

Exploring Community-Based Intervention as a Response to the *Sing Beling Sing Nganten* Phenomenon in Bali

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Abstract: The phenomenon of “*sing beling sing nganten*” is literally translated as “no pregnancy, no marriage”, and reflects the normalization of premarital pregnancy as a social strategy to legitimize relationships and secure familial approval. Rooted in value in Bali, this practice disproportionately impacts women, compromising their reproductive autonomy, psychological well-being, and social status. Although early initiatives such as education and empowerment programs have emerged, evidence of effective interventions specifically addressing this issue remains limited. This study conducted a systematic literature review to explore community-based interventions (CBI) targeting related issues, including gender inequality, reproductive rights, fertility pressure, domestic violence, and early marriage. Of 131 records screened across databases and journals, 22 articles were included. The studies, spanning Africa, Asia, and Latin America, employed randomized controlled trials, quasi-experiments, qualitative designs, and mixed methods, involving participants ranging from adolescents to socioeconomically vulnerable women and men. Research findings highlight that CBI delivered through participatory group sessions, school programs, home visits, and community dialogues can effectively reshape gender norms, strengthen reproductive health knowledge, increase men’s engagement, and reduce violence. Key success factors include a multilevel approach involving families, schools, community leaders, health care providers, and policy structures. The review concludes that adapting evidence-based CBI to the Balinese cultural context offers a promising pathway to addressing *sing beling sing nganten*. The review emphasizes the need for context-sensitive, participatory, and gender-transformative strategies to ensure sustainable change in social norms and to protect women’s rights.

Keywords: *sing beling sing nganten*, community-based intervention, premarital pregnancy, gender norms

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INTRODUCTION

The phenomenon of “*sing beling sing nganten*” is literally translated as “no pregnancy, no marriage.” This phenomenon reflects the normalization of premarital pregnancy as a prerequisite for legitimizing a relationship. Recent qualitative studies conducted in various regions of Bali have explored this issue in depth and revealed several significant findings. The practice of *sing beling sing nganten* has functioned as a social strategy to accelerate marriage or to obtain family approval (Chandra et al., 2020; Dewi et al., 2022, 2023). This phenomenon cannot be separated from the social construction that emphasizes the importance of lineage

within the Hindu-Balinese value system. Progeny is regarded as the primary purpose of marriage, with male children considered heirs who will continue the family lineage, inherit customary rights, and assume religious responsibilities (Budawati, 2016). Lineage is also believed to liberate ancestors from suffering in the *niskala* realm, as illustrated in the story of Jaratkaru, which is widely embraced within Balinese society (Chandra et al., 2020; Luthfi, 2023; Yudha & Dewi, 2025). The patriarchal structure of Balinese society further perpetuates unequal power relations between men and women in the domains of reproduction and marriage, with men uniquely positioned as central figures in kinship and religious systems (Luthfi, 2023). This configuration creates male dominance in decision-making processes, including those related to sexual and reproductive relations. At the same time, women are positioned as objects who must fulfill these social demands as a form of loyalty and worthiness.

The practice of *sing beling sing nganten* has continued to persist, eventually forming a new social pattern that is widely accepted as a “common practice” to prove women’s reproductive fertility and to accelerate the occurrence of marriage. (Wigena et al., 2025). The normalization of this practice is reinforced by its frequent occurrence across social environments, including extended families, residential neighborhoods, and workplaces (Wigena et al., 2025). The weakness of customary and social sanctions, alongside the prevailing justification that as long as marriage eventually takes place the practice is not considered a violation or problem, further sustains this phenomenon. It is also perceived as a strategy to overcome differences in caste, gain parental or familial approval, or address socio-economic disparities (Brilliant et al., 2025; Luthfi, 2023; Termeulen et al., 2020). In addition, limited access to sexual education and premarital counseling leaves adolescents and young couples with insufficient knowledge (Brilliant et al., 2025; Dewi et al., 2023). Studies conducted by Mahendra et al (2021) and Clark et al (2018) highlight that social norms, limited educational access, and poverty can increase the risk of gender-based violence.

Saraswaty and Tobing (2016) mapped the motivations of Balinese women who chose to become pregnant before marriage, categorizing them into intrinsic and extrinsic motivations. Intrinsic motivations include the belief that one is old enough to marry and have children, finding a suitable and trusted partner, confidence in the relationship, seeking recognition and acceptance within the partner’s family, and the desire to prove reproductive ability. Extrinsic motivations include pressure from a partner or in-laws, fear of social rejection, attempts to gain acceptance and respect within the partner’s family, and fear of being ostracized or abandoned if unable to prove fertility. The study found that extrinsic motivations are more dominant than intrinsic ones in driving the practice of *sing beling sing nganten*.

This condition has been shown to affect women particularly (Dewi et al., 2022), resulting in social and cultural subordination, control over women’s bodies and reproductive autonomy, lack of full authority over decisions such as when to marry, conceive, give birth, and the number of children to bear. Women’s bodies are disciplined to function primarily as bearers of offspring. At the same time, they simultaneously experience emotional and psychological pressures such as guilt, confusion, anger, diminished psychological well-being, anxiety, and depression. They also face stigma and social burdens, being perceived as “improper” for becoming pregnant before marriage, and struggle with unpreparedness for parenthood (Chandra et al., 2020; Dewi et al., 2022, 2023; Luthfi, 2023). Ismail (2025) emphasizes that the practice of *sing beling sing nganten* has significant social, psychological, and legal consequences for women in Bali. Although Indonesia has enacted various regulations intended to protect women’s rights, many of these policies have yet to effectively safeguard women facing social pressure to prove their fertility before marriage (Ismail, 2025).

The issues embedded in the phenomenon of *sing beling sing nganten* resonate within a broader global context. For instance, studies in Pakistan have shown that women are often deprived of the freedom to make decisions regarding their sexual and reproductive needs, with detrimental effects on their overall health and rights (Ali et al., 2009). Fernandes et al (2025)

reported that the United States, Europe, Africa, and Asia continue to face challenges related to reproductive autonomy, particularly for women. Furthermore, numerous studies emphasize that patriarchy remains deeply entrenched across Southeast Asia, continuing to function as a dominant social force shaping women's lives within families, communities, and state institutions, as highlighted in the UN Women 2022 report (Yogiswari et al., 2025). In Indonesia, patriarchal culture is perpetuated on a large scale, reinforcing stereotypes of women as domestic and subordinate figures through digital media and social narratives (Susilowati et al., 2023). Mitchell et al (2023) state that "*Globally, fertility and family planning decision-making is shaped by many intersecting factors, including perceived social norms, especially for young, newly married women who are pressured to prove fertility early in marriage*". This indicates that the pressure to prove fertility is not unique to the phenomenon of *sing beling sing nganten* but rather represents a global issue. Similarly, in Nepal, married women without children, particularly without sons, experience declining personal autonomy due to the manifestation of social norms surrounding fertility (Diamond-Smith et al., 2019). In parallel, Balinese women often experience social stigma if they do not have children after marriage, pushing them toward pre-marital pregnancy as a means of proving their fertility.

Proposals for addressing this phenomenon have emerged in research Ismail (2025), which highlights the growing awareness of the need for social and legal reform to protect women's rights and empower them. Some initiatives have been undertaken, such as community education through social media platforms and empowerment groups in Bali. However, the effectiveness of these efforts remains unclear, as there are few studies that examine or evaluate specific interventions in response to the *sing beling sing nganten* phenomenon. This phenomenon reflects similar patterns to findings from global studies on gender norms, gender inequality, sexual and reproductive health, sexual and reproductive rights, intimate partner violence, and child marriage. Gender inequality and discrimination have been defined as root causes of violence against women, increasing the risk of male-perpetrated violence (Herath et al., 2018; UNFPA, 2006). Further studies indicate that violence against women is closely linked to social norms governing male and female roles within society (Herath et al., 2018). This cycle persists across generations, perpetuated by traditional attitudes toward women, men, and violence (Herath et al., 2018). Gender norms embedded in the *sing beling sing nganten* phenomenon mirror those in Sri Lankan society, where extreme male control over many aspects of women's lives continues to prevail (Herath et al., 2018).

The current study has emphasized the need for community-based interventions that ensure sustainable outcomes, rather than merely improving individual knowledge and attitudes. Given that the *sing beling sing nganten* phenomenon arises from complex social constructions and disproportionately affects women, it is crucial to respond with approaches that not only focus on individuals but also take into account the broader environmental and cultural contexts (Ismail, 2025). A study by Jewkes et al (2017), involving populations from Cambodia, China, Papua New Guinea, and Sri Lanka, highlights the importance of community engagement in promoting social norm change through the development of community-based systems.

A literature review by Lundgren and Amin (2015) identified several promising approaches to prevent intimate partner violence and sexual violence among adolescents. They found that community-based programs aimed at reshaping gender norms and reducing domestic violence are among the most commonly implemented interventions in low- and middle-income countries. Moreover, some community-based programs have been shown to reduce the incidence of violence and harassment, improve gender-equitable norms, and increase awareness of gender-based violence. However, community-based interventions currently implemented in Indonesia are primarily concentrated in the health sector. Therefore, this literature review seeks to consolidate evidence-based community-based interventions applied to issues relevant to the *sing beling sing nganten* phenomenon, so that they may serve as references for responding to this pressing issue.

RESEARCH METHOD

Protocol

This study employs a systematic literature review guided by the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) checklist to enhance the reporting integrity of systematic reviews and meta-analyses (Hutton et al., 2016). The PRISMA statement consists of a 27-item checklist, organized into four phases: identification, screening, eligibility, and inclusion. The PRISMA statement consists of a 27-item checklist, organized into four phases: identification, screening, eligibility, and inclusion (Hutton et al., 2016).

Inclusion and Exclusion Criteria

The identification of articles most relevant to the objectives of this study was carried out in three stages: reviewing the suitability of the title, abstract, keywords, and full text. The inclusion and exclusion criteria are presented in Table 1.

Table 1. Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Articles discussing premarital pregnancy, fertility pressure, marriage pressure, gender norms, patriarchal culture, and involving community-based intervention	Articles focusing solely on medical/biological aspects without addressing community-based intervention
Indexed scholarly articles and peer-reviewed	Opinion pieces, abstracts, book chapters, or books
Freely accessible articles	Paid, restricted, or inaccessible articles

Information Sources

This study utilized several databases, including Scopus, PubMed, and Semantic Scholar. Direct journal searches were also conducted in *BMC Public Health*, *BMC Women's Health*, *Reproductive Health*, *International Journal for Equity in Health*, and *Journal of Early Adolescence*.

Search Strategy

The study employed keyword-based searches. The search terms applied were: ("premarital pregnancy" OR "fertility pressure" OR "reproductive rights" OR "gender inequality" OR "marriage pressure" OR "gender norms" OR "patriarchal culture") AND ("community counseling" OR "community-based intervention").

Selection Process

A total of 131 records were identified: 26 from Scopus, 25 from Semantic Scholar, nine from PubMed, one from ERIC, 44 directly from *BMC Public Health*, 10 from *BMC Women's Health*, and 17 from *Reproductive Health*. Covidence software was used to facilitate data extraction, which identified 24 duplicates; an additional four duplicates were manually detected and removed, leaving 104 publications for analysis. First, conference proceedings, book chapters, books, and non-scholarly publications were excluded. Subsequently, the titles, abstracts, and keywords of the remaining articles were screened to exclude publications unrelated to premarital pregnancy, fertility pressure, reproductive rights, gender inequality, marriage pressure, gender norms, patriarchal culture, or community-based interventions. This process resulted in 45 publications selected for eligibility assessment. Nineteen publications were excluded because they used inappropriate study designs, such as literature reviews, narrative reviews, or surveys that did not address the implementation of community-based interventions. Additionally, four publications were excluded due to irrelevant outcomes. As a result, 22

publications were retained as eligible for inclusion. Figure 1 summarizes the process followed to select the articles relevant to the objective of this study.

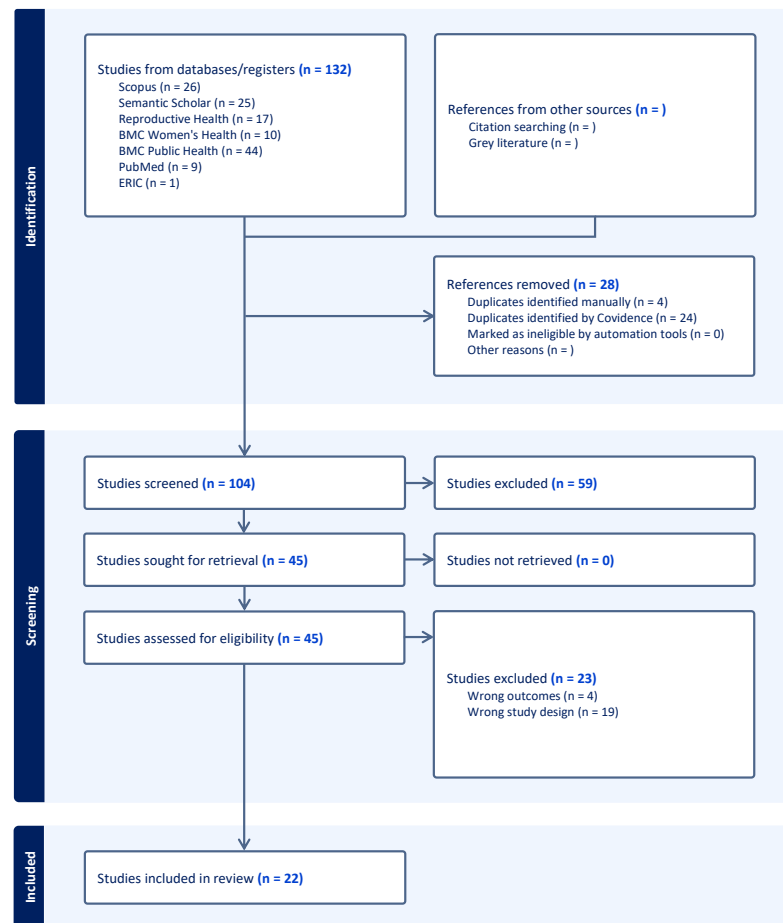


Figure 1. Flow diagram of the identification and selection process

RESULTS

Characteristic of the Studies

We considered a total of 22 articles discussing the application of community-based interventions to respond to and address issues of premarital pregnancy, fertility pressure, reproductive rights, gender inequality, marital pressure, gender norms, and patriarchal culture. Each selected article was analyzed to answer the research questions. A summary of the findings across the literature is presented (Supplementary Table 2).

Research Design

Six studies employed randomized controlled trial (RCT) designs, including cluster RCTs and community-based RCTs (Harvey et al., 2018; James et al., 2021; Le Port et al., 2022; Leer et al., 2022; Metwally et al., 2019; Sheira et al., 2025). Five studies used quasi-experimental designs (Campero et al., 2021; Herath et al., 2018; Njue et al., 2015; Semahegn et al., 2017; Sharma et al., 2020), and two studies reported pilot quasi-experimental trials (Newmann et al., 2023; Sileo et al., 2023). In addition, three studies adopted qualitative designs (Agu et al., 2024; Belaid et al., 2024; Sileo et al., 2024), while three studies employed a mixed-methods design (Mehra et al., 2018; Mitchell et al., 2023; Zulu et al., 2018). Three studies focused on intervention development and formative work. (Hartmann et al., 2019; Lowe et al., 2025; Muhumuza et al., 2023).

Region or Country

All of the reviewed articles describe interventions implemented in developing countries across three continents, with 11 articles reporting interventions in Africa, 7 in Asia, and 3 in Latin America. In terms of income classification, seven articles were conducted in *upper-middle-income countries*, including Mexico (Morelos State) (Campero et al., 2021), South Africa (Johannesburg) (Hartmann et al., 2019), Malaysia (Rohingya refugees) and Lebanon (Syrian refugees) (James et al., 2021), Egypt (El Fayoum & Beni Suef) (Metwally et al., 2019) and Côte d'Ivoire (Abidjan & Aboisso) (Leer et al., 2022). A total of 11 articles originated from *lower-middle-income countries*, namely Nigeria (Ebonyi State (Agu et al., 2024); Toro, Bauchi State (Belaid et al., 2024)), India (Uttar Pradesh & Bihar (Mehra et al., 2018); Uttar Pradesh (Sharma et al., 2020)), Sri Lanka (Anuradhapura District) (Herath et al., 2018), Tanzania (Mwanza City) (Harvey et al., 2018), Senegal (Kaolack & Kolda) (Le Port et al., 2022), The Gambia (Lower & Central Baddibu Districts) (Lowe et al., 2025), Kenya (Nyando & Kisumu West (Newmann et al., 2023); Vihiga & Busia (Njue et al., 2015), Nepal (Palhinandan & Sunwal, Nawalparasi District) (Mitchell et al., 2023), and Zambia (Sheira et al., 2025; Zulu et al., 2018). Meanwhile, four articles were conducted in *low-income countries*, including Sierra Leone. (Leer et al., 2022) and Uganda (Muhumuza et al., 2023; Sileo et al., 2023, 2024).

Participants and Stakeholder Characteristics

Across the 22 studies analyzed, the number of participants ranged from 26 to 37,324 individuals. Most studies (12 out of 22) focused on adolescents and young people. The age range of the adolescent participants was 10 to 24 years. For example, Leer et al. (2022) involved 1,793 adolescents aged 10–11 years from 68 schools in Côte d'Ivoire and Sierra Leone, while Sheira et al. (2025) targeted 2,153 young women aged 15–24 years in Lusaka. Several studies also included out-of-school youth and adolescents residing in rural communities (Agu et al., 2024; Campero et al., 2021; Lowe et al., 2025; Zulu et al., 2018).

In addition to adolescents, several studies targeted adult women, particularly those from socioeconomically vulnerable groups. For instance, participants included 1,320 women engaged in microfinance groups in Tanzania (Harvey et al., 2018), 37,324 marginalized women in India (Sharma et al., 2020), and 1,269 women of reproductive age in Ethiopia (Semahegn et al., 2017). Some studies specifically focused on pregnant women (Belaid et al., 2024; Metwally et al., 2019), mothers with young children (Herath et al., 2018), and newly married women (Mitchell et al., 2023). Male participants were also included in 11 studies, both within adolescent and adult categories. Belaid et al. (2024) and Mitchell et al. (2023) included adult men, specifically the husbands of female intervention participants, while Newmann et al. (2023) involved 150 men of reproductive age in Kenya. Meanwhile, most of the other studies also engaged adolescent boys or young men (Agu et al., 2024; Campero et al., 2021; Leer et al., 2022; Lowe et al., 2025; Mehra et al., 2018; Njue et al., 2015; Zulu et al., 2018), highlighting the significant involvement of men across age groups in reproductive health and gender equality issues.

All studies engaged multiple key stakeholders at the family, community, and institutional levels. Parents and guardians were involved in four studies, particularly those targeting adolescent interventions. Teachers and school staff were engaged in six studies, especially in school-based programs. Community leaders and local authorities were present in at least eight studies, acting as mediators of social norms. Religious leaders were explicitly mentioned in three studies, representing both Islam and Christianity, and played a critical role in providing moral legitimacy and community support. In addition, health workers and community cadres were engaged in seven studies, serving as facilitators or service providers. Several studies also reported the involvement of local organizations, NGOs, and local governments, such as in the interventions conducted in Nigeria, Ethiopia, and India. Furthermore, five studies incorporated peer educators or youth facilitators, particularly to reach adolescents and young women.

Issues

Among the 22 analyzed articles, the majority addressed issues related to gender norms (GN) (63.6%) and gender inequality (GI) (50%). Other prominent issues included sexual and reproductive rights (SRR) (40.9%), followed by sexual and reproductive health (SRH) (27.3%), intimate partner violence (IPV) (13.6%), and early marriage (EM) (13.6%).

Author, Year	GI	SRH	SRR	GN	IPV	EM
(Agu et al., 2024)		v				
(Belaid et al., 2024)	v					
(Campero et al., 2021)	v	v	v			
(Harvey et al., 2018)	v			v	v	
(Hartmann et al., 2019)				v	v	
(Herath et al., 2018)	v			v		
(James et al., 2021)				v	v	
(Le Port et al., 2022)		v				
(Leer et al., 2022)				v		
(Lowe et al., 2025)	v		v			v
(Mehra et al., 2018)		v	v	v		
(Metwally et al., 2019)			v			
(Mitchell et al., 2023)			v	v		
(Muhumuza et al., 2023)	v		v	v		
(Newmann et al., 2023)	v			v		
(Njue et al., 2015)		v		v		v
(Semahegn et al., 2017)	v					
(Sheira et al., 2025)			v	v		
(Sileo et al., 2023)	v		v	v		
(Sileo et al., 2024)	v		v	v		
(Sharma et al., 2020)	v			v		
(Zulu et al., 2018)		v				v

Community-based Interventions

Of the 22 articles reviewed, 11 described interventions with specific names, while the remaining 11 did not explicitly provide a title for the intervention. The named interventions identified included the Home Visit Intervention (Belaid et al., 2024), CHARISMA (Community Health clinic model for Agency in Relationships and Safer Microbicide Adherence (Hartmann et al., 2019), MAISHA (Harvey et al., 2018), "I Matter, I Learn, I Decide" (Campero et al., 2021), C'est la Vie! Edutainment Program (Le Port et al., 2022), Sumadhur (Mitchell et al., 2023), The Family Healt = Family Wealth (FH = WH) (Muhumuza et al., 2023; Sileo et al., 2023, 2024), SKILLZ (Sheira et al., 2025), and RISE (Zulu et al., 2018). The other articles described community-based interventions without specific names, generally combining strategies such as workshops, forums and discussions, campaigns, and training.

Outcome Measurements

The majority of studies (12 out of 22) used structured surveys and standardized scales as their primary quantitative instruments. Examples include the WHO VAW instrument (Harvey et al., 2018), the *Revised CTS-2 and Brief COPE* (James et al., 2021), the *gender-equitable attitudes scale* (Herath et al., 2018), and the SRE Scale (Sheira et al., 2025). Some studies also combined survey data with clinical or administrative records. For, instance, researchers used *ANC cards* (Metwally et al., 2019) and clinic card verification (Sileo et al., 2023). Seven studies relied primarily on qualitative methods. These included in-depth interviews, focus group discussions, field observations, and thematic analysis (Agu et al., 2024; Belaid et al., 2024; Le Port et al., 2022; Lowe et al., 2025; Muhumuza et al., 2023; Sileo et al., 2024; Zulu et al., 2018). Three studies applied mixed-methods approaches by integrating quantitative surveys with interviews or

ethnography to capture both numerical and narrative data (Hartmann et al., 2019; Mehra et al., 2018; Mitchell et al., 2023). Additionally, five studies reported process evaluation as part of their outcome measurements, emphasizing aspects of implementation, adaptation, and program acceptability (Harvey et al., 2018; Le Port et al., 2022; Lowe et al., 2025; Sharma et al., 2020; Sileo et al., 2023). These categories often overlapped, as several studies combined process evaluations with survey instruments or qualitative data. This pattern demonstrates that research in this field tends to integrate outcome evaluation with implementation dimensions to obtain a more comprehensive understanding.

DISCUSSION

This study systematically reviewed the available literature on community-based interventions (CBI) addressing gender inequality, sexual and reproductive health, sexual and reproductive rights, gender norms, intimate partner violence, and early marriage. The objective was to explore how CBI can serve as a potential strategy to respond to the phenomenon of *sing beling sing nganten* (premarital pregnancy) in Bali. The relevance is evident, as the issues embedded in *sing beling sing nganten* represent global concerns, allowing for the adoption, adaptation, or modification of evidence-based strategies identified in this review.

Most studies elaborated on the development processes of CBI, including the rationale behind the choice of components, content, delivery procedures, stakeholders involved, and the overall design of the interventions. The literature consistently emphasized participation as a critical element of CBI, highlighting its role as a key determinant of effectiveness. For instance, Muhumuza et al (2023) reported the establishment of an *intervention steering committee* (ISC) to guide the adaptation of interventions to local contexts and health systems, while facilitating connections between the study team, communities, clinics, and relevant stakeholders. The ISC consisted of district health officials, family planning providers, village health teams, and other community representatives. Focus group discussions (FGDs) with community members provided insights into needs for change, engagement strategies, feasibility, acceptability, risk minimization, and intervention design. Key informants such as community leaders, local officials, and cultural, religious, and political authorities were also engaged.

Notably, the reviewed studies frequently adopted an ecological framework. (Hartmann et al., 2019; Leer et al., 2022; Mehra et al., 2018; Muhumuza et al., 2023; Newmann et al., 2023; Semahegn et al., 2017), which views individual behavior and decision-making as shaped by multi-layered interactions ranging from personal and interpersonal to community and broader social structures. This framework underscores the necessity of multi-level approaches, effective interventions not only target individuals but also involve families, schools, community leaders, and policy structures. For example, Newmann et al. (2023) developed a two-phase intervention including small-group workshops with men on gender norms, communication, and contraception, followed by *barazas* (community dialogues) engaging traditional, religious, and community leaders. Similarly, Mehra et al. (2018) implemented participatory, multi-component interventions involving community advocacy, SRHR awareness campaigns, teacher and peer educator training, reactivation of school health clubs, and capacity-building for both formal and informal health workers. Mitchell et al. (2023) designed triadic interventions engaging newly married women, their husbands, and mothers-in-law to address fertility-related pressures in Nepal. These examples highlight that program sustainability depends not only on individual knowledge change but also on transforming community norms and social systems. This perspective is particularly relevant to the *sing beling sing nganten* phenomenon, where premarital pregnancy is influenced by cultural expectations of fertility, extended family dynamics, and social pressures. Interventions solely focused on individuals are unlikely to be effective without community and policy-level engagement. Brilliant et al (2025) emphasized that the phenomenon of *sing beling sing nganten* is the responsibility of all levels of society and the government.

CBI is primarily delivered in a group-based participatory session format, such as discussions, workshops, solidarity groups, film clubs, and role-playing, to encourage reflection and practice of necessary skills. The involvement of communities and key actors in society through dialogue, campaigns, and advocacy is crucial in CBI to expand network interventions, as seen in 22 existing studies. One study provided CBI in the form of a home visit program for pregnant women and their partners every two months and after delivery, including discussions on maternal and child health risk factors, such as heavy work during pregnancy, domestic violence, lack of partner communication, and men's limited knowledge of danger signs in pregnancy and childbirth (Belaid et al., 2024). This home visit program had a positive impact on awareness of gender equality, increased male support for household work, partner communication, and a significant reduction in domestic violence. The findings of this study suggest the need to involve male partners in home visit programs (Belaid et al., 2024). The framework selected from the survey by Belaid et al (2024) has been used in numerous studies focusing on maternal and child health in contexts similar to Bauchi. However, these findings are context-specific and may not apply to other contexts (Belaid et al., 2024). This means that this intervention can be used in the Balinese *sing beling sing nganten* phenomenon, but it cannot be accepted without a process of adaptation and contextualization. A key finding is the importance of directly involving male partners. This idea can serve as inspiration for the understanding that reproductive education, partner communication, and family responsibilities should not be solely the responsibility of women but should be viewed as a collaborative process. This is true for each of the CBIs in these 22 research studies, demonstrating that sensitive adaptation to Balinese culture is necessary for implementing CBIs.

Beyond community or adult settings, several studies have integrated school-based interventions targeting adolescents, including school workshops, reproductive health curricula, teacher and peer facilitator training, and the establishment of health clubs or youth centers (Agu et al., 2024; Campero et al., 2021; Lowe et al., 2025; Mehra et al., 2018; Njue et al., 2015; Sheira et al., 2025; Zulu et al., 2018). For example, the "I Matter, I Learn, I Decide" program in Mexico includes 10 activities covering eight topics, including the mind-body connection, communication skills, self-esteem enhancement, gender equality in relationships, decision-making, reproductive health and rights, and visualizing the present to build the future. (Campero et al., 2021). This demonstrates schools as a strategic arena for reaching adolescents on issues often considered taboo.

The main content of interventions in 22 studies included sexual and reproductive health (SRHR) education, including knowledge about contraception, pregnancy, HIV/STIs, and reproductive rights. (eg. Agu et al., 2024; Campero et al., 2021; Mehra et al., 2018; Muhumuza et al., 2023; Njue et al., 2015; Sharma et al., 2020; Sileo et al., 2023, 2024; Zulu et al., 2018). This pattern indicates that SRHR issues are treated as a single point. While not all CBIs explicitly emphasize SRHR components, they place SRHR as a background, underpinning the issues of focus. Other content includes relational and normative dimensions, such as gender norm transformation, relationship communication, violence prevention, and strengthening psychosocial skills. For example, they emphasize shifting harmful gender norms and recognizing healthy relationships. (Harvey et al., 2018), reflecting on gender roles through the Life Framework (Herath et al., 2018), mental health, and relationship violence (James et al., 2021), respectful relationships, aspirations, empowerment, challenging gender roles, and sport-based empowerment (Leer et al., 2022; Sheira et al., 2025).

The outcome measurements used in the studies in this research show a strong tendency toward quantitative instruments such as structured surveys or trans-standardized scales. The predominance of surveys and the use of standardized scales (e.g., the WHO VAW instrument, the Revised CTS-2, or the SRE Scale) reflects efforts to generate objective data. However, a quantitative approach alone risks overlooking the cultural and social context underlying a community or individual. This explains why several studies complement quantitative and

qualitative approaches, such as in-depth interviews, focus group discussions (FGDs), or participant observation. Qualitative approaches allow for deeper exploration of changes, perceptions, and subjective experiences on issues such as gender inequality, sexual reproductive health, sexual reproductive rights, gender norms, intimate partner violence, and early marriage. Gender-responsive Monitoring & Evaluation emphasizes the importance of integrating gender-sensitive indicators into the evaluation process to uncover hidden inequalities (Global Financing Facility, 2021). Methodological guidelines also encourage the use of both quantitative and qualitative indicators, as quantitative data alone is insufficient to understand the implementation context, local preferences, or motivations for change (GSDRC, 2016). Interestingly, five studies (Harvey et al., 2018; Le Port et al., 2022; Lowe et al., 2025; Sharma et al., 2020; Sileo et al., 2023) explicitly included process evaluation as part of outcome measurement. Process evaluation marks a shift in the understanding that intervention effectiveness is no longer defined solely as changes in individual attitudes or behavior, but also encompasses dimensions of acceptability, feasibility, implementation quality, and potential sustainability. Given that CBI is a multi-level approach, outcomes are viewed in close relation to the social, cultural, or customary context and how the intervention is implemented, rather than solely as individual outputs. The methodological implications of these findings are quite clear. CBI outcome measurement will be more robust if it integrates standardized quantitative measures, contextual qualitative measures, and process evaluation. Such an approach not only enhances the validity of the findings but also provides a more comprehensive understanding of how, why, and under what conditions a CBI can be effective.

CBI has been proven effective and has a positive impact in addressing and responding to issues of gender inequity, sexual reproductive health, sexual reproductive rights, gender norms, intimate partner violence, and early marriage. Furthermore, CBI consistently produces multi-level outcomes: intrapersonal, interpersonal, and community/environmental. Individual changes include increased knowledge, attitudes, and skills related to reproductive health, as well as decreased tolerance of harmful gender norms, communication skills, and self-reflection. Several interventions have noted improvements in couple communication, increased male involvement in household roles, and decreased domestic violence. CBI has been shown to influence broader gender norms, encourage critical reflection, and engage key actors through forums, campaigns, and advocacy. While CBI has the potential to shift community discourse, its sustainability depends heavily on the engagement and participation of key actors and structural support. This is in line with the results of a study by Njue et al (2015) CBI has a significant impact on knowledge about sexuality and reproductive health issues, but its impact on sexual attitudes and behavior is less significant. Njue et al (2015) also emphasized the importance of designing programs more comprehensively by involving local policymakers, encouraging open discussions about sexuality, and strengthening public sector capacity to ensure more effective and sustainable program implementation.

Several studies have comprehensively described the mechanisms of change within the CBI model (e.g., Agu et al., 2024; Belaid et al., 2024; Hartmann et al., 2019; Harvey et al., 2018; Herath et al., 2018; Le Port et al., 2022; Leer et al., 2022; Newmann et al., 2023). This can provide valuable insights for considering potentially relevant CBI designs in the future, as context and cultural factors must also be continuously considered in the development and evaluation of interventions (James et al., 2021). Furthermore, cost has emerged as a critical issue in CBI implementation, particularly in low- and middle-income countries. Several studies emphasize that the interventions developed are low-cost and feasible; for example, Campero et al. (2021) explicitly call their intervention low-cost. Furthermore, studies by Mehra et al. (2018) and Muhumuza et al. (2023) show that the effectiveness and cost-efficiency of CBI can be replicated to a limited extent in other countries, due to differences in social, cultural, and economic conditions and resource availability. Thus, although the CBI model shows promising results, local adaptation is essential to ensure the sustainability and relevance of the program as

conducted by Hartmann et al (2019) in their study, who chose to use lay counselors rather than nurses because of considering the feasibility and cost of implementation, to expand access to the intervention. This finding necessitates a cost analysis of the implemented CBI. Interestingly, there is one study (Harvey et al., 2018) that reports an evaluation to evaluate the total costs of the development and implementation of the CBI used, namely MAISHA CRT₀₁ and MAISHA CRT₀₂. However, it is not included in the article. Although many of these studies address the cost aspect, systematic cost analysis or evaluation remains rare. Researchers found a study outside the 22 studies reviewed: Tang et al. (2024), who conducted a cost analysis of CBI to prevent sexual violence and adolescent relationship abuse by calculating the total implementation cost, the average cost per participant, and the marginal cost for program replication. This analysis confirms that the cost dimension is not only relevant for assessing efficiency but also crucial for informing decisions about the intervention's sustainability and scalability. The findings of Tang et al (2024) highlight the need for CBI in other contexts, including Indonesia, to integrate similar cost evaluations so that program effectiveness can be considered alongside its financial viability.

A key strength of this review is the inclusion of multiple study designs used in CBI studies, addressing multiple issues simultaneously. This allows for extensive explanation of aspects beyond effectiveness to inform future CBI development, particularly in response to the phenomenon known as *sing beling sing nganten* in Bali. Unfortunately, this study cannot yet determine in detail which aspects, components, or dimensions should be considered when adapting CBI to the context of the *sing beling sing nganten* phenomenon. The socio-cultural complexities, religious norms, and gender dynamics unique to Bali could potentially require modifications to the form and content of interventions successfully implemented in other countries. However, the 22 studies in this review were conducted in countries not significantly different from the Indonesian context. Future research should focus on empirical studies specifically assessing the feasibility and acceptability of implementing CBI for the *sing beling sing nganten* phenomenon. This could be achieved through pilot testing or participatory studies involving communities, young couples, adolescents, or individuals, community leaders, and policymakers to identify supporting factors and barriers in the field. In this way, it is possible to determine the extent to which existing intervention models are acceptable, adaptable, or require redesign to align with Balinese social and cultural conditions. Furthermore, future research is crucial to gather empirical data on the effectiveness of contextualized interventions, including assessments of costs, sustainability, and the necessary institutional support. This will ensure that the resulting evidence is not only conceptual but also operational, providing a stronger foundation for developing culturally relevant, sustainable, and effective CBIs in response to the *sing beling sing nganten* phenomenon in Bali.

CONCLUSION

The research concludes that community-based interventions (CBIs) are effective in addressing interconnected issues of gender inequity, sexual and reproductive health and rights, restrictive gender norms, intimate partner violence, and early marriage. These issues are mutually reinforcing and deeply embedded within sociocultural contexts, including the *sing beling sing nganten* phenomenon in Bali, which reflects normative pressures surrounding marriage and gendered life trajectories. By engaging communities through participatory and dialogical approaches, CBIs facilitate critical reflection on entrenched gender norms, enhance individual knowledge and agency—particularly among women and young people—and promote collective accountability for gender justice. At the community level, CBIs contribute to shifting social norms that legitimize early marriage and unequal power relations, thereby positioning the *sing beling sing nganten* phenomenon not merely as an individual choice but as a socially constructed outcome shaped by cultural expectations and structural inequalities.

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