

Assessment of Early Marriage and Domestic Violence Prevention Measures Case Study in Garut Regency, West Java

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Abstract:

This study investigates the effectiveness of socialization and education initiatives aimed at addressing early marriage (EM) and domestic violence (DV) prevention in Garut Regency. The socialization and education programs implemented successfully raised awareness and fostered dialogue on EM and DV prevention, evidenced by significant community engagement. The configuration of Perception, Participation, and Acceptability (PPA) scoring system facilitated a comprehensive understanding of community attitudes, backed by statistical analysis and social interpretation. Moreover, non-structured data acquisition enriched the research with qualitative insights, enhancing the credibility of evidence-based data. Quantitative figures revealed positive assessments of Maslahah, indicating substantial societal benefit from prevention efforts. This study provides valuable insights and recommendations for policymakers, practitioners, and stakeholders to strengthen EM and DV prevention efforts in Garut Regency, underscoring the importance of evidence-based approaches and cross-sectoral collaboration in promoting societal well-being.

Keywords : wellbeing methodology, Maslahah Index, Measurement tools, complex and dynamic

Introduction

Socialization and community education in preventing early marriage (EM) and domestic violence (DV) are important efforts to address two serious issues that are often related and have negative impacts on individuals and communities. The object of this study involves a deep understanding of the impacts of early marriage and DV, as well as strategies to prevent them through enlightenment and focused education approaches.

Early marriage, which often involves marriage before a physically and psychologically suitable age, has become a global issue that requires serious attention. Early marriage can have

significant impacts on individuals' education, health, and mental well-being, especially for women. Therefore, community socialization and education are the main foundation for changing attitudes and behaviors related to early marriage.

On the other hand, domestic violence (DV) is an issue involving various forms of harmful behaviors that occur within the household context, often involving spouses. This can include physical, emotional, sexual, or economic violence. Community education about DV not only helps victims recognize signs and seek help but also creates awareness in society to reject and combat such violence.

Based on legislation in Indonesia, the legal age of marriage has been set at 19 years old. This is in line with the implementation of Law Number 1 of 1974 concerning Marriage, which mandates that the minimum age for men and women to marry is 19 years old. Setting the age limit for marriage aims to protect individual rights, especially the rights of children and adolescents, and to prevent early marriage practices that can have negative impacts on their well-being and psychological development. This decision also aligns with Indonesia's commitment to comply with international human rights standards, including children's rights that emphasize the importance of protecting children from practices of too early marriage. By setting the age limit for marriage, the Indonesian government seeks to create a more just, equal, and protective society that safeguards the basic rights of every individual, especially the younger generation, in starting married life.

There are several academic references regarding the issued, Afifi, T. O., & Henry, D. (2016). Family violence, a special issue on child marriage. Bliss, L. M., & Jensen, S. K. (2017). Domestic violence and childhood exposure to interparental violence: A review of the literature. *Trauma, Violence, & Abuse*, 18(1), 37-50; Erulkar, A. S. (2013). Early marriage, marital relations and intimate partner violence in Ethiopia. Grose, R. G., & Grabe, S. (2014). Technology-facilitated sexual violence: A literature review of empirical research.. (2011). Child marriage and domestic violence.

The study aims to develop a measurement system called as Public Research Measurement System (PRMS). it contain the measurement of Perception, Participation, and Acceptability (PPA) of people. This system will allow individuals to provide their scores or assessments related to three key aspects: perception, participation, and acceptability. *Perception*: This refers to how individuals perceive

or understand certain phenomena, practices, or situations. In the context of your study, perception might involve individuals' beliefs, attitudes, or subjective interpretations regarding specific topics relevant to your research focus.

Participation: This involves individuals' engagement or involvement in activities, programs, or initiatives related to the subject matter under investigation. It can encompass various levels of participation, from passive involvement to active engagement or leadership roles. *Acceptability:* This relates to the degree to which individuals find certain practices, interventions, policies, or solutions acceptable or suitable. Acceptability can be influenced by factors such as cultural norms, personal preferences, perceived benefits or risks, and perceived compatibility with existing values or beliefs.

The primary objective of the study is to establish a comprehensive and reliable means of assessing individuals' perceptions, participation, and acceptability regarding a particular topic or intervention. This data will then be analyzed to gain insights into how these factors influence outcomes, inform decision-making processes, and guide the development of strategies or interventions that are more responsive to the needs and preferences of the target population.

The measurement system will be designed to collect quantitative or qualitative data from individuals regarding their perceptions, participation levels, and assessments of acceptability. This could involve the development of survey instruments, interview protocols, focus group guides, or other data collection tools tailored to capture information on these three dimensions. The PPA measurement system will serve as a valuable tool for researchers, practitioners, policymakers, and other stakeholders involved in designing, implementing, and evaluating programs or initiatives aimed at addressing various social, health, or environmental challenges.

Method

The Type of Research

The methodology employed to measure complex and dynamic objects in terms of "Maslahah," commonly known as the Index of Maslahah (IM), is a comprehensive approach designed to capture the multifaceted nature of societal benefit within a given context. At its core, this methodology integrates both quantitative and qualitative

measures to provide a holistic understanding of the welfare and well-being derived from various actions, policies, or interventions. The IM methodology begins by identifying key variables that contribute to Maslahah, encompassing a wide range of socio-economic, health, educational, environmental, and social indicators relevant to the specific domain under study.

Once these key variables are identified, the next step involves weighting them based on their relative importance in contributing to Maslahah. This weighting process ensures that each variable is appropriately represented in the overall assessment of societal benefit. Subsequently, data collection is conducted using a combination of quantitative methods, such as surveys, administrative records, and statistical analysis, and qualitative approaches, including interviews, focus groups, and case studies. This dual approach allows researchers to capture both numerical data and nuanced insights into the subjective experiences, perceptions, and preferences of individuals and communities.

Following data collection, the IM scores are calculated by scoring Perception, Participation and Acceptability (PPA) Communities in the scale 9. The formula model then:

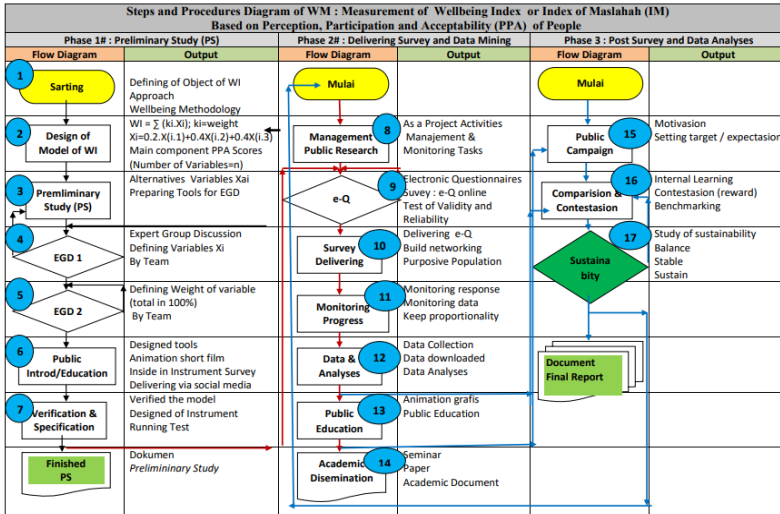
$$IM = k1.X1+ k2.X2+ k3.X3+ k4.X4+ k5.X5+ k6.X6+ k7.X7+ k8.X8$$

$$Xi = 20\%.X(i.1)+40\%.X(i.2)+40\%.X(i.3)$$

The notations, k_i =weighted; $X(i.1)$ =score of perception; $X(i.2)$ =score of Participation and $X(i.3)$ =score of Acceptability of each variable.

IM scores serve as comprehensive indicators of Maslahah, providing a quantitative measure of societal benefit derived from specific actions or policies. Analysis of the IM scores enables researchers to identify patterns, trends, and disparities in Maslahah outcomes across different groups or contexts, facilitating evidence-based decision-making and policy formulation. The methodology is called as Wellbeing Methodology (WM).

Figure 1 : Index of Maslahah Flow Diagram



Throughout the WM, stakeholder engagement plays a crucial role in validating findings, interpreting results, and identifying implications for action. By involving policymakers, practitioners, community members, and other relevant stakeholders throughout the research process, the WM ensures that the assessment of Maslahah reflects diverse perspectives and priorities. Additionally, continuous refinement of the IM methodology based on feedback and evolving circumstances enhances its relevance, accuracy, and utility as a tool for measuring and promoting societal welfare and well-being.

The WM applied in the study is referred to as Wellbeing Methodology (WM). This approach encompasses the collection of qualitative, quantitative, and explorative data to comprehensively examine the issues of early marriage (EM) and domestic violence (DV) in Garut Regency, West Java.

1. Qualitative Data Collection:

- a. Qualitative methods such as interviews, focus groups, and participant observations will be utilized to gather in-depth insights into the lived experiences, perceptions, and attitudes of individuals regarding EM and DV.
- b. Through interviews with key stakeholders, including village leaders, community members, and relevant stakeholders, qualitative data will be collected to explore nuances, contextual factors, and cultural dynamics influencing EM and DV.

DV in Garut Regency.

- c. Focus groups will provide a platform for group discussions, allowing for the exploration of shared beliefs, social norms, and community perspectives on EM and DV prevention efforts.
2. Quantitative Data Collection:
 - a. Quantitative surveys will be administered to collect structured data on various aspects related to EM and DV, such as awareness levels, attitudes, participation rates, and acceptability of prevention initiatives.
 - b. Survey instruments will be designed based on the Wellbeing Methodology framework, incorporating validated scales and standardized measures to ensure reliability and validity of the data collected.
 - c. The quantitative data collected will enable statistical analysis and quantitative assessment of key variables, providing numerical insights into the prevalence, patterns, and trends of EM and DV in Garut Regency.
 3. Explorative Data Collection:
 - a. Exploratory methods, such as case studies, archival research, and community mapping, will be employed to gather contextual data and understand the broader socio-economic and cultural factors influencing EM and DV.
 - b. Case studies of individual experiences or community initiatives will offer detailed insights into specific instances of EM and DV and highlight effective strategies or interventions for prevention.
 - c. Archival research will involve the review of existing records, reports, and documentation related to EM and DV in Garut Regency, providing historical context and background information.
 - d. Community mapping exercises will help visualize the geographical distribution of EM and DV cases, identify hotspot areas, and assess the availability of support services and resources within the region.

By employing the Wellbeing Methodology (WM) and integrating qualitative, quantitative, and explorative data collection methods, the study aims to generate a holistic understanding of EM

and DV in Garut Regency. This multidimensional approach will facilitate the identification of key challenges, opportunities, and effective strategies for addressing EM and DV and promoting the wellbeing of individuals and communities in the region.

Certainly, open-ended questionnaires are an effective way to gather feedback from respondents in a more nuanced and qualitative manner. In the context of this study focusing on early marriage (EM) and domestic violence (DV) prevention in Garut Regency, West Java, open-ended questions can provide valuable insights into the perceptions, experiences, and suggestions of community members.

The open-ended questionnaires will be designed to elicit detailed responses from respondents, allowing them to express their thoughts, concerns, and recommendations in their own words. These questionnaires may include prompts such as:

- a. "Please share any personal experiences or observations you have regarding early marriage and domestic violence in your community."
- b. "In your opinion, what strategies or initiatives would be most effective in preventing early marriage and domestic violence in our community?"

These open-ended questions will provide respondents with the opportunity to express their perspectives, share personal experiences, and offer suggestions for addressing EM and DV prevention efforts in Garut Regency. The qualitative data obtained from these questionnaires will complement the quantitative data collected through structured surveys, enriching the overall understanding of EM and DV issues in the community and informing the development of targeted interventions and policies.

Variable

In the preliminary study, the focus is on examining the object of early marriage (EM) and domestic violence (DV) in a socialization and education context, involving 8 variables (X_i) as follows:

1. **X1: Awareness of the community regarding EM and DV:** This variable assesses the level of consciousness within the community regarding the issues of early marriage and domestic violence.
2. **X2: Community knowledge about the causes of EM and DV:** This variable evaluates the extent to which the community is informed about the factors contributing to early marriage and

domestic violence.

3. **X3: Community attitudes towards EM and DV:** This variable explores the prevailing attitudes within the community towards early marriage and domestic violence.
4. **X4: Community perception of available support for EM and DV victims:** This variable examines how the community perceives the availability and adequacy of support services for victims of early marriage and domestic violence.
5. **X5: Community participation in awareness and education programs on EM and DV:** This variable measures the level of involvement of the community in existing programs aimed at raising awareness and educating about early marriage and domestic violence.
6. **X6: Community access to supportive resources for preventing EM and DV:** This variable looks at the community's access to resources that support efforts to prevent early marriage and domestic violence.
7. **X7: Economic empowerment of mothers and adolescent girls:** This variable assesses initiatives aimed at empowering economically mothers and adolescent girls within the community, which can serve as a preventive measure against early marriage and domestic violence.
8. **X8: Formation of a community of concern for the prevention of EM and DV:** This variable examines the establishment of a community dedicated to addressing and preventing early marriage and domestic violence, highlighting collective efforts and solidarity within the community.

These variables collectively provide a comprehensive framework for understanding and addressing the issues of early marriage and domestic violence through socialization and education initiatives within the community.

Data Source

The instrument for this survey will be developed in an online format, utilizing an open-source template to effectively capture the research objectives outlined previously. By leveraging the flexibility and accessibility of online survey platforms, such as Google Forms or Lime Survey, we can tailor the survey to meet the specific needs of our

study. Here's how we will structure the survey to achieve our goals:

Firstly, we will design the survey to gather insights on the preferences and needs of the community regarding socialization and education programs aimed at addressing early marriage (EM) and domestic violence (DV). Participants will be asked to provide feedback on the preferred formats for educational materials, such as workshops, webinars, or community meetings. Additionally, they will be prompted to rank the importance of various topics related to EM and DV education, ensuring that program content aligns with community priorities. Open-ended questions will also be included to allow participants to offer suggestions and ideas for program content and delivery methods.

Next, we will incorporate elements into the survey to assess participants' perceptions, participation levels, and acceptability regarding EM and DV prevention efforts. Utilizing Likert 9 scale questions, participants will be asked to rate their agreement or disagreement with statements related to awareness, knowledge, attitudes, and participation in prevention activities. These responses will provide valuable insights into the community's attitudes and engagement levels, helping to gauge the effectiveness of current initiatives and identify areas for improvement. Additionally, open-ended questions will be included to allow participants to provide further context and detail regarding their responses.

Furthermore, the survey will feature a section dedicated to collecting feedback, suggestions, and recommendations from participants. This will provide an opportunity for individuals to share their thoughts on the survey itself, as well as offer insights into potential areas for program enhancement or policy development. By incorporating open-ended questions, participants will be encouraged to provide qualitative feedback, allowing for a deeper understanding of their perspectives and experiences.

To ensure the production of high-quality, evidence-based data, the survey will be carefully designed with clear instructions and question wording. Validation questions will be included to verify the reliability and consistency of responses, and participants will have the option to clarify their answers or provide additional information if necessary.

The survey will seek to gather suggestions and recommendations for public policy development related to EM and DV prevention. Participants will be asked to share their opinions on existing policies

and propose ideas for policy improvements or new initiatives. Open-ended questions will enable participants to elaborate on their recommendations and provide rationale for their suggestions.

By utilizing an online survey format and an open-source template, we aim to create a comprehensive instrument that effectively captures the diverse perspectives and insights of the community regarding EM and DV prevention efforts. Through careful design and thoughtful implementation, this survey will serve as a valuable tool for informing the development of socialization and education programs, as well as shaping public policy in this critical area.

In August 2023, the study will be conducted in Garut Regency, West Java, focusing on gathering data from various demographic groups across all areas of Garut. The study will involve the active participation of numerous village leaders from the region.

To ensure comprehensive data collection, the research team will engage with diverse segments of Garut's population, including residents from urban and rural areas, individuals from different socio-economic backgrounds, and representatives from various ethnic and cultural groups within the regency. Village leaders will play a crucial role in facilitating access to local communities and ensuring the study's reach across different villages and neighborhoods.

Through this inclusive approach, the study aims to capture a wide range of perspectives, experiences, and insights related to early marriage (EM) and domestic violence (DV) prevention efforts in Garut Regency. By involving village leaders and engaging with the local population, the research will benefit from a more nuanced understanding of the socio-cultural dynamics and contextual factors influencing EM and DV prevalence in the region.

The data collected from this study will serve as a valuable resource for informing the development of targeted socialization and education programs, as well as shaping evidence-based policy recommendations aimed at addressing EM and DV effectively in Garut Regency. Additionally, the active involvement of village leaders and community members will enhance the relevance and applicability of the research findings, ensuring that they reflect the needs and priorities of the local population.

The data have been collected and documented by a system, it indicates that the information has been systematically gathered, organized, and recorded using a structured method or software platform. This approach ensures consistency, accuracy, and efficiency

in managing the data. By utilizing a systematic data collection system, researchers can streamline the process of data capture, storage, and retrieval, facilitating analysis and interpretation for further insights and decision-making. Additionally, having data documented by a system enhances transparency, traceability, and reproducibility, which are essential aspects of rigorous research and evidence-based practice.

Score data are downloaded in the form visual graphics from the system then to convert in tabulation form as below:

Figure 2. Data and Statistic Tabulation

	Kesadaran Masy.			Pengetahuan Masy			Sikap Masyarakat			Bantuan Korban			Partisipasi Masy			Akases Bantuan			Pemberdayaan			Komunitas		
	Variabel X1			Variabel X2			Variabel X3			Variabel X4			Variabel X5			Variabel X6			Variabel X7			Variabel X8		
No.Resp	X1.1	X1.2	X1.3	X2.1	X2.2	X2.3	X3.1	X3.2	X3.3	X4.1	X4.2	X4.3	X5.1	X5.2	X5.3	X6.1	X6.2	X6.3	X7.1	X7.2	X7.3	X8.1	X8.2	X8.3
1	9	9	6	9	8	6	9	7	7	9	8	7	9	8	7	7	7	7	9	7	6	9	8	7
2	9	8	6	9	9	6	9	8	5	8	8	7	9	8	8	9	8	6	9	9	6	9	8	6
3	9	8	7	9	8	6	9	8	6	9	8	7	9	8	6	9	8	7	9	8	6	9	8	6
4	9	9	4	9	9	4	9	9	4	9	9	3	9	9	4	9	9	3	9	9	2	9	9	2
5	9	9	8	9	9	8	9	9	8	9	9	8	8	9	8	9	9	8	9	9	9	9	9	7
397	3	8	8	2	8	5	3	8	9	9	9	7	7	9	3	3	9	3	9	9	2	9	9	2
398	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
399	9	9	6	9	9	6	9	9	7	9	9	6	9	8	7	9	9	7	9	9	8	8	8	7
400	9	9	7	9	9	8	9	9	8	9	8	8	9	9	7	9	8	8	9	8	8	9	9	8
401	7	6	6	7	7	6	5	7	5	6	6	6	7	5	6	6	6	6	6	7	7	6	6	7
Skor PPA	7,38	7,27	5,61	7,55	7,39	5,60	7,55	7,20	5,84	7,47	7,01	5,84	7,38	7,12	5,92	7,27	7,10	5,92	7,51	7,16	5,99	7,48	7,08	5,91
StanDev	2,16	1,75	1,90	2,10	1,73	1,92	1,93	1,74	1,91	1,90	1,79	1,94	1,98	1,77	1,89	2,10	1,80	1,87	1,87	1,76	1,88	1,89	1,78	1,93
Skor Var	6,63			6,70			6,73			6,63			6,69			6,66			6,76			6,69		
Indeks IV	6,69																							

Based on the data collected from respondents, the following information can be determined:

1. Scores of PPA: The PPA scores represent the Perception, Participation, and Acceptability ratings provided by each respondent. These scores indicate the individual’s perception, level of engagement, and acceptance of measures related to early marriage (EM) and domestic violence (DV) prevention.
2. Standard Deviation: The standard deviation measures the dispersion or variability of the PPA scores among the respondents. It provides insight into the spread of responses around the mean PPA score, indicating the degree of consensus or divergence among participants’ perceptions, participation levels, and acceptability regarding EM and DV prevention efforts.
3. Scores of Variables: The scores of variables refer to the numerical values assigned to each variable or dimension being assessed in the study. These variables may include factors such as awareness levels, knowledge about EM and DV, attitudes towards pre-

vention efforts, access to support services, and socio-economic indicators.

4. **Score of Index (Final Score):** The index score, also known as the final score, is derived from aggregating the scores of individual variables or components assessed in the study. This composite score provides an overall assessment or summary of respondents' perceptions, participation levels, and acceptability regarding EM and DV prevention. It serves as a comprehensive indicator of the effectiveness or impact of prevention initiatives and informs decision-making processes regarding intervention strategies and policy development.

By analyzing these data figures, researchers can gain valuable insights into the distribution, patterns, and relationships among PPA scores, standard deviation, variable scores, and index scores, enabling a deeper understanding of EM and DV prevention dynamics and informing evidence-based interventions and policy recommendations.

Analysis data

Below are the analyses to be applied based on the provided list:

1. **Analysis of Regularity:** This analysis involves examining the consistency and patterns in the data collected across different variables and time points to identify any irregularities or anomalies.
2. **Analysis of Response Rate:** This analysis assesses the proportion of respondents who participated in the survey relative to the total number of individuals invited or targeted for participation, providing insights into survey engagement and representativeness.
3. **Analysis of Significance of PPA Scores:** The analysis of the significance of PPA scores involves comparing the average score of Perception, Participation, and Acceptability (PPA) to a standard reference value. If the average PPA score is significantly higher or lower than the standard reference value, it is categorized as "significant." Conversely, if the difference is not statistically meaningful, it is categorized as "not significant." This analysis helps determine whether the observed differences in PPA scores are likely to occur by chance or if they represent meaningful variations that warrant attention.
4. **Analysis of Standard Deviation:** This analysis measures the vari-

ability or dispersion of data points around the mean, providing information about the spread of scores within each variable and indicating the degree of consistency or divergence among respondents' responses.

5. **Analysis of Respondent Proportion who Low Rate or Non-engaged People:** This analysis identifies the proportion of respondents who exhibit low levels of engagement or participation in EM and DV prevention efforts, highlighting areas for targeted intervention and outreach.
6. **Analysis of Matrix Data:** This analysis involves exploring the relationships between multiple variables using matrix-based techniques such as correlation analysis, factor analysis, or multi-dimensional scaling to uncover underlying patterns or structures in the data.
7. **Analysis of Correlation PPA Public Response:** This analysis examines the relationships between Perception, Participation, and Acceptability (PPA) scores and public responses to EM and DV prevention initiatives, assessing the extent to which these factors influence community engagement and support.
8. **Analysis of Curve Score Distribution Model:** This analysis evaluates the distribution of PPA scores across respondents and variables, examining whether the data follow a particular distribution model (e.g., normal distribution) and identifying any deviations or outliers.
9. **Analysis of Balance and gap or disparity Score PPA:** This analysis assesses the balance or imbalance between Perception, Participation, and Acceptability (PPA) scores, highlighting areas where perceptions or attitudes may be incongruent with actual levels of engagement or support.
10. **Analysis of Non-structural Data (Feedback Data):** This analysis involves coding and categorizing qualitative feedback data obtained from open-ended questions, identifying common themes, sentiments, and recommendations expressed by respondents to inform programmatic and policy decisions.

These analyses collectively provide a comprehensive understanding of the data collected, allowing for robust interpretations and actionable insights to guide EM and DV prevention efforts in Garut Regency.

Findings

Quantitative Figure

In summary, the quantitative figures reveal positive assessments of Maslahah, consistent patterns of responses with some variability, and the need for continued efforts to enhance community engagement in EM and DV prevention efforts. These findings provide valuable guidance for policymakers, practitioners, and stakeholders in refining interventions, allocating resources effectively, and fostering greater community involvement to maximize the impact of prevention initiatives and promote societal well-being.

The quantitative figures obtained from the research provide valuable insights into the Index of Maslahah (IM) assessment, standard deviation analysis, and levels of engagement within the community regarding early marriage (EM) and domestic violence (DV) prevention efforts. Here's a breakdown of the findings:

Index of Maslahah (IM): The total IM score is 6.99 out of 9.0, surpassing the reference value of 6.0. This indicates a positive overall assessment of societal benefit derived from EM and DV prevention initiatives in the community. With 8 variables assessed and 24 points checked, 16 points are deemed significant, suggesting meaningful impacts on Maslahah dimensions.

Standard Deviation Analysis: The standard deviation is below the reference value of 2.0 in 21 points, indicating a consistent and cohesive pattern of responses across most variables. However, there are 3 points where the standard deviation exceeds the reference value, suggesting some variability or divergence in responses. Overall, the standard deviation analysis reflects a relatively stable and cohesive set of data.

Levels of Engagement: The presence of non-engaged individuals still exceeds the reference value of 10%, indicating that further efforts are needed to enhance community engagement and participation in EM and DV prevention activities. This finding highlights the importance of implementing targeted interventions and outreach strategies to address barriers to engagement and promote inclusivity within the community.

Feedback from Community

Non structured data in the free narratives from collected by system, the to be resumed by utilized opensource of artificial intelligent as Feedback Data, as below:

1. Formation of Communication Information Education (CIE) Teams up to the Dasawisma level.
2. The importance of enhancing moral understanding based on religious beliefs and legal awareness among the community.
3. Strengthening the function and budget support for the prevention of Early Marriage (EM) and Domestic Violence (DV) through relevant departments.
4. Integration of EM and DV prevention education into the curriculum from an early age.
5. Expansion of creative spaces, job opportunities, and reorientation of education starting from primary school.
6. Formal and informal mentoring in shaping character through religious education and human resource competency.
7. Utilization of existing potential for EM and DV prevention.
8. Socialization of early marriage prevention, including penalties for perpetrators of DV.
9. Increase socialization and guidance to the community.
10. Enhancement of supervision starting from the neighborhood and community levels through monograph reports covering various aspects of community life up to the district government level. This data provides insights into efforts to prevent Early Marriage (EM) and Domestic Violence (DV), involving approaches through education, regulation, socialization, and cross-sectoral cooperation.

Discussion

Based on the study, discussion on the following issues:

People Education in the Digital Era for Public Research Applications:
The digital era offers unprecedented opportunities for enhancing public research through accessible education platforms. Leveraging digital technologies can democratize access to information, empower communities to participate in research endeavors, and facilitate data-driven decision-making processes. However, challenges such

as digital literacy disparities and ethical considerations regarding data privacy and security must be addressed to ensure equitable and responsible utilization of digital tools in public research.

Perception and Participation versus Acceptability Scores: While Perception and Participation scores may indicate positive engagement and awareness within the community, the challenge lies in improving Acceptability scores. Addressing this gap requires targeted interventions to understand and address underlying barriers or concerns that may hinder the acceptance of proposed initiatives or policies. Strategies to enhance community trust, address cultural sensitivities, and foster meaningful dialogue are essential for overcoming this challenge and fostering greater acceptance of EM and DV prevention efforts.

Utilizing AI for Non-Structural Data Processing: The advent of artificial intelligence (AI) presents a promising opportunity to effectively process and analyze vast amounts of non-structural data obtained from sources such as feedback mechanisms and qualitative research methods. AI algorithms can assist in extracting valuable insights, identifying patterns, and generating actionable recommendations from unstructured data sets. By harnessing AI capabilities, researchers can enhance the efficiency, accuracy, and scalability of data analysis processes, thereby maximizing the utility of non-structural data for informing research outcomes and decision-making.

Wellbeing Methodology (WM) for Addressing Complex and Dynamic Public Issues: The Wellbeing Methodology (WM) offers a robust framework for addressing complex and dynamic public issues by integrating qualitative and quantitative approaches to measure societal welfare and well-being comprehensively. By adopting a holistic perspective, WM enables researchers to capture the multifaceted dimensions of public issues, understand their interconnectedness, and identify effective interventions to promote positive outcomes. WM's emphasis on stakeholder engagement, data triangulation, and iterative refinement makes it well-suited for navigating the complexities of modern societal challenges and generating actionable insights for policy formulation and implementation.

Conclusion

In conclusion, the research conducted on socialization and education regarding the Maslahah index of EM and DV in Garut Regency yielded valuable insights and recommendations for addressing these critical issues. Through structured data acquisition, statistical analysis, and evidence-based research, the study contributed to advancing knowledge and informing actionable solutions to promote the well-being and safety of individuals and communities affected by early marriage and domestic violence.

The conclusion of the research question involves summarizing the findings and outcomes of the study conducted on socialization and education regarding the Maslahah index of early marriage (EM) and domestic violence (DV) prevention in Garut Regency. Here's a breakdown of each aspect:

Socialization and Education Maslahah Index of EM and DV in Garut Regency: The research successfully implemented socialization and education initiatives aimed at raising awareness and promoting understanding of EM and DV prevention among the population of Garut Regency. Through various educational programs, workshops, and community outreach efforts, significant strides were made in disseminating information and fostering dialogue on these critical issues.

Configuration of PPA Scoring, Statistical Data, and Social Interpretation: The study meticulously configured the Perception, Participation, and Acceptability (PPA) scoring system to measure community perceptions, levels of engagement, and acceptability regarding EM and DV prevention measures. Statistical data analysis provided valuable insights into the distribution, trends, and correlations within the PPA scores, enabling a deeper understanding of community attitudes and behaviors. Social interpretation of the statistical findings helped contextualize the data within the socio-cultural dynamics of Garut Regency, facilitating meaningful interpretations and actionable recommendations.

Non-Structured Data Acquisition: Non-structured data acquisition complemented structured data collection methods by providing qualitative insights and real-life anecdotes that enriched the analysis and interpretation of research findings. By incorporating feedback from diverse stakeholders, the research ensured that recommendations and interventions were informed by the voices

and experiences of those directly impacted by EM and DV.

Evidence-Based Data (EBD): The study generated evidence-based data (EBD) on EM and DV prevention in Garut Regency, providing empirical support for policy recommendations and intervention strategies. By grounding recommendations in empirical evidence, the research contributed to the development of effective and targeted approaches to address EM and DV within the community.

Submission of Recommendations: Based on the findings and evidence generated through the research, a comprehensive set of recommendations was submitted to relevant stakeholders, including policymakers, government agencies, non-governmental organizations (NGOs), and community leaders. These recommendations encompassed a range of strategies and interventions aimed at improving awareness, enhancing support services, strengthening legal frameworks, and promoting community engagement in EM and DV prevention efforts.

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