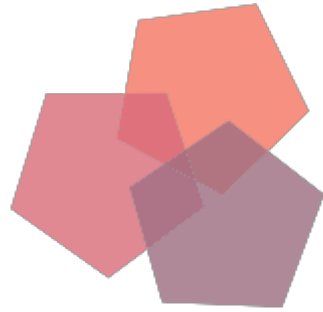


YES I DO.



The situation of child marriage and
teenage pregnancy in Sindh, Pakistan

2018 Midline Study

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Abbreviations

BBSYDP	Benazir Bhutto Shaheed Youth Development Programme
BISP	Benazir Income Support Programme
CBO	Community-Based Organization
CSR	Corporate Social Responsibility
FGD	Focus Group Discussion
GBV	Gender-based Violence
IDI	In-depth Interview
IRM	Institute of Rural Management
KII	Key Informant Interview
LSBE	Life Skills Based Education
LHW	Lady Health Worker
NGO	Non-governmental Organization
PDHS	Pakistan Demographic Health Survey
RSU	Reform Support Unit
SAFWCO	Sindh Agricultural Forestry Workers & Coordinating Organization
SCMRA	Sindh Child Marriage Restraint Act
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TVET	Technical and Vocational and Education Training
UNCRC	United Nation Convention on the Rights of the Child
UNFPA	United Nations for Population Fund
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
WSA	Whole School Approach

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Executive summary

INTRODUCTION

Child marriage and teenage pregnancy in Pakistan are a reflection of the patriarchal nature of Pakistani society characterized by deeply rooted gender inequalities, hierarchy, social norms, and poverty. Poor quality of education, limited economic opportunities and a lack of comprehensive information regarding sexual and reproductive health and rights (SRHR) limits young people to be empowered individuals and realize their SRHR.

The YES I DO Alliance in Pakistan, consisting of Plan, Rutgers, Sindh Agricultural Forestry Workers & Coordinating Organization (SAFWCO) and KIT Royal Tropical Institute are implementing the YES I DO programme (2016-2020) to address child marriage and teenage pregnancy by developing and implementing context-specific intervention strategies. This midline study was conducted in two districts, Sanghar and Umerkot in Sindh province, which have a mix of both Hindu and Muslim populations, where the YES I DO programme is being implemented.

OBJECTIVES

The overall study aim was to assess changes in knowledge and actions of the community on child marriage, teenage pregnancy and SRHR in Sanghar and Umerkot. The study also assessed the level of meaningful youth engagement in the community and the programme, whether young people feel they can act on and claim their SRHR, the effects of education and economic empowerment activities as prevention strategies for child marriage and teenage pregnancy, and the broader context, including engagement of policy makers and the influence of laws.

METHODOLOGY

The qualitative midline study was conducted in Sanghar and Umerkot districts. Data collection was carried out in May 2018. Data were collected through focus group discussions (FDGs), in-depth interviews (IDIs) and key informant interviews (KIIs) with young people (15-24 years), parents, health workers, religious leaders, school staff and district-level policy makers.

RESULTS

Unlike the baseline, the midline findings indicate that community members, including young people, were aware of the negative consequences of child marriage. Young women were (still) expected to have a child as soon as they are married and hence the main negative consequence of child marriage highlighted by participants was that of the adverse effects on the health of the mother due to early childbearing. Young women were symbolic of their family's honour while at the same time they were considered a financial liability. (Child) marriage functioned as a protective mechanism to guard them against pre-marital sexual relationships, sexual harassment and to relieve the family's economic burden.

Teenage pregnancy usually occurred within marriage. However, some participants mentioned that in case of an out-of-wedlock pregnancy, marrying the girl would be a solution. The data also show that young women face bullying by their peers and at times their teachers if they come to school as a married woman or a mother.

The findings clearly suggest that those young people who were directly involved in the YES I DO activities had higher levels of awareness regarding their SRHR. The programme successfully mobilized adolescent boys and girls to spread key messages about child marriage in their community; however, there is still work to be done with other community members, particularly parents. While parents were aware of the negative effects that follow a child marriage or teenage pregnancy, this was not adequately reflected in their actions, as decision-making is still concentrated in the hands of elders. Although young people claimed to now have a voice, the inter-generational gap limited them for participating in decision-making about their lives.

Young people were aware of their SRHR, with many citing the YES I DO programme as a source of information. The role of youth clubs and networks was far more pronounced at the midline, compared to the baseline. Although parents and friends continued to be a popular source of SRHR information for young people, the role of health workers had gained importance due to outreach visits by Lady Health Workers (LHWs) and health-care provider-led sessions in schools. However, the comprehensiveness and quality of the information they receive is not clear. Although health facilities were trained to provide youth-friendly health services, young people were not accessing these services. However, young people were reaching out to teachers; and some teachers were pro-actively encouraging students to approach them in case of any SRHR issues.

Education and economic empowerment were widely acknowledged as strategies to prevent child marriage and teenage pregnancy. The community considered education as integral to raise a child with a good moral character, while economic empowerment was used as a means of shifting the narrative from young woman being seen as a burden to being income-providers. However, quality of the education facilities was found to be poor and the midline found that young women regularly face sexual harassment on their way to school. This in turn restricted their mobility and further increased parental supervision. The findings also indicate that skill development opportunities have been established for young women, such as stitching and handicrafts, but these skills still subscribe to traditionally female jobs. While opportunities for economic empowerment were relatively higher in Sanghar, they were almost absent in Umerkot due widespread poverty.

While all participants acknowledged the influence of religious leaders, there were mixed sentiments regarding their role. Some study participants said they were involved in the fight against child marriage, other indicated that many of them were espousing for marriage under 18. Community members, policy makers and young people were aware of the Sindh Child Marriage Restraint Act (SCMRA) 2013 prohibiting marriage under the age of 18 years. The midline also indicated that the legal framework against child marriage exists in Sindh, but the implementation of these laws needs to be an advocacy focus.

CONCLUSION AND RECOMMENDATIONS

Unequal gender norms, lack of communication between elders and young people along with the poor state of educational and economic opportunities contribute to the continuation of child marriage. Young people found no benefit of child marriages but recognized the benefits perceived by society. It is clear from the findings that community members are aware about the laws against child marriage as well as the negative health consequences of early childbearing, but societal pressure still restricts them from taking adequate action.

On the other hand, the programme successfully engaged young people through a network of young change agents and youth forums. Although young people claimed to have higher autonomy and a voice, the YES I DO programme should focus on mobilizing the community to create space for young people to engage in decision-making. Engaging fathers, as they are heads of households can help expand space for young people at the household level.

Due to the high number of out-of-school youth, the programme should also reconsider its strategy of reaching those young people who are out-of-school and/or are already married at a young age. The concept of consent should be a focus in life skills-based education (LSBE) – with regard to not only marriage but also regarding childbearing and family planning decisions.

The programme should investigate what barriers exist in accessing sexual and reproductive health (SRH) services by using the local health management information system and speaking to young people on what obstacles they face in using these services. At the same time, health sessions delivered by health-care providers in schools should be revived, continued and offered to both young women and men.

Advocacy asks should focus on implementation of the SCMRA 2013, Sindh Hindu Marriages Act 2016, the national Hindu Marriage Bill 2017, the Sindh Youth Policy 2018, the implementation of integrating LSBE in the educational curriculum in Sindh and on closing the loopholes in these laws by improving the birth and marriage registration systems.

If YES I DO, government and other partners continue with this multi-pronged approach, this will pave way for a society free of gender-discriminatory practices such as child marriage and teenage pregnancy in Sindh, Pakistan.

1. Introduction

1.1 Context

In Pakistan, 21% of women between 20 and 24 years were married or in a union by 18 years of age and 3% were married in a union by 15 years of age (UNICEF 2017). According to the Pakistan Demographic Health Survey (2012-2013), 14% of girls, aged 15-19, reported to have been married. Child marriage is more likely to affect young women in rural areas, with lower incomes and lower or no education levels (Nasrullah et al. 2014a, Nasrullah et al. 2017). The role of culture, history and religion cannot be understated due to the variety of child marriage practices present across regions and tribes in the country (UNFPA 2007, UNFPA 2012, GNB 2017). Nasrullah's study on child marriage shows that in rural Sindh, the impoverished context along with cultural customs where young women are sold in exchange for money paid by grooms is one of the main reasons for child marriage (Nasrullah 2015, IRIN 2006). The implementation of laws is still weak. This is also because local tribal councils sanction cultural customs that protect family honour.

In Pakistan, teenage pregnancy is usually known to occur within marriage. Statistics documenting teenage pregnancies and births outside marriage are not available. Defined as pregnancy in a girl within the ages of 13-19 years (UNICEF, 2014), teenage pregnancy is caused by a variety of inter-related socio-cultural and economic factors. According to Acharya et al. (2010), the root cause is child marriage. Furthermore, marriage serves as a protective mechanism from unacceptable relationships and sexual abuse outside marriage. In addition, girls can be perceived as a financial burden to the family, making child marriage a desirable option. The patriarchal nature of Pakistani society also restricts women's decision-making power and a child is expected soon after being married. There is also a mind-set that considers a girl an '*amanat*'¹ that has to be handed over to her in-laws with her virginity intact. Aside from the obvious adverse health effects for both the mother and the newborn, teenage pregnancy has its own plethora of emotional and social consequences.

The recently released Pakistan Demographic Health Survey (PDHS) 2018 gives an insight into the latest trends regarding teenage pregnancy and contraceptive use. Eighteen percent (17.9%) of married women between 15-19 and 18.6% of married women between 20-24 years had an unmet need for family planning (these figures are limited to married women). In the Sindh province, this figure stood at 17.7% of married women (15-49 years) with rural women having a higher unmet need. Only 30.9% of women (15-49 years) used some method of contraception while 24.4% used a modern method of contraception in the province. This is despite knowledge of contraception being universal in Pakistan. According to the PDHS 2012, the adolescent fertility rate in Pakistan is one of the highest in the world with 44 of every 1,000 live births. Key statistics released from the PDHS 2018 revealed that 8% of young women between 15 and 19 years had begun childbearing in the country with 9.9% in Sindh and a high proportion of these young women had begun child bearing between 18 and 19 years².

Young people in Pakistan lack information and knowledge about bodily development including puberty and menstruation, sexuality, reproduction and HIV (Svanemyr et al. 2014). In addition, customs and traditions influence the realisation of SRHR of young people. Some of these traditions

¹'Amanat' can be equated to mean treasure, security or a deposit.

² "The survey was based on ever-married sample, the number of women was increased using a factor based on all de facto women listed in the household who had never been married" (PDHS 2018).

include *Vani*³, *Swara*, *Vulvar*⁴ and *Watta Satta*⁵ and forms of dispute settlement that perpetuate child marriage. Furthermore, barriers related to social norms where women must seek permission from their family before using health services exacerbate a situation of constrained sexual and reproductive health and rights (SRHR) (Siddiqui et al. 2014). They affect the decision-making capabilities of women, particularly if young and unmarried, as these young women face stigma when seeking information or services regarding their sexual health (Rahnuma 2017). Lastly, the poor state of the education system is also a barrier. Overall, in Pakistan 49% of ever-married women have no education compared to 25% of men (PDHS 2018). In Sindh, in 2015-16, 35% of the children at primary education level are out-of-school with the majority being girls (NEMIS & AEPAM 2017).

Although the national Child Marriage Restraint Act of 1929 sets the minimum legal age of marriage at 16 years for females and 18 years for males, the Sindh Child Marriage Restraint Act (SMCRA) 2013 was a landmark law that raised the minimum age of females to 18 years for marriages in the province⁶. Although there was a draft proposal for updating the national minimum age to 18 years through the Child Marriage Restraint (Amendment) Bill 2017, this was rejected by the National Assembly. Earlier that year however, the Parliament did make punishments for those practicing forced child marriages more stringent by amending the Penal Code⁷. Furthermore, the Council of Islamic Ideology⁸ had created tensions by stating that these new laws to end child marriage were not compatible with Islam, assumedly because girls who have experienced puberty are considered to be of marriageable age⁹.

Religious conservatism is on the rise in Pakistan. Although a new government (led by Pakistan Tehreek-e-Insaf) has been elected whose focus and major constituency is of youth – including a focus on out-of-school youth and employment, SRHR is not yet high on the agenda. The Pakistan Peoples Party, known for its progressive legislations on SRHR, however continues to be the party in power in Sindh where the YES I DO programme is implemented.

The year 2018 also saw an increase in the reporting of child sexual abuse cases including the #JusticeforZainab movement that brought about nation-wide public debate in Pakistan¹⁰. This has also triggered the Sindh government to act and adopt the life skills-based education (LSBE) curriculum. More recently, the Sindh Population Policy has proposed to “increase access to family planning and reproductive health services to the most remote and farthest areas of the province by 2017”, and has included access to sexual and reproductive health (SRH) services for youth as a strategic area (Government of Sindh 2016).

³ Vani, now outlawed in Pakistan, is a practice where women are traded between families to resolve disputes. It is a form of arranged child marriage and is found in parts of Pakistan including Sindh.

⁴ Vulvar is found in the province of Balochistan and refers to bride price.

⁵ Watta satta (translated as ‘give-take’) includes an exchange of marriage between a brother-sister of uncle-niece across two households. Although the couple may be promised to each other at a young age, the marriage occurs only when the girl reaches puberty i.e. defined by menstruation. Watta satta marriages appear to be practiced most frequently amongst poor families, perhaps because they do not require the payment of a dowry (Yarrow et al 2015).

⁶ Punishments include a jail term of up to 3 years and a 45000 Pakistani rupee fine (\$427).

⁷ A minimum of 5 years and up to 10 years in jail, along with a fine up to 1 million Pakistani rupees of \$9547.

⁸ The Council’s decisions are not binding or necessary on the review of formal legislative processes, but the Council is an influential body in Pakistani society.

⁹Toppa 2017, ‘We Must Protect Our Girls.’ Will Pakistan Finally Vote to End Child Marriage?, Published December 8 2017

<http://time.com/5047199/child-marriage-pakistan/>

¹⁰ The statistics published in this article are based on Sahil’s estimates of cases between January and June 2018. Sahil is a leading NGO dealing with child protection that releases a Cruel Numbers report on this topic annually.

Wasif 2018 Child sexual abuse cases surge in 2018: report, Published 31 August 2018

<https://tribune.com.pk/story/1791931/1-child-sexual-abuse-cases-surge-2018-report/>

1.2 YES I DO programme and theory of change

The YES I DO programme (2016-2020) aims to contribute to enhancing young women's decision-making space on whether, when and who to marry as well as on whether, when and with whom to have children (YIDA 2016). The programme, funded by the Dutch Ministry of Foreign Affairs, is implemented in seven countries namely Ethiopia, Kenya, Malawi, Mozambique, Zambia, Indonesia and Pakistan. A consortium consisting of Plan Netherlands, Amref, Rutgers, Choice for Youth and Sexuality and KIT Royal Tropical Institute, is implementing the YES I DO programme. In Pakistan, the programme is implemented in Sanghar and Umerkot districts by Plan Pakistan and Rutgers Pakistan along with their partners Institute of Rural Management (IRM) and Sindh Agricultural Forestry Workers & Coordinating Organization (SAFWCO) respectively. The research component of the programme in Pakistan focuses on the interlinkages between child marriage and teenage pregnancy.

The YES I DO programme's theory of change aims to contribute to a world in which young women can decide if, when and with whom to marry and have children. This desires innovative intervention strategies that address child marriage and teenage pregnancy in a holistic manner in Pakistan. The theory of change in the Pakistan context has the following five strategic goals:

- Social movement is established to transform social and gender norms that perpetuate child marriage and teenage pregnancy.
 - Rationale: Social and gender norms that perpetuate child marriage and teenage pregnancy are deeply embedded in communities, and can only change if community leaders and a critical mass, including boys and men, support the change.
- Young women and men are meaningfully engaged to claim their sexual and reproductive health rights.
 - Rationale: Adolescent girls and boys are insufficiently aware of their SRH rights, and lack voice and supportive structures to claim their SRH rights and to act against child marriage and teenage pregnancy.
- Young women and men take informed action on their sexual and reproductive health rights.
 - Rationale: Lack of access to quality SRH services and information for adolescents is a key factor in the high rates of teenage pregnancy, which often leads to child marriage.
- Young women have an alternative to child marriage and teenage pregnancy through education and socio-economic empowerment.
 - Rationale: Due to poverty and multiple barriers to girls' education, adolescent girls have no alternatives than child marriage and have no means to prevent teenage pregnancy.
- Policy makers and duty bearers develop, reform and implement policies as well as enforce laws.
 - Rationale: legislation and policy implementation on child marriage is inadequate, as political leaders and duty bearers lack awareness and/or lack political will to address these issues.

The five goals relate to the five intervention strategies as illustrated in Figure 1. The intervention strategies focus on forming a social movement, empowering and meaningfully engage young people, improving access to information and services, stimulating education and economic empowerment for young women and enhancing evidence-based lobbying and advocacy for improved legal and policy frameworks. These intervention strategies follow experiences of YES I DO Alliance partners and global evidence on what works in trying to reduce child marriage and teenage pregnancy.

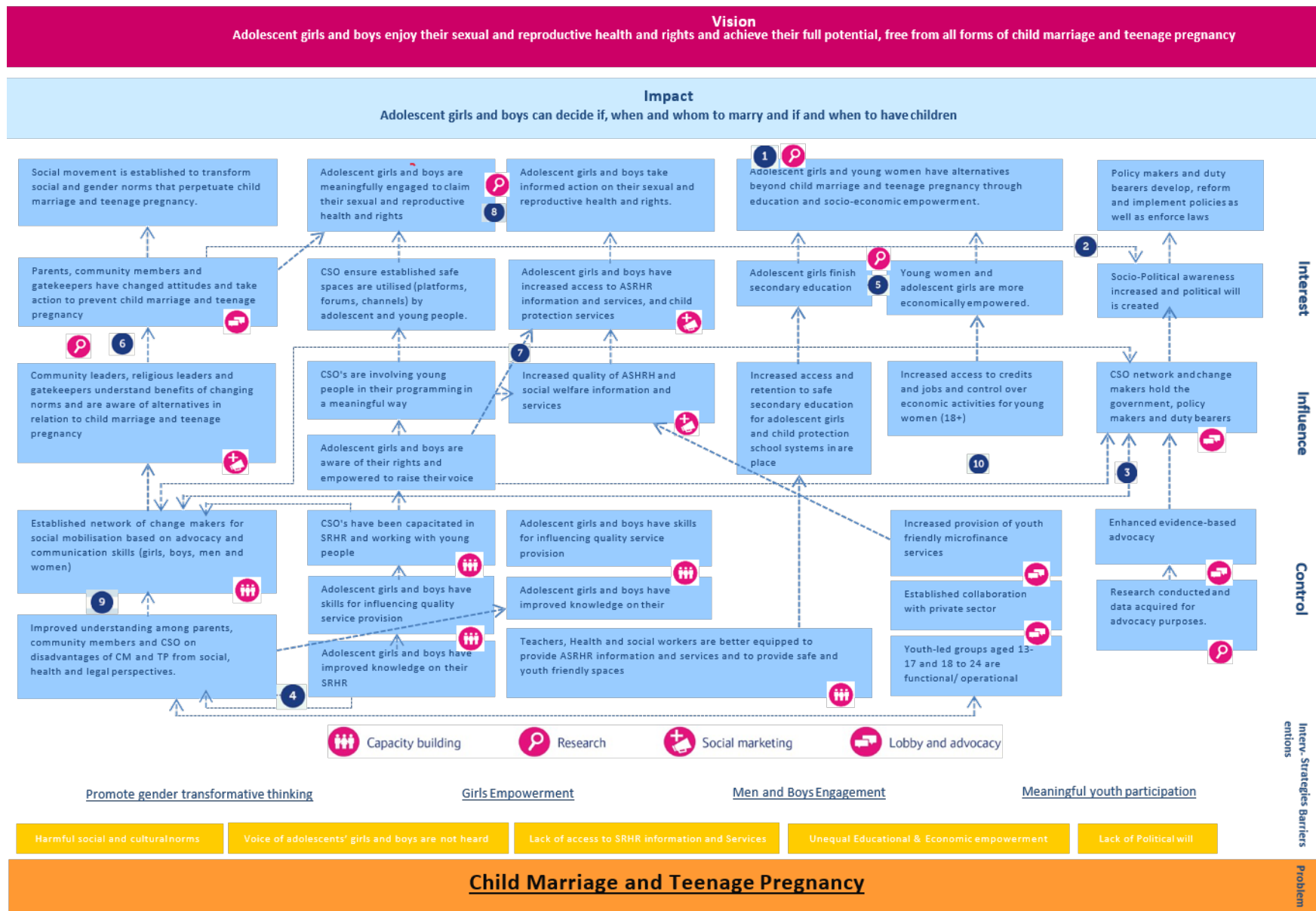


Figure 1 YES I DO programme's theory of change for Pakistan

1.2.1 YES I DO interventions in Pakistan: a summary

The YES I DO programme in Pakistan is implemented by Rutgers Pakistan, SAFWCO and Plan Pakistan. Recently, IRM has been brought on board. The programme consists of Rutgers' Whole School Approach (WSA) and *Kiran* network model along with Plan's Youth Economic Empowerment model, to work on the outcomes of the theory of change. For working with youth, Rutgers works with *Kirans*, while Plan has established youth forums at the community level.

Rutgers and SAFWCO use the WSA to work with selected schools and their staff to teach LSBE in all classes, encourage linkages with health care providers and support the organization of co-curricular and extra-curricular activities for young people at school level. They have a pool of trained master trainers that provide trainings to motivated students (females and recently males) to act as *Kirans* who do door-to-door community campaigns by spreading key YES I DO messages. Active *Kirans* (known as *Kiran+*) are further trained to be engaged in advocacy and other programme activities. Plan works with youth, parents and community members through community mobilization and by providing support for enrolment in Technical and Vocational and Education Training (TVET) institutes. They strengthen the capacity of TVETs and link them to the private sector. Lastly, they map and make links with potential employers while ensuring standards for decent work are met. Since December 2017, the registration of a number of international development organisations, including Plan and Rutgers have been under scrutiny by the government.

1.3 The base-, mid- and end-line studies

The base-, mid- and end-line studies in the seven countries aim to provide insight into the (interrelated) causes and effects of child marriage, teenage pregnancy and female genital mutilation/ cutting (where applicable). It explores the extent to which these causes and effects, and the three problems themselves, are present in the intervention areas of the Yes I Do programme, in some countries compared to non-intervention areas, over a period of five years, in Ethiopia, Kenya, Malawi, Mozambique, Zambia, Indonesia and Pakistan. 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, teenage pregnancy and female genital mutilation/ cutting.

In Pakistan, the programme only focuses on elimination of child marriage and reduction of teenage pregnancy. Furthermore, there is no non-intervention or control area in Pakistan¹¹.

The specific objectives of this midline study in Sanghar and Umerkot districts were as follows:

¹¹ In the initial stages of the YES I DO programme and related research, there was a control area. However, it was later decided to expand the geographical coverage of the programme and to implement there. Furthermore, the formerly decided intervention and control area were considered to be too close in proximity, which would cause spillovers,- leading to bias (Rehan et al 2017).

1. To explore (changes in) attitudes of community members and gatekeepers¹² 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 provide them with alternatives beyond child marriage and teenage pregnancy.
5. To provide insight into (changes in) developed and implemented legislation 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.

This midline report presents and discusses the main results of the YES I DO midline study conducted in May 2018 in two districts- Sanghar and Umerkot in Sindh province. These are the two districts where Rutgers Pakistan and Plan Pakistan are implementing the programme. The midline data feed into the monitoring and evaluation of the YES I DO programme. The midline report also provides general recommendations for the ongoing interventions and for the development of context-specific intervention strategies. It can be used by different stakeholders working in the YES I DO programme as well as others working on SRHR of young people in Pakistan.

¹² Gatekeepers are caretakers (family members such as grandmothers, mothers in-law), health/social workers, teachers, traditional and religious leaders and peers, who influence girls' situation in relation to child marriage and teenage pregnancy.

2. Methodology

2.1 Type and overview of the study

This study was conducted using qualitative methods. Data were collected through employing a mix of various techniques: key informant interviews (KIIs), in-depth interviews (IDIs) and focus group discussions (FGDs).

2.2 Study area and period

The midline was undertaken in two districts where YES I DO is implemented: Umerkot and Sanghar districts, of Sindh province (Figure 2).



Figure 2 Map of Pakistan with selected districts highlighted

Within Sanghar district, two talukas i.e Sanghar and Jhol were included in the study while in Umerkot district, one taluka i.e. Umerkot taluka was included in the study. Data were collected in May 2018.

2.3 Methods

Topic guides for each technique were developed in collaboration with Rutgers Pakistan and Plan Pakistan. These were contextualized and translated in local languages i.e. Urdu and Sindhi. Research assistants were oriented and trained on the study objectives, topic guides, sampling and ethical issues in a four-day workshop. Pre-testing of the topic guides was undertaken, to identify any problems such as unclear wording. Based on the learnings from the pre-testing, small changes were made to the topic guides. In total, data were collected through 40 interviews (20 IDIs, 12 FGDs (with eight participants in each group) and 8 KIIs, see Table 1). The IDIs and FGDs were conducted with male and female youth (15-24 years) and parents or caregivers. Other IDIs were conducted with health workers, social workers, religious leaders, teachers and staff of youth or community-based organizations (CBOs). KIIs were conducted with district-level policy makers or legislators and non-governmental organization (NGOs).

2.4 Sampling and recruitment of participants

The study included more participants from Sanghar than Umerkot, because the YES I DO interventions are more intense in Sanghar as compared to Umerkot (Table 1).

Table 1 Overview of methods

Geographical Area	FGDs	IDIs	KIIs
Sanghar	10	14	4
Umerkot	2	6	2
Islamabad	NA	NA	2 (Rutgers and Plan)
Total	12	20	8

Rutgers Pakistan and Plan Pakistan shared a list of schools where YES I DO is implemented, coupled with details of the Union councils¹³. From this list, 20 schools were randomly selected. The schools served as a means to select in-school youth, as well as youth and adults from the wider community in which the school was located. Purposive sampling was adopted to select study participants. Young participants (15-24 years) were selected based on age, sex and marital status.

FGDs were conducted with married and unmarried young men and young women in the age groups of 15-19 and 20-24. Two FGDs were conducted with parents or caregivers: one with males and one with females, both in Sanghar. Within the FGDs, variation in education level and area of residence was ensured. As for the KIIs, two were conducted at national level (the interviews with Rutgers Pakistan and Plan Pakistan) and six were conducted at districts level. A detailed overview of participants in all FGDs, IDIs and KIIs in the two districts is provided in Table 2.

2.5 Training and data collection

The data collection team hailed from different universities and consisted of mainly Master students of the social sciences department. Four research assistants (two women and two men) were recruited. They were native and fluent in Sindhi language, enabling them to interact with study participants and interpret information collected in both districts.

A four-day workshop was organized for the research assistants in Hyderabad, Sindh. This workshop was also attended by eight participants from Rutgers Pakistan, Plan Pakistan, SAFWCO and IRM. The first day of the workshop focused on the study objectives, the qualitative research design and the topic guides, coupled with research ethics. Emphasis was put on the topic guides and each question was discussed in detail. Based on the discussions around every question, some questions were amended according to the cultural context of the study areas. Day 2 was allocated for pre-testing of the revised topic guides in Sanghar. Day 3 focused on sharing of experiences from the pre-testing and the topic guides were slightly revised. Furthermore, the sampling details were discussed and finalized. Day 4 of the workshop consisted

¹³ In Pakistan, a union council is an administrative division. Provinces or territories are divided into divisions, followed by districts, further subdivided into talukas/tehsils, which are further divided into union councils.

of capacity building on transcription and coding in Nvivo. During data collection, a team leader supervised, monitored and supported the team of four research assistants to ensure the quality of the collected data.

Table 2 Detailed overview of study participants in FGDs, IDIs and KIIs in Sanghar and Umerkot

Study participants	Sanghar	Umerkot
FGDs		
Married young men (15-19)	1	0
Unmarried young men (15-19)	1	0
Married young women (15-19)	1	1
Unmarried young women (15-19)	1	1
Married young men (20-24)	1	0
Unmarried young men (20-24)	1	0
Married young women (20-24)	1	0
Unmarried young women (20-24)	1	0
Parents (1 with male and 1 with female)	2	0
Total FGDs	10	2
IDIs		
Married young men (15-19)	1	0
Unmarried young men (15-19)	1	0
Married young women (15-19)	1	0
Unmarried young women (15-19)	0	1
Married young men (20-24)	1	0
Unmarried young men (20-24)	1	0
Married young women (20-24)	1	0
Unmarried young women (20-24)	1	0
Parents (1 with male and 1 with female)	1 female	1 male
Grandparents	1	1
Health workers	1 nurse	1 doctor
CBO representative	1	0
Teacher	1	1
Religious leader	1	1
Youth organization representative	1	0
Total IDIs	14	6
KIIs		
District level policy makers/ legislators	2	1
NGO staff	2	1
Total KIIs (district level)	4	2

2.6 Data processing and analysis

Research assistants collected the data in the form of audio recordings, field notes and jottings. All data was transcribed verbatim. Transcripts were read and finalized at two levels: by the research assistants, with quality checks conducted by the national researcher. Transcripts were coded in NVIVO version 12 and the generic coding framework developed for the YES I DO midline was adapted to the Pakistani study. The coding helped to identify patterns and similarities in the responses of the study participants from both districts. Analysis focused on reviewing cases or text segments with similar themes and examining

relationships among themes and sub-themes. The data analysis was conducted in a team, to minimize bias.

The preliminary findings were discussed at the mid-term review meeting conducted in September 2018 with representatives of all YES I DO partners. Feedback from this meeting was integrated into this report. It was not possible to conduct validation sessions with stakeholders in Sanghar and Umerkot due to uncertainties following the government decision in October 2018 to close down operations of NGO programmes¹⁴.

2.7 Ethical considerations

A No Objection Certificate (NOC) was obtained from the Deputy Commissioner of Sanghar- Social Welfare Department for the research in Sanghar and a letter of approval from the Office of the Deputy Director Social Welfare Umerkot was obtained for Umerkot. Participants gave verbal consent as they did not feel comfortable sharing their names or signatures on the consent forms. In the case of minors i.e. when participants were under the age of 18, consent of their parent or caregiver was sought.

¹⁴ <https://www.reuters.com/article/us-pakistan-ngos/pakistan-tells-18-international-ngos-to-leave-actionaid-idUSKCN1ME1N3>

3. Results

3.1 Social and cultural norms

Social and cultural norms¹⁵ were highly influential on individual behaviour. In the Pakistani context, social and cultural norms shaped the occurrence of child marriage that could result in teenage pregnancies, as well as the occurrence of gender-based violence (GBV) at household level.

3.1.1 Gender roles and norms

The data from both districts reflected the patriarchal nature of Pakistani society where females have a subordinate role. There was an indication that their role has been uplifted to go beyond their domestic and homebound duties. However, priority was still given to men in politics, education, and employment. The majority of the unmarried men and women (15-19 years) believed in distinct roles for both genders in the society. In both districts, a good (moral) character and obedience were the desired qualities for both men and women. Education was considered key for both women and men to achieve these characteristics.

Regarding perceptions of who was considered a good boy or girl, the unmarried young female participants were of the view that good boys should take care of their parents and respect girls. They should not harass girls and choose 'the right path'. Regarding girls' behaviour, most participants talked of 'the stubborn girls' – that they should not act in a wrong way to make their wishes fulfilled, but ask their parents' permission. Married young women considered a good boy as one who had a good character, took good care of his parents, earned a livelihood and a good girl as one who did *parda*¹⁶, cared for her parents and respected them.

Married young men from Sanghar district considered a good girl to be one who married at an early age. They shared that a girl should get married at the age of puberty, which would enable her to take good care of her family and earn respect. The married men indicated that a girl should know etiquettes, have good moral character and be involved in household chores, while a good boy should fulfil religious obligations such as offering prayers and having good ethics.

Besides the young participants' narratives on gendered roles and norms, some key informants shared similar perceptions as young people, while others felt differently. A legislator at Sanghar described a good girl as one who offered prayers five times a day and fully covered herself, whereas a good boy was the one who had a beard and did not take any kind of cigarette and alcohol. Another legislator from Sanghar indicated that the Muslim community thought, *"A girl who does not watch TV is much praised by the people and consider the best"*. An NGO representative in Umerkot shared a different perspective: *"A good teen means a child having good education by the parents and a happy family is where a child becomes*

¹⁵ Social and cultural norms are rules or expectations of behaviour and thoughts based on shared beliefs within a specific cultural or social group. While often unspoken, norms offer social standards for appropriate and inappropriate behaviour that govern what is (and is not) acceptable in interactions among people (WHO, 2009).

¹⁶ Covering of head and face (sometimes it can be full black gown with a scarf on head and a cloth on face).

well educated, does not get married at a young age, gets his full diet, values whatever is taught, has the right of participation and develops his confidence level”.

Other participants also placed an emphasis on education. A representative of a local youth organization in Sanghar thought that an educated person would be able to give respect to others and in case a person was uneducated, “it will affect his grooming”. The majority of the mothers were conscious about their daughters going through puberty. They usually forbade their daughters from having excessive interaction with fathers, brothers or any other male members of the family, including instructing them not to sit, sleep or watch TV in front of males. The reason for this was the belief that this would adversely affect the grooming of the girls.

The data also showed a distinct result regarding the view of religious people, as the religious person from Sanghar had a positive attitude towards education: *“education is an important factor in spoiling or making a boy good or bad”*. Among parents, one father who was interviewed said that *“if girls are educated then they will take good care of their children, also if a mother is educated then the whole family will be educated”*.

In general, there was preference for sons over daughters. A teacher from Sanghar district indicated how this manifests into discriminatory practices towards girls: *“People gave less attention to girls and concentrated more about boys, feeding them more and taking care of their health as they would be the heirs [inheritors of property]”*.

3.1.2 Cultural context, customs and beliefs

Many of the young women perceived marriage as a life-long bond between two families, where it was the responsibility of the woman to take care of her husband, children, household chores and family. It seemed that a girl of ‘marriageable age’ who was not married was considered a taboo: *“An adult unmarried girl is like a sin”* Married young woman, 15-19 years, FGD, Umerkot.

Married young women also shared that women faced harsh behaviour from their in-laws if they were unable to conceive after some years of her marriage, to the extent, that she would be unable to speak in front of them and would not have value for her in-laws or her husband. Dowry¹⁷ could also bring benefits to the groom’s family. Early marriages were also considered a means of forbidding women and men from wrong deeds (getting involved in pre-marital sex, watching porn, harassing women etc.). It was also shared that parents married their daughters early to lessen the financial burden on the family.

However, expectations were not only limited to women. Female participants also talked about parental expectations of seeing their sons marrying early and giving them grandchildren. Similarly, an NGO representative from Sanghar mentioned that parents thought less about education of boys and more about earning and focusing on expanding and sustaining household livelihood. Sons were seen as economic assets and were expected to earn money, just like other boys who earned their livelihood through engagement in agriculture, brick kilns and driving rickshaws.

¹⁷ Dowry is a harmful and common practice in Pakistan irrespective of religion. It involves payment in the form of money and/or gifts from the woman’s family to the future husband’s family. The government has passed anti-dowry laws but they have not been successful in its enforcement.

Furthermore, as mentioned in Section 3.1.1, grooming was considered as a source to good earning. A legislator shared that *“In our society and culture, girls are often taken and referred to as a lesser gender”*. Right at an early age, parents went for the *Nikah*¹⁸ and married their daughters. *“The marriages are often taken as a lavish business for the male partners where many people are invited for show-off purposes”*. Exogamous and endogamous marriages were prevalent depending on the tribe.

3.1.3 Religion

Most participants, irrespective of marital status, age or gender, considered marriage to be a religious obligation or *Sunnah* (practiced by the Holy Prophet in Islam).

The stronghold of religious beliefs was evident in the responses of many other participants. A grandmother interviewed in Sanghar expressed her thoughts on marriage and said: *“Allah had created human beings to be couples as husband and wife from the start. Since Hazrat Adam and Bibi Hawa¹⁹, Allah created all couples on sky and the practice continued till date”*. A health worker who gave a religious perspective also highlighted this. *“Marriage is a religious obligation. It was started from the creation of Hazrat Adam and Bibi Hawa”* Health worker, IDI, Sanghar.

A religious leader shared that it was not aligned with religious laws or international law to conduct an underage marriage. *“There are some Shariah laws that don’t give us permission to marry an immature girl. Girls’ and boys’ consent for the marriage should be taken, as forceful marriage is not allowed in Islam and also international law is against early child marriage”* Religious Leader, IDI, Sanghar.

A male teacher interviewed in Sanghar highlighted that women had the right to participate in marriage decision-making on religious grounds. He clarified that, according to the teachings of Holy Prophet, both genders have equal rights. He said: *“...and if we follow our beloved Prophet, He gave right of decision to women. But it is being followed in urban areas as parents of rural areas do not ask their daughters of their consent and so they are deprived of their rights.”*

3.1.4 Observed changes in social and cultural norms

The data depicted a difference between midline and baseline, that most of the young and older participants from both districts were encouraging marriage above the age of 18. This is because they believe that around this age the couple was young and energetic to manage their family responsibilities with ease. There seemed to be a change in what is considered the ideal age of marriage, with many advocating for 18 years and above to be ideal for marriage. In addition, in some cases, parents did not want their grandchildren early. A grandmother interviewed in Umerkot shared that *“now people consider 18 years age as a legal age of marriage which was not the case in earlier times”*. She also opined that girls now said they had the right to decide and choose when it came to marriage: *“They do not want to give birth to a baby immediately after marriage. It is because they want to live a better life and plan for future”*.

¹⁸ Nikah refers to the contract of marriage within Islam. It is signed by the bride and groom during the nikah ceremony.

¹⁹ Referring to Adam and Eve- the first human beings as per the Abrahamic faiths.

Some of the participants shared the emerging importance of education for girls in both districts, which was somewhat reducing the discrimination between boys and girls. A teacher from Umerkot was of the view that *“time has changed, the first thing both girls and boys of current time understand is their responsibilities [referring to social and economic responsibilities], followed by marriages to avoid any unwanted situation”*. A father interviewed from Sanghar was of the view that an educated husband and wife could lead a healthy life as they could solve their problems mutually. Married adolescent participants (15-19 years) from Umerkot talked of couples having more children at a younger age if they got married early. They also talked about family planning methods, emphasizing that to some extent, change was occurring because girls were now familiar with family planning and talked about it openly.

According to a father from Umerkot, in the last two to three years, many institutions had set up sessions and created awareness on early marriage, emphasizing that both boys and girls needed to avoid any harmful practices that would lead to health risks. For example, SAFWCO was mentioned as an organization that had been working on creating awareness about gender issues since the last 20 to 30 years.

3.2 Communication and empowerment

The generation gap between older people and youth could be observed in many aspects of life in both districts. At the same time, the data indicated that both young men and women were being empowered to discuss and share their thoughts with parents or other older members of their families. Young women indicated to be close to their mothers, elder sisters or teachers and they seemed to be able to discuss most of their personal and social issues with them. Unmarried young women explained that while they shared their problems with their mothers, friends or elder sisters, they seldom shared them with their cousins and other relatives. However, they observed that topics like puberty, marriage and SRHR were often not spoken of, leading to girls facing serious health issues. Most young women indicated that they consulted with their mothers before they took any major decision. In addition, some of them said that when their fathers did not listen to them, they usually went to their mothers. Many of the married young women from Sanghar shared that after they went through bodily changes, their parents would not allow them to meet their friends and they were not allowed to go anywhere by themselves.

Young men said that they were close to their friends and shared their SRHR issues with them. However, they took suggestions from their fathers or elder brothers on job opportunities. Unmarried young men (20-24 years) from Sanghar claimed to speak for and raise their voice for their rights including education. Mostly young men were of the opinion that sharing with adults did not necessarily have fruitful results as the elders tried to impose their will on them. A few of the young men regarded sharing with adults as a positive exercise as they often ‘felt hesitation’. In fact, some young men (20-24 years) from Sanghar shared that their parents forced them for marriage.

In contrast, a grandmother from Sanghar was of the view that young people did not hide their issues and shared them with their parents, as there was a relation of love and care between them. She cited the example of her own son whose marriage she delayed because he refused to marry. However, she also added that it depended on the space given to young people to share. She elaborated that women found it harder to share with elders due to the respect they needed to give them.

The impact of education on communication between young and older people was also mentioned. A health worker from Sanghar district was of the opinion that because of illiteracy, the elders and young people did not communicate with each other, as the latter did not wish to be disrespectful. Furthermore, there were cases where older people reported using polite language in front of children so that they would not imitate their bad behaviour and use abusive language.

3.2.1 Discussing sensitive issues

The data also showed that the majority of the young people from both districts did not share or talk much about sensitive issues. They considered SRHR as a personal matter and were very shy and limited in their responses. *“Youth can’t talk here on sensitive issues”* was a phrase expressed by both a legislator (from Sanghar) and a religious leader (from Umerkot). An NGO representative further elaborated that there was less discussion on issues pertaining to adolescent or early marriages and that *“In our society, sharing is less, children share less with their parents especially these types of issues are mostly shared with friends.”* NGO Representative, IDI, Umerkot.

Authoritative directives on the part of mothers appeared to be a barrier to communication with daughters. *“We cannot share everything with our parents or if we share something very normal with them; they didn’t listen to us or taunt us but our elder sisters are very supportive to us and always listen our issues including the sensitive one.”* Unmarried young woman, 20-24 years, FGD, Sanghar.

In Sanghar, a CBO representative shared his own experience, *“I never talk freely in front of my father as he had intimidating style. So I never talk freely.”*

Discussing sensitive issues or taboo topics such as those around SRHR were considered an act of disrespect. The grandmother from Sanghar who shared that *“Children do not speak about sensitive issues with elders because of the respect”*, illustrated this. A YES I DO NGO representative also confirmed the taboo nature of these issues.

Again, education and awareness seemed to influence the level of openness. *“Majority of the health issues are found in adolescent girls from rural areas as they are in changing process of their body, they feel fear, shame or are uncomfortable so don’t share their issues with anyone. Same issues can be found in urban areas but educated mothers take care of these issues and handle it properly.”* NGO representative, IDI, Sanghar.

Some of the mothers of Sanghar shared that they had made their children aware of SRHR issues and as a result, they could share with them freely. One of them stated, *“The issue of Zainab²⁰ on electronic media has made us aware to discuss sensitive issues with children”*.

It seemed that young men often talked to each other and because of this, they sometimes got incorrect information. It was also observed that young people, both male and female, could discuss their issues with their teachers (mainly in Sanghar) which was an improvement as compared to the situation at baseline. In addition, it was observed that with the help of Rutgers Pakistan, there were some private

²⁰ Zainab was the girl who was a raped and murdered earlier in 2018 causing public outrage and action regarding (child) sexual abuse and women’s safety in Pakistan.

clinics in Sanghar for girls to have a safe space to share their issues. The use of these clinics is explored further in Section 3.3.4.

3.2.2 Youth clubs

Except religious leaders in Sanghar and Umerkot, many people interviewed were aware about the existence of youth clubs. These youth clubs were considered as instrumental in creating awareness, community mobilization, youth empowerment, sensitization and gender empowerment. For instance, it was mentioned that the youth clubs played an instrumental role in creating awareness about the legal age of marriage of 18 years to young women in Sanghar and Umerkot. During FGDs, most of the young married women (15-19 years) in Sanghar shared that the youth organization of YES I DO had made them aware of their rights. It was also mentioned that youth had been empowered to raise their voices for their rights, resulting in a situation where some of the young women had refused (against their parent's position) to get married before 18 years. Some of the married women (15-19 years) from Umerkot mentioned that as a part of their participation in women empowerment activities, they received sewing trainings from the club. It was also mentioned that the YES I DO clubs used print and electronic media to create awareness in an efficient manner.

According to a YES I DO NGO representative, the objective was to create an informal environment through youth club activities so that young people would feel comfortable sharing SRHR issues. Many participants talked about their participation in club activities where through trainings and engagement with youth, the project seemed to have successfully educated youth to advocate for SRHR issues. It appeared that the clubs also made links with parents, religious leaders and other community members, with the support of CBOs. The young members of the clubs shared their perspectives on the role of the clubs. They took their responsibility seriously, including educating religious leaders regarding girls' education. They also mentioned that since becoming a member, they had improved their confidence level, had become vocal and bold and had started to talk about discipline, law, and social norms, while they did not have this knowledge before.

3.2.3 Observed changes in communication and empowerment

It appeared that young men usually talked to each other to get any type of information, whether appropriate or not. Young women's access to safe spaces seemed more limited, especially for those that were out-of-school and married, whose only source was their mother- or sister-in-law. However, from the midline data it was found that there was more awareness (than during baseline) that young people could discuss or ask questions to their teachers in school or in youth clubs. It was also clear that education and awareness of parents played a role in opening up more space to talk about SRHR issues. Young unmarried men (20-24 years) from Sanghar shared that earlier they were unaware about SRHR issues and did not talk about it, but after getting information from the schools or youth clubs, they were now aware of these issues and were able to discuss with peers. Although a YES I DO NGO representative spoke positively of improvements in communication between elders and youth through multiple training and awareness-raising activities, in contrast, another NGO representative indicated that there was very little participation of young people in different extracurricular activities and youth festivals, which he attributed to low levels of peer education.

3.3 Sexual and reproductive health and rights

The data revealed many experiences of young people in relation to their SRHR. Some participants explained that youth in both the districts were vulnerable and experiencing complex challenges, including an early start of puberty. They also spoke of youth gaining knowledge about their sexuality or about the consequences of their sexual behaviour. The young women in both the districts were said to be prone to high risks of pregnancy, easily fall victim to exploitation, sexual violence and discrimination. It also seemed that young women generally lacked appropriate life skills to deal with social and economic pressures and to make informed, responsible choices. In general, the narratives from the various interviews indicated that YES I DO proved to be instrumental in making youth and other stakeholders aware about their right to access adequate and age-appropriate information regarding their health and access to relevant services.

3.3.1 Sexual and reproductive health issues during the period of adolescence

Most young women spoke about the physical changes during puberty, including a growth in height and the onset of pain due to menstruation. Irrespective of age and marital status, many of the young women in both districts shared that parents advised their daughters to wear a scarf or *dupatta*²¹ properly as they had become an adult, and warned them not to behave like a child. The younger and unmarried female participants from Sanghar shared that parents asked them to take care while sitting and walking in front of boys in the family and to walk in a disciplined manner. In Umerkot, some of the unmarried younger women shared that some girls initially perceived the pain in their back or abdomen as a disease and felt fearful of it. At this point in life, their mobility also become more restricted. Some unmarried young women in Sanghar spoke of the harassment and bullying they faced from young men that restricted their mobility from going to school (including attending the university), the market or the workplace. A health worker echoed this as well. She elaborated that some girls restricted their own mobility because of what other people would think about them and they felt their body as heavier than normal. She also shared that in adolescence, majority of young women experience puberty or sex (after marriage) and due to this, they frequently get stressed. In addition, she said that girls reported to having pain in their legs and their menses was irregular: *“Like I have observed lots of cases where women experience gaps in periods even up to six months.”*

Boys also shared similar experiences. Some unmarried and married young men (age 20-24 years) from Sanghar shared: *“Boys’ body, mind and organs all grow; changes occur in his thoughts; some negative thoughts approach his mind; he finds attraction in young girls and wants to marry but as they cannot share this with their parents, they easily move to the wrong way [marriage through their own choice, love marriages]”*. Few of the older unmarried young men from Sanghar also shared that during their adolescence, they could not control their feelings, and found it very difficult to control sexual desire. Younger men also added: *“For romance one must have his own woman, if not there will be a problem.”* Married Young man, 15-19 years, FGD, Sanghar.

Key informants described adolescence as a sensitive period for both girls and boys, as both fell in love with each other and sometimes would take wrong steps (such as smoking or pre-marital sex), often due

²¹ A long scarf, usually part of the traditional attire.

to peer influence. *“When children reach puberty, changes take place, which confuse them and can lead to their exploitation. Parents should provide proper guidelines; otherwise it would have been great if our curriculum should have some related topics.”*- NGO representative, KII, Islamabad.

“They are involved in unsafe sexual relations, with that they can be suffering from lots of diseases, internal and external infections, even in young age they can be impotent.” Representative of youth organization, 20 years, IDI, Sanghar.

3.3.2 Sexual and reproductive health information sources

The common sources of information about SRHR in Sanghar and Umerkot included information from friends, close relatives and teachers. Teachers in schools had begun giving information about this topic through ‘the book of *Kiran and Roshan Rahein*’: *“In the ‘Roshan Rahein’ book everything is written like what physical changes will come in adolescence.”* Unmarried Young woman, 15-19 years, Sanghar. A teacher from Sanghar pro-actively told girls to ask her for help if they were facing any SRHR issue. In addition, in Sanghar, a CBO representative shared that in his village, his brother ran a Madrassa (religious school), where almost 120 to 130 students were studying. These students were also taught of SRHR issues. In Jhol, a teacher also indicated that girls were sharing their issues with them.

Many of the young female participants mentioned mothers, elder sisters and friends to be a source of information to them. However, it appeared that this information was not always comprehensive. An unmarried young woman (20-24 years) from Sanghar shared her mother’s advice to her: *“a good girl always keeps her eyes down while walking, she should not see here and there, a girl from a good family doesn’t do such acts, otherwise people will think negative. She says think hundred times before doing anything and never do an act to get insulted.”*

Some of the young men from Sanghar (20-24 years) also shared that boys could get information from ‘digests’ or sex stories, and the mobile phone was the easiest source of information. A teacher in Umerkot also echoed the role and influence of media.

A YES I DO NGO representative confirmed what young people were stating: *“In Pakistan, we do not consider much difference between boys and girls regarding puberty or sexuality. Young men and women don’t get proper guidance from parents...Girls have an edge that they get information about menstruation through their mothers but otherwise they know things through friends or internet.”* Parents were said to be unfamiliar with social media and the use of phones and internet, which created a gap between parents and children. No formal mechanism existed for disseminating SRHR-related information. While NGO staff framed technology as a solution, a member of the community felt concerned about how young people were accessing porn on the internet and ‘practicing’ on each other.

In remote areas, where TV or internet were unavailable and literacy rates were low, an NGO representative explained that SRHR information sources included CBO-led awareness sessions and the radio.

During an IDI with a religious leader in Sanghar, the participant shared that *“boys should come to us and ask for the solution and we will guide them”*, while a religious leader in Umerkot said that many young boys did not ask for help when they face an issue.

The YES I DO programme was also cited as a source. *“Many NGOs are working here, as SAFWCO was working here, they gather teams of boy and girls named as “Kiran Plus” they explained every single thing, and then the girls knew how to defend themselves, as if boy and girl are combined in class, then how to speak to them. This everything was explained by NGOs, and now women have more confidence than in the past. Now at least they can speak out openly about adolescence and related matters.”* Health worker, IDI, Umerkot.

NGOs were working on the scale-up of a rights-based, life skills-based education programme, which included comprehensive education about SRHR issues. This included the YES I DO programme of developing skills for young women, to provide economic benefits other than remaining (dependent and) at home. Many young women (20-24 years) in Sanghar shared that a doctor should be visited for proper information. They also shared that from the project YES I DO, they got information and knowledge that they never had before.

Young people also elaborated on how they felt when they experienced puberty and their body changing. Some female adolescents (15-19 years) from both districts shared that they had strange feelings regarding the physical changes occurring in their bodies, and got proper information after sharing their concerns with their mothers, elder sisters and teachers.

A legislator from Sanghar shared that in most of the cases, parents explained to their children what changes they were going through and how to handle them. A health worker from Sanghar shared some of the misinformation and myths that existed in the community: *“Here is a rumour that we should not take any kind of treatment during the menses. Then we tell people that this thing is not correct, we should take proper treatment if there is any issue we are feeling during our periods.”* Health worker, IDI, Sanghar.

According to her, girls faced many SRH issues when they entered puberty. *“Sometimes they find stain on their clothes, severe pain in legs, and instability in menses. We should try to let girls know of their problems and to share their problems with their mothers to take proper treatment for that”.*

3.3.3 Observed changes in sexual and reproductive health and rights information and education

There continued to be some myths regarding menstruation and sexual and reproductive health, which were present in the community. Young women and men still feared bodily changes if they had not been exposed to the right information as SRHR issues were considered taboo in the community.

Young women had started opening up more to their mothers regarding their SRHR issues. While this has resulted in some mothers reaching out to doctors to help their daughters, young women continued to be policed by their parents regarding their clothing and behaviour upon entering puberty. Others reported that girls were also told to be careful about menstruation and not to share with anybody in school. This showed that information provision still needs improvement.

Young men continued to look to their friends for SRHR-related information. School teachers had begun being more open and were slowly asking their students to discuss these issues with them. The YES I DO programme, in the form of *Kiran+*, SAFWCO’s work and the *Roshan Rahein* book was mentioned

frequently as a source of SRHR information and awareness. *“The YES I DO team tells us that if a girl is an adult then do educate her, give her vocational training as she can be stable on her feet and don’t marry her at early age.”* Married Young woman, 20-24 years, FGD, Sanghar.

Print and electronic media was not as common due to the low literacy rate in both Sanghar and Umerkot districts and some concerns were raised due to the negative effects of pornography on young people.

3.3.4 Sexual and reproductive health services

Married adolescents (15-19 years) in Sanghar talked about health workers providing them access to basic health facilities. They also mentioned that health workers treated the information given by their clients as confidential. Young unmarried women (20-24 years) in Sanghar also referred to a youth-friendly health service facility where *“a girl (nurse) took session at school”* and asked them to come visit the health facility. They talked about how they had been given invitations several times and when a few had made their first visits, they found a friendly environment. They indicated that there was privacy and that they were not charged. A young woman (20-24 years) shared her experiences in accessing SRH services. She narrated that when she had a menses problem, she shared it with her mother-in-law, after which they went for a medical check-up during her periods. She also shared that she had learned this from her cousins, who were *Kirans* in YES I DO, but that, *“in schools no one teaches us about this, only in primary school that a teacher had told us about sexual reproductive health, and also told that this all should kept private and secret”*. However, an unmarried girl from Sanghar shared that she did not know about any health services. She said that lady health workers came for polio vaccinations but did not give information about physical changes in the body. In Umerkot, there were also mixed responses. While the unmarried young women said that there was no change in health services and that nothing was available, they also mentioned that lady health workers came to give information about polio, but nothing about SRHR. However, the married participants said that there was a doctor available from an NGO and they were not charged for it. In contrast, one young woman visited the doctor at her own expense.

A nurse in Sanghar talked about her experience with young people seeking services. She mentioned the SAFWCO programme, where health workers like her were giving awareness sessions to girls about having a proper diet, and SRHR issues (puberty, menses and reproductive health) and she felt that the young girls really appreciated this. She would advise them on issues they could not share with their mothers. However, she mentioned that these sessions had stopped and need to be started again. She went on to explain: *“Change also occurred due to the positive role of health workers. They visit door to door to aware the people. Some people do not think well about them, but they are doing a good job. Lots of patients told me about the effective role of health workers, who told them harmful effects of child marriage.”*

In Sanghar, a teacher shared: *“The YES I DO programme, they focus on three people: parents, teachers and doctors. They organize a session for doctors and students, where voluntarily a doctor announce on stage that if any of the students have any problem he can come and share with him, in the Civil Hospital, so not very high numbers of students went there but some do.”* Another observation was that in school, the school staff had set up a box where students could anonymously drop their questions on SRHR issues. A sampled question from the box was cited as follows: *“Sir, I have friend whose phone is full with XX videos, and he daily calls me and forces to company him, so sir how shall I meet this problem, shall I tell this to his*

parents or not?” Doctors were presenting young women with the opportunity to share their issues privately by encouraging them to write down their problems on a piece of paper.

Talking about youth friendly services, a YES I DO NGO representative shared that *“there is a concept that we should make our health services very friendly so people will go there with full confidence and they tell their issues easily regarding health. So for this we gave training to doctors we told and request them to upgrade their facilities... the SRH services arranged things like you can say medical camps. In these camps, there was one nurse, one doctor; one can give information about SRHR. We gave them spaces so they can discuss their personal issues. Same like we developed some information, education and communication material for people’s understanding.”*

It did not become clear whether many participants visited health facilities themselves, although few youth showed awareness that SRH services existed as teachers, health workers or friends and family had told them. Some did not know about them at all. The data suggested that there are health awareness sessions in schools and that lady health workers visit at household level. However, it was unclear what type of SRHR information the health workers provide – it was unclear for girls, but especially for boys. Furthermore, it was unclear if out-of-school young people accessed SRH services, especially if unmarried.

3.3.4.1 Contraceptive use

Contraception was not widely discussed, but was mentioned in the context of family planning. Birth spacing was the most reported to be the reason to use and contraception. In general, a baby was expected by the husband and wife, particularly with pressure on the wife, once they were married. As explained by a YES I DO NGO staff representative: *“In Pakistan context, marriage means pregnancy... especially in women’s case when she conceives, then she thinks marriage is complete.”*

Married young women shared that birth spacing could be done by placing a capsule in the arm, through an injection or through taking a one-month course of tablets prescribed by the doctor. It was worth noting that none of these young women had any education, but were aware of the YES I DO programme. However, it was not clear from the data if they learnt about these family planning methods through the programme itself.

Parents-in-law, particularly the mother-in-law, was mentioned as a key player in decision making about birth spacing. *[On who will decide about having a gap between children (laughing)] “Her mother in law, she should ask her hubby for gap. That he may ask his mother about the issue, if the husband is not intelligent then the girl should convince him for the gap.”* Unmarried young woman, 15-19 years, Sanghar. When asked what would happen if a girl did not get her period for two months, the response of an unmarried girl from Sanghar revealed the options a young girl had, which included abortion. Her response also indicated that there were some misconceptions about abortion, including eating hot and spicy food as a natural remedy.

“First of all she will share with her family then her mother can guide her otherwise she will go to the doctor, if there would be some chances of pregnancy then doctor will recommend her medicine, if she decided for the abortion then she can do an abortion.... If someone who is in doubt and not sure whether she is pregnant or not, then in markets such type of tablets and other things are also available she can use it. Nowadays old age women say if you eat something hot and spicy then the embryo inside the mother will

be wasted (a natural remedy for unwanted pregnancy), they can use this method too.” Unmarried young woman, 20-24 years, Sanghar.

3.3.5 Observed changes in sexual and reproductive health services

The midline study revealed that health workers were taking sessions in schools. However, these were stopped. Young women indicated that these sessions were conducted in school and they were invited to visit the facilities. From the mid-term review meeting, the country team stated that this was due to registration issues faced by the alliance and therefore they could not provide incentives and work with the health workers anymore. Lady health workers visit at household level and medical camps have been organized. Despite this, it is unclear to what extent comprehensive information and services are provided to young people in both districts. Among the few young people who indicated using health facilities, there were mixed experiences with some stating there was privacy and that it was free while others said that was not the case. When asked about SRH services, young people usually did not respond and stayed silent, which could indicate their discomfort in talking about such a taboo topic, or that access to services is not optimal. Although the YES I DO Programme does not provide information regarding contraception to the youth directly or explicitly, young married women were aware of birth spacing methods.

3.4 Child marriage

Girls were seen as a burden on the family, and were married off at an early age. The data from both district showed that parents often try to get rid of this “huge responsibility” as soon as possible. In some cases, the marriage brought money or other benefits. Grooms were required to pay an already agreed amount (bride price) to the father or a male guardian to marry a girl. Education was mentioned as important in the context of child marriage.

Key informants also talked about challenges enforcing laws related to child marriage because in Umerkot and Sanghar, the birth registration system was ineffective. They said that birth registration for children, especially girls, was not seen as a priority, which gave room for manipulation regarding the exact age of the child/girl at the time of marriage. Just like the birth registration, the marriage registration process was also considered weak in Sindh. Participants referred to how the *Nikah Khwan*²² and the Union Council officials did not perform their duties of verifying the age of the persons getting married, and did not inform the relevant police officials.

The participants also shared their perspectives about the real and perceived adverse impact of child marriage. They repeatedly mentioned that child marriages hampered girls’ growth into healthy adults, particularly due to the likelihood of becoming pregnant early. There was some mention about large age gaps between partners in cases of child marriages, implying an unequal power dynamic.

3.4.1 (Preferred) age for marriage

When asked of the preferred age of marriage, most participants talked of a bill that was passed into law in Sindh in 2013 restricting the age of marriage to 18 years and above. An NGO representative also

²² The Nikah Khwan is the one who solemnises the Islamic marriage while a separate marriage registrar registers the marriage for legal purposes.

referred to the United Nations Convention on the Rights of the Child (UNCRC) that defines a child as one who is below 18 years. Most of the participants, including key informants and young people (both married and unmarried) considered 18 plus age to be good for both males and females. A few considered 15 years suitable for the girl. After 18, young people could be responsible and hence it was considered an appropriate age. There was a tendency for participants to express a higher age of marriage for boys compared to girls. Some young men from Sanghar (15-19 years) considered 20-22 years for young men and 18-19 years for young women as the preferred age of marriage, as they would be healthy and mature to handle the responsibilities. In contrast, some unmarried young women from Umerkot (15-19 years) considered a later age range of 22-25 years to be the ideal age for marriage.

Some participants referred to the preferred age of marriage according to Islam. There was a mixed understanding of what Islam dictated as an appropriate age. Some thought it was when young women were mature, indicated by the onset of their period, which could be as early as 9 years. Other participants mentioned 18 years as the right age according to Islam. Furthermore, religious leaders were also deemed to decide whether girls and boys were mature enough before marrying them. Sometimes, for the girl, the religious leader saw the onset of menstruation as being mature enough for the marriage.

3.4.2 Benefits of child marriage

Most young people did not see the benefits of marrying early, but they acknowledged the potential benefits that were perceived by their society. Most of the married young women (15-19 years) from Sanghar shared that there were no benefits of early marriage, as the child had no source of earning; and they raised the question on how they would then survive. However, some of these women said that parents' burden will be eased by marrying their daughter early, and that aside from this there was no benefit. Similarly, some of the married young men indicated that the only benefit was that the bride could eventually start working at home and share the burden of responsibilities with her in-laws. Many of the young men (15-19 years) thought that there was no benefit of child marriage, that it was illegal, had adverse effects on health and also indicated that many deliveries from early marriages were done by C-section. The only benefits they shared was that marriage made their family members proud. A grandmother confirmed this: *"Only this is the benefit that parents pride and honour will be saved."* Grandmother, IDI, Sanghar.

A teacher in Sanghar shared a case to illustrate some perceived benefits by poor families. *"At an early age a father sells his daughter to a 60 year old, by emotionally blackmailing his daughter- other than this there is no advantage. Later in life that type of girl spends life like a slave"*. It was also mentioned that younger women had certain traits that make them desirable wives. As shared by one of the mothers: *"If a girl will turn 25 or more, it will be difficult for her to find a spouse, lots of people have the thinking that a girl should be of younger age, who will obey her husband, but the age doesn't matter for a boy. He can have a good partner at any age"*. A representative of a youth organization shared that ensuring the protection of girls and relieving families of the burden of girls were still perceived as some of the benefits of child marriage by elders, thus explaining why the preferred age of marriage by young people is still relatively low, despite being above 18.

3.4.3 Reasons of child marriage and interlinkage with teenage pregnancy

The majority of the young men and young women from both districts had the view that parents could not keep their daughters for long at home due to poverty and that they considered their daughters as a financial burden. On the other hand, for the in-laws, their daughter-in-laws were their social support system (household chores and care work) at homes.

Others talked about the cost of the wedding being a determinant of child marriage, prompting marriage of younger daughters at the same time as the eldest one.

As summed up by a YES I DO NGO staff representative: *“In early child marriage no one asks the girls and boys. There are so many reasons behind that; one reason is they take girls as burden... Secondly, there were some social trades like parents marry their girls at an early age. One of the reasons they said it is protection, like our girls become secure after marriage, if she is beautiful and some wadera²³ saw her it will not be good for the whole family, sexual exploitation issues, they think, can be sorted out if they marry their children at an early age.”*

As mentioned in Section 3.4.1, the misconceptions around younger ages being better for marriage was also brought up. As said by an NGO representative: *“There is a myth in society that if girls become of age, young male neighbours look at them with a wrong eye and because of that fear, parents have their daughters marry early and in return teenage pregnancy takes place.”*

3.4.4 Negative consequences of child marriage

Most participants mentioned the adverse health effects of pregnancy as a negative consequence of child marriage. For young men, it was mentioned that they faced the responsibility of earning an income to support their wife in an already poor job market. Some also mentioned the illegality of child marriages. An NGO representative cautioned that at such a young age, girls and boys were not mentally prepared for the responsibilities of married life. Another NGO representative also indicated that young people's education suffered when married young.

Married young women (15-19 years) also shared that after marriage, a girl had to leave her studies as she faced bullying, for her school fellows often made jokes about her and teased her. Many married young women from Sanghar were of the view that a girl child was not able to carry out her studies, and this was a negligence of rights, which had to be stopped. Some married young women also shared that a girl after marriage had to carry out household tasks and if she were pregnant then it would be very hard for her to handle due to which her health would deteriorate.

“If a married or pregnant girl will go to school, other children will make fun of her. Even the attitude of teachers also can be negative, and teachers will not help her. There is an example of our own school related to this, that girl was very happy with her pregnancy, but our teachers did not have knowledge about this.” Married young woman, IDI, Sanghar.

²³ Landlord/ landholder.

The representative of the youth organization in Sanghar also echoed this. A schoolgirl would be asked personal questions by her peers about her relationship with her husband, *“like how do you spend your nights with your husband and how was your wedding night”*. Due to this, many girls did not want to go to school after marriage, even if they were interested, and they left their studies without completion. It was also shared by some of the married young women and the CBO representative that *“after marriage a burden of responsibilities are put on the girl for which she cannot study”*.

Some participants also highlighted the consequences for boys. They shared that after child marriage, at times boys did not hold any job or did not earn and this could create a burden for them, as they were unable to take financial responsibility. A few participants were of the opinion that boys at this young age considered marriage as a fantasy and when responsibilities were given to them, they found it very hard to face.

3.4.5 Decision making around marriage and refusing marriage

The data showed that fathers or older male members of the family mostly arranged marriages. Young people, particularly females were not consulted in decisions pertaining to their marriages. It seemed it was considered ‘shameful’ to take the opinion of a female regarding her marriage. Most of the participants said that in Pakistan, due to lack of education, authority of decisions were with the father but the mother sometimes also played a role.

Young women, specifically *Kirans* who were also interviewed, gave an example of how they would handle a case of early marriage, showing that there were some efforts of young people to raise their voice.

“Firstly we ask to her parents, if they do not accept then we ask elders and if they have not solved the problems then we ask police for help.” Unmarried young woman, 15-19 years, Sanghar.

A grandmother from Sanghar district said that often, the boy took the decision but the girl’s opinion was sought behind closed doors. Furthermore, a ‘good’ child would not refuse the decisions of their parents. One of the participants also mentioned that in case there is a refusal, parents use different strategies to get their child to accept. Although during *nikah* they take consent of the girl, the data suggest that this is more of a formality (the girl cannot say no). An NGO representative offered a nuanced perspective on young people’s ability to decide.

“If a child is 12 or 13 years old and he/she is getting married it’s out of question to ask them about their will. For they even sometimes do not know what marriage is, so how can they make a decision of marriage? They are totally unaware of the responsibilities they have to handle so it is just a change of home; from one to another home.” NGO representative, KII, Islamabad.

Education seemed to play a positive role. According to a teacher in Umerkot, those who were in university and educated did resist their parents’ decisions or made their own decisions to marry while a CBO representative said that there were instances when couples married in court.

3.4.6 Activities to prevent child marriage

Participants were of the view that with the help of the police, the Union Council should be able to stop the marriage if the girl/boy was found to be under the age of 18. However, they believed that this

structure and procedure was not active as hundreds of marriages went un-registered, while the person facilitating the marriage ceremony (*nikah khwan*) never verified the age of the couple. Many participants indicated religious leaders who were facilitating the marriage ceremonies (*nikah khwans*) were mainly interested in the fee or the sweets they received. *“Religious leaders cannot stop this act, because they earn money on marriage registration. They cannot tell people about this.”* Young man, 20-24 years, IDI, Sanghar.

Apart from raising awareness on the consequences of child marriage and on SRHR in general, participants offered a number of other suggestions on the actions that needed to be taken to end child marriage. These included the need to create awareness about the importance of birth registration, the need for appropriate criteria for issuing licenses to *Nikah Khwans* and marriage registrars and a need for training them on relevant laws.

Some of the young participants seemed to be aware of the role of NGOs in creating awareness on child marriage. During an FGD in Sanghar, young women (20-24 years) frequently referred to NGOs and the law. *“To stop early child marriage, we should get the help of NGO workers, as they come to us; they educate and make people aware. They also inform communities about the negative consequences of child marriage.”* Young woman, 20-24 years, FGD, Sanghar. They were aware that the police could be approached and that they had the power to make arrests in cases of child marriages. The YES I DO programme was explicitly mentioned as being active in stopping a child marriage case: *“When a girl was getting married in early age, we tried to stop but the mother refused and now because of YES I DO that girl is safely back.”* Grandmother, IDI, Sanghar. For the *Kirans* from the YES I DO programme, none of them had been married prior to the age of 18, thereby setting a good example.

Participants also talked about state actors who were working at ending child marriage. It was mentioned that Sanghar legislators gave awareness, education and organized programmes regarding de-merits of child marriage. For NGOs working in these districts, they clearly acknowledged the role of both education and economic empowerment in preventing early marriages.

3.4.7 Observed changes in child marriage

The midline data showed that education was considered important in the context of child marriage. The low literacy level was said to be a factor in the continuation of this practice. Awareness regarding the SCMRA 2013 was higher as compared to the baseline and participants were aware that child marriage was a criminal act. The need for better implementation of the law was raised as a concern, particularly through strengthening on the birth and marriage registration systems. Most young people did not see the benefits of marrying early, but they acknowledged the potential benefits that were perceived by society. The participants talked about how Pakistan society was deeply rooted in traditions and customs - most of which put emphasis on child marriages, particularly on females without their consent. Many participants acknowledged the activities of YES I DO in reducing child marriage.

3.5 Teenage pregnancy

3.5.1 Causes and circumstances

As indicated earlier, teenage pregnancy was usually mentioned in the context of marriage. Marriage in the Pakistani context usually implied pregnancy, which was considered a means of strengthening or completing a marriage. Some married participants in Sanghar and Umerkot and one representative of an NGO (in Sanghar) shared varied cases of teenage pregnancy. It was said that in some families, teenage pregnancy was seen as a moment to welcome new members to the family and therefore was greeted with joy but for others, teenage pregnancy could lead to child marriage, which was not desirable. Various participants shared their experiences and knowledge on the consequences of teenage pregnancy. During an FGD with unmarried young women aged 20-24 years, one participant shared her painful observation of a teenage pregnancy case. She put it as *“in our Mohallah (neighbourhood), a girl was married off when she was 13 years by her parents. Later she became pregnant, but both the mother and baby died as they could not bear the pain and burden of teenage pregnancy”*.

3.5.2 Consequences of teenage pregnancy for girls

Most participants were aware of the negative effects that could follow a teenage pregnancy, as it was a time when the girl's body was still developing. Hence, it could lead to complications in delivery, a pre-term birth, including the possibility of either the mother or child's death due to blood loss or weakness. The community felt that the girl could not fulfil her responsibility of motherhood if she was pregnant at a young age.

When asked about teenage pregnancy, participants usually responded under the assumption that pregnancy was in the case of a married young woman. The data give some insight into the consequences of pregnancy prior to marriage. *“Before marriage if a girl becomes pregnant, no one marries her... Her parents abuse her...No, they do not allow her to go to school. They throw her out of their house... After marriage if the girl becomes pregnant, others congratulate them.”* Unmarried young man, IDI, Sanghar.

In another case, a young man mentioned that marriage was also considered an immediate step after the news that the girl was pregnant. *“First society says to get married, after marriage the people talk to their parents that they did the marriage in a hurry, boy is very big in age.”* Unmarried young man, 15-19 years, FGD, Sanghar.

As mentioned in Section 3.4.2 it was clear that once married or pregnant, girls face bullying in school by peers and at times by teachers. It was not considered socially acceptable for a girl to go to school while being pregnant. The religious leader interviewed in Sanghar shared that *“a girl can't go to school during pregnancy”*.

A few participants also mentioned the mental effects of teenage pregnancy. A grandmother in Sanghar narrated how teenage pregnancy was 'spoiling' the lives of girls. She also shared a situation where in her village; another girl who was given out in marriage at a very early age became a mother of five or six children but later 'lost her mind'.

Lastly, there was frequent mention of the preference for a male child by participants, as illustrated by an unmarried young woman in Sanghar: *“After taking the ultra sound report, if there is baby girl, the in-laws will put sin on her. If she delivers a baby boy then they will be happy.”* For a similar reason, the health of a pregnant mother was also at risk, as males were usually fed better during their child- and adulthood while females usually had poorer diet and health, which would adversely affect them during a pregnancy, especially in the case of a teenage pregnancy.

3.5.3 Prevention of teenage pregnancy

The data provided some pointers to how teenage pregnancy could be prevented. For example, girls' economic empowerment was frequently mentioned to be helpful in preventing teenage pregnancy, because earning an income would give young women more voice. For instance, some married young women were of the view that when a girl was involved in income-generation, she would be heard in household matters and her opinion would hold weight. Some of the married young women (15-19 years) also talked about contraceptive methods like pills and capsules as a solution to teenage pregnancy. Many young women shared that through training they had learned not to get into child marriage as a way to prevent teenage pregnancy. Furthermore, vocational skills programmes were mentioned:

“We can give them awareness and trainings and tell them about the health... We can enhance their skills through vocational skill programmes.” Young woman, 15-19 years, IDI, Umerkot.

While contraceptives were mentioned, this was mostly in reference to birth spacing. A legislator in Sanghar said: *“To educate them for it and tell them about the other ways such as contraceptive methods and family planning. We should attract them on family planning. This is the only solution for it [teenage pregnancy] and no other solution. We should mentally prepare her about the birth spacing that you should not conceive the next baby for three years.”* The view that family planning was a solution to teenage pregnancy had strong support from mothers in Sanghar. They shared a common view that family planning was crucial for a young woman until she was ready for a baby.

“Everybody thinks with his own mind, some people like family planning some not, but there should be family planning till the girl will be able to look after her baby. She can use different methods of family planning. There should be family planning for at least two years.” Mother, FGD, Sanghar.

Many key informants advocated for awareness creation among young women. According to the policy maker interviewed in Sanghar, *“we should educate, aware and make them understand that this age is not suitable for pregnancy. How much this is harmful for you and it can create problems in the future. The baby is very tough to manage for you. Also educate her for the after effects; that she has to take medicine and to manage the expenses for it”*. On education as a solution, a YES I DO NGO representative shared how they were addressing teenage pregnancy through SRH education, where *Kirans* were educated on consequences of teenage pregnancy from a health and rights perspective, passing on the message to school-going adolescents. Furthermore, after marriage, the NGO gave the message of a 'happy family', which advised a delay of their first baby if one had an early marriage, and asked them to wait until the age of 20 for their first child.

3.5.4 Activities to help teenage mothers

The participants also shared their views on how to support teenage mothers to cope with their situations. Most participants shared that a good diet, adequate rest, regular medical check-ups and support from the in-laws and husband were crucial. Some of the married young women and legislators were of the view that proper training should be conducted to make young women (pregnant teenagers and teenage mothers) aware of the consequences they can face.

From a programme perspective, there was mention of raising awareness of birth spacing particularly in cases of early marriages, however, it was unclear if this specifically targeted teenage mothers. There was no other mention of activities specially conducted for teenage mothers.

3.5.5 Observed changes in teenage pregnancy

Participants in both districts recognized the negative consequences of teenage pregnancy. Due to this, the community did not favour child marriage that resulted in teenage pregnancies. In the midline study, girl's economic empowerment was frequently mentioned as an important strategy for preventing teenage pregnancy. Advocacy for awareness creation against child marriage and teenage pregnancy from *Kirans* was ongoing. As mentioned in Section 3.3.4.1, the use of contraceptives was not widespread.

3.6 Role of stakeholders

Eliminating child marriage would necessitate commitment and investment by various stakeholders. When asked the role of these stakeholders, most participants gave some positive feedback, however they also mentioned areas of improvement.

3.6.1 Religious and community Leaders

Participants mentioned *Pandits* and *Molvis*, religious leaders of both Hindu and Muslim communities respectively as having important roles to play in ending child marriage. It was reported that they solemnize *nikah* or *phera*²⁴ as well as select the name for newborns. Hence, they were important stakeholders when it came to reducing child marriage and teenage pregnancy. Participants believed that their influential role in the community could allow them to mobilize people to change their beliefs. The responses from the young participants seemed to suggest that *Pandits* were aware of their critical role in ending child marriage and making the necessary efforts as well. In Umerkot, an NGO representative also shared that some religious leaders knew that when performing child marriages they would be caught. He also shared that “approximately 30% or 40% of the religious people are sensitized that a law is present that prohibits marriage or *nikah* in early age.” Perhaps, this was what informed the views of the young participants. “They first get their certificate and check the correct age; if the boy and girl are below 18 then they do not arrange the marriage.” Unmarried young man, 15-19 years, IDI, Sanghar.

However, it is worth noting that not all participants were positive about the role of religious leaders. In an interview with a father in Sanghar, he explained that the religious leader he had encountered did not have much information on the appropriate or legal age for marriage: “when a girl is mature then marry her as

²⁴ A crucial feature of Hindu marriage ceremonies.

early as possible. For that molvi, when menstrual cycle starts either her age is 15, 14, or 12 years, she is mature enough to marry". Some participants also shared their worries about how corrupt religious leaders could be induced to support child marriage.

The YES I DO programme worked with religious leaders by having dialogues between them and the *Kirans*. There seemed to be a difference between the support of *Pandits* versus *Molvīs*, where the former were considered more supportive. Community leaders were not explicitly mentioned by participants in having a role of to play²⁵. However, *waderas* were frequently mentioned. These landholders often also occupied political positions of power. When speaking about *waderas*, many indicated that they were usually vote-oriented. Furthermore, there was an indication from the data that the *wadera* might also be eyeing young women in the community.

"If they [waderas] are well aware and educated than they say that marriage should be done at a proper time. But at places, where there is no education and people have low literacy and family tribal ruling and tribal culture is present, there they marry off their children forcibly before the age." Legislator, KII, Sanghar.

An NGO representative interviewed in Umerkot highlighted the changing trend with regard to the role of the *wadera* and explained that they now recognized the importance of education for the girl child. The educational level of the *wadera* themselves was also mentioned as playing a role.

SAFWCO is contributing to building community structures. *"We have our own community unit formed by SAFWCO. We call them when we see any kind of event of child marriage, they are giving awareness."* Young man, 20-24 years, Sanghar.

3.6.2 Health workers

Participants shared varied views on the role of health workers in ending child marriage with the majority referring to how they were making positive contributions. A YES I DO NGO representative was of the view that *"Lady health workers are the primarily stakeholders in this community and we engage them in the community. They give sessions in schools and they have all the facilities in their clinics...they have a role in the government perspective to educate people about health"*.

This was echoed by young women who shared that health workers were giving them relevant information about health issues, but few mentioned that they were giving information about SRHR. One of the married young women from Sanghar aged 20-24 years said: *"They also made us aware about our health issues ... when we feel any kind of problem we give the application and health workers came to us. They often visit us to give us knowledge and we have got awareness in the last two years"*. Young men did indicate the same but to a lesser extent.

Through the KIIs, a CBO representative in Sanghar shared that *"health related knowledge is provided by lady health workers and basic health units in the region. Sessions were held in families, gatherings and in a health centre where women get relevant education. And once in month these women visit and spread their brochures [information, education and communication material] too."*

²⁵ There was no mention of *Jirgahs*, which are tribal courts that make judgements at the community level. They have been banned in Sindh since 2004.

The health workers interviewed were aware of their important role in ending child marriage, although they were not sure if their efforts were appreciated. A Legislator in Sanghar had a different view regarding the role of health workers and suggested the need for them to be trained to play effective role in social issues such as child marriage: *“The health sector is like a mechanic; their work is to fix the body problems. The health worker cannot work on social aspects ... they should also be trained about it”*. As mentioned in Section 3.3.4, it is unclear if health workers were providing information related to SRHR or if they were focusing more on, for example, polio and related vaccinations. Lastly, the data suggested that health workers were accessed more through their outreach activities and household visits, rather than at the health facilities.

3.6.3 Schools and teachers

3.6.3.1 Role of teachers and accessibility of schools

Some of the unmarried participants (15-19 years) and parents from Sanghar shared that the ratio of girls to boys decreased along the educational ladder in the rural areas. This was not only due to lack of schooling facilities for girls (particularly for higher grades), but also because parents did not allow their daughters to study further. It was also mentioned that girls’ schools were often closed. Other participants shared that girls did not find transportation facilities to schools very convenient. Besides the limited accessibility to schools for girls, it seemed that the quality of schools needed improvement. *“According to rough data there are total 2100 schools in Umerkot district in which primary, secondary schools are also included. According to my knowledge there are total of 250 girls’ school available here of which nearby 50 schools are closed because of absenteeism of teachers, so see the ratio; that facility for girl schools is not available.”* NGO representative, KII, Umerkot.

Some participants talked about a situation where primary schools were sex segregated because parents did not allow their daughters to study with boys. The NGO representative from Umerkot expressed hope for change as different programmes had started: *“Waseela Taleem, BISP (Benazir Income support programme), and RSU (Reforms support unit), the RSU gives incentives and scholarships and zakat²⁶ to girlsthrough these programmes the education ratio and enrolment has increased, and children are coming to schools.”*

However, in contrast, most of the unmarried young men (15-19 years) in Umerkot were positive about their education environment, with one of them sharing that *“children of our village go to school. There is quality of education and an education friendly environment in schools.”*

When asked about teachers’ role in educating children on SRHR issues, a father in Sanghar responded, *“in our society most parents do not like their children to talk on such issues. If teachers talk about these sensitive issues then society makes a scandal of it and complains about that teacher- that he/she talks about sex with children.”* However, there seemed to be changes and parents were beginning to embrace teachers educating their children on SRHR topics. This father in Sanghar reported: *“After the YES I DO project now we inform children, we selected some teachers and they talk about this in front of parents*

²⁶ Zakat is a religious obligation and a mandatory charitable contribution from the rich to the poor in Islam. It is considered a form of tax or alms-giving given by those who meet the criteria of being wealthy.

also. Before awareness from YES I DO, they felt wrong to talk to children on this topic, but now they get a little bit of understanding... because students share books with parents. Day by day this programme is working and changes are coming.” A married young woman (20-24 years) also shared this positive view and explained that teachers were raising awareness on prevention of child marriage. It was also mentioned that female teachers talked about SRHR topics more easily compared to male teachers.

The need for training and capacity building for teachers was also expressed. An NGO representative from Umerkot shared that *“as far as sex education is concerned, first teachers should be trained through capacity building then they should teach their student about sexual education, privacy, and protection.”* Kirans were also said to reach their peers in schools.

3.6.3.2 Safety in schools

Participants alluded to different aspects that caused girls to feel unsafe at school, including how recent incidents of rape and murder have made parents feel insecure: *“Now parents think that they should teach their daughters in home. The parents are worried and they go to school with daughter and bring them back from school by themselves.”* Legislator, KII, Sanghar. Some participants indicated that while young women were safe within the boundaries of the school, the case was different while traveling: *“It’s not an open society, so the girl’s brother has to go to drop and pick her from school for safety.”* Young man, FGD, 15-19 years. A health worker in Umerkot supported the view that girls were not safe on their way to school: *“Girls are secure within the boundary of the school, but they may face many problems to reach school. If a boy teases a girl verbally and shout at her, she can’t raise her voice and if she does she’ll be blamed.”*

Hiring local teachers (i.e. from the community) increased the feeling of safety. Lastly, an NGO representative in Sanghar indicated that there was a lack of sanitation facilities in primary schools, including lack of lavatories. He highlighted this specifically was challenging for girls, which had implications on retention of girls in schools.

3.6.4 Private sector

When key informants were asked about the role of the private sector, most mentioned local businesses such as small shops in the community. A key informant shared that at times school management would contact private sector institutions for help in the construction of toilets for girls. Overall, it does not seem like the private sector plays a big role in the prevention of child marriage. From the mid-term review meeting, it was clear that particularly in Umerkot, the rural nature of the district meant that there were almost no private sector companies to work with for economic empowerment initiatives. One of the reasons for shifting to Hyderabad as a programme area was because there was potential there.

3.6.5 Police

Most participants perceived the police as being change makers and they mentioned several instances where the police had taken effective action against religious leaders and in the community in stopping child marriages. In Umerkot, an NGO representative talked about the role of the police and gave an example using a recent child marriage case: *“The role of police is that, if any case is registered regarding*

early marriage, police raids. As in the case of Amisha Khaskheli²⁷ a recent incident. We have all data including press releasing video recording of her marriage. The positive response from villagers was that they informed police about her marriage; women police station house officers performed their role.”

In Sanghar, a policy maker considered the role of the police as very important, but also expressed concern that the police may not always respond to reported cases of child marriage: *“If the police has information then they stop the marriage because of law. And this will only happen if we inform the police about 10 cases, then at least they will take action against one case.”* Some NGO representatives were of the view that sometimes the police was not willing to act because they were also members of the society but media pressure often forced them to act. Others were of the view that the police inaction could be due to lack of capacity to act. In Umerkot, a legislator also highlighted that the police took action against child marriage, but it only occurred when there was a complaint about it and they knew about it.

An NGO said: *“it is the responsibility of the police to implement rules and regulations. But still police themselves are mostly unaware about the existence of law. Training of police regarding this law is necessary.”* NGO representative, KII, Islamabad.

3.7 Economic empowerment

3.7.1 Employment opportunities and source of income

Agriculture and informal labour seemed to be the primary sources of income for the majority of the people in the two districts. *“Most of the people in our community are Sindhi, and they do labour work because they are not educated. Someone is working at a shop and some are doing labour work in the mill or they do work on daily wages.”* Unmarried Young woman, IDI, 20-24 years.

The narrative revealed that child labour on fields was also common. The *wadera* seemed to occupy a financially strong position, as they owned property, which they could lease out for crop cultivation. Women seemed to do stitching and handicraft work and it also appeared that women were not always allowed to work due to concerns regarding their respect and dignity. A teacher in Sanghar shared that although there were oil fields, the local population was only employed as labourers and not as technical staff.

In general, the data showed that employment opportunities were limited. Unmarried young men (15-19 years) were generally of the view that while employment opportunities for girls were increasing and they were able to save money through stitching clothes, opportunities for boys were absent. Married young women (20-24 years) were generally of the view that for some people there were opportunities but for others, there were none.

A policy maker also revealed poor working conditions for young women. *“...no, not any opportunity for girls as there is no safety for girls at work places. Those girls who work in the office, people think commonly that they are bad girls. In our society, we think that working women are bad for they had become independent.”* Policymaker, KII, Umerkot.

²⁷ This was an underage girl case missing from Hyderabad, which is mentioned in interview transcription but also reported in news.

All participants also talked about wealthy people within their society. Most referred to the *wadera*, a landholder, with whom the economic power was concentrated in the community.

3.7.2 Skill development

It seemed that the government was taking steps to address youth unemployment by providing employable skills training to the youth. In Umerkot, an NGO representative talked about government skills development initiatives such as BBSYDP (Benazir Bhutto Shaheed Youth Development Programme) and the Second Prime Minister Youth Development Programme.

Besides government initiatives, some participants also talked about the efforts NGOs were making to address youth unemployment. A CBO representative in Sanghar talked about Plan International's work: *"Plan International provided us with scholarship for girls; they organized tournaments, and other programmes like BBSYDP and Prime-minister's youth skill programme. Youth must be trained in courses of CIT²⁸ and DIT²⁹ with the help of NGOs and the Prime-minister's scheme"*.

It seemed that the various skills development efforts were yielding fruits. Some of the married young men (20-24 years) in Sanghar spoke of the last two years during which many youth were engaged in different kind of economic activities: young men were engaged as tailor master, some had opened grocery shops and some had opened garages for car repair. Young married women (20-24 years) in Sanghar also talked about girls who were trained to sew and were now employed. Married young men (20-24 years) in Sanghar mentioned that men could have opportunities of tailoring and females could work in the field. Females were also running beauty parlours in their homes.

Some of the young men from Sanghar district briefly mentioned the impact of NGOs in economically empowering young women, hinting that girls were able to save three to four thousand rupees from stitching at home which they learnt through the organizations.

Other participants called for more skills-based training for the youth. A health worker in Sanghar shared that *"we need programmes to give skill training to children, from where they can get technical education."*

It seemed that the skill development opportunities for young women had increased, but this was not the case for young men. Some of the young men themselves indicated this. Although the skill development opportunities have increased for young women, these were in traditionally female-oriented jobs such as stitching. There is still a long way to go as many participants emphasized that having more income-earning potential for young women would increase their decision-making power.

3.8 Laws and policies

3.8.1 Existing laws and policies

The data referred to two important pieces of legislative instruments that were enacted within the last few years. Several participants mentioned the Sindh Child Marriage Restraint Act that was passed in 2013 and a Sindh Hindu Marriage Act 2016, both of which prescribed punishments for marrying girls/boys younger

²⁸ Certificate in Information Technology.

²⁹ Diploma in Information Technology.

than 18 years. Most of the young and older study participants seemed to be aware of the Child Marriage Restraint Act.

A policy maker in Sanghar suggested that there were many laws protecting women and girls in Pakistan, but implementation was the problem: *“Child marriage restrict act, and child protection act, children act 1955 there are total 12 government acts for children. Also 10 acts for women. If you combine all the acts and make only one effective act and implement it, then nothing is impossible, like child marriage restrict age merge in child protection act for change.”* Policy maker, KII, Sanghar.

A Legislator in Sanghar made a suggestion as to why the implementation of the laws could be problematic. He surmised that the laws might be in conflict with religious laws: *“According to Islamic law society you have traditions to marry a girl at the age of 9 years. It is very difficult to report... these types of cases are traced less because all the relatives are involved in it. Outsiders are unaware about the age of children and relatives do not want to ruin it, so these cases cannot be reported.”* Some NGO employees also corroborated the conflict between the laws and religious beliefs. YES I DO NGO representatives shared their experiences in advocating for the implementation of laws to end child marriage. The Sindh youth policy was mentioned and the Child Marriage Restraint Act was lauded as an achievement. They also talked about other laws that were not being implemented: *“Like the Hindu marriage act which is passed but not implemented yet. We are also in open discussions with the government and local authorities; when and where required.”* NGO representative, Sanghar. Another participant working with an NGO in Umerkot said, *“Sindh is the only one province where Child Marriage Restraint Act exists.”* He also stated that electronic and print media play an important role in awareness raising among people: *“Now people are well aware of the definition of children, if a boy or girl is below 18, their marriage is illegal.”*

3.8.2 Political will

The data did not provide in-depth information about the extent of political will that exists, but key informants were asked about their opinion on this. In general, it was said that there is a lack of political will to fight child marriage. In Sanghar, a legislator shared that in Sindh, *“no party takes action against these culprits who rape as these parties are only interested in taking votes and do nothing.”* He also surmised that, *“the government thinks that it [allowing child marriage] is a blame on the administration system so no government worker talks about this”*. The Pakistan Peoples Party, which was the ruling party in power in Sindh, was progressive, but a YES I DO NGO representative indicated that more political will was still needed.

4. Discussion, conclusions and recommendations

This section brings a discussion on the changes observed after two years of implementation of the YES I DO programme and the limitations of this study, and provides recommendations for further programming.

4.1 Summary and discussion

The results show that communication between young people and elders is strained due to respect and shyness. This is considered part of the culture- to not speak when elders are present and behave gently. There are strict and rigid norms about how to talk to elders and it is considered disrespectful to talk about certain issues such as those related to SRHR. Furthermore, obedience is highly valued and refusal is an act of disrespect. In general, elders exercise their authority and impose their will upon children and there is usually no space for young people's opinion.

For this reason, parents in general are not a popular a source of SRHR-related information for young people. Some prefer to talk and learn about it from friends and peers. This is true of boys and girls. However, mothers and other female members of the family do play a more active role when it comes to giving information about menstruation to young women in their families. At times, young men do approach other male members in their families – usually an older brother or father, but this is more so with regard to advice on job opportunities. If a girl is out of school or married (which usually implies that she is not in school), her only source of information are female family members, often the in-laws.

At the same time, this lack of inter-generational communication has direct implications for the decision-making process around marriages, as young people have difficulty in expressing themselves or their refusal. The findings indicate that there is no real notion of taking consent of young people themselves for marriage. This is neither common nor considered the norm. This is particularly true for the girls and young women, more than for boys and young men. As explained by an NGO, that a young child does not yet understand what she or he is consenting to; it is just a shift from one home to another. Again, in this regard, data also show some changes. Most community members consider 18 years and above to be a good and appropriate age for marriage. Those community members and young people who are directly part of the YES I DO programme influence others around them to raise awareness regarding prevention of child marriage.

Considering that there is already such a restricted environment, it is all the more hard to discuss SRHR issues specifically. After much probing, participants mostly discussed puberty. However, there were differences between the young women and men. While young women mainly spoke about menstruation and related pain, young men discussed their new desires and sexual feelings, which was completely missing in the case of women. In fact, one male participant said that these feelings were uncontrollable, also indicating how sexual desire is constructed in the setting.

The findings indicate that the event of puberty marks young people as different from children. Grooming is considered an important aspect in making a 'good girl or a good boy' and this grooming is based on the social and moral values of the society which are transferred to each individual through socialization, which

is gendered. Many of the young women are instructed on how to sit and behave particularly in front of male members of the family. This ranges from the common advice to wear the *dupatta* in an appropriate way that covers themselves to rarer cases of young women being prohibited to watch TV, especially in front of male members of the family.

This also reveals the stronghold of patriarchy that governs the social and cultural norms in both Sanghar and Umerkot. Men are seen as the strongest unit of household and decision-making is in their hands. There are clear ideas of what is expected from young men and young women, with both expected to be respectful and obedient. Young men are expected to contribute financially to the household eventually, while young women are expected to cook and take care of household chores. Largely speaking, education was also considered important for both. However, the data indicate that there was still discrimination within the household between male and female children, with the former being preferred as he would be the heir. This is evident in the male child receiving the best of care, including meals or goods and more opportunities for education. Girls are perceived to be a burden to the household and this is worse if the household has many daughters. This is because they are perceived to be expensive to raise, as they are usually not allowed to work and have to pay a dowry to their husband's family. In addition, marriage works as a protective mechanism where an early marriage and consequently the husband protects the daughter from any exploitation. Hence, parents are usually keen on getting girls married off quickly. For the in-laws, having a young woman take care of household chores is an asset. As one participant explained, the young daughter-in-law is equivalent to that of a maid/household help.

When participants did indicate demerits of child marriage, it was often in relation to the negative health effects of early pregnancy. In fact, most young people and other stakeholders had knowledge about the new Child Marriage Restraint Act in Sindh, and most young people were of the belief that an ideal age of marriage is after age of 18, with some citing 23-25 years as an ideal age of marriage for a girl. However, it is worth noting that there is still the sentiment among young people that a girl should be younger than the boy should be at the time of marriage – reflecting pre-conceived notions about what constitutes an ideal couple.

Furthermore, the negative effect of child marriage on young men also came up where, once married, young men are expected to take responsibility of their wives and provide for them, which can be very difficult if they have no job. This also reflects the power dynamic that is present between men and women. Men are regarded as the final decision-makers and usually fathers decide regarding marriage partners. However, it is worth noting that for decisions around birth spacing, mother-in-laws seem play a role.

Furthermore, a pregnancy is expected and the norm once married. Hence, cases of teenage pregnancy outside marriage were not specifically highlighted. This either signals its taboo nature or reflects its low probability. There was brief mention of the consequences of pregnancy outside of marriage, where marriage itself would be considered a first step to remedy the situation. Irrespective of marital status, once pregnant, a girl could not go to school as she would be bullied. Participants in general were well aware of the negative effects of an early pregnancy – mainly the health risks that are associated with it. They were also aware that education suffers and the girl has to drop out of school (this already occurs once married), but also indicated the importance of having a job for the girl to empower her.

Although not all participants spoke freely about contraception, young people, especially those married, were mainly aware of birth spacing and some were aware of contraceptive methods such as tablets, capsules and injections. There seems to be change as parents-in-law were also more open about this according to young people, due to negative health consequences of teenage pregnancy. This is a positive signal as parents-in-law, particularly the mother-in-law, was mentioned to be a decision-maker regarding birth spacing. Girls economic empowerment was highlighted as an effective way to prevent teenage pregnancy as her ability to bring in income will increase her decision-making power in the household.

Regarding important stakeholders and strategies to combat child marriage, these included the role of religious leaders. Participants in general considered religious leaders as important stakeholders who could mobilize the community due to their influential position. The data suggest that many religious leaders were already sensitized, however, many still did not verify the age at marriage and in a few cases, if they did deem a young woman was mature enough to be married, it was on the basis of whether they had started menstruating or not. Participants, especially young people, were positive about the role and potential of NGOs citing the success of not only NGOs involved in YES I DO, but also other NGOs such as DevCon and Save the Children. Some mentioned that NGOs needed to take a long-term approach to be able to sustain their activities in the region.

Teachers in schools were found to – more than before – discuss SRHR in a friendly manner and seek solutions to the problems shared by the youth. It is worth noting that female teachers were considered better messengers of such information than male teachers as they were more comfortable talking about these topics. Health providers, particularly lady health workers are playing an active role in provision of health services. However, the data show that SRH services are present mainly through their outreach and that young people did not mention to proactively visit health facilities. Furthermore, although Rutgers Pakistan has established youth-friendly private clinics, young people did not mention visiting these – either indicating that they do not know about these clinics or that they do not yet feel confident or the need to access the services. Visits by health workers to schools to give awareness sessions have stopped. The doctors and teachers arranged youth-friendly health services through camps that are giving young people simple ways to share their problems and maintain secrecy.

As mentioned, overall, there is awareness about the new child marriage law in Sindh. Nevertheless, there is still some work to be done in implementing the rules of business as well as the newly passed Hindu Marriage Act. However, political will seems to be lacking. *Waderas*, who are landowners but also occupy political positions of power are mainly vote-oriented. The police was cited as being active in stopping child marriage once cases were reported; there is need for them to be more pro-active in finding cases.

The data also show that both districts are quite deprived in terms of economic stability; poverty is high, income levels are low and most of the population is involved in agriculture and informal labour work. Large family sizes and desires for a male child to help in the field are common. Education facilities, particularly for girls, need immediate improvement. The findings suggest that employment and skill development opportunities for young women have improved over the last years, particularly in stitching and handicrafts. However, young male participants indicated the need for also involving men in accessing such livelihood opportunities. Although young women now have more opportunities, the data raise concerns on their safety at their workplaces and the notion that working women are perceived as ‘bad

women' as they are independent. This indicates the society view on working women still needs to be improved to be supportive. Furthermore, the data also suggest that the likelihood of dropping out of school is higher as you get older, indicating that focus needs to be there on retaining young people in schools as well as reaching those who are currently out-of-school. It is the norm that young women once married drop out of school. Those who do go face bullying and peer pressure, prompting them to drop out eventually.

The findings suggest that sexual abuse and lack of safety are problems in the community. This is applicable in workplaces and en route to school but some participants also mentioned *waderas* eyeing young women. This raises urgent concerns of sensitizing those stakeholders such as the *wadera* that hold power in the community. Furthermore, some instances of intimate partner violence or domestic abuse were also highlighted.

4.2 Comparison of midline with baseline findings

A comparison of the base- and midline findings are presented per pathway below. Following each pathway, recommendations are presented for programming and research.

4.2.1 Pathway 1 – Social movement is established to transform social and gender norms that perpetuate child marriage and teenage pregnancy

Pathway 1 focuses on the gatekeepers in the community, as they are crucial in creating a social movement. The YES I DO theory of change defines gatekeepers as caretakers, health and social workers, teachers, traditional and religious leaders and peers, who influence girls' situation in relation to child marriage and teenage pregnancy. In comparison to the baseline, the midline found an improvement in the knowledge of gatekeepers regarding the harms of child marriage and teenage pregnancy. This increased from a few gatekeepers at baseline to several gatekeepers at midline. Overall, they were aware of the negative consequences of child marriage, which primarily included the adverse health effects of having an early pregnancy.

In particular, policy makers at the district level are aware of the harms of child marriage and teenage pregnancy. However, religious leaders have mixed levels of knowledge and awareness as evidenced by some religious leaders' beliefs that a girl's onset of menarche qualifies her to be mature enough to be married.

When it comes to attitudes and actions of gatekeepers, it has not improved to the same extent as their level of knowledge.

Some gatekeepers have a positive attitude and are actively involved in preventing child marriage compared to a few at baseline. Teenage pregnancy is not a specific focus and is prevented by preventing child marriage as it usually occurs within marriage. Religious leaders still have mixed attitudes about child marriage and consequently their actions are mixed. Specifically, they need to be actively verifying ages when marrying a young couple. Teachers are opening up more about giving SRHR-related information, as they are getting more aware through trainings. Health workers are also doing outreach through schools and their clinics. The police is becoming more active especially when child marriage cases are reported to

them; however, they need to be actively encouraged to look for cases. Community leaders and/or *waderas* need to be more engaged as part of the programme.

Table 3 Recommendations – Pathway 1

<p>Programme:</p> <ul style="list-style-type: none">• Support teachers on how to communicate with parents and manage parents’ expectations regarding sexuality education• Facilitate the provision of SRH trainings by lady health workers for young men• Sensitize parents about consent in relation to marriage• Use radio and local CBOs for rural areas as channels of disseminating information; explore social media as a channel for information dissemination• Facilitate inter-generational dialogues at the community level• Encourage health workers to speak about SRH issues during their outreach visits and regularize these visits <p>Research:</p> <ul style="list-style-type: none">• Investigate barriers faced by teachers in imparting SRHR education in school and strategies they use to overcome them
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4.2.2 Pathway 2 – Adolescent girls and boys are meaningfully engaged to claim their sexual and reproductive health and rights and Pathway 3 – Adolescent girls and boys take informed action on their sexual and reproductive health and rights

These pathways and strategic outcomes focus on young people. It zooms in on their meaningful engagement in the programme and young people taking informed action i.e. implying that they are aware of their SRHR and then take action accordingly.

At baseline, the qualitative data did not give insight into whether young people had ever received sexuality-related education. The qualitative midline reveals that some young people had access to SRHR information. Young people (especially those in school) have much more access to SRHR information through trainings provided by YES I DO. Due to this, to some extent, teachers are talking about it more openly and giving SRHR-related education. However, it is worth noting that the baseline showed that many young people in both districts are out of school, which the YES I DO programme is not reaching as effectively. This also has to do with the approach used in the programme of using schools as a channel to reach young people.

The midline confirmed the baseline finding that print and electronic media are not used as widely due to low literacy levels and common sources of information are peers or friends. Furthermore, the midline found that young women approach their mothers and female family members especially if they are married or out of school. The information they receive seems to focus on the negative effects of child marriage, birth spacing (after marriage) and puberty-related issues such as menstruation. The main sources of information have remained the same from base- to midline i.e. friends, parents and health

workers, but the midline shows that the role of teachers seems to expand³⁰. Furthermore, the role of youth clubs was mentioned more frequently than at baseline.

Although the midline data found that health workers had conducted awareness sessions in schools and the discussions from the mid-term review indicated that health workers were trained in providing youth-friendly health services in schools, young people did not report visiting the health facilities. Furthermore, the sessions in school by health workers had come to a halt. This indicates that young people perhaps do not feel comfortable accessing these facilities themselves. The reasons for this need to be investigated.

At baseline, very few young women and men had the ability to advocate themselves. However, this has considerably improved. The midline found that some young women and men felt that they could advocate for themselves especially if they are directly involved in YES I DO activities. After being involved in YES I DO and related programmes, they are more confident to speak up. However, they still face difficulties being heard by elders.

Zooming in specifically and the level of autonomy experienced by young women, the midline found that some level of (perceived) autonomy is observed in women between 15-24 years old, especially if they have been engaged in the YES I DO programme as *Kirans* or *Kirans+*. However young people indicated wanting to have more decision-making power. Young women, particularly those who are active *Kirans* (mainly in Sanghar) seem to have a proactive attitude and a sense of autonomy. Elders continue to play a strong role and it is the norm for young people – both for young women and men, to obey them in order to show their respect. This continues to contribute to a large communication gap between generations.

Table 4 Recommendations – Pathway 2 and 3

<p>Programme:</p> <ul style="list-style-type: none">• Integrate a rights-based approach in the LSBE along with the health content while addressing the disadvantages of child marriage and teenage pregnancy• Sensitize young people about consent in sexual relations as well as joint decision making about family planning• Target married young people to address contraceptive use and ensure the involvement of young men in the process• Focus on reaching those young people who are not directly engaged as <i>Kirans</i> and those who are out of school• Strengthen the involvement of fathers i.e. the main decision-makers in the household to create more ownership, and lessen the gap between elders and young people• Use the local Health Management Information System to monitor public health facility data and obtain private health facility level data as well for monitoring and evaluation purposes (use and type of services used) <p>Research:</p> <ul style="list-style-type: none">• Explore male masculinities – effects of child marriage and teenage pregnancy and fatherhood on males• Conduct more research on youth friendliness of SRH services at the health facility level to understand barriers in use and access
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³⁰ The qualitative component of the baseline did not provide information on sources of SRHR information. This comparison is drawn with the quantitative component of the baseline.

4.2.3 Pathway 4 — Adolescent and young women have alternatives beyond child marriage and teenage pregnancy through education and socio-economic empowerment

Education and particularly economic empowerment were widely acknowledged by the community and young people as strategies that would counter child marriage and teenage pregnancy. There was concern regarding the poor state of education facilities particularly at the secondary level. Furthermore, sanitation facilities were not up to mark especially for girls. There was mention of scholarships being provided to girls to help them continue their education.

With regard to economic opportunities, the midline showed that there were quite some opportunities for women in handicrafts and tailoring. There were skill development opportunities for them, and this seems to have increased. However, discussions during the mid-term review meeting did indicate that the opportunities in an area such as Umerkot, which is predominantly rural, are quite sparse. Social norms that restrict girls' mobility further hinders this.

When zooming into education for girls, this pathway also specifically looks at safety in and outside of schools. Although the baseline qualitative data did not give any information about safety in and out of school, the quantitative baseline data indicated a small proportion of participants who dropped out of school because it was far away. However, there was no direct mention of safety. At midline, there is far more information on the perceptions of safety in and outside of school. All participants considered schools safe. However, once married, if young women go to school, they are bullied and harassed by peers due to their marital status. Although schools were considered safe, some mentioned that girls and young women face sexual and verbal harassment on their way to school (and their workplace). Due to recent reports of rape and harassment, parents feel more fear about their daughters. A key informant mentioned the lack of safety in workplaces due to poor working conditions. Harassment in the workplace was also mentioned. Many cited picking up and dropping their children to school to ensure that they are safe. The aspect of feeling unsafe and being harassed did not emerge in the baseline where very few participants reported being sexually harassed or 'eve-teased' (from the quantitative data).

Table 5 Recommendations – Pathway 4

<p>Programme:</p> <ul style="list-style-type: none">• Sensitise schools on how to integrate those students who are married or pregnant into the classroom• Integrate messaging on GBV and 'eve-teasing' to tackle sexual harassment and assault on the way to school• Advocate for safe transport options for young women between their homes and schools/workplaces• Continue to promote enrolment of girls and incentivize the retention of young women in schools• Support young people in accessing existing initiatives or programmes run by the government aimed at supporting women as well as youth economic empowerment• Promote non-traditional trades for young women and support those young women who choose themselves to engage in jobs or skills-building that are not considered appropriate for women <p>Research:</p> <ul style="list-style-type: none">• Conduct more research on sexual violence as well as on intimate partner violence in the context of child marriage

4.2.4 Pathway 5 – Policy makers and duty bearers develop, reforms and implement policies as well as enforce laws on child marriage and teenage pregnancy

The Sindh Child Marriage Restraint Act has been in place since 2013 before the YES I DO programme began. However, the Hindu Marriage Bill was passed in 2017 in Pakistan to regulate marriages of Hindus who form a minority in the country. This came after the Sindh Hindu Marriages Act in 2016. Rules of business for the Sindh Child Marriage Restraint Act of 2013 were also specified. The Sindh Youth Policy was launched in 2018 to empower youth in the political, education and employment spheres.

The midline found that there is high awareness about the Sindh Child Marriage Restraint Act 2013 amongst almost all participants, including young people and community members. While there is a large population of Hindus in Sindh, the data do not give any indication of what the effects of the Sindh Hindu Marriages Act and the recent Hindu Marriage Bill have been, particularly on registration of marriages.

Policy makers are aware about the laws against child marriage and for child protection as well as the discrimination faced by girls and young women based on their gender. However, it is unclear what exact actions they have taken to support gender equality and girls' rights. In general, there is more attention given to girls' education as well as job and skill development opportunities for girls and young women. However, it is unclear what policy makers themselves are doing to support gender equality and girls' rights actively. The passing of new laws and allowing NGOs to work in these areas does indicate that they are supportive, although the overall environment for international NGOs has shrunk in Pakistan. However, the midline data indicate that laws are not implemented well and political will is lacking, as politicians are said to be mainly interested in getting votes.

Table 6 Recommendations – Pathway 5

<p>Programme:</p> <ul style="list-style-type: none">• Strengthen the birth registration system to ensure accurate ages at birth are recorded and that they cannot be tampered with• Strengthen civil marriage registration processes, particularly for Hindus, and promote the adherence to the Sindh Hindu Marriages Act 2016 and Hindu Marriages Bill 2017• Lobby for adequate implementation of the SCMRA 2013• Get the buy-in of community leaders and <i>waderas</i> to pledge for the fight against child marriage
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4.2.5 Crosscutting strategies

There are crosscutting strategies in the YES I DO programme. Reflections on whether these strategies are adopted are presented below.

4.2.5.1 Gender transformative approach

One of the crosscutting strategies is the gender-transformative approach. One of the observations from the midline data is that the economic opportunities promoted for girls and young women are confined to what are traditionally female-oriented jobs such as stitching and handicrafts. This is influenced by what

community members believed were the livelihood options for women. However, the discussions in the mid-term review meeting showed that when asked for preferred trades, many girls opted for driving, and the YES I DO programme will now explore this.

4.2.5.2 Meaningful youth participation

It is clear from the data that young people, especially those in school and part of the YES I DO programme are actively engaged. Although young people feel higher autonomy and ability to advocate for themselves, they still felt that their voice was not always heard in decision-making- which was still under the purview of elders.

4.2.5.3 Male involvement

Active engagement of men and boys in strategies to reduce child marriage and teenage pregnancy is present but needs to be improved. Although boys and young men are actively engaged to some extent, engagement of older men, particularly fathers, is low. Boys and young men expressed they need to get trainings from health workers as young women do, and to have more employment opportunities which is improving for young women, because of skill-building programmes. Young men and boys are largely aware of the harms of child marriage and teenage pregnancy, irrespective of education status and participation in the YES I DO programme.

There was some mention of the pressure young men face when married. This needs to be further explored to understand how child marriage and teenage pregnancy adversely affect them.

4.3 Limitations of the study

Pakistan is a country where it is a taboo to talk about SRHR issues, puberty, marriage and even about the consent of mothers in deciding to have children. While the topic guides were translated both in Urdu and Sindhi language, pre-tested and adjusted to make them culturally appropriate, in some cases, it remained difficult to talk about SRHR in the FGDs and interviews. This could have influenced the results of this study. The research team has tried as much as possible to accommodate participants' privacy and confidentiality, while stimulating open discussion.

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