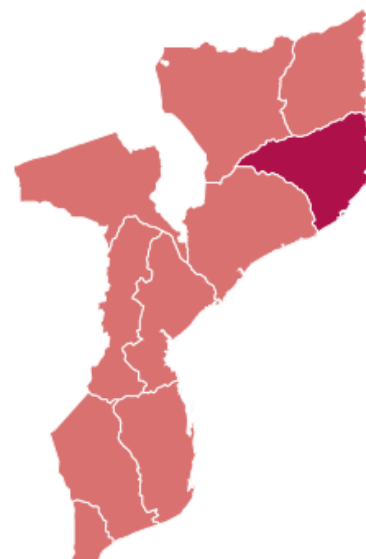


YES I DO. BASELINE STUDY IN MOZAMBIQUE

Understanding the interlinkages between child marriage and teenage pregnancy

Mozambique has been highlighted as one of the countries with the highest child marriage rate in the world. While the child marriage rate is high but declining, the teenage pregnancy rate is even higher and seems to be on the increase. Both issues appear strongly interrelated and represent a challenge for young people's sexual and reproductive health and rights. Therefore, the research component of the YES I DO programme in Mozambique focuses on the interlinkages between child marriage and teenage pregnancy. The overall aim of the programme is to contribute to enhancing young women's decision making space about if, when and whom to marry as well as about if, when and with whom to have children.

The baseline study provides insights into the prevalence of child marriage and teenage pregnancy in the north-eastern region of Nampula, as well as the contributing factors and related consequences. The findings are used to optimize the YES I DO intervention strategies and provide context specific knowledge for advocacy and policy purposes.



MAP OF MOZAMBIQUE
REGION OF NAMPULA IN RED

Methodology

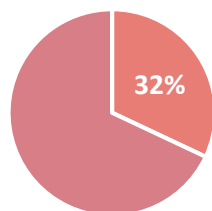
A mixed methods study in Nampula

A mixed methods research design was used and quantitative and qualitative data were collected through various methods: household surveys, focus group discussions, in depth and key informant interviews. Data were collected during the months August-September 2016 in an intervention area (Mogovolas district) and a control area (Murrupula district). The analysis was based on descriptive statistics and thematic content analysis.

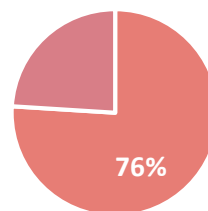
- Household surveys with 1,483 female and male respondents; 50% in Mogovolas and 50% in Murrupula, 83% females and 17% males
- 28 in-depth interviews: 4 young women, 4 young men, 3 teachers, 4 health workers, 7 community leaders, 2 religious leaders, 2 fathers and 2 mothers
- 12 focus group discussions with 5 participants in each group; participants included young women, young men, fathers and mothers

Results

The baseline data confirm that child marriage and teenage pregnancy rates are high. Of all married women in the sample, over 70% had done so before turning 18. More specifically, 32% of female respondents within the age range 18-24 had married under the age of 18 and 9.5% under the age of 15. These percentages were lower among male respondents (11% and 1%). The child marriage rate (32%) was lower than the ones reported in the last demographic health surveys, indicating a decreasing trend over time. The teenage pregnancy rate was 76% among females aged 20-24.



CHILD MARRIAGE RATE
AMONG FEMALE RESPONDENTS
(18-24 YEARS)



TEENAGE PREGNANCY RATE
AMONG FEMALE RESPONDENTS
(20-24 YEARS)

Multiple and interlinked drivers of child marriage and teenage pregnancy

Various interlinked factors were simultaneously contributing to child marriage in Nampula: poverty, lack of job opportunities, sociocultural practices and norms, early sexual activity and teenage pregnancy. Economic factors were highlighted as the main cause of child marriage. Child marriage was seen as a direct way to reduce the household economic burden. In addition, limited resources to cover secondary education costs together with a lack of job opportunities contributed to a lack of future perspectives and increased the pressure to get married, especially for young females.

Teenage pregnancy was a common reason for child marriage. Of all surveyed respondents who had married before 18, close to 9% said that they married after having delivered their first child, and 37% indicated to have married while pregnant. However, teenage pregnancy did not only appear as a cause of child marriage but also as a direct consequence. The baseline data indicate that 54% of young women who married before the age of 18 did so before getting pregnant. Thus, child marriage and teenage pregnancy were mutually reinforcing.

Among unmarried female respondents, 42% had experienced a teenage pregnancy. Causes of teenage pregnancy were overlapping with those of child marriage. Early sexual debut appeared related to economic, cultural and social factors. Some participants mentioned that young women use sexual relationships as a way to get money or goods, such as clothes. Other participants argued that initiation rites, taking place when young women have their first menstruation, influence their ideas around marriage, making them feel ready to marry or have sexual intercourse.

Little access to sexual and reproductive health information and services

The baseline study shows that many young women and men were not informed about sexual and reproductive health issues; and parents found it uncomfortable to address sexuality and sexual health topics with their children. Access to health services was limited, as many communities had no health post. Most female respondents under the age of 18 (62.5%) were not using any sexual and reproductive health service. Half of the respondents, regardless of their marital status, perceived that contraceptives were difficult to obtain.

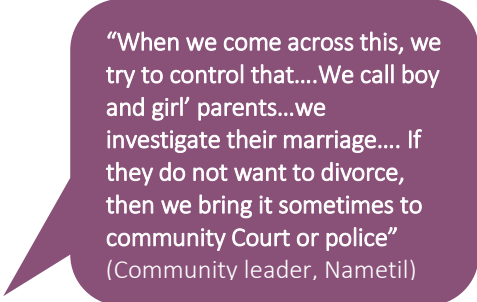
High awareness of negative consequences of child marriage

Most participants did not see child marriage or teenage pregnancy as positive things. Participants mentioned various negative consequences, mostly related to health, education opportunities and future perspectives, particularly for young women. Child marriage and teenage pregnancy were reported to limit young women's future perspectives, making them more dependent on their spouses and family members. The baseline data show that of all young women who had dropped out of school, 10% did so because of teenage pregnancy and 11% was due to child marriage. These figures could be higher, as the probability of underreporting for the question on reasons for school drop-out was high. In relation to health, maternal and infant mortality, infertility and obstetric fistula were mentioned as direct consequences of teenage pregnancy. Participants, including young people themselves, also argued that young women and men often have difficulties living married and adult lives and therefore cases of (child/adolescent) divorce were common.

Parents, traditional leaders and teachers: key actors

Final marriage decisions were often taken by other family members rather than by young women and men themselves. Respondents called it 'being allowed' to marry by a father, brother or uncle. Participants mentioned that young women were often pressured by their mothers to marry. Traditional and religious leaders were also found to mediate in relationship issues between young women and men, calling for a compromise in cases of pregnancies.

While structures had been put in place to address child marriage in line with the national strategies, various participants felt that teenage pregnancies were insufficiently addressed. In Nampula, there were no by-laws addressing child marriage nor teenage pregnancy. However, in some communities community leaders played an active role in addressing child marriage and preventing teenage pregnancy. Moreover, some young people said that teachers had a considerable role in educating them about sexual and reproductive health.



"When we come across this, we try to control that....We call boy and girl' parents...we investigate their marriage.... If they do not want to divorce, then we bring it sometimes to community Court or police"
(Community leader, Nametil)

To sum up, in Nampula, limited job opportunities together with difficulties to cover secondary education costs led to a general perception of lack of future perspectives for young people, especially young women, contributing to child marriage, teenage pregnancy and school dropout. In this context, child marriage and teenage pregnancy were mutually reinforcing and influenced by social norms and limited access to information and services related to sexual and reproductive health.

✓ Recommendations

Recommendations for the YES I DO intervention strategies:

- Work with teachers to ensure that participatory comprehensive sexuality education is provided in schools, including issues concerning child marriage and teenage pregnancy
- At the community, together with parents and other key stakeholders such as community leaders and initiation rite advisors, build supportive environments to share information on sexual and reproductive health of young people
- Increase youth's access to sexual and reproductive health services at the community level, by upgrading the skills of the community health workers and advocating for more regular visits of mobile health brigades
- Support advocacy activities to increase access to primary and secondary education, and develop vocational training options to increase employment opportunities including the facilitation of start-ups or small scale enterprises, especially for young females
- Ensure the wider dissemination of the national strategy to prevent and address child marriage

Recommendations for further research:

- Explore child/adolescent divorce: prevalence, causes and consequences as well as how young people are dealing with it
- Explore decision making processes around marriage at the household level: child and young people's agency versus parental pressure

