

## Delaying Early Marriage in East Java

**Published On:** 03 April 2017

**Organisation:** Bondowoso District Health Office

**Country:** Indonesia

**Level of government:** Local government

**Sector:** Health

**Type:** Communication, Partnerships, Public Service

**Launched in:** 2011

**Overall development time:** 5 year(s)

**Like this innovation**

0 persons like this innovation

# Description

---

Before 2011, more than 50% of marriages in Bondowoso, East Java, involved youths under 20. Religion, culture, low levels of education, and economic pressures all contributed to this high level of early marriage. By working together, Kinerja USAID and the local government were able to significantly reduce rates of early marriage and pregnancy in Bondowoso. Training on reproductive health was provided by the government and NGO partners to students, teachers, health workers, and religious leaders. Training was based on interactive activities relevant to each role. For example, a sevenminute sermon competition on reproductive health, was attended by religious leaders. The leaders then delivered the sermons in their local communities. In 2012, 2,734 marriages involved youths under the age of 20; by the end of 2015, this number had fallen by 18% to 2,250. The number of births to women under 20 also decreased from 1,967 to 1,205, a reduction of 35%.

Bondowoso's delaying early marriage program is unique in that it combines multiple proven interventions and adds governance elements of transparency, accountability, responsiveness, and public participation. Key innovative parts of the program include: training religious leaders on reproductive health and the dangers of early marriage; training students in how to use art and media for advocacy; introducing reproductive health information during students' orientation period; and electing wives' of village heads as reproductive health ambassadors.

The program has the potential to be replicated in other areas with high levels of early marriage. It is a broad, participatory program involving multiple government offices and service delivery units such as schools and health centres, as well as young people, parents, religious leaders, and village heads. This requires strong support from a leader or champion at a high level (such as a district head or mayor) to ensure the program can be properly implemented.

---

## Why the innovation was developed

- Early marriage and pregnancy can lead to serious health problems and even death for young women whose bodies are not yet developed enough. Additionally, marrying at a young age reduces women's chances for education, work, and financial success. The District Head of Bondowoso recognised this, and requested assistance from Kinerja, a USAIDfunded development project, to create a broad program that would help delay early marriage. Before the program began, more than 50% of young women were marrying before the age of 20.

---

## Objectives

Develop staff capacity, Improve access, Improve service quality, Improve social equity, Increase citizen engagement

---

## Main beneficiaries

Families, Low-income groups, Students, Young people

# Results

---

## Effectiveness

- In 2012, 2,734 marriages involved youths under the age of 20; by the end of 2015, this number had fallen by 18% to 2,250. The number of births to women under 20 also decreased from 1,967 to 1,205, a reduction of 35%. Bondowoso's human development index (HDI) has increased from 62.24 to 63.43 between 2012 and 2015 (the fastest growth rate of all East Java districts), bringing the district from ranking 37 of 38 districts in East Java to ranking 31.

---

## Service quality

### Accessibility:

- Young people in Bondowoso now have more access to reproductive health information and services. Their teachers and health workers are better informed and more knowledgeable than before, and can answer their questions accurately without embarrassment.

# Development

---

## Design

The ideas were generated through cooperation between Kinerja USAID, local NGO 'Yayasan Kesehatan Perempuan' (Women's Health Organisation), the District Head of Bondowoso and his office, the Bondowoso District Health Office, the Bondowoso District Education Office, schools, and young people themselves. Design time: 6 month(s)

---

## Testing

- The program was tested in a small number of schools in Bondowoso before being replicated to a wider number of schools. Monitoring and evaluation was carried out by the District Health Office before full implementation/replication.

Testing time: 1 month(s)

---

## Implementation

### Tools used:

- ICT was used by Bondowoso's young people to create reproductive health and antichild marriage campaigns, such as making their own short films and uploading them to YouTube. Reproductive health modules were used to train teachers, government staff, health workers, and religious figures. Regular lectures at mosques were used by religious leaders to spread information on reproductive health and the dangers of early marriage.

### Resources used:

- The funds disbursed from the local administration's budget amounted to: 2011: Rp 249,030,500 [US\$20,366] from the district family planning agency, and the health agency. 2012: Rp 253,421,012 [US\$ 20,725] from the district family planning agency, health agency and education agency. 2013: Rp 158,275,000 [US\$12,944] from the district family planning agency and health agency. 2014: Rp 197,907,500 [US\$ 16,149] from the district family planning agency and health agency. KINERJA funded Yayasan Kesehatan Perempuan (YKP) to work with the local administration to the amount of Rp 553,271,000 [US\$ 45,615]. YKP also contributed Rp 23,050,000 [US\$ 2,000] of their own funds.

Implementation time: 3 year(s)

---

## Diffusion

- Bondowoso has been expanding its program to more schools within the district since 2014. It uses changemakers from earlier parts of the program as facilitators and trainers. A close relationship with Yayasan Kesehatan Perempuan (a local women's NGO) has supported the replication of the program. Kinerja will also be replicating the program in two of Bondowoso's neighbouring districts in East Java from late 2016 with funding from the Asian Development Bank.

Diffusion time: 1 year(s)

---

## Challenges and solutions

- This program worked to change the communities of Bondowoso's perceptions of early marriage and ARH. The biggest challenge was the local culture, particularly with regard to the stigma attached to having an unmarried daughter older than 15. The community considered early marriage to be the safest way to prevent premarital sex. Since talking about sexuality was taboo, parents rarely equipped their children with sufficient knowledge about reproductive health. Changing cultural values always requires long-term effort by all parties to change the community's deeply ingrained mindset. The challenge was met by the active participation of all sectors of the community working in conjunction with local government and NGOs with the intention of reducing and eventually eliminating early marriage.
- 

## Partnerships

**Yayasan Kesehatan Perempuan (Women's Health Organisation) Kinerja (USAID program) Kampung Halaman (Front Yard)**  
Civil Society

The program was primarily funded by USAID (through its Kinerja project) at the beginning, but the amount contributed by Bondowoso's government increased over the years. From 2015, it has been funded entirely by the local government. The two NGOs (Yayasan Kesehatan Perempuan and Kampung Halaman) were responsible for directly implementing major elements of the program, including training government staff. Without their assistance, the program would not have been able to get off the ground, as the knowledge of government staff and teachers on reproductive health was minimal.

---

# Lessons Learned

---

## Lessons Learned

- Adolescent reproductive health is a controversial topic, so ARH programs must be politically smart, locally led, and adapted to work within local culture. Programs must build a broad coalition between government, civil society, and community.
  - Religious figures can have a significant impact on reducing levels of early marriage if they receive sufficient training and see the benefits of delaying marriage.
  - School-based programs are important, but require strong knowledge of ARH from teachers. Teachers' knowledge and skills must be built first, and they must be reassured that the government supports their activities.
  - The wives of public officials such as village heads are well-positioned to influence their local communities. With training, they can take up the role of reproductive health ambassador and provide advice to their community.
  - Young people themselves must be involved in ARH programs not as passive beneficiaries but as active actors and change-makers.
- 

## Conditions for success

- Genuine support and interest from a 'champion' such as an elected local leader is necessary for success on controversial or taboo topics such as ARH. The District Head of Bondowoso is dedicated to reducing levels of early marriage and pregnancy, and has made this issue a key theme of his leadership. Without his support, it is unlikely that rates of early marriage and pregnancy in Bondowoso would have dropped as much as they have.
- 

Copyright OECD. All rights reserved.