YES I DO.

# Gaining insight into the magnitude of and factors influencing child marriage and teenage pregnancy and their consequences in Mozambique

## Baseline Report
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by

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# Preface

**YES I DO.** is a strategic alliance of five Dutch organizations which main aim is to enhance the decision making space of young women about if, when and whom to marry as well as if, when and with whom to have children. Funded by the sexual and reproductive health and rights policy framework of the Ministry of Foreign Affairs of the Netherlands, the alliance is a partnership between Plan Nederland, Rutgers, Amref Flying Doctors, Choice for Youth and Sexuality, and the Royal Tropical Institute. Led by Plan NL, the alliance members have committed to a five year programme to be implemented between 2016 and 2020 in seven countries: Ethiopia, Indonesia, Kenya, Malawi, Mozambique, Pakistan and Zambia.

The Yes I Do Alliance partners and the Ministry of Foreign Affairs of the Netherlands acknowledge that child marriage, teenage pregnancy and female genital mutilation/cutting are interrelated issues that involve high health risks and human rights violations of young women and impede socioeconomic development. Therefore, the Yes I Do programme applies a mix of intervention strategies adapted to the specific context of the target countries. The theory of change consists of five main pathways: 1) behavioural change of community and ''gatekeepers'', 2) meaningful engagement of young people in claiming for their sexual and reproductive health and rights, 3) informed actions of young people on their sexual health, 4) alternatives to the practice of child marriage, female genital mutilation/cutting and teenage pregnancy through education and economic empowerment, and 5) responsibility and political will of policy makers and duty bearers to develop and implement laws towards the eradication of these practices.

The programme includes a research component to investigate the interlinkages between child marriage, female genital mutilation/cutting and teenage pregnancy and look at what works, how and why in the specific country contexts. The research focuses on testing the pathways of the theory of change, underlying assumptions and interventions as well as on looking for mechanisms triggering change and enhancing programme effectiveness. To that end, the research component of YES I DO started with a baseline study in each of the seven countries where the programme is implemented.

The aim of the baseline studies is to provide a contextualized picture of the prevalence, causes and consequences of child marriage, teenage pregnancy and female genital mutilation/cutting (where applicable) in the intervention areas of the YES I DO programme. Also, the study aims to act as a reference point for the monitoring and evaluation of the YES I DO programme throughout its implementation. In four of the seven countries, the baseline studies included control areas. Each baseline study was conducted by the Royal Tropical Institute, in close collaboration with local research partners.

The present report details the baseline study conducted in Mozambique. The report draws on literature about child marriage and teenage pregnancy in Mozambique, details the methodology used, presents the main results and provides general recommendations for policy and practice on child marriage and teenage pregnancy in Mozambique. The findings and recommendations can be used by different stakeholders working in the YES I DO programme as well as in other programmes on sexual and reproductive health and rights of young people.

## ACKNOWLEDGEMENTS

The research team would like to thank all the young people in Mogovolas and Murrupula for their participation in the study, helping us to further understand their realities. Our thanks also goes to the mothers, fathers, teachers, health workers, community leaders and other stakeholders interviewed for their participation in the study.

We are also indebted to the research assistants who made long days traveling to and from study sites, walking long distances and conducting numerous interviews. Furthermore, we also appreciate the support of Dr. Daniel Amisse as well as Ariana Cerreta for their support to find research assistants in Mogovolas and Dr. Ana Paula Banana, to find research assistants in Murrupula.

We are also grateful for the support provided by several staff of Plan Mozambique, such as Pride Magwali, Octavia Leonardo, Filomena Nhangumele, and Amélia Bazima Chicuamba, as well as staff of Coalizao in the persons of Carlos Cuinica and Anna, for their advice to select study sites and their participation in the research analysis workshop.

The research team appreciates the ethical clearance obtained from Lurio University Institutional Bioethical Committee for Health and the Research Ethics Committee of the Royal Tropical Institute (KIT). We would also like to acknowledge the support received from KIT colleagues in the Netherlands such as Ingrid Zuleta who provided back up support whenever necessary, the two overall study coordinators, Anke van der Kwaak and Maryse Kok, for their guidance in relation to the protocol and data collection and Tasneem Kalal for her assistance with data cleaning.

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# Abbreviations and key terms

## LIST OF ACRONYMS

| | |
|---|---|
| **DHS** | Demographic and Health Survey |
| **FGD** | Focus Group Discussion |
| **IDI** | In-Depth Interview |
| **INE** | National Statistics Institute of Mozambique |
| **KIT** | Royal Tropical Institute |
| **PGB** | Program Generation Biz |
| **SAAJ** | Adolescent and Youth Friendly Service |
| **SRH** | Sexual and Reproductive Health |
| **SRHR** | Sexual and Reproductive Health and Rights |
| **UniLúrio** | University of Lúrio |
| **WHO** | World Health Organisation |

## KEY TERMS

| | |
|---|---|
| **Adolescents** | Boys and girls aged 10 to 19 years old. |
| **Child marriage** | Any legal or customary union involving a boy or girl below the age of 18. |
| **Female genital mutilation / cutting** | All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. |
| **Teenage pregnancy** | Pregnancy before the age of 20. |
| **Young people / youth** | Boys and girls aged 15 to 24 years old. |

# Executive summary

## INTRODUCTION

This report contains the results of the YES I DO baseline study in Mozambique. The study provides insight into the magnitude of and factors influencing child marriage and teenage pregnancy and their consequences in Nampula. The study is part of the YES I DO Alliance, a multi-country programme of Plan Nederland, Amref Netherlands, Choice for Youth and Sexuality, Rutgers and the Royal Tropical Institute (KIT) funded by the Ministry of Foreign Affairs, the Netherlands.

## METHODOLOGY

A mixed method baseline was undertaken by KIT in collaboration with researchers from the Lúrio University in Nampula. The baseline aimed to contribute to optimizing the YES I DO intervention strategies and provide context specific knowledge for advocacy and policy purposes; this to move towards a situation in which adolescent girls can decide if, when and whom to marry and if, when and with whom to have children.

715 young females and males in Mogovolas (intervention area) and 767 young females and males in Murrupula (control area) participated in a household survey in August – September 2016. In addition, 34 young females and another 34 young males participated in focus groups discussions (FGDs) or in-depth interviews. Furthermore, interviews and FGDs were conducted with parents; and key informant interviews were conducted with a range of other stakeholders.

## RESULTS

### CHILD MARRIAGE

The baseline data show that of all females aged 18 to 24 years; 32% had married before 18 years, and 9% before the age of 15. This is lower than the 48% and 14% of females (20-24 years) who married before their 18th and 15th birthday respectively, as reported in the 2011 Demographic and Health Survey (DHS). Of all the females married in the sample, over 70% had done so before 18 years of age. Close to 11% of all male respondents between 18 and 24 years had married before the age of 18, while the DHS 2011 reported a percentage of 9% for male between 20 and 24 years.

In terms of acceptability of child marriage, the large majority of surveyed, interviewed and FGD study participants indicated that child marriage is not seen as something positive, but it is widely practiced and accepted. Many reasons for child marriage were reported. These were economic reasons as result of poverty; socio-cultural practices; the lack of future perspectives; teenage pregnancy; and adolescents feeling grown up or wanting to have their own (sexual) partner, amongst others. In Mogovolas and Murrupula, poverty limits education options, which contributes to the absence of a future perspective. Poverty increases family pressure to marry off a child, and child marriage is often an accepted practice in the social environment. Girls were reported to get married before they are capable of assuming the responsibility of being a spouse or a parent. The study shows that girls and boys find it hard to live a married live at such a young age, leading to divorce. In addition, it causes high school dropout: one in 10 girls dropped out of school due to child marriage.

### TEENAGE PREGNANCY

Teenage Pregnancy is common in Nampula. According to the 2011 DHS, it is one of the highest in the country with 46% of females between 15 and 19 years old having had a live birth or being pregnant with their first child. In the YES I DO survey, we found a teenage pregnancy rate (under female 20-24 years) of 74%. So in contrast to the decreasing child marriage rates, teenage pregnancy rates seem to show an increasing trend.

While teenage pregnancy is an important cause of child marriage, the reverse is also true. Many girls being married at an early age end up also being pregnant at an early age. The study found that 75% of all females who were married, experienced teenage pregnancy. At the same time, 42% of unmarried females had been pregnant as a teenager. Causes of teenage pregnancy were greatly overlapping with those of child marriage; and becoming sexually active

at an early age – sometime related to initiation rites – was reported to be common. Participants reported a large number of negative consequences of teenage pregnancy, mostly related to health and education opportunities and future life perspectives for girls. These consequences were thought to be less severe for boys.

The large majority of the population in Nampula survives on the basis of subsistence farming and live on a very low income. There are few employment options in the area. This lack of employment options also negatively influences motivation to go to school, and can contribute to teenage pregnancy as well as child marriage.

### SEXUALITY AND SEXUAL HEALTH ISSUES

During FGDs and interviews, generational issues, with children not listening to their parents and parents not being equipped to talk with their children, were reported. Many young people seem not to be informed about sexual reproductive health (SRH), and do not have access to SRH services or contraceptives to avoid unintended pregnancies. Also sexual abuse, including by school teachers, and exploitation by parents were found to contribute to teenage pregnancy.

Study participants indicated that the matrilineal structure in Nampula has no influence on gender preferences for male or female offspring. However, girls have less education opportunities than boys. In addition, men are the decision makers, and decisions are being taken by uncles and or elder brothers.
Youth engagement seems to be very limited. Young people hardly take part in community gatherings and activities. As result, the youth does not have a voice in discussions. Young people are expected to listen and obey, although rebellion against this seems to be increasing.

### ROLES OF STAKEHOLDERS

Traditional and religious leaders have a big influence on social norms in the communities. These leaders mediate advice and intervene in relationship issues between men and women, calling for a compromise in case men have made young girls pregnant. In several communities, systems have been set up to address child marriage and prevent teenage pregnancy, in which community leaders, as well as school teachers and community police, play a role. However, other key influencers, such as initiation ritual advisers were found to have a negative role, contributing to child marriage and teenage pregnancy.

## CONCLUSIONS AND RECOMMENDATIONS

The YES I DO theory of change strategies of forming a social movement, empowering and meaningfully engaging young people, improving access to information and services, stimulating education and economic empowerment and enhancing evidence-informed lobby and advocacy for improved legal and policy frameworks, are all relevant to move towards the envisioned change that the programme aims to contribute to. In order to reduce child marriage and teenage pregnancy, the following is recommended:

- **Forming a social movement:** the study found a number of initiatives taken by school management, local leaders, administrators and a few health staff, to address issues around child marriage. Building upon these activities and including a stronger focus on teenage pregnancy could help to form a social movement. In addition, there are untapped community bodies, such as the community tribunals, that are currently not involved in initiatives that address child marriage and teenage pregnancy; these could be brought into such a movement. Furthermore, efforts should be made to ensure that parents and young people themselves are represented in such a movement. Bringing initiation rite advisors on board to counteract their current negative influence would be very important too.
- **Empowering and meaningfully engaging young people:** proven approaches by Choice and Plan Mozambique will be used to empower youth. Research assistants, being youth themselves (and linked to the secondary school in Nametil), could provide useful pointers towards youth in different communities in Mogovolas as a starting point.
- Improving access to information and services: it is highly recommended to work with teachers and others in primary and secondary schools to ensure that comprehensive sexuality education is provided at an appropriate age rather than at a specific grade. Comprehensive sexuality education should also be made more participatory

and focused on skills building rather than solely information provision. Activities with parents and other key stakeholders in the communities are needed to build an enabling environment and also increase their knowledge on SRH. This could help to reduce the influence of initiation rites that currently seem to encourage unprotected sexual activities at an early age. In addition, efforts have to be made to increase access to SRH services in the communities, for instance – as a first step – through advocating that mobile health brigades visit communities on a regular basis and through upgrading health providers' skills.

- **Stimulating education and economic empowerment:** one of the overarching underlying causes of child marriage and teenage pregnancy is poverty. Poverty limits education options, contributes to the lack of a future perspective and thereby increases chances of both child marriage and teenage pregnancy. Schooling options are hardly available in the communities where YES I DO will implement the programme. Supporting advocacy activities to increase access to primary and secondary education, including adding grade 8 or 9 to primary schools, would be important. In addition, developing vocational training options to increase employment opportunities, combined with facilitating the start-up of small enterprises, especially for the most vulnerable, would be an important avenue to prevent child marriage and teenage pregnancy.
- **Enhancing evidence-informed lobby and advocacy for improved legal and policy frameworks:** while headway has been made by the approval of a national strategy to prevent and eliminate child marriage, this document is not known by key stakeholders in the study districts. Ensuring wider dissemination of the strategy and making people more familiar with the document is recommended. In addition, translating the research findings into policy briefs for distribution to a wide forum could support evidence-informed advocacy.

# 1. Introduction

This report contains the results of the YES I DO baseline study in Mozambique conducted in August – September 2016. The study purpose is to provide insight into the magnitude of and factors influencing child marriage and teenage pregnancy in Nampula province, Northern Mozambique to inform the YES I DO Programme, which will be rolled out in Nampula.

## 1.1 BACKGROUND TO THE BASELINE STUDY

Child marriage, teenage pregnancy and female genital mutilation/ cutting are human rights violations. They are manifestations of deeply rooted gender inequality and social norms, poverty and limited economic perspectives, inadequate access to (comprehensive sexuality) education and adolescent sexual and reproductive health (SRH) services, and voiceless youth.

At the onset of 2016, the YES I DO Alliance, consisting of Plan NL, Amref Nederland, Choice for Youth and Sexuality, Rutgers and the Royal Tropical Institute (KIT), started a programme aiming to address child marriage, teenage pregnancy and female genital mutilation/ cutting by applying a mix of context specific intervention strategies in Ethiopia, Kenya, Malawi, Mozambique, Zambia, Indonesia and Pakistan. In all countries, a mixed methods base-, mid, and end-line study will be conducted by KIT, in collaboration with national researchers contracted by KIT. The purpose of the study is to test the underlying assumptions of the programme's theory of change, to measure the effectiveness of the interventions introduced by the programme and to look into the interrelations between child marriage, teenage pregnancy and female genital mutilation/ cutting, in the seven countries. The research is meant to assist with optimizing the YES I DO intervention strategies and provide context specific knowledge for advocacy and policy purposes, in order to move towards a situation in which adolescent girls can decide if, when and whom to marry and if, when and with whom to have children. The baseline study in Mozambique, presented in this report, focused on child marriage and teenage pregnancy only, as female genital mutilation/ cutting is not practiced in the country.

## 1.2 THE COUNTRY CONTEXT

Mozambique has been experiencing a period of stable economic growth (7.4% growth in GDP in 2014 for instance)[1]. However, recently the country started facing severe problems to pay its debts, amongst others caused by misappropriation of millions of US Dollars. In spite of the earlier economic growth, and made more acute due to the current economic crisis, the majority of the population experiences high levels of poverty. In addition, Mozambique is also experiencing a low intensity war in several parts of the country due to political tension between the two major political parties. Furthermore, Mozambique ranks low on the gender inequality index (146)[2]. In 2013, the adolescent population in Mozambique rose to 5.7 million (24% of total population). It is estimated that by 2030, this will have grown to 8.8 million of which 50% will be female (UNICEF 2011; INE 2013).

### 1.2.1 CHILD MARRIAGE

Child marriage is defined as any legal or customary union involving a boy or girl below the age of 18. This definition draws from various conventions, treaties, and international agreements . The large majority of child marriages affects girls , although in Mozambique a small percentage of boys also marry before the age of 18. Child marriage is illegal in Mozambique, but the law allows exceptions from the age of 16 years if the child's parents consent (UNICEF 2015). However, as a result of, amongst others, advocacy campaigns by an alliance of organisations, the Council of Ministers approved a National Strategy to Prevent and Combat Early Marriage (2015-2019) in December 2015.

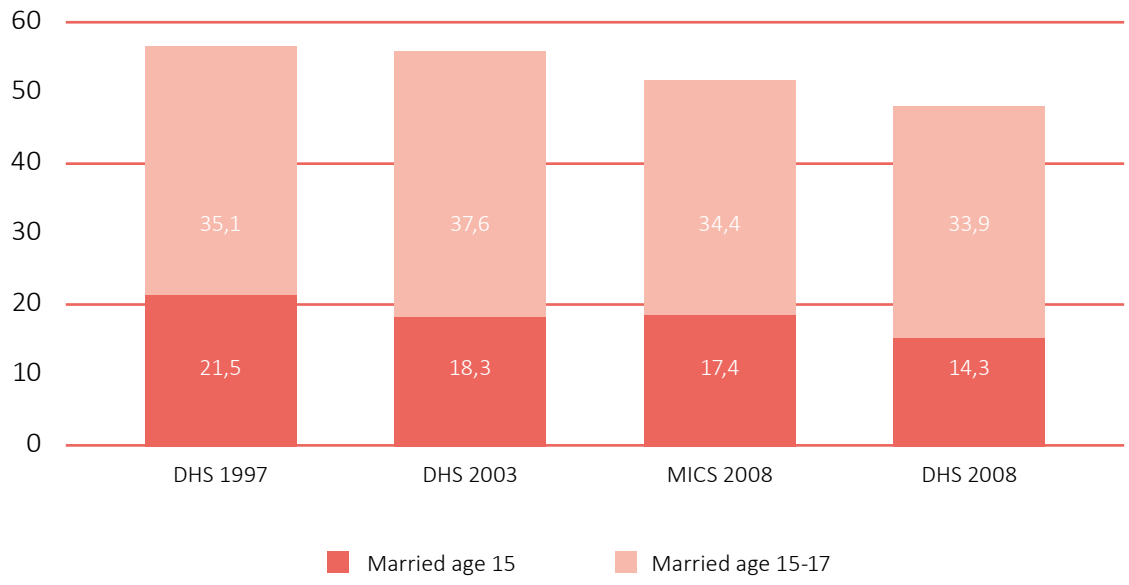
[1] http://data.worldbank.org/
[2] http://hdr.undp.org/en/content/table-4-gender-inequality-index

Child marriage is a common practice in Mozambique. Mozambique ranks 10th on the list of countries having the highest child marriage rates (UNICEF 2015). The latest Demographic and Health Survey (DHS) 2011 data show that close to one in two (48%) women between 20-24 years of age had married before the age of 18; and 14% before they reached the age of 15. However, there is wide regional diversity. The highest rates of child marriage are found in Northern provinces. Niassa is the province with the highest percentage (24%) of girls married under 15, while Nampula is the province with the highest percentage (62%) of girls married under 18 (UNICEF 2015).

Comparison of different rounds of the DHS and the Multiple Indicator Cluster Survey undertaken by UNICEF show a down going trend in child marriage since 1997 (Figure 1). In Nampula province, the proportion of females aged between 20 and 24 years that were married before 15 years reduced from 53% in 1997 to 17% in 2011, while the proportion of girls married before 18 years age went from 82% to 62%. However, in most provinces, due to the fast population growth, the absolute number of girls exposed to the problem of child marriage continues to grow (UNICEF 2015). This also applies to Nampula.

Figure 1. **. Child marriage trend in Mozambique**

Source: UNICEF 2015




The same UNICEF analysis shows that religious and regional differences have a strong bearing on child marriage rates. Wealth is associated with child marriage, but there are little differences in child marriage rates below the top wealth quintile. Girls living in female-headed households have a significantly lower probability of getting married before 18 than girls living in male-headed households. Similarly, the probability of entering into child marriage decreases unambiguously with household heads' age. Furthermore, there is a difference between urban and rural areas mainly in the centre and north regions. In 2011, 56% of females between 20 and 24 years age had married before 18 in rural areas, compared to 36% in urban areas (UNICEF 2015).

[3] The Convention on the Rights of the Child, Convention on the Elimination of All forms of Discrimination against Women, Universal Declaration of Human Rights, and recent resolutions of the UN Human Rights Council.
[4] www.tandfonline.com/doi/pdf/10.1080/15570274.2015.1075757.

When girls marry early, their formal education often terminates, preventing them to acquire knowledge and skills determining their prospects for employment opportunities (Williamson 2013). This is also the case in Mozambique where child marriage is associated with a significantly lower probability of finishing primary school and starting secondary school. The secondary education rate for girls is 22% (INE 2013).

Girl brides face isolation from school, friends and work places and therefore lack basic social support for emotional-wellbeing and economic opportunities (Williamson 2013). Research in Mozambique confirms this, showing that child marriage forces girls to stay with their spouse and to take adult roles instead of going out and playing with friends (Josaphat et al. 2014).

### 1.2.2 TEENAGE PREGNANCY

Teenage or adolescent pregnancy, defined as pregnancy before the age of 20, is a reality for 7.3 million girls in developing countries every year (Williamson 2013). The teenage pregnancy prevalence among females (25-49 years) in Mozambique is 35%, placing Mozambique among the top 10 countries in the world with regard to teenage pregnancy (INE 2013).

Teenage pregnancy is closely associated to child marriage. In urban areas and particularly in the south of the country, there has been a rise in teenage pregnancies out of wedlock. The largest numbers of teenage pregnancies are found in Nampula (107,553 girls) and Zambezia (81,126 girls) provinces. In total, more than 439,453 women aged 20-24 had their first child before their 18th birthday, 85,257 of which were aged less than 15 at their first childbirth. The proportion of girls married and pregnant in adolescence decreased slightly between 1997 and 2011 (UNICEF 2015).

Generally, studies related to the causes and consequences of teenage pregnancy acknowledge that it is associated with poor social and economic conditions. Poverty, low education, being from an ethnic minority, lack of access to SRH information and services: all increase the likelihood for adolescent girls to become pregnant (Williamson 2013).

Social and cultural norms and values at family and community level play a role. For example, parent/ child closeness or connectedness, parental supervision or regulation of children's activities, and parents' values against teen intercourse (or unprotected intercourse) influence young people's risk for teenage pregnancy (Miller 2001). In Mozambique, girls from urban areas are significantly more likely to get pregnant before the age of 15 than girls from rural areas, although they are more likely to have access to information through radio and other means, which is found to reduce the likelihood of getting pregnant before the age of 15 (UNICEF 2015).

As with child marriage, early pregnancy can have immediate and lasting consequences for a girl's health, education and income-earning potential, which is often passed on to her children. Complications from pregnancy and childbirth are among the leading causes of death among girls aged 15-19 (Williamson 2013). In Mozambique and especially in the Northern region, it was found that adolescent mothers' children are significantly more malnourished than children of mothers in other age groups at national level (UNICEF 2015).

The health-related consequences of teenage pregnancy include high risk of maternal death: death risk associated with pregnancy is about a third higher among 15 to 19 years olds than among 20 to 24 years olds. Teenage pregnancy also contributes to illness and disability related to fistula, complications from unsafe abortion, sexually transmitted infections and HIV (Williamson 2013). Early pregnancy affects young girls' education and economic opportunities (and sometimes also for young boys who become father). Consequences related to education include interruption or termination of education and the accompanying lost opportunities related to labour participation and status at household and community level. Research in Mozambique has shown that teenage pregnancy is seen as an obstacle preventing adolescents to implement their dreams. When she gets pregnant, the adolescent's life changes: now she has to be responsible like an adult, take care of her husband and child. Community leaders and teachers mentioned that teenage pregnancy causes adolescents discrimination by their families and communities (Josaphat et al. 2014).

### 1.2.3 YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In Mozambique, approximately one in four boys and girls become sexual active before 15 years of age. The large majority does so without using any contraceptive, resulting in unintended pregnancies (Table 1, INE 2016). In addition, access to SRH information and services is limited, especially in remote areas.

Table 1. **Adolescent and young people pregnancy and sexual health**

| Indicator | Percentage |
|---|---|
| Boys, first sexual relation before 15 years age (%) | 24.9 |
| Girls, first sexual relation before 15 years age (%) | 25.3 |
| Girls (15 – 19 years) pregnant or mothers (%) | 41 |
| Girls (15 – 24 years) not using contraceptives (%) | 83.9 |
| Boys (15 – 24 years) not using contraceptives (%) | 76 |

## 1.3 THEORY OF CHANGE OF YES I DO IN MOZAMBIQUE

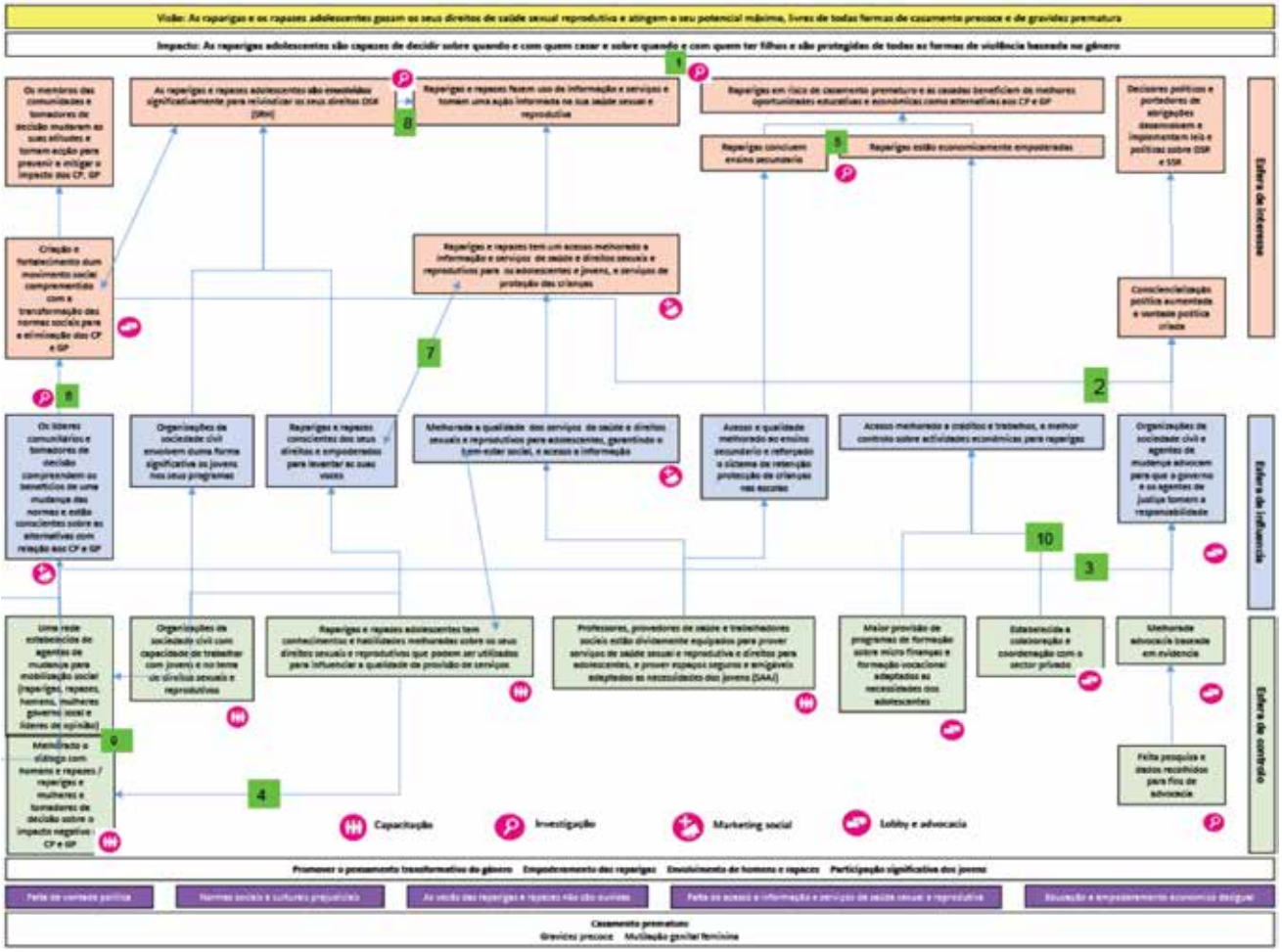
As is the case in the other YES I DO countries, the programme in Mozambique aims to contribute to a world in which adolescent girls can decide if, when and with whom to marry and have children. To achieve this, innovative intervention strategies need to be implemented addressing child marriage and teenage pregnancy. The theory of change (Figure 2, in Portuguese) contains five pathways that correspond with the programme's strategic goals:

1. Community members and gatekeepers change attitudes and take action to prevent CM and TP.
2. Adolescent girls and boys are meaningfully engaged to claim their SRH rights.
3. Adolescent girls and boys take informed action on their sexual health.
4. Girls have alternatives beyond CM and TP through education and economic empowerment.
5. Policy makers and duty bearers develop and implement laws and policies on CM and TP.

Intervention strategies focus on forming a social movement, empowering and meaningfully engaging young people, improving access to information and services, stimulating education and economic empowerment for girls and enhancing evidence-based lobby and advocacy for improved legal and policy frameworks. The programme will build upon the earlier mentioned National Strategy to Prevent and Combat Early Marriage (2015 - 2019) approved by the Council of Ministers.

Regarding strategy 1, the intervention will build on social movements already in place to address child marriage, in order to influence social norms in communities around sexuality, gender and marriage. The YES I DO partners will engage in advocacy towards policy makers and meaningfully engage adolescent girls and boys to claim their SRH rights (strategy 2). Multiple interventions will focus on the role of local government institutions, non-governmental organizations (NGOs) and community-based organizations (CBOs) in meaningfully engaging adolescent girls and boys in their policy making and programming. COALIZÃO, the local partner of Choice, has been engaged in this activity and will build upon its existing experience. This aims result in an increased number of girls and boys effectively raising their voices; and mechanisms being in place to sustain training and meaningful engagement of young people. In addition, government institutions', NGOs' and CBOs' policies and programmes are expected to reflect the needs of young people in the field of SRHR. Strategy 3, on improving access to information and services, focuses on increased access to quality and affordable youth-friendly SRH and child protection information and services. Strategy 4, on education and economic empowerment for girls, aims to increase the number of years in primary and secondary education for girls, and that girls have increased access to productive assets and economic opportunities. Strategy 5 involves enhancing and implementation of evidence-based lobby and advocacy for improved legal and policy frameworks, such as the National Strategy to Prevent and Combat Early Marriage.

Figure 2. **Theory of change of YES I DO in Mozambique**




As indicated at the bottom of the theory of change (Figure 2), the following core strategies will be employed: promotion of gender transformative thinking, girls' empowerment, men and boys' engagement and meaningful youth participation.

The underlying assumptions of the theory of change are the following:

1. Only a combined approach of strategies will reduce child marriage and teenage pregnancy (ICRW 2011)
2. Policy makers are as much influenced by social norms, as people in communities (Ford Foundation 2014, pages 13-14, 17).
3. Change agents are willing to organize themselves to influence community members and to hold duty bearers accountable (Rutgers 2010).
4. When adolescent girls and boys have improved knowledge concerning their rights, they want to organize themselves to influence others (ASK project 2014).
5. When adolescent girls finish post-primary education, they have more chances to be economically empowered (World Bank 2014).
6. Through rights awareness and alternatives, people will take action to change their social environment (SRHR Alliance 2013).
7. Meaningful youth engagement is required to increase access and uptake of quality SRH services and information (ASK project 2014).
8. When girls and boys are meaningfully engaged to claim their SRHR they will take informed action on their SRH (IPPF 2008a; IPPF 2008b).
9. Through participating in intergenerational dialogue, men and boys become allies in changing social norms (WHO 2007; Greene et al. 2015).
10. Engaged private sector actors are willing to provide traineeships and jobs for girls.

Plan International Mozambique, COALIZÃO - the local partner of Choice, ROSC and HOPEM have formed the YES I DO Mozambique alliance to implement the programme according to the theory of change, with KIT as the research partner. Plan Mozambique and COALIZÃO form the core and decision-making body of the alliance and the other partners are technical and implementing partners, while KIT will be in charge of related research to inform the programme and to measure its outcome and impact.

### 1.4 MAIN AND SPECIFIC RESEARCH OBJECTIVES

The main objective of the base-, mid- and end-line study is to:
Assess the causes and effects of child marriage and teenage pregnancy and the extent to which these causes and effects, and the problems themselves, are present in the YES I DO programme intervention area, compared to a non-intervention area, over a period of five years, in Nampula, Mozambique.

The specific objectives are:
1. To explore attitudes of community members and gatekeepers about child marriage and teenage pregnancy, and whether and to what extent they take action to prevent those and which factors influence this and how.
2. To explore and analyse adolescents' knowledge and attitudes around child marriage, teenage pregnancy, and sexual and reproductive health and which factors influence this and how.
3. To contribute to the evidence on effective and context specific intervention strategies to eliminate child marriage and reduce teenage pregnancy.

### 1.4.1 STUDY AREAS

The YES I DO programme in Mozambique will be rolled out in Nampula, and more specifically in Mogovolas district (Figure 3), the city of Nampula and Rapale district. The study area has been limited to Mogovolas district, where interventions that cover the full theory of change will be rolled out. As control district, Murrupula was selected. The reason for focusing on Mogovolas instead of the city of Nampula was that it would be hard to find a control area for the city of Nampula. In addition, Plan Mozambique is relatively new in Nampula but started activities in Mogovolas over the past few years; the same is not the case for Rapale district where Plan Mozambique had not yet been active. Mogovolas district, in the south of Nampula province, has 4,748 km$^2$ and a population density of 46 inhabitants/ km$^2$ with an estimated population of 349,644 inhabitants. Forty percent of the population is less than 15 years of age. The female/ male ratio is 51% to 49%. The local language is Makua. The illiteracy level is high, with 88% not being able to read and write. The majority of the population (86% of those older than five years old) is not able to speak the official language Portuguese (2005) (INE 2012).

Figure 3. **Mogovolas district localisation and Mogovolas district map**

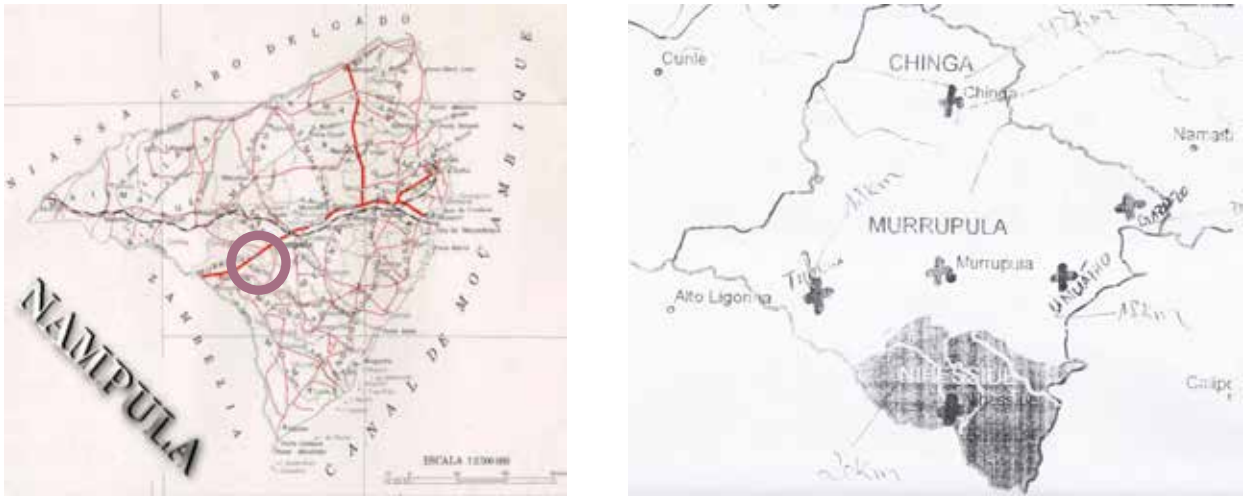


*(Source: Instituto Nacional de Estatística)*

Mogovolas capital village is Nametil, 74 km from Nampula city. Nametil is connected with Nampula city through a sand road, often in bad condition. The main activities are subsistence agriculture, cattle breeding and some informal mining activities (gold and precious stones).

Murrupula district (Figure 4) is located 78 km (by main road) south West of Nampula city. It is bordering Zambezia province. It has a surface of 3,095 km$^2$ and a population density of 39.1 inhabitants/ km2 with an estimated population of 162,673. The majority of the population is young with 45% being less than 15 years. The female/ male ratio is 51% to 49%. The main language is Makua, whereby 79% of the population of five years and older is not able to speak Portuguese. 84% of the population is illiterate (INE 2016).

Figure 3. **Mogovolas district localisation and Mogovolas district map**




*(Source: Instituto Nacional de Estatística)*

The intervention (Mogovolas) and control (Murrupula) districts have similar characteristics: they are both rural districts with subsistence agriculture as the predominant economic activity. They are both classified "corridor" districts, meaning that they have a lot of traffic passing through them. In terms of health indicators they have similarities, such as HIV (1.9 and 2%) and syphilis (3.8 and 4.7%) incidence rates among pregnant women, but also differences, such as adherence to antenatal care (38% in Mogovolas versus 18% in Murrupula) (Table 2).

Table 2. **Pre-natal consultations indicators 2015**

| Indicator | Mogovolas | Murrupula |
|---|---|---|
| Number of pregnant women going to the first ante natal consultation | 5,676 | 8,295 |
| Number of pregnant women going to the fourth ante natal consultation | 2,167 | 1,466 |
| Adherence to antenatal care (%) | 38 | 18 |
| Number of pregnant women Syphilis + | 267 | 125 |
| Pregnant women Syphilis + (%) | 4,7 | 3,8 |
| Number of pregnant women HIV positive | 107 | 105 |
| Pregnant women HIV + (%) | 1,9 | 2 |

# 2. METHODOLOGY

## 2.1. BASELINE SUMMARY

The study used mixed methods (including a survey, focus group discussions (FGDs) and interviews) in the intervention and control areas, preparing a double difference analysis at the end-line. The baseline study started with a literature review, including national statistics and partner's consultation about the intervention and control areas.

## 2.2 STUDY PARTICIPANTS

The survey targeted females and males between 15 and 24 years in Mogovolas and Murrupula districts. The in-depth interviews (IDIs) and FGDs were conducted in Mogovolas only. The 12 FGDs were conducted with a total of 60 persons (5 in each group): two with fathers, two with mothers, two with adolescent girls, two with adolescent boys, two with young girls and two with young boys. Another two FGDs were conducted with boys of mixed age and two with girls of 18 and above.

Interviews were conducted with three teachers (primary and secondary school), four health workers, two religious leaders, seven community leaders including a community court judge, four girls of different ages, four boys of different ages, two fathers of girls and two mothers of girls (Table 3).

Table 3. **Study participants**

| Survey Participants | | | | |
|---|---|---|---|---|
| | Mogovolas | | Murrupula | Total |
| Female participants (15-24 years) | 596 (83.4%) | | 638 (83.2%) | 1234 |
| Male participants (15-24 years) | 119 (16.6%) | | 129 (16.8%) | 248 |
| Total | 715 (100%) | | 767 (100%) | 1482 |
| **In-depth Interviews (IDI) and Focus Group Discussion (FGD) participants** | | | | |
| | Mogovolas | | Murrupula | |
| | IDIs | FGDs | - | - |
| Girls | 4 | 4 FGDs | - | - |
| Boys | 4 | 4 FGDs | - | - |
| Teachers/Directors | 3 | - | - | - |
| Health workers | 4 | - | - | - |
| Community leaders/stakeholders | 9 | - | - | - |
| Fathers | 2 | 2 FGDs | - | - |
| Mothers | 2 | 2 FGDs | - | - |

## 2.3 SAMPLE SIZE CALCULATION

According to a population-based study done by UNICEF, 62% of female respondents (aged 20-24 years) were married before the age of 18 years (UNICEF 2015). Among the same group of females aged 20-24 years, 52% reported having their first birth before the age of 18 years. Aiming to be able to detect a difference in prevalence – by the end of the intervention- of at least 10% and considering a design effect of 1.5 resulting from the sampling approach, the following parameters were used to calculate the sample size for the female group: proportion at baseline 52%; proportion at end line 42%; significance 0.05; design effect 1.5. Male sample size was calculated using a ratio of one male per three females in the study. The calculated sample for the survey was 715 young people in each district.

## 2.4 SAMPLING AND RECRUITMENT PROCEDURES

The lack of maps and registers with information about the number and location of households in the selected areas for the study encouraged the research team to use a cluster sampling approach, based on communities. The starting point was the total number of people within each of the selected communities. The cluster size was limited to 25 participants. The number of clusters allocated to each community reflected the population size (Table 4). Once in the field, the research team divided the area into sub-sections (depending on the number of research assistants working in each community) and households were picked up using a pseudo-random approach. In rural communities where households were far apart from each other and the cluster size not reached, the research team moved to a nearby adjacent sub-community (falling under the same central community) to ensure sufficient people could be interviewed.

Table 4. **Distribution of participants per community**

| | Females | Males |
|---|---|---|
| **Mogovolas** | | |
| Km 20 | 114 | 17 |
| Manlahipa | 229 | 50 |
| Meluli B | 130 | 25 |
| Rieque | 123 | 27 |
| **Murrupula** | | |
| Kazuzo | 261 | 50 |
| Sede | 245 | 55 |
| Tiponha | 132 | 24 |

Participants of FGDs and IDIs were purposefully selected and recruited with the assistance of community representatives.

## 2.5 TRAINING AND DATA COLLECTION

The main research assistants (three UniLúrio Health Sciences Faculty teachers) were trained based on the research protocol, which included tablet use for the survey and research ethics (one day, in Nampula). The field research assistants were trained in the districts, 15 in Mogovolas and 10 in Murrupula. The training lasted three days and included survey piloting. A number of research assistants from Mogovolas were taken to Murrupula to work on the survey there too. Some research assistants in Mogovolas were not able to work properly and they were replaced. The substitutes were recruited with the assistance of a Peace Corps volunteer working at the Secondary School in Nametil. The new research assistants first received orientation about the use of the tablet and informed consent procedure, then observed an experienced research assistant for one full day, and subsequently collected data themselves on the following day for learning purposes. Data collected that day were not used for analysis.

Qualitative data were collected by a small group of people linked to UniLúrio and with prior experience in conducting FGDs. In addition, another UniLúrio staff member was newly trained in basic aspects to conduct qualitative research. Data collection took place between 18 and 27 August 2016 in Mogovolas and between 5 and 15 September 2016 in Murrupula.

## 2.6 DATA QUALITY ASSURANCE AND MANAGEMENT

Field research assistants were monitored by main research assistants during data collection. In addition, a male and female UniLúrio staff accompanied and supported the main research assistants during fieldwork. At the end of each day, information within the tablets was screened, especially in the early days of data collection, before sending data to the server.

## 2.7 DATA PROCESSING AND ANALYSIS

Quantitative data were analysed with Stata 14. A standard cleaning procedure was the starting point of the process. A standard report template and pre-defined generic Stata commands were used to calculate different indicators. Part of qualitative data (FGDs conducted by UniLúrio research assistants) was processed in Microsoft Office Excel and another part using N-vivo 10 (FGDs and IDIs conducted by UniLúrio staff together with KIT). A coding framework was developed based on the initial research questions and issues; and emerging issues were added on the basis of content thematic analysis. The transcripts were coded using this framework and subsequently synthesized and interpreted. This interpretation was mostly done during an analysis workshop in which UniLúrio, Plan Mozambique, Coalizao and KIT staff participated, and where the quantitative and qualitative data were brought together and analysed.

## 2.8 ETHICAL CONSIDERATIONS

The study protocol respected Helsinki Declaration (2013) recommendations. It included the principal researcher Scientific Compromise and Ethics Declaration and Absence of Conflict of Interests Declarations from all researchers. The global protocol was approved by KIT ethics committee and the adapted version for Mozambique was approved by UniLúrio Institutional Bioethical Committee for Health. As the main study participants included adolescents less than 18 years we used informed assent forms for those 15-17 years old, and informed consent forms for their care givers. The forms were in easy to understand Makua and Portuguese, and signed after explanation. Each participant received a study information leaflet, explaining benefits, risks, data to be collected and utility. Participant's identity was kept confidential.

# 3. Results

## 3.1 CHILD MARRIAGE AND TEENAGE PREGNANCY

Adolescence is an intermediate stage of human development and its beginning or end cannot be defined precisely, because it depends on the development of each individual. The adolescence presents basic needs for physical and mental health, as well as characteristics such as: the desire for socialization, identification as an adult, behaviours of revolt or marginalization, and risk behaviours. Puberty occurs at significantly different times for girls and boys, as well as for different same-sex individuals. This stage is also marked by various physical, hormonal and behavioural transformations. On average, girls begin puberty 12 to 18 months earlier than boys: the median age of girls' first menstruation is 12 years, while boys' first ejaculation usually occurs around the age of 13 years (Coates et al. 2003; UNAIDS 2004; UNICEF 2011).

Child marriage is defined as the marriage in which one or both partners is below 18 years. Pregnancy is considered a teenage pregnancy when a girl gets pregnant between the ages of 10 and 19. The 2011 IDS estimated the percentage of children undergoing child marriage in each province of Mozambique, with the Central and Northern areas being the most affected, namely the provinces of Nampula (24%) and Zambezia (18%) (Ministério do Género, Criança e Acção Social 2015). As in other African countries, most marriages are not legally registered, but usually formalized through customary procedures such as paying the "lobolo" to the girl's family (UNICEF 2015).

In Mozambique, poverty is a determining factor for child marriage. According to a UNICEF report, poor teenage girls are more likely to get married early than wealthier girls. In some communities, especially in northern Mozambique, adults force teenage girls to marry as a way to reduce household expenses (Conde-Agudelo et al. 2005; UNICEF 2011). Child marriage and teenage pregnancy are generally seen as sad occurrences, preventing adolescents and young people from achieving their dreams and future aims. The life of a teenager when she gets pregnant changes radically: she has to be with her husband (so she has to marry); she does not leave the house and can no longer play with her friends. She stops being a child and now lives like an adult woman. The probability of school dropout increases, employment opportunities decrease, the health is at risk, and the vulnerability to poverty, exclusion and dependency is exacerbated (Josaphat et al. 2014).

Nampula province has about 4 million inhabitants, of whom over 1.5 million are children and adolescents. While the proportion of children is proportionately high, the lack of schools restrains access to education. Most children do not go to school, because they need livelihoods through fishing, raising livestock or farming. School dropout rate is about 46%, one of the highest in the country. As a result, Nampula province teenagers can have their first child between the ages of 13 and 15, generating a 48% prevalence rate of teenage pregnancy, one of the highest in the country[5].

The main causes of teenage pregnancy include early menarche and sexual activity, lack of information about pregnancy and contraceptive methods, low economic and social level, being part of families with other cases of early pregnancy, conflicts and bad family environments (UNICEF 2015). A study conducted in Mozambique reports that many pregnant adolescents feel frustrated, remorseful and ashamed (Josaphat et al. 2014).

The traditional initiation rite is another factor that can trigger teenage pregnancy or child marriage. A study performed by WLSA Mozambique concluded that there is a relation between child marriage and initiation rites (Osório and Macuácua 2013). The ceremonies are led by the "Malakakanos" (counsellors). During ceremonies, teenagers are introduced to various aspects of adulthood, including sexual activity. After attending initiation rites, it is common that communities consider adolescents to be ready for marriage, and often, after the initiation ceremony the female teenager perceives herself to be a woman who is ready to marry (Pinho 2012; Osório and Macuácua 2013). As a result, adolescent girls have their first child at a young age (INE 2009).

[5] Global Health Observatory. Mozambique: country profiles 2007. Data do último acesso: Março, 2014. Disponível em: www.who.int/gho/countries/moz/country_profiles/en/.

Both teenage pregnancy and marriage at a young age have drastic consequences such as death due to pregnancy and delivery problems, health complications, or the inability to complete studies and have a professional career. In addition, young women often become victims of violence and their sexual and reproductive rights are violated. Oftentimes, they do not have the power to decide on her rights to SRH (UNFPA 2008)[6].

Every pregnant woman or girl has the right to receive treatment or health care, but because the girl does not have a voice, she has no opinion nor the power of decision making at family and society level. During pregnancy, many girls face problems to access health care. The scenario is most critical in rural areas, where the problem of long distances to reach a health facility is more profound: almost half of the girls (48.7%) report distance as a problem to access a health centre or hospital. Most girls' school dropouts are linked to teenage pregnancy. Pregnant girls are at a stage of physical and emotional development where they are not ready to raise a child, with serious consequences for their health and their children survival (UNICEF 2015).

Teenage pregnancy can cause several health problems, such as obstetric fistula and unsafe abortion, resulting in early injuries and deaths. In Mozambique, the maternal mortality ratio is 500 per 100,000 live births, but in the 12-14 age group, the rate is 1,816 maternal deaths per 100,000 live births. The mean death age for women who died of maternal causes was 27 years, with approximately 20% of maternal deaths occurring in girls who did not complete their twentieth year, while 14% of deaths resulted from miscarriage (UNFPA 2012).

A study conducted in northern Mozambique points out that some Mozambican teachers consider the main reasons for dropping out of school are: parents' lack of collaboration to send their children to school, the lack of mobilization of community leaders, distance from homes, unwanted pregnancies, child marriage, domestic work at home and work in small businesses (Josaphat et al. 2014).

Another consequence of teenage pregnancy and child marriage is related to the "adultification" process of children and adolescents. There can be confusion about differences in being a child, adolescent or adult. This feeling can be brought about by the community culture that attributes responsibilities to adolescents as if they are adults. This phenomenon is known as early adulthood, attributing responsibilities of an adult to a child or adolescent. This can impair adolescent development and cause serious psychological damage when (s)he becomes adult (Josaphat et al. 2014).

## 3.2 YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The World Health Organization defines adolescents as individuals between 10 and 19 years of age[7]. In 2013, according to INE, the Mozambican adolescent population rose to 5.7 million (24% of the total population). Projections indicate that by 2030, this group will reach 8.8 million (4.4 million female). These teens nowadays face many problems, related to teenage pregnancy and child marriage (UNICEF 2011).

In 2006, the Mozambican Government approved the Action Plan for Orphans and Vulnerable Children, promoting activities to protect children and adolescents from violence, neglect and sexual exploitation, as well as providing basic services essential to their survival and healthy development. In 2008, a Government Act on the Protection of Children and Adolescents was approved by the Government, providing that no child or adolescent could be subjected to negligent, discriminatory, violent, abusive or cruel treatment, nor be subjected to any form of exploitation or oppression by their parents, family, friends, teachers or whoever. Various international and regional human rights instruments related to children and adolescents protection were then ratified (República de Moçambique 2012).

[6] Cartaz de Dados sobre a População. Moçambique, 2013. Saúde-mozambique-population-datasheet-2013. Data ultimo Acesso: Setembro de 2016. Disponível em: www.prb.org/pdf13/mozambique-population-datasheet-2013.pdf.

[7] O mandato do UNICEF, baseado na Convenção sobre os Direitos da Criança, define como "crianças" os indivíduos entre o nascimento e os 18 anos de idade. De acordo com UNICEF e parceiros (UNFPA, OMS, Unaids), adolescentes são os indivíduos entre 10 e 19 anos de idade.

UNICEF statistics show that in Nampula Province 148,000 girls between ages of 15 and 19 have not completed primary school, 109,000 girls between 10 and 17 do not attend school, 128,000 girls between 15 and 19 were victims of sexual abuse and 59,000 girls married at the age of 15. It is estimated that 22% of children and adolescents between five and 14 years have in some way an economic activity. Adolescence also carries other risks: at the age of 14, 33% of the Mozambican adolescents become sexually active and their knowledge about prevention of HIV and other infections is low. Girls are three times more likely to be HIV-positive than boys. Teenage girls do not usually have the power to refuse unprotected sex, so only 12% of girls between the ages of 15 and 24 say they used a condom last time they had sex (UNICEF Moçambique 2011).

In the early teens, it is crucial to invest in SRH services and expertise. Girls are generally more likely to engage in early sex in adolescence, but are less likely to use contraceptives. According to data from international household surveys, some adolescents engage in early-stage sexual intercourse: approximately 11% of girls and 6% of boys aged 15 to 19 claim to have had sex before the age of 15. In Mozambique this prevalence is higher, and about 37.5% of adolescents become pregnant for the first time between 15 and 19 years (UNFPA 2008).

Family Law in Mozambique stipulates marriage before the age of 16 is illegal, under any circumstances. However this legal implementation is limited and “traditional marriages” remain frequent under customary law. In Mozambique, it is estimated that 40% of young women aged 20-24 had children before the age of 18. The frequency of teenage pregnancy is directly linked to child marriage, since 18% of girls in this age group are married before the age of 15. In Nampula province, 52% of women marry before the age of 18 (56% in rural areas) and 21% before the age of 15. This scenario places Mozambique as one of the seven countries with the highest number of child marriages (UNFPA 2008; INE 2009).

In 1998 and 1999, two programmes started (Adolescents and Youth Friendly Service, SAAJ and Geração Biz Program, PGB), targeting Mozambican adolescents and young people. SAAJ provides health services and SRH counselling and trains adolescents and youth with life skills. This service is free and confidential and performed by technicians who are trained to deal with young people. It also makes use of peer educators to give lectures, promote discussions, display and discuss educational videos, provide information and distribute condoms and information materials. The PGB covers the entire country and combines various approaches and activities to stimulate SRH (UNFPA 2008; UNFPA 2013). The PGB aims to promote SRH and also focuses on HIV prevention. It provides information and services in schools and communities (in order to reach out-of-school youth) and through SAAJ’s, these services are integrated into the national health services. The PGB includes issues such as gender-based violence and intergenerational sex, relationships, sexually transmitted infections, HIV, sexuality and the proper use of condoms, counselling of adolescents, referral to health services and condom distribution. Services offered at SAAJ include information, counselling, contraceptive methods, emergency contraception, sexually transmitted diseases prevention and treatment, antenatal care and postpartum or post-abortion counselling, as well as condoms and HIV information (UNFPA 2008).

# 4. Discussion

We have integrated quantitative survey data and qualitative research findings in this result section. We describe study population characteristics followed by subsections on child marriage, teenage pregnancy, community context, youth engagement, SRHR, economic empowerment and policy and legal issues.

## 4.1 STUDY POPULATION CHARACTERISTICS

715 young people in the intervention district (Mogovolas) and 767 young people in the control district (Murrupula) participated in the survey. As intended, the majority of the respondents was female. Around half of the female and male respondents were between 15 and 18 years and the other half were between 19 and 24 years (Table 5).

Table 5. **Distribution of participants per age, sex and district**

| Indicator | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Total number of participants | 715 (100%) | 767 (100%) | 1.482 (100%) |
| Female participants (15-24 years) | 585 (82%) | 637 (83%) | 1.234 (83%) |
| Male participants (15-24 years) | 119 (17%) | 129 (17%) | 248 (17%) |
| Female participants (15-18 years) | 290 (50%) | 323 (51%) | 613 (50%) |
| Female participants (19-24 years) | 306 (52%) | 315 (50%) | 621 (50%) |
| Male participants (15-18 years) | 59 (50%) | 66 (51%) | 125 (50%) |
| Male participants (19-24 years) | 60 (50%) | 63 (49%) | 123 (50%) |
| Female participants (19-24 years) | 306 (52%) | 315 (50%) | 621 (50%) |
| Male participants (15-18 years) | 59 (50%) | 66 (51%) | 125 (50%) |
| Male participants (19-24 years) | 60 (50%) | 63 (49%) | 123 (50%) |

43% of the females and 27% of the males interviewed were married or in union. The partners of the married female respondents were on average 6.6 years older, while the female partners of the males in union were 1.4 years younger (Table 6).

The mean age for the whole sample was 19 years. 95% of the respondents said to be religious of whom 49% were Catholic and 40% were Muslim. In terms of ethnic group, the majority (98%) is Makua, with small sub-groups of Nahara and Koti (Table 6).

In relation to the number of people living in a given household, the family composition in Murrupula had on average eight members, while in Mogovolas this was substantially smaller with five members per household. The majority of all respondents lived in households with incomes of less than 3,000 meticais (38 euro) per month. It is likely that the large majority of those who did not know the income of the household also fall into this category (Table 6).

* Percentage in relation to the total number of female participants
** Percentage in relation to the total number of male participants
*** A positive value indicates that the partner is older than the study participant. On the contrary, a negative result indicates that the participant is older than the partner
§ Percentage in relation to the total number of participants
§§ Percentage in relation to the total number of participants that are affiliated to a religious group

| Table 6. **Survey respondents' demographics** | | | |
|---|---|---|---|
| Indicator | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
| Female participants (15-24 years) married or in union | 230 (38.6%)* | 298 (46.7%)* | 528 (42.8%)* |
| Male participants (15-24 years) married or in union | 41 (34.5%)** | 25 (19.4%)** | 66 (26.6%)** |
| For those married or in union | | | |
| Average age difference - female participants with partner | 5.9 years*** | 7.2 years*** | 6.6 years*** |
| Average age difference - male participants with partner | - 1.6 years*** | -1.1 years*** | -1.4 years*** |
| Sample | | | |
| Female participants (15-24 years) who have received education | 460 (77.2%)* | 583 (91.4%)* | 1.043 (84.5%)* |
| Male participants (15-24 years) who have received education | 110 (92.4%)* | 117 (90.7%)* | 227 (91.5%)* |
| Education level of female participants (15-24) who have received education | | | |
| Primary | 410 (89.3%) | 407 (70.1%) | 817 (78.6%) |
| Secondary | 38 (8.3%) | 153 (26.3%) | 191 (18.4%) |
| University | 0 (0%) | 1 (0.2%) | 1 (0.1%) |
| Vocational | 0 (0%) | 4 (0.7%) | 4 (0.4%) |
| Completed | 11 (2.4%) | 16 (2.8%) | 27 (2.6%) |
| Education level of male participants (15-24) who have received education | | | |
| Primary | 47 (42.7%) | 59 (50.4%) | 106 (46.7%) |
| Secondary | 31 (28.2%) | 56 (47.9%) | 87 (38.3%) |
| University | 0 (0%) | 1 (0.9%) | 1 (0.4%) |
| Vocational | 1 (0.9%) | 0 (0%) | 1 (0.4%) |
| Completed | 31 (28.2%) | 1 (0.9%) | 32 (14.1%) |
| Affiliation with a religious group | 677 (94.7%)§ | 732 (95.4%)§ | 1409 (95.0%)§ |
| Christian - Catholic | 347 (51.3%)§§ | 347 (47.4%)§§ | 694 (49.3%)§§ |
| Christian - Protestant | 42 (6.2%)§§ | 61 (8.3%)§§ | 103 (7.3%)§§ |
| Islam | 281 (51.5%)§§ | 288 (39.3%)§§ | 569 (40.4%)§§ |
| Other | 7 (1.0%))§§ | 36 (4.9%)§§ | 43 (3.0%)§§ |
| Ethnic group | | | |
| Makua | 700 (97.9%) | 747 (97.4%) | 1477 (97.6%) |
| Koti | 10 (1.4%) | 6 (0.8%) | 16 (1.1%) |
| Nahara | 4 (0.6%) | 7 (0.9%) | 11 (0.7%) |
| Other | 1 (0.1%) | 7 (0.9%) | 8 (0.5%) |
| Average household size | 4.6 | 4.7 | 4.6 |
| Household income | | | |
| <3000 Meticais | 335 (46.9%) | 289 (37.7%) | 624 (42.1%) |
| 3000-15000 Meticais | 12 (1.7%) | 21 (2.7%) | 33 (2.6%) |
| 15001-30000 Meticais | 31 (4.3%) | 48 (6.3%) | 79 (5.3%) |
| >30000 Meticais | 17 (2.4%) | 21 (2.7%) | 38 (2.6%) |
| Don't know | 313 (43.8%) | 374 (48.8%) | 687 (46.4%) |
| No answer | 7 (0.9%)) | 14 (1.8%) | 21 (1.4%) |

## 4.2 CHILD MARRIAGE

Thirty-two percent of the females between 18 and 24 years old had married before 18 years of age, while 11% of boys in the same age group had done so. Concerning surveyed females between 15 and 24 years old, almost 29% had married before the age of 18, while 9% married below the age of 15. Notice that a considerable number of girls under 18 were still not married; therefore it is possible they may end up getting married before the age of 18. For males (15-24 years old), 9% had married before the age of 18, and less than 1% had married before the age of 15 (Table 7). Formal marriage is rare in these districts. The community considers those "being together or living together" as an equivalent of being married.

Table 7. **Marriage**

| Marriage indicators | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Girls and women (18-24 years) who were married or in a union<br>(i) before age 18<br>(ii) before age 15 | <br>113 (30.9%)<br>37 (10.1%) | <br>124 (32.5%)<br>32 (8.4%) | <br>237 (31.7%)<br>69 (9.2%) |
| Boys and men (18-24 years) who were married or in a union<br>(i) before age 18 and<br>(ii) before age 15 | <br>9 (12.3%)<br>1 (1.4%) | <br>8 (9.4%)<br>1 (1.2%) | <br>17 (10.8%)<br>2 (1.3%) |
| Girls and women (15-24 years) who were married or in a union<br>(i) before age 18<br>(ii) before age 15 | <br>166 (27.8%)<br>60 (10.0%) | <br>191 (29.9%)<br>57 (8.9%) | <br>357 (28.9%)<br>117 (9.5%) |
| Boys and men (15-24 years) who were married or in a union<br>(i) before age 18<br>(ii) before age 15 | <br>14 (11.8%)<br>1 (0.8%) | <br>9 (6.9%)<br>1 (0.8%) | <br>23 (9.2%)<br>2 (0.8%) |
| Girls 15-18 years old who are married | 83 (28.6%) | 108 (33.4%) | 191 (31.1%) |
| Boys 15-18 years old who are married | 7 (11.8%) | 3 (4.6%) | 10 (8.0%) |

### 4.2.1 REASONS FOR MARRIAGE

There were several reasons given for child marriage, ranging from economic reasons, lack of future perspective, teenage pregnancy, to feeling grown up and wanting to have your own (sexual) partner. These reasons do not stand-alone but influence each other. For instance, poverty negatively influences the opportunities for education and contributes to lack of future perspectives. Poverty is also a strong motivator for family pressure to get married at an early age, as well as an environment in which early marriage is common. Below the different reasons are described in detail.

**Economic reasons**

One of the most frequently mentioned reasons for marriage at a young age was poverty. Parents do not have the means to support their children, and therefore marry their children off, so that they do not have to feed and dress them.

> *"The problem is as follows... The father is the head, he tells her to get married. This helps to limit buying clothes and food for the girl. There are many people who do this."* (Interview with local leader, Nametil)

Some girls, because of their parents not being able to provide clothes and other things for them, decide to marry themselves.

*"Parents say that we can't marry, but when it comes to buying clothes they are limited, and then we get married."* (Interview with child married girl, Manlahipa)

Besides, parents, especially mothers, expect that if they marry their daughters this will generate some financial benefit. A number of respondents said that mothers often say *"You need to marry, so that I get a capulana [traditional wrapping skirt] before I die"*.

Quite a few participants remarked that the economic reasons to marry girls early often backfired on the family. This, as the relationships do not remain and as a result the parents have to care for the baby as well.

*"We see families with 6, 7 or 10 children with a father who cannot feed them or dress them. Girls of 12 years old are asked to marry, and they consent to be less of a burden for their parents. The girl marries, then falls immediately pregnant but after a short time, she returns to her parents. She is not grown up enough, and cannot have the responsibility of looking after a house. She is left, and then instead of having one child less to look after, the parents have one child more."* (Interview with teacher, Nametil)

**Lack of future perspectives**

Closely related to poverty was the lack of future perspectives, both for girls and boys. For the large majority of them, there is no money to go to secondary school, as they would have to go to the capital village of Mogovolas, Nametil. So after they have dropped out primary school, or finished primary school, they are at home, have little chance to get a job other than working on the machamba (field) and feel that the only alternative is to marry.

*"We live with our parents or uncles. When we have a certain age, we have no school, we do nothing. I was at home the whole time with my aunt. So I had to get married. I now have two children, of four and two years old."* (Boy of 18 years old, FGD)

*"Those in the city, who have work, they marry much later, but for us here it is different."* (Boy, FGD)

*"When I finished 7th grade, I moved locality and started to live in the house of my uncle and aunt, doing nothing. I thought, now I am doing nothing, it is better to get married. My uncle and aunt did not have the conditions to pay for me to go to school."* (Interview with girl)

*"I married very young, I had no experience what so ever. I married because I had nothing to do. My parents did not have the economic conditions to allow me to keep studying. Three or four years after I finished 6th grade, I married.*" (Girl, FGD)

Some participants said the lack of employment opportunities negatively influenced girls' motivation to study at secondary school. They see others who finished secondary school unemployed and as a consequence they lose motivation, drop out of school and marry.

*"There are other girls in the community when they see this situation [of no employment opportunities], they say, 'Why should we waste money from our parents to study and then end up working in the machamba?' Thus, they prefer to leave school, to marry and work in the machamba."* (Interview with girl)

Some participants reported that parents do not think sending their children to school will help them to get a better future. Not studying results in girls marrying at an early age.

*"The parents say, when you study more, you are not going to get work…They don't think school is important."* (Interview with school teacher, Manlahipa)

*"There are many girls who marry at young age, the primary reason for this is that as they don't study, they are less controlled. Girls that do not study are much less controlled."* (Interview with community leader, Km 20).

**Pregnancy**

An important cause of child marriage is teenage pregnancy. Of all survey 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. Around 54% of those married before 18 did so before coming pregnant (Table 8).

Table 8. **Child Marriage and pregnancy**

| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Among all girls and women who married before 18 years old | | | |
| (i) Child marriage before pregnancy (20 years or older) | 34 (20.5%) | 36 (18.9%) | 70 (19.6%) |
| (ii) Child marriage before teenage pregnancy | 54 (32.5%) | 70 (36.6%) | 124 (34.7%) |
| (iii) Child marriage same time as teenage pregnancy | 66 (39.8%) | 66 (34.6%) | 132 (37.0%) |
| (iv) Child marriage after teenage pregnancy | 12 (7.2%) | 19 (9.9%) | 31 (8.7%) |

The majority of girls, once pregnant, got married. Some participants of interviews and FGDs said that this reason is contributing more to child marriage than economic reasons.

> *"When I married with my second wife, she was 13 years old. My second marriage was an accident. We were playing, and she became pregnant. The family insisted that we got married, and I took her as wife. For having made her pregnant, I did not have to pay a penalty, nor was I judged, I just talked with her family…"* (Interview with father, Km 20)

> *"A girl that is pregnant that is not married? This problem we never have here. They are always married."* (Interview with teacher, Manlahipa)

> *"In many cases of very early marriage we have here in the school, the girls are pregnant. They marry because they are pregnant."* (Interview with community leader, Rieque)

Some participants mentioned that family members wanted to marry them early, to ensure they would not get pregnant before they marry.

> *"My mother did not want me to get married the first time. I was very small then… I don't have a father, he left us when I was a child… My mother has some power, but my brother did not respect that. He did not talk to her. My brother was afraid I would get pregnant before getting married, so he thought it would be better if I marry."* (Interview with girl, Km 20)

While teenage pregnancy is an important cause of child marriage, the reverse is also true. Many girls being married early end up being pregnant at an early age.

**Feeling grown up**

During initiation rites around menstruation, girls are told that they are grown up, they are big, and have to get a man to marry. There were quite some participants who said that this influenced girls to marry. Some boys also had the notion that they were big, partly also influenced by the initiation rite around male circumcision. This notion made them feel they were ready to get married, however, not everyone felt the same about this.

> *"Here, they marry very young, when they get breasts, then they feel they are a women and are ready to marry with whatever man."* (Woman 19-24 years old, FGD)

*"I felt I was small. I want to get married when I am 22 years. Then I will have grown up."* (Boy 18 years old, FGD, Manlahipa)

**Pressure from the family and/ or boyfriend**

A number of participants mentioned that different family members, especially mothers, pressure girls and to a lesser extent boys to marry. These mothers see that many other girls have married, and urge their daughter to do so as well, so that she can have grandchildren. These mothers are said to also look for potential husbands for their daughters, but to hide doing so from their husbands. Girl's fathers only find out once the daughter is pregnant.

Girls between 15 and 18 years in a FGD in Manlahipa said that the ideal age to get married for boys is 18 years, and for girls 16 years, but that family members obliged them to marry earlier.

*"Mothers say they [other girls] are already married, you have to find somebody also."* (Young woman, FGD, Manlahipa)

*"Mothers are the first ones to advise their daughters to marry very early. They say that we want grand-children."* (Interview with father, Km 20)

However, also brothers were said to push girls to get married sometimes without parent's consent; or boyfriends influence girls to marry, sometimes against parents' wishes.

The fact that many of these family members have limited education was said to influence their perspectives on their daughters' or sisters' marriage. Other participants, with a higher level of education, said mothers are actively against their daughters getting married at a young age.

*"My wife is worse [wants to have her daughters married beyond 25 years of age], she wants them to finish their study, to have a future."* (Interview with community leader, Nametil)

**Having one's own sex partner**

A number of young men mentioned that the advantage of being married was to have a steady partner. This would avoid them running into trouble when they would – by accident – have sex with the partner of someone else.

*"Those who want to have sex here, we are afraid of having sex with the wife of another…To avoid problems it is better to get your own wife." "There is a lot of struggle on this. I have a wife; I buy food and clothes for her. If I find somebody else with my wife, I go and fight with this person."* (Young men, FGD, Manlahipa)

This notion corroborated with the fact that some participants said there is less trust in those boys who are single, than those who are married.

*"So the best is if persons are married, because if not, than people don't have trust."* (Interview with community leader, Nametil)

**Vulnerability**

Some participants mentioned that girls without parents, living with other relatives, were more vulnerable to child marriage than others. Several girls who had married early, said that they did so as result of their father's death and that they wanted to assist their mother. In other cases, mothers had remarried and did not really have the means to support their daughters from their previous marriage, causing the daughters to marry. Some boys also confirmed that it was easier to start relationships with girls who were in such a situation.

*"When my father died, my mother married after. Because I was not having anybody to look after me, they preferred that I marry. I did not want this, but I had no other means."* (Interview with girl, Manlahipa)

*"Here it is easy [to find a girl for a relationship], because there are girls who don't have care givers, they live with their aunts. When somebody goes and asks to marry them, it will be easy. It is easier to marry those."* (Interview with boy, 18 years, Manlahipa)

### 4.2.2 RELATIONSHIP BEFORE AND AFTER MARRIAGE

In general, the dating process described by quite a number of participants is quick and does not entail that the boy and girl get to know each other well. In many cases, a boy sees a girl he likes, either in the street, or at the market. He asks the girl very early in the process whether she wants to marry him. She sometimes agrees, but more often asks the boy to go and talk to her parents, her brother, or uncle, depending on whom she lives with. If they allow the marriage, then they marry.

A number of young women between 20 and 24 years that were in their second marriage, said that when they had married at the age of 14 or 15, they hardly knew anything about their husband. After they divorced their first husband, and before marrying their second, they got to know their future husband better, by interacting and talking. Others said that they had never spoken to the boy, at the time he asked her to marry.

*"The man with whom I married, lived in the same area as my uncle and aunt lived. He heard that a girl had arrived in the house of my uncle and aunt and came to ask me to marry him. Before he asked me, I did not know him; I had never talked with him. About the marriage request, my uncle and aunt had contact by telephone with my parents; they said that they did not have money to pay for my study. I didn't want to get married, but I did not have the means. I had already stayed for one year in the house of my uncle and aunt at the time."* (Interview with girl, 19 years old, Rieque)

*"I met my husband in 2014. He went to my parents' house and told them that he wanted to marry me. I did not have any contact with my husband before marrying him. My father asked me if I wanted to marry him, and I accepted. I wanted to marry him because I liked him as a person, I did not know whether he would be a good husband, but I liked him."* (Interview with girl, 22 years old, Km20)

There is another group of girls and boys, who meet each other in entertainment places: they go out during the night, often against the wishes of their parents. While going out, they have sex. Boys said they often persuade a girl to have sex by giving her a gift or some money. Some of them then fall in love, get pregnant, and as result marry.

### 4.2.3 DECISION TAKING ABOUT MARRIAGE

The (final) decision to marry is often taken by another family member; participants called this as being "allowed" to marry by a father, brother or uncle. This applies both for girls and boys.

*"I was the one who pressurized my parents, I wanted to get married. My parents did not resist. When I asked, they allowed me."* (Interview with boy 18, married when 17 years old, Manlahipa)

Girls are often consulted and say whether they would like to marry or not. However, even those who said they did not want to get married often agreed to it, because they did not see another alternative. Boys seem to have more decision making power related to marriage, but they often consult parents.

Many participants remarked there are young people who "go to the street", develop a relationship and get pregnant. These boys and girls sometimes decide to get married by themselves without getting authorization from parents or other family members. Some said this was happening more and more.

*"Girls these days don't listen. They don't obey. Parents can make plans, but they [children] don't follow. They can abandon parents' ideas, get pregnant and abandon their studies."* (Interview with community leader, Nametil)

*"In the past the decision depended a lot on parents or uncles, but now, the young ones take the initiative to marry."* (Father, FGD, Manlahipa)

Some participants remarked that boys' authorization to marry also depends on their economic capacity. For instance, when they own a machamba – a piece of land for subsistence farming – one is considered ready for marriage. Some parents said that they will only allow their children to get married if they have the means to support themselves.

*"Here in this region, when a person has a machamba he can marry."* (Interview with boy 18, married when 17 years old, Manlahipa).

*"Children should have the means to get married. They have to have a house, a bed, etc. that is the least. If they have nothing, they can't get married, that is ugly; they will suffer."* (Interview with father and community leader, Manlahipa)

### 4.2.4 CONSEQUENCES OF MARRIAGE

The majority of people said that it is hard to be married at a young age. This applies both to girls and boys. Young people said that they see their friends suffer (amongst others, financially) when married at a young age.

*"I do not have any advice for him [another boy in the FGD with plans to get married at age 16], but once you are married, your life is difficult. When you have a wife, you have to buy a capulana [traditional wrapping skirt], food, participate in the family activities of your wife [matrilineal system]. Two capulanas cost 500 meticais: a lot of money. Your life is not good. That's what I can share."* (Young man, 22 years old, married below 18 years of age, FGD, Manlahipa)

*"I was 13, I was trying… I was feeling at this age I'm living like this [being married], but I didn't have money to go to school anymore."* (Interview with young woman, Km20)

Other participants mentioned that early marriage results in pregnancy at an early age, with all related consequences.

*"When they marry at an early age, they do not have a life, they suffer, because they marry when they are still children. Girls when they get pregnant, they suffer to deliver, others who cannot give natural birth, have to go to Nampula for caesareans. Some small girls have problems with this."* (Parent, FGD, Km 20)

Another negative consequence of child marriage that was mentioned was school dropout. This applied more to girls than to boys, as can be seen in Table 9. Where around one in 10 girls dropped out of school because child marriage, this was much lower in boys[8].

Table 9. **School dropout because child marriage**

| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Girls and women (15-24 years) who dropped out school due to marriage | 50 (8.4%) | 86 (13.5%) | 136 (11.0%) |
| Boys and men (15-24 years) who dropped out school due to marriage | 0 (0%) | 4 (3.1%) | 4 (1.6%) |

[8] It must be noted that school dropout as a result of marriage could be underreported, because it was just one of the answer options for reasons for school dropout.

While interviewing a number of those who had married young, it became clear that divorce among this group happened often. Quite a few young women (20-24 years) were in their second marriage. They had either been left by their first husband, who had gotten involved with another girl, or they had taken the initiative to leave him for the same reason. Participants mentioned that when one marries at such a young age, the partners are not mature enough to run a household, often leading to break-up.

> *"Young people are not prepared to make a home. The marriage can't last long, because they don't grasp what marriage means."*; *"Many marriages do not last more than one year, due to the young ones lack of experience."* (Fathers, FGD, Manlahipa)

> *"I was married and got separated because on a certain day I did not have anything to give her, and I told her that she had to go to her parent's house and she just went."* (Interview with father, Rieque)

### 4.2.5 BENEFITS OF MARRIAGE

As mentioned earlier, a number of male participants said that being married provided them a sex partner, and that this would avoid them having problems with other men, as well as avoid them having to engage in commercial sex. Marriage was also said to be a way to escape from hard life and enjoy pleasure.

> *"There are few benefits, such as avoiding prostitution, because if you marry then you have your own unique partner. But that is not a sufficient reason to throw oneself into child marriage."* (Boy, FGD, Manlahipa)

As also mentioned earlier, a few participants said being single in society is looked down upon. There is less trust in those who are single. Others mentioned that as most of their friends were married, there were few friends left to engage with.

The cost saving element of having a mouth less to feed was mentioned a few times. However, the large majority said they did not see any benefit of child marriage; rather it would cause more problems instead, especially for those having to feed and dress an extra person in the household.

> *"There are no advantages, rather it creates an extra burden for the parents because if you make a girl pregnant than you are obliged to take the girl to your parents' house and you end up having to divide your plate of food with her."* (Boy, FGD 15-19 years)

### 4.2.6 PRESSURE TO MARRY

The survey respondents were asked whether they were pressured or obliged by family members to marry. Overall, one third of the females said to have experienced such pressure. No major differences were observed between the age groups of 15-18 and 19-24 years. Concerning the males, about one fifth indicated that they felt pressured or obliged by family members to marry (Table 10).

Table 10. **Experienced pressure from family members to marry** (among those married or in union)

| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Female participants (15-18 years) married or in union | 28 (33.7%) | 39 (39.0%) | 67 (36.6%) |
| Female participants (19-24 years) married or in union | 45 (31.3%) | 55 (30.4%) | 100 (30.8%) |
| Male participants (15-18 years) married or in union | 3 (50%) | 2 (66.7%) | 5 (55.6%) |
| Male participants (19-24 years) married or in union | 6 (18.8%) | 1 (5.3%) | 7 (13.7%) |

### 4.2.7 REFUSING MARRIAGE

Marriage refusal was reported to be uncommon. Most females interviewed said they had agreed to get married, even if they did not really want this. A few spoke about incidents where somebody or themselves were married against their will, but this did not stop the marriage.

> *"My cousin was threatened to be thrown out of the house because she didn't agree to marry, and then her parents and uncles obliged her to get married."; "My uncle obliged me to marry at a young age against my will. I was threatened to be thrown out in case I wouldn't accept this, and I ended up accepting it, because my parents live in another district."* (Girls 15-18 years, FGD, Meluli B)

One interviewee working in a community traditional court mentioned that along eight years working there, there was only one case put forward about a girl who was forced to marry. She did not want this and fled to the capital Nametil. Her father followed her, spanked her, and took her back to the village. She continued to disagree to marry though.

### 4.2.8 COMMON TYPES OF MARRIAGE

When asked about the most common types of marriage in the community, it appeared that informal marriages are most common. Around 87% of all respondents mentioned informal marriages as one of the most common types of marriage in their communities. Less than 5% of all survey respondents said that registered marriages were the most common type of marriage in the community.

This finding was reinforced by interview and FGD participants, who said that marriages are rarely registered either at church, mosque or with the local authorities. This makes divorce relatively easy. Only when a couple has many assets, is this sometimes a reason to go to the community court for the division of goods.

### 4.2.9 MARRIAGE REGISTRATION

Ninety percent of the married or in union female and male survey respondents did not have any formal registration of their marriage. Of those whose marriage had been registered, this related mostly to a religious registration (10%) rather than a government registration (0.5%) (Table 11).

Table 10. **Experienced pressure from family members to marry** (among those married or in union)

| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Female participants (15-24 years) married or in union | | | |
| Government registration | 1 (0.4%) | 1 (0.4%) | 2 (0.4%) |
| Religious registration | 19 (8.4%) | 29 (10.3%) | 48 (9.5%) |
| Other | 0 (0%) | 1 (0.4%) | 1 (0.2%) |
| No registration | 207 (91.2%) | 250 (88.9%) | 457 (89.9%) |
| Male participants (15-24 years) married or in union | | | |
| Government registration | 0 (0%) | 0 (0%) | 0 (0%) |
| Religious registration | 5 (13.2%) | 1 (4.6%) | 6 (10.0%) |
| Other | 0 (0%) | 0 (0%) | 0 (0%) |
| No registration | 33 (86.8%) | 21 (95.4%) | 54 (90.0%) |

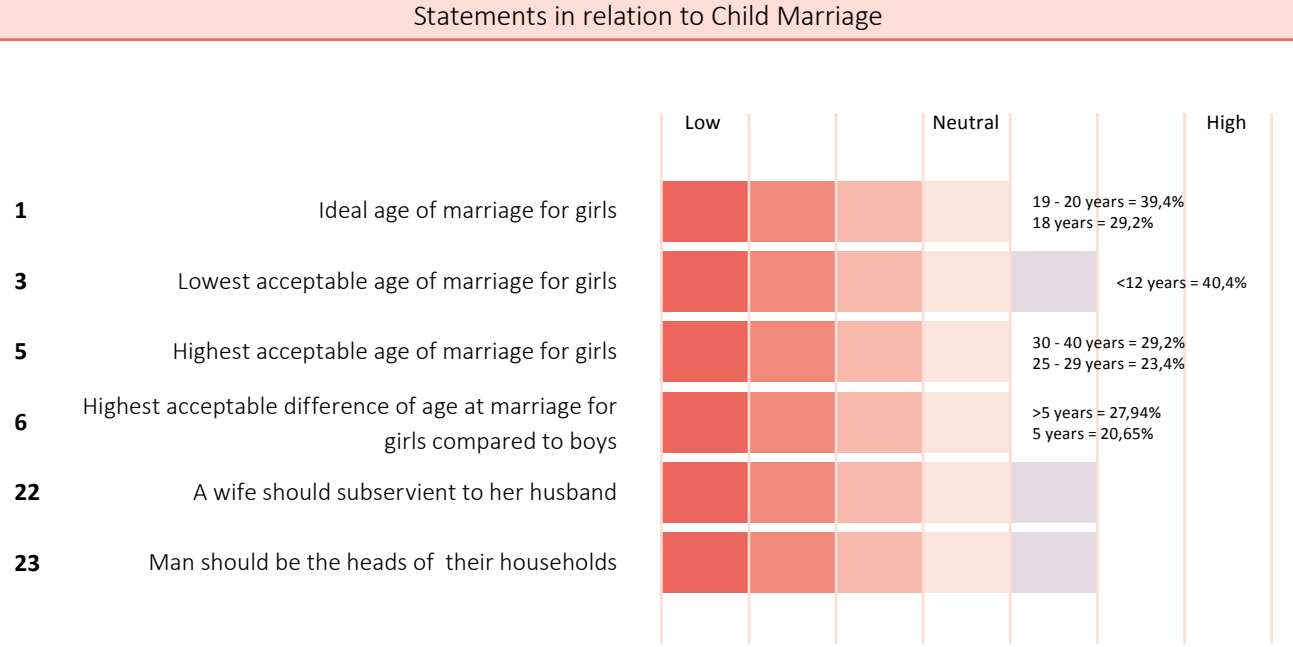
### 4.2.10 ACCEPTABILITY OF CHILD MARRIAGE

A child marriage acceptability index was part of the YES I DO baseline survey. The questionnaire used during the household survey included a series of 23 statements related to child marriage. Respondents were asked to indicate their agreement or disagreement with each of the statements in a scale with seven levels (1 = high disagreement; 7 = high agreement).

The acceptability index was calculated into two steps. First, statements were analysed separately and means were calculated from the answers given by the study participants. Secondly, the averages calculated in the first part of the analysis were summed up to obtain the child marriage acceptability index. For the calculation of the index all statements were given equal weights.

Seventeen out of the 23 statements had results that suggested a low level of acceptability of child marriage among respondents. Six of the statements were in the "neutral" or in the "high acceptability" zone (Figure 5).

Figure 5. **Acceptability of child marriage**




The results of child marriage acceptability index was also reinforced by the interviews and FGDs. A large majority of participants expressed that child marriage is not something favourable and that it should be avoided. It leads to school dropout, teenage pregnancy and related health problems, increases divorce rates, and puts an extra burden on parents with whom the couple moves in.

Some also mentioned social consequences, whereby child marriage is seen as a disgrace for the parents, because the couple is not prepared to get married both in material as well as emotional sense.

Despite the low acceptability, in reality child marriage seems an accepted practice that is common in Mogovolas. The community – including religious leaders – has children married below the age of 18. In Manlahipa, it was said that it is common for a girl to get married around 12 years of age. There, some people said that because of poverty, marriage from 15 years onwards should be permitted, but the large majority talked about 18 and above.

## 4.3 TEENAGE PREGNANCY

Of all female survey respondents between 20 and 24 years old, 74% had been pregnant before turning 20 years. Among all female survey respondents, including those between 15 and 19 years of age, 56% had experienced teenage pregnancy. When males were asked when they became father, around 17% said it was before their 20th birthday. About 10% of all females indicated to have dropped out of school because of pregnancy[9] (Table 12).

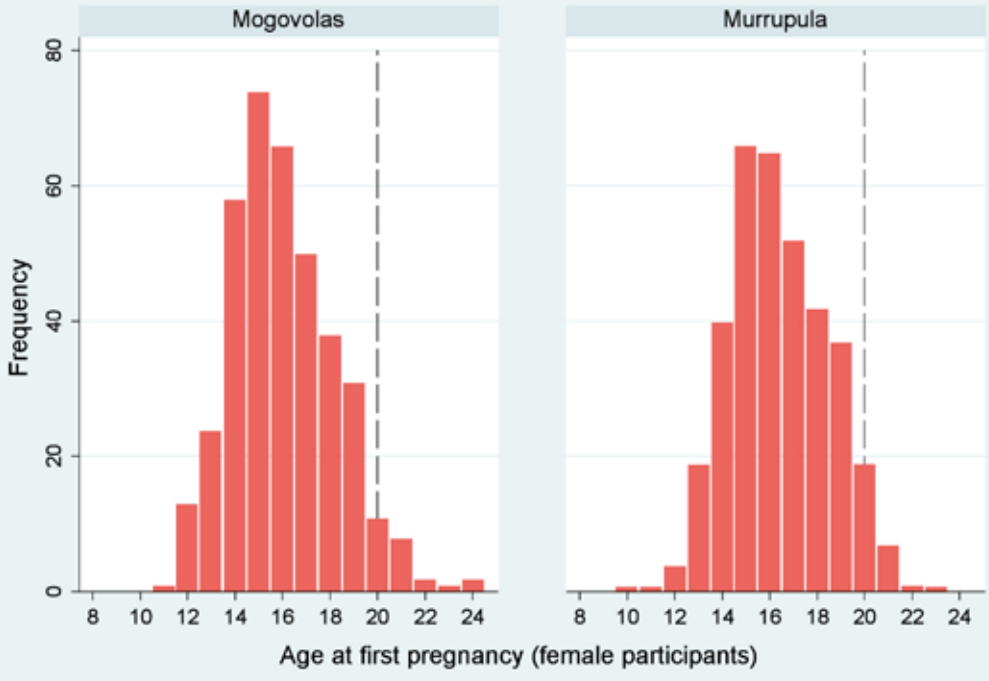
Table 12. **Teenage pregnancy and its consequences**

| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Girls and women (20-24 years) who had a teenage pregnancy (pregnancy under age 20) | 197 (77.3%) | 181 (70.4%) | 378 (73.8%) |
| Girls and women (15-24 years) who had a teenage pregnancy (pregnancy under age 20) | 355 (59.6%) | 327 (51.3%) | 682 (56.2%) |
| Boys and men (15-24 years) who became teenage fathers | 21 (17.7%) | 20 (15.5%) | 41 (16.5%) |
| Girls and women (15-18 and 15-24 years) who left school due to teenage pregnancy | 52 (8.7%) | 67 (10.5%) | 119 (9.6%) |
| Boys and men (15-18 and 15-24 years) who left school due to teenage pregnancy | 0 | 1 (0.8%) | 1 (0.4%) |

Among female respondents with children, 93% replied that their age at first pregnancy was before they were 20 years old (See Figure 6 for first pregnancy distribution per age and per district).

Figure 6. **Distribution of age at first pregnancy per district**

(among female participants who ever had a pregnancy)




[9] It must be noted that school dropout as a result of pregnancy could be underreported, because it was just one of the answer options for reasons for school dropout.

### 4.3.1 CIRCUMSTANCES OF GETTING PREGNANT

Becoming sexually active at an early age is common, confirmed by all interviewees and FGDs participants. This is associated with limited knowledge and access to contraceptives and frequent teenage pregnancies. Some parents said that this is the result of children not listening to them anymore. They go out, come back home late, and do not respect house rules.

> *"Sometimes it happens that children don't listen to parents, they seek amusement, go to cinema (TV in house), go out, and come back early in the morning… If they stay at home, when they are young, it's better. But children say these are old fashion ideas, they want to go out. What they do, the children go to entertainment places, there they learn from other friends, and from there they start sexual relationships, copying this from others."* (Interview with father, Manlahipa)

> *"How to say, many girls become pregnant. When she is not going to school, she has nothing to do, her way of thinking is to go with a man, and it's very easy here…"* (Interview with teacher, Manlahipa)

Another reason mentioned was lack of parental supervision for children who have the opportunity to study in secondary school in Nametil. In Manlahipa, Rieque and Km20 there are no secondary schools. So parents who can send their children to secondary school have to make arrangements for their children to stay with a family member or in a house with other siblings, close to the school. It was said by many participants that the lack of parental supervision caused their children to go out, and have relationships, contributing to teenage pregnancy.

> *"I have four children and not enough for them to finish school. Girls finished after 7thgrade, another stopped at 6th grade. One went to Nametil [secondary school], but she dropped out because she got pregnant. She had to go to the hospital, but the baby died… As a father, I had to spend money in the hospital, and she stopped school. She finished 8thgrade [just started secondary]. She is now divorced, and living in Nampula."*
> (Interview with father, Manlahipa)

Many participants mentioned that there are a lack of activities to do in these rural communities. Even when young people say they go to the cinema, this is actually just a TV in someone's home. So relationships and sex are said to be the only ways of entertainment.

> *"Here there is no electricity, and the night is long, so what do you expect people to do?"*
> (Interview with community leader, Manlahipa)

Some girls were said trying to have relationships with men for money or clothes and get pregnant. Yet other girls get pregnant after having married, or when a family member is pressing them to do so.

> *"The grandmother wanted my daughter to marry a man she had arranged. Out of fear, my daughter accepted, she fell in love, and now she has a baby of three months. They [daughter and baby] are supported by me. The child's father works in the mines but does not give any money for the baby."* (Interview with male adult, Km20)

Sexual abuse, including by school teachers, was also mentioned as a cause of teenage pregnancy. It is common to have pupils doing small household tasks for school teachers, and this makes these pupils vulnerable to sexual abuse.

> *"The teachers here abuse the girls a lot, we had a problem with a former school director who had to leave as he made four students pregnant…. but there are many teachers who "make children in the area they work in", they come to work but then they marry the students."* (Interview with community leader)

Furthermore, some participants talked about parents forcing their daughters to go into prostitution.

> *"I knew a girl in the community who was forced by her mother to prostitute herself to get money and to send food to her house. If she did not do so, she would be thrown out of home."* (Girl, FGD 15-19 girls, Manlahipa)

### 4.3.2 MARITAL STATUS AND TEENAGE PREGNANCY

Over seven out of ten girls who were ever been married experienced teenage pregnancy. In Mogovolas, over one out of two unmarried girls experienced teenage pregnancy, while in Murrupula this was one in three girls. Significantly more females who had experience child marriage had been pregnant as a teenager (Table 13).

Table 13. **Marital status and teenage pregnancy**

| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| % of girls who have ever been married and experienced a teenage pregnancy | 174 (75.7%) | 214 (71.8%) | 388 (73.5%) |
| % of girls who are unmarried that experienced a teenage pregnancy | 181 (49.5%) | 113 (33.2%) | 294 (41.6%) |
| Male participants (15-18 years) married or in union | 3 (50%) | 2 (66.7%) | 5 (55.6%) |
| Male participants (19-24 years) married or in union | 6 (18.8%) | 1 (5.3%) | 7 (13.7%) |

### 4.3.3 BOYS' PERSPECTIVES ON PREVENTING PREGNANCY

Many young males interviewed would like to know better how to avoid pregnancy, both in terms of occasional relations, as well as in more stable loving relationships. The information they have about avoiding pregnancy is either limited or incorrect.

> *"Boys provoke girls. Boys pay. In first instance they persuade the girls by paying. First it's the man, he gives money, or food, or capulana. They seduce the girls. Then a relation develops". Is this not resulting in pregnancy? "No, this is not leading to pregnancy, because we rotate. Today we have this women, and the other day another women."* (Young male, FGD, Manlahipa)

For boys and men, it seemed that having sexual pleasure was found to be more important than avoiding pregnancy, especially if they pay or give goods to the girl. This is the case both in occasional relationships, as well as in long-term relationships. Various male participants also mentioned that women do not want to use condoms, as they are unfamiliar with them, or think that a man does not love them when they use it.

> *"When we want a woman, the woman does not want to use a condom because she is not used to it. Men don't want to use it, they want flesh to flesh. Men don't want to pay women and then use a condom. The women don't know-how to use it because they have never seen it in their lives… But the man wants to use it when the woman is not clean [having an illness], but when a woman does not have any illness than the man does not want to use it."* (Young man, FGD 15-18 years old, Manlahipa)

However, some young males said that they limit their sexual interaction with girls, as they fear to make them pregnant.

> *"We don't cross [have sex] daily with women because we fear that if we make her pregnant, than we have to bring her to our house. Then we have to take care of her…"* (Young man, FGD, Manlahipa)

### 4.3.4 CONSEQUENCES FOR THE GIRL

There are a large number of negative consequences for girls in relation to teenage pregnancy, mostly related to health and education and as result, their future life perspective. These consequences are further explained below.

| Table 14. **Teenage pregnancy and dropping out of school (among all participants)** | | | |
|---|---|---|---|
| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
| Girls that dropped out of school due to pregnancy | 52 (8.7%) | 67 (10.5%) | 119 (9.6%) |
| Girls ≤18 years that dropped out of school due to pregnancy | 17 (5.9%) | 22 (6.8%) | 39 (6.4%) |
| Girls > 18 years that dropped out of school due to pregnancy | 35 (11.4%) | 45 (14.3%) | 80 (12.9%) |
| Boys that dropped out of school due to fathering a child | 0 | 1 (0.8%) | 1 (0.4%) |

**Health**

Participants talked about health consequences for girls, such as difficulties during delivery, girls having to go to the district capital to be hospitalized, and girls dying in the hospital while giving birth. Also quite a few cases were mentioned where the baby did not survive, or girls were said to become infertile not being able to conceive with a (new) husband.

> *"Yes there is a difference at delivery time. Adults are strong and bigger, they don't lose force. The small ones, they are too small, they lose their force, their blood is not working so well in their muscles and they lose force. Sometimes they lose their babies because the mothers don't have the force."* (Interview with traditional midwife, Manlahipa)

> *"We get cases here of girls below 18 years in a worrisome number. These cases present the maximum number of obstetric complications, in general some uterine rupture."*
> (Interview with medical doctor, Nametil health centre)

> *"I married first [at 16], then had a baby, but the baby died at birth. I had complications during pregnancy, I went to the health centre in Nametil, after that I was transferred to the hospital in Nampula where I lost my baby while giving birth in 2011… I would like to have other children but can't have more, this because of complications during the first pregnancy. After my first pregnancy, I never got pregnant again. I often go to hospital due to a stomach pain [uterus], and now I take medicine for this."*
> (Interview with young woman, 22 years, Km 20)

> *"In fact children born out of these girls do not grow well, many die at a very early age because they are born pre-term, they don't get enough to eat, also the body is not ready for having children, that's why they have problems with the delivery, they often get a caesarean section and the children are born dead…"*
> (Interview with religious Leader, Rieque)

**School dropout**

Teenage pregnancy causes frequent school dropout. Once girls are pregnant, they – in the majority of cases – are asked to leave school.

> *"I know many girls who abandoned school because they were pregnant."*
> (Young woman, FGD 20-24 years, Manlahipa)

However, this was not the case everywhere. A teacher talked about a girl who got pregnant half term, and she was asked to stay within the school for administrative purposes. However, one of the teachers said:

> *"In our school in grade 1 to 5 we cannot have girls who are pregnant with non-pregnant girls mixed in one class."* (Teacher, Manlahipa).

As indicated before, for survey respondents, teenage pregnancy caused 10% of girls' school dropout, with higher percentage for Murrupula and girls older than 18 years of age (13%) (Table 14).

| Table 15. **Who to turn to in case of pregnancy (among all participants)** | | | |
|---|---|---|---|
| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
| Family (only) | 406 (68.1%) | 367 (57.5%) | 773 (62.6%) |
| Family + other type of confident | 71 (11.9%) | 163 (25.5%) | 234 (19.0%) |
| Health post | 60 (10.0%%) | 42 (6.6%) | 102 (8.3%) |
| Partner | 25 (4.2%) | 42 (6.6%) | 67 (5.4%) |
| Other | 34 (5.8%) | 24 (3.8%) | 58 (4.7%) |

### 4.3.5 CONSEQUENCES FOR TEENAGE FATHERS

Many participants talked about assuming responsibility for the girl and the baby in case of pregnancy, a reason for some young men to limit the number of sexual interactions with women, as mentioned earlier. Often when a girl falls pregnant, she moves to boy or man' house or they start a separate household. Mogovolas is known to be a matrilineal society, where traditionally the boy moves to girl's household. However, in cases of teenage pregnancy, it is often the girl who moves to the household of the boy, or the girl stays with her family without the boy moving in. The family of the girl then assumes responsibility for the girl and the baby.

While teenage pregnancy affects school dropout amongst girls, this is much less the case for boys. However, it does happen occasionally.

> *"I know of a school colleague whom before he was 15 years already became sexual active. He made a girl pregnant and as result, he had to withdraw from school."* (Boy, FGD 15-19 years, Manlahipa)

### 4.3.6 LAW ENFORCEMENT

There seems to be no law enforcement related to teenage pregnancy. Both the community and the community court do not take any action. Only in case of rape or other violence, some go forward to the community court. When these cases are too difficult they are referred to Nametil or Nampula.

This is slightly different when the pregnancy is related to child marriage. Community systems have been set up, including involvement with the community policy, to try to separate the young couple in case of child marriage, provided the girl is not yet pregnant. This is further described in the section on community context.

### 4.3.7 DECISION TAKING IN CASE OF PREGNANCY

Two third (68%) of girls and women in Mogovolas and more than half (57.5%) in Murrupula mentioned that they would only approach their families if pregnant. About 12% in Mogovolas and 25.5% in Murrupula mentioned that they would approach the family plus another type of confident. Approaching health care professionals and partners were options mentioned by a few survey respondents (Table 15). Stratifying the answer to this question in groups below 18 years old and 18 and older did not result in a substantial change of the percentages.

### 4.3.8 ABORTION

Traditional procedures were reported to be sometimes used to try to induce abortion. However, there is not much openness about this. One of the most active community health workers in the area said the following about it:

> *"I don't have cases of girls wanting to abort, or using traditional methods… Last year I heard that some girls used traditional means to have an abortion. The girls did not talk to me directly about this but I heard this when I went to talk about child marriage and teenage pregnancy. Then girls told me that persons living in the community had abortions."* (Interview with community health worker)

Some people talked about spontaneous abortions as result of teenage pregnancy.

> *"There is a higher abortion and delivery complications probability."* (Young man, FGD 20-24 years, Manlahipa)

## 4.4 COMMUNITY CONTEXT

### 4.4.1 SOCIAL NORMS REGARDING GIRLS AND BOYS

Various participants said that parents do not have specific preference for having girls or boys. A father of eight daughters and no sons said in this regard:

> *"In this community it is the same, boys or girls."* (Interview with father, Manlahipa)

In terms of being considered a good boy or girl, all participants agreed that this relates to respecting both family members and other people in the community. Participants all indicated that obeying ones parents, studying and displaying responsible behaviour is considered to be good behaviour for both boys and girls. Several parents as well as boys and girls said that such responsible behaviour entailed not becoming pregnant as a teenager, liking to work, including domestic work and having a nice clean physical appearance.

> *"A good girl, does not steal, she listens, does not create problems in the family, she does not leave the house, she listens to what the persons tell her, she goes and finishes primary school. That's it. There is nothing else… it is a girl who takes care, when somebody of the family dies, she does assist, listens, washes clothes… A good boy looks after his parents, is clean, lives with his parents, and has clean clothes. He takes a bath. He does not hang out on the street, does not go round on the street and therefore does not learn how to steal."*
> (Interview with community leader, Manlahipa)

### 4.4.2 CULTURAL CONTEXT, CUSTOMS AND BELIEFS

As mentioned earlier, Nampula has a matrilineal system. This means that traditionally when a couple marries, the man moves into the home of his wife[10]. A traditional leader explained it in the following way:

> *"The father is not your real parent, but your real parent is the mother in the matrilineal system."*
> (Interview with traditional Leader, Nametil)

Some participants in FGDs and interviews said that in case of teenage pregnancy, the girl moves to the boy's house. In that case boys' parents have to take care of the new wife, as well as the baby. Several participants remarked that if the man does not take on the responsibility of being the father this is seen as something shameful for the family.

[10] Google Book search: matrilineal system Nampula Mozambique

| Table 16. **Feeling confident to discuss gender equity equality (among female participants)** | | | | |
|---|---|---|---|---|
| | | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
| With male peers | Completely | 100 (16.8%) | 127 (19.9%) | 227 (18.4%) |
| | Not at all | 305 (51.2%) | 375 (58.8%) | 680 (55.1%) |
| With female peers | Completely | 190 (31.9%) | 276 (43.3%) | 466 (37.8%) |
| | Not at all | 206 (34.6%) | 212 (33.2%) | 418 (33.9%) |
| With adult males | Completely | 94 (15.8%) | 77 (12.1%) | 171 (13.9%) |
| | Not at all | 346 (58.1%) | 435 (68.2%) | 781 (63.3%) |
| With adult females | Completely | 151 (25.3%) | 153 (24.0%) | 304 (24.6%) |
| | Not at all | 228 (38.3%) | 293 (45.9%) | 521 (42.2%) |

> *"...an adolescent of 14 years made a girl pregnant and girl's parents came to leave her in the boy's mother house."* (Interview with mother, Manlahipa)

> *"I know a girl who was thrown out of the house because of having become pregnant and because of having dropped out of school. Her father left her in the house of the man who had made her pregnant."* (Young woman, FGD 20-24 years, Manlahipa)

> *"When I got pregnant at 14 year and that man did not take on the responsibility, as if it was not enough he married another woman."* (Girl, FGD 15-19, Manlahipa)

Analysing with whom the survey respondents were living, we found a considerable number of couples that lived by themselves and not with their parents (in law).

In the matrilineal system, uncles – brothers from mother's side – traditionally have a decision-making role. This seems to be still the case, but as also can be observed from this research, not in all cases are uncles involved in decision making; husbands also take decisions.

Ninety-eight percent of all survey respondents belonged to the Makua ethnic group. In the Makua culture, sexual activities start at an early age. This is encouraged during the initiation rites for boys, where they are motivated to go and practice sexual activities once they return home. The same happens for girls. In addition, as described earlier, these initiation rites encourage boys and girls to feel grown up and ready to face an adult live.

> *"....girls receive sexuality education during the initiation rites and after that a large number of them become pregnant."* (Girl, FGD 15-19 years, Manlahipa)

> *"...when they leave the initiation rites, a girl becomes more active in having sex."* (Young woman, FGD 20-24 years, Manlahipa)

### 4.4.3 GENDER ROLES AND GENDER EQUALITY

More than 50% of female survey respondents mentioned that they did not feel at all confident to talk about gender equality with male peers. This same proportion rose beyond 60% (68% in Murrupula) when the interlocutor was an adult male. Between one fourth and one third of participants mentioned that they felt confident when talking about gender equality with female peers and or/ adults (Table 16). The stratification of results by age (<18 years and >=18 years) only showed a slight increase (approximately 5%) on the proportion of females that felt confident to talk about gender equality with female peers and female adults. No substantial changes were observed when the interlocutor was a male (peer or adult).

As mentioned earlier, the matrilineal structure seemed to have no influence on gender preferences in terms of male and female children. Some participants said that boys have more opportunity to study, while others said that girls have more opportunity to study, at least when it comes to primary school. This as boys in rural communities can take on the role of shepherd and therewith earn animals. Especially in the very remote community of Manlahipa, during the field work, we came across quite some boys who had no education at all, and all had been shepherd. However, when looking at the survey data on education, a higher percentage of boys had received education than girls, especially in Mogovolas. Living in a matrilineal society does not mean that women are the decision makers. Men are still seen as the decision makers, but it may not always be the husband/father who takes decisions, but often the elder brothers, or uncles of the wife/mother.

"I take the decisions, but sometimes my wife as well. But big decisions are taken by men… The decisions taken by women are all related to the house. But here if there is no food, then the man has to arrange something. The man also takes decisions about the machamba and the woman has to comply. If man decides not to go to the machamba, than he doesn't go… the decision about children is not the same, not easy, it depends on the sexual life, when you have sex, children are coming, they are coming every two years or so. There is no other way." (Interview with father, Manlahipa) As it can be seen above, within marriage, men have the provider role; they must earn money and provide food. That does not mean that women do not work, they work as well in the machambas. The work done by men and women in the machambas differs though.

> *"In general women work more in the machamba, but there are also some men that help. Womens' work goes from sowing to harvesting, including weeding. But some men do not want to weed."*
> (Young women, FGD 20-24 years, Km20)

In the majority of cases, husbands are also in charge of the household budget. However, there are also cases where the husband leaves this up to his wife, when he thinks she is better at managing household money.

In some cases where women are better educated, they have their own machambas and can develop more autonomy. In those families, spouses said to do more together, including taking care of children. Within families, boys are asked to help their fathers and girls their mothers. However, participants also said that while girls and boys have specific tasks, and that girls are currently not involved in carpentry for instance, that does not mean that this have to remain like this.

> *"For girls, it is not our way of living [to have a job as carpenter, etc.]. Teachers can be girls, but if you have a cooperative for fish, then girls could also help… [after probing] Yes, they could also take the lead. If girls get money, they keep it better. Boys have more vices such as drinking and smoking. Girls look better after money. These activities will help them to marry much later."* (Interview with teacher, Nametil)

Girls are not expected to have money or goods at the time of marriage, while boys are expected to have this, which is also influencing the decision to marry for girls. They are expecting to get money or goods through their spouse, while a man has to be able to provide for the girl.

> *"[To girls they say] You are big, you have to get a man, you need to get married. You need to marry so that I get a capulana before I die. With men it is otherwise, you have to grow first; you need to have a house, a machamba before you can get married."* (Interview with community leader, Nametil)

> *"For a man it is sometimes difficult. He has to live his life. The girls depend on their parents, but the boy at 20 years age is more of himself."* (Interview with community leader, Nametil)

### 4.4.4 ROLES OF DIFFERENT STAKEHOLDERS

**Role of traditional and religious leaders**

In Northern Mozambique, the traditional and religious leaders have great influence on social norms in the communities. The study participants confirmed this and shared that the Area Secretaries, religious leaders, neighbourhood and locality chiefs, traditional kings and queens, healers, and initiation rites advisors, are among the influencers. These leaders have a negotiation role in conflict mediation, as advisors for the community, and intervene in issues between men and women, or call for a compromise in the community in case men have made young girls pregnant.

A number of participants mentioned that certain leaders, such as the initiation rite advisors have a negative influence, contributing to child marriage and teenage pregnancy.

No by-laws seem to exist, but religious and traditional leaders did provide examples where they played an active role in preventing child marriage or teenage pregnancy. Several communities have set systems to address child marriage and prevent teenage pregnancy, in which community leaders play a role. In Nametil, a local governor introduced a new system in which community leaders have to notify parents and the local neighbourhood chief when a young couple starts to have a relation.

> *"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. But when the girl is pregnant, we do not do anything… It [the new system] is a success, before it was not like this…"* (Interview with community leader, Nametil)

In Manlahipa, the community police, local stakeholders and the school worked together to control child marriage.

> *"The problem is getting addressed because of police involvement. Without this it would be worse. Sending the police works. When they find a girl who is married, we want her to get divorced."* (Interview with teacher, Manlahipa)

A Catholic religious leader mentioned that in the catechism for children between six years of age until 7th grade, no attention is given to issues around child marriage and teenage pregnancy. However he mentioned that it is important to introduce this themes, as child marriage is happening frequently. The Catholic Church in Mozambique has started to discuss the issue at national level, and concluded that they should push for marriage to take place both for girls and boys after 25 years of age. This leader also mentioned that after being two years in this position, he did not marry any adolescent. When the school or the church discovers that a child marriage is being prepared, they intervene by talking to the parents and advising them not to have their children married. They also talk to the adolescents themselves.

An Islamic religious leader said that the community started with activities trying to reduce child marriage and teenage pregnancy recently by focusing more on family planning. But not everyone is using this. In the mosque, they also talk about family planning, pregnancy, spacing pregnancies, and there is advice not to marry very young, both to girls and boys; but not everyone listens to this.

> *"We advise many times not to marry very early but today's youth listen to our advice when we talk, but afterwards when they meet with their girl or boy friend they begin to follow another line, another path. This advice is both for men and for women, the men follow our advice more, but many of the women don't."* (Interview with Islamic religious leader)

Child marriage and teenage pregnancy issues are also discussed – as one of many topics – amongst traditional and religious leaders in regular meetings. However, not all traditional leaders are involved. A community court member mentioned that they had received no order to be involved in prevention of child marriage. The court is only involved in divorce cases where there is a fight about how the goods should be divided or where violence has taken place.

**Role of health services and workers**

The health infrastructure in the three studied communities, Manlahipa, Km 20, and Rieque is poor. Health services are concentrated in Nametil. In Nametil, health workers, i.e. the director of the health centre, are sometimes involved in talks about preventing child marriage and teenage pregnancy, especially when there are difficult cases. A respondent said:

> *"He came to talk about cholera, and then he also used the opportunity to talk about early pregnancy."* (Interview with traditional Leader, Nametil)

In the other communities, the traditional and community health workers are at times involved in providing talks at school. However, FGD participants indicated not to be aware of these health workers' roles related to child marriage and teenage pregnancy.

> *"…very few times do health professionals come to our community, I have no knowledge of the real role these people have."* (Interview with father, Manlahipa)

**Role of schools and teachers**

Teachers and schools have different roles related to prevention of child marriage and teenage pregnancy; and youth sexuality. They pay attention to these issues within the school and sometimes also in community meetings.

> *"We talk about early marriage or teenage pregnancy with the girl itself and her parents. We have talks with students, or introduce a theme that they have to study. We also tell them that when somebody comes and says something to them, how they should respond so they keep going to school. We also work to increase capacity to answer to gender issues, or those who go to study in Nametil, how to avoid getting pregnant. In those meetings we talk about what can be the results of teenage pregnancy. We tell that if a girl gets pregnant, she can die because her body is not ready yet, she is too small. This is what we talk to the community. But they then go to another place to marry."* (Interview with teacher, Manlahipa)

When schoolteachers discover that students have gotten married and are subsequently missing from school, they follow up with parents and children to see if they can get them back into school. This is often done in collaboration with a parent committee, but also with community police involvement. In some cases, the school director or teacher talks to the parents.

> *"The school director when there are these problems, instead of involving the police, he also goes himself sometimes. And talks to the parents, why is the child not going to school. Sometimes the parents agree that the child should return."* (Interview with teacher, Manlahipa)

Schools seem to have different approaches about allowing those married or pregnant to stay in school. In Rieque it was said that girls who are pregnant should keep studying, and in case of marriage the husband is advised to allow her to go to school. In Manlahipa, efforts are made to divorce the young couple, and pregnant girls cannot study.

Some young people said teachers have a considerable role in educating them about SRH.

> *"…. Many things I learned in school from the teachers…"* (Girl, FGD, Manlahipa)

> *".....in classes about natural science they talk a little about sexuality and taking care to avoid teenage pregnancy."* (Boy, FGD 15-19 years, Manlahipa)

Others mentioned that in spite of teachers' talks, some teachers' behaviours contradict with what they say, as they sexual harass and abuse students.

> *"Teachers talk about this in their classes but this does not have an effect, because it is them who start to make the students pregnant."* (Mother, FGD, Manlahipa)

> *"… I regret the attitude of some teachers who go after their students."* (Interview with father, Manlahipa)

> *"I know a teacher who made a student pregnant last year and nothing happened."*
> (Interview with father, Manlahipa)

> *"…I know a girl who became pregnant from her teacher, and when her parents found out, they sent her to his house and she went."* (Girl, FGD 15-19 years, Manlahipa)

### 4.4.5 INTERGENERATIONAL COMMUNICATION

The study shows there are not many occasions in which youth communicate with adults: intergenerational dialogues mostly do not take place. Fathers and mothers in FGDs said there are difficulties to communicate with the young people. In Manlahipa, the majority of parents said that it is not usual that youth talk with adults face to face or that youth participate in community meetings; however there are also exceptions especially among those with a higher level of education.

> *"When we organize a gathering in the community with the youth, when they appear it does not take long before they leave again."* (Father, FGD, Manlahipa)

> *"…here we do not let youth talk with adults, this is even worse for those who have not passed the initiation rites."* (Father, FGD, Manlahipa)

> *"When my teenage daughter got pregnant she did not talk to me but with one of her girlfriends."*
> (Mother, FGD, Manlahipa)

> *"I talk with my children; I can't stay silent, not only about pregnancy but also about other illness. They have to know where it comes from. You have to inform, that it can't be as such, you keep quiet. They have to discover. I discuss with them. Sometimes I stop to talk with them, with the two bigger boys, and the bigger girls. We interact a lot, they talk more with me… There are others who talk with their children, but there are more who are afraid to inform their children."* (Interview with teacher, Manlahipa)

The youth interviewed confirmed this as well. Girls said that they mostly talked about sensitive issues with other youth, but sometimes also with their mothers. Girls did not feel the desire to talk with their mother about intimate things. Boys said to understand that youth do not have the freedom to communicate openly with adults and that they feel constrained to do this. They look for other people to express their concerns. A few participants attributed this to culture, or to the lack of confidence in youth.

> *"One of my nieces when she had her first menstruation she told me, and then she had to tell my sister, because she was ashamed to talk to her mother."* (Young woman, FGD 19-24 years, Meluli B)

> *"We do not have the opportunity to express ourselves freely."* (Boy, FGD 15-19 years, Manlahipa)

> *"… When I start to talk with adults to discuss something that is bothering me, they tell me that I do not have the age to discuss this with them."* (Young man, FGD 19-24 years, Manlahipa)

*"Thanks to the culture, we youth are not allowed to talk in any way in front of adults, especially to the family chiefs, uncles and régulos [traditional kings]."* (Boy, FGD 15-19 years, Meluli B)

The survey results confirm the above situation for girls. Approximately seven out of 10 girls said that it is difficult to talk with their parents or care givers about sexuality or marriage. This is less the case for boys (Table 17). Having been pregnant improves communication levels for girls, where 31% of girls who have been pregnant say that it is easy to talk, versus 17% who had not a pregnancy.

Table 17. **Easiness talking with parents or caregivers about sexuality and marriage**

| | | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|---|
| Girls and women | It is easy to talk about sexuality | 142 (23.8%) | 162 (25.4%) | 304 (24.6%) |
| | It is difficult to talk about sexuality | 418 (70.1%) | 467 (73.2%) | 885 (71.7%) |
| Boys and men | It is easy to talk about sexuality | 42 (35.3%) | 53 (41.0%) | 95 (38.3%) |
| | It is difficult to talk about sexuality | 77 (64.7%) | 76 (58.9%) | 153 (61.7%) |

## 4.5 YOUTH ENGAGEMENT

Youth engagement seems to be limited. Young people hardly take part in community gatherings and activities. As a result, youth does not have a voice in discussions. Young people are expected to listen and obey, although quite a few parents and stakeholders complained that more and more young people refuse to do so. Youth organizations seem to be non-existent, although some activities are organized in secondary schools for youth. However, as the majority of communities does not have such secondary schools, those activities do not reach the majority of youth.

### 4.5.1 TALKING ABOUT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

When looking at whether young people are able to discuss SRHR issues with others, including family and friends, and voice and discuss possible concerns they have, we see that about half of the girls and boys between 15 and 18 and almost three quarters of the young females and males between 19 and 24 have talked with their friends or parents about marriage (Table 18). When stratifying for teenage pregnancy, about three quarters of the girls who had a teenage pregnancy had talked about marriage with family or friends. When looking at the group without teenage pregnancy, only half of them have talked with family or friends about the topic. When stratifying for child marriage, no substantial differences are seen. About three fourth of girls married before, during or after completing 18 years old have discussed about marriage with family or friends.

Table 18. **Talked with friends or parents about issues of marriage**

| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Girls <18 | 107 (48.9%) | 113 (44.3%) | 220 (46.4%) |
| Young females >=18 | 273 (74.6%) | 238 (74.6%) | 511 (68.3%) |
| Boys <18 | 25 (54.4%) | 27 (61.4%) | 52 (57.8%) |
| Young males >=18 | 51 (68.9%) | 61 (71.8%) | 112 (70.9%) |

Talking to friends and family about pregnancy prevention was in general more common among boys than girls (Table 19). No substantial differences were observed when looking at girls who experienced child marriage or teenage pregnancy.

Table 19. **Talked with friends or parents about pregnancy prevention**

| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Girls <18 | 70 (32.0%) | 102 (40.0%) | 172 (36.3%) |
| Young females >=18 | 192 (52.5%) | 192 (50.3%) | 384 (51.3%) |
| Boys <18 | 30 (65.2%) | 27 (61.4%) | 57 (63.3%) |
| Young males >=18 | 47 (64.4%) | 61 (71.8%) | 108 (68.4%) |

## 4.6 SEXUAL AND REPRODUCTIVE (HEALTH) PRACTICES, INFORMATION AND SERVICE UTILISATION

### 4.6.1 SEXUAL DEBUT

All participants – girls, boys, parents, community leaders and other stakeholders – confirmed that sexual activity starts at an early age, sometimes from nine years onwards. Some participants mentioned that there are girls who start sexual activity before their menstruation. Sexual activity, even before marriage, is considered normal, especially for boys. Boys said it is normal to start sexual activity early and they use strategies to get girls for this. Some boys said that if they do not get a partner to have sex with, than they would masturbate.

> *"Currently there are many children who experience sexual activities."* (Young woman, FGD 20-24 years, Manlahipa)

### 4.6.2 PEER PRESSURE

Peer pressure seems to be different for boys and girls. Boys are more influenced by their friends to engage in sexual activities, leading to pregnancy and subsequent marriage in quite a few cases. Boys in various FGDs said they often talk about girls and advise which girls are good to have sex with or to get a relationship with. For girls, there is more pressure from boys to get engaged in sexual activities, or in terms of marriage; they may feel pressurized when they see that other girls are getting gifts from boys for engaging in sex, and they also wish to have those gifts.

### 4.6.3 INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

**Access to information**

Relatively few survey respondents mentioned to get information from a wide range of sources. Females received mostly information from parents, while males from the health post (in Mogovolas) or teachers (Murrupula) (Table 20).

Table 20. **Source of information about sexual education**

| | | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|---|
| Girls and women | Parents | 98 (45.0%) | 95 (34.1%) | 193 (38.8%) |
| | Family | 29 (13.3%) | 35 (12.5%) | 64 (12.9%) |
| | Friends | 23 (10.6%) | 25 (9.0%) | 48 (9.7%) |
| | Health post | 33 (15.1%) | 43 (15.4%) | 76 (15.3%) |
| | Other sources | 35 (16.1%) | 81 (29.0%) | 116 (23.3%) |
| Boys and men | Parents | 18 (30.0%) | 15 (30.6%) | 33 (30.3%) |
| | Family | 1 (1.7%) | 6 (12.2%) | 7 (6.4%) |
| | Friends | 1 (1.7%) | 1 (2.0%) | 2 (1.8%) |
| | Health post | 29 (48.3%) | 6 (12.2%) | 35 (32.1%) |
| | Other sources | 11 (18.3%) | 21 (42.9%)* | 32 (29.4%) |

* Note: 28.6% of boys in Murrupula received the information from teachers

Access to information in remote areas is limited. The few existing community health workers have limited time and capacity to provide SRHR information. Interviews showed many people living in villages getting information through radio and occasionally television.

Alternative sources to obtain SRHR information are schools (see Section 4.6.3.2), the initiation rites (see Section 4.6.3.4) and observing and being (mis)informed by others in the community.

> *"Children learn in the community, because they belong to the community, they go out at night, some are not very good in their head. The information they can get from the community. We are in the middle of the community, in terms of geography, everyone is close. When you meet a girl or a boy, you give the information, this, this and this. Girls don't know the consequences, they get involved. When she is pregnant, the boy leaves her."* (Interview with teacher, Nametil)

**School SRHR information**

Interviewed girls and boys mentioned that teachers in primary schools, during biology lessons, do provide sexuality education. They provide general information in a lecturing style. Sometimes other persons such as a community health worker are invited to provide a talk to the students. This is done in a non-participatory fashion, without demonstrating different types of contraceptives or informing them about advantages and disadvantages, how they should be used and where they can be obtained. No attention is given to how to communicate and negotiate about such condom use. Other participants, including teachers, said that such sexuality education is only provided from the sixth grade onwards, when most of the students are already sexual active. This because many of the youth start school late, and are already 12, 13 or 14 years when they are in fifth grade. Also a significant number of students

leaves school before 6th grade. For this reason, various stakeholders mentioned that it is necessary to start sexuality education in school much earlier.

> *"In primary school they don't talk about sexual health in the first to the fifth grade but in the 6th and 7th grade it is discussed."* (Interview with teacher, Nametil)

Young people interviewed mentioned to like information received in primary school 6th and 7th grades and confirmed that the use of condoms to avoid pregnancy and HIV infection was discussed in class (in a non-participatory way). They also said they would like to receive condoms and other contraceptive demonstrations, and further detailed information.

> *"There are a lot of things that I learnt at school that are hardly spoken or shared by elders in the community."* (Young woman, FGD 19-24 years, Meluli B)

Some said they had discussed more sensitive things with teachers, such as menstruation.

However, several parents thought SRHR issues are not enough discussed in school and teachers are part of the problem, because they harass girls outside school, some cases ending in pregnancy.

**Information from parents**

Communication about sexual issues between parents and their children was found to be limited. There were exceptions, where parents say they regularly talk with their daughters and sons. This was mostly said by parents with higher education who have better positions in society such as teachers, health workers and some community leaders. Communication between the majority of parents and children consists often of parents telling their children that they should not get married early, or get pregnant, as they may end up having to go to the hospital for delivery and die. Or, parents tell their sons that they should not end up having to care for a girl they made pregnant. A real information exchange including how to avoid getting pregnant or HIV is not happening among the majority of parents and their sons or daughters.

This is also due to parents not having full SRHR information themselves. Some parents in Manlahipa were not aware of the existence of contraceptives. They said they were very interested in more information on this, because of having 10 or 13 children already and they think that is enough. Some parents also indicated that they would like to talk with their children about SRH, but they don't know-how to do this. However, many parents seem to be embarrassed to talk with their children about SRH.

> *"As a father, I am embarrassed to talk about this. There are many illnesses and you cannot lie about it. We cannot lie about illnesses and not getting pregnant. But about contraceptives I don't talk. I am too embarrassed about this. My parents had this [embarrassment]. With our children we have this embarrassment. This is very impossible [to be talked about]. This is our culture. Fathers can't talk about this… (Is that something that can change?) Yes, that is possible (How?) To sensitize parents. To help them understand this better."* (Father, Nametil).

**Information through initiation rites**

Initiation rites for girls are organized around menstruation, somewhere between 10 and 14 years of age. An advisor is recruited, mostly someone from the family. Female family members, sometimes the mother, are present at the ritual. Fathers, who have to pay for the advisor and other expenses, can only join the party after the ceremony.

In some communities the initiation rituals are divided into two phases. In the first phase, menstruation hygiene issues are discussed, as well as how to behave as a woman in a respectful way towards oneself and others, respect older people and a light touching on sex and sexuality. Girls are told to respect their mothers, they are told that they are big now, and that they should get married so that their mothers could benefit from gifts. In many cases, the mothers are

present but do not speak at the ceremony. However, other strong, often better educated women, made statements that they would not allow the advisors (*conselheiras*) to say this in front of them. In the second phase, close to the marriage, more attention is given to sexual relations with more in-depth information about sexuality. In other communities, the first and second phases are rolled into one.

Boys' initiation rites are called "eating honey"; this is a code language so that younger children do not understand what it is about. The initiation ritual, related to circumcision, takes place at around seven or eight years of age, maximum ten years. Boys disappear a few days from the community for this ceremony in the bush. During the ceremony, there is a lecture moment, whereby a person comes to talk about what is expected from the boy. Unlike in the rite for girls, this person is not a member of the family. This is because it is believed that boys would not listen or take the messages serious if coming from a relative. Boys are told that they are adults, regardless of their age, they have to respect other people, keep going to school, that they need to grow up first, not get married young but first have a house, work on the machamba. Boys are also said that when they return home, they will find a woman waiting for them to practice sex.

> *"Thus, when the boys get home they don't take care using condoms; that is our culture."*
> (Interview with father, 37 years, Km20)

Boys participate in the initiation rites of their younger peers afterwards, so that these messages get reinforced.

### 4.6.4 ACCESS TO HEALTH SERVICES

Access to health services in many (rural) communities in Mogovolas is limited: three out of four sites included in the study (Manlahipa, Km20 and Rieque) have no health post. Meluli B, a neighbourhood in Nametil, has a health centre and other facilities that come in a bigger village. Manlahipa, Km20 and Rieque rely mostly on community health workers (agentes polivalentes elementares) and traditional birth attendants. There are also one or two persons who can provide some assistance for first aid. It is important to note that the community health workers have to cover a large area, the central main community and another eight neighbouring communities.

Community health workers are trained to assist regarding basic and common diseases such as malaria and respiratory infections and distribute certain types of contraceptives. Some community health workers are more pro-active than others, resulting in some communities not being aware for instance that a certain range of contraceptives could potentially be obtained through these health workers. At Km 20, the community health worker is a male, making access for males easier but harder for females. In the other two communities the community health workers are female.

Some traditional midwives had several weeks of training (seven years ago) and a few support visits from health workers after that. During this training some attention was given to teenage pregnancy. Traditional midwives do not seem to be involved in providing access to contraceptives after deliveries.

If there are complications or emergencies, people travel to Nametil. In such emergencies, including delivery, this could cost as much as 200 *Meticais*, while normally a one-way trip would cost approximately 50 *Meticais*. Many study participants complained that at least for deliveries there should be some infrastructure, especially for young pregnant girls, to obtain better medical care. There is a birth waiting home in Nametil, next to the health centre, but it was closed at the time of conducting the baseline study.

In Nametil, it was mentioned that the health centre organizes mobile brigades to go to different communities once a week. However, not all communities are receiving such visits, among others Manlahipa, Rieque or Km 20 did not seem to be covered through this service.

Because of the limited health services available, youth friendly services are absent. However, the community health workers interviewed said that being married or not would not influence them to provide contraceptives to unmarried girls and boys.

### 4.6.5 UTILIZATION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES

There are hardly any SRH services available in most of the communities, with the exception of the capital villages.

> *"....there is almost no health service here, there is only a health polyvalent agent and that is not enough to cover all the population needs, because many times the means to provide first aid are not available."*

> *"...here we do not have a health unit, the community has to travel long distances to Nametil to get health assistance."*

> *"The health professionals are so busy that they rarely visit us."*
> (Young man, FGD 20-24 years, Manlahipa)

The study found a low use of SRH services among youth in Mogovolas and Murrupula. About half of all respondents reported to have never used any SRH service. Young women above 18 years were the ones that had more commonly used some SRH services, especially antenatal care and family planning. SRH service utilization for female respondents is presented in Table 21.

Table 21. **Use of sexual and reproductive health services**

| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Girls < 18 years not using SRH services | 151 (69.0%) | 145 (56.9%) | 296 (62.5%) |
| Young females ≥ 18 years not using SRH services | 124 (32.9%) | 96 (25.1%) | 22 (29. %) |
| Girls < 18 years using family planning services | 16 (7.3%) | 49 (19.2%) | 65 (13.7%) |
| Young females ≥18 years using family planning services | 58 (15.4%) | 111 (29.1%) | 169 (22.2%) |
| Girls < 18 years using ANC services | 46 (21.0%) | 57 (22.4%) | 103 (21.7%) |
| Young females ≥18 years using ANC services | 204 (54.11%) | 211 (55.9%) | 415 (54.6%) |
| Girls < 18 years using abortion and/or post abortion services | 7 (3.2%) | 9 (3.5%) | 16 (3.4%) |
| Young females ≥18 years using abortion and/or postabortion services | 72 (19.1%) | 44 (11.5%) | 116 (15.3%) |

### 4.6.6 ACCESS TO CONTRACEPTIVES

The survey looked at contraception access and the Table 22 shows that around half of the interviewees perceive that contraceptives are difficult to obtain, regardless of being young or married.

Table 22. **Perception about access to contraceptives**

| Respondents who thought that it is difficult to obtain contraceptives | | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|---|
| Girls <18 years who thought that | It is difficult to obtain contraceptives for youth | 67 (30.6%) | 66 (25.9%) | 133 (28.1%) |
| | It is difficult to obtain contraceptives for married people | 75 (34.3%) | 78 (30.6%) | 153 (32.3%) |
| Young females ≥18 years who thought that | It is difficult to obtain contraceptives for youth | 135 (36.9%) | 124 (32.5%) | 259 (34.6%) |
| | It is difficult to obtain contraceptives for married people | 152 (41.5%) | 170 (44.5%) | 322 (43.1%) |
| Boys <18 years who thought that | It is difficult to obtain contraceptives for youth | 25 (54.4%) | 27 (61.4%) | 52 (57.8%) |
| | It is difficult to obtain contraceptives for married people | 21 (45.7%) | 20 (45.5%) | 41 (45.6%) |
| Young males >=18 years who thought that | It is difficult to obtain contraceptives for youth | 36 (49.3%) | 41 (48.2%) | 77 (48.7%) |
| | It is difficult to obtain contraceptives for married people | 34 (46.6%) | 39 (45.9%) | 73 (46.2%) |

Access to contraceptives differed per community. In Manlahipa, contraceptives are virtually absent and many people are not aware they exist.

> *"We do not have family planning here. Family planning methods and condoms are only available at district health centre at Nametil."* (Interview with traditional midwife, Manlahipa)

In Rieque, Km 20 and Meluli B, people were aware of contraceptives and some used them, mostly accessing them through the community health workers.

> *"I do family planning. I take the pills every day. Now I'm getting the pills from the community health worker. She always distributes them to us, and we do not pay for it. All the girls who would like can get these medicines. They can talk to the community health worker about avoiding pregnancy."* (Interview with girl, 19 years, Rieque)

> *"I got training about family planning issues, what to do when pregnant and how to take care of children and adolescents. But not all girls here took part in this programme, some did not accept this."* (Interview with girl, 20 years, Km 20)

> *"I don't want more children, it is enough, I only wanted four children but at that time there was no family planning and for that reason my children follow closely in age."* (Interview with health worker, Rieque)

There are also key stakeholders in these three communities advocating the use of family planning, including Catholic and Islamic leaders.

> *"It is important to do family planning, as we don't have the possibility for our children to do something such as studying or working; with family planning we can control pregnancy."*
> (Interview with Catholic religious leader, Rieque)

However, there were also a substantial number of people who believe that contraceptives are causing stomach problems and that they stop their menstruation. They think it is important to menstruate as that would clean the vagina. They believe that family planning methods cause disease, and as result they are not using them, leading to frequent pregnancies.

> *"Here in the community, they don't practice contraception. They say that it affects the stomach because menstruation is not coming. When they use contraceptives, and when they don't menstruate for three months, they want their vagina to be cleaned. They think that family planning brings illness. The result is that they have a child every two years; there are mothers here with ten children. It is normal that a girl has four to five children, at a young age, because they start when they are child. It is normal to have a child at 13 years, they don't grow further; there is nothing we can do further. You come across those cases. With a small body, they have a lot of children."* (Interview with teacher, Nametil)

Condom use seemed to be not common in many communities. While they are accessible in Rieque, Km 20 and Meluli B, there are many boys and men but also girls and women who do not like them. A man said his wives did not want to use condoms with him, while they had 13 children and he wanted to stop. He openly shared that he was using condoms when having sex with other women in the community, beyond his two wives, to avoid HIV.

> *"… I am married; my wives don't accept I use condoms. They think that I don't appreciate them if I use them. I use condoms when I am with lovers outside. My wives don't accept. If I use condoms with them, they take it as I do not love them."* (Interview with man, 37 years, Km20)

In Manlahipa, condoms are rarely available. Many young men in FGDs had never seen condoms, others had seen them at a seller's booth in the market, but had never touched or used them.

> *"I saw a condom, but never touched one. They sell them in the market, but I never bought one."* (Interview with young man, 20 years, Manlahipa)

> *"Condom sellers don´t use them. They buy them in Nametil. Their children are using them to make balloons… Here they hear about it but the information [about HIV] does not arrive. When somebody is sick in the hospital, then they inform people about HIV."* (Interview with father of six daughters, Manlahipa)

Others said condoms interfere with pleasure, even while having no experience using them.

> *"I never used it but I have the impression that it is for the wife [idea that it protects women but is not important for men], it is not satisfying."* (Interview with young man, Manlahipa)

Furthermore, others did not want to use family planning because they wanted more children, they were not aware of family planning or they did not know how to convince their spouse to use family planning.

> *"I have four children, but I want more, six children minimum, they can work in the machamba."*
> (Interview with community leader, Nametil)

> *"Decision about children is not precise neither easy, it depends on sexual activity, when you have sex, children are coming. They are coming every two years or so. There is no other way."* (Young woman, FGD 20-24 years)

*"I don't want more children, I don't have the means to support them, but I do not know any type of family planning for men, if it existed I would use it because I don't want more children."*
(Interview with father, 37 years, Km 20)

**Proposing condom use**

The survey' respondents were asked how easy it is to propose condom use. Table 23 shows that the majority of the respondents thought that it is difficult for girls to propose condom use. While the minority of girls of all ages also think that it is difficult for boys to propose this, boys of all ages are more confident that girls can propose it. Nevertheless, four out of ten boys found difficult to propose the use of a condom.

Table 23. **Easiness to propose condom use**

| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Girls < 18 years who think it is appropriate for girls to propose condom use | 86 (39.3%) | 71 (27.8%) | 157 (33.1%) |
| Young females >= 18 years who think it is appropriate for girls to propose condom use | 159 (43.4%) | 129 (33.8%) | 288 (38.5%) |
| Boys < 18 years who think it is appropriate for girls to propose condom use | 13 (28.3%) | 18 (40.9%) | 31 (34.4%) |
| Young males >= 18 years who think it is appropriate for girls to propose condom use | 35 (48.0%) | 34 (40.0%) | 69 (43.7%) |
| Girls < 18 years who think it is appropriate for a boy to propose condom use | 70 (32.0%) | 118 (46.3%) | 188 (39.7%) |
| Young females >= 18 years who think it is appropriate for a boy to propose condom use | 131 (35.8%) | 166 (43.5%) | 297 (39.7%) |
| Boys < 18 years who think it is appropriate for a boy to propose condom use | 27 (58.7%) | 28 (63.6%) | 55 (61.1%) |
| Young males >= 18 years who think it is appropriate for a boy to propose condom use | 43 (58.9%) | 53 (62.4%) | 96 (60.7%) |

**Fertility problems**

In some qualitative interviews, infertility was raised as a problem. This problem was due to complications during first pregnancy among teenage mothers, resulting in difficulties to become pregnant again.

*"… I would like to have children but I cannot, due to complications when I had my first pregnancy… I am afraid that one day my husband will get another wife because I cannot have children… I had my son very early, with my first husband and my current husband wants children, but it depends on God, I cannot get pregnant… No I have not gone to the health centre to find out more about this."* (Interview with young woman, 22 years, Km20)

Not getting children was said to be a reason for a man to look for another wife, as he could not stay with a woman who could not have children, as there is the assumption that it is always due to the woman that a couple is not able to get children.

## 4.7 ECONOMIC EMPOWERMENT

There are few formal employment options in the area. Many participants said that the consequent poverty is one of the major driving factors for child marriage and teenage pregnancy. Not having sufficient education, the majority of young people end up in a subsistence economy working in their machambas, or the machamba of someone else. Better education, and especially vocational training, complemented with some support to start a business, is seen as a requirement to obtain a better future for girls and boys.

> *"There is no work here, people can't work. And working on this land, it is difficult."* (Boy, FGD 15-18 years, Manlahipa)

> *"We need a project to help children learn a profession; it could be related to farming or carpentry. When they finish they also need to get tools so that they will be able to work… There are already too many projects that just give talks, it is better to have something around carpentry, mechanics…"* (Interview with teacher)

> *"We heard that in Nampula city there are enterprises and associations for women to work. We ask these enterprises to come to Nametil."* (Mother, FGD, Meluli B)

> *"There should be an improvement in family income; if parents can get better economic power they could protect their daughters from relations that many times cause teenage pregnancy."* (Parent, FGD, Manlahipa)

### 4.7.1 WORRIES ABOUT EDUCATION AND WORK

The percentage of boys who discuss the effect of leaving school with their family and friends is much higher than the percentage of girls who do so. More boys and girls discuss this in Murrupula than in Mogovolas (Table 24).

Table 24. **Discussion on school dropout effects**

| | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|
| Girls < 18 years | 70 (32.0%) | 117 (45.9%) | 187 (39.5%) |
| Young females ≥18 years | 132 (36.1%) | 180 (47.1%) | 312 (41.7%) |
| Boys < 18 years | 27 (58.7%) | 32 (72.7%) | 59 (65.6%) |
| Young males ≥ 18 years | 39 (53.4%) | 52 (61.2%) | 91 (57.6%) |
| Young males >= 18 years who think it is appropriate for a boy to propose condom use | 43 (58.9%) | 53 (62.4%) | 96 (60.7%) |

Many young people were very motivated to go to school, but did not have the means to continue beyond primary school. Others had gone to (primary) school for a few years but dropped out because of a loss of motivation. There were also those who had not gone to school at all. Quite a few boys and to a lesser extent girls, fall into the latter category. These boys are often said to work as shepherds. By doing so, they will get after two years or so, their own animal, and that is seen as a better option than going to school and not being able to get any employment after that. Reasons for dropping out of school later on are different, such as parents thinking that it would be better for the children to work in the field or chase animals, as that would be a better support for the family.

In Manlahipa, Km 20 and Rieque, there are only primary schools. Manlahipa school has recently gotten the 7th grade, before they only had 6th grade. Rieque School is busy lobbying for an 8th grade.

> *"... the absence of a secondary school in our community negatively influences the progress of students, not all manage to go to the capital Nametil."* (Interview with father, Manlahipa)

> *"There are many who do not go to school because of the distance or not having the conditions to go."* (Young man, FGD 20-24 years, Manlahipa)

> *"The reason why girls marry early is poverty; if my parents would have money I wouldn't need to marry early, I preferred to continue to go to school."* (Girl, FGD 15-19 years, Manlahipa)

In Nametil, access to secondary schools is also an issue. Parents in Meluli B, part of Nametil, said that girls could have a better future if more schools were built. This was confirmed by all other participants, including young males and females of all ages.

Girls in Manlahipa and Meluli B said that if education quality would be improved, adults would have better employment opportunities and improved financial conditions, which would diminish child marriage and promote a better future for girls.

> *"So that community children have a better future, parents and Government should unite to eliminate the practice of child marriage and promote education to have more opportunities to educate youth."* (Young woman, FGD 19-24 Manlahipa)

### 4.7.2 WORRIES ABOUT EMPLOYMENT

In these communities the economy is a subsistence one. Some men worked in the gold and precious stone mines, but only do this on an informal basis. The large majority fall back on their machambas and for many this means that they hardly have any access to cash, and therefore hardly any money to pay for expenses such as school uniforms and books. Many participants remarked that economic activities would be a requirement to change the situation, while currently such activities are absent.

## 4.8 POLICY AND LEGAL ISSUES

A larger proportion of interviewed boys and men reported to know marriage legal age than girls and women. Almost 40% of interviewed girls and women in Mogovolas and 31% in Murrupula reported that they did not know the legal age for marriage (Table 25).

Table 25. **Knowledge about legal age for marriage**

| | | Mogovolas (n, %) | Murrupula (n, %) | Total (n, %) |
|---|---|---|---|---|
| Girls and women | Knows the legal age | 203 (34.1%) | 269 (42.2%) | 472 (38.3%) |
| | Does not know the legal age | 238 (39.9%) | 200 (31.4%) | 438 (35.5%) |
| Boys and men | Knows the legal age | 83 (69.8%) | 55 (42.6%) | 138 (55.7%) |
| | Does not know the legal age | 32 (26.9%) | 55 (42.6%) | 87 (35.1%) |

As mentioned earlier, by-laws are none existent. Political will has been demonstrated at national level with the approval of the National Strategy for the Prevention and Combating of Early Marriage (2015-2019) in December 2015 by the Council of Ministers. However, for this strategy to be effective, it has to be shared, known and implemented. Traditional and other community leaders were often not aware of this strategy.

At community level, a number of structures that differ per community have been put in place to address child marriage (and subsequently teenage pregnancy) once it happens. The existence of these structures – often set up with local leaders' involvement – show that there is political will. Many of these structures seem to focus on addressing child marriage once it has taken place rather than preventing it. Structures to address or assist girls when experiencing teenage pregnancy are not in place.

# 5 DISCUSSION

According to the 2011 DHS, 48% of females between 20 and 24 years in Nampula had married before 18, and 14% before 15 years of age. The YES I DO baseline data showed that of all females between 18 and 24 years old who participated in the survey; 32% had married before 18 years of age, and 9% before the age of 15. This is lower than reported in the 2011 DHS, and in line with a decreasing trend over time generally in Mozambique. Close to 11% of the male respondents between 18 and 24 years had married before 18.

In terms of acceptability of child marriage, the large majority of both survey respondents and interview or FGD participants indicated that child marriage is not seen as something positive, but it is widely practiced and accepted. Our study shows there are many causes of child marriage. These are economic reasons as result of poverty, socio-cultural circumstances and practices, the lack of future perspectives, teenage pregnancy, adolescents having the feeling of being grown up or wanting to have their own (sexual) partner, amongst others. Some of these reasons make families to marry their daughters at a young age, when girls are not mature to marry and to get pregnant, before they are capable of assuming the responsibility of being a spouse or a parent.

The final decision to marry is often taken by another family member; study participants called this as being "allowed" to marry by a father, brother or uncle. This applies both for girls and boys. However, there are also boys and girls who take this decision independent. The study shows that young people find it hard to live a married life at a young age, sometimes leading to divorce. In addition, it causes high school dropout rates: one in ten girls dropped out of school due to child marriage.

Teenage pregnancy is common in Nampula. According to the 2011 DHS, it is one of the highest in Mozambique with a prevalence of 46%. In the survey, we found an even higher teenage pregnancy rate of 76%. So in contrast to the decreasing child marriage rate, the teenage pregnancy rate seems to increase.

While teenage pregnancy is an important cause of child marriage, the reverse is also true. Many girls being married at an early age end up also being pregnant at an early age. This has a number of negative consequences, such as increased maternal and infant mortality, infertility, fistula, gender-based violence, dropping out of school or not being able to have a professional career[11]. In Mozambique, maternal mortality is high, with 500 deaths per 100,000 live births. However, among those between 12 to 14 years old, the maternal mortality rate is even higher with 1,816 deaths per 100,000 live births (UNFPA 2012).

In the whole world, pregnancy and delivery related complications are among principal death causes of adolescent girls between 15 and 19 years (Conde-Agudelo et al. 2005). In Mogovolas, both adults and adolescent are aware that girls who are pregnant at an early age are fragile and face a higher risk of dying because of pregnancy related issues.

Teenage pregnancy makes girls dependent on their spouses and family members, also to access health care. All pregnant women and girls have a right to treatment and health care, but as girls do not have a voice and are not able to make decisions in their families and communities, and health care is not available, their rights are not fulfilled. The survey showed that many young females and males do not use SRH services in these districts, not surprisingly as there are hardly any such services available.

Another study in the North of Mozambique showed that teachers considered the lack of collaboration of parents as one of the main causes of school dropout (Josaphat et al. 2014). The current study confirms that parents' support to avoid drop out is important.

The FGDs with adolescents and youth showed some confusion about differences in being a child, an adolescent and an adult. The majority does not really know whether they are children or adults. This feeling can result from local culture that ascribes adult responsibilities to adolescents. This phenomenon, which is known as early adulthood, gives adult responsibilities to a child or adolescent, harming adolescent development and causing psychological damage (Josaphat et al. 2014). The study participants shared that adolescents who are married live a difficult life,

[11] Mozambique, 2013 Cartaz de Dados sobre a População. Moçambique, 2013. Saúde-mozambique-population-datasheet-2013. Data último acesso: Setembro de 2016. Disponível em: www.prb.org/pdf13/mozambique-population-datasheet-2013.pdf.

and have to assume adult responsibilities. Many times they do not manage these responsibilities, resulting into much suffering.

Meaningful youth engagement is a requirement for youth programmes to be successful. However, the study shows that youth engagement in the existing structures is non-existent. Youth have no space to raise their voice in the traditional community structures and when efforts are made to invite youth, this is not very successful. It is necessary to find ways to improve youth involvement, so that they can express their concerns and needs and contribute to change.

Young men who participated in interviews and FGDs had many SRH issues and were also interested in obtaining information and services related to these issues. Ensuring that this happens would not only improve the SRH of (young) men but also that of (young) women. Literature shows that men as decision makers have a great influence on women's SRH, and can contribute to improved uptake of SRH services by women. This would also be the case in Nampula, where men are the primary decision makers. Furthermore, in such a context, girl's empowerment would also help to achieve further change. Not only economic and employment activities are needed, but also more opportunities to remain in school and to have better SRHR information and skills to deal with, for example, peer pressure. In order to achieve all of the above, gender transformative programming is required in the activities to be rolled out, involving mothers, fathers, girls, boys and other stakeholders. In addition, study participants indicated that for the YES I DO programme to be successful, it is an important requirement to expand education opportunities, around economic activities but also around SRHR, and to expand access to SRH services and commodities, including contraceptives. They also see the need to improve intergenerational communication. Furthermore, while a policy about the prevention and elimination of child marriage is in place, there is scope to make more people in the communities, including community leaders, aware of this, and to advocate for its implementation.

All of the above finding point into the direction of the different strategies of the YES I DO theory of change: forming a social movement; empowering and meaningfully engaging young people; improving access to information and services; stimulating education and economic empowerment; and enhancing evidence-informed lobby and advocacy for improved legal and policy frameworks. The strategies are of key importance to move towards a situation in which young women can decide about if, when and whom to marry as well as if, when and with whom to have children.

## 5.1 STUDY LIMITATIONS

Numbers above five are not used in Makua and this made it hard to be precise about participants' age. In addition, the absence of identification documents made it difficult to know the birth dates of participants.

The educational level is low in both districts, which made it hard for some respondents to understand some questions, especially if they were for instance not familiar with certain SRH services, such as antenatal care. Furthermore, abstract concepts are difficult to translate and understand in Makua, which also made some questions harder to understand.

The educational level of research assistants (having finished secondary school), made it challenging for them to understand a number of questions. This may, especially in the first few days, have influenced the study results, especially in Mogovolas where the study started. In the beginning when the research assistants took more time to go through the questionnaire, the large number of questions caused fatigue with the respondents that may have caused slightly less accurate responses. However, after a few days, they were able to go much faster through the survey.

Part of the qualitative data was collected by a KIT staff in the presence of staff of the University of Lúrio. The presence of a Caucasian outsider may have influenced the results. However, when comparing these interviews with the information obtained by younger research assistants, no conflicting information was identified.

# 6. CONCLUSIONS AND RECOMMENDATIONS

The baseline study shows a high prevalence of both child marriage and teenage pregnancy in Nampula. While the child marriage rate is declining, it is still high. The study shows that the teenage pregnancy rate is increasing. Determinants associated with child marriage and teenage pregnancy are varied but interrelated.

The YES I DO theory of change strategies of forming a social movement, empowering and meaningfully engaging young people, improving access to information and services, stimulating education and economic empowerment and enhancing evidence-informed lobby and advocacy for improved legal and policy frameworks, are all relevant to move towards the envisioned change that the programme aims to contribute to. In order to reduce child marriage and teenage pregnancy, the following is recommended:

- **Forming a social movement:** the study found a number of initiatives taken by school management, local leaders, administrators and a few health staff, to address issues around child marriage. Building upon these activities and including a stronger focus on teenage pregnancy could help to form a social movement. In addition, there are untapped community bodies, such as the community tribunals, that are currently not involved in initiatives that address child marriage and teenage pregnancy; these could be brought into such a movement. Furthermore, efforts should be made to ensure that parents and young people themselves are represented in such a movement. Bringing initiation rite advisors on board to counteract their current negative influence would be very important too.
- **Empowering and meaningfully engaging young people:** proven approaches by Choice and Plan Mozambique will be used to empower youth. Research assistants, being youth themselves (and linked to the secondary school in Nametil), could provide useful pointers towards youth in different communities in Mogovolas as a starting point.
- **Improving access to information and services:** it is highly recommended to work with teachers and others in primary and secondary schools to ensure that comprehensive sexuality education is provided at an appropriate age rather than at a specific grade. Comprehensive sexuality education should also be made more participatory and focused on skills building rather than solely information provision. Activities with parents and other key stakeholders in the communities are needed to build an enabling environment and also increase their knowledge on SRH. This could help to reduce the influence of initiation rites that currently seem to encourage unprotected sexual activities at an early age. In addition, efforts have to be made to increase access to SRH services in the communities, for instance – as a first step – through advocating that mobile health brigades visit communities on a regular basis and through upgrading health providers' skills.
- **Stimulating education and economic empowerment:** one of the overarching underlying causes of child marriage and teenage pregnancy is poverty. Poverty limits education options, contributes to the lack of a future perspective and thereby increases chances of both child marriage and teenage pregnancy. Schooling options are hardly available in the communities where YES I DO will implement the programme. Supporting advocacy activities to increase access to primary and secondary education, including adding grade 8 or 9 to primary schools, would be important. In addition, developing vocational training options to increase employment opportunities, combined with facilitating the start-up of small enterprises, especially for the most vulnerable, would be an important avenue to prevent child marriage and teenage pregnancy.
- **Enhancing evidence-informed lobby and advocacy for improved legal and policy frameworks:** while headway has been made by the approval of a national strategy to prevent and eliminate child marriage, this document is not known by key stakeholders in the study districts. Ensuring wider dissemination of the strategy and making people more familiar with the document is recommended. In addition, translating the research findings into policy briefs for distribution to a wide forum could support evidence-informed advocacy.

Further operational research is needed, especially to test out some of the underlying assumptions of the theory of change such as:

- How to increase effective involvement of adolescent girls and boys in a setting where such involvement is completely lacking.
- How to ensure that men and boys become allies in changing social norms.
- How to ensure that comprehensive SRHR education and services reach adolescent girls and boys in the intervention areas.
- How to ensure that economic activities lead to economic empowerment.

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