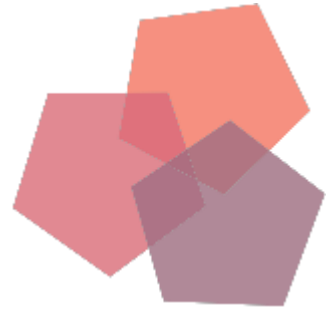


YES I DO.



Situation of teenage pregnancy and child marriage among in-school and out-of-school youth in Nampula and Rapale, Mozambique

Executive Summary 2017 Performance study

By Pam Baatsen, Jorge Josaphat, Ramula Issa, Abby Buwalda and Lisa Juanola

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Introduction

This document contains the summary of the results of the Yes I Do performance study in Mozambique conducted in November 2017 – January 2018 in two districts in Northern Mozambique, being Nampula and Rapale. The purpose of the study is to provide insight into the situation of in-school and out-of-school youth targeted by the Yes I Do Alliance in relation to teenage pregnancy and child marriage nearly two years into the programme. The study is part of the YES I DO Alliance, a multi-country programme of Plan Nederland, Amref Netherlands, Choice for Youth and Sexuality, Rutgers and the Royal Tropical Institute (KIT) funded by the Ministry of Foreign Affairs, the Netherlands.

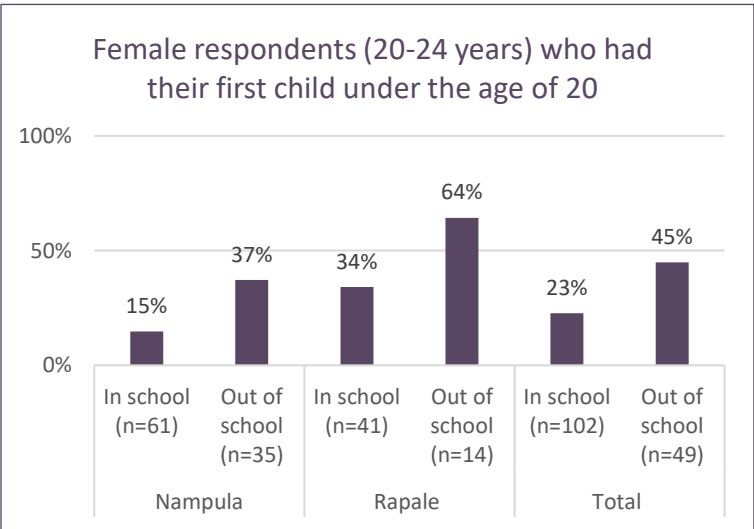
Methodology

The mixed methods performance study was conducted by KIT in collaboration with researchers from the Lúrio University in Nampula and the Yes I Do Alliance partners in Mozambique who ensured that the young people targeted by the programme were included in the study. A total of 750 young women and 193 young men between 15 – 24 years of age, of whom approximately 75% was in school, participated in the survey. Twenty young women and 24 young men participated in focus group discussions, while focus groups discussions were also conducted with fathers and mothers in addition to stakeholder interviews with community and traditional leaders, school directors, teachers, health providers, district officials of the Friends and Youth Help Services (SAAJ) and non-governmental organization staff (NGO) working in the area of Sexual Reproductive Health and the economic empowerment of women.

Results

High prevalence of teenage pregnancy among out of school young women in Rapale

Almost 30 % of all female survey respondents between 20 and 24 years had experienced a teenage pregnancy, varying from 64% among out of school female respondents in Rapale to 15 % among in-school respondents in Nampula.



Close to half of the pregnancies that female respondents had experienced were undesired. Getting pregnant at a young age has usually strong negative impact on their lives: they are often forced to marry, run serious health risks, have no means to continue their education and or are stigmatized by friends and community members. In relation to the latter, quite a few respondents made reference to stigma and shame related to teenage pregnancy or isolation. The large majority of study participants recognized teenage pregnancy as being problematic.

“When a girl gets pregnant at young age, she turns to be the music of the neighbourhood, everybody talks about her. She receives critics from the whole neighbourhood and similarly at school.” (Young man, FGD, 19-24, Nampula, out of school)

Early sexual debut among youth influenced by initiation rites and sexual harassment

Early sexual debut was said to be a main factor for teenage pregnancy. 61% of the young women respondents had had a sexual relation against close to 70% of the young men. The mean age of their sexual debut was 15.8 years for females and 14.9 years for male. This early sexual debut is influenced by young women and men wanting to experiment as result of initiation rites; imitating peers, parents or TV series; or because of peer pressure and having to proof one’s sexual capacity.

“If a boy does not mix with girls, it can be seen as that he does not function.” (FGD, out-of school boys 19-24, Nampula)

Around 70% of female and 95% of male survey respondents had participated in initiation rites. Over one in ten female respondents felt pressure to engage in sexual activities after the initiation rite, against one in five male respondents. One of the focus group discussion participants in Nampula explained:

“In my neighbourhood, a girl got pregnant at 12 years old. Right after leaving the initiation rite she got a boyfriend, he was only 16 years, and immediately after the first time “playing” she got pregnant.” (Young man, FGD, 19-24, Nampula)

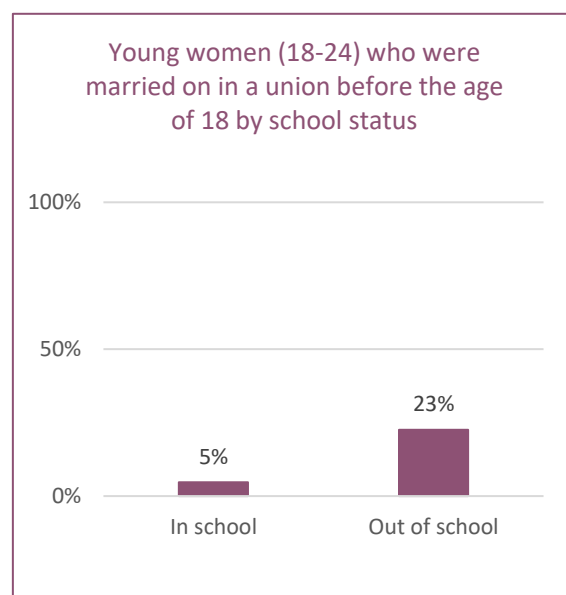
To a lesser extent this early sexual debut is also the result of sexual abuse, around 15 % of female respondents were pressurized into having sex for money or goods, while 6.8% first sexual experience was forced.

Child marriage was less prevalent than teenage pregnancy but also more common among out of school young women in Rapale

Almost 10% of all female survey respondents between 18 and 24 years had married before the age of 18, ranging from 13 % in Rapale to 8% in Nampula, while two per cent of male respondents had done so. The child marriage rate among female respondents aged 18-24 was higher among those out of school (23%) than among of those in school (5%).

A prime reason for young women to get married is pregnancy, but also lack of education and employment opportunities or love. In the majority of cases, it are young people themselves who decided on whom to date.

Among married female survey respondents, between 62.5% (Rapale) and 68.5% (Nampula) decided themselves to get married. Between 31.5% and 44% of the female survey respondents (Nampula and Rapale respectively) had experienced pressure from family members to marry.



“... Nowadays teenagers are the ones who decide who they want to marry, so they fall into the trap, they marry today, tomorrow they are back at their father's house.” (Young man, FGD participant, 19-24, Nampula, out of school)

Among the female survey participants who had ever been married under age 18, 21 % had either been divorced and or separated, with higher levels of divorce in Rapale than in Nampula. Almost all young women and men think that child marriage has no advantages, but around 30 % also believes that it has no disadvantages either.

“Marrying at 15 years does not have benefits, only complications, because the body is not mature, cannot support the child and the girl can die in childbirth” (Female FGD participant, 15-18, Rapale)

Teachers and health workers were the largest source of sexuality information and in school youth was better informed on how to prevent pregnancy

Around half of survey respondents ever received sexuality education, whereby more females and males in school than out of school reported to have had this. Those in school were also better informed about how to avoid pregnancy. Teachers are the largest source of information around sexuality closely followed by health workers. When comparing by gender, among young women health providers were the largest source followed by teachers, while among men teachers were the largest one followed by health providers. Also for out-of-school male respondents teachers were the most important source. Friends were also an important source of sexuality information for all groups. All female and male participants between 15 and 18 years in the FGDs said that the teachers in class mention that students should not become sexually active in order to avoid teenage pregnancy and child marriage, or that health staff visit the schools to give talks about these topics.

“Teachers try to advise us to not get sexually involved, to leave sex for later.” (Male participant, FGD, 15-18, Rapale)

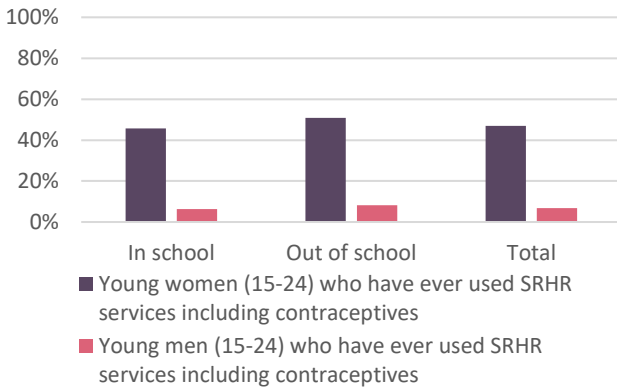
Young women and men, but also their parents, in the study said that in general there is very little discussion about sexuality and relationships between youth and their parents or other family members. Many said that such discussion is taboo.

“I think parents can speak yes because through this opening we can prevent our children from getting lost in the mistake of starting sexual relations early and taking the risk of getting pregnant and contracting illnesses. At least I speak but my neighbours condemn me and say that I am violating the taboos, that she should know these things only when she is in the initiation rites.” (Mother, FGD, Nampula)

Half of the respondents were not using SRH services and most young women were not using any contraceptive method

A much higher percentage of female respondents had made use of SRH services than male respondents. While nearly one in two female had used such services, a little over one in twenty of male had done so. There is hardly any difference in relation to the use of these services between female respondents in school versus out of school, and the same applies for the male respondents.

Young women having a much higher SRH service utilization than young men

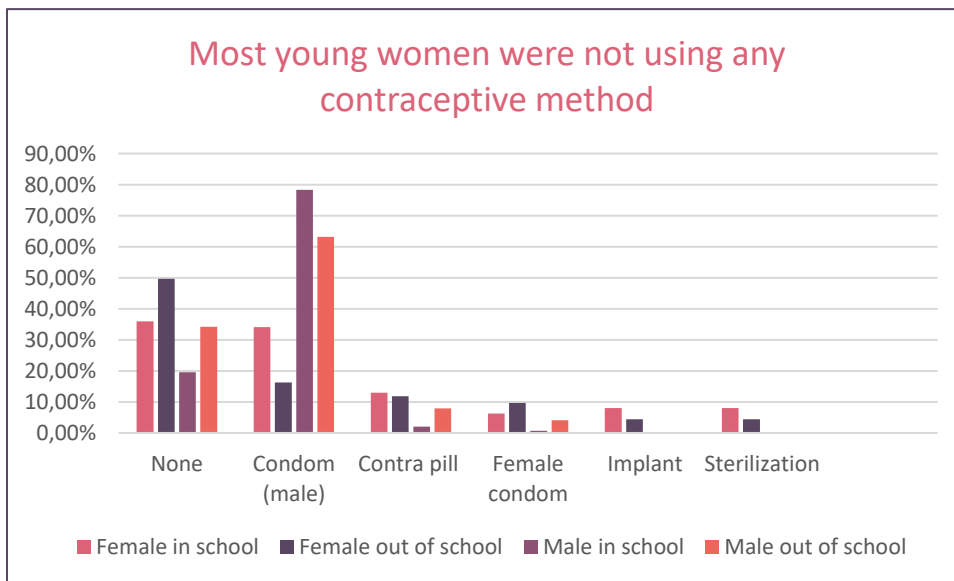


FGD respondents indicated that services have become more available through the establishment of more health centres, including health cabinets in schools and youth friendly services (SAAJ) within hospitals, but also through more mobile service provision where family planning counselling is provided and contraceptives are distributed at community level.

“Compared with the past when the hospitals were distant, we even now have an office of attendance at the school (with service provision by health providers linked to SAAJ), also the health providers appear in our neighbourhood to provide care.” (Female participant FGD, 15-18, Nampula)

More female (34.5%) than male (24%) survey respondents stated that accessing contraceptives is difficult for youth in general. Most respondents, female and male, reported to have ever had sexual relations. Among those, young women were generally not using any contraceptive method while most young men were using male condom. In school youth were more commonly using male condom than the ones out of school, while among out of school youth the percentage of those not using any contraceptive method was higher. All of this points towards high vulnerability to pregnancy, as well as HIV and STIs.

Most young women were not using any contraceptive method



Young people are unable to play a key role due to lack of meaningful youth engagement and limited economic opportunities

Traditional and religious leaders hardly played a role, while youth clubs and peer educators have also been a source for a relatively small number of youth. Among study participants and stakeholders, there was limited knowledge on the existence of laws and regulations, as well as on the age of marriage.

Meaningful youth participation was found to be non-existent, other than youth having a mobilizing role. They were not involved in planning, decision making and or monitoring roles. Across the board, young male interviewed seemed to be more aware of their rights and the rights of young women, than young women themselves, especially those in Rapale. This relates to the right to choose with whom to date, being not forced to marry and understanding the negative impact of child marriage on education.

The majority of households, especially in Rapale but also in Nampula, depend on agriculture as their main source of income. Access to formal employment is scarce. The lack of economic opportunities influences child marriage and related teenage pregnancy.

Out of school young women in Rapale are more vulnerable to SRHR violations

When comparing the situation in Nampula with Rapale, quite some difference can be observed. The percentage of young women between 20 and 24 years who had experienced a teenage pregnancy in Rapale (42%) was almost double than that in Nampula (23%). In Rapale, a much lower percentage of young women reported that they wanted to become a mother at the time they had their first child (39%) than those in Nampula (58%). The majority of young women in Rapale had their first child after marriage (69%) and or in the same year of marriage (31%) while in Nampula it was less clear what came first, marriage or the pregnancy. It could be that love relationships play a bigger role in Nampula than in Rapale, which is also supported by the fact that in Nampula 46% of the young women said that early marriage was due to love, versus 29% in Rapale. A higher school drop-out due to pregnancy was seen in Rapale (30% among 19-24 years old women) than in Nampula (21% among the same age group). In Rapale, 13% of young women between 18 and 24 years had married below age 18 compared to 8% in Nampula. Furthermore, a higher percentage of young women in Rapale believed it is acceptable to be forced into marriage (24%) versus 4% in Nampula.

It has to be taken into account that a large percentage of the group of young people studied were – as in-school youth – better off than their out-of-school counterparts. For instance, while 23% of the out-of-school women between 18 and 24 years had been married prior to turning 18 years of age, only 5% of those in school had done so. Also teenage pregnancy was much higher amongst those out of school, namely 44.9% against 22.5%. More out-of-school respondents who were married reported pressure from their family members (45%) than those in school (23%). In addition, fewer out-of-school young women had ever received sexuality education (40%) than those in school (53%). For male, this difference was even larger, where 33% of out-of-school males had ever received sexuality education, while this was 64% for in-school males.

Recommendations

Changed attitudes and action by community members and gate keepers re child marriage and teenage pregnancy:

- Work with teachers and health workers on the development of mechanism to prevent child marriage and teenage pregnancy.
- Mobilize other stakeholders to become part of an effective response.
- Work with parents, guardians on the importance of comprehensive sexuality education, and intergenerational communication.

Adolescent girls and boys meaningfully engaged to claim their SRH rights:

- Work towards strong youth organizations with a wide membership and involvement of these organizations into official platforms.
- Equip young people to effectively establish intergenerational dialogues including in a gender transformative manner.

Adolescent girls and boys take informed action on their sexual health:

- Enhance comprehensive sexuality education especially for out-of-school youth who have in general less access to such information.
- Work towards enhanced access to modern contraceptives for young people.
- Look into options of how girls who dropped out of school could be included again.

Girls have alternatives beyond child marriage and teenage pregnancy through education and economic empowerment:

- Expand economic activities.

Policy makers and duty bearers develop and implement laws and policies on child marriage and teenage pregnancy.

- Increase advocacy activities at the local level on laws and regulation.
- Enhance advocacy activities around child marriage and teenage pregnancy constituting violations of the right of the child.
- Advocate towards a change in the initiation rites whereby those who go through it no longer feel pressure that they have to become sexual active following the rites.

Possible areas for further research

- The influence of child marriage on divorce.
- Opportunities for SRHR education for out-of-school youth.
- Opportunities for expanding economic activities opportunities.
- Opportunities for fostering meaningful youth participation.
- Reasons why youth hardly use modern contraceptives.
- Reasons why so few male visit SAAJ (Youth Friendly services).

