

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

Results of the Yes I Do programme (2016–2020) in West Lombok and Sukabumi, Indonesia



Preface

The **YES I DO** programme (2016-2020) aimed to reduce practices related to child marriage, teenage pregnancy 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. It was funded by the Dutch Ministry of Foreign Affairs.

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Abbreviations and key terms

LIST OF ABBREVIATIONS

	<i>Bahasa Indonesia</i>	<i>English</i>
ARI	Aliansi Remaja Independen	Independent Young People Alliance
Covid-19		Coronavirus disease 2019
DP2KBP3A	Dinas Pengendalian Penduduk Keluarga Berencana Pemberdayaan Perempuan dan Perlindungan Anak	Population Control, Family Planning, Women's Empowerment and Child Protection Office
DP3A	Dinas Pemberdayaan Perempuan dan Perlindungan Anak	Women's Empowerment and Child Protection Office
DWG		District Working Group
FAD	Forum Anak Desa	Village Children's Forum
FGD		Focus group discussion
FGM/C	Sunat/sirkumsisi Perempuan	Female genital mutilation/cutting
GAMAK	Gerakan Anti Merarik Kodeq	Anti-Merariq Kodeq Movement
HIV		Human Immunodeficiency Virus
IDI		In-depth interview
IUD	Kontrasepsi Spiral	Intrauterine device
Kejar Paket	Learning package	
KPAD	Kelompok Perlindungan Anak Desa	Community-based Child Protection Mechanism at village level
KUA	Kantor Urusan Agama	Office of Islamic Religious Affairs
LPAR	Lembaga Perlindungan Anak Rembang	Child protection institution
MSME		Micro, Small and Medium-sized Enterprise
NGO		Non-governmental organization
OR		Odds ratio
PATBM	Perlindungan Anak Terpadu Berbasis Masyarakat	Integrated community-based child protection
PKBM	Pusat Kegiatan Belajar Masyarakat	Centre of Community Learning
PKPR	Pelayanan Kesehatan Peduli Remaja	Youth Health Care Services
PUPUK	Perkumpulan Untuk Peningkatan Usaha Kecil	Association for Small Business Development
RT	Rukun Tetangga	A cluster of households, the smallest government unit at the neighbourhood level
RW	Rukun Warga	A cluster of RTs
SIMKAH	Sistem Informasi Manajemen Nikah	Marriage Management Information System
SETARA	Semangat Dunia Remaja	Spirit of Youth World
SRH		Sexual and reproductive health
SRHR		Sexual and reproductive health and rights

KEY TERMS AND DEFINITIONS

Adolescents	Female and male respondents and participants aged 15–19
Age of minority/child's age/underage	Person under the age of 18
<i>Amil</i>	Sub-district officer for marriage
<i>Badan Permusyawaratan Desa</i>	Village Consultative Body
<i>Belas</i>	Separating the couple to be married, with the consequence of cancelling the marriage, through a customary mechanism
<i>Belian</i>	Circumcision practitioner
Boys	Male respondents and participants aged 15–19
Community organizer	Staff of implementing partners who deal with village officers, facilitate the process of establishing and supporting technical assistance of KPAD, initiate discussions in the village etc. Community Organizers are often young.
Girls	Female respondents and participants aged 15–19
<i>Merariq (Sasak)</i>	The practice of taking the bride away from her home without her parents, close relatives or other family members knowing about it
<i>Merariq kodeq</i>	Child marriage
<i>Musrenbang</i>	Village development planning forum
<i>Paraji</i>	Traditional birth attendant
<i>Pembinaan Kesejahteraan Keluarga</i>	Family welfare
<i>Perbup</i>	Regent regulation
<i>Perda</i>	Local regulation
<i>Perdes</i>	Village regulation
<i>Pesantren</i>	Islamic boarding school
<i>Polinde</i>	Village Maternity House
<i>Posyandu</i>	Pos Pelayanan Terpadu; Integrated Health Service Post
<i>Puskesmas</i>	Pusat Kesehatan Masyarakat; Community Health Centre
<i>Siri</i>	Unregistered marriage
<i>Ta'aruf</i>	Getting to know each other before committing to marriage in Islam
<i>Tesuci</i>	'Purifying' the female through FGM/C
Young men	Male respondents and participants aged 20–24
Young women	Female respondents and participants aged 20–24
Youth	Female and male respondents and participants aged 15–24
<i>Zina</i>	Sex prior to and/or outside of marriage

Executive summary

Introduction

This Yes I Do end-line study was conducted to observe how changes have occurred between the beginning of the programme in 2016 and its end in 2020 in the five pathways of the theory of change. It was a mixed-methods study conducted in West Lombok and Sukabumi. The programme focused on tackling the interrelated issues of child marriage, teenage pregnancy and female genital mutilation/cutting (FGM/C). The study involved a survey and a qualitative component with focus group discussions (FGDs) and in-depth interviews (IDIs).

Findings

Since the beginning of the Yes I Do programme, **social and gender norms** in West Lombok and Sukabumi have been shifting towards gender equality. This was shown by how parents became increasingly aware of the importance of education for girls and of equal opportunities for boys and girls to access education and, later, to participate in the workforce. Both mothers and fathers tried to keep their daughters in school rather than getting them married while they were still underage.

Reflecting on the three main impact indicators of child marriage, teenage pregnancy and FGM/C, although there were reductions over time when combining both districts, there were considerable differences between the two intervention areas. For both the quantitative (see Table 1) and qualitative indicators (see Table 2), there was more progress on **child marriage and teenage pregnancy** in Sukabumi than in West Lombok. There were no major changes to the circumstances and reasons that led to child marriage. In West Lombok, child marriage continued to occur due to *merariq*¹ and the difficulty of enacting the *belas* mechanism² in *merariq kodeq* (child marriage). The study found an increase in reporting though, which may have contributed to the increase in the number of cases. In Sukabumi, child marriage was mainly due to premarital pregnancy, parental concerns about *zina* (sex prior to marriage), economic factors and matchmaking by parents. Premarital pregnancy was still a taboo, and the only solution acceptable to the community was to marry the girl. Despite the involvement and sensitization of many gatekeepers, it remained a challenge to prevent parents from arranging marriages for girls who had had a premarital pregnancy. This was due to the stigma attached to giving birth outside marriage. **The Kelompok Perlindungan Anak Desa (KPADs – Community-based Child Protection Mechanisms)** at village level were challenged to navigate between the norms of society and the well-being of the youth in such cases, due to which they focused on completion of the pregnant girl's education and could not stop the marriage if the parents did not consent.

There was limited change in the level of knowledge, views and attitudes concerning **FGM/C**. However, lower rates of FGM/C were found in West Lombok for a variety of reasons, including a mixed religious population. Traditional birth attendants continued to perform FGM/C, with mothers still making the decision. The topic of preventing FGM/C remained sensitive in the community. There was some advocacy work done with religious leaders who used religious narratives to change attitudes related to FGM/C. However, the beliefs that FGM/C is a recommended Islamic practice and part of local tradition persisted. Nevertheless, there were small positive outcomes compared to baseline, as a lower percentage of girls and young women across both districts wished to circumcise their daughters in the future, which was a statistically significant change over time.

This study shows that more youth received **sexual and reproductive health and rights (SRHR) education** over time. More SRHR sources were available as well, including youth *Posyandu* services (Youth Integrated Health Service), SRHR information from the village midwives and *puskesmas* (Community Health Centres), SRHR information from the Internet, SRHR education in schools through the Semangat Dunia Remaja (SETARA – Spirit of Youth World) module, and series of SRHR discussions in the community. Some of these sources were initiated by the Yes I Do programme. However, challenges still remained for teachers to deliver the SETARA module effectively, as they lacked the relevant skills to deal with sensitive issues without stigma and given the time constraints. **Sexual and reproductive health-seeking behaviour** was fairly low. This was related to supply-side factors such as a lack of youth-friendly corners and facilities, although there is a government programme (*Pelayanan Kesehatan Peduli Remaja – PKPR*, Youth Health Care Services) that addresses this. However, the youth *Posyandu* established by the Yes I Do programme were running in all villages during the time of the end-line study. Funding challenges for their continuation remained. Although youth were dating, they did not always engage in sexual activity. For those who did, limitations remained in access

1 Merariq (Sasak) is the practice of taking the bride away from her home without her parents, close relatives or other family members knowing about it.

2 Separating the couple to be married, with the consequence of cancelling the marriage, through a customary mechanism.

to **contraceptives**. Lastly, the burden on contraception fell mainly on women, as condoms were very unpopular. It is noteworthy that the number of cases of sexual violence was increasing, both within and outside school. However, this could also be due to increased awareness among youth and reporting.

We identified positive changes in terms of the **autonomy, engagement and empowerment of youth** in both districts. This was demonstrated by the courage shown by youth to voice their opinions, participate in village meetings and take the initiative to carry out various village activities and campaigns to prevent child marriage. The Champions of Change intervention – a peer-based SRHR intervention implemented in 2019 as part of the Yes I Do programme – was seen as beneficial by the youth to boost their knowledge, skills and confidence. Moreover, in their personal lives, young people also became more comfortable dating over time.

While youth were becoming increasingly empowered, **gatekeepers**, including community/traditional and religious leaders, midwives and KPADs, were also supporting youth. In both districts, we found that increasingly more gatekeepers from various institutions were involved in and supported the prevention of child marriage at village, sub-district and district levels. The *Forum Anak Desa* (FADs – Village Children’s Forums) and KPADs worked together in the intervention villages, and meaningful youth involvement was encouraged by KPADs. However, youth were still to be appointed to strategic decision-making positions and have their voice heard in such spaces; they were involved in the village decision-making forums, but their opinions did not determine the decisions taken.

We saw some positive changes in access to **education and economic empowerment**. The end-line study found alternatives to continuing school through the learning package programme at a *Pusat Kegiatan Belajar Masyarakat* (PKBM – Centre of Community Learning), and various training and empowerment programmes have been provided by a joint programme between the PKBM and the Yes I Do programme. There was also a change in the views of youth regarding future job aspirations, as more young people wished to become employees but also to have their own business. The Yes I Do business skills programme was considered by many youth as a useful activity for preparing them to start a business. Access to capital and sustaining the business, however, remained an issue.

Since 2016, more **policies** on child marriage prevention have also been issued. The most crucial change in the last four years was National Law No. 16/2019, an amendment to Law No. 1 of 1974 concerning marriage, which came into effect in 2019 and increased the minimum age for marriage to 19 years. At the village level, local regulations in both districts were issued concerning child protection and child-friendly cities at different levels, including a circular on the minimum legal age for marriage from the head of the village (see Table 2 for a list). There were also regulations at the village level on child marriage, specifically on the establishment of KPADs – a Yes I Do initiative – and *Perlindungan Anak Terpadu Berbasis Masyarakat* (PATBM, integrated community-based child protection) – the government equivalent – in every village. In all intervention villages, synergies between PATBMs and KPADs were established. Despite the many policies issued, a documentation and monitoring and evaluation system for the implementation of child protection/child marriage prevention policies or programmes at village and district levels had not yet been established at the time of the end-line.

Since 2016, efforts have been made to focus on **sustainability** of the Yes I Do programme by bringing key stakeholders on board. Technical assistance and capacity-building for KPAD and FAD were provided by the Yes I Do programme. KPADs/PATBMs were legalized in all intervention villages.

Recommendations

For the sustainability of KPADs/PATBMs, this study recommends that continuous assistance, capacity-building and budget allocations for KPADs/PATBMs should be provided by the local government. With regard to the sustainability of SRHR education, the SETARA module must be integrated with the government programme for effective scale-up. The role of the Internet and social media must be leveraged to not only expand the SETARA module but also reach out to youth with information and services. The role of midwives has emerged as being very important due to their accessibility, and they should be given institutional incentives to engage with youth. Village government funds should be allocated to youth *Posyandu* to enable them to continue, and SRHR information should be harmonized via social media, FADs, PATBMs and teachers. There is an urgent need to address sexual violence in schools and on the way to school. This could be done by improving the existing referral systems of the Education Office, Health Office and

Office of Women’s Empowerment and Child Protection.

Table 1 is a summary of the key quantitative indicators, and Table 2 of qualitative indicators, capturing changes that occurred between baseline and end-line.

Table 1 Summary of quantitative indicators tracked over time		1/2
Category and indicator	Overall baseline value	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)	140 (21%)	119 (17%)
Girls and women (16–24 years) who were married or in a union before age 16 (i.e. child marriage)	50 (5%)	48 (5%)
Girls below 18 years old who are currently married	36 (7%)	28 (6%)
Young women (20–24 years) who had their first child under the age of 20 (i.e. teenage pregnancy)	154 (36%)	143 (33%)
Girls and young women (15–24 years) who underwent FGM/C	849 (73%)	815 (71%)
SRHR behaviour		
Girls and young women (15–24 years) who can decide for themselves whom to date and go out with	124 (11%)	1017 (89%)
Boys and young men (15–24 years) who can decide for themselves whom to date and go out with	39 (10%)	365 (95%)
Girls and young women (15–24 years) that have ever utilized SRHR services, including modern contraceptives	451 (39%)	416 (36%)
Boys and young men (15–24 years) that have ever utilized SRHR services, including modern contraceptives	26 (7%)	389 (10%)
Girls/young women and boys/young men (15–24 years) using a modern method of contraception (contraceptive prevalence rate)	281 (86%)	169 (62%)
Young mothers (15–24 years) indicating using male condoms	1 (0.3%)	3 (1%)
Young fathers (15–24 years) indicating using male condoms	4 (28%)	0 (0%)
Not currently married boys/men (15–24 years) who prefer a non-circumcised female as future partner	5 (1%)	13 (4%)

Table 1 Summary of quantitative indicators tracked over time

2/2

Category and indicator	Overall baseline value	Overall end-line value
SRHR knowledge		
Girls and young women (15–24 years) who know how to prevent pregnancy using modern contraceptives	737 (64%)	813 (71%)
Boys and young men (15–24 years) who know how to prevent pregnancy using modern contraceptives	217 (58%)	271 (71%)
Girls and young women (15–24 years) who disagree with the statement 'It is inappropriate for a girl to propose to use a condom'	703 (61%)	198 (17%)
Boys and young men (15–24 years) who disagree with the statement 'It is inappropriate for a girl to propose to use a condom'	228 (60%)	40 (10%)
Girls and young women (15–24 years) who feel confident to insist on condom use every time they have sex	763 (66%)	160 (14%)
Boys and young men (15–24 years) who feel confident to insist on condom use every time they have sex	190 (50%)	115 (30%)
Girls and young women (15–24 years) who ever received education about sexuality and sexual health	879 (76%)	1020 (89%)
Boys and young men (15–24 years) who ever received education about sexuality and sexual health	258 (68%)	280 (73%)
Education and economic empowerment		
Girls aged below 18 years who dropped out of school	42 (8%)	47 (10%)
Girls below 18 years who left school due to marriage	13 (3%)	22 (5%)
Girls below 18 years who left school due to pregnancy	2 (0.4%)	2 (0.4%)
Girls aged 15–18 currently attending secondary school	406 (69%)	441 (77%)
Girls (15–18 years) who have a child and are continuing their education	0 (0%)	0 (0%)
Young women (18–24 years) who are economically active outside the household	171 (26%)	178 (26%)
Young women (18–24 years) who have received any income in the last six months	573 (86%)	652 (95%)

Table 2 Summary of qualitative indicators tracked over time

1/3

Relative change from midline	
Knowledge of gatekeepers about the harms of child marriage and teenage pregnancy	<ul style="list-style-type: none"> • There were more gatekeepers involved in the prevention of child marriage and teenage pregnancy in the village, sub-district and district. Most gatekeepers at these levels were supportive at end-line, particularly towards the prevention of child marriage. • However, in cases of premarital pregnancy, gatekeepers such as parents and religious and community leaders continued to believe that marrying off pregnant girls is the best solution. • Both districts had worked with religious leaders to prevent child marriage due to premarital pregnancy. A few KPADs had started to prevent this – for example, KPAD in Kediri in West Lombok – while some KPADs had advocated for the continuation of girls' education in Sukabumi.

Table 2 Summary of qualitative indicators tracked over time

2/3

Relative change from midline	
Knowledge of gatekeepers about the harms of FGM/C	<ul style="list-style-type: none"> Some gatekeepers, in particular midwives and health cadres, KPADs and FADs, were more knowledgeable about the practice of FGM/C, and supported the prevention of FGM/C at end-line. Village midwives raised awareness about the harms of FGM/C among parents who asked them to perform circumcision. However, if the parents insisted, the village midwives would clean the baby's genitals to prevent the parents from going to the <i>paraji</i> (traditional birth attendant). The village midwives now educated parents prior to cleaning the baby's genitals. KPADs and FADs raised awareness about the harms of FGM/C among teenagers through discussions in the community. Although fathers were not knowledgeable about the practice of FGM/C at end-line, they continued to support it. The beliefs that FGM/C curbed female sexual desire and purified female bodies still prevailed. Religious and community leaders still saw FGM/C as strongly recommended by Islamic teachings.
Youth who feel they can advocate for themselves	<ul style="list-style-type: none"> At end-line, FADs were more active in campaigning for the prevention of child marriage in the village, and were more involved in district and national advocacy efforts. Some FADs also created a joint activity with other youth groups and with FADs from other villages for the SRHR and anti-child marriage campaign. FADs were also active in conducting youth Posyandu and were represented in the village decision-making meetings at end-line. Some FADs started efforts to self-finance themselves. The Champions of Change intervention was seen as beneficial by the youth to boost their confidence. FAD members felt they were more confident in expressing their opinion in the family and in the village and in initiating activities in the village. However, in each district, there were capacity gaps among FADs and youth members at end-line (some villages had more active FAD members, while others – particularly those in more remote areas – were not active).
Current access to SRHR information for girls/young women and boys/young men (15–24 years)	<ul style="list-style-type: none"> More sources of SRHR information were available for youth: youth <i>posyandu</i>, village midwives, <i>posyandu</i>/health/family planning cadres, health centres, teachers, KPADs, online counselling provided by non-governmental organizations, and the Internet and social media. There were challenges in implementing the SETARA curriculum such as insufficient time allocation, lack of skilled teachers and stigma to address sensitive topics. Youth <i>posyandu</i> had regular meetings every month at the time of the end-line. More girls came to the youth <i>posyandu</i> than boys. But at end-line, boys had started to be involved in youth <i>posyandu</i> by becoming youth <i>posyandu</i> cadres or even leaders of youth <i>posyandu</i>. Some KPADs had social media accounts to disseminate SRHR information. Especially during the Covid-19 pandemic, teachers in Sukabumi whose schools implemented SETARA also used social media to deliver SETARA topics such as through Instagram live or WhatsApp chat in addition to education in class. The Youth Health Care Services (PKPR) were still not youth-friendly, lacking a special room and special time allotted for youth to have SRHR consultations.
Perceived autonomy of girls/young women (15–24 years)	<ul style="list-style-type: none"> Girls' level of autonomy concerning education and economic activities was high, as indicated by the higher proportion of girls since baseline who stated that they could decide which school to go to and the jobs they wanted to do. Mobility for girls remained limited though, especially to go out with boys, to go out alone or go out at night. Girls and young women still had limited autonomy regarding contraceptives, as these were only available for married young women, and the use of contraceptives among married young women was, as at baseline, influenced by their husbands. This was also due to the laws around contraceptive provision which prohibited health workers from providing contraceptives to unmarried couples. However, condoms were now available in minimarkets in villages. Nevertheless, youth were still hesitant to use them. Also, information about contraceptives was given to youth through a series of discussions in the communities by the Yes I Do programme. Girls who experienced premarital pregnancy still had no or very limited autonomy in refusing to get married.

Table 2 Summary of qualitative indicators tracked over time

3/3

Relative change from midline	
Girls indicating that safety within and outside schools is a problem	<ul style="list-style-type: none"> • Sexual harassment continued to occur, ranging from physical to verbal. Some sexual harassment cases were considered jokes, carried out for fun by peers. • Since SETARA education included the topic of sexual harassment, more students became aware of sexual harassment: they understood types of sexual harassment and could warn their friends when they committed sexual harassment (catcalls, touching, poking). They also felt comfortable reporting it to SETARA teachers when they witnessed or experienced sexual harassment. • Schools did have a referral system, but it was not operational at end-line. It was difficult to implement, since there was insufficient infrastructure/support available for schools, including the lack of availability of a counsellor, the lack of a special room, and an ineffective system for referrals to the nearby community health centre. • Due to the absence of counsellors, SETARA teachers were compelled to handle some cases of sexual harassment with limited knowledge and skills.
Number of new or adjusted national and local laws (including bylaws) and policies prohibiting child marriage and FGM/C	<ul style="list-style-type: none"> • At end-line, there were more policies at the national (one law) and local levels on child marriage and child protection (circulation letter from the Office of Women's Empowerment and Child Protection concerning Child-Friendly Cities, policies on the establishment of KPADs and PATBMs in every village). • The total number of local policies in both districts was eight at district level and nine at village level at end-line, compared to only one at district level and one at provincial level at baseline. • The enforcement of the regulations around child marriage and child protection in the villages was identified by the way the village officials refused to issue a recommendation letter to the Office of Religious Affairs in the case of child marriage, so that child marriage could not be formally registered. • There was no monitoring and evaluation of the implementation of policies. • There were no new policies on FGM/C or teenage pregnancy.
Policymakers actively/openly supporting gender equality and girls' rights	<ul style="list-style-type: none"> • In mid-2020, a new local regulation (<i>perda</i>) was issued in Sukabumi concerning gender mainstreaming, with the Yes I Do Alliance involved in the process. • The local government in Sukabumi (the Regional Secretary and the Office of Women's Empowerment and Child Protection) raised awareness about gender equality and gender mainstreaming among the heads of local offices, sub-districts and villages. • At the time of the end-line, there were programmes addressing gender equality (gender mainstreaming in three districts), a district gender working group in district government (West Lombok), affirmative action for girls' participation in village meetings, and programmes for vulnerable girls (prevention of child trafficking and sex work). The Yes I Do Alliance worked with the gender working group on the prevention of child marriage. • However, policymakers continued to be biased against girls in cases of premarital pregnancy (supporting the marriage of pregnant unmarried girls), and stigma still surrounded pregnant unmarried girls.
Active engagement of men and boys in strategies reducing FGM/C, child marriage and teenage pregnancy	<ul style="list-style-type: none"> • There were some male champions in most intervention villages, such as religious and community/traditional leaders, fathers and KPAD members. • As mentioned above, at the district level, the Regional Secretary in Sukabumi raised awareness about gender equality and gender mainstreaming among local bureaucrats. In West Lombok, some men had become members of the district working group to monitor and evaluate gender mainstreaming programmes since baseline. • However, in both districts, fathers' knowledge about and engagement in SRHR issues and FGM/C remained limited.

1. Introduction

In recent years, there has been increasing interest in improving sexual and reproductive health (SRH) for youth, especially on the issues of 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, which was the knowledge partner. Its work covered seven countries: Pakistan³, Ethiopia, Kenya, Mozambique, Zambia, Malawi and Indonesia. In Indonesia, Rutgers Indonesia, Plan Indonesia (2016–2020) and Aliansi Remaja Independen (ARI) (2016–2019) worked on the programme together. KIT worked with the Centre for Gender and Sexuality Studies at the University of Indonesia (Universitas Indonesia) to support the consortium with base-, mid- and end-line studies, and operational research.

By comparing findings from the baseline (2016) and midline (2018) studies, this report provides insights into any changes that have occurred in the factors influencing child marriage, teenage pregnancy and FGM/C in Sukabumi and West Lombok, and the possible contributions of the Yes I Do programme in the intervention areas.

1.1 BACKGROUND

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

The topic of sexual and reproductive health and rights (SRHR) for youth has been a challenge to the attainment of the Sustainable Development Goals. Based on a 2017 Indonesian Demographic and Health Survey report, the knowledge of single young women and men aged 15–24 about reproductive health is relatively poor. Therefore, in the Indonesian context, it remains difficult to ensure the availability of universal access to SRH services for young people. The issues pertaining to young people's SRHR that became the focus of the Yes I Do programme and its end-line study include child marriage, teenage pregnancy and FGM/C.

The prevalence of child marriage in Indonesia is rather high. Based on the latest data from the National Socio-economic Survey (Badan Pusat Statistik, 2018), the percentage of young women aged 20–24 who were married before 18 years fell to 11.2% (Bappenas, 2019). Factors that promote child marriage include the influence of parents on their children to enter marriage for economic reasons and to avoid sex outside marriage (Ali and Kalosa, 2018), and the internalization of religious fundamental values (Grijns et al., 2016).

Teenage pregnancy also causes problems in young people's lives. I'annah's (2018) study found that girls who married because of pregnancy outside marriage had to quit school, look 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, compared to other age groups, girls who gave birth at 13–14 years old were exposed to the highest risk of maternal death. The risk of death applied not only to the young mothers but also their foetuses. Surviving foetuses were then at risk of growth-related disorders (ibid.).

FGM/C cannot be disentangled from the issue of sexual violence. A study by the National Commission on Violence against Women and the University of Gadjah Mada stated that FGM/C practices are conducted (soon after birth) in numerous ways – starting from symbolically cleansing the vaginal area through cutting a part of the clitoris – and expose girls to the risk of haemorrhage and infection (Komnas Perempuan and PSKK UGM, 2017).

Several initiatives have taken place thus far, undertaken by the government and non-governmental organizations (NGOs) in Indonesia, in the form of either programmes or policies related to teenagers' SRHR. In 2018, the Indonesian Health Ministry incorporated requirements for SRHR education at schools in the 2018–2024 National Budget for Income and Expenditure and declared its SRHR training as developed by PITCH as the Ministry's partner in Indonesia (PITCH, 2018). PITCH comprised the Indonesian Positive Women Network and the Indonesian Young Key Population Forum (Fokus Muda). In addition, to try to prevent child marriage, the government revised the Law on Marriage

3 The programme in Pakistan ended in 2018.

1/1974, raising the legal age for marriage from 16 to 19 years, as stipulated in the Law on Marriage 16/2019. Thus, citizens under 19 years old cannot legally marry.

1.1.2 SUMMARY OF THE YES I DO PROGRAMME AND ACTIVITIES

Aside from Plan Indonesia, Rutgers Indonesia and ARI, the other local partners that constituted the Yes I Do Alliance in Indonesia were *Persatuan Keluarga Berencana Indonesia* (Indonesian Planned Parenthood Association), *Perkumpulan Untuk Peningkatan Usaha Kecil* (PUPUK – Association for Small Business Development), *Pusat Kesehatan Masyarakat* (Community Health Centres at sub-district level) and *Lembaga Perlindungan Anak Rembang* (LPAR – Rembang Child Protection Institution).

The programme was implemented on the basis of the theory of change (Annex 1) that included strategies of intervention for societal changes. The five intended outcomes of the five-year programme were:

- Community members and gatekeepers have changed attitudes and take action, including village level policy, to prevent child marriage, teenage pregnancy and FGM/C
- Adolescent girls and boys are actively claiming their child rights and SRHR and are considered equal partners
- Adolescent girls and boys take informed action on their SRHR including avoiding child marriage, teenage pregnancy and FGM/C
- Adolescent boys and especially girls have alternatives beyond child marriage, teenage pregnancy and FGM/C through education and economic empowerment
- Policymakers and duty-bearers develop and implement laws and policies on child marriage and FGM/C.

1.2 AIMS AND OBJECTIVES OF THE BASE-, MID- AND END-LINE STUDIES

The three SRHR issues prompted Rutgers, Plan Indonesia and ARI to conduct a collective programme in Sukabumi, Rembang and West Lombok regencies. The base-, mid- and end-line studies aimed to provide insights into the extent to which the causes and effects of child marriage, teenage pregnancy and FGM/C were present in the intervention areas, and to discover why and how the Yes I Do interventions did or did not contribute to improved outcomes.

Specifically, the objective of the three studies was to see whether changes occurred between the beginning of the programme (baseline, 2016), after two years of the programme (midline, 2018) and by the end of the programme (end-line, 2020), by undertaking the following activities:

- Investigating changes in the attitudes and behaviour of members and stakeholders of the community regarding child marriage, teenage pregnancy and FGM/C, as well as the extent to which they act to prevent the practices
- 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 identifying which factors are influential and in what ways
- Exploring and analysing whether and how far young people's actions are based on received information about SRH, and identifying which factors are influential and in what ways
- Exploring and analysing whether and how far the education and economic empowerment of girls have provided them with alternatives beyond child marriage, teenage pregnancy and FGM/C
- Producing knowledge about changes in the law and policies that were developed and implemented to address child marriage, teenage pregnancy and FGM/C
- Contributing to the data or evidence of the effectiveness of specific interventions and strategies for eliminating child marriage and FGM/C and reducing teenage pregnancy.

4 ARI's activities focused on improving meaningful youth participation in the Yes I Do programme. ARI was also coordinating the work for Yes I Do in West Lombok with other local partners. However, ARI exited the programme in 2019. The roles and responsibilities were adjusted accordingly among the rest of the alliance. Furthermore, programme activities were led by Rutgers, which made one of their staff the coordinator in West Lombok.

2. METHODOLOGY

This mixed-methods study had quantitative and qualitative components for the data collection and in the analysis. A quantitative survey was conducted to obtain data on the causes and effects of child marriage, teenage pregnancy and FGM/C. In addition, focus group discussions (FGDs), in-depth interviews (IDIs) and key informant interviews were conducted to understand the socio-cultural contexts of the three issues in greater depth. End-line data collection was carried out in West Lombok between 6 and 20 March 2020, and in Sukabumi between 17 August and 12 September 2020. The data collection in Sukabumi occurred later due to restrictions on movement in Indonesia related to the Covid-19 pandemic. It was conducted in line with local and national rules regarding Covid-19 and incorporated Covid-19 mitigating measures.

2.1 STUDY PARTICIPANTS

The survey was conducted among young people aged 15–24 years (75% females and 25% males). FGDs were conducted with girls aged 15–19 years, young women aged 20–24 years, boys aged 15–19 years and young men aged 20–24 years, and parents/guardians at the end-line. At baseline, the age stratification for the qualitative methods was slightly different, as the marriage law, which raised the minimum age of marriage to 19, had not yet come into effect. Semi-structured interviews were conducted with girls and boys aged 15–19 years, young women and men aged 20–24 years, parents/guardians, religious and community leaders, teachers, health workers and Yes I Do Alliance partners. Key informant interviews were also conducted with policymakers.

2.2 LOCATION OF STUDY

The 2016 baseline study was conducted using mixed methods in two regions, namely Sukabumi and West Lombok (Figure 1), while the midline and end-line studies were carried out in the three Yes I Do programme areas, namely Sukabumi, Rembang and West Lombok (there is a separate end-line report for Rembang). The midline study was conducted in 2018 using only the qualitative component. The base- and end-line studies in West Lombok and Sukabumi were conducted in four villages each, which were the Yes I Do programme implementation areas. In West Lombok, the villages were Kediri and Jagaraga Indah in Kediri sub-district and Lembar Selatan and Sekotong Timur in Lembar sub-district. In Sukabumi, the villages were Sukaraja and Limbangan in Sukaraja sub-district and Cisolok and Cikelat in Cisolok sub-district.

Figure 1 Map of the study locations in West Lombok and Sukabumi



2.3 STUDY METHODS, SAMPLING AND RECRUITMENT PROCEDURES

2.3.1 QUANTITATIVE COMPONENT

Table 3 provides an overview of the quantitative component of the base- and end-line study conducted in West Lombok and Sukabumi.

Respondents	Baseline			End-line		
	West Lombok	Sukabumi	Total	West Lombok	Sukabumi	Total
Girls and young women (15–24 years)	559 (76%)	598 (75%)	1,157 (75%)	563 (75%)	584 (75%)	1,147 (75%)
Boys and young men (15–24 years)	176 (24%)	201 (25%)	377 (25%)	187 (25%)	196 (25%)	383 (25%)
Total	735 (100%)	799 (100%)	1,534 (100%)	750 (100%)	780 (100%)	1,530 (100%)

The survey in West Lombok was conducted in four villages, from which hamlets were randomly selected in each. Probability proportional to size sampling was used. A fixed number of 30 respondents/households were to be sampled in each hamlet⁵, but at the time of end-line data collection the research team was unable to obtain a total of 30 respondents in Aikmual Utara hamlet, as the number of youth in the population proved insufficient. Some of the youth in the hamlet had migrated (were going to school in an Islamic boarding school, also known as pesantren) or were working in the forests, so they could not be found. The researchers took additional respondents in Kambeng Timur hamlet. Young women made up 75% of the sample, and young men 25%.

In Sukabumi, the survey was also carried out in four villages, with all hamlets in each village sampled. The number of respondents in each village was proportionate to the number of households in each village. Likewise, the number of respondents per hamlet was taken proportionally according to the number of households per hamlet, except for Gintung hamlet, which lacked eight respondents, so four respondents from Limbangan hamlet and four respondents from Kabandungan hamlet were taken. Young women again made up 75% of the sample, and young men 25%.

In both study areas, respondents were selected at the household level with predefined sampling intervals. If more than one potential respondent fulfilled the criteria for the sample, both male and female, the enumerator randomly selected only one candidate to be interviewed.

2.3.2 QUALITATIVE COMPONENT

The FGDs in West Lombok and Sukabumi were conducted in six groups with different types of participants, as shown in Table 4, and FGDs with parents/guardians were held separately for mothers and fathers. FGDs were conducted in the four programme intervention villages. The participants were selected according to recommendations from the *Kelompok Perlindungan Anak Desa* (KPAD – Community-based Child Protection Mechanism) and *Forum Anak Desa* (FAD – Village Children’s Forum) in each of the intervention villages.

As for IDIs, the researchers asked KPADs, FADs, Community Organizers and the Yes I Do Alliance at the national and local levels for information about people involved in the programme and champions⁶ at district and intervention village

⁵ With the exception of Karang Kuripan Barat (60 respondents) and Batu Tumpeng 1 (54 respondents).

⁶ Champions are cadres of the Yes I Do programme, intended as agents of change in the society. They can be any community member.

levels. Researchers also received recommendations from community leaders, parents and young people who had been interviewed previously, and from enumerators conducting the surveys regarding respondents who could be interviewed in greater depth in the qualitative data collection process.

There were differences in the age categories between the base/midline and end-line studies. In the base/midline study, the age categories for the female FGDs were 15–18 years and 19–24 years, while those in the end-line study were 15–19 years and 20–24 years. The age category for the male FGDs in the midline study was 15–24 years, while in the end-line study there were two categories: 15–19 years and 20–24 years. At end-line, we also did a follow-up online FGD with the local alliance in each district to clarify some issues concerning the survey findings.

Table 4 Methods and number of participants in the qualitative component

Research methods and participants	Baseline	Midline	End-line
Focus Group Discussion (FGDs)			
Girls (15–19 years)	12	15	13
Young women (20–24 years)	12	15	14
Boys (15–19 years)	12	14	12
Young men (20–24 years)	15	0	11
Parents/guardians (mothers and fathers)	12	29	24
In-depth interviews			
Girls (15–19 years)	4	5	6
Young women (20–24 years)	3	3	4
Boys (15–19 years)	2	4	4
Young men (20–24 years)	3	3	4
Parents/guardians	2	3	4
Grandmothers	2	-	-
Religious leaders and community/customary figures	4	3	4
Teachers (schools/PKBMs)	3	3	4
Health workers/social workers	9	3	6
Community/youth organization staff (KPADs, FADs)	3	4	7
Key informant interviews			
NGO staff (Rutgers, PUPUK, LPAR)	3	7	7
Decision makers (Kades and DP2KBP3A)	9	13	5
Number of participants	110	124	129

2.4 DATA COLLECTION AND ANALYSIS

Data collection

At end-line, a field preparation workshop was conducted over four days between 10 and 13 February 2020 with KIT researchers and Yes I Do Alliance partners, continuing with training involving field researchers (enumerators and supervisors) held in West Lombok on 6–20 March 2020. During the training in West Lombok, researchers also conducted a pilot to

ensure that the questionnaire and topic guides were ready for use. Online training for Sukabumi field researchers was held via Zoom on 14–15 August 2020, due to the Covid-19 pandemic. Further training was then carried out in the field to conduct role-playing exercises and discuss the Covid-19 prevention protocol.

The data collection in Sukabumi, which should have been carried out in March to April 2020, was delayed due to the Covid-19 pandemic, and was finally carried out between 17 August and 13 September 2020. Following discussions between KIT and researchers from Universitas Indonesia, modifications were made to the survey questions by adding a special section related to Covid-19. During the survey in Sukabumi, the questionnaire was revised three times due to several technical problems.⁷

For the quantitative research conducted in West Lombok, the research team consisted of four supervisors and 16 enumerators, who conducted interviews with all respondents. Meanwhile, in Sukabumi, due to the Covid-19 pandemic, the research team consisted of two supervisors and 11 enumerators, who collected data over four weeks. In both districts, enumerators only interviewed respondents of the same gender.

Qualitative data collection was carried out by Universitas Indonesia researchers. The interviews and FGDs were digitally recorded. After the researchers finished conducting the IDIs/FGDs, they made field notes and interview transcripts. IDI/FGD recordings, interview transcripts and field notes were stored on desktop computers and Google Drive as a back-up. Data collection was carried out in compliance with the KIT and Universitas Indonesia Covid-19 prevention protocol.

Data analysis

The qualitative data were processed using Nvivo according to an agreed, but adaptable coding framework, which largely drew from the topic guides.

The completed questionnaires were sent to the KIT data server to be processed using Stata and SPSS. For the quantitative data analysis, univariate logistic regressions were run on all outcomes of interest – i.e. on all relevant key indicators with enough sample size and variation, against time. The outputs for each are reported in Annex 2 in the form of odds ratios (ORs).⁸ The key indicators are those that contribute to the programme's monitoring and evaluation framework, which are outlined in the executive summary. The findings from these results are integrated throughout the report.

To gain additional insights, multivariable regression models were run on the impact indicators of child marriage and teenage pregnancy. FGM/C was excluded, since it occurs soon after birth. Three models were run:

- Individual demographic characteristics: age, school dropout, income, employment
- Individual demographic characteristics + SRHR-related individual characteristics: ever married or had a child marriage and ever received sex education
- Individual demographic characteristics + SRHR-related individual characteristics + family-level characteristics: mother's education, father's education, household size.

Details on the regression models and outputs are provided in Annex 2. The differences between each model can give an insight into the effect of each set of characteristics. These regressions simply provide a snapshot, and in-depth analysis was not done at this stage. One of the limitations was that the outcomes and variables we are dealing with are endogamous,⁹ such as school dropout, child marriage and teenage pregnancy, and are all interrelated. However, certain strategies have been put in place to overcome this, as explained later. Also, there was not enough variation in the data on education, an important factor, so it could not be included in the regression models.

During the data analysis, an online validation meeting with Yes I Do Alliance partners at national level took place on 24 November 2020, with the researchers presenting the study results via Zoom. In-person validation workshops with Yes I Do Alliance partners and local stakeholders in West Lombok and Sukabumi took place on 26 November 2020.

⁷ Related to skipping patterns as well as expiration limits on dates of marriage and childbirth, which needed to be fixed.

⁸ An odds ratio is a measure of association between an exposure and an outcome.

⁹ 'Endogamous' means that the relationship is influenced both ways. For example, while child marriage may cause teenage pregnancy, teenage pregnancy can also cause child marriage.

2.5 DATA QUALITY ASSURANCE

To ensure the quality of the questionnaire data filled in by the enumerators, the questionnaires were checked by the supervisor and then double-checked by the quantitative lead researcher to find any discrepancies in the answers. After the cleaning process was complete, the questionnaires were sent to the KIT data server. Every three days a debriefing was carried out with the core team to discuss obstacles faced in the field, achievement targets for each enumerator, and interesting notes on cases that could be referred to qualitative researchers to find participants for the qualitative component of the study.

During the entire research process, the researchers coordinated with KIT to discuss challenges and solutions. KIT and Universitas Indonesia held online sessions, due to Covid-19, to discuss and improve the analysis and findings. The research process, analysis and writing were carried out in Bahasa. The report was then translated into English, after which the KIT team provided a peer review.

2.6 ETHICAL CONSIDERATIONS

The study's main subjects were young people aged 15–24 years. Some of the respondents and participants were minors under the age of 18 years; thus we ensured that parents/guardians completed an informed consent form (and the minors an assent form) before conducting the survey, FGD or IDI. The informed consent form was also provided to respondents and participants over 18 years of age. There were several sensitive questions in the research tools, related to sexual activities, intercourse and the use of contraceptives, which could potentially cause discomfort. To mitigate this, the researchers provided explanations at the beginning of each research method about this potential issue as well as the right of the respondents/participants to withdraw if they felt uncomfortable.

All the studies, at baseline, midline and end-line, were approved by the Ethics Commission. For the end-line study, ethical approval was obtained on 28 January 2020 from the Research Ethics Commission of Unika Atmajaya Jakarta.

3. Results

3.1 CHARACTERISTICS OF THE STUDY POPULATION

Table 5 describes the demographic characteristics of the respondents in the two regions, including gender, age, marital status, education, employment status and participation in the Yes I Do programme.

Table 5 Demographic characteristics of the respondents						
	Baseline			End-line		
	West Lombok	Sukabumi	Total	West Lombok	Sukabumi	Total
Gender						
Female	559 (76%)	598 (75%)	1,157 (75%)	563 (75%)	584 (75%)	1,147 (75%)
Male	176 (24%)	201 (25%)	377 (25%)	187 (25%)	196 (25%)	383 (25%)
Total	735 (100%)	799 (100%)	1,534 (100%)	750 (100%)	780 (100%)	1,530 (100%)
Age						
15–19 years	464 (63%)	498 (62%)	962 (63%)	460 (61%)	515 (66%)	975 (64%)
20–24 years	271 (37%)	301 (38%)	572 (37%)	290 (39%)	265 (34%)	555 (36%)
Total	735 (100%)	799 (100%)	1,534 (100%)	750 (100%)	780 (100%)	1,530 (100%)
Marital status						
Married	217 (29.5%)	226 (28%)	443 (29%)	254 (34%)	124 (16%)	378 (25%)
Unmarried	518 (70.5%)	573 (72%)	1091 (71%)	496 (66%)	656 (84%)	1,152 (75%)
Total	735 (100%)	799 (100%)	1,534 (100%)	750 (100%)	780 (100%)	1,530 (100%)
Current level of education (among respondents who reported to currently follow education)						
Primary school	2 (0.6%)	0 (0%)	2 (0.3%)	1 (0.3%)	0 (0%)	1 (0.1%)
Secondary school	72 (28%)	80 (24%)	152 (23%)	90 (26%)	57 (15%)	147 (20%)
High school	212 (64%)	212 (64%)	424 (64%)	219 (63%)	257 (68%)	476 (65%)
University	46 (14%)	41 (12%)	87 (13%)	38 (11%)	66 (17%)	104 (14%)
Total	332 (100%)	333 (100%)	665 (100%)	348 (100%)	380 (100%)	728 (100%)
Employment status						
Employed	213 (29%)	158 (20%)	371 (24%)	161 (21.5%)	169 (22%)	330 (22%)
Unemployed	522 (71%)	641 (80%)	1,163 (76%)	589 (78.5%)	611 (78%)	1,200 (78%)
Total	735 (100%)	799 (100%)	1,534 (100%)	750 (100%)	780 (100%)	1,530 (100%)
Participation in the Yes I Do programme (among respondents who knew the programme)						
Yes	NA	NA	NA	133 (50%)	218 (48%)	351 (49%)
No	NA	NA	NA	128 (48%)	237 (52%)	365 (51%)
Did not know	NA	NA	NA	6 (2%)	0 (0%)	6 (0.8%)
Total	NA	NA	NA	267 (100%)	455 (100%)	722 (100%)

The end-line survey in West Lombok involved 750 respondents aged 15–24 years. The majority (563 or 75%) of the respondents were young women and unmarried (66%). The end-line survey found that 99% of the respondents were Muslim, while the remaining 1% were Hindu. In terms of ethnicity, 97% of the respondents were Sasak, while the rest were Balinese (1.5%), Javanese (0.4%) and Bima (0.1%). In Sukabumi, the end-line survey involved 780 respondents, consisting of 584 (75%) female respondents and 196 (25%) male respondents aged 15–24 years. The respondents were predominantly Sundanese (99%) and Muslim (100%). The majority of the respondents (656 or 84%) in Sukabumi were unmarried.

The data on education provided an insight into the education levels of youth and parents. The end-line survey in West Lombok found that 63% of the respondents were attending high school (similar to the baseline: 62%). The largest percentage (46%) of respondents in West Lombok had only graduated from junior high school. Further, about 3% of the respondents had not completed any education level. The survey results also show that the level of education of the respondents' parents was low, with most of them having only graduated from elementary school (73%). In fact, there were also mothers (29%) and fathers (21%) who had not completed education at any level. The end-line survey found that dropping out of school remained an important issue in West Lombok: 215 respondents (29%) had dropped out, compared to 25% at baseline. The dropout rate was gendered: 30% among female respondents, compared to 25% among males. At end-line, the main reasons for dropping out of school were marriage (10%), lack of funds (8%), disliking school (4%) and school too far away (2%). The percentage of those dropping out due to marriage slightly increased over time, from 8% to 10%, with most being women.

The survey results in Sukabumi show that the education level of the respondents was more evenly distributed, between those who had completed high school (41%) and those who had completed junior high school (44%). Most of the respondents' parents had finished elementary school (56.5% of mothers and 49% of fathers). Although the dropout rate in Sukabumi was higher at end-line (8%) than at baseline (6%), the number of respondents who had dropped out of school was lower than in West Lombok. In both districts, overall, there was a slight increase in the percentage of young people who had dropped out of school for similar reasons at baseline and end-line. The qualitative findings confirmed this in West Lombok. Participants in the IDIs and FGD stated that there were young people – especially young women – who dropped out of school because they were married underage, or due to a lack of funds for education. Young men mentioned being married underage, not liking school or being too lazy to go to school as reasons for dropping out. In Sukabumi, participants mentioned youth who dropped out of school because they did not like it and wanted to start working.

For those who dropped out of school in West Lombok, the available alternatives were to continue their education through an open school located at a junior high school in Kediri or through the *Kejar Paket* (learning package) at a *Pusat Kegiatan Belajar Masyarakat* (PKBM)¹⁰ – Community-Based Learning Centre) in several Yes I Do intervention villages. One participant, a young woman who had experienced *merariq kodeq* (child marriage), admitted that she intended to continue her studies at the PKBM. An interview with one of the PKBM managers in Jagaraga Indah village revealed that several young women who were studying at the PKBM had dropped out of school because they were married underage. Further, the participant stated that most of the boys who studied the *Kejar Paket* in the PKBM decided to quit formal school because they used to play truant (or did not want to be stifled by a formal school). These boys chose to continue their studies at the PKBM because of its more flexible learning schedule.

“There are also those who dropped out of school, getting expelled by the state schools, so they came here. It’s because of juvenile delinquency or marriage, so our position as a PKBM was to save them from dropping out.” (PKBM staff, West Lombok, 15 March 2020).

In Sukabumi, as in West Lombok, there were PKBMs available, which act as an alternative to continuing formal education. Compared with baseline and midline, the end-line study found that PKBMs in Sukabumi were better known by the community, including young people. According to one of the PKBMs in Cisolok district, those who dropped out of school or did not continue to high school often enrolled in the *Kejar Paket* at the PKBM to obtain a certificate to be able to access job opportunities such as factory work, administrative work at *Posyandu*, in early childhood education or at a village office.

¹⁰ Applicants receive a state-recognised certificate after taking the ‘Learning Package Examination’ from a PKBM, which is equivalent to school packages. There are three levels of these learning packages: A (equivalent to elementary school), B (equivalent to junior high school) and C (equivalent to senior high school).

Economic aspects were also explored in the survey. The majority of the respondents (78.5%) in West Lombok were unemployed, while only 161 respondents (21.5%) were employed. The number of unemployed persons was also influenced by the current educational status of respondents. As many as 350 respondents (47%) were currently in school. The figures for Sukabumi were similar, with 611 respondents (78%) unemployed, and 169 (22%) employed. Changes in economic opportunities for young people specifically are addressed in detail in section 3.8.

Figure 2 Geographical differences between the two intervention districts

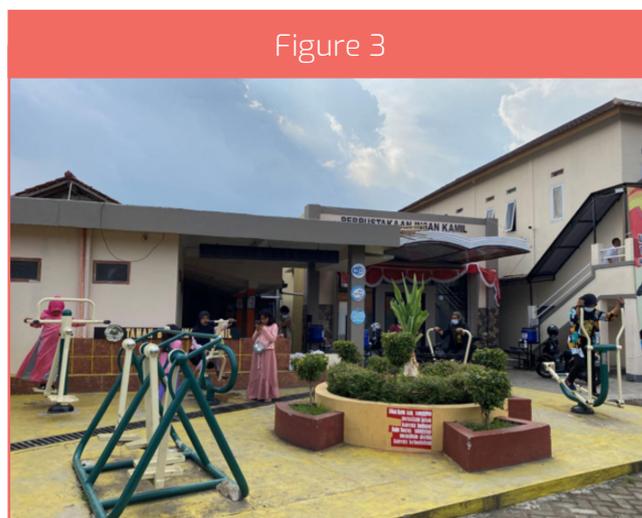


Kediri (left) and East Sekotong (right)

Two media sources were the most widely used to access information, namely the Internet (85% in West Lombok and 96% in Sukabumi; Figure 3) and TV (38% in West Lombok and 33% in Sukabumi). The use of electronic media was due to easy access and availability of electricity (98% in West Lombok and 99% in Sukabumi) and ownership of Internet-capable mobile phones (92% in West Lombok and 99% in Sukabumi). As in the survey findings, which found that the Internet was the most widely used source of information, the qualitative findings also reveal the ease of accessing SRH information through social media and via the Internet, especially through smartphones. In both districts, adolescents and adults were familiar with smartphones as part of their everyday life. In the four villages, Internet access was more readily available at end-line than at baseline. Even in Cikelat, the most agrarian village, relatively distant from urban areas, residents had started trading online, selling food or agricultural produce (vegetables) within the village area.

In terms of participation in the Yes I Do programme, 267 respondents in West Lombok (36%) were aware of the programme, with 133 respondents (50%) having participated in programme activities. There was greater awareness of the programme among respondents in Sukabumi, with 218 respondents who participated (48% of those who knew about Yes I Do). The relatively low percentage of respondents who knew about and had participated in the programme could be because it mainly targeted children aged 15–18 years, whereas the study sample also targeted youth aged 19–24 years. In addition, respondents might not have remembered or realized that an activity in which they had participated was through the Yes I Do programme. Nevertheless, the responses gave us an indication of coverage and context to better understand the results.

Figure 3



A playground provided with free Wi-Fi in front of the Sukaraja village office where children and youth hang out in the afternoon

3.2 COMMUNITY CONTEXT AND MOBILIZATION

3.2.1 SOCIAL AND CULTURAL NORMS AROUND GENDER, CHILD MARRIAGE, TEENAGE PREGNANCY AND FEMALE GENITAL MUTILATION/CUTTING

In both districts there have been positive changes in beliefs, values and norms in comparison to baseline, especially those pertaining to preventing child marriage and supporting gender equality, particularly girls' education. However, the values and norms regarding FGM/C remained difficult to change.

In **West Lombok**, the qualitative findings revealed a shift in the views of parents regarding the importance of equal educational opportunities for girls and boys to find good jobs. At baseline and midline, parents – especially fathers – tended to depict education for girls as primarily aiming to prepare them to become housewives/homemakers. At end-line, both fathers and mothers saw education as being important for both girls and boys to have a better future. There has also been a change in young women's aspirations, namely to obtain a better education and to work in a profession outside domestic work. The IDIs with young women and FGDs with girls aged 15–19 years revealed that the change in aspirations was one of the contributions of the Yes I Do programme, which, participants stated, opened up their thinking about having a better future.

However, the end-line study found that the community viewed men as leaders at both family and community levels, while women still tended to be placed in a domestic role, engaged in child care, food provision and household management, as also seen from the number of hours allocated to household activities each day reported by survey respondents.

Quantitative data in West Lombok showed that domestic work was mostly done by women, both by mothers (80% at baseline, 65% at end-line) and young women themselves (66% at baseline, 28% at end-line). However, young men were becoming more involved in domestic tasks. On average, the percentage of male and female respondents who did household chores for 1–2 hours per day did not increase significantly (from 21.5% at baseline to 22% at end-line). Whereas at baseline there were 22% of male respondents who did not do any domestic work at all, by end-line the figure had decreased to only 0.5%. The survey results in Sukabumi showed a similar situation, with domestic work mostly being done by mothers (69% at baseline, 65% at end-line). However, the percentage of female and male respondents who did household chores for 1–2 hours per day increased from 26% at baseline to 47% at end-line.

Regarding changes in gender norms related to the issues of child marriage and FGM/C in West Lombok, the qualitative end-line study found that parents still had considerable influence on the occurrence of child marriage. In these cases, it was the parents, especially the parents of the adolescent girl, who made the decision about the occurrence of *belas*¹¹ in *merariq kodeq* (child marriage). For the issue of FGM/C, as found at baseline and midline, mothers continued to determine whether or not a baby girl was circumcised. Child marriage and FGM/C are discussed in further detail in sections 3.6 and 3.7.

In **Sukabumi**, compared to baseline and midline, changes in values and norms regarding gender equality were seen among those involved in the Yes I Do programme. The changes that occurred at the village level, according to a Community Organizer, included:

“Understanding about gender, yes, although not yet all fully embracing it... but there is an emerging understanding that women have to be respected, and women are also capable of becoming leaders and so on. For example, Praise God, now women are included, entrusted to be deputy, deputy chair and secretary (in village organizations).” (Community organizer, Sukabumi, 2 September 2020).

Apart from positive changes in the community, the end-line study also found that discussions about gender remained sensitive. Provision of materials about gender in the community, according to Cisolok KPAD, needed to be conducted carefully and adjusted to religious values and norms. There were still groups in society resistant to ideas about gender equality. In Sukaraja village, for example, at the time of the end-line study there were government officials

¹¹ Separating the couple to be married, with the consequence of cancelling the marriage, through a customary mechanism.

and members of social organizations in the village who continued to disagree with the concept of gender equality, considering that the division of labour based on gender was natural.

Among youth – both girls and boys – changes could also be identified that support the idea of gender equality and also the prevention of child marriage. Young boys and girls in the FAD who were actively involved in the Yes I Do programme expressed their aspirations for higher education at university, work or having their own businesses. Furthermore, they wished that they could finish college before getting married. Among all respondents of the end-line survey, 30% of the female and 44% of the male respondents were actively working outside the home. The overall employment figures over time for both districts, however, remained unchanged.

Parents involved in Yes I Do activities were beginning to prioritize education for girls and involve boys in domestic work:

“Then for the mothers, there’s a change as well. It used to be, ‘Ah, for a girl, junior high school is adequate, as in the end she goes back to the kitchen.’ Now, there is more concern that girls should go to school as well as boys.” (FGD with women aged 20–24 years, Sukaraja village, Sukabumi, 4 September 2020).

There had also been changes among the fathers. Through the Yes I Do programme, parents had learned that they could not marry off their children under 19 years of age, so they put more effort into sending them to school:

“There is a prohibition from getting married at that age. Now, because there is that prohibition, I force myself to send [her] to school. Praise God, in my opinion, there is an advantage, because with this [socialization], children don’t marry arbitrarily. We keep our children in school and force ourselves to do so.” (FGD with fathers, Cisolok village, Sukabumi, 27 August 2020).

In the case of premarital pregnancy, it was still difficult for most people not to marry off their children. KPADs in Cisolok and Limbangan also expressed this opinion.

With regard to FGM/C, society still considered it a form of religious fulfilment and tradition. Some argued that FGM/C was compulsory, while others considered that it was not obligatory, but recommended. However, the study participants knew that FGM/C was still practised by the community.

3.2.2 RELIGION

In general in both districts, a change was observed since baseline towards religious views that supported the prevention of child marriage and teenage pregnancy. However, there was still a strong belief that FGM/C was highly recommended by Islam and remained part of the community’s traditions.

As in the baseline and midline studies, the end-line qualitative findings revealed that the understanding of religion – and the traditions of *merariq*¹² and *tesuci* (‘purifying’ the female through FGM/C) – remained the main influencing factors that perpetuate child marriage and FGM/C in West Lombok. It is important to note, however, that the rate of FGM/C was lower in **West Lombok**, since the Hindu population that resides there does not practise FGM/C (Hidayana et al., 2016). Since baseline, there has been a change in the views of most community members who became champions against child marriage, after the intervention of the Yes I Do programme. Religious leaders from the Islamic schools that received a Yes I Do intervention (for example, Ihya Ulumuddin junior high school), as well as *ustadz*¹³ and *amil*¹⁴ in some of the intervention villages, were involved in preventing child marriage by inserting child marriage prevention material in Quran recitals and during marriage advice events.

12 Merariq (Sasak) is the practice of taking the bride away from her home without her parents, close relatives or other family members knowing about it.

13 Ustadz is an honorific title for a man used in the Middle East, South Asia and Southeast Asia. It is used in various languages of the Muslim World, including Persian, Urdu, Bengali, Punjabi, Pashto, Turkish, Indonesian, Malay and Kurdish.

14 Sub-district officer for marriage.

“This means that society’s awareness has begun to exist. It is possible to understand the negative effects of child marriage. Moreover, we also often inform society when I am entrusted with delivering marriage advice.” (Amil, Kediri village, 13 March 2020).

Meanwhile, some people still believed that FGM/C reduces women’s excessive sexual desires and is part of the process of purifying women from a religious perspective. End-line interviews with traditional leaders and community leaders identified religion as one of the main reasons why FGM/C was still practised in several communities in the intervention villages. There were various practices of FGM/C, ranging from ‘cleaning’ the vagina of a baby girl with gauze or cotton wool, to using Chinese (*kepeng bolong*) coins. A more complete explanation of the issue of FGM/C is presented in section 3.7.

In **Sukabumi**, interpretations of Islamic teachings and the views of religious leaders regarding child marriage and teenage pregnancy varied. In areas where people had more open attitudes, such as Cisolok, the religious leaders we talked to supported and were involved in efforts to prevent child marriage and teenage pregnancy, and even asked the village government to have a child marriage prevention programme through recitation groups after Yes I Do ended. One of the community organizers explained this change:

“Religious figures, Alhamdulillah [Praise God], maybe at the beginning it was the same [they did not support the programme]. Maybe the conditions here were the same as in Cikelat village, only in Cisolok the religious norms weren’t as conservative as in Cikelat. It means that in Cikelat there are [until now] still some who disagree with the programme [Yes I Do]. Yes, at first it was the same in Cisolok. Here too, they didn’t agree, but we approached them and explained, so they started to open up their mind.”
(Community organizer, Sukabumi, 28 August 2020).

In Cikelat village there were still more conservative views. According to one of the oldest Islamic boarding schools (*pesantren*) leaders, child marriage and teenage pregnancy that occurs in marriage were not a problem and have been going on since the time of the Prophet Muhammad.

On the issue of FGM/C, we found that the views of (Islamic) religious leaders tended to be uniform: that FGM/C was strongly recommended to ‘cleanse’ women and to reduce lust. However, the religious leaders we talked to were all men who supported FGM/C, but they did not know precisely how FGM/C was performed or was supposed to be performed according to Islamic law.

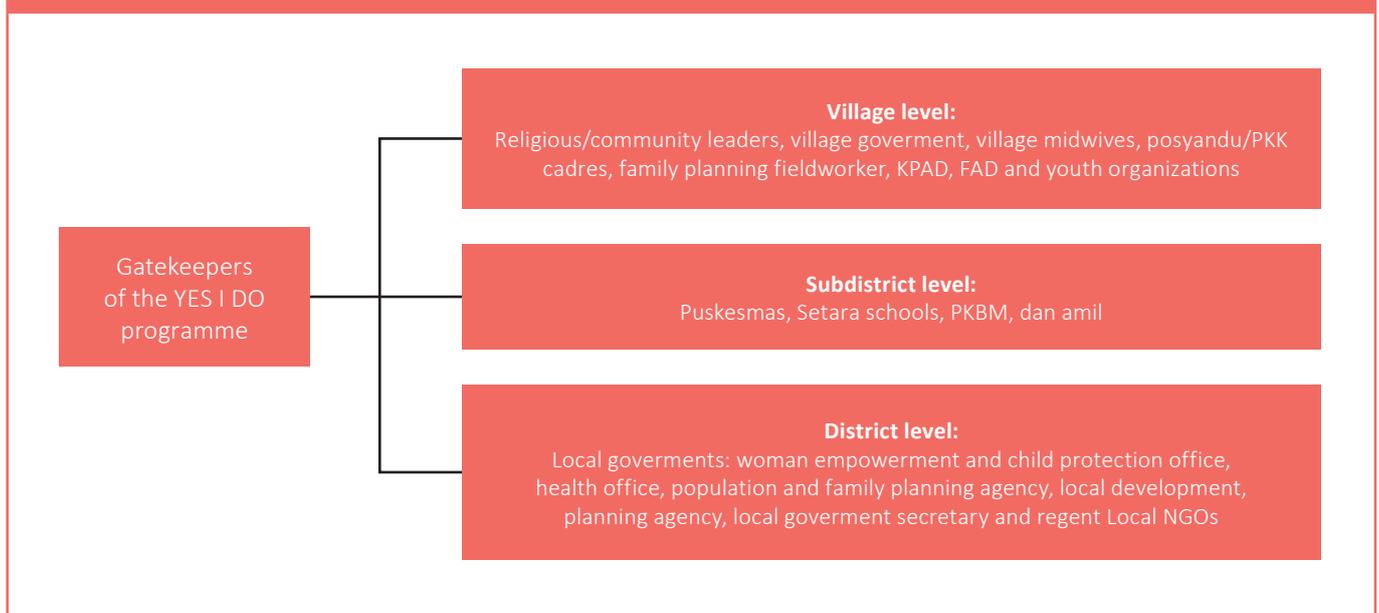
Efforts have been made to use a religious approach to prevent child marriage, teenage pregnancy and FGM/C. The Yes I Do programme produced a guidebook titled *Ulama Manual: Prevention of Child Marriage, Teenage Pregnancy and FGM/C*, which had been discussed with the religious leader (*ulama*) in Sukabumi since 2019. The book also addresses the concept of gender as a social construction and gender inequality. It also provides proofs and the Quran verses on the issues of gender equality, and the prevention of child marriage and FGM/C. According to the Sukabumi Yes I Do Alliance, the *ulama* welcomed the initiative and provided input so that it was full of religious arguments. In addition to the manual, the Yes I Do programme in Sukabumi also published the book *Child Marriage: Its Problems and Prevention Efforts*, which contains religious views on child marriage written by two Islamic scholars.

3.2.3 THE ROLE OF GATEKEEPERS

In both districts, since baseline there have been changes in the role of gatekeepers, especially in preventing child marriage and teenage pregnancy. In cases of premarital pregnancy, most of the gatekeepers (except for some members of KPADs and FADs) still believed that marrying off the girls was the best solution. On the issue of FGM/C, only gatekeepers – including health workers, KPADs and youth (in FADs) who were actively involved in the Yes I Do programme – played a large role in raising awareness about preventing FGM/C.

The Yes I Do programme has involved more gatekeepers from the village to the district levels (Figure 4) since baseline. Changes in the roles of each gatekeeper in the prevention of child marriage, teenage pregnancy and FGM/C have also been seen.

Figure 4 Mapping of gatekeepers in the Yes I Do programme



In **West Lombok** there were two groups classified as gatekeepers: at the village level and at the district level. Based on end-line qualitative data, traditional and religious leaders, such as village heads, hamlet heads, teachers and religious teachers, were highly influential in shaping public opinion and views, including on child marriage, teenage pregnancy and FGM/C. Therefore, before conducting programme interventions, the community organizers and KPADs first approached the leaders in the four villages, as a way to disseminate information that would be more easily accepted at the community level. Some positive changes as a result of this strategy can be seen from the end-line study, compared to the baseline and midline studies – for example, in the increasing number of champions at the village level who were traditional/community/religious leaders. These champions demonstrated an increasing amount of support to prevent child marriage and knowledge about the negative impacts of child marriage and teenage pregnancy.

“What I have done as a community leader and hamlet head was to raise awareness in the community – for example, at one meeting, an association attended by young people and those involved in these issues to receive enlightenment. Also when there is a wedding ceremony, I inform them about the age of marriage, and the negative effects on those who marry while not ready or prepared, due to the age factor and everything.” (Traditional/community leader, Kediri village, West Lombok, 14 March 2020).

Other findings from the end-line IDIs show that the role of traditional and religious leaders in discussing the issue of child marriage has been quite considerable in various meetings at the hamlet and village levels, such as through community dialogue. Other stakeholders such as village midwives, school teachers and religious leaders have also played an important role in disseminating information on the three issues. At the village level, gatekeepers included KPAD members, heads of villages or hamlets, and the police apparatus at the village level – who were also trusted as a party to accept reports and mediate cases of child marriage, one of which was through the *belas* mechanism.

*“We [KPAD] also cooperate with the village head, as the person in charge of supervision. There is the BPD [Badan Permasyarakatan Desa or Village Consultative Body], then there is the BKD [Regional Civil Service Agency], there is the village midwife, and there are also teachers who are members. We also reach out to the amil, because the one who usually acts as the amil is also a member of the BPD. Because he disapproved of the marriage, he participated in the *belas*; we asked him to participate in *belas*. There’s also the school, for the *belas* process; we ask the school to help in the *belas*.”* (KPAD member, Kediri village, West Lombok, 12 March 2020).

At the district level, gatekeepers included stakeholders who were members of the District Working Group (DWG), including the Dinas Pengendalian Penduduk Keluarga Berencana Pemberdayaan Perempuan dan Perlindungan Anak (DP2KBP3A – Office of Women’s Empowerment, Family Planning and Child Protection), which was actively leading child marriage prevention activities, social services, the Health Office in charge of school health clinics and *puskesmas*, the Education Office, the Regional Development Planning Agency (Bappeda) for advocacy and budgeting, as well as representatives of the Commission IV and NGOs working on children’s issues (including Yes I Do Alliance partners).

Community organizers in the Yes I Do programme encouraged cooperation and the active involvement of gatekeepers at the district level to work together to prevent child marriage.

“However, KPADs do not work alone, because they must always establish networks. The hamlet head also plays an important role. In general, the KPAD movement was more accepted by the community because of support from the hamlet head. As for the village government, it cannot be equated between villages. At the district level, the one that has a positive effect is DP2KBP3A. There is also a synergy with GAMAK [Anti-Merariq Kodeq Movement]. The gatekeepers are encouraged to take positive action together. All of these gatekeepers have a role to assist programmes at various levels. This year, the DWG will initiate activities that will be carried out even though they are also carried out by Rutgers. ... For affiliates [collaboration between the DWG and Rutgers], there is a cooperation programme to prevent child marriage, so that the results are more visible.” (West Lombok Yes I Do Alliance follow-up online FGD, 27 July 2020).

From the end-line qualitative interviews with representatives of DP2KBP3A, it appeared that the DWG also played an important role in assisting the advocacy process to prevent child marriage in West Lombok, in particular through GAMAK, a programme that had existed since 2017, and based on existing policies such as Regent Regulation (*Perbup*) No. 30 of 2018 concerning Prevention of Child Marriage. However, the DP2KBP3A representatives explained that implementation in West Lombok had not been optimal, due to a lack of awareness of the regulations and an absence of cross-sectoral cooperation.

For the issue of teenage pregnancy, there was a change in views regarding the dangers of pregnancy below age 20. The issue of teenage pregnancy in this case could not be separated from the issue of child marriage, one of whose impacts is pregnancy after marriage while still a minor. Therefore, the village government and KPAD, through health officers (village midwives), also conducted outreach to the community to change their views on these two issues. In some cases where child marriage was already happening and *belas* could not be implemented, one alternative solution was to delay pregnancy through the use of contraception. For unintended pregnancy outside marriage, the solution that parents, religious leaders and the community considered the best had not changed since baseline and midline: marry the girl off. According to the interviews with KPADs, premarital teenage pregnancy was quite a sensitive issue because it was always associated with religious views, and about covering up shame on the part of the family, so the intervention among community members on the understanding of this issue was not quite successful.

Likewise for the issue of FGM/C; as stated in section 3.2.2, FGM/C was closely linked to society’s religious and customary views. Although some of the community members received information about the impact of FGM/C from the Yes I Do programme, especially from KPAD members through midwives and *Posyandu* cadres, the majority of the community still supported FGM/C as part of the process of purifying women.

In general, the end-line study found that there had been a positive change in the role of the gatekeepers that were KPAD members, religious or community leaders or policymakers at the hamlet, village and district levels. This progress was shown by increased understanding of FGM/C and increased understanding and support for the prevention of child marriage, and to some extent teenage pregnancy.

In **Sukabumi**, the gatekeepers we talked to were those at the village, sub-district and district levels. At the village level, these included religious/community leaders, the village government, village midwives, *Posyandu/Pembinaan Kesejahteraan Keluarga* (family welfare) cadres, family planning field officers, KPADs and FADs. At the district level, there were *puskesmas*, schools, PKBM and *amil*. At the district level, this programme involved the Dinas Pemberdayaan Perempuan dan Perlindungan Anak (DP3A – the Office of Women’s Empowerment and Child Protection), the Health Office, the Population and Family Planning Agency, the Regional Development Planning Agency (Bappeda), the Regional Secretary of the local government office (*Sekretaris Daerah*) and the Regent. At end-line, almost all of the gatekeepers we talked to stated that there was a need to eliminate child marriage and to continue education for children, especially girls.

At the village level, in general the role of village governments, KPADs, FADs and community leaders changed for the better compared to baseline and midline. In the four villages, the village governments supported the prevention of

child marriage, to enable young people to gain a better education and, hence, to have better jobs. Cikelat village issued a circular regarding the minimum age for marriage, and Cisolok village promised to allocate funds to support the operations of KPAD and FAD and activities to prevent child marriage. The villages of Limbangan and Sukaraja allocated funds for KPAD activities. KPADs in the four villages have changed their names to PATBM (*Perlindungan Anak Terpadu Berbasis Masyarakat*, Integrated community-based child protection),¹⁵ after receiving decrees from the local government. When compared to midline, KPADs and FADs were generally better known and supported by the village governments, community leaders and youth leaders. There have been many advocacy and outreach activities carried out by KPADs together with FADs, village governments, and religious and community leaders.

With regard to the involvement of different genders, institutions that were facilitated by the Yes I Do programme such as KPADs, FADs and youth *Posyandu* in the villages were almost equal in terms of the involvement of men and women, especially in the membership of those institutions. This was also supported by quantitative findings that showed that 90% of the female respondents and 83% of the male respondents thought that boys/men should work together with women to prevent child marriage. In total, this percentage increased from 84.5% at baseline to 88% at end-line. The end-line study found the involvement of religious/community leaders, especially those with moderate views, in Yes I Do activities. However, conservative religious leaders and groups, especially in Cikelat village, tended to oppose the prevention of child marriage and FGM/C.

In the four villages, village midwives became involved in youth *Posyandu* activities. According to one village midwife, efforts to prevent premarital pregnancy that result in child marriage could be done best through the provision of reproductive health education at youth *Posyandu*. Another village midwife hoped that youth *Posyandu* activities could still continue after the conclusion of Yes I Do, as she was involved in advocacy meetings with the village government about providing a budget for the youth *Posyandu*. In addition, *Posyandu* cadres, *Pembinaan Kesejahteraan Keluarga* (family welfare) cadres and family planning field officers were also involved in preventing child marriage and had become members of PATBMs, as in Limbangan village.

At the sub-district level, there were also gatekeepers who viewed child marriage and teenage pregnancy as having a negative impact on children. The gatekeepers identified included the coordinator for midwives, *Pelayanan Kesehatan Peduli Remaja* (PKPR – Youth Health Care Services), schools and *amil*. At midline, there was no coordination between PKPR and the village midwife. At end-line, according to the midwife coordinator at the Cisolok *puskesmas*, there was coordination between village midwives and the PKPR programme on adolescent SRH and youth *Posyandu* activities. In addition, there were also six junior high schools in Sukaraja and Cisolok districts that provided sexuality education using the *Semangat Dunia Remaja* (SETARA – Spirit of Youth World) module. SETARA teachers delivered education on SRHR topics, including child marriage. Outside schools, PKBMs were involved in the Yes I Do programme by providing employment skills training for young people in the village at the time of the end-line study.

At the sub-district level there were also *amil* who had been involved in the Yes I Do programme. The *amil* in Sukaraja sub-district explained that with the Marriage Management Information System (*Sistem Informasi Manajemen Nikah* – SIMKAH) it was difficult to legally marry under the age of 19. Although he supported the abolition of child marriage, he stated that there was a dilemma in the case of premarital pregnancy. There may still be a possibility that the *amil* would facilitate child marriage in the case of premarital pregnancy at the request of the parents, through an unregistered marriage, which would be formalized after the child turns 19.

The Sukabumi government, especially DP3A, was also active in raising awareness about child marriage under the Child-Friendly District programme. In addition, together with the Sukabumi Yes I Do Alliance and Plan International Indonesia, the government conducted PATBM sensitization and facilitated the formation of PATBMs with KPADs in each village in August 2020.

Overall, at village, sub-district and district levels in both districts there have been positive changes since baseline in the understanding of and support for the prevention of child marriage among most gatekeepers. Religious leaders, however, continued to have a mixed role on child marriage and teenage pregnancy. There was an increased understanding of the negative effects on girls' health and education; however, the support extended to unmarried

15 In West Lombok, the name of KPAD depends on the local government's agreement.

pregnant girls was limited to rushing them into marriage. This was due to stigma (mainly focused on the girl) and a need to conform to society's norms. However, some KPADs tried to advocate on this issue towards parents. Regarding FGM/C, some gatekeepers, such as KPADs, FADs, village midwives and some religious leaders, understood its harm, but there was little opposition to it.

3.3 YOUTH ENGAGEMENT

3.3.1 YOUTH AUTONOMY, ENGAGEMENT AND EMPOWERMENT

Since baseline there have been positive changes in terms of youth autonomy, engagement and empowerment in both districts. This was demonstrated by the courage of young people to voice their opinions, participate in village meetings and initiate village activities to prevent child marriage. Specifically, this change was seen through the involvement of young people in FADs, which had started to carry out advocacy at the village level and to be involved in advocacy efforts at the district and national levels.

In **West Lombok**, the participation of young people who actively voiced their opinions increased at end-line compared to baseline and midline. However, the level of changes in autonomy and active involvement differed between the intervention villages. In the villages of Kediri and Jagaraga Indah, for example, young people were able to express their aspirations through the village development planning forum (Musrenbang). At end-line, we found that youth had been appointed head of KPAD and a member of the Village Consultative Body (Badan Permusyawaratan Desa), although not yet in decision-making positions. In South Lembar village, young people also actively advocated for preventing child marriage and promoting adolescent SRH by distributing brochures about the impact of child marriage to communities around the coast, and delivering them to people's homes around South Lembar.

Young people in the four villages also participated in joint advocacy activities held at the district level during the Gawe Bajang Bercerite activity at the end of 2018. This activity was a joint campaign between the Yes I Do programme and the district government, represented by DP2KBP3A and the West Lombok Regent. This activity raised the issue of preventing child marriage through the GAMAK programme by channelling youth creativity.

"There was a campaign, during the gawe bajang [youth event] activity, which was our first joint campaign. We were ... putting out banners ... acting drama, singing etc. – a youth activity. Then, there were brochures that were unused, so we took the brochures – we live near the coast, so we went there – to give them to the people on the beach. So we were holding a campaign without adult involvement ... From there, we noted that the beach was dirty, so if we clean up the beach every month, we do a campaign in the same month. So we took quite a lot of brochures, about child marriage and adolescent health, about unintended pregnancy. So we went to the houses, and we posted the brochures. We did ask for permission, we posted the brochures so they are read, so that no child gets married. It seemed that we were received by the community." (FAD, South Lembar village, West Lombok, 16 March 2020).

Young people who were members of an FAD were quite active at end-line and had their own initiatives, particularly on the issue of preventing child marriage. The active involvement of adolescents in South Lembar and East Sekotong villages was not particularly related to SRHR issues, but it was still in the form of carrying out social activities at the village level, such as being committee members for the independence commemoration activities, the Prophet's birthday and other events.

Furthermore, at end-line, youth leaders and young people could also advocate for themselves and represent other youth even at the national level. One of the leading members of a KPAD was a young woman who was actively involved in various events representing young people at the village level, in West Lombok and up to the national level on the issue of preventing child marriage.

With regard to youth autonomy, in the four intervention villages, some young women were able to express what they wanted – for example, the desire to continue studying until college, or choosing to quit high school and work to help

the family financially. Furthermore, some adolescents were also able to decide for themselves when they wanted to get married and to choose a partner. This differed from the baseline, when youth did not have the courage to express themselves and tended to follow their parents' wishes. One female FGD participant explained that young girls had also gained the confidence to be involved in various village organizations, such as KPADs, FADs, a tourism awareness group¹⁶ in Kediri and spiritual groups, even though this sometimes resulted in having to go home late at night:

"...In the past, most people in the community thought that women should not go out late at night. Now, society has seen change, especially for women who live nearby. For example, they go out until late in the evening, but they have awareness. Education of women is becoming closer to equal with men. ... In the past, parents did not allow girls to leave the house, but now that they know about education; girls' education must be furthered. Also, now girls are given the opportunity to participate in organizations. Another change is that girls can choose their partner, and this is considered fine. ... In the past, girls had to follow their parents' wishes." (FGD with girls aged 15–19 years, Kediri village, West Lombok, 13 March 2020).

However, the situation was different in East Sekotong village. Some parents were still worried when their child participated in activities until late in the evening. According to the community organizers, the differences between intervention villages were related to differences in the interventions carried out. In East Sekotong, the interventions carried out were not as significant as in other villages because it was difficult to access the village (the road was damaged; the topography was steep and uphill), and the youth were not as active as in other villages. In addition, differences in the characteristics of youth in the different intervention villages also played a role in the youth engagement and empowerment programmes carried out by the Yes I Do programme:

"There are geographic issues and a lack of champions. There are differences in the characteristics of young people in Sekotong. They tend to be more passive and less active in their opinions, and only one or two people are active enough. This results in a lack of commitment from the young people themselves. The characteristics of the youth there are very different from other villages." (West Lombok Yes I Do follow-up online FGD, 27 July 2020).

Based on an FGD and IDIs, the majority of the young people evaluated the business skills programme of PUPUK and Champions of Change positively. Adolescents were involved as facilitators or peer tutors for other young people. A Champions of Change facilitator who facilitated a group of young people and raised their awareness on SRHR shared that:

"If you become a facilitator, you can share that knowledge with your friends. In the end, we as facilitators will also be trained to teach this knowledge." (FGD with boys aged 15–19, Kediri village, West Lombok, 14 March 2020).

Quantitative data showed that 64% of study participants (n=483) in West Lombok and 58% (n=455) in Sukabumi knew of the Yes I Do programme. While only 18% of them in the former actually participated in the programme, in the latter this percentage was higher, at 28%. About half of those who did not participate in both districts stated that this was because they were not involved by the programme implementer. In West Lombok, 20% of the respondents stated that none of their friends were participating, hence they did not, while in Sukabumi the same percentage found it irrelevant/unimportant.

Most respondents who had participated in the programme were younger (below 18 years old). Hence, the relatively low level of participation in both districts could be because the older respondents did not know about the programme, as they were not the target group, or due to recall bias: they had forgotten about or were unaware of the Yes I Do activities.

These low percentages can be further explained by the qualitative data. In West Lombok, many of the active youth were only those from the FAD. Moreover, according to both the community organizer and KPAD, the large size of

¹⁶ This tourism awareness group is one of the groups formed by the Yes I Do programme. This group focuses on developing tourist destinations to improve the local economy, and youth are involved as implementing members.

the villages made it difficult to adequately reach young people. In addition, the different characteristics of young people also posed a barrier, according to programme staff. In Sukabumi, researchers found that there were still a number of adolescents and young people, especially males, who had never heard of the programme. They did not mix much with members of social organizations or youth groups in the village or with village governments. Several female participants had heard of Yes I Do and had at least participated in awareness-raising activities on preventing child marriage in the village. In **Sukabumi**, those who were active in youth groups in the villages generally knew about and were involved in the Yes I Do programme, and were also involved in various youth groups in the villages: Quran recitation, sports or arts.

According to the community organizers of Cisolok and Sukaraja, the young people involved in the Yes I Do programme showed changes – from being too shy to attend events and speak in public, to being brave enough to speak in village forums. This was especially after the Champions of Change activity, which provided facilitator training for young people and provided opportunities for them to become facilitators for other youth in discussion activities in the community. Just as in West Lombok, the young people in Sukabumi considered Champions of Change activities to be highly useful for increasing youth confidence and engagement in the village.

The FADs were working well in Sukaraja, Limbangan and Cisolok. In Limbangan village, at least three FAD members joined the PATBM management structure, and one FAD member had become the leader of the youth *Posyandu*. The PATBM management structure was legalized through a decree by the village head. In Cisolok village, the FAD and the mosque youth association held weekly joint activities, such as cleaning the village, holding Quran recitations, *marawis*¹⁷ and raising funds through food sales. There were also monthly youth *Posyandu* activities. In Sukaraja village, although they were facing the problem of limited youth involvement, the FAD there had collaborated several times with the one in Limbangan to organize joint advocacy activities. In Sukaraja more youth were involved in the FAD. However, the regeneration of youth leaders in this village was challenging, as older youth would enter the workforce soon, while the younger ones seemed to be more interested in hanging out with their peers. Nevertheless, youth that we talked to in these villages also felt more confident in expressing their opinions to adults. In addition, a better youth and adult partnership at the village level could foster youth involvement in various village activities, such as in Cisolok and Limbangan.

In Cikelat village the FAD also faced the challenge of limited youth involvement, although there were already youth groups in the village for sports and recitation activities. There was limited youth involvement in decision-making processes in the village because of weak youth leadership and no wider youth participation in the FAD. In addition, some of the village youth, who were not involved in Yes I Do activities, were not aware of the existence of the FAD and tended to spend their spare time with their peers in various activities in the village. On the other hand, a youth from the Cikelat FAD became the vice-chairperson of the Cikelat village PATBM. In general, significant changes in youth involvement have started to occur in the village.

In terms of partnerships between young people and adults in the village, positive changes had started to appear at end-line. According to the Limbangan FAD, the Limbangan KPAD supported their activities and even provided funding support, such as for snacks and transport, especially for youth *Posyandu* activities.

It is important to note that village midwives did not provide SRHR information on every occasion at the youth *Posyandu*. However, FAD members who administered the youth *Posyandu* offered consultations in which some youth asked about puberty problems. If they could not answer the questions, the FAD would ask the village midwife, thus demonstrating a partnership between youth and adults.

At end-line, engagement of young people in village decision-making meetings through FADs and youth organizations was observed. FAD members also entered PATBM management. However, partnerships between youth and adults to enable the meaningful involvement of young people in village meetings and the leadership of social organizations in the village remained a challenge. According to an FAD and a community organizer, youth could be entrusted with the leadership of social organizations in the village, but in the end most of them were only placed as division heads, not in more strategic positions such as vice-chairman, secretary or treasurer. They felt that there were opportunities

¹⁷ Musical groups in which a small double-sided hand drum is the main instrument. Originally from the Middle East, *marawis* groups play religious songs.

for young people to participate in the villages. However, village governments and community leaders needed to be encouraged to take young people more seriously and give them strategic leadership positions.

In sum, in both districts at end-line, FADs were more actively involved in advocacy against child marriage, organizing youth *Posyandu* and being represented in the village organizations and decision-making forums. Many FAD members said that they felt more confident expressing their opinions in the village. However, there was still a discrepancy in youth capacity in the FAD or between FADs. Some FADs faced problems concerning youth participation and leadership.

3.3.2 DISCUSSING SENSITIVE ISSUES AND INTER-GENERATIONAL COMMUNICATION

In general, positive changes were observed in terms of intergenerational communication between young people and adults in the two districts. Similar to the baseline and midline study findings, youth claimed to be able to discuss their education and future plans with their parents. Some female youth had begun to consult village midwives and KPAD administrators about sexuality issues. However, in general it was still taboo for adolescents to discuss the topic of sexuality with their parents or other adults. This was confirmed by both qualitative and quantitative data (see Table 6).

However, in West Lombok, at end-line, some young women had started to open up and dared to ask their parents if they experienced SRH problems, such as menstrual pain and vaginal discharge. But this was limited to the ‘safe’ topic of menstruation for women. In general, youth preferred to discuss topics related to sexuality and dating with their peers. This was particularly the case for young men.

Table 6 Ease of talking about sexuality and marriage with parents

Youth who find it easy to discuss sexuality and marriage with their parents	Baseline		End-line	
	West Lombok	Sukabumi	West Lombok	Sukabumi
Girls and young women (15–24 years)	197 (35%)	243 (41%)	224 (40%)	247 (42%)
Boys and young men (15–24 years)	47 (27%)	36 (18%)	38 (20%)	34 (17%)
Total	244 (33%)	279 (35%)	262 (35%)	281 (36%)

On the topic of gender equality, female respondents had become increasingly comfortable to talk about this with their female peers (28% at baseline and 37% at end-line) and adult women (35% at baseline and 59% at end-line) over time. However, at both baseline and end-line, female respondents felt less comfortable communicating with male peers and male adults. Both studies found that female respondents were restricted by differences in gender identities. Greater improvements in communications were found in West Lombok than in Sukabumi.

Based on the quantitative data, compared to the baseline study, the end-line study showed that youth – regardless of their gender – were generally more concerned about their future, relationships with the opposite sex, and the possibility of dropping out of school. However, at end-line they were able to express their concerns to several people they could talk to, such as their parents or partners. The qualitative data also reveal that topics discussed during such conversations included SRH problems.

While it was clear that young people found it difficult to talk about their sexuality with their parents, Table 7 shows that talking about general hopes and worries may have become easier for young people. An improvement in male respondents’ communication at home with their families was observed in Sukabumi, but not in West Lombok, while females were far more comfortable in both districts. At both baseline and end-line, the respondents talked most to their mothers and spouses.

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

Youth who have someone at home with whom they can talk about feelings, hopes or worries	Baseline		End-line	
	West Lombok	Sukabumi	West Lombok	Sukabumi
Girls and young women (15–24 years)	392 (70%)	485 (81%)	424 (75%)	498 (85%)
Boys and young men (15–24 years)	99 (56%)	109 (54%)	105 (56%)	174 (89%)
Total	491 (67%)	594 (74%)	529 (71%)	672 (86%)

Young people were asked whether they felt they could discuss certain topics with their families. In both districts, popular topics included their hopes and worries about the future, dating and relationships, and the implications of dropping out of school. The percentage who discussed these topics with their family had increased since baseline. The largest increases were for those who discussed their future hopes and worries in West Lombok (from 61% to 80%) and the implications of dropping out of school (from 46% to 66%). When it came to discussing these topics with their friends, marriage replaced dropping out of school in both districts. Overall, higher percentages of young people discussed these topics over time.

Furthermore, in both districts, lower percentages of young people at end-line compared to baseline indicated that their parents or relatives would decide on their future partner. About three quarters of the respondents in West Lombok stated that their parents or a relative would decide their partner at baseline, but this proportion had fallen considerably among young women at end-line (20.5% for females and 64% for males). In Sukabumi, as in West Lombok, three quarters stated that their parents or a relative would decide their partner at baseline, but this had flipped by end-line, with 78% of females and 90% of males disagreeing that their parents and relatives would decide their future partner. This could be due to the increasing autonomy of young people and awareness-raising activities on child marriage undertaken by the Yes I Do programme and the government.

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

3.4.1 YOUNG PEOPLE'S PROBLEMS AND WORRIES

In **West Lombok**, young people's SRH problems generally occurred when boys and girls entered puberty. The interview with KPAD revealed that girls often asked questions related to their own SRH, such as menstrual pain and excessive vaginal discharge. It was also found that unsafe abortion practices were carried out as a result of unprotected sexual intercourse among youth.

In addition, through an FGD and an IDI with youth and a KPAD, it was discovered that some boys were dealing with the adverse effects of addiction to pornography such as skipping school. This content was accessed through pornographic websites (videos/movies) and video sex calls with women through applications or websites that they found on Facebook. While young people often used Facebook as a platform for meeting people and dating, digital platforms had also entered their sex lives. Young people indicated that phone sex was not uncommon. Problems related to pornography among youth were also mentioned by KPADs:

"I think, well, these children ... know where to find that [pornographic sites]; they even know how to do video sex calls. Usually, they are asked to pay ten thousand rupiah [USD0.71] for a three-hour long video call. I have no idea whether they are doing it with any girls or their girlfriends. I heard that in one of our discussion sessions. They got it from websites, usually Facebook, information about phone sex, call this number, it's usually like that." (Member of KPAD Kediri, 12 March 2020).

It appears that the ease of Internet access might expose youth to pornographic content. This exposure to some youth was not balanced with sufficient information and knowledge related to SRH. Moreover, an IDI with one of the boys revealed that there were 'paid places' that youth could use to have sexual intercourse, such as rented rooms. In these cases, sexual intercourse was often reported to happen without the use of condoms, which might result in unintended pregnancy and, ultimately, child marriage, to cover up the family's 'disgrace'. This topic will be discussed further in sections 3.5 (Teenage pregnancy) and 3.6 (Child marriage).

Regarding the variety of SRHR problems that youth were facing, the end-line study showed positive progress on the information made available to them. First, there was the online SRHR counselling mechanism provided by a KPAD (Kediri) and an FAD (South Lembar) through WhatsApp and their Facebook pages, and the dissemination of information through social media such as Instagram – for example, the *ite kanak Kediri* account managed by the Kediri KPAD and FAD. In addition, there was also face-to-face counselling with village midwives during youth *Posyandu*, which took place each month. According to programme staff, information on avoiding unintended teenage pregnancy was provided to youth groups and FAD members through material titled *Healthy Relationship (Pacaran Sehat)*. This information was disseminated through the Champions of Change programme and the SETARA learning activity in schools. Moreover, the boys received special education on how to respect their partners and make decisions together, and on gender equality.

In **Sukabumi**, during the end-line study, youth reported facing various SRHR problems. These problems varied by gender and age. The qualitative data show that boys tended to be curious and were eager to experiment with their sexuality such as by using sex-enhancing drugs, masturbating, and consuming pornographic material. They were also curious about wet dreams. Young men tended to seek information about contraception and sexually transmitted infections, including HIV/AIDS. Girls were more concerned with puberty and premarital sex, while young women who were closer to getting married showed a degree of curiosity towards sexual intercourse, pregnancy and contraception. The issue of sexual violence was mentioned only by the girls and young women, and not by the boys or young men at all. Masturbation was mentioned by boys, but not by girls or young women. Table 8 shows what survey respondents reported to worry about at end-line.

Table 8 Worries related to young people's rights at end-line

	West Lombok		Sukabumi	
	Female	Male	Female	Male
Early pregnancy	81%	92%	82%	32%
Early marriage	76%	89%	78%	31%
Not finishing school	83%	84%	80%	26%
To be worth a bride price only	50%	65%	66%	15%
To not decide for myself who to date	60%	53%	68%	29%
To be denied access to contraceptives	45%	36%	45.5%	7%

In general, teenage pregnancy was one of the issues that both male and female respondents worried about in West Lombok and Sukabumi. Male respondents in West Lombok had considerably more worries than those in Sukabumi. At the time of the end-line study, economic problems were among the participants' main concerns as well, especially among males. This might have been because of the Covid-19 pandemic, which resulted in lower incomes.

3.4.2 SEXUAL BEHAVIOUR

Based on the survey data, there had been a positive change in comparison to baseline, with more youth saying that they can choose their partner. In terms of sexual activity, at end-line, more boys than girls were engaging in sexual activity, but girls began their sexual activity earlier than boys (see Tables 9 and 10). However, girls also seemed to be more prone to experience sexual violence than boys.

The most striking change in terms of young people's sexual behaviour in both West Lombok and Sukabumi compared to baseline was the use of the Internet and social media in dating, such as chatting via WhatsApp, voice calls or video calls, or phone sex. Otherwise, youth were dating on the beach, eating together, holding hands, and kissing.

Table 9 Engagement in sexual activity and intercourse at end-line

		Sexual activities (petting, kissing)	Sexual intercourse (penetrative)
West Lombok	Girls and young women (15–24 years)	258 (46%)	235 (42%)
	Boys and young men (15–24 years)	79 (42%)	28 (15%)
	Total	337 (45%)	263 (35%)
Sukabumi	Girls and young women (15–24 years)	187 (32%)	122 (21%)
	Boys and young men (15–24 years)	89 (45%)	21 (11%)
	Total	276 (35%)	143 (18%)
Total		613 (40%)	406 (26.5%)

“They started dating in elementary school, O Allah. From the 4th grade, 5th grade, deep condolences to the current generation. That’s what I heard. I heard this with my own ears, that kissing is considered something common among teenagers these days. But they’re doing it in a quiet place. After doing that, they’ll tell their friends about it, boasting.” (FGD with girls aged 15–19, Kediri village, 13 March 2020).

Table 9 shows the percentage of young people who had engaged in sexual activities or sexual intercourse. About 40% of the respondents – both male (42%) and female (46%) – in West Lombok had engaged in sexual activities, whereas in Sukabumi the percentage of boys and young men engaging in sexual activities (45%) was higher than girls and young women (32%). Women in both districts were more likely to engage in intercourse than men. However, this could also indicate that young men felt uncomfortable sharing this information in the survey.

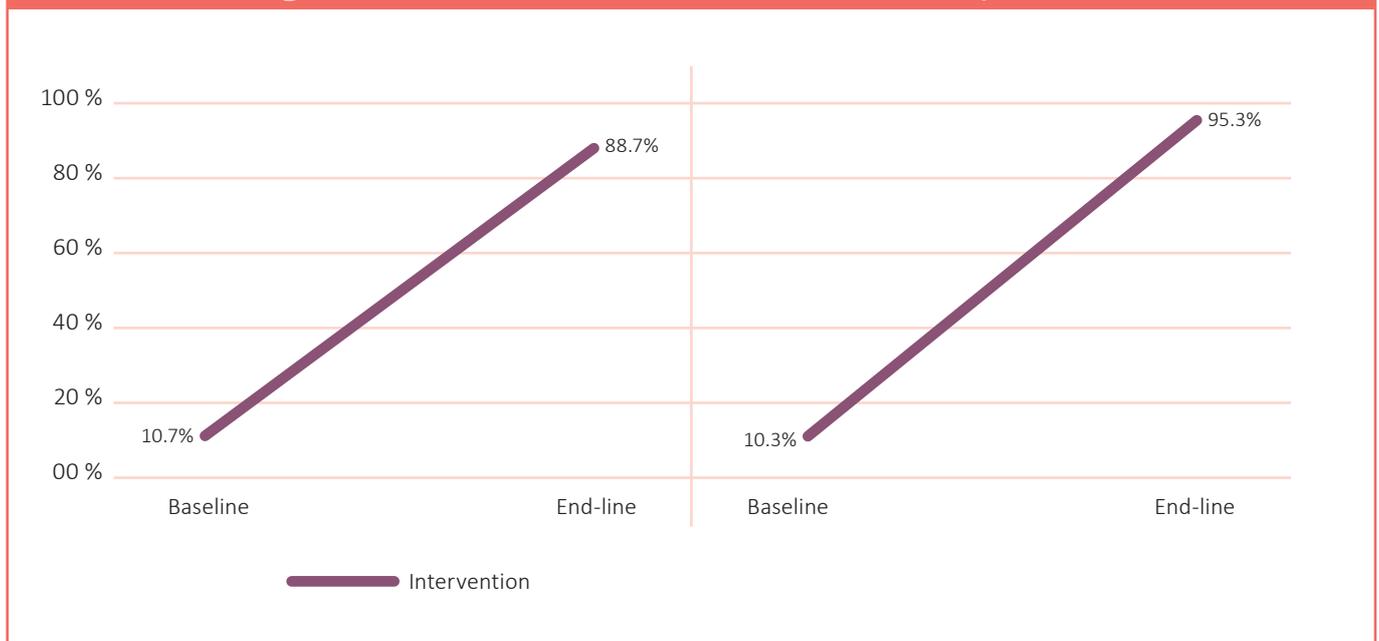
Table 10 Average age of sexual activity and intercourse at end-line

		Sexual activities (petting, kissing)	Sexual intercourse (penetrative)
West Lombok	Girls and young women (15–24 years)	17	18
	Boys and young men (15–24 years)	17	18
Sukabumi	Girls and young women (15–24 years)	17	18
	Boys and young men (15–24 years)	16	17

Higher percentages of young people reported ever having a girlfriend or a boyfriend compared to those who had engaged in sexual activities. This could indicate that many young people who dated were not sexually active. In general, the majority of female respondents in both regions said that they had had a girl/boyfriend before (71% in West Lombok and 88% in Sukabumi). The majority of male respondents in Sukabumi (84%) said that they had been in a relationship before, compared to 41% in West Lombok.

The regression analysis on young people’s ability to decide for themselves whom to date demonstrates a considerable and statistically significant increasing trend over time among both young women and men aged 15–24 (OR 65 – from 11% at baseline to 89% at end-line; and OR 175 – from 11% at baseline to 95% at end-line, respectively, Figure 5). These results might have been influenced by several factors, including the increase in young people’s awareness of SRHR issues, as well as their exposure to information and education on SRH from various sources. However, these results should be interpreted with caution as at baseline, there was a discrepancy between the qualitative and the quantitative data. The former implied that youth had more choice to date and choose their partner while the latter indicated that they did not have the autonomy and parents chose their future partner.

Figure 5 Percentage of girls and young women (left) and boys and young men (right) aged 15–24 who can decide for themselves who they can date



3.4.3 SEXUAL VIOLENCE

Young women mentioned sexual violence as an SRHR problem in the FGDs. This, along with physical violence, was also explored by the survey. There was a slight increase in the percentage of female respondents who had experienced sexual harassment ‘rarely’ or ‘often’, from 2% at baseline to 4% at end-line. None of the male respondents admitted to having experienced sexual harassment. Eight female respondents (1%) and one male respondent (0.5%) claimed to have accessed sexual violence counselling services.

Violence in the context of marriage was also explored. Self-reported rates of experiences of physical violence from a partner were relatively low but still a concern. In West Lombok, one female respondent (0.4%) stated that she ‘always’ got beaten or hurt by her partner. In addition, 17 female respondents (7%) stated that they were ‘often’ beaten or hurt by their partners, while 22 female respondents (9%) said that they got beaten or hurt by their partners ‘sometimes’ or ‘rarely’. Five male respondents mentioned encountering this violence ‘sometimes’ or ‘rarely’.

The qualitative end-line data in West Lombok revealed cases of sexual harassment and violence experienced by youth, especially girls. Cases of sexual harassment that were found included catcalling, body shaming and flipping up girls’ skirts and slapping their buttocks, which was perpetrated by boys. There was also a discovery that some cases of dating violence were perceived as a form of ‘romantic behaviour’ – through the use of the local terms *budak cinta* or *bucin* (‘love slave’). Some of the girls did not realize that they had become victims; these forms of ‘violence’ were simply considered expressions of their partners’ affection:

“There were cases, when dating, [she] received beatings, but [she] said that it was romantic, that’s why I call it bucin [budak cinta or love slave], these children. Because for example, [he] left [her] on the road, but [he] will come and pick [her] up later on; let’s say that [he] hit [her] already, up to the point that they were slapping each other, but [he] will be back, and will treat [her] with kindness, and they don’t consider it violence, like that.” (Member of KPAD Kediri, 12 March 2020).

In addition to cases of dating violence, cases of sexual violence in schools and communities (domestic violence and violence against children) were also found. Sexual violence in schools is discussed in section 3.8.2. Regarding cases of sexual violence occurring within the community, officials from KPAD Kediri mentioned that there had been a rape case involving a four-year-old girl at the end of 2019. The perpetrator was her 16-year-old uncle. KPAD Kediri helped with the police report and asked the Rumah Perlindungan Trauma Centre (Protection House Trauma Centre) to provide assistance to the child victim.

“... In 2019, a four-year-old girl [was raped by] her 16-year-old uncle. She was sick for two weeks; her vagina, they thought it was just a common disease, and then she was brought to the community health centre, but she didn’t get checked thoroughly. And then the private doctor said that this child had lost her virginity, and her mother was shocked. She asked her daughter who did it, and then she answered that it was her uncle. But her uncle didn’t admit it; because it had been two weeks, we couldn’t find fingerprints. He was reported to the Sectoral Police (Polsek) and then to the Departmental Police (Polres). In the Polres, it was hard to find the fingerprints and other things; and because of that I requested help from the Protection House Trauma Centre.” (Member of KPAD Kediri, 12 March 2020).

Compared to the baseline and midline studies, the end-line data show that according to youth and a SETARA teacher, both the types of violence and the perpetrators were getting more diverse; increasingly the perpetrators of verbal violence were not only adults but youth themselves. To prevent violence and dating abuse from happening in schools, the Yes I Do programme provided youth with information regarding healthy relationships and how to respect their own bodies. This information was provided through the materials in the SETARA module as well as in discussion series. For cases of violence happening within the community, the Yes I Do programme provided KPADs with a referral mechanism – a procedure for handling cases of violence, including by referring the victim to health care services, counsellors, legal aid or the police. However it was difficult to provide referrals if the survivor decided not to report the incident. According to KPAD, it was crucial for the community to be sensitized about children’s rights and sexual violence. Education on the topic also needs to be provided to KPAD members to enable them to disseminate knowledge to the community. Since there was not much emphasis on the topic of sexual violence, it became important for youth to understand and be able to identify behaviours classified as sexual violence.

Similarly, in the end-line survey in **Sukabumi**, seven female respondents (6%) stated that they had ‘rarely’ experienced physical violence from their partners. None of the male respondents had experienced it. The percentage of unmarried female respondents who had experienced sexual harassment, however, increased from 9% at baseline to 19% at end-line. Some participants explained they experienced catcalling and teasing when they passed certain spots in the village. Participants’ understanding that sexual violence and harassment were not only limited to rape or other physical abuse was a noteworthy positive change. When asked about the intensity of the harassment, respondents answered that such cases happened ‘less than once per month’. Only one case of sexual harassment against men was recorded at baseline, and none at end-line.

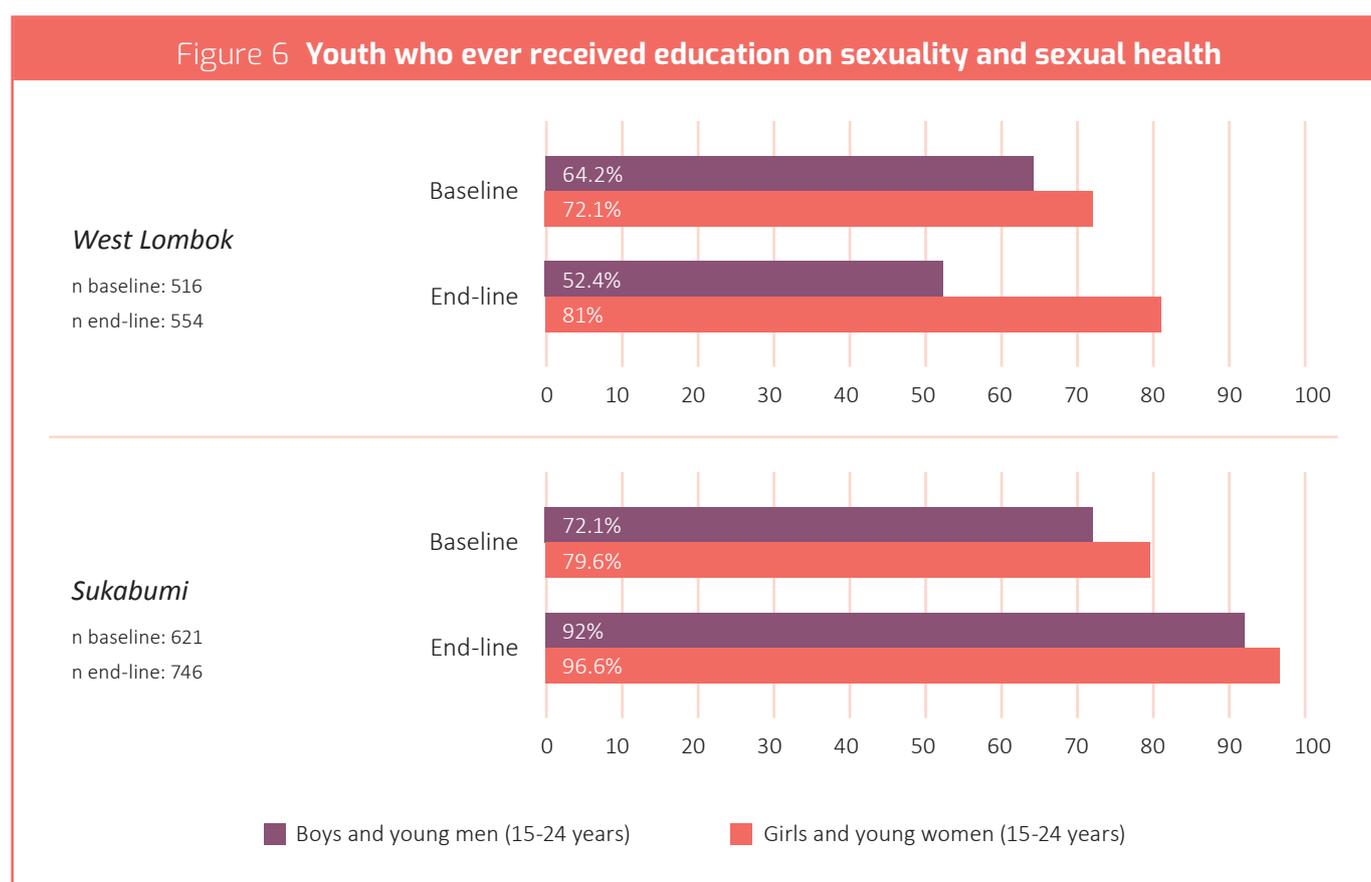
The qualitative data seem to indicate a high level of sexual violence in Sukabumi. DP3A for Sukabumi Regency paid special attention to the issue of sexual violence. According to DP3A, the prevalence of sexual violence was increasing in Sukabumi; this might have been the result of increased public awareness, which led to more reports.¹⁹ Based on IDIs and FGDs conducted with girls and young women, the issue of sexual violence was considered alarming. In addition, KPAD and village officials mentioned that it would be very difficult to intervene in cases of sexual violence if both the perpetrator and the survivor were related by blood. For cases of domestic violence, including domestic sexual violence, there were officers called *motekar* (*motivator ketahanan keluarga* or motivator for family resilience) who were assigned a role as mediator. However, one village official stated that domestic sexual violence against girls was difficult to disclose. One 19-year-old female participant, who experienced violence from her husband, revealed that even though she felt traumatized, she never talked about her experience to other people because she was afraid that her husband would be angry.

One village official revealed that the role of other youth became important in reporting cases of violence happening to their friends. He considered the youth *Posyandu* ideal to shed light on SRHR problems, including sexual violence. As mentioned by KPAD, there were several cases of child marriage and premarital pregnancy reported by youth. Cisolok KPAD, for example, once received a report about a girl who had been raped, but, unfortunately, after hearing the girl’s story and the midwife’s opinion, KPAD did not consider the incident a rape. The changes that had occurred in the management of sexual violence in Sukabumi cannot yet be considered significant; however, the issue of sexual violence was being recognized as a problem faced by youth, especially girls.

¹⁹ Based on data from the Integrated Service Centre for the Empowerment of Women and Children (Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak), in Sukabumi from January to July 2020 there were 77 children who experienced sexual violence, two children who experienced domestic abuse, ten children who experienced trafficking, and five children who experienced other forms of mistreatment.

3.4.4 INFORMATION AND EDUCATION

The quantitative data reveal an increase in the percentage of young women and men aged 15–24 who had ever received education on sexuality and sexual health between baseline and end-line. Several factors contributed to this change, including the availability of more sources of information and education aimed at youth – for example, through the youth Posyandu; consultations with the village midwife; access to SRHR information via the Internet; access to SRHR education through the SETARA module; and the series of discussions conducted within the community. Figure 6 captures changes in education on sexuality and sexual health from baseline to end-line.



While there was a decrease in the percentage of young men who had ever received education on sexuality and sexual health in West Lombok (from 64% to 52%), there was an increase among young women (from 72% to 81%). In Sukabumi, the percentage of those who had ever received education on sexuality and sexual health increased from baseline to end-line among both male (from 72% to 93%) and female respondents (from 80% to 97%). Regression analysis on the data from both districts show a statistically significant increasing trend over time among young women aged 15–24 who had ever received education about sexuality and sexual health (OR 2.5 – from 76% at baseline to 89% at end-line). However, among young men aged 15–24, when combining both districts, the increasing trend over time was not statistically significant (OR 1.2 – from 68% at baseline to 73% at end-line).

The majority of the respondents in both the baseline and the end-line studies had received sexuality education from their teachers at school. However, respondents from both districts preferred to find SRHR information on the Internet themselves. The percentage of respondents who mentioned the Internet as their preferred source of sexuality education was higher at end-line than at baseline (Table 11).

Table 11 Most common current source and preferred source of sexuality education

		Most common current source	Most common preferred source
West Lombok			
Baseline	Girls and young women (15–24 years)	Teachers (242; 60%)	Internet (217; 39%)
	Boys and young men (15–24 years)	Teachers (65; 57.5%)	Internet (69; 39%)
	Total	307 (59.5%)	286 (39%)
End-line	Girls and young women (15–24 years)	Teachers (226; 50%)	Internet (316; 56%)
	Boys and young men (15–24 years)	Teachers (54; 55%)	Internet (100; 53.5%)
	Total	280 (50.5%)	416 (55.5%)
Sukabumi			
Baseline	Girls and young women (15–24 years)	Teachers (281; 59%)	Internet (304; 51%)
	Boys and young men (15–24 years)	Teachers (70; 48%)	Internet (116; 58%)
	Total	351 (56.5%)	420 (53%)
End-line	Girls and young women (15–24 years)	Teachers (364; 64.5%)	Internet (473; 81%)
	Boys and young men (15–24 years)	Teachers (127; 70%)	Internet (160; 82%)
	Total	491 (66%)	633 (81%)

The qualitative study found that youth generally chose the Internet as a source of information regarding SRHR (and other information). In addition, SETARA lessons at school were also considered a source of SRHR information. In **West Lombok**, interventions were carried out in four different schools as part of the pilot project to integrate the SETARA module into the school curriculum. The local government will scale up the implementation of SETARA to other schools after the Yes I Do programme ends. The module was integrated into Physical Education, Biology and school counselling sessions. The schools that became part of this pilot project were SMP (junior high school) 1 Kediri (Kediri village), Ihya Ulumuddin Middle School (Jagaraga Indah village), SMP 1 Lembar (South Lembar village) and SMP 2 Lembar (East Sekotong village). Based on information from community organizers in West Lombok, the programme will also work with the local government to disseminate the SETARA module to several other schools in West Lombok as a follow-up. According to a SETARA teacher, the most frequently discussed or sought-after topics by youth regarding SRHR were reproductive health (menstrual pain, dealing with vaginal discharge etc.) and issues related to child marriage. These topics were not surprising and match the findings mentioned above.

Figure 7 SRHR teaching aid in the form of an apron depicting reproductive organs



In **Sukabumi**, sexuality education was also provided through the integration of the SETARA module into Science, Physical Education and Citizenship Education classes and school counselling sessions in six schools. According to one of the SETARA teachers in Sukabumi, in total there were 25 topics for 7th grade students and 20 topics for 8th grade students, but due to time constraints, several topics were often combined into one. Since SETARA was integrated into several other school subjects, teachers sometimes prioritized completing the other subjects, and only then delivered SETARA topics. The SETARA module also provided information regarding teenage pregnancy and child marriage.

Several youth who were part of the FAD said that activities carried out by the Yes I Do programme served as sources of SRHR information for youth in the four intervention villages. These activities included serial discussions, Champions of Change, regular meetings with FAD members and the monthly youth *Posyandu*. With this SRHR information, youth had begun to open up and think that discussions surrounding those topics were no longer taboo, especially among fellow youth. As mentioned earlier, village midwives were also involved in providing SRHR information in youth *Posyandu*. For instance, one of the village midwives in Cisolok sub-district provided information on puberty, preventing teenage pregnancy, sexually transmitted infections and HIV/AIDS, as well as topics surrounding young people's health, such as proper nutritional intake and anaemia among girls.

Young people's perceptions of topics discussed in the Yes I Do activities were also covered in the survey. In **West Lombok** the topics that youth found beneficial were child marriage (77% of the respondents) and SRHR (46%), while topics related to children's rights, and HIV/AIDS and sexually transmitted infections were considered less beneficial (only 8% and 5%, respectively). In **Sukabumi**, the topics that youth found beneficial were SRHR (64%), child marriage (59%), meaningful youth participation (30%) and entrepreneurship (22%), while topics related to love and relationships were considered less beneficial, with only 4% of respondents at end-line mentioning them.

Based on the qualitative data in both districts, the provision of information through the SETARA module was considered incomplete. Due to time constraints, teachers often combined several important topics for discussion in one session. Although the SETARA module provided detailed instructions for the teaching method for each topic, in reality, teachers decided for themselves how to deliver the topics. They found it uncomfortable discussing topics such as 'healthy relationships', which covers issues of dating and gender. Discussing dating could mean that they were seen to be allowing students to date.

3.4.5 KNOWLEDGE AND USE OF CONTRACEPTION

Knowledge of contraception

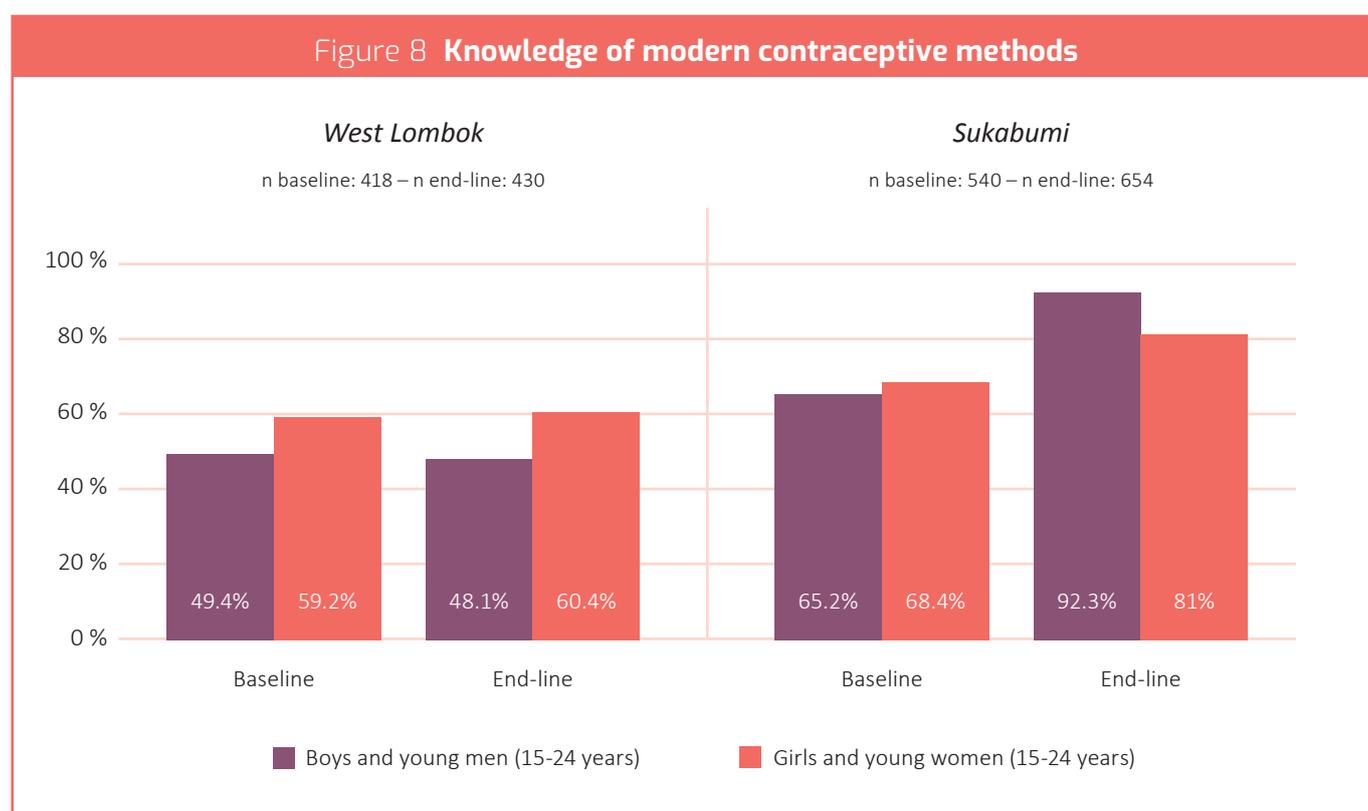
Regression analysis reveals an overall statistically significant increasing trend over time in the percentage of young women aged 15–24 who had knowledge of modern contraceptive methods (OR 1.3 – from 64% at baseline to 71% at end-line). There was also a considerable statistically significant increasing trend over time among young men (OR 1.7 – from 58% at baseline to 71% at end-line).

However, there was considerable difference between West Lombok and Sukabumi. Figure 8 shows that there was not much change over time in young people's level of knowledge regarding modern contraceptive methods in West Lombok, but a considerable change in Sukabumi – especially for male respondents (from 65% at baseline to 92% at end-line). The level of knowledge of female respondents in Sukabumi also increased (from 68% at baseline to 81% at end-line).

The FGDs and IDIs in West Lombok and Sukabumi showed that discussing contraceptives was considered taboo for youth – especially those who were not married – because of the view that only married couples were allowed to use contraception. This view was institutionalized, as health workers were legally only allowed to provide contraception to married couples. This limited the information on contraception (the types of contraceptive methods, how to use them, and their impact or side effects) known by youth in both districts. The majority of the survey respondents mentioned that they only knew a few methods. In general, young participants understood the purpose of using contraceptives: to prevent pregnancy; but they lacked comprehensive knowledge, such as their potential side effects. According to the youth aged 15–19, asking adults (parents) about contraception was considered embarrassing for them, but discussing the matter with fellow youth was no longer a taboo, especially if their discussion partners were also FAD members.

Quantitative data from the end-line survey showed that in **West Lombok**, there were five main contraceptive methods that respondents knew best: injections (48%), birth control pills (31%), implants (25%), abstinence (24%) and IUDs (*spiral*) (20%). Compared to the baseline survey results, there was a sharp increase in those mentioning IUDs as one of the contraceptive methods they know – around four times more than recorded at baseline (Figure 9). This could be explained by the fact that in the baseline survey the answer option was only IUD, whereas at end-line '*spiral*' was added along with IUD, as IUDs are more commonly known as '*spirals*' in Indonesia. In contrast, there was a decrease in the percentage of respondents mentioning male condoms, from 22% at baseline to 10% at end-line. This question was framed in the survey as knowledge of ways to prevent pregnancy. For this reason, a few respondents gave responses such as avoiding *zina* or dating, or eating pineapples. However, this also shows that such views prevail among some young people.

Figure 8 Knowledge of modern contraceptive methods



Survey results in **Sukabumi** show an overall increase in knowledge related to contraceptive methods over time. Respondents were most familiar with birth control pills, with 54% of the respondents mentioning them at baseline, and 66% at end-line. The most drastic change observed was an increase in respondents' knowledge of male condoms, from 31% to 65% over time. However, decreases over time were seen in the percentage of respondents mentioning implants (from 21% to 13%) and IUDs (from 21% at baseline to 17% at end-line, despite adding '*spiral*' to the answer options) (Figure 10).

Qualitative data from the end-line survey revealed a change in young people's willingness to discuss contraception. The FGD with girls aged 15–19 in West Lombok showed that some youth had the courage to ask questions – that they were no longer uncomfortable – when it came to discussing contraception with adults (mothers, aunts and village midwives). A similar result was observed during an FGD with girls aged 15–19 in Sukabumi. They considered it important to know about contraception to prevent unintended pregnancies. Furthermore, the FGDs revealed that with knowledge of condoms, youth would be able to advise others who were sexually active to use condoms to prevent pregnancy, sexually transmitted infections and HIV/AIDS.

Figure 9 Knowledge of types of contraceptive methods in West Lombok

n baseline: 735 – n end-line: 750

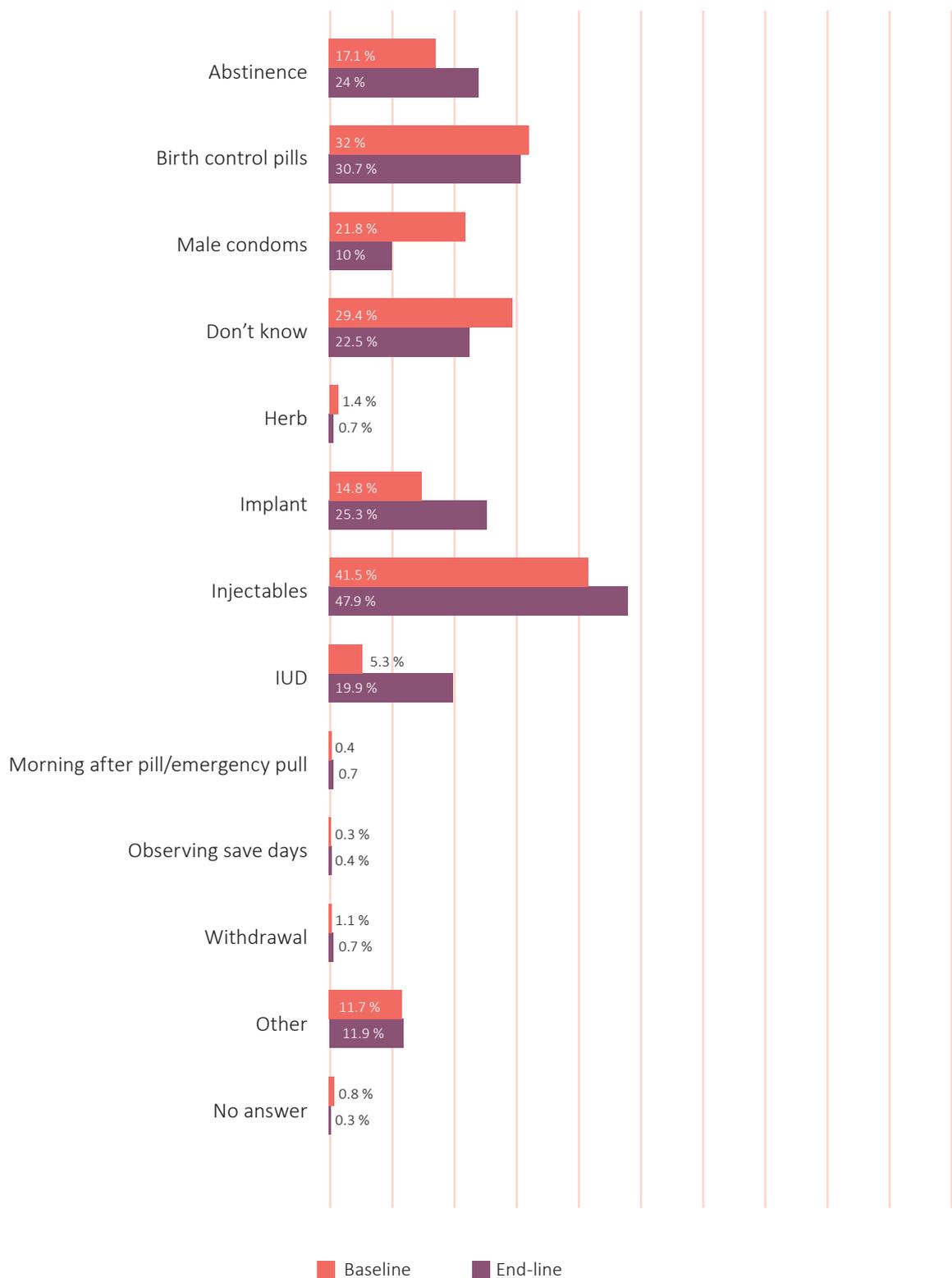
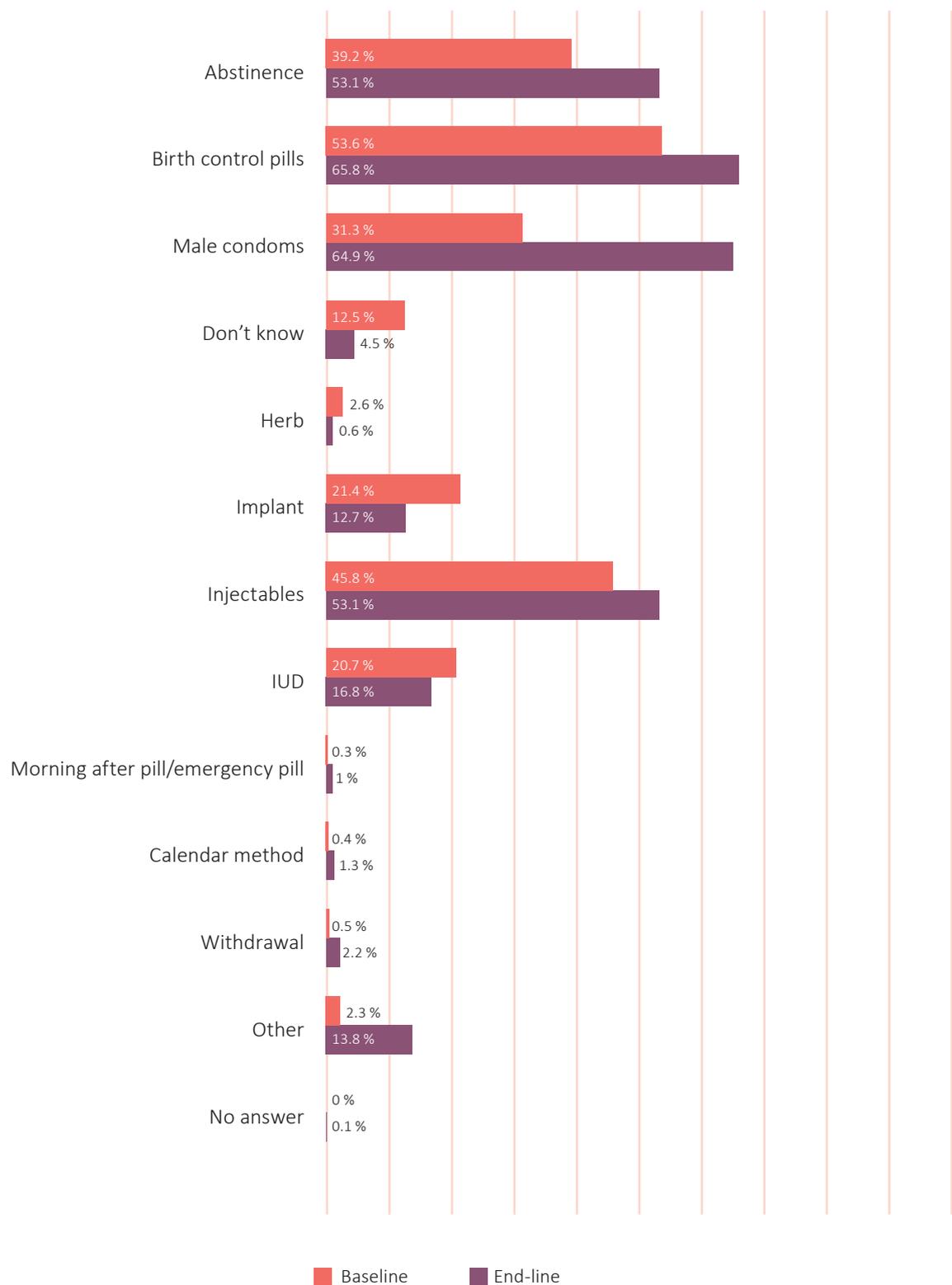


Figure 10 Knowledge of types of contraceptive methods in Sukabumi

n baseline: 799 – n end-line: 780



Access to (information about) contraceptives

Although contraception was labelled taboo, condoms in particular were easily accessible for youth at minimarkets or pharmacies in both districts. Yet public opinion tended to be negative when it came to youth buying condoms, as expressed in the FGD with girls aged 15–19 in Kediri: *“Although the programme is here, there is still a negative view of youth who are using [condoms]. The problem is maybe people think that the youth is unmarried, so why buy something like that?”*

According to some of the youth, it was taboo for unmarried youth to know about contraceptives, particularly since premarital sex was prohibited by religion anyway. In that case, abstinence was considered the most appropriate method for preventing pregnancy.

Access to contraception for married couples was free of charge in Sukabumi. According to one village midwife, those who had entered childbearing age and were married would be given a family planning card, and with this card the couple could obtain access to free contraception. In addition, there was also a Family Planning Safari (*Safari KB*) programme that provided free contraception, especially for poor couples of peak reproductive age. They could see a midwife or family planning field officer and obtain recommendations regarding the most suitable contraceptive methods for them – mainly intrauterine devices (IUDs) or implants.

The majority of the married respondents and participants answered that they obtained information on contraception from village midwives, *puskesmas* officers, *Posyandu* cadres, family planning field officers, parents (mothers) and female friends. These were also sources of SRHR information. Unmarried boys and girls obtained information on contraception during youth *Posyandu* activities and other activities organized by the Yes I Do programme, such as awareness-raising and training programmes (Champions of Change training etc.) held alongside KPADs or community organizers. According to a village midwife in Cisolok, health workers and family planning field officers provided knowledge on contraceptives quite frequently, in particular to couples of reproductive age. However, she said that women tend to listen to what other women say: *“Based on my experience as a midwife, I think they [women] listen to other sources instead. For example, when someone asks, ‘What’s this contraceptive method, the one that you put inside of your vagina and is effective for three years?’ [others will answer] ‘It’ll hurt you’. Thus, they’ll listen to what others have said, although we provided them with information as well. They listen more to the experience of those who claim that it hurts and say, ‘Just use injection instead’. Most are like that.”*

According to an administrator from KPAD Kediri, there were some challenges in providing information on contraception to youth, because society deemed that such information could only be given to those who were about to get married or were already married. Society feared that if youth were well informed regarding contraceptive methods, their behaviour would become more ‘permissive’ towards extramarital sex. When asked about the most difficult SRHR topic to talk to youth and parents about, the KPAD member said:

“Contraceptive methods. Once I talked about that in an awareness-raising event, in one of the schools, and ... others thought that we taught the students to ‘do’ it [sexual intercourse]. Even though we were providing them with information, after we finished, they said, ‘Why do you teach us to do this, to do things like those others are doing, the Westerners, to use condoms?’” (KPAD member, West Lombok, 12 March 2020).

A similar pattern was also observed in Sukabumi, where young people, especially males, thought that education and access to contraceptives could only be given to those who were already married. As stated in an FGD with young men aged 20–24 in Limbangan village: *“Contraception is only for those who are legally married, not for those who are underage. If they are no longer a teenager, well it depends on them personally. I have a friend who frequently had sexual intercourse with women, but he didn’t use condoms, because he said that it doesn’t feel good. Most men are like that.”* Moreover, among parents, a certain point of view was discovered, that providing youth with knowledge about and access to contraception would end up with youth ‘abusing’ it.

A quarter (24%) of the respondents in West Lombok believed that contraceptives could be accessed/obtained by anyone, while 35% believed that they were only for those who had reached puberty, while 10% said that they were only accessible to those who already had children. In Sukabumi, 25% of the respondents mentioned that anyone could access/obtain contraceptives, while 40% mentioned that they could only be accessed by those who were already

married. This demonstrates a lack of clarity and misinformation among young people, particularly in West Lombok, although the qualitative data did demonstrate some improvements.

Contraceptive use

End-line results show a low use of contraception among youth, even though their level of knowledge about it was quite high. In **West Lombok**, only 21% (n=155) of the respondents said that they had used contraception before, although most (72%) reported current use. Those respondents in West Lombok who were using contraceptives got them from:²⁰ health facilities/medical personnel (91%), community health workers (10%) and private clinics (3%). They reported using injections (73%), implants (25%) and IUDs (2%). About half of those who did not currently use contraception had never had sex or were not sexually active, a quarter wanted to have children, a few (12%) were worried about the impact of contraception, and a few (9%) said that their partner did not agree to use contraception. In **Sukabumi**, only 10% (n=81) of all respondents mentioned that they had ever used contraceptives before, but most of them also reported currently using it. In Sukabumi, the three main sources of contraceptives were health facilities/medical personnel (81%), pharmacies (11%) and public health workers (8%). These respondents used injections (67%), birth control pills (20%) and male condoms (10%).

At baseline and end-line, male condoms were never used by young mothers and fathers aged 15–24. The burden of contraception was falling on women. In line with the survey results, for married women, the decision to use contraceptives was influenced by their partners – or in this case, husbands – and mothers-in-law. Two married participants (females aged 16 and 20 who were married underage) mentioned that they could only use contraception with the permission of their partners. If their spouse or parents (in-law) did not grant them permission, then they would not use it. As expressed by a 20-year-old female participant living in East Sekotong, who went through child marriage and teenage pregnancy, *“My husband didn’t give me permission to use contraceptives, because he wanted to have a child right away.”* At the same time, this could also work the other way around: a 19-year-old female participant in Cikelat village, Sukabumi, said that her husband advised her to use contraceptives to prevent pregnancy, because he had a toddler from his previous marriage.

The regression analysis showed a statistically significant decreasing trend over time among young women aged 15–24 who disagreed with the statement *‘it’s inappropriate for women to propose the use of condoms’* (OR 1.13 – from 61% at baseline to 17% at end-line). There was also a statistically significant decreasing trend over time among young men who disagreed with that statement (OR 0.76 – from 60% at baseline to 10% at end-line). The regression analysis also showed a statistically significant decreasing trend over time among young women aged 15–24 who were confident using condoms every time they had sex (OR 0.88 – from 66% at baseline to 14% at end-line). A statistically significant decreasing trend was also observed over time among young men aged 15–24 who were confident using condoms every time they had sex (OR 0.04 – from 50% at baseline to 30% at end-line). However, SRHR education did increase young people’s awareness of the issues of SRHR.

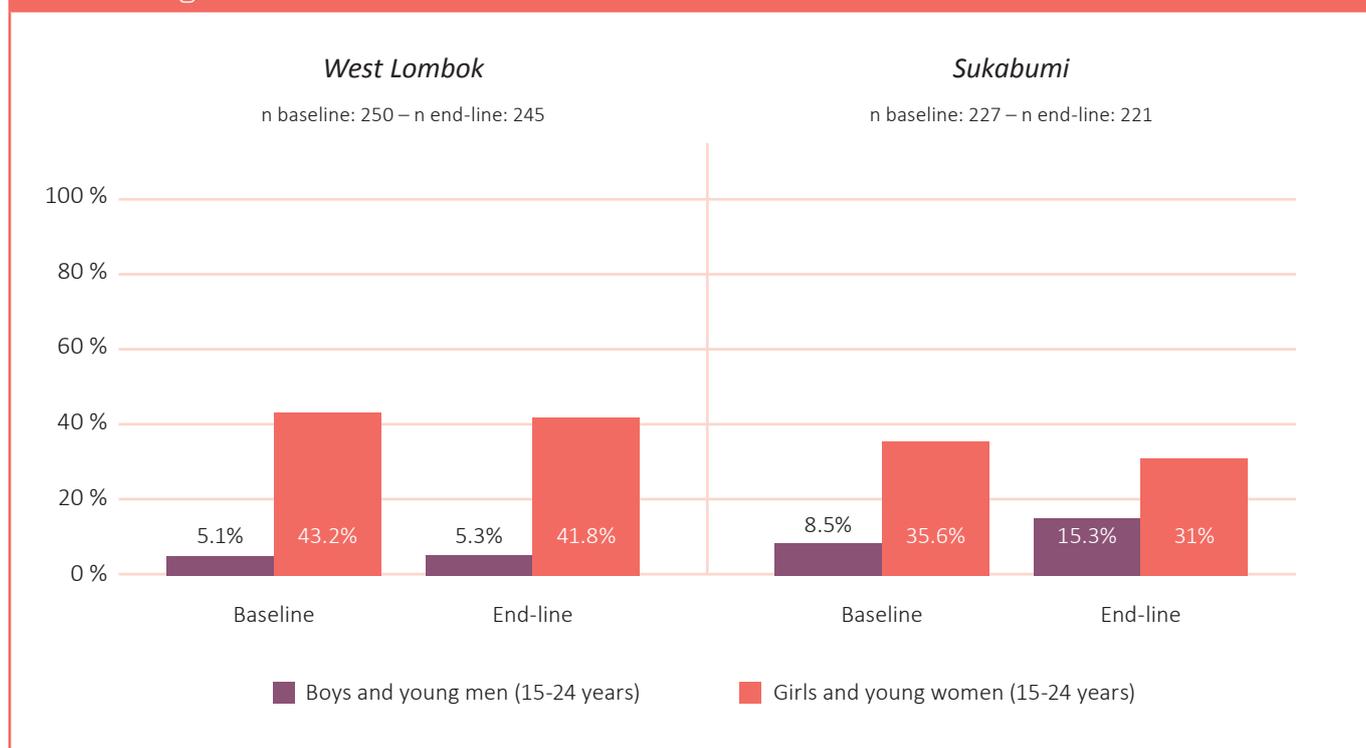
3.4.6 SEXUAL AND REPRODUCTIVE HEALTH SERVICE PROVISION AND UTILIZATION

Combining both districts, the regression analysis showed a decreasing trend over time that was not statistically significant among young women aged 15–24 who had ever used SRH services (OR 0.8 – from 39% at baseline to 36% at end-line). The increasing trend over time observed among young men aged 15–24 who had used SRH services was also statistically insignificant (OR 1.5 – from 7% at baseline to 10% at end-line). However, there were quite considerable differences between districts, as outlined below.

In West Lombok, about 40% of the girls and young women had ever accessed a service at end-line, with 1% decrease over time, while in Sukabumi the picture was similar, decreasing from 36% at baseline to 31% at end-line (Figure 11). However, it was among boys and young men that there were major differences between districts. In West Lombok there was no change over time, while in Sukabumi the percentage of boys and young men who had ever accessed SRH services grew from 8.5% (n=17) at baseline to 15% (n=30) at end-line (Figure 11). In Sukabumi young men and boys had begun to be involved in youth Posyandu as leaders and cadres, persuading other boys to attend. There were also male paramedics and male HIV counsellors in Sukabumi, and young men used their SRH services.

²⁰ Multiple responses were possible.

Figure 11 Youth who had ever used SRH services: West Lombok and Sukabumi



About 40% of the young people who had never accessed SRH services stated that they did not need them and that they had never thought of using them. What was concerning though was that 38% of the respondents in West Lombok and 13% in Sukabumi indicated that they did not know about these services. The qualitative data identified many ways to access SRH services, including by phone, WhatsApp consultations and other mediums. These service options might not have occurred to the respondents when answering the survey question about health services.

In **West Lombok**, the most commonly used SRH services were family planning services – of which the use increased over time from 63% to 70% of respondents who had ever used SRH services – followed by pregnancy and postnatal services (from 49% to 55%). Life skills and sexuality counselling services were still common but saw a small decrease in use over time (from 32% to 25%) (Figure 12). In West Lombok, reduced access to SRH services was caused by limited consultation hours and PKPR service venues that were not youth-friendly.²¹ Respondents mostly accessed these services through health facilities/medical personnel (77%) and public health workers (16%) at end-line.²² Also at end-line, 74% of a total of 245 youth who had used SRH services rated the quality of the services as ‘good’, while 14% considered them ‘very good’.²³

In **Sukabumi**, comparison between baseline and end-line also showed an increase in the use of almost all types of SRH services over time, as shown in Figure 13. A major increase was recorded among those who had accessed pregnancy and postnatal services, from 1% at baseline to 36% at end-line. A decline was observed in family planning services – the most commonly used service – from 77% at baseline to 42% at end-line. This may be because prevalence of teenage pregnancy had also declined in Sukabumi, and, according to the qualitative data, because respondents felt that such services were not needed. This was due to the high number of unmarried respondents and the stigma attached to contraceptives. While HIV prevention services were not included as a possible answer at baseline, 8% of all youth in Sukabumi had accessed them at end-line. It is notable that use of counselling on sexual violence and child protection services increased. The former is in line with the findings on sexual violence (see section 3.4.3) and could be due to more reporting and awareness, particularly in Sukabumi.

Youth accessed SRH services provided by health facilities/medical personnel (66%) and – unlike in West Lombok – in schools (24%). Similarly to West Lombok, 72% of respondents in Sukabumi rated the quality of the services as ‘good’, while 11% considered them ‘very good’.

21 PKPR services are open between 08.00 and 12.00, which coincides with school hours, so adolescents cannot access them. There are also no special consultation rooms for teenagers; they are currently still combined with other health service rooms.

22 No baseline data available on source of SRH services.

23 No baseline data available on source of SRH services.

Figure 12 Types of SRH services used (by those who ever used them) in West Lombok

n baseline: 250 – n end-line: 245

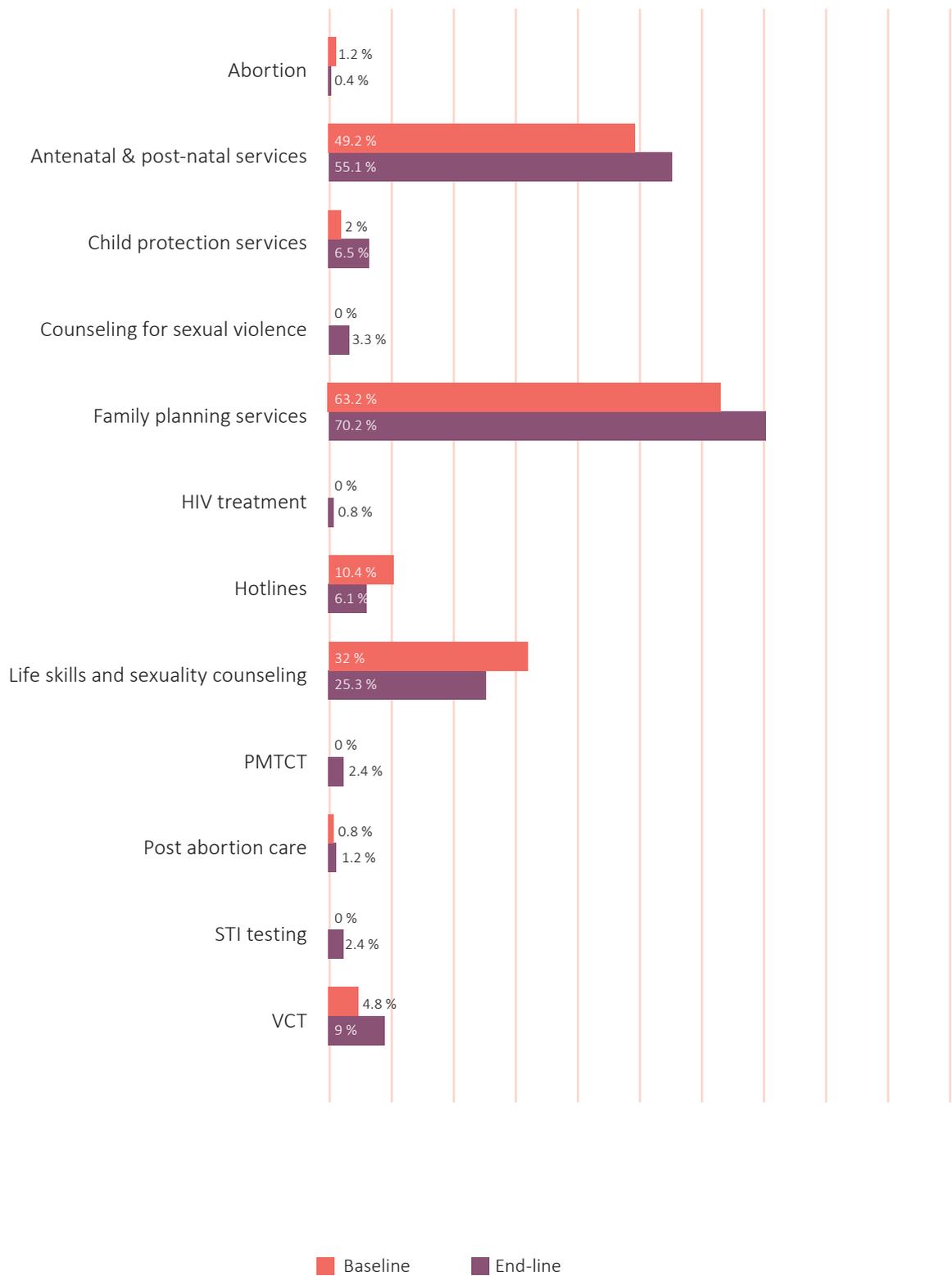
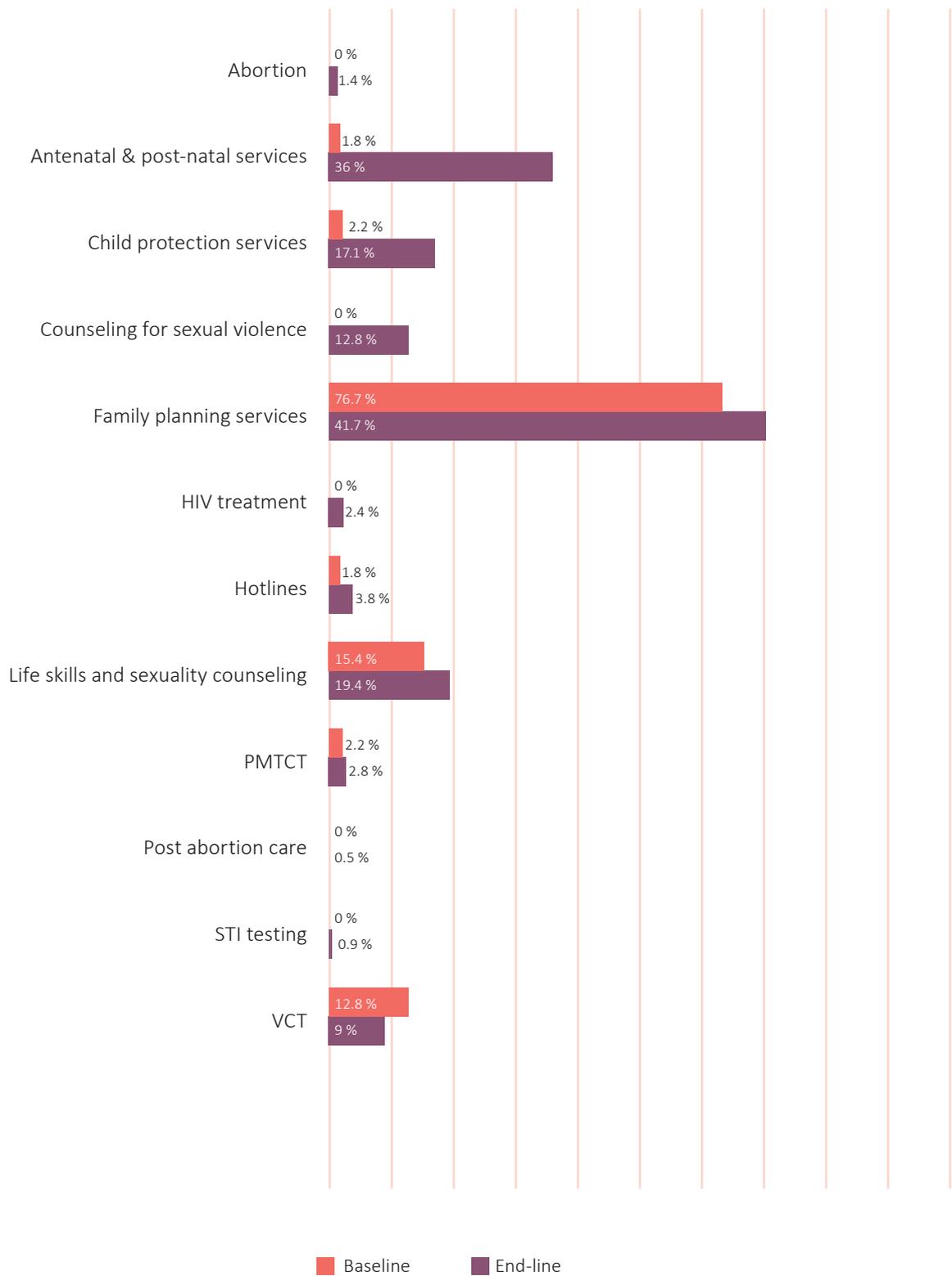


Figure 13 Types of SRH services used (by those who ever used them) in Sukabumi

n baseline: 227 – n end-line: 221



In both districts, some youth told us that they knew friends or acquaintances who were accessing abortion services. However, from the survey data, we could not conclude who the provider was.²⁴ In the qualitative component, some youth indicated that abortions were being performed by *parajis* (traditional birth attendants), as was found at midline; however, the *parajis* themselves did not acknowledge this at end-line.

In both districts, the two types of SRH services that respondents accessed the most were family planning services and pregnancy/post-delivery services. Based on the qualitative data, the health services available and accessible to youth in the intervention villages included Youth Integrated Health Centres (youth *Posyandu*), Public Health Centres (*puskesmas* – PKPR *puskesmas* in Kediri and South Lembar villages), Village Maternity Houses (*polindes*), village midwives and private clinics. Regarding the provision and use of SRH services over time, more youth *Posyandu* were open for community members, and the number of boys and girls accessing youth *Posyandu* also increased.

The youth *Posyandu* programme underwent a significant change. At the end-line, youth *Posyandu* were routinely held each month in all intervention villages across West Lombok and Sukabumi. Some of the youth *Posyandu*'s routine programmes were measuring weight and height, blood pressure and haemoglobin, which was done every six months. However, haemoglobin testing was no longer provided in Sukabumi due to the limited budget. In youth *Posyandu*, in addition to village midwives, FAD youth also helped as 'cadres'. They helped by inviting patients, managing the registration desk and taking charge in measuring the patient's weight and height. In Limbangan village, the head of the youth *Posyandu* was a boy who was also an FAD member. Other activities carried out included youth counselling, with village midwives, KPAD members and FAD members as facilitators.

In **Sukabumi** there were no major changes regarding PKPR services. However, one of the midwives working at the Ciselok *puskesmas* said that the *puskesmas* was planning to build a special room for youth that would be used as a counselling room, which was in line with the PKPR's objectives. In addition, the PKPR was also coordinating with village midwives to help with the youth *Posyandu* programme. So far, village midwives have usually been the ones reaching out to youth in the village, while PKPR has focused more on reaching out to youth through schools. The PKPR started to be involved in the management of youth *Posyandu* in the village. School teachers mentioned that many of the youth were still reluctant to visit the PKPR. This was due to its service hours, which were not youth-friendly, and the lack of awareness of the programme among youth; thus, when a student needed a consultation, schools usually referred them to village midwives.

Researchers also made direct observations during youth *Posyandu* activities in Kediri village. Aside from measuring height and weight during these activities, exercise-related activities were carried out during the programme. During the observation, most of the visitors were girls, and they were also more likely to ask more questions during counselling activities. KPAD Kediri mentioned that, "They [boys] are usually silent when visiting the youth *Posyandu*. They are just listening to the questions that were asked by the girls." However, it was also found that boys tended to be more open when having a group discussion among themselves during the SRHR education at youth *Posyandu*.

In **West Lombok** the situation was more or less the same as observed at baseline and midline. Youth were not yet fully using PKPR services for counselling or treatment of SRH-related problems. Not everyone in the community – especially youth – was aware of the services provided by the *puskesmas* PKPR. Those who were aware of them tended to feel embarrassed and uncomfortable when it came to accessing the services. This was due to the stigma attached to those using the *puskesmas* services: they were perceived as either troublesome individuals or experiencing premarital pregnancy.

"For the polindes or puskesmas, they are not youth-friendly. Every time youth go there, people will think that they are pregnant; there's still that label attached. But for the staff there, they're not [stigmatizing]. But the people still think that youth who are visiting (the polindes) are pregnant, because they don't have separate rooms to provide services to the youth, so they put them into the same room as the adults. As for the puskesmas PKPR, they do have a separate room, but for polindes, they don't."
(Administrator from KPAD Kediri, West Lombok, 12 March 2020).

²⁴ This was because youth were allowed to give multiple answers when asked about the types of services used.

In West Lombok, *puskesmas* PKPR services were only available during school hours (07.00–12.00), making it difficult for youth to access them. In terms of supporting facilities, several PKPR were also considered inadequate, as they did not have a separate room or times for youth. Health workers rarely told youth about the existence of PKPR. In terms of consultation and treatment fees, services in both the public *puskesmas* and *puskesmas* PKPR were affordable for youth, and even free if visitors were registered under the *Badan Penyelenggara Jaminan Sosial Kesehatan* (National Health Insurance) programme.

According to several participants in West Lombok, youth were more comfortable seeking SRH information directly from village midwives, as also seen at midline. This indicated a change in the role of the village midwife compared to baseline. Village midwives now receive consultation requests via WhatsApp or telephone, in addition to treating patients who attend their practice. Free consultations were offered at youth *Posyandu*. According to one of the FGD participants, village midwives were actively involved in providing SRHR information to youth. Village midwives were also deemed youth-friendly, although sometimes youth had a hard time understanding their explanations due to the use of medical terminology. In *Sukabumi*, apart from consulting the village midwife directly, youth could also consult with KPAD representatives. For example, in Cisolok village, youth who experienced ‘severe’ SRHR problems – such as a premarital pregnancy or sexual violence – consulted KPAD members with the help of FAD members, before being referred to the village midwife or *puskesmas* for further treatment.

While positive change was observed in the frequency of youth *Posyandu* activities – held once a month in all villages where the Yes I Do programme was being implemented – their facilities had not changed much since midline. For example, youth *Posyandu* still did not have their own equipment such as scales, blood pressure devices, height-measuring instruments and others. Thus, when conducting youth *Posyandu* activities in South Lembar and East Sekotong villages, organizers needed to borrow medical devices from the main *puskesmas*. This was a challenge, as they had to take turns using the equipment. Several efforts were made to overcome this challenge – for example, advocacy carried out by KPAD officials towards the village government and the head of the *puskesmas* regarding the budget for youth *Posyandu*. This would allow the youth *Posyandu* to be held routinely and sustainably even after the Yes I Do programme ended. In Limbangan village, however, the village government allocated funds specifically for youth *Posyandu* activities.

3.5 TEENAGE PREGNANCY

3.5.1 PREVALENCE OF TEENAGE PREGNANCY

The rate of teenage pregnancy was one of the key indicators of this study. The regression analysis revealed a decreasing trend over time among young women aged 20–24 who had experienced teenage pregnancy, but this was not statistically significant (OR 0.8 – from 35.9% at baseline to 33% at end-line).

When disaggregated by district, however, an increase in the prevalence of teenage pregnancy was found in West Lombok (from 32% to 43%), but a significant decrease in Sukabumi (from 40% to 21%) (Table 21). In Sukabumi, the decrease was in line with records provided by village midwives. The average age of first pregnancy had not changed over time and was still under 19 years.

Results for the entire sample showed that 21.5% of the young people had children at end-line, compared to 24% at baseline. In Sukabumi, 21% reported having children at baseline, but this percentage declined considerably to 12% at end-line. Qualitative findings and analysis of the increase in pregnancies among youth under the age of 20 are explained in section 3.5.2.

Multiple regression analysis was also conducted. When accounting for individual-level characteristics, there was a significant reduction in teenage pregnancy over time. When adding individual-level SRHR-specific characteristics, the reduction in teenage pregnancy remained significant. However, when adding family-level characteristics, the decrease in teenage pregnancy was not significant anymore.

Table 12 Teenage pregnancy

	Baseline		End-line	
	West Lombok	Sukabumi	West Lombok	Sukabumi
Young women (aged 20–24)				
Who had their first child under the age of 20	69 (33%)	85 (39%)	101 (44%)	42 (21%)
Who reported ever having been pregnant	NA	NA	157 (68%)	79 (39%)
Who wanted to become a parent at that time	102 (89%)	134 (100%)	132 (95%)	68 (94%)
Average age at first pregnancy	18	18.7	18.1	18.7
Young men (aged 20–24)				
Who had their first child under the age of 20	3 (50%)	0 (0%)	1 (11%)	1 (33%)
Who wanted to become a parent at that time	6 (100%)	5 (62.5%)	9 (90%)	3 (100%)
Average age at first child	21	21	20.6	21

Another important finding was that respondents' pregnancies were mostly wanted (Table 12). While a higher percentage of young women in West Lombok indicated a wanted pregnancy over time (from 89% to 95%), this was not the case in Sukabumi, where there was a decline (from 100% to 94%).

Based on the IDIs and FGDs during the end-line research, participants in West Lombok mentioned that teenage pregnancy – especially as the result of child marriage – was still happening, although they were not able to give exact figures. Participants also reported that the *puskesmas* had improved the method of recording pregnancies after the introduction of the Yes I Do programme, and that this could be a reason why it appeared that rates of teenage pregnancy in West Lombok were increasing over time.²⁵ These improvements were carried out through collaboration between the Yes I Do programme and *puskesmas* management (village midwives and health workers). This opinion was shared by the community organizers during the follow-up online FGD with Yes I Do Alliance partners:

“The increase in teenage pregnancy ... is seen by Rutgers as something positive, because previously there was no record of teenage pregnancy at all. Therefore, Rutgers emphasized that after the introduction of the Yes I Do programme, recording and reporting became better, especially at puskesmas. During the pandemic, puskesmas Aikmayang in East Sekotong has provided services to 24 catin (future brides and grooms) under 24 years old, and five of them mentioned that they have experienced/are experiencing unintended pregnancy. Premarital pregnancies are still happening in two villages, one of which is Kediri village.” (Follow-up online FGD with the West Lombok Yes I Do Alliance, 27 July 2020).

In Sukabumi, midwives were actively recording cases of teenage pregnancy in their respective villages. The records of village midwives in Cikelat and Cisolok revealed that there had been a decrease in the prevalence of teenage pregnancy since 2018, from 25 in 2018 to 24 in 2019, for both villages. Up to August, six teenage pregnancies had been recorded in 2020.

3.5.2 CAUSES AND CIRCUMSTANCES OF TEENAGE PREGNANCY

The different trends in teenage pregnancy rates had different reasons. The decreasing prevalence in Sukabumi could be due to the various counselling services available, as well as free access to contraceptives for married couples of peak reproductive age (15–49 years), which included youth. In West Lombok, the increasing prevalence of teenage pregnancy might be linked to the slight increase in child marriage (see section 3.6). Girls who were married underage

²⁵ It should be noted that this cannot be an explanation for the raising figures found in this study, as we conducted a random selection of young people (15-24 years) in the intervention villages at both base- and end-line.

tended not to delay their first pregnancy, as they were expected to have children soon after marriage. According to the qualitative results – interviews with girls and young women who had experienced teenage pregnancy, and health workers – there was no change in the cause of teenage pregnancy: girls who were married underage did not use contraceptives after their marriage, because their husbands did not allow them to, as they wanted to have children immediately, or because they had limited knowledge about contraception.

Regarding the prevention of teenage pregnancy, in one of the intervention villages in West Lombok, couples who were married informally underage (*siri*) were not registered with the Office of Religious Affairs (KUA). This meant they would not receive the KUA's pre-marriage course, which included information about contraception.

"...there is an assumption that those who are married young don't have any knowledge regarding the use of condoms. They too are not registered with the KUA [are only married through cultural and religious ceremonies] and didn't receive the pre-marriage services in the puskesmas."

(Follow-up online FGD with the West Lombok Yes I Do Alliance, 27 July 2020).

In Sukabumi, there were various awareness-raising campaigns targeting couples of reproductive age, including youth. According to one of the village midwives in Cisolok, these 'youth' couples were immediately advised to use long-term contraceptives such as IUDs, rather than using hormonal contraceptives (pills); IUDs could even be accessed for free. The village midwife also revealed that several teenage pregnancies that she had encountered were unintended. In such cases, after the girl gives birth, she will immediately be given counselling on the use of contraception.

"After she gives birth we'll immediately tell her, if she's still young, that it's better to use an IUD, since she's young. It's better to postpone the next pregnancy. Some might agree, while others might disagree."

(Village midwife, 31 August 2020).

While teenage pregnancy in the context of marriage was considered acceptable, outside marriage it was highly stigmatized. Based on findings from all three phases of the research, the majority of such cases were resolved by marrying the pregnant girl with the boy who made her pregnant. Moreover, there were girls who were married to strangers (not their partner) to cover up the family's 'disgrace'. This meant that in general there was no alternative considered 'better' or 'plausible' by the community, apart from marrying the child. There was a case of teenage pregnancy in which the girl was not immediately married off but was entrusted to *Rumah Aman Paramitha* (Paramitha Safe House) with assistance from social services instead. This was because her family was still looking for the boy who had made her pregnant, since he had run away. However, eventually the girl and boy got married after the boy 'took responsibility'. Advocacy from KPADs on unwanted premarital pregnancy was still considered quite difficult due to the general public's prevailing view that it was better to cover up the family's 'disgrace' and more important to protect the *nasab* (lineage in Islamic terminology) than prevent child marriage and ensure the rights of children to choose their future.

In Sukabumi, as in West Lombok, premarital pregnancy also led to child marriage, which was usually done in an informal, unregistered ceremony (*siri*). According to KPAD Cisolok, the goal of the management of the unintended pregnancy was to ensure that the children were still able to continue their education, and to maintain confidentiality. At baseline, we found that teenage mothers who returned to school were highly stigmatized, and this was still the case at end-line. KPADs tried to handle this by maintaining the confidentiality of the pregnancy. This also shows that KPAD members must navigate between the expectations of parents and society and at the same time prioritize education for young people, where marriage was then just a compromise.

"For me children have the right to education, that's the main thing. If they experience unintended pregnancy, people don't have to know, so we have to save them, so they're still able to go to school. [Being married off] is for the sake of status only, to protect the parents' dignity, unless their parents move them [away from the village]. Although they were now married [due to the unintended pregnancy], we [KPAD] instruct the puskesmas to keep a close eye on the teenage pregnancy."

(KPAD member Cisolok, Sukabumi, 26 August 2020).

Aside from working with the *puskesmas* to monitor cases of teenage pregnancy, village midwives tried to delay the second pregnancy of girls who had just experienced a premarital pregnancy, by providing them with contraception.

3.5.3 PREVENTION OF TEENAGE PREGNANCY

The decline in the prevalence of teenage pregnancy in Sukabumi occurred due to intensive interventions carried out by health workers, village cadres and the Yes I Do programme. While an increase in the prevalence of teenage pregnancy was observed in West Lombok, various intervention programmes had been implemented there as well. Based on the interviews with KPAD members and with programme staff, positive changes were observed. Interventions were carried out through the collective efforts of village midwives and health workers, who were conducting awareness-raising campaigns to postpone pregnancy through the use of contraceptives, especially by young married couples. Their efforts had increased over time. When they encountered an underage married couple that could not be separated, KPAD and the community organizer would advise them to postpone their first pregnancy by using family planning services.

“When ... they can’t be separated (belas), the next step is to refer them to the village midwife, so that they’ll be introduced to contraceptives immediately, to postpone the first pregnancy until they are old enough.”
(Follow-up online FGD with the West Lombok Yes I Do Alliance, 27 July 2020).

The FAD also held movie screenings in which the movie addressed the issue of teenage pregnancy and child marriage, and carried out other advocacy-related activities with various youth groups for National Children’s Day (such as the *Gawe Bajang Bercerite* event). The FAD considered these activities more effective than conducting awareness-raising campaigns and discussions alone.

“When there was the Gawe Bajang [youth event], that was the first time we did our campaign together. We put out banners, we performed a stage play, and then we sang – things like that: youth stuff. We also distributed brochures regarding the prevention of child marriage, youth health”
(FAD member from South Lembar, West Lombok, 16 March 2020).

Another approach used by the programme to prevent teenage pregnancy was to increase the frequency of awareness-raising campaigns, especially campaigns targeting young couples. Through these campaigns, the community and youth were invited to think again about the impact of child marriage. The campaigns aimed to encourage men to use contraceptives to try to postpone pregnancy.

“Counselling for young, new couples must be improved. Challenges that we are currently facing are lack of involvement from the men, because most of them have to work as migrant workers abroad. So it’s necessary to increase men’s involvement. Rutgers sees that the entire programme is running smoothly. Several assumptions emerged: there is a lack of intensity and effectiveness in terms of the awareness-raising programmes carried out in all intervention villages. Village midwives and the PKPR from each village have been able to manage cases of teenage pregnancy pretty well. They are supportive and proactive.”
(Online FGD with the West Lombok Yes I Do Alliance, 27 July 2020).

In addition to this approach, actively involving village midwives and working closely with *puskesmas* PKPR should continue as a strategy in the future. They would be proactive in the management of cases involving young couples in unregistered marriages (*siri*). After the Yes I Do programme ends, the ongoing partnership between KPADs and village midwives could continue to prevent teenage pregnancy.

In Sukabumi, efforts to prevent teenage pregnancy have also been made through the Yes I Do programme. First, through community discussions involving parents and youth regarding the risks of teenage pregnancy and the use of contraceptives. These community discussions were facilitated by youth to educate other youth:

“I can’t just forbid my friends from getting married, so I’m preventing them from having a child [instead]. Back then I told them, ‘Go ahead and get married, but don’t have children immediately’, and then we

went into a lengthy discussion, since she asked, 'Why?' I explained by saying, 'You're still a teenager, and it'll disrupt you and your aspirations'. Not long ago, she asked about family planning and contraceptives, Alhamdulillah, and I referred her: 'Oh, just go directly to the puskesmas.'"
(Member of FAD Limbangan Village, 1 September 2020).

Second, through the provision of information about teenage pregnancy and contraception at the youth *Posyandu* for young married couples. Third, through counselling carried out by village midwives. However, there were some challenges regarding efforts to prevent teenage pregnancy, especially in terms of involving husbands, who tended not to care much:

"We did tell them, but if they still want to get married, it's okay, just don't get pregnant immediately, postpone your pregnancy, okay. Until your reproductive organs are ready. But they couldn't understand that. The husband wants the wife to get pregnant. And he rarely attends the counselling session in Posyandu. Most of the time it was her in-law who dropped her [the wife] into the counselling session, so we told her in-law instead." (Village midwife, Sukabumi, 31 August 2020).

3.5.4 THE LIVES OF TEENAGE MOTHERS

Based on the end-line qualitative data from West Lombok and Sukabumi, there were no major changes in the typical living conditions and circumstances of teenage mothers since baseline and midline. Most of the teenage mothers had dropped out of school, were burdened with domestic and care work, and were expected to help earn a living for their family. This was not surprising, as the quantitative data revealed that the burden of household chores fell on women.

However, in both West Lombok and Sukabumi, several changes were observed, one of which was the way young mothers had started to continue their education. While this was not captured in the quantitative data (see section 3.8), it was captured in the qualitative data. In West Lombok, there were young mothers who were using *kejar paket* at PKBMs to continue their education through distance learning. Those who had experienced premarital pregnancy were less likely to face stigma learning at a PKBM than at a regular school. The Yes I Do programme, through KPADs, also provided information to young mothers who wanted to continue their education by taking equivalency exams at the nearest PKBM in their village. In Sukabumi, KPAD Cisolok advocated for one school to accept a girl who had to quit school when she was pregnant. There was also a case in Sukabumi of a girl returning to school after giving birth.

As mentioned earlier, most young mothers we talked to in West Lombok and Sukabumi experienced the double burden of domestic work and economic work, such as becoming a shopkeeper, selling snacks, or working in cities or abroad as a migrant worker; this was because they were the breadwinner of their family. The Yes I Do programme also engaged young women, both single and married, including young mothers, to participate in capacity-building or training programmes, one of which was training in food processing in West Lombok.²⁶ This was part of the economic empowerment activities designed for women's groups. In child marriages that led to divorces, usually the ex-couple's parents or their close relatives would help provide child care for the children of the ex-couple. This was due to the stigma that the now-divorced couple were considered less capable of providing child care. This happened to a female participant in West Lombok. After her first divorce, her mother asked her to work instead of taking care of her child, as her mother thought she would be incapable. Similarly, in Sukabumi, a 19-year-old female participant who had her first child at age 16 was separated from her child, who was temporarily taken by her mother. She was thought to be too young to take care of the child, while she lived with her husband.

In West Lombok, to monitor the health of young mothers, youth *Posyandu* often targeted them to undertake medical check-ups that included counselling from village midwives. There was no specific programme targeting young mothers in youth *Posyandu* in Sukabumi; however, young mothers could go to regular *Posyandu*, where village midwives educated them on preventing a second pregnancy.

²⁶ In Sukabumi the study mostly found that the activities engaged unmarried youth.

3.6 CHILD MARRIAGE

3.6.1 PREVALENCE OF CHILD MARRIAGE

There was a decrease over time in the percentage of young women aged 18–24 who were married underage (OR 0.79), but the decrease was not statistically significant. However, the changes differed between West Lombok and Sukabumi.

As seen in Table 13, in **West Lombok**, 26% of the female respondents aged 18–24 were married under age 18, which was a slight increase from 25% at baseline. The mean age at first marriage for female respondents was the same at baseline and end-line, namely 17.6 years. For male respondents, the average age at first marriage decreased from 19.5 years at baseline to 19.3 years at end-line.

In **Sukabumi**, the percentage of female respondents aged 18–24 who were married under age 18 decreased from 18% at baseline to 9% at end-line. The mean age at first marriage for female respondents increased from 18.1 years at baseline to 18.4 years at end-line. Likewise, the average age at first marriage for male respondents increased from 20.2 years at baseline to 20.4 years at end-line. This shows that along with a decrease in child marriage, youth in Sukabumi were also marrying slightly later.

Table 13 Child marriage

	Baseline		End-line	
	West Lombok	Sukabumi	West Lombok	Sukabumi
Girls and women (16–24 years) who were married or in a union before age 16 (i.e. child marriage as per the old marriage law in Indonesia)	34 (7%)	16 (3%)	40 (8%)	8 (2%)
Girls and women (18–24 years) who were married or in a union before age 18 (i.e. child marriage as per international standards)	79 (25%)	61 (18%)	87 (26%)	32 (9%)
Girls and women (19–24 years) who were married or in a union before age 19 (i.e. child marriage as per the new marriage law in Indonesia)	95 (34%)	106 (36%)	111 (39.5%)	48 (16%)
Girls below 18 years old who are currently married	21 (9%)	15 (6%)	22 (10%)	6 (2.5%)
Currently married girls and young women (15–24 years) who perceive that it was their choice to get married	170 (94%)	176 (86%)	204 (95%)	102 (89%)
(Married) young women (18–24 years) who were child brides and married an adult man	75 (95%)	61 (100%)	71 (82%)	31 (97%)
Boys and young men (18–24 years) who were married or in a union before age 18 (i.e. child marriage)	1 (0.6%)	1 (0.5%)	1 (1%)	0 (0%)
Boys and young men (19–24 years) who were married or in a union before age 19 (i.e. child marriage as per the new marriage law in Indonesia)	4 (4.3%)	1 (1%)	4 (4.5%)	0 (0%)

Table 14 Perception and knowledge of the minimum legal age for marriage²⁷

	Baseline		End-line	
	West Lombok	Sukabumi	West Lombok	Sukabumi
Young women (15–24 years) who thought they knew the legal minimum age in statutory law	186 (33%)	303 (51%)	399 (71%)	342 (59%)
Young men (15–24 years) who thought they knew the legal minimum age in statutory law	36 (20%)	69 (34%)	84 (45%)	118 (60%)
Young women (15–24 years) who actually knew the legal minimum age for girls according to statutory law	4 (1%)	6 (1%)	41 (10%)	131 (38%)
Young men (15–24 years) who actually knew the legal minimum age for girls according to statutory law	1 (3%)	2 (3%)	15 (18%)	60 (51%)

The minimum legal age for marriage has changed in Indonesia. Earlier, based on Law No. 1 of 1974, 16 was the legal minimum age for marriage, and very few respondents in the baseline study (5%; n=50) had married under 16 years. The minimum legal age for women to marry was subsequently increased to 19 years through Law No. 16 of 2019 concerning Amendments to Law No. 1 of 1974. The percentage of married female respondents who were under 19 at end-line was 39.5% in West Lombok and 16% in Sukabumi.

Most currently married respondents aged 15–24 years married of their own accord. As seen from the average age of marriage, and the perceived ideal age for marriage (see next subsection), the majority of female respondents aged 18–24 who had experienced child marriage were married to adult men. Therefore, efforts to prevent child marriage should not only target girls, but also adult men.

Multivariate regressions with additional confounding factors were conducted. When accounting for individual characteristics, child marriage had significantly reduced (OR 0.48). When adding individual SRHR-related characteristics, the reduction in child marriage over time was no longer significant.

3.6.2 KNOWLEDGE OF THE MINIMUM AGE OF MARRIAGE

Based on quantitative data from both districts, between baseline and end-line there was an increase in knowledge of the national minimum legal age for marriage (Table 14). The awareness-raising carried out by KPADs, the government, and traditional and religious leaders regarding Law No. 16 of 2019 could have contributed to this change.

In both West Lombok and Sukabumi, the percentage of young men who thought they knew the legal minimum age for marriage doubled over time. Among young women, while there was a considerable increase in West Lombok, there was only a small increase in Sukabumi. Although young people thought they were aware of the minimum age, the age they specified was mostly incorrect, as seen in Table 14. Considerable improvements were only seen in Sukabumi over time. Nevertheless, it was worth noting that the average age mentioned by both female and male respondents was between 19 and 22. The figures in the table do not include those who indicated ages above the minimum age. In fact, some mothers who took part in the qualitative research argued that the legal minimum age of marriage for boys was 21.

Respondents were also asked about the minimum age according to religion (primarily Islam), and these responses did not change much over time in either district. About 25% at both baseline and end-line stated that it was at the age of puberty,²⁸ while about 20% of the respondents at both stages of the study indicated specific ages, averaging about 16–18 years for girls and 19–20 years for boys. The most concerning finding was that, at end-line, boys in Sukabumi thought that the minimum age for girls to marry according to religion was 16 years.

²⁷ For these indicators, the minimum age for baseline was taken as 16 and for end-line was taken as 19, as per the new law.

²⁸ Although there is no particular age, the marker for someone allowed to get married is when they reach puberty (menstruation for girls/wet dream for boys).

When asked about the ideal age for youth to marry, most unmarried respondents in both districts considered the ideal age to be between 22 and 25 years. Across both districts, the ideal age for marriage given by female respondents was higher on average than the age given by male respondents.

In West Lombok and Sukabumi there had been positive changes, as shown by the majority of parents, youth, and religious and community leaders we met who knew the minimum legal age for marriage. In West Lombok, youth knew the minimum age. In fact, based on the survey data, they had aspirations to not get married until they were at least 21. In Sukabumi, the knowledge of the minimum legal age was due to information disseminated by the government and KPADs. According to the Cisolok KPAD, before the issuance of Law No. 16 of 2019, it had been active in raising awareness on preventing child marriage. KPAD had raised awareness about child marriage and violence against children at weekly Quran recitations at the mosques. The fathers also stated that, by learning about the new law, the community became aware of the prohibition of child marriage, and parents no longer arbitrarily married off their children but tended to try harder to keep them in school. Mothers in an FGD also emphasized the importance of a good job and said that youth should enjoy their bachelor years. Therefore, an age above 23 years was considered ideal because, by that time, their children would usually have finished school or college, would have been working and were no longer a child. This attitude was in line with the survey data.

On the other hand, there were cases of parents manipulating their child's age to be 19 years to legally marry them, because they were concerned that their children were committing zina. Young women aged 20–24 years in Sukaraja village also mentioned that there were still several cases of child marriage among those who dropped out of school and had low economic status, but marriage at the age of 19–20 years was more prevalent. Because of the awareness-raising activities against child marriage, adolescents tended to wait until they finished high school before getting married. The amil in Sukaraja district also stated that the number of requests to marry off children under 19 had decreased due to the new law. Before the introduction of the new law, it was still possible to marry off children. In addition, adolescent girls also thought that there was a change in parents' attitude towards girls' education, that education was important for girls to stop child marriage.

3.6.3 CIRCUMSTANCES, REASONS AND CONSEQUENCES OF CHILD MARRIAGE

There were no major changes since baseline and midline to the conditions observed that led to child marriage in the two districts. In **West Lombok**, child marriage continued to occur due to *merariq* and the difficulty of carrying out the *belas* mechanism in response to *merariq kodeq*. However, since midline, the earthquake in Lombok had affected economic conditions and, ultimately, increased the likelihood of child marriage. In **Sukabumi**, child marriage was caused by premarital pregnancy, parental concerns about *zina*, parents' economic hardships and matchmaking by parents. Matchmaking by parents was found in Sukabumi due to economic (a wealthy suitor) and religious (*ta'aruf* – getting to know each other before committing to marriage in Islam) reasons. After getting married, most girls did not continue their education but gave birth and opted for caring for their children. However, some KPADs advocated for girls to continue their education, by establishing cooperation with some schools to admit girls after giving birth. Economic hardships (which may be influenced by Covid-19) prompted some parents to marry their children early; however, there are not enough data to determine the direct impact of Covid-19 (see section 3.10).

In **West Lombok**, the rate of child marriage (see section 3.6.1) increased slightly over time. The qualitative data match this result, and in fact give the impression that the rate had increased further. As mentioned by IDI participants, between the beginning of 2020 and the time of the survey, the number of cases of child marriage reported to and handled by KPADs had increased considerably compared to those reported at midline. As confirmed by KPAD Kediri, since the beginning of March 2020, three or four cases of child marriage had been reported, all of which had undergone the process of *belas* (separation). If these cases were reported by parents, they would likely result in separation, as mentioned by fathers who were KPAD members. However, in many cases the *belas* was not successfully done, due to various challenges involved in the process, particularly the power of parents to decide to go ahead with the marriage, as well as the stigma the girl would face after a successful separation, as she was perceived to have already run away and presumably engaged in sex. Hence, this was a complex process, and the final decision depended on negotiations and various factors.

According to KPADs, the increase in the number of child marriages was caused by several factors. As mentioned before, some participants thought that the increase could have been caused by increased awareness in the community that child marriage is a problem, so it was the reporting that actually increased within the community. This was also mentioned by youth and parents. This could mean that the awareness-raising and assistance of KPAD to the community to prevent child marriage had been quite successful in changing public opinion and reporting child marriage to KPAD.

“Before KPAD, my older sister also married as a minor – child marriage – but there was no belas; she just got married and everything. But after the existence of KPAD, in my opinion, from 2017 to 2018 it was still not too significant, I think, because it was still in its infancy. Only one or two hamlets were handled. ... But now as almost all the hamlets are reached, all the people have started to realize that child marriage is a problem. So more people are reporting it, so I do not consider the increased reports of child marriage now as a failure, but it was because the society has indeed become aware that child marriage is a problem, so they report anytime an incident occurs.” (Kediri KPAD member, West Lombok, 12 March 2020).

According to KPADs, increasing public awareness of the importance of reporting was also in line with the increase in public knowledge about the minimum age for marriage based on the law. KPADs and FADs had also carried out awareness-raising activities at various village forums, such as community discussions, campaigns and advocacy around hamlets, to promote the prevention of child marriage.

Figure 14 : Mediation process by the head of hamlet and KPAD during the belas (left) and by parents (right)



According to KPADs, the negative implications of the increase in child marriage were numerous. They included the earlier sexual debut of adolescents without having comprehensive SRHR information, the higher level of exposure of adolescents to sexual materials through the Internet (social media etc.), the rising number of adolescents who were sexually active without using a condom, and the occurrence of unintended pregnancies that were resolved by child marriage.

As mentioned earlier, dating and sexual relations among unmarried youth is taboo. Therefore, society often controls young people’s sexual behaviour. The IDIs revealed that a community raid resulted in a forced marriage in one of the intervention villages. This incident was related by the interviewee, a 17-year-old boy, who was forced to marry his 15-year-old girlfriend when he was raided while having sexual intercourse at her house. They were forced to get married immediately by villagers, without intervention from KPAD, which only found out about the case belatedly.

Another aspect that recently became one of the driving forces for adolescents to choose to marry at a young age was the emergence of youth *hijrah* groups, social media and celebrity influencers encouraging adolescents to marry at a young age to avoid *zina*. This information was also obtained from the FGD with girls aged 15–19 years in Kediri and from a KPAD.

The aftermath of the Lombok earthquake in mid-2018 also contributed to the increase in child marriage, according to informal interviews with several representatives of KPADs. It caused unstable economic conditions for the community, and one way to reduce the burden on families was to marry off their daughters. One case of matchmaking was found, between a 17-year-old girl and a 21-year-old man (in 2020). The reason for the marriage was stated in an off-the-record interview following the recorded IDI as being the family's economic woes. However, economic reasons were a motivator in only one or two cases, based on reports from the community and KPADs.

In **Sukabumi**, the conditions that encouraged child marriage at end-line were not different from the baseline and midline findings: premarital pregnancy, parental wishes to prevent *zina*, matchmaking by parents, and parents' desire for their children to have a better life because potential husbands had good economic prospects. Youth also mentioned that matchmaking by parents occurred when there was a wealthy suitor or a religious person who wanted to marry their daughter. In cases of premarital pregnancy, most of the girls were married off by their parents because of social pressure from the surrounding community (see section 3.5).

“There are also those who were not married off, but most of them are, but according to religion they were not allowed to marry. They have to wait for the birth, but because they are embarrassed, don't want to be gossiped about, they get married off, but the marriage is actually not valid religiously. There were those who found out that they were pregnant and got married immediately, but after the baby was born, they went through the wedding ceremony again.” (FGD with women aged 20–24 years, Sukaraja, Sukabumi, 4 September 2020).

If parents were concerned about their children's sexual behaviour and wanted to prevent premarital sex, they asked them to get married. Sometimes the pressure to get married also came from extended family and neighbours who constantly reminded the girls to marry their boyfriend to avoid *zina*. However, several cases were reported in the FGD with women aged 20–24 years in Sukaraja village of girls not being ready to marry, resulting in an inharmonious marriage and leading to divorce.

“In the beginning, if I'm honest, I was forced a bit, because I was already dating. My mother was worried because the neighbours were talking about me, but not only that. Uncle was quite religious, so I was not allowed to date any more, and the extended family was demanding me to get married soon, even if I still wanted to study, still wanted to work. But because my boyfriend was willing, we married. But it was only one-sided; there were problems all the time. Now I feel sorry about that, to have failed.” (FGD with women aged 20–24 years, Sukaraja, Sukabumi, 4 September 2020).

One case was revealed of matchmaking done by parents for religious reasons (*ta'aruf* – getting to know each other before committing to marriage in Islam), when a religious suitor was wanted by parents, and also for economic reasons (including one girl becoming a second wife).

The end-line study found that although the rate of child marriage had decreased due to the Yes I Do programme and the existence of local laws and policies, the underlying conditions or reasons for child marriage remained the same as at baseline. However, parents had become more supportive of their children's education, rather than marrying them off underage. In West Lombok, although many campaigns were undertaken by the Yes I Do programme and the government, child marriage continued to occur because of the *merariq* custom. The programme had an intervention for *merariq* – namely '*pakem merariq*' – to tell people that *merariq* without parental knowledge and the girl's consent at the age of minority was wrong. However, it did not take place widely. In Sukabumi, the campaign and interventions carried out by gatekeepers – KPADs, local governments, religious leaders, FADs and the Yes I Do programme – did not face barriers from such customs.

3.6.4 ATTITUDES AROUND CHILD MARRIAGE

The end-line study found a positive change in attitudes to child marriage in both districts. The percentage of survey respondents agreeing on the benefits of child marriage had decreased compared to baseline. In line with this, the qualitative results show that gatekeepers, especially those involved in the Yes I Do programme, felt that there was no benefit or advantage of child marriage.

Comparing the results of the baseline and end-line surveys, the percentage of young people who agreed that there were benefits of being married under the age of 18 for women decreased from 81% to 61% in West Lombok, and from 83% to 78% in Sukabumi. In Sukabumi, there was high percentage of youth who disagreed that there were disadvantages. The percentage of youth who believed that girls should never be forced or compelled to marry went from 95% to 93.5% in West Lombok and from 93.5% to 97% in Sukabumi. At the same time, the majority of the respondents in West Lombok (96% at baseline and 91% at end-line) disagreed that girls should be free to choose for themselves whom to marry. In Sukabumi, the percentage who disagreed decreased from 94% to 80%. These findings are contradictory and do not triangulate with the other quantitative and qualitative data.

One of the changes in attitudes related to child marriage identified in West Lombok was the increasing awareness of adolescents who were members of the FAD in the four intervention villages. In terms of impact, for example, they believed that child marriage did not offer the slightest benefit (positive impact). Similarly, in Sukabumi, youth also viewed child marriage as having numerous negative impacts: dropping out of school, divorce, becoming child labourers because they had to earn a living, not being ready to take care of children, and still wanting to play with their peers rather than take care of the household. The youth leaders in both West Lombok and Sukabumi were eager to continue to advocate against child marriage in their villages despite the many challenges they faced.

One of the girls aged 15–19 years in Jagaraga Indah village shared the experience of her older sister, who married as a child and regretted it. She felt sad that this had happened before the Yes I Do programme. At the time of the study, the participant had joined the FAD group and was determined to advocate against this issue in her village and at her school. At the same time, however, she felt that there were many challenges to overcome, including challenges from other youth who did not recognize the negative effects of child marriage.

Likewise, the fathers and mothers who participated in FGDs demonstrated a good understanding of the negative impacts of child marriage. Even though they were married at a young age, they did not want the same for their children. In Sukabumi, parents – in particular, mothers – stated that it was wrong for parents to marry off their children to reduce the economic burden, and that child marriage could carry the risk of teenage pregnancy, which was harmful to girls' reproductive health. Most parents wanted their children to go to high school or work rather than have to marry at a young age. However, in West Lombok there were still some parents who were 'forced' to agree with child marriage, because their daughter had been taken away (*merariq*). Both in Sukabumi and West Lombok there were also some parents who were afraid of disgrace and *zina*, so they continued to marry off their daughters underage.

Nevertheless, some adolescents still thought that child marriage had benefits. This was usually because they only saw the wedding ceremony (*begawe*), in which the bride and groom looked very happy, or the social media uploads of celebrities who looked happy when they got married at a young age. Others felt that marriage was part of the Prophet's *sunnah* (suggested things to do). According to FGD participants, such adolescents had not understood the real meaning of marriage:

"We went to a boarding school, so most of the children there stayed in the dorm, and they certainly think that girls need someone to rely on. So they often think that it is not a problem if they were married at a young age. So most of the children in the boarding school believed they were following the sunnah of the Prophet. Actually, what was explained is that being married was allowed, but it should also be noted that marriage is not a thing to be taken lightly; that's why we are more concerned with explaining how we should combine the sharia and the logic about marriage."

(FGD with girls aged 15–19 years, Kediri village, West Lombok, 13 March 2020).

Furthermore, for premarital pregnancies among girls in West Lombok and Sukabumi, getting married off was still seen as the best solution, or in some cases, moving the girl outside the village. However, KPADs and some parents have been fighting for children’s right to education. In Sukabumi there were several cases in Cisolok and in Sukaraja of pregnant girls being able to continue their education after giving birth, while in West Lombok girls could continue their education after childbirth but preferred non-formal schools such as PKBMs.

3.6.5 INTER-LINKAGES BETWEEN MARRIAGE AND PREGNANCY

In both districts, the issue of child marriage cannot be separated from the issue of teenage pregnancy. Some respondents experienced child marriage first and then experienced teenage pregnancy, whereas a small number experienced teenage pregnancy first, then got married under 18.

Table 15 Inter-linkages between marriage and pregnancy

	Baseline		End-line	
	West Lombok	Sukabumi	West Lombok	Sukabumi
Number of young women (15–18) who experienced child marriage and teenage pregnancy	19	14	30	8
Number of young women (15–19) who experienced child marriage and teenage pregnancy	30	23	42	10
Young women (15–19) who experienced a child marriage and teenage pregnancy, who first experienced child marriage and then teenage pregnancy	15 (50%)	12 (52%)	16 (38%)	10 (59%)
Young women (15–19) who experienced a child marriage and a teenage pregnancy, who first experienced teenage pregnancy and then child marriage	3 (10%)	0 (0%)	1 (2%)	2 (12%)
Young women (15–19) who experienced a child marriage and teenage pregnancy, who had a teenage pregnancy and child marriage in the same year	12 (40%)	11 (48%)	25 (60%)	5 (29%)
Married mothers (15–24) who were first married and then became pregnant	85 (59%)	60 (37%)	67 (39%)	37 (42%)
Married mothers (15–24) who first became pregnant and were then married	3 (2%)	0 (0%)	1 (1%)	3 (3%)
Married mothers (15–24) who married and became pregnant in the same year	55 (38%)	60 (37%)	104 (60%)	49 (55%)

Table 15 shows that in West Lombok there were 30 female respondents at baseline and 42 respondents at end-line who became mothers in their teens and were married underage (15–19 years). These data confirm the qualitative data that child marriage usually precedes teenage pregnancy. In fact, the number of married young women who had experienced a pregnancy prior to child marriage was very low and had fallen over time in West Lombok but increased in Sukabumi (although these were very small numbers). According to the data, most young women (15-19 years) who had a child marriage and a teenage pregnancy in West Lombok experienced both in the same year (40% at baseline and 60% at end-line). Based on our other data, we can conclude that most of these were marriages first, followed by

pregnancy. However, the increase in West Lombok over time may imply that the gap between the time of marriage and pregnancy may have fallen. On the other hand, in Sukabumi this rate of having teenage pregnancy and child marriage in the same year fell over time (from 48% to 29%).

3.6.6 DECISION-MAKING DYNAMICS OF MARRIAGE

The end-line survey shows that there were positive changes in decision-making related to child marriage. In West Lombok, the increased acceptance by female respondents of matchmaking by their parents was due to the customary *merariq* tradition, in which women were prone to being stigmatized if the marriage were cancelled. This prompted parents to take over marriage-related decisions, especially for girls. In Sukabumi, parents were no longer focused on child marriage. They had become more focused on children’s education and provided lessons in making independent decisions when children wanted to get married. At end-line, we also found that there were still a few cases of matchmaking done by parents for economic and religious reasons.

In West Lombok the percentage of youth (both male and female) who felt that they had married at the right time fell over time. In contrast, in Sukabumi there were slight increases for the same over time. Considering other quantitative and qualitative findings, this trend could represent other trends in Sukabumi, where young people were more aware of child marriage and thus also more conscious about their own choices. Table 16 gives an insight into respondents’ decision-making on marriage.

	Baseline		End-line	
	West Lombok	Sukabumi	West Lombok	Sukabumi
Young (ever) married women (15–24) who felt it was the right time for them to have married	116 (58%)	137 (64%)	112 (48%)	79 (66%)
Young (ever) married men (15–24) who felt it was the right time for them to have married	(12) 71%	7 (54%)	11 (52%)	3 (60%)
Girls and young women (15–24 years) who agreed that their parents or relatives decide their future partner	394 (70.5%)	436 (73%)	136 (75%)	122 (21%)
Boys and young men (15–24 years) who agreed that their parents or relatives decide their future partner	132 (75%)	152 (76%)	52 (24%)	19 (10%)

Over time, a lower percentage of youth in both districts stated that their parents or relatives would decide their future partner. This was with the exception of young women in West Lombok. This indicates a change in perceptions of youth on how their parents or relatives would approach their marriages, particularly in cases of *merariq*. Again, youth in Sukabumi – particularly young women – seemed to have more support from parents and relatives than youth in West Lombok.

IDIs and FGDs in **West Lombok** revealed that although a couple would engage in *merariq* of their own accord, the final decision to go on with the marriage or not in such cases rested with the girl’s parents:

“Yes, it (belas) depends on both parties. The evidence is, if the girl’s parents want their children to be married off, the marriage is decided. The key is the girl’s parents. Maybe because he was ashamed of the neighbours, embarrassed by the residents that, like, their daughter had been ‘done with’ so, sometimes the process of belas happens, but the parents force their children to marry out of shame.”

(FGD with fathers, South Lembar, West Lombok, 16 March 2020).

Since the introduction of the Yes I Do programme, a change had occurred in the dynamics of decision-making related to child marriage in cases of *merariq*. At end-line it was happening through preventive mechanisms, up to the *belas* process, involving relevant stakeholders, including the head of the hamlet, KPAD, the police apparatus at the village level (*Babinsa*), as well as the parents of the couple, and the school, all of whom were involved in persuading the adolescent couples who engaged in *merariq kodeq* to postpone the marriage process and continue their education, with certain conditions. This was also mentioned in an FGD with fathers in South Lembar village:

*“Actually we talk to the parents before we take the customary action. ... If her parents want *belas*, we will send her back. It depends on parents from both sides. If they want to marry after they finish school, that’s their choice, there’s already an age limit, right?... [for marriage] ... Yes, it is delayed. If we *belas*, we even offer it with an agreement, that the children’s education is finished first, or to make the agreement witnessed by the head of the hamlet, the head of the RT [Rukun Tetangga – cluster of households] and community leaders. Thus far I have succeeded to *belas* only once, at the request of the parents. If the parents ask us, we would go on until the *belas* can be done.”*
(FGD with fathers, South Lembar, West Lombok, 16 March 2020).

Another participant had a story of a successful practice of *belas* in East Sekotong: the father reported directly to KPAD and the hamlet head that his daughter was taken to *merariq*. The father at that time took all possible steps, including involving the *Babinsa* (police apparatus at the village level), so that his daughter would be returned by the male partner’s family. He wanted his daughter to go back to school no matter what. At the time of the study, according to this participant, she was now in high school. When asked what he did for the *belas* of his daughter, he said:

*“At first my daughter was scolded by her older sibling and forced to separate. For a while my daughter was deposited at a relative’s house outside Sekotong village, and she was transferred to another school so that no one would take her away (*merariq*). I then told everyone at the village office during the process of *belas* that if anyone dared to take my daughter, he would face me and the police again, so no one dared.”*
(Father, East Sekotong, West Lombok, 17 March 2020).

Although stakeholders, particularly parents, wished to do a *belas*, this separation mechanism also had implications for the children and was not considered child-friendly. This was also mentioned during the dissemination of the end-line results in West Lombok with stakeholders and community organizers. The community organizers stated that the *belas* should be carried out using what was called a ‘silent movement’ to avoid stigma for youth who were being separated. Youth said that they were ashamed if they failed to marry because they had been caught running away; this was because the current separation mechanism involved many parties, so many people found out about it. This did not guarantee the privacy of the youth involved, exposing them to potential stigma.

For some cases where the parents did not insist on making a decision, the decision for the girl to be married or not was made by the community. This, for example, occurred if couples were caught dating after the customary curfew of 10 pm or midnight. These couples would be married off and considered to have committed *merariq*. Cases of *merariq* and community raids illustrate the level of policing done by the community. Although there had been some improvements in the *belas* process in relation to *merariq*, community raids posed a more serious challenge at end-line than at midline.

In contrast to West Lombok, where there was a mechanism such as *belas* to cancel or postpone child marriage, no equivalent mechanism was found in **Sukabumi**. Survey data and qualitative data show that both male and female youth had more autonomy to determine their own partners, As expressed in an interview with a Sukaraja village government official, this was no longer the age of Siti *Nurbaya*,²⁹ when parents could match their children. In line with this, a young woman from Sukaraja village also mentioned that with education they can enlighten or educate their parents – for example, in the case of parents’ concerns about *zina* and asking their children to marry quickly. This showed the necessity for education for youth, and parental support for children’s education. As stated earlier, parents were trying to send their children to school, and youth also had high aspirations for education.

29 A well-known novel by Marah Roesli, in which the protagonists’ love story failed due to forced matchmaking by the parents.

“You have to educate your parents; they have to understand us too. Sometimes you have to understand your parents too, how you respond to your parents, right... You can talk to your parents so that they think similarly to us.” (FGD with women aged 20–24 years, Sukaraja, Sukabumi, 4 September 2020).

Although the space for decision-making was increasing in Sukabumi, challenges still remained. In the case of adolescents, it was still difficult for children to refuse marriage. For example, in the FGDs with male and female adolescents, cases were reported of parents telling their teenage daughters to marry. Many parents made the decision to get their daughters married on the grounds of preventing zina and premarital pregnancy, and for religious (*ta’aruf*) or economic reasons.

Therefore, parents’ level of awareness could determine whether or not child marriage occurred. One young woman in Sukaraja village explained that, at times, parental beliefs about marriage vis-à-vis the importance of education for their children overshadowed the economic conditions or educational qualifications of the girl’s family. If parents were very keen for their children to marry, they would resort to *siri* marriage:

“The parents were concerned, worried, so in the end the man holds the akad [Islamic marriage] with the parents, and when the girl reached 19 years they were formally married, so the marriage certificate is dated from the later age, not the date of the religious marriage.” (Amil, Sukaraja, Sukabumi, 5 September 2020).

Adolescent girls also made their own decision to marry at times, but this choice could be under constrained circumstances.

The case of Vita: Economic influences

A 19-year-old called Vita from Cikelat village stated that she had decided to get married because she did not want to be a burden on her family. Vita’s parents had been divorced, her mother worked as a migrant worker, and Vita lived with her grandmother. After graduating from junior high school, Vita worked as a labourer in a succession of factories. When she was unemployed for some time, her boyfriend proposed. She decided to get married at the age of 18, even though she had only recently met her boyfriend, who already had children from a previous marriage.

The case of Sarah: The role of premarital pregnancy

Adolescent girls who experience premarital pregnancy do not see any other choice but to marry their boyfriend. A 16-year-old girl from Cikelat village married her boyfriend after she became pregnant. When she found out she was pregnant, she was afraid and told her 24-year-old boyfriend. They agreed to get married, and she asked him to share their pregnancy and marriage plans with his parents. The boyfriend’s parents agreed, and then they all went together to visit the girl’s parents to announce the pregnancy and propose at the same time. She thought it was the best decision even though she had to drop out of school. She had no plans to continue school or to work because she wanted to fully care for her 3-month-old baby.

These cases demonstrate that the dynamics of decision-making on child marriage in Sukabumi and West Lombok, while largely determined by parents, were also influenced by what children wanted and decisions they made, albeit only in certain circumstances.

3.6.7 PREVENTION OF CHILD MARRIAGE

Although the child marriage prevalence increased slightly between baseline and end-line in **West Lombok**, programme interventions on this issue had increasingly intensified. At both baseline and end-line, about two thirds of the respondents stated that someone would intervene in the event of a child marriage. Parents, community leaders and local government were mentioned at baseline and end-line, whereas KPADs were mentioned only at end-line.

According to the community members, community leaders and local governments involved in the qualitative study in West Lombok, many positive changes had been brought about by the Yes I Do programme’s advocacy on the issue of child marriage in the four intervention villages. First, there had been a process of outreach to the community, establishing KPADs and carrying out routine activities in the community such as citizen dialogues, serial discussions, business skills programmes, and the SETARA module for the four schools assisted by the programme. Since midline,

there had been training for participants to become facilitators. This was for both community/traditional and religious leaders who were members of KPADs in 2018–2019, as well as for youth such as in the Champion of Change training, in which particularly members of FADs participated. Since midline, the youth *Posyandu* activities had become more frequent in providing health services for youth in the community, which also involved village midwives and youth cadres. Since 2018 and 2019, the programme had begun to oversee the policy advocacy process, ranging from the village level to the district government, specifically for the issue of child marriage, which is further explained in section 3.9. From 2019 to early 2020, the programme also focused on the sustainability by starting to prepare agents of change. These agents, who would become leaders and reporters, could continue to advocate against child marriage with community/traditional and religious leaders, and with youth themselves who were FAD members. This was also acknowledged by KPADs regarding the assistance process and capacity building for KPAD members, such as the assistance in formalizing KPAD through a government decree.

According to information from community leaders who were also heads of hamlets and KPAD members, a village regulation (*perdes*) existed for the prevention of child marriage in Kediri village. In fact, the existing *perdes* would be revised again to strengthen the prevention of child marriage, because it did not contain strict sanctions:

“There is a perdes, but the problem is that it does not contain any penalties/sanctions. ... The sanctions are not clear. ... Meanwhile, at the district level, a perda [local regulation] already exists. The upholder of the perda is the Satpol PP [civil service police unit], right? So with this perdes, who is responsible for taking action? The head of hamlet believes that there will be revisions.” (Representative of village government, Kediri village, West Lombok, 14 March 2020).

Advocacy against child marriage for 2019 and 2020 focused on the sustainability of the programme. For example, the advocacy took a more intensive approach towards religious/community leaders to support the elimination of child marriage. At the time of the study, almost all intervention villages had anti-child marriage champions who were community or religious leaders. Likewise, champions among youth (FADs) had already existed since the end of 2019 in all intervention villages, although in terms of increasing the capacity of the champions there were variations depending on how active they were in participating in training and programmes in their respective villages. According to KPAD, the programme’s efforts to advocate against child marriage had been optimal because it had also involved community leaders. This helped them carry out three *belas* out of the five child marriages reported.

According to KPAD, there were many adolescents acting as youth champions who dared to advocate against child marriage following encouragement from the Yes I Do programme that increased their courage to speak up. For example, young people were involved at the hamlet-level *musrenbang*, though not in all intervention villages (only in Kediri and Jagaraga Indah villages)

Although the activities to prevent child marriage were intensifying, the end-line study found that the number of child marriages had actually increased. According to the FGD with Yes I Do Alliance partners, the programme still needed to be balanced with capacity building at the community level, especially regarding children’s rights, as well as capacity building for adolescents regarding SRHR education, to better understand the adverse effects of child marriage. The need for further awareness-raising on *merariq* and *belas* was surprising, given that many of the efforts had focused on those practices. The focus instead should be on how to have these discussions in a sensitive yet effective manner by involving youth who have experienced child marriage and the *belas* separation process.

According to the interviews with KPAD and also the FGD with Yes I Do Alliance partners, *merariq kodeq* was a challenge for the Yes I Do programme in West Lombok, despite various outreach and advocacy programmes that had been carried out, including the *belas* process. Changes in attitude in the form of support from the community and government leaders in the district had increased compared to baseline and midline. However, efforts to prevent child marriage needed to be more extensive at both the village and district levels. In addition, the tradition of *merariq* that was being implemented was not in accordance with the customary regulations of *merariq*, yet the ‘wrong’ implementation was deeply rooted and difficult to transform, making it the main cause of the perpetuation of child marriage. In addition, the governments in all areas of West Lombok lacked a firm commitment to align the practice of *merariq* with customary regulations.

“There is no practical system to prevent child marriage. For Lombok, the existence of merariq makes the process of belas difficult. The district government actually participates directly in belas. However, the government does not firmly oppose child marriage. Although there are local regulations on the prohibition of child marriage, the government has not actively implemented the programme. Thus, NGOs are more active in preventing child marriage.” (Yes I Do Alliance follow-up online FGD, West Lombok, 27 July 2020).

Thus, the existence of a regional regulation on the prevention of child marriage should also be accompanied by implementation by the government, so that existing efforts do not depend solely on the work of NGOs. This would also help the sustainability of NGO efforts.

In **Sukabumi**, the declining prevalence of child marriage was supported by increased community efforts to intervene in the child marriage process. Whereas at baseline only 20% of respondents felt that other parties were trying to prevent child marriage, at end-line this percentage had increased to 29%. The parties mentioned as trying to prevent child marriage were government officials (61%), community leaders (39%) and others, including families, KPADs, the Yes I Do programme and youth *Posyandu* (39%).

Apart from the parties mentioned in the quantitative data, there were other important actors, namely the FAD, the village government, traditional leaders and the community. Prevention of child marriage in the villages was carried out by KPAD, FAD, the village government, and religious and community leaders. KPAD had a strategic function to prevent child marriage by providing outreach to adolescents, parents and religious/community leaders, as well as advocacy to the village government and the KUA. In the outreach to parents and adolescents, KPAD was involved not only through community discussions for parents and adolescents through the Yes I Do programme, but also through forums in the village, such as mothers’ Quran recitation groups and mosque youth. KPAD also involved hamlet heads and village cadres such as *Posyandu* cadres in awareness-raising activities at the village level regarding the impact of child marriage and the minimum age of marriage. At the outreach activities at the village level, KPAD also invited the KUA to explain the latest law. The FGD with fathers in Cisolok revealed that the involvement of the community leaders made the community more interested and willing to listen.

In its efforts to prevent child marriage, KPAD tended to take a personal approach to the family and prevented confrontations and unrest in the community, especially in cases of child marriage due to premarital pregnancy, which was sensitive for the families. As noted by Cisolok KPAD, it continued to try to prevent children from being married off, but also maintained good relations in society.

It should be noted that KPAD members did their extensive work to prevent child marriage voluntarily, and that they faced challenges. While doing campaign or advocacy activities with stakeholders in the village, such as the village government, parents and religious leaders, or stakeholders outside the village, such as the Office of Religious Affairs and *amil*, they needed assistance and capacity building. DP3A also realized that KPAD (now the PATBM) should be given continuous capacity building and technical assistance.

KPADs also collaborated with FADs on outreach efforts. The end-line shows a positive change in cooperation between FADs and KPADs. According to the Limbangan, Sukaraja and Cisolok FADs, they became more aware of the problems around them, such as when they heard that their friends were getting married, and also regarding premarital pregnancy. Cisolok FAD had often reported issues related to unintended pregnancy and child marriage since KPAD had been founded. Sukaraja FAD once reported a premarital pregnancy that led to child marriage to KPAD; although the marriage could not be prevented, according to FAD, they were not reluctant to report and discuss various problems faced by children and adolescents in the village. Similarly, in Limbangan, communication with KPAD had improved:

“We remind each other. I went to KPAD, asking, ‘Ma’am, how about this event?’ So I ask them questions too. Communication is important, so actually, thank God, KPAD was interested. There are adolescents in KPAD, because it is the Child Protection Commission. Children must be involved too. So the funds used by the youth Posyandu came from KPAD, because KPAD already has funds [from the village government].”
(Limbangan FAD, Sukabumi, 1 September 2020).

The Yes I Do programme also worked with and was supported by the village government to prevent child marriage. It was very difficult for child marriages to occur formally through the KUA, although there were still unregistered child marriages (*siri*). In Cikelat village, there was a circular on the minimum legal age for marriage, and in Sukaraja village the village government also supported the prevention of child marriage:

“Now the minimum is 19 years, whereas before that it was 16 years. Even in the past, when a girl was not yet 16 years old, even only one day [earlier], we rejected the marriage. But after there was a change again, we implemented the rule for girls aged 19 years. We no longer accept it if she is under that age. Alhamdulillah, actually to suppress the rate of child marriage, I think it can be done through a village regulation. But there are still those who marry, because she already got pregnant. We also do not prohibit it. The most important thing is we are not involved in it; it’s up to them to have a siri marriage or whatever. And it’s not just the village government that actually does that. Village marriage officer, the amil, I think they are also strict now, in the Office of Religious Affairs. If the age is not yet due, a recommendation will not be issued from the KUA. Likewise, the amil would not dare to issue official papers for marriage. But I don’t know if the case is like that, namely siri marriage. I think it’s still happening if the girl already got pregnant.”
(Sukaraja village official, Sukabumi, 6 September 2020).

Furthermore, the Sukaraja *amil* also explained that with SIMKAH, marriage registration had to be done online by including a birth certificate and a school certificate. Thus, it would be difficult to fake the age, and the occurrence of underage marriage would be impossible. Most religious leaders were also more open and involved in efforts to prevent child marriage. Quran recitation groups and Islamic organizations such as Majelis Ulama Indonesia (Indonesian Ulama Council) have been involved in the Yes I Do programme. Only one religious figure we met in Cikelat village still considered child marriage a non-issue.

3.7 FEMALE GENITAL MUTILATION/CUTTING

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

There were no major changes regarding views and attitudes towards FGM/C between baseline and end-line. Based on the regression results for both districts, there was a statistically insignificant decrease (OR 0.89 – from 73% at baseline to 71% at end-line) in the percentage of young women aged 15–24 years who had experienced FGM/C. The decline observed did not reflect the current changes in circumstances related to FGM/C, because the act was performed when the respondents were infants or toddlers. Therefore, it was more relevant to observe how young women viewed FGM/C as shown by their desire to have their daughters circumcised in the future. Figure 15 shows that there was a significant decreasing trend over time of young women aged 15–24 who wished to have their daughter circumcised in the future (OR 0.73).

Figure 15 Percentage of young women (15–24 years) who wish to have their daughters circumcised in the future

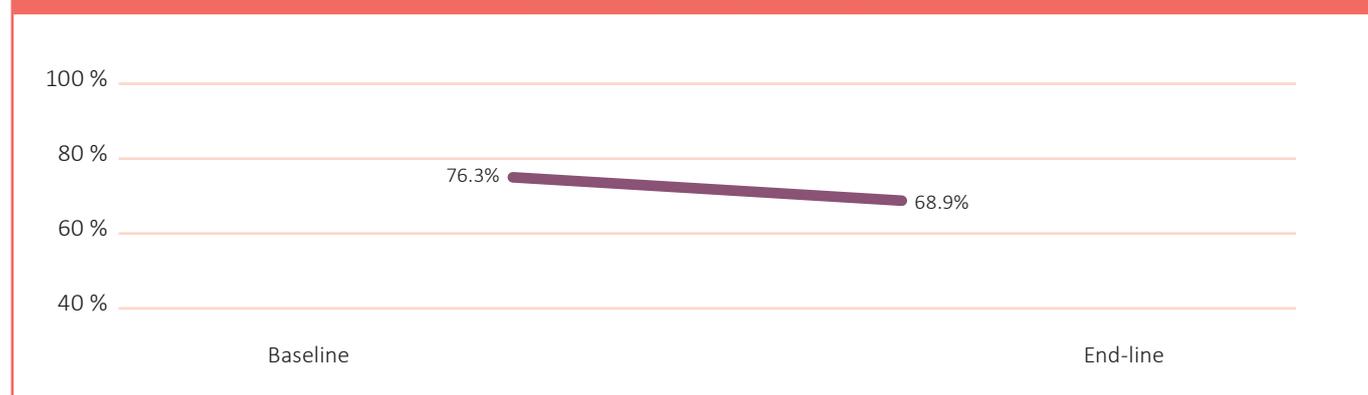


Table 17 shows the disaggregated data by district, revealing a lower prevalence of FGM/C in West Lombok than in Sukabumi. This was also reflected in the wish of young women to circumcise their daughters in the future. The lower prevalence was due to Hindu respondents in Jagaraga Indah who did not practise FGM/C. In addition, there were two villages (South Lembar and East Sekotong), as found at baseline, that did not practise FGM/C either. The qualitative data show that changes in views and attitudes regarding FGM/C had occurred among KPADs, FADs, village midwives and those who were actively involved in the programme.

	Baseline		End-line	
	West Lombok	Sukabumi	West Lombok	Sukabumi
Girls and young women (15–24 years) who underwent FGM/C	297 (53%)	552 (92%)	336 (60%)	479 (82%)
Girls and young women (15–24 years) who want their daughters to be circumcised	330 (59%)	553 (92.5%)	356 (63%)	434 (74%)
Unmarried boys and young men (15–24 years) who prefer a non-circumcised partner in the future	5 (3%)	0 (0%)	8 (5%)	5 (3%)

In **West Lombok** there was an increase in the percentage of respondents who had experienced FGM/C, usually at infancy, from 53% (297 respondents) at baseline to 60% (336 respondents) at end-line. About 37–39% of the respondents at both phases indicated that a *paraji* (traditional birth attendant) had performed the circumcision. At baseline, 15.5% of the cases of FGM/C had been performed by a midwife, whereas at end-line the percentage had increased to 24%. The majority of the respondents were circumcised a week (18%) or a month (22%) after birth. The qualitative data confirm this timing and that the circumcision was usually performed by a midwife or *belian* (circumcision practitioner). Hence, it was not surprising that most of the female respondents felt normal when they found out that they were circumcised, and no celebration to mark FGM/C had been reported at baseline or at end-line. Two thirds of the female respondents thought that FGM/C had no effect on their marriage prospects. However, almost 20% of the respondents in West Lombok at end-line felt FGM/C would increase their chances of marriage.

In West Lombok, there was an increase in the percentage of female respondents aged 15–24 years who wanted their daughters circumcised (from 59% at baseline to 63% at end-line). This trend was similar for the male respondents. Furthermore, a small number of male respondents indicated that they preferred an uncircumcised partner (increasing from five at baseline to eight at end-line).

Around half of the respondents (48% at baseline and 52% at end-line) considered that FGM/C was a community tradition in West Lombok. Most youth, particularly males, gave no response when asked at end-line what type of FGM/C was practised in their community.³⁰ Seventeen percent (17%) of the respondents mentioned that commonly in the practice of FGM/C found in West Lombok, a small part of the clitoris was cut, while 6% mentioned practices such as pricking with a needle, pinching with old coins or scraping – categorized as other harmful practices – while only 0.4% stated it was symbolic, related to *tesuci* in the *Sasak* custom. While we could not see any change at this stage in the type of FGM/C experienced by the respondents, this question could offer insights. Compared to baseline, when most people did not know, the answers on the question about the types of FGM/C indicated a change in awareness. However, this could be due to the difference in the way the question was asked.³¹

The qualitative study found that FGM/C was still performed in West Lombok, particularly in the villages of Kediri and Jagaraga Indah. However, no cases of FGM/C were reported in the other two villages, South Lembar and East Sekotong.

30 At baseline, only women were asked this, and most said they did not know.

31 At baseline, this question had an open text answer. At end-line, respondents were asked to give a response, and the enumerator would check the relevant answer option. However, if they were unable to respond, the enumerator would read the answers out.

The qualitative data gave further insight into the *tesuci* custom. In Kediri village, the method of FGM/C that was found was to ‘clean’ the baby girl’s vagina with gauze using alcohol or iodine. This was done by the village midwife at the request of the parents. The village midwife did not consider this practice ‘circumcision’, but rather ‘cleaning’ or *tesuci* in the customs of the Sasak people. Meanwhile, in Jagaraga Indah village, a form of FGM/C was still found, using a pair of old Chinese coins (*kepeng bolong*) as part of Sasak custom. This was mentioned in the FGD with mothers, one of whom was a *belian*. The *belian* was further interviewed, and mentioned that she had carried out this profession for 10 years, inheriting it from her mother, passed through generations. The procedure for FGM/C followed the Sasak custom, starting with reciting a prayer, the tools used for the circumcision (*kepeng bolong*) to pinch the clitoris, and cleaning with holy water. The following is an excerpt from the interview.

“The tools I used are yellow metal [coins], cotton, clean water, flowers, cleaning the clitoris, then praying and pinching it using the pair of coins, after which cleaning it with water that has been sanctified. ... There is a prayer from one of the verses of the Quran. This has been passed down through generations from my grandmother and cannot be taught to just anyone.” (*Belian*, Jagaraga Indah, West Lombok, 15 March 2020).

In the FGD with mothers in Jagaraga Indah village it was revealed that the reasons for circumcision were religious teachings (Islam) and customs. Babies that were circumcised would not be fussy and would become good girls. They also saw that so far there had been no negative impacts of FGM/C, which they had been practising for generations.

As in West Lombok, any change in **Sukabumi** in the current practice of FGM/C could not be reflected in a decrease in the percentage of female adolescents who had experienced FGM/C, as it was generally performed at infancy. Table 17 shows that the percentage of female respondents who had been circumcised decreased from 92% at baseline to 82% at end-line, and the percentage who wanted to circumcise their daughters in the future dropped considerably from 92.5% at baseline to 74% at end-line. At end-line, some of the reasons given by male and female respondents for wanting to circumcise their daughters in the future included religious (69.5%), cultural (49.4%) and health reasons (30.3%). The role of religion emerged as an important factor: 55.5% of the respondents at baseline and 61% at end-line felt that their religion recommended FGM/C. In contrast, the main reason cited at end-line by female and male respondents for not wanting to circumcise their daughters in the future was health (76%).

In Sukabumi, the main method of FGM/C was type 4 (all other harmful actions), such as piercing with a needle, pinching with a pair of old coins or scratching (experienced by 27% of respondents). Another method used was type 1 (clitoridectomy), which involves cutting part or all of the clitoris, experienced by 14%. As many as 62% of female respondents said that FGM/C was performed by *paraji*, mostly when the baby was 40 days old. The view of male respondents on FGM/C was beginning to shift, with 87% at baseline but only 21% at end-line saying they preferred a circumcised partner. Although FGM/C was not considered to have a major effect on marriage prospects, it was considered to be closely related to religion (by 73% of the respondents thought so at both baseline and end-line).

In Sukabumi, the practice of FGM/C known as ‘nicking’ was still being performed.³² Most of the participants explained that it was carried out by *paraji*. The *paraji* we interviewed in this study was a 68-year-old woman from Cikelat village who had been performing FGM/C for 50 years. Every month she received a request for circumcision, not only from residents of Cikelat village but also from surrounding villages, including Cisolok village. She obtained the knowledge from her grandmother, who was also a *paraji*. She said that she circumcised girls from the age of 40 days to five years; however, the ideal age was when the baby was able to sit up, around five to six months:

“There are parents who want it to be done at 40 days. In 40 days, it will form again. Then what’s the problem? When she’s grown, her uterus will itch. If circumcised at 40 days, it will grow again. In my opinion, when she can sit, it’s the time to circumcise, at five or six months.”
(*Paraji*, Cikelat village, Sukabumi, 29 August 2020).

The *paraji* explained that the FGM/C involved nicking off the tip of the baby girl’s clitoris using a folding knife or scissors:

³² In practice, several methods can be used, such as nicking the clitoris or cutting its tip.

“The tip of the knife is wrapped in gauze. Previously I used a sheet of white cloth. Boil the knife first. Just cut the tip a little. If I don’t wrap the knife, I’m afraid it will tear [the baby’s clitoris]. Now there are scissors, so just pinch the ends with the scissors.” (Paraji, Cikelat village, Sukabumi, 29 August 2020).

According to a midwife in Cisolok sub-district, the *paraji*’s practice of nicking the tip of the baby’s clitoris was very dangerous and risky. According to her, in 2018 she received a 40-day-old baby girl who had just been circumcised by the *paraji* and experienced acute bleeding. The *puskesmas* then referred the baby to a hospital because the bleeding could not be stopped and required further medical attention. However, there were still many mothers who asked the midwife for their babies to be circumcised. The midwife usually tried to make them understand that FGM/C was no longer allowed. Legally, midwives were not permitted to practise FGM/C.³³ If the mother continued to insist, the midwife would pretend to circumcise the baby by wiping the baby’s vulva:

“With regard to circumcision, ... it is no longer allowed. But sometimes they insist that the babies be circumcised. We, the midwives here, agreed, rather than doing it permanently, just pinch it a little, wipe it so the baby cries. I tell them, ‘Now it’s not allowed’. If they still insist, we do that technique, so the parents believe that she’s been circumcised.” (Village midwife, Cisolok sub-district, Sukabumi, 31 August 2020).

Based on the FGDs with youth and with parents, and interviews with religious and community leaders, FGM/C was still being performed. The practice was motivated by a persistent view, as found at baseline, that it cleansed and purified women from uncleanness and reduced their sexual appetite. These views, according to the participants, come from Islamic religious views and also the traditions of the community. Although mothers were more aware of the practice of FGM/C, fathers also supported it, even though they were not clear about what it entailed:

*“It is compulsory in Islamic law, but because I have never taken care of girls, I can’t answer in more detail. I cannot blame the *paraji*, as long as it does not exceed the rules, how to clean it, you have to follow the rules, the *fiqih* (Islamic law), how to avoid a religious defect. In *fiqih* there are rules on what women have to do, how to clean it.”* (FGD with fathers, Cisolok village, Sukabumi, 27 August 2020).

In Sukabumi, the community’s position was difficult to change, even though information about the dangers of FGM/C had been disseminated. According to the mothers in the FGD in Sukaraja village, the midwife’s attitude and the Yes I Do programme had created confusion and anxiety. This was because FGM/C was considered mandatory and highly recommended by the majority of the society.

3.7.2 AWARENESS AND CONSEQUENCES OF FEMALE GENITAL MUTILATION/CUTTING

There were limited changes regarding the awareness of FGM/C in the two districts. This was because the information was still limited to discussions among KPADs, FADs and village midwives. Moreover, there was still a strongly held view that FGM/C was a religious and traditional obligation. This was also clear from the large percentage of youth who agreed at end-line that religion recommended FGM/C and that religious reasons were a primary reason for circumcising their daughters in the future.

In **West Lombok**, the FGD with mothers in Jagaraga Indah village revealed that they had never heard of a ban on FGM/C from the village government. Only one of the five participants had heard the explanation from the Yes I Do programme regarding the prohibition of FGM/C due to its impact on girls’ health. However, one study participant still considered FGM/C a religious (Islamic) obligation. In addition, girls, especially those who were members of the FAD, had been informed about the impact of FGM/C. However, many youth who were not active in the Yes I Do programme had an understanding of FGM/C that was based on the myth that an uncircumcised woman would become licentious, aggressive, lustful and impure – as also found at baseline and midline. From the resulting discussion, there were still youth who were willing to circumcise their future daughters because of the influence and the internalization of traditional and religious values in their families. Increased prevalence of this view was also reflected in the survey

³³ According to the Ministry of Health Regulation No. 6/2014, every action taken in the medical field must be based on medical indications and proven health benefits, and female circumcision is not a medical act, because its implementation is not based on medical indications and has not been proven to be beneficial to health. However, this regulation is somewhat ambiguous in not permitting FGM/C, since it also gives a mandate to the Syara Health Advisory Council (Islamic council) to issue guidelines for the implementation of female circumcision that ensure the safety and health of women who are circumcised and do not perform FGM/C.

findings. In contrast, youth who understood why FGM/C was not necessary intended not to circumcise their future daughters, because they felt that it would deprive them of their (sexual) rights.

According to the community organizer and KPAD, awareness-raising activities on FGM/C had been carried out in the community, through community dialogue meetings and through the involvement of community leaders and heads of hamlets, but not as frequently as advocacy or activities on child marriage. Community organizers stated that some community members were aware of the adverse effects and did not practise it any more. In addition, according to the KPADs and community leaders interviewed, there were no specific regulations or policies prohibiting FGM/C at the village level, nor was there any compulsion not to do it, because of strong religious and cultural influences. Thus, the issue would become extremely sensitive if an outright prohibition were introduced. This was also why village midwives who had been included in the capacity building by the programme stated that it was difficult to explain to parents that their daughters did not need to be circumcised. Most of the parents, lacking awareness of the harmful health effects, still asked for their daughters to be circumcised, so the village midwives simply 'cleaned' or wiped the girl's clitoris, so that the parents (particularly the mother) would not ask a traditional circumcision practitioner (*belian*) to do the procedure.

Moreover, the programme did not directly interfere with mothers or the *belian* who were still practising FGM/C. Neither did it interfere with the symbolic circumcision. The programme acknowledged that symbolic FGM/C was still being practised, with midwives simply 'cleansing' the clitoris. According to the FGD with Yes I Do Alliance partners, the community knew the negative impacts of FGM/C but still adhered to the value of purifying women:

"For FGM/C, in the intervention areas, not many parents were bringing their daughters to be circumcised. However, if the parents still insisted that the midwife performed FGM/C, the action taken was only wiping... Most village midwives admit that FGM/C was no longer practised in the villages. When the cleaning process is complete, the midwife would explain that the girls had been treated, without anyone knowing whether the child had been circumcised or not. However, this is as far as the village midwife could go. If after returning from the puskesmas the parents still took their child to the belian, this could not be further intervened. Community leaders thought that FGM/C was no longer happening, so no intervention was done anymore."
(Yes I Do Alliance online FGD, West Lombok, 27 July 2020).

According to the FADs of Limbangan and Sukaraja villages, FGM/C was considered a religious obligation, so if the issue were to be discussed, religious leaders needed to be asked how best to do it. Hence, FGM/C was not discussed in depth in activities involving religious leaders, for fear of being immediately rejected.

The survey explored young people's understanding of the consequences of FGM/C. It was clear that in West Lombok there were no stark changes between baseline and end-line. Most of the respondents either said they did not know or said that there were no sexual, menstrual, fertility or labour-related problems. In Sukabumi, 70% of the respondents at baseline did not agree that FGM/C caused such problems, but at end-line a higher percentage reported not knowing. Further, both the baseline and end-line studies showed that respondents believed that FGM/C did not conflict with existing legal regulations.

In **Sukabumi**, based on the qualitative data, and similar to West Lombok, there were still myths about FGM/C in the society. There was the belief that FGM/C could control women's sexual desire, as well as a religious view that stated that FGM/C aimed to purify women. However, there was a change in awareness among adolescents who were active in the Yes I Do programme. One 21-year-old woman in Sukaraja village said she had often participated in serial discussions in the community and training from the Yes I Do programme, which included discussing religious views on FGM/C and the dangers of the practice. As a result, she had become more concerned about the dangerous practice of FGM/C, but opposing it remained a sensitive matter in society:

"Actually, this is a most sensitive issue to be discussed in the community, what KPAD has been fighting against is FGM/C. Even last time my friend had a daughter, the paraji was already provided with information by the midwife, but the paraji insisted that the girl has to be circumcised 'for real', then I said, 'Mak, but it is

not allowed.’ I tried to tell her that there are nerve endings that may be affected; also there was a case of a baby who died because of circumcision. But the paraji said, ‘The girl’s sexual desires will exceed that of men.’ It was difficult to tell her, as you cannot make an old person change her mind, even though in health terms it is not permissible. Midwives are not allowed to circumcise a girl in any form of practice, even in any symbolic way.” (FGD with women aged 20–24 years, Sukaraja village, Sukabumi, 4 September 2020).

Some young people who were active in the Yes I Do programme in Cisolok village considered that FGM/C was an SRH problem, since the practice would harm female genitalia. Even though there had been a change in opinions about FGM/C, in general, public awareness of the harms was still low, and it was still not viewed as risky.

3.8 EDUCATION AND ECONOMIC EMPOWERMENT

3.8.1 ACCESS TO (HIGHER) EDUCATION AND ECONOMIC OPPORTUNITIES

The survey explored education and economic opportunities available and accessed by young people over time. Based on the results of the regression for both districts, the increasing trend of dropout observed was not significant (OR 1.19). However, there was a significant increase over time in the percentage of young women aged 15–18 currently attending secondary school (OR 1.4). The descriptive statistics are shown in Table 18. For the regression analysis, refer to Annex 2

Table 18 Education and economic empowerment

	Baseline		End-line	
	West Lombok	Sukabumi	West Lombok	Sukabumi
Education				
Girls aged 15–18 currently attending secondary school	192 (68%)	214 (70%)	213 (75.5%)	228 (78%)
Girls below 18 years who dropped out of school	34 (14%)	8 (3%)	39 (17%)	8 (3%)
Girls below 18 years who left school due to marriage	11 (5%)	2 (0.8%)	21 (9%)	1 (0.4%)
Girls below 18 years who left school due to pregnancy	0 (0%)	2 (0.8%)	0 (0%)	2 (0.8%)
Girls aged 15–18 years who have a child and attend school	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Boys below 18 years who left school due to marriage	0 (0%)	0 (0%)	1 (1%)	0 (0%)
Economic empowerment				
Young women aged 18–24 years who are economically active outside the household	93 (29%)	78 (22.5%)	72 (21%)	106 (30.5%)
Young women aged 18–24 years who received any income in the last 6 months	231 (72%)	342 (99%)	330 (98%)	322 (93%)
Young men aged 18–24 years who are economically active outside the household	63 (59%)	60 (47%)	69 (65%)	52 (44%)
Young men aged 18–24 years who received any income in the last 6 months	94 (88%)	120 (94%)	104 (97%)	94 (79%)

Table 18 shows that there was an increase in the percentage of girls aged 15–18 years who were still in school in both districts. At the same time, there was a slight increase in the percentage of girls under the age of 18 who had dropped out of school in West Lombok, while in Sukabumi it remained the same. Moreover, in West Lombok the percentage of girls dropping out of school because of marriage increased from 5% at baseline to 9% at end-line. There were no female respondents at either study phase who had dropped out of school due to pregnancy in West Lombok.

In line with the quantitative findings, an increasing wish for young women to pursue higher education was found in the qualitative component. There were no differences in treatment regarding educational opportunities for high school between boys and girls, as was the case at baseline and midline:

“Alhamdulillah, my father has supported me to continue studying at the university. I also like to talk with my mother. It was like yesterday’s activity, for example. I told her what we got during the FAD activities – things like that. Although my mother was against my going to university at the beginning. Mother did not allow it, for economic reasons. But now she believes that I can be successful later.”

(Girl aged 15–19 years, Jagaraga Indah, West Lombok, 15 March 2020).

There were positive changes related to access to education, namely the availability of formal schools at the elementary and intermediate/secondary levels. The two programme intervention villages also had quite active PKBMs (Jagaraga Indah and South Lembar). However, some adolescents still dropped out of school for reasons of *merariq kodeq*. At end-line, researchers found three cases of school-age adolescents who had experienced child marriage and dropped out of school, two of whom were girls, and one was a boy. From the interviews with them, only one participant aged 20 years had continued her education at a PKBM (*Kejar Paket B*, when she was 16 years old), while a 17-year-old girl was planning to continue to a PKBM, and a male participant had chosen to work.

Furthermore, at end-line, changes were observed in local economic opportunities. The regression results show that there was no significant change over time (OR 1.0) regarding the percentage of young women aged 18–24 years who were economically active outside the home (25.6% at baseline and 26% at end-line). However, there was a significant increase (OR 3.4) in the percentage of young women aged 18–24 who had received income in the previous six months (from 86% at baseline to 95% at end-line).

The survey results show that in West Lombok the percentage of young women who had received an income increased considerably over time (from 73% to 99%) (Table 18). Despite these overall high figures, not all female respondents aged 18–24 were actively working outside the home, as many of them received income from their parents or spouse. The percentage of male respondents who had received income in the previous six months increased from 88% at baseline to 97% at end-line. The percentage of those employed in West Lombok fell from 29% to 21% over time, and it was not clear why there was a decrease. Lastly, as explained in section 3.1 and Annex 3, although there were a wide variety of economic opportunities, they were limited to the informal sector and home businesses/enterprises for young women.

Although there was a slight decrease in West Lombok, there was an increase in the percentage of young women aged 18–24 who were economically active over time in Sukabumi (from 22.5% at baseline to 30.5% at end-line), while the percentage of young women aged 18–24 who had received an income in the preceding six months dropped from 99% to 91%. The percentage of male respondents (18–24 years) who had received an income in the previous six months fell from 94% at baseline to 79% at end-line. Even so, the percentage of male respondents who worked outside the home (44%) was higher than among female respondents. This shows that women did not always have to work to earn income, whereas it was more difficult for men to earn income if they did not work.

Due to the limited employment opportunities, the views of youth had changed regarding future job aspirations, not only in becoming employees, but wanting to have their own businesses. In Sukabumi and West Lombok many young people considered the Yes I Do business skills programme useful in training them to start a business. For example, some young people in Cislok and Sukaraja had even started to open online businesses through social media such as Instagram or through the Shopee and Tokopedia marketplace platforms. One young woman in Sukaraja was actively participating in small business competitions and was part of a small business group initiated by the local government.

Online businesses were starting to be taken up by villagers, both men and women, especially through social media such as Facebook or Instagram, offering a variety of merchandise such as food, handicrafts, clothing and crops. It was unclear if this was also due to Covid-19 in Sukabumi.

As in West Lombok, there was an increase in female respondents' access to higher education in Sukabumi: 78% of female respondents had a secondary school education at end-line, compared to only 68% at baseline. Educational opportunities for women were closely related to their marital status and pregnancy. One respondent had quit school because she got married, and two respondents had dropped out because of pregnancy. At the time of the study, none of the respondents had returned to formal schooling after having children. As previously explained, there was an increasing awareness among parents of the importance of sending their children to school, especially daughters. Those who dropped out of school could continue their education through the *Kejar Paket* programme at a PKBM using distance learning. According to youth, there was quite a lot of government assistance for those who dropped out of school to continue their education for free. In addition, they could also continue their studies without government assistance through *Kejar Paket*, at a cost of IDR3 million (approx. USD 210) to complete the process, including a fee for the exam, and to obtain a certificate.

According to the PKBM manager in Cisolok sub-district, the number of those of school age who attended *Kejar Paket* was very small, with the ages of PKBM participants ranging from 22 to 50 years. Most school-age children were attending a formal school, whereas most of those who accessed equivalent education at the PKBM had been working or wanted a job that required a high school completion certificate, such as madrasah teacher, early childhood education teacher, *Posyandu* cadre or village official. Given the lack of formal employment opportunities available, people were trying to compete by continuing their education.

3.8.2 SAFETY AT SCHOOLS

There were no major changes in the two districts in terms of safety at schools. Various forms of sexual harassment and violence continued to occur, perpetrated by individuals from various backgrounds. The increased reporting of these cases might have indicated that there was increasing awareness of what was considered unacceptable in cases of sexual violence. This increase was due to the presence of SRHR education in communities and schools. However, some schools had not yet begun to have a system for handling and referring cases of sexual violence. Furthermore, some schools that already had a system in place had not been effective because of bureaucratic issues across institutions – for example, with the health centres and related offices and a lack of knowledge on handling such cases. The local governments in both districts had programmes to handle sexual violence: a child protection task force and family learning centres with counsellors, and the Integrated Service Centre for the Protection of Women and Children (Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak). However, collaboration between these programmes and schools had not been established.

In the end-line study in **West Lombok**, adult sex offenders were found (a teacher and a toy seller), while in the baseline and midline studies the perpetrators of harassment were fellow youth (male students).

In the four intervention villages the schools were not too far away from residents' houses, which limited the risk of sexual harassment. Schools in South Lembar and East Sekotong villages could be accessed by private motorcycle. In Kediri and Jagaraga Indah villages, apart from motorcycles, there was also public transportation such as *cidomo* (horse-drawn carriages) and online motorcycle taxis and jitneys (cars used as public transportation).

For safety at school, the qualitative findings showed several cases of sexual harassment/violence experienced by elementary and high school students occurring in non-intervention schools. The sexual violence that occurred in one of the non-intervention high schools included touching, being forced to talking in private and being asked to marry, perpetrated by a male teacher. One girl aged 15–19 years who was interviewed mentioned that there were some victims of the teacher in the school, but none of the girls dared report him to the school officially:

“There were many victims, but from the earlier years. None of the teachers there dared to oppose the culprit. They know, but I am bewildered that nobody dared. He is not the one who owns the school, but he

has power. But there was a new school principal. I continued to have discussions with the victims, with my classmates who had agreed; especially in my class there were many victims. Now we have discussed; we have planned it for a long time. But only after the principal was replaced was the case handled. Now the counsellor is still looking for information, but it is not going to be easy to file a report.”

(Girl, 15–19 years, Jagaraga Indah, West Lombok, 15 March 2020).

In addition to cases of sexual harassment at high school level, KPAD Kediri also related a case of sexual harassment at an elementary school by a toy seller at the school, who threatened to force himself on one of the students. However, the school had handled the case by not allowing the seller to do business in the school area, and by tightening the licensing rules for sellers who were allowed to trade there.

In an attempt to overcome this issue, FADs and KPADs, especially in Kediri, started to provide education about SRHR from an early age to elementary students. One of the methods was through cooperation with the school. The programme also provided information about understanding sexual harassment and SRHR issues in community discussions, serial discussions and Champions of Change, although the number of participants was still limited. Yes I Do programme intervention schools had referral systems in place to deal with sexual violence at school:

“Schools that received a Yes I Do intervention have a prevention and reporting mechanism already, which is made directly by the school and the principal. Rutgers also continues to encourage child-friendly schools. For schools, there is a referral system, and KPAD also plays a role in it. The next problem is the lack of understanding regarding sexual abuse for children and adolescents. Their understanding is that sexual violence only occurs in the process of penetration. However, information has been disseminated through series discussions and Champions of Change.” (Yes I Do Alliance follow-up online FGD, West Lombok, 27 July 2020).

In this case, four programme intervention schools had a referral system and were encouraged to become child-friendly schools, namely SMP (junior high school) 1 Kediri, SMP Ihya Ulumuddin, SMP 1 Lembar and SMP 2 Lembar.

In **Sukabumi**, sexual harassment at school also occurred. Female adolescents revealed that the forms of sexual harassment and violence that occurred in schools included touching/groping certain body parts such as breasts, buttocks and genitals. According to these adolescents, many considered such behaviour to be fun, although girls admitted that it was outrageous. The adolescents said there was no special prevention or handling of cases of harassment in schools. Perpetrators of sexual harassment or violence were usually summoned to be advised by the school counsellor, although some were also given penalties, including doing certain tasks at school or even expulsion. The victims usually had a consultation meeting with the school counsellor or SETARA teachers.

According to teachers, students in the six junior high schools that have implemented the SETARA module were able to identify forms of sexual harassment. According to a SETARA teacher, this was because the SETARA module contained materials on sexual harassment. One of the most visible changes recorded was the increased knowledge and awareness of forms of sexual harassment among students. However, the handling of sexual violence in schools remained a challenge. Even though the child-friendly school programme contained references to handling cases of sexual violence in schools, in practice the referral mechanism for such cases was not easy to implement.

According to the teacher this was because: (i) the school infrastructure was inadequate to meet child-friendly school indicators (among others, there were no special counselling rooms or school health clinics/infirmarys); (ii) schools did not have a counsellor or system of referral to a specific counsellor for handling cases of violence; and (iii) schools had bureaucratic obstacles to referring students to the *puskesmas*, which meant that student referrals could not be carried out quickly. Thus, the SETARA teacher ended up handling cases faced by students. For example, the SETARA teacher handled a case of an attempted rape of a student and found it was very difficult to deal with.

In the end, SETARA teachers were trying to help students overcome various problems, even though they did not have an educational background as counsellors to deal with trauma or adolescent SRH problems. Support for teachers and students to overcome sexual violence in the school environment was still much needed.

3.8.3 ACCESS TO ECONOMIC EMPOWERMENT OPPORTUNITIES

Access to economic empowerment opportunities in both districts did not change, although various training and empowerment programmes had been provided. The development of entrepreneurial opportunities was still constrained. Men were still prioritized in gaining access to capital, small businesses were unsustainable, and there was a need for entrepreneurship assistance, especially for young people.

Some of the activities carried out by the Yes I Do programme were related to women’s empowerment. For example, PUPUK provided a number of training programmes in business skills classes. Table 19 shows the training activities carried out in each intervention village in **West Lombok**.

Table 19 Training activities in the Yes I Do programme in West Lombok

Village	Form of training
Kediri	Making processed food: potato sausage Crafting: flannel hijab brooch Creating <i>Pokdarwis</i> (Tourism Awareness Group) in planning
Jagaraga Indah	Micro, small and medium-sized enterprise training to make chili flakes, processed corn and meatballs
South Lembar	Making processed food: crab crackers, crab nuggets etc.
East Sekotong	Making processed food: cashew <i>olahan makanan</i> (processing cashew apples into syrup, dried fruit floss and toffee)

Unfortunately, none of the training programmes that were held had become sustainable yet as a community-driven business. The processing of crab crackers was sustainable, but it was a business that had existed prior to the programme. Adolescents, young women and mothers indicated the need for further training related to how to market and package products, as well as for business capital loans. In the villages, young women still found it difficult to access business capital, as only men were allowed to borrow capital: the woman’s husband if she were married, or her father if not married. This had an impact on entrepreneurial opportunities, especially for women.

Youth empowerment programmes were also given in the form of training to create a Business Model Canvas during routine business skills meetings for FAD members. The business skills programme was very popular with youth. They found the material presented very useful, although the programme was still limited to a small number of participants. Apart from learning about a Business Model Canvas in the business skills programme, several adolescents had also participated in a week-long apprenticeship programme held by Yes I Do. However, this programme faced a problem in the form of harassment experienced by apprentices while returning home after work.³⁴ KPAD, together with partners, agreed not to continue the apprenticeship programme. This information was obtained during conversations with KPAD members and after the FGDs with youth.

The Yes I Do community organizers in West Lombok perceived the youth and women’s economic empowerment programmes carried out by PUPUK to have had very good initial targets and objectives. The aim of the programme was to educate adolescents (FADs) to be ready to work and to introduce them to the world of work, as they did not want to encourage child labour. The training and empowerment programme for young women was aimed at preparing them for employment opportunities. However, there were challenges, as outlined above.

Similar to those in West Lombok, in the **Sukabumi** intervention villages there was also a business skills programme that collaborated with the PKBM. According to the PKBM administrators, several skills training programmes had been carried out in cooperation with Yes I Do: (i) deep-water fish food processing; (ii) making banana and cassava chips;

34 One case of harassment occurred when some apprentices were waiting for a vehicle to go home. The perpetrator was a foreigner unknown to the apprentices.

(iii) guiding tours; and (iv) development of processed food. Participants were also taught to carry out the production, packaging and sales of the resulting products. They were required to pack processed products attractively, print merchandise labels and sell their own processed products at schools and other places. Although the training did not result in any sustainable businesses run by young people in the village, many of the participants saw it as one of the most beneficial Yes I Do activities.

The main benefit of the business skills programme was to allow adolescents to practise entrepreneurship directly. Cisolok adolescents practised running a small business to finance the mosque youth and FAD programmes. They also practised financial record-keeping as taught in business classes. The business classes had inspired some adolescents, both boys and girls, to open their own businesses – some online – as mentioned above. However, a lack of accessible capital, particularly for women, and business assistance from the government, and limited apprenticeship or networking opportunities with successful businesses remained challenges in both districts.

3.9 POLICY AND LEGAL ISSUES

3.9.1 MARRIAGE REGISTRATION

In both districts, there was an increase in the percentage of registered marriages, although there were still marriages that were unregistered. The qualitative data reveal that the majority of the unregistered marriages were child marriages. It was impossible for a child marriage to be registered, because there was a mechanism in the SIMKAH application that would screen the age of the bride and groom and reject the application if one or both were underage, in accordance with Law No. 16 of 2019.

Based on the Yes I Do end-line survey in **West Lombok**, there was an increase in the percentage of marriages registered through the KUA (from 69% at baseline to 74% at end-line). In addition, the percentage of marriages registered through the civil registration office also increased (from 9% at baseline to 15.5% at end-line). However, the percentage of unregistered marriages also increased (from 30.5% to 33%). This needs to be highlighted, considering that marriage registration would have an impact on the recording processes for other population data such as family cards, national identity cards, birth certificates and others. The survey results also show that 80% of the respondents who had registered their marriage had a marriage certificate. This represented a considerable decrease from 92% of the respondents in the 2016 baseline survey.

In **Sukabumi**, 46% of the married respondents registered their marriage through the civil registry, while 62% registered their marriage through the KUA. The percentage of marriages registered through the civil registry was higher in Sukabumi than in West Lombok because 27 respondents registered their marriages through both the KUA and the civil registry. Fourteen percent (14%) of the respondents did not register their marriage at all. Only 76% of the respondents who had registered their marriage were currently holding marriage certificates. This percentage was much lower than the 98% reported at baseline. According to respondents, *siri* (38.5% at end-line and 21% at baseline) was one way to have a marriage outside the KUA and the civil registry, since the introduction of Law No. 16/2019 meant that it was no longer possible to register a child marriage as a formal marriage. Furthermore, the *amil* from Sukaraja sub-district also explained that formal marriage registration for child brides was no longer allowed, and that all applications would definitely be rejected by the KUA, especially after the introduction of the SIMKAH online recording system. Young people knew about this, as expressed by one of the participants in an FGD:

“They were married informally, only through religious customs, so they don’t have their marriage registered. After they turn 19, they’ll then register their marriage with the KUA. There was a case in which they got married when they were 17, and then the law got revised, and now the minimum age for marriage is 19, so they have to wait to get their marriage certificate. As a result, when they need to get a birth certificate for their child, they need to wait for the marriage to be registered first. What makes it more difficult is that when the child is already growing up, obtaining a birth certificate for the child requires a trial to be held first.” (FGD with young women aged 20–24, Sukaraja Village, Sukabumi, 4 September 2020).

35 They sold their products in turns in the village, partly using the profits for further capital. The other part was saved for petty cash for the mosque youth and the FAD.

This shows that youth realized that unregistered *siri* would have consequences when it came to procuring a birth certificate for the couple's child; but often, the parents of child couples and the couples themselves were not aware of this.

3.9.2 LOCAL LAW AND POLICY

The end-line study found an increase in the number of policies that were successfully passed related to child protection, marriage prevention and gender mainstreaming, at both village and district levels in both districts.

In **West Lombok**, positive changes related to the existence of laws and policies at village and district levels. Compared to the results at midline, qualitative data at end-line show that there were new policies on the prevention of child marriage, including the GAMAK *juklak juknis* (*petunjuk pelaksanaan dan petunjuk teknis* – implementation guidelines and technical guidelines) implemented in 2018. This was related to the passing of Regent Regulation (*Perbup*) No. 30 of 2018 concerning Prevention of Child Marriage, as well as West Lombok Regional Regulation (*Perda*) No. 9 of 2019 concerning Maturation Age of Marriage (*Pendewasaan Usia Pernikahan*). Annex 4 contains a detailed list of policies that were passed between baseline and end-line.

These increasing numbers of local policies were the result of cross-sectoral work between various NGOs, facilitated by the Yes I Do programme, as well as government agencies that were members of the District Working Group (DWG). This was the view stated by a participant from the Office of Population Control, Family Planning, Women's Empowerment and Child Protection (DP2KBP3A) who was also the coordinator of the DWG through the GAMAK programme, which had been around since 2016. However, in terms of policy implementation, the participant acknowledged that the implementation of West Lombok Regional Regulation No. 9 of 2019 on raising the age of marriage was still at the communication stage. Officials were actively inviting representatives from different agencies, including village heads (especially the heads of Yes I Do intervention villages) and sub-district heads, to create an action plan for their respective intervention at the sub-district level. The communication of this regional regulation also involved the Yes I Do programme, with the help of Rutgers as facilitator in 2020. Following the implementation of the regional regulation, all villages, especially Yes I Do intervention villages, were expected to have a village regulation (*perdes*) as a legal umbrella for executing child protection protocols, which included a child marriage prevention programme. Kediri village was the only one of the four intervention villages to have managed to issue a specific *perdes* to date. The other three villages had only issued a 'Village Head Circular Letter' regarding the prevention of child marriage.

The Yes I Do Alliance in West Lombok, alongside DP2KBP3A, attended several advocacy meetings with the Regent. As a result of these meetings, the local government agreed to continue the existing child marriage prevention programme, including by replicating the programme in other villages to create Child-Friendly Villages and Districts. The local government also introduced a Community-Based Integrated Child Protection (*Perlindungan Anak Terpadu Berbasis Masyarakat* or PATBM) programme. This was a national-scale programme implemented by DP2KBP3A, although the agency admitted it had yet to show any results. Based on an interview with a representative of DP2KBP3A, the PATBM functioned exactly the same as the KPAD formed by the Yes I Do programme; they were just using a different name. According to the agency, villages that did not yet have a child protection programme could choose to form either a PATBM or a KPAD.

At end-line, changes in laws and policies within the intervention villages were made possible due to support from community leaders, such as village heads, members of the *Badan Permusyawaratan Desa* (Village Consultative Body) and hamlet heads (including traditional leaders), who were in favour of preventing child marriage. At midline, there were not many such authority figures who were informed about regulations to prevent child marriage. In addition, at midline, only one of the four intervention villages (Kediri village) had regulations which specifically targeted child marriage through the Village Charter, a KPAD Decree and a budget allocated to a child marriage prevention programme.

Moreover, at end-line there was an increasing level of involvement and understanding among stakeholders at the village level. These were manifested through support given by stakeholders in the form of issuing regulations and circulars on the prevention of child marriage (one village regulation issued in Kediri village, and three circulars issued in the other three villages), ratification of a KPAD Decree (in all intervention villages), and the formulation of an *awig-awig* (regulation based on mutual agreement in the community) that supported the prevention of child marriage.

In Kediri village, the village head had increased the budget for KPAD from IDR 5 million (approx. USD 351) in 2018–2019 to IDR 7 million (approx. USD 492) in 2020. More budget could be allocated if the discussions on the village income and expenditure budget (*Anggaran Pendapatan dan Belanja Desa*) went well, taking into account the performance of KPAD members in managing cases of child marriage in the village. Since the midline study, the village had agreed a Memorandum of Understanding with the district-level office of the Ministry of Religion to no longer issue marriage recommendation letters for underage brides. Thus, the Religious Affairs Office would not issue marriage certificates either. This Memorandum of Understanding was still in effect at end-line. This meant that child couples would not receive marriage books, so they would be unable to submit applications to create their own family card and would also be disqualified from receiving social assistance.

In addition, the use of the SIMKAH application system had been implemented in West Lombok, so requests for marriage registration would be automatically rejected if one of the couples were underage. Furthermore, the process for requesting dispensation for child marriage was also made stricter: to receive such dispensation, the couple now had to present a 'permit/NA letter' (*Surat NA*) issued by their village head. Yet, according to a KPAD representative, the number of unregistered marriages (*siri*) in all intervention villages had increased due to the stricter regulations. For child marriages, families opted for a religious or traditional marriage, instead of requesting dispensation from the religious court.

FGDs and interviews with traditional leaders, religious leaders and youth show that they knew about various regulations preventing child marriage, including the GAMAK programme, the existence of *merariq* customary standards (*pakem*) and the Regent's Regulation on the prevention of child marriage. They also knew about the new minimum legal age for marriage. Unfortunately, their legal awareness of possible sanctions was still limited, as the policy had not been thoroughly explained to all community members. Dissemination of information regarding the law by the Yes I Do programme targeted the village government as well as KPAD and FAD members who were actively participating in the programme. The aim was that this information would then be passed on to the community; however, the village government had not yet done this thoroughly.

Policies regarding teenage pregnancy and FGM/C had not progressed in any of the intervention villages between midline and end-line. Cases of unintended teenage pregnancy would still be resolved by marriage, whether the girl was underage or not. According to some participants, the court was more likely to grant marriage dispensation requests if the applicants were experiencing an unintended teenage pregnancy. This was due to perceived future negative impacts if a girl were pregnant outside marriage, as explained in section 3.5.

There has been no clear prohibition of FGM/C issued by the village or district government. So far, the Yes I Do programme had been involved in awareness-raising campaigns through KPADs and village midwives to inform the community about the effects of FGM/C; however, the information has not been well understood by community members. The advocacy regarding policies that could prevent FGM/C was lagging far behind the advocacy on the prevention of child marriage in West Lombok. This could also be seen from the practice of FGM/C that was still carried out under name of *tesuci* or 'cleansing'.

Overall, based on the study findings, policies resulting from the advocacy carried out by the Yes I Do programme at both the village and district levels were good – from the perspective of gender equality and from the way those policies were assisting girls and women. Several village *musrenbang* meetings, in which advocacy for budget and activity plans was carried out, have now begun to involve girls as representatives of young women's groups. One of the youth figures actively involved in such processes was the head of one of the KPADs, although not all intervention villages were involving youth and women's representatives in every decision-making process.

The results of the end-line study in West Lombok suggest that there has been positive progress related to the policies established during the four years of the Yes I Do programme. Budget support and cross-sectoral cooperation from the village to the district level need to be continuously improved, so that the existing programmes can be scaled up to all villages in West Lombok.

In **Sukabumi**, results from the midline showed that various regional regulations had been issued, such as Regent's Regulation No. 20 of 2017 on Child-Friendly Districts, aiming to carry out regional development that focused on

the needs and best interests of children. As a follow-up, the Regent of Sukabumi issued Decree No. 463/Kep-421-DP3A/2017, which regulated the Regional Action Plan for Child-Friendly Regional Development. After this policy was issued, Regional Regulation on the Implementation of Child Protection No. 1 of 2018 was also issued. According to DP3A and the local alliance, the Yes I Do programme worked with the local government on formulating child-friendly regulations.

At the village level, Sukaraja Village Regulation No. 7 of 2016 on Child Protection was issued prior to Regional Regulation on Child Protection No. 20 of 2017. After the approval of the regional regulation as the legal umbrella for the village regulation, the village government allocated IDR 5 million (approx. USD 351) for KPAD activities in 2017, and IDR 15 million (approx. USD 1,054) for its activities in 2018.

Before end-line, the Sukabumi government issued another regional regulation regarding child protection, namely Sukabumi Regional Regulation No. 1 of 2019 on the Implementation of Family Care for Children and Alternative Care. The regulation underlined problems related to violence against children, mistreatment, neglect and exploitation of children, as well as the role of child social welfare agencies, and the existence of alternative care through substitute families or social institutions. According to DP3A, this regional regulation intended to increase the level of understanding of child care among local governments, parents, communities and related institutions, and support the Child-Friendly Districts programme. Information about this regional regulation was disseminated by the government to sub-district heads in Sukabumi.

The government has also issued several regulations to support the implementation of Regional Regulation No. 1 of 2018 on Child Protection and Regent Regulation No. 20 of 2017 on Child-Friendly Districts, such as:

- **Regent Regulation No. 68 of 2018 on Child Protection-Friendly Post Siaga:** This regulation aimed to provide a safe, friendly and comfortable integrated service post for child protection.
- **Sukabumi Regent Decree No. 065/Kep-1116-DP3A/2019 on Child-Friendly Sub-districts and Child-Friendly Villages:** This regulation mentioned sub-districts and villages that were targeted for the sub-district and village Child-Friendly Programme in 2020.
- **Sukabumi Regent Decree No. 065/Kep-146-DP3A/2020 on a Child-Friendly District Taskforce:** Through this Regent Decree, a Child Protection Task Force (Satuan Tugas Perlindungan Anak – Satgas PA) was formed at the sub-district level to prevent and deal with violence against children.
- **Regent Decree No. 463/Kep-167-DP3A/2020 on Family Learning Centres 2020–2025:** The establishment of Family Learning Centres (Pusat Pembelajaran Keluarga – Puspaga) was one of the indicators for a Child-Friendly District. Puspaga was a place for parents to consult psychologists and counsellors for free when faced with problems with their children.

In 2020, another policy was issued: a Regent Regulation concerning child-friendly schools. With this policy, schools could implement child-friendly schools programmes to prevent violence against children in schools. The changes in policies issued concerning child marriage and child protection since baseline can be seen in Annex 4.

In addition to the approval of several regional policies related to child protection, Sukabumi also issued Regional Regulation No. 7 of 2019 on Gender Mainstreaming. At the national level, the government's regulation regarding gender mainstreaming dated back to Presidential Instruction No. 9 of 2000. Prior to the approval of this regional regulation, the government had been trying to familiarize the district government with gender-responsive planning and budgeting since 2018. The Regional Secretary (*Sekretaris Daerah*) of Sukabumi Regency was in charge of introducing gender-responsive planning and budgeting as mandated by Law No. 23 of 2014 on Regional Government. The Regional Secretary also provided information regarding gender inequality in terms of unequal access, benefits, participation and decision-making between men and women to sub-district and village heads in Sukabumi.

According to DP3A, as mandated by the regional regulation, local government – from the district to the sub-district level – had to provide gender-disaggregated data on regional development indicators. As part of the implementation of this regulation, in addition to disseminating information and providing disaggregated data, related government agencies and sub-district governments formulated a Gender Mainstreaming Regional Action Plan (*Rencana Aksi*

Daerah) at the end of 2019. This would be used as a reference point for the formulation of local government programmes in the following years.

At the village level, several policies were approved to prevent child marriage. In 2019, a Village Head Circular Letter on the Prevention of Child Marriage was issued in Cikelat village. In the letter the head of Cikelat village appealed to the heads of *Rukun Warga* (RWs) and *Rukun Tetangga* (RTs), religious leaders and the general public to work together to prevent child marriage among those under 19 years old. Members of the community were also advised to stop practising child marriage, and to report any cases to RT/RW representatives, *Posyandu*, *Pembinaan Kesejahteraan Keluarga* (family welfare) cadres or the authorities. In addition, community members were also encouraged to complete the 12-year Compulsory Education Programme. One of the community organizers in Cisolok sub-district explained the context behind this circular as follows:

“There is no such thing in Cisolok [a circular]. As for Cikelat, there was a change in the regulation, and they are committed to it. The old law said that the minimum marriage age was 16. In Cikelat, it is due to a previous event regarding child marriage, so the commitment in that village is that if the brides are under 18 years old, they will not issue the NA letter [permit]. And then the law got revised. Alhamdulillah, one of the changes is that the minimum age of marriage is now 19 years old; and then we pushed for the circular to be issued. So now, the minimum age of marriage is 19 years old for men and women.”

(Community organizer in Cisolok sub-district, 28 August 2020).

An FGD with boys aged 15–19 revealed that they did not know much about this circular. Meanwhile, the village government of Sukaraja village also issued a circular regarding the minimum age of marriage based on Law No. 16 of 2019, which was distributed to all RWs and RTs.

Another policy that existed at the village level was the establishment of PATBM, which was a national programme. In the four intervention villages, KPADs were restructured to become PATBMs. As stated earlier, Sukabumi issued several policies on child protection. The restructure was intended to make the child protection programme sustainable and to encourage local governments to support it. KPAD also hoped that there would be support from DP3A and the village government for the implementation of PATBM. In addition, KPAD Cisolok also highlighted the role of DP3A in supporting and coordinating institutions that were considered weak. This was necessary so that the achievements of KPAD during the previous five years did not end there.

DP3A has not yet provided support in the form of programmes and funding for PATBM in four intervention villages. According to DP3A, support for funding can be obtained from the village government. DP3A provided support for the formation of the organization, such as formulating or adjusting the existing standard operating procedures and referral systems that can be implemented by PATBM in each village. DP3A also assisted the process of establishing PATBM in Sukabumi Regency, both directly and through WhatsApp groups.

Although the end-line study found that numerous policies had been issued to support child protection and prevent child marriage, assistance for case management, especially at PATBM was still needed, given the limited resources allocated by district governments. At the validation meeting, DP3A said that one of its priority programmes for 2021 is capacity-building and technical assistance for PATBM in Sukabumi.

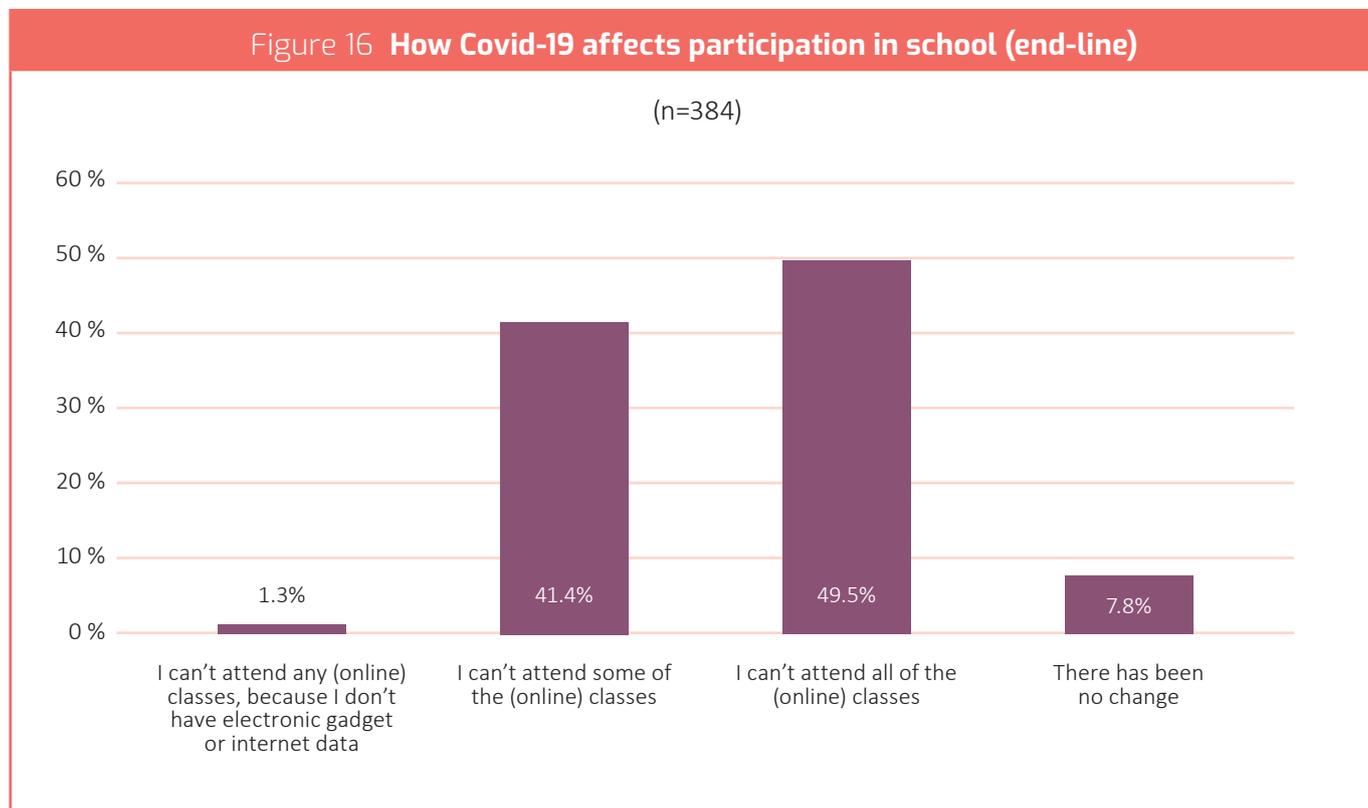
3.10. ISSUES RELATED TO COVID-19 (SUKABUMI)

According to the local government of Sukabumi, as of mid-July 2020 there were 57 confirmed cases of Covid-19 in Sukabumi; 50 people had recovered, and seven were still positive.³⁶ There were two positive cases in Sukaraja sub-district, and none in Cisolok sub-district.

Since mid-March 2020, with the closure of schools to prevent the spread of Covid-19, students in Sukabumi had to attend distance online learning. While many respondents said that they could attend some or all of the online classes

³⁶ See <https://sukabumikab.go.id/web/p/549.asp>

(Figure 16), they said that they faced challenges in learning online. Covid-19 did not affect students' participation in school, but it was impacting the quality of learning.



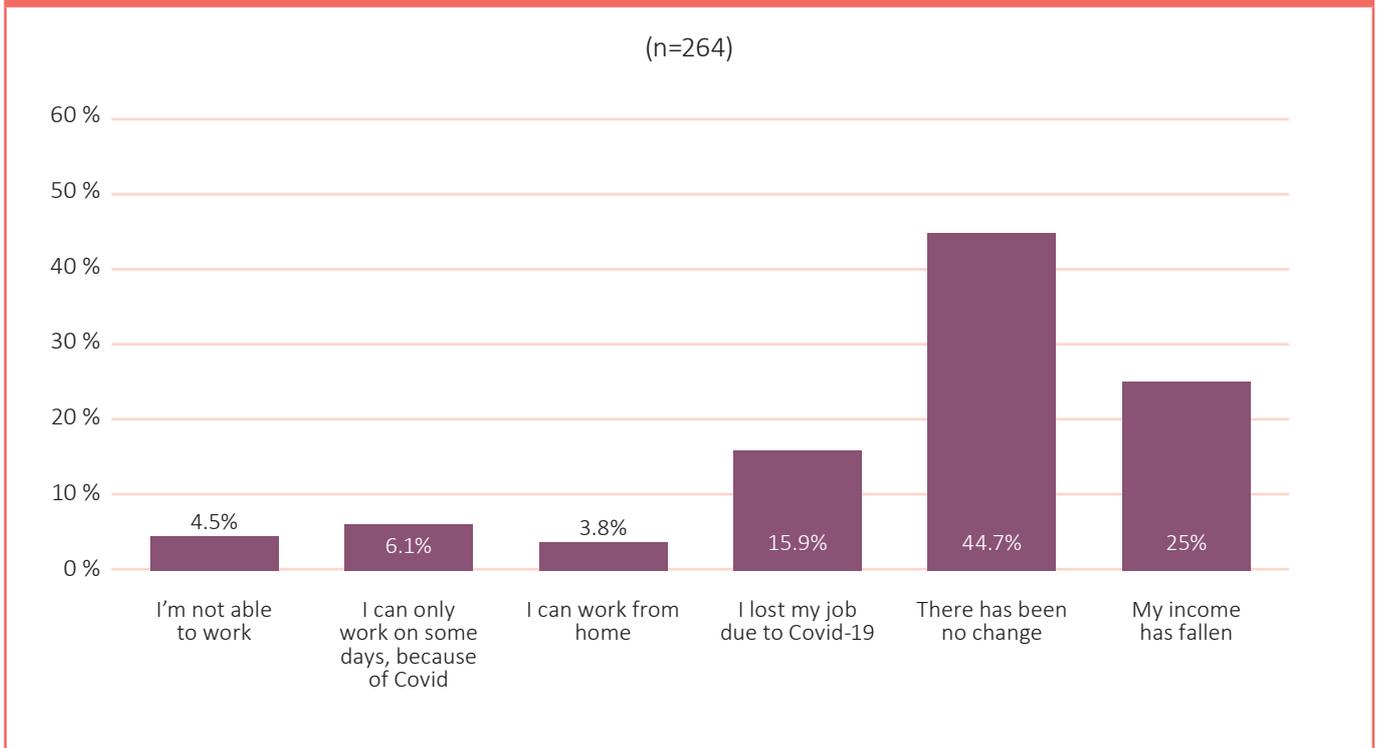
Problems faced by youth included limited access to the Internet, not having their own desktop, laptop or smartphone, and not having a proper space to study at home. Parents and teenagers complained that they had to spend an additional IDR 50,000 (approx. USD 3.50) to IDR 150,000 (approx. USD 11) per week to access the Internet. Youth also felt that they did not fully understand the subjects. The distraction in their homes added to this. A young man who had just started his college studies in August complained that his teachers did not give proper lectures but instead gave him a lot of homework. Parents also told us that they had to take on the role of teacher, explaining the subjects to their children. Some parents mentioned that they felt that the children in their community spent more time playing with their peers or playing online games than studying.

Nearly half (45%) of the respondents who worked said that Covid-19 did not change their participation in work. However, 25% said that their income had fallen, while 16% said that they had lost their job (Figure 17).

According to the respondents, the most significant impact of Covid-19 was the reduction in household income. A Cisolok village official mentioned that many villagers who had worked overseas or in big cities were laid off and returned to their villages. The households' income had fallen, and many expected government aid. The national and local governments provided aid to poor households such as food staples, cash transfers, micro credits and online skills training. However, a village official in Cisolok said that since many villagers were scrambling for help, the government aid often created tensions among villagers, and between villagers and village officials. While no conflicts had occurred because of the economic tension, some village officials and youth expressed their concern about a possible increase in crime in the community, stating that if the economy did not recover soon, theft could become rampant.

Although local governments placed restrictions on mobility due to the pandemic, social interactions in the community continued. Youth hung out with their peers in the community, and some even went out on dates.

Figure 17 How Covid-19 affects participation in work (end-line)



Nevertheless, the Covid-19 pandemic impacted public services. The Community Health Centres and *Posyandu* were closed from March to May 2020. In May, the Community Health Centres started to open again with strict protocols, but not many people used them, as they were afraid of the risks. When *Posyandu* were not running as usual, the village midwives visited expectant mothers and mothers with infants in their homes. *Youth Posyandu* were also suspended. *Posyandu* and youth *Posyandu* started to run again in July or August 2020. While *puskesmas* and *Posyandu* were suspended, midwives continued to provide their services in their homes or clinics. Our participants said that they did not face any problems accessing contraceptives due to Covid-19, since they could go to the midwife. A midwife in *Puskesmas* Cisolok said that due to Covid-19 the number of recipients of the Family Planning Safari programme (free contraceptives, in particular IUDs and implants, for poor families) decreased from 100 to 30. However, women who needed contraceptives could still access them for free through family planning cadres/field workers or the village midwife as long as they had a family planning card. Therefore, Covid-19 did not have a notable impact on access of contraceptives or other SRH services.

Some participants indicated that Covid-19 had not put any pressure on youth to get married sooner, although others pointed out that this might happen if parents push their children into marriage due to the economic difficulties they face. There were some cases of child marriage for economic reasons, but insufficient data to determine whether they occurred due to the pandemic.

4. DISCUSSION

4.1 PATHWAY 1

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

Based on our qualitative findings, there have been positive changes regarding social and gender norms that support the prevention of child marriage and teenage pregnancy. In both districts, community beliefs, values and norms had become more favourable towards gender equality.

Compared to the baseline and midline studies, we found that more parents perceived that girls and boys should have equal education and employment opportunities. Parents were keen to keep their daughters in school rather than marrying off them at a young age. This was also motivated partly by the enactment of the new law increasing the legal minimum age for marriage. More girls were also aspiring to access higher education and find their dream job.

Despite these changes, there were prevailing norms that men were the breadwinner and the head of the family and community. Women's responsibility was in the domestic sphere. Our survey showed that domestic work was indeed mostly done by women. In addition, talking about gender equality in public remained sensitive. Hence, any discussion of the topic of gender equality needed to be in accordance with Islamic teaching.

The topic of FGM/C also continued to be regarded as sensitive. There was an enduring belief that FGM/C was a recommended (and for some an obligatory) Islamic practice and part of local tradition. The practice was still viewed as a means to purify women's bodies and curb their sexual desire. There was resistance from community and religious leaders to engage in this debate. Although health workers did not practise FGM/C anymore, *paraji* were found to do so, albeit symbolically.

In both West Lombok and Sukabumi we found that more and more gatekeepers from various institutions were involved in and supported the prevention of child marriage at village, sub-district and district levels. This shows that the Yes I Do programme has implemented child marriage activities (including emphasizing the importance of education) and advocacy well. However, it did not manage to bring about change in (premarital) teenage pregnancy. Although many gatekeepers were involved and sensitized to some extent on teenage pregnancy, it remained a challenge to prevent unmarried pregnant girls from being married off, as parents insisted on doing it due to the fear of stigma from the community. Moreover, although some KPAD champions tried to persuade parents to do otherwise, they recognized their difficult position and thus tried to ensure the girl returned to school. This shows that policymakers are influenced by social norms as much as people in communities are.

4.2 PATHWAY 2

ADOLESCENT GIRLS AND BOYS ARE ACTIVELY CLAIMING THEIR CHILD RIGHTS AND THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND ARE CONSIDERED EQUAL PARTNERS

Positive change has been observed in terms of the autonomy, involvement and empowerment of youth in both districts. This was demonstrated by the courage of youth to voice their opinions, participate in village meetings and take the initiative to carry out various village activities and campaigns to prevent child marriage. FADs are now established in all intervention villages. Moreover, some youth in FADs have also been involved by the Yes I Do Alliance and NGOs in advocacy efforts or campaigns to prevent child marriage and about other SRHR issues at village, district and even national levels. FAD members are active in running youth *Posyandu*, where they deliver SRHR-related information to other youth in the village. Young people felt comfortable advocating for their rights, but this was limited to advocacy around child marriage, child rights, youth *Posyandu* and, to some extent, the importance of education. However, premarital teenage pregnancy and FGM/C were absent from the discussion.

Young people have also shown their capacity to facilitate a series of discussions in the community to discuss SRHR. Their capacity was a result of the Champions of Change programme, which youth considered beneficial to boost their knowledge, skills and confidence. As their capacity increased, youth have begun to organize themselves to influence community members. However, they have not yet been placed in strategic decision-making positions in local bodies where their voices can be heard.

In general, there have been a few positive changes reported in terms of intergenerational communication in the two districts. Some youth have begun to talk about SRHR issues with adults, in particular with the village midwives and KPAD members. As at baseline, youth claimed that they discussed their education and future plans with their parents; however, discussing dating, sexual practices or contraceptives with their parents or other adults remained taboo.

Hence, there is still a long way to go to improve the communication between parents and young people. It is clear from this study that parents still played an important role in decisions regarding marriage, or even allowing dating or not. Young people were still not comfortable talking about SRHR with their parents though; thus, parents need to be assisted to encourage such conversations with their children.

4.3 PATHWAY 3

ADOLESCENT GIRLS AND BOYS TAKE INFORMED ACTION ON THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The study reveals an increase between baseline and end-line in the percentage of young women and men aged 15–24 years who had received SRHR education. Based on qualitative data, this change had occurred partly due to the availability and diversification of sources of information and education aimed at youth, including youth *Posyandu* services, SRHR information from the village midwives and *puskesmas*, SRHR information on the Internet, SRHR education in schools through the SETARA module, and series of SRHR discussions in the community. Some of these sources were initiated by the Yes I Do programme. The notable change in the availability of SRHR information was at youth *Posyandu*, which held regular meetings every month at the time of the end-line study. Even though more girls attended the youth *Posyandu* than boys, boys had begun to be involved by becoming cadres or even leaders of youth *Posyandu*.

The availability of information from youth *Posyandu*, village midwives and *puskesmas* depended on a schedule. It was once a month for youth *Posyandu*, but SRHR education was not always provided by the village midwives. *Puskesmas* delivered SRHR information far less often in villages. The delivery of SRHR education in school relied heavily on the teachers, who could not deliver the SETARA module effectively. Therefore, it is important to provide regular capacity building and value clarification on issues of youth sexuality, and technical assistance for teachers on how to deliver these sensitive topics. Moreover, there is still a challenge to scale up the SETARA curriculum to other schools, as indicated in the validation meeting, as the government already has SRHR education under the population awareness programme in Sukabumi in particular.

An increase in knowledge of modern contraceptive methods was found, especially in Sukabumi. However, it is of concern that young people were not able to negotiate condom use or feel confident using a condom every time they had sex. This could have been influenced by the method of contraception itself, as condoms were not very popular with young people. In both districts, there was also a slight decrease in the percentage of young women aged 20–24 who had experienced teenage pregnancy, but this was not statistically significant. At district level, while there was a decrease in the number of teenage pregnancies in Sukabumi, there was an increase in West Lombok. The reason for the decrease in Sukabumi was the availability of various counselling options and free contraception for couples, including couples who had been married underage. Despite the increasing knowledge of contraceptives and the decreasing rate of teenage pregnancy in Sukabumi, there was still an enduring view that contraception could only be given to married couples. The institutionalization of this view through the law that prohibits provision of contraceptives through health facilities to unmarried couples has proven to be a major barrier to changing health-seeking behaviour. In contrast, the increase in teenage pregnancy in West Lombok was related to an increase in child marriage. Teenage girls who were married underage tended not to delay their first pregnancy.

There was a slight decrease in the percentage of young women aged 18–24 years who were married under the age of 18. However, this was not statistically significant. At district level, there was a decrease in the child marriage rate in Sukabumi, while there was an increase in West Lombok.

Based on qualitative findings, there were no major changes to the conditions that led to child marriage. In West Lombok, child marriage continued to occur due to *merariq* and the difficulty of enacting the *belas* mechanism in *merariq kodeq*. The earthquake in Lombok affected economic conditions and may, ultimately, have increased the likelihood of child marriage for economic reasons. One alarming phenomenon was the community raids that have begun to take place, and the increase in this type of community policing, which was not present at baseline or midline. This could indicate the fostering of a more conservative environment. In Sukabumi, child marriage was caused by premarital pregnancy, parental concerns about *zina*, and economic factors. We also found a few cases of matchmaking by parents in the end-line study.

There was no major change in the views and attitudes towards FGM/C. However, there was a statistically significant decrease in the percentage of young women aged 15–24 who wished to circumcise their daughter in the future, which could be attributed to progress made in Sukabumi.

4.4 PATHWAY 4

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

An increase was observed at end-line in the percentage of girls aged 15–18 years who were still in school. On the other hand, there was a slight increase in the percentage of girls under the age of 18 who dropped out of school in West Lombok.

For those who drop out of school there are alternatives to continuing school through the learning package programme offered at PKBMs through distance learning. Moreover, there is a lot of government assistance for those who drop out of school to continue their education for free. For those who do not receive any government assistance, the cost of completing their education could be a burden, as students have to pay for exams, learning materials, and an Internet connection for distance learning.

Access to economic empowerment opportunities did not change in either district, although various training and empowerment programmes were provided. Lack of capital was an important barrier here, particularly for young women. There was no statistically significant change over time in the percentage of young women who were economically active outside their homes. Nevertheless, girls' had high aspirations for education and economic activities. There was a change in young people's future job aspirations – not only to become employees but also to have their own business. Many of them considered the Yes I Do business skills programme useful for preparing them to start a business. However, these small businesses were still not fully sustainable due to the lack of access to capital and the need for entrepreneurship assistance.

4.5 PATHWAY 5

POLICYMAKERS AND DUTY-BEARERS DEVELOP AND IMPLEMENT LAWS AND POLICIES ON CHILD MARRIAGE, TEENAGE PREGNANCY AND FEMALE GENITAL MUTILATION/CUTTING

Since baseline, more policies were present at end-line at both the national and local levels, such as: (i) *perda* on child protection; (ii) *perbup* on child protection; and (iii) a circular from DP3A concerning Child-Friendly Cities. In addition, there were regulations at the village level on child marriage and child protection, specifically regulations on the establishment of KPADs and PATBMs in every village, and a circular on the minimum legal age for marriage from the head of the village. The Yes I Do programme had been involved in the issuance of child-friendly policies at district level and had facilitated the policies at village level.

Enforcement of the village regulations on the prevention of child marriage or child protection could be seen by the way village officials refused to issue a recommendation letter to the Office of Religious Affairs in cases of child marriage, meaning that child marriages could not be formally registered. There remained a need for a monitoring and evaluation system to appraise the local government's implementation of these policies and programmes.

In addition, there was a new local regulation (*perda*) issued in Sukabumi concerning gender mainstreaming. The Yes I Do Alliance in Sukabumi promoted the introduction of this regulation to the district-level DP3A, which then advocated for it with the district government and legislature. The local government in Sukabumi (the Regional Secretary and DP3A) raised awareness about gender equality and gender mainstreaming among the heads of local offices, sub-districts and villages. There were programmes addressing gender equality or gender mainstreaming, and there is a District Working Group on gender, with which the local Yes I Do Alliance worked in West Lombok. Also, there was affirmative action for girls' participation in village meetings, and programmes to protect vulnerable girls from child trafficking and sex work. Despite these gender equality policies, there was a persisting bias among policymakers to tackle premarital pregnancy. They continued to stigmatize pregnant unmarried girls and support the beliefs that they should be married off.

4.6 CROSS-CUTTING STRATEGIES

Positive changes have occurred in terms of partnerships between youth and adults at village level. Youth have been involved through the FAD and other youth organizations in village meetings and decision-making forums. In addition, some FAD members have also become PATBM administrators. What remains a challenge to meaningful youth participation is that most of the time youth have not been appointed to strategic positions in the village organizations, and their opinions have often been disregarded in village meetings. At the same time, however, girls' and young women's participation in village organizations and meetings have been increasing. One example of successful girls' empowerment is that a young woman was appointed head of a KPAD in West Lombok.

Regarding male involvement, there have been more male champions, such as religious and community/traditional leaders, fathers and KPAD members, involved in the prevention of child marriage. At the district level, some male government officials talked openly about gender equality. For example, the Regional Secretary in Sukabumi raised awareness about gender equality and gender mainstreaming among local bureaucrats. In West Lombok, men were members of the District Working Group to monitor and evaluate the gender mainstreaming programme. Usually, most of the people who deal with the gender mainstreaming programme are women; having men on board can be positive, and they can be allies in advocating towards their local office for gender mainstreaming and a gender budget. However, in both districts, fathers still had limited knowledge of and engagement in SRHR issues and FGM/C. On a positive note, some boys have begun to participate in youth *Posyandu* as cadres and leaders.

4.7 LIMITATIONS OF THE STUDY

Although data quality assurance was carried out, it is unavoidable that errors in data collection could have occurred. The rather large number of questions in the survey could have contributed to the quality of answers, especially in the sections asking for agreement or disagreement with certain statements, since some respondents grew tired or impatient. There were also some problems of recall bias in the respondents' and participants' answers. Some respondents found it difficult to recall the Yes I Do activities in which they had participated, or the topics discussed in the programme activities.

Despite having a team of local enumerators in each district, there were challenges in explaining and translating the Bahasa Indonesia questionnaire into Sasak and Sundanese. To mitigate this, a common understanding of the translation was emphasized among the research team members. In the qualitative data collection, our researchers were accompanied by local researchers who were native Sasak and Sundanese. Nevertheless, respondents found it difficult to understand some survey questions.

Due to the long distances between villages in both districts, it was challenging to ensure equal coverage for the qualitative component. Due to school closures in 2020, in Sukabumi we did not interview any peer educators in schools. In West Lombok, the qualitative team had difficulty covering the remote village of East Sekotong, which was also perceived as a relatively unsafe area. There were slight quantitative sampling differences between the two districts as well.

There was a difference between the ages of the study sample at all stages (15–24 years) and the target group of the programme in Indonesia, who were mostly below 18 years. This could have affected the results of the study, especially related to the participation of young women and men aged 20–24 years in the programme. On the other hand, older participants at end-line might have participated in the programme when they were younger.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 CONCLUSION

In the end-line study, we found that key positive changes had occurred among members and stakeholders of the community, including:

- more gatekeepers (local government officials, religious and community leaders, health workers and teachers) were involved in and supported the prevention of child marriage at the village, sub-district and district levels;
- parents were more aware of the importance of education and the harms of child marriage;
- KPADs actively advocated for the prevention of child marriage; and
- youth clubs and organizations (in particular FADs) became more active and were involved in various village organizations and forums to raise awareness on child marriage.

Nevertheless, despite the participation of many gatekeepers in the prevention of child marriage, their participation in the prevention of FGM/C was limited to only KPADs, FADs and health workers. The beliefs that FGM/C is a recommended Islamic practice and part of local tradition persisted. Moreover, it remained a challenge to prevent pregnant unmarried girls from being married off. The stigma surrounding premarital pregnancy remained strong.

We also found that SRHR information sources had diversified and expanded since baseline, some of them initiated by the Yes I Do programme. However, despite the increasing access to and knowledge of SRHR, there was an enduring and institutionalized view that contraception could only be given to married couples. Moreover, although youth had begun to claim their SRH rights, parents, extended families and religious/community leaders continued to influence the practice of child marriage. There was a slight – albeit statistically insignificant – decrease in the percentage of young women aged 18–24 years who were married under 18. There were no major changes to the circumstances that led to child marriage. There was also a slight decrease – again not statistically significant – in the percentage of young women aged 20–24 years who had experienced teenage pregnancy. In addition, there was no significant change in the views and attitudes towards FGM/C. While these were overall findings for both areas, it is worth noting that the rates of both child marriage and teenage pregnancy significantly decreased over time in Sukabumi and not in West Lombok.

Young people had future aspirations beyond child marriage. However, their access to economic empowerment opportunities in both districts had not changed, although various training and empowerment programmes had been provided. There were also more policies to support the prevention of child marriage at the district and village levels. The most crucial change has been the new law raising the minimum legal age for marriage to 19. However, no policies have been issued to address teenage pregnancy or FGM/C.

5.2 RECOMMENDATIONS FOR FUTURE PROGRAMMES

Since the Yes I Do programme has now ended, it is crucial to ensure the sustainability of its positive impacts. Table 20 contains recommendations on how future programmes can achieve this.

Table 20 Recommendations for future programmes

1/2

	Recommendations	Stakeholders
Sustainability of positive changes in social and gender norms	<ul style="list-style-type: none"> • Continue awareness-raising activities on gender equality, child marriage, teenage pregnancy and FGM/C by incorporating a religious approach to activities in the community to increase acceptability • Village governments and religious/community leaders should begin and continue to raise awareness of the revised minimum legal age for marriage • DP3A should provide technical assistance and capacity building for PATBM (or KPAD) • Village governments should allocate budgets to PATBM (or KPAD) to fund their advocacy campaign on child protection 	<ul style="list-style-type: none"> • Religious/community leaders • Village government • PATBM • DP3A • District Development Planning Agency
Sustainability for adolescent girls and boys who are meaningfully engaged to continue to claim their SRHR	<ul style="list-style-type: none"> • Increase youth representation in village meetings and village organizations • Involve youth in village decision-making processes • NGOs should involve youth in advocacy at the district level • PATBM and village governments should strengthen youth and adult partnerships with FAD • PATBM/KPAD and DP3A should provide technical assistance and capacity building for youth and FAD • Local governments should ensure synergy between different youth organizations at village and district levels • Village governments should advocate for the allocation of funds for youth activities and FAD • Organize sensitization towards parents on how to have healthy and safe conversations about SRHR, dating and marriage with their children to improve inter-generational communication 	<ul style="list-style-type: none"> • FAD • Youth organizations • PATBM • DP3A • NGOs concerned with youth/SRHR issues • Parents • Adolescents and youth
Sustainability of provision of SRHR information and SRH services	<ul style="list-style-type: none"> • The SETARA module should continue to be implemented in intervention schools and other schools (scale-up) with support from the Education Office and the District Family Planning and Population Agency; hybrid models could be considered • District Family Planning and Population Agency should ensure synergy between SETARA education and other SRHR education • Health Office or District Family Planning and Population Agency should carry out capacity building for teachers to deliver SRHR education • Puskesmas and Health Office should provide mentoring and capacity building for youth Posyandu • Implement monitoring and evaluation tools (from documenting to measuring the impact and learning from the implementation) for youth Posyandu and SETARA or other SRHR education in schools by the local health office • Village governments should allocate funds for the operation and facilities of youth Posyandu • FAD, PATBM and teachers should complement regular provision of SRHR information by combining it with social media • Continue to give incentives to midwives to cater to youth by giving counselling through social media. This can also be institutionalized in their job description. Village midwives should continue to give counselling through social media. • Advocate for the continuation of pre-marriage counselling to couples who undergo child marriage • Advocate for and ensure that the Youth Care Health Services (PKPR) implement the same and with adequate facilities • Raise awareness of the Youth-Friendly Health Service and disseminate information among adolescents in schools and communities. 	<ul style="list-style-type: none"> • Youth Posyandu • Village midwife • Village government • Puskesmas and PKPR • Health Office • District Family Planning and Population Agency • Education Office • Junior high schools and teachers • NGO concerned with SRHR issues

Table 20 Recommendations for future programmes

2/2

	Recommendations	Stakeholders
Sustainability of increasing access to education and economic empowerment	<ul style="list-style-type: none"> • PKBM, the Education Office, the Office of Micro, Small and Medium-sized Enterprise (MSME) and the Office of Workforce Relations should improve access to entrepreneurial skills training for young people • Local governments and NGOs should provide MSME entrepreneurial assistance to businesses owned by young people • Encourage local governments to establish partnerships with the private sector for youth to have employment opportunities • Ensure that KPAD checks if workplaces are safe for young people • Lobby towards micro-credit groups to cater to young women without need for permission from male members • Local governments or NGOs should integrate entrepreneurial education in schools • Education Office, Health Office and DP3A should improve the existing referral system for cases of violence against children in schools 	<ul style="list-style-type: none"> • PKBM • Education Office • Office of Micro, Small and Medium-sized Enterprise • Office of Workforce Relations • DP3A • NGOs concerned with MSMEs • Private companies • Health Office
Sustainable implementation of prevention of child marriage and gender mainstreaming policies	<ul style="list-style-type: none"> • Establish a monitoring and evaluation system for the implementation of existing policies and PATBM • Issue village regulations concerning the minimum legal age for marriage • Establish a monitoring and evaluation system for the implementation of gender mainstreaming policy 	<ul style="list-style-type: none"> • DP3A • PATBM • Village government • NGOs

5.3 RECOMMENDATIONS FOR FURTHER RESEARCH

We found that this study left the following issues to be examined further in future research:

- Pathway 1: This study identified multiple gatekeepers. However, we still need to explore ways in which we can foster the role of the different gatekeepers in protecting pregnant unmarried girls from forced marriage and from violence from their family, as well as in ensuring the continuation of the girls' education and in reducing stigma towards pregnant unmarried girls.
- Pathway 2: This study revealed the ways in which youth have increased autonomy, engagement and participation. However, we need to explore ways in which the partnership between adults and youth can be strengthened, and the power dynamics that accompany such partnerships.
- Pathway 3: This study identified various sources of SRHR education, with the Internet being the most commonly used source by youth. Hence, we need to explore further the ways in which youth and youth organizations/ NGOs (can) use social media to access SRHR information and education, and the opportunities and risks of using this channel.
- Pathway 4: The PKBM has been an important alternative way for youth to continue their studies. However, it remains unclear whether the quality of PKBM education is good enough for youth. Moreover, we need to explore the barriers faced by youth to using PKBMs, and PKBMs' barriers to delivering good education. It is also worth investigating the prospects offered by the PKBMs.
- Pathway 5: Various local policies have been issued. However, ensuring synergy between policies and their implementation by different stakeholders remains a challenge. Thus, we need to map out the possibilities of achieving inter-sectoral synergy in the prevention of child marriage.

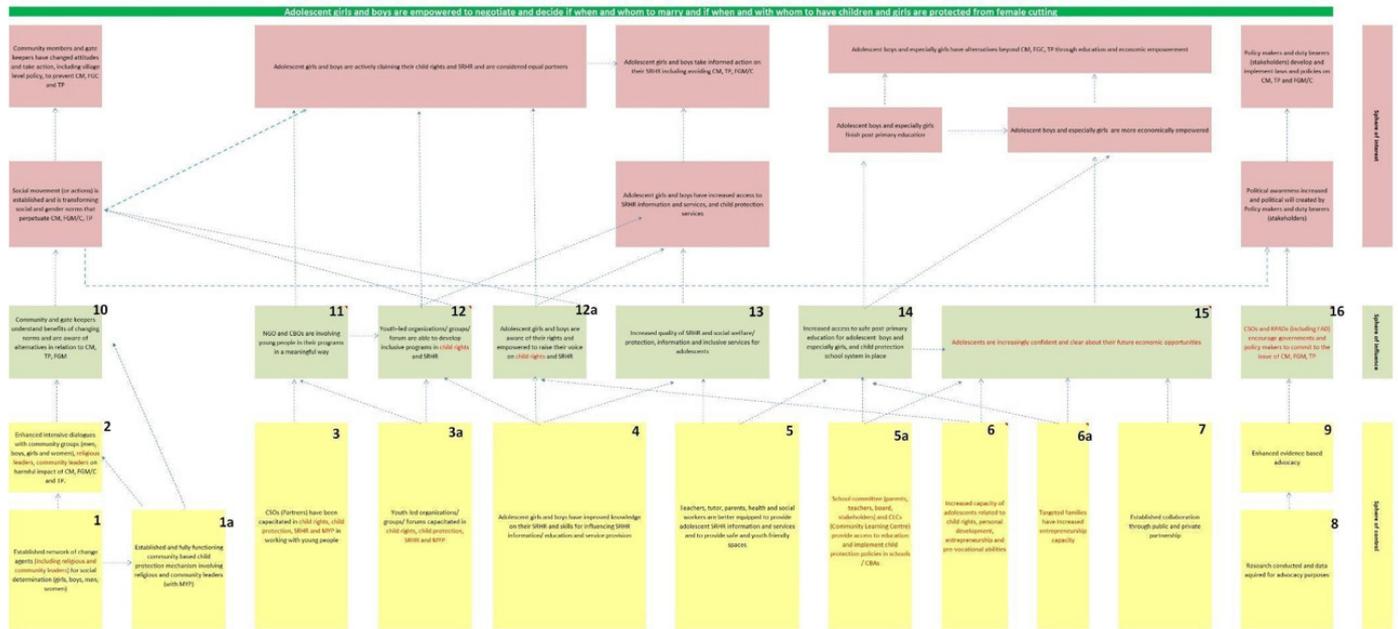
6. REFERENCES

- Afifah, T., Tejayanti, T., Rizkiyanti, A., Usman, Y. (2016). *Maternal death in Indonesia: follow-up study of the 2010 Indonesia population census*. *Indonesian Journal of Reproductive Health*.
- Ali, M., Kalosa, R. (2018). *Laporan Asesmen Babakan Madang, Kabupaten Bogor*. In *Kawan & Lawan Kawin Anak: Catatan Asesmen Program Berdaya di Empat Daerah*. Jakarta: Rumah Kitab.
- Badan Pusat Statistik. (2018). *Survei Sosial Ekonomi Nasional (Susenas) 2017*. Jakarta: Badan Pusat Statistik.
- Badan Pusat Statistik. (2019). *Kecamatan Cisolok dalam Angka*. Jakarta: Badan Pusat Statistik.
- Bappenas. (2019). *Voluntary National Reviews (VNR): Empowering People and Ensuring Inclusiveness and Equality*. Jakarta: Kementerian Perencanaan Pembangunan Nasional Republik Indonesia.
- Badan Kependudukan dan Keluarga Berencana Nasional, Kementerian Kesehatan Republik Indonesia, Badan Pusat Statistik, and USAID. (2017). *Survei Demografi dan Kesehatan Indonesia 2017: Kesehatan Reproduksi Remaja*. Jakarta: Badan Kependudukan dan Keluarga Berencana Nasional.
- 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>.
- Hidayana, I. M., Noor, I. R., Benedicta, G. D., Prahara, H., Zahro, F. A., Kartikawati, R., Hana, F., Pebriansyah, Kok, M.C. (2016). *Factors Influencing Child Marriage, Teenage Pregnancy and Female Genital Mutilation/Circumcision in Lombok Barat and Sukabumi Districts, Indonesia. Baseline report December 2016*. Amsterdam: KIT Royal Tropical Institute.
- Í'annah, N. (2018). A Child Carrying A Child: Portrait of A Teenager's Life After Early Marriage Due to Pregnancy in Ungaran, Semarang Central Java. In M. Grijns, H. Horii, S. Irianto, & P. Saptandari (Eds.), *Marrying Young in Indonesia: Voices, Laws and Practices* (pp. 77–92). Jakarta: Yayasan Obor Indonesia.
- Komnas Perempuan, & PSKK UGM. (2017). *Pemotongan dan Perlukaan Genitalia Perempuan (P2GP): Dalam Persimpangan Antara Tradisi dan Modernitas Penelitian Metode Gabungan Mengenai Medikalisasi P2GP di 17 Kabupaten di 10 Provinsi di Indonesia*. Jakarta: Komisi Nasional Anti Kekerasan Terhadap Perempuan (Komnas Perempuan).
- 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*. Amsterdam: KIT Royal Tropical Institute.
- PITCH. (2018). *Annual report 2018*. Amsterdam: Partnership to Inspire, Transform and Connect the HIV response. https://aidsfonds.nl/uploads/pitch_annual_report_2018.pdf.
- Republik Indonesia. (1974). *Undang-Undang Republik Indonesia Nomor 1 Tahun 1974 Tentang Perkawinan*. (Indonesian Marriage Law No. 1/1974). Jakarta: Republik Indonesia. <https://peraturan.bpk.go.id/Home/Details/47406/uu-no-1-tahun-1974>.
- Republik Indonesia. (2019). *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). Jakarta: Republik Indonesia. <https://peraturan.bpk.go.id/Home/Details/122740/uu-no-16-tahun-2019>.

7. ANNEXES

ANNEX 1: THEORY OF CHANGE INDONESIA

Teori Perubahan Program Yes I Do Indonesia



ANNEX 2: OUTPUTS AND OUTCOMES OF QUANTITATIVE VARIABLES

Univariable regression models over time

The models presented below aim to assess the trend over time in the intervention area. All models are logistic regression models, as the outcome variables are all binary. This means that the parameters estimated and provided in the tables below are odds ratios (OR). An odds ratio below 1 indicates an inverse association – i.e. an increase in 'x' is associated with a decrease in 'y'. An odds ratio of more than 1 indicates a positive association – i.e. an increase in 'x' is associated with an increase in 'y'. An odds ratio of 1 means that the odds in both groups are the same. Note: an odds ratio can be >1 or <1, but as long as it is not statistically significant we assume no association.

The overview below describes the model in more detail.

$$\text{logit}(P(y=1)) = \beta_0 + \beta_1 * [\text{Time}] + \epsilon$$

y: The binary outcome variable (different for each model)

β_0 : Odds of outcome variable at baseline

β_1 : quantifies the trend over time in the intervention area – i.e. the odds in the intervention area over time. In the tables it is referred to as 'time'.

Multivariable regressions over time

These are also logistic regressions, which denotes that the outcomes are binary. Multivariate regressions are conducted on the two impact indicators: prevalence of child marriage and prevalence of teenage pregnancy. The same set of dependent variables is used in the regression model.

Prior to running the models, correlation among the variables was checked for using a Pearson's correlation matrix, and no issue was encountered (a threshold of >80% was used and consequently removed from analysis). But no such correlation existed.

The main model run is as seen below:

$$\text{logit}(P(y=1)) = \beta_0 + \beta_1 * [\text{time}] + \beta_2 * [\text{covariate1}] + \beta_3 * [\text{covariate1}] \dots + \beta_x * [\text{covariateX}] + \epsilon$$

y: The binary outcome variable (different for each model)

β_0 : Baseline odds of outcome variable at baseline in the control area

β_1 : quantifies the trend over time in the intervention area – i.e. the odds in the intervention area over time. In the tables it is referred to as 'time'.

β_2 – β_x : includes the odds of individual characteristics 1–x

β_3 : includes the individual SRHR characteristics

β_4 : includes the family-level characteristics

ϵ : Random error term

Three versions of the model were run for each teenage pregnancy among young women aged 20–24 and child marriage among young women aged 18–24 as the outcome:

1. Individual demographic characteristics: Age, school dropout, income, employment
2. Individual demographic characteristics + SRHR-related individual characteristics: Ever married or had a child marriage and ever received sex education
3. Individual demographic characteristics + SRHR-related individual characteristics + family-level characteristics: Mother's education, father's education, household size

The following outcome variables were modelled:³⁷

Theme	Outcome variable
Child marriage	Girls and women aged 18–24 years who were married or in a union before age 18
	Girls and women aged 16–24 years who were married or in a union before age 16
Teenage pregnancy	Girls and women aged 20–24 years who had their first child under the age of 20
FGM/C	Girls and young women aged 15–24 years who underwent FGM/C
	Boys and young men aged 15–24 years who are not married who prefer a non-circumcised female as their future partner
	Girls and young women aged 15–24 years who wish to circumcise their daughter in the future
Education	Girls aged below 18 years who dropped out of school
	Girls aged 15–18 years currently attending secondary school
Employment	Girls aged 18–24 years who are economically active outside the household
	Girls aged 18–24 years old who received any income in the last 6 months
SRHR behaviour	Girls aged 15–24 years who can decide for themselves whom to date and go out with
	Boys aged 15–24 years who can decide for themselves whom to date and go out with
	Girls aged 15–24 years who have ever used SRHR services
	Boys aged 15–24 years who have ever used SRHR services
	Girls aged 15–24 years who ever received education about sexuality and sexual health
	Boys aged 15–24 years who ever received education about sexuality and sexual health
	Girls aged 15–24 years who know how to prevent pregnancy using modern contraceptives
	Boys aged 15–24 years who know how to prevent pregnancy using modern contraceptives
	Girls aged 15–24 years who disagree with the statement ‘It is inappropriate for a girl to propose using a condom’
	Boys aged 15–24 years who disagree with the statement ‘It is inappropriate for a girl to propose using a condom’
	Girls aged 15–24 years who feel confident insisting on condom use every time they have sex
	Boys aged 15–24 years who feel confident insisting on condom use every time they have sex

37 Some monitoring and evaluation indicators that were not modelled had too small a sample size or not enough variation in the data.

Outputs of univariable regressions

Child marriage				
	Univariable regressions			
	B	95%CI		P-value
		Lower bound	Upper bound	
Outcome variable: Young women aged 18–24 years who are married before 18 years of age				
Constant	0.27	0.22	0.32	0.000
Time (time)**	0.79	0.61	1.04	0.097
Outcome variable: Young women aged 16–24 years who were married before age 16				
Constant	0.06	0.04	0.07	0.000
Time (time)**	0.92	0.62	1.39	0.705

Teenage pregnancy				
	Univariable regressions			
	B	95%CI		P-value
		Lower bound	Upper bound	
Outcome variable: Young women aged 20–24 years who had their first child before age 20 years				
Constant	0.56	0.46	0.68	0.000
Time (time)**	0.88	0.66	1.17	0.375

FGM/C				
	Univariable regressions			
	B	95%CI		P-value
		Lower bound	Upper bound	
Outcome variable: Proportion of girls aged 15–24 years who underwent FGM/C				
Constant	2.76	2.42	3.14	0.000
Time (time)**	0.89	0.74	1.07	0.213
Outcome variable: Young women aged 15–24 years who wish to have their daughters circumcised in the future				
Constant	2.64	2.32	2.99	0.000
Time (time)**	0.74	0.62	0.88	0.001
Outcome variable: Proportion of currently unmarried boys and men (aged 15–24 years) who prefer a non-circumcised female as their future partner				
Constant	0.01	0.01	0.03	0.000
Time (time)**	2.61	0.92	7.39	0.071

Education				
	Univariable regressions			
	B	95%CI		P-value
		Lower bound	Upper bound	
Outcome variable: Young women aged 15–24 years who completed secondary education				
Constant	2.22	1.86	2.64	0.000
Time (time)**	1.48	1.14	1.92	0.003
Outcome variable: Young women aged 15–24 years who dropped out of school before age 18				
Constant	0.09	0.07	0.13	0.000
Time (time)**	1.20	0.77	1.86	0.415

Employment				
	Univariable regressions			
	B	95%CI		P-value
		Lower bound	Upper bound	
Outcome variable: Young women aged 15–24 years who received an income in the last 6 months				
Constant	6.10	4.90	7.58	0.000
Time (time)**	3.45	2.26	5.26	0.000
Outcome variable: Young women aged 15–24 years who are economically active outside the household				
Constant	0.34	0.29	0.41	0.000
Time (time)**	1.02	0.80	1.30	0.859

SRHR behaviour				
	Univariable regressions			
	B	95%CI		P-value
		Lower bound	Upper bound	
Outcome variable: Young women aged 15–24 years who can decide for themselves whom to date				
Constant	0.12	0.10	0.14	0.000
Time (time)**	65.17	50.21	84.59	0.000
Outcome variable: Young men aged 15–24 years who can decide for themselves whom to date				
Constant	0.12	0.08	0.16	0.000
Time (time)	175.74	98.62	313.18	0.000
Outcome variable: Young women aged 15–24 years who ever used SRH services				
Constant	0.65	0.57	0.73	0.000
Time (time)**	0.88	0.74	1.04	0.140
Outcome variable: Young men aged 15–24 years who ever used SRH services				
Constant	0.07	0.05	0.11	0.000
Time (time)	1.57	0.94	2.64	0.085

	Univariable regressions			
		95%CI		P-value
	B	Lower bound	Upper bound	
Outcome variable: Young women aged 15–24 years who received sex education				
Constant	3.16	2.76	3.62	0.000
Time (time)**	2.54	2.02	3.19	0.000
Outcome variable: Young men aged 15–24 years who received sex education				
Constant	2.17	1.74	2.69	0.000
Time (time)	1.25	0.92	1.72	0.157
Outcome variable: Young women aged 15–24 years who know how to prevent pregnancy using modern contraceptives				
Constant	1.76	1.56	1.99	0.000
Time (time)**	1.38	1.16	1.65	0.000
Outcome variable: Young men aged 15–24 years who know how to prevent pregnancy using modern contraceptives				
Constant	1.37	1.12	1.68	0.002
Time (time)	1.76	1.313.66	2.38	0.000
Outcome variable: Young women aged 15–24 years who think it is appropriate for a girl to propose condoms use				
Constant	1.55	1.38	1.74	0.000
Time (time)**	0.13	0.11	0.16	0.000
Outcome variable: Young men aged 15–24 years who think it is appropriate for a girl to propose condoms use				
Constant	1.53	1.24	1.88	0.000
Time (time)	0.08	0.05	0.11	0.000
Outcome variable: Young women aged 15–24 years who feel confident insisting on condom use every time they have sex				
Constant	1.94	1.71	2.19	0.000
Time (time)**	0.08	0.07	0.10	0.000
Outcome variable: Young men aged 15–24 years who feel confident insisting on condom use every time they have sex				
Constant	1.02	0.83	1.24	0.877
Time (time)**	0.42	0.31	0.57	0.000

Outputs of multivariable regressions

Factors influencing teenage pregnancy					
		With child marriage		Ever married or not ³⁸	
	Individual characteristics	Plus individual SRHR characteristics	Plus family-level characteristics	Plus individual SRHR	Plus family-level characteristics
	(1)	(2a)	(3a)	(2b)	(3b)
Variables	odds ratio	odds ratio	odds ratio	odds ratio	odds ratio
Teenage pregnancy (females 20–24)			0.615*		
			(0.159)		
Time	0.505***	0.616**	0.982	0.907	0.884
	(0.105)	(0.150)	(0.0778)	(0.239)	(0.244)
Age	0.975	0.948	0.295***	0.701***	0.706***
	(0.0619)	(0.0694)	(0.0888)	(0.0527)	(0.0585)
Employment	0.372***	0.314***	2.721**	0.674	0.857
	(0.0827)	(0.0853)	(1.309)	(0.180)	(0.249)
Income	1.329	2.474**	2.077**	1.203	1.201
	(0.371)	(1.016)	(0.673)	(0.378)	(0.434)
School dropout	2.857***	1.762**		1.809**	2.086**
	(0.610)	(0.496)		(0.434)	(0.600)
Ever married				314.9***	351.5***
				(325.5)	(369.8)
Child marriage		39.38***	49.15***		
		(13.76)	(19.30)		
Received sex education		0.754	0.791	0.741	0.765
		(0.227)	(0.256)	(0.194)	(0.216)
Mother's education			0.876		0.486
			(0.431)		(0.250)
Father's education			1.803		2.209
			(0.949)		(1.187)
Household size (0–2 members)			0.211***		0.312*
			(0.122)		(0.198)
Household size (3–4 members)			1.676**		2.425***
			(0.435)		(0.606)
Household size (8 or more members)			1.979		1.192
			(0.855)		(0.516)
Constant	0.769	0.570	0.109	8.486	3.812
	(1.101)	(0.940)	(0.205)	(15.22)	(7.769)
Observations	631	631	589	631	589

*** p<0.01, ** p<0.05, * p<0.1; in parentheses, robust standard errors are applied

38 Since teenage pregnancy and (child) marriage were endogamous, we also ran models with the likelihood of ever being married, as opposed to child marriage.

Outputs of multivariable regressions

Factors influencing child marriage					
	Teenage pregnancy			Ever had a child or not ³⁹	
	Individual characteristics	Plus individual SRHR characteristics	Plus family-level characteristics	Plus individual SRHR characteristics	Plus family-level characteristics
	(1)	(2a)	(3a)	(2b)	(3b)
Variables	odds ratio	odds ratio	odds ratio	odds ratio	odds ratio
Child marriage (females 18–24)					
Time	0.486*** (0.105)	0.671 (0.169)	0.695 (0.192)	0.821 (0.208)	0.847 (0.226)
Age	1.012 (0.0478)	0.917 (0.0574)	0.902 (0.0595)	0.723*** (0.0464)	0.711*** (0.0495)
Employment	0.584** (0.136)	0.963 (0.290)	1.077 (0.360)	0.931 (0.258)	1.067 (0.314)
Income	0.571** (0.137)	0.581 (0.193)	0.550* (0.195)	0.769 (0.215)	0.803 (0.243)
School dropout	4.608*** (0.899)	2.684*** (0.726)	2.705*** (0.824)	2.834*** (0.689)	2.816*** (0.781)
Ever had a child or not				25.26*** (7.362)	30.70*** (9.889)
Teenage pregnancy		31.99*** (8.102)	42.33*** (11.77)		
Received sex education		0.493** (0.144)	0.461** (0.152)	0.476*** (0.123)	0.427*** (0.121)
Mother's education			0.403* (0.215)		0.381** -0.167
Father's education			1.629 (0.922)		2.128* (0.976)
Household size (0–2 members)			4.030*** (1.988)		4.552*** (2.447)
Household size (3–4 members)			1.051 (0.284)		1.278 (0.308)
Household size (8 or more members)			0.800 (0.328)		1.075 (0.392)
Constant	0.242 (0.246)	0.517 (0.684)	0.859 (1.239)	44.42*** (57.27)	54.66*** (79.22)
Observations	1,012	1,010	942	1,012	944

*** p<0.01, ** p<0.05, * p<0.1; in parentheses, robust standard errors are applied

39 As child marriage and (teenage) pregnancy share an endogamous relationship, the models were also run with the variable 'likelihood of ever having a child (at any age)' instead of teenage pregnancy.

ANNEX 3: ECONOMIC CONDITIONS IN WEST LOMBOK AND SUKABUMI

Overall, when comparing West Lombok and Sukabumi, types of employment opportunities were similar on the whole, although the industry at times differed. There was no considerable change over time in the type of employment opportunities. Most young people did unpaid domestic work. This is not surprising, as the sample consisted of more young women than men. In both districts, working as a small trader was also a common occupation. Casual daily work was also common in West Lombok (12.5% of the respondents) and Sukabumi (19%), mostly among young women, who did jobs such as teaching, sales etc. The main sources of income for the family were also similar (noting that young people were in general doing the same types of work as their parents): casual daily work (26%), small-scale trading (19.5%), agriculture (10%), and remittances from foreign migrant workers (8%) in West Lombok. In Sukabumi, these were very similar: casual daily work (14%), agriculture (13%), small-scale trading (12%) and construction work (12%). In addition, the main breadwinners for respondents in both districts included fathers, spouses (mainly for women) and mothers. Parents were also the main decision-makers regarding spending money in the household in both districts.

In Sukabumi, data from Badan Pusat Statistik (Badan Pusat Statistik, 2019) for 2019 provide a clearer picture of the district. They indicate that the unemployment rate is very low (8%), and the main livelihood is agriculture. However, it is worth noting that far more men are employed (71% of the workforce) than women (29%). In Cisolok village, which is located on the coast, residents also work in the marine fisheries sector, while in Cikelat, residents also work in the plantation and forestry sectors. The participants and people we met through the qualitative data collection worked in the formal sector as factory workers, shopkeepers, restaurants staff, hotel clerks or workshop workers, or in the informal sector as taxi drivers or online motorcycle taxi drivers, or farm labourers, or they own micro businesses such as small shops, grocery stores or food stalls.

In West Lombok, the BPS data (Badan Pusat Statistik, 2019) show that 67.5% of the population of 694,990 people work. In more detail, 79.9% of men work, and 56.0% of women work. Similar to Sukabumi, there is variation within the district in West Lombok, influenced by the location of the village and geographic characteristics. For example, in Kediri village, which is classified as a semi-urban village, the most common livelihood was small-scale trading (fried food, small shops) for both females and males. This is similar to the types of employment opportunities in Jagaraga Indah village, which is relatively close to the sub-district capital, with the addition of working as farm labourers for men, and as migrant workers for women. The occupations in these villages were quite visibly different from those in Lembar and East Sekotong villages.

ANNEX 4: REGIONAL REGULATIONS IN WEST LOMBOK AND SUKABUMI

Sukabumi regulations issued since baseline			
No.	Baseline	Midline	End-line
1	Local Regulation No. 3 of 2013, concerning Midwives, Paraji and Health Providers Partnership (not specifically addressing the issue of teenage pregnancy)	Local Regulation (<i>Perda</i>) No. 1/2018 concerning Child Protection	Local Regulation (<i>Perda</i>) No. 1 of 2019 on the Implementation of Family Care for Children and Alternative Care
2		Regent Regulation (<i>Perbup</i>) No. 20/2017 concerning Child-Friendly Districts	Regent Regulation No. 68 of 2018 on Child Protection-Friendly Post Siaga
3		Regent Decree No. 463/Kep-421-DP3A/2017 concerning the Regional Action Plan for Child-Friendly District Development	Sukabumi Regent Decree No. 065/Kep-1116-DP3A/2019 on Child-Friendly Sub-districts and Child-Friendly Villages
4		Sukaraja Village Regulation No. 7/2016 concerning Child Protection	Sukabumi Regent Decree No. 065/Kep-146-DP3A/2020 on a Child-Friendly District Taskforce
5		Village Decree concerning KPAD in Sukaraja, Limbangan, Cisolok and Cikelat	Regent Decree No. 463/Kep-167-DP3A/2020 on Family Learning Centres 2020–2025
6			Village Decree concerning PATBM in Sukaraja, Limbangan, Cisolok and Cikelat in 2020
7			Cikelat Village Head Circular Letter on the Prevention of Child Marriage in 2019
8			Regent Regulation in 2020 concerning Child-Friendly Schools
9			Local Regulation No. 7 of 2019 on Gender Mainstreaming

West Lombok regulations issued since baseline

No.	Baseline	Midline	End-line
1	GAMAK as a response from West Lombok Regent to the Governor's Circular Letter on Raising Age of Marriage No. SE/150/1138/Kum2014	Circular Letter No. 843.4/34/BKBPP/2016 on the Anti-Child Marriage Initiative (GAMAK)	West Lombok Regent's Regulation No. 30 of 2018 concerning the Prevention of Child Marriage
2		The formulation of <i>Pakem Merariq</i> based on Sasak Customary Law in 2018	West Lombok Regional Regulation No. 9 of 2019 on Raising Age of Marriage
3		Citizen Charter in Kediri Induk Village to tackle child marriage and <i>awig-awig</i> desa (regulation based on mutual agreement in the community) that was formulated in April 2018 to prevent child marriage	Circular Letter No. 09/SE/LBRS/I/2020 on Raising Age of Marriage in Jagaraga Indah
4		Decree on the Formation of Village Child Protection Groups (KPAD) in Kediri village and East Sekotong village	Decree from the Head of PPKBPPPA Service in West Lombok No. 56/DP2KBP3A/2019 on the Appointment of KPAD/PATBM Facilitators in West Lombok (the establishment and strengthening of a community-based child protection initiative)
5		A Memorandum of Understanding between the Village Head and the District Religious Affairs Office to not issue marriage recommendation letters for underage brides, so District Offices will not be able to issue marriage certificates	All intervention villages have a decree regarding the establishment of KPAD: <ul style="list-style-type: none"> • Desa Jagaraga Indah Kec. Kediri, West Lombok No. 07 of 2019 (26 February 2019) • No. 11/KEP/DS-LBRS/IV/2019 (16 April 2019) • No. 17/KEP/XII/2016, Number 12 of 2019 (7 January 2019)
6			Stricter regulations regarding child marriage that state that underage couples will not be able to obtain a marriage book or family cards and are not eligible to receive social assistance

