"Progress on Child Marriage, but Unease about Teenage Pregnancy and Female Genital Mutilation/Cutting"

Results of the Yes I Do programme (2016–2020) in Rembang, Indonesia

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Preface

The **YES I DO** programme (2016-2020) aimed to reduce child marriage, teenage pregnancies and female genital mutilation/cutting (FGM/C) in Pakistan (until 2018), Indonesia, Ethiopia, Kenya, Mozambique, Zambia, and Malawi. It was a collaboration between Plan Netherlands, Choice, Rutgers, Amref and KIT Royal Tropical Institute and funded by the Dutch Ministry of Foreign Affairs.

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	Bahasa Indonesia	*English*
ARI	Aliansi Remaja Independen	Independent Young People Alliance
Bappeda	Badan Perencanaan Pembangunan Daerah	Development Planning Agency at Sub-National Level
Catin	Calon pengantin	The bride/groom-to-be
FAD	Forum Anak Desa	Village Children Forum
FGD		Focus Group Discussion
HIV		Human Immunodeficiency Virus
IDI		In-Depth Interview
KII		Key informant interview
KLA	Kabupaten Layak Anak	Child Friendly City
KPAD	Kelompok Perlindungan Anak Desa	Community-based Child Protection Mechanism (CBCPM) at village level
KPAK	Kelompok Perlindungan Anak Kecamatan	Community-based Child Protection Mechanism (CBCPM) at sub-district level
KUA	Kantor Urusan Agama	Office of Islamic Religious Affairs (for registering marriages and divorces among Muslims)
LPAR	Lembaga Perlindungan Anak Rembang	Rembang Child Protection Institution
MA	Madrasah Aliyah	Islamic Secondary School
MoU		Memorandum of Understanding
NGO		Non-Governmental Organization
PATBM	Perlindungan Anak Terpadu Berbasis Masyarakat	Integrated Community Based Child Protection
Perdes	Peraturan Desa	Village Regulation
PKBI	Persatuan Keluarga Berencana Indonesia	Indonesian Planned Parenthood Association
PKBM	Pusat Kegiatan Belajar Masyarakat	Center of Community Learning
PKK	Pembinaan Kesejahteraan Keluarga	Family Welfare Movement
PKPR	Pelayanan Kesehatan Peduli Remaja	Youth Care Health Services
Posyandu	Pos Pelayanan Terpadu	Integrated Health Service Post
PPKB	Pengendalian Penduduk Keluarga Berencana	Population Control and Planned Parenthood
PUPUK	Perkumpulan Untuk Peningkatan Usaha Kecil	Association for small business development
Puskesmas	Pusat Kesehatan Masyarakat	Community Health Centre
Pokdarwis	Kelompok Sadar Wisata	Village Travel Conscious Group
Rindu-19	Rembang Anti Nikah di Bawah Usia 19 tahun	Rembang Against Marriages Below 19
RPJMD	Rencana Pembangunan Jangka Menengah Daerah	Regional Medium Term Development Plan
SDG		Sustainable Development Goal
SDKI	Survei Demografi dan Kesehatan Indonesia	Indonesian Demographic and Health Survey
SBA	Saka Bakti Husada	Health scout
SMA	Sekolah Menengah Atas	Senior High School
SMK	Sekolah Menengah Kejuruan	Vocational High School
SMP	Sekolah Menengah Pertama	Junior High School
SETARA	Semangat Dunia Remaja	The Spirit of Youth World
SRA	Sekolah Ramah Anak	Student-Friendly School
SRHR		Sexual and Reproductive Health and Rights
TBA		Traditional Birth Attendant
UKS	Unit Kesehatan Sekolah	School Health Unit
UPTD PPA	Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak	Regional Technical Implementation Unit for the Protection of Women and Children

KEY TERMS AND DEFINITIONS

Girls	Female respondents and participants aged 15-19
Boys	Male respondents and participants aged 15-19
Adolescents	Female and male respondents and participants aged 15-19
Young women	Female respondents and participants aged 20-24
Young men	Male respondents and participants aged 20-24
Youth	Female and males respondents and participants between the ages of 15 and 24

Executive summary

Child marriage, teenage pregnancy and female genital mutilation/cutting (FGM/C) are three issues that the Yes I Do programme tried to address. In 2020, the programme implementation entered the fifth and final year of the Yes I Do programme activities in Rembang. For this reason, an end-line study was conducted to observe how the programme intervention strategies, as presented in five pathways of change of a theory of change, have contributed to various outcomes. This Yes I Do end-line study was conducted to observe how changes have occurred since midline (2018) until the end of the programme.

The Yes I Do end-line study in Rembang was carried out using a combination of quantitative and qualitative methods. Data were collected in February 2020 in four programme intervention villages, namely Mojosari, Menoro, Ngasinan and Woro. A survey was conducted with 270 female and male respondents aged 15-24 years, while qualitative research, in the form of in-depth interviews and FGDs, was conducted with 65 participants of various ages and social status, including adolescents, young adults, parents and stakeholders related to the implementation of the Yes I Do programme.

Table 1 summarizes the key quantitative indicators giving insight into the programme at the end-line.

Table 1 **Summary of quantitative indicators tracked**

Category and indicator	Overall end-line value
Child marriage, teenage pregnancy and FGM/C	
Girls and women (18-24 years) who were married or in a union before age 18 (i.e. child marriage)	23 (20%)
Girls and women (16-24 years) who were married or in a union before age 16 (i.e. child marriage)	1 (0.6%)
Girls below 18 years old who are currently married	0 (0%)
Young women (20-24 years) who had their first child under the age of 20 (i.e. teenage pregnancy)	28 (33%)
Girls and young women (15-24 years) who underwent FGM/C	59 (29%)
SRHR behaviour	
Girls and young women (15-24 years) who can decide for themselves whom to date and go out with	165 (82%)
Boys and young men (15-24 years) who can decide for themselves whom to date and go out with	59 (87%)
Girls and young women (15-24 years) that have ever utilized SRH services, including modern contraceptives	105 (52%)
Boys and young men (15-24 years) that have ever utilized SRH services, including modern contraceptives	8 (12%)
Girls and young women (15-24 years) who have ever used contraceptives	61 (43%)
Boys and young men (15-24 years) who have ever used contraceptives	3 (4%)
Girls/ young women and boys/ young men between 15 and 24 using a modern method of contraception	56 (21%)
Young mothers aged 15-24 years indicating using male condoms	0 (0%)
Young fathers aged 15-24 years indicating using male condoms	0 (0%)
Unmarried boys/men (15-24 years) who prefer a non-circumcised female as future partner	12 (18%)
SRHR knowledge	
Girls and young women (15-24 years) who know how to prevent pregnancy using modern contraceptives	135 (67%)
Boys and young men (15-24 years) who know how to prevent pregnancy using modern contraceptives	16 (24%)
Girls and young women (15-24 years) who disagree with the statement "It is not appropriate for a girl to propose to use a condom"	52 (26%)
Boys and young men (15-24 years) who disagree with the statement "It is not appropriate for a girl to propose to use a condom"	12 (18%)
Girls and young women (15-24 years) who feel confident to insist on condom use every time they have sex	12 (6%)
Boys and young men (15-24 years) who feel confident to insist on condom use every time they have sex	14 (21%)
Girls and young women (15-24 years) who ever received education about sexuality and sexual health	183 (91%)
Boys and young men (15-24 years) who ever received education about sexuality and sexual health	48 (71%)
Education and economic empowerment	
Girls aged below 18 years who dropped out of school	0 (0%)
Girls below 18 years who left school due to marriage	0 (0%)
Girls below 18 years who left school due to pregnancy	0 (0%)
Girls aged 15-18 currently attending secondary school	95 (94%)
Girls (15-18 years) who have a child and follow education	0 (0%)
Young women (18-24 years) who are economically active outside of the household	28 (24%)
Young women (18-24 years) who have received any income in the last six months	112 (97%)

Cases of child marriage were found among young women aged 18-24, but the number was relatively small, namely 23 (20%). The government has revised the clause about the legal marital age in the Law on Marriage 1/1974, from 16 to 19 years, as stipulated in the Law on Marriage 16/2019. This revision contributes to the efforts of preventing child marriage. None of the respondents aged between 15 and 18 years were currently married. This figure could be influenced by the high percentage of girls and young women who received sexual and reproductive health and rights (SRHR) education (91%), although for boys and young men, the percentage was lower (71%). Most adolescents and young adults, both male and female, had autonomy in determining who they can date (82% for women and 87% for men).

Thirty-thee percent (33%) of the female respondents (20-24 years) had experienced teenage pregnancy and most of them were married. This could be influenced by the low use of contraception and access to sexual and reproductive health (SRH) services. Among all young mothers and fathers, none were found to be currently using condoms. While it was found that 61 female respondents (43%) had ever used contraceptives, the comparable figure for male respondents was three (4%). There seems to be a stigma associated with using contraceptives, especially condoms, in the study area. Adolescents or young adults did not show confidence in negotiating condom use every time they have sex. In addition, there was a low level of knowledge on preventing pregnancy through modern contraceptives, especially among male respondents (24%). Access to SRH services, including modern contraceptives was also limited among male respondents (12%). In general, adolescent girls and young women had more knowledge about pregnancy prevention (67%) and access to SRH services (52%) than men.

Regarding FGM/C, there were 59 female respondents (29%) who said that they had been circumcised. Only 12 male respondents preferred a non-circumcised partner in the future. However, 28% of the female respondents aged 15-24 wished to circumcise their daughters.

No female respondents under 18 years were found to have dropped out of school, either due to child marriage or experiencing pregnancy. The majority of high school age respondents also currently had access to secondary education. Although there were only a few female respondents aged 18-24 economically active outside the home (24%), this can still be an opportunity for the development of economic empowerment activities.

There has been a development in gatekeepers' knowledge regarding the negative impact of child marriage. However, the stigma against adolescent girls experiencing teenage pregnancy remains strong, and marriage is still considered as the best solution for such girls. Gatekeepers stated that FGM/C considered to be injurious to girls is no longer practiced, because they have knowledge of the negative and harmful effects of FGM/C. However, FGM/C is still done symbolically and it is said that no injury/removal of body parts occurs.

Regarding youth participation, FAD, which is the Children's Youth Forum, had been established and running in all intervention villages. Girls and boys had a high level of enthusiasm for advocacy. They made proposals to the village government for youth *posyandu* activities, so that they can become sustainable. Members of the FAD in each village also had youth representatives involved in the village deliberations meetings. However, young people did not yet have the opportunity to make decisions at the village level. Youth *posyandu* was one of the main sources of information on SRHR issues as mentioned by young people. In addition, youth also received information from the internet, village midwives, *Pelayanan Kesehatan Peduli Remaja*/PKPR (Youth Care Health Services), *posyandu* and family planning cadres, as well as from the Yes I Do activities they participated in.

Regarding decision-making, young women were able to make decisions regarding their education, choice of partner and employment. Young women also participated in social activities, especially Yes I Do activities that parents already knew. However, girls who experienced premarital pregnancy did not have the power to refuse marriage. Cases of sexual violence were also found in schools. The violence was committed by boys, and was often seen as a joke by the boys.

Table 2 summarizes the qualitative indicators.

1 & 2 This question was not asked at baseline.

Table 2 **Summary of qualitative indicators tracked**	
Relative change from midline	
Knowledge of gatekeepers about the harms of child marriage and teenage pregnancy	Parents and teachers are more aware of the negative effects of child marriage. Nevertheless, marriage is still seen as the only solution to teenage pregnancy by gatekeepers.
Knowledge of gatekeepers about the harms of FGM/C	Parents are more aware of the negative and harmful effects of FGM/C. However, gatekeepers still see FGM/C as a symbolic act, as long as nothing is cut in the process. Hence, it is not perceived as harmful.
Youth who feel they can advocate for themselves	FAD (Village Children Forum) has been implemented in all intervention villages. Adolescent girls and boys are enthusiastic about doing advocacy, such as in youth posyandu (health posts) and being involved in the village deliberations meetings.
Current access to SRHR information by girls/ young women and boys/ young men aged 15 to 24 years	There are several sources of SRHR information, namely: youth posyandu, internet, village midwives, PKPR, posyandu and family planning cadres, and the Yes I Do programme.
Perceived autonomy of girls/ young women (15-24 years)	Young girls can make decisions about education, spouses and jobs.
Girls indicating safety in and out of school is a problem	There have been several cases of sexual violence in schools, some of which were perpetrated by boys and were considered as jokes.
Number of new or adjusted national and local laws (incl. bylaws) and policies prohibiting child marriage and FGM/C	Regulations regarding the prevention of child marriage and child protection already existed in two intervention villages and local regulations regarding Child Friendly Schools and PATBM (Integrated Community Based Child Protection) in Rembang.
Policy makers actively/openly supporting gender equality and girls' rights	Programmes that target gender equality have been carried out by local governments, but there is still bias among part of the policy makers. Some have the opinion that teenagers who are pregnant should be married off.
Active engagement of men and boys in strategies reducing FGM/C, child marriage and teenage pregnancy	• Male religious leaders were involved in the RINDU-19 (Rembang Against Marriages Below 19) movement to prevent child marriage. • Fathers still have limited knowledge regarding the three issues. • Adolescent boys have become youth posyandu cadres.

Law No. 16 of 2019 on Marriage is the main regulation referred to by the government in handling child marriage cases. At the regional level, there is the Regional Regulation No. 13 of 2019 on Child Friendly Schools in Rembang. At the village level, Woro and Ngasinan had Village Regulations on the prevention of child marriage and child protection. Programmes on gender equality were available, although there were biases, such as the opinion regarding the necessity to marry off girls who experience teenage pregnancy, and the disregard of the need for counselling for such girls. These indicate that there is (still) a stigma against adolescent girls who experience teenage pregnancy prior to marriage.

With regard to the involvement of men, various kinds of activities related to the three issues have been supported by some men, including male religious leaders who were involved in the movement to prevent child marriage (RINDU-19). Boys have also been involved in the FAD and became cadres in youth *posyandu*. However, fathers seem to have relatively limited knowledge regarding the three issues.

1. Introduction

In recent years, there has been an increasing interest in improving sexual and reproductive health and rights (SRHR) for youth, and especially preventing child marriage, teenage pregnancy and female genital mutilation/cutting (FGM/C). The Yes I Do programme was a collaboration between Plan Netherlands, Choice, Rutgers, Amref and KIT Royal Tropical Institute, aiming to reduce child marriage, teenage pregnancy and FGM/C. Its work covered seven countries: Ethiopia, Kenya, Malawi, Mozambique, Pakistan[1], Zambia and Indonesia. In Indonesia, KIT worked with the Center for Gender and Sexuality Studies, University of Indonesia, to support the alliance with base-, mid- and end-line studies along with the operational research. In Indonesia, Rutgers, Plan Indonesia (2016-2020) and Independent Young People Alliance (ARI, 2016-2019) worked on this programme.

This report provides insight into factors influencing child marriage, teenage pregnancy and FGM/C in Rembang, one of the intervention areas of the Yes I Do programme in Indonesia. It also provides information about the possible contributions of the Yes I do programme in Rembang. A comparison with the findings of the midline study (2018) was conducted, because there was no baseline study in Rembang done by KIT. The baseline study of the Yes I Do programme in Indonesia was done in West Lombok and Sukabumi.

1.1 BACKGROUND

1.1.1 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, CHILD MARRIAGE, TEENAGE PREGNANCY, AND FEMALE GENITAL MUTILATION/CUTTING

Sexual and reproductive health (SRH) of youth has been a challenge to the attainment of the Sustainable Development Goals (SDGs). The SDKI (Survei Demografi dan Kesehatan Indonesia) report (2017) shows that the knowledge of single young women and men between 15 and 24 years about reproductive health is relatively poor. Within the Indonesian context, assuring universal access to SRH information and services for young people remains difficult.

The prevalence of child marriage in Indonesia remains rather high. Based on the latest data from the National Socioeconomic Survey (Susenas, 2018), the percentage of young women between 20 and 24 who years who were married before the age of 18 fell to 11.2% (Bapenas, 2019). Factors that are drivers of child marriages include parents influencing their children to enter marriage for economic reasons and to avoid premarital sex (Ali and Kalosa, 2018). In addition, internalization of religious fundamental values also contributes to child marriage (Grijns et al., 2016).

Teenage pregnancy causes problems in young people's lives as well. I'anah's (2018) study found that girls who wedded because of premarital pregnancy had to quit school, looked after their children and household unprepared, lost their adolescent years, and faced difficulties in socializing with their surroundings and entering the workforce. A further study on the 2010 Indonesian Population Survey (Afifah et al., 2016) found that in comparison with other age groups, girls who give birth at 13-14 years are exposed to the highest risk of maternal death. The risk of death applies to not only the young mothers but also their foetuses. If the foetuses survive from maternal death, they are at risk of growth-related disorders (Afifah et al., 2016).

FGM/C is in most cases conducted soon after birth. A study by the National Commission on Violence against Women (Komnas Perempuan) and the University of Gadjah Mada (PSKK UGM) states that FGM/C practices are conducted in numerous ways – starting from symbolically cleansing the vaginal area through cutting a part of the clitoris – and exposing girls to the risk of haemorrhage and infection (Komnas Perempuan and PSKK UGM, 2017).

Several initiatives have taken place thus far, by the government and non-governmental organizations (NGOs) in Indonesia, in the form of either programmes or policies related to adolescent SRHR. In 2018, the Indonesian Health Ministry incorporated requirements for SRHR education in schools in the 2018-2024 National Budget for Income and Expenditure/ APBN and declared its SRHR training as developed by PITCH as the ministry's partner in Indonesia (PITCH, 2018). PITCH comprises the Indonesian Positive Women Network/IPPI, and the Indonesian Young Key Population Forum/Fokus Muda. In addition, the government revised the clause about the legal marital age in the Law on Marriage 1/1974, from 16 to 19 years old, as stipulated in the Law on Marriage 16/2019. Based on the new law,

1 The programme in Pakistan ended in 2018.

female and male citizens under 19 years cannot legally marry.

1.1.2 SUMMARY OF THE YES I DO PROGRAMME AND ACTIVITIES

The Yes I Do theory of change (Annex 1) served as the basis for strategies of intervention for societal changes. The five intended outcomes of the five-year programme were:

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

1.2 AIM AND OBJECTIVES OF THE STUDY

This study in Rembang aimed to provide insight into the extent to which the causes and effects of child marriage, teenage pregnancy and FGM/C are present in the Yes I Do intervention areas; and unravel why and how the Yes I Do interventions strategies do or do not contribute towards improved outcomes. We particularly focused on:

1. Excavating the changes among members and stakeholders of the community in their attitude and behaviour toward child marriage, teenage pregnancy and FGM/C; as well as the extent to which they act to prevent child marriage, teenage pregnancy and FGM/C, along with the influential factors and mechanisms
2. Identifying changes in adolescent girls' and boys' meaningful engagement in their community's activities, programmes, and policies – such that they are able to claim their rights – and which factors are influential and in what ways
3. Exploring and analysing whether youth's actions are based on received information about SRHR and which factors are influential and in what ways
4. Exploring and analysing whether education and economic empowerment of girls and young women have provided them with alternatives beyond child marriage, teenage pregnancy and FGM/C
5. Producing knowledge about changes in the law and policies that were developed and implemented to address child marriage, teenage pregnancy and FGM/C
6. Contributing to evidence of the effectiveness of specific interventions and strategies for eliminating child marriage and FGM/C as well as preventing teenage pregnancy

2. METHODOLOGY

2.1 STUDY TYPE

This study used mixed methods. Apart from a quantitative survey, focus group discussions (FGDs), semi-structured interviews, and key informant interviews were conducted to understand the socio-cultural context of the three issues (child marriage, teenage pregnancy and FGM/C) in greater detail. We collected data from the 3rd until the 12th of March 2020.

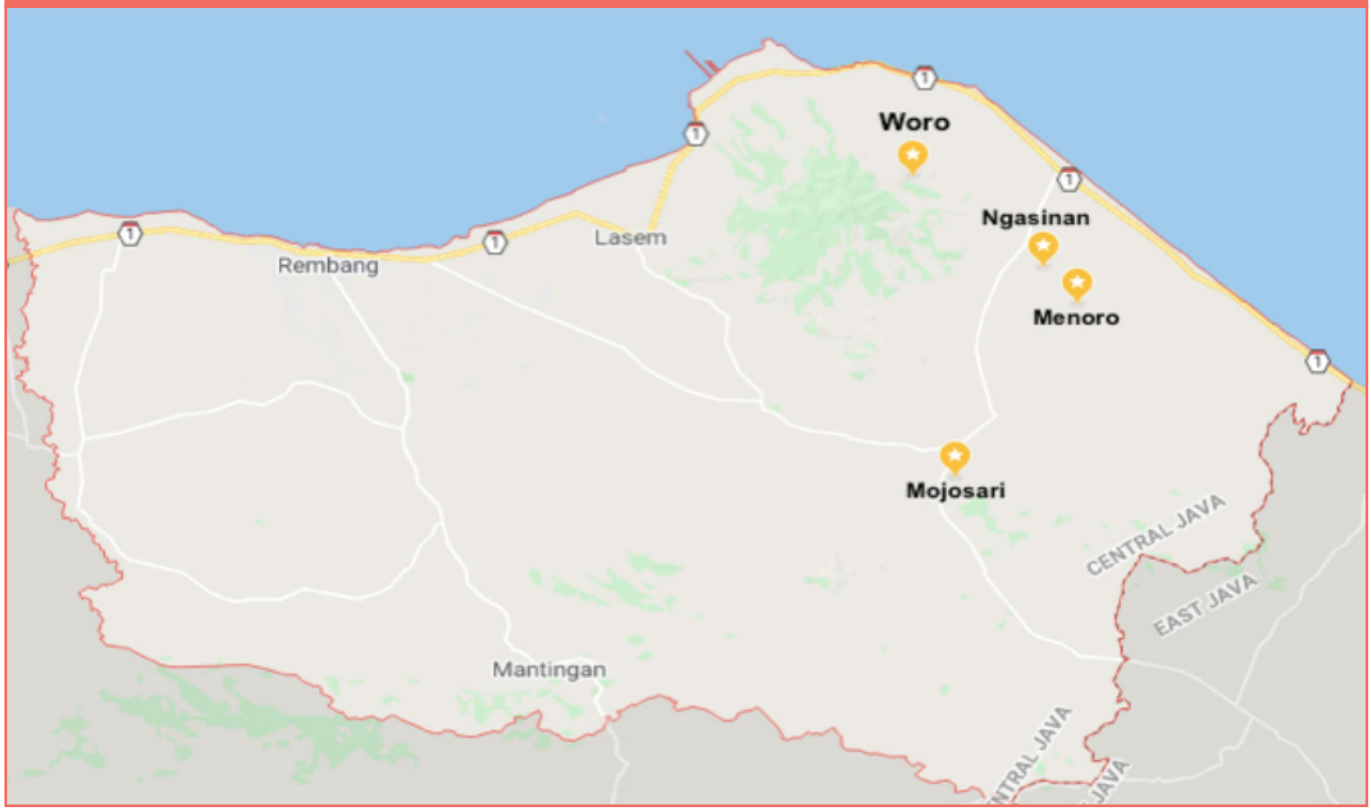
2.2 STUDY RESPONDENTS AND PARTICIPANTS

Young people between 15 and 24 years, comprising 75% females and 25% males, responded to our survey. FGDs were conducted with girls aged 15-19 and young women aged 20-24, boys aged 15-19 and young men aged 20-24, and parents/guardians. Semi-structured interviews were conducted with female and male youth aged 15-19 and 20-24, parents/guardians, religious and community leaders, teachers, health workers, Yes I Do's partners and policymakers.

2.3 STUDY AREAS

For Yes I Do Indonesia, the baseline study conducted in 2016 was conducted in Sukabumi and West Lombok. The midline and end-line studies were conducted in all three areas of Yes I Do programme, namely Sukabumi, Rembang, and West Lombok (Sukabumi and West Lombok therefore have a separate end-line report). The midline study was conducted in 2018 with a qualitative approach. The mixed-methods end-line study in Rembang was conducted in two districts, namely Sedan and Kragan. In each district, two villages (where the programme was implemented) were selected.

Image 1 **Map of study area**



2.4 STUDY METHODS, SAMPLING, AND RECRUITMENT PROCEDURES

2.4.1 QUANTITATIVE COMPONENT

Table 3 provides an overview of the quantitative sampling. The sample size was based on an earlier study (Credos Institute, 2017).

Table 3 **Overview of the quantitative sampling**

District	District	Village	Hamlet	Total Households	Girls ≤18 years old	Young women > 18 years old	Boys ≤18 years old	Young men > 18 years old
Rembang	Sedan	Mojosari	Mangseng	30	12	11	4	3
			Njuwet	30	11	12	3	4
		Menoro	Banaran	30	11	11	4	4
			Gagakan	60	22	22	8	8
	Kragan	Woro	Krajan 2	30	11	11	4	4
			Srambit	30	11	12	3	4
		Ngasinan	Ngasinan	32	14	11	4	3
			Kongsen	28	9	11	4	4
Total				**270**	**101**	**101**	**34**	**34**
					202		**68**	

The survey was conducted in four villages, with two hamlets of each village randomly selected as samples through the use of a computer generated random number. The aim was to reach 30 households in each hamlet. However, during the data collection process, our research team could not obtain 30 respondents in Kongsen, due to the limited number of girls. Our researchers eventually took two additional respondents in the Ngasinan. Selected respondents comprised 75% females (202 respondents) and 25% males (68 respondents). Respondents were selected at the household level, with a decided sampling interval. In cases where more than one candidate qualified as a respondent, either male or female, the enumerator randomly selected one candidate for an interview.

2.4.2 QUALITATIVE COMPONENT

We recruited participants for interviews and FGDs based on recommendations from local partners, the national-level alliance, and findings from the quantitative survey. We included individuals who were champions and have supported the Yes I Do programme, and those who have opposed the programme, or hold key roles in the programme (religious leaders, community leaders, traditional birth attendants, health workers, and teachers), as well as individuals who have never participated in Yes I Do activities.

An equal number of FGDs were conducted in the four villages that received the intervention to grasp the entire village's context. The age categories of participants in the midline study differ from those in the end-line study because of the most recent Marriage Law, which stipulates 19 years as the minimum legal age od marriage for both men and women. In-depth interviews were conducted with participants who were mostly recommended by the national alliance and local partners. An interview with an adolescent boy aged 15-19 was done on the basis of interesting findings extracted from the quantitative survey. Key informant interviews were conducted with the representatives of local partners (Rembang Child Protection Institution/LPAR and Rembang's Indonesian Planned Parenthood Association/PKBI), policymakers (Rembang's

Social Services, Women Empowerment, and Planned Parenthood Office as well as Village Officials), members of Child Protection Committee/KPAD, and Children's Forum/FAD (Table 4).

Table 4 **Overview of the qualitative sampling**

Research methods and participants	**Midline**	**End-line**
Focus Group Discussion (FGDs)		
Girls aged 15-19	-	7
Girls aged 15-18	8	-
Women aged 20-24	-	7
Women aged 19-24	7	-
Boys aged 15-19	-	6
Boys/men aged 15-24	7	-
Men aged 20-24	-	7
Parents/guardians	16	14
In-Depth Interview (IDIs)		
Girls aged 15-19	-	2
Girls aged 15-18	2	-
Women aged 20-24	-	2
Women aged 19-24	1	-
Boys aged 15-19	-	2
Boys aged 15-18	2	-
Men aged 20-24	-	2
Men aged 19-24	1	-
Parents/guardians	1	2
Religious and community leaders	1	1
Teachers (school or Center of Community Learning/PKBM)	1	2
Health workers and social workers	3	2
Staff members of youth and communal groups	1	2
Traditional birth attendant	1	1
Modin[2]	-	1
Key Informant Interview (KIIs)		
NGO staff members	4	3
Policymakers	5	2
Total participants	60	65

2 Modin is part of the village apparatus who has the task of serving the community, especially as caretaker of corpses and funeral ceremonies, accompanying groom and bride to be, and helping with divorce matters. The interviewed Modin also worked in the administration of marriage in the village.

2.5 DATA COLLECTION AND ANALYSIS

We conducted a four-day workshop from the 10th until the 13th of February 2020 with all senior researchers involved, as preparation for our field work. Training of field researchers (enumerators and supervisors) followed on the 4th of March 2020. During the training, researchers also conducted a pre-test. We conducted our survey and qualitative research in Rembang for two weeks, from the 5th until the 19th of March 2020. There was a validation workshop with the national alliance on the 24th of November 2020 and with the local alliance and stakeholders on the 30th of November 2020.

The filled questionnaires were sent to KIT's data server and were processed through Stata, while qualitative results were processed in Nvivo according to an agreed coding frame. We conducted our analyses based on the identified themes.

2.6 QUALITY ASSURANCE

Our researchers organized the study by appointing two supervisors, each was responsible for a team of four enumerators. Each team comprised three female enumerators and one male enumerator. Female enumerators could only hold interviews with female respondents, while male enumerators could only hold interviews with male respondents. A total of two supervisors and eight enumerators conducted interviews with 270 respondents. One enumerator interviewed 34-35 respondents, with a target of five people per day for the purpose of maintaining quality data. Supervisors reviewed enumerators' collected questionnaires and researchers also reviewed the answers as part of the questionnaires' cleaning process. After the cleaning process, questionnaires were sent to KIT's data server. We debriefed our core team once every three days to discuss the obstacles faced in the field, each enumerator's output, and interesting notes about the cases that could assist the qualitative researchers.

Data collection for the qualitative component was conducted by researchers of the University of Indonesia. Interviews and FGDs were digitally recorded. After conducting in-depth interviews/FGDs, researchers made field notes and interview transcripts.

Prior to leaving for field research, throughout fieldwork, and after completing our data collection, the in-country researchers always coordinated with KIT to discuss the plans, troubleshoot, and solutions pertaining to instruments, sampling, data-processing based on a statistical analysis plan, and report-writing. KIT researchers conducted peer reviews throughout.

2.7 ETHICAL CONSIDERATIONS

This study involved young people aged 15-24. Some of the respondents and participants were children below 18 years. Hence, we made sure that informed consent was provided by parents/guardians prior to conducting the survey, FGDs, and in-depth interviews. We also obtained informed consent from our respondents and participants above 18 years. A few questions in the survey, FGDs, and in-depth interviews included sensitive contents as they pertained to the respondents' activities, sexual relationships, and the use of contraception, which could cause inconvenience. To anticipate their inconveniences, our researchers gave an explanation at the beginning of each survey, FGD, and interview about the participants' /respondents' right to withdraw from the study whenever they felt uncomfortable.

The Ethics Commission has reviewed and approved the entire study (mid- and end-line). The end-line study received its ethics approval on 28th January 2020 from Jakarta's Atmajaya Catholic University's Ethics Commission.

3. Results

3.1 CHARACTERISTICS OF THE STUDY POPULATION

This section describes the characteristics of the respondents, such as respondents' gender, age, marital status, education level, employment status, religion, ethnicity, parents' education level, source of income, media consumption, and engagement in Yes I Do programme.

Almost every resident of Rembang (99%) is Muslim (BPS, 2019). Results of Yes I Do's end-line survey in Rembang showed the same pattern, where the composition of the respondents' religion and ethnicity were homogenously Muslim and Javanese. Our survey shows that almost all respondents were pursuing formal education (Table 5). However, 34 respondents (13%) claimed to have experienced dropping out of school. The reasons for their dropout were dominated by financial factors (7%). Other respondents (3%) claimed to have dropped out of school due to marriage. Interestingly, the latter reason was only found among female respondents. Most families' source of income was derived from the agricultural sector (41%) (Image 2). Others worked as fishermen or fisherwomen (9%) and traders (8%).

Image 2 **Agricultural sector as the main economic sector for Rembang's communities**

Regarding families' source of income, fathers were usually the primary income earners (87%). However, for married female respondents, husbands were the breadwinner (31%). Furthermore, concerning the money flow in the family, mothers (60%) were the main decision maker for things related to the family's spending, exceeding fathers (15%) or husbands (1%). The internet was the most used media (83%). The respondents' possession of mobile phones with access to the internet was high (92%), as well as access to electricity (98%).

The majority of the respondents were single (66%) and unemployed (82%). Concerning education level, junior high school graduates (52%) and senior high school graduates (27%) had the largest portion. The most mentioned highest level of education completed for both the respondents' mother and father's was primary school (76% and 64% respectively). Regarding their engagement in the Yes I Do programme, 55% of the respondents claimed that they had participated in the programme.

The age of participants involved in our qualitative component ranged from 15 to 76 years. The majority of the participants claimed that they had engaged in the Yes I Do programme. A few of the participants who had not participated in the programme said that that they had heard of their village's Yes I Do programme. In line with the survey results on school dropouts, a few participants who had experienced dropping out of school mentioned financial problems as reasons, and parents' death. A few of the study participants under 25 years chose to continue school by enrolling in the Center of Community Learning (PKBM). However, no one above 25 years was found to have pursued education through PKBM.

Table 5 **Demographic characteristics of survey respondents**		
	End-line	
Gender Identity		
Female	202	75%
Male	68	25%
Age		
15-19 years	135	50%
20-24 years	135	50%
Marital status		
Married	76	28%
Single	177	66%
Total	253	94%
Education Level		
Elementary/Islamic School (MI)	52	19%
Junior High/Islamic School (MTS)	141	52%
Senior High/Vocational/Islamic School (MA)	72	27%
University	2	0.7%
Vocational College	1	0.4%
No formal education pursued	2	0.7%
Employment Status		
Employed	49	18%
Unemployed	221	82%
Engagement in Yes I Do programme		
Active	148	55%
None	84	31%
Total	232	86%
Overall total	**270**	**100%**

Job opportunities in the four villages varied because of their geographical differences. Men from Woro and Ngasinan villages dominantly worked in fisheries because of their proximity to fish auction sites and numerous seafood processing plants. However, within the four villages, working as peasants, farmers, and workers was most popular, as was also evident from the quantitative data. Within groups of adolescents and young adults, the available job opportunities required them to migrate, as not many of them wanted to work as peasants or farmers. Women were not prohibited from employment, however, their job opportunities were limited to working as shopkeepers or factory workers or assisting their husbands' work. Women who pursued higher education could work as teachers or healthcare workers.

3.2 COMMUNITY CONTEXT AND MOBILIZATION

This section discusses the gender roles and social norms, and gatekeepers' roles at the community level, that influence child marriage, teenage pregnancy and FGM/C. This section is related to pathway 1 of the theory of change.

3.2.1 GENDER NORMS AND ROLES

The majority of the population in the four villages were Muslims, therefore, Islamic teachings animated their construction of gender roles and norms. Besides, many opinions of "women are better off not working" and "men are obligated to be the breadwinner of the family" persisted.

> *"… I don't agree with, for example, women having to work. I am okay if she only helps. What should I say? I personally (think) that being breadwinners are mainly for men, women can only help. But I don't know, since for the Yes I Do programme, everything has to be equal, burden equally shared."*
> Father, Ngasinan Village, 15 March 2020

> *"Even men who are not handsome are hot items, the important thing is that he is loaded with money."*
> Fathers' FGD, Woro Village, 9 March 2020

From the survey's results, it became clear that mothers act as the person-in-charge of domestic affairs. Respondents answered that mothers are usually the person who often do the housework (75%), while other female respondents said they did most if the housework (27%). As many as 128 respondents, male and female, spent one to two hours each day doing housework. This corresponds with the findings from the qualitative component which show mothers as the ones responsible for housework such as cooking, house-cleaning, and caretaking of children; mothers' role in domestic affairs remained central.

The qualitative component also shows that there were no changes in the gendered division of labour, and in the opportunities available for women to select jobs. Presumptions about women as "better off unemployed" also influenced women's pursuit of education, that is, education for girls was presumed to be less important and marriage was seen as an opportunity for girls.

3.2.2 THE ROLE OF GATEKEEPERS

As indicated above, the majority of Rembang's population is Muslim. There are many Islamic boarding schools in the research area. Religion connects every aspect of Rembang community's lives. The local Yes I Do partner attempted to involve religious leaders in the efforts to prevent child marriage, teenage pregnancy and FGM/C through, among others, Ulama Dialogue. This resulted in support from religious leaders in child marriage prevention. As a result of the Ulama Dialogue, Muslim clerics formed the Rindu-19 movement, which stands for Rembang Against Marriages Below 19. Religious leaders' understanding of child marriage and teenage pregnancy was there, however, contestations of narratives about FGM/C prevailed. These points were apparent in an interview with a religious leader in Mojosari Village, who explained that a few religious leaders have started to include issues about child marriage and teenage pregnancy in their sermons during prayer groups.

At the school level, based on an interview with a SETARA (The Spirit of Youth World) teacher, all of the SETARA teachers have been given knowledge about SRHR issues. The teacher was able to explain that SRHR is an important matter so there is no need to be ashamed to learn about it. Teachers were also open to students who wanted to share stories related to SRHR. One example given by the teacher was a story told by a student via an anonymous letter.

At midline, parents were concerned that their daughters would become a spinster, so they would accept a proposal from someone who wanted to marry their teenage daughter. In addition, the idea that a daughter is an economic burden was also a consideration, so they married off their daughter in order to lift off economic burden (Pakasi et al., 2018, p48). Based on interviews and FGDs with parents at end-line, these perspective seem to no longer exist. A father who was interviewed at end-line said that he realized that marrying off his daughter is not a solution to economic problems and can instead become another burden when his daughter is married, because there is a risk of divorce after having children, hence they will return to their parents.

PPKB's Social Services Agency[3] claimed that the rate of child marriage has declined over the last four years. The agency was involved in Rembang's child marriage prevention mechanism, by providing counselling services for young couples who are about to get married through the Family Learning Center (PUSPAGA). Through the agency's services, young couples who are getting married under non-urgent circumstances receive lessons about postponing marriage and childbirth until they become an adult.

According to a staff member from PPKB's Social Services, under circumstances of an emergency such as premarital pregnancy, underage couples are allowed to marry, as marriage is considered to be the only solution. The representative of PPKB's Social Services explained that FGM/C has long been non-existent, including those conducted symbolically. This information on practitioners of FGM/C differs from findings in both our midline (2018), and this end-line study (2020) which suggest that healthcare workers still practice FGM/C, even the symbolic one in which girls are not hurt (see section 3.7).

This study gives some insight into whether there was male engagement in tackling the three issues. The survey shows that the majority of the respondents (76%) agreed that adult men and adolescent boys must work together with their female counterparts to eliminate child marriage. Collaboration between young males and females was reported in the qualitative component, such as those related to the women-led Village Child Protection Committee (KPAD) in three villages: Menoro, Ngasinan and Mojosari. Besides, cadres of the Youth Integrated Health Post (youth posyandu) in Woro Village were led by an adolescent boy. However, young men's participation in daily life's affairs did not quite surface. In an FGD with fathers, we found that many fathers knew little about their adolescents' lives and presumed their role is only major when solving economic problems. Some parents in FGD opined that young people make their own decisions and that they are beyond their parents' control.

3.3 YOUTH ENGAGEMENT AND EMPOWERMENT

This section discusses the changes that occurred throughout the implementation of the Yes I Do programme regarding youth engagement and empowerment, as well as how they communicate intra- and inter-generationally. This section is related to pathway 2 of the theory of change.

3.3.1 YOUTH ENGAGEMENT AND DECISION-MAKING

The group of young people who participated in the qualitative component contended that friends provide the safest place for them to talk about issues. They also actively used social media to share information about their lives and receive updates about their networks. In addition to social media, the platforms available in the intervention villages for youth to express themselves were activities carried out by the Yes I Do programme and youth groups.

From the Yes I Do programme's entire set of activities, most respondents were engaged in activities held by the Youth Integrated Health Post (59%) and youth clubs (57%). This could be because the majority of the respondents who participated in those activities could directly feel the advantages of their participation. Based on our in-depth interviews and FGDs with the young people, their major interest and fondness for the weekend classes (business classes) had to do with the content of the classes that teach them how to run a business and earn a living. The youth clubs in each village included sports clubs (which mainly attracted boys), young people of the mosque, reciting the Quran and prayer groups, karang taruna, martial arts, *karawitan* musical groups, Woro Village Travel Conscious Group (PokDarWis), and *syekhermania*[4]. Although the rate of active participation in the Yes I Do programme was relatively high, the end-line study shows that 53 of the 84 respondents (63%) who had never participated in Yes I Do felt that they were not reached out to by the organizers of the programme.

3 PPKB stands for *Pengendalian Penduduk Keluarga Berencana* (Population Control and Planned Parenthood) and is under the Ministry for Woman Empowerment and Child Protection's supervision.

4 *Syekhermania* is a community (generally young people) which idolizes Islamic clerics – *habibs* or *syekhs.* Whenever a *syekh* attends an event, then the community would attend the event in convoy. *Syekher*-maniacs are usually divided into smaller communities, by village, and each has its own unique identity. The community in Menoro Village is known as '*Syekher mania Koper*' (Researcher's Field Notes, 7 March 2020).

Although mothers were identified as the main decision makers for household spending in general, in a family or household, parents, particularly fathers, acted as decision makers. From our interview with an adolescent girl in Menoro Village, we learnt that she had received a warning from her father about engaging in *syekhermania* activities for safety reasons. Another example is that a father would match his daughter with someone right after she graduated from junior high school. However, this did not always happen. A girl who was a member of the Village Children's Forum (FAD) in one of the intervention villages exercised good communication with her parents and could negotiate her needs versus her parents' desires with her parents. We also interviewed her parents, where they explained that although they worry about her as she is a girl, they would always support her.

At the village level, youth representatives have been included in the Deliberations for Village Planning and Development (*Musrenbangdes*) and given the space to voice their opinions.

> ***"We have it here, for example, recently there was one in this village [sic] where every year we must have a village budget plan. For every village fund that we receive, we would gather the funds for the young people, neighbourhoods, down to the Integrated Health Post, youth posyandu, and KPAD, essentially everything. Everyone is free to suggest anything, how the budget is going to be used, anyone can voice their suggestions. It's up for grabs."*** Boy, 20-24 years old, Woro Village, 10 March 2020

Despite this, according to an interview with a member of KPAD, young people have not had the opportunity to act as decision makers in these village-level deliberations. Moreover, there were intervention villages that have not involved youth in the village-level deliberations, due to the problem of the village government being less responsive to FAD requests to be involved.

3.3.2 DISCUSSING SENSITIVE ISSUES AND INTER-GENERATIONAL COMMUNICATION

In terms of intergenerational communication, dating remains to be the most sensitive issue for young people to discuss with their parents and young people tend to avoid the subject. This is similar to our findings at midline. Adolescent girls and boys mentioned they feel much more comfortable to talk or share stories with peers of the same age. In an FGD with girls of 15-19 years, it appeared that adolescent girls were reluctant to tell their parents about their dating issues, since dating is considered as a sin and would pull children into committing zina (fornication). Parents, therefore, would be furious if they found out that their children were dating. Amongst parents, there were differences what was said about how young people interact with mothers and fathers. In an FGD with mothers, parents confessed obstacles of communicating with their children about dating. One of the participants admitted that if her child talks about dating, then she would tell her to get married. The FGD participants considered that such occurrences have caused their children's fear of sharing their stories with parents.

> ***"They wouldn't show that they're dating. Don't know where they went, they didn't say anything, I couldn't understand."*** Mothers' FGD, Mojosari Village, 14 March 2020

In general, several young participants explained that, except for dating issues, they felt more comfortable communicating with their mothers. Parents in our FGD with fathers also asserted that their children share stories with their mothers, while the father is left in charge of economic problems. Moreover, the fathers in the FGD also had a view that since children could not be controlled and would do things as they wished, they would never share stories with them.

Not all young people chose to conceal details about their lives from their parents. A participant of an FGD with girls (15-19 years) had a different opinion, that is, she was open to sharing anything with her parents and she wanted to always be honest. Furthermore, a boy that we interviewed said that he was sexually active and had been open to his parents because he considered them as not controlling.

> ***"My parents are easy-going… such that if I bring a girl [to the house], they would tell me to raise the speaker's volume so they couldn't hear any [sex] noise."***
> Boy, 15-19 years old, Ngasinan Village, 13 March 2020

In general, participants' intergenerational communication about girls' opportunities and equal rights shows variation. Young people were asked to respond on a scale from 'completely', 'somewhat', 'not at all' and 'don't know' on whether they felt confident in discussing gender equality and girls' rights. In general, a higher percentage of young women felt 'completely' comfortable discussing this topic with females and males of different ages (peers and adults) as compared to young men. Female respondents in general were 'somewhat' comfortable in discussing this with female peers (57%) and female adults (55%). Male respondents primarily were 'somewhat' comfortable discussing with male peers of similar age groups (41%), more than adult men (38%). However, the majority of female respondents felt uncomfortable talking about this topic with males of their age and 51.5% felt so with adult men. The end-line study shows that female respondents' communication pattern on sensitive issues was limited by gender norms and age group differences. It is worth noting that between 26% and 35% of the young males reported that they did not know (whether they felt confident in discussing gender equality and girls' rights), which may indicate that they have not discussed these topics before.

Table 6 **Easiness of talking about sexuality and marriage with parents**

Young people who talk to parents about sexuality and marriage with ease	End-line	
	n	%
Girls and young women (15-24 years old)	125	62%
Boys and young men (15-24 years old)	14	21%
Total	139	51.5%

Female respondents (62%) felt more comfortable talking about sexuality and marriage with parents than male respondents (21%) (Table 6). In general, respondents felt more comfortable discussing SRHR-related topics with peers compared to parents (see section 3.4.1).

3.4 YOUTH'S SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE, BEHAVIOUR, INFORMATION AND SERVICE ACCESS

This section describes various problems related to SRH that are faced by young people as well as changes in behaviour, SRHR information and education received by young people, the use of contraceptives, and provision of SRH services for young people (related to pathway 3 of the theory of change).

3.4.1 YOUTH'S PROBLEMS AND WORRIES

Adolescent girls and boys, and young men and women in Rembang had different SRH problems. Menstruation was the most brought up problem for young women by participants. When young women experience menstruation, the most common complaints were anemia, abdominal pain, dizziness, and emotional instability. They often shared their menstruation experience with their mothers, female friends, health workers, and cadres at youth posyandu. In the youth posyandu, the most frequent complaint mentioned by young women was anemia due to menstruation.

Other problems experienced by young women were premarital pregnancy, becoming a target of gossip when going out past curfew, vaginal discharges/spotting, choice of birth control pills, domestic violence, and mental stress. The last three problems were mentioned by participants of an FGD with young women aged 20-24, most of whom were married.

An observation was made regarding smoking among boys (Image 3). This issue was not directly related to SRH problems, but it was raised and FGD participants complained about it, both adolescents and young adults (males and

females), and in the in-depth interviews with girls and boys. This issue seems to be of particular concern because some boys have started smoking since elementary school.

> "*Nowadays adolescents are taking up smoking. This is homework for the KPAD. The number of early marriages has been decreasing, but there is another tough issue, namely smoking, even some have started smoking in elementary school.*" Boys 20-24 years FGD, Woro Village, 10 March 2020

Several children were smoking secretly, while others were doing it openly. Usually, they smoked while hanging out together with friends in a stall, village office, on the roadside, or even at school.

> *"Their parents knew about it, and have told them not to smoke, but they don't listen. Naughty kids."*
> Girls 20-24 years FGD, Ngasinan Village, 10 March 2020

The participants expressed their concern about smoking when they were asked questions about SRHR, because it seemed that this term had not been thoroughly understood by the participants. During the interview or FGD process, the researchers had to first explain SRHR, and based on our observation, the participants found it difficult to identify problems categorized as SRHR issues.

Image 3 **A boy smoking in the open**

Based on information from young women aged 20-24 who participated in an FGD, smoking is a concern because it symbolizes juvenile delinquency. Other than smoking, other problems mentioned by the participants were consumption of alcoholic drinks, fights caused by courtship attempts, domestic violence, freedom of boys, and wet dreams. In the FGDs with boys aged and young men aged 20-24, participants mentioned that telling others about wet dreams was disgraceful, because wet dreams were perceived as private matters.

In general, one of the problems faced by young people in this study was what they considered 'risky dating'. Dating that was considered risky is one that entails sexual activities. At end-line, there had been a change in matters of communication, especially related to sensitive issues. Young people chose to tell stories about dating activities with their peers, or in one case, with a SETARA teacher through an anonymous letter. At midline, no youth were found who attempted to share their stories about dating problems or sexual matters to older persons.

Table 7 **Youth having someone at home to talk to about their feelings, hopes or worries**

	End-line	
	n	%
Girls and young women (15-24 years)	168	83%
Boys and young men (15-24 years)	26	38%
Total	194	72%

As can be seen in Table 7, girls and young women were more likely to have people to talk to about their feelings, hopes or worries at home (83%) than boys and young men (38%). According to respondents, the majority of parties spoken to were mothers (60%) and spouses (26%). Young people were also asked what topics they discussed with families and friends. Youth were most likely to discuss their hopes and worries about their future (80%) and their sexuality and reproductive health (51%) with their families. However, it appeared that the issue of sexuality and sexual health was more of a concern for female respondents compared to male respondents. As many as 65% of girls and young women discussed the issue with their families, but only 7% of the boys and young men did so.

However, young people appeared to discuss different issues with their friends, dating being the main topic (80%). Male respondents tended to discuss this issue more often than female respondents, namely 88% for male respondents and 77% for female respondents. The issue of the purpose of FGM/C was not a priority topic for women, both when talking to their family (16%) and their friends (15%). The issue of dropping out of school was discussed more often with friends (53%) compared to families (38%). Pregnancy prevention turned out to be a concern, not only for female respondents (76%), but also for male respondents (78%), when talking to their friends. This was also the case when they were asked what they worried about, where both male and female respondents were concerned about pregnancy problems (getting pregnant or getting their partner pregnant at a young age), although male respondents were found to be more concerned than female respondents (94% and 73% respectively). However, female respondents turned out to have a higher concern than male respondents regarding being refused access to contraceptives (36% and 25% respectively).

Males were more concerned about marriage at an early age (91%) than female respondents (71%). However, both males and females were almost equally concerned about choosing their partners (55%-56%). Regarding matchmaking by parents, the majority of female respondents stated their disagreement (62%), but interestingly, there were more male respondents who agreed to matchmaking by parents (46%) than those who disagreed (40%).

3.4.2 SEXUAL BEHAVIOUR

In general, young people had started dating when they were in elementary school (8 to 12 years old). Based on the findings from FGDs with girls aged 15-19, young men aged 20-24 and mothers, this stage of dating activities was categorized as "puppy love", and no sexual activity is involved. In junior high school (13-15 years old), adolescents were said to start using cell phones, and at this age, dating activities begin to enter the next stage. During the interviews, none of the adolescent participants explicitly stated what kind of sexual activities they did while dating. However, they admitted to having hugged, held hands, kissed hands, cheeks, forehead, neck and lips. Sexual activities conducted online included nude bathroom selfies and video call sex. When asked about penetration, most of the adolescent FGD participants answered indirectly, mentioning that it does occur, evidenced by cases of teenage

pregnancy. A 19-year-old boy admitted that he had his first sexual intercourse at the age of 16, "it (sex) is a need". This may indicate a change compared to the midline in terms of youths' perspectives on sexual behaviour. At midline, there were no young people who explicitly said they had had sexual intercourse, but at end-line, a boy could tell a story and explain the reason for having sexual intercourse. He was quite open in talking about various things, including about sex. The role of information technology and the ease of mobility for youth can be the factors supporting this change of perspective.

In one school, a case of video recording sexual activity of adolescents had occurred. As told by a programme implementer: "They were having sex, but no penetration had occurred, they were petting, at school… during school holidays and there was someone who recorded it… and the video got viral". In this case, a SETARA teacher got several anonymous letters asking questions related to dating and sexual relationships. The teacher did not know who sent the letters, until finally she saw the video and perceived that the anonymous letter came from the student in the video.
The quantitative data also give some insight into sexual activity. Table 8 shows that girls and young women were more engaged in sexual activities and relationships than boys and young men. This difference between genders could also be because young women may have felt more comfortable during the survey to answer this question as opposed to young men.

Table 8 **Engagement in sexual activity and intercourse**

	End-line			
	Sexual activity (petting, kissing, etc.)		**Sexual intercourse (penetrative)**	
	n	**%**	**n**	**%**
Girls and women (15-24 years)	78	39%	77	38%
Boys and young men (15-24 years)	9	13%	5	7%
Total	87	32%	82	30%

Moreover, when we disaggregate by age, we see that older youth above 18 years were more likely to have engaged in sexual activity and intercourse (Table 9). However, the qualitative data show a bit of a different picture. Young people were reported to start engaging in sexual activity such as petting and holding hands at a younger age. This difference between the survey and qualitative findings could be because young people may feel comfortable during an FGD/ interview to address such a sensitive topic.

When disaggregating by marital status (whether they were ever married), the majority of these who engaged in sexual activity and intercourse were married respondents. This indicates that the majority of sexual activities were not done during courtship, but after marriage.

Table 9 **Median age of sexual activity and intercourse**

	End-line	
	Sexual activity (petting, kissing, etc.)	**Sexual intercourse (penetrative)**
Girls and women (15-24 years)	18 years	19 years
Boys and young men (15-24 years)	18 years	20 years

Figure 1 **Youth who have ever had a girl/boyfriend** (n=190)

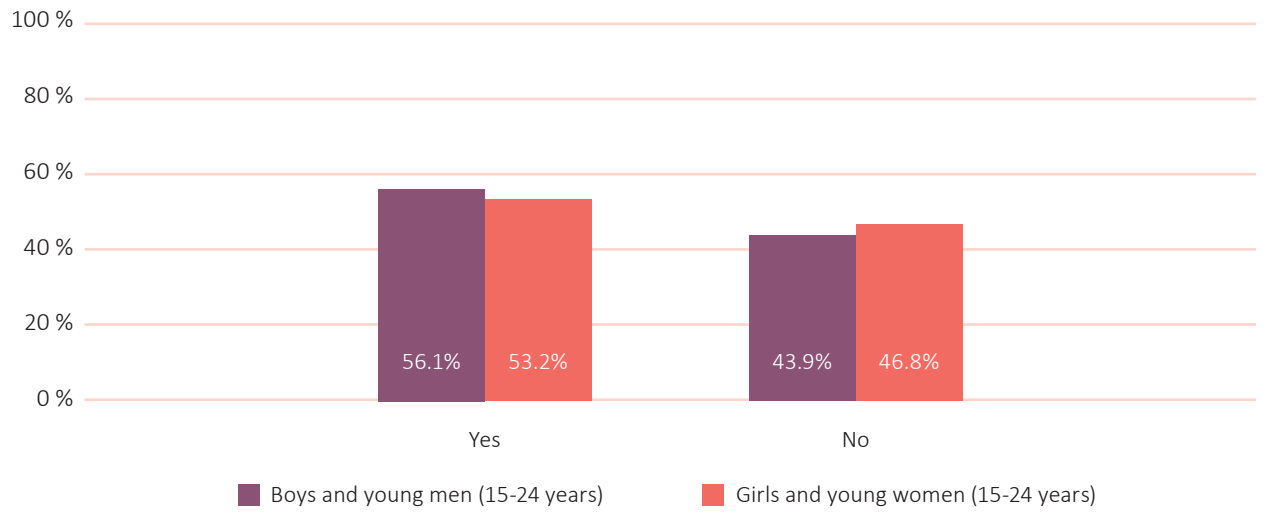
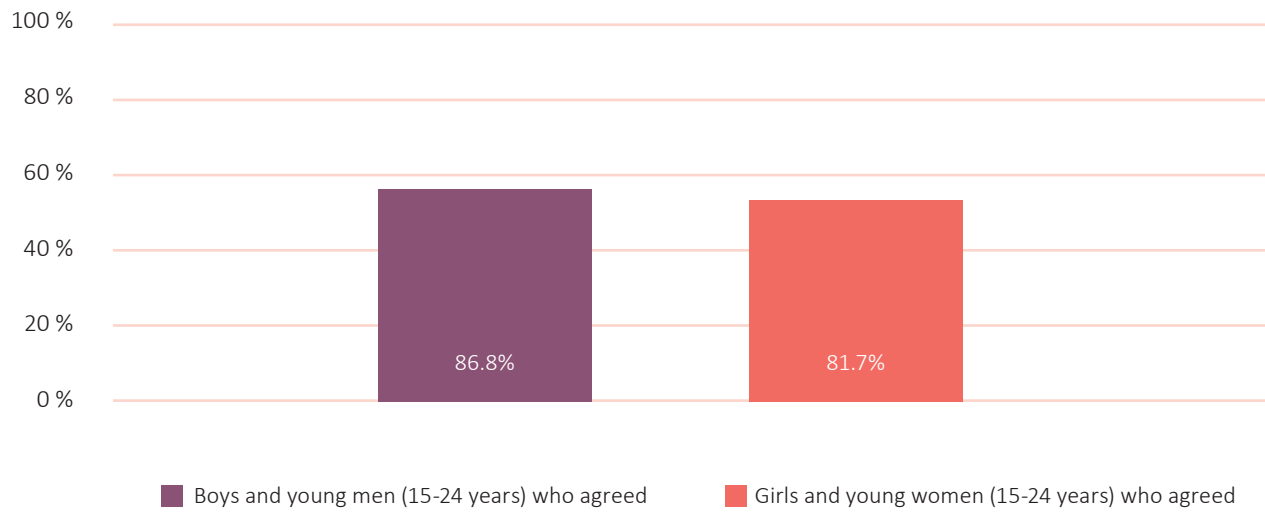


Figure 1 shows that the majority of both male and female respondents had had a partner. Based on the total data of unmarried female respondents, 46.5% of girls aged 15-17 and 68% of young women (18-24 years) had had a partner. Meanwhile, among unmarried male respondents, the percentage of boys aged 15-17 who had had a partner was smaller than that of young men aged 18-24 (37.5% and 73.5% respectively). From the survey data, it is clear that a considerable percentage of unmarried respondents had been in a relationship. Young people, but also parents, explained that youth visit a variety of different places in the village for their dating activities. These included schools, tourist attractions (beaches, reservoirs, parks, Trio G), quiet and dark places (henhouses, forest, brick storage huts), cafes, houses, and boarding houses.

It is therefore not surprising then that young people felt that they have autonomy in deciding who they would like to date (87% for boys and young men and 82% for girls and young women) (Figure 2).

Figure 2 **Youth who can decide for themselves whom to date** (n males = 68, n females = 202)



Results of the qualitative interviews show that there had occurred one case of sexual violence in the form of rape in 2017/2018. This case was reported by a 22-year-old young man who we interviewed. In his village, a married man raped a 19-year-old girl who had a mental disability. The incident occurred in the field, when the victim was

collecting grass, and resulted in the girl's pregnancy. After this incident, the girl was married off to the perpetrator as his second wife, and she received money from him every month. He also said that because of her condition (mental disability), the girl "was happy" when she was approached by the rapist. The midline study found several narratives that reflected sexual harassment, but the participants had no knowledge that these were forms of harassment. On the other hand, the disclosure of the rape case at the end-line could indicate that there has been an increase in awareness about sexual violence, an issue that is considered sensitive to talk about in the society.

Regarding the institution of marriage, young women aged 20-24 who participated in an FGD had witnessed and known cases of domestic violence against children and wives. The forms of domestic violence that occurred included yelling, pinching, pulling ears, hitting, and neglect. Based on the survey, 22% of the respondents considered that for a girl under 18 years, getting married is one form of protection from violence and sexual harassment, although the majority of the respondents (54%) disagreed with this statement.

Based on data from the end-line survey, none of the male respondents felt that they had ever been hit/hurt physically by their partners, but there were 4% of female respondents who were physically assaulted sometimes, and 1% rarely. In terms of sexual harassment, only two female respondents reported to have experienced sexual harassment with minimal intensity. However, data on sexual violence counselling services show that this service had been accessed by one male respondent (0.4%). The discrepancy between the cases reported in the qualitative study component and the lower incidence of sexual violence in the quantitative data could be due to underreporting in the survey, which is common for the topic of violence. To improve handling violence cases, the referral system across sectors needs improvement.

3.4.3 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INFORMATION AND EDUCATION

Figure 3 shows that girls and young women received more education on SRH in comparison to boys and young men (91% and 71% respectively) at end-line.

Figure 3 **Youth who have ever received education about sexuality and sexual health** (n males = 68, n females = 202)

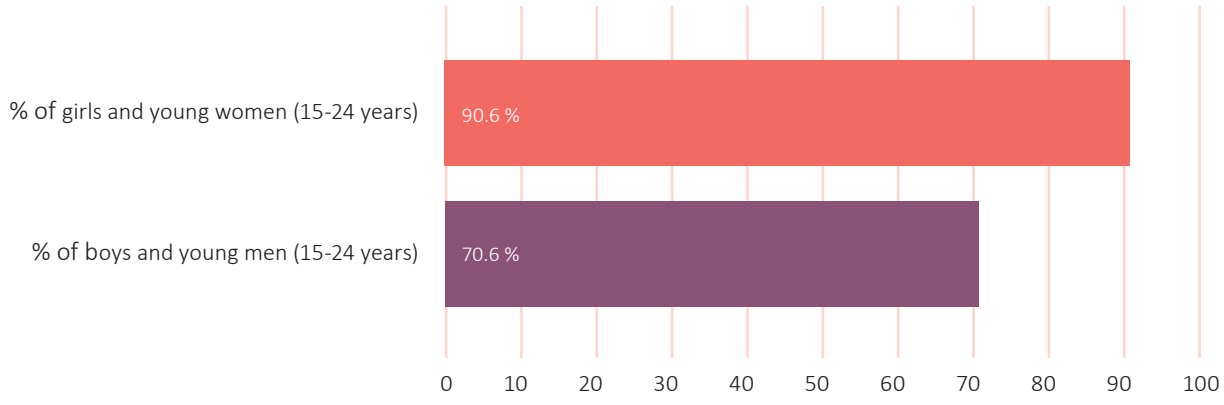


Table 10 shows that both female and male respondents received most information and education on sexuality while in school, but both preferred to seek information related to SRH on the internet. This was influenced by several factors, including the ease of access to the internet for young people, and the large number of information choices available and accessible to young people. Based on the interviews and FGDs, the online media that were used by youth to find information on were WhatsApp, Instagram, Google, Facebook, YouTube, and videos obtained on the internet.

"There is a lot of information on social media, but one has to be smart to separate the correct information from the hoaxes." Young women 20-24 years FGD, Rembang, 10 March 2020

Meanwhile, at the school level, a SETARA teacher admitted that it is now easier for her to deliver the SETARA module. This is in line with midline findings (2018, p52) which found that there was a form of refusal from students towards the SETARA module because it was considered inappropriate. The teacher reported that by slowly explaining that SRH lessons are important for them to know, students finally accepted and showed openness to the issue. On the other hand, she also admitted that the module is not entirely taught to the students as some of the contents were not considered in accordance with existing norms (e.g. healthy dating is not delivered because it is better to not date).

Table 10 **Most common current source and preferred source of sexuality education**

	Most common current source	Most common preferred source
Girls and young women (15-24 years old)	Teacher (68%)	Internet (54%)
Boys and young men (15-24 years old)	Teacher (56%)	Internet (67%)

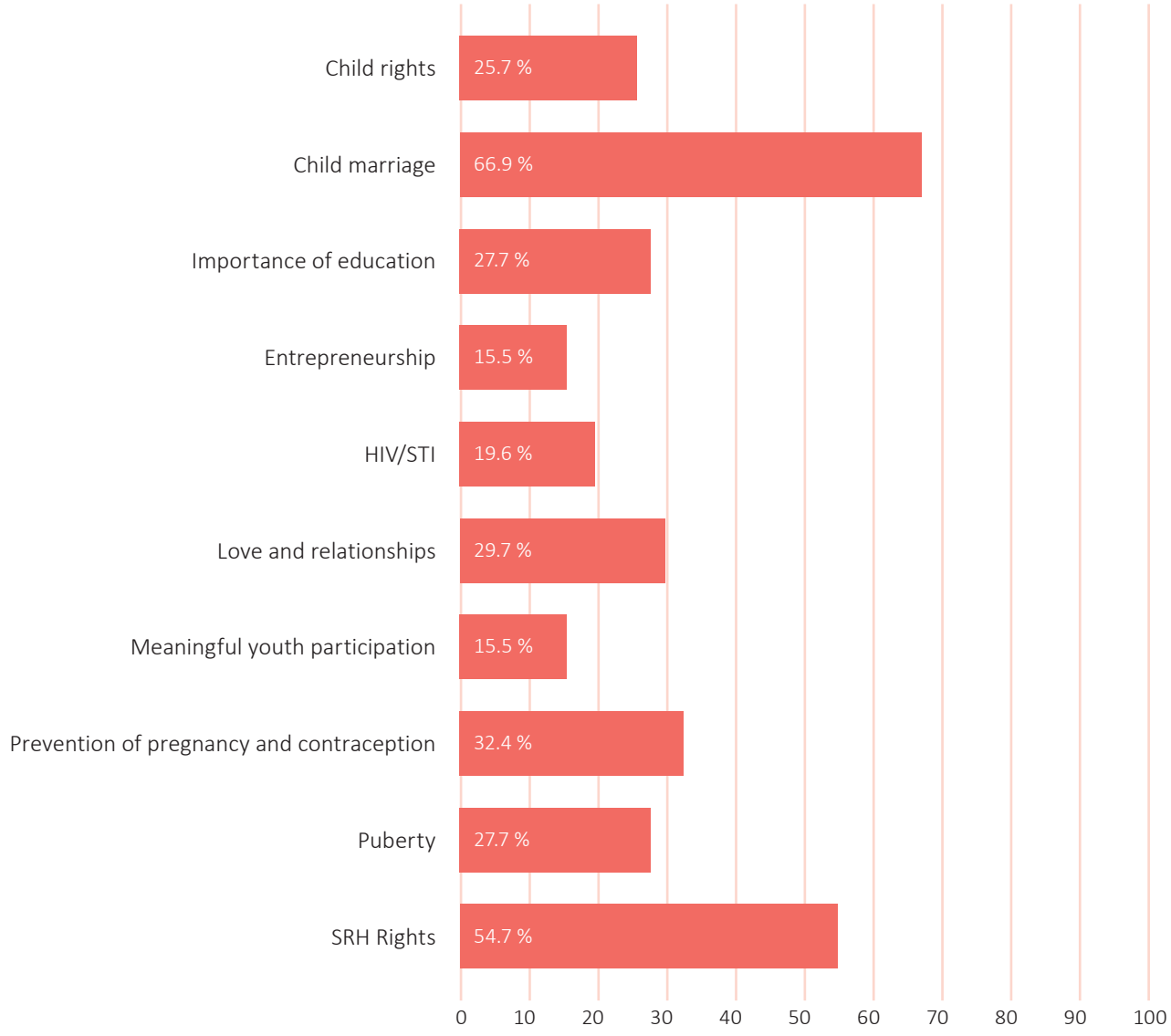
The internet is an important necessity for adolescents and young adults in Rembang. Currently, internet access is facilitated by the presence of locations that offer Wi-Fi internet services at affordable rates, such as coffee shops or houses that have internet networks installed (Image 4). In one of the programme intervention villages Woro, Wi-Fi access is offered at a very affordable rate, which is IDR 2000 per five hours. This internet network is generally used by adolescents to play games and use social media.

Image 4 **Wi-Fi access point where adolescents gather, Menoro Village**

Besides school and the internet, girls mentioned that they also received information regarding puberty from their mothers, grandmothers, female peers, Quran recital teachers, midwives and family planning cadres. Boys mentioned that they received information from close friends, girlfriends, newspapers, and illustrations of reproductive organs they had seen at health facilities. Yes I Do activities were also among the information sources for girls and boys, such as youth *posyandu* and serial discussions. This is a positive development compared to the midline, because at that time the youth *posyandu* was only initiated and had not begun to be active.

The Yes I do programme addressed a variety of topics. Young people who participated in the Yes I do activities were asked which of those topics they found useful. These included child marriage (67%), followed by the topic on sexual and reproductive health rights (55%) (Figure 4). The topic on entrepreneurship was only considered beneficial by 15.5% of the respondents, perhaps because the term entrepreneurship [kewiraswastaan] was not familiar for the respondents. The participants of the qualitative study component did recognize the importance of the weekend class/business class as a part of entrepreneurship activities under the Yes I Do programme.

Figure 4 **Topics addressed in Yes I Do activities that youth find beneficial** (n=148)

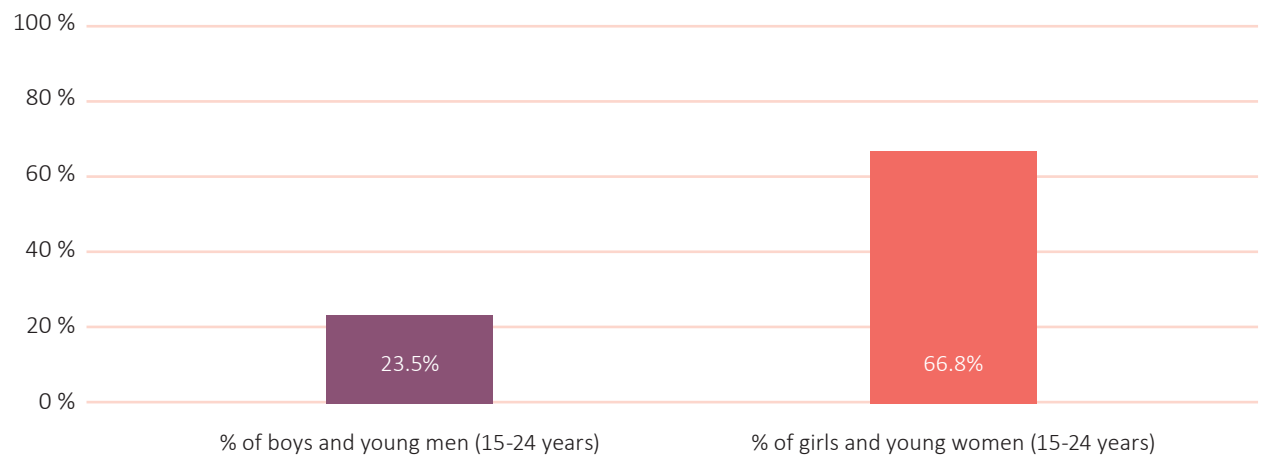


3.4.4 CONTRACEPTION KNOWLEDGE AND USE

Figure 5 shows that female respondents (67%) were found to have a higher knowledge of modern contraceptive methods for pregnancy prevention than male respondents (23.5%). However, along with the mention of modern contraceptive methods, abstinence was mentioned often with 41% of the respondents mentioning it as one of the

responses when asked if they knew of pregnancy prevention methods[5]. From the FGDs with young women aged 20-24 and mothers, it was found that married women received information about contraceptives from *posyandu* cadres, family planning cadres, PPKBD cadres, midwives, *puskesmas*, SRH services, social media, and activities of the Yes I Do programme. One of the mothers who was also a PPKBD cadre said that knowledge about contraceptives also needs to be disseminated to unmarried young people, and that this had been done through activities carried out by the Yes I Do programme. This shows a change has begun in terms of the openness of parents about contraceptives.

Figure 5 **Knowledge of prevention of pregnancy** (n=151)



Unmarried young people received information related to contraceptives from advertisements in newspapers and television, social media, friends, and Yes I Do activities including youth posyandu. In addition, an 18-year-old girl said that she received information about contraceptives from health workers who came to her school. Moreover, young people also often saw contraceptives sold at pharmacies and convenience stores.

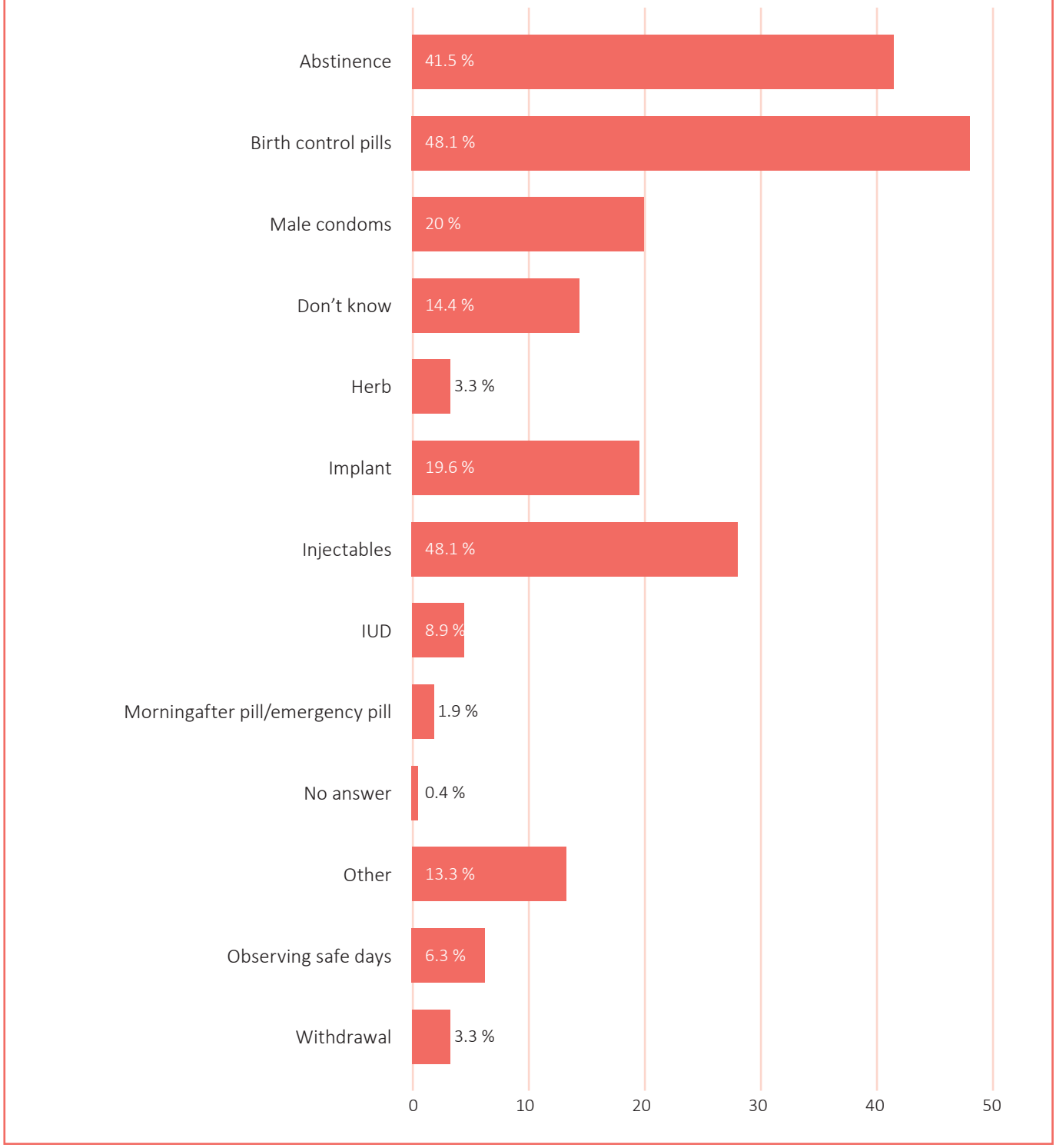
Based on the results of both the quantitative and qualitative component, boys and young men involved in this study had less knowledge about contraceptives compared to women. One of the participants who was sexually active said that he did not want to wear a condom, because according to his friends, wearing a condom would reduce the pleasure of sexual intercourse. Based on an interview with a KPAD member, the use of contraceptives was (still) focused on married women because they were worried that young unmarried people would think "it might be nice to try [sex]", thus increasing 'risky relationships'.

The survey results show that 43% of the female respondents had ever used contraceptives, while only 4% of male respondents had done so. Of the female respondents who had used contraceptives, 89% were still using them at the time of the study. Meanwhile, 67% of the male respondents who had ever used contraceptives were still doing so at the time of the study.

Injectables and birth control pills were the most mentioned contraceptive methods (Figure 6). Injected contraceptive was the method most widely known by female respondents (61%) and also the most used (72%). Meanwhile, abstinence was the method most widely known by male respondents (35%), however, 44% of the male respondents answered that they did not know any contraceptive methods.

5 This high response on abstinence could be due to the way the question was asked. The question was: "To your knowledge, what are the methods one can use to prevent pregnancy?", as opposed to explicitly asking about family planning or contraceptive methods.

Figure 6 **Knowledge of types of contraceptive methods** (n=270)



Married respondents had a slightly higher knowledge of contraceptive methods (28%) than unmarried respondents (24%). However, this shows that married respondents did not have much knowledge on contraceptive methods. The majority of contraceptive users (98%) were married respondents with the main choice of methods being injectables (58%) and pills (20%). The findings regarding the choice of contraceptive methods used by these respondents are in line with the findings of the types of contraceptive methods that were widely available in the respondents' area, namely pills (64%) and injectables (63%). The results of the end-line study also show that the majority of the respondents (79%) obtained contraceptives from health facilities/ medical personnel.

Young women aged 20-24 and mothers who participated in FGDs believed that the best contraceptive method for married women who did not have children yet was the pill, because injectable contraceptives were considered

stronger, raising concerns about possible difficulties conceiving in the future. Although it is the choice of newly married young women, birth control pills were said to have a side effect of making them weak.

Another type of contraceptive known to the participants was the spiral (intra uterine device), which was considered to have more harmful side effects (by mothers in an FGD), as they could move around inside the body. Condoms were also not an option because they were considered to have a risk of tearing. An informant in the mothers FGD who had attended a training organized by PLKB also mentioned the female condom, but she did not receive comprehensive information, so she still questioned the shape and method of use.

The use of condoms among respondents was unpopular as evidenced by only 4% of the male respondents and 1% of the female respondents having ever used a condom. Contraceptives were not the choice of some respondents, especially women, because of (1) the desire to conceive more children, (2) never having thought of using contraceptives and (3) not being sexually active. Men considered contraceptives to be less pleasurable for them during sex, thus some male respondents did not use contraceptives.

Table 11 shows that only 14% of the female respondents who currently did not use contraceptives desired to use them at a later date. For men, not even one respondent desired to use them in the future. This shows that there has been no change since midline regarding the knowledge about the importance of using contraceptives and the belief that they should only be used by married couples.

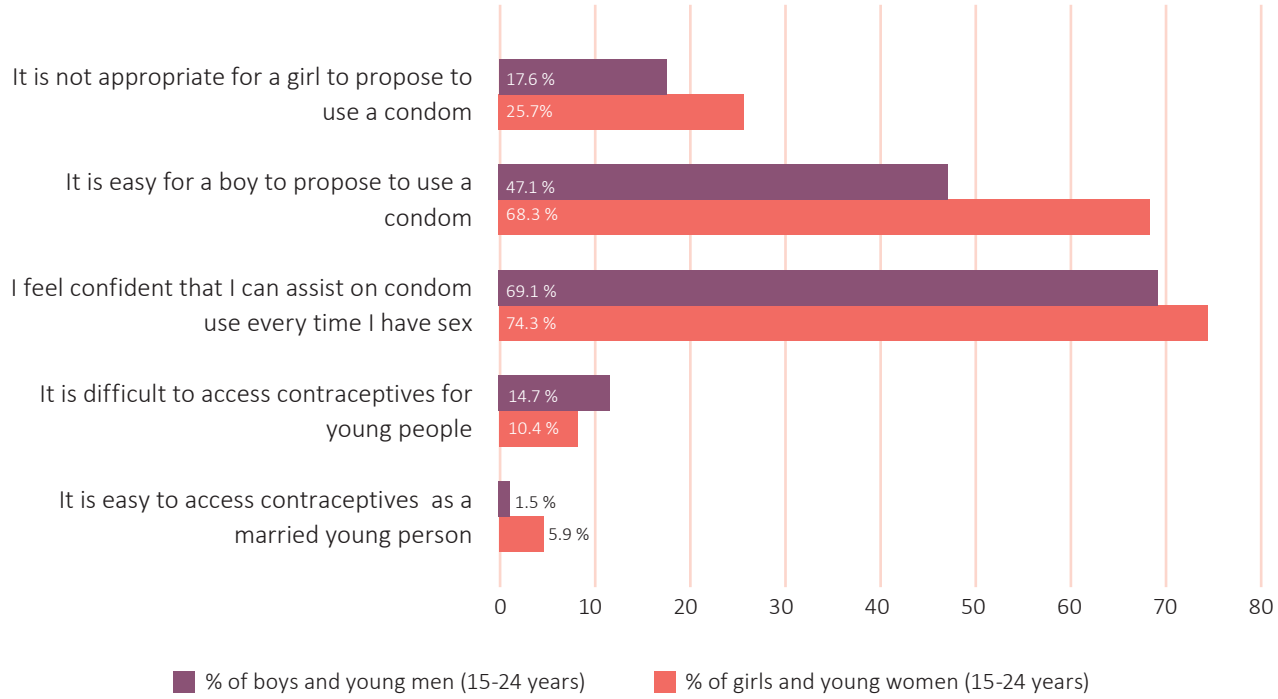
Table 11 **Youth who currently do not use a contraceptive but who would like to**

	End-line	
	n	**%**
Young women (15-24 years)	7	14%
Young men (15-24 years)	0	0%

Apart from using modern contraceptives, what is considered as natural birth control was also used to prevent pregnancy. One of the mothers said: “During sexual intercourse, when the man is about to ejaculate, he pulls out, takes it out.” The source of information related to natural birth control was their own experience, not from socialization. In the survey, 3% of the respondents reported knowledge of withdrawal as a pregnancy prevention method (multiple responses were permitted). The participants of the FGDs with mothers considered this method ineffective on the assumption that there was still a possibility that some sperm “would be left in the womb of the woman”. Meanwhile, a boy said that besides pulling out, the method he used to prevent pregnancy was to give his partner a herbal medicine to improve menstrual blood flow, before and after sexual intercourse. In addition to the herbal medicine, soda drinks were also believed to prevent pregnancy by some participants. In an FGD with young men (20-24 years) it was said that apart from pregnancy prevention, they had heard a myth about consuming green coconut water and soda to abort the pregnancy. Based on interviews with traditional birth attendants, no one had ever come to them for abortion; it was considered a bad thing by the local community.

Figure 7 shows the results of some statements around contraception. Since condom use is unpopular, it is not surprising that attitudes towards condoms are also negative. More girls and young women (26%) thought that it is appropriate for a woman to ask her partner to use a condom during sexual intercourse compared to boys and young men (18%). The majority of the girls and young women (69%) felt that it was difficult for young men to propose to use a condom. Very few girls and young women believed that they could definitely insist on condom use every time they have sex, namely 6%. As for young men, the percentage was almost four times higher, namely 21%. Female and male respondents both agreed that unmarried young people found it difficult to obtain contraceptives, but once married, contraceptives were more accessible.

Figure 7 **Attitudes about contraception - those who disagreed** (n males = 68, n females = 202)



3.4.5 SEXUAL AND REPRODUCTIVE HEALTH SERVICE PROVISION AND UTILIZATION

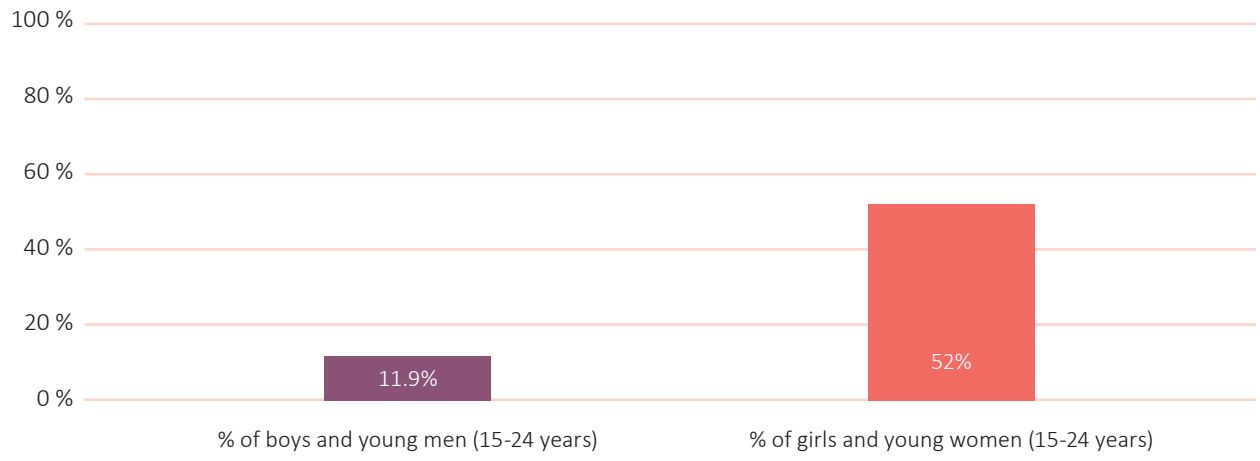
Based on the results of the qualitative component, the health services provided and accessible to young people in the intervention villages were youth *posyandu*, *posyandu*, *puskesmas*, PKPR (Youth Oriented Health Services), village midwife, UKS (School Health Unit) and SBH (Saka Bakti Husada, health scout). In all intervention villages, the youth *posyandu* has been operating regularly, which shows a development compared to the midline in 2018.

The researchers were allowed to participate and observe a session of youth *posyandu* activities held in Mojosari Village. The activity began with an explanation of what youth *posyandu* is, carried out by youth *posyandu* cadres who were also active in FAD. Then, each participant (female and male) was given a medical record card filled in with data on the results of health measurements, namely blood pressure, height, arm circumference, body weight, and abdominal circumference. From the components examined; the participant's nutritional adequacy, symptoms of anaemia, and general body health were assessed. The youth *posyandu* cadre also carried a booklet entitled 'Introduction to Sexual and Reproductive Health', which could be read by the participants, and which was sometimes used as a teaching tool. In certain sessions, the village midwife was involved and provided counselling to the participants. The problem that was most often identified was anaemia. The materials used in the youth *posyandu* activities, such as a digital blood pressure meter, arm circumference measuring device, and anaemia pills, were obtained from the village midwife. Mojosari Village FAD was also preparing a proposal to be submitted to the village government for the procurement of special health equipment for youth *posyandu*. FAD Woro and FAD Menoro were preparing similar proposals.

PKPR was available at the district-level *puskesmas*. Kragan 2 *Puskesmas* had room for PKPR, as well as a health worker responsible for youth programmes at the *Puskesmas*. She was also a midwife and a counsellor for prospective brides/grooms who come to *puskesmas*. The PKPR room was also used for counselling prospective brides/grooms and pregnant women.

Women utilized sexual and reproductive health services more intensively than men, namely 52% of the female respondents and 12% of the male respondents (Figure 8). Overall, the majority of the respondents, especially men, had never accessed these services at all (87% of the male respondents and 48% of the female respondents). Most respondents who had never accessed these services said they did not have a need for these services (26%), or did not know about available services (19%).

Figure 8 **Youth who have ever used SRH services** (n=113)



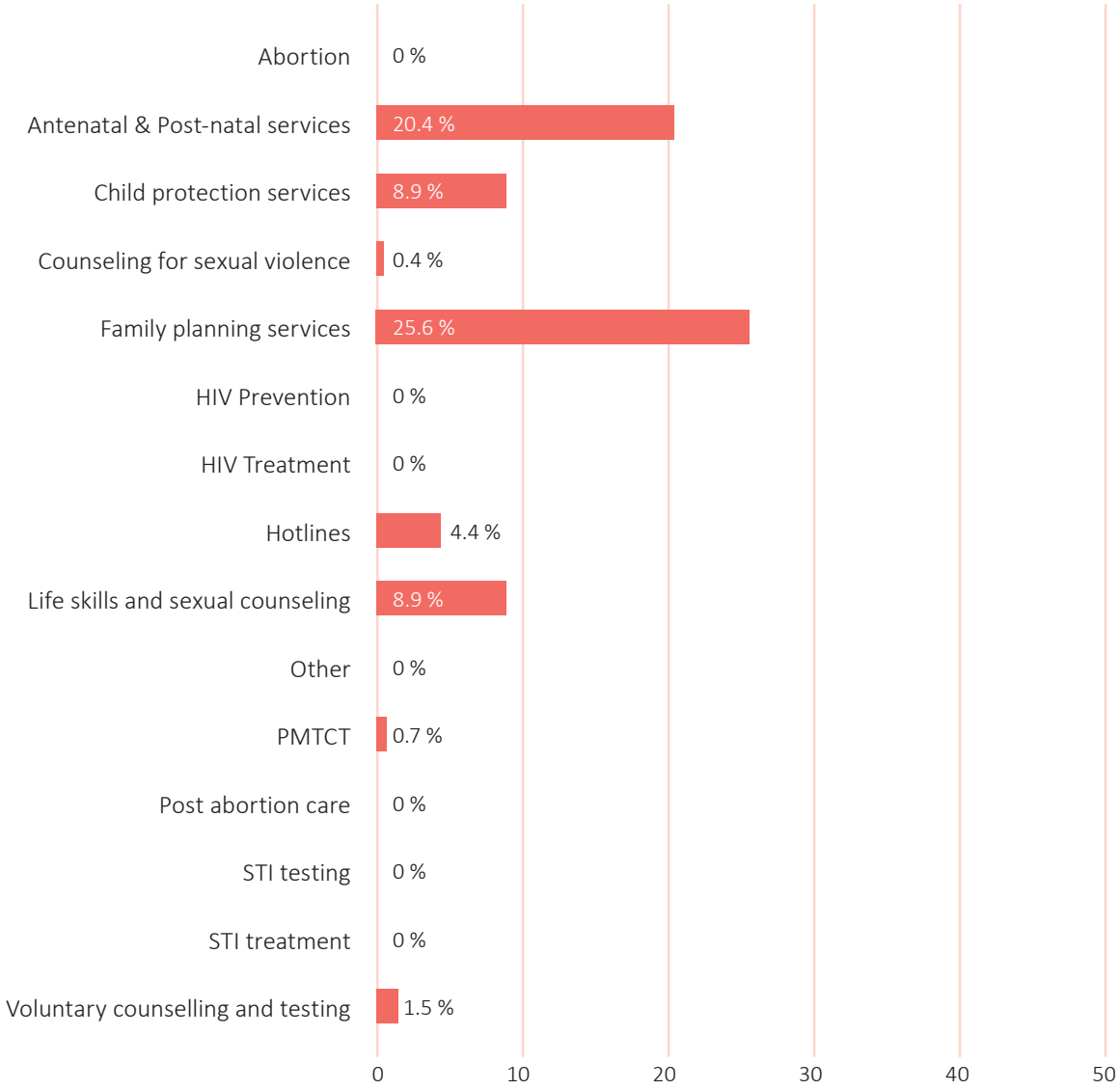
Among the various reproductive and sexual health services available, family planning services were the most accessed by the respondents (26%) with women being the majority of users (67 respondents) (Figure 9). Only two male respondents said they had accessed family planning services. Other services that were widely accessed, especially by female respondents, were pregnancy and postnatal services (20%). The service most accessed by male respondents was the hotline (telephone/chat/WhatsApp) with a total of four respondents.

Reproductive health services were accessed by both married and unmarried respondents. Among those who were ever married (80), 96% had accessed SRH services. From all those who ever accessed SRH services, 32% were unmarried while 68% were married respondents.

The majority of the respondents said that they obtained SRH services from existing health facilities and medical personnel (30%). As with access to contraceptives, most of which was done in health facilities/ from medical personnel, the majority of the respondents also felt comfortable accessing reproductive and sexual health services at health facilities. A limitation of the survey is that we are unable to identify which type of health facility provided the service. All male respondents and almost all female respondents (98%) who had previously accessed SRH services said that they received medium to good quality services.

From the survey findings, it is clear that uptake of health services was not very high, and was mostly dominated by married women. The qualitative data offer some explanations on this. The qualitative study component did include any young people who accessed PKPR at the *puskesmas*. A youth *posyandu* cadre involved in an FGD with young men aged 20 – 24 aged said that his female friends were afraid of being suspected of being pregnant if they accessed PKPR. Meanwhile, young men did not access PKPR because they felt they had no interest in doing so. Another obstacle mentioned by a health worker was the absence of special training for official and certified PKPR staff. A KPAD member explained that distance was also a problem. The location of the *puskesmas* was not too close to the village, so young people were reluctant to travel there, and preferred to consult with the village midwife. Village midwives were the choice for young people for consultations related to various health problems because of the ease of access. The findings of the midline show that young people in Menoro Village chose to consult with the village midwife because of proximity and trust. The next choice was the *puskesmas* because of the proximity. This shows that there has been a change in how youth *posyandu* exists and runs in each village, but there are no significant changes regarding other existing health facilities, in terms of ease of access and reliability.

Figure 9 **Types of SRH services used (by those who ever used them)** (n=269)



3.5 TEENAGE PREGNANCY

This section discusses the issue of teenage pregnancy, which occurs either as a consequence of child marriage, or outside of marriage. Various changes related to the reasons, conditions, consequences and programme methods for preventing teenage pregnancy are discussed in this section.

3.5.1 PREVALENCE OF TEENAGE PREGNANCY

At the end-line, a total of 66 female respondents said they had been pregnant with a total of one or two pregnancies. None of the male respondents aged 20-24 had ever fathered children before the age of 20. On the other hand, 33% of the young women between 20-24 years had their first child before the age of 20 (Table 12).

When respondents were asked about the number of girls they knew who had children before the age of 20, about 30% of the youth answered one to two people.

Almost all female respondents aged 20-24 (95%) said they wanted to become mothers by the time they gave birth to their first child. The first pregnancy of women aged 20-24 occurred at an average age of 19.6 years. Meanwhile, for men aged 20-24, the average age when their first child was born was older than that of female respondents in the same age range, namely 21 years. This is not surprising since within most young couples, females were a bit younger than men.

Table 12 **Pregnancy and parenthood**		
	End-line	
	n	**%**
Young women (20-24 years)		
Having their first child under the age of 20	28	33%
Ever been pregnant	61	73%
Desired to be a parent at that age	53	95%
Average age at first pregnancy	19.6	NA
Young men (20-24 years)		
Having their first child under the age of 20	0	0%
Desired to be a parent at that age	2	100%
Average age at birth of first child	21	NA

As said by mothers in an FGD, when a girl becomes pregnant, the most affected parties are the parents, especially the mother of the girl. Mothers worry about the difficulties and feel like they are having another child, because they have to take care of their grandchildren: "the daughter is not ready to take care of the baby". According to young male FGD participants, when there is a case of premarital pregnancy, the first step taken is trying to solve it in a peaceful (familial) manner. Usually, the settlement will end in a marriage at this point if both adolescents are found to love each other. If it cannot be resolved, the next step to take is to go to the village level. This path is usually taken when one of the families does not like the other party. Whatever path is taken, when premarital pregnancy occurs, the only solution is marriage. This situation is the same as at midline (2018).

3.5.2 CAUSES AND CIRCUMSTANCES OF TEENAGE PREGNANCY

In the qualitative component, none of the participants mentioned that they had experienced a teenage pregnancy. Two 20-year-old women in an FGD had recently given birth to children (several months prior to this research). The two participants were married when they were 17 years, and their pregnancies were planned. However, most participants were able to recount cases that had occurred regarding premarital teenage pregnancy. Young male FGD participants explained that in cases of teenage pregnancy that had occurred in Woro Village, the causes were risky dating, child marriage, deliberately getting pregnant to obtain the blessing for marriage of their parents, and cases of rape. A KPAD member added that based on the recorded cases, the last teenage pregnancy occurred in the village in 2018: "one child carrying three cases", because after her pregnancy, she dropped out of school and had a child marriage.

A *modin* in one of the intervention villages explained that since taking on the task of being the companion to the bride/groom-to-be's (*catin*[6]) in 2012, he has recorded three cases of underage marriages caused by teenage pregnancy. The first case occurred in 2016, with the pregnancy being found out at six months, and the child was in a boarding school. The second case occurred in 2017, but the girl who experienced premarital pregnancy was from Menoro Village, and it was the boy who had made her pregnant, who came from Ngasinan Village. The last case also occurred in 2017, in which case the girl was in her teens while the partner was an adult.

Several cases of premarital pregnancy as told by the participants can be seen in Table 13.

6 *Catin* is an abbreviation of *Calon Pengantin*. Translated literally to English it means 'the couple who is going to get married' or 'the bride/groom to be'.

Table 13 **Cases of premarital pregnancy**
Case A
Mila, a 17-year-old girl, shared a story about her neighbour who is the same age as her who experienced a premarital pregnancy when they were in the 3rd grade of MTs (equal to 9th grade in Junior High School). At that time, they were about to go through the final exam. Her neighbour ended up dropping out of school and got married.
Case B
According to a mother (in an FGD) in Mojosari Village, in 2019, a case of premarital pregnancy happened to a girl who was in the 10th grade of High School. In this case, the boy who got her pregnant was 16 years old and in the 6th grade of elementary school. The participant said that the pregnancy occurred because of risky dating behaviour. The girl gave birth but the baby died.
Case C
A religious leader, Tiwi, said that a 19-year-old girl got pregnant by a man who already had a wife. The girl got threatened by the man "if you ask me to marry you, I'll kill you, because I already have a wife and children." According to Tiwi, the pregnancy happened because the girl only took education up to the 2nd grade of elementary school and lacked parental supervision. The girl was considered to not understand what she was doing and after she had sex with the man, she was given money to buy clothes.

As seen above, there are various reasons cited by community members of why a premarital pregnancy occurs. A religious leader that was interviewed said to often advise parents of children that she often sees going out at night and engaging in risky dating.

As mentioned earlier, we did not interview any young woman who experienced a teenage pregnancy herself, and the experiences mentioned above are perspectives from other stakeholders. However, these perspectives give an indication of the circumstances and consequences of premarital teenage pregnancy.

3.5.3 PREVENTION OF TEENAGE PREGNANCY

According to a programme implementer, the involvement of health workers and religious leaders in pregnancy prevention has had a good effect. A midwife and a PKPR officer who were interviewed stated that they had received a lot of training from the Yes I Do programme, and that they were supportive of teenage pregnancy prevention for medical reasons. Prior to the change in the regulation on the minimum age for marriage, many girls experienced teenage pregnancy due to child marriage. Therefore, the health worker explained that she had always suggested doing family planning (using contraceptives) and delaying pregnancy, when a married adolescent came for a consultation with her.

> *"... I said like this: 'but nduk [girl], don't have babies just yet. The term is, you can be dating each other with official permission now. Because you are only 18 years old. God willing, you may [get pregnant] in two years from now. Or try to stop for one year... at the age of 20 you can get pregnant right away, right?'"*
> Health worker, Rembang, 9 March 2020

Based on the experiences of female FGD participants aged 20-24 who were married before the age of 20, other parties that play a role in postponing pregnancy and recommending using contraceptives are village midwives, *posyandu* cadres, and PPKBD cadres. In an FGD with mothers, there was a PPKBD cadre who was also involved in Yes I Do activities in the village. She stated that she had attended several training sessions held by the Yes I Do programme, so she gained knowledge about less popular contraceptive methods such as emergency contraception and female condoms.

The involvement of religious leaders has been carried out by local partners through holding the Ulama Dialogue and the Rindu-19 movement.

> *"So the ulamas have enacted the Rindu-19 movement. The abbreviation is Rembang Anti Nikah di Bawah Umur 19, [Rembang against Marriage under 19 Years]. In the previous trip, for the issue of teenage pregnancy and child marriage, those are clear."* Implementing partner, Rembang, 4 March 2020

Table 14 **Child marriage**		
	End-line	
	n	**%**
Girls and young women (18-24 years) who were married before the age of 18 (i.e. child marriage)	23	20%
Girls and young women (19-24 years) who were married before the age of 19 (i.e. child marriage)	41	41%
Girls and young women (16-24 years) who were married before the age of 16 (i.e. child marriage)	1	0.6%
Girls under 18 years who are currently married	0	0%
Girls and young women (15-24 years) whose decision to marry was their own	61	82%
Young women (18-24 years) who experienced child marriage to adult men	23	100%
Boys and young men (18-24 years) who were married before the age of 18 (i.e. child marriage)	0	0%

The training for the continuation of the Ulama Dialogue, which began in 2018, has been carried out regularly until the time this research was conducted. The religious leader who was interviewed was also invited to and attended training events organized for religious leaders by the Yes I Do programme. In the community, she included socialization regarding the prevention of teenage pregnancy in Quran reading events with parents and adolescents.

> *"... parental supervision is completely absent. I often meet her mother during a Quran recitation, I told her 'you have to watch your daughter... you'd be sorry if anything happens to her' but she did not listen. So I invited her daughter to my house to give advice to her directly... I invited her three times already."*
> Religious leader, Rembang, 11 March 2020

3.5.4 THE LIVES OF TEENAGE MOTHERS

Teenage premarital pregnancies lead to school dropout. This was evident from the qualitative findings: young women stated that based on their observation and knowledge, being a teenage mother means having to get married, drop out of school, become a housewife, and take care of children. There were some young mothers continuing their education through PKBM. Two women aged 20-24 years who participated in an FGD, who were not married and did not have any children, currently worked as a teacher and a shopkeeper, while the other participants who were married shared that they were housewives as their primary occupation. Mother mentioned that grandmothers have an important role in caring for their grandchildren, because girls who have children are considered unable to provide proper care for babies. While interviewing young women, one young mother in fact entrusted her child to her mother so that she was able to participate in the discussion. Involving young mothers in KPAD membership and advocacy activities for the Yes I Do programme were good steps that were taken. This was implemented in the Ngasinan Village KPAD structure, for example, so that the representation of community members in the KPAD structure is increasingly varied.

3.6 CHILD MARRIAGE

This section discussed the practice of child marriage in Rembang, as well as changes that have occurred during the last four years related to reasons, consequences, knowledge and attitudes related to marriage, the relation between child marriage and pregnancy, decision-making in marriage (including refusal to marry as a minor) and what the programme has been doing to prevent child marriage.

3.6.1 PREVALENCE OF CHILD MARRIAGE

End-line survey data show that there were more female respondents (15-24 years) who were married (39%) than male respondents (3%). Of the female respondents between the age of 18 and 24 years, there were 23 (20%) who were married before the age of 18. If we take into account the new law that defines child marriage as marriage under the age of 18, the number is 41 (41%). None of the male respondents were married before the age of 18 (Table 14).

Table 15 **Data on child marriage for 2015-2019 recorded by LPAR**					
Intervention Village	**Year**				
	2015	**2016**	**2017**	**2018**	**2019**
Menoro	8	6	5	4	1
Mojosari	14	10	7	5	1
Ngasinan	1	3	7	2	1
Woro	10	7	5	2	2

The majority of the married women aged 18-24 years (82%) claimed that they were married as per their own decision. This is in line with the qualitative data. We talked to five female FGD participants aged 20-24 who married after graduating from Islamic High School when they were 18 years old. The participants said that before getting married they had been dating their partners for a long time, and decided to get married after graduating from school because they felt that the age was ideal to marry. Among the respondents in the quantitative component, women aged 18-24 who experienced child marriage were all married to adult men. This is not surprising considering the average age of first marriage among young women in the sample was 18.4 years and for young men it was 21 years.

Based on records of LPAR regarding the number of child marriages in the Yes I Do programme intervention villages from 2015 to 2019, it can be seen that the number of child marriage cases continues to decline (Table 15). These numbers are based on cases found by LPAR.

3.6.2 KNOWLEDGE AND IDEAS ON THE MINIMUM, IDEAL AND MAXIMUM AGE OF MARRIAGE

Before the revision of Marriage Law No. 1 of 1974, the minimum age of marriage for women was 16 years, and for men 19 years. However, after the law was revised and passed into Law No. 16 in 2019, the minimum age of marriage for women was increased to 19 years, so that the minimum age of marriage for men and women became the same.

Based on the results of the end-line survey, 19.4 years was regarded as the average lowest acceptable age to marry for girls, while the average lowest acceptable age to marry for boys was 22 years. The ideal age for marriage for women, according to the respondents, was 20.5 years on average, and for men it was 24.1 years. It can be observed that all of the ages mentioned are over 19 years, which is the minimum age for marriage based on the new law in Indonesia. When unmarried respondents were asked about the age at which they intended to get married, the majority of male and female respondents said that they wanted to get married between the age of 22 and 25 years (50% for female respondents and 38% for male respondents). Regarding the minimum age of marriage according to Islam, respondents (rightfully) indicated that either there was no minimum age according to their religion or that they did not know of any.

Table 16 **Perception and knowledge on age of marriage**		
	End-line	
	n	**%**
Young women (15-24 years) who perceived to have knowledge of the legal minimum age of marriage according to statutory law	188	93%
Young men (15-24 years) who perceived to have knowledge of the legal minimum age of marriage according to statutory law	26	62%
Young women (15-24 years) who had actual knowledge of the legal minimum age of marriage for girls according to statutory law	149	79%
Young men (15-24 years) who had actual knowledge of the legal minimum age of marriage for girls according to statutory law	18	69%

Table 16 shows that the majority of female (93%) and male (62%) respondents said that they know the legal minimum age of marriage. As many as 79% of the female respondents and 69% of the male respondents knew the minimum age for marriage for women/girls (i.e. answered the correct age, which is 19 years). However, it cannot be denied that cases of child marriage under the legal age according to statutory law still occurred in the study area. Most of the respondents acknowledged this, but said that these cases were rare (41%).

3.6.3 CIRCUMSTANCES AND REASONS OF CHILD MARRIAGE

The findings of the qualitative midline study (2018, p. 48) in Menoro Village, Rembang, found that the main cause of child marriage was premarital pregnancy, and matchmaking based on economic difficulties. At end-line, the causes of child marriage were found to be more diverse[7], including the desire of adolescents (mutual consent), family economic difficulties, premarital pregnancy, avoiding zina, and suspicion of premarital sex by adolescent partners through raids by residents. The reasons mentioned here are interrelated, thus cannot be separated from one another. Yet, the reasons are also equally important to pay attention to.

Five out of the seven women aged 20-24 who participated in an FGD married their partners when they graduated from high school, and another married after graduating from junior high school. The reason for the marriage was that they had been dating their partners for a long enough time, so after completing their MA (Madrasah Aliyah) education, they decided to get married. One FGD participant got married because after graduating from junior high school and being unemployed at home, she was dating someone, and decided to get married to avoid zina. This was related to concerns about the possibility of slander from neighbours because the informant had been dating for a long time.

Family economic difficulties were one of the main reasons for the occurrence of child marriages in the Yes I DO programme intervention areas in Rembang. This made it difficult for some girls to access education, or it made them to drop out of school. When they dropped out of school, they ended up being arranged for marriage by their parents. In an interview conducted with a father, he said that he had planned to marry his daughter as a child, but in the end, he cancelled the plan. He said that the reason he initially decided to marry off his daughter when she graduated from junior high school was to reduce the economic burden of his family.

> *"At that time, personally I thought… if I had married her off, I would become free from the burden. My daughter is married to a man, and becomes the man's responsibility, so I am free from responsibility, that's what I thought."* Father, Ngasinan Village, 15 March 2020

When a child is about to marry, or when a marriage under the legal age is about to occur, the majority of end-line respondents (66%) said that there would be a party who would intervene in this matter. Influential persons in the village, such as community leaders, were mentioned by 59% of the respondents and government officials by 34.5% of the respondents as the parties who will intervene. The majority of the respondents (56%) also said that interventions in such cases occurred quite frequently.

Premarital pregnancy was (still) one of the causes of child marriage. This was expressed by participants in all FGDs conducted. As mentioned in section 3.5.2, a *modin* in one of the intervention villages had noted three cases of child marriages caused by premarital pregnancies, or what he termed as 'accidents'. All of these resulted in marriage. What is worth noting is that in the second case mentioned, the girl who had the premarital pregnancy came from Menoro Village. The wedding could not be conducted in the village of origin because it has received intervention from the KPAD (as part of Yes I Do). Therefore, the marriage was officiated in the village of origin of the male party, namely Ngasinan, considering that the Yes I Do programme in Ngasinan Village only started later, in 2018.

7 This complexity could be due to the different study areas, as the midline study was only conducted in Menoro Village.

Another reason for child marriage were raids conducted by local residents against young couples suspected of having sexual relations. One of such cases occurred in Ngasinan Village, as explained by the modin:

> P: *"… Boys from there come here, to girls' houses here. The community caught them at night… in the room, that occurs often. I don't really know about that problem, but when the people found them, the couple claimed that they were not having husband and wife relations, so the boy was forced to marry [the girl]."*
> I: *"But was she already pregnant?"*
> P: *"Not yet."*
> *Modin*, Rembang, 14 March 2020

Similar to the raid in Ngasinan Village, based on information obtained from girls aged 15-19 in an FGD, there had also been a similar raid against a young couple in Mojosari Village. In this case, the raided adolescent couple did not have the choice refuse marriage, because it was assumed that they had had sexual relations. However, the Yes I Do Alliance in Rembang clarified that the teenage couple was not married off. Regardless of whether or not there is a marriage enforced by the raid due to the allegation of premarital sex, this shows a form of community policing towards adolescent sexual behaviour, which violates the rights of the child.

3.6.4 ATTITUDES AROUND CHILD MARRIAGE

At end-line, more girls mentioned they were willing to speak up if they would disagree to marry than at midline. While expressing their personal opinion about certain statements regarding child marriage, girls and young women were more likely to have a (stronger) opinion than boys and young men. Moreover, young men were also more likely to say that they 'don't know' or in some cases, they were unsure, especially in relation to statements which referred to child marriage among girls. In some cases, (e.g. the statement regarding child marriage as protecting against sexual harassment), girls and young women were more likely to be in agreement than boys and young men, also perhaps showing how internalized these social norms are. However, it is worth noting that little agreement with child marriage being acceptable as only the husband has to work in the future. The few respondents who agreed with this were mostly young men.

For one set of statements about acceptability of child marriage, young people were asked if they (dis)agreed, and if they disagreed, if they were willing to share it with others. In many cases, although young people disagreed, they were not willing to share this, especially young men. For some statements, this willingness (to share disagreement) was higher: younger brides are more obedient (40%), do not need secondary education (40%), and pregnant girls should marry even if she is under 18 (64%). The statement where there was a very low percentage of young people willing to speak up was for 'an unmarried girl is pregnant is a bad girl' (13%), however, in this case not many people disagreed in the first place. There were mixed sentiment in the group for the statements on sexual violence (because many young men were unsure), that it is acceptable for a girl to marry if she is in love, and the statement on premarital sex[8]. This could indicate that attitudes of young people on these topics are not solidified, or that they may be in the process of change. For these three statements, young people were also asked if important people around them agreed with these statements. They indicated that there were some people around them who indeed agreed with these statements, indicating that external pressure could be strong.

The answers on the questions about decision-making show a clear pattern. When it came to decision-making around marriage, it was clear that young people disagreed that a girl should have autonomy in when and whom to marry. This included girls and young women, who had stronger disagreement regarding this as compared to boys and young men. In general, most young people agreed that there were advantages to child marriage and this was consistent with the way respondents answered the statement on disadvantages. At the same time, most young people (79%) said there would be no implications if a girl would not be married before 18 years.

The qualitative component also looked at the attitudes of young women and men regarding child marriage. One of the questions asked in all FGDs was a question related to the advantages and disadvantages of child marriage. The answers from the FGD participants were quite different from the responses to the survey. Most FGD participants could cite

8 The exact statement on premarital sex was: 'Marrying a girl under 18 protects them from pre-marital sex'.

more disadvantages of child marriage than advantages. The narratives most often cited as negative impacts of child marriage were divorce, economic hardship, teenage pregnancy, health problems during pregnancy, and dropping out of school. An 18-year-old unmarried girl explained that she understood the consequence of child marriage, namely the inability to continue education. According to the informant, this would have disturbed her future because she would have lost the opportunity to reach her goals.

Another negative impact, domestic violence, was also mentioned by girls aged 15-19, women aged 20-24, and men aged 20-24 in FGDs. Participants of the FGD with women aged 20-24 said that domestic violence in child marriage was caused by economic problems.

> *"... marriage also needs capital. The wedding is just the first step, right? Life goes on for much longer. Especially for men, [must] be ready to make efforts. If not? If one is not making enough effort, things will automatically get worse. Problems will arise. Not only problems from inside, but from parents and others, also including violence, both physical and mental. It is especially women who suffer from stress."*
> Girls 20-24 years FGD, Ngasinan Village, 10 March 2020

Women were likely to suffer from domestic violence, both physically and psychologically. Male FGD participants aged 20-24 explained that such domestic violence can have the consequence of divorce:

> *"Sometimes child marriage [occurs] first, [then] pregnancy, after pregnancy, there are also cases of domestic violence ending in divorce."* Men 20-24 years FGD, Woro, 9 March 2020

According to a *modin*, divorce could also occur because the marriage was coerced by the parents, or because of economic difficulties. In Ngasinan Village, a divorce case had occurred following child marriage, followed by second child marriage.

> *"In 2019, the 2017 case was repeated. In 2017 she had not graduated from junior high school, she was still a child, she was married. After the wedding, they divorced, became widowed, and went on to remarry even if she was still a minor."* Women 20-24 FGD, Ngasinan Village, 10 March 2019

Participants of the qualitative component also mentioned positive impacts or benefits of child marriage. There were participants who thought that child marriage has more advantages than disadvantages. Specifically, child marriage was considered to reduce the economic burden of parents. The informant indicated that marrying off children as minors can provide 'benefit' to the parents, because the children can support their parents' lives when the parents are no longer productive.

> *"... I would say 70% advantage and 30% disadvantage. Being married at a young age, and after that have children immediately, there are positive benefits in the form of continued regeneration, when she is 40, for example, I will already be 60, I can't be productive anymore... the backbone for her later... if she is being guided properly... she will be a support... support the economy of the family, so it's good. For example, if I were married at 26, 25, by the time I am 40, how old will my daughter be? Can't work yet. Supposing that I am 60, 50, my child has only become independent. That's in case of a daughter, you know."*
> Women 20-24 years FGD, Ngasinan Village, 10 March 2020

Apart from this point of view, based on information from the FGD with men aged 20-24, the ideal age for marriage and having children was based on the socio-economic conditions of the community.

> *"Here, the majority of the population's economy is mediocre... Now if at [age] 30 one is married, at [age] 31 pregnant, the child is born. So, by the time the child goes to school, they are 7 years old, now at 7 years old, the parents are 37 years old. It's hard to get pregnant again. It's also more burdensome, for the older population the economy is more difficult here, the majority of the economy is mediocre... When one is still young one can work."* Men 20-24 years FGD, Woro Village, 9 March 2020

The other benefits of child marriage mentioned by the participants were reducing slander, avoiding promiscuity or zina, being more romantic, and the coveted status of being 'off the market' and the pride of being married at a young age. These various views on the benefits of child marriage show that although most participants knew the minimum age of marriage and the disadvantages of child marriage, some of them (still) believed that there are benefits of child marriage.

3.6.5 INTER-LINKAGES BETWEEN MARRIAGE AND PREGNANCY

Child marriage is closely related to pregnancy, both before and after marriage. Based on the end-line survey data, there was one female respondent who had been married and had a teenage pregnancy between the age of 15 and 18 years and three between 15 and 19 years. Due to the small number, the pattern of sequence between child marriage and teenage pregnancy is not clear. However, looking at both the quantitative and qualitative component of the end-line, young women usually get married first and then fall pregnant in Rembang.

Table 17 **Inter-linkages between marriage and pregnancy**

	End-line	
	n	**%**
Number of (ever) married teenage mothers (15-18 years)	1	-
Number of (ever) married teenage mothers (15-19 years)	3	-
(Ever) married teenage mothers (15-19 years) who first experienced a child marriage followed by a teenage pregnancy	1	33%
(Ever) married teenage mothers (15-19 years) who first experienced a teenage pregnancy followed by a child marriage	0	0%
(Ever) married teenage mothers (15-19 years) who experienced a teenage pregnancy and a child marriage in the same year	2	67%
(Ever) married mothers (15-24 years) who were first married and then became pregnant	44	75%
Married mothers (15-24 years) who first became pregnant and were then married	0	0%
Married mothers (15-24 years) who married and became pregnant in the same year	15	25%

3.6.6 DECISION-MAKING DYNAMICS AROUND MARRIAGE

Decisions regarding child marriage were influenced by various factors, including the readiness of the child to marry, pressure or demands for marriage from family and relatives, the partner's family or other parties. Based on the findings of the end-line survey, the majority of female respondents (74%) felt that their decision to get married was made at the right time and a similar majority of 80% said it was their choice to be married. Of the female respondents, 16 (21%) said that they felt pressure to marry from certain parties. Meanwhile, of the two male respondents who were married, one answered that he got married at the right time, and the other respondent stated that he did not know; however, both did state it was their own choice to be married.

Although most young women indicated that they made their own decision to marry, attitudes around decision-making in the case of child marriage (section 3.6.4) indicate that young people did not agree that young women should be allowed to do so. This discrepancy could be due to the way the statements were phrased.

Among both male and female respondents, less than half stated that they would be matched by their parents or their family (Table 18). The midline study found that apart from parents, the person who has the control or role

to find a partner is a *dandan*. The *dandan* was no longer mentioned in the qualitative component of the end-line. Matchmaking is still said to occur, but in only a few cases and according to a mother interviewed, after the new law, the matchmaking process of children became more difficult, because child marriage has to be preceded by a dispensation hearing process.

Table 18 **Decision-making regarding marriage**

	End-line	
	n	**%**
Girls and young women (15-24 years) who agree that their parents/family determine their match	64	32%
Boys and young men (15-24 years) who agree that their parents/family determine their match	31	46%

Before the new law was enacted, a young women in an FGD admitted to having been through a matchmaking process by her parents, but she decided to refuse and ran away from home.

> *"Initially, when I was in grade 1 of MA my marriage was already arranged, but my parents did not tell me that they wanted to arrange a marriage for me, they simply agreed to the proposal… forced to marry. I didn't want to. I left when I was in grade 2 of MA, I dropped out of school and went straight to the pesantren, I didn't want to go home. At that time, I already had a boyfriend, my mother said 'If you don't want to be with this person, you should not also be with your boyfriend'."*
> Women 20-24 years FGD, Ngasinan Village, 10 March 2020

In the end, the marriage was cancelled and she married a partner of her choice when she finished her MA education. Although many women were able to choose their own partners, according to a 21-year-old woman who was interviewed, there were still girls who were matched when they graduated from high school. This did not happen to men, because after graduating from school they would immediately work, so she never heard about a case of a boy's matched marriage. This shows a possible change in partner selection since the midline. The findings of the midline data showed that in many cases of child marriage, the main causes were premarital pregnancy and matchmaking related to economic conditions. This matchmaking situation left girls with no opportunity to choose partners. At end-line, it was more likely that girls chose their own partner.

Based on an interview with a mother and an FGD with parents, most parents left the choice of the spouse to their children, even though they still had expectations regarding the ideal age to marry. Based on the explanation by a KPAD member, the last child marriage that took place in Woro Village was due to the will of the child, so there was not much that could be done by outsiders. According to one village official, the change in decision-making from parent to child was also influenced by the level of education of the child.

> *"In the past, the child's marriage was the wish of the parents, now it's not, the children interact with each other. In the past, the child was willing to be matched with A or B who were of the same economic level, but not now. Parents, due to socialization, are more aware… Now, if there is a case that urges the child to marry, it is not the parents' wish. In the past, at 13 years someone was already married, graduated from elementary school and then worked in the city. If a 13-year-old, maybe she's quite pretty, even though she was only 13 or 14, she got a partner, nowadays as children are more educated, they do not have time for that."*
> Village official, Rembang, 9 March 2020

A young female FGD participant stated that she decided not to marry (at the age of 23) so that she could have financial maturity by working to improve the standard of living of her child in the future. At the time of the data collection, she was working as a teacher. Apart from personal reasons, her parents also did not push her to get married.

Table 19 **FGM/C**		
	End-line	
	n	**%**
Girls and young women (15-24 years) who underwent FGM/C	59	29%
Girls and young women (15-24 years) who want their daughters to be circumcised	76	28%
Unmarried boys and young men (15-24 years) who prefer a non-circumcised partner in the future	12	18%

Despite the above, social norms influenced the decision to engage in child or early marriage. Assumptions such as being a 'spinster' and 'not selling well' for women who are 25 years but not yet married, often caused shame for the young woman and also her family. This was also one of the reasons for the pressure on girls to get married by their parents.

3.6.7 PREVENTION OF CHILD MARRIAGE

The Yes I Do programme applied different approaches to prevent child marriage in the four intervention villages, including conducting assessments related to children who were prone to dropping out of school and directly dealing with the practice of child marriage. A 19-year-old boy explained that the Yes I Do activities such as serial discussions, business classes, and youth posyandu provided him with a lot of knowledge regarding the impact of child marriage, as well as children's rights and duties. By knowing the impact, he said it could help adolescents not to get involved in child marriage. Meanwhile, a 19-year-old girl gave a mixed view regarding programme's efforts to prevent child marriage. She said that activities carried out by KPAD aimed to prevent child marriage, but that it was not certain that the intervened marriage is always successfully prevented.

> *"Because there is the KPAD, so if someone wants to get married and is still under 19 years of age, the KPAD will immediately handle it, visit her house immediately, tell the child not to marry. If the child is willing to listen, maybe she will be saved. There are also children who don't want to listen, though."*
> Girl 15-19 years, Woro Village, 6 March 2020

Furthermore, the sharing of lessons learned during the programme was important to continue to prevent child marriage, as said by one of the programme implementers. The first case to be recounted was a case in Mojosari Village. KPAD conducted advocacy for the child who had dropped out of school, because she was considered to be prone to child marriage (e.g. economic problems, parents were not home because of work or death). In the end, the child could resume her education. The second case occurred in Woro Village and included matchmaking. From the results of outreach conducted by KPAD to the two children, it was found that the two children did not want the matchmaking to occur. The next step taken by the KPAD was to talk to the parents of the two children. Finally, the marriage plans were cancelled. The parents of the girl asked KPAD for help so that the child could resume her education. KPAD helped the child to return to school at MA (Madrasah Aliyah).

3.7 FEMALE GENITAL MUTILATION/CUTTING

This section discusses the practice of female genital mutilation/cutting and how circumstances, knowledge and views of various parties related to this practice changed. Various consequences of FGM/C, related to sexuality, health and legal aspects, directly or indirectly contributed to changes in the awareness of various parties, particularly women.

3.7.1 CIRCUMSTANCES, KNOWLEDGE, OPINIONS AND ATTITUDES REGARDING FEMALE GENITAL MUTILATION/CUTTING

Table 19 shows that 59 female respondents (29%) aged 15-24 had experienced FGM/C. However, it is important to note that FGM/C usually occurs during infancy (so some respondents might not know whether they experienced it). The most prevalent forms of FGM/C in the study area were nicking or cutting part or all of the clitoris (7%), symbolic circumcision without injury to the vagina/clitoris (7%) and other harmful practices (13%). This is consistent with respondents' answers regarding the types of FGM/C they experienced. The forms of FGM/C that were most frequently experienced by female respondents were other harmful practices (36%), nicking or cutting part or all of the clitoris (17%), and symbolic circumcision (12%).

Based on the information obtained from mothers, FGM/C was still carried out by "scratching with turmeric root… scraping the clitoris… as long as the girl is not injured." (Mothers FGD, Mojosari, Rembang, 14 March 2020). One mother admitted that this was different from the previous practice of FGM/C, which used a razor blade. According to her, such practice is no longer practiced. Although it was stated in the FGD that the practice of FGM/C was only a symbolic act, this does indicate that the vagina was interfered with, in the form of using turmeric for scratching or using gauze for cleaning. Unlike the mothers who said that FGM/C was still practiced, fathers (FGD in Woro Village) stated otherwise. According to them, the use of turmeric to 'clean' a baby girl's vagina was a practice from the past and was no longer practiced today. The quantitative data show that FGM/C is still carried out in several forms, including nicking a small part of the vagina/clitoris and symbolic actions. This shows that there has been no change in the practice of FGM/C from the previous findings of the midline study.

It was found that 36% of the female respondents had knowledge about FGM/C. Most female respondents (76%) felt quite neutral when they found out that they had been circumcised. This is not surprising, as most FGM/C occurs at infancy. There were several variations in the answers regarding the time of the FGM/C, which were 'at the age of 1 month' (25%) and 'at the age of 1 week' (24%). The majority of the female respondents (83%) said that the practice of FGM/C was generally carried out by a traditional birth attendant (TBA). About half of all respondents said that FGM/C is not part of the local traditions of the community. In addition, about half of the female respondents also mentioned that there was no ceremony when conduction FGM/C in their community.

A TBA interviewed in this study admitted that she still practiced FGM/C, but only if the parents asked for it. Her practice began with saying prayers for the girl, then she 'cleaned the white part' of the clitoris. She used gauze to wipe the girl's clitoris. She admitted that she usually did this practice at the age of selapanan (35 days), or when the baby was three or four months old. She refused to do it on older babies with the excuse: "Of course I don't dare. The child is afraid, also my eyes are old, so I don't see very well. With babies, usually the mother holds her, so she obeys the mother." (Traditional birth attendant, Rembang, 12 March 2020).

Fifty-six percent (56%) of the female respondents shared that they did not wish to circumcise their daughter in the future. For 29% of the respondents, they did not wish to do so for health reasons. Most young men said that they did not know. However, 28% said yes, of which many (62%) stated that it was because of cultural reasons, while 35% stated religious reasons. Regarding this relationship between religion and FGM/C, four out of ten respondents stated that they did not know whether religion played a role in advocating the practice of FGM/C, but the same number of people said that it did not. Half of the survey respondents thought that child marriage had nothing to do with FGM/C. This finding is in line with the finding that 51% of the female respondents stated that there was no impact of FGM/C to the opportunity of marriage.

3.7.2 CAUSES AND CONSEQUENCES OF FEMALE GENITAL MUTILATION/CUTTING

The qualitative data did not show significant changes in the reasons for FGM/C. According to adolescent boys (in an FGD) who were actively involved in the Yes I Do programme, FGM/C is prohibited and no longer practiced. However, none of these FGD participants knew the causes and effects of FGM/C. Based on information obtained from female participants, FGM/C was carried out for reasons of reproductive health and community culture/beliefs. Preventing female fertility, as well as preventing the leaking of amniotic fluid from the mouth during childbirth, were myths cited as the reasons for FGM/C in the FGD.

The involvement of religious leaders seemed to have played a major role in bringing about changes in the practice of FGM/C. A religious leader who was involved in the FGD with fathers said that circumcision was not recommended for women, but only recommended for men, and that in Woro Village FGM/C was no longer practiced. The Yes I Do Alliance was holding regular Religious Dialogues, talking about the issue of FGM/C. At the last meeting held before the research was carried out, a religious organization was found to have a different view regarding FGM/C, which is considered a form of *sunnah* in Islam, as stated in a *hadith*. As part of the *sunnah*, if it is done in a safe manner, they believe that the practice is permissible according to law. The organization made a follow-up plan, supported by the Yes I Do programme, with the aim of disseminating correct and 'harmless' FGM/C techniques in December 2019. However, based on information from the local alliance, the Office of Religious Affairs in Rembang stated that FGM/C should not be done because it brings a lot of harm.

Although there had been a statement from the Ministry of Religion regarding the adverse effects of FGM/C, some survey respondents argued that circumcision does not affect women's reproductive health. About three out of ten respondents believed that FGM/C did not cause menstrual disorders, problems during labour and sexual problems, while about 63% believed it did not cause fertility problems such as difficulty in conceiving. Furthermore, 33% of the respondents believed that FGM/C was not against the existing legal regulations. This indicates that gaining more awareness regarding the harms of FGM/C is crucial.

3.8 EDUCATION AND ECONOMIC EMPOWERMENT

This section is related to pathway 4 of the theory of change, and discusses various changes that have occurred in the field of education and economic empowerment as efforts to prevent child marriage, teenage pregnancy, and FGM/C.

3.8.1 ACCESS TO (HIGHER) EDUCATION AND ECONOMIC OPPORTUNITIES

Table 20 shows that 94% of girls aged 15-18 years were attending secondary school at end-line. There were no school dropouts among those under 18, nor were there any teenage mothers who were following formal education. From the qualitative findings, there were some young women who were continuing their education at PKBMs. Furthermore, in terms of economic conditions, 97% of the young women aged 18-24 years reported to have received some form of income in the last six months, compared to only 72% of young men of the same age range. Many respondents reported receiving an income from their mother, followed by husbands for women and a temporary job for men. Young men aged 18-24 were more economically active outside of the household (53%) than female respondents in the same age range (24%). This was also because many young women did unpaid work such as care work at home. It is worth noting that 35% of young people who were not employed also reported not to be in school.

Table 20 **Education and economic empowerment**

	End-line	
	n	%
Education		
Girls aged 15-18 currently attending secondary school	95	94%
Girls aged below 18 years who dropped out of school	0	0%
Girls below 18 years who left school due to marriage	0	0%
Girls below 18 years who left school due to pregnancy	0	0%
Girls (15-18 years) who have a child and follow education	0	0%
Boys below 18 years who left school due to marriage	0	0%
Economic empowerment		
Young women (18-24 years) who are economically active outside of the household	28	24%
Young women (18-24 years) who have received any income in the last six months	112	97%
Young men (18-24 years) who are economically active outside of the household	19	53%
Young men (18-24 years) who have received any income in the last six months	26	72%

When looking at respondents of all ages (15-24 years), 3% of the female respondents dropped out of school due to marriage and 7% of all respondents due to economic reasons. The qualitative component of the end-line found that some boys and girls who had dropped out of school then continued their studies in PKBM or the Paket course. Their

dropout was due to financial reasons or death of parents. One of the participants dropped out after high school, ended up working in a factory and married when he was 17 years.

> *"Dropping out of school was mainly caused by economic issues, as my father had died… I did it so that my younger brother could continue [his education]. So I went to make a living."*
> Boy, 20-24 years, Woro Village, 10 March 2020

Based on information obtained from a teacher in a 'package school' or PKBM, in total, there were 14 PKBMs, two of which were collaborating with the Yes I Do programme. The two PKBMs were in Menoro Village and Mojosari Village. The facilities used and the PKBM learning schedule were chosen based on the availability and learning agreements with students at each PKBM. Information regarding the admission of new students was usually disseminated via Facebook, word of mouth, and distribution of pamphlets through various working groups in the village. The proportion of PKBM pupils was currently balanced between women and men.

One of the things that encouraged the interest in pursuing higher education was requirements from employers, as explained by one of the village officials. He explained that currently, a junior high school certificate was not enough to apply for jobs in factories around the programme intervention villages. Job applicants were required to have a high school or equivalent certificate. Working in factories was seen as one of the more promising employment opportunities, because it was considered to provide good and stable income. A mother who was interviewed told of her son's journey to pursue higher education. Her son had vocational education, then went to work in a factory, and saw that the only way to get promoted was to obtain a bachelor's degree. This was what ultimately motivated the boy to continue his education in college.

3.8.2 SAFETY AT SCHOOLS

The qualitative component of the end-line study found that most participants recognized access to school as relatively safe. Schools were easy to access with various choices of transportation modes such as bicycles, motorbikes, and public transportation, namely Tossa. However, there were several cases of violence, sexual harassment, and sexual violence reported in schools and as indicated earlier, on the way to school. According to a programme implementer, there had been harassment in the form of video recording and distribution of the video without consent.

> *"But there was also a case of risky dating at school… until the girl was about to be expelled from school, but fortunately there was a SETARA teacher, so she immediately talked to the school official, 'don't expel her, we should process it first, find out more information… the child is a victim.' So the couple was having sexual relations, but no penetration had occurred, they were kissing each other, in the school. [It happened] at school but it was during school holidays and someone recorded it… It was distributed, in early 2019. The boy has graduated. They have only been a couple for a week."*
> Implementing partner, Rembang, 4 March 2020

At the end, the girl was not expelled as the SETARA teacher was able to convince the school management that the student was a victim. The programme implementer revealed that before the case was exposed, the SETARA teacher at the school also received an anonymous letter containing questions related to 'risky dating' (see sections 3.4.1 and 3.5.2).

In addition to this case, a 17-year-old girl who was studying at MA stated that a boy at her school grabbed a girl's behind several times, and considered it as a joke. The girl reported the incident to the counselling teacher, and the teacher responded by giving punishment in the form of admonitions and ordering the boy to read verses of the Quran. In another case, the punishment received by a male student who touched or grabbed a girl's breasts was to remove his clothes and be watched by all the other students. While no cases of sexual assault of young men were found, few did face mental and physical violence through such punishments. The perpetrator was found to be a principal (of a non-intervention) high school who kicked, forced one boy to crawl and lick asphalt, and humiliated boys in a crowd of girls by squeezing their testicles, and punished girls by pinching them.

The existing penalties for perpetrators of sexual harassment or violence in schools were not well integrated with the education system and not educational, so the punishments given to perpetrators seemed not to have a deterrent effect. Moreover, this kind of punishment violates child rights and encourages a punitive culture instead of for instance, counselling young men. When those in positions of power are the perpetrators as explained above, this is of concern and indicates that child-friendly school policies of the government are not in place.

3.8.3 ACCESS TO ECONOMIC EMPOWERMENT OPPORTUNITIES

Based on qualitative findings, there were no substantial changes in terms of access to economic empowerment since the midline (2018) but there were changes of mind-set regarding the importance of economic empowerment and the importance of gender equality in this respect. Becoming a migrant worker was still the primary answer by many participants when asked about the available jobs. This work is generally carried out by young people, both men and women. Based on the information obtained from an FGD with mothers, women who migrated usually went to Jepara, Semarang, Malang and Surabaya to work in shoe factories. Men migrated to various regions in Indonesia to become factory or construction workers. In addition, several male participants and the husbands of female participants in Woro Village and Ngasinan Village worked as fishermen, usually in Woro and Ngasinan that are closer to the TPI (Fish Auction Market), and the fish processing factory.

The majority of the respondents (61%) believed that improving economic conditions can be a solution to overcoming child marriage. In line with these findings, most of the interviewed participants said that women could work, but in certain occupations. For example, one boy (in an FGD with boys aged 15-19), said that women could not work as construction workers because they were "not macho, physically not capable" (Menoro Village, 8 March 2020).

Society's view of women, as has also been explained in section 3.2.1, was that they were allowed to work but were limited to certain occupations. A 21-year-old unmarried participant of and FGD with women was working as a teacher. She explained the reasons:

> *"… One, I want to change my standard of living… trying to improve the background for our children for the better, so it is better for me to delay my marriage until I am ready financially and physically… then, regarding external pressures, well, my parents never put pressure on me to marry at a certain age, giving me freedom."* Women 20-24 years FGD, Ngasinan Village, 10 March 2020

Apart from becoming a teacher and going as migrant workers to work in factories, employment opportunities available for women included being shopkeepers, agricultural labourers, and garment workers. However, from the quantitative data, we see that a high percentage (41%) of young women were neither economically active, nor in school. When zooming in on young women who were not in school and were not economically active, 90% of these were married. This also explains why many women reported their husband to be their income source.

An economic empowerment activity for young people available in the intervention villages, and also of interest to adolescents who were members of FAD, was the Business Class. This activity was facilitated by PUPUK and was one of the activities frequently mentioned by participants of the in-depth interviews and FGDs. At midline, the business class carried out in Menoro Village was still in the development stage to give young people an overview of better economic opportunities.

At end-line, the business classes appeared to have run more stably with higher numbers of participants and high enthusiasm in the four intervention villages. The focus of the business class in Menoro Village was the manufacturing and sale of snacks. Collaboration with adults was facilitated with a division of labour for FAD members working on packaging and marketing, while adults produced the contents. At end-line, FAD Mojosari produced and sold tempeh chips, FAD Menoro produced and sold ice cream, and FAD Ngasinan and Woro produced and sold various snacks. According to an implementing partner, they encouraged children to pursue their hobbies in order to generate profits. Then, PUPUK also explained future plans, especially for education. The income the children received could be saved for their further education expenses. This shows a change since midline towards a more structured financial management. At end-line, it went to the next stage of actually practicing the business, and there was a sustainability plan for businesses run by young people.

3.9 POLICY AND LEGAL ISSUES

This final section discusses the changes to laws and policies at the local level related to Pathway 5 of the theory of change of the Yes I Do programme.

3.9.1 MARRIAGE REGISTRATION

The end-line shows that almost all respondents had knowledge and awareness of the importance of legal registration of marriage in accordance with relevant laws. The majority of the respondents (96%) said that the type of marriage that is most often found in their community is registered formal marriage (registered through the Office of Religious Affairs or KUA). Of the 78 married respondents, only two had their first marriage done in secret (siri, unregistered by the state but religiously valid marriage), while the rest were official and registered. Among the 75 respondents who answered the question about current marriage certificate ownership, only one said that she did not have a marriage certificate.

3.9.2 LOCAL LAW AND POLICY

There were changes in local laws and policies, namely the enactment of regulations related to child protection and prevention of child marriage in several intervention villages, as well as regulations related to child-friendly schools at the regional level. The new marriage law, with an increase in the minimum marriage age for women, had also begun to be implemented in Rembang.

Participants of the qualitative component who were involved or had been involved in the Yes I Do programme activities generally had knowledge of the new Marriage Law, namely Law no. 16 of 2019 concerning Marriage. Information related to the new law was going to be disseminated in villages and through WhatsApp (according to girls aged 15-19 in an FGD, Mojosari, Rembang, 15 March 2020). A Woro Village official admitted that the dissemination had not been implemented and was still in the planning stage. Based on information from a programme implementer, awareness raising about the new law was also carried out by the Religious Court, which gave circulars to each district, KUA, and through religious and community leaders.

In the online FGD with local partners in Rembang, participants listed several legal foundations that can be used to handle cases related to children in Rembang, namely:

Table 21 **Law and policies concerning children**

1	Law No. 16 of 2019 concerning Marriage
2	Regional Regulation No. 13 of 2019 concerning Child-Friendly Schools in Rembang
3	Woro Village Regulation (Perdes) No. 10 of 2018 concerning the Implementation of Child Protection Perdes Woro
4	No. 11 of 2018 concerning the Prevention of Marriage at the Age of Minority
5	Perdes Ngasinan No. 5 of 2018 concerning the Implementation of Child Protection
6	Perdes Ngasinan No. 6 of 2018 concerning the Prevention of Marriage at the Age of Minority
7	Law No. 35 of 2014 concerning Child Protection
8	Regional Regulation No. 6/2014 on the Implementation of Child Protection in Rembang

So far, there was no legal foundation regarding the practice of FGM/C, but a partnership between midwives and TBAs was established. A TBA said that she attended routine trainings held by health workers. This raised awareness among TBAs about not performing childbirth assistance or FGM/C.

In the case of premarital pregnancy, the Office of Social Services was (still) categorizing it as a case "with urgent reasons… [marriage] should be accelerated, cannot be postponed." (T Dinsos PPKB, Rembang, 5 March 2020). This shows that the MoU that had been established has not been fully implemented and that there are no steps to prevent child marriage for girls who experience premarital pregnancy from the side of the government. Another obstacle identified, as the local partners mentioned, was the lack of support from the village head and *modin*. There were two village heads and a *modin* who did not fully support the Yes I Do programme, because they disagreed with the values of the Yes I Do programme, did not give funds for the programme, and were not directly involved in the programme or the activities because they were not reached out to by the programme. This resulted in difficulties in accessing village funds for the issues that were focused on by the Yes I Do programme.

The embodiment of a Child-Friendly District (KLA), one of which was explained by Dinsos PPKB, was the establishment of the PATBM (Community-Based Integrated Child Protection) at the sub-district (*kelurahan*) level. Currently, natural and human resources as well as the budget for PATBM are still limited. There are seven sub-districts in Rembang that already have thematic PATBM[9]. According to a programme implementer, the national PATBM programme is adopted from the success of the KPAD. In its implementation in Rembang, the focus of the PATBM is to process children-related issues together with a village-level institution called KPAD, and at the sub-district level called KPAK.

9 Namely: Kutoharjo sub-district with the theme of Special Needs Children-Friendly; Magersari sub-district with the theme Children in Conflict with the Law-Friendly and pornography-free; Leteh sub-district with the theme of Pornography-Free Pioneering Process; and four other sub-districts are still in the process of selecting the theme.

5. DISCUSSION

This chapter discusses the importance and relevance of our research based on the five pathways and cross cutting issues of the Yes I Do theory of change. Moreover, the strength and the limitations of the study are discussed in this chapter.

4.1 PATHWAY 1

COMMUNITY MEMBERS AND GATEKEEPERS HAVE CHANGED ATTITUDES AND TAKE ACTION TO PREVENT CHILD MARRIAGE, TEENAGE PREGNANCY AND FEMALE GENITAL MUTILATION/CUTTING

Both the qualitative and quantitative components show that in Rembang, the domestic role in the household is still fulfilled by women. The results show that the mother is the primary party doing household chores. The role of women in the domestic realm is inseparable from gender values and norms, which are considered to be based on Islamic teachings, and are still very strong in Rembang. These gender values and norms place men as the main breadwinners of the family and women as housewives/homemakers. This also has an impact on parents' perceptions of the value of girls' education. There are still parents who think girls do not need high levels of education and that it is better for them to be married as soon as possible, because in the end she will play the role of the housewife/homemaker.

Yes I Do efforts to change gender values and norms related to the Islamic tradition in Rembang have been carried out by involving religious leaders, among others, through the Ulama Dialogue. The alliance of the Yes I Do and the *ulama* in Rembang formed the Rindu-19 movement in October 2019 to change the community's view of child marriage and make them active in preventing child marriage before the age of 19. The support of religious leaders is a positive change, which contributes to the prevention of child marriage. Another positive change is the support from the local government for the prevention of child marriage, among others, the Dinsos PPKB, which provides pre-marriage counselling for child couples through the PUSPAGA programme. The government's commitment is shown through the existence of specific policies and programmes that are expected to prevent child marriage.

The Yes I Do programme has also succeeded in making women agents of change and community leaders with the election of women as the chairperson of KPAD in three villages, namely Menoro, Mojosari, and Ngasinan and the involvement of a young mother in one of the KPADs. This shows that women have been able to contribute to, and be accepted in, important positions in the community. The increasing number of women who can occupy leadership positions in the village can make the community's belief about the rigid gender roles of women and men – women as housewives/homemakers, men as leaders – slowly change.

4.2 PATHWAYS 2 AND 3

ADOLESCENT GIRLS AND BOYS ARE MEANINGFULLY ENGAGED TO CLAIM THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND ADOLESCENT GIRLS AND BOYS TAKE INFORMED ACTION ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The majority of male and female respondents had received SRH education with the main source of education being teachers in schools. The Yes I Do programme provided SRH education in several junior high schools through the SETARA module. At the midline, there were obstacles as teachers considered the SETARA module inappropriate. However, at the end-line, a SETARA teacher shared that it is now easier for her to deliver the SETARA module.

Respondents stated that they can make decisions for themselves, one of which is related to dating. More than 80% of the female and male respondents said they can decide for themselves who they date. Furthermore, respondents were able to discuss sexuality issues with their parents, especially female respondents (62%). However, young people were still hesitant to discuss issues of dating with their family, especially parents, and this topic was reserved for friends. This has remained the same since midline. Moreover, communication with their parents was gendered as

mothers were more popular confidantes than fathers. The gendered norms permeate here, as fathers were seen as handling only the economic affairs and hence do not participate in such discussions, showing that the engagement of men and fathers needs more investment (also discussed in section 4.5). At the same time, the topics discussed by young people were also gendered. While masturbation was openly discussed among young men, it was almost a taboo among young women who only focussed on menstruation. It is important to note that young women were not exposed to the idea of pleasure in relation to their sexuality, while for men this was considered normal.

Although not many boys and young men discussed the issue of SRHR with their families, interestingly, end-line findings showed that boys and young men had greater concerns compared to girls regarding child marriage, teenage pregnancy, and inability to choose their partners. It might be that women have somehow internalised unequal gender norms, more than men.

As found at midline, the role of social media is very important. Young people preferred to get their SRHR information and education from the internet as opposed to teachers and health workers, who are the current sources of such information and education. However, the Yes I Do programme has not had any online interventions, especially related to SRHR information and education. This could be considered a missed opportunity.

Our qualitative findings indicate that child marriage has dropped over time since midline. End-line results also show that 23 respondents or 20% of the young women (18-24) were married under the age of 18 years. Only one respondent had been married before the age of 16 years. Eighty-two percent (82%) of married adolescent girls said they made their own decision to get married. Our midline findings indicate that child marriage was a result of premarital pregnancy and matchmaking due to economic circumstances (Pakasi et al., 2018, p. 48). However, the end-line findings show child marriage as a more complex process of inter-related causes such as the desire of teenage partners (mutual consent), family economic difficulties, premarital pregnancy, avoiding zina, and the suspicion of premarital sex between teenage partners through raids by residents. This could be because of the larger sample at end-line as opposed to the midline which focused only on Menoro village.

Regarding teenage pregnancy, none of the male respondents aged 20-24 had ever fathered children before the age of 20. On the other hand, 33% of the young women between 20 and 24 years had their first child before the age of 20. The reduced rate of child marriage, as explained by the participants and seen in the LPAR data, will also have a direct effect on the rate of teenage pregnancy. This is because both quantitative and qualitative data indicate that young women usually are married first and then become pregnant. Premarital pregnancy is a taboo and there has been no change since midline regarding this. Young women are stigmatised if they become pregnant prior to marriage and are urged to get married by their parents. This is also institutionalised. as there is an urgent process where dispensation is given to girls with premarital pregnancies as defined by Dinsos PKKB Rembang. In this case, counselling services do not need to be offered to the girl because she is pregnant and should be married off soon.

As expected, the end-line also found that the majority of SRH and contraceptive services users are married women. This is not surprising considering contraceptives are only provided to married couples by health workers, and most SRH services accessed by respondents were family planning and antenatal and postnatal care. However, we found that youth *posyandu* was accessed by some young participants, including unmarried youth. The lack of use of SRH services and contraceptives is concerning as a few unmarried young people do engage in sexual activity and intercourse. The low rate of contraceptive use, especially for boys and young adult males, shows that there is (still) a stigma regarding the use of contraceptives that affects usage behaviour and access to SRH services. This was also supported by the finding that participants lacked understanding of the term SRHR. Among all young mothers and fathers aged 15-24, not one used condoms. Female respondents also tended not to be confident about proposing condom use. It is probable that the stigma and expectations of the community played a role in young people's answers to contraceptive-related questions. It is important for future efforts to promote a mix of contraceptives, so that the burden of contraception can be shared equally, which is not currently the case. It is important that young couples, particularly young women, have a mix of contraceptive methods to choose from.

Although the law does not allow health facilities to provide contraceptives to unmarried people, there should be a focus on raising awareness regarding different contraceptive methods, and directing young people to other sources

for contraceptive methods. This is in alignment with the theory of change, as one of the aims of Yes I Do to increase the quality of SRHR and social welfare/protection, information and inclusive services for adolescents.

Although the majority of the respondents received SRH education, only a few youth accessed youth health (PKPR) services. Based on the end-line's qualitative data, the use of youth health services at puskesmas was minimal, because of several obstacles, including the stigma for adolescents who access it, lack of certified service personnel, and distance that has to be travelled. Moreover, access to services is also gendered, wherein young men were not keen to access services, as the *puskesmas* and *posyandu* were seen as being female-centric. Village midwives were the more popular alternative for youth in case of SRH problems. Again, young women accessed these services more as they had questions related to menstruation as opposed to young men.

The relatively low uptake of SRH services may be explained by the popularity of the youth posyandu as an alternative SRH service provider that was quite attractive to youth . A high percentage of respondents who participated in the Yes I do programme shared that they had engaged in the youth *posyandu* (59%). Yes I Do activities in the form of youth *posyandu* through consultation with the midwives and serial discussions were their primary sources of information about SRHR. Almost all respondents who had previously accessed SRH services said that they received medium to good quality services. In Rembang, in the last two years, there have been positive changes related to youth *posyandu*. Youth *posyandu* has grown to become a forum for adolescents to discuss, obtain counselling and access SRH services.

There has been support from men regarding youth SRHR, for example the involvement of young men as the head of the youth *posyandu* cadres in one of the intervention villages. The *posyandu*, which for so long has been closely identified with issues pertaining to women, is slowly starting to have men's support and involvement in fulfilling the needs of young people's SRHR since the youth *posyandu* was formed. In terms of youth engagement, FAD has been running in all intervention villages and youth activities have been going well. There was also the involvement of youth in public discussions at the village level (*musrenbangdes*), although young people have not yet played a role as main decision makers. Since midline, there have also been some youth members in the KPAD structure.

4.3 PATHWAY 4

ADOLESCENT BOYS AND ESPECIALLY GIRLS HAVE ALTERNATIVES BEYOND CHILD MARRIAGE AND TEENAGE PREGNANCY THROUGH EDUCATION AND SOCIO-ECONOMIC EMPOWERMENT

In general, the majority of female respondents at end-line said that they are currently studying, although 34% had ever dropped out of school. Among these respondents who had dropped out of school, 3% dropped out of school because of marriage. This was only experienced by female respondents. Education is undeniably an important means for adolescents to improve their standard of living. When girls finish their education, they have options outside of marriage. Qualitative findings show that PKBM is an alternative for adolescents to obtain education when they have dropped out of school. It is important to provide referrals for adolescents who dropped out of school due to child marriage and premarital pregnancy to open schools and PKBM. Adequate educational qualifications are a prerequisite for young women to be employed. Several factories located around Rembang, which attract youth for work, require a minimum education of high school/equivalent for employment. This has also proven to be a driving force for adolescents to complete their education up to the high school level.

As mentioned earlier, occupations are gendered and women have limited options, and the option that are there are also often informal in nature. Men have a wider range of work options, including as labourers, either in factories around Rembang or migrating, which remains the main choice of youth in Rembang. This study has not shown many alternatives related to women's work choices. However, the business class activities for young people have introduced independent work alternatives, beyond working for another party in factories, shops or other employers.

Although the option to become self-employed was as popular as compared to existing work options, the business class received positive responses from the youth involved. Adolescents had received various trainings in producing

10 This is given the assumption that the youth *posyandu* is not considered a conventional SRH service provider.

snacks (including selling, marketing and packaging), financial management, and future plans related to education and economic empowerment. What needs to be considered from the business class activity is the issue of assistance and sustainability for business class participants after the Yes I Do programme is concluded, especially cooperation with the private sector in the field of product marketing and job opportunities.

4.4 PATHWAY 5

POLICY MAKERS AND DUTY BEARERS DEVELOP AND IMPLEMENT POLICIES AND ENFORCE LAWS ON CHILD MARRIAGE, TEENAGE PREGNANCY AND FEMALE GENITAL MUTILATION/CUTTING

In 2018, there were two villages that had village regulations related to child marriage prevention and child protection, namely Woro and Ngasinan. This Yes I Do programme, civil society organizations and KPAD (including FAD) encouraged government and policy makers to commit to preventing child marriage, teenage pregnancy and FGM/C. This can be seen as a positive change at the village level. The existence of such policies is certainly an important foundation of implementing activities, including budget allocations for the issues mentioned. The enactment of the new Marriage Law in 2019 also shows an important change as the marriage age for girls was changed from a minimum of 16 years to 19 years. It is important to raise awareness about the new Marriage Law at the village level, as mentioned by a village official and the implementing partners. It is also important to renew the MoU between the Office of Social Services, PPKB Rembang and the Rembang Religious Court regarding requests for marriage dispensation in Rembang. As a result of the new national law, it is expected that the rate of child marriage will reduce, although dispensation is still given to girls with premarital pregnancies as defined by Dinsos PKKB Rembang.

4.5 CROSS-CUTTING STRATEGIES

Women have been involved in strategic positions. In two intervention villages, the chair of the KPAD was a woman, and in one of the KPADs a young mother was involved. Women were also involved in Yes I Do programme advocacy activities. Men have also been important in supporting the success of this programme. This took form, among others, in the involvement of a man as the head of the youth posyandu cadres in Woro Village. Although the involvement of men in key positions in a field like SRHR, which is considered a woman's domain, shows progress, at the household level, more needs to be done. Fathers need to be engaged more in creating an open environment where young people can discuss their SRHR problems if needed, which currently only happens with the mother.

At the village level, a budget for youth posyandu, which is one of the Yes I Do intervention, can be proposed in the Musrenbangdes in which the village youth can participate. Through this programme, adolescents are encouraged to be involved in cross-age activities at the village level. Even though they are not yet decision-makers, their voices can be heard directly by the village authorities. This marks a positive change that it is important to continue.

Although this was not an explicit cross-cutting strategy in the theory of change, it is worth to highlight the importance and success of working with religious leaders. This was done through the Ulama Dialogue Rindu-19 movement. Although the main focus of this movement is the prevention of child marriage, in meetings that have been held since 2018, materials on teenage pregnancy and FGM/C have also been included. Religious leaders involved in this programme have a strategic position in the Rembang community. Positive changes have occurred since the involvement of religious leaders in the advocacy process against child marriage. Religious dialogues were also regularly conducted to provide thorough education about prevention of child marriage, teenage pregnancy and FGM/C.

4.6 STRENGTHS AND LIMITATIONS OF THE STUDY

The combined quantitative and qualitative methods in this study provide a comprehensive picture of the conditions that have occurred, including changes experienced by youth, stakeholders, and the Yes I Do programme partners over the past two years. The use of the same instruments as in two other programme intervention areas, namely

Sukabumi and West Lombok regencies, allows comparison of the end-line data, if necessary, for various interests of cross-sectoral cooperation, sustainability, and programme improvement in the future.

However, there are no comparable baseline data in Rembang due to the decision to focus on in Sukabumi and West Lombok at the start of the programme. Hence, comparison of data over the full programme implementation period is not possible. Although there was a study done by Plan in 2016 (Situation Analysis of Child Marriage, Teenage Pregnancy, and Female Genital Mutilation in Rembang), the differences in instruments and sampling did not allow for a comparison. Despite this, we have been able to compare between mid- and end-line, which provides a good picture on what has happened in the programme. It is important to note that the midline study was an in-depth study of Menoro village, while the sample in the end-line study included four intervention villages.

There was also a difference between the sample of the study (young people aged 15-24 years) and the targeted group age of the programme who were mostly below 18 years. This could have affected the results of the study in relation to the participation of young women and men aged 20-24 years in the programme as asked in the survey at end-line. On the other hand, inclusion of older youth has added to the depth of the data, as most of them were teenagers in the previous years of programme implementation.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 CONCLUSION

In Rembang, social and gender norms are influenced strongly by Islamic teachings. The role of parents is mixed. While there are some parents who consider education and opportunities for girls to be equal to boys, there are others who think girls do not need high levels of education and that marriage is more important for them. We found that gatekeepers from various institutions are involved and support the prevention of child marriage, especially religious leaders who are involved in the Rindu-19 movement. However, it has fallen short on bringing about change regarding (premarital) teenage pregnancy. Despite many gatekeepers being involved and sensitized to some extent on teenage pregnancy, it remains a challenge to prevent the marriage of girls experiencing premarital pregnancy. In terms of youth participation and empowerment, there have been positive changes through the courage of youth in voicing their opinions, and youth's participation in village meetings. However, intergenerational communication between parents and young people remains a challenge, particularly in discussing sexuality-related issues.

SRHR information and education are received by youth through various sources, including the SETARA module, youth *posyandu* services, SRHR information from the village midwives and health workers, series of SRHR discussions in the community organized by Yes I Do, and the internet as the preferred source. As found at midline, the role of social media is very important, not only for receiving information but also for dating. However, amidst the increasing access to and knowledge of SRHR, there was an enduring and institutionalised view that contraception can only be given to those who are married. The low rate of contraceptive use, especially for boys and young adult men, shows that there is a stigma regarding the use of contraceptives that affects usage behaviour and access to SRH services. There have been changes in the conditions that lead to child marriage. End-line findings show child marriage as a more complex process of inter-related causes, such as the mutual desire of teenage partners to be married, family economic difficulties, premarital pregnancy, and avoiding zina. The reduced rate of child marriage has a direct effect on rates of teenage pregnancy. This is because the data indicate that young women usually are married first and then become pregnant. Premarital pregnancy is a taboo and there has been no change since midline in this regard. In addition, there is no significant change in views and attitudes about FGM/C and FGM/C is still practiced.

Even though occupations are gendered and women have limited options because of gender norms related to the domestication of women's work, there were positive changes in access to education and economic empowerment, especially for young women. There are alternatives to continuing school through the learning package programme at PKBM. Various training and empowerment programmes have been provided by PKBM and the Yes I Do programme. There is also positive change in terms of policy and legal issues. There are more policies at the national and local levels such as (1) the Marriage Law no 16/2019 that increased the minimum age for women to marry from 16 years to 19 years, local regulation/*perda* on child protection and Child-Friendly Schools, (2) villages regulations concerning the implementation of child protection, and (3) the MoU between the Office of Social Services, PPKB Rembang and the Rembang Religious Court regarding Requests for Marriage Dispensation in Rembang.

5.2 RECOMMENDATIONS FOR FUTURE PROGRAMMES

Based on the results of the validation and dissemination meeting at the national and local levels, there are several recommendations formulated for the sustainability of efforts to prevent child marriage, teenage pregnancy and FGM/C in Rembang. The sustainability of these efforts need to be considered by collaborating with local governments. Collaboration can be carried out in programmes that have been implemented, such as providing educational alternatives through PKBM and economic opportunities through economic empowerment interventions for young people. It is important to ensure that what the programme has initiated and developed does not stop after the programme has finished.

Efforts to increase contraceptive use, access to SRH services, and knowledge of SRHR issues need to increase, while maintaining exposure to information and SRHR education for adolescents and young adults. Social media has proven to be of great interest to adolescents as a source of SRHR information and education, so this needs to be taken into account by future programmes; to develop a social media-based campaign strategy that is more accessible and closer to youth's lives. Another interesting observation is the extent to which men are involved in the programme. This needs

to be expanded from the institutional to the household level. Cooperation with religious leaders in disseminating the narratives on the three issues also needs to be maintained and improved, in particular with regard to the issues of marrying off girls who have premarital pregnancy and the prevention of FGM/C. Further specific recommendations are given in Table 22.

Table 22 **Recommendations for various stakeholders**

Stakeholders	**Recommendations**
Education Office	The existing SETARA module learning has been going well and its implementation needs to be monitored to realize the development of a child-friendly school and safe school as practiced in the Yes I Do programme;
	In collaboration with health services, there is need to implement the referral system for health care services and handling cases of violence against children in schools; collaborating across sectors with related parties, such as the police, Regional Technical Implementation Unit for the Protection of Women and Children (UPTD PPA);
	Referrals should be provided for adolescents who drop out of school due to child marriage and premarital pregnancy for open schools and PKBM.
Health Office	It is needed to strengthen the referral system to increase youth access to SRH services, including contraception and services related to violence, in collaboration with the Education Office and other stakeholders through PKPR services;
	The implementation of monitoring and evaluation tools from the Ministry of Health for youth posyandu should be continued.
Social and Population Control and Planned Parenthood Office (Dinsos PPKB)	It is necessary to continue the counselling programme for child brides, including in the case of children experiencing teenage pregnancy.
Regional Religious of Ministry Affairs	Marriage records are maintained and this needs to continue;
	The provision of dispensation in cases of child marriage (including premarital pregnancy), in coordination with the religious court, must be tightened.
Development Planning Agency at Sub-National Level (Bappeda)	There must be oversight on the formation of policies and budgets for the stakeholders with their main tasks and functions related to the issue of protecting women and children, so that they can be included in the Regional Medium Term Development Plan (RPJMD).
KPAD	The existing role and work of KPADs should continue by strengthening and synergizing the collaboration with the government equivalent: PATBM.
Village heads	It is important to continue the involvement of youth in public discussions at the village level and place youth in strategic decision-making positions;
	The sustainability of the KPAD and FAD programmes through village policies and village fund budgets must be ensured.
Ulama Forum	The involvement of ulama and religious leaders needs to be maintained in collaboration with the Ulama Forum, as the campaign to prevent child marriage and teenage pregnancy in various recitation forums has proven to be effective.

5.3 RECOMMENDATIONS FOR FURTHER RESEARCH

It is needed to look deeper into the extent of men's involvement and participation in programmes such as Yes I Do. Even though boys have been involved as youth posyandu cadres, the involvement of fathers in the programme and in the issues that are voiced still needs to be further explored. In addition, the advancement and utilization of information technology and social media is also interesting for further research, especially in relation to knowledge of SRHR and its use. This can also improve the low level of knowledge and use of contraceptives among young people.

6. REFERENCES

Afifah, T., Tejayanti, T., Rizkianti, A, Usman, Y. (2016). Maternal death in Indonesia: follow-up study of the 2010 Indonesia population census. Indonesian Journal of Reproductive Health.

Ali, M., R. K. (2018). Laporan Asesmen Babakan Madang, Kabupaten Bogor. In Kawan & Lawan Kawin Anak: Catatan Asesmen Program Berdaya di Empat Daerah. Jakarta: Rumah Kitab.

BKKBN, Kementerian Kesehatan Republik Indonesia, Badan Pusat Statistik, & USAID. (2017). Survei Demografi dan Kesehatan Indonesia 2017: Kesehatan Reproduksi Remaja. Jakarta.

Bappenas. (2019). Voluntary National Reviews (VNR): Empowering People and Ensuring Inclusiveness and Equality. Jakarta.

Badan Pusat Statistik. (2018), Survei Sosial Ekonomi Nasional (Susenas) 2017.

Credos Institute (2017). Situation Analysis of Child Marriage, Teenage Pregnancy, and Female Genital Mutilation in Rembang. A Study Conducted for Yes I Do! Project, Plan International Indonesia. CREDOS Institute, Jakarta

I'anah, Nur dan Afiatin, T. (2018). Dinamika Psikologis Pemaknaan Remaja dengan Kehamilan Tidak Diinginkan terhadap Pengalaman First Sexual Intercourse: Universitas Gadjah Mada. Yogyakarta.

Grijns, M. (2016). Child Marriage in Sukabumi West Java: Self and Agency of Girls. Jurnal Perempuan, 21(1), 1–12. https://doi.org/10.34309/jp.v21i1.12

Pakasi, D.T., Kartikawati, R., Zahro, F.A., Azzahra, A., Natih, N.N.S., Chairani, N.R., Rumintang, L., Kakal, T., van der Kwaak, A. (2018). Yes I Do. The Situation of Child Marriage, Teenage Pregnancy, and FGM/C in Sukabumi, Rembang and West Lombok Regencies. 2018 Midline Study. Royal Tropical Institute.

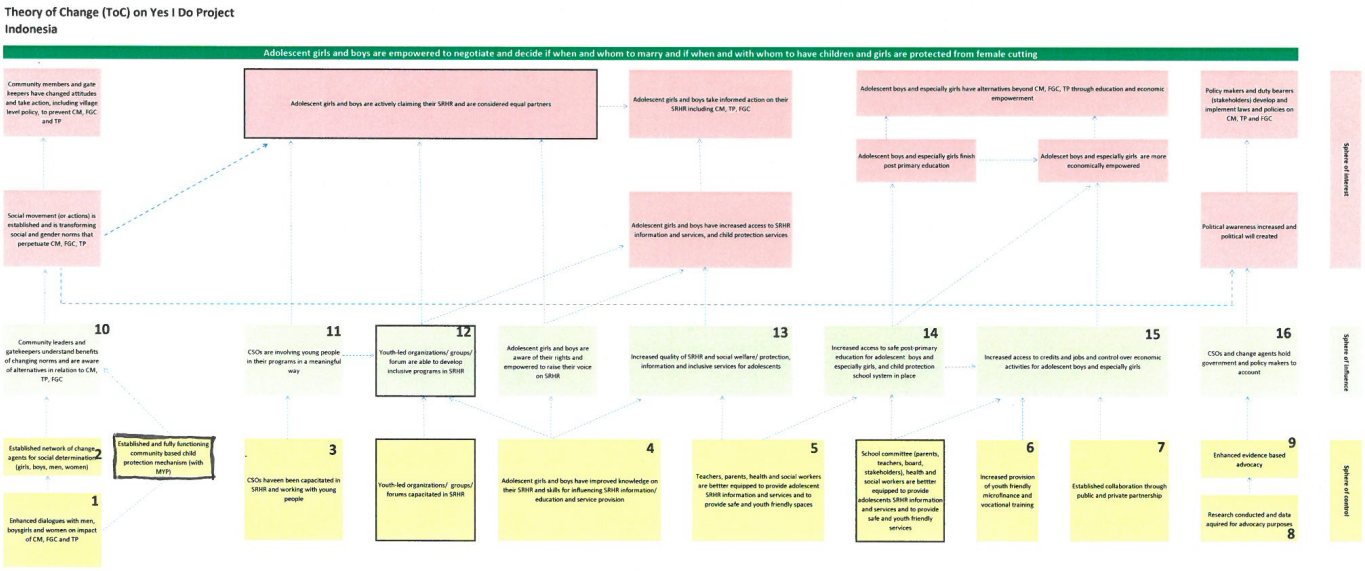
PITCH Annual Report 2018. https://aidsfonds.nl/uploads/pitch_annual_report_2018.pdf

Undang-Undang Republik Indonesia Nomor 1 Tahun 1974 Tentang Perkawinan. (Indonesian Marriage Law No. 1/1974). https://peraturan.bpk.go.id/Home/Details/47406/uu-no-1-tahun-1974

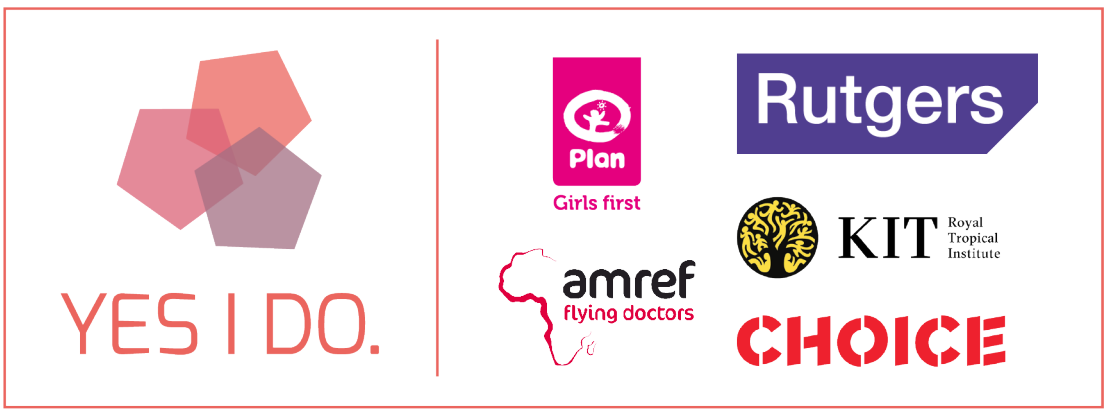
Undang-undang Republik Indonesia Nomor 16 Tahun 2019 Tentang Perubahan atas Undang-undang Nomor 1 Tahun 1974 tentang Perkawinan. (Indonesian Marriage Law No. 16/2019). https://peraturan.bpk.go.id/Home/Details/122740/uu-no-16-tahun-2019

7. ANNEX

COUNTRY-SPECIFIC THEORY OF CHANGE DIAGRAM



Area of intervention for each partner within the alliance is explained as follow:
1. Plan Indonesia will involve in the areas number 1,2,6,7,8,9,10,14,15,16.
2. Rutgers Indonesia will involve in the areas number 1,2,3,4,5,8,9,10,11,12,13,16.
3. ARI will involve in the areas number 1,2,3,4,5,7,9,11,12,13,14,16.


YES I DO.
Plan
Girls first
amref
flying doctors
Rutgers
KIT
Royal
Tropical
Institute
CHOICE