



Yes I Do.

Midline study in Nametil, Mogovolas District – Mozambique

Exploring possible changes in relation to child marriage and teenage pregnancy in Mozambique two and half years into the Yes I Do programme

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List of acronyms

ANC	Antenatal Care
CBO	Community Based Organization
DHS	Demographic Health Survey
FGD	Focus Group Discussion
IUD	Intra Uterine Device (Contraceptive)
KII	Key Informant Interview
NGO	Non-Governmental Organization
PGB	Geração Biz Programme
SAAJ	Servicos Amigos dos Adolescentes e Jovens (Youth friendly services)
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRH	Sexual and Reproductive Health
SSI	Semi-Structured Interview
STI	Sexually Transmitted Infection

Key terms

Adolescents	Females and males aged 10 to 19 years old
Child marriage	Legal or customary union involving a boy or girl below the age of 18
Teenage pregnancy	Pregnancy before the age of 20
Young people / youth	Females and males aged 15 to 24 years old

EXECUTIVE SUMMARY

This report contains the results of the Yes I Do midline study conducted in Nametil, the capital of Mogovolas District, Mozambique between May and July 2018. The purpose of the study is to provide insight into possible changes in relation to child marriage and teenage pregnancy and their underlying causes since the start of the Yes I Do programme in 2016.

Methodology

The midline study uses a qualitative research design and is based on 10 focus group discussions covering in total 58 persons, 13 semi-structured interviews and 13 key informant interviews, all conducted in Nametil. These focus groups discussions and interviews were conducted with married and unmarried youth, parents and grandparents and/or caregivers as well as with key informants from the legal, social, health and education sectors.

Results

The midline study shows that the **causes and consequences of child marriage and teenage pregnancy have remained largely the same** in Nametil over the last two and half years. This is not surprising as these causes and consequences are all deeply embedded in the society, culture and systems. Limited employment opportunities and traditional gender roles continue to contribute to early sexual debut, teenage pregnancy and child marriage. However, within this context of strongly rooted social and gender norms, **also some changes are taking place**.

The **level of effort to address child marriage and teenage pregnancy has increased**. Besides talks by different stakeholders, health providers are now also providing access to contraceptives for young married and unmarried people. Youth activists and others have started to conduct edutainment type of activities. Intervention efforts to prevent specific cases of child marriage have also increased, as do activities to keep girls who are or were pregnant in school. Several stakeholders also mentioned more attention for gender based violence, both in the community as well as in schools. Many respondents are however not aware of the name of the Yes I Do programme.

The **stakeholders continue to express that child marriage does not have any benefit, nor teenage pregnancy**. While stakeholders already understood negative consequences as result of both child marriage and teenage pregnancy, this understanding has only increased since then. A new development, expressed by several stakeholders, is a stronger desire for legal instruments.

There are **some signals that meaningful youth involvement** is increasing compared to 2016. Several teachers and community leaders indicated to appreciate youth activists as a valuable resource. A young female and male are now participating in the health committee in Nametil discussing youth friendly services. Similarly, a young female and male are also involved in the multi-sectoral committee to address child marriage and teenage pregnancy, although the latter was not fully functioning during the midline study. Youth groups, including in school, are starting to provide a space for young people to communicate amongst themselves.

Communication around SRHR issues between youth and parents is still difficult for most, due to discomfort, respect for elders, or opinions that elders have old fashioned ideas. Only few parents discuss issues, such as menstruation or the need for protecting oneself from STIs and HIV, with their children.

Over the last 2.5 years, **SRHR information and services have been improved** in Nametil. This is especially the result of the establishment of SAAJ (Youth Friendly Health Service) linked to the district hospital. Besides the Yes I Do youth activists linked to the SAAJ, these activities are also supported by the Global Programme to Accelerate Action to end Child Marriage coordinated by UNFPA and UNICEF. In school, some teachers continue to have an active role in providing information on child marriage and teenage pregnancy. While some teachers mainly in natural science disciplines discuss SRH issues more holistically, many do not.

The majority of the study participants say that young people, also girls, decide for themselves these days on whom to marry and to have children with, more than during the 2016 baseline. However, there were also some participants, especially young girls themselves, who said that this also depends on the economic situation of the parents, as well as the occurrence of teenage pregnancy. Most participants mentioned that forced marriage does not happen anymore.

A few participants remarked that teenage pregnancy is only increasing, due to the early onset of sex and the limited use of contraceptives. This could indicate that many young girls, and their partners, are not empowered to protect themselves from pregnancy, STIs and HIV. Most interventions focus on preventing teenage pregnancy with limited actions and attentions to support teenage mothers.

Regarding financial autonomy, the situation was mostly the same as in 2016, with few job opportunities and the Yes I Do activities for income generation only in an early phase.

In terms of safety in and out of school, the issue of sexual abuse by teachers was mentioned in both the baseline and midline. Some reference in the midline was also made to Decree 39 on the protection of girls against violence in schools. The lack of schools continues to be a challenge for the large number of students, leading to classrooms with over 100 students and not enough teaching materials.

No new (by)law or policy have been put in place since the start of the programme. The main focus is placed on keeping girls in school and on preventing sexual abuse, for which policies were already in place. At the same time, some testimonies suggest that there are more effort towards the implementation of the existing political and legal frameworks. Quite some emphasis has gone into making SRH services more accessible for young people through the establishment of SAAJ, which was also the result of government policies. Young women were less aware of the law on child marriage than other participants.

Male partners strongly influence what decisions teenage girls make about sex and contraception. Effort is made by the programme to both include boys and girls as youth activists, and also in school and outreach programmes. However many activities, such as dialogues or theatre plays in communities, seem to be more geared towards young women. For example, the issue of the influence of male initiation rites on early sexual debut of boys had not been addressed, only that of female initiation rites.

Based on the results the main recommendations for the Yes I Do program are:

Expanded response to teenage pregnancy

In spite of better access to SRH services, participants indicated that teenage pregnancy is still on the rise. It would be useful to discuss with the Yes I Do partners what could be done within the parameters of the programme to enhance and expand the activities to more effectively prevent teenage pregnancy among young people. What could be done, for instance, is to equip young people better through comprehensive sexuality education, to improve their access to and use of contraceptives (and to address myths around

these contraceptives), and to bridge the communication gap between youth and their parents.

Focus on those most vulnerable to child marriage

While more young women seem to be able to decide whom to marry and to have children with, this does not apply to all of them. Especially those living in very poor households were said to be more vulnerable to child marriage. It would be useful to discuss with the Yes I Do partners how to best focus on households with young people that are most vulnerable to child marriage.

Informing young women on the child marriage law

In terms of child marriage, young women were less aware of the law on child marriage than other participants. It would be useful to discuss how these young women could be made more aware of this within the programme.

Meaningful youth engagement

While more meaningful engagement of youth was seen, it should be considered to discuss with the Yes I Do partners how to best support these youth, as well as how to try to expand this involvement of youth in other activities and platforms.

Economic empowerment

The situation on economic empowerment was largely the same as in 2016. Economic empowerment activities should be scaled up to reach out to (more) youth.

Gender and gender based violence

The issue of gender, especially in relation to gender based violence, seems to receive increased attention from stakeholders. As gender based violence is related to school dropout, teenage pregnancy and subsequent child marriage, it would be worthwhile discussing how to best make use of the increased attention within the Yes I Do programme.

Male involvement

While specific activities around male involvement are ongoing within the Yes I Do programme, none of the participants had been reached by these activities. Partners should discuss how a wider group of community members can be reached and how within other Yes I Do programme activities attention could be given towards the role of young men i.e. the influence of male initiation rites on early sexual debut and notions of masculinity.

Yes I Do awareness

Branding the Yes I Do programme better by all partners consistently using its name would help to better track the effect and possible impact of the programme.

Recommendations for further research

There are a number of issues that emerged from the midline study as well as the Midterm Review process which could provide valuable insights for the Yes I Do programme.

Access to and perspectives and myths on contraceptive use among youth

In the light of teenage pregnancy being on the increase and contraceptive use among youth being low, it would be useful to study the access of young people to contraceptives, as well as their perspectives on these contraceptives and possible myths. This could generate important insights into how to best increase contraceptive use among youth, and how to prevent pregnancy.

Impact of income generating activities

Economic empowerment is one of the critical pathways of the Yes I Do programme. Understanding the effect of the programme by studying what is happening with youth who have started income generation activities within the Yes I Do programme, and the effects of these activities on their lives, including in relation to teenage pregnancy and child marriage risk reduction, could provide valuable insights for the Yes I Do partners.

Meaningful engagement youth: how is it playing out

Over the course of the first 2.5 years of the Yes I Do programme, female and male youth have become (informally) involved in the SAAJ health committees, the newly established multi-sectoral district/community committees, as well as committees in school. Better understanding of the roles these youth play in these committees, the influence they have, and how these youth can best be supported could provide useful insights for the project. This research could also provide pointers for other opportunities for meaningful youth involvement that possibly exist.

Female and male initiation rites

The Yes I Do partners are already working with matrons who perform female initiation rites, as these initiation rites contribute to girls becoming sexual active at an early age. The partners are thereby trying to create a shift in this practice, by providing comprehensive sexuality information to these matrons. Looking into what effect these activities have, and how they could be strengthened could provide useful input for the programme. In addition, the Yes I Do programme has not yet looked into the influence of male initiation rites on early sexual debut of males, while the Nampula and Rapale study indicated that quite a large percentage of young men feel pressurized to become sexual active after these initiation rites. Understanding this pressure better, and finding ways on how to best work with the initiators on this issue, could also provide important information for the programme.

Accessibility of schools for girls who are or have been pregnant

A policy exists that says that girls and young women who have been pregnant can remain in school, or go back to school. However, not everyone is convinced that this policy is working. Better understanding how this policy is working, and what could be improved to enhance the access to education for these girls and young women could also be valuable for the Yes I Do Programme.

1. INTRODUCTION

1.1 Background

This report contains the results of the Yes I Do midline study conducted in Nametil, Mogovolas District, Mozambique between May and July 2018. The purpose of the study is to provide insight into possible changes achieved in relation to child marriage and teenage pregnancy and the underlying causes of these half way the Yes I Do programme. This, in order to further inform and optimize the Yes I Do intervention strategies and provide context specific knowledge for advocacy and policy purposes.

1.1.1 Sexual and reproductive health and rights of youth in Mozambique

In sub-Saharan Africa, much attention has been given to linkages between gender, sexuality and poverty, especially in the analysis of vulnerability. Several studies observe that many structural and environmental factors, including poverty, unemployment and prescribed gender roles within relationships influence sexual and reproductive health (SRH) issues and increase people's vulnerability related to these issues. Power relations in sexual negotiations are considered as major determinants of vulnerability. Women's subordinated status to men in intimate relationships contributes to male sexual domination and leaves young women with little negotiating power regarding the timing and nature of sexual encounters (Sommer & Mmari, 2015; Moore et al., 2007).

Mozambique has a predominantly young population, as 45% of its 29.7 million inhabitants are under the age of 15 and 20% are between 15 and 24 years old (UN DESA, 2017). Young women's SRH constitutes a major public health issue in Mozambique and the causes are complex and highly influenced by social, economic and cultural factors. Sexual and reproductive health and rights (SRHR) issues of young people need to be understood in a broad context as sexual relations are influenced and reinforced by a variety of factors (Hawkins et al., 2009). This includes family relations, peer pressure, gender inequalities as well as strong societal norms and values that make Mozambican young women vulnerable in general and with respect to their SRHR specifically.

A national survey from 2015 estimated that 46% of adolescent girls aged 15-19 in Mozambique were mothers or pregnant for the first time at the time of the survey (MISAU, INE & ICF, 2015). According to the WHO (2015), Mozambique has a high maternal mortality rate that is estimated to be 489 per 100,000 births, and 48% of these deaths occur among young women aged 15-24. Some reasons for these issues include limited access to modern contraceptives, or unavailability of any kind of contraceptives in rural areas. Lack of youth friendly health workers and suitable clinics for youth are also barriers to improvements of SRHR of young people (MISAU, INE & ICF, 2015).

1.1.2 Child marriage

Mozambique has one of the highest rates of child marriage in the world, affecting almost one in every two girls. According to UNICEF (2017), 48% of young women aged 20 to 24 had married by the age of 18 and 14% by the age of 15. Northern provinces have the highest rates of child marriage. Nampula is the province with the highest rate of marriage before 18 (62%) and Niassa the one with the highest rate of marriage before 15. The percentage of child marriage has been decreasing in the last decade, especially before the

age of 15, with the most significant decrease in Nampula where the percentage of young women aged 20-24 married before turning 15 dropped from 52.5% in 1997 to 17% in 2011. The percentage for marriage before 18 dropped from 72.7% to 56.6%. However, in most provinces, the population growth outpaces the progress, leading to a growth in the absolute numbers of child marriage before 15. Only in the provinces of Nampula and Zambezia the absolute number of girls married before the age of 15 decreased over the period from 2003 to 2011 (UNICEF, 2015).

Mozambique is a focus country of the UNICEF-UNFPA Global Programme to Accelerate Action to End Child Marriage, a multi-donor, multi-stakeholder programme working across 12 countries over four years (UNICEF, 2016). The main objective of that programme is to accelerate action to end child marriage, which promotes changes in community attitudes and behaviour regarding child marriage, advocates for policy reforms and supports quality education and economic opportunities. This programme, as does the Yes I Do programme, recognizes the challenge that prevention of child marriage does not only require change at the policy level and among communities, but also improvement in education and opportunities for young women, so that they have an option to continue their studies and are not forced to marry for economic reasons.

In Mozambique, child marriage rates are significantly lower among three groups: girls with secondary and higher education, girls from households with older heads of households, and girls from households that own land (UNICEF, 2015). Women who marry early and women who marry before the age of 15 finish primary school and start secondary school less frequently than those who do not marry or do so between 15 and 18. These relationships differ per region and are strongest in the Southern provinces (UNICEF, 2015).

1.1.3 Teenage pregnancy

In Mozambique, child marriage and teenage pregnancy are closely related. Among those young women who marry early while not already pregnant, many experience pregnancy between 15 and 24 months after marriage. The general decrease in child marriage has not directly translated in a decrease in teenage pregnancy, because of an increase of births out of wedlock (UNICEF, 2015). Mozambique has a high teenage pregnancy rate with a general increasing trend over the last years, from 38% in 2011 to 46% in 2015. In the provinces with the highest teenage pregnancy rates, Cabo Delgado, Niassa and Nampula, more than half of the women aged 15-19 have a child or are pregnant (65%, 61%, 60% respectively) (MISAU, INE & ICF, 2015). Young women in rural areas, without any level of schooling and from the lowest wealth quintiles are more likely to have a teenage pregnancy. Teenage pregnancy is a major contributor to the high levels of maternal mortality in Mozambique. It is estimated that 408 women out of every 100,000 die during childbirth in Mozambique (MISAU, INE & ICF, 2015). Also, teenage pregnancy is associated with a higher risk of malnutrition and death among children of adolescent mothers.

Young women who have a teenage pregnancy are less likely to finish school in Mozambique. Since 2003, there is a national Decree (39/GM/2003) which indicates that teenage mothers are able to return to school by being transferred to night courses to complete their education. However, transferring to night courses has practical challenges for teenage mothers which makes this transfer having the opposite effect of encouraging school attendance (Salvi, 2016). Not only do young mothers have a baby to care for, but, once she is at home, she also becomes increasingly burdened with heavy domestic chores. Other challenges for teenage mothers are poverty and vulnerability to HIV. An element that has been highlighted as key to prevent teenage pregnancy in Mozambique is women's empowerment, especially in relation to the ability

of requesting partners or husbands the use of contraception (UNICEF, 2015).

1.2 The Yes I Do programme

At the onset of 2016, the Yes I Do Alliance, consisting of Plan Nederland, Amref Nederland, Choice for Youth and Sexuality, Rutgers and the Royal Tropical Institute (KIT), started a programme aiming to address child marriage, teenage pregnancy and female genital mutilation/ cutting by applying a mix of context specific intervention strategies in Ethiopia, Kenya, Malawi, Mozambique, Zambia, Indonesia and Pakistan. In all countries, mixed methods research at base-, mid, and end-line is being conducted by KIT, in collaboration with national researchers. The purpose of this research is to test the underlying assumptions of the programme's theory of change, to measure the effectiveness of the interventions introduced by the programme and to look into the interrelations between child marriage, teenage pregnancy and female genital mutilation/ cutting (the latter is only applicable in Ethiopia, Kenya and Indonesia). The research is meant to assist with optimizing the Yes I Do intervention strategies and provide context specific knowledge for advocacy and policy purposes, to move towards a situation in which young women can decide if, when and whom to marry and if, when and with whom to have children.

In Mozambique, the baseline study was conducted in between August and September 2016 in Mogovolas district with Murrupula district as control area. At the request of the Mozambique Yes I Do Alliance partners, another study using the same mixed methods baseline tools was conducted at the end of 2017 in Nampula and Rapale to obtain more insight into the situation of child marriage and teenage pregnancy there as well, two years into the programme. The current research, is the 2018 midline research of the Yes I Do Programme which focused on the city of Nametil in Mogovolas district.

The Yes I Do theory of change in Mozambique

The theory of change consists of five main pathways: 1) behavioural change of community and 'gatekeepers' (stakeholders), 2) meaningful engagement of young people in claiming for their SRHR, 3) informed actions of young people on their sexual health, 4) alternatives to the practice of child marriage and teenage pregnancy through education and economic empowerment, and 5) responsibility and political will of policy makers and duty bearers to develop and implement laws towards the eradication of these practices.

The Yes I Do programme in Mozambique is implemented by four Alliance partners, namely Plan Mozambique (lead), Coalizão, Hopem and ROSC from January 2016 until December 2020. The organizations have divided responsibility for the different pathways. Hopem and Coalizão have overall responsibility for pathways 1 and 3, Coalizão for pathway 2, Plan for pathway 4, and ROSC for pathway 5. The programme collaborates with the provincial directorates of the Ministry of Health, the Ministry of Gender and Women and Children and Social Affairs, the Ministry of Education and Human Development and the Ministry of Agriculture and Economic Activities.

The Yes I Do intervention areas

The Yes I Do programme is implemented in three different districts of Nampula province: Nampula, Rapale and Mogovolas. This midline focused on the district of Mogovolas, where the 2016 baseline took place.

Mogovolas district, situated in the south of Nampula province, is divided in five Administrative Posts (Nametil, Calipo, Luluti, Mutua and Nanhupo-Rio). Mogovolas experienced a high population growth

between 1994 and 2017¹, from 182,000 inhabitants in 1994, to 273,000 in 2007 and 415,000 in 2017. Mogovolas has a primarily young population with over 28% being between 10 and 24 years (INE, 2007). The district has a poor connection with Nampula city through an unpaved dust road with many potholes. The Administrative Posts are connected with the district capital of Nametil through dust roads as well. Economic activities in Mogovolas are mainly agriculture (including cashew nuts) and livestock, but also trade, fishing, carpentry and handicraft.

Mogovolas has a high level of illiteracy, as 58% of male and 85.7% of female were unable to read and write in 2007. The population is mainly catholic (46%), Islamic (27%), or without religion (20%). Less than half of the children in urban areas have birth registrations, against only 21% in rural areas. These low registration rates are due to the large distance to be covered, not knowing about the need for such registration or this being found costly. Over 97% of Mogovolas inhabitants live in houses made of local materials such as palm leaves and mud, while only 2% has access to electricity and only 14% access to a latrine (INE, 2013). Nametil is the capital city of Mogovolas and is a highly rural city. Nametil has a district hospital which includes a youth friendly service, one secondary school and a boarding school providing place for 50 girls and 50 boys, one or two restaurants and a market.

1.3 The midline study

This midline report provides information on the situation of child marriage and teenage pregnancy in Nametil in Mogovolas in 2018. During the annual review meeting in December 2017 the partners of the Mozambique Yes I Do Alliance decided to focus the midline study on Mogovolas, because it is the only intervention area that was part of the 2016 baseline study². As the midline is of qualitative nature, it was decided to not try to cover the whole district but rather zoom in into one site in the district, to study the issues more in-depth. Nametil, the capital city of Mogovolas district, was selected as study site in close cooperation with the Yes I Do Alliance partners. This selection was based on the following criteria: Nametil was also included in the 2016 baseline study and it is the site where most Alliance members are active with as many pathways as possible being implemented. While in none of the four sites where the baseline was conducted in Mogovolas, all Yes I Do partners are active, in Nametil there are activities implemented by Plan, Coalizao, and Hopem.

1.4 Objectives of the midline study

The main aim of this study was to provide further insight into the (interrelated) causes and effects of child marriage and teenage pregnancy and the extent to which these causes and effects, and the two problems themselves, are present in the intervention areas two and half years into the Yes I Do programme in Nametil. In addition, the research aimed to provide further insight into the 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.

Specific objectives of the mid-line study

1. To explore (changes in) attitudes of community members and gate keepers around child marriage and teenage pregnancy, whether and to what extent they take action to prevent child marriage,

¹ Latest available preliminary census data.

² The study of Nampula and Rapale was conducted in 2017. There it was considered the timeframe was not enough to explore changes.

teenage pregnancy and which factors influence this and how;

2. To determine (changes in) the level of meaningful engagement of young women and young men 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 SRH and which factors influence this and how;
4. To explore and analyse whether and to what extent education and economic empowerment of young women provides them with alternatives beyond child marriage and teenage pregnancy;
5. To provide insight into (changes in) developed and implemented laws and policies on child marriage and teenage pregnancy;
6. To contribute to the evidence on effective and context specific intervention strategies to eliminate child marriage and reduce teenage pregnancy.

2. METHODOLOGY

The midline study is an intrinsic part of the Yes I Do research protocol approved in 2016, with a mixed methods baseline, a qualitative midline and a mixed methods end-line. The midline study also aimed to provide insights for the midterm review undertaken by the alliance partners in Mozambique in collaboration with the Dutch Alliance partners, to holistically take stock of progress made and challenges encountered by the Yes I Do programme so far. The midline study provides data for the qualitative indicators that are part of the monitoring and evaluation framework in Mozambique that is central to the midterm review. The qualitative study was conducted by KIT in collaboration with researchers from the Lúrio University in Nampula and in close consultation with the Yes I Do Alliance partners in Mozambique.

2.1 Overview of methods and study participants

The midline study was based on a qualitative research design using the following methods:

- Focus group discussions (FGDs) with married and unmarried young women aged between 15-19 and 20-24 years, married and unmarried young men aged between 15-19 and 20-24 years, mothers or female caregivers, and fathers or male caregivers.
- Semi-structured interviews (SSIs) with married and unmarried young women aged between 15-19 and 20-24 years; married and unmarried young men aged between 15-19 and 20-24 years; mothers, fathers, or caregivers; grandmothers, grandfathers or elders.
- Key informant interviews (KIIs) with non-governmental organization (NGO) staff and policy makers, religious and traditional leaders; teachers; health and social workers; and staff of community based organizations (CBOs) and youth organizations.

2.2 Sampling and recruitment procedures

The study participants were recruited with help from the local partners, specifically Plan and the peer educators of Coalizao. All youth participants were purposefully selected based on age, sex and marital status. While in line with the sampling frame effort was made to have an FGD with married women between 19 – 24 as well as an FGD with unmarried young man aged 19-24, the study team was not successful in doing so³. Instead, another FGD with unmarried women in this age category and another FGD with single young man aged 15-18 was included in the research. Parents and caregivers of youth between 15 and 24 years were also recruited with assistance of Yes I Do Alliance partners. The health staff was recruited in collaboration with Coalizao. Other study participants (religious and traditional leaders, teachers, social workers, representatives of youth associations and CBOs) were identified in consultation with local partners and research team members.

Table 1. Overview of methods and participants

Method	Number of FGDs, SSIs and KIIs	Number of participants
FGDs	10 FGDs	58 persons

³ Some possible reasons are: less flexible availability which made it difficult to organize a FGD, or data collectors and gatekeepers having less contacts with these groups (eg. the Yes I Do program focuses more on unmarried than married young women). However, together, FGDs and SSIs covered all different categories of age, marital status and gender.

Young women aged 15-18, unmarried	1	6
Young women aged 15-18, married	1	5
Young women aged 19-24, unmarried	2	6, 5
Young men aged 15-18, unmarried	2	6, 7
Young men aged 15-18, married	1	6
Young men aged 19-24, married	1	6
Fathers of young people	1	6
Mothers of young people	1	5
SSIs	13	13
Young woman aged 15-18, unmarried	2	2
Young woman aged 15-18, married	1	1
Young woman aged 19-24, married	2	2
Mother of young person	1	1
Grandmother	1	1
Young man aged 15-18, unmarried	1	1
Young man aged 15-18, married	1	1
Young man aged 19-24, unmarried	1	1
Young man aged 19-24, married	1	1
Father of young person	1	1
Grandfather	1	1
KIs	13	13
Health and social workers	3	3
Teachers, boarding school	3	3 (2 male, 1 female)
Youth activists	2	2 (female and male)
Traditional/community leaders	2	2 (female and male)
Legal/police	2	2
NGO	1	1

2.3 Training and data collection

The study team consisted of five persons, namely the principal investigator and four research assistants (two female and two male). Some members of the study team had been involved in the 2016 baseline, and all in the 2017 study, and therefore were familiar with the Yes I Do study protocol. For the midline study, the principal investigator and two KIT staff conducted a three-day training in Nametil on 8-10 May 2018. The training focused on basic research principles, the research protocol, research ethics including informed consent procedures, qualitative research, the tools in Portuguese and Makua, but also findings from the previous round of research and the activities of the Yes I Do programme in Mozambique. While it was anticipated to pilot the tools with individual and FGD participants on the third day, this was replaced by an internal role play in relation to an FGD. On the subsequent day, the data collection started, whereby KIT staff stayed around the first day to supervise and discuss challenges encountered. Data collection took place between 11 –and 16 May 2018.

2.4 Quality assurance

The research assistants were supervised by the principal investigator throughout the data collection period, in addition to the two KIT staff being present during the first day of data collection. In addition, daily discussions were arranged, during which the research team discussed contextual information around the interviews and FGDs, as well as emerging issues. Prior to the analysis, the principal investigator reviewed and checked all transcripts. Effort was made to include a description of the observations of the research team members at the top of the transcripts.

2.5 Data processing and analysis

Interviews and FGDs were recorded, transcribed and independently checked by another research team member not involved in the transcription of the related interview/FGD. Also, each transcript included contextual information on the FGD or interview process. For the analysis, a general coding framework developed for all Yes I do countries was adapted according to the topic guides used in Mozambique. All transcripts were coded using Nvivo software and when new themes emerged, they were added to the coding framework. Narrative were written per theme. The preliminary results were presented to the members of the community and the alliance as a form of validation and their inputs were incorporated in this report.

2.6 Ethical considerations

The study protocol respected Helsinki Declaration (2013) recommendations. It included the principal researcher Scientific Compromise and Ethics Declaration and Absence of Conflict of Interests Declarations. The midline was conducted in areas covered by the baseline study sharing the same general research objectives. The baseline was approved in 2016 by the KIT ethics committee as part of the overall global Yes I Do study protocol. The adapted version of the study protocol for Mozambique was also approved in 2016 by UniLúrio Institutional Bioethical Committee for Health, which included the midline. For the midline, the local government authorities were informed about the study and issued a letter of approval.

All participants of 18 years and above signed informed consent. For the study participants below the age of 18 years, informed consent forms were signed by their caregivers. Participants' identities were kept confidential. All participants were provided with a copy of the consent form signed by the research assistant, which included all information about the study.

3. FINDINGS

This chapter presents the main findings of the study along the five main pathways of the Yes I Do theory of change. It starts with a brief description of the context in Nametil focusing on socio-cultural and gender norms, young people's expectations around marriage and family and the role of different stakeholders, all of which are relevant for the first pathway on changing community attitudes. This contextualization continues with a focus on youth, highlighting the main findings around young people's self-expression, communication with elders, participation and decision making power. This links to pathway 2 on meaningful youth engagement. The third, fourth and fifth sections provide insights into pathway 3 on young people's SRH by detailing the situation and reported changes on SRH practices, information and services as well as more specifically on teenage pregnancy and child marriage. After that, the chapter continues with the main results on economic empowerment (pathway 4), and closes with policy and legal issues (pathway 5).

3.1 Community context

In general, the population in Nametil, including different stakeholders, did not seem to perceive advantages or benefits in child marriage or teenage pregnancy and were well aware of the negative consequences of both. At the same time, participants' accounts revealed the influence of socio-cultural and gender norms in the general attitudes towards SRHR, specially of youth. These norms were influencing young people's expectations towards marriage, family formation and their future in general. The study found that specially health providers together with young activist and some teachers were taking actions to support young people, mainly on preventing teenage pregnancy.

3.1.1 Socio-cultural and gender norms

Participants' narratives revealed multiple norms influencing community attitudes towards SRHR, especially among young people. Adolescents, both females and males, generally participated in initiation rites which symbolized the passage to adulthood. These rites also served to discuss themes such as marriage and sexuality and some participants linked this passage to sexual debut. Respect towards elders was a very strong value and therefore commonly mentioned as a characteristic of proper behaviour of both young women and young men.

Gender norms were evident from the participants' descriptions of young people's expected behaviour, which was more rigid and detailed for females than for males. While respect for elders and matureness was mentioned as valued for both young women and young men, most participants also referred to other values as important for young women, namely proper dressing and presentation, obeying the parents, husband or boyfriend, and not going out with men or alone at night. In a similar line, the study found evidence of the difference in decision making power based on gender. For example, a key stakeholder from the legal sector explained that while communities can be matrilineal, with decision making power on the maternal side, the mother's brothers are often the ones with final decision power.

"From Rio Zambezi until here, we have a matrilineal society. The maternal side decides, but always the men at that side, such as the brothers of the mother. We have had various cases of violence of the rights of the father, who has the power is the uncle. There have been trials about the division of inheritance, those who come forward are the uncles." (KII, legal sector)

While some key informants noticed that changing values and norms is a long processes, in some cases young people did refer to a difference in values and beliefs among elders and the younger population.

The gendered division of labour was also commonly mentioned by all types of participants. Some young men mentioned that they were expected to take the responsibility to cover the costs of their family and bring in money. Both young women and men referred to female responsibilities on domestic and care work. The following quotes by a community leader and by a married young man aged 19-24 illustrate the perceptions on gender roles:

“To say if someone is a good man, it is important to note his commitment, if he is in the field working, knows how to build a house, if this is the case then you know your daughter will not suffer, will have something eat, and the basics to live.” (KII, community leader)

“A good woman is the one who respects her husband, does everything always together and with the consent of her husband, and respects her husband's family. For example, at my house when my family comes, she must take good care of me and I even have to hear that she took care of everyone well.” (IDI, married young man, 19-24 years)

However, despite the clear gendered division of labour, the value of education was seen as central for both males and females. School dropout was thought of as a negative consequence of teenage pregnancy and most strategies addressing child marriage and teenage pregnancy were focusing on promoting young women's continuation of their studies. Studying was generally perceived as the way to build a better future.

At the same time, a few key stakeholders made an explicit reference to gender inequality, especially in relation to physical violence. Physical violence against women seemed to be more noticed at a community level rather than inequality in terms of social and economic conditions.

“In relation to gender, it is much more likely that men don't accept equality of women. This all has to do with their peers, as with how they have been educated (socialized). A man is socialized from his childhood as a man, and a woman as a woman. There are many problems with domestic violence, as result of the man being seen (believed to be) superior. When women take the power (come up for their rights), there is more violence. Men never come, they suffer from violence in silence, while they also suffer from violence, they don't come.” (KII, legal sector)

While the explicit reference to gender inequality was exceptional for a few participants, most did show awareness of a stronger vulnerability and risk of young women on issues such as school dropout, sexual violence, early marriage and lack of economic opportunities and employment. Local policy officers talked openly about initiatives focusing on the protection and support of young women, especially in education. The strategies that were reported to be used included the support of young women with school supplies, safe spaces to share concerns anonymously, activities to raise awareness among parents, men and communities, and accompanying pregnant teenagers to the health facility and guiding them, for example, with legal procedures or assessing their schooling options.

3.1.2 Young people's expectations

All young people mentioned the expectation to marry and have children, suggesting that the norms related to the centrality of family and its structure were strongly influencing young people's future perspectives. At the same time, most young women and men emphasized a priority of first studying or earning money to marry and have children at a later stage. The findings also suggest that independency was commonly valued among young people. This was usually expressed in economic terms generally by

both females and males, particularly in relation to being able to maintain their children. In the words of a young woman:

“My expectations, my dreams in relation to marriage are to finish my studies, to get a job and then to get married and have my children, because without a job I cannot have children, I will not be able to support them.” (IDI, unmarried young woman, 15-18 years)

During an FGD with unmarried young women aged 15-18, one participant went beyond the idea of economic independence and emphasized her desire of being independent also in terms of having a voice and negotiating how many children to have. This statements, while not representing the majority, suggests some changes or exceptions among young people’s expectations in relation to traditional gender arrangements.

“For me, as for marriage, I would like to be without obligation, but of my own accord, to be an independent woman not to depend only on my husband to work, a woman who has a voice that when she is spoken to, as to the children to be able to negotiate how many children.” (IDI, unmarried young woman, 15-18 years)

3.1.3 Role of stakeholders

The role of stakeholders addressing child marriage and teenage pregnancy was diverse and health providers in Nametil seemed to be the most active. Study participants repeatedly referred to the youth friendly health services in Nametil and more specifically, health providers within these services provided attention and counselling to young people, advised on family planning and preventing teenage pregnancy, and provided different types of contraceptives including condoms. Also commonly mentioned were the talks (palestras) that these health providers were doing not only at the youth friendly health services, but also at schools and at the community level. A mother explained during an interview:

“I know that those from the SAAJ (youth friendly health services) go to schools and community to give lectures, offer condoms and pills and other medicines to avoid pregnancy.” (IDI, mother)

Young people seemed to be aware about when these speeches took place, early in the morning at the beginning of the day before starting the individual consultations. As the following quotes illustrate, in these speeches health providers address various themes, including child marriage or condoms.

“There are lectures in the hospital every day before they start consultations, they talk about many things not only about SRH, for example: they talk about malaria, diarrhoea, tuberculosis, tooth decay, vision problems, HIV and AIDS and condoms.” (FGD, unmarried young women, 15-18 years)

“Before the beginning of the activities they give lectures that start from 6:30 a.m. to 7 a.m. They speak about any disease and take advantage to talk about the damages of child marriage and early pregnancy and inform that if the youngsters have any health problems they should go to the SAAJ (youth friendly health service).” (FGD, married young men, 15-18 years)

While there were a few negative comments stating that the attention provided at the youth friendly health services was not of enough quality, that it took time to be attended or that young people were not attended properly, in general participants were quite positive about these services and health services in general.

“Here in the village we only have a hospital, if an individual moves to the hospital, I remember that I got sick and I went to the hospital and there I was first advised about teenage pregnancy and child marriage and I also agreed, I believe the health centre tries to do the best, they even give condoms, they always give some time to advise.” (FGD, unmarried young men, 15-18 years)

The findings also show that youth activists played a relevant role in terms of awareness raising and sharing information also through the so called ‘palestras’ (talks). Particularly young study participants referred to the work by these activists with speeches and theatre about preventing teenage pregnancy and using contraceptives. These activists were also reported as people with whom young people could talk about SRHR themes. Moreover, during an FGD with unmarried young women aged 15-18, it was argued that a perceived change was the greater space to talk about sexuality topics thanks to the activists and health providers.

“There is a change that is not noticeable because young people can talk more with activists and nurses at the youth friendly health services, because talking to parents is embarrassing.” (FGD, unmarried young women, 15-18 years)

The role of teachers was also acknowledged by some participants although to a lesser extent and with statements highlighting that not all teachers were having an active role. The few examples shared about the role of teachers and schools were focused on sharing information about teenage pregnancy in some classes. A figure named ‘professor amigo’ (friend-teachers) was helping some young activists in the facilitation and organization of speeches and lectures in schools. In addition, some teachers/schools were encouraging female students to continue to go to school to prevent child marriage and teenage pregnancy.

Young people’s references to actions by other stakeholders was very limited. However, stakeholder themselves did refer to other initiatives. Fathers and mothers in FGDs mentioned being aware about intentions of Yes I Do NGOs to create saving groups for young people. Representatives of these NGOs also mentioned to be working on school clubs.

“One of the actions of this is the creation of clubs in schools, as always, this creation of clubs in schools makes them learn and see the need to study until, I think for life in the future, for adult life. Besides that, to create social movements, fun, school events, sports, competition between classes, between clubs of champion of change girls, between one school and another, this motivates them to have spirit simply instead of studying, but also to have fun.” (KII, Yes I Do NGO)

Generação BIZ, a national wide programme with linkages to the Ministry of Health, Ministry of Education, and Ministry of Youth and Sports (Chandra-Mouli, 2005), was the programme most mentioned by study participants. District representatives of youth friendly health services highlighted that multiple NGOs, such as Pathfinder, EHALE, ICAP but also Plan and Coalizao, were having an important role in supporting family their planning services. They were also said to have a role in training of health providers and raising awareness among the communities.

Finally, two other initiatives addressing child marriage and teenage pregnancy that were mentioned were a community tribunal and a multi-sectoral committee. The community tribunal is a traditional court constituted by members chosen and accepted by the communities. This tribunal works with the collaboration of the police. The community tribunal was said to receive cases of gender and sexual based violence, teenage pregnancy and child marriage. According to the informant who detailed the functioning

of this tribunal, cases of child marriage were often preferred to be addressed in this community tribunal rather than being legally denounced.

“We have shared information with the community police, the problem is that whenever there is agreement between the families the cases are not denounced. The community leaders handle these situations when there is understanding. When there is quarrelling, the case goes to the community tribunal. When a crime is detected, the case is transferred to the police.” (KII, legal sector)

As for the multi-sectoral team, this has been set up by the Yes I Do partners to work on child marriage. This multi-sectoral team is coordinated by the Permanent Secretary in Nametil. Besides the Permanent Secretary, other committee members are: an assistant coordinator, the head of the women's division and social action, a SAAJ representative, a youth and sports department representative, an education department representative, a female and a male community leader, a female and a male youth, a madrona who conducts initiation rites, a male conducting initiation rites. The role of the committee is to raise awareness, mobilize communities, and assist the Yes I Do programme with introductions within communities. Unfortunately, at the time of the midline study, the Permanent Secretary had left and was not yet replaced. According to study participants, the committee needed to be re-established.

3.1.4 Observed changes in community context

Key informants argued that changes in relation to social and gender norms take time and require long processes of social changes. However, participants' accounts indicate that the population in Nametil did perceive changes. Young women and men were strongly engaged in education and prioritizing education in their aspirations before family formation and marriage. At the same time, the study reveals that while both child marriage and teenage pregnancy were prevailing, all participants had negative attitudes towards both issues, they were highlighting only the negative consequences. Finally, particularly in relation to awareness raising activities, the study found that these actions had not only increased but were also led by a wider variety of stakeholders than before.

3.2 Youth engagement

The main findings on youth engagement are presented along the following lines: self-expression and intergenerational communication, participation and decision making power.

3.2.1 Self-expression and intergenerational communication

Young people in Nametil had limited spaces to openly discuss and communicate about their worries and interests, specially about sexuality topics. Young people preferred to not openly talk about sexuality topics because of fears of being misunderstood or perceived as disrespectful. In the words of a married young women aged 19-24 *“there is no room for conversation, my female and male friends say they do not talk for fear and fear of being misinterpreted.”* It was among peers where young people seemed to be more comfortable to open up. Young men were generally more open than young women in talking about sexuality and providing examples on how they discussed with peer students, friends and youth activists.

“A space self, we do not have any particular space because we talk in any place, when we play checkers or watch a football game, we talk about our living in our homes, we talk about buying capulana (wrap skirt) for our wives.” (IDI, married young man, 19-24 years)

"I have only talked to people who are close to my age, two years older, are cousins, brothers and friends." (FGD, unmarried young men, 15-18 years)

Young peoples' as well as elders' accounts revealed a strong gap in intergenerational communication. From the perspective of young people, different reasons were given for this gap. Trying to talk about sexuality issues with adult people was a sign of disrespect while respect towards elders was very important for them. For example, during an FGD with married young men aged 15-18, it was argued that even telling a father that you liked a certain girl was perceived as being disrespectful. This situation was not restrictive only for sexually topics but broader. The testimony of a young man arguing that young people felt humiliated for not being taken into account even for conversations is illustrative of the intergenerational communication gap.

"For example I am a young man and I go to meet my father and tell him father I liked that girl, he will tell me that I have no respect for him and how do I dare to tell these things to him." (FGD, married young men, 15-18 years)

"(the lack of intergenerational communication) It is not because we do not want to, we do want, it is the older ones... This is something that makes us feel humiliated in this area, if we are called (by the older ones) we know in our conscience that it is to tell us or criticize something, they never call us for a simple conversation." (IDI, unmarried young man, 15-18 years)

A general fear and shyness towards elders was also mentioned. In the words of the participants: *"There is no communication with the elders and young people, because our elders do not open up and this creates fears."* (IDI, married young woman, 19-24 years), or *"I have no one to talk to because I'm too ashamed to talk about myself with other people, especially to the older ones, but I've talked to girls my age."* (IDI, married young woman, 15-18 years). These kinds of statements were not only among females, also among males as the following quote by a married young man aged 19-24 shows: *"It is not easy that it (communication about sexuality) happens and very shameful I will never do it I can barely communicate that I am already married."* Related to the shyness and fears there was the acknowledgement by several participants that the lack of communication was two sided. In other words, even if elders would create more space to openly communicate, some young people would prefer not to. Additional barriers for intergenerational communication that were mentioned were the difference in perspectives and knowledge among parents and youth as well as some youth not wanting to listen to elders.

At the same time, some young people were talking to elders about sexuality topics. Menstruation was a topic that young women commonly discussed with their mothers. Some people also said to pose questions about sexual relations to elders although not necessarily to their parents, several mentioned their aunts as the adult person they did go to when they needed to talk.

"My aunt asked me if I was dating someone and I told her yes. She asked if I used a condom to prevent illness and pregnancy and I said yes. I also was advised to take care of hygiene especially when I'm menstruating." (FGD, unmarried young women, 19-24 years)

However, the study also found a few cases where participants addressed questions with elders and got a negative response. For example, a young woman was having menstrual cramps and when she raised her issue her family accused her of having sexual relations.

"I talked to my mother only when I got my menstruation and she only taught me how to take care of

me and she advised me not to tell anyone, but on other subjects like SRH I never talk to her. As for the increase (in intergenerational communication) one does not notice anything, there are few girls who have opportunity to talk with their parents about SRH.” (FGD, unmarried young women, 15-18 years)

From the perspective of elders, it was also acknowledged that intergenerational communication was limited and they highlighted that young people did not want to discuss with them certain issues. Elders also referred to the different ideas among elders and youth and some even argued that the intergenerational communication gap was increasing.

“Once upon a time there was this (intergenerational) communication and the elders gave us advice on how to live, how to take care of our homes. Today young people say that older people have old ideas.” (IDI, father)

All these results indicate that there was a strong gap in intergenerational communication mainly caused by the influence of social norms around respect of elders and sexual taboos as well as the difference in ideas and beliefs between elders and youth. While in general participants argued that there was little change on that issue, some young people showed examples of open communication, particularly with aunts, on sexual relations as well as menstrual hygiene in the case of young women.

3.2.2 Youth participation

In general terms, young participants argued that in Nametil youth participation and voice was limited as young people were rarely invited in community encounters or activities. Also, young people required an adult for certain activities like to go to the police for cases of gender based violence.

“In my view, in the community, young people have an insignificant role; it is seldom that young people are invited to join their elders to participate in a meeting, young people have no voice.” (IDI, unmarried young man, 15-18 years)

“Because we, we are not the ones who go directly to the police, because in order to get there we have to go out with an adult, and that person can talk to the police.” (KII, youth activist)

Young people who were part of youth groups or youth activist networks had a more active role by participating in the activities led by these groups. These activities were mainly peer to peer education, awareness raising, support of the youth friendly services, or speeches (palestras) about contraceptives at school level or at the youth friendly health services. Theatre was a common methodology in the awareness raising activities. Moreover, some youth activists explained that during these activities, when they found cases shared by young women who were being married off, they would also talk to the young woman's parents and family to try to intervene.

The study also found that some key stakeholders engaged young people or youth representatives in their initiatives. A Yes I Do NGO facilitated training about champions of change to in-school youth with the aim to build leadership skills among youth through debates. These trainings were given separately to young women's clubs and young men's clubs although in community activities both worked together.

“The training on champions of change is given in schools, I did the first meeting with the boys' club, and I wanted to see what their understanding of it was, what their perspective on marriage was, many of them said they do not want to get married before they are 25 years old, many of them

realize that it is possible to get there, to not get married, before the age of 25..." (KII, Yes I Do NGO)

"They are all mixed, but you work independently in the sessions about champions of change which are specific for boys clubs and girls clubs, but in the activities in the community they work together." (KII, Yes I Do NGO)

Another initiative in which young people were engaged was within a school where a so called 'steering committee for transversal themes' was established. In this committee, members of the school council and parent representatives meet with a teacher representative, a student representative and a representative of the school management to discuss issues of concern at community or school level. The multi-sectoral team to prevent child marriage also included representation of youth, namely two young people engaged in youth groups. These two cases show recent examples of youth engagement, within a context of limited youth involvement outside youth groups and the activities led by them.

3.2.3 Decision making power of youth

The study mainly explored decision making power of youth in relation to marriage and family formation. In general, the findings indicate that in the awareness raising activities, young people received information encouraging the strengthening of decision making power of youth, for example by youth groups. Several young people affirmed that they were the ones who had decided when they wanted to marry and with whom, and the same was also reported by elders who commonly argued that nowadays young people were deciding themselves about marriage and family formation. Participants' accounts also suggest that some young people do confront or oppose parents' preferences and some parents argued that when they try to advice their young children they are not listened to or the children turn against them.

"I was the one who decided, I got married this year, I liked the girl so much, so did she, and I took the initiative to get married. My father gave me a home and thank God I live there and I'm fine with my wife." (IDI, married young man, 15-18 years)

"Children today decide to marry by themselves, no one forces them to marry and when we prevent it, then they run away from home to their boyfriend's house. For example, I have a niece who every day arranges a different 'husband', she sometimes does not even know the boy and already wants to live with him, and when she is advised to wait a while to meet him, she leaves her parents' house without fearing her parents." (FGD, mothers)

At the same time, the study found multiple cases where young people expressed that the decisions on marriage relied on their parents. As for the topic on how many children to have, some married young men expressed it was their decision and not their wife's.

"In the community it is the father of the girl or it is the couple that decides for example in my life I have the right to decide how many children I can have" (FGD, married young men, 15-18 years)

"I have to decide, since I am the man of the house, the woman cannot decide the number of children." (FGD, married young men, 15-18 years)

3.1.4 Observed changes in youth engagement

The study participants emphasized that the decision making on marriage relied on young people themselves and express that this was a greater autonomy of the 'current times', suggesting that there has been a change over the years. However, the main findings indicate that youth engagement was limited in

general with little change. Nevertheless, through youth led activities and among peers, young people were finding spaces to communicate and participate.

3.3 Sexual and reproductive health practices, information and services

This section starts with a description of the reasons around young people's sexual debut, continues presenting which are the main SRHR issues that young people were facing according to the study findings, then details the highlights around SRHR information and services and closes with a brief mention to some observed changes.

3.3.1 Sexual debut and reasons for engaging in sexual relations

Most participants stated that both young women and men started having sexual relations at an early age. Ages between 9 and 18 were mentioned, but ages between 11 and 14 were the most commonly reported. Furthermore, it was argued that generally young women started earlier than young men. Participants who spoke of starting with sexual relations at the age of 10 or earlier, were talking more about a particular case they knew of, rather than stating that it was the average age for all young women to start.

"The men start a little later, with 13 or 14, but the girls even with 9 years old they might engage with an older man." (FGD, married young men, 19-24 years)

"I knew of a girl of 10 years old, who was dating a man of 50 years. I tried to find out if it was forced, but I was told she wanted it." (FGD, married young men, 15-18 years)

With regard to the reasons behind sexual debut for females, a variety of reasons was mentioned. The start of menstruation and initiation rites were the most commonly reported factors to start with sexual activity at early age. At the same time, the study found a wide variety of other responses such economic reasons, especially when engaging in sexual relations with older men, or peer pressure. Another reason that was stated by various participants, young people and adults, was the influence of media, internet and television. This was explained by all participants as a negative influence. They considered that the films and soap operas create the curiosity to start with sexual activity in children of very young age.

"It (starting sexual relations early) happens because of cultural reasons. Immediately when a girl has her first menstruation, the older ones, instead of talking with her about health and hygiene, they elaborate on the whole package. This is a bit difficult. From here, they leave with the knowledge they are big already, and so the young people want to experiment." (KII, Teacher)

"For example, I have a friend who knows an older man. He told her 'I want to date you'. She asked him 'just date or you want to marry me?'. He answered: 'just date because I am married already.' One day he invited her to his house and said: 'I want to sleep with you today, I will pay you.' She went to talk with me and ask my advice, I told her it depends on herself if she wants to accept or not. She told me: 'I will have sex with him because in my house there is no food, my parents don't have money.' So, she went to receive the money and had sex with him." (IDI, unmarried young woman, 15-18 years)

"They start very early with sex because they learn how you have sex in videos and soap operas and from there they experiment and get the habit to become experts." (KII, Community Leader)

The study found that besides the reasons above, young participants also came up with a variety of other reasons to be sexually active such as: being in love, lack of education on the risks, pressure from a boyfriend and seeing the example of your parents because you sleep in the same room. Furthermore, with regard to specific reasons for males to engage in sexual relations, 'status' and 'need to imitate' were reported by various young men.

"For us men, we start early because we want to imitate the others and have status. Like: I am already grown and I want my own house and take care of myself." (IDI, married young man, 19-24 years)

Lastly, with respect to the reasons for young people to engage in sexual relations, from the responses given by some adults, there seems to be a notion that the 'youth of today' start earlier with sex than the older generation.

"So that is what I am trying to say, the children today they don't have control. In the past the girls married as virgins, at present after they are born and as soon as they turn 11 they already start sexual relations." (IDI, Grandmother)

3.3.2 Sexual and reproductive health and rights issues that young people face

The majority of the participants, both young people and adults, reported sexually transmitted infections (STIs) and early pregnancy to be the main SRHR issues that young people face. Furthermore, most participants mentioned the risks that early pregnancy brings.

"The risks they run are to contract an STI, get pregnant and the man will not assume the child and they have no means to provide for their child, they also suffer because their body is not ready to have children and their parents will be very worried." (FGD, married young men, 19-24 years)

"(the issues young people face) are illnesses, like teenage pregnancy, HIV and AIDS, gonorrhoea, syphilis. For example, I know a girl who engaged with a man when she was 13 years old, for money, she got HIV." (IDI, Mother)

A key informant within the health sector confirmed that the main issues for which young people went to the youth friendly health service were related to STIs and (prevention of) pregnancy and that they generally came after becoming sexually active. Body changes in puberty and start of menstruation were other questions that young people who visited the youth friendly health service had.

"The girls come to look for SRH services related to contraceptives. We have girls here arriving with fistulas, complications of unsafe abortion, unwanted pregnancies. For boys the main motives to look for SRH services is to know about condom use, prevention of illness, they have doubts about the education and communication. For example: I had an adolescent who was questioning if there is no risk in hurting the penis if you use a condom. This doubt arose when he attended a presentation on the correct use of the condom." (KII, health sector)

An issue brought up by young people themselves as well as by youth activists, was the difficulty of being consistent in condom use and the contradictory information and statements around it.

"... we young people, don't like to obey. We are advised to use condoms, and the majority of the young people say they want to eat meat with meat." (IDI, married young man, 15-18 years)

“One of them (SRHR issues), is the use of condom, like they say, at the moment when they want to have sex, there are some men saying they don’t want to use the condom, that is not for me, it is a joke of the activists, something the government invented, that hurts a lot. They reach the information, but their partner says this, says he does not want to use the condom.” (KII, youth activist)

Besides the above issues, there were some issues that were mentioned by one or very few participants, such as: unsafe abortion and risky sexual behaviour, such as unprotected sex, due to alcohol consumption.

3.3.3 Sexual and reproductive health information and services

Many participants reported that young people had access to SRHR information at the youth friendly health service (SAAJ) and thanks to the Geração Biz Programme (PGB). This programme is coordinated by the government and has multiple components providing both face-to-face peer education, talks in health centres and at schools, as well as the possibility to ask your questions via SMS. Furthermore, there is special attention for the concerns and needs of girls and young women in this programme. There was a participant who specifically mentioned the Yes I Do programme as a source of information for young people:

“There is the SAAJ at the hospital, PGB and for those who live far they use SMS PGB. There they talk about SRH, how to prevent pregnancy, use of condom, that you should not have sex at early age, take care of your body, avoid sexual transmitted diseases. For example, the daughter of my neighbour works with Rapariga PGB and she advises many girls in our neighbourhood... Some time ago, it was difficult for young people in these places to ask advice, but lately with the SAAJ and PGB and SMS PGB, many things changed and the young people reach out to it.” (IDI, mother)

“The girls go to the secondary school because there is the Yes I Do programme and the Rapariga PGB. They can find information there. Or they go to the health unit, there they also give information about pregnancy and early marriage.” (IDI, unmarried young man, 19-24 years)

With respect to the information provided at school, the study found that information is mostly given by health providers and youth activists who go to the school for talks on SRHR. Only few participants referred to the teachers in school providing SRHR information. Some of the responses given by the participants, suggest that some teachers were hesitant to talk in a direct way about SRHR. Another source of information that various participants reported was friends. This was especially mentioned as alternative when services are not accessible. Finally, one key informant, a female teacher mentioned that (young) people also receive SRHR information via WhatsApp. There was only one participant, a grandfather, who expressed himself negatively towards educating young people at early age about sexuality:

“... But recently there exist something negative, because they are giving us a scandal now, that is not education, just see, why you inform a kid of 12 years about how he will start having sex with a girl? It is a scandal.” (IDI, Grandfather)

In relation to accessibility to SRH services, the study found different responses. Some participants indicated that long waiting times, lack of courtesy and illicit charges are barriers to access services. An NGO worker mentioned that furthermore, the lack of knowledge of where information and services are available can prevent young people from accessing it. At the same time, in general, participants also

mentioned positive aspects of the services, such as the talks and available information and the fact that access to contraceptives is for free.

Participant 1: *"We have access yes, it is just that we stay long time in the queue because it is full, but what is worrying us most is the way we are treated, they don't look at us closely and at our concerns, we receive the condoms but for the implants and the pills they are selling, we are charged."*

Participant 2: *"For me, they attend us well, I have never experienced what my sister is telling."*

Participant 3: *"Me too, I am always well attended, the problem we have is the waiting time for the consult."* (FGD, unmarried young women, 19- 24 years)

"They live as if they were blind, there is a lack of information available for young people and awareness campaigns to wake them up. There is a need for more campaigns, to show that the information is available and where they can find it. To assure the information is really accessible." (KII, Yes I Do NGO)

3.3.4 Observed changes in sexual and reproductive health practices, information and services

When participants were asked about changes in the last two years with regard to access to SRHR information and services, a few participants in the FGD of young females indicated it used to be better, as there were (more) youth activists in the communities before. The study found that participants repeatedly referred back to the PGB arguing that it brought many positive changes in terms of access to SRHR information and services. At the same time, some key informants were more nuanced about the observed positive changes.

"It is not improving, I say this because before the activists, the mentors were given some financial incentive. Since last year this has changed and for this reason many of them are leaving." (FGD, unmarried young women, 19-24 years)

"Well, it is not easy. I cannot say anything on numbers, because I don't have this information. But I can say that information about teenage pregnancy and child marriage is accessible, I see some people looking very seriously into these issues. To me that is a good sign. We passed the period where talking about teenage pregnancy and child marriage was a taboo, nobody talked about this problem, while many families experienced it. Today no, we hear even the leaders talking about the dangers of marrying a girl early. Despite the information not being complete at the moment and there are still people who are in favour of these practices, I consider we are on a good path. You know it is not easy for a community to hear and immediately change, it needs some time to be accepted." (KII, health worker)

3.4 Teenage pregnancy

Teenage pregnancy was found to be common in Nametil with some study participants even reporting that it was on the increase. Participants attributed this to early sexual debut, and among all participants there was a general strong awareness about the negative consequences of teenage pregnancy, especially for young women. The study found that most of the interventions had a main focus on preventing teenage pregnancy with limited actions and attentions to support teenage mothers. The present section presents

more detailed findings on the causes and consequences of teenage pregnancy in Nametil, the activities that were taking place and the opinions of study participants on whether there were changes around the issue of teenage pregnancy.

3.4.1 Causes and consequences

The majority of the participants mentioned early sexual debut, influenced by the participation in initiation rites, as a cause of teenage pregnancy. It was reported that young women start with sexual relations at the moment when they either do not yet have the information about prevention of pregnancy or are not ready to take on the responsibility to act upon the information, such as negotiating the use of condoms. As it was mentioned earlier in the section on SRHR issues, in some cases young people received information about safe sex only after starting to be sexually active and were furthermore struggling with contradictory information that they received on the use of condoms. There was one participant who reported that in the schools, girls run the risk of getting pregnant, as teachers ask sexual favours of the girls in return for passing them to the next grade.

“It is very complicated, for example if I start to engage with a girl without using a condom. After that I get the advice to use a condom and I will engage again with this girl and I ask to use a condom, the girl will feel very offended.” (FGD, married young men, 15-18 years)

“... they (teachers) ask the girl ‘you are not tired of all the time failing?’ She just needs to say ‘yes’ and then he asks to engage in a sexual relation with her in return for passing to the next grade. The young girl gets pregnant and is send out of school, I know many neighbours in this situation.” (FGD, Mothers)

The study found that a vast majority of the participants, young people and adults, could easily mention a variety of negative consequences of teenage pregnancy for young women. The consequences mentioned more frequently by participants were: pregnancy at young age is dangerous for the health of the mother and baby; girls have to give up their education; girls can be forced to marry with the father of the pregnancy; pregnant girls are isolated from their friends; can be send out of the house; and have no means to provide for her baby and therefore can be forced into prostitution.

“The majority quit their studies, they are send out of their houses by their parents, become prostitutes. For example, at Fridays the majority you see at the club in Nametil are younger than 18 years who left their children at home. It is a said reality.” (IDI, married young man, 15-18 years)

Many participants reported stories of girls in their community who have lost their lives due to complications of child birth. There was one participant who reported that the negative consequences for the health of the pregnant girl are worsened because they do not go to the health centre or hospital for regular antenatal care appointments.

“The birth of the child can take long time and end in a C-section. There was the daughter of my neighbours who got pregnant at 13. It was an embarrassment for the whole neighbourhood,... the girl was disgraced, when the labour started she was transferred to the central hospital in Nampula she was operated but she didn’t survive and the baby was left as orphan.” (IDI, Grandmother)

“(the pregnant teenagers) don’t have the principles of going regularly to the hospital to take medications like iron to increase the blood that will save them at the moment of labour. She stays in house, running the risk to die.” (IDI, Grandfather)

3.4.2 Activities to prevent teenage pregnancy and actions to help pregnant young women

The majority of the participants mentioned the availability of the youth friendly health services and information provided there, through youth activists and at schools, as activities to prevent teenage pregnancy. As it was observed in the section on SRHR, there were mixed experiences regarding the youth friendly health services, but the majority of the participants indicated that there are daily talks about health, including family planning and prevention of STIs including HIV. Furthermore, participants reported that condoms, contraceptive pills and IUDs are available.

In relation to what is done to help pregnant young women, the vast majority of the participants were sceptical and reported that the girl would only be helped by her family. Even though from participants no concrete support systems for pregnant teenagers were mentioned, a key informant did refer to actions taken to support teenage mothers.

“Here, everyone is just concerned with their own well-being, also the leaders don’t do anything. They are in the same situation, the children of young age are impregnated and abandoned.” (FGD, Mother)

“It is our role to accompany her... We try to find out who impregnated her and if that person is of the same age or not. In the case it is not, we can look into the paperwork of the legal issues. In terms of her classes, if she used to go in the afternoon, she has to pass to the night course. And then the issue of her health, and we like to sensitize her that the fact she is pregnant does not mean that everything has to end, we support her to continue you her studies, even though pregnant.” (KII, social worker)

3.4.3 Observed changed regarding teenage pregnancy

In terms of changes observed over the last two years, the participants had diverse observations to share. There were some participants who reported the situation is now more severe, with teenage pregnancy increasing. However, there were also few participants with concrete examples why they experienced there were less teenage pregnancies than before.

“It has gotten worse. When I look around in my neighbourhood, I see there are many girls who stopped school because they got pregnant. Many parents say to their girls when they arrive at 7th grade there is no more money to take you to school, from there they suggest that the girls should get married.” (IDI, married young man, 19-24 years)

“There are changes, for example in the secondary school, in a class of 60 students, 45 would be girls, but they would not all reach the end of the year. It was normal 6 or 7 would change to the night course, but now the situation is different, it is normal that no one has to change or only one.” (FGD, married young man, 15-18 years)

Due to the few answers and the variety of them, and as the study was qualitative, it is not possible within the scope of this study to understand whether there has been an increase or decrease of teenage pregnancy in Nametil over the two-year period. This will be assessed at endline.

3.5 Child marriage

Teenage pregnancy, together with economic hardship of families were found to be the main causes of

child marriage in Nametil. However, despite the existence of the practice, the general attitude towards child marriage was negative, as all participants highlighted the negative consequences and seemed to not see advantages of the practice. The decision making power around marriage, including in cases of child marriage, seemed to differ per case, as participants stated that the decision could rely on both young people or parents. Besides further detailing this situation of child marriage in Nametil, this section also provides a brief summary of the main actions that were taking place in Nametil on eliminating child marriage, as well as of the main observed changes.

3.5.1 Causes and consequences of child marriage

The study participants highlighted two main reasons for child marriage in Nametil, economic hardship and teenage pregnancy. In relation to the economic hardship, several young people argued that parents pressured young women to get married to reduce the economic burdens of the households. By marrying their daughters, these parents had a mouth less to feed, or a person less to dress. Some parents saw marriage as an opportunity to get connected to a person who was well off, in case the potential husband was wealthy and expected to provide support to the bride's parents. Various participants also said that young women themselves were taking the initiative for relationships or marriage with men for economic reasons.

"...the marriage that exists is for economic reasons. Even the parents force their daughters to go to the market to get something to eat (caril or chima) even when they know that it is a crime, just to say that these early marriages are due to economic situations. " (IDI, Grandfather)

Pregnancy was also found as a main cause of child marriage. As reported in the previous section, teenage pregnancy was common and a common course of action after a teenage pregnancy was marriage. Some participants explained that there were cases where pregnant young women did not know the father of the child, because of having been involved with multiple partners. However, in general, when parents knew who was the man who made their daughter pregnant, parents preferred that the man assumed his responsibility and married their daughter.

"These days there are no youth, not even in the case of a sheik, who do not bring pregnancy or other problems to their homes. The majority of youth these days marry after having become pregnant..." (FGD, Fathers)

Although reported less frequently, another mentioned reason for child marriage was conflict at home. In that sense, there were cases of young people who got married to challenge their parents or because of troubles at home. These troubles were sometimes also related to unintended pregnancy as the following quote illustrates:

"Many of them get married because they start to become sexual active at a young age and then fall pregnant, the parents throw them out of the house because of frustration. The parent say that it has no advantage to stay with children who do not obey them. Others they get married out of rebellion with their parents." (Interview, married young man, 15-18 years)

The study found that there was a general negative attitude towards child marriage as none of the study participants thought that child marriage had any positive results. Instead, all highlighted only negative consequences, such as school dropout and reduced employment opportunities. Many participants argued that when a young woman becomes a wife, she is more vulnerable for poverty and economic hardship.

Participants also repeatedly mentioned that young women who married early were more likely to experience early and frequent pregnancies leading to health complications and increased risks for STIs and HIV. Most interviewees believed that child marriage leads to emotional hardship due to having to take on an adult role while not being physically and mentally ready for this, making the lives they live difficult in addition to increasing the risk of divorce.

"I know a case – not within my family – of a 14-year-old girl who married a 16-year-old boy, and that's complicated. Complicated because both do not work, spend days without eating, sometimes they go home to their parents or neighbours to ask for something to eat or to get some money, very sad." (FGD, unmarried young men, 15-18 years)

"For example, a boy here from school told me a story of his cousin who ended up getting married but until now he is having problems in his marriage, he was not prepared to marry. (What kind of problems?) Lack of money to support yourself, lack of employment, spend days you do not eat. Sadness over sadness." (KII, Teacher)

Finally, the findings also indicate that in Nametil, some cases of child marriage ended up in divorce. Some cases of divorce seemed to be related to the economic and emotional hardship related to child marriage. Some participants also narrated that in cases where husbands were absent, the married young women left behind were advised to look for other men as a survival mechanism, which in turn resulted in divorce.

"The majority of youth these days marry after having become pregnant, and after that separate on the grounds that they were forced to get married." (FGD Father)

"... Nowadays here, it may be these elders, sometimes they advise married girls to go look for other men when their husbands are not present, claiming you have to look for money because your husband does not give you anything, you are suffering there." (FGD, unmarried young men, 15-18 years)

3.5.2 Decision making around marriage

The study findings show evidence of two trains of thought in Nametil on who decides on the marriage. On the one hand, several participants argued parents were the ones who decided about marriage and pressured young women to marry early. As detailed above, parents' decisions and pressure on early marriage were related to both the family economic situation as well as a response to an unintended teenage pregnancy.

"... There are times that the parents together decide and sometimes one of them decides. For example in my case my mother wanted me to marry a man who already had five children just because he has money, but my father did not want this, nor me. My mother was not looking at my future or my happiness, but only the money that he had." (FGD, unmarried young women, 15-18 years)

While some participants referred to certain cases in which young people would confront parents' decisions, in general, the findings indicate that when parents pressured young women to get married, refusing had consequences such as rejection from the family or being expelled from the house.

"If a girl refuses to marry, there will be a moment in which her father can tell her mother that from

today on, she is no longer my daughter. And when the mother tells this to her daughter, the girl fears that her father will no longer respect her and then the girl is likely to give in, and accepts to marry.” (FGD, married young men, 15 – 18 years)

“When a girl or boy refuses to marry if there are differences in opinion between the father and the child, there are consequences as far as possible to be expelled from the house of their parents...” (IDI, Grandmother)

On the other hand, a larger group of participants stated that young people decided mostly by themselves as things had changed over the last years. Finally, other participants were more nuanced and said that it depended and that in some cases the decision making relied on parents and in others on young people themselves.

“... I see that this behaviour of being forced to marry a man is already changing, I am seeing that many girls themselves decide when and with whom to marry.” (FGD, unmarried young women, 19-24 years)

“To get married is not like in the past for the young girls of nowadays. In the past, the boy's parents were going to ask authorization of the girl's parents, but nowadays, the girls appear with pregnancy at home and the parents are surprised by this news, hence they decide to marry them for themselves.” (IDI, Grandmother)

“In my opinion, some girls decide. Because when parents do not accept they become rebellious and move to the house of the boyfriend, but for others the parents decide.” (FGD, unmarried young women, 15-18 years)

3.5.3 Activities to prevent child marriage and help married girls

Various stakeholders in Nametil were undertaking actions to prevent child marriage and teenage pregnancy. These actions were mainly led by health providers and some teachers and were focused on providing information, oftentimes through palestras or theatre. Youth activists were also strongly involved in these talks at the community, school and youth friendly health service level. In addition, some teachers/schools were encouraging young women to continue to go to school to prevent child marriage and teenage pregnancy. This was done amongst others through the exemption of tuition fees and the provision of study materials, supported by the education department of the local administration. Not all teachers and health providers take action though, despite showing awareness and knowledge on child marriage and teenage pregnancy. A few stakeholders mentioned to have proactively visited parents to try to avoid a specific case of child marriage.

“Health professionals give advice on pregnancy, child marriage and family planning and how to avoid diseases. A lot has changed in the community, now there is already a nurse just to attend at SAAJ before it was not like that.” (IDI, Mother)

“We are working to reduce, we are talking about activists, they not only talk about teenage pregnancy but also talk about child marriage and domestic violence...” (KII, Teacher)

The findings also suggest that collaboration with the police was strengthened as they were also involved in providing information on child marriage.

“We have started lectures in communities and schools with the aim of asking for collaboration in the

cases of verifying if an adult man is marrying a child, so that this man to be denounced." (KII, legal sector)

3.5.4 Observed changes regarding child marriage

The observed changes in relation to child marriage referred to the increase of awareness raising actions, which also included information about child marriage. This work was done at the level of youth friendly health services, communities and schools and seemed to have been increasing in the last years. Linked to that increase, the other observed change was that there was a larger variety of stakeholders involved in these kinds of actions, not only teachers and community leaders, but also health providers and youth activists. However, as the following quote illustrates, some study participants were reluctant about the impact of these actions.

"I feel that a lot of work is being done lately to reduce these cases, before they did not give these lectures constantly. Too bad people are not obeying." (IDI, Father)

3.6 Economic empowerment

The study found that young people's economic empowerment was limited in Nametil, because of little employment opportunities and sources of income which seemed to not be changing. At the same time, findings suggest that actions to promote economic empowerment among youth in Nametil were also very limited.

3.6.1 Employment opportunities and sources of income

All participants who discussed employment opportunities, reported there were few to none in Nametil. Irrespective of whether young people finalized their studies, it was difficult to find a formal job, especially for young women. Many participants also reported on unfair processes, such as having to pay to be considered for a vacancy. Moreover, one participant argued that the lack of money was making some women to engage in sexual relations with their bosses. Finally, participants stated that the few opportunities in Nametil were not all given to people from the Nametil community, or were often given to the same people who already had been working.

"They (girls) study and finalize their studies but they end up marginalized due to lack of money to buy a job vacancy." (Interview, Grandmother)

"There are none, imagine this year they needed 150 persons in the training school of ADPP and there were 6000 who applied. The majority of those admitted were not from Nametil." (Interview, married young man, 19-24 years)

Within this context, the main sources of income for the community in Nametil were agriculture and self-employment, such as selling products at the market and on the street.

3.6.2 Activities to promote economic empowerment

A Yes I Do officer explained that at the moment, the Yes I Do programme is implementing two economic empowerment activities. At the time of the research, efforts were ongoing to set up a Village Saving and Loan groups for young people vulnerable to child marriage in Nametil. The second activity related to economic empowerment as planned to be implemented by Yes I Do is self-employment training for young

people. At the moment of the study, the community was being mobilized for participation in these trainings. One key informant from the local administration mentioned that other trainings were organized to stimulate income generating through self-employment for 'female family chiefs', meaning for households without a husband or male partner.

3.6.3 Observed changes in economic empowerment

The few participants that reported on it specifically, all mentioned that they had not observed any positive changes since last two years:

"Yes, nothing is changing, the lack of employment is huge." (IDI, unmarried young man, 19-24 years)

3.7 Policy and legal issues

This final section focuses on the existing laws and policies on child marriage and teenage pregnancy, the knowledge and awareness about those among the communities in Nametil, the references to their implementation and observed changes.

3.7.1 Existing laws and policies

There is a policy in Mozambique that prohibits marriage under 18 years of age; and with permission of parents, marriage is possible at age 16. However, key informants highlighted there was no legal framework to punish those who do not respect this policy. Key informants explained that the district court had not received any child marriage case, because child marriage was seen as a social issue and when issues emerged, these were more commonly addressed within community courts. This was also influenced by most marriages being traditional marriages. The court did handle cases related to divorce, including divorce after child marriage.

The court handled teenage pregnancy cases only when it was the result of sexual violence. Having sex with girls younger than 12 years, even with their consent, is legally considered as a criminal act in the family law. Key informants shared that there were discussions at national level to increase this age.

"We work on the basis of law, there is no law that condemns a situation of teenage pregnancy... only if there is a violation, then we can act, out of that, by the law we cannot do anything." (KII, policeman)

3.7.2 Level of awareness of the community about laws

The level of awareness about laws and policies about child marriage was found to be diverse among community members. Some young women and men, as well as parents and grandparents were well aware about the legal age of marriage. Others were not aware about the existence of any law or policy on child marriage or had heard about its existence but had not seen any evidence of its implementation.

"I've heard that there is (a law against child marriage), but since the time I've been here in Nametil I've never heard that someone was arrested at home or getting a younger girl pregnant." (KII, female traditional leader)

Some stakeholders reported an increase in the level of awareness around sexual violence. This was based amongst others on a higher level of reporting of cases. In the words of a key informant within the legal sector: *"The women come to the police station to file a complaint of assault or rape, and it's a big step, for*

a long time these cases were hidden by the parents, but not now ... perhaps a new fact has been the search of men for our services, we already have men who report cases of physical and sexual rape."

3.7.3 Political commitment and implementation

The existence of a policy against child marriage at the national level shows a certain level of commitment, but several participants said that a legal framework is missing. At the same time, participants more generally expressed that the (national) government role was limited to providing information on child marriage through mass media. Quite a few participants said that beyond mass media and talks, not much else is done by the policy makers.

"Nothing is being done, and the government is to blame for that. While we know this government could stop this, we are left to fight this ourselves... Because it (the government) has the power to gather people, speak of these evils and apply the law so that persons who do not obey are being sanctioned" (Interview, Father)

"I was asking for justice from the court,... to take a case of premature marriage, and analyse and punish this, and not let the rapist return to our community without measure so we are embarrassed and without strength to act before the community." (KII, Community leader)

"We can talk about premature marriages, but as long as we do not have a legal instrument, reducing it will be difficult... We can... develop a local instrument... Many times it is the parents who encourage their daughter to marry someone to be able to feed them, however we could develop a local solution, for example have them do community work instead of being send to jail... (they) also can work for example on cleaning the bathrooms in the health facility, or in the education office... I think when they then return to the community... they will say what we are doing is wrong... If we only talk, that does not work here... Knowing that someone made his daughter marry and got stuck for a week, two maybe (in prison, community work), can bring some change... It does not help if we only say that we want to end premature marriages, let's raise awareness... If there is no sanction, they will listen and immediately forget what they have heard." (KII, Education sector)

Others stated that while community leaders made an effort to address issues of child marriage, people in the community were not listening to them.

The leaders of this community have spoken yes, but since today understanding (the community leaders) is difficult, because each one goes his own way, and people say 'let them speak it is their service, these are government leaders'. And thus the leaders are upset and lose the strength to speak of these cases." (Interview, Father)

In relation to teenage pregnancy, actions were mainly focused in cases of rape or where girls were 12 years of age or less. These actions were more from a legal than from a social and health perspective.

3.7.4 Observed changes in laws and policies

The study found no reported changes in laws and policies. The main focus was placed on keeping girls in school and on preventing sexual abuse, for which policies were already in place. At the same time, some testimonies suggest that there was more effort towards the implementation of the existing political and legal frameworks.

"Situations of persecution by teachers for this year has not yet happened, but in the past years, last

year we had one case, last year we had an identical case of a teacher who persecuted his student”
(KII, education sector)

“We have a decree against this attitude, which the education ministry has provided, saying that any teacher who engages sexually with a girl inside school, he will be punished. So, the girl's father had to present the case for the school direction, because the father discovered that his daughter was being persecuted, and we started a lawsuit against the teacher.” (KII, education sector)

4. DISCUSSION

On the basis of the findings presented in the previous chapter, it can be concluded that the causes and consequences of child marriage and teenage pregnancy, half way the Yes I do programme, have remained largely the same in the midline study area. This is not surprising, as these causes and effects are deeply embedded in the society, culture and systems. Moreover, it can also be concluded that the study findings link with the general trends of child marriage and teenage pregnancy in the province of Nampula. These data indicate that while the prevalence of child marriage decreases, teenage pregnancy shows an increase. This is related to an increase of teenage pregnancy out of wedlock (UNICEF, 2015). Participants' accounts corroborate that in Nametil, teenage pregnancy is a more common issue than child marriage.

Gender inequalities often remain unperceived for being based on long established gender norms. Between the lines of the participants' narratives, it becomes evident that gender inequalities are amongst the main drivers of young women's SRHR issues in Nametil, teenage pregnancy being the clearest issue. Structural and environmental factors including poverty, unemployment and traditional gender roles, which have been found to influence young people's SRHR in low- and middle income countries (Sommer & Mmari, 2015), were also strongly influencing the prevailing SRHR issues that young people face in Nametil. Young women's economic vulnerability and dependency influenced by limited employment opportunities and traditional gender roles contribute to early sexual debut, teenage pregnancy and child marriage.

Studies about young women's sexual debut in Sub-Saharan Africa also highlighted power relations as a major determinant of vulnerability, leaving young women little negotiation power regarding the timing and nature of sexual encounters (Moore et al., 2007). Studies about teenage pregnancy in Mozambique have pointed towards the need for young women's empowerment in proposing the use of contraceptives to their partners or husbands as a key strategy to prevent teenage and unintended pregnancy (UNICEF, 2015). This midline study shows that this is also the case in Nametil. Participants' accounts show that young women not only have little negotiation power in sexual relations, but also limited spaces and confidence to discuss, talk and learn about sexuality and sexual relations.

However, within this context of strongly rooted social and gender norms, changes are seen in the sphere of control of the theory of change pathways and cross cutting strategies, which are further discussed below. These changes are presented by comparing the main findings of the midline and the baseline for each of the five pathways plus two cross cutting strategies.

4.1 Pathway 1: Community context

4.1.1 Changes related to attitudes and actions of stakeholders to avoid child marriage and teenage pregnancy

Both in the 2016 baseline and the 2018 midline, all stakeholders indicated not to see any benefit of child marriage, nor of teenage pregnancy. This with the exception of a group of unmarried young men during the 2016 baseline study, who said that marrying at a young age enables them to have their own (sexual) partner. This reason did not come up in the 2018 midline study in spite of several young married men between 15 and 18 years being interviewed. While the majority of stakeholders continued to have strong notions on a strict division between female and male roles, a few stakeholders indicated that there now is

a stronger focus on gender as result of several campaigns. This stronger focus is especially linked to more attention for gender based violence, both in the community as well as in schools.

Compared to 2016, the level of effort to address child marriage and teenage pregnancy has increased in 2018. The majority of stakeholders involved in these efforts continued to do this by giving talks on the subjects. In addition to being active in providing such talks, health providers now also provide access to contraceptives for young married and unmarried people, which was not the case in 2016. Youth activists and others conduct edutainment type of activities, including in the youth friendly health services, SAAJ, which are also new developments. In 2018, also a few more examples were given of how child marriages were prevented by someone intervening than in 2016. New efforts to keep girls who are or were pregnant in school were reported, in line with a government decree. In addition, effort is made to keep vulnerable girls in school through the provision of school materials and the exemption of school fees. Some teachers also take an active role in informing young people, but this was not reported often.

4.1.2 Changes in knowledge of stakeholders about harms of child marriage and teenage pregnancy

The negative effects of both child marriage and teenage pregnancy were widely understood among stakeholders. A wide range of consequences were mentioned, ranging from school dropout, economic and mental hardship and severe health consequences, including the risk for the young women or her baby to die. This understanding already existed in 2016 and has only become stronger since then. What seems to be new is that during the midline study, some stakeholders started expressing a strong desire for legal instruments to be put in place through which action could be taken in case of child marriage. They said to believe that knowledge in itself is not sufficient to change the situation. At the same time some stakeholders, including a number of young women, also expressed that child marriage is difficult to completely ban, due to poverty and teenage pregnancy.

Interestingly, the issue of divorce as result of child marriage did hardly appear during the midline study in Nametil, while during the baseline in Mogovolas it came up several times. However, during the baseline the issue of divorce was mostly raised outside of Nametil, so this issue would need further exploration during the endline.

4.2 Pathway 2: Youth engagement

4.2.1 Changes in young people who feel they can advocate for themselves

The 2016 baseline study showed that youth had no place in the existing community structures to raise their voice. During the 2018 midline, more mentioning was made of youth groups, including in school. These groups provide a space for young people to communicate amongst themselves. In addition, mention was made of youth activists, who were said to be a valuable resource, including by some teachers and community leaders, who also provided examples of the need to involve youth.

In addition, a young female and a young male are now also members of health committee in Nametil that discusses SAAJ related issues. They are not formal members, but advocacy is ongoing to make this more official. Furthermore, the Yes I Do partners have also ensured inclusion of a young female and male in the multi-sectoral committee to address child marriage and teenage pregnancy, but as that committee was not fully functioning at the time of the data collection, the effect of this inclusion could not be explored.

In terms of young people in general being able to advocate for themselves, not much change was observed. Communication between youth and parents around SRHR issues was found to be still difficult

for most. This was due to discomfort, notions of having to show respect for elders, fear of being judged, or opinions that elders have old fashioned ideas. However, there were also a few parents who do discuss issues with their children, such as menstruation, or the need for protecting oneself from STIs and HIV. In 2016, it was found that for parents with a higher socio-economic or educational background, such communication with their children seemed easier.

4.3 Pathway 3: Sexual and reproductive health practices, information and services

4.3.1 Changes in current access to sexual and reproductive health and rights information by young people

Over the last 2.5 years, SRHR information and services have been improved in Nametil. The biggest changes mentioned in relation to this were the putting in place of the youth friendly service SAAJ which is linked to the district hospital. Besides support from the Yes I Do Programme through the youth activists linked to the SAAJ, these activities are also supported by the Global Programme to Accelerate Action to end Child Marriage coordinated by UNFPA and UNICEF. This programme supports amongst others the SMS Biz service and SMS-based peer counselling, media and edutainment activities (UNFPA & UNICEF, 2017). Concerning the services provided, it was mentioned that the PGB activists provide condoms, while through SMS young people can ask questions about SRHR and get answers in a timely manner. The research team did try this out, and received a quite comprehensive answer in relation to the question posted, as can be seen on the next page.

One or two participants said that there were fewer youth activists in place than before, due to the Programme Generacao Biz stopping financial incentives for a large number of peer educators. The Yes I Do female and male youth activists have in fact been recruited from that previous peer educators programme and are building upon the capacity established by that programme. In fact, the Yes I Do youth activists are still being called Generacao Biz peer educators.

Also in school, some teachers continued to have an active role in providing information on child marriage and teenage pregnancy. However, not all teachers do so. In addition, while some teachers mainly in natural science disciplines discuss SRH issues more holistically, many do not.

Question	
<p>Boa tarde quero ter uma relacao sexual tenho medo de usar preservativo porque provoca infertilidade gostaria de saber se isso e verdade</p>	<p>Good afternoon. I want to have a sexual relation but am afraid to use a condom as that can cause infertility. I would like to know whether that is true.</p>
Answer	
<p>Ola amigo, isso nao e' verdade, para se prevenir nas relacoes sexuais, e' importante que sempre use o preservativo masculino ou feminino em todas relacoes sexuais para se proteger das infeccoes, HIV e gravidez nao desejada. Tambem pode optar por outros metodos de prevencao como pilula, implante, injeccao e DIU, mas esses so previnem das gravidezes. Visite um SAAJ para mais informacao e continue nos enviando suas duvidas.</p> <p>infeccoes, HIV e gravidez nao desejada. Tambem pode optar por outros metodos de prevencao como pilula, implante, injeccao e DIU, mas esses so previnem das gravidezes. Visite um SAAJ para mais informacao e continue nos enviando suas duvidas.</p>	<p>Hello friend. That's not true. To protect yourself in sexual relations, it is important that you always use a male or female condom, in all sexual relations to protect yourself from infections, HIV or unwanted pregnancy. You can also opt for other prevention methods such as the pill, implant, injections and an IUD, but those only protect against pregnancy. Visit a SAAJ to get more information and continue to send us your doubts.</p>

4.4 Pathway 4: Economic empowerment

4.4.1 Changes in perceived autonomy of girls between 15 and 24 years old

The majority of the study participants said that young people, also girls, decide for themselves these days on whom to marry and to have children with, more than during the 2016 baseline. However, there were also some participants, especially young girls themselves, who said that this also depends on the economic situation of the parents, as well as the occurrence of teenage pregnancy. Most participants mentioned that forced marriage does not happen anymore.

A few participants remarked that teenage pregnancy is only increasing, due to the early onset of sex and the limited use of contraceptives. This could indicate that many young girls, and their partners, are not empowered to protect themselves from pregnancy, STIs and HIV.

Regarding financial autonomy, the situation was mostly the same as in 2016. Most participants reported

that there are very few job opportunities, and that it is even harder for young people to find jobs. Some informants mentioned that the limited jobs available are only provided to people with good connections. The Yes I Do activities for income generation are still in an early phase. Some stakeholders reported the need to focus income generating activities more on the self-creation of jobs by young people.

4.4.2 Changes in relation to safety in and out of school

In terms of safety in and out of school, the issue of sexual abuse by teachers was mentioned in both the baseline and midline. In the midline, an example was given of teachers asking girls for sex in exchange for passing their exams. Some reference was also made to Decree 39 on the protection of girls against violence in schools. This decree would also ensure that adolescent mothers could go back to school. However, some participants said that this is yet to become successful.

Regarding access to school, participants mentioned that there is a lack of schools for the large number of students. Several participants indicated that more than 100 students sit in the same classroom, and that teaching materials are too few.

4.5 Pathway 5: Policy and legal issues

4.5.1 Number of new or adjusted national and local laws and policies

No new (by)law or policy had been put in place since the start of the programme. A few stakeholders mentioned the need for a legal framework to be better able to penalise those who go against the law. Another challenge was that many marriages do not have a legal ground, but are based on traditional arrangements. Not everyone is aware of the existing law on child marriage and more girls than boys seem to fall into the category of not being aware, indicating the need for further information on this for this group.

Key informants said that the only action taken in relation to teenage pregnancy is when this happens in relation to rape or when this happens to girls of 12 year or younger. The only cases that come to the court were cases of sexual violence. This implies limited attention to teenage pregnancy. Nevertheless, quite some emphasis had gone into making SRH services more accessible for young people through the establishment of SAAJ, which was also the result of government policies.

4.6 Crosscutting strategies

4.6.1 Gender transformative approach: changes in policy makers actively supporting gender equality and girls rights

As mentioned earlier, compared to the 2016 baseline, the issue of gender, especially in relation to gender based violence was made more reference to by study participants. Examples were provided in the legal and education environment in relation to gender based violence.

In addition, several government related stakeholders emphasized the greater vulnerability and risk of young women in relation to issues such as school dropout, sexual violence, early marriage or lack of employment. Some strategies that were used to address these issues were supporting young women with school material, legal action, establishment of safe spaces where girls can anonymously present concerns, sensitization of parents, men and communities, and accompanying pregnant adolescents to the health facility.

4.6.2 Male engagement: changes in active engagement of men and boys

Male involvement is increasingly recognized as a key part of prevention efforts regarding child marriage and teenage pregnancy. Male partners strongly influence what decisions teenage girls make about sex and contraception, especially when they are older. While specific activities around male involvement are ongoing by the Yes I Do partners, none of the study participants had been reached by these activities. Effort is made by the programme to both include boys and girls as youth activists, and also in school and outreach programmes. However many activities, such as dialogues or theatre plays in communities, seem to be more geared towards young women. For example, the issue of the influence of male initiation rites on early sexual debut of boys had not been addressed, only that of female initiation rites.

5. CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 Conclusions

The deeply rooted causes and consequences of child marriage and teenage pregnancy have remained largely the same in the midline study area. As was the case in the 2016, stakeholders still do not see any benefit of child marriage, nor of teenage pregnancy. They understand the negative effects of both problems. However, they also seem to accept both as a given in their context, especially as result of poverty.

The level of effort to address child marriage and teenage pregnancy has increased, through talks, revitalizing of youth activists, and efforts to keep pregnant or vulnerable young women in school. The biggest change mentioned in relation to SRHR is the establishment of youth friendly health services (SAAJ). In spite of better access to SRH services for young people as result of SAAJ now being into place, the majority of midline study participants said that teenage pregnancy is on the increase. This increase is the result of the early onset of sex among young people in combination with limited contraceptive use. This reported increase by midline study participants is in line with the latest available trend data on teenage pregnancy, also pointing towards a high vulnerability to STIs and HIV of youth in the area.

Study participants said that the level of child marriage had either remained the same or had diminished, the latter being in line with recent trend data. The majority of participants said that many young people, also young women, decide for themselves these days on whom to marry and to have children with. However, some participants, especially young women themselves, said that this also depends on the economic situation of parents, and the occurrence of teenage pregnancy. Various stakeholders see the need for legal instruments to punish those responsible for child marriage, as they believe this to be more effective than talks. Fewer young women seem to be aware of the law on child marriage than other study participants, indicating a need to better inform young women.

Compared to the baseline, more meaningful involvement of youth was observed. Youth has started to participate in several platforms (health committee, the multi-sectoral committee, a school committee). Also a few adult participants expressed the importance of involving youth in activities. What has not changed is that communication between youth and parents around SRHR issues is still difficult for most of them.

Regarding economic empowerment, the situation is mostly the same as in 2016 with youth having no perspectives on jobs, while the Yes I Do income generating activities are still in an early phase.

Compared to the 2016 baseline, the issue of gender, especially in relation to gender based violence was made more reference to by study participants. Several government related stakeholders emphasized the greater vulnerability and risk of young women in relation to issues such as school dropout, sexual violence, early marriage or lack of economic activities and employment.

While specific activities around male involvement are ongoing by the Yes I Do partners, none of the participants had been reached by these activities. In addition, effort is made by the Yes I Do programme to both include boys and girls as youth activists, and also in school and outreach programmes. However, many activities, such as community dialogues or theatre plays, seem to miss out on also discussing issues around the need for male involvement.

5.2 Limitations of the study

The midline study has a number of limitations. A first limitation is that the study has only been done in the district capital and not in the surrounding more rural communities as well. This may have influenced the results, as the district capital has a higher level of health and education services than in other communities in Mogovolas.

The midline study furthermore used a qualitative research methodology and therefore it is not possible to measure possible change in percentages. However, effort was made to as much as possible explore perceived changes in the interviews and FGDs.

Not all Yes I Do partners are active in Nametil, while the Alliance members have distributed responsibilities for the various pathways in the theory of change. This means that not all pathways of the theory of change have been implemented in Nametil. Especially the pathway on harmonizing, strengthening and implementing laws and policies was the less visible in Nametil, partly because the organization leading this work is based in the capital city of Maputo. Also some activities have yet to fully mature, such as the economic empowerment activities like women's saving groups. This means that the midline study was not able to look into the possible effect of all pathways combined.

Another limitation is that the Yes I Do alliance partners mostly use the name of the organisations they work for instead of labelling their activities as Yes I Do. In addition, the youth activists working for Coalizao used to be part of the PGB programme and continue to be labelled as such. This makes that the midline study participants were less familiar with the name of the Yes I Do Programme, thus making it harder to explore the change created by the Yes I Do programme.

5.3 Recommendations for the Yes I Do programme

Expanded response to teenage pregnancy

In spite of better access to SRH services, participants indicated that teenage pregnancy is still on the rise. It would be useful to discuss with the Yes I Do partners what could be done within the parameters of the programme to enhance and expand the activities to more effectively prevent teenage pregnancy among young people. What could be done, for instance, is to equip young people better through comprehensive sexuality education, to improve their access to and use of contraceptives (and to address myths around these contraceptives), and to bridge the communication gap between youth and their parents.

Focus on those most vulnerable to child marriage

While more young women seem to be able to decide whom to marry and to have children with, this does not apply to all of them. Especially those living in very poor households were said to be more vulnerable to child marriage. It would be useful to discuss with the Yes I Do partners how to best focus on households with young people that are most vulnerable to child marriage.

Informing young women on the child marriage law

In terms of child marriage, young women were less aware of the law on child marriage than other participants. It would be useful to discuss how these young women could be made more aware of this within the programme.

Meaningful youth engagement

While more meaningful engagement of youth was seen, it should be considered to discuss with the Yes I Do partners how to best support these youth, as well as how to try to expand this involvement of youth in other activities and platforms.

Economic empowerment

The situation on economic empowerment was largely the same as in 2016. Economic empowerment activities should be scaled up to reach out to (more) youth.

Gender and gender based violence

The issue of gender, especially in relation to gender based violence, seems to receive increased attention from stakeholders. As gender based violence is related to school dropout, teenage pregnancy and subsequent child marriage, it would be worthwhile discussing how to best make use of the increased attention within the Yes I Do programme.

Male involvement

While specific activities around male involvement are ongoing within the Yes I Do programme, none of the participants had been reached by these activities. Partners should discuss how a wider group of community members can be reached and how within other Yes I Do programme activities attention could be given towards the role of young men i.e. the influence of male initiation rites on early sexual debut and notions of masculinity.

Yes I Do awareness

Branding the Yes I Do programme better by all partners consistently using its name would help to better track the effect and possible impact of the programme.

5.4 Recommendations for further research

There are a number of issues that emerged from the midline study as well as the Midterm Review process which could provide valuable insights for the Yes I Do programme.

Access to and perspectives and myths on contraceptive use among youth

In the light of teenage pregnancy being on the increase and contraceptive use among youth being low, it would be useful to study the access of young people to contraceptives, as well as their perspectives on these contraceptives and possible myths. This could generate important insights into how to best increase contraceptive use among youth, and how to prevent pregnancy.

Impact of income generating activities

Economic empowerment is one of the critical pathways of the Yes I Do programme. Understanding the effect of the programme by studying what is happening with youth who have started income generation activities within the Yes I Do programme, and the effects of these activities on their lives, including in relation to teenage pregnancy and child marriage risk reduction, could provide valuable insights for the Yes I Do partners.

Meaningful engagement youth: how is it playing out

Over the course of the first 2.5 years of the Yes I Do programme, female and male youth have become

(informally) involved in the SAAJ health committees, the newly established multi-sectoral district/community committees, as well as committees in school. Better understanding of the roles these youth play in these committees, the influence they have, and how these youth can best be supported could provide useful insights for the project. This research could also provide pointers for other opportunities for meaningful youth involvement that possibly exist.

Female and male initiation rites

The Yes I Do partners are already working with matrons who perform female initiation rites, as these initiation rites contribute to girls becoming sexual active at an early age. The partners are thereby trying to create a shift in this practice, by providing comprehensive sexuality information to these matrons. Looking into what effect these activities have, and how they could be strengthened could provide useful input for the programme. In addition, the Yes I Do programme has not yet looked into the influence of male initiation rites on early sexual debut of males, while the Nampula and Rapale study indicated that quite a large percentage of young men feel pressurized to become sexual active after these initiation rites. Understanding this pressure better, and finding ways on how to best work with the initiators on this issue, could also provide important information for the programme.

Accessibility of schools for girls who are or have been pregnant

A policy exists that says that girls and young women who have been pregnant can remain in school, or go back to school. However, not everyone is convinced that this policy is working. Better understanding how this policy is working, and what could be improved to enhance the access to education for these girls and young women could also be valuable for the Yes I Do Programme.

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