Do Programme, midwives, health care providers in Pustu, experienced peers, parents, teachers, public health cadres at school, Qur'an recital in *pesantren*, and through the internet - by using smartphones and television with internet access. For example, Fadil explained that he felt more confident after learning about SRH (including sexual activities, romantic relationships, STIs and anatomy) from the Yes I Do programme. Lini obtained information related to reproductive organs through the biology subject taught at her school.

The youth were also able to access SRHR information through the Yes I Do Programme, by joining their workshops or attending awareness raising sessions. There was also a training held for those who wanted to become the programme's facilitator, or peer-counselor, organized by PKBI and ARI; while collaborating with KPAD and FAD. Nevertheless, the ongoing programme's accessibility was still limited, and it had not been able to reach all of the youth, as it was still only available for the member of FAD. In addition, the existence and the details of the FAD programme itself were not widely known by most of the youth from the villages. The Yes I Do programme was also working with PGRI Middle School in Cikelat Village, through capacity building. At school, there existed another programme called 'Healthy School' as explained by Village Midwife, Sekar:

"Right, some of the teachers received trainings from the Yes I Do. About the Healthy School programme, it means that the teachers have received training from the Yes I Do. . . . youth health check-ups, youth Posyandu, that is it. If anything happens, immunization. We also do it now in our school. And then checkup (consultation). If anything happens we go there, they also do the immunization in PGRI." (In-depth Interview with Sekar, Female Youth Aged 17, Cikelat Village, 11 July 2019).

Youth sought out health care providers for answers to their questions. The midwife and *mantri* in Cikelat Village admitted that they often received calls from the youth who wanted to consult,

especially female youth: However, the youth complained that they never received a reply from *mantri* or midwife.

In general, reflecting on the issues related to youth's SRHR, it is seen that female youth bear a greater SRH burden in terms of pregnancy, childrearing, contraception as well as risks of early pregnancy and abortion. Moreover, misogynistic values and harmful myths related to SRH are widespread.

## 6. Child Marriage and Teenage Pregnancy

### 6.1 Child Marriage

Child marriages occurred due to a variety of reasons; however, the practice was generally tied to the local sociocultural context. As found in the base- and mid-line (Hidayana et al., 2016; Pakasi et al., 2018), cases of child marriage included either having a pre-marital pregnancy or preventing one from taking place. It also occurred when girls who did not continue towards high school were married off to secure their future. The figure below demonstrates these inter-relationships, which are further explained in the text below.

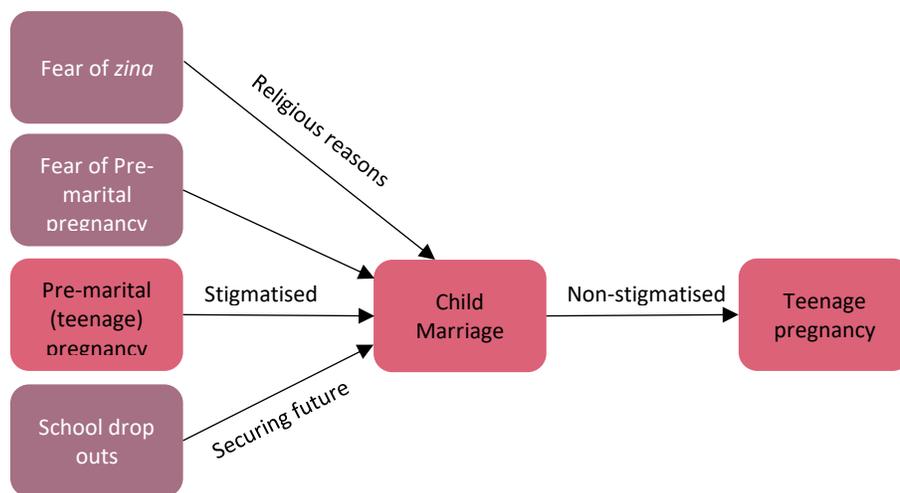


Figure 24 Interplay of child marriage and teenage pregnancy in Limbangan and Ciklat villages

In Limbangan Village, child marriages often occurred due to premarital pregnancy. Due to the semi-urban nature of the village, youth relatively had more freedom to engage in social activities and romantic relationships. However, they lacked sufficient SRHR information and services (as explained in the previous chapter). This made young women vulnerable to premarital pregnancy. If pregnant before marriage, marrying off the teenage couple was considered mandatory and parents and community leaders play a major role in facilitating this. However, in Ciklat Village, child marriage is the chosen option when a young woman is unable to continue her education and get a job. Moreover, a teenage girl is encouraged by her parents to marry if she is already in romantic relationships or an employed man proposes, which subsequently leads to pregnancy.

One of the young men in Limbangan Village, Bungsu, whose age was under 18 years old and still a student, married his 16-year-old girlfriend. When his girlfriend's family came and told him that his

girlfriend is almost four months pregnant, he had no other choice but to marry her. Bungsu had gone into hiding when his girlfriend's parents arrived, however, his parents immediately organized his wedding and held it at 11pm.

“My girlfriend got pregnant. My mother got mad and said, ‘Just marry her.’ But (the wedding) was not reported to the village's office. The (wedding) ceremony was held religiously only. We'll wait until the baby is born, then we'll report to the Office of Islamic Religious Affairs.” (Bungsu, teenage boy aged 18, Limbangan Village, 16 July 2019)

As found in our previous studies (Benedicta et al., 2017; Hidayana et al., 2016; Pakasi et al., 2018), child marriages were often done religiously but not legally, or not reported to the local Office of Islamic Religious Affairs. Religious marriages, which were not legally recorded, were often referred to as Siri Marriages, which continue to take place in both villages. The Office had made an agreement with administrators of both villages that it would not release a marriage book<sup>9</sup> if either or both of the bride and groom were underage. The KPAD had advocated against all forms of child marriage and had collaborated with the sub-district chiefs, village chiefs, and Office of Islamic Religious Affairs in this regard. Despite the regulations, parents continued to marry off their children religiously with the help of an authorized representative or deputy (*naib*) who acted on behalf of the Office's marriage officiant (*penghulu*). Moreover, families used the religious mechanism to marry their children, often without the latter's consent to protect the family's honour. This in turn led to a domino of new problems: no marriage certificate, plus a complicated process to obtain a Family Card, National Identity Card, access to health insurance, and child's birth certificate.

In addition to premarital pregnancy, other cases of child marriage in Limbangan Village occurred due to the concern of young people having sexual intercourse with their romantic partners (prior to marriage). Parents were keen for such couples to be married, irrespective of their wish to continue schooling. Such was the case for a child named Delia.

#### Case of Delia: Married due to Neighbors' Gossip

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<sup>9</sup> Office of Islamic Religious Affairs issues marriage books signed by both the bride and groom to officiate the marriage. Both bride and groom will receive each copy of the marriage book.

Delia's parents married her off when she was 17 years old as they were worried that she had sexual intercourse with her boyfriend. Many accusations surrounded their relationship in the community. Delia, who lived in a different village made frequent visits to her boyfriend's home. Parents of both Delia and her boyfriend decided they should be married as they were worried about gossip and accusations. Delia had to quit school however, because her boyfriend had proposed and due to parental pressure, she could not refuse.

Weddings are usually held in the girl's village, with the exception of premarital pregnancy or sexual intercourse. Hence, Delia's was wed in her boyfriend's village. Due to this, Delia had to undergo a long bureaucratic process for marriage registration, which has still not been completed, 1 year later.

"Yes, I have not had my National Identity Card nor Family Card. Neither do I have my marriage book. We have always queried the Office of Islamic Religious Affairs recently, but we keep having red tapes. We paid 1 million to the marriage officiant deputy for an NA Letter, and had to pay again when Mr. Amil came to give us the NA Letter." (In-Depth Interviews with Delia, 17 years old, female, married, 15 July 2019, Limbangan Village)

Currently pregnant, Delia needs her identification documents such as the marriage book, for obtaining a Family Card and National Identity Card and a birth certificate for her baby. Failure to own a National Identity Card can cause Delia to lose the national insurance's (BPJD) benefits, which she and her soon-to-be child are entitled to receive.

When a teenage girl no longer went to school or work, the news would spread across the village instantaneously and ready-for-marriage men would pay a visit to these girls' parents and propose right away. Two participants who were married in these circumstances explained that they stopped pursuing their education because they were concerned with the amount of money needed to pay for their tuition. However, it is worth noting that both participants did not know the men before marrying and their parents assessed suitors. Since they had never discussed married life with their families, they were shaken when they first had sex, got pregnant, and gave birth. They claimed that, although they had never known their husbands before, their love or care for their husbands had gradually developed.

There was also a belief where rejecting the first proposal was considered a taboo. A participant who experienced this said that she feared having a bad love life if she rejected the proposal. Once married, she felt happy that she no longer needed to work, but also uncomfortable that she had a husband. He was 5 years older than she was and was a construction worker outside the city. Hence, she lived with her own family, where she felt comfortable because she did not need to sleep with her husband. According to her, none of her friends or family members had told her what happened in a marriage.

"I don't know, nothing is pleasant (school, work, nor marriage). It is bitter. I never miss (him), it is disgusting. It is too much. Being married is tiring too, often

annoying. It is not so for now, it's fine now [because] I get to sleep without anyone disturbing." (Sekar, girl aged 17, Cikelat Village, 11 July 2019)

Not every case of child marriage is known to the public. KPAD members were not aware of the cases described by Sekar and Fadil. Both villages had not established nor maintained a mechanism to document cases of child marriage thoroughly. A few cases of child marriage that were found by the research team were not documented in the Community-based Child Protection Mechanism's (KPAD) case book. This was because these marriages were not reported by the villagers to the head of KPAD. In Limbangan Village, there were three cases of child marriage in 2019, in which one of the cases involved the child bride conceiving out-of-wedlock.

However, village residents were aware that child marriages were forbidden and those they were not the ideal marriage. Most youth asserted that the ideal age for marriage, for both men and women was above the age of 20. They preferred to first pursue their education.

"I really want for seminars or discussions on sexuality like these be held a few times, because they will change the way I think (about marriage). That it is not as easy as one would assume." (FGD with young women aged 19-24, Limbangan Village, 7 July 2019)

A few young people and parents who have been involved in Yes I Do's activities understood that child marriages would rob children's rights, such as the right to play and receive education. The villages' residents generally were also aware that child marriages could not be legalized in Cikelat Village, even though some said in the interviews that they were not aware of the prohibition's rationale. The village chiefs and administrators played a significant role because the village's administration did not approve or give its authorization letter to residents who wish to marry girls under-18. The Cikelat village official explained that he withheld letters for marriages of women under 18.

"I myself insist on withholding any required letters to get married officially (NA Letter) to women under 18. It's up to them if they wish to file a complaint elsewhere. The Law on Marriage regulates 16 years old as the legal marital age for girls. However, I operate on the basis of the Law on Child Protection, that is, 18 years old." (Cikelat Village Official, 13 July 2019)

According to KPAD, the advocacy against child marriage is often defeated by the family's wish to marry their children off. If a child marriage has already happened, then KPAD usually would suggest the couple to postpone pregnancy. Since the 2018 Midline Study, the KPAD had tried approaching families more to cancel their wedding plans and recorded the cases in the village. In one such case,

because the administrators refused to cooperate, the family had the wedding outside the village. They held a post-circumcision celebration (as a wedding reception) at their house in Cikelat Village for fear of the KPAD and village administration's knowledge.

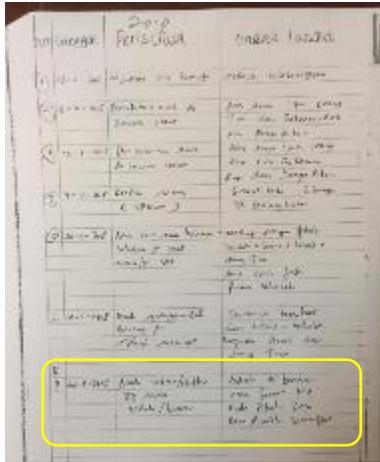


Figure 25. The Group of Village Child Protection's (KPAD) Case Book

Other authorities also took great lengths to prevent child marriages. These included religious leaders and Family Hope Programme's (PKH) mentors. Solehudin, a Muslim cleric of the Nurul Faizah Islamic Boarding School and the Mosque Prosperity Council (DKM) in Cikelat Village worked hard to keep the school's female students from child marriage. Men had come to him to propose to his students and Solehudin frequently advised them that entering marriage at a decent age was paramount to building a robust household. If the men

and female students' family kept insisting, then Solehudin would ask the two sides to strike an agreement that the marriage be held two years later. As a religious figure of Cikelat Village's Mosque Prosperity Council (DKM), Solehudin also assisted the KPAD in explaining the risks of child marriages to religious leaders and other DKM leaders. Despite experiencing challenges in the beginning, Solehudin still tried to convince the religious leaders through dialogues. This approach needed to be maintained because regardless of the ban imposed by the village administration and Office of Islamic Religious Affairs, residents continued to marry off their children with the help of religious figures or marriage officiant deputies in their own neighborhoods.

Issues of child marriage that were related to education made the roles which teachers and Family Hope Programme (PKH) mentors play matter. One junior high school teacher collaborated closely with the village's PKH mentors. When the teacher would realise that a student has been missing classes for a few days, the teacher would go looking for the student. If the student intended to quit school, then the teacher would contact a PKH mentor to find out whether or not the student's family is a beneficiary of PKH funds. If so, the PKH mentor and teacher would try to ask the family to make their child attend school again. This approach was very effective because one of the decisive factors for families to receive the amount of PKH funds that they could receive was the number of children who attend school. By ensuring that the child continued to pursue education, the teacher and PKH mentor had made indirect attempts to prevent child marriage.

## 6.2 Teenage Pregnancy

As shown in the figure above, child marriages often lead to teenage pregnancy and vice versa. Although teenage pregnancy poses many risks to the teenage girls' physical and mental health, it

is never viewed as a problem as long as it is not out of wedlock. The community views premarital teenage pregnancy differently.

In cases of teenage pregnancy that occurred due to child marriages, the KPAD and village midwives had urged newly wedded teen couples to use contraceptive measures. Moreover, these cases were also monitored.

Limbangan Village's midwives explain that there were pregnant mothers between 18 and 19 years, but none below those ages in the village. Cikelat Village's midwives claimed that there were four cases of teenage pregnancy in the village, with the youngest being a 16-year-old. However, village midwives' records have not documented cases of teenage pregnancy, let alone premarital pregnancy. For example, the mother-in-law of an unmarried pregnant teen did not send her to see Limbangan's village midwife as she was embarrassed by people's comments. Hence, they went to a midwife in another village.

Teenage pregnancy is a high-risk pregnancy, and yet the health services available to them mostly relied on the integrated health services post and village midwives. Often, young women did not opt for a further checkup with the obstetric-gynecologist due to lack of funds.

As indicated earlier, the knowledge of newly wed couples on contraceptive measures was poor because it is a taboo subject. Before girls entered marriage, they often did not have sufficient SRH information. Due to the fear of becoming infertile, many did not use contraception. Pregnancy was considered a natural gift and hence brides did not use contraception before having their first child. However, young people are aware about the implications of unintended pregnancy. One of them was the inability to continue their education. Pregnant teenagers are also at risk from spontaneous abortions or premature childbirths, cases of which were also found. In cases of miscarriages, the community did not consider them a problem but a natural process; not realizing that it was the lack of nutrition and risks of pre-eclampsia and chronic energy deficiency that could cause this.

Although premarital pregnancy was regarded as sinful, abortion was considered far worse. Hence, marrying young women in such cases saved the family's honour. These girls were highly stigmatised, whereas their male counterparts were asked to take responsibility by marrying them, even if it a short marriage. If men refused, parents looked for other suitors, and the one who agreed was portrayed as a savior. Such circumstances occurred in both villages.

Teenage girls with unintended pregnancy were very burdened and embarrassed by the community, such that these girls would alienate themselves from society. The family would also feel ashamed, guilty, and feel like they have failed as parents. The Village Administration, KPAD,

and religious leaders were involved in handling cases of unintended pregnancy. As per a religious figure who also one of KPAD members in Limbangan Village, the only solution for pregnant teenagers was to be married off.

“[on what happens in teenage pregnancy cases] They are married off, because one has to be responsible for it. I also think with whom teens socialize, matters. Despite the environment here, parents never know what their children are like outside the house, right? All of a sudden ‘colenak nteu di kalapaan’ (a metaphor that describes a sexual behavior which literally means ‘good to dip without coconut’). Do you know what it means?.. “It means ‘spouseless childbearing,’ (laughs).”<sup>10</sup>

Antoni, religious figure, Limbangan Village, 5 July 2019

Based on our observation, parents of children who had experienced pre-marital pregnancies in Limbangan Village cover their cases up very tightly. Although, we attempted to interview a few such young women, their mothers either denied that they are residents of the village, or asserted that their daughters could be bothered because they were busy caring for their children, particularly when they were aware of the purpose of the research.

## 7. Support Structures for Youth: FAD and KPAD

### 7.1 Village Children Forum (FAD)

#### 7.1.1 Purpose of FAD and its activities:

Although youth faced their own SRH challenges, they had also come together and organized themselves to find solutions and demand their rights. There were a few youth organisations such as *Karang Taruna*, Village Children’s Forum (FAD), and Koran-reading groups in both villages. However, not many of them discussed issues related to SRHR.

The Yes I DO intervention had facilitated the establishment of the FAD to increase meaningful participation of youth in the village. As described in chapters two and three, the FAD was an

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<sup>10</sup> Indonesian version: “Dinikahkan, dikarenakan harus bertanggung jawab. Ya, kata bapak juga, pergaulan itu yang mempengaruhi. Walaupun lingkungan begini, tapi di luar orang tua gak tahu kan anak seperti apa? Tahu-tahu dah *colenak nteu di kalapaan*. Tahu artinya tidak? Artinya *Boga anak euweuh bapaan* (=punya anak tidak ada bapaknya), hahaha.”

extension of a national programme that has been implemented by the regional government. Sukabumi Regency had created its own Municipal Children's Forum, known as FORBUMI, and District Children's Forums. These forums were often involved in district- and regency-level events, and they frequently received education on sexual and reproductive health. At the village-level, both villages had formed their own FAD leadership and membership.

The FADs held several activities such as opening discussions about structuring their organization and management, and receiving facilitation and other trainings from the Yes I DO alliance. The latter included trainings about public speaking, leadership, and SRHR. The events were designed to provide the village youth with alternative activities.

In 2018, Cikelat's FAD was set to be formalized through proposing a Decree (SK) to the village chief. While waiting for an audience with the village chief, the FAD ran its programs informally, though with the village chief's authorization. Activities that were initiated by Cikelat's FAD included the weekly-held healthy group exercise and the mosque's youth programme. In Limbangan Village, the FAD was established in 2018 by a Decree (SK) and organized structure. The FAD's member recruitment started by reaching out to the young people who had been active in the Yes I Do programme. They had several programs such as conducting socializations with the young people in schools, gatherings with young people by hamlets, and artistic and cultural exhibitions.

The FAD had also been collaborating with the Association for Small Business Development (PUPUK) to give a presentation to youth with the aid of a facilitators' guidebook. The collaboration aimed at strengthening the capacity of the Village Children's Forum (FAD) members to facilitate discussions with the youth from the village.

### **7.1.2 Challenges faced by the FAD:**

Some of the challenges faced by the FADs in both villages included the lack of active youth participation, difficulty in acquiring parental permission for participation and the organisation's sustainability.

Not all members that were registered (more than 20 members) were active in the FAD activities in Limbangan. Cikelat's FAD also shared a similar challenge. Gaining parental permission to participate in activities was also an issue. Parents refused to give permission since they often did not understand the purpose of the FAD and its benefits. Lastly, members who actively participated in FAD's activities did not receive any pay and ran the programs voluntarily. Filling leadership positions was also challenging. Members who were pursuing their education in another city filled these. Moreover, youth also prioritised school activities over FAD events. Lastly, many inactive members were also confused about their role and responsibility. This was a missed opportunity as

the organization already had the resources, bookkeeping mechanism, and many programs planned.

Young people's participation in the FAD was also dependent on their older peers. Due to large age gaps between young people, there were challenges in communication as seniority was meant to be respected.

There were other challenges pertaining to the sustainability of the FAD's organization and activities in the long run. One of them was the availability of members who were capable of running the FAD and that would stay on- as discussed by the alliance in Sukabumi with the FAD members and as is evident from the challenge outlined above.

### **7.1.3 Benefits:**

FAD members were evidence of the young people in Limbangan Village whose capacity was strengthened through trainings, sharing sessions<sup>11</sup> or audiences with policymakers from the village to regency levels. Active FAD members had developed the courage to speak in public about the issues raised by the Yes I Do programme.

FAD's events brought many advantages to the young people who actively participated in their activities. Fadil was one of the many examples who shares how his experience in attending Yes I DO and FAD events had bolstered his self-confidence. Increase of knowledge, skills, and leadership capacity strengthened his self-confidence:

“Besides the amount of information, I couldn't speak in public at first and now I am getting better...not to mention the knowledge I acquire from Yes I Do, I used to not know anything about youth reproductive health.” (In-Depth Interview with Fadil, single teenager aged 17, Cikelat Village, 8 July 2019).

Young people in the village felt and admitted that some of the advantages, which the FAD brings, were inseparable from their experiences at the KPAD events. During our FGD with civil society organizations (4 July 2019), a few young people who participated in the FAD hoped to have a structural role in KPAD.

#### **Relationship with KPAD:**

The findings indicated that FAD strongly required the KPAD's support. Structurally, KPAD served as a mentor to FAD. Hence, for any internal confusion regarding organizational affairs, FAD ought to seek KPAD's counsel. The KPAD provided the Village Hall to the FAD for activities. Some of the members came from hamlets that were far from the Village Hall. According to an FAD member in

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<sup>11</sup> Sharing sessions are series of informal discussions with the young people in the village conducted by YID implementing partners..

Limbangan Village, the members submitted a request to the KPAD for operational support. However, there had been no response so far. To date, none of the villages was allocated part of the Village fund.

According on an FAD member, the explanation given by the Independent Youth Alliance (ARI) to the KPAD on Meaningful Youth Participation (MYP) contributed to gradual involvement of the village's young people in various activities, and KPAD's creation of spaces for young people to organize activities.

“...KPAD didn't know what MYP was. Then, ARI's session came along to explain to KPAD about MYP. So, *Alhamdulillah*, now young people are always involved, such that KPAD says it could simply act as a bowl, but the young people can stir the things in it.” (Key-Informant Interview with Dion, Limbangan Village's FAD, 7 July 2019)

However, not everyone felt the same. The relationship between FAD and KPAD was a concern shared by some young members of the FAD. They felt that, since the organization of the Meaningful Youth Participation (MYP) programme, KPAD had started to 'leave' them during discussions to give them their own space. However, the youth themselves were of the view that KPAD's attendance was needed. The flow of communication between the youth and adults at the village level needed improvement. Youth champions together with the adults might help to encourage other youths in the area to join FAD activities.

The Yes I Do Alliance in Sukabumi was also aware of the problems pertaining to the collaboration between the young people and adults in the village:

“The FAD has not implemented the ideals of the Meaningful Youth Participation (MYP) programme in society, probably due to a few challenges in KPAD. Some KPAD members either have not been exposed to MYP, or have not implemented it despite their participation in the programme. The latter only include, without actually engaging, FAD members in activities, such that some of them (FAD members) do not even know what their positions are...They have not been given any responsibility, not even engaged in any planning.” (FGD with civil society organizations, 4 July 2019)

CSOs also indicated that the FAD could potentially replace the KPAD in responding to child marriage, voice the needs of young people and perhaps play a role in the planning of the village's development.

## 7.2 Community-based Child Protection Mechanism (KPAD): Case of Limbangan Village

This section discusses the role of Village Child Protection Group (KPAD) role in supporting youth's SRHR. Both villages had established their KPAD since the first year of the Yes I Do programme's implementation. This section illustrates the creation of KPAD, cases under KPAD's watch, ways in which KPAD manages them, challenges which KPAD experiences, and KPAD's potential sustainability.

Limbangan KPAD at a glance:

- The KPAD was operating since 2017 with a village decree, and for 2017-18, they managed 12 cases on diverse topics (including child marriage, teenage pregnancy, sodomy etc.)
- The KPAD would like to improve coverage of their work by holding meetings at the RT level
- There was a lack of understanding between KPAD members about their roles and responsibilities
- There were mixed views between KPAD members on how to resolve child marriage and teenage pregnancy; there is an enduring view that marriage is a solution for premarital pregnancy
- Implementation of MYP amongst the KPAD has had mixed results. At times, this was tokenistic, while other times, young people wished to work together with KPAD and not

### 7.2.1 About the Limbangan KPAD

The Group of Village Child Protection's (KPAD) in Limbangan Village has begun its activities since its inception in 2017. KPAD is founded on the legal basis of the village chief's decree<sup>12</sup>. Based on our interviews with a few of KPAD members in Limbangan Village, the structure of KPAD's membership had already incorporated various kinds

of



Figure 26 KPAD's Organizational Structure in Limbangan Village



Figure 27 Flow Chart of the Child Protection Services' Mechanism

<sup>12</sup> "Decree No. 140/96/PemDes-Lbn/VII/2016 on the Community-based Child Protection Mechanism (KPAD) in Limbangan Village, Sukaraja District, Sukabumi Regency."

members in the society. It included the village chief (as guardian and advisor), heads of the hamlets, community figures, religious leaders, village midwives, cadres of the integrated health services post (*Posyandu*), and young people. The KPAD hung a banner of its organizational structure and programs on the walls of the Office of Limbangan Village Administration, so that stakeholders and communities of the village are informed about KPAD's functions. KPAD's programs include the Referral and Reports Division; Prevention Division; and Advocacy and Network Development Division.

As a working guideline, the KPAD developed a mechanism to document and serve the demands for child protection. Limbangan Village's KPAD had a consultation book, socialization and activity book, and case book (held only by the Referral and Reports Division and Vice President of KPAD). The organization also had a mechanism for handling cases, which they referred to as "The Mechanism of Child Protection Services." Community organizers assisted the members of KPAD to document and to handle cases according to the mechanism.

Based on its case book, written by the Referral and Reports Division, Limbangan Village's KPAD managed 12 cases within 2017-2018. Each case report detailed the type of case, its management, the resolution, and further information on the resolution.

### 7.2.2 Challenges

#### **Operational challenges:**

Challenges pertaining to operational support included funding of programs and strategic dissemination of information. Due to the vast area of Limbangan village, KPAD's socialization of issues to the village's communities was not covered or maximized. In order to work towards reaching all neighbourhood administrative units (RTs), Mr. Haryo, KPAD member wanted to hold meetings at the RT level and not only hamlet level.

#### **Lack of understanding about the role and function of KPAD:**

As one of the pioneers of Limbangan Village's Group of Village Child Protection (KPAD), Mr. Haryo asserted that KPAD's members had not fully understood the function of KPAD in the village throughout the early phase of its inception. Now the challenges are to reach out more village administration levels up to the neighbourhood administrative units (RT) to continuously sensitize and explain about the child protection issues and the role and function of KPAD. Mr. Haryo was also one of the KPAD members who was involved in the Yes I Do activities and the establishment of KPAD.

### **Aligning views within the KPAD**

In its implementation, KPAD members' views on "protecting children from all forms of wrongdoings and violence" was not aligned with the duties and functions of the KPAD. This was most apparent when resolving cases of premarital pregnancy. The KPAD leadership<sup>13</sup> still viewed marriage as the best solution - as a gesture of being responsible and protecting the family's honor. A KPAD member continues to believe that marrying off a girl who experienced premarital pregnancy was the only solution for her and her family, as he witnessed such child marriage cases.. Hence, KPAD members also held mixed views amongst the group. Although Mr. Haryo tried changing his co-members views, he was not successful.

The KPAD maintained a case book, based on which, nearly all cases were amicably resolved without involving the authorities. There was an exception of two sodomy cases, which involved the police as the families refused to cooperate amicably. In cases of unintended pregnancies, the family eventually married off the pregnant girls. However, KPAD encouraged the girls to complete their education. KPAD tried to raise the awareness of the parents and family about the implications of child marriage as well as persuaded marriage officiant deputies to cancel or postpone the marriage.

### **Advocating for youth SRHR in the community**

KPAD was faced with many challenges when advocating for youth SRHR. The challenges were the lack of understanding about children's rights, and the difficulty in changing the perspectives of many sides—in particular, families and religious figures (Indonesian Ulema Council)—about child marriage, teenage pregnancy, and FGM/C.

"Some of its members [Indonesian Ulema Council (MUI)] don't share our perspective about marriage and circumcision, some do. Based on religious norms, a girl is considered mature if she has already experienced menstruation..and..is eligible to be married off, right? However, KPAD's programs deem the view.. a girl must be 18 years old or above to enter marriage. (Key Informant Interview with Mr. Haryo, a member of KPAD Limbangan Village, 6 July 2019)

Transforming the community's perspective was challenging. In alignment with pathway 1 of the Yes I Do Theory of Change, the alliance guided the KPAD and Village Children's Forum (FAD). Community organizers opined that the alliance went to great lengths in providing KPAD members with guidance and facilitation. Throughout the process, community organizers were aware that transforming the perspectives of all members and leaders of the KPAD—who were mostly older than the community organizers—was a very difficult thing to do.

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<sup>13</sup> KPAD leadership refers to KPAD as an institution.

“For every unintended pregnancy, KPAD will surely decide: ‘Just get them married!’ Oh, my! I think that is messed up. So, eventually, when typical people like those (older adults who have their own (molded) perspectives about children’s rights) get into such action, our approach to them is rather different... Because such people tend to think that what’s best for young people is based on their own perspective. ‘Just marry them off.’” (FGD with civil society organizations, Sukabumi, 4 July 2019)

This experience prompted ARI to organize capacity-building activities for KPAD members and parents on meaningfully engaging youth (MYP). COs mentioned that this too was challenge for them in designing the methods as older adults did not listen to them, as they are younger. They highlighted the importance of patience in such situations.

The challenge to transform parents and communities’ perspectives inspired Sukabumi’s Yes I Do Alliance to create plans for strengthening the Village Children’s Forum (FAD). The plans also served as a strategy of making its programs sustainable after Yes I Do’s termination. Community organizers expected the FAD leadership to continue its programs in good terms, after having received trainings and facilitations from a Meaningful Youth Participation (MYP) perspective. They also saw the FAD as eventually replacing the KPAD and have already started handing over their activities for them to manage it.

### **7.2.3 Support needed**

Considering the different challenges of KPAD’s programs in Limbangan Village, and the need for their sustainability, support from the village administration was strongly needed. According to the KPAD members we interviewed, the village administration had allocated funds for the implementation of KPAD’s programme since 2018. The funds were not given in advance to the KPAD, but were channeled through a system of reimbursement. KPAD needed to submit a proposal if it were to ask for funding from the village funds’ budget allocation for community development programs.

According to Limbangan’s Village official, to access funds for the Group of Village Child Protection’s (KPAD) programmes, a proposal must be submitted and deliberated on through the Hamlet Deliberations (MusDus). Once the proposal would be accepted, it would be incorporated into the Governmental Work Plan (RKP) and, finally, the Village Revenue and Expenditure Budget (APBDes). The village official indicated that the year’s new budget had accounted for KPAD’s programs because the village intended to observe the development of KPAD’s ongoing programs.

The village chief's support could be one of the ways to sustain KPAD after the end of Yes I Do. The existence of village regulations that enabled financial support for KPAD was one strategy for the organization's sustainability. The village chief made a commitment to establish a Village Regulation (*Perdes*) that could provide funds for KPAD's sustainable programs. Besides financial support, the village also gave its support by raising awareness about the KPAD in communities during village meetings. They also introduced the KPAD members to the hamlet chiefs and religious figures and garnered the latter's support for KPAD. The hamlet chiefs or whom they call 'the foremen,' were active in assisting the management of child marriage cases so far. Unfortunately, not all 'foremen' in four hamlets had understood and been active in reporting cases of child marriage, as they often did not attend meetings.

The support from the municipal government was also required for KPAD's sustainability. The relevant municipal government institution would be the Woman Empowerment and Child Protection Office (DP3A). Based on our interview with DP3A, the Office engaged with Yes I Do's programmes and was aware of KPAD's work. However, DP3A had its own national programs that resembled KPAD—the Child Protection Task Force (Satgas PA) and the Integrated Community-Based Child Protection Services (PATBM). After Yes I Do's termination, DP3A would expect to find KPAD collaborating with the Ministry of Woman Empowerment and Child Protection's PABTM.

Based on our interview with the Woman Empowerment and Child Protection Office, Sukabumi Regency did not have any village with PATBM to date. The programme had just been introduced to a few villages in Sukabumi Regency. One of the villages with Yes I Do's intervention had already received the socialization on PATBM. If the municipal government actually implemented PATBM across every village in Sukabumi Regency, then the programme could provide great opportunities for KPAD's sustainability in the long run.

## 7.3 Community-based Child Protection Mechanism (KPAD): Case of Cikelat Village

### Cikelat Village's KPAD in a Glance

- KPAD membership was continuously reconsidered and reshuffled to ensure that the KPAD worked actively.
- KPAD used the strategy to hold group discussions in one hamlet throughout the year and then move onto another hamlet in the following year in order to be able to cover more areas in the village.
- They engaged various people in the community to provide counsel in cases concerning children. Not only working on child marriage and teenage pregnancy prevention, KPAD also worked on other cases, such as juvenile delinquency, alcohol abuse, school dropouts, etc and made quite some progress with regards to promoting education.
- Even though KPAD together with the village office worked hard to prevent child marriage, ultimately the decision to marry off the children was in the hands of the parents. Thus, there were still cases of Siri marriage involving children.
- The KPAD faced operational obstacles such as lack of systematic funding and lack of proposal writing skills to access funds
  - There is an urgent need for value clarification among to align perspectives of KPAD members with child rights' perspectives.

### 7.3.1 About the Cikelat KPAD

Since its establishment in 2016, Cikelat Village's KPAD had reshuffled its leadership twice. As one of Cikelat Village's institutions, KPAD was strongly influenced by village politics.

Since the succession of Cikelat's new village chief and the KPAD's reorganization, KPAD had completed evaluations of its members' participation. Inactive members would be replaced with people who were willing to execute the functions of KPAD, according to the recommendation from the KPAD members' deliberate discussion<sup>14</sup>. Cikelat's KPAD leadership now involved the village administration's staff members, religious leaders, village midwives, junior high school teachers, village facilitators, and youth representatives. Seventeen (17) people constituted the 2019 leadership.

KPAD now primarily conducted Yes I Do's activities in the village. It acted as facilitator in Yes I Do's group discussions, which were facilitated by community organizers in the first year. The group

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<sup>14</sup> Informal discussion among KPAD members about emerging particular problems.

discussions were gender segregated among youth, and another was done with parents. The head of KPAD and the Deputy Head facilitated the group discussions on topics such as child rights, gender, sexuality, reproductive health, teenage pregnancy, and child marriage.

**The KPAD also successfully managed cases of children dropping out of school.** In such cases, KPAD collaborated with schools and teachers in the village. To date, KPAD documented that it had prevented three students from dropping out of junior high school. When teachers, who are also members of the KPAD, realised that a student was absent from school for a long period, they would contact their KPAD colleagues. KPAD had also begun to monitor and watch the process of exams, to ensure that students finished their exams. Although the KPAD was committed to ensure completion of schooling until junior high, they faced difficulties in moving this level to senior high school. This was mostly because not all students could afford the economic costs of and physical distance of attending senior high school. The KPAD members estimated that 25 to 30 children were vulnerable to becoming senior high school dropouts. Hence, the head of KPAD met with the village administration and Al Hafidz Vocational Senior High, to advocate for financial aid. As a backup plan, KPAD had also begun discussions with the Center of Community Learning (PKBM) to enroll these children into its alternative C Package education.

### 7.3.2 Challenges

#### **Operational challenges**

The **coverage** of the KPAD's activities is limited. The strategy of Cikelat Village's KPAD is that they would hold the Yes I Do group discussion series in one sub-district throughout the year, and then in another sub-district during the following year. Through this strategy, KPAD could reach more areas in the village. Unfortunately, KPAD did not let the villagers know before they moved onto the next hamlet, due to which people felt abandoned. Moreover, there was no follow-up unless there was a child-related case.

Secondly, **there were insufficient funds for KPAD's activities.** Until now, expenses for holding group discussions were supported by the Yes I Do programme. However, members of the KPAD used their personal allowance when mobilizing and giving counsel to children and families during cases. KPAD could access the village's funds, if it attended the Development Planning Deliberations (*Musrenbang*). KPAD would have to write a proposal with a detailed annual plan and budget. The village chief stated that his office was ready to allocate funds for the development of communities and child protection, and as much as 25 million Rupiah. However, the proposed programs needed to have a clear objective and impact, and if possible, focus on economic empowerment. Unfortunately, the KPAD was not able to capitalize on this because of the KPAD members' poor

proposal writing skills and limited infrastructure. Although other members may have these skills, lack of coordination among them were obstacle. In this regard, one of the recommendations would be to have a community organizer to develop the skills of KPAD members, in order to gain access to the village funds and cover the costs of its programs independently and sustainably.

### **Lack of alignment of values:**

The Head and the Deputy Head of KPAD, who were both adult men facilitated the Yes I Do discussion series. Hence, it was important to ensure that comprehensive, rights-based and gender transformative information about SRHR was given. The topics of discussion also needed to be revisited as some young women attending the discussion class regularly complained about the repeated discussion materials by the same facilitators. The youth, especially young women, expected different facilitators so that the information received can also vary. Some KPAD members expressed stigmatization of the development of young people's sexuality, especially young women as they were seen as naughty, lured boys, and needed to be controlled. Youth having pre-marital sex caused panic among KPAD members, and hence they made couples who engaged in sexual activities commit to marry each other in the future. While they believed this was protecting the youth, it is based on patriarchal values, gender bias and a limited notion of sexuality. Reassessment and value clarification needs to be done continuously in the KPAD.

Engaging many people from the community in the KPAD leadership has been one of the few strategies to provide counsel in cases concerning children, which not only concern child marriage and teenage pregnancy. Working together with different people in the village, KPAD had already handled several cases. For example, KPAD provided counsel for cases of children who were arrested for theft in minimarkets<sup>15</sup>, victims of modified alcoholic beverages, and teen brawls.

### **Advocating for taboo topics:**

Although the types of cases that KPAD has handled have been diverse, some SRHR topics were not addressed. These included FGM/C and teenage pregnancy occurring after marriage. As chapter 5 explained, the communities in Cikelat Village believed that contraception could cause infertility and hence limited its use until after the first child. This prevailing myth complicated KPAD's efforts in convincing girls and young women to postpone their pregnancy. Moreover, KPAD also had not collaborated with the health personnel and conducted any socialization on the dangers of FGM/C when, in fact, we found that people in Cikelat Village, still practice FGM/C.

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<sup>15</sup> Along the beach which was 30 minutes away from Cikelat Village, there were several small convenience stores which sold daily necessities from toiletries, food and beverages, over the counter drugs, tobacco products, etc.

## **Advocating in the community:**

The Cikelat KPAD collaborated with various institutions to manage these cases. However, they did not always have the capacity to network with or advocate to every individual and group regarding child protection issues such as that of child marriage. To prevent child marriages, KPAD partnered with many stakeholders, such as the heads of districts, neighborhood units, community units, village- and community-building officers, and the village chief. As of March 2018, KPAD had documented two child marriages that were held lawfully, because the 16-year-old bride's family was able to obtain the Statement of Matrimony (NA Letter) from the religious court<sup>16</sup>. However, there were several cases of child marriage that were done religiously, unregistered, and without KPAD's knowledge. For instance, parents marrying their children in another village as indicated in Chapter 6. Moreover, the KPAD found it difficult at times, to convince parents, as it was their final decision.

“I am confused; how could I forbid it? (The parents said) ‘You can keep away my child from getting married, but can you pay for my child’s school fees?’ We surrender to that kind of statement. Parents are committed still to their fear (and to marrying off their children).” (A KPAD members, Cikelat Village, 6 July 2019)

## **Weak documentation system**

One of the KPAD's weaknesses was its documentation of counseling cases. Its system of documentation was simplistic. It only recorded their dates, case type, and the kind of guidance KPAD had provided. This could not provide other members (who did not handle the cases) with a comprehensive understanding of the case's problems. This could be an obstacle for follow-ups to take place. There were two forms, one for reporting a case; and one for the case's development. Details such as case description, witnesses, evidence, and chronology of events, recommended resolutions and condition of the child's development were included. The complexity of filling these forms may be why the KPAD leadership has abandoned these forms. Although consultations and guidance in cases concerning children have gone rather well, the documentation of cases remains limited. Not every case was documented, and the KPAD was not always informed about every case of child marriage and teen pregnancy that had happened in the village. The villagers did not report a case of child marriage they knew to the KPAD while KPAD members had limited capacity to monitor child marriage cases in their village especially when the child marriage was a *siri* or secret marriage.

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<sup>16</sup> The religious court maintains to base its decisions on the 1974 Law on Marriage No. 1.

### **Weak collaboration with the FAD**

Existing collaboration among the leading young people could contribute to the development of MYP in Cikelat Village. As Chapter 7 indicated, the Village Children’s Forum (FAD) of Cikelat village was experiencing a vacuum of leadership as its leading members were pursuing their education outside of the village. A regeneration of young active members through existing youth groups in sub-districts would strengthen support for the KPAD.

#### **7.3.3 Support needed:**

The existing support from the village administration needed to be strengthened. This included **financial commitments** to the KPAD to ensure its sustainability. Discussions on establishing an Integrated Community-Based Child Protection Services (PATBM) were conducted between the leader of *Karang Taruna* with the village office during the conduct of our study in Cikelat Village. The leader of *Karang Taruna* proposed the formation of PATBM in Cikelat village, in which the head of the village welcomed the idea. However, the head of the village did not have a plan to synergize the two similar child protection institutions in the village level. He would require any organization, group, including KPAD and PATBM to submit their proposal in order to be funded by the village budget. Hence, no detailed programme on PATBM had been developed yet. During the data collection phase, the study team found that other groups were attempting to submit their proposals to the village administration’s office, to gain access to the regency’s PATBM programme without involving KPAD. Unfortunately, the KPAD leadership did not possess any information about the issue, despite its ongoing cooperation with the Woman Empowerment and Child Protection Office (DP3A).

### **7.4 Community-based Child Protection Mechanism (KPAD): A brief insight into Sukaraja and Cisolok**

To ensure a holistic understanding of the KPAD, the KPAD members of Sukaraja and Cisolok were also interviewed. In Cisolok, the KPAD had gained recognition from the village government to develop programmes to be funded by the village budget in 2020. This was evident in a request from the village government to the KPAD. Moreover, the village government would allocate transport fees for KPAD members for handling cases. Compared to this the KPAD in Sukaraja was not yet been funded by the village budget. There was no special budget allocation for KPAD in Sukaraja even though the KPAD was formed by a village head decree. The Sukaraja KPAD had been trying to advocate for the issuance of a village regulation on child protection. In doing so, child protection programs under the KPAD will be eligible to be funded by the village budget.

Even though the KPADs in both villages were not yet funded by the village government, there were already some activities conducted and cases followed. In Sukaraja, the KPAD has followed one child abuse case and reported the case to the police and thwarted three child trafficking attempts.

The KPAD indicated that they had not received any report on a case of child marriage, yet they suspected it happened in the village, in particular, due to premarital pregnancy. A KPAD member also explained that the KPAD lacked a proper case recording system. Meanwhile, the KPAD in Cisolok was re-managing the recording of the cases in 2019. The KPAD had a case book to record all the cases found and followed, however, the recording system was inconsistent. Despite the weak case recording system, the KPAD in Cisolok had conducted some activities. The KPAD together with the village midwives had run the Youth Posyandu regularly once a month. As said by two members of KPAD whom were interviewed, the KPAD had tried to raise awareness to prevent child marriage to parents and officials of the office of religious affairs. However, child marriage remained practiced by way of Siri marriage. Since the marriage is secret (usually because of the occurrence of premarital pregnancy) and unregistered, the KPAD could not detect the cases of child marriage. Moreover, the KPAD members said that some religious leaders continue to hold beliefs that children who have reached puberty could be married off. It remained difficult for the KPAD to challenge these religious leaders. Furthermore, not all the heads of sub-villages supported the KPAD. However, villagers in Cisolok had become more aware of the role of KPAD when cases of child marriage or juvenile delinquency occurred. This was clear with the rising trend of reporting of cases to the KPAD. Overall, both KPADs strived to gain support from the village and sub-village officials, religious leaders, and parents. They also had limited capacity for handling and recording the cases. In the midst of their challenges and limitations, as we saw in Cisolok, the more active the KPAD was, the more people realized their potential role in protecting children. Therefore, it would be important for KPAD to continuously follow cases and conduct raising awareness activities.

## 8. Discussion and Conclusions

### 8.1 SRHR issues faced by youth

Young people in both Limbangan and Cikelat village experience and struggle with several SRHR issues. Since they are experiencing puberty or have recently done so, this takes center-stage when describing their SRHR concerns. Both young women and men are insecure about these bodily changes and their evolving sexualities due to lack of information and stigma attached to these experiences. When it came to sexuality, it was telling that boys were freer with the researchers to speak about this than the girls were. This is evident in the fact that wet dreams and masturbation preoccupy boys whereas girls simply mention issues such as menstruation.

On the other hand, girls are more comfortable speaking about menstruation with others around them. In general, girls and young women seem to have a support system to get SRHR related information. However, the quality of information is not always sufficient, as there is still a myth that menstrual blood is 'dirty blood'. Fear of visible stains is a concern, and taboos in consuming certain food and drinks persist.

In contrast, boys and young men tend to remain reserved about wet dreams as they deem it a private affair. They receive very little information about bodily before they enter puberty. Myths that analogize wet dreams to menstruation, as an ejection of dirty things from the body, prevail. Moreover, strong myths exist that frame masturbation as a dangerous activity as it can cause impotency.

Child marriage persists under the circumstances of (1) premarital pregnancy; (2) preventing teenage girls who have engaged in romantic (i.e. assumed as sexual) relationships from premarital pregnancy; and (3) marrying girls and young women that are out of school to men who proposition with the guarantee of a secure future. In child marriage cases, the role of parents continues to be significant despite contrary advice from KPAD members.

A teenage pregnancy is problematized only when it is outside marriage. However, within marriage, this is not seen as an issue. Irrespective, there are efforts from health workers to urge couples who marry young to postpone their first pregnancy. However, couples fear that using contraception could lead to fertility and hence they refrain from its use until they have had a child first. This is also shows the importance of bearing children.

In cases of premarital teenage pregnancy, girls do not have many choices and space to negotiate for not being married. However, at times, a boy or young man can refuse to marry the girl he

impregnated. In these cases, the parents will aim to find another suitor for the young women. Despite these actions, parents and communities are actually aware that child marriages are not ideal and are forbidden. However, there is a strong belief that continues to drive people's behavior: that it is better to get married at a young age than experience a shameful premarital pregnancy. More discussion on this follows in the next section. This belief leaves little space for youth, in particular girls, to make a decision for themselves.

In sum, we see that the discourse around child marriage and teenage pregnancy is dominated by the norms around gender and sexuality. Myths surround sexuality and norms surround girls' sexuality play in cases of puberty, contraceptives, and child marriage. The woman is consistently placed at the center of these myths and reproductive health is continuously seen as a woman's issue. Nevertheless, we do see that young men are also forced into marriages if they have impregnated the girls. However, when a girl does get pregnant, the involvement of husbands in providing support during the pregnancy and delivery is minimal. The support that pregnant teenagers get is mostly from mothers and grandmothers.

The study findings also give an insight into the dating experiences of young people. Falling in love is seen as a natural process, and dating is accepted, although not necessarily always approved by the community. Facebook and WhatsApp play a crucial role in allowing young people to exercise their agency and engage in relationships. Very often, the dating experience is limited to Facebook messages, while many others also go on physical dates. This is further addressed in the next section.

## 8.2 Youth Agency

When facing these issues, what do young people do? What are their choices and capacities? Youth in both villages, especially the younger youth have high aspirations when it comes to completing higher education and choosing a profession. Youth have diverse role models whom they are inspired by—ranging from entrepreneurs to religious figures. Youth are focused on completing higher education, although some young people cannot afford to and negotiate their future security by marrying early. As a young woman herself indicated, women bear the burden of the household work as well as of a job—due to which she stopped pursuing a career and focused on the home.

At the same time, however, young people believe that the ideal age to marry is above 20 years of age. They possess knowledge of child marriage and teen pregnancy's negative effects. However, the social structure does not support the aspirations of these young people—especially teenage girls and young women—to finish school and postpone pregnancy. The social structure is based on, as well as legitimized and maintained by the Islamic values that tend to be patriarchal, gender-

biased, and oppressive toward teenage girls. These values are worsened by the villages' contexts, in which the communities' economic sources are limited. Among marginalized families, parents view that they need only to finance their children's education until junior high school (completing the government's compulsory basic nine-year education requirement). After junior high school, teenagers are faced with the reality of choosing to enter either the job market or marriage. With low level of education and limited skills, they will have to enter the informal and low-wage sector such as in construction or other freelance work. Teenage girls who are junior high school graduates mostly become domestic care workers in other cities with low wages. Girls who do not gain access to jobs would choose to marry any men whom she had only just met.

Hence, there is pressure to marry from their family and society when they drop out, become pregnant or are known to be in a relationship. Despite this pressure, they exercise their autonomy to choose their own partner- even if they are introduced to a potential suitor from their family.

As said by Klocker (2007) and Abebe (2019) contexts and social structures shape children's agency. We have seen that the ways girls decide to marry or not to marry and continue their school or navigate their SRH matters are shaped by various contexts in their lives ranging from their family's support, their access to school, to gender and sexuality norms. In both villages, we see a thin agency exercised by girls as they everyday decisions and actions are carried out in highly restrictive contexts with few or limited opportunities (Klocker 2007).

In addition, agency is not about the presence or the absence of it, but rather, to understand the contexts under which a child exercises her/his/their agency. As indicated in Chapter 3, Abebe (2019) sees agency as a continuum and agency as interdependence. We see how Sekar exercises her agency to fulfil social, economic, cultural expectations while simultaneously projecting possibilities for her life. This also shows that a girl's agency is negotiated continuously between themselves and their families and communities. This is a kind of agency – the general ability to perform actions to tackle their issues even under a patriarchal and unfriendly environment for the youth. Individuals are enabled by the discursive logic of the ethical traditions (Mahmood, 2005), that in this study refer to local tradition entangled with Islamic teachings. In this context, we see youth exercising multiplicity of modalities of agency. There were youth who faced problems regarding puberty, who would resort to various sources – mothers, peers, Internet, when SRHR information and services were limited. There were girls who accepted marriage because their parents, their families, their communities convinced and pressed them to marry.

Although this was not the focus of the study, the study did not find any major instances of collective youth agency being exercised- particularly on child marriage and teenage pregnancy.

This could be missing due to the fragmentation of youth in the villages and the inability of the FAD to become one of the mediators.

### 8.3 Support Structures

This study also shows that youth have some but limited support systems around them to exercise their SRHR. Different people provide this support and the extent of support varies. Although we did not design the study to investigate the concept of support using a specific theoretical framework, we can apply the House framework (Cutrona & Suhr, 1992) to understand the social support system that exists for youth in Limbangan and Cikelat villages. House conceptualizes support in categories including emotional support, informational support and instrumental support (as seen in the figure below).



Figure 28 Types of support as an emerging theme

An eco-system of stakeholders exists for youth in Limbangan and Cikelat villages. Throughout the chapters, we have seen varying levels of support by different stakeholders depending on the specific SRHR issue. In the case of puberty, it is clear that young women are supported emotionally and with the relevant information from female members of their family and peers. Moreover, even when a young woman experiences teenage pregnancy, the same women offer support with care and delivery. However, it is not clear from the findings how much emotional support young men get.

In general, young people are able to get informational support on SRHR through their family, peers, health workers, religious leaders, *traditional birth attendant (TBA)*, midwives, the Youth Posyandu, FAD and KPAD. However, some of the information given is not always accurate and quality is not always high. For instance, the harmful myths perpetuated by the TBA.

Instrumental support is limited for the youth when it comes to SRHR. Here, the existence of the Yes I Do Programme provides some access to information on SRHR (informational support), while also pushing for the youth *Posyandu* service to be provided for the youth from both villages (instrumental support). KPAD and FAD mainly provide the informational support and facilitate the instrumental support for youth in both villages. However, the KPAD, which is meant to offer concrete support to the youth, itself, exists in its own social support system, where a major obstacle is the lack of funds. Although its establishment is supported by different policies, there is no institutional support from the local government. In addition, the law does not allow unmarried couples to access contraception and the youth *Posyandu*'s SRHR work is not comprehensive enough- limited to weight and height measurements.

Parents and KPAD members specifically play a role in both preventing and perpetuating cases of child marriage and teenage pregnancy. Parents are well aware of the negative consequences of child marriage. As seen from the findings, parents seem to have the final authority when it comes to their children. Despite KPAD's efforts in postponing the marriage and promoting education, economic insecurity and other circumstances prompt parents to marry their children early. In some cases, the KPAD members themselves have views that perpetuate child marriage. The KPAD also face other operational challenges (as seen in Chapter 7) which limit their scope of impact.

The fear of zina and pre-marital pregnancy also drives this decision of marriage. However, a pregnancy after marriage is not disputed or perceived negatively. Due to myths about contraception, the role of the TBA and the midwife is crucial in imparting the right information on these issues (also addressed in pathway 3).

In cases of pre-marital pregnancy, there is very limited support due to the presence of social norms. Social norms dictate the availability of support. As seen from the findings, there is immense pressure to marry, at times also from the KPAD. In general, support from KPAD remains weak as parents continue to marry off their daughter encouraged by the community and religious figures. This practice is rooted in the way communities and religious figures are reproducing Islamic views that are not in favor of gender equality and youth's SRH. Maintaining the honour of the family emerges as paramount and family members offer little emotional support, while society usually gossips. Many myths related to pre-natal care, delivery and post-partum care exist which the TBA perpetuates. Although the TBA is by the side of the woman through pregnancy in Ciklelat village, the support offered is often based on misinformation and outdated practices.

This study also zoomed into the KPAD as a specific support structure for youth. The existence of KPAD has been supported by the national and local policy<sup>17</sup>. Under these policies, KPAD has been handling many cases of child marriage and teenage pregnancy. However, it is difficult to change

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<sup>17</sup> At the national level the establishment of KPAD is mandated by the Law No. 35/2016 and the Presidential Decree on KPAD No. 61/2016. At the local level, a local regulation No. 1/2018 on Child Protection has been issued.

parents' decision not to marry their children off within the context of strong social norms supporting child marriage persist. Even though the Yes I Do programme has been implemented for four years, yet changing the norms and values related to gender and sexuality, child marriage and teenage pregnancy is not easy - as it requires a lengthy and continuous advocacy processes.

The KPAD faces challenges both internally and externally. From within, KPAD continues to struggle to build ownership among its members with the same values to support child rights and youth SRHR. The work of KPAD relies on volunteerism with no material and non-material incentives from the community and village administration (e.g. lack of respect and support from the community and village administration, as well as assistance from implementing partners) for the members. Concerning external factors, the KPAD continues to lobby for support from the village government, religious figures and communities. Even though the KPAD is supported by various policies at many levels, the village government in the two villages have not significantly supported the KPAD: in terms of budget allocation, coordination with local stakeholders, and operational support (meeting room, transportation). Moreover, there needs to be more synergy with national programme PATBM (integrated community-based child protection) which must be discussed between the district government, the village government, KPAD, and the Sukabumi Yes I Do alliance. Therefore, the sustainability of KPAD after the Yes I Do remains clouded.

Partnership between youth and adults in KPAD remains an issue as well. In the advocacy of child marriage and teenage pregnancies, youth's voice is often unheard. In village or district meetings, their presence does not bring a recognition of their voice and rights. This was evident during the dissemination of the findings when some of the village leadership indicated that adults could effectively voice youth rights themselves. Moreover, young people expressed their desire to work in collaboration with KPAD, as opposed to being left independent in KPAD's attempt to practice MYP. Hence, a dialogue between the KPAD and youth is also needed to operationalize what MYP means for them and how they can work together.

## 9. Reflections and Recommendations

The findings of this study have shown that more work is needed to strengthen support structures for young people and for them to exercise their agency. This has implications for the Yes I Do programme, which is one of the major informational support system for young people. The recommendations noted below are organized as per the five pathways for the programme. Since this study zooms into the KPAD as a support structure along with youth aspirations and SRHR experiences, not all pathways will apply and be as comprehensively addressed.

### Pathway 1: Changed attitudes and actions of community members and gatekeepers

#### 1. Strengthening the (institutional) capacity of KPAD

As seen from the findings, value clarification is urgently needed, specifically in Limbangan Village where KPAD members have mixed views, with some supporting harmful views and practices on child marriage and teenage pregnancy. FGM/C was not as comprehensively explored in this study. However, there were some contradictory views by a KPAD member who felt the terminology of mutilation was exaggerated and symbolic circumcision was not an issue. Secondly, the KPAD needs to be trained and supported on proposal writing and fundraising to be able to access village funds and a community organizer could play a role here. KPAD members also need to have a dialogue with FAD members to operationalize MYP in their collaboration. In addition, an improved documentation system is needed to keep track of cases. Such a system must include: (1) details of the case's events, (2) management of the case, and (3) child's development after the case. Lastly, to improve coverage of KPAD's activities, they need to partner with the leading youngsters in each sub-district to expand its reach to young people across all of the sub-districts.

#### 2. Disseminating a positive conception of sexuality particularly towards parents

The fear of 'zina' drives many parents to marry their daughters early. This indicates a clear need for comprehensive sexuality education to be imparted to parents for them to have a transformed understanding of sexuality. Falling in love and having feelings of attraction are not considered a taboo in this context. Hence, leveraging this, the socialization that is done can conceptualize sex as a safe pleasurable experience that accompanies falling in love.

#### 3. Advocacy towards religious leaders to stop Siri marriages and promote legal and registered marriages.

Parents go to great lengths to marry their children in cases of pre-marital pregnancy. Since they are unable to obtain permission, they often conduct Siri marriages, which are not registered or

legal. This cases several problems concerning benefits and insurance for the couple and their future children. Religious leaders must not encourage or sanction Siri marriages.

#### **4. Shared burden of reproductive health between and women through stronger male engagement in SRHR.**

Although young men also face consequences of teenage pregnancy, the woman carries the disproportionate burden. A shared conception of childbearing, pregnancy and contraception must be inculcated in the CSE. Engaging males across programme activities would also help.

### **Pathway 2 and 3: Meaningful engagement of youth to claim and act on their SRHR**

#### **1. Strengthening the institutional capacity of FAD**

The vacuum of leadership needs to be addressed in the FAD in Cikelat village. Moreover, young people who occupy leadership or membership positions also eventually move away to pursue higher education or to jobs. Hence, a mechanism that incentivizes long-term participation, but also promotes regeneration in newer cohorts of youth is needed. Similarly, a transfer of institutional knowledge is needed between cohorts of members. The FAD also needs to be capacitated on proposal writing and fundraising, to be able to access (village) funds.

#### **2. Building synergy with other existing youth groups**

There is fragmentation of youth, particularly in Limbangan village. Hence, building synergy between existing youth groups such as the FAD and *Karang Taruna* can mobilise youth, increase the impact of advocacy and increase the awareness about FAD among youth in the community.

#### **3. Creating partnerships between the FAD and the Youth Posyandu**

Partnerships can be created such that the FAD can be engaged in service delivery, which will inculcate a sense of ownership and raise awareness about SRHR. Moreover, FAD Champions who have good SRHR knowledge can be involved as facilitators in Youth Posyandu with guidance from Midwives, village cadres, and community organizers. Lastly, this will also improve the sustainability of the Youth Posyandu.

#### **4. Strengthening the partnership between FAD and KPAD**

As mentioned in the previous pathway, the partnership between the KPAD and FAD must be strengthened. MYP should be operationalized through a dialogue. Moreover, KPAD can build the institutional capacity of FAD, by involving them in advocacy and decision-making processes in the village.

#### **5. Advocacy towards village governments to involve FAD in village events and meetings**

Sustainability of FAD needs the support from the village government: village budget and the continuous involvement in village events and meetings.

#### **6. Engagement of *Traditional Birth Attendants (TBAs)***

TBAs need to be engaged by the Yes I Do programme to equip them with the right information and not perpetuate harmful myths. Although they are not allowed to work without the midwife when it comes to delivery, they nevertheless play a very important role- particularly in Cikelat village. Moreover, it is important for the programme to reach out those TBA providing 'abortion' services.

#### **7. Addressing harmful behaviours such as drug abuse, unsafe abortion**

It is clear from the findings that youth face a variety of challenges, of which SRHR is one. Misuse of drugs and unsafe abortion practices must be integrated into the comprehensive sex education curriculum of SETARA, if it has not been already done so.

#### **8. Providing an internet literacy programme for young people since they initiate dating and get SRHR information through the Internet.**

#### **9. Explore how youth collectively exercise their agency and mobilise**

As mentioned in the findings, more insight on how youth organize themselves and support each other in their SRHR challenges would help programme design- particularly also in the case of MYP.

### **Pathway 4: Education and Economic Empowerment**

Youth, particularly younger adolescents in Limbangan and Cikelat villages have high aspirations and are able to imagine themselves in professions that are not common in their immediate surroundings. Social media has also offered new avenues and inspiration to youth.

#### **1. Engage role models to inspire youth**

Invite inspirational role models that the youth have outlined as part of the economic empowerment activities by Yes I Do to motivate youth and possibly have a mentor.

#### **2. Continued Advocacy to parents in coordination with local stakeholders regarding the needs of education for girls.**

When young women drop out of school and have no job prospects, they often marry early. Moreover, the lack of senior level schooling in the areas is also an obstacle due to increased transport costs. If there are children who drop out of school, then the hamlet head and the KPAD need to persuade parents to find a solution to be able to continue schooling.

### **1. Making the learning packages at the Community Learning center affordable**

Youth criticized that it is expensive for them to take learning packages to get school diploma. KPAD and the Yes I Do alliance could build a collaboration with Education Office to provide free package schools, scholarships for girls who have dropped out of school.

### **2. Stimulating the creative economy among youth**

There is a government programme that promoted this but is not of interest to youth. Some youth have independently come together to form such a group. This could be combined with digital marketing classes.

## **Pathway 5: Development and implementation of laws and policies**

### **1. Raising awareness on the new law No. 16/2019 on the minimum age for marriage**

### **2. Issuing a local policy for the minimum age for marriage according to the new law**

Although there is a new law at the national level, a local regulation is also needed to align with the national law.

### **3. Advocacy for the village budget allocation for KPAD and FAD.**

In this case, the village government has not directly funded the activities of the KPAD and there is no capacity for the KPAD in making activity proposals to access the village budget. In the advocacy, KPAD could refer to various policies: Child Protection Regulation Law No. 35 of 2016 and the Presidential Decree No. 61/2016 concerning KPAD; and the Sukabumi Regulation No. 1/2018 concerning Child Protection that mention the government role to fund KPAD.

### **4. Building synergy between KPAD and PATBM (the integrated community-based child protection) programme.**

There is a need for advocacy to the local government (from the district level to the village level) to synergize the KPAD and PATBM initiated by the Sukabumi Alliance involving all KPADs. The leading institution to build the synergy should be the Woman Empowerment and Child Protection Office (DP3A) facilitated by the Sukabumi Alliance.

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