

*“Nowadays girls already decide  
for themselves, girls have information  
of what is good and bad”*

Gaining insight into (changes in) the magnitude, causes and consequences  
of child marriage and teenage pregnancy in Nampula, Mozambique



# Preface

**YES I DO.** is a strategic alliance of five Dutch organizations consisting of Plan Nederland, Rutgers, Amref Flying Doctors, Choice for Youth and Sexuality, and the Royal Tropical Institute. Funded by the sexual and reproductive health and rights policy framework of the Ministry of Foreign Affairs of the Netherlands, and under leadership of Plan Nederland, YES I DO aimed to enhance the decision-making space of young women about if, when and whom to marry as well as if, when and with whom to have children. Over the course of 2016 and 2020, the programme was implemented in seven countries: Ethiopia, Indonesia, Kenya, Malawi, Mozambique, Pakistan (until 2018) and Zambia.

The YES I DO Alliance partners and the Ministry of Foreign Affairs of the Netherlands acknowledge that child marriage, teenage pregnancy and female genital mutilation/cutting are interrelated issues that involve high health risks and human rights violations of young women and impede socioeconomic development. Therefore, the YES I DO programme applied a mix of intervention strategies adapted to the specific context of the target countries. The theory of change consisted of five main pathways: 1) behavioural change of community and “gatekeepers”, 2) meaningful engagement of young people in claiming for their sexual and reproductive health and rights, 3) informed actions of young people on their sexual health, 4) alternatives to the practice of child marriage, female genital mutilation/cutting and teenage pregnancy through education and economic empowerment, and 5) responsibility and political will of policy makers and duty bearers to develop and implement laws towards the eradication of these practices.

The programme included a research component to investigate the interlinkages between child marriage, female genital mutilation/cutting and teenage pregnancy and look at what works, how and why in the specific country contexts. The research focused on testing the pathways of the theory of change, underlying assumptions and interventions as well as on looking for mechanisms triggering change and enhancing programme effectiveness. To that end, the research component of Yes I Do undertook several studies, amongst others a base-, mid- and end-line study in the countries where the programme was implemented. Each study was conducted by the Royal Tropical Institute, in close collaboration with local research partners.

The present report contains the end-line study conducted in the three districts in Northern Mozambique where the YES I DO programme has been implemented. The report draws on literature about child marriage and teenage pregnancy in Mozambique, details the methodology used, presents the main results, where possible compares these end-line findings with base- and midline findings and provides recommendations. These recommendations focus on policy and practice on child marriage and teenage pregnancy in Mozambique, and on programmes on sexual and reproductive health and rights of young people.

## ORIGIN TITLE OF STUDY

The title of this study: “Nowadays girls already decide for themselves (on marriage), girls have information of what is good and bad” (Hoje em dia as raparigas já decidem por si mesmo (no casamento), as raparigas tem informação do bem e do mal) comes from an interview with a 15-year-old youth activist in Nampula district.

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# Abbreviations

## LIST OF ACRONYMS

<b>CBO</b>	Community Based Organization
<b>DHIS2</b>	District Health Information Software 2
<b>DHS</b>	Demographic Health Survey
<b>FGD</b>	Focus Group Discussion
<b>IDI</b>	In-Depth Interview
<b>IUD</b>	Intra Uterine Device (Contraceptive)
<b>HMIS</b>	Health Management Information System
<b>NGO</b>	Non-Governmental Organization
<b>PCI</b>	Pelvic Cerebrospinal Incompatibility
<b>SAAJ</b>	Servicos Amigos dos Adolescentes e Jovens (Youth friendly services)
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STI</b>	Sexually Transmitted Infection
<b>ToC</b>	Theory of Change
<b>VCT</b>	Voluntary Counselling and Testing
<b>YIDA</b>	Yes I Do Alliance

## KEY TERMS AND DEFINITIONS

<b>Adolescents</b>	Females and males aged 10 to 19 years old
<b>Child marriage</b>	Legal or customary union involving a boy or girl below the age of 18
<b>Participant</b>	Focus group discussion or qualitative interview participant
<b>Respondent</b>	Survey participant
<b>Teenage pregnancy</b>	Pregnancy before the age of 20
<b>Young people / youth</b>	Females and males aged 15 to 24 years old
<b>Youth activists</b>	Peer educators

# Executive summary

This report contains the results of the YES I DO end-line study conducted in Mogovolas, Nampula and Rapale districts in Nampula Province in Northern Mozambique in September 2020. The study is part of the YES I DO Alliance multi-country programme of Plan Netherlands, Amref Netherlands, Choice for Youth and Sexuality, Rutgers and the Royal Tropical Institute (KIT) implemented over the period 2016-2020 with funding of the Ministry of Foreign Affairs of the Netherlands.

The aim of the mixed-methods end-line study is to provide insight into (possible) changes in the magnitude, (interrelated) causes and consequences of child marriage and teenage pregnancy in the three districts in which the intervention strategies as outlined in the YES I DO's theory of change have been implemented.

The end-line study compares end-line **focus group discussion and interview** findings from 62 young women and men between 15 and 24 years, 22 parents/care givers and 20 key stakeholders with qualitative baseline findings (2016 Mogovolas and 2017 Rapale and Nampula: involving in total 108 young women and men between 15 and 24 years, 46 parents/care givers and 24 stakeholders) and midline findings (2018 Mogovolas: involving 56 young women and men; 13 parents/care givers and 15 stakeholders).

Due to the COVID-19 pandemic, the end-line **survey** targeted young female and male respondents involved in the Champions of Change activities in all three districts as schools were closed. In total, 164 respondents participated in the survey, spread over the three districts. The different sampling frame used for the end-line as result of COVID-19, makes comparison between the baseline studies (715 young people in Mogovolas in 2016 and 943 young people in Rapale and Nampula in 2017) not possible, as the Champions of Change participants are not representative for all young people between 15 –and 24 years in the three districts. This means that the end-line study is unfortunately not providing any quantitative data in terms of changes in relation to child marriage or teenage pregnancy over time but draws more on the qualitative data in relation to this.

## KEY FINDINGS

The qualitative data of the YES I DO baseline in Mogovolas, the 2017 Nampula and Rapale study, the midline and end line studies showed that **the causes and consequences of child marriage and teenage pregnancy have remained largely the same over the past four years**. This is not surprising as these causes and consequences are all deeply embedded in the society, culture and systems. Limited employment opportunities and traditional gender roles continue to contribute to early sexual debut, teenage pregnancy and child marriage. However, some changes are taking place. **Community stakeholders seem to be more active in preventing child marriage and teenage pregnancy. Sexual and reproductive health services and information seem improved and more accessible. In addition, youth activist at community level have improved meaningful youth participation**, although this certainly does not yet apply to all youth.

**Many midline and end-line participants indicated that while child marriage is still a reality, rates seem to be going down** as result of all the activities undertaken. As child marriage is one of the causes of teenage pregnancy, declining child marriage rates are **likely also** to have **some effect on teenage pregnancy rates**. However, there are also many other causes of teenage pregnancy, making it **hard**, without a household based and representative sample, **to indicate the actual situation on teenage pregnancy**.

The end-line research also came across some **unintended consequences** as results of the talks undertaken by all the stakeholders about child marriage and teenage pregnancies. In some communities **teenage girls and boys are no longer encouraged to interact**, and some young women interviewed also said to avoid this now. This as it is assumed that such interaction will automatically lead to sexual relationships which in turn would contribute to teenage pregnancy and consequently child marriage. Furthermore, **some youth** indicated that often times **receive warnings** to avoid diseases and death, **rather than being explained about issues of sexuality more in detail** so that they would be better understand how things work.



**Young people continue to face a range of SRHR challenges in Nampula, Rapale and Mogovolas districts.** From the end-line survey it is evident that substantial numbers of young women worry about becoming pregnant, young men worry about getting an STI or HIV, young people have limited skills to negotiate safer sex, sexual violence happens in the community, etc. While comparison between base- and end-line survey data is not possible, the **qualitative data seem to indicate that more young people at end-line are aware of their sexual reproductive health and rights than at baseline** and subsequently able to take informed action on this. This is a result of improved information through multiple sources, improved spaces where youth can learn about these rights, and improved access to youth friendly SRH services. However, there is also a substantial group of young people who are still less aware of these rights and as result also less equipped to take informed action. At end-line, 25% of the young women said not to be able to decide from themselves on whom to date and go out with, 41% was not aware on how to avoid a pregnancy, while 46% of the female end-line respondents who were sexually active did not feel confident enough to insist of condom use every time they had sex (Table 1). The end-line survey data indicate that overall **a larger percentage of young males are aware of their SRH rights and can take informed action than young females** (again see Table 1). Over half of all end line survey respondents indicated to find it difficult to talk to their parents about sexuality and marriage. Again, more girls and young women said to find this difficult than boys and young men. However also among males, a substantial percentage finds this challenging. The end-line survey also showed quite a **difference between the use of SRH services per district**. For young female and male combined, a much **higher use of SRH services in Mogovolas** was seen than in the other two districts. Overall, in the three districts combined, **young male reported a higher level of use than young female**.

The **main sources of income in the studied districts did not vary much between the end-line and previous studies**. (Self-sustaining) agriculture is still the main source of income followed by mining and informal trade. Economic empowerment activities such as saving groups are appreciated by those involved, but are not large enough to improve the socio-economic situation of many young women in the three districts. While the involvement of the private sector has been pursued to improve the socio-economic empowerment of young women in Mogovolas, in Nampula and Rapale this has been a challenge.

Teenage pregnancy is one of the main causes of school dropout amongst girls and young women. The approach taken by the government in Mozambique to offer night education for **young mothers and young pregnant women to continue their education**, was said to have had a **positive results**. Some participants mentioned that safety in school for girls has improved, because mechanisms have been put in place through which girls can report cases of rape or sexual violence. Despite that economic opportunities continue to be limited, more **young people at end-line seemed to value education than in previous rounds of research**.

The large majority of end-line participants indicated that gender equality has improved over the past years thanks to project interventions such as YES I DO. **Many indicated that men can do any task that has traditionally been ascribed to women, and vice versa**.

One of the most significant changes observed at end-line was **the approval of the Law to prevent and fight premature unions in 2019**. Although the national strategy for the prevention and combating of early marriage (2015-2019) was already in place at baseline, the law formalizes this and perpetrators can now be penalized, including being sent to jail. In all three districts, participants mentioned efforts of multi-sectorial committees composed by community and traditional leaders, community-based organizations (CBOs), non-governmental organizations (NGOs), police judges and other relevant gatekeepers who meet occasionally to discuss and decide on reported cases of child marriage. However, in spite of this, **not all end-line respondents were aware of the law or the legal age of marriage**. This was **especially** the case for **young females**.

Based on the results the **main recommendations for future programmes are**:

#### **Stakeholder involvement**

Stakeholder involvement in preventing child marriage and teenage pregnancy has contributed to an environment in which child marriage and teenage pregnancy are frequently discussed. However, continuous effort is needed to address the causes that are deeply embedded in the society, culture and systems as these cannot be changed in

just a few years. In addition, advocacy amongst key stakeholders on the importance of improved communication amongst young people and between young people and adults is needed. This also includes the need for improved communication about sexuality in detail rather than the provision of warnings.

### **SRHR interventions for young people**

It is important to reach out with SRHR interventions to youth, especially girls, who are less aware of their SRH rights than boys. In addition, it is important to reach out to parents to improve their skills to discuss sexuality and relationships with their children. For the youth friendly services, expanding services beyond contraceptive services, covering also other aspects such as sexual violence or healthy and consensual relationships should be considered. Furthermore, in spite of strongly improved access to SRH services, there is still a considerable group of especially young girls who are not yet accessing these services in spite of an overall early sexual debut. Improving their access would also be recommended.

### **Increase economic empowerment and education activities for young people, especially young women**

More jobs especially for young women need to be created as that would help to improve their financial situation and therewith empower them more to decide for themselves when to marry. It is important to engage private sector organisations in the design and implementation of economic empowerment activities. In addition, the participants also talked about a need for more education opportunities for young women to stay in school beyond the primary or secondary level.

### **Dissemination of the content of the law on child marriage**

The law adopted in 2019 needs to be further disseminated with a special focus on reaching young people both in and out of school, as especially not all young female end-line participants were aware of this law. In addition, it is recommended to conduct a study on the effectiveness of the law but also the effectiveness of jail sentences, as child marriage happens mostly amongst the most vulnerable families.

Table 1 **Summary of quantitative indicators tracked**

Category and indicator	Mogovolas	Nampula	Rapale	Overall end-line value
<b>SRHR behaviour</b>				
% girls and young women (15-24 years) who can decide for themselves whom to date and go out with	22/25 (88%)	12/19 (63%)	27/37 (73%)	61/81 (75%)
% boys and young men (15-24 years) who can decide for themselves whom to date and go out with	27/30 (90%)	15/16 (94%)	31/37 (84%)	73/83 (88%)
% of girls and young women (15-24 years) that have ever utilized SRHR services, including modern contraceptives	19/25 (76%)	7/19 (37%)	13/37 (35%)	39/81 (48%)
% of boys and young men (15-24 years) that have ever utilized SRHR services, including modern contraceptives	29/30 (97%)	10/16 (63%)	30/37 (81%)	69/83 (83%)
% of girls and young women (15- 24 years) who have ever used contraceptives	11/25 (44%)	6/19 (32%)	11/37 (30%)	28/81 (35%)
% of boys and young men (15-24 years) who have ever used contraceptives	22/30 (73%)	7/16 (44%)	27/37 (73%)	56/83 (67%)
<b>SRHR knowledge</b>				
% girls and young women (15-24 years) who know how to prevent pregnancy using modern contraceptives	15/25 (60%)	11/19 (58%)	22/37 (59%)	48/81 (59%)
% boys and young men (15-24 years) who know how to prevent pregnancy using modern contraceptives	30/30 (100%)	16/16 (100%)	34/37 (92%)	90/83 (96%)
% girls and young women (15-24 years) who feel confident to insist on condom use every time they have sex	23/25 (92%)	9/19 (47%)	12/37 (32%)	44/81 (54%)
% boys and young men (15-24 years) who feel confident to insist on condom use every time they have sex	22/30 (73%)	13/16 (81%)	29/37 (78%)	64/83 (77%)
% girls and young women (15-24 years) who ever received education about sexuality and sexual health	23/25 (92%)	8/19 (42%)	15/37 (41%)	46/81 (57%)
% boys and young men (15-24 years) who ever received education about sexuality and sexual health	30/30 (100%)	12/16 (75%)	22/37 (59%)	64/83 (77%)
<b>Education and economic empowerment</b>				
% girls aged below 18 years who dropped out of school	0/9 (0%)	0/15 (0%)	2/24 (8%)	2/48 (3%)
% girls aged 15-18 currently attending secondary school	11/16 (69%)	11/16 (69%)	19/30 (63%)	41/62 (66%)
% young women (18-24 years) who are economically active outside of the household	8/16 (50%)	0/4 (0%)	1/13 (8%)	9/33 (27%)
% young women (18-24 years) who have received any income in the last six months	8/16 (50%)	1/4 (25%)	8/13 (62%)	17/33 (52%)

**Table 2 Summary of qualitative indicators tracked**

***Attitudes and activities of gatekeepers about harms of child marriage and teenage pregnancy***

None of the gatekeepers interviewed at the end-line see any benefits in child marriage. Many of the gatekeepers interviewed report to be actively involved in preventing child marriage and teenage pregnancies. Quite a few religious and traditional leaders, school teachers, community and youth organizations, health and social workers provide lectures, while health providers also distribute contraceptives. Initiation rites performers were said to have shifted to providing more age appropriate information to young people reducing the pressure on youth to engage in sex following the initiation rites. When conflict around child marriage arise which cannot be resolved within communities, police and other authorities are included in the process, and at this stage prosecution becomes an option. Overall, the actions and involvement of the gatekeepers in the prevention of child marriage and teenage pregnancies seems to have improved, compared to baseline where fewer gatekeepers undertook positive actions. While at the baseline some gatekeepers were said to act as perpetrators, the latter was not reported by any midline and end-line participant.

***Knowledge of gatekeepers about harms of child marriage and teenage pregnancy***

As was the case at base- and midline, all gatekeepers know about the harms of child marriage and teenage pregnancy and do not see any benefits of these. The internalization of that knowledge seemed to have improved though. While at baseline some gatekeepers reported to engage in sexual intercourse with young girls, leading to TP/ CM, this was not reported at end-line.

***Youth who feel they can advocate for themselves***

Some youth at end-line indicated to have the capacity to advocate for themselves, however very few youth participate in decision-making in their communities. Several youth groups and or clubs exist. Youth in these groups advocate against child marriage and teenage pregnancies, through lectures in the communities and schools. Peer to peer groups formed under projects such Yes I Do and Geração Bizz, were said to play an important role in facilitating the discussing about such topics. This shows some improvement as compared to the baseline, where youth seemed to have little capacity to advocate for themselves. Already during the midline, the increase in number of youth groups in schools and communities as well as their role in opening the discussion of sensitive topics such as SRHR, was observed.

***Current access to SRHR information by girls/ young women and boys/ young men aged 15 to 24 years***

There was wide consensus amongst the end-line participants that sexual reproductive health information has become much more available in the last few years, through schools, the health facilities, activists and programmes as Yes I Do for young people. While information was available in 2016, this has since then be much more intensified through the different sources, including through youth peer educators and improved access to the youth friendly health services (SAAJ) where they again get further information through group and individual level counselling sessions. Quite a few participants also mentioned that the type of information provided during the initiation rites has changed. Instead of teaching girls who have just experienced their first menstruation on how to take care and (sexual) please a men, the focus is now on more age appropriate issues like menstrual care. A number of stakeholders indicated that while information availability had improved, it is still not reaching all youth.

***Perceived autonomy of girls/ young women (15-24 years)***

Most young women aged 15-24 years reported to have the autonomy to choose when to get married and consequently have children, although most also know girls in their communities who had no choice but to marry, mainly after becoming pregnant. Some family pressure as a mean to change the family's economic status was also reported as a threat to this autonomy. The autonomy to choose a partner to date was not explicitly reported at end-line, contrary to baseline, where most young women reported to have such autonomy.

***Girls indicating safety in and out of school is a problem***

Despite the fact that some participants mentioned that rape and sexual abuse cases are still happening in schools, some measures have been put in place to reduce the cases. For instance, a few participants mentioned that in some schools a teacher has been appointed as a counsellor to whom young women can reach out in case of rape or sexual abuse. In addition, participants highlighted that now male teachers are more aware of the fact that they cannot engage in sexual activities with students. Parents and family members felt it is safe to send girls and young women to school. Finally, some girls who attend the night school did not feel safe traveling from their houses to school late at night.

***# of new or adjusted national and local laws (incl. bylaws) and policies prohibiting child marriage***

The first Mozambican law preventing child marriage was approved in 2019. For some stakeholders and youth, this law provided the tools to act on the prevention of child marriage, by supporting an arrest of a perpetrator or parents who force their daughter to get married. Similar to baseline and midline, there are no local level laws, but some systems are in place to allow for a more participatory decision-making in this regard. Traditional and religious leaders have a role in mediating possible conflicts. Some end-line participants mentioned the creation of police stations dedicated to respond to cases of complaints related to child marriage in their communities.

***Policy makers actively/openly supporting gender equality and girls rights***

Local policy makers are working together with the local and traditional authorities to disseminate the new law on prevention of child marriage. A local judge and politician serving as policy makers, did report to be working with the communities to improve gender equality and girl's rights. For example, they try to avoid that only boys get send to school instead of girls.

***Active engagement of men and boys in strategies reducing child marriage and teenage pregnancy***

Some participants mentioned that men and boys participate in discussions facilitated by youth groups (composed of men and women) and some communities committees related to prevention of child marriage and teenage pregnancies, as well as in the discussion of supporting girls to continue with their studies even after becoming a mom, to allow for a better future. An opposite view was reported by some participants, both men and women. They mentioned that when a girl wants to continue her studies after becoming a mother, her partner sometimes supported by her family does not allow this, alleging that the child and household duties need to be taken care of.

# 1. INTRODUCTION

## 1.1. BACKGROUND

### 1.1.1 CHILD MARRIAGE AND TEENAGE PREGNANCY IN MOZAMBIQUE

Child marriage is defined as any legal or customary union involving a boy or girl below the age of 18. The Ministers Council approved a National Strategy to Prevent and Combat Early Marriage (2015-2019) in December 2015. In 2019, this was complemented by a law to prohibit, prevent, mitigate and penalize child marriage and to protect children in such unions (Monteiro, 2019). The large majority of child marriages affects girls, although in Mozambique a small percentage of boys also marry before the age of 18. Data from the Demographic Health Survey (DHS) show that child marriage, especially in the age range 15-17, is still common in Mozambique, while child marriage under the age of 15 has strongly decreased over the last decennia. The percentage of young women (20-24 years) who had married before the age of 18 dropped from 82% in 1997 to 52% in 2015, and before the age of 15 from 53% to 17% over the same time span (MISAU/INE 2018). The prevalence of child marriage is higher in rural than in urban areas. Among young women (20-24 years), 56% had married before turning 18 in rural areas, against 36% of those living in urban areas (UNICEF, 2015). UNICEF's 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). In Mozambique, child marriage is associated with a significantly lower probability to finish primary school and start secondary school. Child marriage forces girls to stay with their spouse, and to take on adult roles instead of going out and playing with friends or going to school (UNICEF, 2015).

Teenage or adolescent pregnancy, defined as pregnancy before the age of 20, is closely associated with child marriage in Mozambique. 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 (MISAU/INE, 2018). 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 (20-24 years) are found in Nampula (107.553 girls) and Zambezia (81.126 girls) provinces (UNICEF, 2015). In Mozambique, teenage girls from rural areas are more likely to get pregnant (9% before the age of 15 and 44% before the age of 18) than teenage girls from urban areas (6% before the age of 15 and 33% before the age of 18) (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. 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, this was particularly found in the Northern region (UNICEF, 2015).

### 1.1.2 SUMMARY OF YES I DO PROGRAMME AND ACTIVITIES

The Yes I Do programme in Mozambique aimed 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 together with COALIZÃO, ROSC and HOPEM formed the YID Mozambique Alliance to work towards this aim with KIT Royal Tropical Institute as the research partner. The Mozambican Theory of Change (ToC) to realize this aim, had five strategic goals:

1. Community members and gatekeepers 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 were related to five intervention strategies. The strategy towards achieving the first strategic goal was the responsibility of Plan Mozambique and HOPEM. They worked collectively towards building a social movement by training ‘agents of change’ and by activities focussed on changing social norms in the communities through a gender transformative approach and seeking attention for the Child Protection Policy. COALIZÃO, as youth organization, worked on strategic goal 2 to ensure the meaningful participation of youth within the programme and all organizations involved. COALIZÃO was 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, was the responsibility of Plan Mozambique. ROSC was in charge of advocacy activities at the provincial level in Nampula and at national level to realize the fifth strategic goal around ending child marriage. The programme built upon the National Strategy to Prevent and Combat Early Marriage (2015-2019). The Yes I Do programme also made efforts 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 was pursued. The ToC also included the following core strategies: promotion of gender transformative thinking, girls’ empowerment, men and boys’ engagement and meaningful youth participation. For the visual of the ToC and the related assumptions, please see Annex 1.

KIT Royal Tropical Institute, in collaboration with national researchers, conducted mixed methods research at base-, mid-, and end-line. The purpose of the research was to test the underlying assumptions of the programme’s ToC, to measure the effectiveness of the interventions introduced by the programme and to look into the interrelations between child marriage and teenage pregnancy. The research served to optimize the Yes I Do intervention strategies and to provide context specific knowledge for advocacy and policy purposes.

## **1.2 AIM AND OBJECTIVES OF BASE-, MID- AND END-LINE STUDY**

The aim of the base-, mid- and end-line study was to provide insight into child marriage and teenage pregnancy in the three intervention areas of the Yes I Do programme in Mozambique, including into the (interrelated) causes and effects and if so, how the different pathways of the programme’s theory of change were able to contribute towards improved outcomes related to the five strategic goals, and ultimately to a decrease in child marriage and teenage pregnancy.

More specifically, the research objectives were:

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

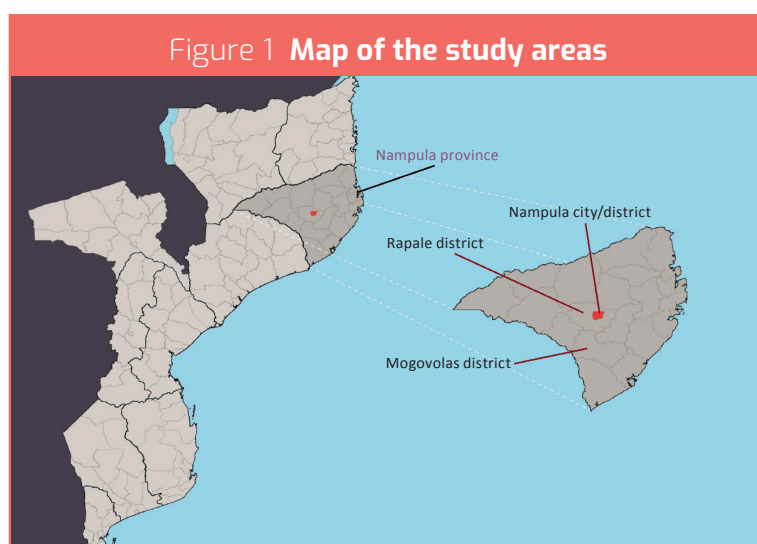
# 1. METHODOLOGY

## 2.1 STUDY TYPE

The study used a mixed-methods approach, combining quantitative and qualitative research. Both the base- and end-line included a survey among young people (15-24 years) and focus group discussions (FGDs) and in-depth interviews (IDIs) with young people, their parents and key stakeholders. The midline consisted of only the FGDs and interviews with young people, their parents and key stakeholders.

## 2.2 STUDY AREAS

The Yes I Do programme was implemented in three districts of Nampula province, namely Nampula, Rapale and Mogovolas districts. The related Yes I Do studies were also undertaken in these three districts. While the 2016 baseline study covered Mogovolas district (Pires and Baatsen, 2016), in 2017, a similar study was undertaken in Nampula and Rapale districts (Baatsen et al., 2018). The 2018 midline study covered Nametil, the capital of Mogovolas, and the end-line study was conducted in all three districts (Issa et al., 2019). Below, a short description of each district is provided.



**Mogovolas district**, situated in the south of Nampula province, is divided in five administrative posts (Nametil, Calipo, Iuluti, Mutua and Nanhupo-Rio). Mogovolas experienced a high population growth between 1994, 2007 and 2017<sup>1</sup>, from 182,000 inhabitants in 1994, to 273,000 in 2007 and 415,000 in 2017. Mogovolas has a primarily young population with over 28% being between 10 and 24 years (2007 census). Until recently, the district had a poor connection with Nampula city, but in the last year (2019), a tarmac road has replaced the unpaved dust road with many potholes. Economic activities in Mogovolas are mainly related to agriculture. The district has a high level of illiteracy, as 58% of the males and 86% of the females were unable to read and write in 2007 (INE, 2013). The illiteracy rate for young female age 15-19 years old in 2007 was 66.1% against 54.7% of young male. The illiteracy rates were high in the 20-24 years old demographic group, with 79% of women being illiterate against 65.9% of male (INE, 2013). The district has two secondary schools, one in the capital Nametil and one in Iluti.

**Nampula district** covers Nampula city, the capital city of Nampula province and the neighbourhoods of the outskirts of Nampula city. Nampula district has an estimated population of 743,125 people, meaning that approximately 12% of the population of the entire province lives in Nampula district (INE, 2017). Compared to Mogovolas, Nampula district has a lower level of illiteracy, although 13.5% of the males and 22% of the females between 15 and 19 years were illiterate in 2007. For the age group 20-24, this was 14% for males and 30% for females (INE, 2013).

**Rapale district**, previously known as Nampula Rapale, surrounds Nampula city. The distance between Nampula City and Rapale Sede is only around 20 km or a 30-minute bus ride (due to hectic traffic). Rapale is divided into three administrative posts (Rapale, Namaita and Mutivaze). An estimated number of 175,000 inhabitants (INE, 2017) live in Rapale, distributed in 42,700 households. In 2007, young people aged 15-24 years represented 20% of the district residents. Fishing is one of the economic activities most practiced by Rapale residents with a total of 3,270 fishermen. Similar to other districts, agriculture and cattle raising are the driving forces of the economy, with the main subsistence crops being, cassava, corn, rice, peanuts, beans, sorghum and vegetables (Nampula government Mozambique, No Date).

<sup>1</sup> Latest available preliminary census data.

## 2.3 STUDY METHODS, SAMPLING AND RECRUITMENT PROCEDURES

### 2.3.1 QUANTITATIVE COMPONENT

Due to COVID-19 and the related school closure during the data collection in September 2020, it was not possible to use the same sampling framework for the end-line survey as for 2016 baseline study in Mogovolas (household sample) and the 2017 Nampula and Rapale study (school-based sample). Therefore, the end-line survey targeted young people (15-24 years, both female and male) involved in the Champions of Change<sup>2</sup> activities in all three districts. In total, 164 respondents participated in the end-line survey, (34% (n=55) in Mogovolas, 21% (n=35) in Nampula and 45% (n=74) in Rapale, from the 168 planned (Table 3). The sample size was determined by the list of in-school youth involved in the champions of change activities provided by Plan Mozambique. It was estimated that approximately one third of these participants could be traced back through the contact persons (mostly the school directors) on the lists. Respondents were recruited with the help of Plan field staff, school directors and teachers as well as community leaders.

Compared to the baseline survey in 2016 in Mogovolas (715 young people: 596 female and 119 male) and the 2017 Rapale and Nampula survey (943 young people: 750 female of whom 563 in-school and 193 male of whom 144 in school), the number of end-line respondents is small. The different sampling frame used for the end-line as result of COVID-19, makes comparison with the previous studies not possible. To provide some insight in possible changes over time, a sub-analysis has been done amongst in-school 2016/2017 survey participants below the age of 20 versus the end-line survey participants of the same age group for a number of quantitative key indicators. This comparison has strong limitations. The end-line participants are not representative for in-school youth in general, this as most of them have had additional training through the programme on the Champions of Change intervention. They may also have more interest in SRH than their peers, because of volunteering for the Champions of Change training and activities. Furthermore, this comparison is not representative for out-of-school youth, this while the 2016 Mogovolas and the 2017 Rapale and Nampula studies showed that out-of-school youth had much higher levels of risk to encounter child marriage and teenager pregnancy.

**Table 3 Overview of quantitative component**

	End-line 2020							
Survey respondents	Mogovolas		Nampula		Rapale		Total	
	Planned	Achieved	Planned	Achieved	Planned	Achieved	Planned	Achieved
Young women (15-24 years)	34	25	20	19	34	37	88	81
Young men (15-24 years)	34	30	12	16	34	37	80	83
Total (164)	68	55	32	35	68	74	168	164

### 2.3.2 QUALITATIVE COMPONENT

During the end-line, a total of 41 young women and 21 young men between 15 and 24 years participated in nine FGDs and six in-depth interviews. Further, 22 parents or care givers of adolescents participated in three FGDs and two interviews. In addition, 20 key stakeholders were interviewed, these included grandparents, a social worker, health workers, youth group members, community leaders, teachers, policy makers and non-governmental organization (NGO) staff. In total 104103 people were interviewed (Table 4).

<sup>2</sup> In the Champions of Change intervention, young people receive various trainings on gender equality and girls' rights, after which they form groups in the community. In these Champions of Change groups, the trained young people further train their peers, and they discuss issues around gender equality, young people's rights and SRH.

At base-line in Mogovolas, 34 young females and 34 young males participated in FGDs or in-depth interviews. Furthermore, interviews and FGDs were conducted with parents and with a range of key stakeholders. In the 2017 Nampula and Rapale study, 20 young women and 24 young men participated in FGDs, while FGDs were also conducted with fathers and mothers. We also conducted stakeholder interviews. Finally, during the midline study, then FGDs covering in total 58 persons, 13 in-depth interviews and 13 key informant interviews were conducted in Nametil, Mogovolas (Table 4).

**Table 4 Overview of qualitative component**

Methods and participants	Baseline (Mogovolas, 2016)	Study (Nampula and Rapale, 2017)	Midline (Nametil, Mogovolas, 2018)	End-line (Mogovolas, Nampula and Rapale, 2020)
<b>Focus group discussions</b>				
Girls (15-19 years)	4 FGDs (30 p.)	2 FGD (10p.) in school	1 FGD (6p.) unmarried 1FGD (5p.) married	3 FGD (19p.)
Young women (20-24 years)		2 FGD (10p.) out of school	2 FGD (11p.) unmarried	3 FGD (18p.)
Boys (15-19 years)	4FGDs (30p.)	2 FGD (13p.) in school	2FGD (13p.) unmarried 1 FGD (6p.) married	2 FGD (12p.)
Young men (20-24 years)		2 FGD (11p.) out of school	1 FGD (6p.) married	1 FGD (7p.)
Parents or caregivers	4 (20p.)	4FGD (22p.)	2 FGD (11p.)	3 FGD (20 p.)
<b>In-depth interviews</b>				
Girls (15-19 years)	4	NA	2 unmarried 1 married	2
Young women (20-24 years)		NA	2 married	2
Boys (15-19 years)	4	NA	1 unmarried 1 married	1
Young men (20-24 years)		NA	1 unmarried 1 married	1
Parents or caregivers	4	NA	2	2
<b>Key informant interviews</b>				
Grandmothers or Grandfather	NA	NA	2	2
Religious and traditional/ local leaders	9	2	2	4
Teachers	3	3	3	4
Health and social workers	4	3	3	3
CBO and youth organization staff	NA	NA	NA	3
Youth activists	NA	NA	2	NA
Legal/police	NA	NA	2	NA
NGO staff	NA	NA	1	2
Policy makers	NA	NA	NA	2
<b>Total number of participants</b>	108	74	84	104

While the baseline and end-line survey data are not comparable, this is less so the case for the qualitative data. The sampling of all participants over the various rounds of research has been purposeful in the three districts based on age, sex and marital status and has not been limited to young people who had exposure to the Champions of Change intervention. As the sample was relatively small, this approach remained feasible even during the COVID-19 pandemic. Youth between 15 –and 24 years, their parents, health staff, religious and traditional/local leaders, teachers, social workers, representatives of youth associations and community-based organizations (CBOs) were recruited in the communities by the research team, with assistance of Yes I Do Alliance partners and other local level stakeholders.

## **2.4 DATA COLLECTION AND ANALYSIS**

Before each round of research, three days trainings were conducted by the national researchers and KIT, with the exception of the end-line research where the COVID-19 situation only allowed online participation from KIT's side. However, in preparation for the end-line research, the national researcher participated in a three day research workshop in Amsterdam in January 2020. The national researcher later on, in September 2020 (instead of March as originally scheduled), facilitated a three day training in Nampula for the research assistants. During this training the objectives of the endline- were explained as well as the study protocol, the baseline- and midline results, ethical principles, the field protocol and sampling. The training also served for the research assistants to practice the informed consent procedures and use of the tables. At the end of the training, all research instruments were also piloted and where necessary adjustments were made. A total of 15 locally recruited female and male research assistants conducted the data collection from 21 to 25 September 2020.

Similar training routines were followed for the baseline in Mogovolas (training in August 2016 and data collection in August/September 2016), the study in Nampula and Rapale (training in November and data collection in November/December 2017) and the midline study in Nametil and Mogovolas (training and data collection in May 2018).

The end-line quantitative data were analysed with Stata 14 and SPSS 21 using descriptive statistics and calculating pre-defined indicators. In relation to the qualitative data, the audio tapes were transcribed in Portuguese by research assistants following the completion of the field work. The Portuguese transcripts were coded on the basis of a thematic coding framework which followed the initial research questions and issues, complemented by a few emerging issues. The coding was done in Nvivo 12 by KIT and the national research team. The analysis and the narrative writing was also a joint effort of the national researcher and KIT with regular online consultation and peer review.

## **2.5 QUALITY ASSURANCE**

At least half of the 15 research assistants recruited for the end-line study participated in previous Yes I Do related research. This fact gave confidence to the rest of the team and contributed to the successful completion of the data collection in 5 days, from 21 to 25 September 2020. The research team was divided in three groups responsible for three districts, with each having its own supervisor. The supervisors were responsible for the quality assurance during the field work with the guidance of the national researcher. Completed questionnaires were checked for completeness before submitting these to the online server. Supervisors facilitated daily debriefing with their teams. The topics generally addressed were the feedback of the days' activities, challenges in the recruitment of participants and any other emerging situation. The health of the team was also discussed. The latter was included to the COVID-19 risk mitigation protocol. The national researcher regularly updated the KIT team on the progress of the work, via email, WhatsApp and Zoom.

The following risk mitigation measures were taken. The COVID-19 protocol developed by KIT was incorporated in the field protocol. Furthermore, through the January 2020 workshop at KIT in Amsterdam, the whole team was (re)familiarized with the protocol, the data management and analysis plan. The national researcher and KIT staff collectively worked on the data analysis and report writing. In addition, another KIT staff peer reviewed the endline-report.



## **2.6 ETHICAL CONSIDERATIONS**

Besides the overall ethical clearance for the Yes I Do research by the KIT research ethics committee, every round of research has been cleared by the Lurio University Institutional Bioethical Committee for Health. 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 along-side each application. Approval from the district and or provincial local authorities was also obtained for each respective round of research. Furthermore, for participants below 18 years, an informed consent form for their care giver and (verbal) assent for the youth themselves were used. For all others a consent form was used. Both consent and assent forms were in easy to understand Portuguese or Makua. The protocol included instructions on confidentiality procedures.

## 3. Results

### 3.1 END-LINE STUDY RESPONDENTS AND PARTICIPANTS MOSTLY IN SCHOOL, UNMARRIED AND AWARE OF YIDA

As explained in the methodology section, the end-line survey purposely targeted young people who have directly and or indirectly been involved in the Champions of change programme intervention. In total, 81 young women and 83 young men, mostly between 15 and 19 years, were surveyed. Only two female respondents and one male respondent were married, all from Rapale. All three married above the age of 18, namely at the age of 19, 20 and 21. The large majority of the respondents said to be single/unmarried and 16 mentioned to be single but to have a boy/girlfriend. One was single but involved in multiple relationships, and one was cohabitating but not married. From all the 164 survey respondents, only nine were not in school. Fifty-three (53) were employed or economically active outside the household indicating that the majority of them combined these activities with school. Finally, 120 the survey respondents were aware of the Yes I Do programme, of whom the large majority (103) participated in the programme. While the majority of the young people surveyed in Mogovolas (91%) and Rapale (96%) were aware of the Yes I Do programme, this was only 40% in Nampula. Table 5 shows the demographic characteristic of the end-line survey respondents.

**Table 5 Demographic characteristics of end-line survey respondents**

	End-line		
	Mogovolas	Nampula	Rapale
<b>Gender</b>			
Female	25 (45%)	19 (54%)	37 (50%)
Male	30 (55%)	16 (46%)	37 (50%)
<b>Age</b>			
15-19 years	39 (71%)	31 (89%)	57 (77%)
20-24 years	16 (29%)	4 (11%)	17 (23%)
<b>Marital status</b>			
Married	0 (0%)	0 (0%)	3 (4%)
Unmarried	55 (100%)	35 (100%)	71 (96%)
<b>School status</b>			
In school	51 (93%)	35 (100%)	69 (93%)
Out of school	4 (7%)	0 (0%)	5 (7%)
<b>Employment status</b>			
Employed (economically active outside household)	22 (40%)	9 (26%)	22 (30%)
Not employed	33 (60%)	26 (74%)	52 (70%)
<b>Knowledge about the Yes I Do programme</b>			
Yes	50 (91%)	14 (40%)	56 (76%)
No	5 (9%)	21 (60%)	18 (24%)
<b>Participation in the Yes I Do programme (of those aware of the Yes I Do programme)</b>			
Yes	45 (90%)	9 (64%)	49 (88%)
No	5 (10%)	5 (36%)	7 (13%)
<b>Total</b>	<b>55</b>	<b>35</b>	<b>74</b>

**Table 6 Demographic characteristics of end-line FGD and interview participants aged 15 to 24 years**

	End-line		
	Mogovolas	Nampula	Rapale
<b>Gender</b>			
Female	15	13	13
Male	8	7	6
<b>Marital status</b>			
Married	0	0	0
Unmarried	23	20	17
Missing	-	-	1
<b>Knowledge about Yes I Do</b>			
Yes	9	10	9
No	0	9	10
Missing	14	1	-
<b>Total</b>	<b>23</b>	<b>20</b>	<b>19</b>

Of the 62 young people between 15 and 24 years who participated in the end-line FGDs and interviews, 41 were female and 21 male. All participants were unmarried, although of one participant the marital status is unknown. More than half of the participants from Nampula district were familiar with the Yes I Do programme, while in Rapale district half of the participants were aware of the Yes I Do Programme. For Mogovolas, this information was unfortunately incomplete. Table 6 shows the demographic characteristic of the end-line FGD/IDI participants.

## 3.2 COMMUNITY CONTEXT

### 3.2.1 NOTIONS ABOUT "GOOD GIRLS AND BOYS" LARGELY THE SAME BUT SHIFT TOWARDS GENDER EQUALITY NORMS

Obedience to parents and elders, performing well in school, being polite and respectful when interacting with adults, and avoiding early pregnancy and marriage, were the main aspects raised in the FGDs and interviews by study participants of all age groups, when discussing **the notions of good girls and good boys**.

Besides from vanity and good looks, it was almost unanimous across all FGDs and interview, that good boys or girls are those who follow their parents' and elders' guidelines, who ask for advice when facing a problem, who help at home and take initiative in relation to their formal education.

*"A good boy and a good girl could be considered one who follows his parents' instructions. Does house chores, when they have a problem, they ask what I can do, father. (...)."*  
(Interview, Social Worker, Nampaco, Nampula)

Some stakeholders and a group of young women also described good boys or good girls as products of their parents' education and the environment they are raised in:

*"Wow, there are several things, it depends on the education of each girl, if you are raised in a place where you live, rebellious to society, you will never be well-behaved, a well-behaved girl greets people, talks to people, is humble with people."* (FGD, young women, 20-24 years, Nampaco, Nampula)

The views regarding what is considered a good girl or a good boy reported in the end-line study were also reported in the 2016 baseline and in the 2017 study, although in 2017, the participants' descriptions of girls' and boys' expected behaviour seemed to be more rigid and detailed for girls than for boys.

The end-line participants centred most of the discussion on gender roles on household chores, acknowledging some differences in the roles played by females and males in the household and in the community in general. They agreed that both females and males can contribute similarly to the household chores. However, while activities such as cooking and cleaning the inside of the house were described as chores for females, sweeping the yard and looking for firewood were chores for males. Fetching water was sometimes described as a chore for females and at other times for males. The responsibility of financially supporting the household was mostly reported as the men's responsibility.

When discussing gender roles, most of the participants acknowledged a shift in thinking, and household chores and jobs (including decision-making) becoming more interchangeable between men and women as described in an FGD:

*"I will say in the household chores (...) if a man sweeps the yard a woman can also sweep, if a girl cooks a boy can also cook so if we see in the household chores what men do, a woman can do it too. Nowadays there are girls who work in construction, building houses but before, in the past, people used to say that only men can build a house."* (FGD, young women, 20-24 years, Nampaco, Nampula)

Apart from household chores, the increase of the number of women in top positions in the society was addressed as evidence for gender equality:

*"For me there is no difference, let's say that we now have gender equality. I say this because we now have women who are ministers instead of men, the same activity that a man does a woman can do, a man can decide, and a woman can also decide."* (FGD, young men, 15-19 years, Rapale)

However, other participants pointed out that the idea and practice of gender equality was still new in their communities with visible divergences, relating to men's and women's status in the society as well as traditional roles that are still very present, particularly in communities with high illiteracy rates:

*"(...) because societies are quite different, in fact our society in the Mozambican world is mostly illiterate. In this real society, there is this problem that men are superior to women. And that woman or girl who is literate, she may still want to challenge her husband, but if she doesn't have a little education in her mind, she has no decision-making ability. (...)." (Interview, social worker, Nampaco, Nampula)*

While the end-line qualitative data provided a more equal view on the gender roles, the quantitative data on the other hand showed a gender gap in the division of household chores, with most household tasks self-reported as being done by young women and their mothers. Only male respondents in Mogovolas reported themselves as the ones doing most of the tasks followed by their mothers. In Nampula and Rapale, most male respondents attributed the main tasks to their mothers. In all districts, sisters were also mentioned (while female respondents did not mention brothers).

The self-reported daily average time spent on cooking, cleaning and childcare by both male and female end-line respondents did not differ much. The daily average hours of income-earning also did not vary much either. However, significantly fewer females reported to have income generating activities than males. While in Nampula, 50% of the males reported to have an income generating activity, only 1% of the females did. In Rapale, 46% of the males had such an activity against 14% of the females. In Mogovolas however, 44% of the females reported having an income generating activity, against 37% of the males.

In the base- and midline studies, men were seen as the ones having to take the responsibility to cover the costs of the household and bring in money. While this is still largely the case, some indications of changes in norms and practices were observed at end-line amongst young people included in the survey, FGDs and interviews.

### 3.2.2 MANY GATEKEEPERS INVOLVED IN PREVENTION MOSTLY THROUGH TALKS

The roles of gatekeepers are interconnected when it comes to the prevention of teenage pregnancy and child marriage. Gatekeepers are parents or caregivers, grandparents or community elders, religious and traditional/local leaders, teachers, health and social workers, CBO and youth organization staff, youth activists, police officers, NGO staff and policy makers, not forgetting the young females and males who are expected to advocate for themselves on issues related to SRH, including child marriage and teenage pregnancy.

Most of the end-line gatekeepers were not in favour nor saw any benefit of child marriage. A few stakeholders talked about how they themselves suffered as a result of child marriage and that they wanted to avoid that for their children.

*“The way we suffer, we would not like our daughter to have the same experience with an early marriage. One loses one’s whole youth, cannot study. I was unable to take care of myself, all my life is dedicated to the family.”* (FGD, mothers, Nametil, Mogovolas)

The same applies to teenage pregnancy, which in addition was viewed as a shame to the family. The most mentioned methods to prevent child marriage were lectures or speeches in school and communities. Some also mentioned informing authorities, such as the police, about cases of child marriage in their community, but this often happened after the marriage took place. Free distribution of contraceptives in health centres and sometimes in schools and communities during festive days, besides advising youth to start using contraceptives, were described as activities to prevent teenage pregnancies.

Traditional community leaders and elders are the government allies in the multi-sectoral effort to disseminate the new law on prevention of child marriage through the existing local structures, such as community committees and advisory committees. These leaders and elders give lectures or speeches in the communities.

*“They (the leaders) are involved in raising awareness, we have had meetings and we are oriented to explain in the communities to avoid marrying girls and to encourage girls to go to school. And this happens in churches, mosques and in public places.”* (Interview, policy maker, Ilute, Mogovolas)

Schoolteachers, health and social workers also play a vital role in preventing child marriage and teenage pregnancies, especially as intergenerational communication about sensitive issues between parents and their children is still a challenge, as presented in Section 3.3.2.

A teacher from Ilute described teachers’ roles in the prevention of child marriage and teenage pregnancy.

*“Naturally, this information goes together as we advise that they cannot get pregnant early, we are simultaneously saying that they cannot date, they cannot marry early. The teacher has a leading role in this matter, he does his part. To do your role would be to tell the student what the danger is, what the disadvantage of early pregnancy is.”* (Interview, teacher, Ilute, Mogovolas)

A social worker in Nametil described the main activities done at their end to prevent teenage pregnancies and child marriage, but also pointed out that more efforts are necessary:

*“To prevent child marriage, we should intensify these lectures in the community, at school, talking about these prevention methods like the case of using contraceptives, also informing them to postpone sex until later, so they can continue with their studies, graduate, prepare their future.”*  
(Interview, social worker, Nametil, Mogovolas)

Young female and male activists also played an active role in the prevention of child marriage and teenage pregnancy. The role of these youth activists or groups was often focused on the provision of information or advice to continue studying.



*“The main objective (of the youth groups) is to sensitize young people to avoid teenage pregnancies and child marriage, mainly working with adolescents and young people to avoid having children early, they advise to study.”* (Interview, youth activist, Nampaco, Nampula)

A youth activist also gave examples of how they undertook action when they saw older men going out with under-aged girls, to stop this from happening.

*“I had in my neighbourhood, a girl, who went out with a papa (older man) who was already married. As I always walk in the community, I approached that papa with this girl who was not even 18 years old, I informed him that I will take this case to the police, together with the girl and you, that’s how we will go to the police, so that daddy stopped going out with the girl.”*

(Interview, youth activist, Nametil, Mogovolas)

Apart from participating in the activities described above, young participants at end-line did not always explicitly mention what they do themselves to prevent child marriage and teenage pregnancy in their own lives. However, some expressed that they practice abstinence, use contraceptive methods, or have the ability to decide for themselves when to get married. A number of participants, but also stakeholders, indicated that young women are warned against engaging with young men or interpret themselves that it is better to avoid such relationships as it is assumed that this would automatically lead to sexual relationships.

*“I very much liked to play with (young) men, not in the sense of having sex with them but having friendships with boys. From the moment that I received some information from the health group of girls/women I stopped having this behaviour.”* (Interviewer: “What was this information that stopped you from playing with the boys?”) Participant: *“I did not know that by joking or putting trust in men they would discriminate or rape me.”* (FGD, young women, 15-19 years, Ilute, Mogovolas)

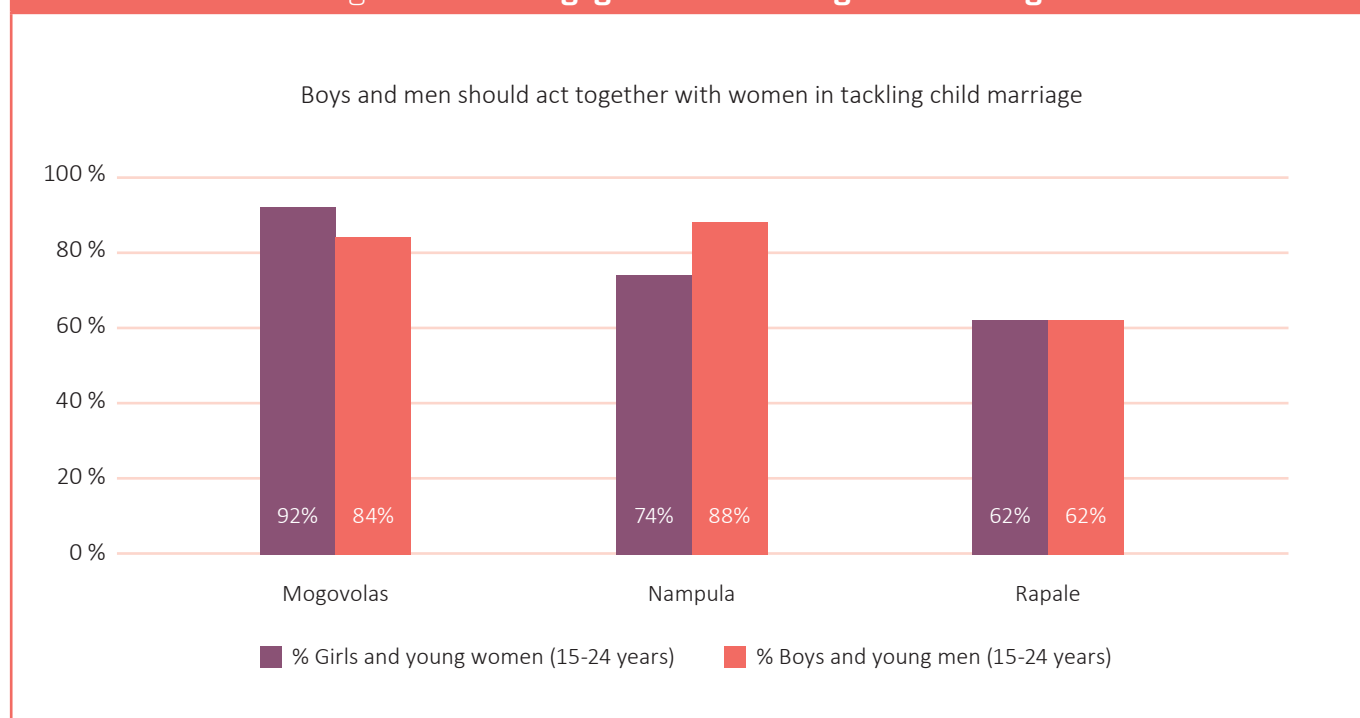
*“Here in the neighbourhood what is done is to prohibit girls from dating.”*

(FGD, young men, 15-19 years, Ilute, Mogovolas)

In terms of the importance of male involvement in tackling child marriage together with women, 74% of the female respondents and 76% of the male respondents agreed that this should be done in the three districts combined. However, as can be seen in Figure 2, fewer respondents in Rapale (62% of both males and females) agreed with the statement than in Nampula (74% of females and 88% of males) and Mogovolas (92% of females and 84% of males).

The roles of gatekeepers remained mostly the same over time, with some aspects having been more evident in the base- and mid-line studies compared to the end-line. The negative role of the initiation rite advisors was less brought up at end-line than in the previous studies, while some now said that the content of the sessions had changed to more age-appropriate information (see also Section 3.4). Additionally, cases of teachers harassing young female students was also less brought up at end-line, again see Section 3.4.

Figure 2 Male engagement in tackling child marriage



### 3.3 MEANINGFUL YOUTH ENGAGEMENT

#### 3.3.1 SOME YOUTH HAVING MORE AUTONOMY AND EMPOWERMENT, BUT NOT YET THE WIDER GROUP

As mentioned in the section above, some of the young participants at end-line took part in the activities facilitated by youth groups. These groups are active in schools and communities and promote an open discussion about challenges related to child marriage and teenage pregnancy among youth, focusing on the benefits of staying in school and delaying the start of sexual activity. On the other hand, youth participation in decision-making at household and community level at end-line, similar to base- and midline, seemed to be limited, as it is expected that young people obey their parents and elders. The multi-sectoral efforts to prevent child marriage and teenage pregnancy seem organized to inform young people and not necessarily to facilitate open discussions.

Some youth, from the perspective of elders and both young females and males, do not obey their parents and sometimes disagree with the messages they receive. Some youth, as was the case in the base- and midline, described these messages as outdated.

*“Young people nowadays ummmm do not want to talk to their elders, they say those are already old, they have old ideas. It is not possible to combine those (old ideas) with ideas of young people. In my opinion, this (combining) is not possible here in our community, not even 25% of young people obey the ideas of the elders. This does not mean that the elders do not want to advise young people, particularly here in Ilute, because of the behaviour we are used to, although it is reducing, but it continues to be difficult.”*  
 (FGD, young men, 20-24, Ilute)

Self-expression of youth when communicating with elders, people from opposite sexes and also with peers about sexuality was also viewed as a challenge that still needs addressing. A teacher said in this regard:

*“Yeah, they speak freely but I would not consider it 100% freely, while youth are talking among themselves they can speak freely, but for example when there is one girl amongst a group of boys, there is a certain shyness. So this freedom to express themselves on this matter of sexuality has to do with the group (composition) discussing it.”* (Interview, teacher, Ilute, Mogovolas)

As the baseline and end-line survey data are not comparable, it is difficult to assess changes in the autonomy of girls

or young women in the three districts over time in relation to decision-making for themselves about when to get married or how to position themselves in a relationship in percentages. Most of the young women who participated in the end-line FGDs and interview said to be able to decide for themselves when to get married. However, most of them also knew of someone close to them or in their community that had no choice but to follow the will of the family.

The issues addressed at end-line regarding autonomy in decision-making as well as youth self-expression, were similar at both base- and midline. The discussion about marriage, particularly now, with the new law on prevention of child marriage approved, seems to have improved, although there are still some challenges when the communication is intergenerational and between young females and males.

Questions about youth engagement and participation in the Yes I Do programme were asked to the 164 survey respondents at end-line. A total of 120 out of the 164 survey respondents mentioned to have been aware of the Yes I Do programme. Champions of Change, youth clubs, community dialogues, medical camps and vocational trainings were the five activities organized under the Yes I Do programme, listed by survey respondents who were aware of the programme. Understandably, as the sampling for the survey was based on the Champions of Change participant lists, this activity was most frequently mentioned in all three districts. In Nampula, 78% of the respondents who participated in any activity mentioned Champions of Change, 71% did in Mogovolas, but only 41% in Rapale.

Youth clubs and community dialogues were the second most mentioned activities by the survey respondents. Sixty-seven percent (67%) of the respondents in Nampula indicated to have participated in youth clubs, followed by 61% Rapale and 33% in Mogovolas. Sixty-nine percent (69%) of the respondents in Rapale indicated to have participated in community dialogues and 56% of respondents in Nampula and 31% in Mogovolas. Medical camps and vocational trainings were the least mentioned activities. Eleven percent (11%) of the respondents in Nampula and Mogovolas indicated to have participated in medical camps and only 2% in Rapale. Vocational training was mentioned by 33% of the respondents in Nampula, 31% in Rapale and 7% Mogovolas.

From those activities indicated above, Champions of Change, community dialogues and youth clubs were indicated to be the most beneficial by the survey respondents. This preference is in line with the percentage of respondents who indicated to have participated in the said activities. Table 7 presents the percentage of respondents per district and their preference for each of the five activities implemented by the Yes I Do programme.

**Table 7 Yes I Do activities that end-line respondents found beneficial**

	End-line		
	Mogovolas	Nampula	Rapale
Community dialogues	18/45 (40%)	5/9 (56%)	30/49 (61%)
Medical camps	5/45 (11%)	0/9 (0%)	4/49 (8%)
Youth club	19/45 (42%)	3/9 (33%)	22/49 (45%)
Champions of change	28/45 (62%)	7/9 (78%)	18/49 (37%)
Vocational training	1/45 (2%)	2/9 (22%)	12/49 (24%)

For those survey respondents who indicated to not have participated in any activity, 35% alleged not knowing enough about it, 12% responded that their parents did not allow them to participate and the same percentage of respondents (12%) were in school while the activities were taking place. Not having any friends participating in any of the activities was mentioned by 18% of the respondents. Positively, no one indicated lack of relevance or importance of the activities for not having participated.

### 3.3.2 INTER-GENERATIONAL DISCUSSIONS ON SENSITIVE ISSUES STILL CHALLENGING FOR MANY

As mentioned above, intergenerational communication was a challenge for a substantial number of end-line participants. Less than 50% of all survey respondents indicated to find it easy to talk to their parents about sexuality and marriage, although a substantial number of these respondents had (partly) gone through the Champions of Change training. Looking at the percentages, it is clear that girls and young women find it less easy to talk to their parents about such topics compared to boys and young men. While 48% of the girls and women (15-24 years) in Mogovolas found it easy to talk to their parents about sexuality and marriage, 41% found the same in Rapale and only 21% in Nampula. For boys and young men, 50% in Mogovolas, 46% in Rapale and 31% in Nampula indicated to find it easy to talk to their parents about sexuality (Table 8).

While Nampula is a more urbanized setting, both female and male respondents indicated to find it less easy to talk to their parents about sexuality and marriage than respondents in the more rural districts of Mogovolas and Rapale. At the same time, as mentioned earlier, a higher percentage of respondents in the latter two districts were familiar with the Yes I Do programme than in Nampula.

Some FGD and interview participants said to talk about relationships, menstruation and sexuality with their mothers and older siblings:

*"I also talk to my mother and sister for example I stayed one year without menstruating, then they told me to go to SAAJ (youth friendly services). I went there [and they] explained that it is because I am using Depo Provera."* (FGD, young women, 15-19 years, Nametil, Mogovolas)

A young woman pointed to her brother as her confidant:

*"I talk about sexuality with my brother, he is my advisor, more than my mother."*  
(FGD, young women, 15-19 years, Nametil, Mogovolas)

In the 2016 baseline, only 24% of female survey respondents in Mogovolas indicated to find it easy to talk about sexuality and marriage with their parents and caregivers. However, as explained earlier, comparison between the base- and end-line surveys is unfortunately not possible.

**Table 8 Easiness of talking about sexuality and marriage with parents**

Youth who find it easy to talk to their parents about sexuality and marriage	End-line		
	Mogovolas	Nampula	Rapale
Girls and women (15-24 years)	12/25 (48%)	4/19 (21%)	15/37 (41%)
Boys and young men (15-24 years)	15/30 (50%)	5/16 (31%)	17/37 (46%)
Total	27/55 (49%)	9/35 (26%)	32/74 (43%)

## 3.4. ACCESS TO SRHR INFORMATION AND SRH SERVICES

### 3.4.1. YOUTH FACE A RANGE OF SRHR BUT HAVE WIDER ACCESS TO INFORMATION AND ADVICE OVER TIME

At end-line, participants talked about a range of different SRH issues that young people face. These included: relationships; worries about pregnancy or sexually transmitted infections (STIs) after having had unprotected sex; difficulties revealing to parents to have an STI or being pregnant; unprotected sex at young ages as result of, amongst others, being shy to negotiate contraceptive use or as a result of sexual violence. A few others talked about the lack

of support for young girls with children. The issue of limited access to information about avoiding pregnancies and STIs was mentioned, although some participants also said that young people now receive a lot of information and that there are now more people who can assist or provide advice to them, especially in schools and the SAAJ. While all the issues mentioned above also featured in the 2016 Mogovolas baseline and the 2017 Nampula Rapale study, an overall change seems to be a wider access to information and advice on SRH at end-line. The same change was also seen at midline in Nametil and Mogovolas in 2018.

In relation to young people having someone to talk to about their feelings, worries or hopes at home, at end-line, more young women (84%) in Mogovolas indicated to have such a person than in the other two districts. Only half (51%) of young women in Rapale said to have such a person. For young males, the difference between the three districts did not differ much (Table 9).

**Table 9 Youth having someone at home to talk to about their feelings/hopes or worries**

Youth who have someone at home with whom they can talk to about feelings/hopes or worries	End-line		
	Mogovolas	Nampula	Rapale
Girls and women (15-24 years)	21/25 (84%)	12/19 (63%)	19/37(51%)
Boys and young men (15-24 years)	22/30 (73%)	12/16 (75%)	29/37 (78%)
Total	43/55 (78%)	24/35 (69%)	48/74 (65%)

The person most young female respondents talked with across the three districts were their mothers (44% (n=23)), a sister (29% (n=15)), grandmother (8% (n=4)), or a brother (6% (n=3)). Hardly any of the female respondents had such discussions with their fathers (2% (n=1)). The person most young male respondents talked to were a brother (27% (n=17)), a cousin (16% (n=10)), their mother (14% (n=9)), a sister (11% (n=7)); their partner (9.5% (n=6)) or an uncle/aunt (8% (n=5)). Only 6% (n=4) of the young males said to discuss about feelings, hopes or worries with their fathers.

At end-line, the issues that the majority of young people discussed about with family members were their fears in life and hopes about the future (ranging from 71% in Mogovolas to 89% in Nampula). Rights and duties of adolescents and how to live as a young person were also discussed by a large number of the respondents (ranging from 62% to 74%). Pregnancy prevention was discussed by 60% in Mogovolas and around 65% in the other two districts. The issue of marriage was more often discussed in Mogovolas (67%) and Rapale (60%) than in Nampula (46%). A higher percentage of respondents in Mogovolas discussed about what it means to be out of school (62%) than in the other two districts (around 50%). Dating and relationships was discussed by about half of the respondents. Only around one third of the respondents (34%-38%) discussed questions in relation to sexuality and sexual health with family members.

Larger percentages of the end-line survey respondents discussed all of the above issues (marriage, dating and relationships, pregnancy prevention, questions around sexuality and sexual health, fears, worries, duties, and being out of school) with friends. This was especially so in Mogovolas, where around nine out of ten survey respondents discussed all these issues with friends, against eight out of ten in the other two districts. The only issue that fewer respondents in Nampula discussed with their friends about was the issue of marriage (66%) against 78% in Rapale and 91% in Mogovolas (Table 10).

One out of four (24% (n=40)) respondents at end-line discussed their worries about becoming (young women) or making someone (young men) pregnant with a friend. This worry was most often discussed with a friend in Mogovolas (33% (n=18)) and least in Rapale (19% (n=14)). Similarly, slightly over one out of four respondents (27% (n=45)) talked with friends about their worries to becoming a bride or groom early. This was again most often discussed with friends in Mogovolas (38% (n=21)) and least in Rapale (20% (n=15)). Linked to that, 22% of the survey respondents discussed with their friends their concerns of only being seen as valuable for the bride price/dowry. This was again most common often discussed in Mogovolas (25% (n=14)). In addition, more respondents in Mogovolas expressed worries about being denied access to contraceptives (40% (n=22)) to friends than in Rapale (34% (n=25)) or Nampula (29% (n=10)).



Table 10 Youth discussing their feelings/hopes or worries with friends

	End-line		
	Mogovolas	Nampula	Rapale
Marriage	50/55 (91%)	23/35 (66%)	58/74 (78%)
Dating and relationships	53/55 (96%)	30/35 (86%)	62/74 (84%)
How to prevent pregnancies	52/55 (95%)	27/35 (77%)	66/74 (89%)
What it means to be circumcised	26/30 (87%)	12/16 (75%)	36/37 (97%)
What it means to be out of school	49/55 (89%)	27/35 (77%)	61/74 (82%)
Your questions about sexuality and sexual health	54/55 (98%)	28/35 (80%)	54/74 (73%)
Your hopes and fears about the future	49/55 (89%)	32/35 (91%)	66/74 (89%)
Your fears of life	49/55 (89%)	32/35 (91%)	65/74 (88%)
How to live as a young person	46/55 (84%)	33/35 (94%)	63/74 (85%)
Rights and duties of adolescents and young people	51/55 (93%)	31/35 (89%)	60/74 (81%)

A higher percentage of respondents in Rapale (45% (n=33) talked with friends about their worries of not being able to decide for themselves on whom to date than in Mogovolas/Nampula (38% and 37% respectively). More respondents in Mogovolas (36% (n=20) discussed their worries about not being able to finish school with friends, against 30% (n=22) in Rapale and 31% (n=11) in Nampula.

### 3.4.2 MANY YOUNG PEOPLE START BEING SEXUALLY ACTIVE AT A YOUNG AGE BUT SOME CONSCIOUSLY DELAY

The majority of participants – young people and stakeholders interviewed – believed that many young people become sexually active at the ages of 14, 15 to 16. They said that this applies to both boys and girls. Others talked about delaying sexual debut until the age of 18 or beyond. Some participants said that there are people who become sexually active at a really young age, around 9, 10, 11 or 12.

*“From the age of 12, as soon as they start to leave the childhood phase for adolescence, where they start to change their voice, have signs of beard grow, a changed walking style, then they start sexual relations. And they start at that age that because of vanity, they want to imitate others.”*

(FGD, fathers, Nampaco, Nampula)

Reasons for sexual debut given by the end-line participants in the FGDs and interviews were similar to those found in the 2016 and 2017 studies and were:

- feeling grown as result of puberty (when girls start menstruating or when boys start having pubic hair and their voice lowering);
- feeling grown up as result of initiation rites;
- wanting to experiment;
- copying what older peers do;
- being in a (romantic) relationship;
- things getting out of hand during a date;
- peer pressure both on girls and boys;
- for boys the issue of having to prove they can sexually perform;
- the influence of social media and pornography;
- children playing together and getting involved sexual related play;
- lack of a good relationship with parents (and not listening to their advice);
- rape, this was said to be especially so when sex happened at a very young age.
- desire or need for money or items such as a mobile phone or clothes

*“They may end up passionately falling in love, but it may not even be a sudden passion. What happens much more here is that girls do and end up starting their sex life very early, I think this is because (they see) others having a phone while they do not. Everyone is on WhatsApp, and they can’t afford it so they have to get involved so at least they can have a “kika” to take a picture, they see their peers having a dress, having those things, while their parents can’t afford it and they end up following this path, to get the resources for those things.”* (Interview, secondary female school teacher, Rapale)

- Economic situation (or poverty) whereby young girls are sometimes linked up to a wealthier men to improve the situation of the family.

*“I have a friend there in the neighbourhood who is 17 years old and there is a foreigner (...) he went to my friend’s parents and because that foreigner has money, the parents had to accept it, so there was a young man she liked more than the foreigner and she didn’t like the foreigner but her father insisted until she got pregnant.”* (FGD, young women, 15-19 years, Nametil, Mogovolas)

Unlike in the 2017 Nampula and Rapale study, initiation rites were barely mentioned by participants as one of the reasons to start sexual activity. At end-line, a few participants said that sometimes initiation rites can influence becoming sexually active because inadequate information is shared with the initiates. In some participants’ opinion, initiation rites should be adapted to the young women’s age and include relevant information only, while others indicated that this is already being done.

*“At some point I would say that initiation rites also contribute (...) if it is a girl 15 years old for example, why are you going to talk about getting married to her? It should be just talking about how she should take care of herself when she is having a period, it would be at least like that, now I think that those counsellors (...) end up talking about everything for all ages, and in this target group we are talking about teenagers, a teenager would say that she wants to experiment. (...) So I believe there should be a division considering the ages.”* (Interview, female secondary school teacher, Rapale)

A few young participants mentioned that it is important for young people to be mature when starting sexual activities.

*“In fact, a girl should have sex when she is ready, you know that having sex has its consequences, good and bad, these consequences depend on the moment, it depends on the situation. If a girl is prepared and wants to have a child, having sex is beneficial. Having sex must have a physical, psychological and social preparation. The girl must be mature. Having sex is a pleasurable and responsible act when it is done at the right time, to avoid drastic consequences.”* (FGD, young women, 15-19 years, Nampaco, Nampula)

A few other participants talked about the difference between young men and young women in relation to expectations of sexual activities. The issue of pleasure for both partners was not brought up. Some participants mentioned that in general, young men take the initiative for having sex, but a few also said that some women were “conquering (enticing)” their partners already at a young age.

The female end-line survey respondents in Mogovolas had more experience with petting and kissing (48%) and penetrative sex (40%) than their counterparts in Rapale (42% and 30%) and Nampula (37% and 26% respectively). The male end-line survey respondents reported much higher levels of experience with petting and kissing (94% in Nampula, 88% in Rapale and 87% in Mogovolas) and penetrative sex (76% in Rapale, 73% in Mogovolas and 63% in Nampula) than the females (Table 11). It has to be taken into account that the end-line respondents are not representative for the whole youth population in the three districts. This makes comparison with the 2016, 2017 studies not possible.

Of the all the female end-line survey respondents, the average age of becoming sexually active (but not yet having penetrative sex) was 16 years across the three districts. Comparison between the three districts showed that the female respondents in Rapale started sexual activity earlier (at age 15) than in Mogovolas and Nampula (at age 17). The average age that the female respondents started penetrative sex was 17 years for the three districts combined. Comparison between the three districts shows a higher average age for the female respondents in Mogovolas to have

Table 11 **Engagement in sexual activity and intercourse at end-line**

		End-line	
		<b>Sexual activity (Petting , kissing etc.)</b>	<b>Sexual intercourse (penetrative)</b>
<b>Mogovolas</b>	% of girls and women (15-24 years)	12/25 (48%)	10/25 (40%)
	% of boys and young men (15-24 years)	26/30 (87%)	22/30 (73%)
	Total	38/55 (69%)	32/55 (58%)
<b>Nampula</b>	% of girls and women (15-24 years)	7/19 (37%)	5/19 (26%)
	% of boys and young men (15-24 years)	15/16 (94%)	10/16 (63%)
	Total	22/35 (63%)	15/35 (43%)
<b>Rapale</b>	% of girls and women (15-24 years)	15/36 (42%)	11/37 (30%)
	% of boys and young men (15-24 years)	32/37 (88%)	28/37 (76%)
	Total	47/73 (64%)	39/74 (53%)

such penetrative sex (18 years) than in Nampula (17 years) or Rapale (16 years). The male end-line survey respondents started sexual activity on average at the age of 16, whereby the respondents in Nampula started earlier (15 years) than in Mogovolas (16 years) or in Rapale (17 years). The average age of first penetrative sex for this groups of male respondents was 17 in all three districts (Table 12).

Table 12 **Average age of sexual activity and intercourse**

	End-line	
	<b>Sexual activity</b>	<b>Sexual intercourse</b>
Girls and women (15-24 years)	16 (17 mog, 17 namp, 15 rapale)	17 (18 mog, 17 namp, 16, rapale)
Boys and young men (15-24 years)	16 (16 mog, 15 namp, 17 rapale)	17 (17 mog, 16 namp, 18 rapale)
Total	16 (16 mog, 15 namp, 17 rapale)	17 (17 mog, 17 namp, 17 rapale)

As is the case with sexual activity, young male end-line survey respondents also reported much higher levels of ever having had a girlfriend (between 86 and 94%) than female survey respondents (around 60% in Mogovolas and Nampula and 47% in Rapale) (Figure 3). Figure 4 contains the data on young people who agreed that they can decide themselves whom to date. In Mogovolas and Rapale, the majority of the female and male end-line respondents agreed, other than in Nampula, where a much lower percentage of young women believed that they can decide on whom to date (63%) than young men (94%).

Figure 3 Youth who have ever had a girl/boyfriend

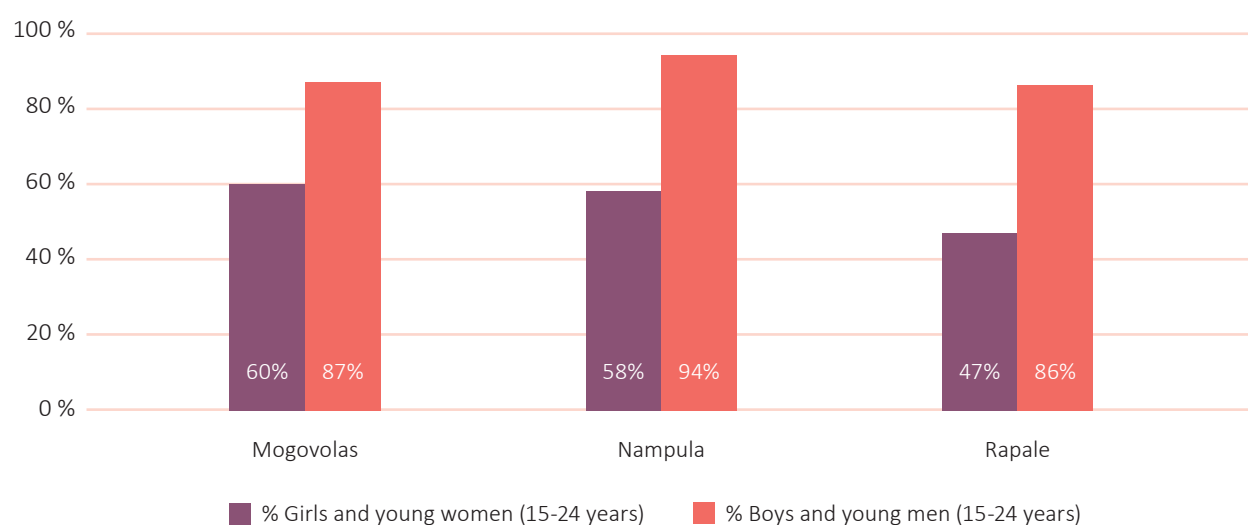
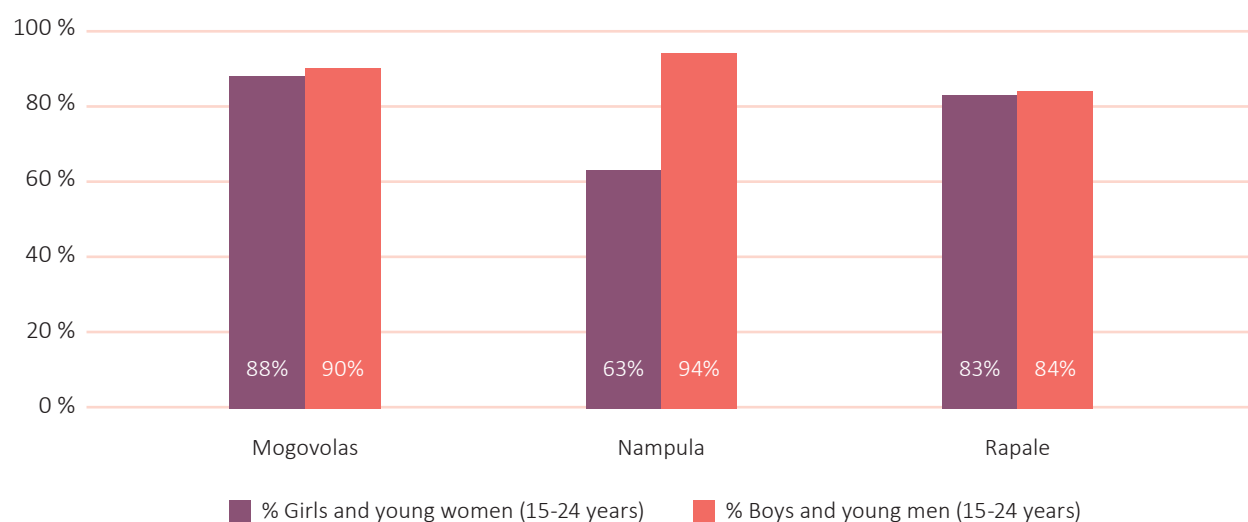


Figure 4 Youth who can decide for themselves whom to date



### 3.4.3. SEXUAL VIOLENCE ONE OF THE REASONS FOR THE EARLY ONSET OF SEXUAL ACTIVITY

Sexual violence, including rape, was mentioned by some participants in the FGDs and interviews. It was particularly mentioned as one of the reasons for the early onset of sexual activity. Participants also provided examples of girls having been violated in their vicinity by a neighbour, a grandfather, a teacher, an uncle, a step-father, etc.

(Participant 1)

*"In my community I saw a girl with obstetric fistula, she was violated by an uncle at the age of 9 years."*

(Participant 2)

*"Me too, my neighbour was violated too."*

(FGD, young women, 15 – 20, Ilute, Mogovolas).

*“A friend’s daughter was being harassed by her stepfather. When she (the friend) was cleaning, she kept an eye on the girl while weeping the patio. She saw her daughter distancing herself from the stepfather and the mother suspected that the daughter did not answer the question of her stepfather. When the mother questioned the girl about this, she did not say anything because of fearing the reaction (of the mother). So, the daughter went to her sister and explained what was going on. In turn, the sister told their mother and they went to denounce to the authorities. The trial is about to be held.”* (FGD, mothers, Nametil, Mogovolas)

The issue of sexual violence against young men did not come up. One stakeholder mentioned sexual violence to be the result of gender-based violence and as such this stakeholder had only seen cases of (young) women having experienced sexual violence.

One stakeholder in Rapale mentioned to believe that in some cases relationships at an early age are being reported as a violation because of disagreement on child marriage arrangements between the parents.

Some participants said that they expect sexual harassment in schools to be reduced in the future as result of the appointment of female teachers as counsellors to whom girls can report sexual harassment.

*“In the case of our school, our director appointed a female teacher where the girls in all situations can report to, if they have any worry. This is going to help so that teachers will not violate girls.”* (FGD, young women, 20-24 years, Ilute, Mogovolas)

Some participants said that teachers are still seducing and therewith violating girls in schools.

A religious leader in Nampula mentioned that as result of more attention for sexual violation over the last few years, people have started to be afraid of committing rape and that as result, rape had somewhat gone down.

An NGO stakeholder mentioned that some people do not come forward to seek services after they have been sexually violated.

#### **3.4.4. PARTICIPANTS REPORT IMPROVED ACCESS TO INFORMATION AND EDUCATION**

Most of the participants interviewed indicated that there is good access to SRH information in the three districts. However, many also reported to know young people who – because of being out of school – do not get such information.

Information provided is about how to avoid pregnancy, family planning, avoiding of HIV and STIs, and avoiding child marriage. Those who have visited the health facility/ SAAJ indicated that they were able to access information on different contraceptives.

Various sources of SRH information were mentioned, these included face-to-face sources through teachers in schools, health staff in the health facilities and Saaj, Yes I Do (including Plan and Coalizao), geração Biz, youth activists (including through door-to-door visits, Ehali (an NGO), GATV (a youth organization) but also friends and family. In addition, several participants also mentioned television, radio and very few participants mentioned the internet as information sources.

Schools were seen as good information sources where information is provided on for instance condoms for young men and referral to health facilities for contraceptives for young women. The “friend teachers” were said to play a role in this, but participants also mentioned extracurricular activities with involvement of teachers, activists and students, which sometimes included theatre. Not all teachers talked about SRH in class. Health facilities were mentioned as an important source of information. When anyone makes use of the services there, they first get information on different themes or are being counselled.

*“When they see me for example they want more advice, and when they go to SAAJ they are also given advice. They didn’t listen to their parents before because they said their parents didn’t work at the hospital, but now they already have information everywhere.”* (Interview, traditional leader, Rapale)

Some participants, this included young people themselves, mothers, fathers and key stakeholders, mentioned that not all youth are making the right decisions based on the information received.

Other participants mentioned that as youth provide each other advice/information, that this is sometimes resulting in misguided information. A few stakeholders (teacher, health worker) said that while schools or health centres make efforts to provide information, parents are regularly providing conflicting information, which makes the likelihood that youth follow the advice provided by schools and teachers unlikely. In general, the information that young people receive focuses a lot on the negative consequences of engaging in sexual activities. Young women in Iluti (FGD 15-19 years) indicated that they get warnings from their mothers/aunts that they have to be careful not to get diseases or that they would either lose blood or that they may die. These young women indicated that such advice is not so helpful, that they rather would like to understand how things actually work.

Moreover, none of the participants mentioned receiving information about having affectionate relations or consent. This might bring young people to understand dating as having sex and it might limit their ability to stop undesired sexual activities.

*“They say that when a person loves someone and asks to have sex, they cannot say no because, in order for them to be their partner they must always accept.”*

(Interview, young woman, 15 years of age, Nampaco, Nampula)

Some participants said that due to COVID-19, access to information was currently reduced, because schools were closed and other activities were suspended.

*“Health professionals always show up here to distribute various contraceptives and family planning methods, but it stopped because of this pandemic (COVID-19).”* (Interview, mother, Nampaco, Nampula)

Figure 5 shows that a much higher percentage of male end-line respondents said to have ever received education about sexuality and sexual health – ranging from 100% in Mogovolas to 69% in Rapale – than the female respondents – ranging from 92% in Mogovolas to 41% in Rapale.

Figure 6 shows a comparison over time of in-school survey respondents aged 15-19 years ever having received education about sexuality and sexual health over time. Compared to the earlier studies in Mogovolas (2016) and Rapale and Nampula (2017), the percentage of respondents who ever received education about sexuality and sexual health strongly increased in Mogovolas for both females and males. In Nampula, an increase in young males saying that they ever received this education is seen, but a decrease in young females reporting this at end-line. In Rapale, there is an increase among young females and a decrease among young males. The fact that in Nampula, only 40% of the end-line respondents had participated in the Yes I Do programme could perhaps explain this. Again, this comparison has to be looked at with caution due to the different sampling frames used at base- and end-line.



Figure 5 Youth who have ever received education about sexuality and sexual health

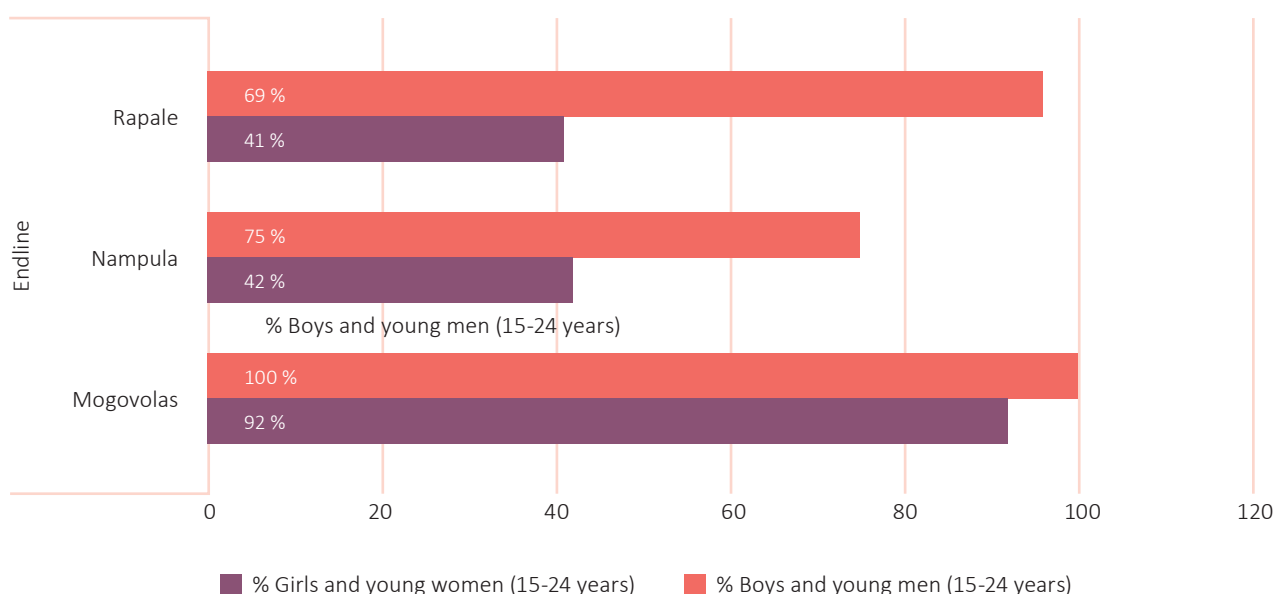
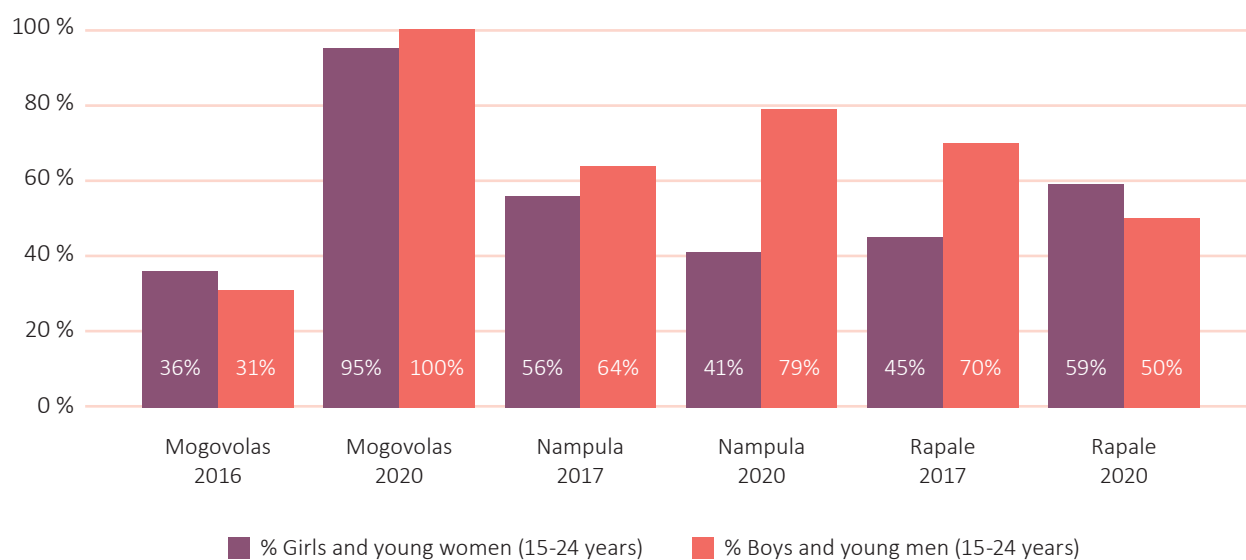


Figure 6 Comparison end-line with previous studies on the percentage of in-school youth who ever received education about sexuality and sexual health



In general as has been said before, there was wide consensus that information has become much more available for young people in the last few years, through schools, health facilities, activists and programmes as Yes I Do. A number of participants explained that while some young people had access to SRH information in 2016, now more young people have this, also because young people who have now been trained pass this information on to others.

*“Some had information (in 2016) not the majority, but I think that in 2020 it intensified, there is more access to information (...) Through the sessions, the girls learn and pass information on to others. These girls tell others for example: ‘liiii friend, I learned this, this, this we must follow the same path as so-and-so married early and now is already suffering’.”* (Interview, young woman, 15 years of age, Nampaco, Nampula)

A health worker explained that as a result of young people now having access to multiple sources of SRH information, at school and through activists, they are better informed about SRH services and more confident to make use of these services.

*“(…) when we were just giving this information back then at school, students were at first scared to go to the hospital (SAAJ), but due to the training by youth activists, teachers, students who also accompany them (to the hospital/SAAJ) and give guidance, they (the youth) come here with that information and they feel free. Because first, they already have information there (at school), they already know where to go when they get here at the hospital (SAAJ) and who they are going to see”* (Interview, health worker, Nametil, Mogovolas)

Some participants also mentioned that the type of information provided during the initiation rites has changed. They said that in the old days, during the initiation rites for girls, information on how to take care and (sexually) please a man was included, but that these days, the information focused more on age appropriate issues like how to take care of oneself during menstruation.

A teacher mentioned that as result of the information provided by the Yes I Do programme through the champions of change training, she had observed a positive change in behaviours of those trained. However, the same teachers also saw the need to increase the reach of such programmes.

*“In my opinion, NGOs (…) are an important source of safe and constructive information. I gave an example of some girls being involved in these Yes I Do projects who changed their behaviour so I think what I could do was to continue to develop projects of a very comprehensive nature. Some projects are now in Iluti but in a few places only. I believe it may be because of a lack of funds or human resources, but they could expand to other areas (…) covering more schools.”* (Interview, teacher, Ilute. Mogovolas)

An NGO representative confirmed that while the information availability had much improved over the last four years, there is still a need to reach a larger group of young people.

*“Ahmmm ok, four years ago it was a pitiful situation (in relation to access of information) and nowadays the information and the contraceptive methods are accessible, really what we need is to cover with campaigns (…) the largest number of targets (…) but over the four years we have improved.”* (Interview, NGO staff, Nampula)

Of the 100% (n=30) of the male respondents in Mogovolas said to have ever received education on sexuality and sexual health, 67% said that their most common current source are friends (Table 13). For female respondents in Mogovolas, 43% reported that the most common current source were health professionals. In Nampula and Rapale, similar to Mogovolas, teachers were not mentioned as the most common sources of information and education. Rather friends and health professionals were mentioned most, and in the case of female respondents in Nampula, parents. The respondents in Mogovolas mentioned a preference for more information from schools (females) or health centres (males). In Nampula, there was a preference for more information at home (females) or friends (males) and in Rapale, a preference for health centres was mentioned (Table 13).

The topics addressed by the Yes I Do programme that most female end-line respondents found most beneficial were pregnancy prevention and contraception (68%), followed by child marriage (61%), SRH rights (56%), education (46%), HIV/STI (37%), puberty (37%), and love and relationships (34%). Male end-line respondents appreciated the issue of child marriage most as topic discussed in Yes I Do activities (58%), followed by SRH rights (52%), HIV/STI (39%), pregnancy prevention and contraceptives 34%). This shows that female respondents found the activities around pregnancy prevention and contraception more beneficial than the male respondents. Female respondents also rated the discussions on following topics as much more beneficial than their male counterparts: the importance of education, meaningful youth participation and entrepreneurship. (Figure 7).

Table 13 **Most common current source and preferred source of sexuality education**

		End-line	
		<b>Sexual activity (Petting , kissing etc.)</b>	<b>Sexual intercourse (penetrative)</b>
<b>Mogovolas</b>	Girls and young women (15-24 years)	Health professionals 10/23 (43%)	School 13/25 (54%)
	Boys and young men (15-24 years)	Friends 20/30 (67%)	Health centre 16/30 (53%)
	Total	Friends 29/53 (55%)	School 28/55 (51%)
<b>Nampula</b>	Girls and young women (15-24 years)	Parents 5/8 (63%)	Home 12/19 (63%)
	Boys and young men (15-24 years)	Friends 8/12 (67%)	Friends 8/16 (50%)
	Total	Friends 10/20 (50%)	Home and Health centre 15/35 (43%) each
<b>Rapale</b>	Girls and young women (15-24 years)	Health professionals 8/15 (53%)	Health Centre 22/37 (59%)
	Boys and young men (15-24 years)	Friends 16/22 (73%)	Health Centre 22/37 (59%)
	Total	Friends 22/37 (59%)(	Health centre 44/74 (59%)

Figure 7 **Topics addressed in Yes I Do activities that youth found beneficial**

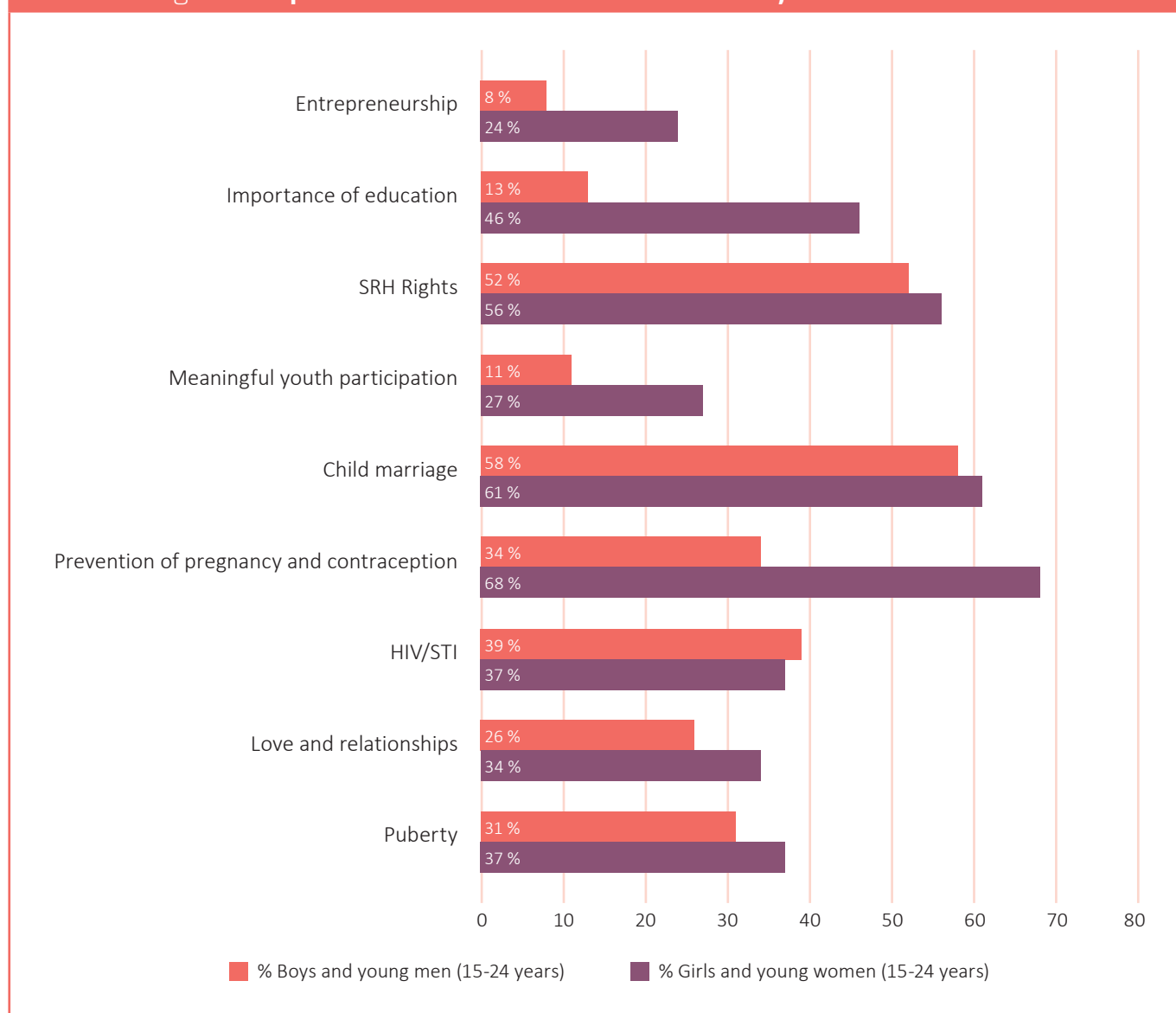
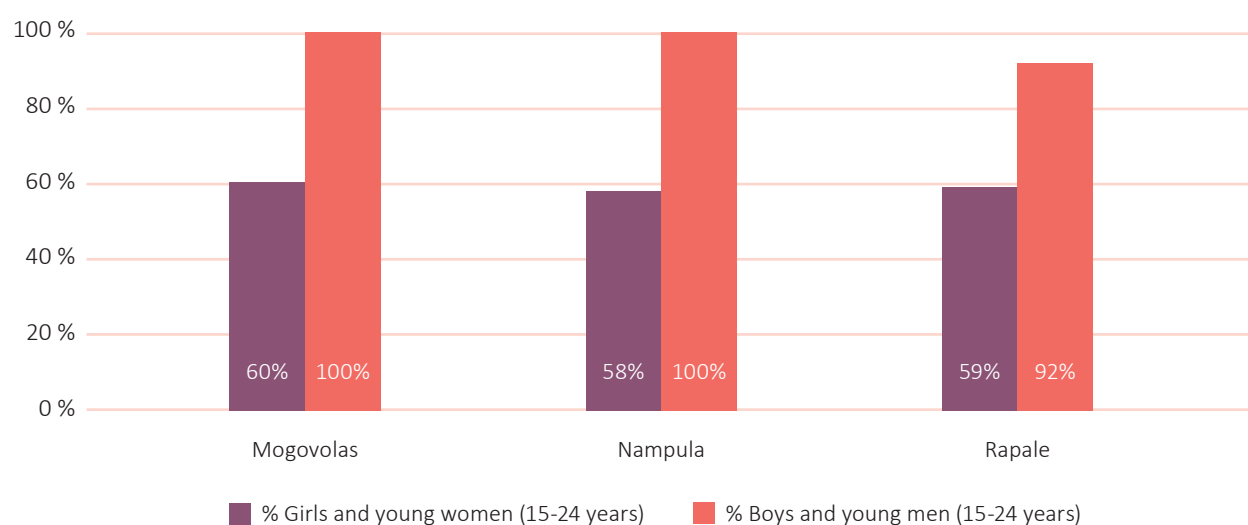


Figure 8 Youth knowledge on how to prevent pregnancy

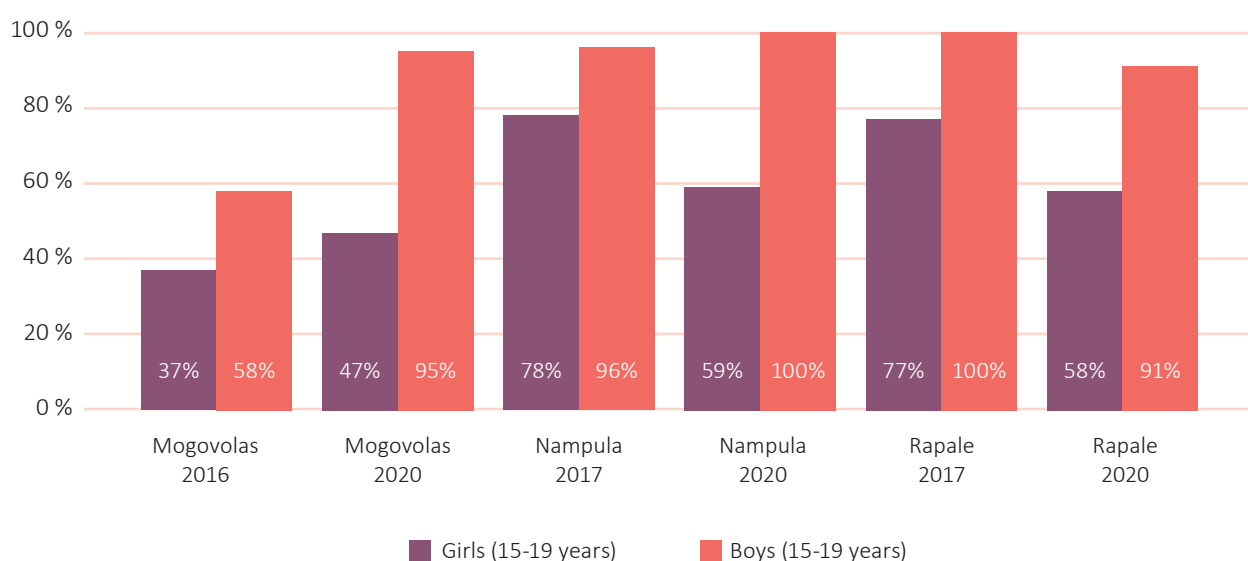


### 3.4.5. MORE YOUNG MALES KNOWLEDGEABLE ABOUT CONTRACEPTIVES THAN YOUNG FEMALES

A much lower percentage of female end-line survey respondents (15-24 years) said to know how to prevent pregnancy than their male counterparts (Figure 8). Only six in ten said to know this in the three districts. In contrast, among the male survey respondents all said to know this, with the exception in Rapale where nine out of ten said to know this.

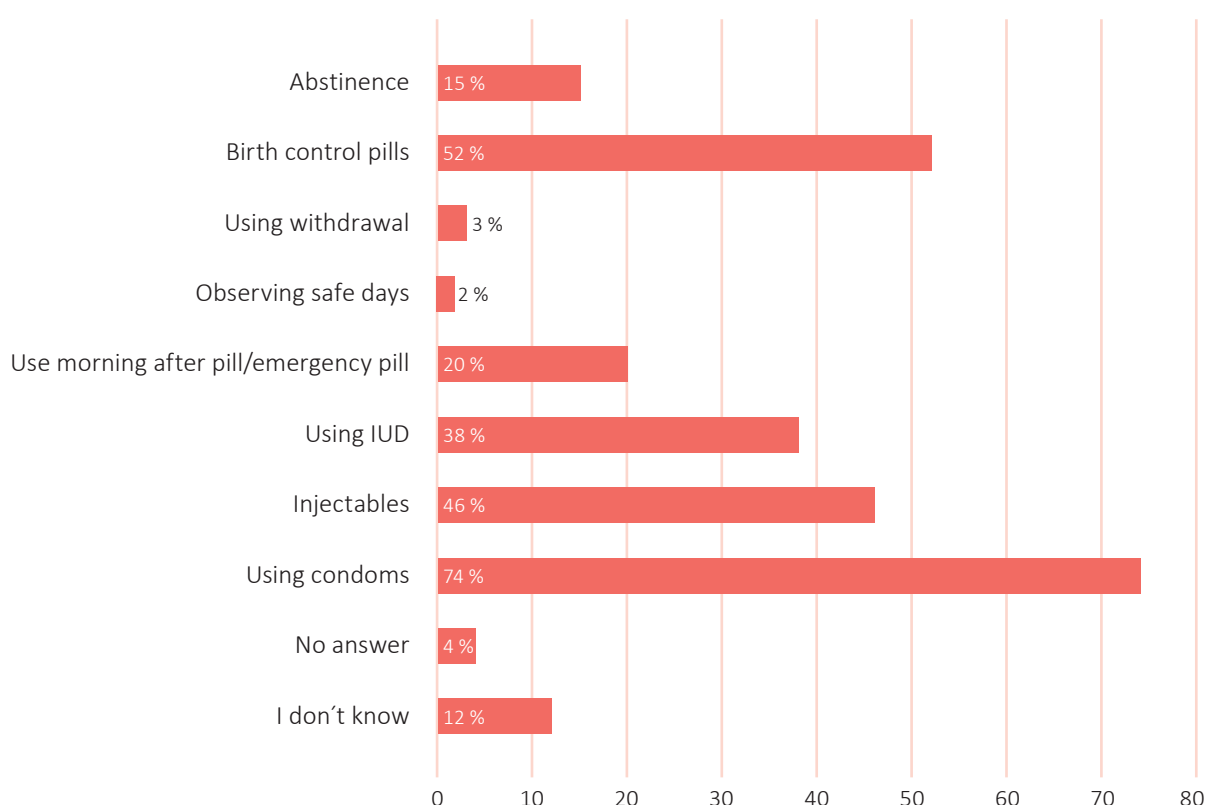
Comparison of in-school youth aged 15-19 from the 2016/2017 studies with the in-school end-line respondents of the same age range in 2020 (Figure 9) shows that amongst the young men this knowledge, which was already high in 2016/2017, has become universal. For female in-school youth (15-19 years) this knowledge has increased in Mogovolas from 37% to 47%, but it decreased in Nampula and Rapale. This information has to be interpreted with caution as the 2016/2017 studies used different sampling frames than the end-line study, making the data not comparable.

Figure 9 Knowledge of in-school youth (15-19 years) about how to prevent pregnancy with modern contraceptives



The end-line respondents were asked about specific ways how pregnancy could be avoided. The use of condoms (74%) and birth control pills (52%) were most frequently mentioned. This was followed by injectables, and intra uterine devices IUDs. Quite a few, namely 20% were also aware of the emergency pill. This in contrast to the Yes I Do contraceptive study undertaken in 2019 where this method was hardly mentioned. Abstinence was mentioned by 15% and withdrawal and observing safe days by only a small percentage of the respondents. (Figure 10).

**Figure 10 Contraceptive methods to prevent a pregnancy as reported at end-line**



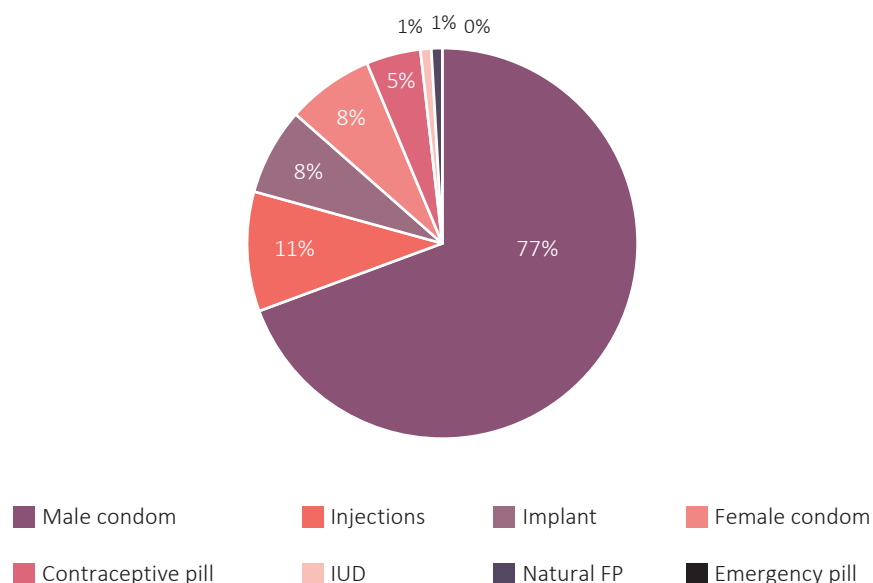
### 3.4.6 IMPROVED CONTRACEPTIVES AVAILABILITY REPORTED

The Yes I Do 2019 contraceptive study, which looked at the issue of contraceptive availability in-depth, found that the SAAJ offer a wide range of contraceptives. These include the injectable, implant, the IUD, male and (in small quantities) female condoms. SAAJ also offer emergency contraceptives but these were found to not always be available everywhere. Contraceptives are provided free of charge through the pharmacies at the SAAJ. Private pharmacies offer a limited range of contraceptives, namely (various types of) the contraceptive pill, the emergency pill and male condoms. Male condoms can be purchased in grocery stores and markets. Furthermore, community health workers (Agentes polivalentes elementares) provide the injectable, condoms and contraceptive pills at community level. (Baatsen et al, 2020)

Fifty-one percent (51% (n=84)) of all end-line survey respondents had experience with ever using contraceptives. This was highest in Mogovolas (60% (n=33), 51% (n=38) in Rapale and lowest (37% (n=13) in Nampula. Of those who ever used contraceptives, 87% (n=73) were currently using them. Again this was highest in Mogovolas (94% (n=31)), 84% in Rapale (n=32) and 77% (n=10) in Nampula.

Figure 11 **Type of contraceptive used by end-line respondents**

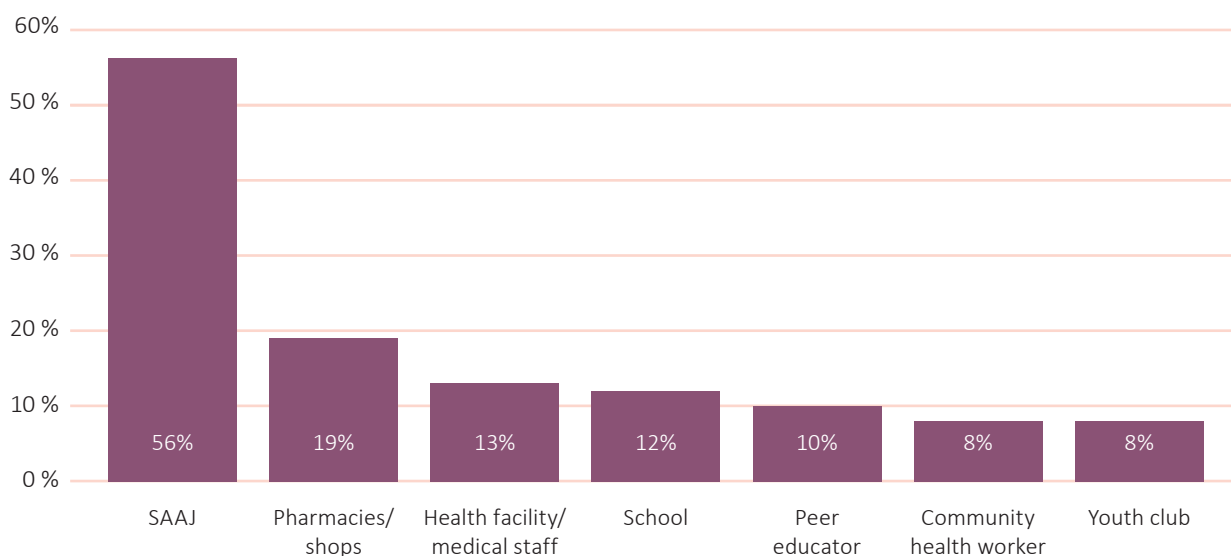
Male condoms by far the most frequently used contraceptive methods by end line survey participants



The most commonly used contraceptive method by the end-line survey respondents was by far the male condom (77%). This was followed by injections (11%), implant and female condoms (both 8%), the pill (5%) and the IUD (1%). Only one person said to use a natural family planning method, while no one said to use the emergency pill (Figure 11).

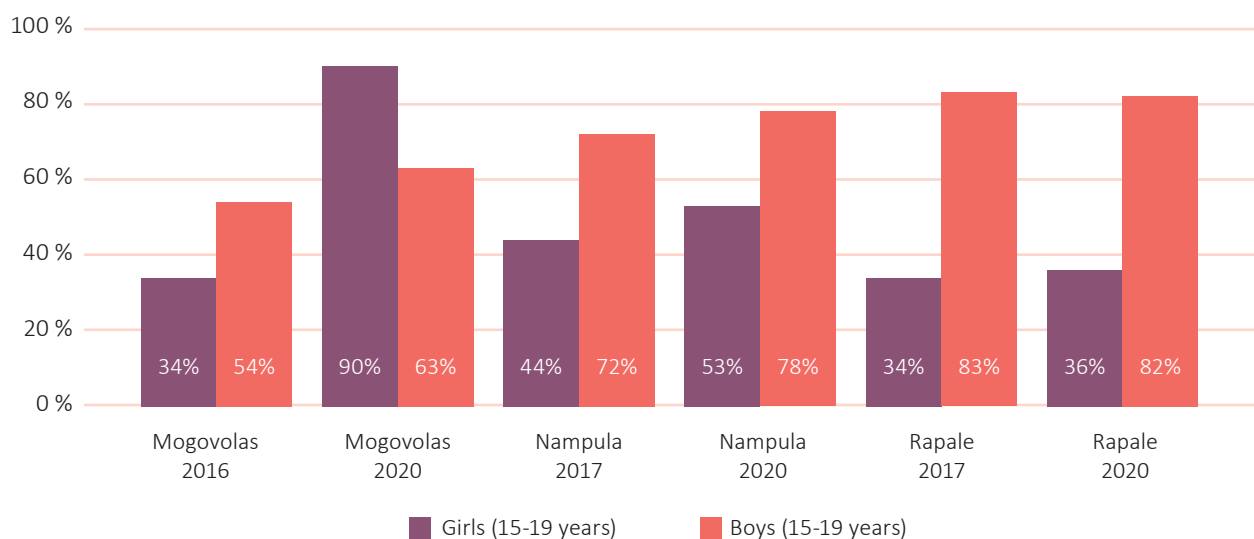
The SAAJ are by far the largest suppliers of contraceptives for the end-line respondents, see Figure 12. This coincides with the findings from the 2019 contraceptive study where almost all youth interviewed said to make primarily use of the SAAJ.

Figure 12 **SAAJ the largest contraceptive source for end-line survey respondents**





**Figure 13 Percentage of in-school youth (15-19 years) who feel confident on insisting on condom use every time they have sex over time**



The participants involved in the FGDs and interviews also confirmed that the SAAJ is an important source for contraceptives. However, not all youth were comfortable with picking up contraceptives from the SAAJ, especially when it is crowded. A health worker explained:

*"(...) it is normal for one (youth) who wants a condom to come and peek around the hospital and return without taking them. And when they are found in the corridor and asked what they are looking for, they do not answer and laugh. Then they return one by one but not at the time of service, they return at the dead time (quiet time) around 11 am onwards."* (Interview, health worker, Nametil, Mogovolas)

Of the ten sexually active end-line survey respondents who did not use contraceptives, five (50%) said that they had never thought about it, while one person was worried about side effects, one person indicated not to know about contraceptives, one person wanted (more) children, and one person said not to agree with contraceptives. The following reasons had not played a role in non-use of contraceptives: disapproval of spouse/partner, contraceptives making them uncomfortable during sex, refusal by a health worker to provide a contraceptive, and not having a method available at the time of having sex.

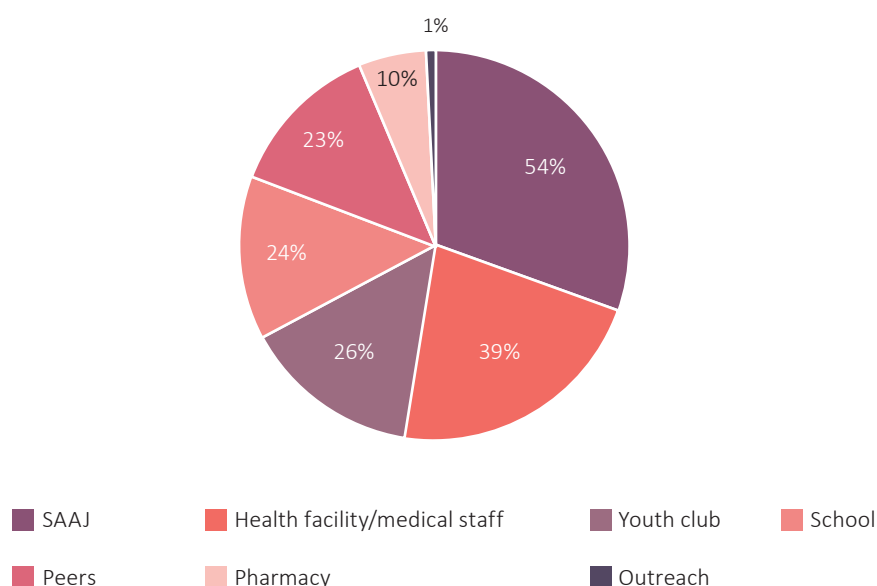
In terms of attitudes towards condom use, 57% (n=93) of the end-line survey respondents said that it is easy for a boy to propose condom use. Thirty percent (30%, n=50) of the survey respondents said that it is not appropriate for a girl to propose condoms use, while at the same time 66% (n=108) said to feel confident to be able to insist on the use of a condom every time they have sex.

As Figure 13 shows, when comparing a sub-cluster of in-school males and females aged 15-19 years at base line and end-line, a (somewhat) larger percentage of boys and girls said to feel confident on insisting condoms use at end-line than at baseline. In Mogovolas, the biggest change is seen among girls, from 34% to 90%. The changes are smaller in Nampula and Rapale. It has to be kept in mind that due to a difference in sampling, these comparisons have to be interpreted with precaution.

Thirty-two percent (32%, n=32) of all female end-line study survey respondents said that it is difficult to access contraceptives as a young person. This percentage was highest in Mogovolas (40% (n=10), followed by Rapale (32% (n=12) and lowest in Nampula (21% (n=4)). Among the female and male respondents combined, 29% (n=47) said that it is difficult to access contraceptives as a young person, while 55% (n=90) said that it is easy to access contraceptives once people are married.

Figure 14 **Providers of SRH services**

SAAJ most common provider of SRH services for end line youth surveyed



### 3.4.7 YOUNG WOMEN AND MEN BOTH REPORTED IMPROVED ACCESS TO SRH SERVICES

The SAAJ is not only the largest supplier of contraceptives, but is also the most important place that offers SRH services according to the end-line respondents (Figure 14). This was followed by health facility/medical staff, youth clubs, schools, peers and pharmacies.

The services used by most end-line respondents were voluntary counselling and testing (VCT) (31%), family planning (24%), life skills and sexuality counselling (18%), STI tests (16%) and child protection services (9%). Two percent (2%) of the respondents made use of abortion, 1% of post abortion care and 2% of antenatal/postnatal care (Figure 15). Of all end-line respondents, 34% (n=56) said to have never used any SRH services, and two said that they did not use these because they are a minor.

Furthermore, of the 56 young people who had never used SRH services, 73% (n=41) indicated to have never thought about it, 14% (n=8) said that they never had a need to go, 5% (n=3) said not to know of any such services, 4% (n=2) said that their parents disapproved while a similar percentage (4%) said that it costs too much. One respondent said to be too shy to use the services. None of the end line respondents indicated that the reason for non-use of the services was that they were too far away, that their spouse/partner disapproved or that the services were not available in their community. Being afraid of being scolded at the health facility was also not mentioned as a reason for non-use. In addition, none of the survey respondents indicated that COVID-19 and the restrictions around that negatively affected their access to SRH services.

Young women, in one of the FGDs, said that when young people enter the SAAJ they come across the other – older – patients which makes some adolescents shy away from the services.

The use of SRH services differed per district. Figure 16 shows that overall, male end-line respondents made more use of the SRH services (ranging from 97% in Mogovolas to 63% in Nampula) than female respondents (ranging from 76% in Mogovolas to 37% in Nampula). Comparison between the three districts shows a higher level of use of SRH services in Mogovolas than in the other two districts.

Figure 15 **SRH services used by those who have ever used them at end-line**

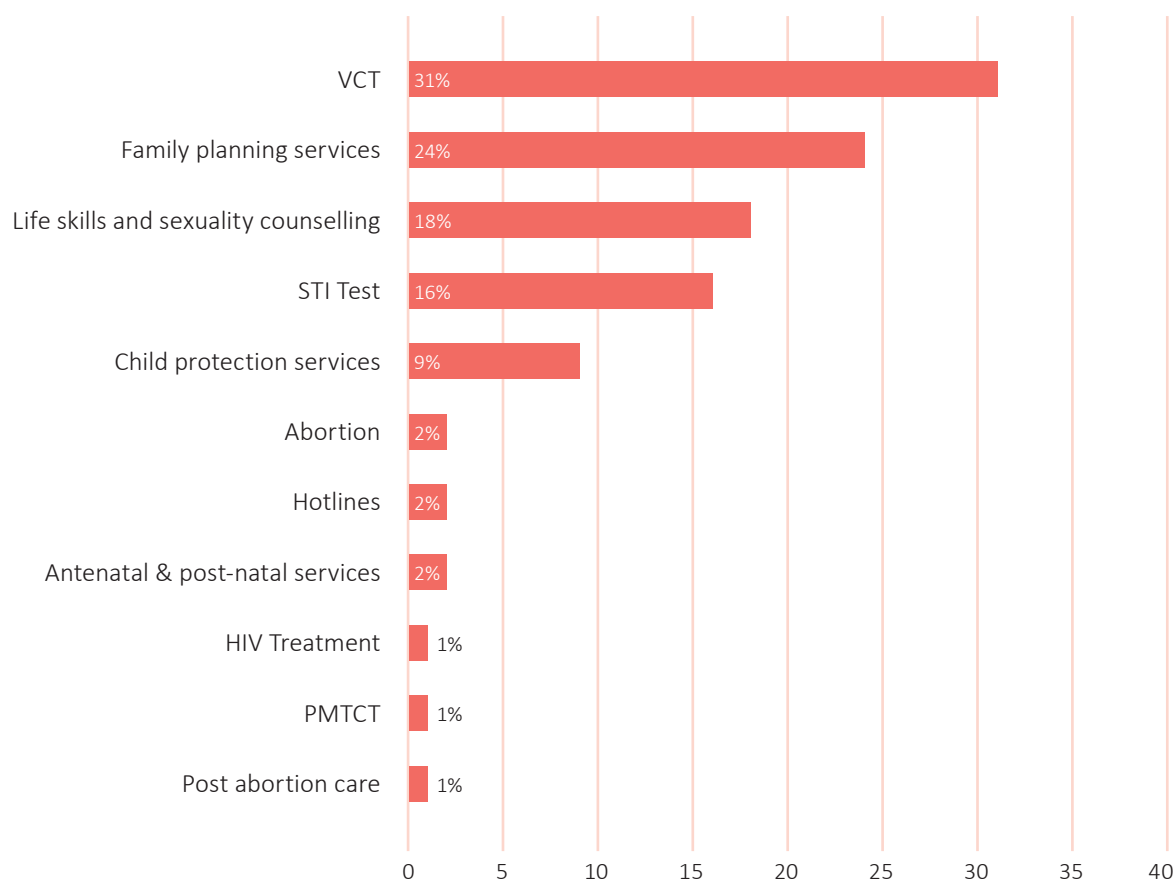


Figure 16 **Youth who have ever used SRH services at end-line**

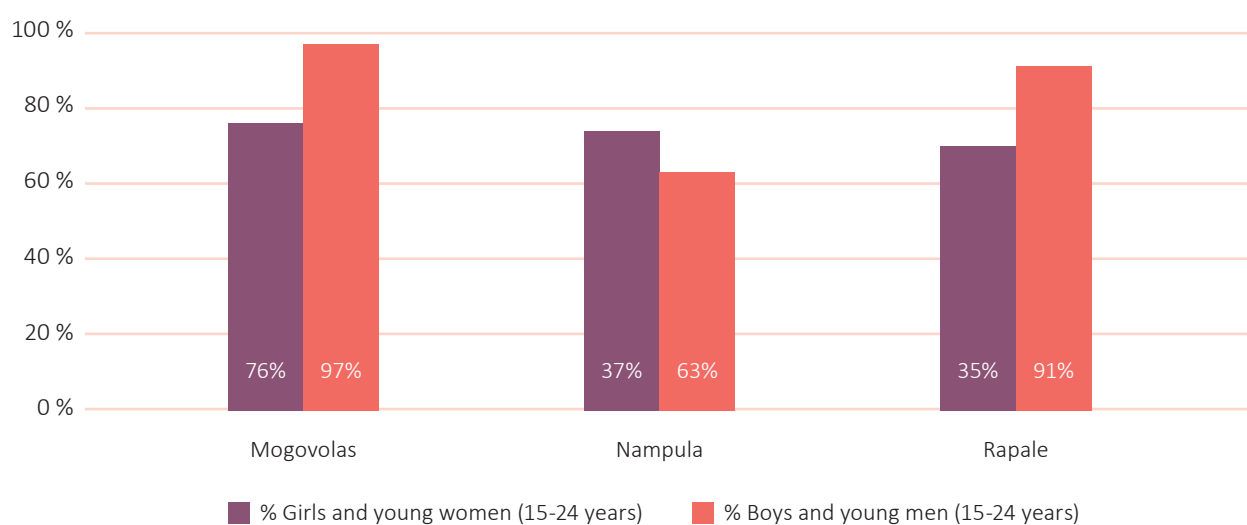
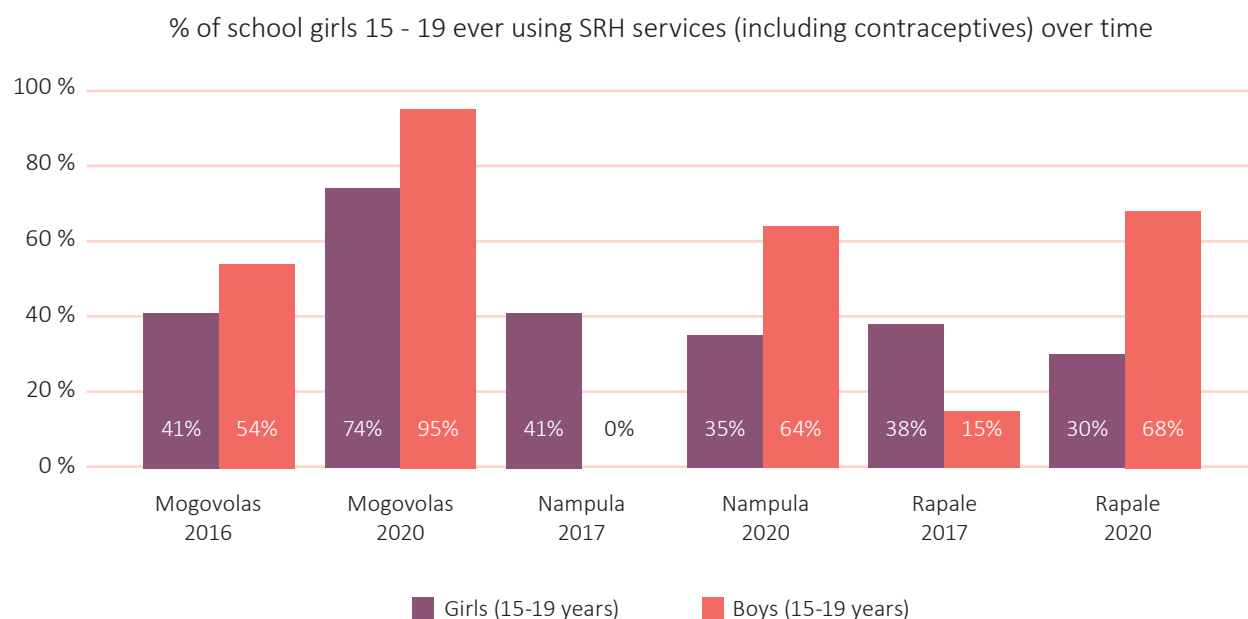


Figure 17 Youth in-school (15-19 years) who have ever used SRH services over time



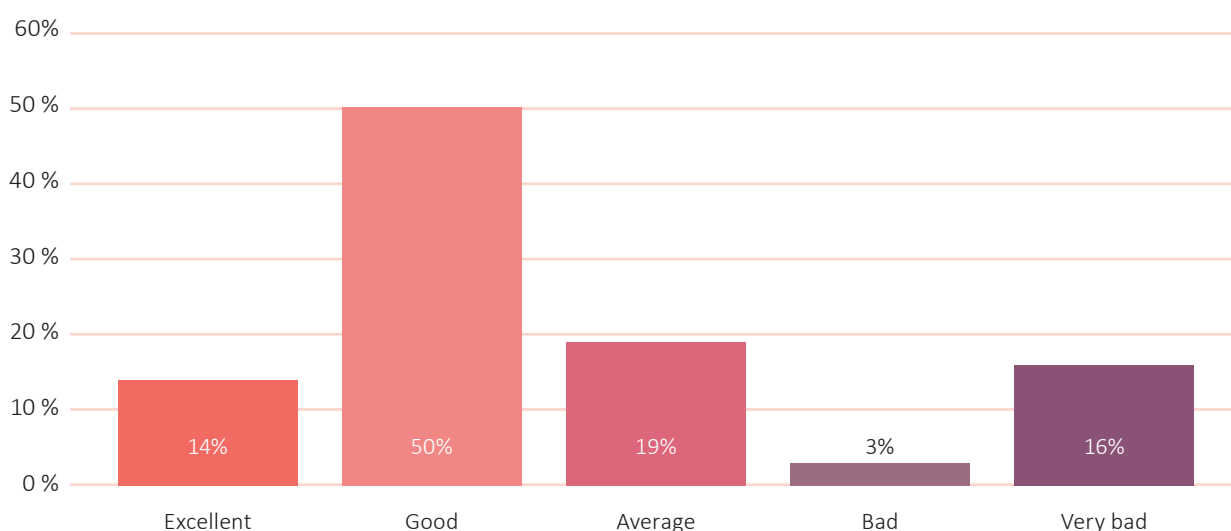
When comparing the sub-sample of girls and boys in school (15-19 years) in the 2016/2017 studies with the current end-line respondents (Figure 17), it seems that the use of SRH services in Mogovolas and amongst boys has gone up over time. The use of SRH services of girls in Nampula and Rapale seems to have decreased over time. This comparison has to be interpreted with caution, as the 2016/2017 studies used different sampling frames which are not comparable with the end-line.

Key stakeholders also indicated that the number of visitors of the SAAJ had gone up. They believed that the mobilization of the youth activist had helped to achieve this.

*“Yes, there was a change, because they (youth activist) I believe mobilized their colleagues and they appeared en masse in our services.”* (Interview, health worker, Nametil, Mogovolas)

Figure 18 Rating of the SRH services quality at end-line

The majority of end line youth surveyed rated the SRH services as good



A health worker talked about the limitations of the infrastructure where the youth friendly services are provided and that this is negatively affecting the quality of the services due to the limited privacy young people have in the corridors.

*"I can't say that it (the SRH service) is of high quality because of the space in which the adolescent's health care is provided, it is not so adequate. Also when the adolescents appear they are not very comfortable because of the corridor of the first aid bank, so this creates a little embarrassment for the teenager, but I believe that with the little we have we can offer the teenager the services we have."*  
(Interview, health worker, Nametil, Mogovolas)

However, a young woman interviewed in the same location said that the services in the hospital had improved. When asked why, she indicated that she thought that was because of the Yes I Do project, although this was not further elaborated upon.

An NGO staff interviewed said that the health professionals were trustworthy, maintained confidentiality and provide excellent services.

*(interviewer) "In terms of trust of these health professionals are they trustworthy? In terms of confidentiality and such, when do young people go there?" (participant) "They are, clearly, they are professionals (...) I think the employee, the health workers, have always been efficient, although they are human, they also need to be updated, eya but for what they are, they are excellent, eya, they are excellent and my assessment that I do, is positive about them."* (Interview, NGO staff, Nametil, Mogovolas)

Some FGD participants said that COVID-19 did affect the access to services. They indicated that the number of people treated per day has been reduced, resulting in people having to go back to the hospital various times until they finally get treatment. Some also said that treatment sometimes takes place outside to avoid overcrowding inside. This reduces the level of privacy and the ability to talk with the health providers. The access to contraceptives was not affected according to those participants. One person remarked though that when people come for a certain method, they were sometimes suggested to use a longer acting contraceptive method to avoid that they would need to return to the health service for some time.

## 3.5 TEENAGE PREGNANCY

### 3.5.1 TEENAGE PREGNANCIES STILL VERY COMMON, SOME INDICATE AN INCREASE BUT MORE A DECREASE

Most of the FGD and IDI end-line participants mentioned that teenage pregnancies are still very common. Some indicated to believe that teenage pregnancy has increased, but a somewhat larger group indicated to believe that the cases are going down.

*"It is likely that a semester finishes without you seeing a pregnant girl."* (FGD, young men, 15-19 years, Nampaco, Nampula)

*"I can compare, in the year 2018 there were many cases, only in my neighbourhood there were 42 cases and in 2019 it reduced to 16, I was very satisfied, this year is not over yet but I think it will not reach these numbers."* (Interview, traditional leader, Rapale)

In general, participants shared examples of people under the age of 20 who are a parent or pregnant.

Four end-line survey respondents had been pregnant. All of them were below the age of 20 at the time of this pregnancy, namely 15, 17, 18 and 19 years respectively. Of these four females, three were between 20 and 24 years, making the teenage pregnancy rate 33% (three out of the ten female respondents included in the survey in this age

group). However, as explained before, the end-line sample is not representative for all youth in the districts. The baseline in Mogovolas (household sample) found a teenage pregnancy rate of 77% among females aged 20-24, and that in comparison with DHS data the rate of teenage pregnancy seemed to be increasing. Findings from the 2017 study (pre-dominantly a school-based sample) in Rapale and Nampula show that 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. Without a representative end-line sample, it is not possible to conclude whether the teenage pregnancy rate has changed over time, especially amongst those not in school who experienced a higher level of teenage pregnancies as the 2017 study showed.

### 3.5.2 CAUSES AND CIRCUMSTANCES OF TEENAGE PREGNANCY REMAIN LARGELY THE SAME

The main causes of teenage pregnancy according to the end-line study participants were the earlier mentioned early sexual debut, lack of knowledge on how to manage their sexuality and deal with consent as well as limited access to contraception services, the latter especially by very young people. Overall, the causes and circumstances remain the same as found in the baseline, 2017 Nampula and Rapale study, and midline study.

The reasons to start being sexually active at a young age are highlighted in Section 3.4.2. According to participants at end-line, most young people have knowledge about sexuality and have access to family planning services. However, it was also mentioned by some, that this information does not reach everyone, especially the younger people.

### 3.5.3 INCREASED FOCUS ON AWARENESS AND ACCESS TO SERVICES TO PREVENT TEENAGE PREGNANCY

End-line data highlight that there are several activities focusing on preventing teenage pregnancy and that several actors play a key role in prevention activities in the three districts. The majority of the activities to prevent teenage pregnancy focused on awareness raising and information sharing. Although most participants were aware of those interventions, not all the participants knew about their existence.

#### **Increased focus on awareness raising**

As mentioned in Section 3.4.1, end-line participants pointed out that awareness raising and information sharing was one of the main ways that different stakeholders used to prevent teenage pregnancy. For instance, health workers, organised different talks for in- and out-of-school young people where they talk, among other topics, about teenage pregnancy.

Schools and teachers also played a key role in preventing teenage pregnancy. A district-level policy maker said that teachers organise organised lectures on the topic, amongst others, during school hours.

*“There are several things that the school does to prevent pregnancy or even early marriage (...). After the national anthem, when different information is given, the daily information that has not been lacking is that of keeping the child always informed about the dangers of getting married or becoming pregnant early. And at school during classes a methodology has now been adopted that includes cross-cutting themes, instead of having pregnancy talks during natural sciences, we now plan a weekly theme for example on teenage pregnancy in each class. The teacher should take a few minutes to talk about any topic related to sexual and reproductive health but without escaping from the content of the day. This in each discipline. And this becomes a methodology to keep the student’s mind permanently informed. There is no specification of what is being talked about with girls or boys, the talks are with everyone together.”*

(Interview, policy maker, Ilute, Mogovolas)

Finally, NGOs also played a key role in teenage pregnancy prevention according to most participants. NGOs were considered to be a reliable source of information. They worked closely with health workers and schools to make sure that young people have access to sexuality education. Although most of participants agreed that after NGO’s intervention, there are changes in the behaviour of young people, that is not always the case.



### **Improved access to health services and contraceptive methods**

According to the participants at end-line, in addition to giving lectures, health workers and NGOs also provided contraceptive methods (condoms and contraceptive pills) to young people by bringing them to the schools or neighbourhoods.

*“They (health workers) also usually give pills to avoid getting pregnant. They bring them to the school or the neighbourhood and inform the girls to take.”*  
(Interview, young man, 18 years of age, Ilute, Mogovolas)

### **Abstinence as a way to prevent teenage pregnancy**

Several end-line participants mentioned abstinence as another way to prevent teenage pregnancies. Young girls and boys were advised to avoid “playing badly” or not to date in general. It was unclear from the interviews and FGDs which stakeholders were giving this advice.

*“In adolescence, hmmm using contraceptive methods, in addition to contraceptive methods it is just not having an active sex life, I forgot, it has a specific name but I ended up forgetting, also abstinence, doing abstinence, with abstinence I believe that you will not get pregnant early, you can wait, so I want to start my sex life when I’m old, for example, I’m talking about it, I did it myself, I told myself, I said I don’t need it, I want to start my sex life when 20 years of age and I started when I was 20 years old.”*  
(Interview, young woman, 20 years of age, Nametil, Mogovolas)

### **Motivating girls to continue studying**

Another way to prevent teenage pregnancy is making sure that girls and young women (and their parents or caregivers) see the value in continuing their education. In addition to that, participants also valued the role of teachers and schools in offering night education for teenage and young mothers.

*“Yes, before when I just arrived, I saw many girls who married very early, but now with the implementation of some projects, some counselling, they have gained more courage, am willing to continue with their studies, yes, others get pregnant, some get pregnant earlier some get married earlier, but the number has decreased a lot, it’s not like before.”* (Interview, young woman, 20 years of age, Nametil, Mogovolas)

Several participants indicated that all the actions taken to improve teenage pregnancy prevention have led to changes in the number of young girls that become pregnant and has also led to improvements in their life after becoming pregnant, in particular with regard to the continuation of their education.

### **3.5.4 CONSEQUENCES OF TEENAGE PREGNANCIES LARGE THE SAME EXCEPT IMPROVED ACCESS TO EDUCATION**

Consequences of teenage pregnancy for young women are similar in the 2016 baseline, the 2017 Nampula and Rapale study, the midline and the end-line study. The three studies highlighted that getting pregnant at a young age has usually a negative impact on girls’ lives: they face health problems, they are stigmatized by community members and they feel isolated and most stop their studies.

### **Various health consequences for young mothers**

In general, participants mentioned that the body of a young woman is not prepared to go through a pregnancy. Some of the negative health consequences for young women mentioned by the participants, including young people, were having obstetric fistulas, maternal deaths, or the development of eclampsia or difficulties during childbirth.

*“If we talk about early pregnancy we have several obstetric causes (...) if she has a pregnancy and is under 18 years old she has the risk of having, obstetric fistulas, having maternal deaths, develop eclampsia, during her pregnancy and during childbirth, and have a clear caesarean, because the basin is not developed, she will probably have a PCI (Pelvic cerebrospinal incompatibility). She will not be able to expel the baby from the normal vaginal route. If we go to see the consequences in relation to premature marriage, it is a loss of*

*adolescence itself, (...) most of them have many financial problems, so there are psychological problems that are already developing.”* (Interview, health worker, Rapale)

### **Social and psychological consequences for young mothers vary from feelings of isolation to school dropout**

End-line, baseline and 2017 study participants mentioned that some young women feel ashamed of being pregnant as people in the community talk about them and humiliate or insult them. In addition to that, participants mentioned that some young women face difficulties to raise the child as they do not know how to take care of a baby.

*“They (community members) don’t have a good reaction, most of them start to say that they (the pregnant girls or young women) are a bad example for the family (...). It is a very incorrect decision.”*

(Interview, young woman, 15 years of age, Nampaco, Nampula)

In addition to the above mentioned consequences of teenage pregnancy, in all studies (the baseline, 2017 study, the midline and the end-line), school dropout and feelings of isolation were also mentioned by most participants. Usually teenagers who become pregnant feel isolated, because most of the times they do not see their friends any more as they stop going to school.

*“A girl may not be even 15 years, or just being 17 years old is enough to get pregnant. She stops studying because she feels ashamed to go to school and sit in a desk where she sat with her colleagues. She feels bad because she is just pregnant and this changes the way she is. She will separate from her friends because of shame. She is alone, isolated and after two weeks she prefers to sit at home.”*

(FGD, young men, 20-24 years, Ilute, Mogovolas)

At the same time, participants mentioned that there have been changes in the school dropout among pregnant teenagers. Efforts have been made to make girls resume their education and attend night school. This is possible when girls are in secondary school but according to some of the participants, when girls are younger and in primary school, there is no night course offered. In this case, they stop attending school.

*“For example, from 6th to 7th (primary school), there is no night course, now when the person becomes pregnant while in these classes, if she can, she will finish if she can’t give up, so from 8th (secondary school) to the other classes if the girl doesn’t study, it is because she doesn’t or because from the 8th there is already the night course.”* (FGD, young women, 20-24 years, Rapale)

A couple of participants mentioned that attending night school does not always work for the young women, because it is not secure to travel during night time or because they still need to take care of the baby or the household tasks.

*“There are those who finish (school) and others do not finish, for example one did not finish because her husband told her that she could not leave the child at home with him (...). If she did not stop going to school he would divorce her and she preferred to stay at home to preserve her home rather than follow studies that would not help her at all.”* (FGD, young women, 15-19 years, Nametil, Mogovolas)

Most of the information collected during the end-line focused more on the consequences for the young women. In general, young men – unlike young women, continue with their studies. However, some participants mentioned that sometimes, young men are not financially capable to support the mother and the baby, which can cause some distress. Economic consequences were also mentioned by some participants. Not all marriages resulted in an economic relieve but in more expenses and especially young people were not able to sustain themselves. Finally, in the baseline study, participants stressed that they will most likely marry after making a woman pregnant, even if they are not ready for that. In the 2017 Nampula and Rapale study, participants mentioned that some older men do not take responsibility for the pregnancy.

### **Support systems for pregnant young women and teenage mothers could be strengthen according to end-line participants**

Several end-line participants mentioned that there is no support system from the side of the government for pregnant young women or teenage girls, or they are not aware of them.

End-line participants highlighted that family members of both the young mother and father are usually the ones supporting them. However, financial support is sometimes difficult for the young women, especially if her family and the father cannot or are not willing to take responsibility.

*“For me the only ones who have helped are the girl’s parents and a little bit the parents of the man who got her pregnant.”* (FGD, young men, 15-19 years, Rapale)

Despite that most participants thought that there is not enough help for young mothers, as mentioned in the section above, over the past years there has been an extra effort in encouraging young mothers to join the night school. Moreover, an interviewed father reported that hospitals sometimes offer support to young mothers and their children.

### 3.6 CHILD MARRIAGE

Regarding the question if children ever get married under the legal age of 18 years, in all districts, most respondents indicated that this happens ‘frequently’ (35%) or ‘sometimes’ (43%). In Mogovolas (89%) and Nampula (85%), more people indicated that children got married under this legal age frequently or sometimes than in Rapale. In Rapale, 57% of the respondents indicated that this happens frequently or sometimes. This is reinforced by the end-line FGD and interviews participants. Most of them shared that some people get married before the age of 18.

*“There are many young people who got married before the age of 18 but I saw that and said that those are lost because they are being harmed.”* (Interview, young man, 18 years of age, Ilute, Mogovolas)

The baseline data show that of all females of 18 years and older included in the survey, close to 32% had married before 18 years of age, and over 9% before the age of 15. This was lower than reported in the 2011 DHS, and in line with a decreasing trend over time. The sampling framework of the end-line does not allow for a comparison, but many of the FGD and interview participants indicated to believe that this down going trend had continued. There were a few who believed the opposite though. A young man believed that as result of quarantine due to COVID-19, child marriage had gone up again.

*“For me, there is more marriage because some prefer to marry so that they can be in quarantine with a lady of their own.”* (FGD, young men, 20-24 years, Ilute, Mogovolas)

#### 3.6.1 NOT ALL END-LINE RESPONDENTS AWARE OF THE LEGAL AGE OF MARRIAGE, ESPECIALLY FEMALE

Both male and female respondents indicated 18 years as the lowest acceptable age for getting married. The percentage of young women (55%) agreeing with that was higher than the percentage of young men (35%). Participants in the FGDs and interviews also believed that someone should not get married below the age of 18 years.

Both the quantitative and qualitative data show that the ideal age to get married according to the young women and men interviewed was between 18 and 25 years. For females, 20 (28%) years old was the preferred age for marriage closely followed by 18 years old (23%) and 25 years old (12%). For males respondents, 25 years old (28%), 20 years old (18%) and 18 years old (14%) are the preferred ages to get married. Of the single respondents, most expressed to want to get married at 25 years, seven years older than the legal minimum age applicable in the country.

Just a few FGD and interview participants shared that their preferred age to marry was between 25 and 30 years. Participants explained that their preferred age of marriage was higher than 18 years, because by then people are more prepared, both physically and psychologically, to have children, and they have also finished their studies and found a job, or are able to sustain the family.

*“25 years. (...) Because it is an age when the person already knows what he wants, and not only his body and reproductive organs, but he is already prepared to generate a living.”*  
(Interview, mother, Nampaco, Nampula)

Overall, more than 70% of the end-line respondents (both men and women) in each district had actual knowledge about the legal minimum age to marry according to statutory law, as highlighted in Table 14.

Table 14 Perceptions and knowledge on the legal minimum age of marriage			
	End-line		
	Mogovolas	Nampula	Rapale
Young women (15-24 years) who perceive to have knowledge of legal minimum age according to statutory law	25/25 (100%)	9/19 (47%)	21/37 (57%)
Young men (15-24 years) who perceive to have knowledge of legal minimum age according to statutory law	26/30 (87%)	11/16 (69%)	12/37 (32%)
Young women (15-24 years) who have actual knowledge of legal minimum age for girls according to statutory law	24/25 (96%)	8/9 (89%)	16/21 (76%)
Young men (15-24 years) who have actual knowledge of legal minimum age for girls according to statutory law	18/26 (69%)	10/11 (91%)	10/12 (83%)

### 3.6.2 REASONS AND CONSEQUENCES OF CHILD MARRIAGE STILL LARGELY THE SAME

In addition to teenage pregnancy, the pressure from family members to get married was one of the main causes of child marriage that end-line participants shared. In general, fathers of the young people are the ones that have more decision-making power over the marriage.

“I believe that many parents (...) think their daughter is of marriageable age. She has already done initiation rites and there is no other work, so she can now be a housewife. There are other parents who, because they (their daughters) got pregnant, I believe that the desire of each father is for his daughter to be married, to be at her house with her husband.” (Interview, teacher, Rapale)

Sometimes, family pressure was linked to the idea that the marriage will improve the economic situation of the young woman and the family.

*“In the case of girls, there are times that there is nothing to eat so the parents tell the girl that you should marry to help us buy food, soap.”* (FGD, young men 20-24 years, Ilute, Mogovolas)

Finally, a few participants mentioned that some young women want to get married. For some, marriage and pregnancy is something ‘fashionable’.

*“I have a friend who married early, but it was not the parents’ fault because she wanted to. She always said that she was tired of washing her parents’ dishes and wanted to take care of her own things.”* (FGD, young women, 15-19 years old, Nampaco, Nampula)

All previous studies (the baseline in 2016, the 2017 Nampula and Rapale study and the 2018 midline) had similar findings to the end-line. Various interlinked factors were simultaneously contributing to child marriage: poverty, lack of job opportunities, sociocultural practices and norms, early sexual activity and teenage pregnancy. Economic factors were highlighted as the main cause of child marriage. Child marriage was seen as a direct way to reduce the girls’ household economic burden. The 2017 Nampula and Rapale study specially mentions that the limited resources to cover secondary education costs together with a lack of job opportunities contributed to limited future perspectives and increased the pressure to get married, especially for young females.

### **Over half of the end-line respondents indicated that cases of child marriage are being stopped by someone intervening**

More than half of the end-line respondents (66%) indicated that in case of child marriage, someone intervenes to stop it. This percentage was higher in Mogovolas (76%) than in Nampula (65%) and Rapale (52%). In addition, to the question how often someone intervened, 71% of the respondents indicated 'sometimes'.

According to the end-line respondents, the actors that intervened the most are different in each of the districts. For instance in Mogovolas, 41% of the respondents indicated that law enforcement and police are the actors that intervene the most. This was followed by community leaders, indicated by 38% of the respondents and NGO staff (36%). In Nampula, 38% of the respondents indicated that community leaders are the actors that intervene the most, followed by 31% who indicated police and the same percentage for law enforcement. Only 15% of the respondents indicated NGO staff as the ones intervening in child marriages. Finally, for Rapale, most of the respondents (71%) pointed community leaders as the ones intervening when a child marriage took place. This was followed by law enforcement, indicated by 29% of the respondents and police (24%). Again, NGO staff was mentioned the least (12%). Participants in an FGD provided examples of neighbours coming into action, as can be seen from the quote below.

*"There was a girl whose mother wanted to marry her off. People / neighbours from the neighbourhood went out and went to complain to the authorities and the (future husband) man was arrested, because they said that he could not marry a minor."* (FGD, young women, 15-19 years, Nampaco, Nampula)

### **Consequences of child marriage remain the same for young women**

Overall, participants agreed that usually after child marriage, young women who quit education to take care of the house are likely to become pregnant soon. Participants also said that young men drop out of school to find a job to be able to sustain the family economically.

*"There is no advantage (of child marriage) because she only spoils her future. If she marries at that age, I am sure she will not go back to school because she is taking care of her home."* (FGD, young men, 15 -19, Nampaco, Nampula)

Both at baseline and in the 2017 Nampula and Rapale study, participants agreed with school dropout being one of the main consequences of child marriage. In both studies, participants also mentioned divorce as another main consequence.

### **3.6.3 CONTINUED CLEAR INTER-LINKAGES BETWEEN PREGNANCY AND MARRIAGE**

End-line participants mentioned teenage pregnancy as one of the main reasons for young women and men to get married. In general, when young women get pregnant, the parents tell them to marry the man and it is the same for young men who make a young woman pregnant.

*"What I notice, girls do not marry because they want to, and neither do parents who force them, it is just because she got pregnant. Most parents say that as you are already pregnant you must follow your husband, when you say that I am a minor they say why you did it (having sex) knowing that you are a minor, they force you to follow your husband."* (FGD, young women, 15-19 years, Nametil, Mogovolas)

This view was also shared at base-line and in the 2017 Nampula and Rapale study. Teenage pregnancy was a common reason for child or early marriage. According to base-line data, of all surveyed respondents who had married before 18 years, close to 9% said that they married after having delivered their first child, and 37% indicated to have married while pregnant. However, teenage pregnancy did not only appear as a cause of child marriage but also as a direct consequence. The base-line data indicate that 54% of the young women who married before the age of 18 did so before getting pregnant. Thus, child marriage and teenage pregnancy were mutually reinforcing.

### 3.6.4 OVERALL CONSENSUS THAT CHILD MARRIAGE IS UNDESIRABLE

The majority of end-line respondents (84%) agreed that there are disadvantages to marry under the age of 18 for girls. The interview and FGDs participants also agreed that child marriage and teenage pregnancy are not desirable as they have negative consequences. In addition, 70% of the survey respondents agreed that girls should not be forced or compelled into marriage at end-line.

*“It doesn’t (bring any benefit) they are all children, it brings problems only.”*  
(Interview, religious leader, Nampaco, Nampula)

A mother in Rapale mentioned that child marriage also has an impact on a mother’s or caregiver’s life and well-being:

*“And many times when a child marries early, you who are a mother lose weight just seeing your daughter suffer, because then you don’t know how you will live and you start to lose weight.”* (FGD Mothers, Rapale)

In the 2017 Nampula and Rapale study, positive consequences of child marriage mentioned by FGD participants were linked to improvements of the economic situation in the young woman’s family. However, overall, participants in all studies also agreed that there were no advantages to child marriage.

Finally, end-line respondents agreed that if young women were not ready to be married, they should not do it despite of the wishes of the family. However, only 47% of the respondents were ready to take action when a forced child marriage occurs.

### 3.6.5 YOUNG WOMEN LARGER DECISION MAKING POWER RE MARRIAGE ACCORDING TO STUDY PARTICIPANTS

Decision-making around child marriage usually lies with the parents or family members. However, over the past years, participants indicated that young women are getting more and more decision-making power. In both the baseline and the 2017 Nampula and Rapale study, participants agreed that parents were the ones deciding on marriage, although especially in Nampula and Rapale, a substantial number of youth indicated that young people could decide this for themselves.

Table 15 **Decision-making regarding marriage**

	End-line		
	Mogovolas	Nampula	Rapale
Girls and young women (15-24 years) who agree that their parents or relatives decide their future partner	5/25 (20%)	5/19 (26%)	8/37 (22%)
Boys and young men (15-24 years) who agree that their parents or relatives decide their future partner	4/30 (13%)	1/16 (6%)	15/37 (41%)

Many young women participating in end-line FGDs and interviews shared that they could decide themselves whether they want to get married or not. Of the end-line survey respondents in the three districts, only 20% of the young women (15-24 years) said that their parents or relatives are the ones to decide who their future partners would be. This was even lower for young men, 13% of the young men aged 15-24 years in Mogovolas and 6% in Nampula said that their parents or relatives would decide this. On the contrary, in Rapale, almost double (41%) of the young men compared to the young women (22%) believed that parents are the ones deciding on their future partner (Table 15). In addition, end-line respondents disagreed with the idea of physically beating or punishing a young women if she dishonours her family, the majority (86%) disagreed with this statement. Young women wanted to be able to finish studies and find a job before they are married.



*"I am the one who decided (...) For example, I was with my boyfriend since 2016 (...). He went to graduate and when he finished he came back. We agreed that we were going to get married after we finish with our studies. Soon with this (laughs) quarantine he came to propose to me. I didn't feel prepared but I almost accepted. I looked for friends and sat down with them and they advised me. I didn't accept the proposal and he looked for another one (women). (...) What to do? I was here suffering. Here in our community when you reject (such a proposal) they say 'so you rejected, you will not marry anymore', so I stayed here but I'm scared. But I didn't feel ready to be with him."* (FGD, young women, 15-19 years, Rapale)

Although divorce was not specifically mentioned by end-line participants, some interviewees mentioned that they were aware of people who re-married after their first marriage. Participants in the 2017 Nampula and Rapale study, mentioned that divorce frequently occurred in couples who married at a very young age.

### **Refusing to marry not common but taken as a positive example by some**

According to base line participants, refusing to marry was uncommon. Usually young women agreed to get married even if they did not want that. However, some end-line participants shared that sometimes young women refuse to marry (like in the quote presented above). When this happens, young women can be kicked out of the house by their family. However, most of the times, even if they refuse to marry, family members force them to do it.

One traditional leader participating in the end-line study said that they fully support girls who refuse to marry when they are very young and that they try to mediate between the young woman and the family. When advising other young women, those refusing to marry are seen as good examples according to the participant.

*"We support such a girl (refusing to marry) a lot, this is a good example for us, she is getting ready one day she is going to get married. And when a girl takes a long time to get married, there are people who speak badly, like that one is not right in her head, but deep down she is getting ready. When they force her to marry because of information they come to me, or they go to the police or the league."*  
(Interview, religious leader, Rapale)

## **3.6.6 PROGRAMMES TO PREVENT CHILD MARRIAGE FOCUS ON INCREASING AWARENESS**

As mentioned before, awareness raising through lectures, education or talks with the community about child marriage were the main ways to prevent child marriage. Health workers, teachers, traditional and religious leaders and women clubs were the most mentioned actors participating and organising prevention activities. These stakeholders focused their activities on different target audiences. For example, traditional and religious leaders and women clubs worked with the whole community, while teachers and health workers work more with young people.

*"There have been awareness campaigns in the communities. Community leaders are continuously in the communities on the lookout for those who conduct those child marriages and inform authorities, so these can act on it."* (Interview, teacher, Ilute, Mogovolas)

In addition, some participants indicated that NGOs also play a key role in awareness raising and that their role is very important to amplify the message and make it reach more people. Moreover, participants highlighted that NGOs role focuses on connecting different stakeholders with each other to make sure they work together towards preventing child marriage.

Even though some participants mentioned that the prevention activities are not enough, most participants agreed that they are seeing the results of the prevention programmes and that child marriages are decreasing.

*"Uhhh, as for prevention, looking at the years, there are more girls who first have training and with training they have the ability to prevent themselves even more, same for boys. In these last few years (...) there is even a growing number of girls who are able to prevent even a certain age to marry and have children."*  
(Interview, NGO staff, Nampula)

*“For me, I think something is being done because I feel a change. Now things tend to decrease, because now parents already understand the importance of their children’s studies.” “Para mim acho que está a se fazer algo porque sinto uma mudança, agora as coisas tende a diminuir, porque agora os pais já entendem qual é a importância dos estudos dos filhos.”* (FGD, young men, 15-19 years, Rapale)

### 3.7 ECONOMIC EMPOWERMENT

The main source of income did not vary much between Mogovolas and Rapale, with agriculture being the main source of income followed by mining and informal trade. In Nampula however, formal employment in the government, trade in warehouses selling agricultural products were some of the sources of income mentioned although agriculture and informal trade were also common.

Young people often follow their parents in the agricultural field or resort to informal trade, selling baked goods, phone credit, clothes and other small items:

*“Most young people depend on their parents, they don’t have the strength to make some money, their parents don’t have anything, they are farmers, so they follow their parents to the field.”*  
(Interview, mother, Nametil, Mogovolas)

In urban or peri-urban settings like Nampaco, more opportunities seem to be available, with some having the possibility and partly the necessity of engaging in more than one type of economic activity. Here, agriculture is not the main source of income, but it is still a quite important source of income due to the geographic disposition of an urban and or peri-urban area.

*“It is diverse, here we have people connected to various areas or sources of income, eya, there are no people connected to a single area or source of income, there are farmers here, we have teachers here, we have merchants here, so in general there are several activities that are done here.”*  
(Interview, NGO staff, Nampaco, Nampula)

Some interview and FGD end-line participants mentioned machamba (small plot of land) as a way of employment or only source of income/goods.

*“There is a lack of employment, the only job we have is the machamba.”*  
(Interview, religious leader, Ilute, Mogovolas)

Finally, when discussing the intervention of the private sector in the economic empowerment activities to end child marriage, it was agreed by all participants that no activities were done by private sector.

#### 3.7.1 ACCESS TO FORMAL EMPLOYMENT OPPORTUNITIES LIMITED

Access to formal employment options was limited, especially for young people and even when they have finalised higher education. In general, data from the baseline, the 2017 Nampula and Rapale study and the end-line show that young people struggle with accessing economic opportunities.

In both Nampula and Rapale, the percentage of women aged 18-24 who said that they were economically active outside of the households was very low (0% in Nampula and 8% in Rapale). Percentages were higher for males aged 18-24 years in Nampula and Rapale compared to the ones for young women. However, in Mogovolas, there were more women (50%) economically active outside of the households than men (36%). In addition, 50% of the female respondents (18-24 years) indicated that they have received any income in the last six months. In Mogavolas, 36% of the young men aged 18-24 years said to be economically active, in Nampula this was 50% and in Rapale 55%. Percentages of male respondents (18-24 years) having received any income in the last six months also differed in each district , being 52% in Mogovolas, 60% in Nampula and 36% in Rapale (Table 16).

Table 16 **Economic empowerment**

Economic empowerment	End-line		
	Mogovolas	Nampula	Rapale
Young women (18-24 years) who are economically active outside of the household	8/16 (50%)	0/4 (0%)	1/13 (8%)
Young women (18-24 years) who have received any income in the last six months	8/16 (50%)	1/4 (25%)	8/13 (62%)
Young men (18-24 years) who are economically active outside of the household	9/25 (36%)	5/10 (50%)	12/22 (55%)
Young men (18-24 years) who have received any income in the last six months	13/25 (52%)	6/10 (60%)	8/22 (36%)

Although the results of the survey respondents indicate that there were differences between women and men in being economically active, most of the FGD and interview participants mentioned that these differences are slowly disappearing and that now women can access jobs that before they could not easily access.

*“The opportunities are equal (...), but there are employment problems for both boys and girls.”*

(Interview, mother, Nampaco, Nampula)

Participants also confirmed the difficulties that young people have to access the job market, even if they have studied. A few participants also highlighted that the few job opportunities available are sometimes taken by foreigners, even if there are people with the technical skills in the area required for the job.

*“Access to employment for young people is problematic, whoever needs it. Many young people are on the street, trained without a place (to work). But the country wants to call a landowner back in China, he comes here as an engineer, but we have technical engineers here on the street selling cigarettes.”*

(Interview, social and health assistant, Nampula)

Although in general participants in the end-line study agreed that there were no options to have a formal job for young people, a few participants mentioned a few exceptions. For example, some young people are in training to become a teacher or a health worker.

*“Very difficult, yeah, but there is a teacher training centre, so there are people who work and get jobs (as health extension worker).”* (Interview, Grand parent, Nametil, Mogovolas)

### 3.7.2 ACCESS TO EDUCATION IMPROVED ACCORDING TO THE END LINE PARTICIPANTS

At end-line, more than 60% of the girls aged 15-18 years said to be attending secondary school in all the districts (Table 17). Most participants in the end-line study agreed that access to education is easy and possible in most of the districts. However, in Nametil, a few participants highlighted that sometimes schools are not accessible for everyone, especially for those living far away, as result of there not being enough schools in place.

Table 17 **Access to education**

	End-line		
	Mogovolas	Nampula	Rapale
Girls aged 15-18 currently attending secondary school	11/16 (69%)	11/16 (69%)	19/30 (63%)
Girls aged below 18 years who dropped out of school	0/9 (0%)	0/25 (0%)	2/24 (8%)

Some participants also highlighted that nowadays the number of girls or young women in school has increased compared to a few years back. In addition, young women valued education and economic independence more. Efforts have been made to keep young women and girls going to school and making schools more accessible. For instance, making them free of charge for the lower levels of education. However, participants did not specify who was paying the school fees.

*“Ya, that in the last few years the number of girls in schools has increased because before it was very rare to see a girl doing the twelve (grade). It was very rare for that to happen. For example in this school they have already implemented ammm the girl in the eighth class doesn’t pay tuition, eighth, ninth, that’s it for girls only ninth I think that tenth class doesn’t pay tuition either, I think it’s a way to encourage the girl to stay in school.”* (Interview, young women, 15-19 years, Nametil, Mogovolas)

In both Mogovolas and Nampula, none of the female end-line respondents aged under 18 years old dropped out of school and only 2% did so in Rapale (Table 17). Study participants shared that when dropout happens, it is usually due to teenage pregnancy. As previously mentioned, there are mechanism in place to facilitate access to education for pregnant teenagers or young mothers. Another reason for school dropout was related to economic needs.

*“(…) many times parents give priority (that their children go) to the field rather than going to school. Especially during the time to sow seeds, there are many children who do not go to school, and when asked, the child says that he was on the field.”* (Interview, policy maker, Rapale)

Some participants shared that the conditions in school are not always conducive to study, due to a lack of class rooms, libraries or computer facilities.

*“As the level of education is increasing we asked to increase the number of classrooms. We have few classrooms, but we don’t have a library or a computer room.”* (FGD, young men 20-24, Ilute, Mogovolas)

Some other participants talked about it being difficult to study at home, due to not having electricity or space to study for instance.

### 3.7.3 IMPROVEMENT IN THE SAFETY AT SCHOOLS ACCORDING TO THE END-LINE PARTICIPANTS

In the baseline, the 2017 Nampula and Rapale and the midline studies, safety of young women in school was reported to be a challenge and cases of rape or sexual abuse were often mentioned. At end-line, most participants agreed that safety in schools is improving and that parents mostly trust leaving their children go to school. In addition, some participants mentioned that more male teachers are aware that they cannot engage in sexual relations with young women. However, a few participants had heard about cases of girls and young women who have been sexually abused by their teachers.

*“There is also a very famous teacher who spends his life impregnating students without any punishment. More than three girls got pregnant, he gets them pregnant, when he has children he leaves.”* (FGD, parents, Nametil, Mogovolas)

To make sure that young women can report inappropriate behaviour, a few participants mentioned, as discussed earlier, that in some schools a teacher is assigned who young women can approach in case they have concerns regarding sexual harassment.

Finally, some participants mentioned that young women sometimes do not feel safe attending night school, especially when the school is far away from their home.

### 3.7.4 SOME SUPPORT FOR ECONOMIC ACTIVITIES BUT NOT AT A LARGE ENOUGH SCALE

A few participants of the end-line study highlighted that the activities of Plan Mozambique and the Yes I Do programme

have supported schools and communities to start economic activities. However, it was also mentioned that while valued, the scale of these activities was not enough to reach large groups of youth which was clear as not many young participants mentioned it.

*“There are few organisations, but the only organisation that acts and supports schools and communities is Plan, which is concerned with the development of communities, through its group savings projects, SRH programme for girls and boys. As for the others, they have done almost nothing.”*

(Interview, community leader, Nampaco, Nampula)

## 3.8 POLICIES AND LAWS

### 3.8.1 EFFORTS ONGOING TO DISSEMINATE KNOWLEDGE ABOUT THE LAW

The Mozambican law determines 18 years as the legal minimum age for marriage. The overall aim of the law is the prohibition, prevention, mitigation of premature unions and penalization of their perpetrators and accomplices, as well as the protection of children who are or were in these unions. The law was officially approved by the Mozambican Parliament in July 2019. Most key informants acknowledged the existence of the law and its recent application in their communities:

*“This law is helping a lot. In the past when a young man or an adult would get involved with a girl and when the leader would try to solve this, he would normally fail but now with this law people have to be careful, because whoever commits this crime, can be sent to jail. For example in my neighbourhood there have been three cases this year, a teacher married a girl, when we reported this to the authorities, he was arrested. One other case, a 43-year-old man married a 17-year-old, he is currently in jail, (...), this law is helping to discipline a lot.”* (Interview, religious Leader, Rapale)

While in 2016, a National Strategy for the Prevention and Combating of Early Marriage (2015-2019) had recently been approved, traditional and community leaders were often not aware of the strategy. Now in 2020, the new law was in place, with clear mandates and better involvement of all the stakeholders, including the local leaders, who according to most participants, have the obligation to enforce the law while this is often going against the social norms.

Although still needing improvement, dissemination of information about the new law in social media and the involvement of school teachers, social and health workers in initiatives organized by the various levels of the government as well as NGOs, were listed as reasons for the notable change:

*“....It exists, we had a project I don’t know if it was part of Yes I Do, they distributed a book for us leaders to use in churches to give the correct information, and whenever a service ends we always inform and so it’s a little reduced, through the work being done.”* (Interview, religious leader, Nampaco, Nampula)

A notable change in the awareness about the law across the districts was visible, with stakeholders acknowledging the past and praising the new changing reality:

*“What I know is that, this is an innovation. Although the law existed, it was not disseminated. For the politicians to seek the collaboration of the people and to tell them there is this or that, was difficult (without such a law in place and without it being disseminated).”* (Interview, Teacher, Ilute, Mogovolas)

As mentioned in Section 3.6.1, not all young end-line respondents were aware of the legal age of marriage and therefore of the content of the law. Fewer young females were aware than young males.

## 4. DISCUSSION

### 4.1 PATHWAY 1

#### COMMUNITY MEMBERS, GATEKEEPERS AND OTHER STAKEHOLDERS HAVE CHANGED ATTITUDES AND TAKE ACTION TO PREVENT CHILD MARRIAGE AND TEENAGE PREGNANCY

The Yes I Do 2016/2017 (baseline) studies in Mogovolas, Nampula and Rapale, the 2018 midline and the 2020 end-line study in again Nampula, Rapale and Mogovolas, showed that the causes and consequences of child marriage and teenage pregnancy have remained largely the same over the past four years. This is not surprising, as these causes and consequences are all deeply embedded in the society, culture and systems. Limited employment opportunities and traditional gender norms continue to contribute to early sexual debut, teenage pregnancy and child marriage. However, within this context of strongly rooted social and gender norms (Houweling, 2016), also some changes are taking place. Community stakeholders seem to be more active in preventing child marriage and teenage pregnancy. SRH services and information seem improved and more accessible. In addition, youth activist at community level have improved meaningful youth participation, although this certainly does not yet apply to all youth (Issa et al., 2019). Many mid- and end-line participants indicated that child marriage rates are going down as result of all the activities undertaken. As child marriage is one of the causes of teenage pregnancy, declining child marriage rates are likely to have some effect on teenage pregnancy rates. However, there are also many other causes of teenage pregnancy, making it not possible to indicate the actual situation on teenage pregnancy without a representative household sample in the three districts at end-line. There is a high probability that teenage pregnancy did not go down, because contraceptive use was found to be quite low amongst end-line participants. In addition, knowledge about and confidence in contraceptive use is also not at a high level, especially amongst females.

The end-line research came across some unintended consequences as results of the talks undertaken by all the stakeholders about child marriage and teenage pregnancies. In some communities, teenage girls and boys are encouraged by elders to not hang out together, as it is assumed that this will automatically lead to sexual relationships which in turn would contribute to teenage pregnancy and consequently child marriage. Some young women themselves also said to no longer interact with male friends as they now worry that this may lead to sexual violation. Instead of prohibiting young people to interact or to make them fearful for the opposite sex, it is likely more effective to teach adolescents how to communicate with each other about affectionate relationships and consent so that dating is not equalized to having sex. Different researchers have found a positive association between the ability of adolescents to communicate about sex and safer sexual behaviours, including in relation to avoiding teenage pregnancy (Whitaker et al. 1999).

Table 18 **Recommendations – Pathway 1**

Programme
Stakeholder involvement in preventing child marriage and teenage pregnancy has contributed to an environment in which child marriage and teenage pregnancy are frequently discussed, however, continuous effort is needed to address the causes that are deeply embedded in the society, culture and systems as these cannot be changed in just a few years. In addition, advocacy amongst key stakeholders on the importance of improved communication amongst young people about affectionate relationships and consent, would seem important.
Research
An important topic to study would be how young people see relationships and dating and how they would define meaningful relationships. This information could assist with better addressing these issues within programmes.
In order to assess the current teenage pregnancy rates in the districts, DHIS2 data could be compared over different years and further analysis of the latest census data could be conducted.
Another research topic could be how the shift in focus of the initiation rites to more age appropriate information influences the possible delay of sexual debut



## 4.2 PATHWAY 2 AND 3

### ADOLESCENT GIRLS AND BOYS MEANINGFUL ENGAGED AND TAKING INFORMED ACTION

While comparison between base- and end-line survey data is not possible, the qualitative data seem to indicate that more young people at end-line are aware of their sexual reproductive health and rights than at baseline, and subsequently able to take informed action on this. This is a result of improved SRH information through multiple sources, improved spaces where youth can learn about these rights, and improved access to youth friendly SRH services. Especially youth activists who have been actively involved in school and community activities, mentioned to have grown themselves during the process. Some of them indicated that their minds have opened up as a result of their work as activists and that they are now well equipped to openly discuss sexual reproductive health and rights with their peers. However, there is also a substantial group of young people who are still less aware of these rights and as result also less equipped to take informed action. The end-line survey data indicate that overall, a larger percentage of young males are aware of their SRH rights and can take informed action than young females. This is especially the case in relation to young women in Rapale and Nampula. Over half of all end-line survey respondents indicated to find it difficult to talk to their parents about sexuality and marriage. Again, more girls and young women said to find this difficult than boys and young men. But also among males, a substantial percentage finds this challenging. Several key stakeholders indicated this to be in line with the cultural context in Mozambique where girls are said to be more timid than boys and that girls are expected to be less able to speak out for themselves when it comes to sexuality, especially when there are adults around. Encouraging this wider group of young people and particularly girls to be able to discuss issues of sexuality, especially with adults in their families, would be important. This as research has shown that such competencies can contribute to improved decision-making around sexuality and relationships amongst this group and help them with delaying their sexual debut until they find it the right time for themselves to become sexually involved (Kamangu et al 2016; Frederico et al 2019).

The ability of taking informed action on their sexual and reproductive health and rights is also important as young people continue to face a range of SRHR challenges in Nampula, Rapale and Mogovolas districts. From the end-line survey it is evident that substantial numbers of young women worry about becoming pregnant, young men worry about getting an STI or HIV, young people have limited skills to negotiate safer sex, sexual violence, etc. The end-line survey also shows quite a difference between the use of SRH services per district. For young female and male combined, a much higher use of SRH services in Mogovolas was seen than in the other two districts. Overall, in the three districts combined, young male reported a higher level of use than young female, showing a need to further improve access for young people, in particular for young women, especially in the light of overall early sexual debut. One of the assumptions of the Yes I Do theory of change is that 'When adolescent girls and boys have improved knowledge concerning their rights, they want to organize themselves to influence others'. Interviews with several youth activists indicate that there are young people who are eager to inform others. However, without additional support it is unclear whether these youth will continue to do so. One of the learnings from the Geração Biz programme, a large scale peer education programme that has been in existence for quite some time, is that many of the original peer educators trained have not remained active as was found in the 2016, 2017 and midline Yes I do studies. In relation to the Yes I Do ToC assumption: 'Meaningful youth engagement is required for increased access and uptake of quality adolescent SRHR services and information', it was found – in the midline study – that meaningful youth engagement can help to facilitate that the needs of young people are better reflected in the youth friendly health facilities. This happened through the involvement of youth peer educators in the Saaj coordination committees. A positive development is that the majority of the youth who we spoke to at end-line made use of the youth friendly services and qualified these as good. This was also found in another study in Nampula looking specifically at these health services. The study found that 72% of the adolescents said to be satisfied with these services particularly in the areas of privacy and the provision of information around contraceptives. The same study found however that the same did not apply for other services such as antenatal care, where adolescents were less satisfied with the services than adult women (Bomfim et al 2020).

Table 19 **Recommendations – Pathway 2 and 3**

<b>Programme</b>
It would be recommended to reach out with SRHR interventions to youth, especially girls, who are less aware of their SRH rights than boys and who are also less accessing SRH services than boys (in spite of an overall young sexual debut). Reviewing whether additional focus should be given to sexual violence would also be recommended. In addition, it would be important to reach out to parents to improve their skills to discuss sexuality and relationships with their children.
<b>Research</b>
It would be recommended to further look into and document the meaningful youth engagement within the SAAJ coordination committees. This could help to optimise that involvement but also provide useful lessons for meaningful youth engagement in other settings.

## 4.3 PATHWAY 4

### ADOLESCENT AND YOUNG WOMEN HAVING ALTERNATIVES

#### Changes in socio-economic empowerment for young women

Overall, the main source of income in the studied districts did not vary much between the end-line and previous studies. (Self-sustaining) agriculture is still the main source of income followed by mining and informal trade. Access to formal employment is limited for young people in general, but more opportunities are available in Nampula. Economic empowerment activities such as saving groups have been implemented to increase the opportunities of young people to be economically independent (Baatsen et al., 2017). However, while those involved in them appreciated these activities, they were not able to reach large groups of young women to improve their socio-economic situation in the three districts. While the involvement of the private sector has been pursued to improve the socio-economic empowerment of young women in Mogovolas, in Nampula and Rapale this has been a large challenge. With the economic down turn as result of COVID-19, it is feared that economic empowerment of young women may become even a harder challenge (Abodurin et al. 2020).

#### Changes in access to education for adolescents and young women

Poverty limits access to education, while lack of education in turn influences future job opportunities. In turn lack of job opportunities were also found to negatively influence the desire to continue education as was found in the Yes I Do baseline. Despite the fact that economic opportunities are limited in general, the end-line study found that overall, young people seem to value education more than in previous Yes I Do studies. Young women in the end-line study highlighted the importance of being able to study and to access the job market in order to be able to support themselves and their families economically. Most of them also agreed that they want to be economically independent before marriage and pregnancy. This view was also shared in a recent study by Packer et al, where participants mentioned that their perspective on when to marry and have children has changed after realising that women can also have access to education and job opportunities (Packer et al., 2020). This in contrast to especially the baseline study in 2016, where many young people saw child marriage as an alternative to education and as a means to reduce poverty.

Pregnancy is one of the main causes of school dropout amongst young women. Expulsion, re-entry or continuation are the three types of policies that governments can take. In Mozambique, the government took continuation of school as the guiding principle in their policies around pregnancies in school (Sallvi, 2018). This approach was said to have had positive results by the end-line study participants, who indicated that the number of young women attending secondary school has increased in the past four years. Several activities and programmes have influenced this change, for instance, offering night education for young mothers and pregnant women to continue their education in school. However, the government needs to ensure that there will be enough schools for everyone and that travel to and from school is safe, also during night schooling.

Table 20 **Recommendations – Pathway 4**

Programme	
It would be recommended to	Scale up economic empowerment activities to reach out to (more) young people
	Review best practices and principles of successful economic empowerment activities for young people from neighbouring countries and see if they could be adapted to the context in Mozambique
	Advocate that even those living far from the city have access to education institutions.
Research	
More research could be conducted on how young people could be supported to successfully undertake economic initiatives and what (mentoring/on the job) support they would require thereby.	

## 4.4 PATHWAY 5

### REFORM AND IMPLEMENTATION OF POLICIES AND LAWS

One of the most significant changes observed at end-line was the approval in 2019 of the Law to prevent and fight premature unions. Although the national strategy for the prevention and combating of early marriage (2015-2019) was already in place at baseline, the law formalizes this and perpetrators can now be penalized, including being sent to jail. In all three districts, participants mentioned efforts of multi-sectorial committees composed by community and traditional leaders, CBOs, NGOs, police judges and other relevant gatekeepers, who meet occasionally to discuss and decide on reported cases of child marriage. However, in spite of this, not all end-line respondents were aware of the law or the legal age of marriage. This was especially the case among young females.

Furthermore, while child marriage has been decreasing over time, it is still happening. There are still incidences of child marriage mostly linked to social norms but also issues of poverty. End-line participants talked about cases of child marriage where girls were given in marriage in an effort to create a link with a wealthier man/family.

Government created programmes and partnerships such as SAAJ and Geração Biz, as well as the work of national and international NGOs in the communities, are contributing to the dissemination of the newly approved law in addition to fostering discussions about SRHR.

Table 21 **Recommendations – Pathway 5**

Programme	
It would be recommended to	Further disseminate the law, including to all young people both in and out of school. This as especially not all young female end-line participants were aware of this law.
Research	
It would be recommended to study the effectiveness of the law but also the effectiveness of jail sentences, as child marriage happens mostly amongst the most vulnerable families.	

## 4.5 CROSS-CUTTING STRATEGIES

Many of the end-line participants mentioned that there is change in the communities in relation to gender equality, as result of programmes such as Yes I Do. Many indicated that men can do any task that has been traditionally ascribed to women, and vice versa. A number of participants, however, said that more needs to be done to create jobs especially for young women, as that would help to improve their financial situation and therewith empower them more to decide for themselves when to marry. Such economic empowerment remains a big challenge in the three districts where formal jobs are hardly available. In addition, the participants also talked about the need for more education opportunities for young women to stay in school beyond the primary or secondary level. Other research in Mozambique corroborates the need for girls and young women to stay in schools or to earn money. This was found to reduce their need to have sex in exchange for money or goods and therewith reduce the risk to HIV and pregnancy (McClain Burk et al., 2019).

Within the Yes I Do programme, effort has been made to enhance male involvement through community dialogues, and through including male youth peer educators. Three quarters of both female and male end-line respondents said that it is important for men and women to work together on the prevention of child marriage and teenage pregnancy. Other recent research undertaken in Mozambique found that male involvement in relation to maternal health programmes has remained limited thus far. Health care providers were not found to proactively endorse male involvement initiatives. Community members did value male attendance at antenatal care as important and men said to be willing to participate. However, such participation was negatively affected by antenatal care visits being associated with HIV infection and by existing gender and social norms. Men showing interest in their wife's health or sharing household tasks were labeled as weak or having HIV (Galle et al., 2019).

## 4.6 STRENGTHS AND LIMITATIONS OF THE STUDY

The study has a number of limitations. The biggest limitation is that due to the COVID-19 pandemic, it was not possible to follow the same sampling framework for the end-line survey as that in the 2016/2017 studies. This makes comparison of key quantitative indicators between base- and end-line not possible as explained in the methodology section. As a result, the end-line study does not provide child marriage and teenage pregnancy rates. Comparison between baseline, midline and end-line qualitative data obtained from FGDs and interviews seems to indicate a (perceived) reduction in child marriage. Changes in the occurrence of teenage pregnancy are less clear to interpret, as there are mixed messages whereby some participants indicate an increase but a somewhat larger group a reduction. This would need further research and triangulation with HMIS/DGIS2 data.

As result of the COVID-19 pandemic, the end-line survey sample was much smaller than anticipated. While all data have been provided in percentages, these are in fact based on relatively small numbers and have to be interpreted with caution. Furthermore, as also explained in the methodology section, the group involved in the end-line was selected because they could be traced back in times of COVID-19. As such, this group is not representative for all youth in the three districts. They included young people that were involved in the Champions of Change intervention, and therefore, the end-line quantitative data could provide a more positive picture than if the study was undertaken in the general population, as these Champions of Change were all trained in gender equality and SRHR by Plan.

Another limitation is that it is challenging to identify which changes are the result of the Yes I Do programme. This because of other initiatives that take place, the SAAJ for instance are a government initiative and not dependent on Yes I Do. In addition, not all respondents and participants in the studies were familiar with the name Yes I Do. Yes I Do alliance partners mostly use the name of the organisations they work for instead of labelling their activities as Yes I Do. This made it harder to explore the changes created by the Yes I Do programme.

As explained in the methodology section, effort has been made to consistently involve as much as possible the same research assistants and supervisors in the different study rounds. In addition, the core study team from KIT's side has remained the same, this allowed for better understanding of the situation and context and more in-depth analysis.

## 5. CONCLUSIONS AND RECOMMENDATIONS

### 5.1. CONCLUSION

The end-line results show that the causes and consequences of child marriage and teenage pregnancy have remained mostly the same in the Yes I Do implementation districts over the past four years. These causes and consequences are deeply embedded in the culture and systems. The Yes I Do Theory of Change strategies defined at the beginning of the programme continued to be relevant to address these causes. At the onset of the Yes I Do programme, a down going trend of child marriage was already observed in Northern Mozambique. This trend seems to have further continued according to the midline and end-line participants interviewed. The results are less clear in relation to the teenage pregnancy rate, although quite a few stakeholders believed that this rate is also going down.

Most gatekeepers, young women and men do not see any benefits of child marriage and teenage pregnancy, but all are aware of their continued – be it reduced when it comes to child marriage – practice. The new Mozambican law for prevention of premature unions encourages people to report cases of child marriage. Multi-sectorial committees actively work in communities to disseminate the new law as well discuss and decide on reported cases of child marriage.

Action to address teenage pregnancy and child marriage reported at midline continued till end-line, with lectures or talks in communities, health centres and schools being the most common and used information sources mentioned by all stakeholders. The active prevention of teenage pregnancy takes place in health centres, SAAJ, schools and communities with the free distribution of contraceptives and explanation about their usage and effects. Many of the young women and men interviewed at end-line reported to have knowledge and sometimes to participate in youth group activities, where a safe environment to discuss sensitive topics among youth is created. However, they as well as other stakeholders, also indicated that there are still groups of youth that do not have access to information or services, this seems particularly the case for young women. Intergenerational communication, although it occurs, was reported to still be a challenge. The effect of COVID-19 and the measures around that still needs to become clear in future research.

### 5.2. RECOMMENDATIONS FOR FUTURE PROGRAMME

The recommendations for the programme have already been described in more detail in the discussion section of this report. In summary it is recommended that:

- The causes of both child marriage and teenage pregnancy, which are deeply embedded in the society, culture and systems, continue to be addressed as these cannot be changed in just a few years.
- Advocacy is undertaken amongst key stakeholders on the importance of improved communication amongst young people about affectionate relationships and consent
- Interventions reach out to the group of youth, especially young girls, who are still less aware of their SHR rights and are also less accessing SRH services.
- Interventions review how to best address the issue of sexual violence.
- Parents are supported to improve their skills to discuss sexuality and relationships with their children.
- Economic empowerment activities are scaled up so that they can reach out to (more) young people
- A review is undertaken on best practices and principles of successful economic empowerment activities for young people from neighbouring countries to see if these can be adapted to the context in Mozambique.
- Advocacy is undertaken on improving access to education for those that are living far from the city.
- The law on child marriage is further disseminated, including to all young people both in and out of school.

### 5.3. RECOMMENDATIONS FOR FUTHER RESEARCH

Recommendations for research have also already been described in more detail in the discussion section of this report. In summary it is recommended to:

- Conduct a study on how young people see relationships and dating and how they would define meaningful relationships.
- Undertake analysis of DHIS2 data over the years in combination with the latest census data once that becomes available to establish to current teenage pregnancy rates in the districts.
- Conduct a study on how the shift in focus of the initiation rites to more age appropriate information influences the possible delay of sexual debut.
- Review and document the meaningful youth engagement within the SAAJ coordination committees.
- Conduct research on how young people could be supported to successfully undertake economic initiatives and what (mentoring/on the job) support they would require thereby.
- Conduct a study on the effectiveness of the law, but also the effectiveness of jail sentences, as child marriage happens mostly amongst the most vulnerable families.

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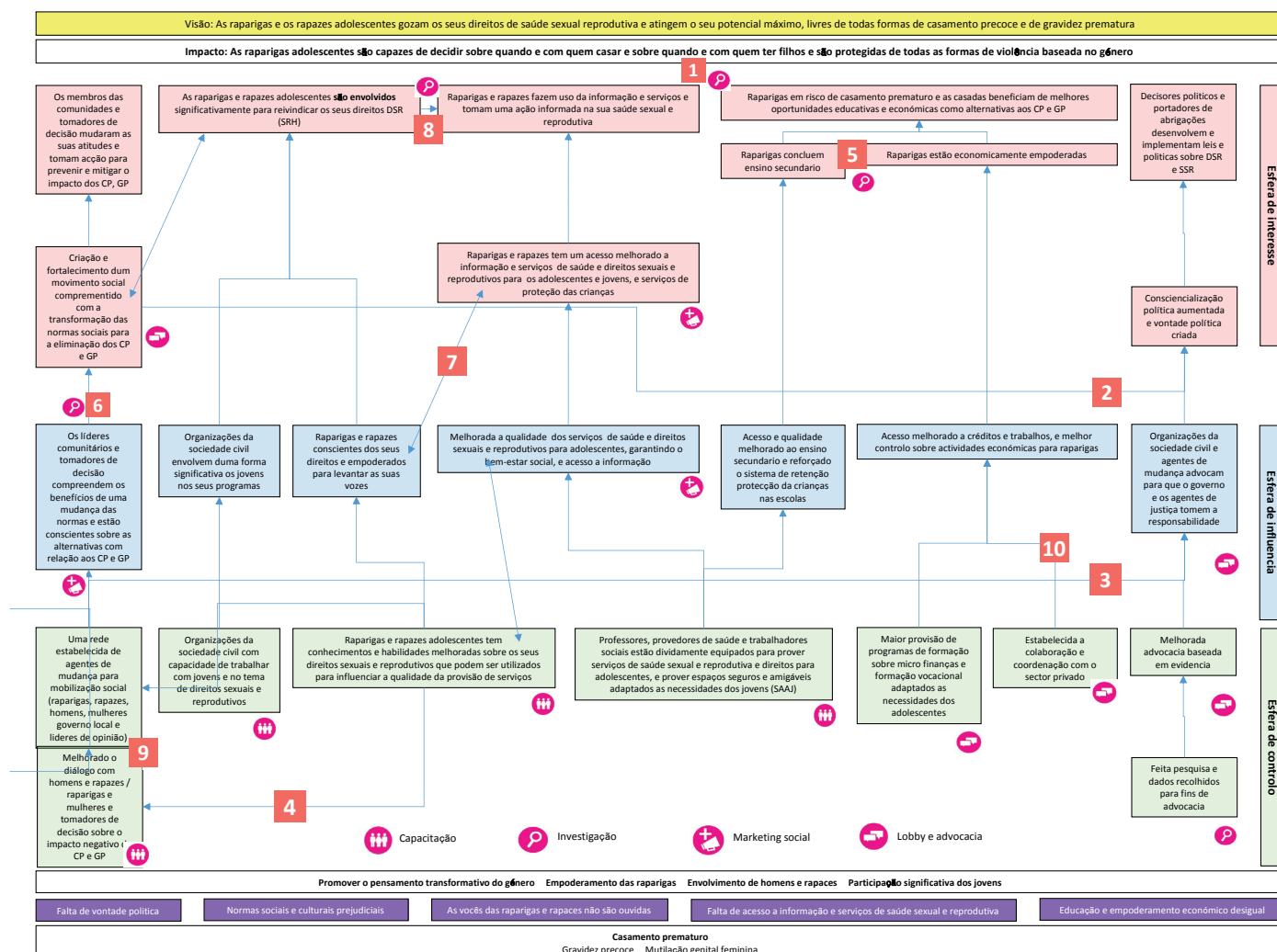
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## MOZAMBIQUE THEORY OF CHANGE VISUAL



The assumptions that are underlying the ToC are the following (please note that the number in the visual correspondent to the number of each assumption):

1. Only a combined approach of strategies will reduce CM and TP.<sup>1</sup>
2. Policy makers are as much influenced by social norms, as people in communities.<sup>2</sup>
3. Change agents are willing to organize themselves to influence community members and to hold duty bearers accountable.<sup>3</sup>
4. When adolescent girls and boys have improved knowledge concerning their rights, they want to organize themselves to influence others.<sup>4</sup>
5. When adolescent girls finish post-primary education, they have more chances to be economically empowered.<sup>5</sup>
6. Through rights awareness and alternatives, people will take action to change their social environment.<sup>6</sup>
7. Meaningful youth engagement is required to increase access and uptake of quality ASRHR services and information.<sup>7</sup>
8. When girls and boys are meaningfully engaged to claim their SRHR they will take informed action on their SRH. <sup>8, 9</sup>
9. Through participating in intergenerational dialogue, men and boys become allies in changing social norms. <sup>10, 11</sup>
10. Engaged private sector actors are willing to provide traineeships and jobs for girls.

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