



# Situation of teenage pregnancy and child marriage among in-school and out-of-school youth in Nampula and Rapale, Mozambique, 2017 study

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## Abbreviations

ANC	Antenatal Care
DHS	Demographic Health Survey
FGD	Focus Group Discussion
IUD	Intra Uterine Device (Contraceptive)
NGO	Non-Governmental Organization
ToC	Theory of Change
SRH	Sexual and Reproductive Health
SAAJ	Servicos Amigos Dos Adolescentes e Jovens (Youth friendly services)
SRHR	Sexual and Reproductive Health and Rights
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

## Introduction

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

## Methodology

The mixed methods study was conducted by KIT in collaboration with researchers from the Lúrio University in Nampula and the Yes I Do Alliance partners in Mozambique who ensured that the young people targeted by the programme were included in the study. 750 young women and 193 young men between 15 – 24 years of age, of whom approximately 75% was in school, participated in the survey. 20 young women and 24 young men participated in focus group discussions, while focus groups discussions were also conducted with fathers and mothers in addition to stakeholder interviews.

## Results

Almost 30 % of all female survey respondents between 20 and 24 years had experienced a teenage pregnancy, varying from 64% among out of school female respondents in Rapale to 15 % among in-school respondents in Nampula. Close to half of the pregnancies that female respondents had experienced were undesired. Getting pregnant at a young age has usually strong negative impact on their lives: they are often forced to marry, are stigmatized by friends and community members, run serious health risks and have no means to continue their education.

Early sexual debut was said to be a main factor for teenage pregnancy. 61% of the young women respondents had had a sexual relation against close to 70% of the young men. The mean age of their sexual debut was 15.8 years for females and 14.9 years for male. This early sexual debut is influenced by young women and men wanting to experiment as result of initiation rites; imitating peers, parents or TV series; or because of peer pressure and having to proof one's sexual capacity. Around 70% of female and 95% of male survey respondents had participated in initiation rites. Over one in ten female respondents felt pressure to engage in sexual activities after the initiation rite, against one in five male respondents. To a lesser extent this early sexual debut is also the result of sexual abuse, around 15 % of female respondents were pressurized into having sex for money or goods, while 6.8% first sexual experience was forced.

Almost 10% of all female survey respondents between 18 and 24 years had married before the age of 18, ranging from 13 % in Rapale to 8% in Nampula, while two per cent of male respondents had

done so. The child marriage rate among female respondents aged 18-24 was higher among those out of school (23%) than among those in school (5%). A prime reason for young women to get married is pregnancy, but also lack of education and employment opportunities or love. In the majority of cases, it are young people themselves who decided on whom to date. Among married female survey respondents, between 62.5% (Rapale) and 68.5% (Nampula) decided themselves to get married. Between 31.5% and 44% of the female survey respondents (Nampula and Rapale respectively) had experienced pressure from family members to marry. Among the female survey participants who had ever been married under age 18, 21 % had either been divorced and or separated, with higher levels of divorce in Rapale than in Nampula. Almost all young women and men think that child marriage has no advantages, but around 30 % also believes that it has no disadvantages either.

Around half of survey respondents ever received sexuality education, whereby more females and males in school than out of school reported to have had this. Those in school were also better informed about how to avoid pregnancy. Teachers are the largest source of information around sexuality followed by health workers. Traditional and religious leaders hardly played a role, while youth clubs and peer educators have also been a source for a relatively small number of youth. Among study participants and stakeholders, there was limited knowledge on the existence of laws and regulations, as well as on the age of marriage.

Meaningful youth participation was found to be non-existent, other than youth having a mobilizing role. They were not involved in planning, decision making and or monitoring roles.

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

## 1. INTRODUCTION

This document contains the results of the Yes I Do study in Mozambique conducted in November 2017 – January 2018 in two districts in Northern Mozambique, being Nampula and Rapale. The purpose of the study is to provide insight into the situation of in-school and out-of-school youth targeted by the Yes I Do Alliance in relation to teenage pregnancy and child marriage nearly two years into the programme.

### 1.1 Background of the Yes I Do 2017 study

At the onset of 2016, the “Yes I Do” Alliance, consisting of Plan NL, Amref NL, Choice for Youth and Sexuality, Rutgers and the Royal Tropical Institute (KIT), started a programme which aimed 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. Alongside this programme, mixed method operational research is being conducted by KIT and national researchers contracted by KIT. The current study is meant to inform the Yes I Do Alliance partners about the specific situation of in- and out-of-school youth targeted by the Yes I Do Alliance partners in Nampula and Rapale districts, nearly two years into the programme. The study is undertaken to assist optimizing the Yes I Do intervention strategies in the two districts. The study also serves to provide context specific knowledge for advocacy and policy purposes in order 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. The study is focused on teenage pregnancy and child marriage only, as female genital mutilation is traditionally not practiced in the country. This study complements the baseline study conducted in 2016 in Mogovolas district, the third district covered by the Yes I Do Alliance in Mozambique.

### 1.2 Short country context

Mozambique has a young population with 43% of the people being below 15 years of age. The large majority of the population, seven out of every ten persons, live in rural areas<sup>1,2</sup>. While Mozambique has rich natural resources (such as extensive areas with fertile land and an extended coastline) agriculture beyond subsistence level, fisheries and tourism are underdeveloped<sup>3</sup>. In the last decennia, Mozambique went through a period of rapid economic growth influenced by the discovery of coal, oil and gas. This has changed recently, and the country is now confronted with an economic down fall. Besides drought, conflict and low commodity prices, this was also caused by large undisclosed foreign loans for non-transparent mega projects, which led the International Monetary Fund, World Bank, and the European Union to suspend their financial support. All this resulted in food price inflation, but also a sharp depreciation of the currency<sup>4</sup> (Human Rights Watch, 2017). Rising political tension and armed conflicts between the government and opposition party RENAMO

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<sup>1</sup> <http://www.mz.undp.org/content/mozambique/en/home/countryinfo.html>

<sup>2</sup> <http://www.worldbank.org/en/country/mozambique>

<sup>3</sup> <http://www.mz.undp.org/content/mozambique/en/home/countryinfo.html>

<sup>4</sup> <http://hsf.org.za/resource-centre/hsf-briefs/mozambique2019s-severe-financial-and-economic-problems>

have contributed to increases in human rights violations. Political inspired attacks on high-level persons have also resulted in killing of several people in the last year, including the Mayor of Nampula in 2017<sup>5,6</sup>.

### Child marriage

Child marriage is defined as any legal or customary union involving a boy or girl below the age of 18. This definition draws from various conventions, treaties, and international agreements<sup>7</sup>. In practice, the large majority of child marriages affects girls, although in Mozambique a small percentage of boys also marry before the age of 18. Child marriage is illegal in Mozambique, but the law allows exceptions from the age of 16 years in case the parents of the child consent. However, as a result of, amongst others, advocacy campaigns by an alliance of organisations, the Ministers Council approved a National Strategy to Prevent and Combat Early Marriage (2015 - 2019) in December 2015.

Data from the Demographic Health Survey (DHS) show that child marriage, especially in the age range 15 – 17, is still very common in Mozambique, while child marriage under the age of 15 has strongly decreased over the last decennia. In Nampula Province in Northern Mozambique, the proportion of young women aged 20-24 years who had married before the age of 18 dropped from 82% in 1997 to 62% in 2011, and before the age of 15 from 53% to 17% in the same period. The prevalence of child marriage is higher in rural than in urban areas. Among young women aged 20-24 years, 56% had married before turning 18 in rural areas, against 36% of those living in urban areas (UNICEF, 2015).

UNICEF analysis of 2011 DHS data shows a stronger influence of religious and cultural factors than social or economic factors. Wealth is proportional inverse to child marriage, but there is little difference in child marriage rates below the top wealth quintile. Girls living in female-headed households have a significantly lower probability of getting married before 18 than girls living in male-headed households. Similarly, the probability of entering into child marriage decreases unambiguously with the age of the head of household (UNICEF, 2015).

When young women marry early, their formal education often terminates, preventing them to acquire knowledge and skills determining their prospects for employment opportunities (Williamson 2013). In Mozambique, child marriage is associated with a significantly lower probability to finish primary school and start secondary school. The overall secondary education rate for girls is 22%<sup>8</sup>.

Girl brides face isolation from school, friends and work places and therefore lack social support critical for their emotional wellbeing and economic opportunities (Williamson 2013). Research in Mozambique reinforces this, as it shows that child marriage forces girls to stay with their spouse, and to take on adult roles instead of going out and playing with friends (UNICEF, 2015).

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<sup>5</sup> <https://www.hrw.org/world-report/2017/country-chapters/mozambique>

<sup>6</sup> United States Department of State, 2016 Country Reports on Human Rights Practices - Mozambique, 3 March 2017, available at: <http://www.refworld.org/docid/58ec89f52b.html> [accessed 31 January 2018]

<sup>7</sup> [http://www.who.int/mediacentre/news/releases/2013/child\\_marriage\\_20130307/en/](http://www.who.int/mediacentre/news/releases/2013/child_marriage_20130307/en/)

<sup>8</sup> [https://www.unicef.org/infobycountry/mozambique\\_statistics.html](https://www.unicef.org/infobycountry/mozambique_statistics.html)

## Teenage pregnancy

Teenage or adolescent pregnancy, defined as pregnancy before the age of 20, is a reality for 7.3 million girls in developing countries every year (Williamson, 2013). The teenage pregnancy prevalence in Mozambique of youth between 20 – 24 years of age is estimated to be around 40% (UNFPA 2013)<sup>1</sup>.

The problem of teenage pregnancy in Mozambique is closely associated with child marriage, as the overwhelming majority of adolescent mothers were married in their teens. In urban areas and particularly in the south of the country, there has been a rise in teenage pregnancy out of wedlock. Approximately one in four of all teenagers become sexual active before the age of 15 years. The large majority does so without using contraceptives, resulting in high numbers of unintended pregnancies. In addition, access to sexual and reproductive health (SRH) information and services is limited, especially in remote areas. The largest numbers of teenage pregnancy among young women aged 20-24 years are found in Nampula (107.553 girls) and Zambezia (81.126 girls) provinces (UNICEF 2015).

Generally, studies related to the causes and consequences of teenage pregnancy acknowledge that it is associated with poor social and economic conditions. Poverty, low education, being from an ethnic minority, lack of access to SRH information and services: all increase the likelihood for young women to become pregnant (Williamson, 2013).

In addition, social and cultural norms and values at the family and society level play a role. For example, parent/ child closeness or connectedness, parental supervision or regulation of children's activities, and parents' values towards teen intercourse (or unprotected intercourse) influence young people's risk for teenage pregnancy (Miller et al., 2001). In Mozambique, teenage girls from rural areas are significantly more likely to get pregnant before the age of 15 than teenage girls from urban areas (UNICEF 2015).

As with child marriage, teenage pregnancy can have immediate and lasting consequences for young women's health, education and income-earning potential, which is often passed on to her children. Complications from pregnancy and childbirth are among the leading causes of death among young women aged 15-19 (Williamson, 2013). In addition, in Mozambique, it was found that children of teenage mothers are significantly more malnourished than children of mothers in other age groups at the national level. Further investigation finds that this effect is most pronounced in the Northern region than in the Southern or central regions (UNICEF 2015).

Health-related consequences of teenage pregnancy include risks of maternal death: the risk of death associated with pregnancy is about a third higher among 15 to 19 years old than among 20 to 24 years old women. Besides higher mortality, teenage pregnancy also contributes to illness and disability, related to fistula, unsafe abortion complications, sexually transmitted infections (STIs) and HIV (Williamson, 2013). As with child marriage, teenage pregnancy also affects young women's education and economic opportunities (and sometimes also for young men becoming father). The consequences related to education include the interruption or termination of school and the

accompanying lost opportunities with regard to labour participation and status at household and community level. Research in Mozambique has shown that teenage pregnancy is seen as an obstacle preventing young people to implement their dreams. When she gets pregnant, a young woman's life changes: she has to be responsible like an adult, take care of her husband and child. Community leaders and teachers mentioned that teenage pregnancy leads to adolescent's discrimination by their families and communities (Pires & Baatsen, 2016).

### 1.3 Theory of change

The Yes I Do programme in Mozambique aims to contribute to a world in which young women can decide if, when and with whom to marry and/ or have children. Plan International Mozambique, COALIZÃO - the local partner of Choice, ROSC and HOPEM form the YID Mozambique Alliance to work towards the implementation of the theory of change (ToC), with KIT as the research partner. Plan Mozambique and COALIZAO form the alliance's core and decision-making body, and the other partners are technical and implementing partners, while KIT is in charge of related research to inform the programme and to measure its outcome and impact.

The Mozambican ToC has five strategic goals:

1. Community members and gate keepers have changed attitudes and take action to prevent child marriage and teenage pregnancy
2. Adolescent girls and boys are meaningfully engaged to claim their SRH rights.
3. Adolescent girls and boys take informed action on their sexual health.
4. Girls have alternatives beyond child marriage and teenage pregnancy through education and economic empowerment.
5. Policy makers and duty bearers develop and implement laws and policies on child marriage and teenage pregnancy.

These five goals are related to five intervention strategies. The strategy towards achieving the first strategic goal is the responsibility of Plan Mozambique and HOPEM. They work collectively towards building a social movement by training 'agents of change' and by activities focussed on changing negative social norms in the communities through a gender transformative approach and seeking attention for the Child Protection Policy. COALIZÃO, as youth-organization, works on strategic goal 2 to ensure the meaningful participation of youth both within the programme and all organizations involved. COALIZÃO is also responsible for the third strategic goal, so that adolescents can take informed action on their sexual health by having better access to SRH information and services. The strategy to provide better economic and education opportunities for young women at risk of child marriage, as an alternative to child marriage and teenage pregnancy, is the responsibility of Plan Mozambique. The strategy for the last strategic goal is taken on by ROSC, which undertakes advocacy activities around ending child marriage at the provincial level in Nampula and at national level for the whole of Mozambique. The programme thereby builds upon the earlier mentioned Ministers Council approved National Strategy to Prevent and Combat Early Marriage (2015 - 2019). The Yes I Do programme also makes effort to collaborate with the provincial directorates of the Ministry of Health, Ministry of Gender, Children

and Social Affairs and the Ministry of Education and Human Development. At the district level collaboration with the District Services of Health and Women and Social Affairs and the District Services of Education and Youth and Technology is being pursued. The ToC has the following core strategies: promotion of gender transformative thinking, girls' empowerment, men and boys' engagement and meaningful youth participation.

## 1.4 Main and specific objectives of the study

### Goal

To provide insight into the situation of in-school and out-of-school youth targeted by the Yes I Do Alliance in relation to teenage pregnancy and child marriage in Nampula and Rapale districts to help make adjustments in the interventions and optimize the programme.

### Specific objectives

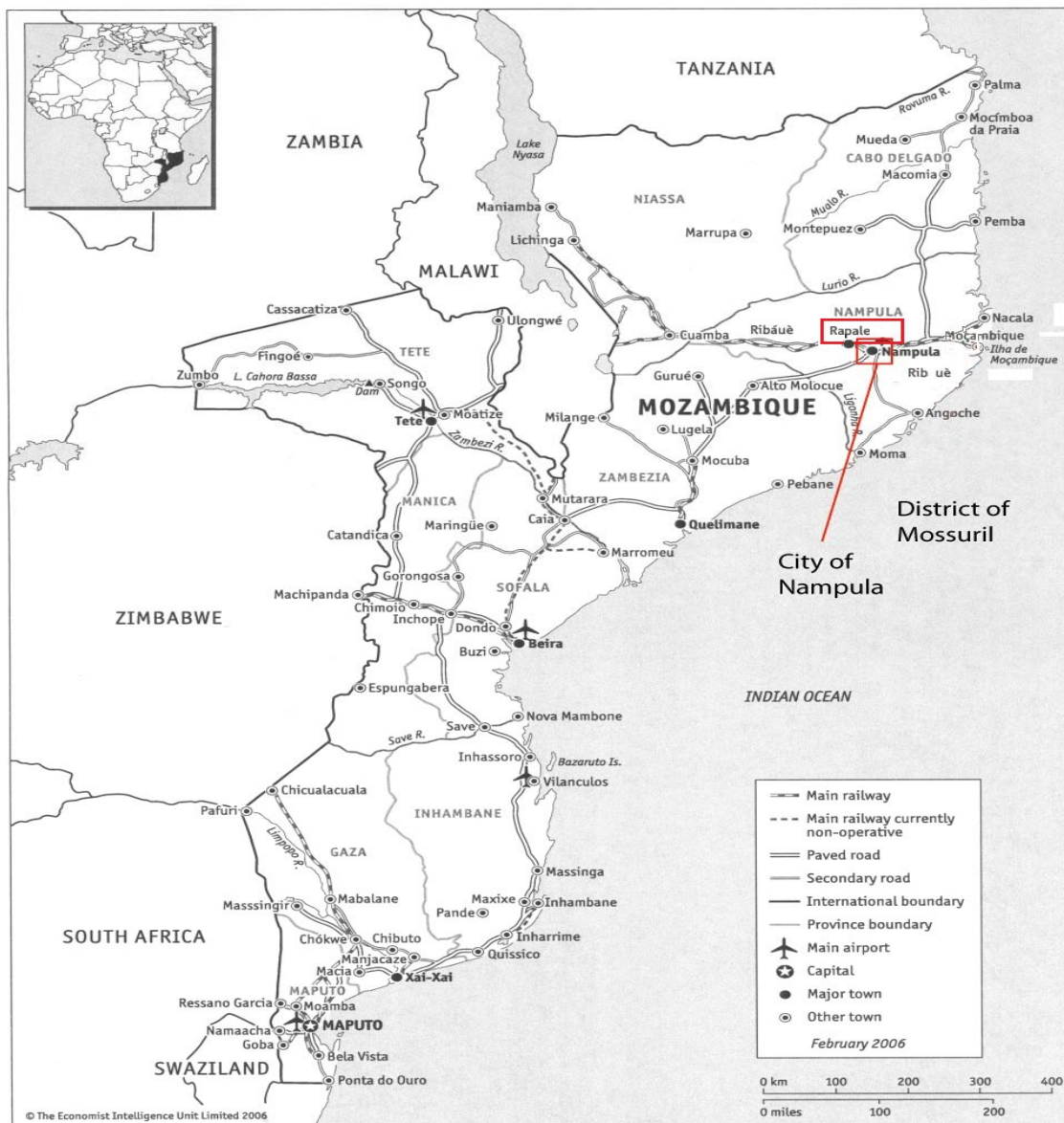
1. Explore community members and gatekeepers attitudes around child marriage and teenage pregnancy, whether and to what extent they take action to prevent these issues and which factors influence this and how (including possible influences of the Yes I Do Programme two years into the programme).
2. Explore and analyse adolescents' knowledge and attitudes around child marriage and teenage pregnancy, sexual and reproductive health and which factors influence this and how (including possible influences of the Yes I Do Programme two years into the programme).
3. To contribute to the evidence on effective and context specific intervention strategies to eliminate child marriage and reduce teenage pregnancy.

## 1.5 Study areas

The study area was limited to Nampula and Rapale districts (Figure 1), and therewith aims to complement the baseline study undertaken in Mogovolas district in 2016. Nampula and Rapale districts were not included in the baseline study as priority was given to Mogovolas where the full ToC would be rolled out. However, Yes I Do Alliance partners in Mozambique felt a strong need to have better data for both Nampula and Rapale as well, which provided the main driver for the current study.

Nampula is both the name of the capital city, and the whole province. Administratively, the City of Nampula is a municipality with an elected local government. According to the National Statistics Institute (INE), the city of Nampula covers 404 km<sup>2</sup>, with six Municipal Administrative Posts and 18 Neighborhoods (INE, 2010). The city is estimated to have over 600,000 inhabitants, but is rapidly growing (INE, 2010). Rapale district is located approximately 20 km from Nampula city, however, due to bad road conditions, it takes quite some time to travel from Nampula to Rapale. The district of Rapale has a total area of 3,650 km<sup>2</sup>. The National Statistics Institute projected in 2010 that Rapale would have slightly over 300,000 inhabitants by 2017 (INE, 2010).

In terms of the study population, the Yes I Do programme has as target to reach 4,650 young people in Rapale (2,800 girls and 1850 boys) and 7,700 young people in the Nampula (4,500 girls and 3,200 boys). These females and males, between 15 – 24 years of age, are spread over 30 different communities and about 17 secondary schools. This study focuses on these young people targeted by the Yes I Do Alliance partners in Mozambique, in their communities and in secondary schools.



**Figure 1:** Map of the geographical location of the Nampula and Rapale. Source: Instituto Nacional de Estatística, 2013

## 2. METHODOLOGY

The research used a mixed methods approach. At the onset of the research, collaboration was pursued with the Yes I Do Alliance partners to ensure that the young people targeted by the programme would be included in the study. Quantitative data were collected through a tablet based structured survey, and qualitative data through focus group discussions (FGDs) and semi-structured interviews.

### 2.1 Study respondents and participants

The study respondents were in- and out-of-school males and females between 15 and 24 years targeted by the programme in Nampula and Rapale districts. This applied both for the survey as well as the FGDs. In addition, FGDs took also place with fathers and mothers, and semi-structured interviews with a number of stakeholders such as school directors, community and traditional leaders, teachers, health providers, district officials of the Friends and Youth Help Services (SAAJ) and non-governmental organization staff (NGO) working in the area of SRH and the economic empowerment of women.

*Table 1: Quantitative survey respondents and qualitative interviews participants*

	Rapale		Nampula	
SURVEY RESPONDENTS				
	In-school (n)	Out-of-school (n)	In-school (n)	Out-of-school (n)
Female participants (15-18 years)	143	35	257	89
Female participants (19-24years)	59	20	104	43
Male participants (15-18 years)	45	15	60	20
Male participants (19-24 years)	13	3	26	11
FOCUS GROUPS DISCUSSIONS				
Females 15 – 18 (in-school)	1 FGD (5 p.)		1 FGD (5 p.)	
Girls 19 – 24 (out-of-school)	1 FGD (5 p.)		1 FGD (5 p.)	
Boys 15 – 18 (in-school)	1 FGD (7 p.)		1 FGD (6 p.)	
Boys 19- 24 (out-of-school)	1 FGD (6 p.)		1 FGD (5 p.)	
Fathers	1 FGD (5 p.)		1 FGD (7 p.)	
Mothers	1 FGD (5 p.)		1 FGD (5 p.)	
SEMI-STRUCTURED INTERVIEWS				
Teachers/Directors	2		1	
Health workers	2		1	
Local leaders	-		2	
Stakeholders	-		2	

## 2.2 Sampling and recruitment procedures

For the sample size of the survey, it was decided to include 10% of young women targeted by the Yes I Do programme in these districts. This is in line with international agreements that a sample size of 10% for a non-randomized study is acceptable<sup>9</sup>. The YID programme aims to reach a total of 7,300 young women between 15 and 24 years, 2,800 in Rapale and 4,500 in Nampula. Hence, the sample size for young women was set to 280 in Rapale and 450 in Nampula.

In addition, it was agreed to include 70 young men in Rapale and 112 in Nampula. For the latter sample size a ratio of one male participant per four females was set, as was also done for the baseline research in 2016 in Mogovolas. This ratio was arbitrarily decided bearing in mind that the intervention foremost targets young women. Finally, it was decided to add an additional sampling criteria: school status (in- and out-of-school). A ratio of one out of school per four in school was set, because the Yes I Do interventions are more commonly with in-school youth.

These same sampling criteria of gender, district and school status were also taken into account for the qualitative strand of the study. Hence, for each gender and in each district a focus group discussion was conducted among in-school and out-of-school participants. In addition, the sampling for the qualitative methods also took into account the inclusion of different key informants in each district and reaching a data saturation point.

For recruitment of respondents and participants, assistance was obtained from the Yes I Do Alliance partners in Rapale and Nampula. However, as part of the data collection took place during school holidays, local mobilizers were also recruited who for a small allowance helped the research team to find respondents involved in the programme, and parents of those targeted by the programme to participate in the study.

## 2.3 Training and data collection

Twelve research assistants (eight female and four male) were recruited, whereby effort was made to as much as possible recruit research assistants who had participated in the 2016 Yes I Do baseline study. The research assistants received a two-day training on the research protocol, research ethics and informed consent procedures, conducting surveys (with the use of a tablet), and conducting FGDs. Much attention was given to the study tools to achieve a common understanding on the questions, and how to best phrase these. The second training day included practical exercises on conducting surveys in pairs both in Portuguese and Emakua. In the afternoon, pilot surveys and FGDs were carried out at a secondary school in Nampula.

Data collection took place in Rapale between 22 and 27 November and in Nampula between 28 November and 6 December 2017. In the month of January 2018, a few additional interviews were

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<sup>9</sup> <http://www.tools4dev.org/resources/how-to-choose-a-sample-size/>

conducted with various stakeholders in Nampula to fill some data gaps in relation to available health services, economic activities, and meaningful involvement of youth.

## 2.4 Data quality assurance and management

The main research assistant monitored the field research assistants during the first week of data collection. After that, a male and female staff of Lúrio University accompanied and supported the main research assistant during the fieldwork. At the end of each day, information within the tablets was screened, especially in the early days of data collection, before sending the data to the server in the Netherlands. KIT staff participated in the training of the research assistants in Nampula, contributed to the discussion and adaptation of the research tools, observed the pilot surveys and FGDs and provided feedback at the end of the pilot session.

## 2.5 Data processing and analysis

Quantitative data were analysed with Stata 14 and SPSS 21 using descriptive statistics and calculating pre-defined indicators. The qualitative analysis was based on the coding of interview transcripts using a thematic coding framework which was based on the initial research questions and issues, complemented by a few emerging issues. The coding was done during an analysis workshop in which four research assistants and three KIT staff participated and where a start was made with data interpretation and narrative writing.

## 2.6 Ethical considerations

The study adhered to the Helsinki Declaration (2013) recommendations. The 2016 baseline protocol for the baseline that was approved by the Lurio University Institutional Bioethical Committee for Health in 2016, was adapted and approved by the Bioethical Committee<sup>10</sup>. In line with the Lurio Bioethical Committee regulations, statements by the principal researchers about their scientific and ethics commitment and absence of conflict of interests were also submitted. As was the case with the 2016 baseline, for those between 15 < 18 years of age, an informed consent form for their care giver and (verbal) assent for themselves was used. For all others a consent form was used. Both consent and assent forms were in easy to understand Portuguese. The protocol included instructions on confidentiality procedures.

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<sup>10</sup> The official approval letter will only be issued once a letter of the scientific committee has been issued. As that committee had to be reestablished, which has recently been done, it is expected that this approval letter will be issued soon. Once the letter has been received, this note will be removed.

### 3. RESULTS

In this Chapter, the quantitative and qualitative results are presented in an integrated manner. The section starts with a description of the characteristics of the study population, followed by the study results on teenage pregnancy, child marriage, SRH practices and information, youth engagement, economic empowerment, community context and policy and legal issues.

#### 3.1 Characteristics of the study population

A total number of 493 females in Nampula and 257 in Rapale, and a total number of 117 males in Nampula and 76 in Rapale participated in the survey. The mean age of all survey respondents was 17.6 years as 80% of the survey respondents were 18 years and below. In line with the sampling procedure, around 80% of the respondents were females and around 75% were in school at the moment of the survey. Around 20% of the survey respondents in school said to live far away from their school. Most respondents reported to have ever received education (86% of the females and 96% of the males). Among those, the education level was generally secondary school (82%). Respondents' parents education seemed lower as only 55% of their mothers, and 64% of their fathers had received any education, showing a strong generational increase in education (Table 2).

*Table 2: Educational level of survey respondents and their parents*

Education Level of the participants (15-24 years)	Nampula n (%)	Rapale n (%)	Total n (%)
Primary	71 (15.88%)	27 (10.23%)	98 (13.78.4%)
Secondary	353 (78.97%)	233 (88.26%)	586 (82.42%)
University	21 (4.7%)	1 (0.38%)	22 (3.09%)
Completed	2 (0.45%)	3 (1.14%)	5 (0.7%)
Mothers of survey respondents who have received education	344 (55.74%)	182 (54.7%)	526 (55.36%)
Fathers of survey respondents who have received education	401 (65.25%)	210 (63.1%)	611 (64.48%)

The majority of the survey respondents were Catholic (54%), followed by Muslim (34%) and Protestant (12%). In terms of ethnic groups, the large majority (91%) of respondents was Macua with small sub groups of Nahara and Koti (Table 3).

*Table 3: Religion and ethnicity of survey respondents*

Affiliation with a religious group	Nampula n (%)	Rapale n (%)	Total n (%)
Islam	199 (34.37%)	105 (32.71%)	304 (33.78%)
Christian - Catholic	302 (52.16%)	182 (56.7%)	484 (53.78%)
Christian - Protestant	78 (13.47%)	32 (9.97%)	110 (12.22%)
Other	0 (0%)	2 (0.6%)	2 (0.22%)
<b>Ethnic group</b>			
Macua	539 (88.4%)	319 (95.8%)	858 (90.99%)
Koti	14 (2.3%)	2 (0.6%)	16 (1.7%)
Nahara	44 (7.2%)	4 (1.2%)	48 (5.1%)
Other	13 (2.1%)	8 (2.4%)	21 (2.2%)

Formal employment and regular work was rare among both male and female respondents in Nampula and Rapale. The majority lived from subsistence farming with some selling of products in the local market. Half of the respondents were not aware of the average household income. Of those who were aware, one in five had a lower average household income than 3,000 meticaïs per month (28% in Rapale and 17% in Nampula). Around 24% had an household income between 3,000 and 15,000 meticaïs (42-208 Euro) per month; 26% in Nampula and 18% in Rapale. Only a small minority had a higher households income (3%) (Table 4). In terms of the number of people living in a given household, the family composition was on average 5.7 members.

*Table 4: Survey respondents and employment and income*

Employment and income	Nampula n (%)	Rapale n (%)	Total n (%)
Female participants (15-24 years) who are formally employed	16 (3.2%)	4 (1.6%)	20 (2.7%)
Male participants (15-24 years) who are formally employed	3 (2.6%)	2 (2.6%)	5 (2.6%)
Female respondents (15-24) who have regular work	16 (3.25%)	4 (1.56%)	20 (2,67%)
Male respondents _(15-24) who have regular work	3 (2.56%)	2 (2.63%)	5 (2.59%)
Average household size	5.8	5.6	5.7
Monthly Household Income			
<3000 Meticaïs	103 (16.9%)	92 (27.6%)	195 (20.7%)
3000-15000 Meticaïs	161 (26.4%)	61 (18.3%)	222 (23.5%)
15001-30000 Meticaïs	15 (2.5%)	4 (1.2%)	19 (2%)
>30000 Meticaïs	22 (3.6%)	6 (1.8%)	28 (3%)
Don't know	306 (50.2%)	169 (50.8%)	475 (50.4%)
No answer	3 (0.5%)	1 (0.3%)	4 (0.4%)

As Table 5 shows, slightly over 9% of all female survey respondents and 4% of male respondents were married or in union. While 21% of the female respondents out of school were married or in union, only 5% of those in school were married or in union. Also among male respondents the percentage of those married was higher among those out of school (10%) than those in school (1%).

*Table 5: Survey respondents and marriage*

Respondents marital status at the time of the survey by gender and district	Nampula n (%)	Rapale n (%)	Total n (%)
Female participants (15-24 years) currently married or in union	47 / 493 (9.53%)	22/257 (8.56%)	69/750 (9.20%)
Male participants (15-24 years) currently married or in union	3/117 (2.56%)	4/76 (5.26%)	7 /193 (3.63%)
Respondents marital status at the time of the survey by gender and school status	In school n (%)	Out of school n (%)	Total n (%)
Female participants (15-24 years) currently married or in union	29/563 (5.15%)	40/187 (21.39%)	69/750 (9.20%)
Male participants (15-24 years) currently married or in union	2/144 (1.39%)	5/49 (10.20%)	7 /193 (3.63%)

## 3.2 Teenage pregnancy

### 3.2.1 Prevalence

Data indicate that from all the female respondents between 20 and 24 years, almost 30% had experienced a teenage pregnancy. The percentage was higher in Rapale (42%) compared to Nampula (23%). Among all respondents between 20 and 24 years, no young men indicated to have had their first child under the age of 20 (Table 6).

*Table 6: Teenage pregnancy prevalence among young women and men (20-24 years) in Nampula and Rapale*

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (20-24 years) who had their first child under the age of 20	22 (22.9%)	23 (41.8%)	45 (29.8%)
Young men (20-24 years) who had their first child under the age of 20	0 (0%)	0 (0%)	0 (0%)

However, within the FGDs a few cases of young men (< 20 years) who had impregnated their girlfriends were revealed. These stories were shared both by young male participants themselves who became father at a young age, as well as by other participants who shared stories of what happened in their community.

Among all female respondents aged 15-24, the prevalence of pregnancies was significantly higher among those young women out of school (36%) compared to those in school (12%) (Table 7).

*Table 7: Prevalence of pregnancies among female respondents 15-24 years by school status and district*

	Nampula n (%)		Rapale n (%)		Total n (%)	
	In school	Out of school	In school	Out of school	In school	Out of school
Female respondents (15-24 years)	34/361 (9.42%)	46/132 (34.85%)	35/202 (17.33%)	21/55 (38.18%)	69/563 (12.26%)	67/187 (35.83%)

Among all respondents aged 20-24, the prevalence of teenage pregnancy was highest among out of school female respondents in Rapale (64%) and lowest among in-school respondents in Nampula (15%) (Table 8).

*Table 8: Prevalence of teenage pregnancies among female respondents by school status and district*

	Nampula n (%)		Rapale n (%)		Total n (%)	
	In school	Out of school	In school	Out of school	In school	Out of school
Female respondents (20-24 years) who had their first child under the age of 20	9/61(14,75%)	13/35 (37,14%)	14/41 (34.15%)	9/14 (64,29%)	23/102 (22.55%)	22/49 (44.90%)

### 3.2.2 Age at having a first child

The mean age at first pregnancy among female respondents who already had a child was 17 years. Among male respondents, the mean age when having their first child was 19 years.

Table 9: Age at first pregnancy and first-born child

	Nampula	Rapale	Total
Mean age at the first pregnancy among women who already had a child	17.08 (Sd= 2.16)	16.93 (Sd= 2.33)	17.02 (Sd= 2.22)
Mean age at having a born child among young women who already had a child	17.95 (Sd=2.19)	17.34 (Sd=2.49)	17.69 (Sd=2,34)
Mean age at having a first child among men who already had a child	19.00 (Sd= 2.16)	19.00 (Sd= 3.34)	19.00 (Sd= 2.62)

### 3.2.3 Circumstances and causes of teenage pregnancies

#### 3.2.3.1 Early sexual debut due to initiation rites

The majority of the FGD participants indicated that early sexual debut is among the main causes of teenage pregnancy. Many participants mentioned that traditional initiation rites, in which young men and women learn about sexuality, is an important factor behind the early sexual debut: young people feel the need to try-out what they have learned.

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

*“In my community boys start at 15 years and girls at 13 years, when it results in a pregnancy, they will either look for help of adults, but some consider ways to get rid of the pregnancy. They start at these ages, because they have learned about it in the initiation rites and want to test what they have learned. When a boy does not touch the girls, it is considered he doesn’t function, and the girl always has her way to show she dares to interact with boys.”* (Young man, FGD, 19-24, Nampula)

Whereas the majority of the FGD participants blamed the curiosity and irresponsibility of young people as cause of teenage pregnancy, there were also few parents who expressed awareness of their own responsibility with respect to the initiation rites as cause of teenage pregnancy:

*“We are to blame, because we send our children to the initiation rites, and right after they want to experiment what they have learned.”* (Father, FGD, Rapale)

Most FGD participants recognized teenage pregnancy as problematic, only one participant expressed not to see any problem with having children at young age:

*“For me, the preferred age for a girl to marry is 15 years, as soon as a woman is menstruating, she is ready. I don’t see the negative consequences of this: the daughter of my neighbour married at 15 years, had a baby and she is doing fine.”* (Mother, FGD, Rapale)

#### 3.2.3.2 Knowledge on prevention of teenage pregnancy

Table 10 illustrates that the vast majority of the young people reported to have ever talked about preventing a pregnancy and to know how to do so.

Table 10: Knowledge on prevention of pregnancy

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who ever talked about preventing pregnancy with family/friends	345 (70%)	171 (66.5%)	516 (68.8%)
Young men (15-24) who ever talked about preventing pregnancy with family/friends	100 (85.5%)	61 (80.3%)	161 (83.4%)
Young women (15/24) who knew how to prevent a pregnancy	415 (84.18%)	206 (80.16%)	621 (82.03%)
Young men (15-24) who knew how to prevent a pregnancy	113 (96.58%)	72 (94.74%)	185 (95.85%)

Various participants of the focus groups expressed the view that in case of teenage pregnancy, the young people likely have known how to prevent, but still did not chose to use any contraceptive method.

*“Adolescents start sex at 14 years, without using condoms, or pills, therefore the girls get pregnant early. While we are informed about sexual health, at the hospital and school there are persons informing us about condom use and family planning.”* (Young man, FGD, 19-24, Rapale, out of school)

Some participants pointed out the challenge of contradictory information that young people receive, causing them to engage in unprotected sex. On the one hand they hear the messages of formal sexuality education, in which condom use is promoted, on the other hand they are confronted with persisting myths in their communities:

*“(…) people say that it is the condoms that cause illnesses. They reason that in colonial area there were no condoms and no illnesses, and now we have them both.”* (Young man, FGD, 19-24, Rapale, out of school)

Table 11 illustrates that almost half (48.5%) of the female respondents had experienced an undesired pregnancy. Although the percentage of women who indicated to know how to prevent pregnancy was 82%, the use of contraceptive was low.

Table 11: Pregnancy desired or not

If wanted to be father/ mother at the time they were		Nampula n (%)	Rapale n (%)	Total n (%)
Female respondents	Yes	46/80 (57.5%)	22/56 (39.29%)	68/136 (50%)
	No	33/80 (41.25%)	33/56 (58.93%)	66/136 (48.53%)
	Don't know	1/80 (1.25%)	1/56 (1.79%)	1/136 (0.74%)
Male respondents	Yes	3 /4 (75%)	4/4 (100%)	7/8 (87.50%)
	No	1 /4 (25%)	0%	1/8 (12.50%)
	Don't know	0%	0%	0%

Although the data presented above show that the majority of young people likely know about preventing pregnancies, a few participants in the FGDs indicated that young people do not access the needed information before engaging in a sexual relationship:

*“Boys and girls of 14 or 15 years old already start to be sexually active, but they do not look for any information before, on the contrary, they just look for information when they are already pregnant or with an illness.” (Young woman, 15-18, Nampula, in school)*

### 3.2.3.3 Economic vulnerability

The data in the first section of this Chapter, on prevalence of teenage pregnancy among out-of-school female respondents, suggests that young women from poor families – with no means to pay for the education of their daughters – are more vulnerable to experience a teenage pregnancy. The nurse at the SAAJ in Rapale confirmed she saw this trend:

*“Girls with better economic status, have usually better access to information. Others, who also live many km from a health unit have no access to this information or even her own family does not allow her access to this information. Since these girls are born they haven’t had access to school, so it is difficult for these girls to not arrive at some point at the problems of teenage pregnancy or child marriage” (Nurse, SAAJ, Rapale)*

Various FGD participants confirmed that young women from poor families are more vulnerable to get pregnant at an early age, as they might engage in transactional sex:

*“Immediately when the period of adolescence arrives, young people start to have sexual relationships. For example, my cousin started at 13 years to date various older men in order to receive some money. Now she is pregnant.” (Young man, FGD, 15-18, Nampula, in school)*

Besides economic vulnerability being a cause of teenage pregnancy, poverty can also worsen the negative consequences of teenage parenthood:

*“This [getting isolated] happens mainly to girls from poor families. The parents will tell them they have no means to take care of this pregnancy and send the girl to marry the man, so he can take care of the belly.” (Father, FGD, Nampula)*

### 3.2.3.4 Marital status

Table 12 shows that among all cases who had experienced both a child marriage and teenage pregnancy, teenage pregnancy generally occurred after or in the same year as the child marriage.

Table 12: Timing of pregnancy

		Nampula n (%)	Rapale n (%)	Total n (%)
Teenage pregnancy came...	Before marriage	1/19 (5.26%)	0%	1/32(3.13%)
	After Marriage	8/19 (42,11%)	9/13 (69,23%)	17/32 (53.13)
	Both in the Same year	10/19 (52.63%)	4/13 (30.77%)	14/32 (43.75%)

In case of child marriage happening in the same year of the teenage pregnancy, it is probable that the pregnancy occurred before the marriage. This assumption was confirmed by participants of the FGDs, who mentioned young women who get pregnant are often forced to marry by their parents.

*“When a girl gets pregnant at 15 years, she needs to leave her studies and needs to marry the boy who impregnated her.” (Young woman, FGD, 19-24, Nampula, out of school)*

Various participants mentioned that it is considered the task of the parents to find out who is the father, and then oblige him to take his responsibility to the young woman and the pregnancy:

*“What happens here in Rapale is unfortunate, when a girl gets pregnant she needs to leave studying, she is brought to the person who impregnated her to marry him, sometimes she is expelled from her house. For example, I have a daughter who got pregnant at 16 years and her father decided to expel her from our house.” (Mother, FGD, Rapale)*

Besides early marriage, there were also many respondents, both parents and youth, who talked about early divorce, mainly in those cases in which the young people had been forced to marry because of a pregnancy:

*“A girl who got to know a boy just for a night, got pregnant and the man was forced to marry her. After the baby was born, the man left the girl, because she was irresponsible, she did not know how to take care of the house or how to cook.” (Young man, FGD, 19-24, Nampula, out of school)*

A father also referred to parents monitoring their daughters after a child marriage to check if the boy is taking good care of the daughter, and if not, the father would take her back home:

*“Some parents who find their daughter pregnant, will punish her by making her marry the father of the baby. (...) She will start to live with her husband. If it is girls and boys of the same age, they will live together with the grandparents, or any other place where they could live together. (...) But as the father will always be like a father, he will monitor the situation until the baby is born: if they live well together, the husband is taking care of the crops and the business is going. But, if the boy is not taking care of the girl, the father will come to collect her and will make new plans. The old plans are left behind, but the girl will continue being dumb, because the father will not have any means to educate her.” (Father, FGD, Nampula)*

### **3.2.4 Consequences of teenage pregnancy for young women, young men and their families**

FGD participants mentioned that for young women, getting pregnant at a young age has usually strong negative impact on their lives: they are often forced to marry, are stigmatized by friends and community members, run serious health risks and have no means to continue their education:

*“A girl of 15 years who gets pregnant, is still very young and will suffer a lot. She loses her value of the community where she lives, she can even die when giving birth, the men who liked her do not want her anymore, she needs to leave school – only when she is lucky she might go to the night classes. However, once the baby is born, she will leave her studies, as she is not able to leave the baby at night, the man will leave her and look out for a younger woman who does not have baby yet.” (Father, FGD, Nampula)*

### 3.2.4.1 School drop-out

Table 13 shows that around 23% of the cases of drop-out of female respondents aged 15-18 years was due to teenage pregnancy, with only slightly higher percentages for Rapale compared to Nampula.

Table 13: School drop-out

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-18) who left school due to teenage pregnancy	22/102 (21.57%)	11/42 (26.19%)	33/144 (22.92%)
Young women (19-24) who left school due to pregnancy	28/136 (20.59%)	16/54 (29.63%)	44/190 (23.16%)

Within the sample, there were no young men who had to leave school due to becoming father at a young age. The vast majority of the FGD participants stated that a teenage pregnancy meant the end of education opportunities for the young woman. Several FGD participants, mainly parents, mentioned the policy of having to move to the night hour classes as a practical barrier for young woman to continue their education:

*“What I see, is that the girl leaves school and marries shortly after. She is discriminated or needs to pass to the night hour classes, (...) for example the daughter of my sister was impregnated by the son of my brother and therefore was forced to marry.”* (Mother, FGD, Rapale)

Besides practical barriers, young women also drop out of school because they are ashamed:

*“I saw many colleagues in my class who did not finish the school year because they got pregnant and felt ashamed to continue studying.”* (Young woman, 15-18 years, in school Nampula)

*“They [pregnant girls] are welcomed at school, but because they are mistreated they prefer to abandon their studies.”* (Young man, FGD, 15-18, Rapale, in school)

### 3.2.4.3 Health of mother and child

Table 14 shows that more than half of the total respondents were aware of the health risks of teenage pregnancy, with a small difference when segregating data for gender: young men had slightly higher awareness (62%) than young women (53.5%).

Table 14: Consequences of teenage pregnancy for health of mother and child

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who agree that girls who become pregnant at 15-19 are likely to have a healthy pregnancy	45 (9.1%)	26 (10.1%)	71 (9.5%)
Young men (15-24) who agree that girls who become pregnant at 15-19 are likely to have a healthy pregnancy	17 (14.5%)	14 (18.4%)	31 (16.1%)
Young women (15-24) who agree that girls with teenage pregnancy are more likely to have health problems and abortion	292 (59.2%)	109 (42.4%)	401 (53.5%)
Young men (15-24) who agree that girls with teenage pregnancy are more likely to have health problems and abortion	67 (57.3%)	52 (68.4%)	119 (61.7%)

Many young people in the FGDs expressed that the bodies of young women are not yet enough developed for pregnancy and child birth, various respondents shared stories about young women in their community losing their life because of teenage pregnancy:

*"(...) some lose their live because their bodies are not yet ready to have a baby. For example, in our neighbourhood there was a girl who was pregnant and lost her live, but the baby was saved."* (Young man, FGD, 15-18, Rapale, in school)

Various parents also expressed the health risks for mother and baby, such as fistula.

*"The daughter of my neighbour is pitiful, she smells bad and urinates every hour. This happened after she gave birth at age of 14 years, by now three years have passed already with this problem."* (Father, FGD, Rapale)

#### *3.2.4.4 Honour, shame and social status*

All FGD participants argued that getting pregnant early compromises the social status of the young woman and her family. The young men mainly talked about the disgrace of the pregnant young woman, and how the whole neighbourhood and school would talk about her:

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

Female FGD participants also talked about the shame that an early pregnancy brings for the young woman, but they expressed themselves generally more concerned with her well-being. Various female participants mentioned the young women feel very desperate, lonely and guilty, and have lost all future perspective.

*"The older women tell her [the pregnant girl] to stop playing with girls her age, because of the pregnancy, and therefore the girl has no choice then to isolate herself of her friends and when this happens the girls is afraid and has no one to support her anymore."* (Young woman, FGD, 19-24, Rapale, out of school)

Some female participants mentioned that the exclusion of teenage mothers from their homes may result in prostitution:

*"She [the pregnant girl] will have to stop school, she is forced to marry and can face more challenges. For example, my cousin was pregnant and my uncle send her out of the house. The boy denied the pregnancy and she now has to prostitute herself to feed herself and her son."* (Young woman, FGD, 15-18, Rapale, in school)

Furthermore, some participants described that the helplessness with the situation, can make young women even turn to (attempt to) suicide:

*"The future of the girls is compromised, she isolates herself from her friends, and in the neighbourhood, they will call her names. When the boy does not assume the pregnancy and leaves her alone with the baby, the girl can get so frustrated that she tries to kill herself. For*

*example, a girl in my neighbourhood was pregnant and the boy denied his responsibility, she tried to kill herself with rat poison, but she was lucky and didn't die.” (Young woman, FGD, 15-18, Rapale, in school)*

Fathers and mothers also talked about disgrace in case of a teenage pregnancy, but they placed it more in the context of the disgrace for the family and through doing so, they justified that the parents have to arrange the marriage or expel the young woman from the family home:

*“The biggest change is the isolation from other girls her age. She stays with older people who can explain her how to take care of her pregnancy. She is suffering. For example, my granddaughter is not living with me anymore because I told her to leave the house [because she was pregnant]. She is suffering, the disgrace is pitiful. She is very skinny (...) and when she sees me she hides, but this is all because of shame and fear because I have always been telling her she should leave having sex for later.” (Father, FGD, Nampula)*

*“[The pregnant girl] is expelled from the house or forced to marry with the boy who impregnated her. Most of the time, the parents don't think about the girl, but are more concerned with preserve the honour of the family.” (Mother, FGD, Nampula)*

### 3.2.5 Fathers of the teenage pregnancies

Through the FGDs, few different profiles of the impregnators of a teenage pregnancy were given, but the majority of the participants argued that the young men were often only slightly older than the young women. The participants indicated that in this case, the family of the young women usually aims to arrange the marriage, but often shortly after the baby is born, the young men try to find a way out of the marriage already:

*“Part of the boys who impregnate a girl, leave the girl as soon as the baby is born because they did not want to marry the girl at all. It was the parents who forced them.” (Young woman, FGD, 15-18, Nampula in school)*

A young man described his personal struggle after impregnating a girl. Firstly, because he did not want to marry the young woman, and secondly because he had no means to help her and their baby:

*“I impregnated a girl when I was 18 years old. She had tricked me about her age, as she told me she was 16 years, but in reality, she was 13. (...) They obliged me to marry her, but I withdrew (...) I just saw there was nothing to sustain us, we would end suffering and depending on my parents. Now, the girl already had the baby, and she lives with her parents. I use to see her passing by, she is disgraced, she doesn't have braids and uses only one pair of clothes. I do feel sorry, despite the fact it is her fault as she lied about her age.” (Young man, FGD, 19-24, Nampula, out of school)*

Another young man described how a young man in his neighbourhood wished to take responsibility, but had no means to do so:

*“A boy in 12<sup>th</sup> grade was dating a girl in 7<sup>th</sup> grade. One day they decided to get to know each other (...) But right after this, the girl got pregnant. The father of the boy stopped giving him*

*any money, as he assumed his son was grown up now. (...) The boy felt obliged to steal money in the house of his father and bought things for the baby. But as soon as the father found out, he went and took everything back.”* (Young man, FGD, 15-18 years, Nampula, in school)

The above stories demonstrate the inability of the young impregnators to assume responsibilities as father, even if they would want to.

Some other stories of the FGDs demonstrate that the impregnators might also be older man who are already married. This could result in the man not being willing to assume the pregnancy:

*“The man who impregnated my sister said he already has his wife, so he betrayed her and left my sister with nothing else than disgrace.”* (Young man, FGD, 19-24, Nampula, out of school)”

Or, it could result in the young woman become the second or third wife of the father:

*“If the man who expects to marry the girl is already married, he will opt for polygamy and the girl will become his second or third wife. This is when the suffering begins for her, and us as parents, but we cannot prevent it, the bad has already happened.”* (Father, FGD, Nampula)

Furthermore, some participants expressed that in some cases the young women are unable to point out who is the father of the baby. This brings difficulties at the health centre, where it is required the father of the baby come to the pre-natal consults:

*“The rule of the hospital is not helping, we demand that they take out the criteria that the father of the baby should be present at the pre-natal consults. Can you imagine, there is children who do not know who impregnated them?”* (Father, FGD, Rapale)

### 3.2.6 Decision-making

Regarding decision-making when a young woman gets pregnant, the vast majority of FGD participants stated that the parents of the young woman will make the decision of what happens. There is either no intervention of the community or parents do not feel obliged to listen to the advises given by the community. No participant referred to the pregnant young woman having any say in the decision-making process.

*“When a girl gets pregnant, she needs to stop studying, retreat from company of her friends and she needs to marry. It is the parents who decide this. The community might intervene, but the parents don’t listen to those advises.”* (Young woman, FGD, 15-18, Nampula, in school)

The parents also refer to the fact that community leaders intervene only in different kind of conflicts, such as over land:

*“What I see, hiiiiii, when a girl gets pregnant, immediately she will need to stop studying and the leaders do not intervene in these cases of teenage pregnancy, only in problems about land, among others. It is the parents who decide for the girl.”* (Mother, FGD, Rapale)

Regarding teenage fathers, as we have seen in above section, it is often decided for them as well having to marry. However, they do find ways out somehow:

*“Some boys who impregnated a girl, leave the girl as soon as the baby is born. Maybe they did not like the girl, but the parents had forced them to marry.”* (Young woman, FGD, Nampula, 15-18, in school)

With respect to the kind of decisions made, most participants mentioned that parents decide for the young woman to get married. Only one story was shared on parents deciding for their daughter to have an abortion.

*“Right after the first “playing round” she was pregnant and nobody knew what to do, neither they had an idea how to make them marry, and therefore the parents decided to get rid of the pregnancy. This way these kids were both able to continue studying, but they had to change school because of disgrace.”* (Young man, FGD, 19-24, Nampula, out of school)

### 3.2.7 Abortion

Participants of the FGDs spoke both of natural (spontaneous) abortion as well as induced abortion. Spontaneous abortion was mentioned as a consequence of getting pregnant at an age when the body of a young woman is not yet developed enough:

*“The consequences are that girls for example when they need to marry, are prohibited of continuing going to school, they cannot work anymore, they run the risk of abortion and complications in giving birth because their bodies are not yet developed.”* (Young woman, FGD, 15-18, in school)

However, the majority of the participants who spoke of abortion, mentioned the traditional or medical methods that young woman access in order to intentionally terminate a pregnancy:

*“When the under-aged get pregnant, she will be expelled from the homes of their parents, and therefore prefer to get rid of the pregnancy using Coco-Cola with salt or leaves of the papaya tree, they put these in a cup with water and wait for five minutes to drink this, for those who are lucky, the pregnancy will get out.”* (Young man, FGD, 15-18, Nampula, in school)

*“Some [pregnant girls] prefer to get rid of the pregnancy, because they are afraid to be operated. They will turn to traditional methods or go the hospital.”* (Young man, FGD, 19-24, Rapale, out of school)

Various participants noted the risks of traditional and clandestine abortions, they are either not effective or put the young women’s health in danger:

*“In our class there was a girl who got pregnant, and tried to abort it, she lost a lot of blood and got anemia.”* (Young man, FGD, 15-18, Rapale, in school)

A nurse of a SAAJ in Rapale also mentioned the occurrence of clandestine abortion, but she affirmed it did not happen so often. However, when it happens consequences can be very serious, she mentioned a tragic case in which a young woman continued to have problems after a clandestine abortion:

*“She came here but we transferred here to the central hospital. There they discovered her uterus was pierced so she will never be able to have children.” (Nurse, SAAJ Rapale)*

### 3.2.8 Support systems for pregnant young women and teenage mothers

Table 15 shows that in total 84% of the respondents indicated that a pregnant young woman can turn to her “family members” to seek for support. The second most chosen option was “health professional”. However, an interesting difference in gender is observed in the data: around half of the male respondents (50% and 51%) state that young woman can go to health professional for support, whereas only around a quarter (27% and 28%) of the female respondents argued the same.

*Table 15: Where can a pregnant young woman ask for support?*

	Nampula		Rapale		Total
	Female	Male	Female	Male	
Family members	424/493 (86%)	105/117 (89.74%)	205/257 (79.77%)	58/76 (76.32%)	(84%)
Health professionals	133/493 (26.98%)	58/117 (49.57%)	73/257 (28.4%)	39/76 (51.32%)	(32%)
Teachers	14/493 (2.84%)	5/117 (4.27%)	5/257 (1.95%)	11/76 (14.47%)	(3.7%)
Religious leaders	4/493 (0.81%)	3/117 (2.56%)	6/257 (2.33%)	7/76 (9.21%)	(2.1%)
Youth representatives	5/493 (1.01%)	4/117 (3.42%)	2/257 (0.78%)	3/76 (3.95%)	(1.5%)
Partner, boyfriend or friends	152/493 (30.83%)	52/117 (44.44%)	62/257 (24.12%)	15/76 (19.74%)	(29.8%)
Other professional	4/493 (0.81%)	5/117 (4.27%)	1/257 (0.39%)	0/76 (0%)	(1.06%)

The data of the FGDs confirm that most young pregnant women have just their family to turn to. Often, initially the young woman discusses with the mother, but then the mother will discuss the situation with the father as well.

*“For example, when a girl is pregnant, the first thing she will think about it to run to the parents.” (Young man, FGD, 15-18, Nampula, in school)*

A father described the work it brings for the family to support a teenage mother:

*“It brings a lot of work for the family, a lot of losses and complexity, because they are still young and their mother will need to support them during the pregnancy (...) It seems for the mothers the pregnancy is theirs, because they are orienting their daughter in taking care of the baby and what to avoid. And when they go to the hospital without the impregnator, there is yet another problem, because they might not open a file for her, and so all the inconvenience is for the parents.” (Father, FGD, Rapale)*

Besides family, one participant made mention of mission sisters that offered support to a teenage mother in the community:

*“For example, in our community there is a girl who got pregnant at 12 years, and when she was 13 years, she had her second baby. She receives support from the missionary sisters to feed her children.”* (Young woman, FGD, 19-24, Rapale, out of school)

With respect to support of the health care system, most participants confirmed teenage mothers have access to the necessary services. The only challenge mentioned, is the rule of having to come to the consults with the father of the baby, as described above.

*“They are attended well enough in the hospital, but it gets complicated when they have to present the impregnator at the consults, because many times the boy denies the pregnancy.”* (Young man, FGD, 19-24, Nampula)

From the interview with the nurse at the SAAJ, it was found that the SAAJ offers full pre-natal service for pregnant young women (until the delivery, then she is transferred to the maternity ward). However:

*“Some girls arrive only at the end of the pregnancy because either the father does not want to come along, or she doesn’t know who is the father. They are also afraid to come, because the pregnancy caused, or will cause, problems in the family.”* (Nurse SAAJ, Rapale)

### 3.3 Child marriage

The most mentioned ways of marriages were religious and informal marriages. The community considered those "being together or "living together" as an equivalent of being married. Formal marriages seemed to occur more often in Nampula than in Rapale, but also in Nampula informal marriages were the most common. Table 16 shows that 23% of female respondents and 35% of male respondents confirm that a bride price is involved in the marriage, either paid in cash, kind or a mixture of both.

Table 16: Common ways of marriage

	Young women (15-24)			Young men (15-24)		
	Nampula n (%)	Rapale n (%)	Total n (%)	Nampula n (%)	Rapale n (%)	Total n (%)
<b>Type of bride price</b>						
Cash	70 (14.2%)	34 (13.2%)	104 (13.9%)	4 (3.4%)	9 (11.8%)	13 (6.7%)
In kind (Goods and products)	52 (10.5%)	31 (12.1%)	83 (11.1%)	0 (0%)	5 (6.6%)	5 (2.6%)
Both (Cash, goods and products)	73 (14.8%)	31 (12.1%)	104 (13.9%)	5 (4.3%)	6 (7.9%)	11 (5.7%)
<b>Way of marriage</b>						
Formal	276 (56%)	90 (35%)	366 (48.8%)	46 (39.3%)	10 (13.2%)	56 (29%)
Informal	291 (59%)	180 (70%)	471 (62.8%)	82 (70.1%)	56 (73.7%)	138 (71.5%)
Religion	418 (84.8%)	201 (78.2%)	619 (82.5%)	95 (81.2%)	58 (76.3%)	153 (79.3%)
Bride price	98 (19.9%)	77 (30%)	175 (23.3%)	40 (34.2%)	27 (35.5%)	67 (34.7%)

### 3.3.1 Age of marriage

While a number of parents in the FGDs said that young people should only get married when they turn 18 or shortly thereafter, none of the mothers and fathers in the FGD preferred them to be much older than that. Quite a few parents said that it is better if they marry at a younger age. In general, parents thought that females should marry earlier than males. They relate this to the body changes that young women go through.

*“...As for me, the preferred age for a girl to marry is 15 years, as soon as a girl has her first menstruation she is ready...”* (Mother, FGD, Rapale)

*“A girl can marry at 12 years old as long as she already has a reasonable looking body... The body counts a lot, it does no good to say that she is a child while the body is already developed. Maybe it has come of age. If she is small she should not have sex, but if she consents it is because she is already old enough.”* (Father, FGD, Rapale)

However, there were also parents who indicated that marrying too young could lead to problems.

*“Marrying at an age under 16 can bring trouble for the girl because she is still (kakomamle) not mature.”* (Mother, FGD, Rapale)

Most young female and male FGD participants agreed that young women should marry after the age of 20. Female FGD participants stressed that young men should also not marry before the age of 18. In general, young female and male participants argued that with an increase in age, young people are better prepared for adult life in the physiological, social, academic and professional sense.

*“I think that the proper age to marry should be 28 years old, after having studied and at this age the girl is already mature and with a promising future.”* (Young woman, FGD, 19-24, Rapale, out of school)

*“For me the person must be prepared, it depends on if you are psychologically prepared to care for someone. We have many homes in our society with immature (young) people, they have no sense of responsibility, so for me, it depends. There are boys and girls who with 18 years old already have an idea of a home and there are people of 25 or 30 years old, who are and live like children. It depends on the psychological capacity of the person. The preferred age for a boy and a girl to marry is 30 years. Parents do not directly benefit from their children's marriages but they think about relieving themselves from their children because of financial issues. If you do not marry at age 18 a 20 you are called several names.”* (Young man, FGD, 15-18, Nampula, in school)

Almost 10% of all female survey respondents between 18 and 24 years had married before the age of 18, although this was higher in Rapale (13%) than in Nampula (8%). One percent of all female survey respondents had married below the age of 15. Two percent of male survey respondents between 18 and 24 years had married before the age of 18, and none of them had done so before the age of 15 (Table 17).

Table 17: Child marriage rates among the survey participants

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (18-24) who were married on in a union before the age of 18	19 (8,41%)	13 (12,75%)	32 (9,76%)
Young men (18-24) who were married on in a union before the age of 18	1 (1,64%)	1 (4%)	2 (2,33%)
Young women (15-24) who were married or in a union before age 15	5 (1%)	4 (1.6%)	9 (1.2%)
Young men (15-24) who were married or in a union before age 15	0 (0%)	0 (0%)	0 (0%)

The child marriage rate among female respondents aged 18-24 was higher among those out of school (23%) than among of those in school (5%). The same applies for male survey respondents aged 18-24 years, 3% of the out-of-school participants had married before the age of 18 against 0.5% of those in school (Table 18).

Table 18: Child marriage rates among the survey participants by school status

	In school n (%)	Out of school n (%)
Young women (18-24) who were married on in a union before the age of 18	11 (4.68%)	21 (22.58%)
Young men (18-24) who were married on in a union before the age of 18	0%	2 (8%)
Young women (15-24) who were married or in a union before age 15	3 (0.53%)	6 (3.21%)
Young men (15-24) who were married or in a union before age 15	0%	0%

Most female survey respondents who had married did so with a male who was on average 6.5 years older in age. Married male survey respondents had spouses who were on average 2.5 year younger than themselves. The mean age of first marriage was 17 for females and 18 for males. The average age of first marriage among the group who had married below the age of 18, was 15.7 years among females as well as among males.

When comparing out-of-school versus in-school survey participants, the age gap between spouses was larger among the first category (with husbands who are on average 7.2 years older), than those in school (with husbands who are on average 5.7 years older). The opposite is true for married male survey respondents. Those in school had on average a larger age gap with their spouses (with wives 3.5 years younger), than those out of school (with wives on average two years younger). Those in school had a slightly higher mean age at first marriage than those out of school (17.5 against 16.8 for female; and 19 against 17.6 for male). There seems to be hardly any difference in the average age at first marriage for females who married below the age of 18 among those in and out of school (15.8 against 15.7).

### 3.3.2 Reasons for child marriage

The survey shows that pregnancy was seen as one of the key reasons for young women to get married, as 56% of the female and 68% of the male respondents indicated this to be a reason. Quite a few female survey respondents (47%) also considered child marriage to be a solution in cases of teenage pregnancy. However, only 20% of the male survey respondents said so. Seventy-eight percent of the female respondents and 84.5% of the male respondents said that child marriage often happens after a pregnancy.

A high percentage of male respondents, namely 71%, reported the lack of education and employment opportunities as a key reason for young women to get married early, against 48% of the female respondents. Other key reasons were love and to a much lesser extent religion (Table 19).

*Table 19: Reasons for child marriage among girls*

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who agreed that early marriage of girls is due to religion	46 (9.3%)	29 (11.3%)	75 (10%)
Young men (15-24) who agreed that early marriage of girls is due to religion	8 (6.8%)	5 (6.6%)	13 (6.7%)
Young women (15-24) who agreed that early marriage of girls is due to pregnancy	293 (59.4%)	126 (49%)	419 (55.9%)
Young men (15-24) who agreed that early marriage of girls is due to pregnancy	74 (63.2%)	57 (75%)	131 (67.9%)
Young women (15-24) who agreed that early marriage of girls is due to love	228 (46.2%)	74 (28.8%)	302 (40.3%)
Young men (15-24) who agreed that early marriage of girls is due to love	45 (38.5%)	35 (46.1%)	80 (41.5%)
Young women (15-24) who agreed that early marriage of girls is due to lack of education and work opportunities	250 (50.7%)	111 (43.2%)	361 (48.1%)
Young men (15-24) who agreed that early marriage of girls is due to lack of education and work opportunities	79 (67.5%)	58 (76.3%)	137 (71%)
Young women (15-24) who said child marriage is a solution in cases of teenage pregnancy	234 (47.5%)	117 (45.5%)	351 (46.8%)
Young men (15-24) who said child marriage is a solution in cases of teenage pregnancy	27 (23.1%)	12 (15.8%)	39 (20.2%)
Young women (15-24) who said child marriage often happens after a pregnancy	414 (84%)	172 (66.9%)	586 (78.1%)
Young men (15-24) who said child marriage often happens after a pregnancy	104 (88.9%)	59 (77.6%)	163 (84.5%)

Male survey respondents indicated that lack of education and employment opportunities (72%), followed by pregnancy (70%) and love (42.5%) as key reasons for males to get married early. Female respondents indicated that pregnancy (55.5%), followed by lack of education and employment opportunities (48%), and love (41%) were the prime reasons for males to marry early (Table 20).

*Table 20: Reasons for child marriage among boys*

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who agreed that early marriage of boys is due to tradition	45 (9.1%)	28 (10.9%)	73 (9.7%)
Young men (15-24) who agreed that early marriage of boys is due to tradition	8 (6.8%)	4 (5.3%)	12 (6.2%)
Young women (15-24) who agreed that early marriage of boys is due to pregnancy	294 (59.6%)	122 (47.5%)	416 (55.5%)
Young men (15-24) who agreed that early marriage of boys is due to pregnancy	75 (64.1%)	60 (78.9%)	135 (69.9%)
Young women (15-24) who agreed that early marriage of boys is due to love	228 (46.2%)	77 (30%)	305 (40.7%)
Young men (15-24) who agreed that early marriage of boys is due to love	46 (39.3%)	36 (47.4%)	82 (42.5%)
Young women (15-24) who agreed that early marriage of boys is due to lack of education and work opportunities	245 (49.7%)	112 (43.6%)	357 (47.6%)
Young men (15-24) who agreed that early marriage of boys is due to lack of education and work opportunities	80 (68.4%)	59 (77.6%)	139 (72%)

The FGD data reinforce the above presented findings from the survey. Female FGD participants talked about teenage pregnancy being the main reason for child marriage. They mentioned that most young women who get pregnant get marry soon, some even said that the act of marrying was seen as a way to preserve the womb of the young woman.

*"... when youths get pregnant they do not want to go through shame and so they try to preserve their honour." (Young woman, FGD, 19-24, Nampula, out of school)*

*"When a girl gets pregnant they deliver her the boy who impregnated her no matter if he does not want to take the responsibility." (Young woman, FGD, 15 – 18, Rapale, in school)*

*"What I have seen when 15-year-old girls get pregnant they quit studies and are forced to marry, even those who do not study are forced to marry against their will." (Young woman, FGD, 15 – 18, Nampula, in school)*

However, it was also mentioned that parents sometimes wanted their children to get married because of economic reasons or young women being lured into relationships with wealthier men, as the quote below illustrates.

*"Sometimes premature marriage is the father's choice, but there are children who leave their parents' homes to marry adult men for money, and the parents prefer to keep quiet and do not react because they know she will have a good life (well to do). This man usually has another older woman, this one ends up being the second one. Later when she is already destroyed she thinks to return to the house of the parents as she is very unhappy." (Young man, FGD, 19-24, Nampula, out of school)*

*"Usually from the age of 14 people are ambitious to marry. If the child does not marry it is not for being criticized, but some parents push their children when a man appears who wants to marry them. These parents think that this is a way to take the weight off raising daughters because they will not have to feed or buy clothes." (Young man, FGD, 19-24, Nampula, out of school)*

### 3.3.4 Decision making on marriage

The survey shows that the large majority of female and male respondents affirmed that they can decide on whom to date (85.5% for male and 67% for female respondents). A larger percentage of female respondents in Nampula said that their parents decide whom to marry (35.5%) than in Rapale (25%). Also a slightly higher percentage of male respondents in Nampula said that their parents make that decision (18%) than in Rapale (14.5%). Data disaggregated by school status did not show significant differences for female responses. Among male respondents, a higher percentage of those in school compared to those out of school (85% vs 76%) reported to be able to decide who to date. In the same line, a higher percentage of males out of school compared to those in school ( 22% vs 15%) agreed that their parents decided who they married.

The opinions of female and male survey respondents differed in relation to young women marrying against their will in their communities. A few thought that this did not exist, others thought it were

only few, others ‘half’ or ‘most’. More male respondents in Nampula thought it are only few (70%) than female respondents in Nampula (38%) and male and female respondents in Rapale (34% and 35% respectively). Overall, a higher percentage of male and female respondents in Rapale thought that a considerable number of girls are marrying against their will (Table 21).

*Table 21: Decision-making on dating and marriage*

Indicators on decision-making on marriage (choice, refusal, pressure)	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who agreed that they are able to decide who to date	357 (72.4%)	143 (55.6%)	500 (66.7%)
Young men (15-24) who agreed that they are able to decide who to date	99 (84.6%)	66 (86.8%)	165 (85.5%)
Young women (15-24 years) who agreed that their parents decide who they marry	175 (35,50%)	65 (25,29%)	240 (32%)
Young men (15-24 years) who stated that their parents decide who they marry	21 (17,91%)	11 (14,47%)	32 (16,58%)
Female respondents’ perceptions on the proportion of young women marrying against their will in their community			
None	78 (15,82%)	41 (15,95%)	119 (15.87%)
Few	188 (38,13%)	89(34,63%)	277 (36.93%)
Half	59 (11,94%)	21 (8,17%)	80 (10.67%)
Most	106 (21,50%)	84 (32,68%)	190 (25.33%)
All	1 (0,20%)	0 (0 %)	1 (00.13%)
I don’t know	61 (12,37%)	22 (8,56%)	83 (11.07%)
Male respondents’ perceptions on the proportion of young women marrying against their will in their community			
None	2 (1,71%)	2 (2,63%)	4 (2.07%)
Few	82 (70,09%)	26 (34,21%)	108 ( 55.96%)
Half	7 (5,98%)	19 (25%)	26 (13.47%)
Most	18 (15,38%)	26 (34,21%)	44 (22.8%)
All	0%	0%	0 (0%)
I don’t know	2 (1,71%)	2 (2,63%)	4 (2.07%)

Among married female survey respondents, between 62.5% (Rapale) and 68.5% (Nampula) decided themselves to get married. Among married male respondent, between 67% (Nampula) and 100% (Rapale) made that decision themselves, thereby it has to be realized that this relates only to very few male respondents. While between 52% (Nampula) and 62% (Rapale) of the female respondents said that they married at the right time, 100% of the male respondents indicated this. Between 31.5% and 44% of the female survey respondents (Nampula and Rapale respectively) had experienced pressure from family members to marry. A few respondents also indicated to have received pressure from the community to get married (Table 22).

*Table 22: Decision making on marriage among those who are married*

	Nampula n (%)	Rapale n (%)
Married female respondents who affirmed that it was their decision to marry	37/54 (68,52%)	20/32 (62,5%)
Married male respondents who affirmed that it was their decision to marry	2/3 (66,67%)	4/4 (100%)
Married female respondents who affirmed that it was the right moment to marry when they did	28/54 (51,85%)	20/32 (62,50)
Married male respondents who affirmed that it was the right moment to marry when they did	0/3 (100%)	4/4 (100%)

Married female respondents who affirmed to have been pressured by family members to marry	17/54 (31,48%)	14/32 (43,75%)
Married male respondents who affirmed to have been pressured by family members to marry	1/3 (33,33%)	0/4 (0%)
Married female respondents who affirmed to have been pressured by community to marry	5/54 (9,26%)	0/3 0%
Married male respondents who affirmed to have been pressured by community to marry	0/3 (0%)	0/4 (0%)

When comparing those in and out of school, data show that a slightly higher percentage of female respondents in school decided themselves to get married (66%) than those out of school (65%). Fewer female respondents in school agreed that they married at the right time (49%) than those out of school (61%). A higher percentage of out-of-school female respondents received pressure from their family to get married (45%) against those in school (23%). On the other hand, the percentage of in-school female respondents who received pressure from the community to marry (17%) was higher than those out of school (10%) (Table 23). There were too few male respondents to be able to draw any conclusions.

*Table 23: Decision-making on marriage among those who are married by school status*

	In school n (%)	Out of school n (%)
Married female respondents who affirmed that it was their decision to marry	24/35 (68,57%)	33/51 (64,71%)
Married male respondents who affirmed that it was their decision to marry	2/2 (100%)	4/5 (80%)
Married female respondents who affirmed that it was the right moment to marry when they did	17/35 (48,57%)	31/51 (60,78%)
Married male respondents who affirmed that it was the right moment to marry when they did	½ (50%)	3/5 (60%)
Married female respondents who affirmed to have been pressured by family members to marry	8/35 (22,86%)	23/51 (45,10%)
Married male respondents who affirmed to have been pressured by family members to marry	0%	1/5 (20%)
Married female respondents who affirmed to have been pressured by community to marry	6/35 (17,14%)	5/51 (9,8%)
Married male respondents who affirmed to have been pressured by community to marry	0/2 (0%)	0/5 (0%)

When comparing Nampula and Rapale districts in terms of what young female and male respondents think about making their own choices on whom to date, and not being forced into marriage, it can be seen that higher percentages of female and male respondents in Nampula are of the opinion that girls and boys should have the freedom to make their own choices than in Rapale (Table 24).

*Table 24: Opinions about decision making*

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who agreed that girls should be able to choose who to date	476 (96.6%)	208 (80.9%)	684 (91.2%)
Young men (15-24) who agreed that girls should be able to choose who to date	108 (92.3%)	65 (85.5%)	173 (89.6%)
Young women (15-24) who agreed that boys should be able to choose who to date	479 (97.2%)	208 (80.9%)	687 (91.6%)

Young men (15-24) who agreed that boys should be able to choose who to date	110 (94%)	64 (84.2%)	174 (90.2%)
Young women (15-24) who agreed that a girls should never be forced or pressured to marry	472 (95.7%)	195 (75.9%)	667 (88.9%)
Young men (15-24) who agreed that a girls should never be forced or pressured to marry	109 (93.2%)	61 (80.3%)	170 (88.1%)
Young women (15-24) who agreed that a boys should never be forced or pressured to marry	473 (95.9%)	195 (75.9%)	668 (89.1%)
Young men (15-24) who agreed that a boys should never be forces or pressured to marry	109 (93.2%)	59 (77.6%)	168 (87%)

The FGD participants reinforced the findings from the survey. Some parents but also young female and male participants said that it are still the parents who decide on the marriage.

*“Those who decide are parents or caregivers, a boy at the age of 19, is forced to work early to support the household” (Mother, FGD, Rapale)*

*“Who decides the marriage are the parents, when they get pregnant or when they get a good party for their daughters, for example if the boy is of good family, has money.” (Mother, FGD, Nampula)*

Other parents said that this was the situation before, but that nowadays more and more youth decide for themselves.

*“The boys at age 18 although they are still children... before it were the parents who decided on the marriage of their children, but now they decide it on their own.” (Father, FGD, Rapale)*

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

While the experience of a young male participant showed that there could be pressure from community institutions such as the community tribunal to get married, other participants said that they had never heard of such pressure.

*“... I have never seen any leader or neighbour intrude on this premature marriage situation because we think it is not good to pry in such private matters.” (Mother FGD, Nampula)*

### 3.3.5 Consequences of child marriage

#### 3.3.5.1. Education

The large majority of the survey respondents agreed that child marriage has a negative impact on the education of young women. However, more female respondents in Nampula thought this (86%) than in Rapale (66%). Almost the same percentages of female respondents think that child marriage also has a negative impact on the education of young men (Table 25).

Table 25: Consequences of child marriage

	Nampula n (%)	Rapale n (%)	Total n (%)

Young women (15-24) who agreed that marriage under 18 has a negative impact on girls education	426 (86.4%)	170 (66.1%)	596 (79.5%)
Young men (15-24) who agreed that marriage under 18 has a negative impact on girls education	106 (90.6%)	63 (82.9%)	169 (87.6%)
Young women (15-24) who agreed that marriage under 18 has a negative impact on boys education	419 (85%)	169 (65.8%)	588 (78.4%)
Young men (15-24) who agreed that marriage under 18 has a negative impact on boys education	105 (89.7%)	63 (82.9%)	168 (87%)

In Nampula, 9% of the female respondents who had dropped out of school at age 15-17 did so because of child marriage, while in Rapale this was 28%. Of all female respondents who had ever dropped out of school, 14% did so in Nampula and 22% in Rapale because of marriage (Table 26).

*Table 26: School drop out because of marriage among respondents who had ever dropped out of school*

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-17) years who left school due to child marriage	6/70 (8,57%)	9/32 (28,13%)	15 (14.71%)
Young women (15-24) years who left school due to marriage	19/136 (13,97%)	12/54 (22,22%)	31 (16.32%)

In the FGDs and interviews, participants confirmed that one of the consequences of child marriage was school dropout.

*“Child marriage has several consequences, for example, she loses her school year due to pregnancy...”* ( Mother, FGD, Nampula)

### 3.3.5.2 Divorce

Child marriage was a frequently mentioned factor for divorce. Among the survey participants who had ever been married under age 18, 21 % or over one in five had either been divorced and or separated (Table 27). Non of the male survey respondents had been divorced or separated. Further analysis showed a higher level of divorce in Rapale than in Nampula among female survey respondents.

*Table 27: Divorce and separation*

Divorce and separation among female survey respondents who experienced child marriage	Total n (%)
Married (with first husband)	41/52 (78.85%)
Divorced (without having been married with 2nd husband)	2/52 (3.85%)
Divorced but with plans to remarry	4/52 (7.69%)
Separated	4/52 (7.69%)
Other	1/52 (1.9%)
<b>Total divorced/separated</b>	<b>11/52 (21.2%)</b>

Both female and male FGD participants also confirmed that divorce occurred frequently in couples who married at a very young age.

*“Those who marry younger split up earlier and those who marry older take too long because they already have a sense of responsibility.”* (Young man, FGD, 19 – 24, Rapale, out of school)

Without economic security for their livelihood and family, as time goes by, some come to realize that they did not make the right choice and that they find themselves in an undesirable situation, eventually leading to divorce.

*“... Some marry out of emotions and others are forced to marry and when they discover that it is not what they wanted the solution is divorce and both are guilty.”* (Young woman, FGD, 15 – 18, Rapale, in school)

FGD participants mentioned that a divorce can both be initiated by the wife as well as the husband.

### 3.3.6 Opinions about child marriage

The survey respondents were asked their opinions about child marriage on the basis of a number of statements. Almost all respondents disagreed that it has advantages for girls or boys to marry early. However, when asked about disadvantages of child marriage, around 30% of the respondents stated that it has no disadvantages for girls and boys. Especially a large percentage of female respondents in Rapale thought that it does not have disadvantages for girls and boys to get married at an early age.

A higher percentage of male respondents (94%) did not agree that early marriage (either of girls or boys) protects family reputation than female respondents (78%). While close to one in three of the female respondents (28%-29%) thought that early marriage of girls and or boys can help to respect family honour, only one in seven of the male respondents thought this (12%-13.5%). Thirty-one percent of the female respondents believed that early marriage of either girls and boys can help solve family disputes, against 15% of the male respondents. A small group of both female and male respondents (14%) believed that early marriage can help solve financial problems, in Rapale, a higher percentage of male respondents (20%) believed this. One in four female respondents (82%) disagreed that early marriage provides them with security, against one in ten of male respondents (92%). The large majority of female and male respondents (above 82%) disagreed that marrying girls or boys under 18 prevents sexual harassment (Table 28).

*Table 28: Opinions about child marriage*

	Nampula n (%)	Rapale n (%)	Total n (%)
<b><i>Advantages and disadvantages to marry early</i></b>			
Young women (15-24) who disagreed that it has advantages for girls to marry early	488 (99%)	245 (95.3%)	733 (97.7%)
Young men (15-24) who disagreed that it has advantages for girls to marry early	115 (98.3%)	70 (92.1%)	185 (95.9%)
Young women (15-24) who disagreed that advantages for boys to marry early	478 (97%)	244 (94.9%)	722 (96.3%)
Young men (15-24) who disagreed that it has advantages for boys to marry early	111 (94.9%)	71 (93.4%)	182 (94.3%)
Young women (15-24) who agreed that it has disadvantages for girls to marry early	391 (79.3%)	144 (56%)	535 (71.3%)

Young men (15-24) who agreed that it has disadvantages for girls to marry early	83 (70.9%)	57 (75%)	140 (72.5%)
Young women (15-24) who agreed that it has disadvantages for boys to marry early	398 (80.7%)	151 (58.8%)	549 (73.2%)
Young men (15-24) who agreed that it has disadvantages for boys to marry early	87 (74.4%)	59 (77.6%)	146 (75.6%)
<b><i>Protecting family reputation</i></b>			
Young women (15-24) who disagreed that early marriage of girls protects family reputation	394 (79.9%)	194 (75.5%)	588 (78.4%)
Young men (15-24) who disagreed that early marriage of girls protects family reputation	111 (94.9%)	71 (93.4%)	182 (94.3%)
Young women (15-24) who disagreed that early marriage of boys protects family reputation	391 (79.3%)	196 (76.3%)	587 (78.3%)
Young men (15-24) who disagreed that early marriage of boys protects family reputation	111 (94.9%)	71 (93.4%)	182 (94.3%)
<b><i>Respecting family honour</i></b>			
Young women (15-24) who agreed that girls have to marry to respect family honour	141 (28.6%)	76 (29.6%)	217 (28.9%)
Young men (15-24) who agreed that girls have to marry to respect family honour	16 (13.7%)	10 (13.2%)	26 (13.5%)
Young women (15-24) who agreed that boys have to marry to respect family honour	140 (28.4%)	72 (28%)	212 (28.3%)
Young men (15-24) who agreed that boys have to marry to respect family honour	15 (12.8%)	9 (11.8%)	24 (12.4%)
<b><i>Solving family disputes</i></b>			
Young women (15-24) who agreed that early marriage of girls solves family disputes	154 (31.2%)	79 (30.7%)	233 (31.1%)
Young men (15-24) who agreed that early marriage of girls solves family disputes	15 (12.8%)	14 (18.4%)	29 (15%)
Young women (15-24) who agreed that early marriage of boys solves family disputes	156 (31.6%)	79 (30.7%)	235 (31.3%)
Young men (15-24) who agreed that early marriage of boys solves family disputes	15 (12.8%)	14 (18.4%)	29 (15%)
<b><i>Solving financial problems</i></b>			
Young women (15-24) who agreed that marrying girls helps solve financial problems	66 (13.4%)	36 (14%)	102 (13.6%)
Young men (15-24) who agreed that marrying girls helps solve financial problems	12 (10.3%)	16 (21.1%)	28 (14.5%)
Young women (15-24) who agreed that marrying boys helps solve financial problems	56 (11.4%)	25 (9.7%)	81 (10.8%)
Young men (15-24) who agreed that marrying boys solve financial problems	10 (8.5%)	15 (19.7%)	25 (13%)
<b><i>Providing security</i></b>			
Young women (15-24) who disagreed that marrying girls provides them security	389 (78.9%)	221 (86%)	610 (81.3%)
Young men (15-24) who disagreed that marrying girls provides them security	108 (92.3%)	67 (88.2%)	175 (90.7%)
Young women (15-24) who disagreed that marrying boys provides them security	390 (79.1%)	223 (86.8%)	613 (81.7%)
Young men (15-24) who disagreed that marrying boys provides them security	109 (93.2%)	68 (89.5%)	177 (91.7%)
<b><i>Preventing sexual harassment</i></b>			
Young women (15-24) who disagreed that marrying girls under 18 prevents sexual harassment	398 (80.7%)	224 (87.2%)	622 (82.9%)
Young men (15-24) who disagreed that marrying girls under 18 prevents sexual harassment	103 (88%)	62 (81.6%)	165 (85.5%)

Young women (15-24) who disagreed that marrying boys under 18 prevents sexual harrassment	405 (82.2%)	214 (83.3%)	619 (82.5%)
Young men (15-24) who disagreed that marrying boys under 18 prevents sexual harrassment	100 (85.5%)	65 (85.5%)	165 (85.5%)

In the FGDs, participants also discussed positive and negative perspectives on child marriage. Mostly negative perspective on child marriage were shared, although these related more to child marriage of girls than of boys. No reference was made to boys in relation to child marriage.

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

Positive consequences that were mentioned in the FGDs with parents related mostly to improvements in the economic situation of the girl herself and her family.

*“... Premature marriage has many benefits, it can provide a good life to the girl. It can help her further her studies, acquire a house, a field, help out the family with money. For example, I have a niece who married early with a man much older than her and he helped her with her studies, got her a bicycle, has a field of cassava and she is the largest producer in the area.”* (Mother, FGD, Rapale)

### 3.4 Sexual and reproductive health practices, information and service utilization

This section describes the age of sexual debut and the reasons behind becoming sexually active at an early age, as well as the access to SRH information and services among the young women and men involved in the two districts.

#### 3.4.1 Sexual debut

Of all female survey respondents, 61% ever had a sexual relation against close to 70% of the males. Female and male survey respondents in school were less likely to have had a sexual relation than those out of school. The mean age of sexual debut among those having had a sexual relation was 15.8 years for females and 14.9 years for males, with not so much difference between those in and out of school (Table 29).

Table 29: Sexual debut by district and school status

Sexual debut by district	Young women (15-24)			Young men (15-24)		
	Nampula n (%)	Rapale n (%)	Total n (%)	Nampula n (%)	Rapale n (%)	Total n (%)
Ever had sexual relations	311 (63.1%)	147 (57.2%)	458 (61.1%)*	79 (67.5%)	56 (73.7%)	135 (69.9%)
Mean age sexual debut	15.8	15.8	15.8	15.2	14.6	14.9
Sexual debut by school status	Young women (15-24)			Young men (15-24)		
	In school n (%)	Out of school n (%)	Total n (%)	In school n (%)	Out of school n (%)	Total n (%)
Ever had sexual relations	323 (57.37%)	135 (72.19%)	458 (61.1%)*	97 (67.36%)	38 (77.55%)	135 (69.9%)
Mean age sexual debut	15.95	15.5	15.82	15	14.94	14.98

All participants of the qualitative study component, whether young females or males, fathers, mothers or other stakeholders, agreed that girls and boys in Rapale and Nampula start having sex at an early age. The large majority thereby indicated that girls and boys start at an earlier age than what emerged from the survey. The FGD participants also said that in general girls start having sex at an earlier age than boys, while this is also not confirmed by the survey results.

*“Young people of today, when their hair starts to grow in their armpits or in the pubic area, they already want to have sex. They see this in videos, on the phone, or in books so they want to try.”* (Father, FGD, Nampula)

*“My daughter started to have sex with 12 years. I heard her talk with her friend (about this) and when I called her to discuss this, she told me it is her life and body and that she could do anything she wants”.* (Mother, FGD, Rapale)

Some stakeholders indicated to believe that sexual debut now happens at a younger age than in the past. The respondents indicated that there are many reasons why boys and girls start having sex. Passion was the most frequently mentioned motive among the female respondents, followed by being curious, being in love, wanting to get married or being seduced. For males, curiosity seemed to be the prime reason to start becoming sexual active, followed by the influence of friends, and or passion (Table 30).

*Table 30: Most frequently mentioned reasons for sexual debut of those having had sexual relations*

	Young women (15-24)			Young men (15-24)		
	Nampula n (%)	Rapale n (%)	Total n (%)	Nampula n (%)	Rapale n (%)	Total n (%)
Passion	266 (85,53%)	121 (82.31%)	387 (85.50%)	30 (37.97%)	26 (43.46%)	56 (41.48%)
Curious	184 (59.16%)	69 (46.94%)	253 (55.24%)	53 (67.09%)	41 (73.21%)	94 (69.63%)
Love	130 (41,80%)	76 (51.70%)	206 (44.98%)	21 (26.58%)	12 (21.43%)	33 (24.44%)
Wanted to marry	91 (29.26%)	53 (36.05%)	144 (31.44%)	0 (0%)	4 (7.14%)	4 (2.69%)
Seduced	83 (26.69%)	29 (19.73%)	112 (24.45%)	12 (15.19%)	8 (14.29%)	20 (14.81%)
Fun	80 (25.72%)	26 (17.69%)	106 (23.14%)	5 (6.33%)	11 (19.64%)	16 (11.85%)
Influence friends	76 (24.44%)	33 (22.45%)	109 (23.80%)	32 (40,51%)	23 (41.07%)	55 (40.74%)

FGD participants and other stakeholders agreed that early sexual debut is influenced by girls and boys wanting to experiment; wanting to imitate their peers, their parents or soap operas on TV; or engage in sex because of peer pressure and having to proof one’s sexual capacity.

*“No matter how serious you are, you cannot (not have sex) because your friends start offending you by saying that you are a fool and then the sex competition begins.”* (FGD, in-school boys 15-18, Rapale)

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

*“... they start as soon as they are born, nowadays when you want to have sex with your wife you wait for your child to sleep because if not, the next day she already starts doing the same thing she saw at night, and even without seeing parents they watch in the soap operas (and imitate from there), ...”* (Father, FGD, Nampula)

In one FGD with boys 15-18 years in Rapale, it was mentioned that bets are placed on who will start having sex at an early age. In Nampula, a number of male FGD respondents said that while young people are told not to start sex early, this is not something they want to hear, and which they therefore subsequently ignore.

Many FGD participants mentioned the large contribution of the initiation rites to the early onset of sexual activity. They said that these rites triggered young people wanting to put into practice what they had learned during those rites.

*“I think they start with 12 years, especially the girls, since after they have had their first menstruation they are submitted to the initiation rite ceremonies, after which they feel mature and begin to put sex into practice”.* (Male participant, FGD, 19-24, Rapale)

*“Some boys when they leave the initiation rites they want to try (to have sex), for example my nephew started with 11 years because when he left the rites he said that he was already a man and should try”* (FGD, Mother, Rapale)

*“They start sex before adolescence, as soon as they leave the initiation rites because there they are taught how, when, and with whom to have sex and then they want to experience what they have heard.”* (FGD, Father, Nampula)

However, Table 31 shows that not all survey respondents did experience this pressure to become sexually active as result of having participated in initiation rites.

*Table 31: Influence of initiation rites on sexual debut*

About the initiation rite by district	Young women (15-24)			Young men (15-24)		
	Nampula n (%)	Rapale n (%)	Total n (%)	Nampula n (%)	Rapale n (%)	Total n (%)
Participated in a initiation rite	347/493 (70.39%)	166/257 (64.59%)	513/750 (68.40%)	113/117 (96.58%)	73/76 (96.05%)	186/193 (96.37%)
Mean age when participated in initiation rite	14.6	14.75	14.65	10.8	10.97	10.87
Felt pressures to engage sexual relations after initiation rite	72 (14.6%)	22 (8.6%)	94 (12.5%)*	18 (15.4%)	20 (26.3%)	38 (19.7%)
About the initiation rite by school status	Young women (15-24)			Young men (15-24)		
	In school n (%)	Out of school n (%)	Total n (%)	In school n (%)	Out of school n (%)	Total n (%)
Participated in a initiation rite	381 /563 (67.67%)	132/187 (70.59%)	513/750 (68.40%)	139/144 (96.53%)	47/49 (95.92%)	186/193 (96.37%)
Mean age when participated in initiation rite	14.6	14.76	14.64	10.95	10.63	10.87
Felt pressures to engage sexual relations after initiation rite	72 (14.6%)	22 (8.6%)	94 (12.5%)	18 (15.4%)	20 (26.3%)	38 (19.7%)

Of all respondents, around 70% of the females and 95% of the males had participated in initiation rites. Female survey respondents were around 14.5 years old when they had their initiation rite, while male respondents participated in these rites shortly before turning 11 years. Over one in ten female respondents felt pressure to engage in sexual activities after the initiation rite, a higher percentage in school felt such pressure than those out of school. Among the male survey respondents, close to one in five felt such pressure.

Another contributing factor to early sexual debut can be being forced into it. Table 32 shows that over 15 % of female respondents were pressurized into having sex for the first time related to obtaining money or goods, while there were also young women whose first sexual experience was forced (6.77%). This was much less the case for the male respondents.

*Table 32: Influence of sexual harassment on early sexual debut*

	Young women (15-24)			Young men (15-24)		
	Nampula n (%)	Rapale n (%)	Total n (%)	Nampula n (%)	Rapale n (%)	Total n (%)
Money or other	42 (13.5%)	28 (19.05%)	70 (15.28%)	0 (0%)	0 (0%)	0 (0%)
Forced	22 (7.07%)	9 (6.12%)	31 (6.77%)	2 (2.53%)	0 (0%)	2 (1.48%)
Forced by parents	16 (5.15%)	10 (6.80%)	26 (5.68%)	1 (1.27%)	0 (0%)	1 (0.74%)
Harassment	16 (5.15%)	4 (2.72%)	20 (4.37%)	0 (0%)	1 (1.79%)	1 (0.74%)

A number of female and male FGD participants indicated that sexual abuse is also happening in school. These participants talked about girls having sex with teachers to get better grades, or teachers making girls pregnant.

*"I know a girl who had a poor grade for a certain subject and had to go to bed with the teacher to improve her grade."* (Female participant, FGD 15-18 in Rapale)

*"The teachers advise us a lot, but they themselves are having sex with students."* (Male participant, FGD 15-18, Rapale)

One stakeholder made reference to sexual harassment in schools and indicated that he believed this to have diminished because of a legal framework being put in place. None of the other participants made reference to this though.

*"For example teachers, now the practice of sexual violence is no longer fashionable, there is already a legal device that protects the adolescents."* (Stakeholder 2, Rapale)

A few FGD participants also talked about sexual harassment happening in the community, such as by people with money.

*"Men who rape girls often have money and pay the girl's family to set them free."* (Male participant, FGD 19-24, Nampula)

### 3.4.2 Sexuality education

The survey showed that around half of the female (49%) and male (56%) respondents have ever received sexuality education. Of the female respondents, a slightly higher percentage in Nampula than in Rapale had received such education, while the opposite was true for the male respondents. Overall, more females and males in school than out of school reported to have had sexuality education. Those in school were also better informed about how to avoid pregnancy than those out of school, and more men knew this than women (Table 33).

*Table 33: Sexuality education and knowledge about preventing pregnancy*

By district	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who ever received sexuality education	253 (51.3%)	117 (45.5%)	370 (49.3%)
Young men (15-24) who ever received sexuality education	61 (52.1%)	47 (61.8%)	108 (56%)
Young women (15-24) who know how to prevent pregnancy	415 (84.2%)	206 (80.2%)	621 (82.8%)
Young men (15-24) who know how to prevent pregnancy	113 (96.6%)	72 (94.7%)	185 (95.85%)
By schooling status	In school n (%)	Out of school n (%)	Total n (%)
Young women (15-24) who ever received sexuality education	296 (52.58%)	74 (39.57%)	370 (49.33%)
Young men (15-24) who ever received sexuality education	92 (63.89%)	16 (32.65%)	108 (55.39%)
Young women (15-24) who know how to prevent pregnancy	476 (84.5%)	145 (77.54%)	621 (82.80%)
Young men (15-24) who know how to prevent pregnancy	140 (97.22%)	45 (91.84%)	185 (94.87%)

The survey shows that teachers and health providers are the largest source of information around sexuality. Other frequently mentioned sources for females were friends, and in Nampula also family members. While in Nampula media also play a role in informing both male and female survey respondents, this was much less the case in Rapale, where health providers play a somewhat larger role in informing youth about sexuality. Traditional and religious leaders hardly played a role, while youth clubs and peer educators have also been a source for a relatively small number of youth (Table 34).

When comparing those in school versus those out of school, teachers were still an important source, but for out-of-school female respondents no longer the largest source. For them, family and friends were more important sources. For out-of-school male respondents, teachers were by far the most important source (Table 34).

*Table 34: Source of sexuality education*

	Young women (15-24)		Young male (15-24)	
Source of sexuality information by district (among those who reported to have ever received sexuality education)	Nampula n (%)	Rapale n (%)	Nampula n (%)	Rapale n (%)

Teachers	102 (40.32%)	46 (39.32%)	35 (57.38%)	20 (42.55%)
Parents	66 (26.09%)	19 (16.24%)	9 (14.75%)	6 (12.77%)
Religious leaders	23 (9.09%)	9 (7.69%)	5 (8.20%)	0 (0%)
Family	84 (33.20%)	29 (24.79%)	8 (13.11%)	6 (12.77%)
Health providers	109 (43.08%)	55 (47.01%)	17 (27.87%)	17 (36.17%)
Friends	103 (40.71%)	35 (29.91%)	21 (34.43%)	3 (6.38%)
Peer educators	23 (9.09%)	12 (10.26%)	8 (13.11%)	11 (23.40%)
Youth club	21 (8.30%)	15 (12.82%)	3 (4.92%)	7 (14.89%)
Traditional leaders	1 (0.40%)	1 (0.85%)	2 (3.28%)	0 (0%)
Media	32 (12.65%)	2 (1.71%)	9 (14.75%)	0 (0%)
<b>Source of sexuality information by schooling status (among those who reported to have ever received sexuality education)</b>	<b>In school n (%)</b>	<b>Out of school n (%)</b>	<b>In school n (%)</b>	<b>Out of school n (%)</b>
Teachers	130 (43.92%)	18 (24.32%)	50 (54.35%)	5 (31.25%)
Parents	71 (23.99%)	14 (18.92%)	14 (15.22%)	1 (6.25%)
Religious leaders	22 (7.43%)	10 (13.51%)	5 (5.43%)	0 (0%)
Family	91 (30.74%)	22 (29.73%)	12 (13.04%)	2 (12.50%)
Health providers	136 (45.95%)	28 (37.84%)	30 (32.61%)	4 (25%)
Friends	108 (36.49%)	30 (40.54%)	6 (6.52%)	23 (25%)
Peer educators	22 (7.43%)	13 (17.57%)	17 (18.48%)	2 (12.5%)
Youth club	32 (10.81%)	4 (5.41%)	10 (10.87%)	0 (0%)
Traditional leaders	1 (0.40%)	1 (1.35%)	2 (2.17%)	0 (0%)
Media	22 (7.43%)	12 (16.22%)	9 (9.78%)	0 (0%)

All female and male participants between 15 and 18 years in the FGDs said that the teachers in class mention that students should not become sexually active in order to avoid teenage pregnancy and child marriage, or that health staff visit the schools to give talks about these topics. Many of the females and males in the 19-24 age group also mentioned this, with the exception of a few who said that this did not happen when they were at school.

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

*“There are teachers who reserve the last minutes of the lesson to talk about the evils of society, such as HIV, and the use of condoms. My biology teacher talks about sexual health.”* (Male FGD participant, 15-18 years of age Nampula)

The majority of the parents also acknowledged that the issues of child marriage and teenage pregnancy are discussed in school, although some parents said that they don't know this, as their children do not talk to them about this.

*“There are teachers who tell students about premarital sex, I usually listen to my daughter when she comes from school and talks to her mother about this subject, and feel that they (the teachers) are helping me to advise my child.”* (Father, FGD, Nampula)

*“Teachers talk about reproductive sexual health, it is not like it was before when it was considered taboo to talk about these things in the classroom.”* (Mother, FGD, Nampula)

Some participants questioned the effectiveness of these talks in class, as they said that in spite of the teachers informing the youth, many girls still get pregnant.

*"We have received sexual education although we have many colleagues who are unfortunately pregnant because they do not heed this advice...."* (Girl, FGD 15 -18, Nampula)

*"In my class in the night course....teachers have advised us to study and prevent diseases and leave sex for later, only many do not want to listen, but the message is always given by the teachers. We cannot blame them."* (Boy, FGD 19-24, Nampula)

There were also participants who mentioned that there are teachers who are better at discussing SRHR issues than others.

*"There are some quality teachers who talk more often about these aspects linked to child marriages and teenage pregnancy in schools and sometimes I have heard my daughter that members of the BIZ generation are invited to talk to the students."* (Mother, FGD, Rapale)

Yet others indicated to see a difference in positive behavior between those in school versus those out of school, and that access to information has improved.

*"I think they talk about premature marriage and pregnancy because some girls who attend school have different behavior with regard to sex than those who do not attend."* (Father FGD, Rapale)

*".....I will only add that adolescents who start practicing sex at 14 years of age now have increased access to sexual and reproductive health services and information compared to previous years. Girls now have access to education through health services and the schools where NUETE, the muarusse project, have been incorporated."* (FGD, Mothers Nampula)

Stakeholders interviewed also acknowledged that there is attention for child marriage, teenage pregnancy, and SRH education, both in Rapale and Nampula. A stakeholder in Nampula explained that there is a specific corner in the school with information and condoms, that the school is visited once a month by a nurse who has an education and sexual health kit that includes family planning, testing, condoms, and that the school has an activity called the "biz generation". This stakeholder also remarked that the school also has an activist who talks about abortion and the advantages of safe abortion. A stakeholder in Rapale also mentioned the existence of the "biz generation", but also the controversy between on the one hand encouraging condom use and on the other hand telling youth that they should delay becoming sexual active. A second stakeholder in Rapale mentioned that they trained over 100 girls in sexual health in school, and that these girls give lectures in schools, but not so much in the community. A stakeholder in Nampula furthermore argued that what youth learn in school is not enough, and that sex education should be given at a younger age for instance in class 5 of primary school, because of the early sexual initiation.

The survey shows that three quarters of the female and male respondents do not talk about sexuality with their parents or guardians in both districts. While close to six out of ten female respondents had ever discussed sexuality with other family members or friends, seven out of ten male respondents

had done so. Female respondents in school were more inclined to speak to their parents/guardians than those out of school. Furthermore, more male respondents in school had ever talked about sexuality with family and friends than those out of school (Table 35).

*Table 35: Talking about sexuality with family/friends*

By district	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who do not talk about sexuality with parents/guardians	375 (76.1%)	185 (72%)	560 (74.7%)
Young men (15-24) who do not talk about sexuality with parents/guardians	89 (76.1%)	58 (76.3%)	147 (76.2%)
Young women (15-24) who ever talked about sexuality with family/friends	300 (60.9%)	133 (51.8%)	433 (57.7%)
Young men (15-24) who ever talked about sexuality with family/friends	88 (75.2%)	50 (65.8%)	138 (71.5%)
By schooling status	In school n (%)	Out of school n (%)	Total n (%)
Young women (15-24) who do not talk about sexuality with parents/guardians	401 (71.23%)	159 (85.03%)	560 (74.7%)
Young men (15-24) who do not talk about sexuality with parents/guardians	110 (76.39%)	37 (75.51%)	147 (76.2%)
Young women (15-24) who ever talked about sexuality with family/friends	326 (57.9%)	107 (57.22%)	433 (57.7%)
Young men (15-24) who ever talked about sexuality with family/friends	111 (77.08%)	27 (55.10%)	138 (71.5%)

FGD participants reinforced the survey findings and said that in general there is very little discussion about sexuality and relationships between youth and their parents or other family members. Many said that such discussion is taboo.

*“If you ask me if there is freedom to talk about these matters, I say no. They are not easy subjects to talk about, our culture needs to be worked on, parents do not talk about many themes as they are taboo”* (Stakeholder, Nampula)

A mother who indicated that she made the effort of speaking with her children about this, said that her neighbours condemned her for doing so.

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

A few young female and male respondents also said that they did talk to their mother and or father, but these were exceptions.

*“My mother advises me because she's a health person, she tells me that if a girl comes to say let's have sex, I must doubt this because she can have HIV, I should ask the girl to do a HIV test. Although my first time I did not test.”* (Male FGD participant, 15-18, Nampula)

*“One day I was approached by my mother when I was with my girlfriend, and she advised me to use a condom. She also told me to leave sex for later.” (Male FGD participant, 15-18, Rapale)*

Also a father stated that parents do talk with their children, but fathers with their sons and mothers with their daughters.

*“The conversation has been separated, the girls talk to the mothers and the boys with the fathers. For example the girl when she has a boyfriend the mother knows and the father does not. The girls talk in the kitchen with the mother, and the boy talks with the father. So the father hears about his daughter's affairs from the mother, while the father informs the mother about her son...” (Father, FGD, Nampula)*

Also some youth reinforced this separation. A male FGD participant indicated to talk to his older brother and his father.

*I've already talked to my older brother about condom use, and I've already talked to my father about early marriage, and condom use. I had been walking around a lot for a while and got into the women, and after the advice I stopped doing things, now I am one of the dedicated young men. In my community it is difficult to have a dialogue between young people and adults.” (Male FGD participant, 15-18, Rapale)*

The finding that girls talk about personal things with their mothers, and boys more with their fathers, is confirmed by findings from the survey, as can be seen from Table 36. Girls indicated to hardly talk to fathers about personal issues, while a small percentage of boys talked to their mother about this.

*Table 36: Talking about personal feelings*

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who said person home to talk about feelings is mother	54 (11%)	32 (12.5%)	86 (11.5%)
Young men (15-24) who said person home to talk about feelings is mother	6 (5.1%)	6 (7.9%)	12 (6.2%)
Young women (15-24) who said person home to talk about feelings is father	1 (0.2%)	1 (0.4%)	2 (0.3%)
Young men (15-24) who said person home to talk about feelings is father	12 (10.3%)	6 (7.9%)	18 (9.3%)

The survey respondents indicates that both schools and health centres are their preferred source of SRH information. Family and home were furthermore preferred sources of information. Youth friendly services were only a preferred source for a relatively small group. There is a difference between female and male respondents in terms of preferred source of SRH information. While school is the preferred source for young men, health centres were the preferred one for young women. Friends and home were another preferred sourced mentioned across groups (Table 37).

*Table 37: Preferred source of sexuality information*

	Young women (15-24)		Young male (15-24)	
By district	Nampula n (%)	Rapale n (%)	Nampula n (%)	Rapale n (%)

School	164 (33.27%)	43 (16.73 %)	29 (24.79%)	28 (36.84%)
Health Center	242 (49.09%)	152 (59.14%)	55 (47.01%)	39 (51.32%)
Friends	164 (33.27%)	43 (16.73%)	29 (24.79%)	11 (14.47%)
Home	200 (40.57%)	93 (36.19%)	43 (36.75%)	24 (31.58%)
Youth Friendly Health Services	27 (5.48%)	16 (6.23%)	2 (1.71%)	4 (5.26%)
Church	40 (8.11%)	11 (4.28%)	15 (12.82%)	4 (5.26%)
<b>By schooling status</b>	<b>In school n (%)</b>	<b>Out of school n (%)</b>	<b>In school n (%)</b>	<b>Out of school n (%)</b>
School	59 (31.55%)	148 (26.29%)	13 (26.53%)	27 (18.75%)
Health Center	87 (46.52%)	307 (54.53%)	22 (44.90%)	72 (50 %)
Friends	59 (31.55%)	148 (26.29%)	13 (26.53%)	27 (18.75%)
Home	70 (37.43%)	223 (39.61%)	17 (34.69%)	50 (34.72%)
Youth Friendly Health Services	9 (4.81%)	34 (6.04%)	1 (2.04%)	5 (3.47%)
Church	15 (8.02%)	36 (6.39%)	11 (22.45%)	8 (5.56%)

Many of the FGD participants mentioned that in addition to health staff giving talks in schools, they also provide talks and or campaigns on for instance family planning in the community and invite people to come to the health facilities.

*“...the health workers have come in our schools to make lectures on sexual reproductive health and there are also health fairs, health services are getting closer to us.”* (Female FGD participant, 15-18, Nampula)

*“The hospital is close to this community, and health personnel has given talks about family planning and use of contraceptive methods... I've been twice listening to this talk and they provided condoms.”*(Male FGD participant, 19-24, Nampula)

However, not everyone agreed that health staff also provide talks in the community.

*“We have a health center nearby, health personnel do not go to the community, I have never seen that, but there in the hospital I once saw a talk of condom use to prevent unwanted pregnancies and sexually transmitted diseases.”* (Male FGD participant, 15-18, Nampula)

### 3.4.3 Access to sexual reproductive health services

A much higher percentage of female respondents had made use of SRH services than male respondents. While nearly one in two female had used such services, a little over one in twenty of male had done so. Table 38 shows that there is hardly any difference in relation to the use of these services between female respondents in school versus out of school, and the same applies for the male respondents.

Table 38:SRHR service utilization

By district	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who have ever used SRHR services including contraceptives	225 (45.6%)	127 (49.4%)	352 (46.93%)

Young men (15-24) who have ever used SRHR services including contraceptives	3 (2.6%)	10 (13.2%)	13 (6.74%)
<b>By schooling status</b>	<b>In school n (%)</b>	<b>Out of school n (%)</b>	<b>Total n (%)</b>
Young women (15-24) who have ever used SRHR services including contraceptives	257 (45.65)	95 (50.80%)	352 (46.93%)
Young men (15-24) who have ever used SRHR services including contraceptives	9 (6.25%)	4 (8.16%)	13 (6.74%)

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

*“...the agents (from the health services) communicate well with the girls. There is a difference with the past I think. Now the government is very concerned about reducing teenage pregnancies and child marriage, and they are making services available to us.”* (Female participant FGD, 15-18, Nampula)

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

*“Here in Rapale things have improved a lot compared to the past. We have a health centre near, we no longer need to go long distances to have access to treatment, and the nurses give lectures in the health centre and in the community. There is also a project that walks with a car which brings pills, injections, female condoms, and masculine implants in the community.”* (Mother, FGD, Rapale)

More female (34.5%) than male (24%) survey respondents stated that accessing contraceptives is difficult for youth in general. Fifty-nine percent of the female respondents in Nampula agreed that once youth is married, it is easy to access contraceptives against 39% in Rapale. Overall, more male respondents in Nampula than in Rapale agreed to this statement. A higher percentage of male respondents agreed that it is easy for men to propose condom use (76%) than female respondents (36%). Many more male respondents felt confident about proposing the use of a condom (75%) than female respondents (41%). While slightly more males in Rapale than Nampula felt confident about this, considerable more females in Nampula than in Rapale felt confident about proposing condom use (Figure 2).

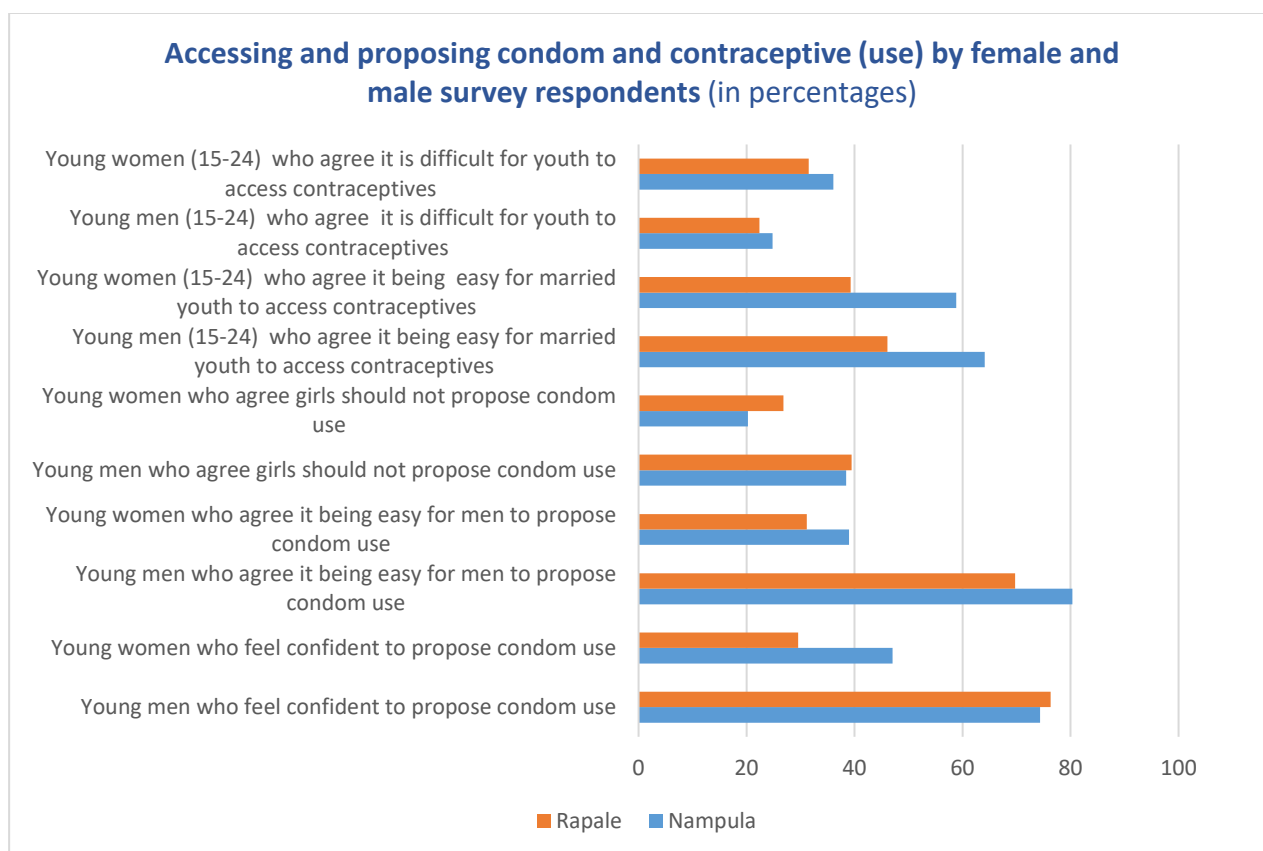


Figure 2: Female and male survey respondents perspectives on accessing and proposing condom and contraceptive (use)

As presented in Section 3.2.3.2., many of the respondents in the FGDs said that the majority of the youth, especially when they just start to become sexually active, are not using any protection. A few FGD participants talked about using condoms themselves.

*"I now use condoms because of these campaigns."* (Male participant FGD, 19-24, Nampula)

When comparing the perspectives of in and out of school female respondents on condom and contraceptive access, and proposing their use, there was not much difference other than that a slightly higher percentage of female respondents in school felt more confident that they can propose the use of condoms. A higher percentage of in-school male respondents felt that it is easy for men to propose condom use (81%) than those out of school (61%), although an equal percentage of male respondents in and out of school (75%) felt confident themselves to propose condom use (Table 39).

Table 39: Perspectives on access and proposing use of contraceptives and condoms

	In school n (%)	Out of school n (%)	Total n (%)
Young women (15-24) who agree that it is difficult for youth to access contraceptives	194 (34.46%)	65 (34.76%)	259 (34.5%)
Young men (15-24) who agree that it is difficult for youth to access contraceptive	31 (21.53%)	15 (30.61%)	46 (23.8%)
Young women (15-24) who agree that it is easy for married youth to access contraceptives	289 (51.33%)	102 (54.55%)	391 (52.1%)

Young men (15-24) who agree that it is easy for married youth to access contraceptives	79 (54.86%)	31 (63.27%)	110 (57%)
Young women who agree that girls should not propose the use of condom	131 (23.27%)	38 (20.32%)	169 (22.53%)
Young men who agree that girls should not propose the use of condom	54 (37.50%)	21 (42.86%)	75 (38.46%)
Young women who agree that it is easy for men to propose the use of condom	201 (35.70%)	71 (37.97%)	272 (36.27%)
Young men who agree that it is easy for men to propose the use of condom	117 (81.25%)	30 (61.22%)	147 (75.39%)
Young women who feel confident to propose the use of condom	238 (42.27%)	70 (37.43%)	308 (41.07%)
Young men who feel confident to propose the use of condom	108 (75%)	37 (75.51%)	145 (74.36%)

Among the female survey respondents, family planning followed by life skills counselling were the two most frequently used services. This was followed by antenatal care (ANC), which was higher among in school young women. Abortion and post abortion services were used by both Nampula and Rapale as well as in and out of school females, but at a higher level by in-school young women from Rapale. Around half of the female respondents had never used any SRH service. Life skills counselling was the service most mentioned among the very few male respondents having used any SRH service (Table 40).

Table 40: Type of SRHR services used

	Young women (15-24)		Young men (15-24)	
By district	Nampula n (%)	Rapale n (%)	Nampula n (%)	Rapale n (%)
Family Planning	146 (29.61%)	70 (27.24%)	0 (0%)	6 (7.89%)
Life skills counselling	74 (15.01%)	53 (20.62%)	3 (2.56%)	7 (9.21%)
Child Protection services	16 (3.25%)	12 (4.67%)	0 (0%)	0 (0%)
ANC	58 (11.76%)	39 (15.18%)	0 (0%)	0 (0%)
Abortion/postabortion care	10 (2.03%)	10 (3.89%)	0 (0%)	0 (0%)
Telephone helpline	3 (0.61%)	2 (0.78%)	0 (0%)	1 (1.32%)
None	269 (54.56%)	130 (50.58%)	114 (97.44%)	66 (86.84%)
By schooling status	In school n (%)	Out of school n (%)	In school n (%)	Out of school n (%)
Family Planning	60 (32.09%)	156 (27.71%)	2 (4.08)	4 (2.78%)
Life skills counselling	22 (11.76%)	105 (18.65%)	4 (8.16%)	6 (4.17%)
Child Protection services	17 (9.09%)	11 (1.95%)	0 (0%)	0 (0%)
ANC	56 (29.95%)	41 (7.28%)	0 (0%)	0 (0%)
Abortion/postabortion care	11 (5.88%)	9 (1.60%)	0 (0%)	0 (0%)
Telephone helpline	1 (0.53%)	4 (0.71%)	0 (0%)	1 (0.69%)
None	92 (49.20%)	307 (54.53%)	45 (91.84%)	135 (93.75%)

As indicated before in Section 3.2.5., in the FGDs, a male respondent also mentioned the requirement to have the male partner to attend ANC as well, which when the male partner denies any involvement in such pregnancy poses a challenge for the pregnant girl.

*“In the hospital you are well attended but there is a complication when you do not bring the biological father along during the prenatal consultation. There begins the problem, they oblige you to bring the man along and often the man denies the pregnancy....”* (Male FGD participant, 19-24, Nampula)

As mentioned earlier in this report as well, abortion was mentioned by several female and male FGD participants. They talked about girls having an abortions out of fear of parents finding out they are pregnant, but also because of fear of girls losing their lives at the time of child birth. Only very few talked about going to the hospital or SAAJ for abortion. More often, people talked about clandestine abortions or more “traditional” means such as the use of Coca-Cola with salt, of certain leaves that should induce abortion, although they also talked about these methods not being effective.

*“My sister fell pregnant, in spite of our parents advising us not to do these things, and while being 6 month pregnant, she took Coca-Cola to induce an abortion. She did not succeed because it was already late.”* (Male FGD participant, 15-18, Nampula)

Most female respondents were not using any contraceptive methods, with little difference between those in and out of school. Only small percentage of females said to use male or female condoms. Most male respondents used male condoms (Table 41). All of this points towards high vulnerability to pregnancy, as well as HIV and STIs. Very few FGD participants talked about STIs. One remarked:

*“Others get sexually transmitted diseases such as syphilis or gonorrhoea. After they are afraid to continue having sex, it is at that moment that they are going to ask elders what they should do, and the elders will tell them that the vagina has already bit him.”* (Male FGD participant, 19-24, Nampula)

*Table 41: Contraceptive use among respondents who had ever had sexual relations*

	Young women (15-24)		Young male (15-24)	
By district	Nampula n (%)	Rapale n (%)	Nampula n (%)	Rapale n (%)
Non	125 (40.19%)	58 (39.46%)	13 (16.46%)	19 (33.93%)
Withdrawal	2 (0.64%)	1 (0.68%)	1 (1.27%)	0 (0%)
Male condom	100 (32.15%)	32 (21.77%)	64 (81.01%)	36 (64.29%)
Female condom	26 (8.36%)	1 (1.27%)	18 (12.24%)	1 (1.79%)
Diafragma	3 (0.96%)	0 (0%)	0 (0%)	0 (0%)
Contraceptive pill	34 (10.93%)	3 (3.80%)	24 (16.33%)	2 (3.57%)
Emergency pill	7 (2.25%)	3 (2.04%)	1 (1.27%)	1 (1.79%)
Injection	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Implant	23 (7.40%)	9 (6.12%)	0 (0%)	0 (0%)
Sterilization	23 (7.40%)	9 (6.12%)	0 (0%)	0 (0%)
IUD	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Respecting Safe Days	2 (0.64%)	0 (0%)	1 (1.27%)	0 (0%)
By schooling status	In school n (%)	Out of school n (%)	In school n (%)	Out of school n (%)

Non	116 (35.91%)	67 (49.63%)	19 (19.59%)	13 (34.21%)
Withdrawal	3 (0.93%)	0 (0%)	1 (1.03%)	0 (0%)
Male condom	110 (34.06%)	22 (16.3%)	76 (78.35%)	24 (63.16%)
Female condom	35 (6.22%)	18 (9.63%)	1 (0.69%)	2 (4.08%)
Diafragma	2 (0.62%)	1 (0.74%)	0 (0%)	0 (0%)
Contraceptive pill	42 (13%)	16 (11.85%)	2 (2.06%)	3 (7.89%)
Emergency pill	8 (2.48%)	2 (1.48%)	1 (1.03%)	1 (2.63%)
Injection	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Implant	26 (8.05%)	6 (4.44%)	0 (0%)	0 (0%)
Sterilization	26 (8.05%)	6 (4.44%)	1 (0.69%)	0 (0%)
IUD	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Respecting Safe Days	0 (0%)	2 (1.48%)	1 (1.03%)	0 (0%)

Over ten percent of the female respondents in both districts had visited youth friendly services (SAAJ), against close to 7% of the males. When comparing in and out of school respondents, a higher level of in-school female and males had used those services than out-of-school youth (Table 42).

*Table 42: Youth friendly service provision*

By district	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who ever visited SAAJ	52 (10.5%)	36 (14%)	88 (11.7%)
Young men (15-24) who ever visited SAAJ	6 (5.1%)	7 (9.2%)	13 (6.7%)
Mean number of times visited a SAAJ (females)	2	4,6	3.06
Mean number of times visited a SAAJ (males)	2	11	6.85
By schooling status	In school n (%)	Out of school n (%)	Total n (%)
Young women (15-24) who ever visited SAAJ	80/563 (14.21%)	8/187 (4,28%)	88/750 (11.73%)
Young men (15-24) who ever visited SAAJ	12/144 (8,33%)	1/49 (2,04%)	13/193 (6.74%)
Mean number of times visited a SAAJ (females)	3	3	3
Mean number of times visited a SAAJ (males)	7	2	6.6

Female survey respondents who had used the youth friendly services were quite satisfied with the services, and most also indicated to be comfortable with talking to the health worker at the SAAJ, and were also planning to make use of the SAAJ services again. While in Rapale male respondents were also satisfied with the SAAJ services, this was much less the case in Nampula (Table 43). However, it has to be taken into account that the number of males having used SAAJ in both districts is too small to draw any conclusions.

*Table 43: Satisfaction with youth friendly service provision*

Youth friendly service provision by district	Nampula n (%)	Rapale n (%)
Females satisfaction with SAAJ service		
Completely	47/52 (90.38%)	35/36 (97.22%)
Males satisfaction with the SAAJ service		
Completely	3/6 (50%)	35/36 (97.22%)
Young women (15-24) who felt comfortable talking with the health worker at the SAAJ		

	Completely	46 /52 (88.46%)	31/36 (86.11%)
Young men (15-24) who felt comfortable talking with the health worker at the SAAJ			
	Completely	3/6 (50%)	5 /7(71.43%)
Young women planning to return to a SAAJ		49/52 (94.23%)	34/36 (94.44%)
Young men planning to return to a SAAJ		5/6 (83.33%)	7/7 (100%)

The two prime reasons for SAAJ visits among in-school female respondents were to either have a HIV test or to obtain SRH information. The few male respondents' SAAJ visits related primarily to obtaining condoms and information or have a HIV test. No reference to STIs seems to be made (Table 44).

*Table 44: Reason for visit to SAAJ*

	Young women (15-24)		Young male (15-24)	
By district	Nampula n (%)	Rapale n (%)	Nampula n (%)	Rapale n (%)
HIV test	25 (48.08%)	11 (30.56%)	1 (16.67%)	1 (14.29%)
Information	37 (71.15%)	17 (47.22%)	5 (83.33%)	6 (85.71%)
Family planning	15 (28.85%)	12 (33.33%)	0 (0%)	0 (0%)
Condoms	2 (3.85%)	4 (11.1%)	2 (33.33%)	4 (57.14%)
Abortion/postabortion care	1 (1.92%)	1 (2.78%)	0 (0%)	0 (0%)
ANC	5 (9.62%)	2 (5.56%)	0 (0%)	0 (0%)
By schooling status	In school n (%)	Out of school n (%)	In school n (%)	Out of school n (%)
HIV test	3 (37.5%)	33 (41.25%)	1 (100%)	2(16.67%)
Information	2 (25%)	1 (12.5%)	4 (33.33%)	1 (100%)
Family planning	4 (50%)	23 (28.75%)	0 (0%)	0 (0%)
Condoms	2 (25%)	4 (5%)	0 (0%)	6 (50%)
Abortion/postabortion care	1 (12.50%)	1 (1.25%)	0 (0%)	0 (0%)
ANC	2 (25%)	5 (6.25%)	0 (0%)	0 (0%)

### 3.5 Youth engagement

This section talks about youth engagement from different angles: with whom youth communicate about different topics, intergenerational communication, worries of youth on SRHR, and meaningful youth participation.

#### 3.5.1 Communicating with parents, family and friends

In the previous Chapter, it has already been discussed that talking about sexuality with parents seems to be taboo. This section provides more insight into communication on issues other than sexuality.

Rather than with parents or guardians, the survey respondents seem to communicate more with family and friends. For instance, the prevention of pregnancy was discussed by around 70% of all female respondents, and 84% of all male respondents with family and/ or friends. Consequences of school drop-out were discussed with family and/ or friends by more male than female respondents, and more in Nampula than in Rapale. More male than female respondents talked about their future and youth rights with family and friends. Around 40% of the female against 54% of the male respondents had somebody to talk to about feelings at home, meaning that a large group of the total survey respondents did not have anyone at home to discuss their feelings.

Table 45: Talking with family and friends

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who do not talk about marriage with parents/guardians	355 (72%)	172 (66.9%)	527 (70.3%)
Young men (15-24) who do not talk about marriage with parents/guardians	89 (76.1%)	57 (75%)	146 (75.6%)
Young women (15-24) who ever talked about preventing pregnancy with family/friends	345 (70%)	171 (66.5%)	516 (68.8%)
Young men (15-24) who ever talked about preventing pregnancy with family/friends	100 (85.5%)	61 (80.3%)	161 (83.4%)
Young women (15-24) who ever talked about consequences of school drop out with family/friends	308 (62.5%)	124 (48.2%)	432 (57.6%)
Young men (15-24) who ever talked about consequences of school drop out with family/friends	81 (69.2%)	44 (57.9%)	125 (64.8%)
Young women (15-24) who ever talked about future with family/friends	297 (60.2%)	158 (61.5%)	455 (60.7%)
Young men (15-24) who ever talked about future with family/friends	91 (77.8%)	58 (76.3%)	149 (77.2%)
Young women (15-24) who ever talked about youth rights with family/friends	320 (64.9%)	177 (68.9%)	497 (66.3%)
Young men (15-24) who ever talked about youth rights with family/friends	89 (76.1%)	60 (78.9%)	149 (77.2%)
Young women (15-24) who does not have person home to talk about feelings	210 (42.6%)	104 (40.5%)	314 (41.9%)
Young men (15-24) who does not have person home to talk about feelings	63 (53.8%)	41 (53.9%)	104 (53.9%)

### 3.5.2 Communication across generations

In the FGDs, there was strong acknowledgement that there is a wide communication gap between generations, this with a few exceptions.

Female FGD participants talked about adults using their authority to intimidate them rather than using an open dialogue. They said that this causes them to close up. Female participants also mentioned that parents can become angry when they asked questions, or that they felt embarrassed to ask questions. A number of them also remarked that they feel that adults are hiding information for them, and are not providing full information in relation to SRHR.

*“Look according to me, is not easy the dialogue between grown-ups and youth. It feels they hide things no matter how young people approach them, they do not communicate with young people openly...”* (Female FGD participant, 15-18, Rapale)

In all FGDs, male participants also talked about the intergenerational communication affected by shame but also by the fear to be saying something for which they might be beaten. Others remarked that as a result of young people not respecting adults, and adults thinking that they know it all and not taking youth seriously, dialogue between generations does not exist.

*“Look really the dialogue between young people and adults is very poor since there is prejudice that a younger person can’t give ideas to grown-ups. Even if one tries, they will start laughing and say do you want to play with children or with grown-ups.”* (Male FGD participant, 19-24, Nampula)

Parents in FGDs also talked about this generation gap. Many indicated that due to children not listening to their parents, these children face negative consequences such as HIV, STI and pregnancy.

*“Young people today can’t talk to grown-ups because they say that grown-ups have old ideas, there is talk in initiation rites where they have no way of being able to avoid to listen to what the elders say, only to leave from there, but they think they already know everything. That is a real lie because they need to learn more about adult life.” (Father, FGD, Nampula)*

*“There is no good communication between youth and those much older, even between youth themselves. Youth these days don’t hear what those older ones have to say. They don’t have time nor respect to talk to grown-ups. If a grown-up tries to approach a youth, they move away and say that we transmit old ideas and they say ‘this is our time let us enjoy ourselves’ so the young people now die a lot for lack of following of our traditions.” (Father, FGD, Nampula)*

Some parents said that there are youth who come to seek advice from adults, but that this happens rarely. Parents also remarked that if they try to tell something to youth in general, they are being told off that they are not their parents and can not tell them anything.

*“When a person calls a boy to give him some advice about something, he will say you are not my parent, and they threaten to go to the police to tell them that you are violating their rights.” (Father, FGD, Nampula)*

### 3.5.3 Worries about sexual and reproductive health and rights

The percentages of female and male survey respondents worrying about teenage pregnancy; child marriage; not being able to continue their studies; about not being able to decide whom to date; about not being able to access contraceptives, were consistently higher in Rapale than in Nampula. Overall, close to a quarter of the total respondents had such worries (Table 46).

*Table 46: Worries about SRHR*

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-24) who worry about teenage pregnancy	96 (19.5%)	77 (30%)	173 (23.1%)
Young men (15-24) who worry about (making somebody)pregnant at a young age) /teenage pregnancy	19 (16.2%)	28 (36.8%)	47 (24.4%)
Young women (15-24) who worry about becoming an early bride	107 (21.7%)	78 (30.4%)	185 (24.7%)
Young men (15-24) who worry about becoming an early groom	20 (17.1%)	29 (38.2%)	49 (25.4%)
Young women (15-24) who worry about not continuing studies	107 (21.7%)	75 (29.2%)	182 (24.3%)
Young men (15-24) who worry about not continuing studies	32 (27.4%)	29 (38.2%)	61 (31.6%)
Young women (15-24) who worry about only being worth a bride price	101 (20.5%)	70 (27.2%)	171 (22.8%)
Young men (15-24) who worry about only being worth a dowry	21 (17.9%)	20 (26.3%)	41 (21.2%)
Young women (15-24) who worry about not being able to decide who to date	108 (21.9%)	77 (30%)	185 (24.7%)
Young men (15-24) who worry about not being able to decide who to date	20 (17.1%)	24 (31.6%)	44 (22.8%)
Young women (15-24) who worry about being denied access to contraceptives	86 (17.4%)	74 (28.8%)	160 (21.3%)
Young men (15-24) who worry about being denied access to contraceptives	8 (6.8%)	16 (21.1%)	24 (12.4%)

### 3.5.4 Meaningful youth participation

Meaningful youth participation was not brought up in FGDs and only in one interview with a stakeholder. In that interview, it was mentioned that youth are involved as mobilizers within schools as well as in communities, and that they are passing information on to others and direct people to health facilities. It seems that youth are involved to some extent, but they are not involved in planning, decision making, monitoring and evaluation.

### 3.6 Economic empowerment

Findings of this study show the vulnerable economic situation of young female and male in Nampula and Rapale. While 58% of the female respondents aged 15-19 years and 70% of those between 20 and 24 years said to have access to financial resources, hardly any of them were economically active outside their households. A somewhat higher percentage of female respondents in Nampula than in Rapale was economically active outside their households (Table 47).

*Table 47: Economic empowerment*

	Nampula n (%)	Rapale n (%)	Total n (%)
Young women (15-19) who are economically active outside of the household	9 (2.3%)	3 (1.5%)	12 (2%)
Young women (20-24) who are economically active outside of the household	7 (7.3%)	1 (1.8%)	8 (5.3%)
Young women (15-19) who have access to financial resources	229 (57.7%)	120 (59.4%)	349 (58.3%)
Young women (20-24) who have access to financial resources	67 (68.9%)	39 (70.9%)	106 (70.2%)
Young women (15-24) who experienced child marriage having formal employment	0 (0%)	0 (0%)	0 (0%)*
Young women (15-24) who experienced child marriage having regular work	0 (0%)	0 (0%)	0 (0%)*
Young women (15-24) who experienced teenage pregnancy having formal employment	2 (3%)	0 (0%)	2 (1.7%)**
Young women (15-24) who experienced teenage pregnancy having regular work	2 (3%)	0 (0%)	2 (1.7%)**
Young women (15-24) who said main source of income of household is agriculture	66 (13.4%)	98 (38.1%)	164 (21.9%)
Young women (15-24) who said main source of income household is market (trade)	96 (19.5%)	27 (10.5%)	123 (16.4%)

\* Percentage in relation to the total number of female participants who experienced child marriage

\*\* Percentage in relation to the total number of female participants who experienced teenage pregnancy

Furthermore, none of the female respondents who had experienced child marriage had formal employment or regular work. The situation was almost the same for those who had experienced teenage pregnancy, with the exception of a few respondents in Nampula who had formal employment/regular work (Table 47).

In this study we also analysed the situation between those in and out of school. Table 48 shows that of the female respondents in school, 64% had access to financial resources, against 50% for those out of school. A higher percentage of those out of school were economically active outside of the household, than those in school, but the percentages for both groups are minimal. The households

of those in school depended to a lesser extent on agriculture as the main source of income than for those out of school.

All female respondents who experienced child marriage did not have formal employment irrespective of their schooling status. Of those who had experienced teenage pregnancy, two persons (3%) who were in school had formal employment against none of those out of school (Table 48).

*Table 48: The economic empowerment versus schooling status*

	In school n (%)	Out of school n (%)	Total n (%)
Young women (15-24) who are economically active outside of the household	13 (2.3%)	7(3.7%)	20 (2.7%)
Young women (15-24) who have access to financial resources	361 (64.1%)	94 (50.3%)	455 (60.8%)
Young women (15-24) who experienced child marriage having formal employment	0 (0%)	0 (0%)	0 (0%)*
Young women (15-24) who experienced child marriage having regular work	0 (0%)	0 (0%)	0 (0%)*
Young women (15-24) who experienced teenage pregnancy having formal employment	2 (3%)	0 (0%)	2 (1.7%)**
Young women (15-24) who experienced teenage pregnancy having regular work	2 (3%)	0 (0%)	2 (1.7%)**
Young women (15-24) who said main source of income of household is agriculture	109 (19.4%)	55 (29.4%)	164 (22%)
Young women (15-24) who said main source of income of household is market (trade)	88 (16%)	35 (19%)	123 (16%)

\* Percentage in relation to the total number of female participants who experienced child marriage

\*\* Percentage in relation to the total number of female participants who experienced teenage pregnancy

As has been described earlier in this report, of those survey respondents who were aware of the average household income, 20% lived in households with an average income of less than 3,000 meticaís (42 Euro) per month, and around 24% of the households had an income between 3,000 and 15,000 meticaís per month (42-208 Euro). Only a very small minority had households with incomes higher than that. It can be concluded that the situation of economic empowerment of the study respondents remains a challenge in a situation of high inequality and low job opportunities. Although overall those in school seem to be better off than those out of school, child marriage and to a lesser extent (perhaps) teenage pregnancy negatively affect the economic empowerment opportunities of girls and young women in the two districts.

### 3.7 Community context

To explore the community context, the study focused on prevailing norms influencing teenage pregnancy and child marriage as well as on the role of different stakeholders around these issues.

#### 3.7.1 Social and gender norms

Participants' accounts revealed clear, fixed and widespread notions of a 'good boy/young man' and a 'good girl/young woman' influenced by rooted social, gender and sexual norms. One of the most valued characteristics for both young women and young men was respect for elders. All participants, fathers, mothers, young people and key stakeholders from both districts emphasized the importance of listening, obeying and not being rude towards the elderly. Another defining element of good

behaviour commonly highlighted was dressing 'decently'. Although most participants did not specify a particular dressing code, some referred to clothes that do not show too much of young people's bodies. While this was more often mentioned in relation to young women, it was also remarked as important for and among young men. Another common expectation in young women's and men's behaviour was their responsibility to perform well at school.

In line with these similarities between what defined a good girl/young woman and a good boy/young man, some participants argued that there were no different expectations based on gender towards young people. As an example, a father in Rapale stated:

*"A child must have respect and be hardworking. This is a good girl and a good boy. There is no difference between them. What a man must do to be good, the girl must do it too to be a good girl"* (Father, FGD, Rapale)

Some young people endorsed that idea by arguing that nowadays young women and young men have equal access to education. However, while social norms such as the importance of showing respect towards elders was equally important for both sexes, participants' accounts revealed that rooted gender norms had a strong influence on the ideas about how young women and men should behave. The sexual division of labour was evident in participants' statements about young women and men's responsibilities, particularly among mothers, some of whom explicitly stated that the expectations from young women could not be the same as for young men. Young women were expected to focus on domestic and care work, while young men were expected to take the lead on ensuring a better (economic) future. In the words of a mother:

*"In my point of view here in my neighbourhood a good girl is the one who studies, if she is married she must be obedient to her husband to know how to take care of her children and of the house, and for the boy he must know how to build a house, he must know how to weed, and prepare to be head of the family, a man cannot study but has to know these things."* (Mother, FGD Nampula)

Linked to the strict ideas about the division of labour, the power dimension of gender relations was also evident in participants' narratives. Some fathers, mothers, young women and men explicitly referred to women's obligation to obey and respect their husbands as well as men's responsibility to make themselves respectful. Therefore, sexual norms seemed to be much stronger for young women than for young men, as several participants argued that young women should not show interest in young men; not go out, seduce or have sexual relationships with young men, while this arguments were rarely mentioned in relation to young men.

These gender norms influence communities' perceptions towards child marriage and teenage pregnancy. Most young women and men stated that in cases of teenage pregnancy, young women were often discriminated, isolated and rejected by peers of fellow students as well as by the community, as they were seen to lose the value of being a good girl. During an interview with a key stakeholder, the interviewee argued:

*“When we talk about teenage pregnancy and child marriage the blame is on the girl, because the same adult man he is ambitious. In life, who should say no is the girl, because the man is ‘weak’ even with his mother, sister, sister-in-law, he may have sexual relationships. I agree with the idea of working more with the girl, a man always wants, and it is never enough for him. We can try to work with men but it’s not easy.”* (School Friend Teacher, Nampula)

In this context, as Table 49 shows, the study found that in most situations young people did not feel comfortable discussing gender and girl’s rights issues, specially not at all with adult women or adult men. Data indicate that young people felt more comfortable discussing these issues between youth. While female respondents felt more comfortable discussing it with other girls (63%), young men felt more comfortable discussing these issues with other boys of similar age (36%). Data suggest that female respondents were more likely to feel comfortable discussing these issues than male respondents. There were no significant differences between districts and between those who were and were not in school.

*Table 49: Young people’s confidence discussing gender equality and girl’s rights by sex*

Confident discussing gender equality and girl’s rights with:	Females				Males			
	Completely	Somewhat	Not at all	Don’t know	Completely	Somewhat	Not at all	Don’t know
Girls of my age	63.9%	16.4%	19.7%	0%	18.1%	48.2%	30.6%	3.1%
Boys of my age	27.9%	29.9%	42.3%	0%	35.8%	42.5%	19.2%	2.6%
Adult women	16.7%	17.6%	65.6%	0.13%	11.4%	25.9%	60.1%	2.6%
Adult men	7.1%	9.6%	83.3%	0%	12.4%	30.1%	54.9%	2.6%

### 3.7.2 Role of different stakeholders

In both districts, health workers and teachers were the ones playing a more active role addressing child marriage, teenage pregnancy and SRHR. In general, all participants talked positively about health services highlighting the proximity as well as the quality provided to all users, including youth. As for the specific role of health services and workers in relation to child marriage, teenage pregnancy and SRHR in general, the most widely mentioned activities were ‘palestras’, which consisted of raising awareness and sharing information about a specific issue. The most mentioned addressed topics in palestras were teenage pregnancy and family planning, which included the distribution of free contraceptive methods such as preservatives, IUD and contraceptive pills. A few participants mentioned child marriage as a topic covered in these activities.

Palestras were generally conducted by nurses, although some participants also referred to midwives, and took place both at the health facilities as well as in the communities. Several participants, specially young women, argued that palestras were frequent in their communities, even weekly. Young and adult men were aware about the palestras but seemed to be less involved as some mentioned they knew it happened but had never attended one. However, all participants confirmed that health services and workers were actively addressing SRH issues, specially the prevention of teenage pregnancy. In the words of a mother in Nampula:

*“In fact we are satisfied with the situation of access to health services, because they are getting closer and closer to us, and in addition health workers have appeared several times near our homes to provide attention; something that was not done before. In the consultations they talked about teenage pregnancy and child marriage, and also distributed contraceptives for youth and adults in childbearing age.” (Mother, FGD, Nampula)*

In addition, young women from both districts explained that information related to pregnancies and family planning was also received in antenatal and postnatal care and in the youth friendly services offices within the health centers. Hence, as Table 50 shows, data from the survey indicate that most respondents (71%) reported that health professionals were the main people to promote SRHR. Respondents also reported teachers as key people to promote SRHR (47%). While female respondents identified more often health workers, among male respondents teachers were more often mentioned as the main people to promote SRHR.

*Table 50: Main people to SRHR according to female and male respondents*

	Females n (%)	Males n (%)	Total n (%)
Health professionals	557 (74.3%)	116 (60.1%)	673 (71.4%)
Teachers	323 (43.1%)	122 (63.2%)	445 (47.2%)
Peer educators	168 (22.4%)	32 (16.6%)	200 (21.2%)
Religious leaders	99 (13.2%)	39 (20.2%)	138 (14.6%)
Youth representatives	31 (4.1%)	23 (11.9%)	54 (5.7%)
Traditional leaders	15 (2%)	1 (0.5%)	16 (1.7%)
Other	19 (2.5%)	1 (0.5%)	20 (2.1%)

As with health services and health workers, most participants also had positive narratives about schools and teachers highlighting the improvement in access to education for both young women and men. However, some argued that the conditions of the classrooms were not optimal. While there was no explicit mentioning of sexuality education, participants' accounts suggest that teenage pregnancy and family planning were topics addressed by teachers. However, findings suggest that it was more informally addressed, without a defined position or programme, and that each teacher addressed these issues from their own perspective. Hence, some participants mentioned that teachers advised abstinence while others stated that teachers talked about the importance of the use of condoms.

Teachers and school directors confirmed that the prevention of teenage pregnancy and promotion of family planning were increasingly addressed issues in schools. Some schools seemed to have measures in place, such as night school in cases of teenage pregnancy to avoid school drop out, informing parents when cases of teenage pregnancy were detected, or discussing each case in the school council. In the words of a school director:

*“In school if a girl gets pregnant, we first call the parents, and the one responsible for the pregnancy often does not appear. In order not to make it a normal issue we transfer the girl to*

*the night course, the girl is not expelled from school. We think that in this way we will not proliferate the behavior, then change to the night course or take the distance course. We have the same attitude when we find out that a young man has impregnated a girl, he also goes to the night course. At the school, who makes the decision in the case of pregnancy is the direction board, we have the school council.” (School director, Rapale)*

Other stakeholders such as religious and traditional leaders, peer educators and NGOs were much less mentioned as key people to promote SRHR. As for leaders, a few participants mentioned that some religious leaders do address SRH issues in ceremonies and most participants explained that traditional leaders do not really intervene in cases of child marriage or teenage pregnancy, because the decision making power relies on parents, traditional leaders lack knowledge about these issues and are sometimes not listened to in the communities. As for NGOs, some active organizations identified were BIZ, PIS and Muarassi, who were focusing on capacity building of activists, facilitation of palestras and peer-to-peer education. Some participants expressed that NGOs should maintain their work, particularly in relation to the prevention of school drop-out, strengthening young people’s education, and raising awareness about SRHR issues within the communities.

### 3.8 Policy and legal issues

In Mozambique, the minimum legal age to marry for both young women and young men is 18 in general and 16 with parental consent. The study found limited knowledge about the legal marriage age among young people and most participants stated not to know about the existence of any regulations, rules or by-laws around child marriage or teenage pregnancy. As Table 51 shows, about 38% of the respondents affirmed to know the minimum legal age to marry. The disaggregated data indicate that while there were no big differences by sex or district, it was more common for respondents who were in school to report to know the minimum legal age to marry (43%) than among those who were out of school (21%).

*Table 51: Respondents who reported to know the minimum legal age to marry*

	By sex		By district		By school status	
	Females n (%)	Males n (%)	Nampula n (%)	Rapale n (%)	In school n (%)	Out school n (%)
<b>Know the minimum legal age to marry</b>	288 (38.4%)	67 (34.7%)	243 (39.8%)	112 (33.6%)	306 (43.3%)	49 (20.8%)

However, the actual knowledge about the minimum legal age to marry was lower, as about one third of the respondents who affirmed to know the minimum legal age to marry mentioned different ages than 18 or 16. Data indicate that more respondents reported 18 as the legal age for girls to marry, while for boys several respondents reported 20 as the legal minimum age to marry.

Participant’s general knowledge about the political and legal framework around child marriage and teenage pregnancy seemed very limited. During FGDs, most participants, adults and youth from both districts, stated not to know if any rules, norms, or by-laws existed for child marriage or teenage pregnancy. A few young women and men said they knew that laws at the national level existed but

they did not know the content. There was only one case of a young woman who argued there was a law which stated that young women had the right to decide about their marriage:

*“There is a law of 2001 that says that the girl has the right to choose who she wants to marry.”*  
(FGD, young women 15-19, Rapale)

Some key stakeholders argued that there was political will at the national level to address child marriage and teenage pregnancy and that strategies were being discussed, but what is lacking are community actions. Hence, several key stakeholders remarked the lack of implementation of the existing political and legal frameworks. Some of the identified obstacles for the implementation were: lack of social support in reporting cases of child marriage or teenage pregnancy to the local authorities, little awareness among communities and community leaders about the existing laws and the dependence on families’ will to address these issues. For example, a school director in Rapale argued:

*“The police, to intervene depends on the residents, if the families hide cases of child marriage and teenage pregnancy, the police will not be able to act. We have the authorities that work, the police are here too. But there is no social support. The cases of child marriage and teenage pregnancy are not reported, no one reports. At school level we are managing child marriage situations and violation. Here in the district we have the IPAJ that works in the communities, we have authorities, but there must be more awareness about the laws and some laws as said are contradictory.”* (School director, Rapale)

Other key stakeholders mentioned the need to revise some of the laws. Some found it contradictory that the government has commitment to addressing child marriage but at the same time having the law that allows young women and men to marry at the age of 16 when there is parental consent. One teacher mentioned the need to revise the decree about zero tolerance when a teacher impregnates a young woman and extend it to any person who has sexual relations with a minor.

As Table 52 shows, similar to the above, most survey respondents reported that there are no interventions in cases of child marriage (51%). Only 32% of the respondents affirmed that there were interventions in these cases, as the rest did not answer or did not know. The results reveal differences by district; in Rapale there seem to be more interventions in cases of child marriage, as 42% of the respondents reported so, while for Nampula the percentage was lower (27 %). Also, in Rapale community leaders were the ones that more commonly intervened in cases of child marriage (53%) followed by law agents (21%). As for Nampula, it was the other way round, law agents were the ones that more commonly intervened in cases of child marriage (42%), followed by community leaders (39%) (Table 52).

*Table 52: Percentage of respondents who affirmed that there are interventions in cases of child marriage by sex, district and school status*

	By sex		By district		By school status	
	Females n (%)	Males n (%)	Nampula n (%)	Rapale n (%)	In school n (%)	Out school n (%)

There are interventions in cases of child marriage	93 (32.3%)	20 (29.8%)	66 (27.2%)	47 (42%)	101 (33%)	12 (24.5%)
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Table 53: Who intervenes in cases of child marriage by district

	Nampula n (%)	Rapale n (%)	Total n (%)
Community leaders	26 (39.4%)	25 (53.2%)	51 (45.1%)
Law agents	28 (42.4%)	10 (21.3%)	38 (33.6%)
Police	7 (10.6%)	6 (12.8%)	13 (11.5%)
NGOs	2 (3.3%)	4 (8.5%)	6 (5.3%)
Others	13 (19.7%)	11 (23.4%)	24 (21.2%)

During FGDs, most participants also stated that interventions in cases of child marriage were rare. While a few participants shared cases where community leaders had intervened by talking to the family of the young women and convincing them to not proceed with the marriage, most participants explained that community leaders in general do not intervene because the decision making power relied on the families. In addition, some further argued that community leaders were sometimes involved in cases of teenage pregnancy or child marriage, did not always have sufficient knowledge and information about these issues. However, at the same time, some adults mentioned that in cases of divorce these leaders do play a role and are called to intervene.

*“The structure of the neighborhood is organized, it has block heads, secretaries, but they do nothing about premature marriages just look - just because they are nothing to the girl's or boy's family. But although they are not involved in marriage, when there is divorce they are the first to be called to negotiate the division of goods worse when the decision is to sell the house there is no way not to call the leader.” (Father, FGD, Nampula)*

## 4. DISCUSSION

As mentioned in the background section of this report, Mozambique is known for its high teenage pregnancy rates (Williamson, 2013). The findings of this study further endorse this, as close to one in three surveyed women between 20 and 24 years, had been pregnant as a teenager. Thereby a remarkable difference between Rapale and Nampula districts could be seen. The percentage of young women between 20 and 24 years who had experienced a teenage pregnancy in Rapale (42%) was almost double than that in Nampula (23%). In Rapale, a much lower percentage of young women reported that they wanted to become a mother at the time they had their first child (39%) than those in Nampula (58%). The majority of young women in Rapale had their first child after marriage (69%) and or in the same year of marriage (31%) while in Nampula it was less clear what came first, marriage or the pregnancy. It could be that love relationships play a bigger role in Nampula than in Rapale, which is also supported by the fact that in Nampula 46% of the young women said that early marriage was due to love, versus 29% in Rapale. A higher school drop-out due to pregnancy was seen in Rapale (30% among 19-24 years old women) than in Nampula (21% among the same age group). In Rapale, 13% of young women between 18 and 24 years had married below age 18 compared to 8% in Nampula. Furthermore, a higher percentage of young women in Rapale believed it is acceptable to be forced into marriage (24%) versus 4% in Nampula.

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

Across the board, young male interviewed seemed to be more aware of their rights and the rights of young women, than young women themselves, especially those in Rapale. This relates to the right to choose with whom to date, being not forced to marry and understanding the negative impact of child marriage on education.

Reasons for teenage pregnancy and child marriage were greatly overlapping. One of these reasons driving teenage pregnancy and child marriage was early sexual debut. Thereby it was seen that young women started to become sexually active at 15.8 years and young men at 14.9 years. During the validation meeting with Yes I Do partners in Mozambique, partners questioned whether this mean age was influenced by young women being reluctant to share when they had actually become sexually active. The general expectation was, also in line what study participants in FGDs voiced, that girls become sexually active at a younger age than male in Nampula and Rapale. In the international literature, it has been reported that women indeed have a tendency to under report, while men have

a tendency to over report<sup>11</sup>. This could be kept in mind when reviewing the data. In addition, while 70% of the male respondents acknowledged to have sex, 61% of the female respondents said to ever had had sexual relations. A study in Kenya showed that a substantial number of those interviewed (20%) provided inconsistent data on whether they ever had sex, or on the timing of their sexual debut (Beguy, 2009). It could be that the situation is similar with regard to the finding of this study in Mozambique.

Reasons provided for (early) sexual debut were many, and ranged from passion, being in love, curiosity, peer pressure, money, or sexual abuse. Peer pressure was said to especially affect young male to become sexually active. Many FGD participants and stakeholders interviewed said that initiation rites played a big role. Twenty percent of the male respondents and 12.5% of the female respondents said that they had experienced pressure to start sex as result of having participated in initiation rites. While these percentages are smaller than what could be expected on the basis of what participants in FGDs said, they are still very sizable, especially when looking at youth in the two districts in absolute numbers. Because the rites are taken to symbolize that the young girls and boys are not “children” anymore, many adolescents tend to take this transition to imply they can also start having sex. While the concerns on what is taught in these ceremonies are warranted, the fact that a high proportion of adolescents go through initiation ceremonies in some communities presents an opportunity for programmes to intervene and promote positive aspects of sexuality. This could be achieved by sensitizing community leaders involved in organizing initiation ceremonies on promoting abstinence and use of protective mechanisms such as condoms for adolescents to avoid sexually transmitted infections and unwanted pregnancies.

Another cause of teenage pregnancy and related child marriage was a lack of access to sexuality education. Only approximately half of the young women and men had received such education, while discussions with parents and caretakers on sex and sexuality were also absent for the large majority of youth. Use of modern contraceptives was very low, also amongst those in school. The most used method to avoid pregnancy was periodic abstinence both amongst those in and out of school. Only a very small percentage of young female and especially young male made use of the youth friendly services, while vulnerability to pregnancy, HIV and STIs was high due to unprotected sexual activities. At the same time, substantial percentages of young people worried about teenage pregnancy, child marriage, not being able to continue to study, or not being able to obtain contraceptives.

Consequences of teenage pregnancy and child marriage were multiple, ranging from negative effects on the health of the young women and/ or her baby, school drop-out, isolation, a higher likelihood of divorce, being rejected and or looked down upon, or induced abortion. While young men may feel economic pressure for having to care for their spouse and child in case of child marriage, other consequences seem much less for them.

Meaningful youth participation was found to be non-existent, other than youth having a mobilizing role. They were not involved in planning, decision making and or monitoring roles. This while the Yes I Do Alliance strives to have young people take part in decision-making processes that affect their

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<sup>11</sup> <http://theconversation.com/why-men-and-women-lie-about-sex-and-how-this-complicates-std-control-74215>

lives. Besides the right of young people to participate, participation allows the voice of young people to be heard, and therewith programmes and policies to be made more effective as they are adapted to the needs of these young people<sup>12</sup>.

The majority of households, especially in Rapale but also in Nampula, depend on agriculture as their main source of income. Access to formal employment is extremely scarce. The lack of opportunities to such employment is a major driver of child marriage as it increases the likelihood to marry as a child in an effort to lessen the pressure on the household budget (Pires and Baatsen 2016). This study also found that the lack of economic opportunities influenced child marriage and related teenage pregnancy. Especially male respondents were strongly of this opinion. This argument is also supported by the literature, where economic empowerment has been found to *“increase women’s access to economic resources and opportunities including jobs, financial services, property and other productive assets, skills development and market information”*<sup>13</sup>. Economic empowerment has thereby defined as *“the capacity of women and men to participate in, contribute to and benefit from growth processes in ways that recognise the value of their contributions, respect their dignity and make it possible to negotiate a fairer distribution of the benefits of growth.”*<sup>14</sup>

Some studies confirm poor employment opportunities in the North of Mozambique. A weak manufacturing sector employs just 3% of the population, and is made up of small and micro-enterprises (90%)<sup>15</sup>. In addition, the labour market in Mozambique has a tendency to look for experienced workers and is biased against those with less experience such as young female and males<sup>16</sup>.

Key stakeholders as identified by young people around teenage pregnancy, child marriage and SRHR, were foremost teachers and health workers. Examples were given of teachers and health workers providing information and services. Other stakeholders such as religious, traditional and especially community leaders were said to play a much smaller role in combating child marriage, besides occasional ‘palestras’ (talks). There was limited knowledge on the existence of laws and regulations, as well as on the age of marriage.

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<sup>12</sup> <https://choiceforyouth.org/our-results/meaningful-youth-participation/>

<sup>13</sup> <http://www.oecd.org/dac/gender-development/womenseconomicempowerment.htm>

<sup>14</sup> <http://www.oecd.org/dac/gender-development/womenseconomicempowerment.htm>

<sup>15</sup> [http://www.africaneconomicoutlook.org/sites/default/files/2017-05/MOZAMBIQUE\\_EN\\_2017\\_0.pdf](http://www.africaneconomicoutlook.org/sites/default/files/2017-05/MOZAMBIQUE_EN_2017_0.pdf)

<sup>16</sup> [http://www.africaneconomicoutlook.org/sites/default/files/2017-05/MOZAMBIQUE\\_EN\\_2017\\_0.pdf](http://www.africaneconomicoutlook.org/sites/default/files/2017-05/MOZAMBIQUE_EN_2017_0.pdf)

## 5. RECOMMENDATIONS

The findings indicate that two years into the Yes I Do intervention in Nampula and Rapale district, much work still needs to be done in order to be able to achieve the following strategic goals formulated for the programme.

### **Strategic goal 1: Community members and gate keepers have changed attitudes and take action to prevent child marriage and teenage pregnancy**

From the discussion above, it can be seen that teachers and health workers are recognized and appreciated as key players in the response to child marriage and teenage pregnancy. However, other stakeholders still need to be further mobilized. In addition, while teachers and health workers have started talking about the issues, mechanisms to prevent child marriage as such to which girls and others can turn to for assistance when need be, seem to be hardly in existence.

- ✓ Work with teachers and health workers on the development of mechanism to prevent child marriage and teenage pregnancy.
- ✓ Mobilize other stakeholders to become part of an effective response.

Child marriage and teenage pregnancy are social and cultural realities in the communities in both districts and parents play a major role in determining child marriage. It has thereby to be taken into account that these parent have had - in many cases - less education then their sons and daughters, that these parents are not well equipped to discuss sensitive issues with their children and often are economically constrained.

- ✓ Work with parents, guardians on the importance of comprehensive sexuality education, and intergenerational communication.

### **Strategic goal 2: Adolescent girls and boys are meaningfully engaged to claim their SRH rights**

At the moment, youth play a role only in mobilizing other youth. The challenge is thereby to create spaces in which youth can be heard. This is especially challenging in a setting where intergenerational communication hardly exists.

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

### **Strategic goal 3: Adolescent girls and boys take informed action on their sexual health**

The study shows that around half of young female and around 40% of male have not received any sexuality education. Those out of school are thereby even more vulnerable than those in school. The study also shows early sexual debut and high levels of unprotected sex resulting in high levels of

vulnerability in terms of pregnancy, HIV and STIs. Initiation rites play thereby a role for a sizeable group of young people.

In addition, violence and sexual abuse furthermore negatively affect youth's ability to take informed action on their sexual health.

- ✓ Enhance comprehensive sexuality education especially for out-of-school youth who have in general less access to such information.
- ✓ Work towards enhanced access to modern contraceptives for young people.
- ✓ Consider how violence and sexual abuse can be better addressed within the programme.

#### **Strategic goal 4: Girls have alternatives beyond child marriage and teenage pregnancy through education and economic empowerment**

Currently, employment opportunities are lacking and influencing school drop-out as well as child marriage, due to lack of alternatives. Economic empowerment opportunities through saving groups have started (but are reaching only few).

- ✓ Expand economic activities to cover a larger group of girls.

#### **Strategic goal 5: Policy makers and duty bearers develop and implement laws and policies on child marriage, teenage pregnancy and sexual reproductive health and rights.**

There is a lack of understanding that child marriage and teenage pregnancy constitute violations of the right of the child, and limited knowledge exists on the existence of laws and regulations, as well as on the age of marriage.

- ✓ Increase advocacy activities at the local level on laws and regulation, including around sexual reproductive health and rights in addition to child marriage.
- ✓ Advocate towards a change in the initiation rites whereby those who go through it no longer feel pressure that they have to become sexual active following the rites for both girls and boys.

#### **Possible areas for further research**

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

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## 7. ANNEXES

### TERMO DE CONSENTIMENTO INFORMADO DO ENCARREGADO DE EDUCAÇÃO

Ao **Encarregado de Educação** do adolescentes menor de 18 anos inquirido são explicados os objectivos e contexto do estudo *“Avaliação dos factores determinantes do casamento prematuro e gravidez na adolescência, na Cidade de Nampula e no Distrito de Rapale, Moçambique, 2017”*: avaliar os fenómenos do casamento prematuro e da gravidez precoce, na Cidade de Nampula e no Distrito de Rapale, da província de Nampula, Moçambique, a fim de estimar a frequência, as causas e as consequências de casamento prematuro e gravidez precoce, e identificar as propostas de mudanças de atitude e comportamento dos jovens para a prevenção destes fenómenos.

As actividades nas visitas aos jovens (15 a 24 anos) serão a apresentação dos objectivos e metodologia do estudo, inquérito demográfico, social, de saúde sexual e reprodutiva e levantamento de problemas e prioridades.

A inclusão do seu educando será feita mediante a aceitação de participar no estudo através de consentimento escrito. Este programa da Universidade Lúrio em parceria com a organização holandesa Royal Tropical Institute (KIT) Health é da responsabilidade do Dr. Jorge Josaphat Ferreira (Consultor Kit Health, tel. 824094706).

Informamos que a identidade do participante não será relacionada com a informação fornecida e armazenada em base de dados e que a informação será utilizada exclusivamente para os fins da investigação, em estudos e intervenções de saúde que poderão ser publicados. Igualmente informamos que ele/ela poderá desistir do estudo a qualquer momento sem represálias pela atitude que tomou.

Eu abaixo assinado, \_\_\_\_\_, declaro estar devidamente informado sobre a realização do estudo *“Avaliação dos factores determinantes do casamento prematuro e gravidez na adolescência, na Cidade de Nampula e no Distrito de Rapale, Moçambique, 2017”*, tendo consentido participar. Mais declaro que assumo todas as respostas dadas como verdadeiras em minha honra.

\_\_\_\_\_, \_\_\_\_ de \_\_\_\_\_ de 2017

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Assinatura do Investigador: \_\_\_\_\_

Nome do Investigador: \_\_\_\_\_

## CONSENTIMENTO DO PARTICIPANTE

A gravidez precoce e o casamento prematuro constituem um problema grave para as jovens raparigas e rapazes moçambicanos. O desafio é como apoiar estes jovens e as suas organizações, em ambiente de baixa renda a desenvolver soluções sustentáveis. Através deste projecto, a Universidade Lúrio, em parceria com a ONG Kit Health da Holanda, pretende levar a cabo um estudo de linha de base com o objectivo de conhecer as causas e as consequências destes fenómenos para encontrar soluções.

Objectivos do estudo *“Avaliação dos factores determinantes do casamento prematuro e gravidez na adolescência, na Cidade de Nampula e no Distrito de Rapale, Moçambique, 2017”*, avaliar os fenómenos do casamento prematuro e da gravidez precoce, na Cidade de Nampula e no Distrito de Rapale, da província de Nampula, Moçambique, a fim de estimar a frequência, as causas e as consequências de casamento prematuro e gravidez precoce, e identificar as propostas de mudanças de atitude e comportamento dos jovens para a prevenção destes fenómenos.

As actividades nas visitas aos jovens (15 a 24 anos) serão a apresentação dos objectivos e metodologia do estudo, inquérito demográfico, social, de saúde sexual e reprodutiva e levantamento de problemas e prioridades.

A sua inclusão será feita mediante a aceitação de participar no estudo através deste consentimento escrito. Este programa da Universidade Lúrio em parceria com a organização holandesa Royal Tropical Institute (KIT) Health é da responsabilidade do Dr. Jorge Josaphat Ferreira (Consultor Kit Health, tel. 824094706).

Informamos que a sua identidade não será relacionada com a informação fornecida e armazenada em base de dados e que a informação será utilizada exclusivamente para os fins da investigação, em estudos e intervenções de saúde que poderão ser publicados. Igualmente informamos que poderá desistir do estudo a qualquer momento sem represálias pela atitude que tomou e que não suportará qualquer custo pela sua participação neste estudo, excepto o seu tempo. Não existe qualquer risco para o bem-estar físico, psicológico, social, económico ou político. A avaliação dos participantes utiliza métodos não invasivos e não cirúrgicos (entrevista), não recolhendo qualquer amostra de sangue ou secreções, de tecido nem comportamentos anti-sociais, evitando assim causar desconforto aos participantes.

Eu abaixo assinado, \_\_\_\_\_, declaro estar devidamente informado sobre a realização do estudo *“Avaliação dos factores determinantes do casamento prematuro e gravidez na adolescência, na Cidade de Nampula e no Distrito de Rapale, Moçambique, 2017”*, tendo consentido participar. Mais declaro que assumo todas as respostas dadas como verdadeiras em minha honra.

\_\_\_\_\_, \_\_\_\_ de \_\_\_\_\_ de 2017

\_\_\_\_\_

Assinatura do Investigador: \_\_\_\_\_

Nome do Investigador: \_\_\_\_\_

## FOLHETO INFORMATIVO SOBRE PESQUISA

As encargadas de educação do jovem com menos de 18 anos inquirido são explicados os objectivos e contexto do estudo "Avaliação dos factores determinantes do casamento prematuro e gravidez na adolescência, na Cidade de Nampula e no Distrito de Rapale, Moçambique, 2017": avaliar os fenómenos do casamento prematuro e da gravidez precoce, na Cidade de Nampula e no Distrito de Rapale, da provincia de Nampula, Moçambique, a fim de estimar a frequência, as causas e as consequências de casamento prematuro e gravidez precoce, e identificar as propostas de mudanças de atitude e comportamento dos jovens para a prevenção destes fenómenos.

As actividades nas visitas aos jovens (13 a 24 anos) serão a apresentação dos objectivos e metodologia do estudo, inquérito demográfico, social, de saúde sexual e reprodutiva e levantamento de problemas e prioridades.

A inclusão do seu educando será feita mediante a aceitação de participar no estudo através de consentimento escrito. Este programa da Universidade Lúrio em parceria com a organização holandesa Royal Tropical Institute (KIT) Health é da responsabilidade do Dr. Jorge Josaphat Femeira (Consultor KIT Health, tel. 834094706).

Informamos que a identidade do participante não será relacionada com a informação fornecida e armazenada em base de dados e que a informação será utilizada exclusivamente para os fins da investigação, em estudos e intervenções de saúde que poderão ser publicados. Igualmente informamos que ele/ela poderá desistir do estudo a qualquer momento sem represálias pela atitude que tomou.

Obrigado pela atenção.



### Visão

Meninas e meninos adolescentes a destruírem de sua saúde, direitos sexuals, reprodutivos e atingir seu pleno potencial, livre de todas as formas de casamento precoce, a gravidez na adolescência e a mutilação genital feminina.

### Impacto

Rapazes-adolescentes podendo decidir se, quando e com quem se casar e se, quando e com quem ter filhos e protegidos contra mutilação genital feminina

### Duração do programa:

3 anos

### Países

Zâmbia, Malawi, Moçambique, Etiópia, Quênia, Paquistão e Indonésia



Representação



Universidade Lúrio



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