



The Role of the KEMANGI Program in Strengthening Parental Support for Adolescents through Andragogical Principles

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Abstract: The KEMANGI Program is a family-based community education initiative designed to support parents and adolescents in responding to developmental and social challenges during adolescence. This study aims to analyze the implementation of the KEMANGI Program based on andragogical principles, examine its role in strengthening parental support for adolescents, and identify the supporting and inhibiting factors affecting program implementation. The study employed a qualitative approach with a case study design in Genteng Kalianak, Surabaya, Indonesia. Ten informants were selected purposively, consisting of three mothers participating in the program, three adolescents from the same families, three facilitators, and one officer from the Surabaya City Office for Women's Empowerment, Child Protection, and Population Control. Data were collected through in-depth interviews, observation, and documentation and analyzed using the interactive model of Miles et al. The findings show that the learning process reflected the six principles of andragogy, with need to know, experience, and orientation to learning emerging most strongly through relevant materials, the use of parenting experiences as learning resources, and the application of learning to real family problems. The program contributed to strengthening parental support through more dialogic communication, communicative monitoring, emotional support, and facilitation of adolescents' positive activities. These changes were gradual and varied across families. Program implementation was supported by relevant materials, facilitator flexibility, parent-adolescent involvement, and institutional support, while uneven participation, difficulties in involving older adolescents, limited facilities, unsystematic evaluation, and the absence of sustained follow-up remained major challenges. The study concludes that KEMANGI functions as a family learning space within community education that strengthens parental support through contextual and experience-based adult learning.

Keywords: Andragogy; Parental Support; Adolescents; Family Education; Community Education

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INTRODUCTION

Adolescence is a developmental stage characterized by intensive physical, psychological, emotional, and social changes. These changes require parents to provide forms of guidance that are no longer merely directive but increasingly adaptive to adolescents' developmental needs. Parental support during this stage includes the ability to establish open communication, provide proportionate supervision, offer emotional support, and facilitate adolescents' interests and positive activities (Amellia, N & Putri, 2025; Pine et al., 2024; Tasya Alifia Izzani et al., 2024). Such needs have become increasingly complex as adolescents' social interactions expand through digital technology, social media, and various social environments that are not always directly supervised by parents (Livingstone & Blum-Ross, 2020; T. Yang et al., 2024; Young et al., 2026). Under these conditions, parents are expected not only to establish boundaries but also to build relationships that enable adolescents to feel safe in communicating, discussing problems, and seeking support.

The quality of parent-adolescent relationships and parental support is closely associated with adolescent development. Responsive parenting, particularly when accompanied by an appropriate balance between support and control, contributes to the development of psychosocial competence, autonomy, and adolescents' ability to cope with developmental demands (Baumrind, 1991; Maccoby & Martin, 1983; Zapf et al., 2023, 2024). The quality of family communication and support also contributes to adolescents' psychological well-being and their ability to adapt to social environments (Ismawati et al., 2025; Jeynes, 2024; Zhou et al., 2025). These findings indicate that interventions should not be directed solely toward adolescents as individuals but

should also address parents as key actors in the family support system. Strengthening parents' capacity is particularly important for families facing limitations in time, resources, access to parenting information, and challenging social environments.

One community facing such conditions is Genteng Kalianak Subdistrict in Surabaya, Indonesia. Families in this area encounter diverse parenting challenges related to peer relationships, gadget and social media use, reproductive health, risky behavior, and adolescents' ability to select positive social environments. These conditions highlight the need for family learning spaces that go beyond one-way information delivery and instead provide opportunities for parents and adolescents to understand problems, discuss experiences, and develop more adaptive patterns of interaction.

In response to these needs, the Surabaya City Office for Women's Empowerment, Child Protection, and Population Control (*Dinas Pemberdayaan Perempuan, Perlindungan Anak, dan Pengendalian Penduduk/DP3APPKB*) organizes the KEMANGI Program, an acronym for *Kelas Remaja, Orang Tua Tangguh, Kreatif* (Adolescent Classes, Resilient Parents, and Creativity). The program is implemented in stages through two cycles each year across subdistricts in Surabaya and is designed as a family learning program involving both parents and adolescents in a structured series of activities. This study focuses on the implementation of the KEMANGI Program in Genteng Kalianak during the study period, involving 20 participants consisting of parents and adolescents.

A preliminary study identified several characteristics that distinguish KEMANGI from parenting programs that primarily position parents as the sole target group. The KEMANGI Program simultaneously involves parents and adolescents from the same families, allowing the learning process to address both parties within the parenting relationship. The program is implemented over two months through eight weekly meetings. Each meeting follows a structured sequence consisting of attendance, material presentation, group discussion, comprehension evaluation through multiple-choice questions, and question-and-answer sessions. In practice, some sessions are conducted jointly, while others separate parents and adolescents depending on the nature of the topic. The program also collaborates with external institutions, including the National Narcotics Agency and the GenRe Ambassadors, to deliver topics requiring specific expertise. The program concludes with the provision of learning reports and a graduation ceremony marking program completion. These characteristics indicate that KEMANGI functions not merely as a one-time counseling activity but as a relatively structured and continuous learning process.

From the perspective of community education, the KEMANGI Program can be understood as a form of family-based nonformal education. Nonformal education serves to complement, extend, and enrich learning experiences that are not fully accommodated within formal education, while providing more flexible learning opportunities based on community needs (Almeida & Morais, 2025; Astuti et al., 2024; Coombs, 1976). In the family context, nonformal education may provide a learning space for parents to strengthen their knowledge, skills, and capacity to respond to parenting challenges. Family education programs are therefore not limited to knowledge transmission but may also function as empowerment processes in which participants are positioned as active subjects who identify problems, exchange experiences, and develop new ways of responding to everyday challenges (Astuti et al., 2024; Kim et al., 2021).

These learning characteristics are particularly relevant to an andragogical perspective because parents in the KEMANGI Program are positioned as adult learners. Knowles et al. (2020) explains that adult learning is shaped by several principles, including the need to understand the relevance of learning, the development of self-concept as an increasingly independent learner, the use of prior experience as a learning resource, readiness to learn arising from life needs, problem-centered learning orientation, and motivation to obtain meaningful benefits. Accordingly, the quality of a family education program cannot be assessed solely on whether information is successfully delivered, but also on the extent to which the learning process connects content with participants' experiences, needs, and real-life problems. Interaction among participants through discussion and experience sharing may also create opportunities for social learning and the formation of learning communities, as described in situated learning and community of practice perspectives (Lave & Wenger, 1991; Wenger, 1998). This perspective is important because it enables KEMANGI to be understood not only as a parenting program but also as a space for adult learning and family learning within the broader context of community education.

Although numerous studies have demonstrated the importance of parenting styles, family communication, parental monitoring, and parental support for adolescent development, much of the existing literature remains dominated by quantitative correlational approaches examining relationships between parenting characteristics and adolescents' psychological or behavioral outcomes (Haniyah et al., 2022; Khadka et al., 2025). Such studies are important for identifying associations between variables, but they offer limited insight into how parents' ability to support adolescents may be developed through community-based learning programs organized by

local governments. Research on family education programs has also frequently emphasized program effectiveness or final outcomes, while less attention has been given to the learning processes experienced by parents as adult learners, how they apply learning materials in everyday family life, and how changes in parental support are perceived within parent–adolescent relationships. This gap is particularly relevant to the KEMANGI Program, which simultaneously engages parents and adolescents in a structured learning process.

The novelty of this study lies in examining the KEMANGI Program as a form of community education and family-based nonformal education through two interrelated dimensions. First, the study analyzes parents' learning processes based on andragogical principles to understand how participants' needs, experiences, participation, readiness to learn, problem orientation, and motivation are accommodated within the program. Second, it explores how such learning contributes to strengthening parental support for adolescents, particularly in the dimensions of communication, monitoring, emotional support, and facilitation of adolescent development. Through this approach, the study moves beyond describing program implementation and instead connects the learning process with changes in parenting practices perceived within families.

Based on this background, this study aims to analyze the implementation of the KEMANGI Program based on andragogical principles, examine the role of the program in strengthening parental support for adolescents, and identify factors that support and hinder its implementation in Genting Kalianak, Surabaya.

METHODS

This study employed a qualitative approach with a case study design to obtain an in-depth understanding of the implementation of the KEMANGI Program and its role in strengthening parental support for adolescents. The case study design was selected because the study focused on a specific family-based community education program implemented within a particular social and institutional context, namely the KEMANGI Program in Genting Kalianak, Surabaya, Indonesia. A qualitative approach enables researchers to examine experiences, meanings, interactions, and contextual processes within their natural settings. Case studies are particularly appropriate for investigating contemporary phenomena within real-life contexts, especially when the boundaries between a program and its surrounding context are not clearly separated. In this study, andragogy was not treated as a formal instructional model explicitly adopted by the KEMANGI Program. Rather, andragogical principles were used as an analytical perspective to interpret how parents, as adult learners, experienced the learning process and how the program contributed to their practices of supporting adolescents.

The research site was purposively selected because Genting Kalianak was one of the locations implementing the KEMANGI Program as part of a family education initiative organized by the Surabaya City Office for Women's Empowerment, Child Protection, and Population Control (DP3APPKB). During the study period, the program involved 20 participants consisting of parents and adolescents and was conducted over two months through eight weekly meetings. Learning activities included material presentations, group discussions, question-and-answer sessions, comprehension assessments, and sessions conducted either jointly or separately for parents and adolescents according to the topic. The program also involved external resource persons for selected themes. These characteristics made the site particularly relevant for examining the learning experiences of parents as adult learners, interactions between parents and adolescents, and the role of a community-based nonformal education program in strengthening parental support.

Informants were selected using purposive sampling based on their direct involvement in the KEMANGI Program and their ability to provide information relevant to the research objectives. Not all program participants were included as informants. Instead, information-rich participants were selected to represent family, facilitation, and institutional perspectives. The selection of parent informants considered their participation in program activities, attendance across the learning sessions, ability to describe their learning experiences, and experience in applying program content in supporting their adolescents. Adolescents were selected from the same families as the participating mothers to enable comparison between parents' accounts and adolescents' experiences of parental support. Facilitators were selected based on their direct involvement in organizing and facilitating learning activities, while the DP3APPKB officer was included because of their knowledge of the program's objectives, implementation procedures, and institutional context.

A total of ten informants participated in the study, consisting of three mothers participating in the KEMANGI Program, three adolescents from the same families, three program facilitators, and one DP3APPKB officer. Most of the adult informants, including the participating mothers and facilitators, were in their thirties, providing perspectives from individuals who were actively engaged in both parenting and community-based family education. The use of matched parent–adolescent pairs enabled the researchers to compare perceived changes in parental support from both sides of the family relationship. The inclusion of facilitators and the DP3APPKB officer provided additional perspectives concerning the learning process, participant involvement, program

organization, evaluation, and implementation challenges. Participant selection was therefore intended not to achieve numerical representation but to obtain information-rich accounts concerning the learning process, parental support practices, and contextual factors influencing program implementation.

Table 1. Characteristics and Roles of Research Informants

Code	Informant Status	Basis for Inclusion
IP	Mothers participating in the KEMANGI Program	Active participation in program activities and ability to describe learning experiences and parental support practices
R	Adolescent participants	Adolescents from the same families as the selected mothers and able to describe their experiences of parental support
F	KEMANGI Program facilitators	Direct involvement in facilitating learning activities, discussions, participation, and program evaluation
D	DP3APPKB officer	Knowledge of program objectives, implementation procedures, institutional arrangements, and program development

Data were collected through in-depth interviews, observation, and documentation. The use of multiple data collection techniques was intended to obtain complementary information regarding the learning process, parents' experiences as adult learners, perceived changes in parental support, and factors supporting or constraining program implementation. Data collection was guided by three main analytical concerns: the implementation of KEMANGI learning activities in relation to andragogical principles, the role of the program in strengthening parental support for adolescents, and the supporting and inhibiting factors associated with program implementation.

In-depth interviews were conducted using semi-structured interview guidelines adapted to the role of each informant group. Interviews with mothers explored their reasons for participating in the program, perceptions of the relevance of the learning materials, opportunities to participate in discussions, use of previous parenting experiences as learning resources, readiness to learn about adolescent issues, application of program content in everyday family situations, and motivation to complete the program. The interviews also examined perceived changes in parental support, including communication with adolescents, monitoring of school, peer relationships and gadget use, emotional support, responses to adolescent problems, and facilitation of adolescents' interests and positive activities.

Interviews with adolescents were conducted to obtain complementary perspectives on parental practices within the family. Questions focused on adolescents' experiences of communication with their mothers, parental attention to school and peer relationships, monitoring of daily activities and gadget use, opportunities to share personal concerns, emotional responses from parents, and support for interests and positive activities. These interviews were particularly important for examining whether changes reported by mothers were also perceived by adolescents. The study therefore did not assume that parental participation in the program automatically resulted in improved parenting practices; interpretations were developed by comparing parental accounts with adolescents' experiences and other empirical evidence.

Interviews with facilitators focused on the organization of learning activities, identification of participant needs, adaptation of learning materials, facilitation strategies, opportunities for participation, group discussions, evaluation procedures, and challenges in engaging both parents and adolescents. Particular attention was given to how facilitators adjusted learning materials to issues identified among participants, encouraged parents to participate in discussions, and responded to varying levels of participant engagement. Interviews with the DP3APPKB officer explored the institutional background of the KEMANGI Program, program objectives, implementation procedures, participant recruitment, collaboration with facilitators and external resource persons, continuity of the program, and institutional challenges encountered during implementation.

Observation was conducted during KEMANGI learning activities to examine the learning process in its actual setting. Observation focused on the delivery of learning materials, interaction between facilitators and participants, opportunities for parents to ask and answer questions, group discussion processes, participation of parents and adolescents, and the organization of joint and separate sessions. Particular attention was given to practices relevant to adult learning, including the extent to which learning materials were connected to participants' everyday parenting problems, opportunities to share prior experiences, participant involvement in discussion, and the use of problem-oriented learning activities. Observation also documented variations in participation, including reluctance among some participants to speak voluntarily and facilitators' strategies for encouraging engagement.

Documentation was used as supporting data to contextualize and verify information obtained from interviews and observations. Documentary materials included photographs of program activities, attendance

records, learning materials, program schedules, pre-test and post-test materials, learning records, and documentation of program completion activities. These materials were examined to identify the structure of the learning process, types of activities, evaluation procedures, patterns of participation, and evidence concerning program continuity. Documentation was primarily used for contextualization and triangulation rather than as an independent unit of analysis.

The researchers served as the primary research instruments, supported by semi-structured interview guidelines, observation guidelines, audio-recording devices, field notes, and documentary records. Field notes were used to capture contextual information, participant interactions, learning situations, and observations that could not be fully represented through audio recordings. Reflective notes were also maintained throughout the research process to distinguish empirical observations from analytical interpretations and to support reflexivity during data analysis.

Data were analyzed using the interactive model of Miles et al. (2018), consisting of data collection, data condensation, data display, and conclusion drawing and verification. Interview transcripts, observation notes, and documentary materials were read repeatedly to identify meaningful segments related to learning needs, participation, experience sharing, readiness to learn, problem-oriented learning, motivation, communication, monitoring, emotional support, facilitation, and program implementation challenges. Initial coding remained close to the empirical data so that the analysis did not prematurely impose theoretical categories onto participants' experiences.

The second stage of analysis involved organizing related codes into broader analytical categories guided by the research objectives and relevant theoretical perspectives. Andragogical analysis was based on Knowles' principles of need to know, self-concept, experience, readiness to learn, orientation to learning, and motivation (Knowles, 1980, 1984). These principles were used as sensitizing concepts rather than fixed categories. A learning practice was therefore interpreted as reflecting a particular andragogical principle only when supported by recurring evidence from interviews, observations, and documentary data. The andragogical analysis was applied primarily to mothers as adult learners, while adolescent data were used to understand family interactions and to examine perceived changes in parental support.

The analysis of parental support focused on recurring practices and perceived changes related to communication, monitoring, emotional support, and facilitation. Communication referred to parents' efforts to listen, discuss problems, provide advice, and create opportunities for adolescents to share their experiences. Monitoring included parental attention to adolescents' school activities, peer relationships, daily routines, and gadget or social media use. Emotional support concerned parents' efforts to understand adolescents' feelings and to avoid overly restrictive responses, while facilitation referred to parental support for adolescents' interests and positive activities within appropriate family boundaries. These dimensions were used as analytical categories to organize recurring patterns in the data rather than as standardized measures of parenting outcomes.

The analysis generated three overarching thematic areas corresponding to the objectives of the study: (1) Learning Implementation of the KEMANGI Program through Andragogical Principles, which describes how learning needs, participation, experience, readiness, problem orientation, and motivation were accommodated in the program; (2) The Role of the KEMANGI Program in Strengthening Parental Support for Adolescents, which examines perceived changes and practices related to communication, monitoring, emotional support, and facilitation; and (3) Supporting and Inhibiting Factors in Program Implementation, which identifies contextual and organizational conditions influencing participant involvement, learning continuity, evaluation, and program implementation. Data were displayed through narrative descriptions and thematic matrices to facilitate comparison across informants, techniques, and emerging themes.

The credibility of the findings was strengthened through source and technique triangulation. Source triangulation involved comparing information obtained from mothers, adolescents, facilitators, and the DP3APPKB officer. Particular attention was given to comparing accounts from matched mother-adolescent pairs to examine whether perceived changes in parental support reported by mothers were also experienced by adolescents. Information from facilitators and the DP3APPKB officer was used to contextualize and verify findings related to learning processes, participant engagement, evaluation, and program implementation. Technique triangulation was conducted by comparing interview findings with observation and documentary evidence. This process helped reduce reliance on single-source accounts and strengthened the interpretation of both learning processes and changes in parental support.

Transferability was supported by providing detailed descriptions of the research setting, participant characteristics, program activities, and the social and institutional context in which the KEMANGI Program was implemented. Dependability was strengthened through systematic documentation of data collection

procedures, consistent use of interview and observation guidelines, coding records, and thematic matrices. Confirmability was supported through field notes, reflective notes, repeated comparison between interpretations and empirical evidence, and clear differentiation between participants' statements and researchers' interpretations. Member checking and peer discussion were also used, where appropriate, to review interpretations and strengthen the consistency of the findings.

RESULTS AND DISCUSSION

1. Implementation of the KEMANGI Program's Learning Activities Based on Andragogical Principles

The KEMANGI Program's learning activities are structured while also responding to families' needs. The program runs for eight weekly sessions, with activities that include presentations, group discussions, question-and-answer sessions, and assessments of participants' understanding through pretests and posttests. In some sessions, parents and adolescents participate together, while for certain topics they are separated so that discussions better suit the participants' characteristics. This structure shows that KEMANGI is more than an educational outreach program: it also creates a family learning environment where participants can receive information, interpret their experiences, and connect the material to everyday concerns.



Figure 1. Facilitator-Led Learning Session with KEMANGI Program Participants

From an andragogical perspective, the KEMANGI learning process reflects six key principles, namely: need to know, self-concept, experience, readiness to learn, orientation to learning, and motivation (Knowles, 1977). The six principles did not appear with equal intensity. Need to know, experience, and orientation to learning were relatively more prominent, while self-concept, readiness to learn, and motivation appeared in more varied forms. This pattern is consistent with the characteristics of adult learning, which generally becomes more meaningful when the material relates to social roles, real-life issues, and participants' existing experiences.

In the dimension of need to know, the learning process showed a connection between the material and families' current needs. The KEMANGI material was not treated entirely as a rigid learning package. Facilitators adapted it to issues that had emerged since the initial meetings, such as the use of digital devices, social media, bullying, adolescent relationships, reproductive health, and other social risks.

"The material does have a general outline, but we still take the participants' circumstances here into account. From the initial meetings, it became clear that many issues involving the children were related to phone use and social media. There was also teasing and unkind comments. So, we put extra emphasis on the material about bullying because it was relevant to their circumstances. Parents also need to know about it, because sometimes all they see at home is their child using a phone, while they may not know what is happening on social media. So, we try to make sure the material we provide doesn't just follow the module but also meets the needs that arise among the participants." (F-1). This account shows that learning needs were understood in context, rather than simply as a list of topics predetermined by the organizers. From the participants' perspective, the material's relevance was also evident when parents linked their participation to the challenges of dealing with changes in adolescent behavior.

"I feel that once children reach adolescence, things really are different. When they were little, we could say 'no,' and they were more likely to listen. Now they have their own opinions, lots of friends, and more activities. Sometimes I'm not sure how to explain things so they understand what I mean, rather than thinking I'm always forbidding them from doing things. At KEMANGI, I gained more insight into how to deal with

teenagers, especially when it comes to their social lives and how we as parents should talk with them." (IP-1). These findings are consistent with the need-to-know principle, which emphasizes that adult learners need to understand why they should learn certain material and how it relates to their lives (Lyndgaard et al., 2024; van Woerkom et al., 2023). This relevance is especially important in the context of parenting, because parents do not enter a program as individuals with no prior experience; rather, they are adults navigating changes in their family's developmental tasks. Accordingly, parenting education is better understood as a process of adapting knowledge and practices than as a mere transfer of information.

However, the responsiveness of KEMANGI's materials still relies largely on facilitators' observations and the dynamics of the initial meetings. There is no evidence of a systematically documented needs assessment before the program began. This suggests that the program has adapted in practice but has not yet fully developed an assessment mechanism for mapping families' needs in a more structured way. In community programs, documenting needs is important so that adaptations do not depend solely on facilitators' intuition, but can inform program planning, evaluation, and replication.

The principle of self-concept is reflected in participants' opportunities to ask and answer questions, express their opinions, and take part in discussions. However, these opportunities do not always lead to independent initiative.

"Participants can always ask questions. The facilitator usually finishes the material and then says that anyone who has a question is welcome to ask. But the mothers are sometimes a little shy. Usually, if no one starts, everyone stays quiet at first. Then the facilitator calls on someone—for example, asking what they would do at home if their child behaved this way. Once one person starts sharing, the others usually join in. So, they do want to participate; sometimes they just need a little prompting." (IP-2).

The facilitator also described changes to the program design intended to encourage more active participation. *"In the previous period, the mothers were generally the ones who participated more actively. Now we're encouraging both the children and their mothers to be involved. So, the children need to be active, and the mothers need to be active too. The children don't just come along; they answer questions, take part in activities, and join discussions. The hope is that it won't just be the mothers who receive the material and then go home, but that both will experience the learning process." (F-1).* These findings point to a distinction between the opportunity to participate and self-directed participation. In andragogy, self-concept is not only about participants' presence in activities, but also about developing a sense of ownership over the learning process (Knowles, 1977). KEMANGI has provided opportunities for participation, but involvement is still often mediated by facilitators. This means that the program structure is participatory, but participants have not yet fully developed autonomy in their learning.

This situation is common in community education. Adults do not automatically become self-directed learners simply because they are adults. Previous educational experiences, communication norms, feelings of embarrassment, power dynamics, and concerns about disclosing family issues can all affect how comfortable people feel speaking up. Facilitators therefore continue to play an important role in creating psychological safety and offering forms of participation that do not depend solely on the willingness to speak in a large group. Strategies such as small-group discussions, written reflections, case studies, or anonymous questions can strengthen the self-concept dimension by giving participants more control over how they participate.

KEMANGI shows considerable strength in the experience dimension. Parenting experiences are not merely used as illustrations; they serve as a source of learning.

"What I like about the activities is that there's usually a discussion after the presentation. That's when the mothers start talking about their own children's situations. It turns out that many of us have almost the same problems. Some have children who can't put down their phones, some have children who get angry when they're given advice, and some have children who talk more to their friends than to their parents. Hearing from the other mothers made me realize that I'm not the only one going through this. Sometimes I also learn a different approach—for example, not getting angry right away, but trying to listen to my child. So, we learn not only from the speaker, but also from the other participants' experiences." (IP-4).

The facilitator confirmed that participants' experiences are indeed used as part of the learning process. *"Once we get into the discussion, the material often develops from the mothers' experiences. For example, we might be discussing communication, and then one mother says that when her child gets home from school, the child goes straight to their room and picks up their phone. That one story then brings out experiences from other participants. We don't immediately say what the 'right' approach is. Instead, we ask the others to respond first, and then we guide the discussion back to the material. So, their experiences really do become part of the learning process." (F-2).*

Field observations showed the same pattern: During a discussion following the presentation, the facilitator asked participants to share examples of problems that often arise at home. At first, the group was quiet, and several participants simply looked at one another. Then one mother described how her child immediately used a cell phone after school and was difficult to engage in conversation. Her story prompted responses from other participants, who raised similar concerns, such as children interacting more with friends on social media and becoming easily offended when corrected. The facilitator did not offer an answer right away but asked the others to explain what they usually did at home. The discussion then developed into an exchange of experiences about how to correct children, set limits, and maintain communication with teenagers. At the end of the session, the facilitator summarized several participants' experiences and connected them back to the material on parent-teen communication. (Observation Notes).

These findings show that knowledge in KEMANGI does not flow entirely vertically from facilitator to participant. It also flows horizontally among participants. This is consistent with Knowles et al. (2005), which positions experience as an important source of adult learning, as well as with Lave dan Wenger (1991), which frames learning as participation in social practices.

From the perspective of situated learning, participants' life contexts are not merely a backdrop; they are part of the knowledge-construction process. When issues involving devices, communication, or social interactions are discussed through real-life experiences, participants do more than understand abstract concepts—they reinterpret their own practices. However, experience still needs to be examined critically. It does not always lead to effective practices; it can perpetuate old habits or assumptions that have never been tested. Therefore, the facilitator's role is not simply to invite participants to share their stories, but to help them reflect and compare their experiences with other perspectives.

In the readiness-to-learn dimension, participants' readiness was closely tied to changes in parenting responsibilities as their children entered adolescence. *"I joined because I felt that my child had reached adolescence and that the challenges were different. My child has more friends, is starting to have activities of their own, and it's also harder for us to monitor their phone use. If we forbid too much, I'm afraid our child will pull away, but if we give them too much freedom, we worry too. So, I felt I needed to learn more about how to deal with a child at this age."* (IP-5).

Another informant added: *"Sometimes the approaches I used when my child was little don't work anymore. Back then, if I told them to do something, they would do it right away. Now they sometimes talk back or ask why. That made me realize that I also need to learn, not just ask my child to change. I need to know how to explain things, so my child understands what I mean while still feeling respected."* (IP-6). These findings show that readiness to learn emerges when participants face life transitions that make their previous strategies inadequate. This is consistent with Knowles (1980, 1984), who viewed readiness to learn as closely related to the demands of adults' social roles.

Furthermore, these findings provide a basis for understanding parenting as a form of lifelong learning. The parental role changes as children grow older. Parents who previously focused more on managing basic routines need to shift toward negotiation, granting trust, more subtle monitoring, and supporting adolescents' autonomy. Thus, parental learning is not a one-time intervention but an adaptive process that continues throughout the family life cycle.

In the orientation-to-learning dimension, participants began applying the material to real-life challenges.

"Before, I would sometimes immediately say, 'Don't be friends with that child' or 'Don't go to that place.' Now I try not to forbid things right away. I ask more questions first—who their friends are, what they're doing—and then explain what I think is good and what they should avoid. I tell them they can be friends with anyone, but they need to be able to tell when someone is inviting them to do something wrong. So now I explain more instead of forbidding things outright." (IP-7).

Another change was evident in communication: *"After taking part in that activity, I've been trying not to interrupt when my child tells me something. Parents sometimes start giving advice before their child has even finished talking. Now I try to listen first and then share my opinion. I'm not always successful, because when I'm tired, I can still get upset, but at least I'm more aware that if I get angry right away, my child won't want to talk anymore."* (IP-8).

These findings are highly consistent with the concept of a problem-centered orientation. Adult learners tend to be more interested in knowledge they can immediately apply to address real-life challenges (Boeren, 2017; Yamashita et al., 2022). In KEMANGI, learning becomes meaningful when knowledge about communication or social interaction is translated into concrete decisions at home. This pattern is also consistent with the observation that many family interventions target not only knowledge but also family communication, positive parenting, parenting skills, and parent-child relationships (Shen et al., 2017; Wills-Ibarra et al., 2024). The review findings show that the program's effects may emerge across several domains at once but are not

always consistent across all indicators. Changes in practice should therefore be understood as a multidimensional process, rather than a single outcome.

The final dimension, motivation, reflects a combination of intrinsic benefits and symbolic recognition. *"I stayed until the end because I felt it was beneficial. At the very least, I gained some additional insight into how to deal with my child. My child also became somewhat more active because there were activities to do instead of staying home all the time on a phone. Each session covered different material, so I felt there was something I could take away. When the material seemed relevant to a problem at home, I usually tried to remember it and put it into practice."* (IP-9).

The program also provides pretests, posttests, certificates, and a graduation ceremony. *"Each session includes a pretest and a posttest, but the scores are still recorded manually. We do not submit those scores as official grades to determine whether participants are allowed to graduate. So, graduation is more a sign that participants have completed the full series of activities. The tests are mainly intended to see whether participants, especially the children, understand the material after it has been presented. We do not yet compile a record of each participant's progress from beginning to end."* (F-2).

In adult learning, motivation is based not only on external rewards but also on learners' perceptions of how learning can help address the challenges they are facing. In the context of KEMANGI, the motivation to complete the program appears to be linked to gaining new insights, practical benefits for supporting adolescents, and symbolic recognition through certificates and a graduation ceremony. This is consistent with the adult-learning focus on developing capabilities and addressing life's challenges. Overall, andragogical principles are integrated into KEMANGI's implementation to varying degrees: need to know is reflected in the relevance of the material to families' current challenges; experience, in the use of parenting experience as a learning resource; and orientation to learning, in applying the material to address real-world challenges. Meanwhile, self-concept is supported through opportunities for discussion and participation, although learners' engagement still often requires prompting from facilitators. Readiness to learn stems from parents' need to adapt their support strategies as their children develop, while motivation is sustained by the practical benefits they experience. These findings indicate that KEMANGI's main andragogical strengths lie in the relevance, experiential basis, and practical orientation of its learning, while learner autonomy and the use of assessment to monitor learning progress remain areas for improvement.

2. The Role of the KEMANGI Program in Strengthening Parental Support for Adolescents

The findings show that parental support fostered through KEMANGI can be understood through four interconnected dimensions: communication, parental monitoring, emotional support, and the facilitation of development and positive activities. These dimensions did not change uniformly across all families; rather, they reflected adjustments in patterns of parental involvement.

In the communication dimension, parents began to move away from approaches based solely on prohibitions. *"My child can be difficult to manage at times. In the past, when things didn't go the way I wanted, I would get angry more quickly or immediately forbid her from doing something. After joining KEMANGI, I tried to understand that teenagers already have their own thoughts. I try to be a mother but also a friend, so she doesn't feel constantly pressured. When there's a problem, I now try to ask first and listen, and only then offer advice. I hope that if anything happens, she won't be afraid to tell me."* (IP-3).

R-3's account corroborates this change. *"Now Mom asks more often how things are going at school, whether I'm having any problems, and about my friends. Before, she would more often go straight to giving advice; now she usually asks first. I still haven't told Mom everything, but I feel more comfortable telling her about certain things. When I do, she usually listens first and then offers advice. I think Mom is making more of an effort to understand what I'm going through."* (R-3).

However, R-4's account suggests that this change has been gradual. *"There has been a change, but I think it's happening slowly. Mom does invite me to talk more often now and asks about what I'm doing. I sometimes share things too, but I haven't told her everything. If something feels very personal, I still tend to keep it to myself or tell a friend. But talking to Mom feels better now because she doesn't always get angry right away."* (R-4). Adolescents' perspectives are important because family research often finds differences between parents' and children's perceptions. When parents say communication has improved, adolescents may not necessarily see it the same way. Dyadic data from both parents and adolescents therefore provide a stronger basis for interpretation.

The findings of this study are consistent with various studies showing that changes in family communication and parent-adolescent relationships after participating in parenting programs do not always occur in the same way (Branje, 2018; Hurtado Choque et al., 2024; Mastrotheodoros et al., 2019). Several

studies report improvements in the quality of communication and family relationships, while others show more limited changes or changes in only certain areas (Liermann & Norton, 2016; Platsidou & Tsirogiannidou, 2016; Tammissalo & Rotkirch, 2022; V. J. H. Yang et al., 2025). These variations indicate that changes in parent-adolescent relationships are gradual and shaped by the characteristics of each family. Therefore, the communication changes observed in the KEMANGI Program are better understood as a process of gradual strengthening than as an immediate, comprehensive transformation of family relationships.

Theoretically, communication during adolescence serves a more complex function than it does during childhood. Parents can no longer obtain all information through direct supervision. Much of what they learn about school, friends, personal concerns, and digital activities depends on adolescents' willingness to share. Thus, communication quality underpins other parenting functions. This helps explain why the shift from prohibitions to dialogue is significant. Dialogue is not merely a friendlier form of communication; it is a way for parents to stay connected to adolescents' lives as direct control diminishes.

The second dimension is parental monitoring. *"I keep an eye on things, especially my child's friends and phone use. But I don't want to check all the time, because then my child might feel that I don't trust them. So I usually ask where they went after school, who they were with, and what they're looking at on their phone. When it comes to friends, I don't just tell them not to hang out with someone. Instead, I explain that if a friend encourages them to do something wrong, they need to be able to say no. So, there are still boundaries, but my child also has the chance to learn how to make choices."* (IP-5).

The adolescents offered a consistent perspective. *"My mom asks more often now where I go after school, who I'm with, and whether I've finished my homework. She also reminds me if I've been on my phone too long. But that doesn't mean she checks my phone all the time. She mostly asks questions or tells me not to spend too long on it. I feel like she pays more attention to me, especially when it comes to school and friends."* (R-2). In these findings, monitoring is not the same as surveillance. Parents try to stay informed about their children's activities through conversation, attentiveness, and boundaries. This is especially important in the digital context, where fully monitoring adolescents' activities is unrealistic and may even conflict with their need for privacy and autonomy.

Research on internet use among adolescents also shows a link between poor monitoring, inconsistent discipline, and various indicators of problematic internet use, underscoring the continued relevance of parenting practices in the digital context (Bleakley et al., 2016; Hernandez et al., 2024; Morawska et al., 2026; Peebles & Chen, 2024; Wissink et al., 2025). However, effective monitoring does not mean that more controls are always better. Monitoring should take place within a relationship that allows adolescents to share information voluntarily. The KEMANGI findings therefore point to a more dialogic form of monitoring. Parents maintain boundaries while combining them with explanations and communication. This approach is better suited to the development of adolescent autonomy than monitoring based on absolute prohibitions.

The third dimension is emotional support. *"I've started to realize that if you restrict a child too much, they may pull away. So now, when my child wants something, I try not to say no right of way. I first ask why they want it and what the benefits are, and then I share my opinion. Sometimes I still get upset when my child doesn't listen, so I can't always stay calm. But I try to make sure my child feels they can still come to me when there's a problem, rather than being afraid."* (IP-6).

The adolescent said: *"I'm more able to talk about things now than I was before, but I still don't tell Mom about every problem. Sometimes I tell her a little about problems at school, and then she gives me her opinion. If it's something too personal, I still think it over first. But at least now I feel that if I tell her something, she won't immediately get mad, so I feel more comfortable."* (R-6). These findings show that emotional support cannot be understood solely in terms of parents' intentions. Support becomes meaningful only when adolescents also feel safe in the relationship. This is why adolescents' perspectives matter: they show that changes in parents do not automatically lead to full openness.

Several studies emphasize that supportive relationships are built through consistent, responsive, and repeated patterns of interaction; the quality of a relationship is determined not only by verbal warmth but also by actions that foster connection in everyday life (Arıcan-Dinc & Gable, 2023; Bülow et al., 2022; Cao et al., 2020; Chow & Ruhl, 2018; Holmstrom & Lim, 2023; Hwang et al., 2025; Kostøl & Kovač, 2024). Although this literature has largely developed in the context of child development, its principle that consistent relational experiences are important is relevant to understanding how trust develops in parent-adolescent relationships. Accordingly, parenting programs should not be evaluated solely on whether parents know how to communicate effectively, but also on whether they consistently use these strategies after the program. Changes in emotional support may take longer to emerge than gains in knowledge.

The fourth dimension is facilitating positive development and activities. *"My mother is supportive, but only when it's something positive. When I want to join an activity, she usually asks what it is, who I'll be with, and*

what time I'll be home. If it seems worthwhile, she usually lets me go and supports me. If she thinks the activity isn't a good idea, she usually explains why I can't go. So, she's supportive, but there are still limits." (R-5).

A parent emphasized: *"If the activity is good, I'm happy for my child to take part. Rather than spending all their time on their phone, it's better to join an activity that's worthwhile. But I still want to know what the activity is and who they'll be with. So, it's not that I give them complete freedom, but if it's positive, I do my best to support them."* (IP-7). This pattern reflects a combination of support for autonomy and parents' regulatory role. It is consistent with authoritative parenting, which combines responsiveness with boundaries and behavioral expectations (Haverfield & Theiss, 2017; Moon et al., 2020; Morris et al., 2021). However, this study does not classify overall family parenting styles because the data reflect only a few specific practices. The findings also show that parental support is not solely protective. Parents do more than prevent risky behavior; they also facilitate participation in positive activities. This orientation is important because adolescent development should be understood not only in terms of the absence of problems, but also in terms of opportunities to build competence, social relationships, and meaningful experiences.

Overall, the four dimensions of parental support appear to reinforce one another. More open communication increases the likelihood that adolescents will share information, which in turn helps parents monitor them more proportionately. Responses that are more attentive and less judgmental also help foster a sense of security in the relationship, while a more open relationship allows parents to support adolescents' activities and development while maintaining boundaries, they consider important. Thus, in the context of KEMANGI, parental support does not take the form of a set of standalone parenting techniques, but rather a pattern of guidance shaped by the interplay of communication, monitoring, emotional support, and facilitation. This finding is consistent with research on parenting programs, which shows that the benefits of family interventions generally emerge across multiple areas at once, such as positive parenting, family relationships, parental efficacy, communication, and child behavior, although the degree of change may vary across areas. This suggests that the contribution of family programs is better understood in terms of multidimensional patterns of change than assessed based on a single outcome indicator.

3. Supporting and Inhibiting Factors in the Implementation of the KEMANGI Program

The implementation of KEMANGI shows that the quality of a family program is determined not only by its content, but also by the interaction among program design, facilitators, participants, resources, institutional context, and implementation sustainability.

The first supporting factor is the relevance of the material. *"In my opinion, the material really is relevant to what's happening today. Kids spend a lot of time on their phones and use social media, and their friends aren't just people they meet in person. So, when we talk about relationships, bullying, reproductive health, or how parents communicate with their children, I feel that the material isn't far removed from their lives. It's part of everyday life."* (IP-1). Relevance matters because material that addresses participants' needs is more likely to be perceived as useful. This is also consistent with a systematic review of parenting programs for Southeast Asian families, which found a strong need to adapt programs to local contexts and diverse family circumstances. Programs that are too generic risk losing their connection to participants' concrete situations.

The second factor is facilitator flexibility. The ability to adapt the material to participants' concerns is a strength because it allows the program to respond to their current needs. However, flexibility always has implications: the more extensive the local adaptation, the more important it is to document it so that the program's core components are preserved. Implementation literature shows that adapting to community conditions is necessary, but consistent delivery is also a major challenge when programs are implemented in real-world settings.

The third factor is the involvement of two generations. *"If only the mothers are given the material, their children may not understand what their mothers are learning. That's why the children are now also asked to participate actively. Some material can be discussed together, while other topics are better covered separately so they can speak more openly. The hope is that when they go home, both sides will have a shared understanding, rather than the mother alone feeling that she must change her child."* (F-1).



Figure 2. Parent-Adolescent Participation in the KEMANGI Program

Informant D-1 added: *"This program does not view adolescents only as people who need guidance. Their parents also need to learn, because adolescent issues are often related to communication at home. That is why both are involved. We hope that not only the children gain insight, but that parents also understand adolescent development and how to support them."* (D-1). This kind of dyadic approach has a strong foundation. A systematic review of parenting programs in Southeast Asia found that several interventions combine sessions for parents, sessions for children, and joint family sessions. These findings suggest that family change is more likely when a program does not treat just one party as the sole target for change. The fourth supporting factor is institutional support and external collaboration. The involvement of DP3APPKB, BNN, and GenRe Ambassadors broadens the range of knowledge available. In community education, networks like these are important because adolescent issues are multidimensional and require knowledge from multiple fields.

However, there are also barriers. The first is uneven participant engagement. *"When they're asked to come forward on their own, many are still shy. The kids usually point to one another, and the mothers sometimes wait for someone else to go first. So, the facilitator must draw them in with simple questions. Once one person starts sharing, the atmosphere usually becomes more relaxed, and others begin to join in. The challenge is making them feel safe enough to speak."* (F-2).

Observations showed the same pattern. At the beginning of the Q&A session, the facilitator invited participants to ask questions voluntarily. No one raised a hand right away. Several mothers looked at one another, while some adolescents smiled and pointed to each other. The facilitator then changed tactics, asking a more specific question about children's habits around using devices at home and inviting one participant to respond. After the first participant shared their experience, two others began adding comments without being called on. The discussion became more relaxed, and several participants responded to one another's experiences. This pattern suggests that limited participation was not due to a lack of experiences or opinions, but rather that participants needed an initial prompt and a sufficiently safe atmosphere before speaking in a group (Observation Notes).

This finding is important because participant engagement is a common challenge in community programs. Implementation literature shows that recruitment, retention, engagement, and the ability to adapt a program to real-world circumstances are recurring challenges in delivering community-based interventions. Therefore, participation cannot be viewed solely as an individual trait; program design also determines who feels comfortable taking part.

The second barrier is the involvement of older adolescents. *"The target age range goes up to 21. But it's hard to get the older ones to come; many don't want to participate. Middle schoolers are easier to persuade to come with their parents. The older ones may have their own activities or feel that a program like this isn't for them, but I can't be sure because they haven't told me their reasons directly. So the participants who are active now are mostly middle school age."* (F-3). This finding points to a potential mismatch between the program's target age range and participant characteristics. The 12-21 age range encompasses highly diverse developmental stages. The needs of younger adolescents, older adolescents, and young adults cannot be assumed to be the same. Difficulty recruiting older participants may therefore indicate that the program format needs to be more differentiated.

The third barrier is limited facilities. *"Some topics would be easier to discuss if the children and their mothers were separated, because the discussions are different. But space is limited, so during this period we've had to hold several sessions together in one room. There are still only about 20 participants, so the activities*

can go ahead, but there's less room for separate discussions. If two rooms were available, the facilitators would have more flexibility to tailor the discussion to each group." (F-1).



Figure 3. Shared Learning Space for Parent and Adolescent Participants in the KEMANGI Program

IP-1 stated: *"When the groups are combined, participants can still follow along, but some topics are more comfortable for mothers or children to discuss on their own. When they are together, people can sometimes feel hesitant to share, especially when it comes to problems involving their children at home."* (IP-1). Observations reinforced this finding. The activity room was shared by parent and adolescent groups. Chairs were arranged in several rows, with participants seated relatively close together. When the activity shifted to small-group discussions, some chairs were moved, and participants formed small groups in the available space along the sides of the room. The groups were not far apart, so conversations from other groups could still be heard. This did not appear to disrupt discussions of more general topics. However, when questions began to touch on personal family experiences, some participants gave shorter answers and looked toward family members in the same room before continuing. Thus, the room setup did not prevent the activities from taking place, but it could affect how much participants shared on topics requiring privacy (Observation Notes). These findings show that facilities serve a pedagogical function. A room is not merely a venue; it can affect psychological safety, privacy, and the depth of discussion. In family programs that address sensitive issues, the quality of the learning environment can determine what kinds of experiences participants are willing to share.

The fourth barrier is program continuity. *"After one cohort finishes, the next program is geared toward new participants so that other families also have an opportunity to take part. There is no regular follow-up class for graduates that directly continues the previous cohort's program. So, after eight sessions and the graduation ceremony, the program series for that group ends. Participants may take part in other activities, but not in ongoing KEMANGI support for the same participants."* (D-1).

Facilitator F-3 added: *"We can observe changes while participants are attending the eight sessions, but after the program ends, we don't always know what their practices look like a few months later, since the next cohort consists of different participants. So, to see whether their communication or support practices last, follow-up is needed."* (F-3). This situation illustrates the trade-off between reach and depth. The government needs to expand the program's reach, but changes in family relationships require consistency and time. The literature on implementing community programs shows that recruitment, retention, fidelity, adaptation, feasibility, and sustainability are common challenges when programs are delivered in real-world settings. Therefore, program success cannot be measured solely by the number of participants who complete the eight sessions. Program completion and sustained change must be distinguished; they are different outcomes.

The fifth barrier is evaluation. *"There are a pretest and posttest at every session. We record the scores manually, but we haven't compiled them into a progress summary covering the first session through the last. The tests also focus mostly on assessing children's understanding of the material. There is no specific evaluation for mothers to determine whether their communication or support for their children has changed after the activities. So, participants receive a certificate at graduation for completing the program, not for achieving a particular score."* (F-2).

Informant D-1 explained: *"Program evaluation currently focuses mostly on how the activities are delivered and what participants learn during the sessions. To assess the impact on families, we would need to follow up*

after the program ends—for example, to see whether communication has changed or whether the material is being applied at home. That information has not yet been systematically documented in all cases.” (D-1). The limitations of the evaluation are significant because the program’s goals extend beyond increasing knowledge. If the intended changes involve communication, parental support, and family relationships, evaluation tools also need to move beyond knowledge assessment to measure application and relational outcomes.

Temuan penelitian ini sejalan dengan kajian program pengasuhan yang menilai program berdasarkan berbagai luaran, seperti positive parenting, family communication, parent-child relationship, parental efficacy, child adjustment, dan mental health, bukan sekadar pengetahuan peserta (Alfredsson et al., 2018; Altafim & Linhares, 2025; Branco et al., 2022; Jespersen et al., 2023; Soler & Estrada, 2024). This can serve as a basis for expanding the evaluation of KEMANGI so that it aligns more consistently with its substantive goals. Overall, the supporting and inhibiting factors show that implementing KEMANGI is an ecological process. The materials, facilitators, participants, space, institutional support, evaluation, and sustainability all influence one another. This approach is more consistent with an understanding of community program implementation than the assumption that program quality depends solely on the quality of the modules.

The three groups of findings show that andragogical learning, parental support, and implementation conditions form an interconnected process. KEMANGI strengthens parental support not simply by providing information, but through a process in which new knowledge interacts with prior experience, is examined through discussion, and is then applied in family situations. In the first stage, andragogical characteristics provide the learning mechanism. Relevance helps participants understand why the material matters; experience provides a framework for interpreting knowledge; and a problem-oriented approach encourages its application. Thus, change cannot be separated from the way learning takes place.

In the second stage, learning outcomes are translated into parental support practices. Communication becomes more dialogic, monitoring becomes more communicative, emotional support begins to develop, and adolescents’ positive activities are facilitated while boundaries are maintained. These findings show that program outcomes do not lie in any single competency, but in a configuration of interconnected practices. In the third stage, the application of learning outcomes is shaped by the implementation context. Relevant material, facilitator flexibility, the involvement of two generations, and institutional support strengthen this process. Conversely, uneven participation, limited involvement of older adolescents, space constraints, the absence of regular follow-up, and a lack of longitudinal evaluation limit the depth and sustainability of change.

Thus, this study identifies a pattern in which KEMANGI strengthens parental support through contextual, experience-based adult learning, which is then translated into adjustments in family practices, while the sustainability of change depends on the quality of the program’s implementation ecosystem. The synthesis of this study is presented in the following table.

Table 2. Synthesis of Research Findings of the KEMANGI Program

Analytical Dimension	Main Findings	Identified Mechanism	Contribution to Parental Support
Andragogical Learning	Learning materials were relevant to family needs, participants’ experiences were used as learning resources, and learning was oriented toward real-life problems.	Learning needs encouraged participation, experiences were reflected upon during the learning process, and learning outcomes were applied to parenting situations.	Helped parents reconsider and adjust their support practices in response to adolescents’ developmental needs.
Parental Support	Communication became more dialogic, monitoring became more communicative, emotional support began to develop, and support for positive activities remained accompanied by appropriate boundaries.	Learning outcomes were translated into adjustments in how parents communicated with, monitored, understood, and supported their adolescents.	Strengthened more responsive, adaptive, and relationship-oriented parental support practices.
Program Implementation	Adaptive learning materials, responsive facilitators, parent-adolescent involvement, and	Implementation conditions determined the extent to which learning processes could take place, be	Either strengthened or constrained the translation of learning

	institutional support emerged as the main enabling factors.	applied, and be sustained after the program.	outcomes into family practices.
Overall Pattern	Adult learning, application within family practices, and implementation conditions formed an interconnected process.	Contextual and reflective learning encouraged the application of learning outcomes, which subsequently contributed to relational adjustments within families and required implementation support to be sustained.	Positioned KEMANGI as a family learning space that facilitates the strengthening of parental support.

Overall, the findings place KEMANGI closer to the concept of family-based adult education than to parenting instruction alone. Parents do not simply receive information about how they should parent; they take part in reinterpreting their own experiences. This is the more important contribution from a community education perspective: learning serves as a means of helping families build the adaptive capacity to respond to changes in their lives.

These findings are also consistent with a range of literature showing that family programs can benefit positive parenting, family communication, parent–child relationships, parental efficacy, and child adjustment, although effects are not always consistent and often depend on the program context and implementation design. KEMANGI’s results should therefore be understood as a process of strengthening, not as evidence of a completed transformation. At the implementation level, the findings reinforce the argument that community programs should be evaluated not only by their content, but also by their feasibility, engagement, adaptation, retention, and sustainability. Experiences with other community-based programs show that real-world implementation faces challenges related to program consistency, recruitment and retention, and the need to adapt interventions to local contexts.

Accordingly, KEMANGI Program is best understood as a family learning space that fosters parental support through a contextual, experience-based, and real-world-problem-oriented andragogical process. Its contribution lies not in instantly creating new parenting practices, but in opening space for reflection that enables parents to change how they understand, communicate with, monitor, and support adolescents. Sustaining this function requires stronger needs assessments, participatory strategies, program differentiation based on adolescents’ developmental stages, post-program follow-up, and an evaluation system capable of capturing relational changes over a longer period.

CONCLUSION

This study shows that the KEMANGI Program contributes to strengthening parental support for adolescents through an adult learning process that is contextual, experience-based, and oriented toward real-life family issues. The implementation of the program reflects andragogical principles, particularly through the relevance of learning materials to participants’ needs, the use of parenting experiences as learning resources, and the application of learning outcomes to everyday family situations. The strengthening of parental support is reflected in more dialogic communication, more communicative monitoring, the development of emotional support, and the facilitation of adolescents’ positive activities while maintaining appropriate value-based boundaries. However, these changes occur gradually and are not uniform across families. Program implementation is also supported by the relevance of the materials, facilitator flexibility, the involvement of both parents and adolescents, and institutional support, while uneven participant engagement, difficulties in involving older adolescents, limited facilities, unsystematic evaluation, and the absence of sustained follow-up remain major challenges. Therefore, KEMANGI is more appropriately understood as a family education space within the context of community education that facilitates reflection and the adjustment of parental support practices. Strengthening needs assessment, longitudinal evaluation, differentiated approaches based on adolescents’ developmental stages, and post-program follow-up is therefore important for enhancing the sustainability of program outcomes.

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