YES I DO.

Gaining insight into the magnitude of and factors influencing child marriage and teenage pregnancy in Zambia

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, 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 communities 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 policymakers 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 studies aim 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 in close collaboration with local research partners.

The present report details the baseline study conducted in Zambia. The report draws on literature about child marriage and teenage pregnancy in Zambia, details the methodology used, presents the main results and provides general recommendations for policy and practice on child marriage and teenage pregnancy in Zambia. The study report aims to be a tool for the 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

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Abbreviations and key terms

LIST OF ACRONYMS

CBO	Community-Based Organization
CSA	Census Supervisory Area
FDG	Focus Group Discussion
KII	Key Informant Interview
IDI	In-Depth Interview
NGO	Non-Governmental Organization
SEA	Standard Enumeration Areas
SRH	Sexual and Reproductive Health
SSI	Semi-Structured interview
STI	Sexually Transmitted Infection
ZDHS	Zambia Demographic and Health Survey

KEY TERMS

Young women and men: all females and males within the age range 15 to 24.

Child Marriage: any legal or customary union involving a girls or boy below the age of 18.

Teenage Pregnancy: all pregnancies before the age of 20.

Female genital mutilation/cutting: all procedures involving partial or total removal of the external female genitalia or another injury to the female genital organs for non-medical reasons.

Executive summary

INTRODUCTION

The study presented in this report aimed to identify the interrelated factors that cause child marriage and teenage pregnancy, the effects of both issues, and how these problems are entrenched in local attitudes, culture and communities in three districts in Eastern Zambia. The study also looked at young people's involvement in decision making on sexual and reproductive health (SRH), and at opportunities for interventions aiming to reduce child marriage and teenage pregnancy. The results serve as a baseline for the YES I DO programme in Zambia.

METHODOLOGY

A mixed methods research design was used. Quantitative data were collected using surveys that were administered on a tablet. A total of 1,006 female and 449 male respondents between 15 and 24 years old from the intervention area (Petauke and Chadiza districts) and the control area (Katete) were interviewed about sexual and reproductive health and rights (SRHR), including issues regarding child marriage and teenage pregnancy.

The qualitative part of the study consisted of ten focus group discussions (FDGs), 20 semi-structured in-depth interviews (IDIs) and eight key informant interviews (KIIs) conducted in the intervention districts. The participants included young women and men, parents and caregivers, grandmothers, traditional and religious leaders, teachers, health and social workers, staff members of community-based organizations (CBOs), non-governmental organizations (NGOs) and youth organizations, and district level policymakers. Participants discussed cultural norms and values related to gender and SRH, the causes and consequences of child marriage and teenage pregnancy, changes in experiences, feelings and opinions over time, and which interventions work or do not work, and why.
Results

The study confirmed that in Eastern Zambia – Chadiza, Petauke and Katete – child marriage and teenage pregnancy are prevalent. The baseline data indicate a child marriage rate of 9.4%, which was higher among female respondents (13.2%) than among male respondents aged 18-24 (0.3%). Teenage pregnancy was more prevalent than child marriage and also more common among young women (48%) than among young men aged 20-24 (1%). In relation to SRH information, more than half of the respondents (66%) reported having ever received any form of sexuality and sexual health education, and the radio appeared as the most common source of SRH information. Early pregnancy and being denied access to contraception were the main worries around SRH among young people.

A general perception of no future perspectives linked to limited education and economic opportunities appeared as a key driver of child marriage and teenage pregnancy. Only a small percentage of the respondents (13.4%) was economically active outside the household. Most people attributed child marriage to a lack of education and jobs (72%). Some key stakeholders argued that a common reason for child marriage was to reduce economic burden of the girl's family. Teenage pregnancy also appeared as a driver of child marriage. The baseline data show that 71.1% of the pregnancies occurred before or in the same year as the marriage. About half of the female respondents (46%) reported pregnancy as a common cause of child marriage. Participants also related child marriage and teenage pregnancy to gender inequality, with young women experiencing more discrimination and young men being favoured in terms of educational and economic opportunities.

Cultural customs, traditions and social norms were mentioned as factors contributing to the prevalence of child marriage and teenage pregnancy. Some participants argued that traditional leaders and teachers play a negative role in child marriage and teenage pregnancy. More specifically, initiation ceremonies were referred to as a tradition that aimed to teach young people how to navigate the world of marriage, thereby raising young people's interest in marriage and sex. Peer pressure was also mentioned as a contributing factor, some participants argued that young women and men thought that it is 'cool' to marry young.

Young people's knowledge of policies and laws regarding child marriage and teenage pregnancy was low, but they were aware of negative consequences. Participants saw both issues as problematic and highlighted school dropout as the main consequence, especially for young women. Education was mentioned as the key solution to prevent child marriage and teenage pregnancy, because of its relation with employment opportunities, knowledge on SRH and self-empowerment. Participants reported that after giving birth, young women often do not go back to school because of shame and new household responsibilities.

CONCLUSION AND RECOMMENDATIONS

The study demonstrates that child marriage and teenage pregnancy are prevalent in Eastern Zambia. Both issues were mutually reinforcing, but teenage pregnancy was more common and a key driver of child marriage. Limited future perspectives, poverty, low levels and the quality of education, gender inequality, cultural customs, social norms, low utilization of contraceptives, and peer pressure were identified as contributing factors to child marriage and teenage pregnancy.

Most participants acknowledged that child marriage and teenage pregnancy are prevalent and negative issues in their communities. At the same time, specific knowledge on existing laws, policies and the roles of the different actors was limited. Therefore, national and local laws related to child marriage and sometimes teenage pregnancy should be enforced and the actors responsible for enforcing these laws should be supported and more visible. Efforts in raising awareness should be carried out at all levels, including traditional leaders, elders, and youth. They should focus on education, advocacy, economic empowerment, gender transformative programming as well as young women´s empowerment. There seems to be a willingness among young people in the communities to break from child marriage and teenage pregnancy; it is the social circumstances and lack of opportunities and alternatives that perpetuate the reality of child marriage and teenage pregnancy in young women and men´s lives.

1. Introduction

1.1. BACKGROUND

Zambia has a population of about 16.2 million people, of which approximately 40% live in urban areas and nearly 70% live below the poverty line (The World Bank, 2016; UNICEF, 2016). The country is home to six million children, of which a quarter million are out of school and 47% of those enrolled do not complete primary school (UNICEF, 2015).

The legal age for marriage under statutory law is 18 for females and 21 for males (Imbuwa, 2015). However, Zambia is ranked 16th among the countries with the highest child marriage rates and the prevalence of teenage pregnancy is also high (Wright et al, 2013). Child marriage is defined as any legal or customary union involving a girl, boy, young woman or young man below the age of 18[1], while teenage pregnancy is defined as pregnancy before the age of 20. The two issues are complexly interrelated and have common causes and consequences. Poverty, gender inequality, cultural customs and traditions, lack of education and economic opportunities, and lack of access to sexual reproductive health (SRH) information and services have been identified as contributing factors to the prevalence of child marriage and teenage pregnancy (CSO, 2014).

Child marriage and teenage pregnancy are mutually reinforcing. It is unclear which problem drives the other the most in the Zambian context. In a report on teenage motherhood by UNICEF (2008), child marriage was identified as the key driver of teenage pregnancy. However, pregnancy out of wedlock, extreme poverty, community and household attitudes, low use of contraceptives and the lack of access to SHR services are all factors associated with child marriage as well as teenage pregnancy.

The consequences of child marriage and teenage pregnancy are also interrelated. In Zambia, it is estimated that 38 mothers die each month due to pregnancy and/or childbirth complications, which are more common among teenage mothers (CSO, 2014). In addition, sexually transmitted infections (STIs) and HIV/AIDS are prevalent among young women who married under the age of 18, as some of them are married to older men who can enter the marriage already infected. Moreover, young brides are expected to have children soon after marriage, which interrupts efforts to reduce STI transmission through the use of condoms (Vu, 2009).

Research in Zambia shows that children and families are aware of negative aspects of child marriage and teenage pregnancy (Mutati, 2008). Despite that awareness, studies show that decisions on marriage and family planning are made, based on potential positive outcomes and knowing about potential negative outcomes (CSO, 2014). These decisions are influenced by the family and community leaders. Perceived benefits of child marriage include economic gains, improvement of the living conditions and enhanced social status. Child marriage is seen as a rural phenomenon where often the customary law is followed, under which the age for marriage is after puberty, what is called the 'tender age'.

In recent years, child marriage and teenage pregnancy have gained significant attention in Zambia. Numerous chiefs, members of the government, multilateral organizations, academics and frontline workers in rural and urban areas are involved in prevention efforts. Government and non-governmental agencies have developed programmes to prevent and respond to child marriage and teenage pregnancy. However, it has been reported that efforts have been received with strong scrutiny and that both issues are politicized (Vu, 2009).

[1] 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.

1.2. CHILD MARRIAGE AND TEENAGE PREGNANCY IN ZAMBIA

1.2.1. CHILD MARRIAGE

In Zambia, child marriage affects both young women and young men although the practice is more prevalent among young women. According to the Zambian Demographic Health Survey (ZDHS) 2013-2014, marriage also includes living with partners in a consensual but informal union. The proportion of married women is 17% among women aged 15-19 and peaks at 79% among women aged 30-34. Among men, the percentage of those married also rapidly increases from 22% at age 20-24 to 91% at age 45-49. Child marriage is more common among young women aged 15-19 (17%) than young men in the same age range (1%) (CSO, 2014).

Although women tend to marry at younger ages than young men, many of the marriages are between peers, people from the same generation (Ngomi, 2008). Zambian men marry, on average, five years later than women. The median age at first marriage among women aged 25-49 has been reported at 18.4 years and 23.9 years among men aged 25-49 (CSO, 2014). Available evidence indicates that there are various factors that make young people vulnerable to early marriage. These factors include low education and literacy levels, orphan hood, single parentage, low levels of access to SRH services, gender-based violence, as well as low wealth levels (Sarkar, 2009).

A recent study conducted in six districts in Zambia by Tembo and Matenga (2008) found that poverty was one of the most significant factors driving child marriage in nearly all of its forms in Zambia. Parents and guardians see child marriage as a financial benefit through the bride price; and as an opportunity to ease the strain on household resources. In larger families, for example, the marriage of an older son or daughter can free up resources to support the education of younger children. Economic hardship forces parents and guardians to make difficult choices as they try to manage their living situation and it encourages short-term strategic thinking rather than consideration of investment in longer-term gains. For their part, young people, particularly young women, see marriage as an opportunity to escape challenging economic and material circumstances and as a means of responding to their own basic needs (Child Frontiers, 2015).

Marriage is associated with fertility rates, and marriage postponement has been advocated as a mean to balance population size with available resources (Narimah, 2002; Agaba et al., 2011). In the light of this, the government of Zambia has created policies that support later age at marriage, such as the introduction of free primary education, provision of bursaries for secondary education and affirmative programmes on behalf of women. There are efforts to improve participation of young women in civic and public life and to give access to training and employment opportunities to, in turn, decrease the likelihood of child marriage. Despite substantial improvement in female educational attainment, the median age at first marriage for women has remained constant at 18 years. Comparison with data from the 1992, 1996, 2001/2 and 2007 ZDHS show that the median age at first marriage among women 20-49 has barely changed from 18.0 to 18.1 years. It is clear that in Zambia child marriage is prevalent, with implications for women's socio-economic status and health (CSO, 2007).

1.2.2. AGE AT FIRST INTERCOURSE

Age at first marriage is often used as a proxy for the onset of women's exposure to the risk of pregnancy. However, because some young women are sexually active before marriage, the age at which young women initiate sexual intercourse more precisely marks the beginning of their exposure to pregnancy. According to the ZDHS 2013-2014, 13% of women aged 25-49 had their first sexual intercourse at the age of 15, 58% at the age of 18, and 75% at the age of 20. The median age at first sexual intercourse among women aged 25-49 (17.3 years) was lower than the median age at first marriage (18.4 years), suggesting that Zambian young women, in general, initiate sexual intercourse a year before their first marriage.

The median age at first sexual intercourse among men aged 25-49 was one year higher (18.3 years) than among women in the same age group. Eleven percent of men aged 25-49 had first sexual intercourse at the age of 15, 46% at the age of 18, and 68% at the age of 20. Zambian men initiate sexual intercourse five years earlier than their first marriage (CSO, 2014).

Early unprotected sex, including sex with older men, can result in early child-bearing and increased risk of HIV infection for young women. Results from the 2007 adolescence report also suggest that sexual activity among young women starts earlier than it does among young men. Ngomi (2008), in a smaller scale study on utilization of SRH services by secondary school adolescents in Mochudi, reported that although 52% of young women aged 15-19 had never had sexual intercourse compared with 55% of their male counterparts, 12.3% of young women and 16.2% of their male counterparts had had first sexual intercourse by the age of 15.

1.2.3. TEENAGE PREGNANCY

Teenage pregnancy and motherhood are major social and health issues in Zambia, with negative consequences for both the mother and the child. Results from the ZDHS report (2014) show that 29% of women aged 15-19 had already had a birth or were pregnant with their first child. The percentage of women who have begun childbearing increases rapidly with age, from 5% among women aged 15 to 59% among women aged 19 years. Results also indicate that teenage pregnancy was much higher in rural areas (36%) than urban areas (20%).

More data from the ZDHS report (2014) indicate that early childbearing was inversely related to educational level; twice as many teenagers with no education begun childbearing than those with secondary education (53% and 23%, respectively). The percentage of teenagers who begun childbearing was highest in the lowest wealth quintile (45%) and lowest in the highest wealth quintile (10%). At the national level, the proportion of teenage pregnancy had hardly changed over time. Teenage childbearing was lowest in Copperbelt (16%) and highest in North Western region (41%).

1.2.4. FERTILITY

One of the important factors contributing to rising fertility has been the continued low age at first marriage among Zambian women (CSO, 2007). In most societies, marriage is the most significant event marking the transition to adult familial roles for women (Heaton, 1996). The timing of marriage and onset of childbearing are closely associated. Thus, child marriage is associated with early initiation of childbearing (CSO, 2014).

The onset of childbearing by teenage girls has consequences on the health of both mother and child. It also lengthens the reproductive period, thereby increasing the level of fertility. The findings of the ZDHS (2014) showed that 37% of married women and 29% of married men aged 15-49 did not want more children or had been sterilised. The proportion of women who wanted to limit childbearing had increased slightly since the 2007 ZDHS (from 36% to 37%). Women reported an ideal family size of 4.7 children compared with 5.0 children among men. The mean ideal number of children was higher among respondents having more living children. Overall, Zambian women had 0.8 children more than their ideal number (CSO, 2014).

1.2.5. SEXUAL AND REPRODUCTIVE HEALTH SERVICE UTILIZATION, INCLUDING CONTRACEPTIVES

Only 28% of young women aged 15-19 and 20% of young men aged 15-19 used a condom in their first sexual intercourse (CSO, 2007). A study conducted by Mutati (2008) on young people aged 10-19 in Ndola, indicated that the proportion of young women and men utilizing SRH services was 43.1% and 56.9% respectively. Additionally, it was found that higher age and education had a significant positive effect on the utilization of contraceptives.

Results further indicate that the level of knowledge on reproductive health was very low. However, knowledge of reproductive health seemed not to be associated with utilization of SRH services.

Individual‘s previous experiences with health services influence the decision as to whether to seek SRH services (Tylee et al., 2007; Barker, 2007). A study on provider‘s attitudes and young people‘s needs and experiences in Zambia showed that young people preferred traditional healers and private health practitioners, because such services were faster and more private than in public clinics. In past experiences at public clinics, young people felt they had been rebuked for being sexually active by health workers (Warenius, 2008).

1.3. THE YES I DO PROGRAMME IN ZAMBIA

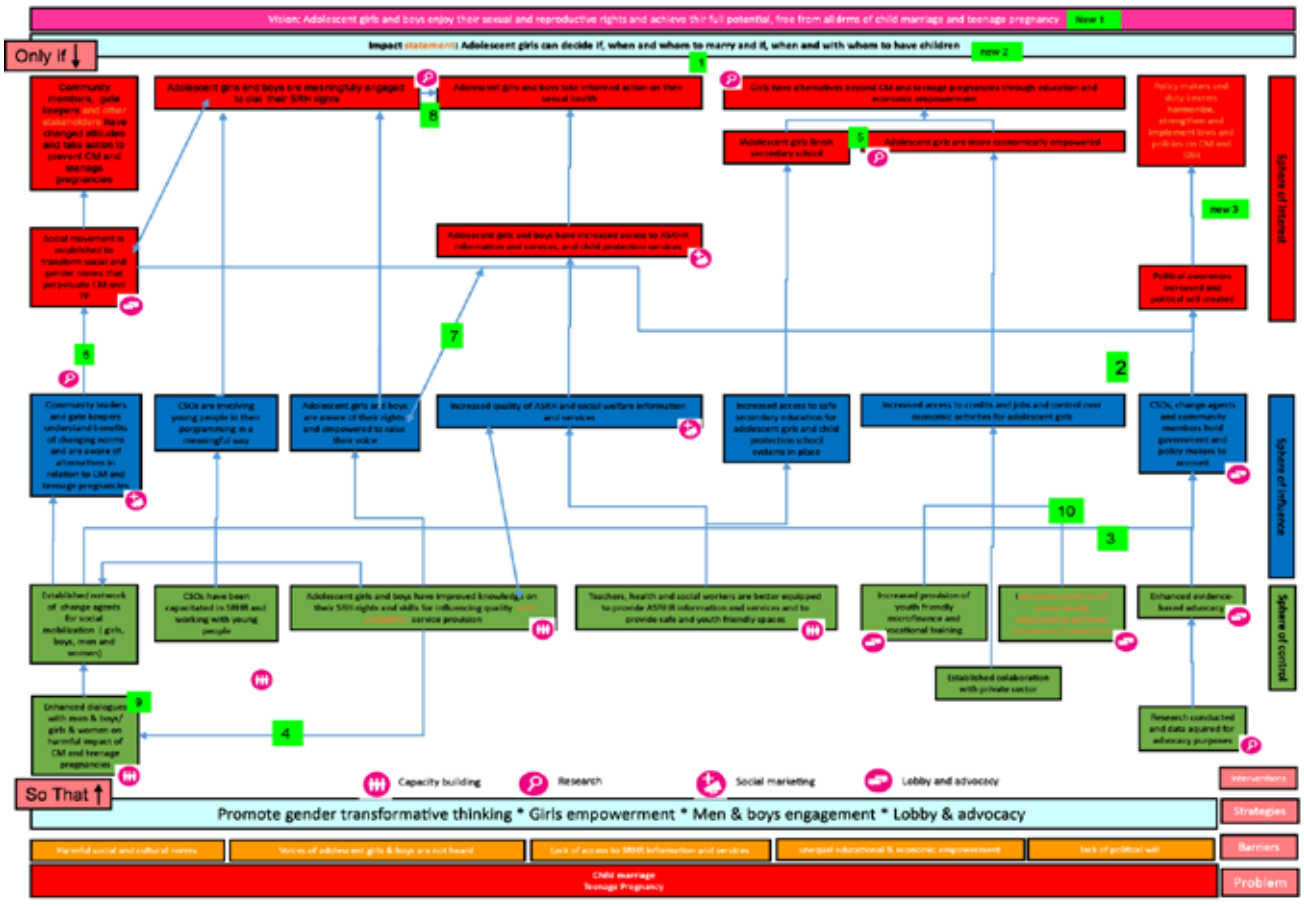
1.3.1. THEORY OF CHANGE

The YES I DO programme aims to contribute to enhancing young women´s decision making space on whether, when and whom to marry as well as on whether, when and with whom to have children.

Figure 1 visualizes the programme's theory of change for Zambia, which has five strategic goals:

- Community members, gatekeepers and other stakeholders have changed attitudes and take action to prevent child marriage and teenage pregnancy.
- Young women and men are meaningfully engaged to claim their SRH rights.
- Young women and men take informed action on their sexual health.
- Young women have alternatives beyond child marriage and teenage pregnancy through education and economic empowerment.
- Policymakers and duty bearers harmonize, strengthen and implement laws and policies on child marriage and SRH.

Figure 1. **Theory of change**



The five goals are related to five intervention strategies, illustrated with the interrelated boxes. The intervention strategies focus on forming a social movement, empower and meaningfully engage young people, improve access to information and services, stimulate education and economic empowerment for young women and enhancing evidence-based lobby and advocacy for improved legal and policy frameworks. These intervention strategies build on experiences of the alliance members, as well as on global evidence on what works in trying to reduce child marriage and teenage pregnancy (OHCHR and UNDP 2008, Malhotra, Warner et al. 2011, Williamson 2012, Loaiza and Liang 2013).

1.3.2. THE RESEARCH COMPONENT

The research component of the YES I DO programme in Zambia investigates the interlinkages between child marriage and teenage pregnancy. Furthermore, it looks at the effectiveness of specific interventions in the prevention or mitigation of the impact of child marriage and teenage pregnancy in order to find out what works, how, why, and under which circumstances. The study entails a mixed methods research containing a base-, mid- and end-line study, which also tests the underlying assumptions of the theory of change. This report presents the result of the baseline study.

The overall objective of the baseline study was to explore the causes and effects of child marriage and teenage pregnancy in the Eastern province of Zambia. In addition, the research aimed to inform and make recommendations for interventions addressing child marriage and teenage pregnancy.

The specific objectives of the baseline research were to explore:

- The occurrence of child marriage and teenage pregnancy,
- The availability and utilisation of SRH services and information for young people,
- The worries that young people have regarding SRH,
- The role of the community, health care workers and religious/traditional leaders regarding child marriage and teenage pregnancy,
- Whether young people are economically active,
- Perceptions, attitudes and opinions of young people and other stakeholders about child marriage and teenage pregnancy,
- The causes and effects of child marriage and teenage pregnancy, and
- Young people's knowledge about laws regarding child marriage and teenage pregnancy.

2. Methodology

The study entails a mixed methods design which included a quantitative and qualitative component that focused on child marriage and teenage pregnancy, their causes and effects, and related interventions. A household survey was administered among young women and men (15-24 years) in intervention and control areas. Focus group discussions (FGDs), semi-structured and in-depth interviews (IDIs), and key informant interviews (KIIs) with various stakeholders were held in the intervention areas, covering the above-mentioned issues more in-depth (Table 1).

Table 1. **Overview of the methods and research participants**

Method	Respondents and Participants	Number in implementation area	Number in control area	Total number	Frequency: base-, mid-, end-line
Survey	Young women and men	717	717	1,434	Base- and end-line
FGDs (max 8 per group)	Young women aged 15-19 Young women aged 20-24 Young men aged 15-19 Young men aged 20-24 Parents or caregivers	16 (2 groups) 16 (2 groups) 16 (2 groups) 16 (2 groups) 16 (2 groups)	0	80	Base-, mid- and end-line
SSIs	Young women aged 15-19 Young women aged 20-24 Young men aged 15-19 Young men aged 20-24 Parents or caregivers Grandmothers or elderly women Religious and traditional leaders Teachers Health and social workers CBO and youth organization staff	2 2 2 2 2 2 2 2 2 2	0	20	Base-, mid- and end-line
KIIs	NGO staff Policymakers	5 3	0	8	Base-, mid- and end-line
Stake-holder workshop	NGO, CBO, youth organization staff and community representatives	40 (2 groups)	0	40	Base-, mid- and end-line

2.1. SAMPLING

2.1.1. SAMPLE SIZE AND SAMPLING FRAME FOR THE SURVEY

The survey was conducted in the Eastern Province, more specifically in Petauke and Chadiza districts (intervention area) and in Katete district (control area) (Figure 2).

Figure 2. **Map of Zambia with all provinces, and the Eastern province**

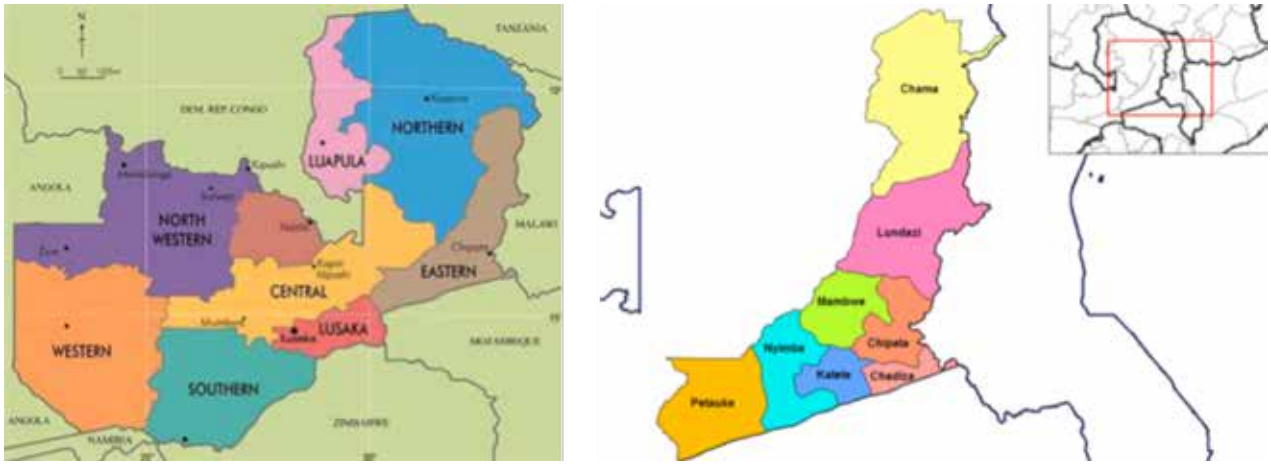


Table 2. **Characteristics of the population in the study area**

Characteristics			Chadiza	Petauke	Katete
Total male population Total female population			53,404 53,923	151,723 156,166	119,995 123,854
Percentage of male population (15-24) Percentage of female population (15-24)			18% 18%	18% 19%	18% 19%
Marital Status (among aged 15-24)	Never married	Male Female	82% 52%	84% 49%	81% 48%
	Married or Cohabiting	Male Female	17% 45%	16% 47%	18% 48%
	Mean age at first marriage	Male Female	23% 19%	23% 19%	22% 18%
Education	Never attended	Male Female	43% 49%	44% 49%	45% 49%
	Primary	Male Female	39% 41%	38% 40%	38% 39%
	Secondary	Male Female	13% 9%	14% 9%	13% 9%
	Tertiary	Male Female	2% 1%	2% 1%	2% 1%

Source: Zambia 2010 Census of Population and Housing Descriptive Tables, Eastern Province

The sample size calculations were based on the measurement of differences in child marriage rate over a five-year time period and between intervention and control areas. While calculating the estimate, a "worst-case scenario" was used: the child marriage rate from Nyimba district (close to Petauke and Chadiza districts, with very similar child marriage rates), which was 53%, formed the base and the difference to detect was set at 10% (ZDHS, 2014). On top of this, 25% male respondents were added. Furthermore, taking into account possible "design effects" because of the clustered sampling, the required sample was multiplied by 1.5. Given these assumptions, a rough sample size of 717 per group (intervention and control) was obtained; 1,434 in total. In each cluster, 25 households were selected; in 32 clusters in the intervention area and 32 in the control area.

The sampling frame was drawn from the administrative and statistical demarcations of the country, the census frame. The hierarchical geographic divisions of Zambia are the provinces, districts, constituencies and wards. These administrative units are further divided into rural and urban areas. For purposes of census enumeration, the wards are further divided into census supervisory areas (CSAs) and standard enumeration areas (SEAs). The three study districts, namely Chadiza, Katete and Petauke, formed the sampling frame for this study. Therefore, three sampling strata were formed. The sampling frame was grouped by intervention and control.

The sample was selected in two stages. First, 64 SEAs (the clusters) were selected with probability proportional to size. In the intervention districts, only SEAs covered by the YES I DO interventions were included. In the second stage, 25 households were selected in each of the selected SEAs by applying a fixed interval based on the listing of households per SEA.

2.1.2. SELECTION OF RESPONDENTS

Upon arrival at the household, study participants for the survey (young women and men between the age of 15 and 24) were randomly selected. If an eligible respondent was not found, the next household was contacted. More female than male respondents were selected (75% - 25%), which meant that in one out four households a young man was interviewed, and in three out of four, a young woman. If multiple persons in the right age/sex group were living in the household, one respondent was randomly selected by asking all persons to write their names on papers and fold it. The one of whom the note was selected was interviewed. If after three young women, the next selected household did not have a young man, the closest household with a young man available was looked for. The data collection was conducted at a time that most young people were at home. If young people were out of their homes and not in the neighbourhood, the closest household with a young person available was included.

2.1.3. SELECTION OF PARTICIPANTS FOR THE INTERVIEWS AND FOCUS GROUP DISCUSSIONS

The qualitative part of the study included, besides young people, other population groups: parents and caregivers, traditional and religious leaders, teachers, health and social workers, staff members of community-based organizations (CBOs), non-governmental organizations (NGOs), youth organizations, and policymakers. All participants were from the intervention areas and were selected with the assistance of community level resource persons. Participants discussed their knowledge and perceptions on cultural norms and values, the causes and consequences of child marriage and teenage pregnancy, changes in experiences, feelings and opinions over time, and specific information on the effectiveness of interventions addressing child marriage and teenage pregnancy.

2.2. DATA COLLECTION

The data collection was carried out by a team of 20 research assistants, of which 16 were interviewers and four were supervisors. Recruitment of field workers was done on the basis of previous experience in similar research. Two research assistants solely focused on qualitative data collection. All supervisors and the interviewers had undergone a three days training to familiarize themselves with the study. The training covered both theory and practice of questionnaire design and administration by using a tablet, sampling, sources of bias, research ethics, interviewing techniques and general information about child marriage and teenage pregnancy. Two research assistants were specifically trained on the qualitative component of the study. The overall purpose of the training was to familiarize the research assistants with the methodology and the research tools. The three-day workshop also included pre-testing of the research tools in the field. All interviewers were instructed about the issue of sensitivity of questions during training and special emphasis was given on establishing reliable rapport and mutual trust before asking any sensitive questions.

2.3. DATA ANALYSIS

For the quantitative analysis of the data collected through the survey, descriptive statistics were employed to describe demographical and behavioural data for both the intervention and the control area. Quantitative data were analysed using SPSS and STATA. Comparisons were made between intervention and control areas, and in some cases between the responses of young women and men.

Interviews and FGDs were digitally recorded, transcribed and, where applicable, at the same time translated into English and independently checked by someone not involved in transcribing. During data collection, daily review meetings were held to identify emerging themes, completeness of work and inconsistencies coming out of the work. For the qualitative analysis, content analysis of the data was carried out using a comprehensive thematic matrix, based on the topic guides and the theory of change. NVivo software was used to support the analysis of the data. Additionally, the analysis resulting from the above-described components was assessed by the whole research team including research assistants to allow for triangulation. In May 2017, two workshops with a variety of stakeholders took place in Petauke and Chadiza. During these workshops, findings were discussed and further triangulated.

2.4. ETHICAL CONSIDERATIONS

Ethical clearance was obtained from the ethical review committee of KIT, the Netherlands, and the Social Sciences Ethics Committee of the University of Zambia. Further permission was obtained from the Ministry of Health before data collection. Informed consent was obtained from participants, and voluntary participation and confidentiality were upheld. Informed consent was obtained from parents or caregivers when study participants were below the age of 16. The participants of the survey were compensated through refreshment allowance and the participants for qualitative component were reimbursed with transport allowance.

3. Results

3.1. CHARACTERISTICS OF THE STUDY POPULATION

Participants were generally born and raised in their respective districts in Zambia with the rest of their family. Most young women and men lived with their parents or grandparents. A few were living with other relatives, usually because both parents had died. As Table 3 shows, of all surveyed young people in the intervention and control areas, 41% were within the age range of 15-17 years and 58% were within the age range of 18-24 years. About 73% of all respondents in the intervention area was female, compared to 66% in the control area.

Most young women and men and their guardians were unemployed or had low-income jobs, often related to selling vegetables. The majority of the surveyed young people aged 15-24 years in both intervention and control districts indicated that they were not working (92% and 71% respectively). In both the intervention and control districts, the father was the primary income earner (49% and 55% respectively).

Education levels among most participants were low and many had dropped out of secondary school. About 50% of the respondents in the intervention districts and 46% in the control district had completed primary education, while a total of 42% had completed secondary education. When asked about their parents' education, 21% of the respondents from the intervention districts and 30% of those from the control district reported that their fathers had no education. The reported education levels of mothers were lower than those of fathers.

The majority of the respondents had never married. The baseline data show that 19% of young people aged 15-24 years in the intervention area and 16% in the control area reported being married. About 39% of young people aged 15-24 years in the control district was Catholic, compared to 26% in the intervention districts.

Table 3. **Background characteristics of the survey respondents**

Background variables		Intervention	Control	Total
Age	15-17	41%	41%	41%
	18-24	58%	59%	59%
Sex	Female	73%	66%	70%
	Male	27%	34%	31%
Marital status	Not married	81%	84%	83%
	Married	19%	16%	18%
Religion	Others	61%	50%	56%
	Catholic	26%	39%	33%
	Pentecostal	13%	11%	12%
Current educational level	No education	8%	11%	10%
	Primary	50%	46%	48%
	Secondary	42%	42%	42%
Father's education	No education	21%	30%	26%
	Primary	21%	19%	20%
	Secondary	22%	24%	23%
	Do not know	36%	27%	32%
Mother's education	No education	33%	39%	36%
	Primary	29%	22%	26%
	Secondary	15%	18%	17%
	Do not know	23%	20%	22%
Employment status	Working	8%	29%	19%
	Not working	92%	71%	82%
Primary income earner	Father	49%	55%	52%
	Mother	14%	14%	14%
	Other	37%	31%	34%

3.2. CHILD MARRIAGE

3.2.1. PREVALENCE

The study found that child marriage was mainly affecting young women above the age of 15. The baseline data indicate a child marriage rate of 13% among young women aged 18-24 years who married before the age of 18 and 1% who married before the age of 15. Among male respondents, only one case of child marriage was found, which represented 0.2%. Young women below 18 years old who were married comprised 3% and 2% of the sample in the control and intervention districts respectively. The average age gap between married young women and their partners was 4.1 and 5.0 years in the intervention and control districts (Table 4).

Table 4. **Participants in marriage or in union in the intervention and control districts**

	Intervention	Control	Total
Young women aged 18-24 years who were married or in a union before the age of 18	13%	14%	13%
Young women aged 15-24 years who were married or in a union before the age of 15	1%	1%	1%
Young men aged 18-24 years who were married or in a union before the age of 18	0%	0.8%	0.2%
Young men aged 15-24 years who were married or in a union before the age of 15	0%	0%	0%
Young women below 18 years old who were married	2%	3%	3%
Young men below 18 years old who were married	0.0%	0.0%	0.0%
Average age gap between married young women and partners	4.1 years	5.0 years	4.5 years

3.2.2. DRIVERS OF CHILD MARRIAGE

Teenage pregnancy, limited future perspectives due to lack of education and job opportunities and gender inequality appeared as the main drivers of child marriage. Most respondents agreed with the statement that pregnancy in communities may cause girls marrying young. Females from the intervention districts were more likely to agree with the statement (85%), although male respondents from the intervention district and males and females from the control district also generally agreed (74%, 76% and 74% respectively).

Participants argued that in cases of teenage pregnancy, (child) marriage was encouraged to lift the financial burden that came with taking care of a baby or to avoid the shame and stigma attached to out-of-wedlock pregnancies. Economic difficulties were also drivers of child marriage, mainly for girls, as marriage lessened the household economic burden of the families they come from. Additionally, marriages require a bride price, which in some cases was an important source of income for the family of the young woman, especially when the young woman was an orphan or the grandparents were the guardians and were too old to work.

In both districts, the majority of the respondents agreed that underage marriage of young women and men was due to lack of education and jobs. Eighty-seven percent of males and 77% of females in the intervention districts reported that underage marriage of young women was mostly due to lack of education and jobs, compared to 74% of the males and 65% of the females in the control district. Similarly, the majority of young people aged 15-24 years in both intervention and control districts believed that underage marriage of young men was mostly due to a lack of education and jobs. About 87% of the males and 73% of the females in the intervention districts reported that underage marriage of young men was mostly due to lack of education and jobs, compared to 70% of the males and 60% of the females in the control district.

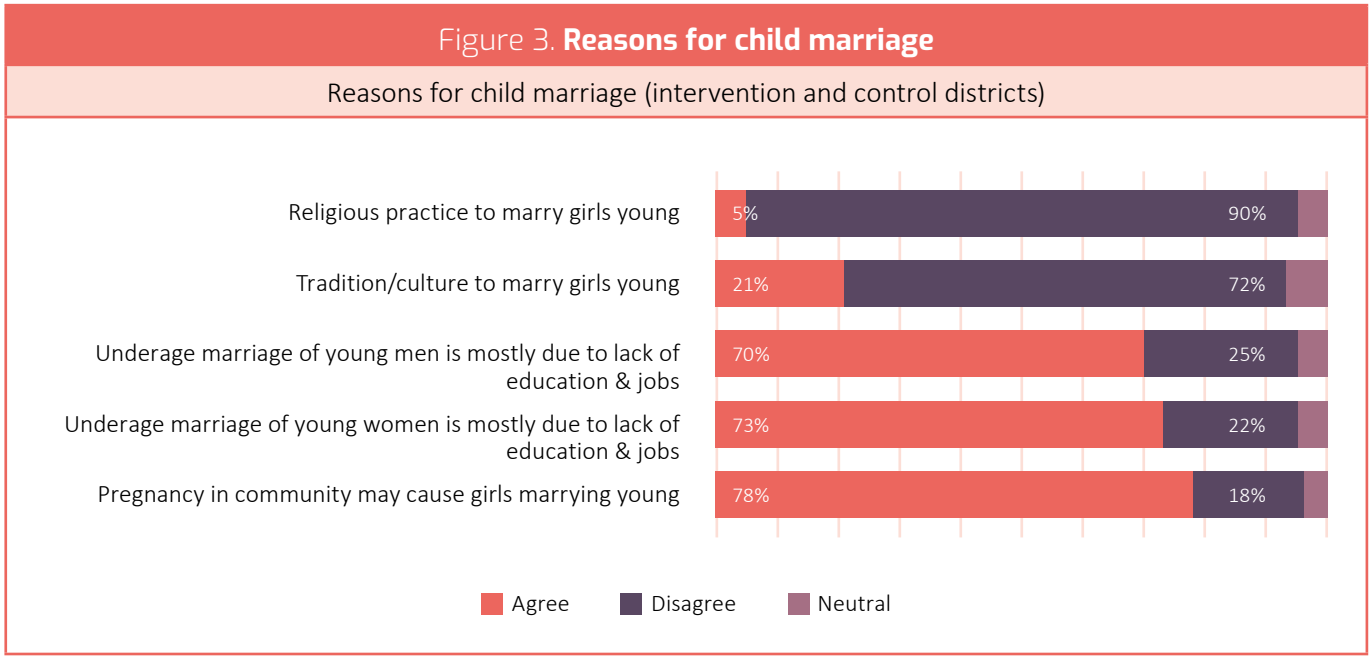
Gender inequality also emerged as a driver behind child marriage. In terms of education, young men seemed to be favoured over young women to complete their schooling. Families with limited economic resources prioritized the education of young men. Young women were often encouraged to concentrate on domestic work and social training. When young women hit puberty, they were often expected to go through an initiation rite that symbolized the transition into adulthood and readiness to marry. The lower education level and less economic opportunities for young women influenced the perception of (child) marriage, which was seen as the expected next step after puberty.

> *"Yes most of the times male parents don't put much effort to the girl child's education so mostly it's the parents that cause these early marriages."*, (Young woman, FDG 20-24 years, Chadiza District)

As Figure 3 visualizes, religion and tradition were rarely mentioned as drivers of child marriage. Most respondents in both the intervention and control districts disagreed with the statement that religion encouraged giving out young women in marriage at a tender age. The study found that 92% of the males and 84% of the females in the intervention districts and 92% of the males and 93% of the females in the control district disagreed.

Moreover, although some participants talked about tradition as a driving force, both female and male respondents generally disagreed that tradition and culture were causing child marriage among young women (72%).

Figure 3. **Reasons for child marriage**



3.2.3. INTERLINKAGE OF CHILD MARRIAGE WITH TEENAGE PREGNANCY

Although child marriage and teenage pregnancy seemed to be mutually reinforcing, child marriage was particularly highlighted as a response to teenage pregnancy. Marriage was related to economic gains that facilitated access to food, and at the same time relieved young women from the stigma and shame linked to pregnancies out of wedlock. Some participants also mentioned that young women were more likely to receive proper health care when married. However, at the same time, others claimed that accessing health care in cases of teenage pregnancy was easy. The following quotes show that economic reasons and relieve of shame were the underlying reasons for opting for child marriage in cases of teenage pregnancy:

> *" … parents would not want their child to have children from different men so they will demand that the same person who has impregnated her takes full responsibility for her. The other reason could be financial it's a way of letting that child go so that they are no longer responsible for her."*, (Social Worker, Petauke District)

"Maybe this boy has impregnated this girl so for them to hide away from the shame they would lobby for a marriage so that the community will say they married legally.", (Young man, FDG 15-19 years, Chadiza District)

As these quotes, the survey data about whether child marriage occurred before or after teenage pregnancy also suggest that child marriage was mainly a response to teenage pregnancy. Among all female respondents who had married under the age of 18 and had a teenage pregnancy, 9% had a teenage pregnancy before marrying and 59% had both in the same year (Table 5). Taking into account that when pregnancy and marriage were reported in the same year it was more likely that the pregnancy occurred first (based on information from the FGDs and interviews), the data suggest that child marriage was often a consequence of teenage pregnancy. In addition, 85% of the respondents agreed with the statement that child marriage occurs after teenage pregnancy.

Table 5. **Relation (teenage) pregnancy and (child) marriage among young women (%)**

First pregnancy, then marriage	Pregnancy and marriage in the same year	First marriage, then pregnancy	Total
Relation teenage pregnancy and child marriage	9%	59%	32%
Relation pregnancy and marriage	21%	50%	29%

3.2.4. DECISION MAKING

In relation to the decision making processes around child marriage, the baseline study found different situations and answers. Participants highlighted that parents were generally the ones behind child marriage decisions. However, some claimed that sometimes young women were the ones that decided to marry at a young age. Also, when asked about refusing marriage, participants did not mention strong repercussions. The following quotes from FGDs illustrate these findings:

"Children of 13, 14, 15 are in marriages and mostly are forced by their parents because they want to make money out of it." (Young woman, FDG 15-19 years, Chadiza district)

"Parents decide that girls should get married, but sometimes the girl herself decided."
(Young man, FDG, 15-19 years, Petauke)

3.2.5. CONSEQUENCES OF CHILD MARRIAGE

School drop-out was the most mentioned consequence of child marriage, particularly for young women. Additionally, participants argued that young women who did not continue their education often did not find employment and, in turn, were less empowered and less likely to make informed and independent decisions.
The baseline data indicate that young women from the intervention districts were more likely to report having left school due to child marriage than in the control area (4% vs 0%) (Table 6). However, these figures have a high probability of being underreported. Most of the respondents in both intervention and control districts agreed that underage marriage would negatively impact young women's education. This was the case for about 95% of the males and 90% of the females in the intervention districts as compared to 86% of the males and 88% of the females in the control district.

Table 6. **School drop-out due to (child) marriage**			
	Intervention	Control	Total
Young women aged 15-24 years who left school due to marriage	4%	0%	2%
Young women aged 15-17 years who left school due to child marriage	1%	0%	1%
Young men (15-24 years) who left school due to marriage	0%	0%	0%

As the following quotes show, participants also related child marriage to emotional and psychological consequences such as pressure from the family, husband, and forced sexual initiation.

> *"There are no benefits because you are not matured enough to withstand the pressure that comes with marriage."* (Young man, FGD 15-19 years, Chadiza District)

> *"You may end up being beaten by the person who marries you."*
> (Young woman, FGD 15-19 years, Chadiza District)

3.2.6. POSSIBLE BENEFITS OF CHILD MARRIAGE

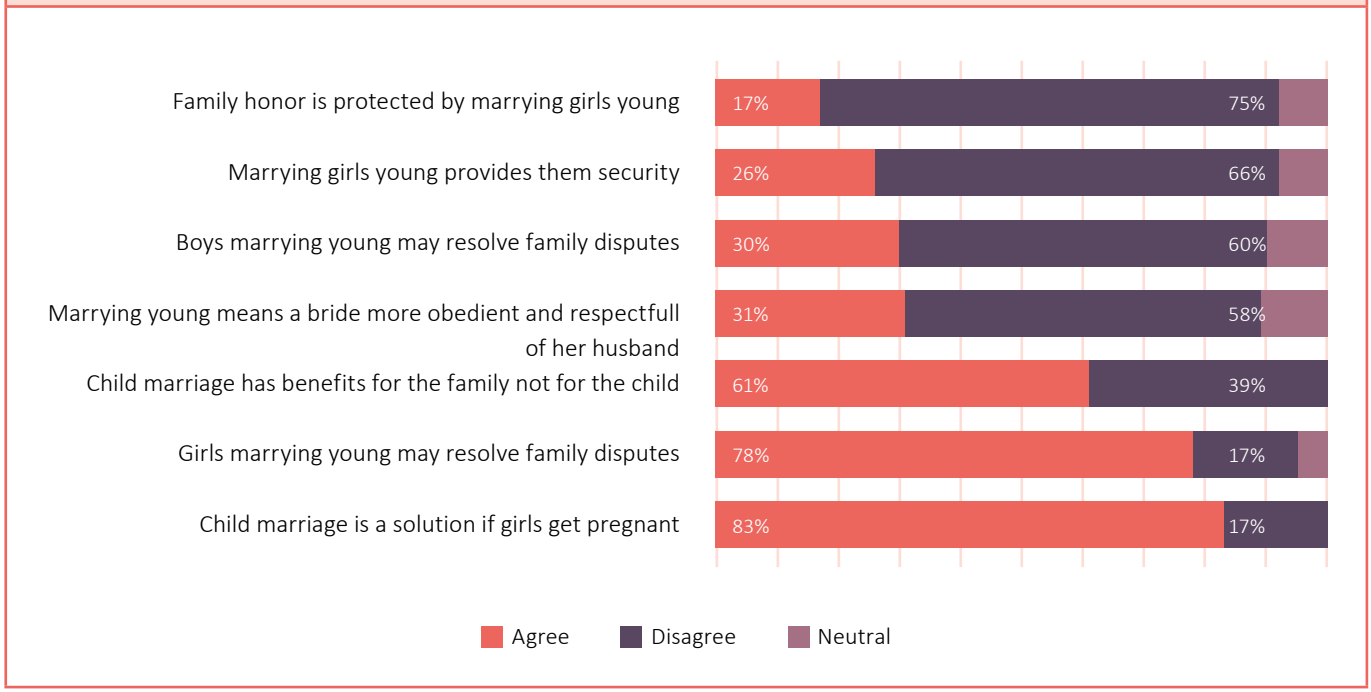
The data suggest that, in general, respondents saw little benefits of child marriage for young women (Figure 4). The majority of the respondents disagreed with the statement that marrying young means that the bride becomes more obedient and respectful towards the husband. The study shows that 61% of the males and 44% of the females in the intervention districts disagreed with that statement; and 70% of the males and 66% of the females in the control district. On the contrary, 25% of the males and 45% of the females in the intervention districts reported that marrying young means that the bride is more obedient and respectful of the husband, as compared to 22% of the males and 23% of the females in the control district.

The majority of the young people aged 15-24 years in intervention and control districts disagreed that family honour is protected by marrying girls young. About 85% of the males and 65% the females in the intervention districts and 83% of the males and 78% of the females in the control district stated that they disagreed that marrying girls young would protect family honour. Similarly, 86% of the males and 67% of the females in the intervention districts and 82% of the males and 80% of the females in the control district disagreed that marrying boys young would protect family honour. Moreover, more than half of the respondents disagreed with the statement that marrying girls young might provide family security. About 69% of the males and 57% of the females in the intervention districts disagreed that marrying girls young provided them security as compared to 73% of the males and 70% of the females in the control district.

However, respondents reported some benefits of child marriage, particularly for the family. The majority of the respondents agreed that child marriage was a solution in cases of teenage pregnancy. In the intervention districts, 91% of the females and 84% of the males agreed with the statement, and in the control area, 81% and 84% of the female and male respondents agreed.

Also, most of the young people both in the intervention (74% of the males and 86% of the females) and control districts (76% of the males and 74% of the females) agreed that girls marrying young might resolve family disputes. Respondents from both intervention and control districts reported that child marriage benefits the family and not the child who marries. Findings of the study show that about 77% of the males and 54% of the females in the intervention districts responded this, with similar findings in the control district (70% of the males and 58% of the females).

Figure 4. **Perceptions of the possible benefits of child marriage**



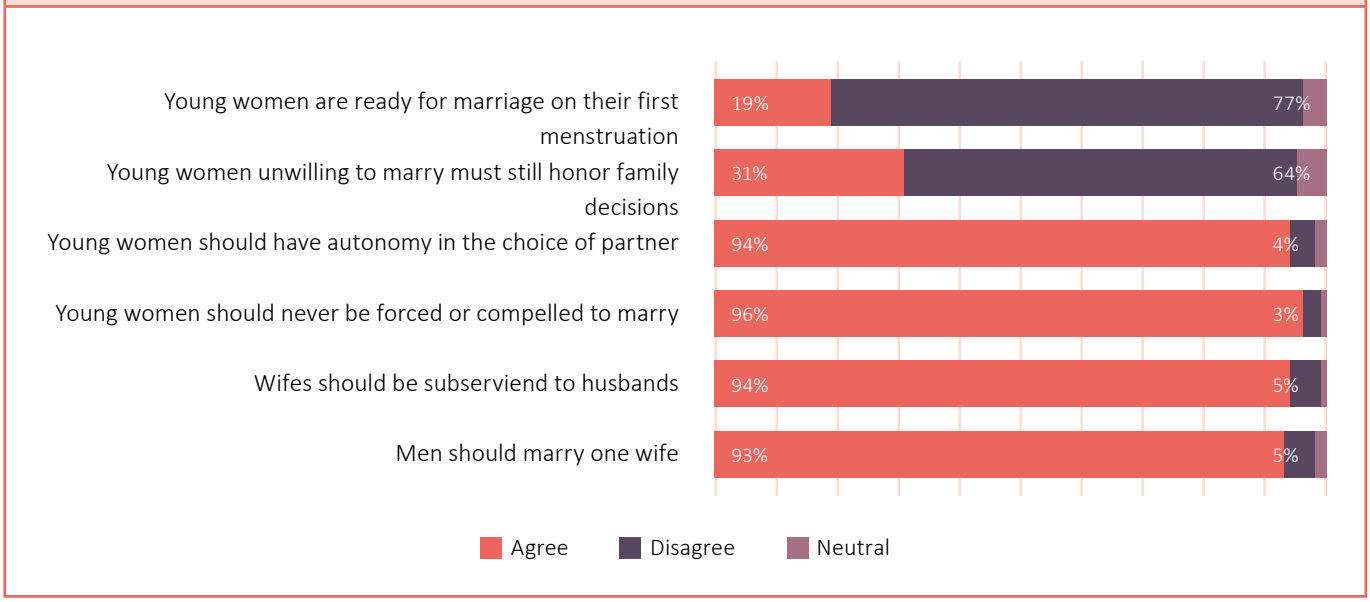
3.2.7. OPINIONS AROUND CHILD MARRIAGE

Respondents' opinions around child marriage suggest little acceptability of child marriage (Figure 5). Most respondents in the intervention (75% of the males and 60% of the females) and control districts (61% of the males and 66% of the females) disagreed that young women unwilling to marry must still honour family decisions. Also, 94% of the males and 97% of the females in the intervention districts and 94% of the males and 92% of the females in the control district agreed that young women and men should have autonomy in the choice of a partner.

Similarly, 96% of the young people aged 15-24 in both intervention and control districts believed that young women should never be forced or compelled to marry. When asked whether wives should be subservient to their husbands, most of the respondents, 95% of the males and 94% of the females in the intervention districts and 93% of the males and 94% of the females in the control district, agreed. To the question whether men should marry one wife, most of the respondents from both intervention and control districts agreed that men should marry one wife.

Moreover, the majority of young people aged 15-24 years in the intervention and control districts disagreed that a child is ready for marriage on her first menstruation. In the intervention districts, it was found that 82% of males and 83% of females disagreed with this statement, and 69% of males and 74% of females in the control district reported to disagree with this statement.

Figure 5. **Opinions around child marriage**



3.3. TEENAGE PREGNANCY

3.3.1. PREVALENCE

The baseline data show that teenage pregnancy was more prevalent than child marriage. While the child marriage rate among young women aged 18-24 years was 13%, the teenage pregnancy rate among young women between 20 and 24 years old was 48%, with little variation between the intervention and the control districts (45% and 51% respectively) (Table 7). As with child marriage, the gender difference was also evident. The rate of fathers who had their first child under the age of 20 was 3%. Among all respondents, 31% of the females and 10% of the males had already had a child. The mean age at first born child was also found to be different for both sexes: 17 years for females and 20 years for males.

Table 7. **Teenage pregnancy in the intervention and control districts**

	Intervention	Control	Total
Young women aged 20-24 years who had their first child under the age of 20 (teenage pregnancy)	45%	51%	48%
Young men aged 20-24 years who had their first child under the age of 20	3%	2%	3%
Young women (15-24) who already had a child	32%	30%	31%
Young men (15-24) who already had a child	13%	7%	10%
Mean age at first pregnancy (Young Women 15-24)	17.6 years (min=12, max=23)	17.3 years (min=13, max=23)	17.5 years (min=12, max=23)
Mean age at the first born child (Young men 15-24)	20.6 years (min=18, max=24)	20.2 years (min=16, max=24)	20.4 years (min=16, max=24)

3.3.2. CIRCUMSTANCES OF GETTING PREGNANT

Teenage pregnancy was a direct consequence of early sexual debut, and various factors seemed to be influencing young people's sexual practices. Peer pressure, poverty, initiation ceremonies and puberty were the most mentioned drivers of early sexual debut and teenage pregnancy.

Participants argued that initiation ceremonies gave young women and men information about sex and, as a result, they ended up engaging in sexual relationships. Some explained that as the information came from the elderly in the communities, young women and men were receiving outdated information. In addition, a lot could be lost or changed, as information was shared only orally. Initiation ceremonies were reported to take place when young women hit puberty, and symbolize a transition to adulthood. Thus, puberty appeared as a factor directly influencing young people's sexual practices, but also indirectly as it determined when a young women participated in initiation ceremonies.

The following quotes illustrate participants' emphasis on the relation between the learnings attached to the transition to adulthood through initiation ceremonies for young women, and young people's sexual debut.

> *"When a girl here reaches puberty they are taught on how to take care of their husbands and the home. After learning these traditions most of them go out to experiment and may end up getting pregnant."*
> (Teacher, Chadiza District)

> *"It's the traditional ceremonies that influence these children because after they are taught, they want to experiment."* (Young man, FDG 20-24 years, Petauke District)

In terms of economic reasons, some participants mentioned that the exchange of sex for money was common, which increased the likelihood of teenage pregnancy and STIs. Poverty was reported to pressure young women into engaging in sexual relationships to contribute to lessening the economic burdens within their household by exchanging sex for money or other goods such as clothing. In the words of a young woman:

> *"They start at 12 because maybe she will want a sweet or something nice and doesn't have money; the boy will start buying the things she wants, when he asks to have sex with her she will fail to refuse. Some, where they come from [the family] is very poor. They start sleeping around with men in exchange for money to help at home."* (Young woman, 15-19 years, Petauke District)

Low education levels and school drop-out were also mentioned as relevant factors that explained the circumstances under which young women were getting pregnant at young ages. No or little education left young women unknowledgeable about safe sexual practices and alternatives, and at the same time gave young women free time to experiment and engage, which all seemed to increase the likelihood of teenage pregnancy. The following quote suggests that peer pressure was also relevant in relation to young people's sexual debut.

> *"…you will see that it's because of peer pressure and some want to get the praise from the friends."*
> (Teacher, Petauke District)

3.3.3. CONSEQUENCES OF TEENAGE PREGNANCY

Child marriage, health risks and school drop-out were mentioned as the main consequences for young women who experienced a teenage pregnancy. Some participants talked about (child) marriage as the automatic answer to teenage pregnancy, which was often put onto young women by their families, usually to avoid shame or for the economic benefits of a marriage. In terms of medical consequences, all participants showed awareness of associated risks of teenage pregnancy, particularly delivery complications.

> *"Mostly, when a girl gets pregnant at the age of 15 they have complications when it's time to give birth. Some you find they deliver dead babies; if a baby survives you find that because they are still young they don't take care of the baby properly. The girl may fail to give birth and at the hospital, they may be forced to operate on her in order for her to deliver."* (Young man, FDG 15-19 years, Chadiza District)

The baseline data indicate that among all female respondents, 11% dropped out of school because of a pregnancy and 8% because of a teenage pregnancy (Table 8). Young women from the intervention districts were more likely to report that they had left school due to pregnancy than young women in the control area (14% versus 7%). However, there is a probability of underreporting because of the way how the questionnaire was developed.

Table 8. **School drop-out due to (teenage) pregnancy**

	Intervention	Control	Total
Young women (15-24 years) who left school due to pregnancy	14%	7%	11%
Young women (15-19 years) who left school due to teenage pregnancy	11%	6%	8%

The qualitative data suggest that school drop-out was a common consequence of teenage pregnancy for young women. There were various reasons that were keeping young women from continuing their studies after a delivery: economic limitations, household workload, gender roles, raising the child, and also the shame attached to a teenage pregnancy. In the words of a young woman:

> *"If a girl is still at school and gets pregnant it is not easy when you deliver a child to go back to school because you will be ashamed and scared that your friends will be laughing at you."*
> (Young woman, FDG 15-19 years, Petauke District)

When asked about the role of the impregnator and decisions about the pregnancy, various answers were given. Some mentioned arresting the impregnator if he was an adult. Other participants mentioned that after getting pregnant from an older man, young women were encouraged to sleep with other younger men, to deflect responsibility and not bring shame to the man's original family.

Participants, particularly representatives from NGOs and teachers, mentioned formal paths that could be taken in cases of teenage pregnancy. However, it seemed that in practice, the response was more based on cultural norms and economic gains: the pregnant young women had to marry and this is arranged between the families involved.

> *"According to the law, that is defilement and that is a crime but the problem that we have in rural areas, especially Chadiza, is that it only becomes a crime when it is reported but when it is not reported, it does not become a crime. We have had meetings like District Development Committee meetings where the police also present their own reports apart from the victim support unit so we are told on how many defilement cases we had in a certain year, but the cases that are reported are a few."* (Policy Maker, Chadiza)

3.4. SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES

Participants highlighted early sexual debut as a key driver of teenage pregnancy. The study revealed that pre-marital sexual relationships were common. When asked about the age of sexual debut, the answers varied between 12 and 16 years old. Participants argued that an early awareness of sexual practices, mainly through initiation ceremonies, was the main contributing factor to young people's early sexual debut. Peer pressure and economic limitations (leading to transactional sex) also seemed to influence young people's sexual debut. In addition, the study also found that young people's sexual practices were characterized by low utilisation of contraceptive methods despite a general knowledge about sexual and reproductive health.

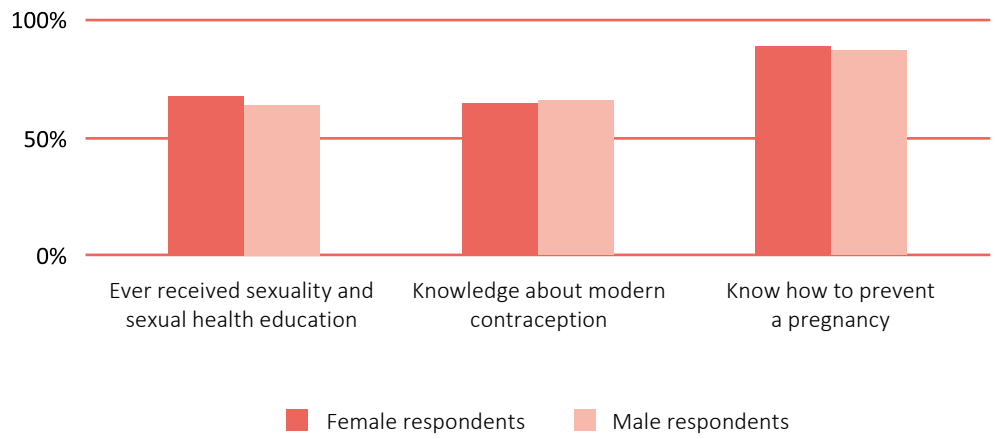
The study revealed a general knowledge about SRH among young people (Figure 6). Among all female and male respondents, 88% knew how to prevent a pregnancy with little variation between female and male respondents and between intervention and control districts. Fifty-six percent of male and female respondents reported condoms as a method to prevent a pregnancy.

In the intervention districts, 65% of the females and 56% of the males had knowledge about modern contraceptives. However, this knowledge was low among young women in the control area (31%), while among male respondents in the control area it was higher (73%). In addition, most participants showed awareness about the consequences of teenage pregnancy.

About 69% of the female respondents in the intervention districts had ever received any form of education about sexuality and sexual health, compared to 65% in the control district. Among male respondents, 77% in the control district reported having ever received education about sexuality and sexual health as compared to 45% in the intervention districts. No conclusion on the significance of this difference between the intervention and the control area for male respondents can be made, as the sample size of young men aged 15-24 was small.

Figure 6. **Young women and men's knowledge on SRH**

(intervention and control districts)



When asked about the source of information, despite the fact that some clinics and schools offered information and education on SRH, most young people said they were most comfortable in approaching their grandparents for advice and information. As the following quote illustrates, young people seemed to view their parents as authoritative; they felt shy to discuss sensitive topics with them and considered it inappropriate. Besides this, grandparents were the ones leading the initiation ceremonies, so approaching grandparents for sexuality and sexual health information was seen as a norm. As a second choice, young women and men would approach teachers.

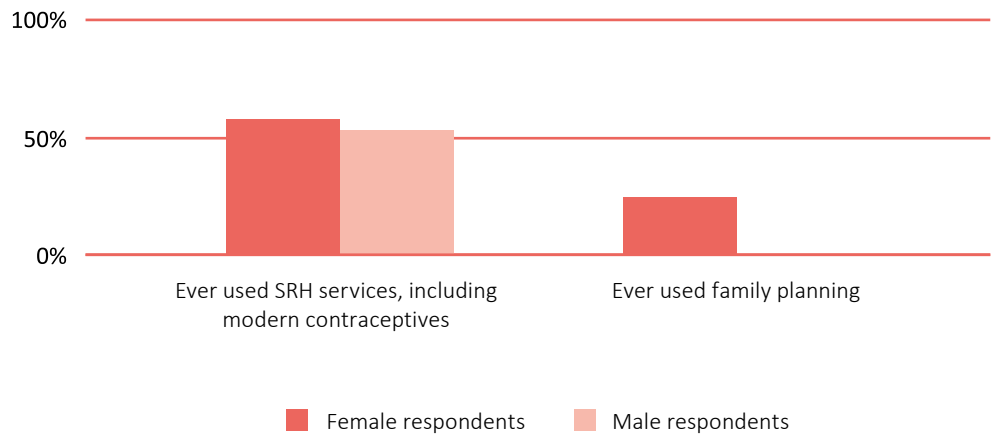
> *"Because it is easier to communicate with your grandparents than it is with your parents, because with your parents you may be shy, but with your grandparents you can say anything you have in mind."*
> (Young man, FDG 20-23 years, Petauke District)

In relation to the use of SRH services, data indicate that more than half of the respondents had ever used any of these services. About 58% of the female respondents in the intervention area reported having utilised SRH services, including modern contraceptives, compared to 56% in the control area. Among male respondents, a higher proportion (64%) in the control district reported having utilised SRH services than in the intervention districts (40%). However, as Figure 7 illustrates, the use of family planning was very low. Most female (75%) and male (99%) respondents from both the intervention and control area had never used family planning methods.

Among female respondents, antenatal care was the most used SRH service (32%), followed by family planning (25%) with little variation between the intervention and control areas. The use of SRH services was lower among male respondents and mainly concentrated on life skills sexuality counselling in the control area. These data, together with the qualitative findings, suggest that most participants had knowledge of family planning, contraception and risks of pregnancy, but were not using many SRH services.

Figure 7. **Young women and men's use of SRH services**

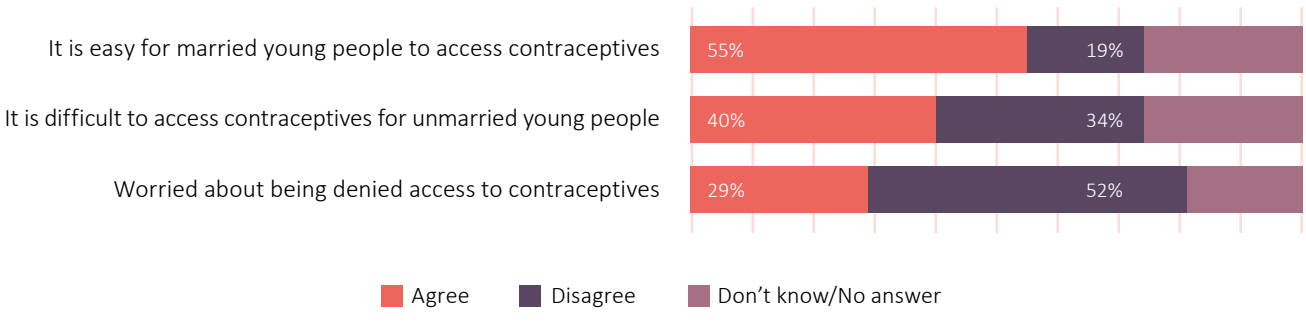
(intervention and control districts)



It seemed that formal agents and sources of information and services were not available or not effective in reaching youth. The baseline data indicate different opinions from young people about access to contraceptives. About half of the respondents (49% of the females and 55% of the males) reported not being worried about being denied access to contraceptives. However, data suggest that access to contraceptives was easier for married young people than for the unmarried ones. About 40% of the female and male respondents agreed that it was difficult for unmarried young people to access contraceptives, and 55% agreed that it was easy for married young people to access contraceptives (Figure 8).

Figure 8. **Young people's perceptions about access to contraception**

Young people's perceptions about access to contraception



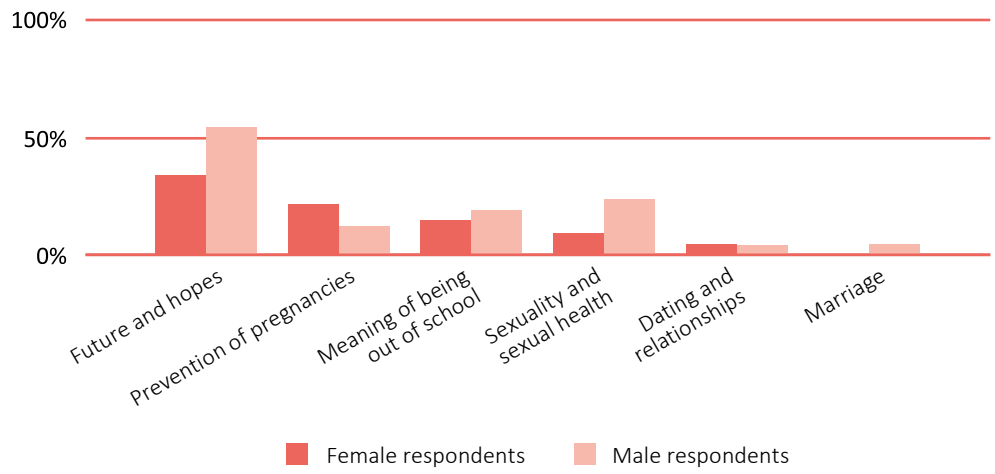
3.5. YOUNG PEOPLE'S HOPES AND WORRIES

The study revealed that for most young women and men it was not easy to talk about marriage and sexuality topics with their parents and caregivers. Fifty-nine percent of the female respondents and 69% of the male respondents reported that it was difficult to talk about marriage with their parents and caregivers. Respondents found it more difficult to talk about sexuality and sexual health topics, as data show that 69% of the females and 70% of the males claimed that it was difficult to talk about these topics with their parents and caregivers. The qualitative findings show similar results; participants argued that they preferred to approach grandparents.

At the same time, as Figure 9 illustrates, more than half of the participants reported having ever discussed with family and/or friends topics related to future and hopes, marriage, dating and relationships, the meaning of being out of school, and prevention of pregnancy. The data indicate that future and hopes, together with the prevention of pregnancy and the meaning of being out of school, were the most commonly discussed topics, with little variation between sexes.

Figure 9. **Topics ever discussed with family and friends**

Topics ever discussed with family and friends by young women and men (intervention and control districts)

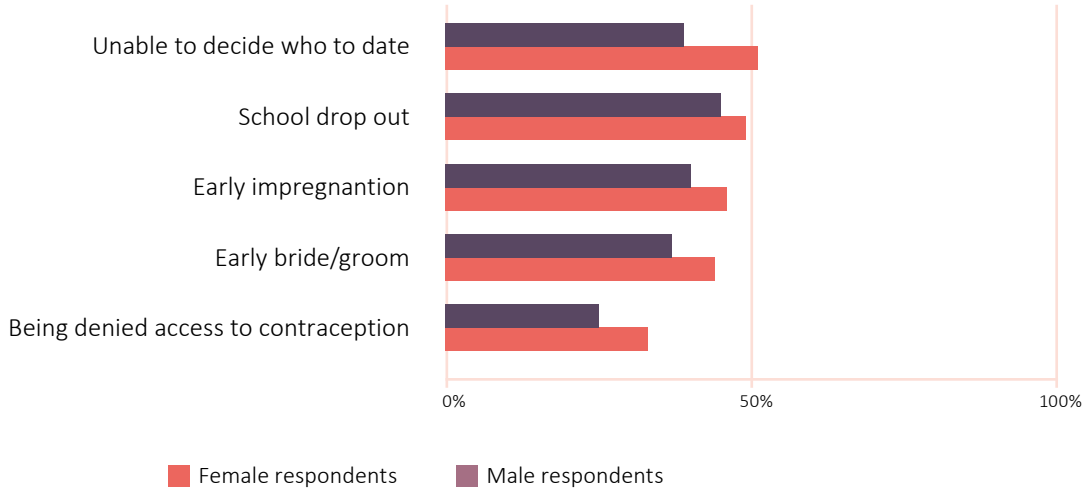


About half of the respondents reported being worried about various SRH topics (Figure 10). Female respondents were more likely to agree to be worried about SRH issues than male respondents. Being unable to decide who to date appeared as the most common worry among female respondents, followed by school drop-out. Among male respondents, school drop-out seemed to be the strongest worry.

Data show variation between the control and intervention districts, without a clear pattern. Young people from the control district were more likely to agree that they worried about early impregnation, compared to the intervention districts (54% and 35% respectively). Young people aged 15-24 years from the intervention districts were more likely to report that they worried about being unable to decide whom to date (55% versus 40% in control district). Furthermore, young people from the control district were more likely to report that they worried about drop-out of school than those from the intervention districts: 54% compared to 41%.

Figure 10. **Worries among young people**

(intervention and control districts)



3.6. ECONOMIC EMPOWERMENT

Young men aged 15-24 from the control district (42%) as compared to intervention districts (15%) reported having been economically active outside of the household (Table 9). Young women were less likely to be economically active outside of the household; 5% in the intervention districts and 22% in the control district. About 36% of the young women in the control district and 27% in the intervention districts reported having received income over the past six months. Among respondents who experienced child marriage, only 15% in the intervention districts and 34% in the control district were employed. Of those who experienced teenage pregnancy, 8% in the intervention districts and 30% in the control district were employed.

The majority of the respondents who had experienced teenage pregnancy and/or child marriage had received education (80% and 89% respectively). The sample sizes were too small to conclude on any differences regarding these figures (Table 9). For both education and employment, no big differences were found between young people who experienced or did not experience child marriage and teenage pregnancy.

Table 9. **Young people's economic empowerment**

		Intervention	Control	Total
Young men (15 – 24) years old who were economically active outside of the household		15%	42%	31%
Young women (15 – 24) years old who were economically active outside of the household		5%	22%	13%
Young women (18 – 24) years old who received income over the past six months		27%	36%	32%
Education level for those who experienced child marriage	No education	7%	14%	11%
	With education	93%	86%	89%
Employment status for those who experienced child marriage	Not working	85%	66%	75%
	Working	15%	34%	25%
Employment status for those who experienced teenage pregnancy	Not working	93%	93%	82%
	Working	7%	7%	18%

Socio-economic factors such as poverty and gender disparities were often mentioned as the main cause for child marriage and teenage pregnancy. Financial burdens made school fees unaffordable for parents and grandparents and young women became a source of income through bride price. Additionally, the low levels of education and lack of access and availability to employment opportunities reinforced the poverty cycle and, in turn, child marriage. Participants mentioned that gainful employment was the key to decreasing child marriage and teenage pregnancy; it would allow them to more often make their own decisions, as the economic necessities of families would no longer dictate.

At the same time, employment opportunities were reported as linked to the education levels. Many participants mentioned education as the key to empowering young women and delaying child marriage. Participants mentioned the following benefits of education: i) give young women something to focus on and work towards, which would decrease their free time and, in turn, the effects of peer pressure and engagement in sexual relations, (ii) delay of child marriage, (iii) higher chances of opportunities at gainful employment, (iv) empowerment to make informed and meaningful decisions when it comes to their bodies and futures, (v) increased knowledge about SRH alternatives and available services, and (vi) empowerment to protect themselves against teenage pregnancy and child marriage.

3.7. POLICY AND LEGAL ISSUES

In terms of laws and policies, the majority of the participants seemed to be unclear. Participants were divided on what the law is, who created the law, and who enforces it. When asked about existing laws and policies, a participant mentioned the following:

> *"they are verbal they are not written."* (Teacher, Chadiza District).

It seemed that traditional actors and leaders were still viewed as primary actors of the law. Some participants mentioned how problematic that was, as traditional leaders did not always follow the law themselves.

> *"Sometimes the chairman may rule in favour of someone who is wrong maybe because they are close to the person who is at fault."* (Young woman, FDG 15-19 years, Petauke District).

When asked about existing laws, most participants from the communities mentioned different laws and enforcing actors that they had heard of, but nothing substantial or concrete. When asked about who were the creators and enforcers of the laws, participants gave various responses including teachers, the president, the government, and some also mentioned Plan Zambia.

The lack of awareness and knowledge of programmes, policies and formal actors in the communities shed light on the low levels of meaningful engagement of young women and men in their communities. They were not participating in their communities, and this prevented them from contributing to policymaking. Additionally, the low levels of education and poverty also prevented participants in the communities to seek out change.

3.7.1. KNOWLEDGE ABOUT MARRIAGE LAWS

In the survey, respondents were asked about whether they had knowledge of (local) laws related to marriage and the minimum age for marriage. The majority of young people aged 15-24 years from the intervention districts reported that the specific legal minimum age of marriage for young women according to their religion was in the age group 19-22 years (66% of the males and 57% of the females) (Table 10). However, in the control district, most respondents reported 15-18 years as the minimum age for young women to marry according to their religion (51% of the males and 45% of the females).

In terms of the specific legal mean age for young men, the study found that 61% of the males and 41% of the females in the intervention districts reported that the legal minimum age for marriage according to their religion was 19-22 compared to 40% of the males and 50% of the females in the control district.

Table 10. **Knowledge of child marriage law**

		Intervention		Control		Total
		Male	Female	Male	Female	
Specific legal minimum age for young women – according to religion	15-18	27%	25%	51%	45%	39%
	19-22	66%	57%	39%	44%	49%
	23 +	7%	18%	10%	11%	12%
Specific legal mean age for young men – according to religion	15-18	15%	3%	15%	19%	13%
	19-22	61%	41%	40%	50%	46%
	23 +	24%	55%	45%	31%	41%

4. Discussion

This baseline study investigated many causes and consequences of child marriage and teenage pregnancy in the intervention districts of Chadiza and Petauke and the control district of Katete in the Eastern Province of Zambia. The discussion is arranged according to the main specific objectives of the study. Each of the objectives is discussed in line with the findings and how they relate to previous studies, especially the latest Zambia Demographic and Health Survey (CSO, 2014).

4.1. THE OCCURRENCE OF CHILD MARRIAGE AND TEENAGE PREGNANCY

The results of this study confirm that child marriage and teenage pregnancy exist in the Eastern Province of Zambia, in Chadiza, Petauke and Katete. In terms of child marriage, 13% of female respondents aged 18-24 years in the intervention and control districts said that they had been married before the age of 18. The percentage of child marriage by the age 15 was 1% for female respondents, with no cases among male respondents. The prevalence of teenage pregnancy was higher than the prevalence of child marriage. The study found a teenage pregnancy rate of 48% among female respondents aged 20-24 (45% in the intervention districts and 51% in the control district). The gender difference was also evident as, among male respondents aged 20-24, only 3% became fathers as teenagers (under the age of 20).

The findings on the prevalence of child marriage and teenage pregnancy differ from those reported by the ZDHS (2014), which indicates that 17% of young women aged 15-19 were already married. In terms of teenage pregnancy, the 2014 ZDHS reports that 29% of young women aged 15-19 already had a birth or were pregnant with their first child. The child marriage and teenage pregnancy rates calculated in the present study are based on different age ranges (18-24 for child marriage and 20-24 for teenage pregnancy instead of 15-19 as in the ZDHS). Therefore, the data is not completely comparable. However, the present study confirms, in the same line as the ZDHS data, that child marriage and teenage pregnancy are common and prevalent in Eastern Zambia.

4.2. THE CAUSES AND EFFECTS OF CHILD MARRIAGE AND TEENAGE PREGNANCY

The causes of child marriage and teenage pregnancy were mostly attributed to lack of economic opportunities, low education, social and cultural norms of the communities and gender inequalities. In all study districts, most young people agreed that underage marriage of young women and men was mostly due to lack of education and jobs. The study also provided evidence that, although child marriage and teenage pregnancy were mutually reinforcing, teenage pregnancy was more often a key driver of child marriage than a consequence. Early sexual debut, influenced by initiation ceremonies, peer pressure and poverty, was reported as the main contributing factor to teenage pregnancy and, in turn, child marriage.

For families, child marriage had benefits such as economic gains, improvement of living conditions and enhanced social status. These findings are in line with a similar study by Tembo and Matenga (2008) that was conducted in six districts in Zambia. The study showed that poverty was one of the most significant factors driving child marriage in nearly all of its forms in Zambia. Parents and guardians saw child marriage as a financial gain through the bride price for their daughters and also as an opportunity to lessen the household economic burden. Economic hardship forced parents and guardians to make difficult choices as they tried to manage their living situation and encouraged short-term strategic thinking rather than consideration of investment in longer-term gains. Young people, particularly young women, saw marriage as an opportunity to escape challenging economic and material circumstances and as a means to cover their own basic needs.

School drop-out was the most highlighted consequence of child marriage and teenage pregnancy. It reinforces the cycle of poverty and, in turn, the prevalence of child marriage and teenage pregnancy. Therefore, education was seen as the main solution to address both issues. Better future perspectives for young people, education and economic opportunities, particularly for young women, would go a long way in curbing child marriage and teenage pregnancy. In relation to initiation ceremonies, instead of focusing particularly on sexual matters and how to look after the husband, emphasis should also be put on how to raise a family as well as on the economic independence of young women.

4.3. PERCEPTIONS, ATTITUDES AND OPINIONS ABOUT CHILD MARRIAGE AND TEENAGE PREGNANCY

The majority of the respondents responded that young women became adults at the age of 15-20 and many believed that the ideal age for marriage was 19-22 years. Most young people in the sample stated that child marriage only benefited the family and not the young bride or groom. Participants also stated that child marriage did not bring honour to the family nor did it provide security.

These findings suggest that young women and men were aware of the negative consequences of child marriage and teenage pregnancy, but at the same time were contributing to the prevalence of both. It could be argued that young people, despite their knowledge and awareness on the negative consequences of child marriage and teenage pregnancy, were influenced by social and cultural norms, depended on the decisions of their caregivers and saw their options limited by a lack of future perspectives.

4.4. AVAILABILITY AND UTILIZATION OF SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES

The study shows that most young people had ever received any form of sexuality and sexual health education and showed a general knowledge about SRH topics. The findings clearly indicate that both female and male respondents in the study had some exposure to SRH issues. It can however be noted that respondents in the control district seemed to have had more exposure to SRH information than the intervention districts. Additionally, the findings indicate that despite the clinics and schools offering information on SHR, the majority of the respondents both in the intervention and control areas responded that they preferred to get information and advice on SRH issues from their grandparents. Many of the participants got their information on SRH from the radio and had little knowledge of existing services.

Therefore, it can be argued that despite the quite high percentages of participants claiming exposure to SRH issues, it is unclear what the quality of the information was. Some participants argued that as the information spread in initiation ceremonies came from elders, it was often outdated. This is consistent with information drawn from a cross sectional study undertaken by Mutati (2008) in Ndola. Data reveal that about half of the respondents had ever used SRH services. However, the use of family planning was low among both female and male respondents. These findings indicate that there was a gap between knowledge and practice related to SRH among young people, particularly in relation to the low use of family planning methods. These findings suggest that making SRH services more youth friendly could contribute to reducing the gap between the awareness about the negative consequences of teenage pregnancy and the low use of family planning methods.

4.5. YOUNG PEOPLE'S WORRIES

About half of the respondents were worried about SRH related issues such as who to date, their future, school drop-out, access to contraception or early impregnation. Among male respondents, school drop-out was the most commonly reported worry, while among female respondents who to date followed by early impregnation were the main worries. Being denied access to contraception was not reported as a worry for most respondents. These findings are in line with a study conducted by Sakar (2006) which shows that most respondents had enough knowledge about SHR but did not take time to utilize SRH services, including family planning. Therefore, most sexual encounters were unsafe, with no protection, leading to unwanted pregnancies or STIs.

Earlier studies (Barker 2007, WHO 2002, Ngomi 2008, and Warenius 2008) show that young people avoided SRH services when they perceived that they could be teased or when they had had a bad or embarrassing experience. It can be assumed that young people in the present study preferred receiving sexuality and sexual health information from non-formal sources, even if they did not have any negative experience with formal SRH services. Grandparents were seen as non-threatening persons with whom young people already had friendly informal ties. These findings indicate that it is important for young people to receive sensitive and close treatment when choosing sources of SRH information and services. To make SRH services more youth-friendly, young people's voices and wishes should be heard.

4.6. THE ROLE OF DIFFERENT STAKEHOLDERS

The results of this study suggest that cultural and social factors contribute to the prevalence of child marriage and teenage pregnancy. Traditional leaders (chiefs and headmen), teachers and religious leaders were respected by the participants and the community and seemed to have a strong influence on them.

Traditional leaders have an import role in addressing child marriage and teenage pregnancy. Participants reported that traditional leaders, including headmen and chiefs, were advising against child marriage and teenage pregnancy and sharing information on the consequences of both issues. However, at the same time, other participants argued that these leaders were unreliable, self-serving and sometimes protecting older men who had impregnated young women. In relation to teachers, most participants showed strong respect towards them and said that they listened to their teachers' advice. However, some young women and men mentioned that teachers instilled fear in them and were too authoritative.

In addition, some traditional leaders and especially teachers were accused of engaging in sexual relations with young women. In this cases, the law should be enforced. Officials of the Ministry of Education could be more vigilant in ensuring that teachers respect their code of ethics by disciplining the teachers who are proved to engage in sexual relationships with their students.

4.7. ECONOMIC ACTIVITY OF YOUNG PEOPLE

The study revealed that young people were generally not economically active outside of the household. Socio-economic factors, especially poverty and the unbalanced relations in terms of economic involvement between young women and men, were highlighted as the main drivers of child marriage and teenage pregnancy. School drop-out was the main consequence, reinforcing both child marriage as well as the poverty cycle.

The findings of this study remark the importance that young people, particularly young women, have better education and labour opportunities so that they are economically empowered. Participants identified education as the key solution to address child marriage and teenage pregnancy arguing that better education would: increase young women's employment options, empower young women to make informed decisions about their bodies and futures, increase young women's knowledge about SRH and alternatives to child marriage, and decrease young women's free time and peer pressure.

From the prescriptions outlined above given by the participants in the study, it can be deduced that participants were knowledgeable of what is required in order to address child marriage and teenage pregnancy. It may not necessarily be a lack of knowledge that leads to child marriage and teenage pregnancy, but something beyond their control related to limited future perspectives together with the influence of sociocultural norms.

4.8. KNOWLEDGE OF LAWS REGARDING CHILD MARRIAGE AND TEENAGE PREGNANCY

In terms of laws and policies, most participants seemed to be unclear. Traditional actors and leaders were viewed as primary custodians of the law. In addition, some participants mentioned that it was problematic, as traditional leaders themselves did not always follow the law. Most participants were not aware of who made and enforced the laws.

This means that in cases of defilement, young women might not know which are the instances or services that can be approached. More civic education is needed in communities in order to empower the community members about their civic and human rights. The lack of awareness and knowledge of programmes, policies and formal actors in the communities also suggest a lack of meaningful engagement from young people in their communities. In addition, the low levels of education and high levels of poverty might also prevent people in the communities to seek out change and therefore accept the status quo.

5. Conclusion and recommendations

The study demonstrates that child marriage and teenage pregnancy are prevalent in Eastern Zambia. Both issues were mutually reinforcing but teenage pregnancy was more common and a key driver of child marriage. Limited future perspectives, poverty, low levels of education, the quality of the education, gender inequality, cultural customs, social norms, low utilization of contraceptives, lack of enforcement of (by) laws and peer pressure were identified as contributing factors to child marriage and teenage pregnancy.

Most participants acknowledged that child marriage and teenage pregnancy were negative issues and were aware of their prevalence. At the same time, the specific knowledge on existing laws and policies and on the roles of the different actors, such as police and social welfare, CBOs, NGOs, schools and teachers, health services and workers, and religious and traditional leaders, was limited. As a result, community members hold back from accessing information from formal sources. Nevertheless, there was a good number of participants that asked for more interventions from formal actors such as NGOs, clinics, schools and community leaders.

In order to address child marriage and teenage pregnancy in these communities, it would be important to clearly identify actors of the law and the related laws that should be enforced. Efforts in raising awareness and sensitizing the communities should be carried out at all levels, from traditional leaders to the elderly and to young people themselves. Education, advocacy, economic empowerment, gender transformative programming as well as young women's empowerment are important elements to consider in the fight against child marriage and teenage pregnancy. There is the willingness from young people in the communities to break free from child marriage and teenage pregnancy as well as the traditions that perpetuate them. It is the social circumstances and lack of opportunities and alternatives that maintain child marriage and teenage pregnancy in young people's lives.

The specific recommendations for the YES I DO alliance are:

1. Interventions targeting traditional leaders, religious leaders, teachers, parents and caregivers should be put in place to address beliefs and attitudes regarding child marriage and teenage pregnancy. As traditional ceremonies seem to contribute to teenage pregnancy, interventions analysing and potentially adjusting the content of these ceremonies should be put in place.
2. Interventions targeting children and young people should address knowledge, beliefs and attitudes regarding SRH, including child marriage and teenage pregnancy. Also, life skills could be included in the school curriculum to promote relevant skills such as negotiation, decision making and assertiveness.
3. Interventions to empower young people to be economically active outside home should be started with.
4. Young women are a particularly vulnerable group with regard to child marriage and teenage pregnancy. Therefore, interventions should have them in the centre of their focus.
5. Health workers seem to be one of the respected members of the community and readily available to give information regarding SRH. Therefore, they should be considered as a resource for interventions.
6. SRH services should be more youth-friendly to promote their use among young people.
7. Information about policies and laws regarding child marriage and teenage pregnancy should be widely disseminated and discussed with all stakeholders.

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