YES I DO. Gaining insight into the magnitude of and factors influencing child marriage and teenage pregnancy in Zambia

Midline Report

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-Based Organization
CSO	Central Statistical Office
FBO	Faith-Based Organization
FGD	Focus Group Discussion
KII	Key Informant Interview
HIV	Human Immunodeficiency Virus
IDI	In-Depth interview
NGO	Non-Governmental Organization
RA	Research Assistant
RCZ	Reformed Church of Zambia
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
UNDP	United Nations Development Programme
YWCA	Young Women Christian Association
ZDHS	Zambia Demographic and Health Survey

EXECUTIVE SUMMARY

Introduction

The overall objective of this midline study was to gain insight into the factors influencing child marriage and teenage pregnancy in Petauke district, in the eastern province of Zambia. The study explored different pathways of change, thereby testing the YES I DO theory of change and unravelling why and how the YES I DO intervention strategies did or did not contribute towards improved outcomes, related to the five strategic goals of the programme. This study is a follow-up of the baseline study conducted in 2016. The end-line, to be conducted in Petauke and Chadiza districts in 2020, will provide more insight into the effectiveness of the YES I DO programme in decreasing child marriage and teenage pregnancy.

Methodology

A qualitative research design was utilized. The participants were derived from one YES I DO intervention area of Petauke district: Nsimbo ward. In-depth interviews, focus group discussions, and key informant interviews were conducted to gain in-depth information on young people's sexual and reproductive health and rights, youth participation in decision making, child marriage, and teenage pregnancy. The sampling procedure was purposive. Interviews and focus group discussions were transcribed in verbatim and coded using NVivo version 11. Content analysis was done using a comprehensive matrix. Narratives were developed under each theme and relationships across themes were observed.

Results

The main findings reveal that the attitudes of gatekeepers and community members towards child marriage were largely undergoing a positive change as compared to the baseline situation. The members of the community, both young and old, seemed to be developing negative attitudes towards child marriage and (to a lesser extent) teenage pregnancy. This was evident as many study participants expressed the desire to see the community youth to be educated and empowered, while placing less emphasis on marriage. The indication of the appropriate age for marriage as expressed by the participants was above the age of 18.

With the help of the government, the traditional leaders were supportive of the YES I DO interventions. Bylaws have been created, but are not in full implementation yet. Initiation ceremonies were still conducted in the communities, and are said to sometimes have a negative effect on youth sexual and reproductive health and rights. Religious leaders were reported to be supportive, but also reported to sometimes contribute to teenage pregnancies and child marriage. Political will seemed to be supportive of the fight against child marriage, but study participants felt that no change in tangible financial support was directed towards the fight. Male teachers, in particular, were found to be both barriers as well as agents in the fight against child marriage and teenage pregnancy.

The study demonstrated that in the past two years, perceptions on youth engagement or participation in decision making have not improved. There seem to be cultural barriers to youth engagement, associated with the position of elders in the community. The young people in the study mentioned that some of the social interaction clubs meant for the youth were led by older youth (seen as adults). Decision making seems to still be governed by the elderly people. Challenging adults on issues concerning young people's rights was considered to attract superstitious sanctions. However, non-governmental organizations (NGOs)

and schools seem to be the ones making use of meaningful youth engagement as a strategy to reduce teenage pregnancy and child marriage. Youth groups and trained peer educators have been set up by YES I DO via schools and community mobilisation. Sensitisation on gender rights was evident in the study findings, but some study participants reported that these sensitisation programmes were biased towards females, but silent on the men's rights.

Health workers seem to have become more attentive and friendly to teenage mothers when preparing them for child delivery, and provide young people contraceptives as a pregnancy and sexually transmitted infection prevention measure, although some young people, especially females, indicated that they still do not feel free to access contraceptives because of health workers being unfriendly. Other challenges in access were associated with long distances to and between health centres. Opportunities to access sexual and reproductive health information and education were said to have improved compared to the baseline situation in 2016. However, it should be noted that quite some young people were not in school and therefore, they 'miss' the education provided in school. Condom use was still reported to be low. The study revealed that young males had subjective beliefs that condoms limit sexual pleasure. In addition, other contraceptives were believed to negatively affect fertility of young women.

Teenage pregnancy and child marriage still prevailed in the community. While child marriage rates were reported to have reduced, teenage pregnancy was said to be still high, although more girls continued with their schooling after delivery. The study demonstrated that members of the community increasingly realised the negative effects of teenage pregnancy and subsequent child marriage arrangements. Firstly, they were scared of being arrested. Secondly, the sensitisation helped in the change of their mind-sets, that marriage is not the right solution to teenage pregnancy. There was a clear improvement in the desire by the female youth to return to school after child delivery, however, mission schools did not accept them back into school. The fight against both teenage pregnancy and child marriage is still challenged by poverty, peer pressure, and cultural factors, factors that were also evident in the baseline findings of 2016.

The study demonstrated that opportunities for economic empowerment targeting the young people were limited. Besides gardening, there were a few initiatives by NGOs that taught the youth how to save and obtain loans, but they seemed to be in need more opportunities. The study participants indicated the need for gaining entrepreneurship skills and income generating jobs. The need for social and recreational facilities was also sometimes mentioned, to help them to 'sublimate their sexual energies'.

The study showed that policies and laws governing the fight against child marriage existed and the politicians seem to have become more interested in the fight, although without extra financial investment, as reported by some study participants. Both the bylaws and constitutional laws were enforced by the traditional leaders, although the full functioning of bylaws was limited. The problem was that knowledge of these laws is still scanty among the young men and women and the community at large. This was because they mixed up laws created by the government and the bylaws; and study participants thought that NGOs created the laws, which was also found during baseline.

Conclusion and recommendations

The midline study showed that the YES I DO programme is making progress in awareness creation on the negative consequences of child marriage and teenage pregnancy, with more community gatekeepers

getting involved in its activities. There is more attention needed for youth engagement and empowerment, improving youth friendliness of services, taking away misconceptions about contraceptives and implementation of bylaws. There is furthermore a need to increase the involvement of religious leaders and male teachers in the intervention process, to help in the fight against teenage pregnancy and child marriage, as the study findings show that some were the sources of problems related to teenage pregnancy and child marriage. Furthermore, YES I DO should continue focusing on both in-school and out-of-school youth, and generally promote education in the community. The study findings showed that besides peasant farming activities, there were still very limited opportunities for economic empowerment of young people, which are needed, especially in the fight against teenage pregnancy. Furthermore, there is a need for gender transformative programming, taking into account the issues of both young females and males.

1. INTRODUCTION

1.1 Child marriage and teenage pregnancy in Zambia

The legal age for marriage under the Zambian statutory law is 18 years for females and 21 for males (Imbuwa, 2015). However, Zambia is ranked 16th among the countries with the highest child marriage rates (45% among women between 25 and 49 years) (CSO, 2014). Child marriage affects both young women and 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 increases sharply from 17% among women aged 15-19 and peaks at age 30-34 at 79%. Among men, the percentage of those married also steeply increases from 22% at age 20-24 to 91% at age 45-49. Marriage is more common among young women aged 15-19 years (17%) than young men in the same age range (1%) (CSO, 2014).

Young women tend to marry at younger ages than young men (Ngomi, 2008). The median age at first marriage among women aged 25-49 was 18.4 years, and the median age among men aged 25-49 was 23.9 years (CSO, 2014). Available evidence indicates that there are various factors that make children vulnerable to marriage. These factors include low education and literacy levels of children, orphan hood, single parentage, low levels of access to sexual and reproductive health services, gender-based violence, as well as poverty (Sarkar, 2009).

Results from the ZDHS report (2014) show that 29% of women aged 15-19 years already had given birth or were pregnant with their first child. The percentage of women who had begun childbearing increases rapidly with age, from 5% among women aged 15 years to 59% among women aged 19 years. The ZDHS results also indicate that teenage pregnancy was much higher in rural areas (36%) than urban areas (20%), and 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).

Both teenage pregnancy and child marriage are complexly interrelated and have common causes and drivers. 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 high prevalence of child marriage and teenage pregnancy (CSO, 2014).

Only 28% of young women aged 15-19 and 20% of young men aged 15-19 used a condom at first sexual intercourse (CSO, 2007). A study conducted by Mutati (2008) on young people aged 10-19 years in Ndola indicated that the proportion of young women and men utilizing SRH services was 43.1% and 56.9% respectively. Additionally, Mutati found that higher age and education had a significant effect on utilization of contraceptives. Results further indicated that the level of knowledge on reproductive health was very low (82.2%).

Evidence shows that individual‘s previous experiences with health services influences the decision to (not) seek SRH services (Tylee al., 2007*;* Barker, 2007). A study on provider‘s attitudes and young people‘s needs and experiences in Zambia showed that adolescents preferred traditional healers and private health

practitioners, because such services were found to be faster and more private than at public clinics, where they had been rebuked by health workers for being sexually active (Warenius, 2008).

1.2 The YES I DO programme in Zambia

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. The programme's theory of change has five strategic goals:

1. Community members, gatekeepers and other stakeholders have changed attitudes and take action to prevent child marriage and teenage pregnancy.
2. Young women and men are meaningfully engaged to claim their sexual and reproductive health and rights (SRHR).
3. Young women and men take informed action on their sexual health.
4. Young women have alternatives beyond child marriage and teenage pregnancy through education and economic empowerment.
5. Policy makers and duty bearers harmonize, strengthen and implement laws and policies on child marriage and SRH.

The five goals are related to five intervention strategies. The intervention strategies focus on forming a social movement, empowering and meaningfully engaging young people, improving access to information and services, stimulating education and economic empowerment for girls and enhancing evidence-based lobby and advocacy for improved legal and policy frameworks.

Half-way the YES I DO programme, many activities (that cover the five intervention strategies) have taken place. These activities include community sensitisations, including a variety of gatekeepers[1], on negative effects of child marriage and teenage pregnancy, the facilitation of the development of bylaws at community level, supporting the government to make public health facilities youth friendly, establishment of youth peer groups or clubs, such as the Champions of Change focusing on gender equality, provision of SRHR information and education in and out of schools, and the establishment of village saving loan initiatives, amongst others.

1.3 Process summary of base-, mid- and end-line study

The research component of the YES I DO programme in Zambia investigates the inter-linkages 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 in which circumstances. This report contains the findings of the qualitative midline, conducted in Petauke district in 2018. It is part of the broader base-, mid- and end-line study, where the base- and end-line are mixed-methods studies, comparing YES I DO intervention areas in Petauke and Chadiza districts with a non-intervention district, namely Ketete.

[1] Gatekeepers: caretakers; family members such as grandmothers, mothers in-law; health and social workers; teachers; traditional and religious leaders and peers, who influence girls' situation in relation to child marriage and teenage pregnancy.

The baseline study confirmed that in Eastern Zambia – Chadiza, Petauke and Katete districts – child marriage and teenage pregnancy exist. The baseline data indicate a child marriage rate (among those 18-24 years) of 9.4%, which was higher among female respondents (13.2%) than among male respondents (0.3%). Teenage pregnancy (measured among those 20-24 years) was more prevalent than child marriage, and also more common among young women (48%) than among young men (1%). In relation to SRH information, more than half of the respondents (66%) reported having ever received information about sexuality and sexual health. 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 drivers of child marriage and teenage pregnancy. Cultural customs, traditions and social norms were also mentioned as relevant factors contributing to the prevalence of child marriage and teenage pregnancy, despite the known adverse consequences.

1.4 Objectives of the midline study

Broadly, the base-, mid- and end-line study aims to provide insight into the (interrelated) causes and effects of child marriage, teenage pregnancy and the extent to which these causes and effects, and the two problems themselves, are present in the intervention areas of the YES I DO programme, compared to non-intervention areas, over a period of five years. In addition, the research aims to provide insight into different pathways of change, thereby testing the theory of change, and unravel why and how the YES I DO interventions strategies do or do not contribute towards improved outcomes related to the five strategic goals, and ultimately a decrease in child marriage and teenage pregnancy.

For this mid-line study, the objectives were:

1. To explore changes in attitudes of community members and gatekeepers around child marriage and teenage pregnancy whether and to what extent they take action to prevent child marriage and teenage pregnancy and which factors influence this and how.
2. To determine changes in the level of meaningful engagement of adolescent girls and boys in community activities, programmes and policies – thereby claiming their rights – and which factors influence this and how.
3. To explore and analyse whether and to what extent adolescents take informed action on their sexual and reproductive health and which factors influence this and how.
4. To explore and analyse whether and to what extent education and economic empowerment of girls provides them with alternatives beyond child marriage and teenage pregnancy.
5. To provide insight into (changes in) developed and implemented laws and policies on child marriage and teenage pregnancy.
6. To contribute to the evidence on effective and context specific intervention strategies to eliminate child marriage and reduce teenage pregnancy.

2. METHODOLOGY

2.1 Type and overview of the study

The midline study had a qualitative design: focus group discussions (FGDs) and semi-structured, in-depth interviews (IDIs) and key informant interviews (KIIs) were conducted. These FGDs and interviews covered the two problems (teenage pregnancy and child marriage), their causes and effects and related interventions. The discussions focused on experiences, opinions and feelings about social and cultural norms and values, community and youth participation in decision making, SRHR, opportunities for schooling and economic empowerment and SRHR-related policies and laws. The following methods were used specifically:

- FGDs with unmarried and married females aged between 15-19 and 20-24 years; and unmarried and married males aged between 15-19 and 20-24 years; and groups of parents or caregivers.
- IDIs with unmarried and married females aged between 15-19 and 20-24 years; unmarried and married males aged between 15-19 and 20-24 years; parents or caregivers; grandmothers or elderly women; religious and traditional leaders; teachers; health and social workers; and community-based organization (CBO) and youth organization staff.
- KIIs with non-governmental organization (NGO) staff and policymakers.
- A stakeholder workshop to discuss preliminary findings of the mid-line study and comparisons with the baseline.

Table 1 contains an overview of the methods.

Table 1. Overview methods midline

Method	Participants	Number of participants	Total number of participants
FGDs	Girls aged between 15-19 unmarried Girls aged between 15-19 married Girls aged between 20-24 years unmarried Girls aged between 20-24 years married Boys aged between 15-19 unmarried Boys aged between 15-19 married Boys aged between 20-24 years unmarried Boys aged between 20-24 years married Parents or caregivers (male group) Parents or caregivers (female group)	6 (1 group) 7 (1 group) 6 (1 group) 7 (1 group) 7 (1 group) 8 (1 group) 6 (1 group) 6 (1 group) 7 (1 group) 8 (1 group)	68
IDIs	Girls aged between 15-19 Girls aged between 20-24 years Boys aged between 15-19 Boys aged between 20-24 years 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	20
KIIs	NGO staff	5	8

	Policymakers	3	
Stakeholder workshop	NGO, CBO, youth organization staff and community representatives	40 (1 group)	40

2.2 Study area and period

The study was undertaken in Nsimbo ward in Petauke district, Zambia, and data were collected in April-May, 2018.

2.3 Sampling and recruitment of participants

Sampling was done purposeful, aiming for information-rich cases and study participants were selected by the research team. The recruitment of participants was done with help from the local partners, mobilizers and community health workers. Regarding the youth participants, the target was those who were direct or indirect beneficiaries of the YES I DO interventions. The aim was for a maximum variation sampling based on age, sex, and marital status. Regarding health personnel, those working in the field of SRH were included in the study. Other study participants (religious and traditional leaders, teachers, social workers, representatives of youth associations and CBOs and policymakers at district level) were selected based on their (active) role within the health system and community – they were identified in consultation with local partners.

2.4 Training and data collection

We had two different topic guides (one covering the FGDs and IDIs, and one for the KIIs). Before data collection, four research assistants (RAs) and one field supervisor were trained. The training included role plays and pre-testing. Specific attention was paid to translation and common understanding of terms, and most important parts of the topic guides. The making of field notes with observations was stressed, and that they should be taken along during data analysis. During data collection, daily debriefings were conducted among RAs, field supervisor and national researchers to identify emerging themes, completeness of work and inconsistencies coming out of the work so far.

2.5 Data quality assurance/management

Interviews and FGDs were digitally recorded, transcribed (at the same time translated into English) and independently checked by someone not involved in transcribing to assure the quality of the data.

2.6 Data processing and analysis

Content analysis of the data was carried out using a comprehensive thematic matrix, based on the topic guides and the theory of change. Emerging themes were added to this matrix and the matrix was used to code the transcripts. We used NVivo 11 software to support the analysis of the data. Narratives were written on main themes.

2.7 Ethical considerations

Ethical clearance was obtained from the Social Sciences Ethics Committee at the University of Zambia, and further permission was obtained from the Ministry of Health before data collection. Informed consent was obtained from participants, voluntary participation and confidentiality were upheld. Ethical guidelines were followed with regard to including minors as study participants. On the consent form/ information sheet, contact numbers of a counselor, the national researcher, and ethical review committee were provided.

3. RESULTS

3.1 Characteristics of the study population

The study sample included eight FGDs consisting young people of different ages, married and unmarried, two FGDs consisting of parents and caregivers, twenty IDIs with youth, parents, health and social workers, teachers, traditional and religious leaders and representatives of youth organisations, and eight KIIs were conducted with NGO staff and policy makers at district level.

Most of the women and men who were interviewed at community level were engaged in peasant farming and selling. The majority of the study participants had been in primary education and the highest level of education attained was Grade 8.

Some single females did not have children while a lot of them had children. The single mothers had one to four children and the married women had six to eleven children. Most study participants were Christians from the Catholic and Reformed Church in Zambia (RCZ) denominations. Economically, young people were mostly engaged in gardening and some of them sold charcoal. Culturally, the study area is predominantly Nsenga and matrilineal.

3.2 Community context (pathway 1)

One of the objectives of the YES I DO programme is to change attitudes of community members and gatekeepers around child marriage and teenage pregnancy, so that they take action to prevent child marriage and teenage pregnancy. Below, the roles and actions of different gatekeepers are presented.

3.2.1 Community context and perspectives on child marriage and teenage pregnancy

The field notes suggest that there were a lot of young people of 13 years and less in the community. Relatively more young females were seen outside school than males, and most young females had children, but were not married. Young people, also those who completed secondary school, were involved in jobs such as gardening or selling charcoal, suggesting the lack of employment opportunities for young people. The Nsenga society is matrilineal, which means that the husband joins the woman in her house after marriage. The husband is supposed to bring money into the household, and if not, he could be chased by the wife, as reported by some study participants. The study team observed many female headed households, where financial problems affected children's education. It was also a taboo to talk openly with parents on SRH and girls who reached puberty were generally considered to be adults and ready to have a family.

The knowledge of negative consequences of teenage pregnancy and child marriage among community members was found to be higher than a few years back. Study participants reported that girls go to the health centres when pregnant, more often than before. However, not so many community members were said to report early marriage cases to the authorities and one elderly woman doubted as to whether there were any activities being done to prevent child marriage.

> *"Aah! you are just told about it! In fact, sometimes you just see people with new bicycles and they will say that they got the bicycle by belonging to a group that is involved in the prevention of child*

marriages. Now we tend to wonder, these people belong to groups and they even receive bicycles but surprisingly they don't do any activities because child marriages are ever increasing." (IDI, Female elderly woman)

3.2.2 The role of traditional leaders

The traditional leaders were reported to play an active role in the prevention of child marriage. They seemed to spread messages against child marriage by explaining about its negative consequences.

> *"Child marriages as has already been said are being prevented mostly through teachings by the headmen. So they go around all the villages teaching against this practice of child marriage. If they hear of any particular household or family where a child marriage has taken place, they go to that particular household or family and they explain to them the negative consequences of child marriages. I don't know the names of the people who are involved in this programme exactly but I have heard that this programme is active here and this is what is happening. " (FGD, Female parent)*

3.2.3 The role of religious leaders

Religious leaders were reported to have an important role in fighting child marriages as well as teenage pregnancies. They encourage adolescents to abstain from sex before marriage, which was seen as a measure against teenage pregnancy. Churches were also mentioned not to sanction any child marriages.

> *"The positive role of the traditional leaders is that they try their best to ensure that the parents in the community do not marry off their children at a young age. Once they discover that this has happened they notify the Neighbour Watch Security Committee and these parents are taken to the Police for further action". (IDI, CBO)*

However, other participants mentioned that teenage pregnancies were a big issue within the churches. For example, during church gatherings, some youth use these occasions to engage in sexual activity, resulting in teenage pregnancy.

3.2.4 The role of health workers

The health workers seemed to play an important role in the prevention of child marriage and teenage pregnancy. They were said to teach sexuality education and provide contraceptives to community members. Using a drama group, the health workers go into the community to sensitize people. They also go to the schools and conduct lessons for both girls and boys on the dangers of teenage pregnancy and child marriage.

> *"On the side of the health workers they are working hard in sensitizing the people against early marriages and teenage pregnancies; they use various ways to reach the people. Right now, they are visiting the people in the villages to sensitize them over the same. I am a chairman of a drummer club that works with the clinic in sensitizing the people on early marriages and teenage pregnancies." (IDI, Married boy 15-19 years)*

3.2.5 The role of the police

Policy makers were of the view that police officers were working together with the headmen in enforcing the law on child marriage as well as sexual abuse. According to one participant from an FGD with males,

before marrying, families have to consent, and those that do so for young teenagers face the risk of being arrested by the police, including boys who 'make girls pregnant'. Besides the police, the headmen were also involved in ensuring that perpetrators are punished. The police were also said to provide counseling services to victims of abuse and child marriages.

> *"They have a role to make sure offenders are brought to book and also deal with parents who marry off their children by force. The police officers also arrest defilers and make sure they bring order in the community." (IDI, Policymaker)*

3.2.6 The role of schools and teachers

Teachers were stated to play an important role in providing guidance to adolescents on prevention of teenage pregnancy and child marriage, and general sexuality education. They encouraged boys and girls to concentrate on their studies and not indulge in sexual relationships. The teachers were said to also have a role in bringing their children's behaviour at school to the attention of parents. However, male FGD participants narrated that some teachers were a problem, because some of them would take advantage of the pupils' vulnerability by sleeping with them.

> *"Mostly teachers are the prostitute. They are the ones destroying pupils especially girls. For instance, during examination teachers cheat the girls by telling them that they will give them leakage if they sleep with them. So, for everyone who doesn't want to fail, most of the girls just say yes and hence teachers do what they want with pupils. Such may lead to that child either getting pregnancy or STIs if possible." (FGD, Married boys 15-29 years)*

3.2.7 The role of non-governmental and community-based stakeholders

The YES I DO programme was known to discourage child marriages and sensitize community members to report such issues to the police or the chief. Plan Zambia was known for providing sexuality education and training teachers to do the same.

> *"What should be done is community education like the YES I DO programme by Plan Zambia, where they have formed some groups which go around the area teaching on young ones against the practice of child marriages and the negative consequences of teenage pregnancies. If there were more groups doing this kind of work, it can be better and much more helpful." (FGD, Female unmarried 20-24 years)*

Women in the OSAWE (translation: 'don't fall) programme were reported to move around the village to inform community members against the dangers of child marriage. In this programme, business trainers are trained by Plan Zambia and saving groups are established, who then provide small loans for women so that they can set up small businesses, mainly to prevent child marriage and teenage pregnancy (for example, pregnancy as a result of transactional sex). Plan Zambia furthermore used peer educators to sensitise the communities on the importance of education and the dangers of teenage pregnancy and child marriage.

Various other community stakeholders, such as the "He for She" groups which were launched by the Ministry of Gender in February 2018 and coordinated by an NGO called Young Women Christian Association (YWCA) operating from Petauke, were said to be active in encouraging community members to not marry

off their daughters if they got pregnant. Through such groups, parents are advised to send their daughters back to school after delivery. These groups are also making sure that when a child is raped or defiled, the parents are guided on the course of action. The "He for She" movement is furthermore motivating children to go to school through financial support, and is supporting out-of-school youth with training in entrepreneur skills.

Winrock International was reported to work on skill development for females around (urban) Petauke, together with the social welfare department.

3.3 Youth engagement (pathway 2)

Another objective of the YES I DO programme is to stimulate meaningful engagement of adolescent girls and boys in community activities, programmes and policies – thereby claiming their rights. Related to this, initiatives aiming at youth engagement and girl empowerment as highlighted by the participants are presented. Also, youth clubs and issues around the communication between young people and their parents are presented.

3.3.1 Youth clubs

Community members narrated that there were various clubs in the community ranging from sports clubs to savings groups. These clubs were meant to empower young people with different activities such as sports, health education and sponsorship. Youth clubs were used to create awareness on the importance to prevent child marriage and teenage pregnancy in school and in the community. Some youth clubs were said to focus on building skills of young people, by teaching basic business knowledge and assisting with loans through savings groups. However, some participants mentioned that although these youth clubs were existing, not so many young people were actually involved, particularly those that are not in school as one CBO representative narrated;

> *"I just have a complaint. My complaint is that youth are not actively involved in most of the programmes brought by various organizations like YES I DO, to do with farming. Yet they are very energetic to be involved in farming as well. We also need help concerning educating youth who refuse to go to school." (IDI, CBO)*

However, other study participated said that Plan Zambia has trained peer educators, including Champions of Change, who, amongst others, encourage girls to pursue education.

The YES I DO and the OSAWE programmes have also initiated the sports groups that were meant to allow community members, especially youth, to participate in extra-curricular activities such as football and netball games. The programmes were reported to purchase sports materials for the youth, including balls and jerseys. There are also church groups that teach youth on various aspects of their lives. However, while study participants referred to various youth groups in the community, many young people who were interviewed narrated that the groups were all being run by adult youth, or those above the age of 18 years, and not by them. These 'older youth' sometimes were said to oppose the views of the youth.

> *"Youth clubs are many in this community but the people running it are all elders. For example, you find that the chairperson, vice and secretary are all senior citizen." (FGD, Married males 20-24)*

3.3.2 Girl empowerment and gender transformative programming

While youth clubs were available, the capacity of young people to make their own decisions still seemed constrained. The participants mainly reported that mind-set change, starting with the parents, is cardinal to ensure that girls appreciate the importance of education. Girls seemed to remain vulnerable with regard to their SRHR. For instance, in cases of rape, most girls may not openly talk or report such issues, as most parents are not open to talking about such issues with the children. One CBO representative had the following to say;

> *"It depends on where the girl is coming from because if we take the empowerment issue for instance it is almost rape in its true sense. But the girls cannot do anything. Even when the girls tell anyone, there is nothing that can happen because they look at it. Besides, the issue of lack of openness between the parents and children when a child is forced into sex, how can they speak up? More especially when the girl is intimidated. But with those who are exposed, such matters are reported." (IDI, CBO)*

Participants narrated that the gender strategy revolved around sensitizing the community on issues of gender roles and equality. Most of them mentioned that there was minimal sensitization, and much more needed to be done. Some participants expressed concerns that the strategy seems to focus more on women. They reported that there was the need to refocus on the approach in this regard.

> *"There is very minimum sensitization concerning the teaching on gender equality, the strategy should be enhanced and emphasis shouldn't be based on safeguarding women alone. The message has reached most of the community areas but its meaning should come out clearly. The approach of teaching on gender equality should be changed like what Plan Zambia is doing. Gender equality sounds to be a concept of women revenging against men. Besides, men have also been scared that they might be taken to jail. So it's not really balancing, men are being abused more than women but it's just that they can't voice out. Because men feel that the programmes that come in their communities are almost the same favouring women." (IDI, CBO)*

3.3.3 Communication between youth and adults

Parents were said to have a great role to play with regard to counselling young people on their SRHR. Some parents, however, narrated that counselling young people was sometimes a challenge, because some of them (the youth) would not listen to the advice.

> *"Young people we do talk to them although it is a challenge to counsel young people because they are some who are ready and willing to listen and then they are others who are not ready and are unwilling to listen to the counsel that you want to give them." (FGD, Female parent 20-24)*

The above quote is from a young parent, who is "youth" herself, but talked about 'younger unmarried youth'. This shows a distance felt between unmarried and married youth.

Some young people narrated that they found it easy to talk about anything else like household chores and school work with parents. However, it was said that they found it hard to share or openly discuss certain issues concerning sex with their parents. They were shy to discuss their private life with the parents.

However, they indicated that most of them were open with their grandparents and aunties, who would then relay any information to the parents.

> *"Actually, it is just that everyone is free with their grandparents. For instance, if I have a problem in my private part then I need directly to tell my grandmother or grandfather. So those grandparents are the ones to tell my parents. In that case, if I tend to tell my parents then I will be considered a confused and disrespectful boy." (FGD, Married boys 15-19 years)*

There was not much consensus among the participants on how communication between youth and parents has changed over the years. While parents indicated the need to take a correct and practical approach to deal with adolescent's issues if they had to open up, adolescents on the other hand felt that there was still a challenge when it comes to allowing them to express themselves, including on sexually related issues. They also indicated that most of the times adult opinions seem to matter more than those of the youth in most community platforms. One male youth reported that most of them are even afraid to report certain issues to the chief. This is because once they are discovered, elderly people would team up to rebuke them. On the issue of rights, community members mentioned that Plan Zambia has been doing activities to inform young people about their rights, especially when it comes to making decisions on whether to marry or not.

> *"Yes, they have but according to this village when a young person speaks in the midst of adults it becomes a taboo. Children are expected not to speak in the midst of adults; when they speak they will be considered to be disrespectful. Young people should be allowed to speak out because they can also contribute positively." (IDI, NGO)*

> *"It is rare for youth to express their opinion because they are troubled if they say such in this community. For example, you can have a good opinion but as long as those elders don't support you. For this, we just say yes to views of elders despite some of the decision being biased." (FGD, Married males 20-24 years)*

3.4 Sexual and reproductive issues, information, service utilization (pathway 3)

3.4.1. Young people's sexual and reproductive health issues

While condoms were stated to be used, some female married youth were reported to face challenges with negotiating condom use with their partners. For example, one married girl narrated that even when an unmarried girl is at risk of pregnancy and she requests that the partner uses protection, some partners would refuse, saying that they needed to 'test skin to skin'. Many young and some older study participants thought that condoms reduce sexual pleasure, so they would rather have sex without one. Others seemed to have the misconception that the use of contraceptives causes problems in conceiving later in life when they want to have a child.

> *"Sometimes it could be during sexual intercourse and I would say, let's use a condom because I don't want to get pregnant. Then the man would get upset refuse to wear a condom by saying 'I want live sex skin to skin' even asking you like 'can you eat a sweet while in covers."* (FGD, Married girls 15-19 years)

"Most of them say that 'you cannot eat a sweet with a plastic outside'. In this case they mean that it is not sweet to have sex using a condom. So they would rather have bare sex than using a condom. They propose that skin to skin when having sex is good."(FGD, unmarried boys 15-19 years)

One of the major challenges for the adolescents with regard to SRH is their vulnerability to contract sexually transmitted infections (STIs) such as HIV and AIDS. Some male study participants reported that this is because most of the females prefer to go out with married, older men (who may be HIV positive) for material and financial benefits, whilst having a younger boyfriend who they also regularly have sex with. It was also said that young people tend to have a challenge with taking HIV medication, that they tend to stop because they think that they are too young for it. Others were reported to get tired of taking the drugs for the rest of their lives. Another reported challenge resulting from the young girls going out with adults is the risk of violence. Young people were said to undergo various forms of abuse, but they could not freely report such issues, because they felt intimidated by adults and did not feel free to speak to them.

"These young girls, they like going out with old men; it is the old men who are HIV positive, so when they sleep with such a man they will also contract the disease; they will also not just end there, they will find a boyfriend of their age whom they are also going to infect with HIV; this chain will be going just like that."(FGD, unmarried boys 20-24 years)

"The other thing is that they can have HIV in their young age which will be very bad for them to start treatment when they are young; they can actually stop taking the treatment with the reason that they are young for that; others just get tired of taking the same drug over and over again for the rest of their lives. This may not be good for them. It also brings fights between them because they are still young because they are not matured. Marriage is for the matured." (IDI, Male parent)

Girls were reported being aware of the high risk faced of being pregnant or infected by STIs: they may end up without support for them and the child. For this reason, they may not be able to provide the necessary support for the baby to grow healthy. Another challenge faced by the youth is the stigma associated with accessing SRH services at the facility. For example, they may be asked why are they accessing such services at a very young age, instead of focusing on school.

"In terms of sex issues, the problems we face is that sometimes we end up being pregnant because when we are having sex, we don't intend to get pregnant, but you just find that in the end, this is what happens. Sometimes we end up getting infected with diseases, you may never know whether the person you are sleeping with is infected with a disease or not so you end up being infected as well." (FGD, Unmarried women 20-24 years)

3.4.2 Sources of sexuality information and education

Health workers were said to provide SRHR information to the youth at the health facilities. Youth-friendly corners were mentioned to be a major source of information for the adolescents at the health facilities. HIV counselling services are also provided at the health facility. In addition, volunteers go around the communities to distribute condoms as well as sensitize adolescents on the importance to prevent early pregnancy and marriage. In schools, the teachers also teach about the dangers of child marriage and teenage pregnancy, the use of condoms and accessing male circumcision services. In their homes, youth were said to receive and share information, especially on issues of pregnancy, with their grandparents. This

is because they are free to discuss with them sensitive issues of sex, marriage, and disease. As mentioned in the previous section, the adolescents reported that such issues were difficult to discuss with their parents, and so they preferred to open up at the facility with the health care providers.

> *"Because the doctors can advise when I can have a girlfriend; we can also get the information from school; school is a good learning environment hence this information is usually given to adolescents as sensitizing message to avoid teenage pregnancies." (FGD, Unmarried males 20-24 years)*

> *"Females are normally confined and get information from their grandmothers because are free to discuss such sensitive issues regarding sex, marriage, and diseases. If they don't have a grandmother they take their problems to traditional marriage counsellors." (KII, Policymaker)*

Information on sexual life as well as marriage was reported to be also provided to adolescents during the initiation ceremonies, through the traditional life counsellors, who are mostly elderly women. Adolescent females are taught how to satisfy a man sexually and also how to handle menstruation as they attain puberty. Amongst themselves, adolescents were said to share information on sex and related issues. To this effect, one of the parents narrated that her child ended up being pregnant, because of the peer pressure at the boarding school.

> *"In my case, I had a very good girl at my own home there but the moment she went to Melu Boarding School she met groups who influenced her wrongly and she came back with a pregnancy. She met friends who taught these things. This is how some of the girls end up in problems. They are usually good girls when they are at home but in the process of the places they go to such as at school, they meet people who teach them about sex and in the long run we the parents are the ones who suffer." (FGD, Female parent)*

NGOs were also involved in the provision of SRHR information. NGO staff reported that during outreach activities, healthcare providers provide basic information about reproductive health to the youth. This allows the youth to ask and clarify questions where they may not be clear. Other initiatives involved the NGOs going on the radio to sensitize the youth.

> *"During our weekly meetings in the safe spaces, we work hand in hand with the Ministry of Health to make sure that if you are talking about how pregnancy happens she will be able to teach together with the mentor to say ok this is how pregnancy happens, this is how you can prevent it. By doing this, it is easier for the boys and girls help me with condoms or pills. We are doing so to make it easy for them." (KII, NGO)*

3.4.3 Quality of sexual and reproductive health services

One of the major challenges to the SRH services, especially for the adolescents, was the lack of a specific room where adolescents can be attended to in privacy – although other study participants did speak about youth friendly corners. One male health worker reported that sometimes adolescents have to go to his house so that they discuss some SRH issues that they may have. Issues of confidentiality, interactivity and being concerned about youth affairs were said to be important for services to be youth friendly.

> *"That is the problem because we do not have a specific room for such issues in the clinic. This makes some of the children come even at my house for such issues. As we have discussed in the workshop*

we recently had and community leaders promise to give us a tent where such issues will be discussed." (IDI, Male health worker)

3.4.4 Accessibility of sexual and reproductive health services

Various participants indicated that sometimes there is a challenge to handle pregnancies of very young mothers at the health centre level, because they fear possible complications that may arise during the process. In that case, referral to higher level facilities is needed.

"She will not be received wholeheartedly because she is still young; during delivery, she may die because she is too young, meaning the problem will be on the doctor. Hence, everyone at the clinic will be scared of handling her case." (IDI, Unmarried males 20-24 years)

Pregnant adolescents were reported to receive most of the antenatal care at the health facilities, including assistance on how to prepare for delivery. However, for some, long distances to access these services were problematic. Another challenge for youth is the fear of being noticed and then reported to their parents for accessing SRH services, including contraceptives. For this reason, young people would sometimes prefer to use a facility that is not close to their homes so that they are not noticed. Furthermore, availability of certain commodities like contraceptives was said to be an issue. One key informant suggested that the on certain occasions contraceptive method mix was very limited to a few options such as condoms.

"For me, it's just a complaint. We don't have enough clinics in our area. The only ones that we have are far apart one is in Minga (name of the area where the clinic is) and the other one in Melwe and transport is a problem because we walk to these clinics so if there is an emergency you find that people die on the way." (FGD, Married girls 15-19 years)

"What I have learned is that most of these facilities have the youth friendly corner but are young people accessing the facilities? So the other trend is I will rather go to a facility where I am not known because from there no one will carry my information." (KII, NGO staff)

3.4.5 Observed changes in sexual and reproductive health services

Participants narrated that there was a difference in the provision of SRH services as compared to the baseline situation. Nowadays, pregnant teenagers are welcomed and provided with the requisite assistance for them to deliver properly. Before, healthcare providers were not so keen to help pregnant teenagers, which sometimes resulted in home deliveries. A few study participants reported that incidences of home deliveries by young women have reduced. Women now have more access to family planning services compared to before, and they are able to plan and space their children. More educational activities were reported to have created awareness on SRH issues affecting young people. There was also more access to voluntary counselling and testing and cervical cancer screening services that were not so common in the past.

"There are many, like women now know and have access to family planning services. They now know and understand that for a woman she needs to do child spacing in order to be able to care and educate the children that she has...There are just many things that have changed." (IDI, Female social worker)

3.5 Teenage pregnancy

3.5.1 Causes and circumstances

Unprotected sexual intercourse can lead to teenage pregnancy. Many cases of teenage pregnancy were observed and reported in Nsimbo ward in 2017 and the beginning of 2018. Young people mentioned various reasons for having unprotected sex.

In an FGD with boys aged 15-19 years, condoms were reported to decrease pleasure and it was also said that some people simply do not know that condoms can prevent pregnancy and STIs. In addition, one male participant (20-24 years) said he was not in favour of contraceptives, which was agreed upon by others:

> *"These family planning methods they destroy; you will find that the time this girl would get married, she may fail to have children, because of the same family planning she took before marriage. The other thing with family planning, it will cause more sexual relationships because they know that they cannot get pregnant but forgetting that they can get diseases."*

Other male study participants, including a male traditional leader and a male religious leader, also expressed the belief that girls could become barren when taking contraceptives. He said that in case there is a real need, a sexually active girl could get traditional medicine that is put on her waist and that this really prevented pregnancy.

A policymaker mentioned that youth friendly services are not really youth friendly, as a young person who asks for family planning still gets the question on why he or she needs it. A male parent reported that young people 'want to practice sex' after having learned about it in school or from videos on their phones. This would cause teenage pregnancies. Female parents, a female teacher and female youth aged 20-24 were more pointing to peer pressure: if a girl sees a friend pregnant, and the pregnant friend is taken well taken care of by the young man who made her pregnant (in terms of receiving money or goods), she would want to find a boyfriend herself and fall pregnant as well.

> *"The desires of these girls differ but they are heavily influenced by admiring from others. For example, if they are at school and one of the girls who is their classmate has been impregnated and is being properly supported by the person responsible through the provision of things like soaps, lotions, maybe a mobile phone, that girl will also now try to find someone on the side to impregnate her with the hope that the same care that is being given to the friend will also be given to her by the person who has made her pregnant." (FGD, Female parents)*

Other study participants, including a policymaker, confirmed that young girls have sex because they want to be 'taken care of'. He related it to widespread poverty in the community. One health worker reported that the social norm in the community is that women should get a child early. If she does not, she can be mocked by her peers, parents and other people in the community, saying she is afraid of labour. The health worker added that youth have not much to do in the community and therefore engage in sex.

> *"Mostly it is the members of the community, peers or parents sometimes. Mostly they consider her to be afraid of labour (child delivery). For this, they greatly laugh at her. In that case, she will be forced to get pregnancy and delivery the child." (IDI, Health worker)*

Both male and female parents talked about initiation ceremonies encouraging unprotected sex and teenage pregnancy as a result. However, there was no consensus around this. A traditional leader said that sex is indeed taught in these ceremonies. However, some parents thought that the ceremonies have changed now, that young people are not taught about sex anymore. In addition, a male parent added that in the past, when the initiation ceremonies were there, there were less teenage pregnancies. He argued that nowadays, young people have more curiosity and are more influenced by their peers to try sex.

> *" A long time ago, initiations were used to teach and instill a girl child with all sorts of knowledge, morals, values, and attitudes. A girl was well nurtured at during this period especially on the issue of abstinence until marriage. But surprisingly, such never happens today. Initiations are there but what they teach is more focus on sex and marriage orientation. This, in turn, motivates girls to know about sex." (IDI, Male traditional leader)*

When pregnant, while some girls stay quiet, many seemed to turn to their grandmother. When the grandmother is informed, parents get to know and then, most of the times, actions are taken to ask the (family of) the boy or young man for compensation in the form of money or cows. This seems another cause of teenage pregnancy – also related to poverty – brought forward by female caregivers and unmarried females between 20 and 24 years old: teenage pregnancy, by some people, is seen as a 'business venture'. They mentioned that teenage pregnancy is not always seen as a problem. When a girl falls pregnant, her family is able to request compensation from the boy's or young man's family, which is welcomed. On the other side, the family of the boy or young man struggles to provide the compensation, and the boy is often dropping out of school to find ways of collecting the money. There were also quite some participants who said that teenage pregnancy is regarded as something bad in the community, and a sign of the failure of the parents.

> *"In my view, it seems the community here receives it well because they seem to take this as a business venture of some sort. They go straight to charging for compensation, they begin to demand two cows or five or six goats instead of looking at the health and the well-being of the child and yet you find that both the boy and the girl are still very young."* (FGD, Unmarried females 20-24 years)

3.5.2 Consequences for the boys

Many study participants talked about the compensation that the boy's family need to provide to the girl's family, in the form of money or cattle. In addition, sometimes, the girl is brought to the boy's parents' house, so that they take care of her until delivery. In other cases, the girl just stays at her parents' house. A religious leader mentioned that only in rare cases, it ends up in court, and the boy could face imprisonment. However, most often, the families 'settle' the case amongst themselves. If the man is older, the case is seen as defilement and is supposed to end up in court, although examples were given that these cases are settled outside the court as well. Some study participants mentioned that in some cases, the boy is forced to marry the girl. A boy aged between 15 and 19 years mentioned that also boys can be suspended from school. After delivery, they can go back, unless the boy was in a Mission School.

Boys felt the burden of providing for the girl, as this is the socio-cultural norm in the community. This was another reason to drop out of school. One married male participant (20-24 years) narrated how he ended up dropping out of school so as to work and find means to take care of his family and the girl;

"I wanted to go back this time but I was chased out from school. Another problem is money because I have more responsibilities now especially looking for my wife and my parents are also sponsoring the other two siblings of mine." (IDI, Married male 20-24 years)

3.5.3 Consequences for the girls

During the FGD with female parents, it came out that girls who became pregnant at a very young age faced numerous complications during delivery, which put both the young mother and the baby at risk of dying. This is because their bodies are not ready for delivery. For example, the participants reported that at a young age, the birth canal is not fully developed to deliver appropriately. Most of the participants mentioned that girls who got pregnant, do not go back to school. This is because it becomes difficult to negotiate the added responsibility of taking care of the pregnancy as well the baby after delivery. According to the parents, teachers and female adolescents, there was reported stigmatization and discrimination in schools that made girls who were mother to drop out of school. Girls who got pregnant whilst in school were considered promiscuous amongst their peers, and could therefore not freely associate with their friends at school. Another reason for discontinuing with school is that certain parents usually decided to stop sponsoring and marry off girls who got pregnant, as a way to cede off the responsibility of taking care of the girl and the baby.

"When she gets pregnant whilst she is in school, then it means she can no longer continue with her education because now she will be concerned more about the pregnancy and not concentrate on her education. Even when she delivers, it now becomes very difficult for her to return to school because now she will just be at home caring for the baby. So now as a parent, I will begin to look after her, and her baby. So since she has a baby there is no profit she will get in life. The only profit is just to sit idle at home doing nothing." (FGD, Female parents)

Girls were reported to feel ashamed for the fact that early pregnancy was considered an embarrassment to their family. As a result, some girls would seek ways to terminate the pregnancy so as to conceal it from the parents and the community and free themselves of the shame. Further, it was mentioned that young girls tend to conceal the pregnancy from their parents, for fear of punishment. However, even though parents were said to be upset upon discovering their daughter's pregnancy, they eventually had to find a way to help and support her. Young girls in the church who fell pregnant were faced with consequences such as being removed from any youth leadership position in the church. Further, in situations where a male partner decided to not support the girl, one CBO representative narrated that such girls may be driven into prostitution to meet their needs and support the baby.

"As for a girl who is in school, you cannot have peace at home because you have embarrassed your parents and those who are not in school, sometimes they even think of taking medicine to terminate the pregnancy because they have embarrassed their family." (FGD, Married girls)

"In the event that the husband decides not to be productive and support the girls, she might even start prostitution so that she supports the family. Eventually, the children will also run away from home to go and find the means of survival on the streets. So, these can be the negative consequences. But, if the girl is educated and the man decides to misbehave the girl can definitely take care of herself." (IDI, CBO)

3.5.4 Activities to prevent teenage pregnancy

Activities to prevent teenage pregnancy (and child marriage) can be grouped into community, government, as well as non-governmental activities. Many communities and government institutions were said to play an important role in discouraging teenage pregnancy as well as child marriage. For example, schools were said to encourage young girls to pursue education, whilst the churches encouraged girls to take a better moral standing in society by not engaging in sexual activity before marriage. The health facilities were also reported to teach people about the implications of teenage pregnancy. At the community level, compensation asked of the boy's or young man's family was seen as a preventive measure for teenage pregnancy by the community. This 'damage' compensation seeks to deter boys from making girls pregnant, since they do not have a source of income. However, it is doubtful whether this measure indeed prevented teenage pregnancy, as discussed in Section 3.5.1. In addition, one female parent reported that the rule of compensation is not always followed:

> *"So there are some parents who understand this and they pay when they are charged, but they are also others who don't pay. Like my daughter was impregnated and we charged for compensation, but until now I have not been compensated. I keep my daughter and the child, the person responsible is not even here, he is in Lusaka now. They had given me a small goat, but it was too small so I rejected it... I was trying to see if this boy is responsible enough to look after my daughter but all this time I have seen that he is not able to and I simply told them that there is no marriage here, I would rather look after the child and struggle on my own." (FGD, Female parents)*

None of the young participants mentioned sexuality education in school to have improved. However, a staff member from an NGO mentioned they operated safe spaces (where school youth is sensitized on SRHR) and they involved traditional marriage counsellors in providing SRHR information to mothers and fathers, who would pass on information to their daughters and sons.

It was evident that the YES I DO intervention of safe spaces did not reach everyone in the community. Youth-friendly health services were mentioned to provide access to contraceptives, but as indicated earlier, it became clear that many young people did not dare to go there because of the fear of being recognized or questioned.

A female teacher from a RCZ secondary school reported that promoting abstinence is the best strategy, and that is what they teach the boys and girls.

> *"Like I said that this is a mission school because we are working for both the church and the government so we usually teach them on abstinence because when we discover that a relationship is going on we invite both a girl and a boy. If it's one on one we invite both of them at the same time and try to counsel them. Then others respond well since you try to reason together." (IDI, Female teacher)*

Many different study participants suggested that there should be more recreation and sporting activities in the community, to keep the youth busy. Furthermore, community awareness meetings, youth groups, health talks from health providers, bursary programmes or other interventions to promote education and economic empowerment programmes (money saving and skill development) were mentioned as important. All these activities, except awareness-raising activities, were more often mentioned in the form

of recommendations, which implies that they were not widespread in Nsimbo ward.

> *"Like these girls who are not in school, we must take them back to school; and even when we are at school we must be spending time in recreation to minimize lazing around because some people are found in these sexual relationships because they have nothing to do hence are become victims of such. So at least if we can be doing some sport just to keep us busy as taught by health workers. Health workers actually teach us to involve ourselves into things that will keep us busy to avoid falling into temptation of sexual relations which may come because we are doing nothing." (FGD, Unmarried males 20-24)*

3.5.5 Activities to help teenage mothers or pregnant women

Though parents and the community were usually displeased with pregnant teenagers, support was eventually provided in view of the fact that they are young and unable to cope. Mothers were said to play an important role in noticing a child's pregnancy. Together with other female adult relatives like the grandmother and aunties, mothers were responsible for taking the pregnant girl to the health facility and relaying the information to the family. At the facility, healthcare providers were said to assist the girl to prepare for delivery and also explain how to take care of the baby, through antenatal services. However, young girls that were pregnant from married men found it challenging to access antenatal services. This was because health facilities were said to demand that pregnant girls attend antenatal clinics with their partners, who cannot be allowed to go there by the original wives. In such a case, the headmen were reported to provide permission so that the young girl can access antenatal services. In this regard, one NGO staff had this to say;

> *"Headmen are given the tasks; other girls get pregnancies from married men like teachers and others so it's hard for them to register for antenatal. So these headmen assist them to register for antenatal. Afterward, we sit them down and encourage them to get back to school; those that are in school and not pregnant are taught by their teachers to stay away from teenage pregnancies." (IDI, NGO)*

At home, the pregnant girl is prohibited from getting involved in strenuous work in the fields and carrying heavy loads. She is also assisted with meeting some of the basic requirements that are needed for the pregnancy and the baby by the family and community. Parents were also said to play an important role encouraging the young girl to go back to school after delivery. However, not so many participants mentioned that they had children who went back to school after having delivered at a young age. For those girls who got pregnant while in school, the teachers were reported to provide counselling, on the importance of continuing with school. A teacher reported that parents were equally counselled to accept and support their children after being pregnant at a tender age. Government schools were said to allow girls to continue with school whilst pregnant, and come back after maternity leave. In contrary, the mission schools would transfer the pregnant girl to another school, as one teacher narrated:

> *"We cannot just give a girl a transfer letter, we counsel. We encourage them to go ahead with school we give them the advantages of been educated and both disadvantages of not been educated and why she should now concentrate in school even more than before because she has somebody she has to look after in future. Parents are there and they can help but that child will*

need that girl so, that's why we counsel. And that counsel is not only provided to the girl but also to the parents. As a deputy head that is my duty. To encourage the parents to accept and take care of the girl and the child the girl has brought in the family. So that is done." (IDI, Female teacher)

3.6 Child marriage

Participants indicated that in most instances parents are usually left without an option, but to 'marry off' their children when they fall pregnant. This is because they do not want to take care of the girl as well as the baby: parents were reported to easily allow for marriages so that they can cease responsibility to the boy who made their daughter pregnant.

"Mostly it's the parents who decide. Especially in cases where the parents see that the girl is being dated by a boy from a family where they have cattle, they are wealthy, they are respectful. Once they discover the girl is pregnant they hurriedly do things and send the girl to the marriage even when the necessary payments and requirements have been fulfilled. This is not for the good of the girl but simply that they may have access to the wealth that is in that other family. So, it the parents who make these decisions." (IDI, Social worker)

Parents were also said to have the fear that girls can fall pregnant outside marriage, hence the choice to marry them off. There is an economic benefit that comes with marrying off the daughter, because the young man's family tends to pay some money or animals, especially when their family is well to do. Some female youth were said to marry for economic reasons so that they can have someone who can take care of their financial needs. Some marry because they desire respect from the community. Male youth could get married in order for them to be helped in the house chores like washing, cleaning, and cooking by the wives.

"Okay, in terms of parents, some parents tend to force their children into early marriages. Even if the child is still young and wants to go to school the parents will force the child to get married. Because like us young people sometimes you may want to continue with school but you will find that parents will say I do not have the money to take you to school so you just get married." (IDI, Married girl 15-19 years)

There is also the privilege of sex in marriage, and some participants mentioned that some youth get married so that they can satisfy their sexual desire, but also to maintain one sexual partner. Sometimes some young women would get married for the desire to have children, because to them marriage is made for that, and also, there seems to be some prestige that comes with being a mother. One participant narrated that in some communities, girls are laughed at if they reach the age of 18 years without having children, as also referred to in Section 3.5.1.

One of the reported benefits of child marriage was that the one who marries the daughter can help her parents with farming duties. In addition, some parents were said to feel good that they can now become grandparents. However, most of the other participants narrated that it is not beneficial to marry early because neither the girl nor the boy would be ready to assume household responsibilities. Participants also thought that child marriages lacked some strong foundation, hence they are sources of problems for most of the people that are involved.

"What I mean that there is no benefit is that the girl doesn't know how to care for the home or the husband... Even the man has not learnt how to be responsible or care for the family even buying his own pair of trousers. So, the burden is now on the parents to start even buying chitenge wrappers when the child is born, this is why I am saying there is not benefit." (IDI, Elderly woman)

3.6.1 Negative consequences of child marriages

Some of the mentioned negative consequences of child marriages included operations or complications arising from teenage pregnancies. Participants reported that dropping out of school was also a consequence of child marriage. Particularly, this is because the boys that decide to marry do not have the means to support family life as well as paying for the school of the spouse. Another challenge mentioned was that such marriages do not last for long. This is because both the girl and boy are not matured enough to handle household issues. According to one female FGD participant, partners in child marriages are playful, and less committed to family values because of their age. Participants narrated that child marriages contribute to poverty because, the young people tend to not have means to support families, but instead continue to reproduce.

"This marriage cannot last because these children are immature. Secondly you will find that the boy is unsettled and he will be chasing after other girls since the one he has is already with his child. He will have several relationships and in the end, you just hear him saying I am going back to my own family. This is because the boy is still childish and not in a position to be able to look after the family. So, in the end, the marriage will fail because he cannot manage the responsibilities of looking after the woman and the child. So, at the end, the marriage is dissolved." (FGD, Female parent)

"There is nothing good at all with these early marriages because it brings poverty in a home. You find that a 14 years old girl has a baby and the husband is also young in that they can't even manages to buy napkins for their baby because they are still under their parent care." (FGD, Married females 20-24 years)

3.6.2 Preferred age of marriage

There was no consensus among the study participants regarding the most appropriate age for getting married. However, most of them mentioned that a girl must be at least 18 years and above, while a boy must be between 20 and 30 years. The main reason provided was that at these ages, most people are mature to handle household matters and are also able to engage in an income generating activity that can sustain the family. It was also expected that at these ages both the young women and men must have completed their studies.

"We love to see young ones get marriage when they reach 21 years, they must finish school and also be able to survival on their own." (IDI, traditional leader)

"Between 20 and 25 years because she would have matured to take care of her family." (IDI, Male parent)

3.6.3 Activities to prevent child marriages

Some participants mentioned that the government had come up with laws to discourage child marriage, for example, by proposing to arrest parents who married off their children early. However, various younger and older study participants mentioned that these laws should be better enforced.

> *"Like the YES I DO programme as well as the efforts from the personnel from the Ministry of Health then there may be a change. Also, what I see, we have been told that if a parent marries off a young girl, they will be arrested. But this law is not being implemented. So, what me I can ask is that there should some kind of enforcement of this law in a situation where the young boy and the young girl maybe dealt with by the law so that others can learn lessons." (IDI, female parent caregiver)*

YES I DO, together with other programmes, was said to provide sensitization on prevention of child marriage and teaching youth on contraceptive use. As also indicated in Section 3.2, there was active government involvement, including involvement of the police, to ensure that perpetrators face the law. Empowerment initiatives by the government under the Ministry of community development and social welfare, such as cash transfers for vulnerable parents were also reported. Traditional leaders have been engaged in the fight against child marriage. For example, chiefs were said to punish all those that may be involved in child marriage under their leadership. Chiefs were reported to go as far as withdrawing teenagers from child marriages once they have been made aware.

> *"The change is there, though a lot of crack cases keep on arising but the change is there. Since like I said, the chiefs in this community are also helping like, some of them will even go to the extent of retrieving those girls from out of those marriages and taking them back to school by engaging them with different NGOs that are helping them with different entrepreneurship skills" (KII, NGO)*

3.7 Economic empowerment (pathway 4)

The YES I DO programme aims to improve education and economic empowerment of girls, to provide them with alternatives beyond child marriage and teenage pregnancy. The OSAWE programme, as mentioned in Section 3.2.7, was reported to encourage women to form saving groups or village banks. These groups were said to encourage young people to save some resources and have access to loans for their own business projects. However, the study participants seemed to agree that these initiatives have been facing challenges and have not materialized in some communities. They furthermore indicated that employment opportunities are very difficult to come by for the youth due to lack of factories and organizations operating locally. For this reason, some participants mentioned that certain families would marry off their daughters to make or save some money.

Agriculture was mentioned to be the main economic activity. However, study participants all agreed that employment opportunities have not changed over the past two years. Some participants narrated that Plan Zambia was one of the most active organisations in the community when it comes to assisting in skills development. They stated that some youth groups had been formed to empower young people as a way of reducing child marriage and teenage pregnancy. However, there was less mention of these groups apart from the savings as well as sports groups that were mentioned before.

"There are no opportunities for employment here. Employment is hard to get here. You find that people have completed their education but they cannot find employment. Others have even gone for tertiary education training but they are still unable to find employment." (IDI, Unmarried female 20-24 years)

"Both for own consumption and for sale, but like I mentioned earlier, the economic situation has not worked very well for us, we seem not be moving forward and it's like our farming is not profitable because of the economic challenges." (IDI, Social worker)

"Giving them some skills training on how they can sustain themselves such as from Plan Zambia. Because in the beginning, they said they came to empower young people to help reduce this issue of child marriages, teenage pregnancies, and illicit sexual activities through formation of groups that would be engaged in things like carpentry and other such skills so that youth are empowered." (IDI, Female caregiver)

3.8 Policy and legal issues (pathway 5)

Another objective of YES I DO programme is to influence laws and policies on child marriage and those related to teenage pregnancy.

As mentioned before, study participants reported that village headmen make inspections to ensure that parents who force their children into marriage are made aware of the law. However, the participants felt that not so many people were reporting cases of child marriages to the police for fear that perpetrators may face serious problems as result. Also, some participants suggested that people tend to think that such a law is just a threat because not so many perpetrators have been arrested.

"These laws are enforced but not so much because since the laws were introduced I have only heard of it being applied just once. I think what causes this is that most people fear that if they report such a person and such a person is arrested maybe they will end up in problems for reporting. This is despite having been taught nicely by the Plan Zambia team that if we want to make a report we must go and make the report in secret without the knowledge of anyone because if you are known you will have no peace and you end up being bewitched." (FGD, Unmarried girls 15-19 years)

"Okay but like here it hasn't yet started happening to arrest these people. But we had a meeting at that tree there and phone numbers were given and people were chosen to undertake this task. But here no one has been arrested yet so people are not afraid they think it was just a threat or maybe a lie." (IDI, Married girl 15-19 years)

The bylaw on child marriage was not being fully implemented. Some participants reported that parents were said to dislike this law, because they felt that it stripped them off the power to decide when to marry off their daughters.

A community bylaw to prevent teenage pregnancies involved the heavy charge that is being levied on those that make young girls pregnant, either money or cattle, as mentioned before. The enforcement of this bylaw was also problematic.

While some participants reported that the bylaws were developed by traditional leaders, other pointed towards Plan Zambia as the one who developed them. Implementation was also said to be hampered, because some traditional leaders were not serious about the national laws or the bylaws.

I: What can we do to avoid early marriages?

R: I think it is by strengthening the law; it must start with the headmen because you will find the headmen are the ones having children who enter marriage at a tender age which is not a good example to the community. So the teaching must start with the headmen so that the law can be respected by everyone. The law must be strengthened.

I: Who must strengthen the law?

R: The government and the headmen; when the headmen are in the forefront of implementing the law, then it [law] will have power.

(IDI, Married boy 15-19 years)

3.8.1 Changes in laws, polices or political will

Some study participants indicated that there is a political will from the government to end child marriage. For example, the District Commissioner was particularly stated to be supportive, and known to speak against child marriage at most events. With regard to the laws, there was agreement among participants that no noticeable changes in the laws were reported. In addition, the participants narrated that there was no change observed in terms of allocation of financial resources towards the fight against child marriage by the government. However, some NGOs were said to be very active in creating awareness within the communities.

"Politicians are trying their best, we meet parents and tell them to take their children to school and prevent early marriages. When there is funding politicians are the ones who ask on behalf of the people to fund the needs of the community to start-up businesses to sustain their families. They also lobby on behalf of the girls for funds to assist them go back to school at any government school." (IDI, Policy maker)

4. DISCUSSION

The midline study sought to gain insight into factors that influence child marriage and teenage pregnancy in Petauke. The study explored different pathways of change, thereby testing the theory of change and unravelling why and how the YES I DO intervention strategies did or did not contribute towards reduction of child marriage and teenage pregnancy, two years after the programme started. This section discusses the findings.

4.1 Changes in attitudes among gate keepers and communities

The midline study shows that there was a noticeable but varying amount of change in the attitude related to child marriage and teenage pregnancy among community members. The results reveal that besides YES I DO, there were other organisations in Nsimbo ward of Petauke district that were active in sensitising the community on dangers of teenage pregnancy and child marriage, issues of sexual abuse as well as the importance of educating the girl child.

Although knowledge on the adverse effects of teenage pregnancy and child marriage was high among many gatekeepers, the interventions seemed not yet to have completely changed the attitudes of the community members towards both problems. This could be stemming from cultural and poverty-related factors. Under-reporting of cases of child marriage to the court seemed to be motivated by the exchange of money or the desire to continue with certain cultural practices surrounding marriage, or the fear of reprisal attacks from the interested parties. Some, but not many, gatekeepers were *actively* involved in the prevention of child marriage and teenage pregnancy. For example, those involved in saving or youth groups initiated by NGOs, do take action to prevent both problems.

The findings reveal that health workers were more active in the fight against teenage pregnancy and child marriage. The clinics provided SRH services for young people, however, not all youth accessed these services, because of shyness or questions posed by health workers on why they wanted to use contraceptives, for example. Access to antenatal services was there, but it was found that in some cases this was problematic, because pregnant women needed to come with the boyfriend or husband, which was not always possible for young pregnant girls. In cases where this was not possible, permission from the chief was needed to be able to register for antenatal care alone. A similar potentially discriminatory and stigmatizing situation has been reported in Malawi (Lodenstein et al., 2018).

The police, with the help of some traditional leaders, conducted arrest of families that were involved in child marriage arrangements. However, some traditional leaders were reported not to follow the national law or bylaws themselves, thereby not giving the right example to the broader community. In line with this finding, Walker (2012) also agrees that that changing the behaviour, opinions and attitudes of traditional leaders is an important perquisite for societal mobilization against child marriage.

Religious organisations such as churches were reported to assist in the fight against child marriage, however, sexual activities among the youth during church gatherings were reported to contribute to teenage pregnancies. Engagement of religious leaders seems to be a necessity in the effort to realize the effectiveness of the interventions.

The attitudes of teachers towards young people's sexuality portrayed mixed narratives. While a number of youth benefited from the sexuality education they received through their teachers in school, they also reported feelings of being discouraged by the conduct of the teachers themselves. The discouragement stemmed from the tendency by some male teachers taking advantage of the young school going girls to have sex with them. The study reveals that teachers managed to do these discouraging acts due to the socioeconomic advantage they had, relative to the members of the communities in which they live. While previous research suggests that being in school is a protective measure for the girl child (Walker, 2012), the mitigation of risks of abuse in schools needs attention.

In summary, the community seems to be aware of the negative consequences of both child marriage and teenage pregnancy, and some community members and gatekeepers, especially those involved in saving or youth groups initiated by NGOs, health workers, police, traditional leaders and teachers take action. Other gatekeepers, such as male teachers and some traditional and religious leaders need more attention of the programme. The extent of the change in attitudes needs to be fully evaluated at end-line.

4.2 Youth engagement

The study reveals slight changes regarding meaningful youth engagement, achieved through a number of strategies which included the engagement of youth by various organisations (NGO and CBOs). This also involved training the youth as peer educators (Champions of Change) as a way of increasing voice, realization of rights and reaching out to the communities.

In health centres, young people were engaged through youth friendly corners where they discussed freely on a number of SRH issues, in schools there were youth clubs or safe spaces doing the same. The challenge that emerged regarding this strategy of engagement was that some youth especially the out-of-school youth, did not participate in these initiatives. Youth to youth engagement was found to have an impact on freedom of expression amongst themselves to enable them to discuss salient SRHR matters. However, voicing out in the midst of adults was still very limited. Furthermore, the study demonstrates that there was little sensitisation associated with the rights and position of men among existing interventions around gender.

Research has shown that at the adolescent stage, there is an increased preference for peers and other people when discussing sensitive topics, and an increased avoidance of parental interactions or counselling (Keijsers at al., 2009). Child-parental discussions on sensitive issues were limited in the community and generally, young people could not speak freely or express themselves in the presence of adults. These views were evident from both parents and young people. The freedom of expression seemed to be hindered by the superiority of the elderly people in the community that was imbedded in the cultural traditions. In such a society, young people would not challenge the elderly because it is considered taboo.

4.3 Sexual and reproductive health issues, information and services

Misconceptions about the limited pleasure and side effects on female fertility when using contraceptives seemed to be among the major barriers affecting utilization of SRH services among the youth in Petauke. These misconceptions indicate the need for more sensitization because as things are, these misconceptions

put the youth at risk of contracting STIs and teenage pregnancies. The baseline study already indicated that unplanned pregnancies were among the greatest facilitators of child marriage and this seems still the case.

The study also revealed that the quality of SRH services was not always optimal. Youth friendly corners had no proper shelters or rooms to discuss sensitive issues. The other challenge was that the clinics were limited in their capacity to help pregnant girls, because of the high risk of having a complication during childbirth process.

The findings further show that because of the distance between health posts, SRH services were not always accessible for young people. The other challenge was that, due to cultural expectations and lack of confidence in the youth friendliness (confidentiality, privacy) of these health services, it was still difficult for young girls and boys to access contraceptives and condoms freely.

The study explored the changes that had taken place in the past two years of the YES I DO intervention in the area. These changes included the improvement in the attitudes of health workers towards helping teenage mothers; something which was previously uncommon and it resulted in reducing home-based child deliveries. Increased awareness activities including SRH education in the area were reported as well. The study found that sources of SRH education among young people included health facilities youth-friendly corners and community awareness meetings. Schools also served as a source of SRH education to in-school youth. YES I DO needs to consider strategies that attract the young people, after having accessed SRH education, to access SRH services. Sensitizing different stakeholders on SRHR can increase utilization of services, including contraceptives. Previous research has shown that a lack of quality knowledge on adolescent sexuality among adolescents and professionals is one of the greatest barriers to utilization of health services (Blanc and Way, 1998).

4.4 Teenage pregnancy

Factors contributing to teenage pregnancy included the unpopularity of condoms and other contraceptives due to perceived pleasure limitations and side effects, the desire to have sex, peer pressure, social-economic benefits of getting pregnant and the possibility of 'being taken care of' also emerged as an important factor. In addition and as indicated above, some participants felt that youth friendly corners were not friendly enough and that hindered access to the use of contraceptives. It is worth noting that the causes of teenage pregnancy are similar to the causes revealed by the baseline study (Menon et al., 2016).

Moreover, the consequences were unique and different for boys and girls. Consequences on males were mostly associated with the cost of compensation, taking financial responsibility for the pregnant girl, the risk of being arrested and being sent away from school for those in mission schools. Consequences for girls included complications during child delivery, discontinuing with school, shame, termination of support by parents, ex-communication from the church for those in church groups and attempted abortion due to fear of persecution and shame.

Various activities to prevent teenage pregnancy were present in Nsimbo ward in Petauke district. These activities stemmed from government's strengthened preventive and coercive role through laws, NGO interventions such as the YES I DO programme creating awareness through health centres, schools, and traditional leaders about the risks of teenage pregnancy. The community also played a role in the aspect of

seeking 'damage' compensation in the form of money from the boy or young man's family paid to the family of the pregnant girl. This was supposed to be a preventive measure for teenage pregnancy, however, it seemed that some families welcomed the compensation and as such, teenage pregnancy was not looked at as something to avoid.

The study further reveals that teenage mothers had social support systems to help them to cope with the new situation (pregnancy). This support came from the mothers, grandmothers, and aunties in the form of counselling and providing the necessary assistance. Another support system was the increased conduciveness of the health centres to help teenage mothers in antenatal clinic and other preparations for child delivery. Schools were also found to provide a support system through guidance and counseling and emphasised the re-entry policy into school after child delivery for teenage mothers, except for the mission schools, where re-entry was not allowed. Generally, compared to the baseline situation, the environment seemed to be evolving towards more community understanding and better treatment of the teenage mothers.

4.5 Child marriage

The study reveals that cases of child marriage were becoming less in the community due to NGO interventions activities, awareness and government laws. However, those that were still prevailing seemed to be motivated by similar reasons as underscored in the YES I DO baseline report (Menon et al., 2016). Among these reasons were marriage as a solution to teenage pregnancy to avoid family embarrassment and costs, the importance of becoming parent or grandparent, or economic benefits for the girl's family. On the part of the youth, marrying early was associated with peer pressure, the desire to gain independence and respect from the community, the desire for unsanctioned sex and (for males) the assistance in household chores.

Similar to activities aimed at reducing teenage pregnancy, the study also found that NGO activities, government's law enforcement against child marriage and engagement of traditional authorities were instrumental in the fight against child marriage. NGOs fought child marriage through awareness activities in schools, health centres and the communities at large. As stated in the first Section of this Discussion, the community of Nsimbo ward seemed to have a general understanding of the negative consequences of child marriage: the low socio-economic prospects for the adolescents due to early family responsibility and disruption of education. This finding was consistent with the findings of other studies (Menon et al., 2016; Raj, 2010).The appropriate age for marriage was mostly considered to be at least 18 years old for girls and 20 to 30 years old for boys because by that age, a young person was expected to have become mature and possibly gotten education to increase the prospects of economic success. It could be argued that the increase in age considered appropriate for marriage, as compared to the baseline situation, has been a result of community interventions such as those of YES I DO.

4.6 Economic empowerment

The study reveals that there were very limited employment opportunities for youth. The main work was gardening and small-scale farming which were practiced by nearly everyone. The study also reveals some NGOs helped women and young people with money-saving strategies and skills training respectively.

Generally, tangible economic activities were absent. This suggests that there is need for more focus on social-economic development and also recreational activities were requested for by study participants. It was found that not all community members saw the importance of education, which was partly due to the lack of job opportunities after having completed secondary school. Still, education, combined with economic development, should be stimulated broadly.

4.7 Policy and legal issues

The study demonstrates that both constitutional and bylaws were in existence. The government enforced the constitutional laws through the police and the traditional leaders who carried out inspections around the villages to identify perpetrators of child marriages. As part of the bylaws, those who made a teenage girl pregnant were charged as a form of punishment and the constitutional laws provided that families engaged in child marriage arrangements risked being arrested. The challenge revealed on the actualisation of these laws was that some sections of the communities, including some traditional leaders, had the tendency of not reporting such cases to the police. In addition, many community mebers seemed to be unclear about the bylaws, including who made the bylaws.

With regard to change in political will, it shows that the government through the District Commissioner's office played a role by speaking against child marriages. One of the challenges reported vy a few study participants was that despite the present political will in the fight, there was no change in the financial resource allocation towards the fight against child marriages from the central government.

4.8 Midline-baseline comparisons regarding child marriage and teenage pregnancy

In the baseline study, it was revealed that socio-cultural and gender norms, limited future perspectives, education and economic opportunities were key drivers of teenage pregnancy and child marriage, where teenage pregnancy often preceded (child) marriage. The situation is similar after two years, which is not strange, looking at the complexity and variety of factors involved. While socio-cultural and gender norms are addressed in awareness meetings at community level and in youth clubs, the activities seemed not to have reached all community members and gatekeepers, and effects within a time span of two years are difficult to observe. However, the study shows that the knowledge about negative consequences of child marriage and teenage pregnancy is there among the majority of the gatekeepers and their attitudes are gradually undergoing a change. This change, especially in relation to child marriage, was facilitated by the government's efforts to strengthen enforcement of laws against child marriages through the District Commissioner and chiefs. Direct action to prevent child marriage and teenage pregnancy was left to a few, such as trained women and youth as part of saving groups or clubs, some traditional leaders, teachers and health workers.

In the baseline, teenage pregnancy and being denied access to contraceptives were some of the main worries around SRHR among young people. In the current midline study, access to contraceptives was reported to be existent, but was limited because of the (still existing) discomfort felt by adolescents to ask for the contraceptives. Furthermore, there still seemed to be many misconceptions around contraceptive use and communication between young people and elders, including parents, was constrained. The fight

against teenage pregnancy needs to be intensified in the YES I DO communities, as teenage pregnancies were still observed and reported to be highly prevalent, while cases of child marriage were in decline.

5. CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 Conclusions

The main findings reveal that the knowledge and attitudes of gatekeepers and community members towards child marriage were largely undergoing a positive change as compared to the baseline situation. The members of the community, both young and old, seemed to be developing negative attitudes towards child marriage and teenage pregnancy. This was evident as many study participants expressed the desire to see the community youth to be educated and empowered, while placing less emphasis on marriage. The indication of the appropriate age for marriage as expressed by the participants was above the age of 18. While attitudes seem gradually changing, there is a need to involve more gatekeepers to *actively* get involved in the prevention of child marriage and, especially, teenage pregnancy.

With the help of the government, the traditional leaders were generally supportive of the YES I DO interventions. Bylaws have been created, but are not in full implementation yet. Initiation ceremonies are still conducted in the community, and are said to sometimes have a negative effect on youth SRHR. Religious institutions were reported to be supportive in the fight against child marriage, but also reported to sometimes contribute to teenage pregnancies because of unprotected sex taking place during gatherings. Political will seemed to be supportive of the fight against child marriage, but no change in tangible financial support was observed towards the fight. Health workers and teachers were often actively involved in preventing child marriage and teenage pregnancy, however, male teachers, were sometimes found to be involved in sexual activities with students, leading to teenage pregnancy.

The study demonstrated that in the past two years, perceptions on youth engagement have not changed much. While young people are more involved in youth clubs such as Champions of Change, there seems to be cultural barriers to youth engagement associated with the superior position of elders in the community. The young people in the study mentioned that some of the social interaction clubs meant for the youth were led by 'older youth' or adults, which created communication barriers. However, NGOs and schools have set up youth groups and trained peer educators. Sensitisation on gender rights was evident in the study findings, but some study participants felt that these sensitisation programmes were biased towards females, but silent on the men's rights.

Health workers seemed to have become more attentive and friendly to teenage mothers when preparing them for child delivery, and provide young people with contraceptives as a pregnancy and STI preventive measure, although some young people, especially females, were still uncomfortable with accessing contraceptive through the health centres meaning there is still need to improve youth friendliness. Other challenges in access were associated with long distances to health centres. Opportunities to access SRH information and education were said to have improved through schools and community sensitization programmes over the past two years. However, condom use was still reported to be low. The study revealed that young males had subjective beliefs that condoms limit sexual pleasure. In addition, other contraceptives were believed to negatively affect fertility of young women.

Teenage pregnancy and child marriage still prevailed in the community. While child marriage rates were reported to have reduced, teenage pregnancy was said to be still high, although more girls continued with

their schooling after delivery. With regard to child marriage, community members know that they can be arrested. Secondly, the sensitisation helped in the change of the mind-sets, that marriage is not the right solution to teenage pregnancy. There was a clear improvement in the desire by the female youth to return to school after child delivery, however, mission schools did not accept them back into school. The fight against child marriage and teenage pregnancy is still challenged by poverty, peer pressure, limited education and employment opportunities and cultural factors, factors that were also evident in the baseline findings of 2016.

The study demonstrated that opportunities for economic empowerment targeting the young people were limited. Besides gardening and farming , there were a few initiatives by NGOs, including Plan Zambia, that taught women how to save and obtain loans for small businesses, but they seemed to be in need more opportunities. A few young people obtained skills training. The study participants indicated the need for more opportunities which could offer them income generating jobs or entrepreneurship skills. The need for social and recreational facilities was also mentioned.

The study showed that policies and laws governing the fight against child marriage existed and the politicians seem to have become more interested in the fight, although without extra financial investment, as reported by some study participants. Both the bylaws and constitutional laws were enforced by the traditional leaders, although economic, social and cultural barriers still limited the full functioning of the laws. The problem was that knowledge of these laws is still scanty among the young men and women and the community at large. This was because they mixed up laws created by the government and the bylaws; and study participants thought that NGOs created the laws, which was also found during baseline.

5.2 Limitations of the study

Due to the nature of the study objectives, only qualitative data were collected from one of the intervention areas (Petauke). Furthermore, due to resource constraints, data was only collected from Nsimbo ward in Petauke district. Nevertheless, preliminary findings have been discussed in a stakeholder meeting and it appeared that the findings were generally supported to be reflective for all YES I DO intervention areas in Petauke.

5.3 Recommendations for YES I DO

1. There is a need for the YES I DO intervention to increase the involvement of more gatekeepers, to get more actively involved in initiatives to prevent child marriage, and in particular, teenage pregnancy. Religious leaders and male teachers should get specific attention, as the findings show that some were sources of the teenage pregnancy and child marriage problems.
2. YES I DO should continue efforts and expand the reach of youth clubs, including Champions of Change and safe spaces. Young people should be capacitated to communicate with elders about their initiative and SRHR, and vice versa.
3. The study revealed that contraceptives, including condoms, were unpopular because of various reasons. There is a need to strengthen health promotion campaigns and youth friendliness of health facilities, which must strictly observe privacy and confidentiality in service provision. This could increase contraceptive use and reduce teenage pregnancy.

4. Saving groups should be continued and were possible expanded, as woman empowerment can contribute in the fight against teenage pregnancy. The limited economic opportunities keep to be an area of concern and YES I DO should intensify efforts in skill building and starting small businesses for young people.
5. The findings show that it is important for the intervention to consider the rights and position of male in the community, as this was found to be lacking by some of the study participants.
6. Continuous sensitisation on existing laws and legal implications of child marriage should be done to raise awareness at the community level. Bylaws related to prevention of child marriage and teenage pregnancy should be further enforced and possible negative consequences of bylaws should be observed and acted upon by traditional leadership, District Commissioner in collaboration with NGOs, including those involved in YES I DO.

5.4 Recommendation for further research

During the stakeholder workshop, participants raised issues regarding the negative attitude of parents and caregivers regarding making contraceptives accessible to teenagers. It may therefore be pertinent to explore this issue further, as it would have a bearing on addressing teenage pregnancy.

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