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Translating Child Marriage Prevention Policy into Practice: A Qualitative Study of Village-Level Implementation in Indonesia

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Child Marriage Prevention; Policy Implementation; Village-Based Program; Community Engagement

ABSTRACT

Introduction: Child marriage remains a significant public health and social issue in Indonesia despite the implementation of national legal reforms and various preventive strategies. The effectiveness of these policies largely depends on their implementation at the local level, where social norms, resource availability, and governance capacity differ considerably. The Sadel Cepak Program in Lamongan Regency represents a village-based initiative developed to translate national child marriage prevention policies into context-specific actions through multisectoral collaboration and community engagement.

Methods: This study employed a qualitative descriptive design using a single instrumental case study approach. Data were collected through in-depth interviews, document reviews, and limited field observations involving 21 purposively selected informants from district and village levels across 10 villages in Lamongan Regency. Informants included government officials, village leaders, program implementers, and community representatives. Data were analyzed using a theoretically informed thematic analysis based on Edward III's policy implementation framework, with triangulation across data sources to enhance credibility.

Results: The implementation of the Sadel Cepak Program varied across governance levels, revealing three village-level typologies: adaptive-integrative villages, which integrated the program into local planning and allocated resources; administrative-compliant villages, which implemented routine activities such as socialization without structural support; and symbolic ad hoc villages, which relied on informal and sporadic practices. Although district-level implementation demonstrated relatively strong communication, coordination, and institutional commitment, these capacities were not consistently translated at the village level. The absence of local regulations, limited budget allocation, and unclear technical guidance contributed to uneven program institutionalization and outcomes across villages.

Conclusion: The findings indicate that the effectiveness of child marriage prevention at the village level is shaped by the interaction between policy design and local governance dynamics, including leadership, institutional capacity, and community engagement. These results support context-sensitive and multisectoral approaches to policy implementation, emphasizing the importance of aligning national strategies with local realities. Strengthening coordination, technical guidance, and resource support is essential to improve the consistency and sustainability of village-based interventions.

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INTRODUCTION

Child marriage, defined as any formal or informal union in which at least one party is under 18 years of age, remains a significant global public health and human rights concern (1). Although the prevalence of child marriage has declined in many regions, the practice continues to affect millions of children, particularly girls, exposing them to increased risks of adverse reproductive health outcomes, educational discontinuity, economic marginalization, and psychosocial stress (2,3). These vulnerabilities are further highlighted by evidence showing that early marriage contributes to higher maternal and infant morbidity and mortality, intimate partner violence, and disrupted social development (2,4).

At the global level, programs and policies aimed at delaying marriage and improving girls' access to education and health services have been implemented by governments and international agencies. However, the success of these policies varies considerably across contexts due to differences in social norms, enforcement mechanisms, economic incentives, and institutional capacities. Studies have shown that policies which fail to account for local sociocultural dynamics often produce limited and inequitable impacts (5,6).

In the Indonesian context, child marriage continues to be a persistent issue despite various national policy responses. The Marriage Law was amended in 2019 to raise the legal minimum age of marriage to 19 years for both women and men, reflecting a strong legislative commitment to reducing child marriage (7). Complementary strategies, such as the **Strategi Nasional Pencegahan Perkawinan Anak** (National Strategy on the Prevention of Child Marriage), were also introduced to strengthen intersectoral coordination and enhance protective environments for children. These strategies emphasize community engagement, continuity of education, child protection systems, and gender equality as essential components in preventing early marriage (8).

Despite these efforts, national policies often encounter implementation challenges at the subnational and village levels, where contextual factors such as traditional beliefs, economic constraints, gender norms, and weak governance structures may hinder the effective translation of policy into practice. Research indicates that policy implementation can be inconsistent due to variations in local leadership, resource allocation, administrative capacity, and agency discretion (9,10). Within Indonesia, several studies have documented that child marriage remains highly prevalent in rural and marginalized communities, where social norms that favor early marriage, combined with limited access to education and livelihood opportunities, continue to exacerbate the problem (11,12).

Local governments have therefore developed place-based programs to operationalize national objectives in ways that align with the unique needs and circumstances of local communities. One notable example is the Sadel Cepak Program in Lamongan Regency, which seeks to address child marriage through a collaborative village-based approach involving families, community leaders, health workers, and social support providers. The program aims to educate the public about the risks of child marriage, provide counseling services, establish support groups for adolescents at risk, and strengthen compliance with regulations regarding the minimum legal age for marriage.

Understanding how such programs are implemented in real-world settings is critical for identifying implementation gaps, enabling factors, and systemic barriers. Previous public health implementation research highlights that successful policy translation depends not only on formal regulations, but also on effective communication, adequate resource provision, positive implementer disposition, interagency coordination, and local accountability mechanisms (13,14). Furthermore, evidence from implementation science underscores the importance of contextual fit and stakeholder engagement in sustaining program activities and achieving intended outcomes (15).

Empirical studies on adolescent health and family planning programs also emphasize that effective community-level implementation depends on context-sensitive and multisectoral approaches. Evidence suggests that community-based interventions integrating education and stakeholder engagement are more likely to achieve higher levels of adoption and positive behavioral change among adolescents (16). In addition, implementation research highlights that understanding local contexts, frontline capacity, and coordination mechanisms is essential for explaining the success or failure of adolescent health interventions at the community level (17,18).

Despite the growing body of literature on child marriage prevention and policy implementation, much of the existing research focuses primarily on national strategies, legislative reforms, or program outcomes. Comparatively less attention has been given to how these policies are implemented in rural settings, particularly in regions where local governments possess substantial autonomy. This represents a critical gap in understanding how local actors interpret, adapt, and operationalize policies within contexts characterized by varying institutional capacities, limited

resources, and diverse sociocultural environments. In Indonesia, where decentralization grants considerable authority to local governments, these contextual differences may significantly influence the consistency and effectiveness of implementation.

To address this gap, the present study examines the implementation of the Sadel Cepak Program at the village level. Specifically, the study explores how policy objectives are translated into local practice and how implementation processes are shaped by local governance dynamics. This approach provides a more nuanced understanding of how policies can be adapted to local contexts, thereby supporting the development of more effective strategies for preventing child marriage. The study also contributes to the existing literature by demonstrating how village-level governance influences policy implementation within decentralized systems, generating insights that extend beyond conventional explanations of policy implementation variation.

METHOD

This study employed a clear and systematic approach to ensure the reliability and validity of the findings. The methodological components are described as follows:

Research Design

This study adopted a qualitative descriptive approach to explore how the Sadel Cepak Program has been implemented as a local policy initiative to prevent child marriage. A qualitative design was selected because it allows for a deeper understanding of implementation processes, stakeholder interactions, and contextual factors that cannot be adequately captured through quantitative methods.

Population and Informants

The study involved stakeholders who were directly engaged in the implementation of the Sadel Cepak Program at both district and village levels. A total of 21 informants were selected using purposive sampling based on their roles and relevance to the program.

At the district level, informants included representatives from key institutions such as the Office of Women's Empowerment and Child Protection (DP3A), Health Office, Community and Village Empowerment Office, Bappelitbangda, Office of Religious Affairs, Religious Court, PKK, and a partner NGO (USAID).

At the village level, the study was conducted in 10 villages identified based on child marriage prevalence and program implementation status, including villages actively implementing the program as well as those with limited or no implementation. Village informants consisted of village heads, administrative staff, and local program implementers.

This multi-level and multi-actor sampling approach was designed to capture diverse perspectives and enable a comprehensive analysis of policy implementation across governance contexts.

Research Setting

The research was conducted in Lamongan Regency, East Java Province, Indonesia, particularly in villages where the Sadel Cepak Program was actively implemented. Lamongan Regency was selected due to ongoing concerns regarding child marriage and the existence of a locally developed prevention program aligned with national child marriage prevention policies.

Instruments and Data Collection Tools

Data collection relied on semi-structured interview guides and document review instruments. The interview guide was developed to explore key aspects of policy implementation, including communication among stakeholders, availability of resources, implementers' commitment, and coordination within bureaucratic structures.

Relevant laws, policy documents, program guidelines, and official reports were also reviewed to provide contextual support and strengthen data triangulation.

Participants' experiences related to psychosocial stress and daily activities were explored qualitatively through semi-structured interviews. The instruments were developed based on relevant literature and tailored to capture participants' perceptions and experiences. Data were not quantified but interpreted contextually through

thematic analysis, with consistency maintained through interview guidelines and triangulation across data sources.

Data Collection Procedures

Data were collected through in-depth interviews, document analysis, and limited field observations. Interviews were conducted face-to-face with selected informants and focused on their experiences, perceptions, and roles in implementing the Sadel Cepak Program.

Document analysis was used to examine how policy objectives were translated into program activities. Prior to data collection, all participants were informed about the purpose of the study and provided informed consent to participate.

Data Analysis

The collected data were analyzed using thematic analysis guided by a theoretically informed deductive approach based on Edward III's policy implementation framework, which includes communication, resources, disposition, and bureaucratic structure.

Interview transcripts and relevant documents were first transcribed verbatim and reviewed repeatedly to ensure data familiarization. Initial coding was conducted by organizing data into predefined categories aligned with the four theoretical dimensions, while remaining open to emerging subthemes identified inductively from the data.

The codes were then systematically refined and grouped into broader themes reflecting patterns of implementation across governance levels. Theme development involved comparing findings across informants and data sources (interviews, documents, and observations) to identify consistencies and variations.

To enhance analytical rigor, the study applied data triangulation and iterative interpretation, ensuring that the themes were grounded in empirical evidence while remaining conceptually linked to the theoretical framework. This approach enabled a structured yet context-sensitive analysis of how policy implementation unfolded in practice.

Ethical Approval

This study received ethical approval from the Health Research Ethical Clearance Commission, Faculty of Dental Medicine, Universitas Airlangga. The research protocol was reviewed and declared ethically appropriate in accordance with the World Health Organization (WHO) 2011 ethical guidelines. Ethical clearance was granted under certificate number 0128/HRECC.FODM/II/2025 on February 6, 2025.

RESULTS

The "Sadel Cepak" Program is a district-initiated intervention aimed at preventing child marriage through a village-based approach in Lamongan Regency. Initially implemented in six villages with the highest rates of child marriage in 2023, the program was later expanded to 27 villages across all subdistricts. The program primarily targets adolescents and their families and is implemented through multisectoral collaboration involving local government agencies, health services, community organizations, and village institutions.

Despite the existence of regulatory support at the district level, program implementation varied considerably across villages. Findings from the ten study villages indicate that only a small number of villages implemented the program comprehensively, while the majority demonstrated partial or minimal implementation. This variation reflects differences in interpretation, capacity, and prioritization at the local level.

Implementation of Program Indicators at the Village Level

To better understand how the program was translated into practice, the implementation status of key program indicators across the study villages is summarized in Table 1.

Table 1. Implementation of Sadel Cepak Program Indicators

No.	Program Activity	Indicator	Implemented	Not Implemented
1	Community socialization	Issues discussed in community forums	✓	
2	Formation of village child forum	Official decree (SK) available	✓	
3	Activity planning for child forum	Documented activity plan available		✓
4	Village regulation (PERDES)	Formal regulation available		✓
5	Village action plan	Participatory planning document		✓
6	Integration into village planning	Included in village planning documents		✓
7	Health promotion media	Banners or murals installed		✓
8	Marriage recommendation control	Strict administrative filtering	✓	

Table 1 shows that the majority of program components have not yet been implemented. Activities that were successfully implemented tended to be those that were relatively simple and could be integrated into existing routines, such as community socialization and administrative control of marriage recommendations. In contrast, components requiring stronger institutional capacity, such as drafting village regulations (*PERDES*), developing action plans, and integrating the program into village development planning, were largely absent. This indicates that villages face challenges not only in implementation, but also in translating policy directives into structured and sustainable interventions.

The absence of health promotion media further highlights limitations in program delivery. Most villages relied solely on direct communication without utilizing visual or environmental approaches to influence behavior. As one informant explained:

> *"Not yet. That has not been implemented yet, right? (asking the village staff). We only conduct direct socialization. We often hold events and invite adolescents to attend."*
>
> *(IU10AB, Sendangrejo Village)*

Overall, these findings suggest that program implementation at the village level remains fragmented and largely dependent on local initiative rather than systematic policy execution.

Policy and Regulatory Context

The implementation of the Sadel Cepak Program is supported by regulatory frameworks at the district level. However, the extent to which these regulations have been translated into village-level policies remains limited.

Table 2. Availability of Regulatory Frameworks

Regulation	Availability
District Regulation (PERBUP No. 55/2023)	✓
DP3A Program Guideline (Decree)	✓
Village Regulation (PERDES)	✗
Village Action Plan	✗

As shown in Table 2, regulatory support is relatively strong at the district level, with both the *Peraturan Bupati* and DP3A guidelines already established. These regulations provide a formal foundation for program implementation and demonstrate institutional commitment from the local government. However, this regulatory framework has not been fully adopted at the village level. Most villages have not developed *PERDES* or formal action plans related to child marriage prevention.

The absence of these policy instruments limits the ability of villages to formalize, prioritize, and sustain program activities. In addition, inconsistencies in policy awareness were identified among stakeholders. While some informants were familiar with the regulations, others demonstrated limited awareness:

"For Lamongan itself, we are not really aware of it."
(IU07IH, Office of Religious Affairs/Kemenag)

At the village level, limited understanding and perceptions that the program was difficult to implement further hindered policy adoption:

"*The program has not yet been properly introduced to the village… its implementation feels difficult."*
(IU09M, Wateswinangun Village)

These findings indicate that the primary challenge lies not in the absence of policy, but rather in the incomplete transmission, interpretation, and adaptation of policy at the local level.

Implementation Analysis Based on Edward III Framework
District-Level Implementation

At the district level, implementation was analyzed based on four key dimensions: communication, resources, disposition, and bureaucratic structure. Communication was generally well established, with regular coordination meetings and clear dissemination of program objectives. Most informants indicated that the purpose of the program had been communicated effectively:

"It has been clearly explained. Each subdistrict is expected to have at least one model village that can later become a pilot project for other villages. Usually, villages with high child marriage rates are selected. At minimum, they understand why they were chosen as a pilot project, so they become motivated to improve and prevent child marriage in their village."
(IU05EY, Community and Village Empowerment Office/DPMD)

However, challenges remained in ensuring consistent follow-up and coordination across sectors:

"There was no one specifically coordinating the communication."
(IU04AS, USAID)

In terms of resources, the absence of a dedicated budget for the program was identified as a major limitation. The program relied heavily on external support:

"There is no specific budget allocation for the Sadel Cepak Program. Everything is handled by USAID because it is part of their project, while we are only involved in the implementation. There is no allocated budget for Sadel Cepak activities, including evaluation and coordination meetings. The Sadel Cepak funding comes from USAID."
(IK01DT, DP3A)

Human resource constraints also affected implementation, particularly due to excessive workload and limited staffing capacity.

Regarding disposition, most stakeholders expressed strong commitment and recognized the importance of preventing child marriage. The program was also perceived as effective:

"It has been very effective… the number of child marriages has decreased quite significantly."
(IU04AS, USAID)

Nevertheless, commitment was not equally strong across all institutions, particularly in settings where leadership support was limited.

Finally, the bureaucratic structure at the district level was characterized by the existence of Standard Operating Procedures (SOPs), although these were not consistently implemented across institutions. Coordination was further challenged by overlapping responsibilities and inconsistent participation in coordination meetings.

Village-Level Implementation

Implementation at the village level demonstrated greater variability and more pronounced challenges. Communication was primarily conducted through direct socialization in community forums such as PKK meetings and youth groups. Although these activities were carried out frequently, communication tended to lack depth and strategic planning:

> *"Not yet. That has not been implemented yet, right? (asking the village staff). We only conduct direct socialization. We often organize events and invite adolescents to participate."*
> *(IU10AB)*

In terms of resources, most villages did not allocate specific budgets for the program. Instead, program activities were integrated into existing initiatives such as stunting prevention or adolescent health services. Only one village demonstrated dedicated funding, as presented in Table 3.

Table 3. Example of Village Budget Allocation (Mojorejo Village, 2025)

Activity	Amount
Sadel Cepak Socialization Program	Rp 9,000,000

The presence of a dedicated budget in Mojorejo Village enabled more structured implementation and was associated with better outcomes, including a reduction in child marriage cases. In contrast, limited financial capacity and competing development priorities hindered implementation in other villages:

> *"Basically, it feels burdensome. There is still no budget allocation, while many programs financed through the Village Fund Allocation (ADD) already create a heavy burden."*
> *(IU13M, Wateswinangun Village)*

Disposition at the village level revealed a gap between awareness and understanding. While most informants were aware of the program, many did not fully understand its components and operational mechanisms:

> *"I do not yet fully understand the Sadel Cepak Program. In general, I only know that implementation and prevention activities are mainly the responsibility of the marriage registrar (PPN) and the Community Health Center (Puskesmas)."*
> *(IU08EW, Made Village)*

Despite this limitation, the perceived benefits of the program were widely acknowledged, particularly in villages where implementation was more active:

> *"In 2024, there were no child marriage cases anymore… the program has been very helpful."*
> *(IU17TWN, Mojorejo Village)*

However, this commitment was often not reflected in formal actions such as the establishment of village regulations or specific budget allocations.

Finally, the bureaucratic structure at the village level was characterized by the absence of SOPs and limited technical guidance:

> *"There are no SOPs yet… the program simply runs as it goes."*
> *(IU12S, Sumberwudi Village)*

This lack of structure contributed to inconsistent implementation and dependence on informal practices. Nevertheless, coordination with local actors such as Community Health Centers (*Puskesmas*), Family Planning Field Officers (*PLKB*), and the Office of Religious Affairs (*KUA*) was generally functional and supportive of program activities.

Comparative Analysis of District and Village Implementation

To provide a clearer comparison between implementation levels, Table 4 summarizes the key differences across the four dimensions of policy implementation.

Table 4. Comparative Implementation Matrix

Dimension	District Level	Village Level
Communication	Clear, routine, and structured	Frequent but limited to socialization activities
Resources	No dedicated budget, reliant on external support	No local government budget allocation, competing priorities
Disposition	Generally strong commitment	Limited understanding and uneven commitment
Bureaucratic Structure	SOPs available but unevenly applied	No SOPs and unclear technical guidance

Table 4 highlights a clear gap between policy design and implementation. While the district level demonstrates relatively strong institutional readiness, these strengths are not fully translated into village-level practice. This gap reflects ongoing challenges in coordination, institutional capacity, and policy adaptation at the local level.

Overall, the findings reveal that the Sadel Cepak Program is conceptually well supported at the district level but continues to face substantial implementation challenges at the village level. The main issues include limited regulatory adoption, lack of dedicated resources, insufficient technical guidance, and varying levels of commitment among implementers. These factors contribute to uneven implementation across villages and underscore the need for stronger policy translation mechanisms, improved capacity building, and more consistent support from higher levels of government.

DISCUSSION

The findings of this study provide a nuanced understanding of how the Sadel Cepak Program is implemented in practice and the factors that facilitate or hinder its execution at both the district and village levels. Although the program is supported by clear policy objectives and an institutional framework, the diversity in implementation practices highlights persistent gaps between policy intentions and realities in the field.

These findings not only align with existing implementation science literature but also extend current frameworks by demonstrating how decentralized governance shapes the uneven translation of policy into practice. Traditional implementation models, such as Edward III's framework, emphasize the importance of communication, resources, disposition, and bureaucratic structure. However, this study shows that these dimensions do not operate uniformly across governance levels. Instead, their interaction is mediated by local institutional dynamics, including leadership discretion, community norms, and varying administrative capacities.

In this context, implementation is not merely a linear process of policy execution but rather a negotiated and adaptive process shaped by village-level realities. The findings therefore contribute to a more context-sensitive understanding of policy implementation, particularly in decentralized systems where local actors play a decisive role in redefining policy priorities. This dynamic may lead to diverse implementation pathways, ranging from formal institutionalization to informal and ad hoc practices.

Communication emerged as a cornerstone of effective implementation. Although district officials communicated program goals through formal meetings and written directives, the translation of these messages into actionable guidance at the village level was inconsistent. This reflects a common implementation challenge in which messages may be clear at higher administrative levels but lose specificity and practical relevance as they pass through complex administrative structures. Previous studies on community health implementation similarly emphasize that communication strategies are most effective when they incorporate iterative feedback loops, tailored messaging, and active engagement mechanisms that bridge policy and practice (19). Such approaches help ensure that implementers at all levels share a coherent understanding of objectives and procedures.

Recent studies in implementation science further highlight that structured communication channels and feedback mechanisms are essential for translating policy directives into operational practice. For example, studies evaluating community health worker feedback-loop models have demonstrated that continuous two-way communication between program implementers and stakeholders improves program responsiveness and helps address operational barriers in real time (20,21). This suggests that policy communication should not be limited to

top-down dissemination, but should also incorporate participatory communication processes that allow implementers to clarify instructions, share local experiences, and contribute to program adaptation. Strengthening such feedback systems could therefore improve operational clarity and consistency in the implementation of the Sadel Cepak Program at the village level.

Resource constraints also emerged as a major structural barrier. Limited financial support and the dual responsibilities assigned to program personnel reduced the capacity for sustained community outreach and program oversight. These observations are consistent with findings from evaluations of adolescent and youth health programs, where funding limitations and workforce shortages constrained program reach and follow-up activities (22). This pattern underscores the importance of ensuring not only initial resource allocation but also adaptive resourcing mechanisms throughout the implementation cycle.

Similar challenges have been reported in various community-based public health programs. Evidence from recent implementation research indicates that limited financial and human resources often restrict the ability of local implementers to conduct consistent outreach activities, maintain monitoring systems, and sustain engagement with target populations. In many cases, program staff are required to manage multiple responsibilities simultaneously, thereby reducing the attention devoted to specific interventions. Studies examining community health worker programs have shown that adequate staffing, training opportunities, and operational support are essential for maintaining implementation quality and sustaining program delivery (23,24). These findings suggest that effective policy implementation requires not only regulatory frameworks but also sufficient operational capacity at the local level.

The disposition and commitment of implementers also played an important role in shaping program performance. Implementers with strong personal motivation and leadership were more successful in mobilizing local actors and sustaining program activities despite resource constraints, whereas low motivation was associated with inconsistent implementation. This finding is consistent with previous evidence indicating that implementer attitudes—shaped by personal beliefs, professional incentives, and organizational culture—play a critical role in the adoption and sustainability of community-based interventions, particularly when formal incentive structures are limited (25,26).

Implementation frameworks such as the Integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) further emphasize that successful adoption depends on the interaction between evidence, context, and facilitation (27). Beyond structural factors, the motivation and engagement of frontline implementers appear to be central in sustaining community-based initiatives. Research in implementation science suggests that implementers who receive adequate training, supportive supervision, and opportunities for professional development are more likely to remain engaged in program activities and maintain consistent implementation practices. Conversely, limited institutional support and unclear expectations may reduce motivation and contribute to variations in program delivery across locations. Strengthening capacity-building initiatives and providing ongoing professional support may therefore enhance the effectiveness of local implementers involved in child marriage prevention programs (28).

Coordination across institutional structures presented both opportunities and challenges. Multisectoral collaboration is widely recognized as essential for addressing complex social issues such as child marriage. However, overlapping responsibilities and ambiguous role delineation may hinder effective action. These structural dynamics were evident in the implementation of the Sadel Cepak Program, where agencies often operated in parallel rather than synergistically. Systematic reviews of systems-based implementation approaches demonstrate that integration of governance, service delivery, and community engagement processes can enhance implementation coherence and sustainability (29). Without deliberate coordination mechanisms, implementation efforts risk fragmentation and reduced accountability.

Recent literature on multisectoral public health interventions similarly highlights that coordination across sectors is crucial when addressing complex social determinants such as child marriage. Programs involving multiple institutions—including health services, educational authorities, and community organizations—often encounter challenges related to overlapping mandates and unclear role distribution. Without clear coordination mechanisms, agencies may implement activities independently rather than collaboratively, thereby reducing program effectiveness. A recent scoping review of child marriage interventions found that multisectoral coordination frameworks and clearly

defined institutional responsibilities are critical for strengthening prevention strategies (30). Establishing stronger coordination platforms across sectors may therefore improve integration and collaboration within the Sadel Cepak Program.

Community engagement proved to be another critical determinant of program reach and acceptance. Villages that effectively involved parents, religious leaders, and community organizations demonstrated higher levels of participation and receptivity to prevention messages. In contrast, communities where social norms continued to favor early marriage or where outreach activities were limited showed weaker program traction. This pattern is consistent with broader implementation research demonstrating that community-centered design and active stakeholder involvement not only enhance program relevance but also strengthen local ownership and long-term sustainability (31).

Taken together, the findings reinforce the understanding that implementation is a dynamic process shaped by multilevel contextual factors rather than a simple linear translation of policy into practice. The interaction between communication, resources, implementer disposition, bureaucratic structure, and community engagement highlights the complexity of operationalizing preventive policies within decentralized systems. Future efforts to strengthen the Sadel Cepak Program could benefit from formalizing feedback mechanisms, improving resourcing strategies, reinforcing implementer capacity, and clarifying coordination roles among stakeholders. Such improvements would not only strengthen implementation quality but also enhance the long-term sustainability and impact of the program.

This study also has several limitations. The analysis focused on the implementation of the Sadel Cepak Program based on Regent Regulation No. 55 of 2023, the Design Guideline for the Model Village for Child Marriage Prevention, and related village regulations; however, not all policy components were examined in detail. The study did not assess budgeting or financial governance mechanisms, as the primary focus was placed on implementation processes rather than fiscal management. In addition, data collection was limited to policy implementers at the district and village levels and did not include perspectives from program beneficiaries or target populations. As a result, the findings may not fully capture program effectiveness from the community perspective.

Future studies are recommended to incorporate analyses of budget allocation and financing mechanisms in order to better understand how resource availability influences program implementation and sustainability. Research involving adolescents, families, and other program beneficiaries would also provide a more comprehensive assessment of program effectiveness and community impact. Furthermore, comparative studies across different regions or implementation models are encouraged to identify both context-specific and transferable strategies for child marriage prevention programs.

Evidence from recent research on child marriage prevention further emphasizes the importance of community participation in shaping program outcomes. Interventions that actively engage families, community leaders, and youth groups have been shown to be more effective in addressing the social norms that contribute to early marriage practices. For example, a recent cluster randomized trial evaluating the (Tipping Point Initiative) in Bangladesh demonstrated that community-based programs focusing on adolescent empowerment and community dialogue contributed to reducing the likelihood of child marriage (32). These findings suggest that strengthening community partnerships and social norm interventions may enhance the effectiveness and long-term sustainability of programs such as Sadel Cepak.

CONCLUSION

This study examined the implementation of the Sadel Cepak (Model for Child Marriage Prevention) Program in Lamongan Regency with the aim of understanding how policy implementation processes operate at both the district and village levels. The findings demonstrate that implementation of the Sadel Cepak Program is shaped not only by classical determinants such as communication, resources, disposition, and bureaucratic structure, but also by village-level governance dynamics within a decentralized system.

The study reveals that policy translation remains uneven, resulting in different implementation pathways across villages depending on local leadership, institutional capacity, and community engagement. This study contributes to the existing literature by highlighting how decentralized governance mediates policy implementation and emphasizing the importance of aligning policy design with local realities to improve program effectiveness.

Despite providing valuable insights, this study has several limitations, including its focus on selected policy components, the absence of budgetary analysis, and the exclusion of perspectives from program beneficiaries. Future research should therefore explore financing mechanisms, assess program outcomes from the perspectives of adolescents and families, and examine long-term impacts across different community settings. Such studies would strengthen the evidence base for child marriage prevention strategies and support the development of more adaptive and context-responsive policies within decentralized governance systems.

AUTHOR CONTRIBUTION STATEMENT

First author: Conceptualization, Methodology, Writing - Original Draft, Writing - Review & Editing, Supervision. Second author: Methodology, Writing - Original Draft, Data Analysis. Third author: Methodology, Writing - Original Draft, Data Analysis. Fourth author: Writing - Original Draft, Writing - Review & Editing. Fifth author: Writing - Review & Editing, Supervision.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors declare that a generative AI application, DeepL, was used exclusively for language enhancement and improvement of manuscript clarity. All concepts, datasets, analyses, and conclusions presented in this study are entirely original to the authors and were independently developed and validated. The authors further confirm that no AI-generated data, citations, or references were used in the preparation of this manuscript.

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BIBLIOGRAPHY

1. UNICEF. *Child marriage* [Internet]. New York: United Nations Children's Fund; 2023 [cited 2025 Dec 20]. Available from: https://www.unicef.org/protection/child-marriage
2. Fan S, Koski A. The health consequences of child marriage: a systematic review of the evidence. *BMC Public Health*. 2022;22(1):309. https://doi.org/10.1186/s12889-022-12707-x
3. Santhya KG. Early marriage and sexual and reproductive health vulnerabilities of young women. *Current Opinion in Obstetrics and Gynecology*. 2011;23(5):334–339. https://doi.org/10.1097/GCO.0b013e32834a93d2
4. Bokaei M, Bostani Khalesi Z, Ashoobi MT. Challenges and strategies to end child marriage. *International Journal of Adolescent Medicine and Health*. 2021;33(3):75–81. https://doi.org/10.1515/ijamh-2021-0017
5. Islam MA, Islam MK, Al Mamun ASM, Rana MS, Hossain MG. Multilevel approach of factors influencing child marriage among Bangladeshi women: Data from the 2017–18 Bangladesh Demographic and Health Survey. *International Journal of Statistical Sciences*. 2023;23(2):63–73. https://doi.org/10.3329/ijss.v23i2.70129
6. Nour NM. Child marriage: A silent health and human rights issue. *Reviews in Obstetrics & Gynecology*. 2009;2(1):51–56.
7. Republic of Indonesia. *Law Number 16 of 2019 on the Amendment of Law Number 1 of 1974 concerning Marriage*. Jakarta: Government of Indonesia; 2019.

8. Ministry of Women's Empowerment and Child Protection; National Development Planning Agency. *National Strategy for the Prevention of Child Marriage*. Jakarta; 2020.
9. Mazmanian DA, Sabatier PA. *Implementation and Public Policy*. Minneapolis: University of Minnesota Press; 1983.
10. Pressman JL, Wildavsky A. *Implementation: How Great Expectations in Washington Are Dashed in Oakland; Or, Why It's Amazing That Federal Programs Work at All*. Berkeley: University of California Press; 1984.
11. Hidayat S, Ghofur A, Baroroh U. The norm of marriage age limit and cultural contestation of child marriage law in rural communities. *Jurnal Hukum Islam*. 2023;21(1):55–82. https://doi.org/10.28918/jhi_v21i1_03
12. Kusmayanti H, Judiasih SD, Yuanitasari D, Rajamanicham R. Protection of children's rights: A review of child marriage policies in Indonesia, Malaysia, and India. *SASI*. 2024;30(2):234–248. https://doi.org/10.47268/sasi.v30i2.2044
13. Fixsen DL, Naoom SF, Blase KA, Friedman RM, Wallace F. *Implementation Research: A Synthesis of the Literature*. Tampa: University of South Florida; 2005.
14. Meyers DC, Durlak JA, Wandersman A. The Quality Implementation Framework: A synthesis of critical steps in the implementation process. *American Journal of Community Psychology*. 2012;50(3–4):462–480. https://doi.org/10.1007/s10464-012-9522-x
15. Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*. 2009;4(1):50. https://doi.org/10.1186/1748-5908-4-50
16. Meherali S, Rehmani M, Ali S, Lassi ZS. Interventions and strategies to improve sexual and reproductive health outcomes among adolescents living in low- and middle-income countries: A systematic review and meta-analysis. *Adolescents*. 2021;1(3):363–390. https://doi.org/10.3390/adolescents1030028
17. Decker MJ, Gutmann-Gonzalez A, Saphir M, Nguyen NT, Zhi Q, Brindis CD. Integrated theory-based health and development interventions for young people: A global scoping review. *Health Education & Behavior*. 2024;51(1):82–93. https://doi.org/10.1177/10901981221130734
18. Zulu JM, Goicolea I, Kinsman J, Sandøy IF, Blystad A, Mulubwa C, et al. Community-based interventions for strengthening adolescent sexual reproductive health and rights: How can they be integrated and sustained? A realist evaluation protocol from Zambia. *Reproductive Health*. 2018;15(1):145. https://doi.org/10.1186/s12978-018-0590-8
19. Balis LE, Houghtaling B, Clausen W, Lane H, Wende ME, Pereira E, et al. Advancing implementation science in community settings: The implementation strategies applied in communities (ISAC) compilation. *International Journal of Behavioral Nutrition and Physical Activity*. 2024;21(1):132. https://doi.org/10.1186/s12966-024-01685-5
20. Chan SL, Lum E, Ong MEH, Graves N. Implementation science: A critical but undervalued part of the healthcare innovation ecosystem. *Health Care Science*. 2022;1(3):160–165. https://doi.org/10.1002/hcs2.22
21. Bakkabulindi P, Ampeire I, Ayebale L, Mubiri P, Feletto M, Muhumuza S. Engagement of community health workers to improve immunization coverage through addressing inequities and enhancing data quality and use is a feasible and effective approach: An implementation study in Uganda. *PLOS ONE*. 2023;18(10):e0292053. https://doi.org/10.1371/journal.pone.0292053
22. Chhun N, Mangale DI, Agot K, Owade WA, Kadima J, Badia J, et al. Determinants of implementation of a stepped care intervention for adolescents and youth living with HIV in Kenya: A qualitative evaluation. *BMC Health Services Research*. 2025;25(1):702. https://doi.org/10.1186/s12913-025-12875-7
23. Rajabiun S, Killion K, Lennon-Dearing R, Williams BB, Hirschi M. Using implementation science to promote integration and sustainability of community health workers in the HIV workforce. *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 2022;90(S1):S65–S73. https://doi.org/10.1097/QAI.0000000000002966

24. Chang LW, Poillard R, Mbabali I, Anok A, Hutton H, Amico KR, et al. Mixed methods implementation science evaluation of a community health worker strategy for HIV service engagement in Uganda. *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 2023;94(1):28–36. https://doi.org/10.1097/QAI.0000000000003220
25. Zhang Y, Cook C, Fallon L, Corbin C, Ehrhart M, Brown E, et al. The interaction between general and strategic leadership and climate on their multilevel associations with implementer attitudes toward universal prevention programs for youth mental health: A cross-sectional study. *Administration and Policy in Mental Health and Mental Health Services Research*. 2023;50(3):427–449. https://doi.org/10.1007/s10488-022-01248-5
26. Pellecchia M, Mandell DS, Tomczuk L, Marcus SC, Stewart R, Stahmer AC, et al. A mixed-methods evaluation of organization and individual factors influencing provider intentions to use caregiver coaching in community-based early intervention. *Implementation Science Communications*. 2024;5(1):17. https://doi.org/10.1186/s43058-024-00552-5
27. Hunter SC, Morgillo S, Kim B, Bergström A, Ehrenberg A, Eldh AC, et al. Combined use of the integrated-Promoting Action on Research Implementation in Health Services (i-PARIHS) framework with other implementation frameworks: A systematic review. *Implementation Science Communications*. 2025;6(1):25. https://doi.org/10.1186/s43058-025-00704-1
28. Lee CN, Matthew RA, Orpinas P. Design, implementation, and evaluation of community health worker training programs in Latinx communities: A scoping review. *Journal of Community Psychology*. 2023;51(1):382–405. https://doi.org/10.1002/jcop.22910
29. Whelan J, Fraser P, Bolton KA, Love P, Strugnell C, Boelsen-Robinson T, et al. Combining systems thinking approaches and implementation science constructs within community-based prevention: A systematic review. *Health Research Policy and Systems*. 2023;21(1):85. https://doi.org/10.1186/s12961-023-01023-4
30. Greene ME, Siddiqi M, Abularrage TF. Systematic scoping review of interventions to prevent and respond to child marriage across Africa: Progress, gaps and priorities. *BMJ Open*. 2023;13(5):e061315. https://doi.org/10.1136/bmjopen-2022-061315
31. Ng AH, Reeder S, Jones A, Cahill A, Langridge D, Baker S, et al. Consumer and community involvement: Implementation research for impact (CCIRI) – implementing evidence-based patient and public involvement across health and medical research in Australia – a mixed methods protocol. *Health Research Policy and Systems*. 2025;23(1):25. https://doi.org/10.1186/s12961-025-01293-0
32. Naved RT, Mahmud S, Al Mamun M, Parvin K, Kalra S, Laterra A, et al. Effectiveness of combined interventions to empower girls and address social norms in reducing child marriage in a rural sub-district of Bangladesh: A cluster randomised controlled trial of the Tipping Point Initiative. *Journal of Global Health*. 2024;14:04020. https://doi.org/10.7189/jogh.14.04020