A STRATEGIC ALIGNMENT FRAMEWORK FOR THE PREVENTION AND COMBAT OF EARLY MARRIAGE AND MATERNITY IN ZAMBÉZIA PROVINCE, MOZAMBIQUE

By

JOAQUIM MUCHANESSA DAÚSSE NHAMPOCA

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DECLARATION

Student number: 49114662

I declare that **A STRATEGIC ALIGNMENT FRAMEWORK FOR THE PREVENTION AND COMBAT OF EARLY MARRIAGE AND MATERNITY IN ZAMBÉZIA PROVINCE, MOZAMBIQUE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

Joaquim Muchanessa Daússe Nhampoca

DEDICATION

I dedicate this work to my family, especially to my father (Amade Nhampoca), sisters (Graça and Paula), wife (Ezra) and daughters (Ndawina, Maya Luna and Dominique Joaquina).

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ABSTRACT

Despite all the legislative efforts regarding child protection and campaigns to prevent and combat early marriage and maternity, Mozambique was ranked 9th globally in terms of the prevalence of early marriage, with 48% of girls aged 20-24 marrying before the age of 18 years. The aim of this study was to develop a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique.

This study used a two-stage equal-status concurrent sequential mixed-method design. Data were collected through a cross-sectional survey, administered to 383 early married, maternity and pregnant girls; life story interviews with early married, maternity and pregnant girls (25) aged 10-19 years; semi-structured interviews with professionals from the education and health sectors, local authorities, families of the early married, maternity and pregnant girls (37), and group discussions with members of a child committee (16).

The results indicated that the majority of early married, maternity and pregnant girls only completed primary education (55.9%), followed by secondary education (39.9%), and higher education (2.9%). About 65% of adolescent girls became pregnant at the age of 15-17. Among adolescent girls, 18.8% had their first baby before the age of 15 years and 99.2% had their first baby before they were 18 years old. Among the early maternity girls (362), 24.3% responded “yes” to the questions about health complications during their first baby’s birth and 75.7% of the respondents said “no”. Socio-cultural meanings, such as socialisation into roles, legitimising having children, the value and benefits of the bridewealth, the role of initiation, the social meaning of the first menstruation, geographical and transport issues were the main drivers for school dropout, forcing adolescent girls to marry. Engaging in sexual practices was found to provide the girls a sense of meaning and purpose, or as a result of poverty. Physical aspects, interpersonal relations, education, work, and emotional distress were some of the negative consequences of early marriage and maternity. There were some relevant interventions and efforts to prevent and combat early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province,

Mozambique. However, the alignment of the activities implemented by different NGOs and CBOs to MNSPCM (2016-2019) was still a challenge. Only *World Vision* was implementing programmes aligned to the National Strategy.

Based on the results, I developed a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique.

Keywords: Adolescent, adolescent mother, adolescent pregnancy, child marriage, childbearing, early marriage, framework, mixed metdods, maternity, motherhood, prevention, sexual and reproductive health, social construction, social representation and embeddedness.

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LIST OF ABBREVIATION

CECAP	Coligação para a Eliminação dos Casamentos Prematuros
CEPSA	Centro de Pesquisa em População e Saúde
DPEDH	Direcção Provincial de Educação e Desenvolvimento Humano
DPS	Direcção Provincial da Saúde
DPGCAS	Direcção Provincial do Género, Criança e Acção Social
ICF	International Classification of Functioning, Disability and Health
INE	Instituto Nacional de Estatística

IMASIDA	Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique
MINEDH	Ministério da Educação e Desenvolvimento Humano
MISAU	Ministério da Saúde
MGCAS	Ministério do Género, Criança e Acção Social
NAFEZA	Núcleo das Associações Femininas da Zambézia
SRH	Sexual and Reproductive Health
UNFPA	United Nation Population Fund
UNICEF	United Nation Children's Fund
WHO	World Health Organization

CHAPTER 1
ORIENTATION OF THE STUDY

"Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less."

Marie Curie (Benarde, 1973:v)

1.1 INTRODUCTION

This chapter contextualises and problematises the phenomena under study namely, early marriage and maternity. The chapter provides an orientation to the study and includes the research aim, objectives and the questions under which the study was developed. Also, the significance of the study, definitions, the theoretical foundation of the study, the research design and methods, ethical considerations, scope and limitation are mentioned, and finally, the outline of the chapters is provided. A brief introduction and background to the topic will now follow.

Early marriage, along with early maternity, is a global problem that cuts across all countries, cultures, ethnicities and religions. As such, it has become a matter of interest targeted in global, continental, regional and local initiatives (Dziva & Mazambani 2017:73; Granata 2015:38; Rumble, Peterman, Irdiana, Triyana & Minnick 2018:1; Svanemyr, Chandra-Mouli, Raj, Travers & Sundaram 2015:1). By definition, early marriage refers to a union where at least one of the persons involved is under the age of 18 at the time of marriage (Greene 2014:3; Granata 2015:39). This definition recalls the concept of a child, namely a human being under the age of 18, in accordance to Article 1 of the United Nations' Convention on the Rights of the Child (Granata 2015:40). Another relevant concept used in this study is maternity; it is the state of being or becoming a mother or the process of having a baby (Diallo, Baldé, Diallo, Baldé, Diallo, Sylla, et al. 2019:982).

It is worth noting that when talking about early marriage, there are two other concurrent concepts needing attention, namely forced marriage and arranged marriage. Forced marriage is when one or both of the parties do not consent the marriage, or marriage occurs against an individual's will. Conversely, an arranged marriage is when the two parties consent to be assisted by their parents or other people in identifying a spouse

(Greene 2014:3). Each year 15 million girls under the age of 18 (UNICEF 2014:6) get married, and 90% of adolescent births among 15-19 year-olds occur within marriage (UNFPA 2015:8). Latest trends from UNICEF (2018) revealed that the practice of early marriage has continued to decline around the world from 25% in 2005 to 21% in 2015, with women aged 20-24 getting married or living in union before the age of 18 years. The same study from UNICEF (2018) also identified that if the observed decline continues, the percentage of women who first got married or lived in union before the age of 18 years will potentially drop to 17% by 2030 and 13% by 2050. However, if the progress is accelerated, the prevalence of early marriage could be as low as 14% by 2030 and 8% by 2050 (UNICEF 2018:6).

The global distribution of girls who married before the age of 18 years indicate that South Asia (44%) still has the most child brides, with more than 40% of the global burden, followed by sub-Saharan Africa (18%), East Asia and the Pacific (12%), Latin America and the Caribbean (9%), Middle East and North Africa (5%), and other regions (12%) (UNICEF 2018:3-4). UNICEF's data projection indicated that the global burden of child marriage (another terminology of early marriage) was shifting from South Asia to sub-Saharan Africa, where the rate of child marriage has had a modest decline. However, due to population growth in the coming years, it is expected that a higher number of child brides will be seen in sub-Saharan Africa (UNICEF 2018:3-4).

Mozambique was ranked 9th with regards to the rate of early marriage globally, where 14% of Mozambican girls aged 20-24 were married before 15 years of age. The proportion of girls in the same age group married before 18 was 48% (UNICEF 2017:185-187; Girls not Brides 2018:1). In terms of affected regions, the highest rates of early marriage were found in the Central and Northern provinces of Mozambique. Regions in the North are affected as follows: Niassa (56%), Cabo Delgado (61%), Nampula (62%). Moreover, in Central Mozambique, rates were: Zambézia (47%), Manica (59%) and Tete (52%) where girls aged 20-24 were married before the age of 18 years (UNICEF 2015:103; CECAP & Oxford Policy Management 2014:3).

1.2 MY PERSONAL SITUATEDNESS

As a former teacher at a secondary school, I witnessed girls becoming pregnant at an early age. They were often forced to withdraw from school or attend evening classes

to continue their education. This put them at greater risk and they were more vulnerable with regards to being subjected to gender-based violence, due to being outside the home at night. A further consequence was early marriage and maternity due to being early school dropouts. Moreover, as a professional in gender-based violence at the Department of Family and Children Victims of Violence (at the Police Head Quarters), I have witnessed and dealt with reported cases of girls as victims of rape, often associated with an unintended pregnancy. Figures from the police (Table 1.1) showed girls' exposure to different types of abuse including sexual harassment, forced sexual intercourse and sexual intercourse leading to sexually transmitted infections. According to Article 18 of the Domestic Violence Act (No. 29/2009 of 29 September), having sexual intercourse while suffering from sexually transmitted infections refers to a criminal offence (Mozambique 2009:s3).

Table 1.1: Physical and sexual abuse against girls - 2016

TYPE OF ABUSE	NUMBER OF GIRLS AS VICTIMS
Physical abuse	321
Ill-treatment of children	105
Sexual intercourse while having sexually transmitted infections	3
Forced sexual intercourse	8
Rape	252
Rape of minors under 12 years old	361
Sex with children	129
Indecent assault	49
Use of children for pornography	6
Incitement to prostitution	1

Source: Comando Geral da Polícia - Departamento de Atendimento à Família e Menores Vítimas de Violência, 2016

Another problem that I observed was girls dating at an early age, often influenced by a common practice known as '*catorzinhas*' (little fourteens) which derives from the Portuguese word 'catorze' (fourteen). This practice involves adults (some already married) dating or engaging in sexual intercourse with teenagers. This practice was identified as putting the girls at risk of contracting HIV and they had no power to negotiate safer sex (Estavela & Seidl, 2015:575).

1.3 PROBLEM STATEMENT

If one considers the presented background and my personal experiences, then early marriage and maternity is not only a violation of human rights but also a barrier for gender parity in education (UNESCO & UNICEF, 2015:56-58). It would, however, seem that even where strong legal frameworks and strategies exist, their enforcement often remains weak. Maganja da Costa and Morrumbala districts (the areas under focus in this study) in Zambézia Province, a centre of Mozambique, are no exception. In terms of the law, no person is allowed to enter into marriage under the age of 18 years. Additionally, Maganja da Costa and Morrumbala districts have a long tradition of community-based interventions from UN Agencies (UNICEF, UNFPA) and Civil Society (Save the Children and World Vision) programmes. Yet despite legislation and interventions, the two districts still experience high levels of early marriage within the province, with 10-19% of girls getting married before the age of 18 years (Arnaldo, Sengo, Manhice, Langa & Cau 2016:26).

Therefore, it becomes relevant to question why adolescent girls enter into marriage at an early age and how this practice is conceived of and socially represented within the communities. I was also interested in knowing if the intervention programmes regarding the prevention and combat of early marriage and maternity met the needs of adolescent girls given the high rate of early marriage. If not, what would be needed for the district level to align with Mozambique's National Strategy to Prevent and Combat Child Marriage (MNSPCM) (2016-2019)?

1.4 RESEARCH AIM

The aim of this study was to develop a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique.

1.4.1 Research objectives

I linked a number of the principles of MNSPCM (2016-2019) to the research objectives. The objectives of the study were divided into three phases, as follows:

1.4.1.1 Phase One (Quantitative)

- To explore the existing database and administrative data (statistics) on early marriage and maternity in order to provide an overview of the problem and the specific characteristics of the girls involved in early marriage in Maganja da Costa and Morrumbala districts in Zambézia Province.
- To administer a cross-sectional survey to early married, maternity and pregnant girls in Maganja da Costa and Morrumbala districts in Zambézia Province in order to identify social factors or other elements that enable early marriage and maternity, and the existing relations among the factors.

1.4.1.2 Phase Two (Qualitative)

The second phase is divided into two parts.

Part one:

- To explore and describe the life stories of early married, maternal and pregnant girls.
- To explore and describe families' experiences of early marriage and maternity.
- To explore and describe community leaders' role and experiences of early marriage and maternity.
- To identify community perceptions of early marriage and maternity.

Part two:

- To identify and explore ongoing non-governmental and community-based programmes addressing early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province.
- To assess current strategies implemented by non-governmental and community-based organisations to address early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province.
    - To identify the existing mechanism for girls' participation in the reduction of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province.

1.4.1.3 Phase Three (Strategic alignment framework development)

Based on the findings of the previous phases, this phase aimed to develop a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique.

1.4.2 Research questions

Next, I present the specific research questions in accordance with each phase of the study.

1.4.2.1 Phase One (Quantitative)

- What is the current state of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?
- What social factors or other elements enable early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?

1.4.2.2 Phase Two (Qualitative)

The second phase has two parts.

Part one

- What are the life stories of early married, maternal and pregnant girls?
- What are families' experiences of early marriage and maternity?
- What are community leaders' role and experiences of early marriage and maternity?
- What are community perceptions of early marriage and maternity?

Part two

- What non-governmental and community-based programmes are in place to

address early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?

- What are the current strategies implemented by non-governmental and community-based organisations to address early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?
- What are the existing mechanisms for girls' participation to contribute to the reduction of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?

1.4.2.3 Phase Three (Strategic alignment framework development)

- What should be included in a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique?

1.5 SIGNIFICANCE OF THE STUDY

Early marriage constitutes a phenomenon affecting mostly girls, with severe consequences for these girls' health and education. Research in different regions and countries, including Mozambique, has shown the adverse outcomes of early marriage and maternity. In Maganja da Costa and Morrumbala districts in Zambézia Province, high rates of early marriage still persist.

This study aimed to contribute to the efforts regarding the prevention and combat of early marriage and maternity with a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique. Therefore, this strategic alignment framework might be important for government institutions, non-governmental organisations (NGOs), and community-based organisations (CBOs) for informed decision-making and interventions. In particular, teachers, health professionals, social workers, police, magistrates, gender focal points, child protection officers, child committee members, traditional and faith leaders, and other relevant stakeholders could benefit since early marriage and maternity is an issue requiring multi-sector collaborations and interventions.

1.6 DEFINITION OF TERMS

1.6.1 Early marriage

Early marriage refers to a union, either formal or informal, where one or both parties are under the age of 18 years (Warner, Staebenau & Glinski 2014:2; Raj, Salazar, Jackson, Wyss, McClendon, Khanna, et al. 2019:1). MNSPCM (2016-2019) defines 'early marriage' (or child marriage) as "an engagement involving children under 18 years". In this study, early marriage refers to a consented or non-consented union between a man and a girl younger than the age of 18 years.

1.6.2 Maternity

Maternity is commonly used in the literature linked to being or becoming maternal (a mother), or the process of having a baby (Diallo, Baldé, Diallo, Baldé, Diallo, Sylla et al. 2019:982; Siregar, Pitriyan, Walters Brown, Phan & Mathisen 2019:1; Warnock, Craig, Bakeman, Castral & Mirlashari 2016:1-2). In this study, maternity refers to childbirth and becoming a mother.

1.6.3 Adolescent girls

These are girls aged 10-19 years (Bardají, Mindu, Augusto, Casellas, Cambaco, Simbine, et al. 2018:157; Psaki, Soler-Hampejsek, Saha, Mensch & Amin 2019:1908). This coincides with the definition from the World Health Organisation (WHO) (2014) regarding adolescence (10-19 years). In this study, the term 'adolescent' is used when referring to girls aged 10 - 19 years.

1.6.4 Prevention

This is the act of keeping something from happening or preventing an anticipated or intended event from occurring (Oxford English Dictionary 2018:1447). In this study, prevention means all the actions taken at individual, family, community and societal levels to avoid early marriage and maternity.

1.6.5 Combat

According to the Merriam Webster Online Dictionary (2019), ‘combat’ is managing to stop something from happening or becoming worse. In this study, combat refers to the efforts aimed at stopping early marriage and maternity.

1.6.6 Strategic

This term relates to a strategy (strategic plan); it is a long-term plan of action performed to achieve a certain goal (Jasti, Livesey, Oppenheimer & Boyce 2019:1391). This study uses the term ‘strategic’ to refer to the planned actions for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique.

1.6.7 Alignment

Alignment refers to the adjustment of parts in relation to one another (Frey 2018:27). In this study, alignment refers to the adjustment of different views and strategies in relation to a strategic framework.

1.6.8 Framework

A framework is an abstract, logical structure of meaning that guides the development of a study, enabling the researcher to link the findings to emerging knowledge (Gray, Grove & Sutherland 2017:38). In this study, the framework refers to a series of actions and their relationship, involving programmes, activities, and attitudes to be taken up in order to prevent and combat early marriage and maternity.

1.7 THEORETICAL FOUNDATION OF THE STUDY

In this section, I present the theoretical and meta-theoretical grounding for this study.

1.7.1 Meta-theoretical grounding of the study

This study was founded within a transformative paradigm (Mertens 2012:804), also known as transformative-emancipatory perspective (Shannon-Baker 2016:326). This paradigm has been used in mixed-method research and focuses on the enhancement of human rights and social justice (Mertens 2012:804; Mertens 2018:391). The transformative paradigm is suitable when researching people who suffer any discrimination based on race/ethnicity, disability, immigrant status, political conflicts, sexual orientation, poverty, gender, age, and so on. It is also a research framework which focuses on the analysis of power differences that cause marginalisation, perpetuating social inequities (Mertens 2009 cited in Mertens 2017:20; Jackson, Pukys, Castro, Hermosura, Mendez, Vohra-Gupta, Padilla & Morales 2018:111).

According to Mertens (2012:804) and Mertens, Olavarria and Peroni (2018:395), the transformative paradigm is inclusive of four sets of assumptions:

- Axiology refers to the nature of values. It comprises beliefs and moral attitude concerning ethical issues.
- Ontology is used to refer to the nature of being; the essense of the reality.
- Epistemology refers to the nature of knowledge and the condition of its production between the subject and object.
- Methodology refers to the means and procedures of inquiry carried out systematically in a particular field or discipline.

Mertens (2017:18-19) suggests that researchers using transformative paradigms should have a profound understanding of the community and its history, with an emphasis on the research site where a sound relationship is required. People from the community should be involved, thereby respecting their culture (Mertens 2012:2). This epistemological assumption was also stressed by Chilisa, Emily and Khudu-Petersen

(2017:328), who argue that a relational epistemology which focus on the “African indigenous ways of knowing [that comprises] practices of doing and networks, relationships, connections and system that make up and inform reality” (Chilisa et al 2017:328). My contact with people living in Maganja da Costa and Morrumbala districts, and the fact that this study dealt with early married, maternal and pregnant girls – whereby their rights were violated and their voice not heard – justified the use of the transformative paradigm.

As mentioned, studies using a transformative paradigm gives attention to power differences, the consequences resulting from these differences, and the subsequent ethical implications (Mertens et al. cited in Biddle & Schafft 2015:327). This calls for the concept of social justice. Dwyer (2013:14) refers to social justice in terms of equality and inequality. The equality and inequality can be between individual members of the same society and between different societies.

Considering the discussion around social justice, I postulate that social justice is concerned with equal treatment, opportunities, access and redistribution of resources in society (Dwyer 2013:14). However, there is no social justice without human rights embedded in it. Therefore, when talking about early marriage and maternity, particular attention should be given to the following rights covered by the United Nations Convention on the Rights of the Child: right to education (Article 28), to health and health services (Article 24), to rest and leisure, and to participate freely in cultural life and the arts (Article 31) and not be separated from their parents against their will (Article 9), putting into risk the child’s welfare (Article 36).

The study respected the ethical issue (axiology) by guaranteeing the rights of the participants, their values, social norms, and by developing a relationship engaged in culturally respectful research (Mertens 2017:20). In the perspective of the African-based relational paradigm mentioned by Chilisa et al. (2017:337), a “relational ethical framework” calls for fairness, which is built on research that considers people’s needs, experiences and indigenous knowledge systems. With regards to ontology, I also considered the different versions of reality. Thus, the transformation of early married and maternity girls was investigated in order to understand their childhood, the family and community relations, and the conditions in which they live.

Concerning the epistemological assumption, it was important to construct a harmonious relationship and recognise the knowledge of the community. Early married and maternity girls were considered experts regarding early marriage and maternity. This underlines the indigenous paradigms whereby epistemologies present opportunities for researchers and participants to co-produce knowledge (Chilisa et al. 2017:337). Finally, as a methodological assumption, the study used a mixed-methods research design which is appropriate for transformative paradigms (Mertens 2017:23).

1.7.2 Theoretical framework

This study used both the Social Representations Theory (SRT) (Rateau, Moliner & Abric 2012:2) and Embeddedness Theory (ET) (Granovetter 1985) to understand early marriage and maternity. The SRT was elaborated on by Moscovici (1961) in his work *Psychoanalysis, its image and its public.* This theory was later discussed and used in many social science studies with experimental applications (Reteau et al. 2012:3; Flick & Foster 2017:2). The SRT is a flexible conceptual framework that enables us to understand and explain the way individuals and groups elaborate, transform and communicate their social reality (Rateau et al. 2012:2).

The SRT was criticised for the imprecision of its concept (McKinlay & Potter 1987; Potter & Litton 1985 cited in Reteau 2012:13). Another criticism was a tighter degree of formalism which still needed to be reached in SRT, and the lack of conceptual clarity (Lahlou 2015:18; Wagner 2015:1). However, some of the concerns in terms of its imprecision, such as the use of the concept of 'mentality' linked to the cognitive issue, was overcome along the life of the theory. For example, the notion of 'mentality' which was earlier questioned by historians was later used within the project of a 'history of mentalities' which comes down to a history of social representation (Reteau et al. 2012:14).

The SRT was suitable to analyse the processes of the social construction of reality. From this approach, I complied with the ontological assumption of the transformative paradigm related to "beliefs about the nature of reality" (Mertens 2012:804). Mertens argues that multiple factors generate beliefs as well as multiple versions of reality. She recognises that realities are constructed as influenced by individuals' positions or

privileges in society, such as gender, sexual identity, race, ethnicity, religion, economic status, and disability (Mertens cited in Mertens 2017:22). Therefore, in the context of this research, I highlight the distinctive structural factors (poverty and socio-cultural practice) associated with early marriage and maternity and its perception as reality among the participants.

As a theory of 'common sense', the SRT is appropriate to study the way people – in their daily life and interactions – build a different representation of an object according to their opinions, knowledge, experience and beliefs (Reteau et al. 2012:14; Flick & Foster 2017:4). This offers insight for a better understanding of how early marriage and maternity are perceived according to one's experience, knowledge, opinion and beliefs.

Rateau et al. (2012:3) considered social representation as a set of 'cognitive elements' related to a social object. In their analysis, they identified four characteristics of the set. The first is the ***organisation***. It means that *the elements that constitute a social representation interact with each other*. Second, the representation is ***shared*** by the members of a particular group; third, social representation is ***collectively produced*** through the communication process. Fourth, the representation is ***socially useful*** (Rateau et al. 2012:3). I therefore used the four characteristics of social representation according to Rateau et al. (2012). I then drew an analytical diagram (Figure 1.1) to understand how early marriage and maternity (as reality) are socially constructed by the individual and the community.

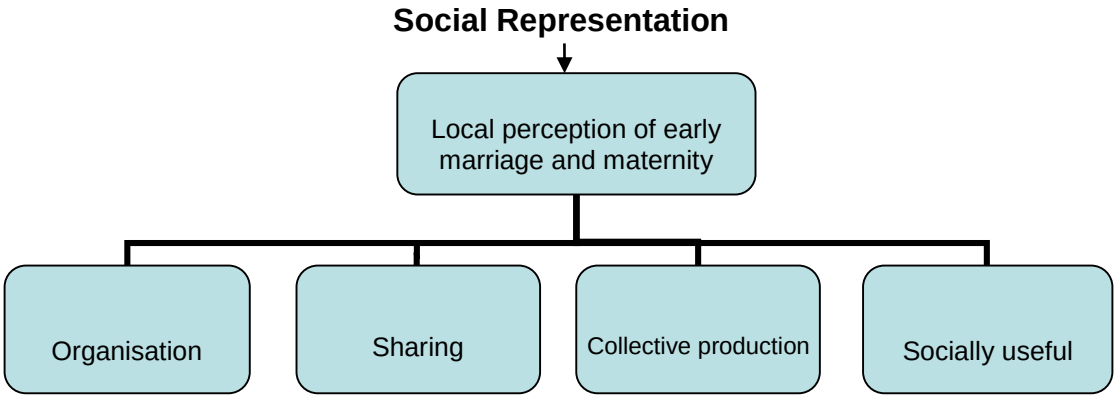

Figure 1.1: Analytic diagram of the cognitive elements of social representation

The ET of Mark Granovetter (1985), tries to understand how an action is affected by the surrounding factors for the decision. Granovetter (1985:487) argues that individuals do not act mechanically; their actions are embedded in a network of social relations, and they have the ability and rationale (agency) to perform their roles, act and take conscious decisions, and overcome the constraints caused by the social structures. This means that actors/agents are willing to choose within different alternatives. As mentioned by Maurer (2012:492), Granovetter emphasises the simultaneous necessity of individuals' interests and actions as embedded in networks of social interactions. Holding the assumption that marriage, like all social relations, is conditioned by its social contexts (Lin 2013:401), I intended with the ET to understand how institutions, such as family, are affected by surrounding factors in accepting (or rejecting) early marriage and maternity.

1.8 RESEARCH DESIGN AND METHODS

This section provides a brief overview of the research design and methods. A full discussion will be presented in Chapter 3.

1.8.1 Research design

This study used a two-stage equal-status concurrent sequential mixed-method design (Schoonenboom & Johnson 2017:113).

1.8.2 Setting and population of the study

This study was undertaken in Maganja da Costa and Morrumbala districts in Zambézia Province, in the centre of Mozambique.

1.8.2.1 Maganja da Costa District

The district of Maganja da Costa is located in Zambézia Province, in the centre of Mozambique. The district is flanked from the South by the Indian Ocean, from the East by the district of Pebane, and from the West by Mocuba and Namacurra. The total area of the district covers 7764 km² (INE, 2012:9).

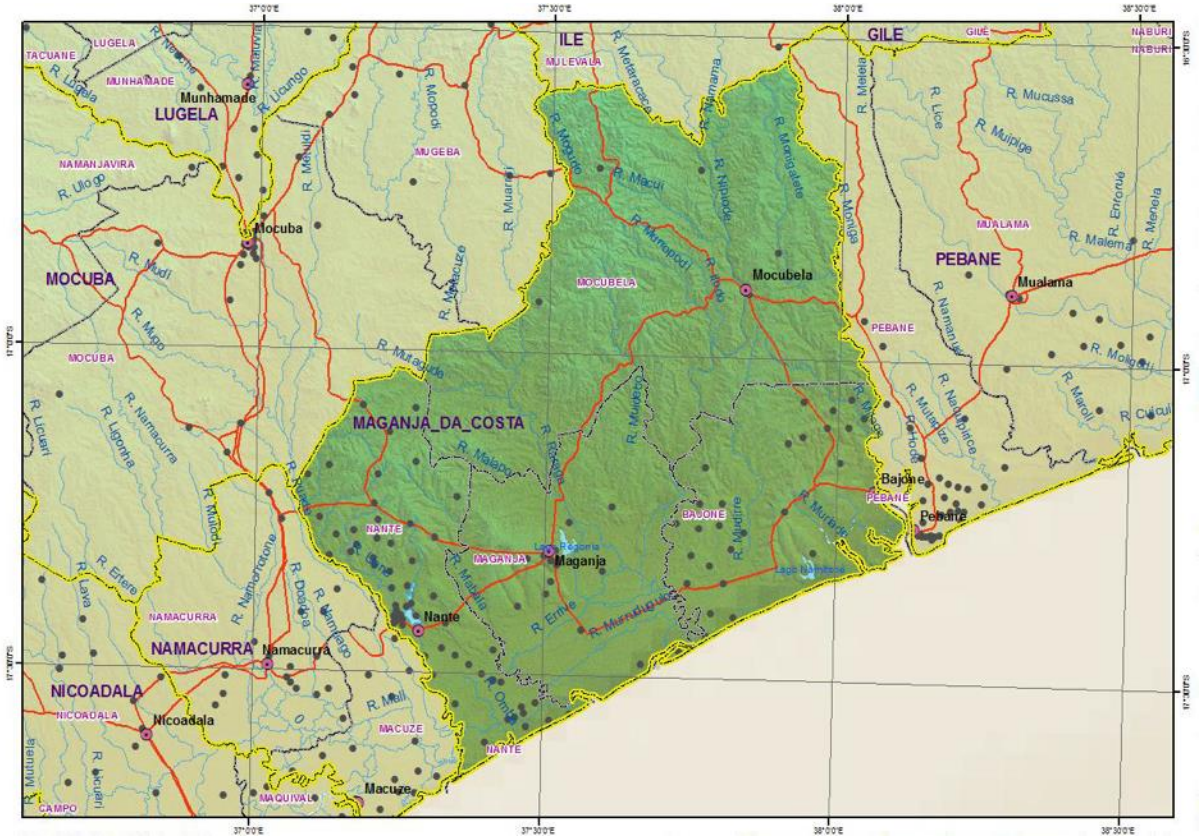

Figure 1.2: Map of Maganja da Costa District

Source: INE, Department of Cartography (raul.cumbe.gov.mz), Maputo. October 2012

1.8.2.2 Morrumbala District

The district of Morrumbala is flanked from the North by Milange District, from the South by Mopeia District, from the East by Nicoadala and Mocuba, and from the West by Tete Province (Mutarara district) and the Republic of Malawi (INE, 2012:9). The district occupies an area of 12 801km².

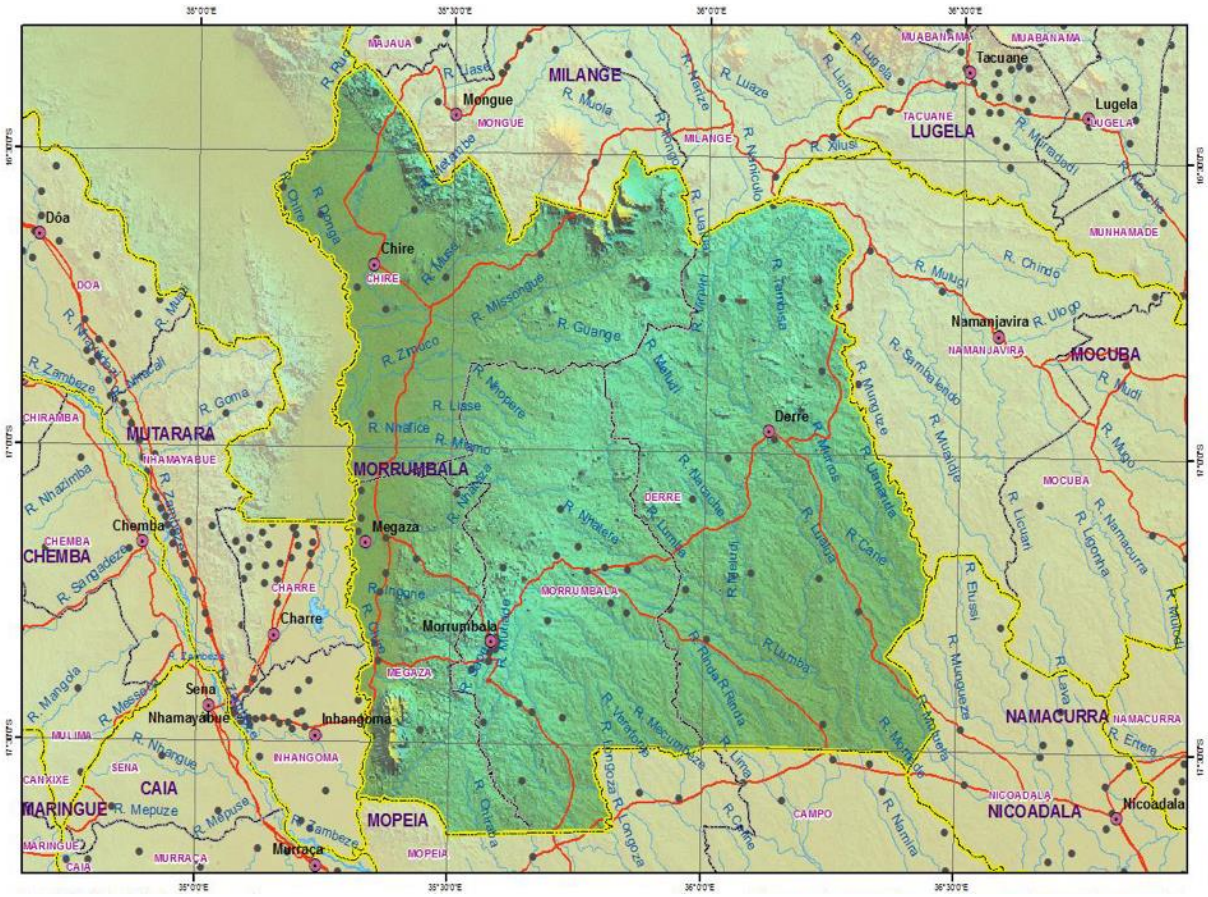

Figure 1.3: Map of Morrumbala District

Source: INE, Department of Cartography (raul.cumbe.gov.mz), Maputo. October 2012

1.8.2.3 Population

According to projected data from the National Institute of Statistics, the district of Maganja da Costa had a total population of 321 749 in 2017. Women accounted for 170 351 and men 151 398. The population of girls aged 10-19 was 37 539. In turn, Morrumbala District had a population of 482 939; of those, 246 433 were women and 236 506 were men. The population of girls aged 10-19 was 50 237 (INE, 2010:99-101). No data were available for the population of girls under 18 years. Information from the Annual Statistics report 2010 (Projection 2007-2040) and 2017 (National and specific Report for Zambézia Province) divide the population in age groups that do not capture exact age under 18 (eg. 0; 1-4; 5-9; 10-14; 15-19; 20-24). Therefore, I used data from the age groups 10-14 and 15-19 to constitute adolescents (10-19). According to Arnaldo et al. (2016:26), 10 to 19% of women in Maganja da Costa and Morrumbala were married before they were 18 years old.

1.8.3 Sample and sampling

The sample and sampling methods aligned with each phase of the study.

1.8.3.1 Phase One (Quantitative)

In this section, I briefly discuss the sample and sampling, data collection, data analysis, validity and reliability.

a) Sample and sampling

In the quantitative phase, I drew the sample in accordance with the two objectives of this phase. For Objective One (database and administrative data), the sample consisted of eight (the Ministry of Home Affairs, Ministry of Health, Ministry of Education and Human Development, Ministry of Gender, Children and Social Protection, National Institute of Statistics, Provincial Directorate of Health, Provincial Directorate of Gender, Children and Social Protection, Provincial Directorate of Education and Human Development) purposefully (Etikan, Abubakar & Alkassim, 2016:2) selected institutions. For the second objective (Survey administration) I used a non-probability sampling technique (Etikan et al. 2016:1) which consisted of 383 early married, maternity and pregnant girls.

The final sample consisted of eight purposefully selected institutions. For the second objective (Survey administration), I administered a cross-sectional survey to obtain a sample of 383 early married, maternity and pregnant girls. To do this, I used a non-probability sampling technique (Etikan et al. 2016:1).

b) Data collection

With reference to the first objective in the quantitative phase, I explored annual reports, literature, websites, surveys and administrative statistics at different institutions with emphasis on the Ministry of Education and Human Development, Ministry of Health (at national and provincial levels) and documentation of specific characteristics of the girls involved in early marriage and maternity in official reports.

For the second objective, quantitative data were collected using a cross-sectional survey (Creswell 2014:155) that was administered to early married, maternity and pregnant girls in Maganja da Costa and Morrumbala districts.

c) Data analysis

I used tabulation and graphical (descriptive statistics) analysis for the administrative data, and Statistical Package for Social Science (SPSS) version 20 for the statistical analysis of the data collected through the cross-sectional survey.

d) Validity and reliability

To ensure the validity of the survey instrument, I established measurable and objective criteria with a specific standard, such as variable categorisation, concept definition, clarification of the purposes, and originality of the data by indicating the sources. The originality of the data and indication of the sources was also applied for the validity and reliability of the administrative data (Creswell 2014:160).

1.8.3.2 Phase Two (Qualitative)

a) Sample and sampling

The study covered early married, maternity and pregnant girls aged 10 to 19 years. Other key participants included families, traditional leaders, religious leaders, teachers, health professionals, local government authorities and organisations working with local communities on sexual and reproductive health.

The study used purposive sampling (Etikan et al. 2016:1) for the qualitative phase, where I interviewed 78 participants.

b) Data collection

For the qualitative phase, I conducted life story interviews (Atkinson 2012:2) with early married, maternity and pregnant girls. Semi-structured interviews (McIntosh & Morse 2015:1) were held with families, community leaders, teachers, and health

professionals, members from the child protection committee, local government authorities, social workers and child protection officers. I also engaged with members of the child protection committee in Mepinha locality in Morrumbala District in a group discussion (O'Reilly 2009:2) to capture their views regarding the issue of early marriage and maternity, community interventions and partnerships with other stakeholders.

c) Data analysis

Qualitative data were analysed through open-thematic coding, using the steps of Tesch's data analysis process as explained in Creswell (2014:198).

d) Measures of trustworthiness

I used measures to ensure the trustworthiness of the study, including credibility, transferability, dependability, and confirmability (Creswell 2014:201; Nowell, Norris, White & Moules 2017:3).

1.8.3.3 Phase Three

This phase aimed to develop a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique. To develop the framework, I used desk review and data analysis (results from the quantitative phase and findings from the qualitative phase). This includes a SWOT (Strength, Weakness, Opportunities and Threats) analysis of early marriage and maternity.

1.9 ETHICAL CONSIDERATIONS

The University of South Africa (UNISA), Health Studies Higher Degrees Committee (Nr. 483/2015 - Annexure A) granted the ethical clearance for the study. Thereafter, the National Committee of Bioethics for Health - Comité Nacional de Bioética para Saúde - Nr. IRB00002657 (Annexure B) of the Ministry of Health - Mozambique, and authorisation from the Provincial Government of the site of study (see annexure C) granted permission. A full discussion will follow in Chapter 3.

1.10 SCOPE

This study commenced after I received ethical clearance from UNISA in November 2015. The fieldwork for data collection started in July 2017 and I returned back to the field in May 2018. Along the course of the study, legal reforms took place in Mozambique, including the implementation of MNSPCM (2016-2019). In addition, the government and civil society launched some campaigns and other initiatives such as "ELO + FORTE" (by *World Vision*) aiming to combat early marriage and maternity. All these influenced the discussion and scope of analysis. The study did not cover all the districts of Zambézia Province, or girls younger than 10 and older than 19 years.

1.11 OUTLINE OF THE CHAPTERS

An outline of the chapters follows:

Chapter 1: Orientation of the Study
This chapter refers to the orientation of the study. It includes the introduction, background of the research problem, statement of the research problem, the aim of the research, the significance of the study, the definition of the terms, meta-theoretical and theoretical foundation, research design and methods, data collection and analysis, ethical consideration and scope.

Chapter 2: Literature Review
This chapter covers the relevant literature on the transformative paradigm and social justice, early marriage and maternity focusing on causes, consequences, legal policies, social practices, interventions, health and education concerns.

Chapter 3: Research Design and Methods
This chapter discusses the research design, the phases of the study and all the methodological procedures undertaken during the study.

Chapter 4: Results and Discussion of Phase One
The chapter focuses on the analysis of the quantitative data collected in Phase One,

through the exploration of the existing database, administrative data, and the data from a survey administered to girls involved in early marriage, maternity and pregnancy.

Chapter 5: Findings and Discussion of Phase Two, Part One

This chapter analyses and discusses the qualitative findings concerning Phase Two, Part One, which derived data from life story semi-structured interviews, and the group discussion with the child protection committee members.

Chapter 6: Findings and Discussion of Phase Two, Part Two

This chapter covers the activities/programmes developed by NGOs and CBOs operating in Maganja da Costa and Morrumbala districts in Zambézia Province. This refers to Part Two of the qualitative phase. Finally, the integration of quantitative results (Phase One) and qualitative findings (Phase Two) is presented.

Chapter 7: Strategic Alignment Framework Development

This chapter establishes the contribution of the study by developing a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique. This includes a SWOT analysis of early marriage and maternity.

Chapter 8: Conclusion and Recommendations

This chapter highlights the main conclusion and recommendations of the study, both from quantitative results and qualitative findings.

1.12 SUMMARY

Early marriage is a global phenomenon affecting all countries and societies. To attain the objective of this study, I linked some of the principles of MNSPCM (2016-2019) to the research objectives with the aim of developing a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique. The study used both the SRT and ET to understand early marriage and maternity. A short overview of the methodology was provided. Chapter 2 will engage with the literature review on early marriage and maternity.

CHAPTER 2
LITERATURE REVIEW

"Education is the most powerful weapon which you can use to change the world."

Nelson Mandela, speech, Madison Park High School, Boston, 23 June 1990

2.1 INTRODUCTION

This chapter consists of two parts. The first presents the universal declarations, conventions, charters, laws and goals addressing the rights of women and children as vulnerable groups. The second reviews the literature regarding early marriage and maternity, highlighting the main conclusion of previous studies, gaps, and the departure point of this research.

2.2 UNIVERSAL DECLARATIONS, CONVENTIONS, CHARTERS, LAWS AND GOALS

Several universal declarations, conventions, charters, laws and goals have been formulated over the years to address the rights of women and children as vulnerable groups on a global, continental, regional and national scale due to the discrimination they have faced throughout history. These are briefly discussed in the sections that follow, to enhance the understanding of how the issues of early marriage and maternity are covered, and the measures taken by government for its prevention and combat.

2.2.1 The Universal Declaration of Human Rights (UDHR)

The UDHR of 10 December 1948 (Art 16(2)) states that marriage should be freely entered into and with the full consent of the future spouses. According to this declaration, forced marriage is a clear violation of human rights since there is no consent from one of the persons in the union.

2.2.2 The Beijing Declaration and Platform for Action

The strategic objective L.1 (e) of the *Beijing Declaration and Platform for Action* encourages governments to take action in legislating the minimum age for marriage and ensure that marriage should be entered into with the free and full consent of both

intending spouses. This will be illustrated further when presenting the legislative measures taken by Mozambique.

2.2.3 The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

Article 10(f) of the CEDAW points to the need to decrease girls' school dropout rates and establish programmes for girls and women who have left school too soon or prematurely. Article 16(1b) refers to the equal right of free choice of a spouse to decide to marry only with free and full consent; 16(2) calls attention to the need for a legislation and specification of the minimum age for marriage, and argue that the betrothal and the marriage of a child shall be considered illegal. This will be discussed in depth later when presenting the national legislation and public policies.

2.2.4 The Convention on the Consent to Marriage, Minimum Age for Marriage and Registration of Marriage

This convention supports Article 16 of the UDHR, according to which men and women with the minimum age specified by law have the right to marry and start a family. Moreover, marriage should be freely entered into and with the full consent of the future spouses. Article 2 of the convention refers to the need to specify (through legislation) the minimum age for marriage, and no marriage shall be permitted under the legal age, unless a legitimated authority has acknowledged an exception to the age, for serious reasons, in the interest of future spouses.

2.2.5 The Convention on the Rights of the Child (CRC)

The CRC highlights the 'best interests of the child' as being a primary consideration in all actions, either public or private (Art 3). Further, Article 24(3) seems to be more clear on the issue of early marriage and the interrelation with traditional practices since it allows the state to take necessary and effective measures to end harmful traditional practices which are damaging to the health of children.

2.2.6 African approaches

Africa, as a continent with a specific culture, people, organised regions and developed communities, has adopted specific legal approaches and initiatives to end early marriage. In 2014, the African Union (AU) launched a two-year campaign at a continental level aimed at ending early marriage. In 2015, the AU formally met in Zambia to attend the Girl's Summit to intensify the awareness of the effects of early marriage across the continent and expedite an end to early marriage (Ghana 2016:1). In the following sections, a more comprehensive discussion of the legal approaches and initiatives follow.

2.2.6.1 The African Charter on Human and Peoples' Rights (ACHPR)

The ACHPR is an instrument that focusses on the nature and specificity of the African context, although not ignoring the international context. Article 18(3) of the Charter ensures the need for protection and resort to international instruments. According to this article, the state should secure the elimination of all forms of discrimination against women and ensure that women's and children's rights are protected in accordance with the international declarations and conventions.

2.2.6.2 The African Charter on the Rights and Welfare of the Child (ACRWC)

Article 1(3) of the Charter states that all inconsistencies deriving from custom, tradition, culture or religious beliefs that are contrary to the rights, duties and obligation of the Charter should be discouraged. Article 21(2) states that early marriage and the espousal of girls and boys shall be forbidden, and effective measures should be implemented, including legislation which specifies the minimum age as 18 years to enter into marriage.

2.2.6.3 The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (the Maputo Protocol)

This protocol expresses (Art 6) that the state's part of the protocol should guarantee that women and men have the same rights and are treated as equal partners in

marriage. In addition, appropriate measures should be taken to ensure that marriage occurs with the free and full consent of the intended parties, and the minimum age for a woman to enter into marriage is 18 years.

2.2.6.4 The Southern Africa Development Community (SADC) Protocol on Gender and Development

This is a regional instrument for member countries of the SADC. Article 8 of the SADC Protocol reaffirms that marriage should not occur with persons under the age of 18 years unless specified by law. In addition, marriage should be entered into with the free and full consent of the two parties.

a) SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage

The *SADC Model Law* serves as a guideline for member states in their efforts to legislate the eradication of child marriage and protect children already in marriage. Moreover, the model law enables state members to take appropriate measures and interventions, including a review of their laws (SADC Parliamentary Forum 2016:6).

2.2.7 Mozambican Acts and strategies

The education and socialisation of children constitute a struggle not only for the family as a primary socialisation agent but also for formal institutions like schools. Another approach to consider in the education and socialisation of children is regarding tradition/modernity where values, norms and socio-cultural practices such as rites of passage are highlighted. However, in Mozambique, “the state recognises the principle that marriage is based on a self-consent” (Mozambique Constitution, Article 119:s4). The recognition by the state of the self-consent of marriage through the constitution should, in my understanding, be considered by different organisations dealing with child protection as an instrument for not tolerating early marriage.

2.2.7.1 The Family Act (No.10, 2004 of 25 August)

According to the Family Act, no person is allowed to marry under the age of 18. However, a person could be allowed to marry at the age of 16 if there were recognised public and family matters or if the parents or legal representative consented to the marriage (Mozambique 2004:s2). Further discussion from civil society and government institutions made parliament review the law in July 2019. The review resulted in the revocation of Article 30(2) of the law, which exceptionally allowed marriage at the age of 16.

2.2.7.2 The Promotion and Protection of Child's Rights Act (No. 7, 2008 of 9 July)

The Promotion and Protection of Child's Rights (Mozambique 2008:s1) specifies that "…it is the obligation of the family, community, society and the state to guarantee to a child, with absolute priority, the effectiveness of the rights to life, health, food security, education, sport, leisure, labour, culture, dignity, respect, family and community contact". The act does not directly refer to early marriage but highlights a range of rights, obligations, and prohibitions against this practice since it violates children's rights.

2.2.7.3 The Prevention and Combat of Early Marriage Act (No. 19, 2019 of 22 October)

Act 19, 2019 of 22 October is an expression of a commitment and response to the prevalence of early marriage in Mozambique. Article 2 refers to early marriage as the engagement of persons where one of them is a child. Therefore, no engagement aimed at forming a family is permitted below the age of 18 years (Art 8).

The Prevention and Combat of Early Marriage Act (No. 19, 2019 of 22 October) specifies a couple of initiatives that include programmes to be conducted by government to orient actions regarding the prevention and combat of early marriage (Art 23). The mitigation and intervention measures, including guiding actions as part of this law (which would enter into force by 22 November 2019), are not a matter of

discussion in this study because all these measures were post data collection and analysis. However, I used other legislation and policies on child protection already existing, such as MNSPCM (2016-2019).

2.2.7.4 Mozambique's National Strategy to Prevent and Combat Child Marriage (MNSPCM) (2016-2019)

MNSPCM (2016-2019), with the mission "to promote a socio-economic and cultural framework to prevent and combat, continuously, early marriages" was approved by the Council of Ministers in December 2015 with the objective to "create a favourable environment for a progressive reduction and combat of early marriage, and guarantee its preventions and mitigation". To achieve this, it highlights eight orienting principles:

a) Programmes based on child rights;
b) Child participation;
c) Participation (relevant stakeholders);
d) Dialogue (communication between different actors);
e) Family and community involvement;
f) Gender perspectives;
g) Community approaches; and
h) Coordination (between institutions, actors with clearly defined roles, and responsibilities).

2.2.7.5 The National Plan for Prevention and Combat of Gender-Based Violence (2018-2021)

In August 2018, the Government of Mozambique launched the National Plan for Prevention and Combat of Gender-Based Violence (2018-2021). This plan was aligned with the Sustainable Development Goal 5 on gender equality and the SADC Protocol on Gender and Development.

2.2.8 The United Nations Sustainable Development Goals (UNSDG)

The UNSDG 5 (Gender equality) is an important tool in the guidance, prevention and combat of early and forced marriages by calling attention to harmful practices to which women and girls are subjected. Universal access to sexual and reproductive health highlights one of the most important issues in middle and low-income countries, where most adolescent girls are not informed or aware of available health facilities and programmes on reproductive health.

2.2.9 National campaigns

On the 29th of June 2011, a national campaign with the slogan "NÃO DA PARA ACEITAR: Tolerância Zero ao Abuso sexual contra as crianças" (SAY NO: Zero tolerance on child sexual abuse) was launched by the Government of Mozambique. The campaign was represented by and included the Ministry of Education and Human Development in coordination with the Ministry of Gender, Children and Social Protection; The Ministry of Justice, Constitutional and Religious Matters; The Ministry Home Affairs; The Ministry of Health; and Civil Society Organizations. This campaign focused on all forms of violence against children, including early marriage.

In 2014, the *Coligação para a Eliminação e Prevenção dos Casamentos Prematuros* (CECAP), also known as '*Girls Not Brides Mozambique'* or the *'National Coalition to Eliminate and Prevent Child Marriage'*, was formed (Travers & Branson 2017:22).

On the 28th of November 2018, Mozambique officially joined the global campaign '*He for She',* aimed at gender equality. The ceremony organised by the national parliament in partnership with The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) was chaired by the President of the Republic of Mozambique.

Mozambique also joined the global initiative to eliminate all forms of violence against women and girls, called the Spotlight Initiative, in 2018. This was a European Union and United Nation partnership committed to achieving UNSDG 5 (Gender Equality), through the political commitment of the government of the countries involved in the

initiative. According to the United Nations Development Programme (UNDP), the Spotlight Initiative's investment in Mozambique aimed to contribute to a country where "every woman and girl is free from all forms of Sexual and Gender-Based Violence and harmful practices" (UNDP 2019).

In December 2018, the Ministry of Education and Human Development revoked Decree 39 of 2003, which mentioned that pregnant students, including those who impregnated them, should be forced to attend evening classes. In July 2019, Parliament passed the bill on the prevention and combat of early marriage. At the same time, Parliament reviewed the Family Act (No. 10, 2004 of 25 August).

2.3 OTHER COUNTRIES' STRATEGIES/PROGRAMMES

In this section, I reflect on early marriage strategies and programmes from three African countries (Zambia, Kenya and Ghana). This reflection will later be used in Chapter 7 when developing a strategic framework to prevent and combat early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province.

The Republic of Zambia developed a *National Strategy on Ending Child Marriage in Zambia 2016 – 2021.* According to this strategy, the practice of early marriage was a serious problem in Zambia with a 45% prevalence among women aged 25-49 who entered into marriage before the age of 18 (Zambia 2015:vii). The same strategy recognised that teenage pregnancy was a significant social and health issue with implications for the adolescent mother and the child (Zambia 2015:6).

The practice of early marriage in Zambia was motivated by "poor economic circumstance, low educational levels and limited opportunities, among other factors" (Zambia 2015:10). Some important methodological issues from which to learn from Zambia's National Strategy, are the SWOT analysis of the phenomenon of early marriage and maternity, and the goal statement of the strategy focused on achieving a 40% reduction in child marriage by 2021.

Similar to Zambia, the Government of Ghana also adhered to the global call to end early marriage. Doing so "took measurable steps to address the issue comprehensively across the nation, [developing] a ten (10) years framework along with a two (2) year work plan" (Ghana 2016:vii). According to Ghana's *National Strategic Framework on Ending Child Marriage in Ghana 2017-2026*, the prevalence of early marriage in Ghana was at 21%, nationally. This was related to girls between 20-24 years who were married or in a union before the age of 18 years (Ghana 2016:4).

The drivers of early marriage in Ghana were found to be complex and interrelated. They comprised deeply rooted gender inequalities, teenage pregnancy, economic insecurity, traditional, customary practices and social norms, teen choices and search for a better life/peer pressure, poor parenting and ignorance, impunity and poor enforcement of the law (Ghana 2016:7). Maternal mortality and other health risks, loss of education, sexual and domestic violence, poverty, and Ghana's diminishing socio-economic prosperity and development were identified within the strategy as some of the consequences of early marriage in the country (Ghana 2016:9-10). Similar to Zambia's strategy, Ghana's overall goal is "a society without child marriage by 2030" (Ghana 2016:9-15).

Based on the initiative from Kenya, Handa, Peterman, Huang, Halpern, Pettifor and Thirumurthy (2015) discussed the impact of the Kenya Cash Transfer for Orphans and Vulnerable Children in early pregnancy and marriage among adolescent girls. Their study revealed that the cash transfer programme was likely to reduce early pregnancy by five percentage points but it had no significant impact on early marriage. The programme's impact on pregnancy was manifested by the increase in the number of young women enrolled in school, financial stability of the household, and the delayed age for first intercourse (Handa et al. 2015:36).

2.4 LITERATURE REVIEW ON EARLY MARRIAGE AND MATERNITY

In the next sections, I discuss the review of literature regarding early marriage and maternity, highlighting gaps and research priorities, causes and consequences of early marriage.

2.4.1 Literature review strategy

A literature review strategy refers to a systematic method of capturing, evaluating and summarising the literature (Creswell 2014:31). I commenced the search using electronic search engines, such as Google scholar and Pub-Med. Other search engines from UNISA Library online sources included AJOL (African Journals online), Jstor, Sage Knowledge, Sage Research Methods and Science Direct. The specific website included https://www.unicef.org, https://www.who.org, https://www.icrw.org, https://www.researchgate.net/publication and https://www.girlsnotbribes.org.

Keywords included 'adolescent', 'adolescent mothers', 'adolescent pregnancy', 'child marriage', 'early marriage', 'childbearing', 'maternity', 'mixed methods', 'motherhood', 'sexual and reproductive health', 'social construction', 'social representation' and 'embeddedness'. I then refined the date for publication to include only articles within five years (starting from 2012) with some justified exception for theories and some definitions where primary sources were required.

2.4.2 Gaps and research priorities

I reviewed 15 studies; six qualitative, seven quantitative and two mixed methods designs (annexure D). The qualitative studies were based on ethnographic studies and grey literature aiming to describe the trends, causes, consequences and interventions to prevent early marriage (Addaney & Azubike 2017:130; Kalamar, Lee-Rife & Hindin 2016:1; Bennett 2014:66; McDougal, Jackson, McClendon, Belayneh, Sinha & Raj 2018:3; Raj et al. 2019:2). In turn, the quantitative studies were based on cross-sectional data of the WHO, national data from the Demographic and Health Survey, Adolescent Reproductive Health Survey, and structured survey questionnaires (Efevbera, Bhabha, Farmer & Fink 2019:2; Rumble et al. 2018:3; Ganchimeg, Ota, Morisaki, Laopaiboon, Lumbiganon, Zhang et al. 2014:1). With regards to the used methodology, the studies based on systematic reviews of Demographic Health Surveys, Child marriage databases and Adolescent Reproductive Health Surveys could not claim for causality or the relationship between variables. In addition, case studies could not be applied to other settings. The Mixed

Methods Design, which combines both approaches (quantitative and qualitative designs) would therefore address the gaps of using a single approach solely.

Within the literature, there was a recognition of existing gaps. As I have identified, some available studies did not address the strengthening of legal and policy frameworks, such as the legal minimum age for marriage; the difficulty of understanding the complexity of early marriage in developing countries; risk factors (for example, religious and ethnic diversity or gender norms at the community level); and the need for deepened information on some socio-cultural practices influencing early marriage. Svanemyr, Chandra-Mouli, Raj, Travers and Sundaram (2015:1) refer to five priority areas with regard to early marriage, namely: (i) prevalence and trends; (ii) causes; (iii) consequences; (iv) efforts to prevent; and (v) efforts to support married girls. From these areas, I selected some recommendations presented by the authors, which I considered aligned with the objectives of this study.

Table 2.1: Summary of priorities research areas and recommendations

Early marriage research areas	Recommendations
Prevalence and trends	• The need to have data disaggregated by age • The tendency of marriage according to age and other relevant indicators
Causes	• Improve knowledge on the normative changes in perceptions and beliefs regarding marriage • Identify positive practices and deviances which discourage early marriage where the practice remains
Consequences	• Health and social outcomes of early marriage, other than maternal and perinatal health • Exceptional health and social vulnerabilities among youth and adolescent girls
Prevention	• Implement legislation for early marriage • Good practices from other sites regarding social and cultural changes
Efforts to support married girls	• Early married girls' access to health, education and social services, and the availability and frequency in using these services • Linkages of early married girls to community social networks and resources

Source: Svanemyr et al. (2015). Research priorities on ending child marriage and supporting married girls

2.4.3 Prevalence of early marriage and underlying factors

The literature on early marriage reveals that this phenomenon prevails worldwide (Granata 2015:39; Hadley 2018:99; Svanemyr et al. 2015:3). As per the *Girls not Brides* website (2018), the 20 countries (Table 2.2) with the highest prevalence of early marriage is presented in Table 2.2.

Table 2.2: Countries with the highest prevalence of early marriage worldwide

Country	Prevalence of marriage before 18
Niger	76%
Central African Republic	68%
Chad	67%
Bangladesh	59%
Burkina Faso	52%
Mali	52%
South Sudan	52%
Guinea	51%
Mozambique	48%
Somalia	45%
Nigeria	44%
Malawi	42%
Madagascar	41%
Eritrea	41%
Ethiopia	40%
Uganda	40%
Nepal	40%
Sierra Leone	39%
Democratic Republic of the Congo	37%
Mauritania	37%

Source: https://www.girlsnotbrides.org/resource-centre/

Mozambique, according to Table 2.2, was the country with the ninth highest prevalence of early marriage in the world. There are numerous explanations for the

root causes of early marriage in the country, such as those focusing on the rites of initiation seeking to establish a cause-relation effect. This position was assumed by civil society and government institutions, including youth organisations. On the other hand, there was a tendency to link early marriage to the Family Act (No.10, 2004 of 25 of August), because it exceptionally allowed marriage at the age of 16 (this was later reviewed by the parliament). For a better understanding of the phenomenon, a discussion follows in the next section.

2.4.3.1 Factors influencing early marriage and maternity

Within the literature, early marriage and maternity are mentioned as resulting from economic, social and cultural factors.

a) Economic factors

Poverty was stipulated as the primary reason for early marriage. Parents give their young daughters to men as a way to resolve their economic needs through the 'bride price' (*Consórcio N'weti* 2017:10). Additionally, economic factors are the primary drivers behind persistent early marriage (Mehra et al. 2018:12; Granata 2015:12).

b) Socio-cultural practices

In many African countries, girls face significant cultural and social barriers putting them at risk of early marriage and maternity. Some girls are forced to marry earlier due to social pressure, cultural marital norms, religious prescriptions, and family shame resulting from unwanted pregnancy or loss of virginity before marriage (McDougal et al. 2018:12-13; Adedokun, Adeyemi & Dauda 2016:996). In Mozambique, girls faced similar circumstances. Additionally, CECAP & Oxford Policy Management (2014:4-5) referred to gender dynamics, social practices, and religious as drivers for early marriage.

When referring to socio-cultural practices related to early marriage in Mozambique, particular attention is given to rites of passage (initiation) where girls and boys are taught about life in society, including sexual life and their body. According to Osório

and Macúacua (2014:123-129), the rites of initiation stimulate early marriage and considered a 'green card' for adolescents to start their sexual life because of the attained knowledge (which is transferred to the young girl), and the meanings in the construction of 'female adulthood'. The authors also referred to the power relation whereby girls (women) are under male (men) domination, keeping them under their control with no free will to choose the man and age at which to enter into marriage.

c) Other relevant factors enable early marriage and maternity

Although economic and socio-cultural factors were found as the main drivers for early marriage and maternity, discussions should continue in order to identify other factors as the dynamics of society and social relationships produce inequalities and power relations. The denial of girls' access to education and unequal opportunities in life – if compared to boys – in many communities can force girls into early marriage. According to Erulkar (2013:12), young girls and girls just out of school were highly vulnerable to being married off. Moreover, she argues that this is contrary to the common assumption that school dropout precedes early marriage. Another important issue is that there was an adult tendency of accusing girls for early marriage and maternity since girls reached sexual maturity earlier than boys (*Consórcio N'weti* 2017:102).

2.5 CONSEQUENCES OF EARLY MARRIAGE AND MATERNITY

Adolescent girls with no or low education are more likely to enter into marriage. Marrying earlier can force girls to drop out of school. However, school dropout is also prevalent in the absence of marriage (Nguyen, Wodon & Wodon 2014:3). Girls who attended secondary school and those with a university degree are more likely to become pregnant later than girls with only a primary education or those who are illiterate (CECAP & Oxford Policy Management 2014:3).

Similar results were found in the Survey on Immunization, Malaria, and HIV/AIDS Indicators in Mozambique (2015), according to which 55.2% of women with no education had their first baby between the age of 15 to 19 years, 43.5% of women had primary education, and 25.4% had secondary education (MISAU, INE and ICF

2018:15). In contrast, Arnaldo, Frederico and Dade (2014:15) argue that the level of education does not influence the decision to start procreating. In their statement, a secondary education increases the probability of procreation compared to the absence of a degree (Arnaldo et al. 2014:15).

Girls who become pregnant earlier are at risk of obstetric fistulas (a medical condition in which a hole develops in the birth canal as a result of childbirth; it can be between the vagina and rectum, ureter or bladder) (Egziabher, Eugene, Ben & Fredrick 2015:2) and many may not bear a child, or have a husband again, and they might not be able to go back to school (Obilade & Obilade 2011:127-128; UNFPA 2015:9-10). According to Ganchimeg et al. (2014:40) adolescent mothers aged 10-19 are at higher risks of eclampsia, puerperal endometritis, systemic infections, low birth weight, preterm delivery and severe neonatal conditions compared with mothers aged 20-24 years. Research in Northern Ghana similarly concluded that early marriage was associated with poor health, increased child mortality, and low agency (the ability to exercise choice) among women (de Groot, Kuunyem, Palemo, Ghana LEAP 1000 evaluation team 2018:3-10).

According to the WHO (2012:1), in low-income countries, girls start sexual activity in the context of marriage, or as a result of coercion, normally by older men. Studies on reproductive health needs and service utilisation in South Ethiopia has also shown that the youth do not have clear knowledge of sexual and reproductive health. In addition, services were not designed specifically for the youth and did not establish a friendly environment for the youth (Cherie, Tura & Teklehaymanot 2015:153).

With reference to Mozambique, the results of the Demographic and Health Survey 2011 indicated that the percentage of women who died from maternity-related causes was higher among young women. Of every four deaths (24%) between women aged 15 to 19, the causes were related to maternity, but this proportion decreased to 16% in women aged 25 to 29, and 8% for those aged 45 to 49 (INE 2013:62). In my understanding, these figures show that early maternity had a direct relation to maternal death, decreasing according to age as demonstrated in Figure 2.1.

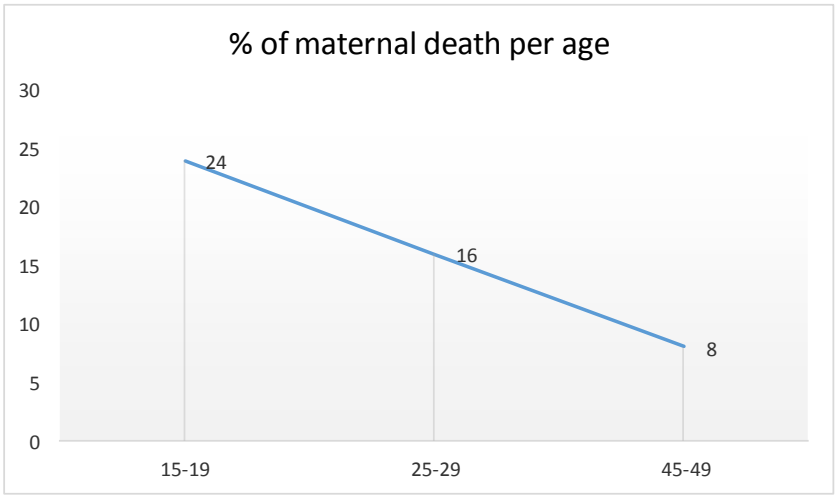

Figure 2.1: Percentage of maternal deaths per age

Source: INE 2013

Entering into marriage after the age of 15 reduced early maternity between 50 to 70% compared to those girls who entered into marriage earlier (Arnaldo et al. 2014:16). A study on the tendency and factors associated with early maternity in Mozambique showed that early maternity was more likely among urban adolescents compared to rural adolescents as a result of exposure to the media and less control from parents (Arnaldo et al. 2014:15). However, CECAP & Oxford Policy Management (2014:3), considered that girls in rural areas were more likely to enter into marriage earlier compared to girls from urban areas.

2.6 CONCLUSION

Early marriage and maternity is a prevailing problem globally. This is currently targeted in the UNSDGs. Conversely, several universal declarations, conventions, charters, protocols, national legislations and other initiatives have been formulated over the years to address early marriage and maternity. Some African countries have developed national strategies and cash transfer programmes to prevent and combat early marriage. In this study, I referred to Zambia and Ghana's national strategies, and the cash transfer programme established in Kenya.

Studies stipulate the major factors influencing early marriage and maternity, and the consequences for the girls, with particular attention on health and education

implications, as one of the focuses of this study. However, most of the studies focus on the structural factors leading to early marriage and maternity such as socio-cultural practices and norms (the influence of socialisation processes on the construction of boys' and girls' identity, and the rites of initiation), poverty and economic needs. Less attention was given to girls' access to education, young girls taking care of their siblings due to the death of their parents, child and community participation. There is also limited discussion regarding the effectiveness of youth programmes and strategies aimed at addressing early marriage and maternity.

Despite the prevalence and consequences of early marriage and early maternity, there are some efforts in addressing the problem in different countries. In Mozambique, the approval by the Council of Ministers of MNSPCM (2016-2019); the review of the Family Act (No. 10, 2004, of 25 August) which exceptionally allowed marriage at 16 years; the Prevention and Combat of Early Marriage Act (No. 19, 2019 of 22 October), recently approved by the parliament, and published by government; the campaigns against early marriage run by governmental institutions and civil society organisations, were some evidence of attempts to change the scenario.

CHAPTER 3
RESEARCH DESIGN AND METHODS

"The scientist is not a person who gives the right answers, he's one who asks the right questions."

Claude Lévi-Strauss, Le Cru et le cuit, 1964

3.1 INTRODUCTION

This chapter discusses the research design, the phases of the study and all the methodological procedures undertaken during the course of the study. It includes the sample and sampling procedures, data collection and data analysis, as well as ethical considerations for data collection.

3.2 RESEARCH DESIGN

This study used a two-stage equal-status concurrent sequential mixed-method design (Schoonenboom & Johnson 2017:113). By definition, a mixed-method design is a type of research in which a researcher combines both qualitative and quantitative approaches for a broad and deep understanding and corroboration (Johnson et al. cited in Schoonenboom & Johnson 2017:108). Creswell (2014:18) argues that the combination of quantitative and qualitative approaches allows a more comprehensive understanding of a research problem than a single approach (quantitative or qualitative data). I decided to use a mixed-method research approach to expand and strengthen the study's conclusions by answering the research questions and obtaining heightened knowledge and validity (Schoonenboom & Johnson 2017:110).

There has been great progress in mixed-method design typologies, yet the problem remains in developing a single type that is effective in comprehensively listing a set of designs for mixed-methods research (Schoonenboom & Johnson 2017:20). To overcome the problem of typologies, Maxwell (2018:323-324) considers that the starting point should be the researcher's goals and research questions, because these inform the kind of data to be collected (Maxwell 2018:323-324).

Schoonenboom and Johnson (2017:113), however, refers to complex designs. Citing the *Morse notation system,* they discuss a three-stage equal-status concurrent sequential design (QUAL + QUAN) ⟹ QUAN ⟹ QUAL (where + indicates concurrence and sequentially). In this study, I originally intended to follow explanatory sequential mixed methods as a design. This comprises a two-phase approach in which the researcher collects quantitative data in the first phase, analyses the results, and then uses the results to shape the second qualitative phase (Creswell 2014:224). However, I shifted to a two-stage equal-status concurrent sequential design due to constrains found in the field. These included a lack of transport to the research sites, which were in remote areas and not easily accessible during the rainy season, the distance between the main villages and the localities, and the fact that one of the research sites in the district of Morrumbala had been severely affected by armed conflict (there were still some military posts along the way to Morrumbala since it was a truce period). This meant simultaneously collecting quantitative data (survey) and qualitative data (interviews), and then separately (in sequence) collecting qualitative data (Pluye, Bengoechea, Granikov, Kaur & Tang 2018:42).

Collecting data simultaneously was effective because it was possible to use some of the surveyed participants for the life story interviews. Figure 3.1 summarises the research design undertaken from the data collection to the integration of the quantitative and qualitative results. This highlights the procedures for both quantitative and qualitative data collection, the product deriving from each phase, the data analysis procedures and product, the connection of quantitative and qualitative analysis, and the integration of the results.

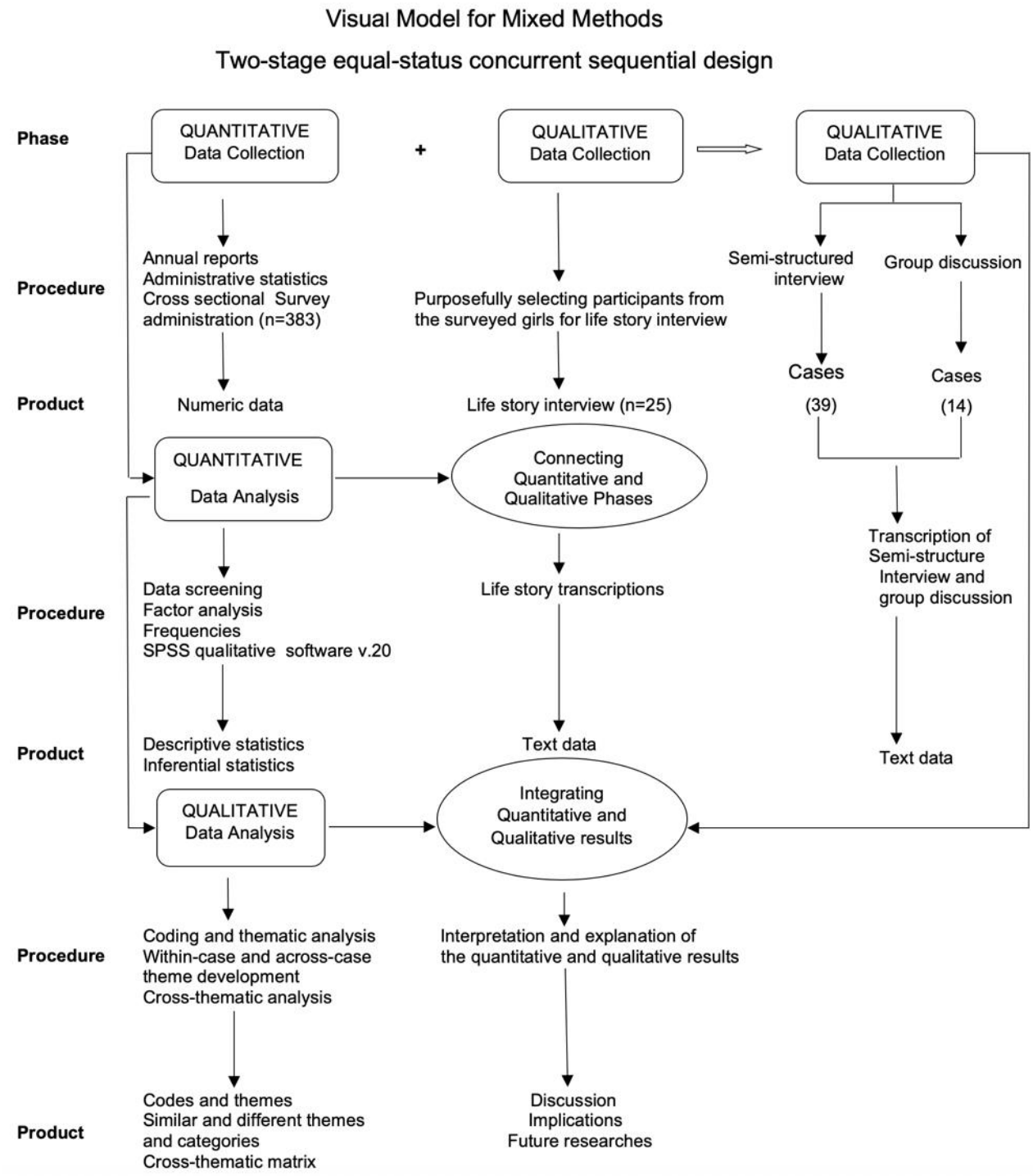

Figure 3.1: Visual model for mixed methods: two-stage equal-status concurrent sequential design

Source: Adapted from Ivankova et al. 2006; Schoonenboom and Johnson (2017)

3.3 PHASE I (QUANTITATIVE)

This phase sought to capture numeric data related to the studied phenomena. This aimed to meet the following objectives and questions:

Table 3.1: Objectives and questions

Phase One (Quantitative)	
Objective	**Question**
To explore the existing database and administrative data (statistics) on early marriage and maternity in order to provide an overview of the problem and the specific characteristics of the girls involved in early marriage in Maganja da Costa and Morrumbala districts in Zambézia Province	• What is the current state of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?
To administer a cross-sectional survey to early married, maternity and pregnant girls in Maganja da Costa and Morrumbala districts in Zambézia Province in order to identify social factors or other elements that enable early marriage and maternity, and the existing relations among the factors	• What social factors or other elements enable early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?

3.3.1 Phase One: Objective One

The methods related to Objective One are discussed next.

3.3.1.1 Sample universe

The sample universe comprised of 15 potential institutions (Table 3.2) with a mandate to address child and youth issues, adolescent health, early pregnancy, early marriage and maternity, and school dropout.

Table 3.2: Sample of potential institutions

#	Population Universe	Sample
1	Ministry of Home Affairs	✓
2	Ministry of Health	✓
3	Ministry of Education and Human Development	✓
4	Ministry of Gender, Children and Social Protection	✓
5	Provincial Directorate of Health	✓
6	Provincial Directorate of Education and Human Development	✓
7	Provincial Directorate of Gender, Children and Social Protection	✓
8	Provincial Directorate of Youth and Sport	X
9	National Institute of Statistics	✓
10	UNICEF	X
11	UNFPA	X
12	UNWomen	X
13	ROSC	X
14	FDC – Foundation for Community Development	X
15	NAFEZA – Core (centre) of Feminist Association of Zambézia	X

3.3.1.2 Sampling technique

The institutions (Ministries and Provincial Directorates) were purposefully selected based on the activities and programmes developed by each institution according to their mandate and the target/duties indicated in MNSPCM (2016-2019). I also selected the National Institute of Statistics for its relevant data (socio-demographic data) and publications such as the Demographic Health Survey.

The sample was composed of eight institutions, namely the Ministry of Home Affairs, Ministry of Health, Ministry of Education and Human Development, Ministry of Gender, Children and Social Protection, National Institute of Statistics, Provincial Directorate of

Health, Provincial Directorate of Gender, Children and Social Protection, Provincial Directorate of Education and Human Development.

3.3.1.3 Data collection

In this phase of the research, I explored the existing textual documents (annual reports, literature, websites, surveys and administrative statistics) from different institutions. Documents are a considerable source of information, though not a form of data generation (Guest 2013:2; Rapley & Rees 2018:378). The term 'document' refers to a number of different forms of text. These include public records, historical archives, periodicals, personal narratives, corporate documents, or artefacts of popular culture (Guest 2013:2; Rapley & Rees 2018:378).

Specific information was obtained from the Ministry of Health, Ministry of Education and Human Development (at national and local levels) with a focus on adolescent health, early pregnancy and maternity, early marriage, and school dropout due to child marriage. While in Zambézia Province, I contacted the Provincial Directorate of Health, Education and Human Development before leaving for the Maganja da Costa and Morrumbala districts.

3.3.1.4 Data management

All the consulted documents at national, provincial and local levels were subject to prior verification and organised according to the content, source, and type of document. Soft copies of the documents that I obtained from some of the targeted institutions were kept on a personal external hard drive and computer, and will be deleted after analysis at the end of the research.

3.3.1.5 Data analysis

I used content analysis (Elo, Kääriäinen, Kanse, Pölkki, Utriainen & Kyngäs 2014:1-3) for the data obtained from Objective One, and then used this information in the design of the cross-sectional survey through the systematisation of ideas for Phase Two (qualitative).

3.3.2 Phase One: Objective Two

Next, I discuss the methods related to Objective Two of Phase One.

3.3.2.1 Population

The population consisted of 87 776 (37539 for Maganja da Costa and 50 237 for Morrumbala) adolescent girls, estimated by INE (2010:99-101) for Maganja da Costa and Morrumbala districts for 2017.

3.3.2.2 Target population

The target population was early married, maternity and pregnant girls aged 10 to 19 years (World Health Organization 2014) who lived in Maganja da Costa and Morrumbala districts. However, to comply with the definition of a child as being a person under 18 years old according to the CRC, and the definitions of early marriage and maternity, girls over 17 years old answered retrospective questions about their experience of early marriage and maternity.

3.3.2.3 Sampling technique

The phase used a mixed, non-probability sampling technique (Curry & Nunez-Smith 2015:3) combining purposive sampling, snowball sampling, and a door-to-door contact strategy. The advantages of using these sampling techniques were that it was possible to identify and approach the targeted population, and it provided easy access to potential participants since some girls were referred by other girls. The door-to-door contact helped me to know a little more about the living conditions of some of the early married, maternity and pregnant girls who agreed to be surveyed. However, there were some disadvantages to the strategy. Door-to-door contact is time-consuming, needs patience, entails a lot of walking, and is not always successful. Some referred adolescent girls did not meet the profile of the targeted population of the study. At one point, there was a misunderstanding from some adults who thought I was a social worker doing fieldwork. To overcome these constraints, I had to be more proactive by being much clearer about the purpose of the study, the difference between myself and

a social worker, and then ask some questions before meeting with a referral girl, such as the approximate age of the girl, if she was pregnant, or early married.

Schoolgirls were identified in collaboration with school staff. The staff provided information and the localisation of the girls who were pregnant at the time, or those who were already mothers. In the community, early married and maternity girls were identified by contacting the local social workers, neighbours and people who were referred to me while in the field. At health facilities, I asked health professionals to facilitate the communication/identification of the early pregnant and maternity girls attending antenatal care by informing them about the research and the possibility to participate. However, their acceptance in terms of whether or not to participate in the study was addressed between the girls and me after being informed about the study and the content of the 'assent' or consent letter. For early maternity girls, there was the ethic imperative for them to sign the 'assent' and their legal representative signed the consent letter.

a) Inclusion criteria

The inclusion criteria were as follow:

- girls between the ages of 10 to 19 years
- being early married
- being early pregnant
- being early maternity

b) Exclusion criteria

The exclusion criteria were:

- Undocumented girls who were not able to provide their birthdate, the age at which they became pregnant or had their first baby, and their current age.
- Girls holding antenatal cards with their age estimated by the maternal health service, not matching with the age presented by the interviewee (mainly when there was persistent doubt).

c) Sample size

For the sample size, I had to use data referring to Zambézia Province where the two districts are located because there were no specific data concerning early marriage for these districts. Therefore, the sample size was calculated based on the prevalence (95 525) of girls who entered into marriage before 18 years in Zambézia Province (UNICEF 2015:5). To do this, I used the online Epi-info tool to obtain the sample size which was then confirmed by using the formula:

$$\mathrm{n} = \frac{N.z^2.p.(1-p)}{(N-1).e^2 + z^2.p.(1-p)}$$

$$\mathrm{n} = \frac{95525 * (1.96)^2 * (0.5) * (1-0.5)}{(95525-1) * (0.05)^2 + (1.96)^2 * (0.5) * (1-0.5)}$$

$$\mathrm{n} = \frac{95525 * (3.8416) * (0.25)}{(95524) * (0.0025) + (3.8416) * (0.25)}$$

$$\mathrm{n} = \frac{95525 * 0.9604}{238.81 + 0.9604}$$

$$\mathrm{n} = \frac{91742.21}{239.7704}$$

$$\mathrm{n} = 383$$

e – Desired precision (half desired confidence interval width)
n – The sample to be calculated
N – The size of the population
p – Expected true proportion
z – Confidence level

The sample covered the two research sites where 43 of the surveyed girls were from Maganja da Costa, and 340 were from Morrumbala. In relation to age, 209 surveyed girls were between the ages of 12 to 17 years, and 174 were aged between 18 to 19 years.

3.3.2.4 Data collection

I used a cross-sectional survey for data collection from a sample of early married, maternity and pregnant girls in Maganja da Costa and Morrumbala districts in Zambézia Province. A cross-sectional survey refers to any collection of data at one point in time (Ruel, Wagner & Gillespie 2016:182).

As referred by Gobo and Mauceri (2014:19), a survey is a research method in terms of a standardised interview with closed-ended answers. Further, they argue that the

word ‘survey’ refers to the investigation of the existence and intensity of relations among variables in specific socially diffuse forms of action and attitude. The use of the survey was helpful in saving time and covering a large population.

Although recognising the advantages of using a survey, such as covering a large population (representativeness) and socio-demographic data, it limited the participants’ responses due to the standardised closed-ended answers. To overcome this limitation, early married and maternity girls were selected to participate in the life story interviews in the qualitative phase, justifying the mixed methods employed in this study.

During data collection, I hired three fieldworkers (two female and one male – only in the Morrumbala District) who assisted in administering the survey (Annexure E) to early married, maternity and pregnant girls. I trained the fieldworkers on the content of the survey, the consent letter, and the need to respect the ethical issues related to the participants. One important issue to mention is that, together with the fieldworkers, I translated some words/expressions from the survey such as ‘early marriage’ (*Ku sembiua uzati fica thungha*), ‘rite of initiation’ (*Ku vinirua*) and ‘family planning’ (*Ku rera*), into Sena language (spoken in Morrumbala) in order to facilitate communication with the participants (some did not go to school at all or had only a primary education). The same exercise of translating words/expressions was done in Maganja da Costa (where people speak the Chuabo language) by two Chuabo speakers (translators) – a male and female. In Maganja da Costa I administered the surveys myself. The data collection took place between July 2017 and May 2018 (only for Maganja da Costa).

a) Data collection tool

The survey consisted of 23 scaled and open-ended questions divided into four sections. The first section was related to the personal details of the participating girl (name, age, and address); section two related to socio-demographic data; section three entailed socio-cultural practices, and section four focused on sexual and reproductive health. The survey was then submitted to a statistician (see Annexure F: Letter from the statistician) before data collection was undertaken. The data were then analysed using Statistical Package for the Social Sciences.

The survey was pre-tested during data collection because of the political instability in the central region of Mozambique, where the Zambézia Province is located. The pre-test allowed me to overcome any misunderstandings from the inquirers, such as the maximum age of the participants, and the types of marital status according to Mozambican law.

a) Internal and external validity of the data collection

Issues regarding the validity of the data collection are discussed next.

a.i) Validity

There are three traditional forms of validity: (a) **content validity**, (b) **predictive or concurrent validity**, and (c) **constructive validity** (Creswell 2014:160). To ensure the validity of the data collection instrument, I established measurable and objective criteria with specific standards – such as variable categorisation, concept definition, clarification of the purpose, and originality of the data – by indicating the sources. The nature and quality of the sampling process were central in providing evidence of content validity. I also submitted the survey to a statistician for verification, and approval was obtained from the National Bioethics Committee.

3.3.2.5 Data management

The process of data management required a prior instruction to the three inquirers contracted for survey administration. After completing each survey, participants were requested to verify that every field was correctly completed. I collected the surveys from the inquirers every day after verification and debriefing. I then noted the number of surveys per inquirer to control the survey administration and for payment purposes (Annexure G). I kept the completed surveys in two archive boxes, one for Maganja da Costa and another one for Morrumbala, marked with the name of each district, and then stored the physical copies.

After the fieldwork, I organised the surveys by numbering them from 1 to 383 (total sample) for the purpose of loading them into a survey database. Surveys from 1 to 43 were for Maganja da Costa district, and from 44 to 383 were administered in Morrumbala District. After loading the surveys into the database, I maintained them in the archive boxes separately (Maganja da Costa and Morrumbala districts), sealed and stored on a shelf. These will be destroyed three years after completion of the research.

The database was protected through a computer access password and could only be viewed on a computer with Statistical Package for the Social Sciences software. In addition, the data were saved in a specific folder. All other electronic data were also in specific protected folders. For security reasons, the data were also stored on external memory devices, which included USB drivers.

3.3.2.6 Data analysis

I used SPSS version 20 for statistical analysis. All answers from the 23 questions of the survey were coded, categorised (Annexure H) and loaded into the SPSS database for analysis. The analysis comprised two components, namely descriptive statistics and inferential statistics.

Descriptive statistics are used to describe the values of a variable (Fitzgerald & Fitzgerald 2014:47). The use of descriptive statistics aimed to organise and describe data obtained from the sample of observations. Then, data were represented in tables of frequencies and graphs to describe percentages and the relations between observations. I used the inferential statistics to make inferences by using cross-tabulation representations to understand the relationship between variables (Fitzgerald & Fitzgerald 2014:47).

3.4 PHASE TWO (QUALITATIVE)

The qualitative phase was initially conducted concurrently with the survey with regards to collecting data from the early married and maternity girls. In the later phase, it was conducted sequentially to the quantitative phase regarding families, communities, school teachers, health professionals, social workers, NGOs and CBOs. The qualitative phases sought to understand the phenomenon of early marriage and maternity based on the individuals and the perspectives of state and civil society organisations using qualitative techniques. To do this, I drew from the following objectives:

Table 3.3: Objectives and questions

Phase Two (Qualitative)	
Part One	
Objective	**Question**
• To explore and describe the life stories of early married, maternal and pregnant girls	• What are the life stories of early married, maternal and pregnant girls?
• To explore and describe families' experiences of early marriage and maternity	• What are families' experiences of early marriage and maternity?
• To explore and describe community leaders' role and experiences of early marriage and maternity	• What are community leaders' role and experiences of early marriage and maternity?
• To identify community perceptions of early marriage and maternity	• What are community perceptions of early marriage and maternity?

Phase Two (Qualitative)	
Part Two	
Objective	**Question**
• To identify and explore ongoing non-governmental and community-based programmes addressing early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province	• What non-governmental and community-based programmes are in place to address early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?
• To assess current strategies implemented by non-governmental and community-based organisations to address early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province	• What are the current strategies implemented by non-governmental and community-based organisations to address early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?
• To identify the existing mechanism for girls' participation for the reduction of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province	• What are the existing mechanisms for girls' participation to contribute to the reduction of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?

3.4.1 Population

The population comprised of early married, maternity and pregnant girls (aged 10 to 19 years), programme officers, fieldworkers, teachers, health professionals, social workers, administration authority, traditional leaders, religious leaders and families

(early married, pregnant and maternity girls), child protection committee members, and gender focal points.

3.4.2 Sample and sampling procedures

A study by Osório and Macúacua (2014:107) on the rites of initiation that included the provinces of Cabo Delgado, Sofala, Zambézia and Maputo, identified the ethnolinguistic group distribution as a criterion to define the sample. For this research, I used early marriage, early maternity, gender and geographical area as criteria to define the qualitative sample, since it was a non-probability sample.

The sample size was defined according to previous studies, with attention turned to Osório and Macúacua (2014). In their study, they interviewed 244 people (men and women) in four provinces (Cabo Delgado, Sofala, Zambézia and Maputo). In Zambézia Province, they interviewed 56 peoples and also used the idea of data saturation, which occurs when what you hear during data collection appear to be redundant (James & Slater 2014:11) or when there is no new information being obtained (Etikan et al. 2017:4). The final sample size was 78 participants.

- **Girls.** I interviewed 25 girls (extracted from the quantitative sample) using the life story technique. The selected girls were divided into three categories, namely early pregnant girls living with a husband (4), early maternity girls not living with a husband (9), and early maternity girls living with a husband (12). The total number of interviewed girls was based on the idea of saturation, and the study by Osório and Macúacua (2014) – mentioned previously – which interviewed 26 women and girls.

- **Families** are defined as a group of people living or not living, who are united by blood and social role (Turner 2017:2). I interviewed 11 family members (husbands of the adolescent girl, parents, grandmothers and aunts).

- **Local administration authority.** I interviewed two local administrative authorities; one in Nante locality (Maganja da Costa) and one in Mepinha, a locality in Morrumbala District.

- **Traditional leaders** (2) were interviewed; one in Maganja da Costa and one in Morrumbala. These leaders were selected according to local administrative structure (ranking), a referral from social workers, local administration authorities, and some whom I got to know during survey administration in the neighbourhood.

- **Religious leaders** (2) were interviewed. One religious leader in Maganja da Costa, and one representative of different religious faith (Religious Council) in Morrumbala.

- **Non-governmental** (NGOs) and **community-based organisations** (CBOs). I interacted with *World Vision*, *Save the Children*, *Friends of Global Health*, *Coalisão* and *Caritas*, where I interviewed six people – programme officers and fieldworkers – according to their activities and links with the objectives of the study. To be more specific, the NGOs and CBOs were those working with the communities, local education and health services on child protection, education, and sexual and reproductive health in Maganja da Costa and Morrumbala.

- **School teachers.** I interviewed eight teachers from both primary and secondary schools. The total number of interviewed teachers adhered to gender issues (male and female) and geographical area (four teachers in Maganja da Costa other four in Morrumbala).

- **Health professionals.** I interviewed two health professionals working in maternal health services; one from each district – Maganja da Costa and Morrumbala.

- **Social workers.** Two social workers from the local Health, Gender and Social Welfare Department were interviewed; one from Maganja da Costa and one from Morrumbala.

- **Education Gender focal point.** Two were interviewed; one from Maganja da Costa District Education Directorate and another one from Morrumbala District Education Directorate.

- **Child Protection Committee members** (**16**). I interviewed two members and the other 14 were part of a group discussion. All were from Morrumbala.

Table 3.4: Summary of qualitative sample

SAMPLE COMPOSITION	DISTRICTS		TOTAL
	Maganja da Costa	Morrumbala	
Early pregnant girls living with a husband	4	0	4
Early maternity girls not living with a husband	3	6	9
Early maternity girls living with a husband	5	7	12
Husband	0	1	1
Father	1	1	2
Mother	2	4	6
Aunt	0	1	1
Grandmother	0	1	1
Local Administration Authority	1	1	2
Traditional leaders	1	1	2
Religious leaders	1	1	2
Gender focal point from education sector	1	1	2
Programme officers	1	2	3
Fieldworkers	2	1	3
Teachers	4	4	8
Health professionals	1	1	2
Social workers	1	1	2
Child Protection Committee members	0	16	16
TOTAL	**28**	**50**	**78**

3.4.3 Data collection

I collected data using three methods, namely, life story interviews, semi-structured interviews and group discussions.

3.4.3.1 Data collection methods and procedures

The following data collection methods were employed.

a) Life story interviews

Life story interviews is a field research method used in qualitative research to gather information regarding the lived experience of a person in terms of their lifetime. Life stories remain as it was written or said in the first person (Atkinson 2012:7). Therefore, the life story interview is contextualised and personalised. However, there were a few challenges in interviewing early married and maternity girls because some girls regretted a particular time of their life that could cause them some pain. To overcome this difficulty, there was a need to be more sensitive, flexible, and able adapt to certain circumstances and develop a relational exchange.

Life story interviews also provide a practical and holistic methodological approach for the sensitive collection of personal narratives that reveal how a specific human life is constructed and reconstructed in representing that life as a story (Atkinson 2012:2). Life story interviews were only used for early married, pregnant and maternity girls. The interviews took place at interviewees' homes (for those who were living with their husband), at interviewees' parents' homes (for single maternity girls), and at health facilities. No life story interview was conducted without a clear explanation and consent from the interviewee and their legal representative. The interviews took approximately one hour, and the questions were related to childhood, education, the neighbourhood, community affairs, and dating (Annexure I).

For the purpose of the interviews, it was important to build trust and be clear about the objective of the interview. I explained the ethical clearance that the study received, the authorisation from the provincial and local government authorities, and my contact

details, including those from the Committee of Bioethics for Health, in case of doubt. I used the following facilitative communication techniques: probing, paraphrasing, reflexivity and clarification (Collins 2015:13). It was common during the interviews to hear abbreviated words and slang. The early married and maternity girls seemed to think that I was familiar with these terms. To overcome this challenge, I asked them to clarify, as I also did when they did not understand a certain question. For example, the word 'movimento' (movement in English) that refers to child prostitution or sexual engagement (mainly adults to adolescent girls), and ADP, which stands for Area Development Programme.

Another technique I used during the interviews was follow-up questions (Guest, Namey & Mitchell 2013:20) which aimed to elicit more details by asking the interviewees to clarify some contradictions on different answers. To increase the flow of communication, there was also a need to be sensitive (Atkinson 2017:2; Schrems 2013:343-344) regarding their feelings, thoughts and rationale. Therefore, I sometimes compared the different stages of the interview according to the issue (childhood, education, marriage, etc.) or paraphrased (Collins 2015:13) the interviewees' answers to raise a question of clarification or to link it with another topic of the interview. Moreover, before moving to the next stage of the interview, I often summarised the previous questions/stages and said: "now we are moving to another stage or 'chapter' of your life where we are going to talk about…" and at the end of each interview I asked the interviewees whether they would like to add anything else. I reflected on how biases, values and my background (Creswell 2014:247) would influence the interviews. Before the interview, I introduced myself and made it clear that there was no power relation, and that the early married and maternity girls should feel free to say yes or no to participating in the interview. I wore very simple clothes and spoke at the language level of the interviewees; if necessary, I communicated in the local language to avoid misunderstanding.

I recorded all the interviews, using a digital recorder, with prior consent from the interviewee. Using the life story as a technique for data collection allowed me not only to capture the subjective meanings early married and maternity girls gave to each time of their life, but also how they built their relationships, made judgments, thought and took decisions.

b) Semi-structure interviews

Semi-structured interviewing is a data collection strategy to get responses from individuals according to their experiences regarding a specific issue or phenomenon (McIntosh & Morse 2015:1). This kind of interview involves open-ended questions where participants are free to respond to these as they wish. In addition, a semi-structured interview is flexible (McIntosh & Morse 2015:1).

A semi-structured interview format was chosen since this data collection strategy is flexible and engages the researcher face-to-face with the interviewee, enhancing access to the view of the participant. The conversation centres around a specific topic. As advantages, all the participants are asked the same questions, the collected data can be comparable, and participant responses are directed to a specific area of inquiry (McIntosh & Morse 2015:1-2).

I developed an interview guideline (Annexure J) to facilitate data collection during interactions with the interviewees. I found the interviews very profitable because they allowed me to gain the point of view and perspective of the different participants, making it possible to question and get clarification of their opinions. The face-to-face interaction with the participants helped me understand the meaning they gave to certain words, interpret non-verbal language and contextualise the information (Pluye et al. 2018:43).

I conducted the interviews at schools, health facilities (hospitals), NGOs and CBOs, and in the community in Maganja da Costa and Morrumbala districts, according to the interviewees' desires. The interviewees were informed about the objectives of the study through the participant information sheet (Annexure K), before they were interviewed if they consented. I recorded the interviews with prior authorisation from the interviewees. Interviews were conducted in Portuguese, Chuabo and Sena (the last two are local languages spoken in Maganja da Costa and Morrumbala, respectively). The chosen language of communication depended on the interviewee. In Maganja da Costa, I had to identify two people to translate from Portuguese to Chuabo and vice versa because of language barriers; I could not speak Chuabo and

some interviewees who could not speak Portuguese. Each interview lasted approximately one hour.

To facilitate communication with the participants, I used simple words, no technical expressions, I used gestures and facial expressions, wrote down numbers on a piece of paper referring to years, made some analogies, repeated and explained some words. I also asked the interpreter to explain and clarify any doubts or misunderstandings.

To avoid potential bias, engagement with the participants was limited to the research (interview) content. Therefore, I had to control the emotional effects resulting from the participant responses. I also took care not to complete participants' ideas or opinions.

c) Group discussion

The group discussion was performed with the members of a child protection committee in Mepinha in Morrumbala District. The committee was identified from an interview I had conducted with a child protection officer from *World Vision* (an NGO). The committee itself was composed of 20 members (12 men and 8 women); among them a community leader, a religious leader, school teachers, students and other people from the community. For the group discussion, I gathered 14 people (7 male and 7 female) that included the chair and vice-chair of the committee, a secretary, students and other members of the committee with different roles in the committee and community. The discussion took place in a hut where the community often meet to discuss community-related issues (Figure 3.2).

By definition, group discussion is a collective exchange among participants on a specific topic or issue that directly affects their daily life (Tumwebaze & Mosler 2015:78). The advantage of using a group discussion was that the participants already existed as a group of people (child protection committee) who knew each other and had some relation to the topic of discussion. In addition, people shared their experience on the topic, making the discussion dynamic with a high level of interaction (O'Reilly 2009:4; Flick 2009:196-198).

The participants expressed different opinions, knowledge and perceptions. I also opted to use a group discussion because it allowed me to capture different views from the participants, at once. It also helped me to save time because participants already existed as a group of people.

Despite all these advantages, mixing people from different age groups (adults and children) and gender (male and female) might have interfered in the discussion and could be considered a potential limitation of the study. This was the case with members of the child protection committee who were sometimes shy to express their opinions during the discussion. To overcome this challenge, I asked them to share their experience of some activities developed by *World Vision*, aiming to prevent and combat early marriage and maternity. In addition, I constantly shifted language from Portuguese to Sena, and vice versa.

The discussion related to the objective of the creation of the committee, composition, activities, interventions on early marriage and maternity issues, and links with different stakeholders (Annexure L). Although the interventions were considered in an open discussion, I also used a guideline to raise some questions in order to deepen my understanding of early marriage and maternity. The questions were directed to all participants without distinction and restriction. Figure 3.2 is a photo of the participants which I used after consent and permission were attained due to ethical reasons.

Figure 3.2: Group discussion

3.4.3.2 Field and observation notes

While in the field, I wrote notes during the interviews and group discussion. Field notes are common in qualitative research as an important component of rigour. They can help to construct a thick and rich description of the study context, and are useful in data analysis (Phillippi & Lauderdale 2018:381). In turn, Creswell (2014:190) refers to qualitative observation, meaning the researcher's field notes on the behaviours and activities of individuals at the research site. I used the notes to clarify doubts and sharpen my understanding of the discussed issues; the notes even enabled me to raise some questions when there was any contradiction. The notes were used in the data analysis.

3.4.4 Data management

The interviews were recorded using a digital recorder, and then the information was transferred to a computer and external drives, labelling the folders according to the targeted group of the interviews, date and place. Part of these procedures was also applied to group discussion transcriptions. Handwritten notes were preserved for clarification and the establishment of a connection between the recorded interview and the codification (mainly for life story interviews and family interviews) for data analysis purpose.

I transcribed the group discussion and the interviews separately starting with the life story interviews. All the recorded interviews in the local language were first transcribed into that language, and then translated to Portuguese and English. For the interviews in Chuabo*,* I contracted a translator because of my own language barrier. During interviews and transcription the translation process considered the originality and contextual meaning of some words and expressions as said by the participants. I often asked the translator to use the participants' words and perceptions, and not to express his own opinion.

3.4.5 Data analysis

Data were analysed through open-thematic coding, utilising the steps of Tesch's data analysis process (Creswell 2014:198). Themes and categories were identified from the interviews with early married, maternity and pregnant girls and professionals from governmental and non-governmental institutions. I transcribed the interviews and group discussions and employed the following steps:

1. I read through the transcription paying attention to the sense and specific meanings. I then wrote down some ideas that came to mind.
2. I highlighted some passages and specific issues of the interviews, and made a list of topics which I used for the themes, categories and codes.
3. I reviewed the list with the data to see whether new categories and codes emerged.
4. I started the preliminary analysis of the data by placing information in categories.
5. I recoded the existing data wherever it was needed.
6. The supervisor checked the coding for quality and potential bias.

3.4.5.1 Measures of trustworthiness

The trustworthiness of qualitative studies deals with credibility, dependability, confirmability, and transferability.

a) Credibility

Credibility was ensured by allowing the participants to express their point of view with regard to the studied phenomenon by means of extended engagement in in-depth interviews. Triangulation was established by using three perspectives (girls, families and communities). According to Creswell (2014:201), if themes are established based on converging several sources of data or perspectives from participants, then this process can be claimed as adding to the validity of the study. The legitimacy of the results started with the presentation of the preliminary data analysis in a talk at Universidade Pedagógica (Pedagógica University), on 20th November 2017, in Quelimane, the Capital city of Zambézia Province as a form of peer review. This was an opportunity for me to discuss some findings and get feedback from the audience.

b) Dependability

During dependability, the researcher attempts to account for changing conditions to the phenomenon and changes in the design created by the increasingly refined understanding of the setting (Nowell, Norris, White & Moules 2017:3). During this study, I took the changes taking place in the setting into consideration. For example, the difficulty of transport and accessibility to remote areas of Morrumbala (because of recent military conflict and unpaved road) influenced the decision for simultaneous data collection (quantitative and qualitative), the administration of a cross-sectional survey and interviews.

Dependability was established through an audit of the research process since all aspects of the research are fully described. This includes the methodology, characteristics of the sample and process, and data analysis.

c) Confirmability

Confirmability was secured by the documentation of the sources and the procedures used for data collection (as described in Section 3.5.2).

d) Transferability

If I consider transferability as the degree to which the research results can be extrapolated to other contexts, my duty was to deeply explore and describe the setting of the study, while transferring and applying the research results would be others' responsibility.

3.4.6 Data integration

Data integration is an analytic process (Morse & Maddox 2014:5) with the purpose of integrating results from quantitative and qualitative phases. In their analysis, Pluye et al. (2018:45-48) identified three types of data integration, namely the connection of phases, comparison of results, and assimilation of data. For this study, I used the

connection of phases, connecting the results of the quantitative phase with the collection and analysis of a qualitative phase (Pluye et al. 2018:45).

Creswell (2014:223-227) indicates that the integration of mixed-methods results takes place in the discussion section. In turn, Morse and Maddox (2014:8) recommend a new section for the integration of results, referred to as the results narrative section. In this study, data integration took place in Chapter 6 after the qualitative data analysis. It consisted of the interpretation and explanation of quantitative results and qualitative findings, building up to a conclusion.

3.4.7 Ethical issues

Ethical clearance for this study was granted by the UNISA Health Studies Ethics Committee, and the National Committee for Bioethics after the submission of the research proposal and the Declaration of Compromise to follow the principle of bioethics. I then submitted a letter of permission to the Provincial Governor of Zambézia Province who then resubmitted the letter to the Provincial Directorate of Health before a final decision was reached. After permission was received from the Provincial Government, the permission was then communicated to the Provincial Directorates of Health; Women, Children and Social Protection; and Education and Human Development; and finally to the respective directorates at the district level in Maganja da Costa and Morrumbala.

3.4.7.1 Recruitment and consent

The recruitment process for participation in this study was challenging. Children are considered in international protocols, conventions, ethical guidelines and Mozambican legislation as a vulnerable group that need additional protection. Here, vulnerability meant that children's capacity to give informed consent freely could easily be compromised (Folayan, Hair, Harrison, Fatusi & Brown 2014:2). However, their marriage status could give the individual autonomy to consent to participation (Folayan et al. 2014:3). In addition, a 16-year-old girl, once emancipated, could take control and decisions for her life because she was then free from legal restrictions due to her age.

Therefore, she was allowed to get married according to the Family Act nr 10/2004 of 25 August.

Individuals had the right to decide whether or not to participate in the study based on sufficient information and understanding without coercion. As mentioned by Creswell (2014:97), participation in a study is voluntary and the researcher should explain in the consent form that the individual can choose not to participate. For this study, all the participants were informed about their rights, risks and benefits before deciding to participate. This was done verbally and through a consent form that they signed, confirming their acceptance to participate.

3.4.7.2 Risk and benefits

Participants in this study could experience some psychological harm such as fear, anxiety and distress. While communicating with the participants, I thus respected the ethical principles as discussed previously. The benefits of participating in the study included indirect benefits and direct benefits. These are discussed next.

a) Indirect benefits

Data collected from participants facilitated a deeper understanding of the roots and dynamics of early marriage and maternity. Consequently, participation contributed to an improvement of strategies and efforts to prevent and combat early marriage and maternity.

b) Direct benefits

The findings could result in lobbying, advocacy and calls for attention from the local NGOs and CBOs (in particular the programmer officers who participated in the study) for the needs of the early married and maternity girls to be met. Another benefit was that during the interviews I was able to inform the early married and maternity girls about the existing services for their protection and the main benefits of participating in the study (Groundwater-Smith, Dockett & Bottrell 2015:11-12).

3.4.7.3 Right to privacy

This right refers to respect and consideration. Participants were asked if they were willing to talk, and what issues could or could not be shared. To avoid constraints of privacy (Groundwater-Smith et al. 2015:11-12), parents, husbands and other family members were given an explanation about the potential negative impact of their presence during the interview. They were thus informed of the need to talk privately to the participant. As a result, I did not experience any constraints regarding this issue.

3.4.7.4 Right to anonymity and confidentiality

Information regarding the participants was protected and not shared with anyone. Therefore, the names in the interviews and surveys were optional, and real names were masked (Groundwater-Smith et al. 2015:11-12; Peter 2015:2627-2629). During transcriptions and data transcribing, I used codes to refer to participants.

3.4.7.5 Right to fair treatment

The right to fair treatment (Schrems 2013:343-344; Dhai 2014:178-180) occurs between the relationship researcher and participant aiming to protect human rights. Participants were treated according to the events that influenced their childhood, education, motherhood, marital status, and social positions.

3.4.7.6 Right to protection from harm

As I knew from the literature, many adolescent girls had been forced to get married early or their pregnancy was against their free will. Therefore, questions in terms of 'why', regrets, and blaming the girls were avoided because of the potential harm it could cause the participants (Peter 2015:2627-2629). Further, considering that life story interviews could resurface past memories and bring some emotions to the fore, I took the decision to stop the interview. During the interviews, no interviewee needed to be referred for psychological services for debriefing or support.

3.5 PHASE THREE (STRATEGIC ALIGNMENT FRAMEWORK DEVELOPMENT)

The third phase of the study aimed to develop a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique, as shown in Table 3.5.

Table 3.5: Objectives and questions

Phase Three (strategic alignment framework development)	
Objective	**Question**
• To develop a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique	• What should be included in a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique?

The development of the framework was based on the results from the quantitative phase and findings of the qualitative phase, and included a desk review and SWOT analysis.

3.6 SUMMARY

The chapter presented the research design, the phases of the study, methods, sample and sampling procedures, data collection, data analysis, and related ethical issues. The study used a two-stage equal-status concurrent sequential design, collecting quantitative and qualitative data simultaneously, and then in a subsequent stage, additional qualitative data were collected. The targeted population comprised of early married, maternity and pregnant girls. The study used a mixed, non-probability sampling technique (for quantitative phase) and purposive sampling technique (for qualitative phase). Quantitative data analysis comprised two components, namely descriptive statistics and inferential statistics, and qualitative data analysis employed open-thematic coding. The ethical aspects were discussed. In the next chapter, I focus on the results and discussion of the quantitative phase of the study.

CHAPTER 4

RESULTS AND DISCUSSION OF PHASE ONE

"If we knew what it was we were doing, it would not be called research, would it?"

Albert Einstein Quotes

4.1 INTRODUCTION

This chapter reports on the administrative data explored on early marriage and maternity in order to provide an overview of the problem and specific characteristics of the girls involved in Maganja da Costa and Morrumbala districts in Zambézia Province. This answers the first objective (Table 4.1) of this phase of the study. Secondly, this chapter discusses the quantitative data obtained from a survey administered to 383 early married girls, early maternity and pregnant girls aged 10 to 19 years. The participants were surveyed in Maganja da Costa and Morrumbala districts in Zambézia Province between July 2017 and May 2018. This answers the second objective.

Table 4.1: Objectives and questions

Phase One (Quantitative)	
Objective	**Question**
• To explore the existing database and administrative data (statistics) on early marriage and maternity in order to provide an overview of the problem and the specific characteristics of the girls involved in early marriage in Maganja da Costa and Morrumbala districts in Zambézia Province	• What is the current state of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province according to the existing database and administrative data?

Objective	Question
• To administer a cross-sectional survey to early married, maternity and pregnant girls in Maganja da Costa and Morrumbala districts in Zambézia Province in order to identify social factors and other elements that enable early marriage and maternity, and the existing relations among the factors	• What social factors or other elements enable early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?

4.2 THE CURRENT STATE OF EARLY MARRIAGE AND MATERNITY IN MAGANJA DA COSTA AND MORRUMBALA DISTRICTS IN ZAMBÉZIA PROVINCE

The current state of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province, according to the existing database and administrative data, reveals that this phenomenon is deeply rooted and associated with different factors. For the overview of the problem, I explored data on early pregnancy and school dropout from the Ministry of Education and Human Development - Directorate of crosscutting issues which gathers data from all the provinces of Mozambique and stores it in a database for institutional purposes. A similar procedure took place for the Ministry of Health, where I explored data regarding adolescent sexual and reproductive health from annual reports.

Additional data were obtained from the National Institute of Statistics. Here it was possible to get statistics related to Zambézia Province, and the districts of Maganja da Costa and Morrumbala. All the institutions (mentioned in Chapter 3) I contacted in Phase One – Objective One – at national, provincial and district levels required evidence of the study's ethical clearance. I also offered them documentation confirming that I was a student conducting research, or evidence of the administrative permission from the local government, in order to access the information.

4.2.1 Methods

For the exploration of the existing database and administrative data, I purposefully selected institutions based on the activities and programmes developed by each institution. In addition, to respond to Objective Two, I administered a cross-sectional survey to early married and maternity girls (in Maganja da Costa and Morrumbala districts in Zambézia Province).

4.3 RESULTS

I discuss the results of this phase in the sections that follow.

4.3.1 Health and education trends

This section reflected on health and education trends aiming to create a picture of what is happening at ground level based on institutional statistics in order to get an overview of the problem and specific characteristics of the girls involved in early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province. The decision to use data from education and health sectors was made since these sources are often used by government and civil society organisations as a source to filter the prevalence of early marriage and maternity. Some indicators from the education and health sectors related to school dropout and adolescent pregnancy, respectively.

4.3.2 Pregnancy and school dropout

Data from the Ministry of Education and Human Development (MINEHD) indicated that 4 190 girls became pregnant between the years 2016 and 2017 in Mozambique. This pointed to an increase of 1 252 cases in 2017 compared to 2016. In terms of this variation, the Provinces of Gaza, Inhambane and Maputo (Table 4.2) were more challenged in terms of pregnant girls in schools.

Table 4.2: Pregnant girls per province in education system (2016/7)

Province	Pregnant girls		Variation
	2016	2017	
Maputo City	83	40	-43
Maputo Province	87	260	173
Gaza	91	447	356
Inhambane	67	320	253
Sofala	109	177	68
Manica	29	54	25
Tete	126	109	-17
Zambézia	127	166	39
Nampula	251	377	126
Niassa	51	211	160
Cabo Delgado	448	560	112
Total	**1469**	**2721**	**1252**

Source: MINEHD 2018

Data from the Education, Youth and Technology Directorate of Maganja da Costa referring to 2017 indicated that in the three subsystems of education (primary, secondary and high school) 58 874 students were enrolled, and 9 262 (15.7%) dropped out of school. In all subsystems of education, males were identified with a higher rate of school dropout compared to females. However, the percentage of female school dropout was 42.7% (3 953). Among the girls who dropped out of school, 98.4% (3 891) were from primary education, 1.1% (42) from secondary education, and 0.5% (20) from higher education. According to the same data from the education sector in Maganja da Costa district, 39 girls dropped out of school because of marriage and 19 due to pregnancy.

In Morrubmbala, there were 109 404 students (male and female) enrolled in all subsystems of education in 2017. During the academic year, the dropout total was 17 475, of which 7 239 (41.42%) were girls. Among the girls who dropped out, 98.66% (7 142) were from primary education, 1.27% (92) from secondary education, 0.04% (3) from higher education, and 0.03% (2) from technical education (industrial school).

In terms of the causes for school dropout, they were the same as those in Maganja da Costa, namely domestic affairs, illness, early pregnancy and early marriage.

Some of the enabling factors for school dropout in Maganja da Costa and Morrumbala districts were also verified in studies in Uganda and Nigeria, according to which child marriage was one of the leading causes of school dropout among children (Addaney & Azubike 2017:110). In turn, a study in Indonesia revealed that girls' low education was associated with a higher probability of adolescent marriage and motherhood (Bennett 2014:67). Additionally, a study by Envuladu, Umaru, Iorapuu, Osagie, Okoh and Zoakah (2016:127) in Nigeria revealed that 82.4% of married girls had to suspend schooling during the course of their education.

As mentioned previously, the trends of school dropout in Maganja da Costa and Morrumbala districts were consistent with other studies which concluded that early married and maternity girls had low education rates. However, the causal relationship between early marriage/pregnancy and school dropout is not the most significant aspect, but the social representation or the meaning communities attribute to education. Additionally, the collective understanding of the advantage/disadvantage of girls' education, as a protective or risk factor to early marriage and maternity, is important. These issues are explored qualitatively in the subsequent qualitative phase of this study.

4.3.3 Health

I discuss the health trends related to 2016/2017 in Maganja da Costa and Morrumbala districts in the sections that follow.

4.3.3.1 Maganja da Costa

Data from the District Directorate of Health, Women and Social Protection, concerning adolescent pregnancies in 2017, reflect 2 933 adolescents aged 10 to 19 years who sought prenatal health care from the health facilities within the district. Compared to the year 2016, there was an increase of 1 115 new cases. Approximately 94.9% of pregnant adolescents were aged between 15-19 years and 5.1% were aged between

10-14 years. An analysis within categories shows that there was a decrease of 32 cases of adolescent pregnancy in the age group 10-14 years between 2016/2017. In contrast, there was an increase of 1 147 adolescent pregnant girls between the ages of 15-19 years, for both years (Figure 4.1).

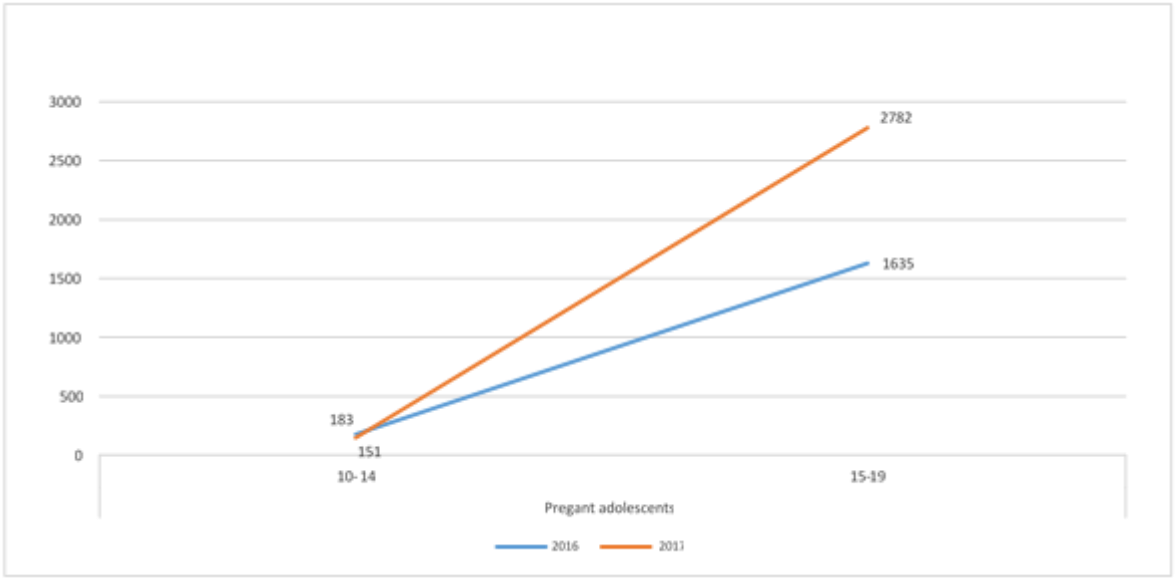

Figure 4.1: Pregnant adolescents who sought prenatal health care in Maganja da Costa – 2016/7

4.3.3.2 Morrumbala

Due to a lack of systematised data, it was not possible to gather data regarding adolescent pregnancy from the District Directorate of Health, Women and Social Protection of Morrumbala. However, I was allowed to collect raw data from the Maternity Service at the main hospital of the district. According to the data I collected for January to December 2017, there were 292 cases of early maternity. This referred to the registered data I could identify from the clinic records of patients. A total of 25 early maternity girls had caesarean sections and 267 had vaginal deliveries. Adolescent girls aged 16-17 were more prone to caesarean sections compared to other ages (12-15 years). Adolescents girls aged 15 (37), 16 (88), and 17 (136) represent the majority of the population who had vaginal deliveries (Figure 4.2).

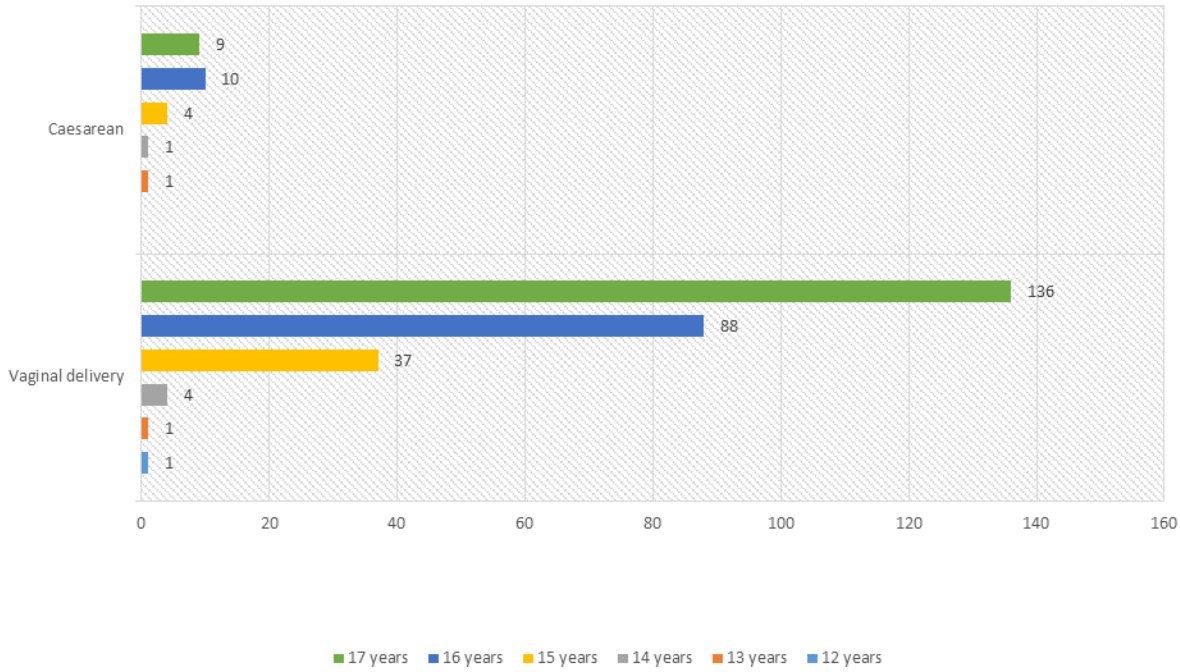

Figure 4.2: Types of childbirth per age among adolescent girls in Morrumbala

The analysis of the administrative data regarding early maternity girls revealed that early maternity is associated with health implications. A total of 19 early maternity girls out of 292 had health complications at birth while 273 had no health complications. However, five of these early maternity girls had stillborns and two lost their babies after birth. According to the data in the analysis (Table 4.3), the health complications with which the adolescent mothers were admitted were retained placenta (5), episiotomy (12), haemorrhage (1), and uterine rupture (1).

The trends regarding the health complication for early maternity girls in Maganja da Costa and Morrumbala districts revealed a consonance with studies on child marriage and maternal health risk in Northern Ghana, and Gombi (Adamawa State) in Nigeria, according to which early marriage was associated with poor health, increased child mortality, and low agency among women (de Groot, Kuunyem, Palermo & Ghana 2018:10; Adedokun et al. 2016:997). In turn, Ganchimeg et al. (2014) state that caesarean sections were very prevalent among adolescent mothers (≤15 years) compared to adult mothers. In addition, adolescent mothers (10-19 years) were at increased risks of eclampsia, puerperal endometritis, systemic infections, low birth weight, preterm delivery and severe neonatal conditions, compared with mother aged between 20-24 years (Ganchimeg et al. 2014:40-43).

Table 4.3: Childbirth complications

Age * Status of the baby at birth * Childbirth implication						
Childbirth implication			**Status of the baby at birth**			**Total**
			Alive	**Dead**	**Stillborn**	
None	Age	12	1	0	0	1
		13	2	0	0	2
		14	2	1	1	4
		15	36	0	2	38
		16	89	1	1	91
		17	136	0	1	137
	Subtotal		**266**	**2**	**5**	**273**
Placenta retained	Age	16	4			4
		17	1			1
	Subtotal		**5**			**5**
Episiotomy	Age	14	1			1
		15	2			2
		16	3			3
		17	6			6
	Subtotal		**12**			**12**
Haemorrhage	Age	17	1			1
	Subtotal		**1**			**1**
Uterine rupture	Age	15	1			1
	Subtotal		**1**			**1**
Total	Age	12	1	0	0	1
		13	2	0	0	2
		14	3	1	1	5
		15	39	0	2	41
		16	96	1	1	98
		17	144	0	1	145
	Total		**285**	**2**	**5**	**292**

4.3.4 Social factors or other elements that enable early marriage and maternity

In this section, I discuss the social factors and other elements that enable early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province. This is part of the second objective of this phase of the study.

4.3.4.1 Methods

This section covers the data collected using a cross-sectional survey in response to Objective Two. I used SPSS version 20 for statistical analysis which comprised two components, **descriptive statistics** and **inferential statistics**.

4.3.4.2 Socio-demographic profile

In the following section, I discuss my analysis on the frequencies and descriptive variables concerning the sample of 383 girls, whereby 43 (11.2%) were sampled from Maganja da Costa and 340 (88.2%) from Morrumbala, as shown in Table 4.4.

Table 4.4: Sampled girls per district

District	Frequency	Percent	Valid Percent	Cumulative Percent
Maganja da Costa	43	11.2	11.2	11.2
Morrumbala	340	88.8	88.8	100.0
Total	**383**	**100.0**	**100.0**	

I divided the sampled girls according to three age categories: a) 0<12; b) 12<18; c) 18-19. According to the results of the inquiries, I only identified categories b and c. In terms of frequency, 209 sampled girls were between the age of 12-18 (54.6%), and 174 (45.4%) girls were between the ages of 18-19 (Table 4.5). I reflect on the relationship between age and pregnancy, pregnancy and school dropout, age and marital status, childbearing and health complication in future sections.

Table 4.5: Inquired girls per age

Age	Frequency	Percent	Valid Percent	Cumulative Percent
12<18	209	54.6	54.6	54.6
18-19	174	45.4	45.4	100.0
Total	**383**	**100.0**	**100.0**	

The results of the inquiry indicate that in terms of education (Table 4.6) the majority of early married, maternity and pregnant girls (55.9%) only finished primary education, followed by secondary education (39.9%), and finally higher education (2.9%). There are also some girls whom I considered in my analysis as not applicable (1.3%) because they did not attend school at all. Although the survey did not contemplate a university degree, none of the sampled girls referred to tertiary education either. This data gives a picture which corroborates past studies, according to which girls who attended secondary school and those with a university degree are more likely to become pregnant later than girls with only a primary education or those who are illiterate (CECAP & Oxford Policy Management 2014:3; Bennett 2014:83). Similar results were found in the Survey on Immunization, Malaria, and HIV/AIDS Indicators in Mozambique (2015), where 55.2% of women with no education had their first baby between the age of 15 to 19 years, 43.5% of women with a primary education and 25.4% with a secondary education (MISAU, INE e ICF 2018:15). A study in Nigeria moreover concluded that more than 60% of early married girls had only a primary education (Adedokun et al. 2016:986).

Table 4.6: Education

Grade	Frequency	Percent	Valid Percent	Cumulative Percent
Grade 1-7	214	55.9	55.9	55.9
Grade 8-10	153	39.9	39.9	95.8
Grade 11-12	11	2.9	2.9	98.7
Not applicable	5	1.3	1.3	100.0
Total	383	100.0	100.0	

The marital status of the adolescent girls revealed some hidden aspects of the debate on early marriage and maternity. According to Table 4.7, 115 girls out of 383 were single mothers living with their parents. Most of these girls were adolescents who engaged in sexual practices or fell in love with adult men or adolescent boys, resulting in unintended pregnancy. The 115 girls I classified as 'not applicable' lived with their husbands, but I could not designate them as *união de facto* because they were under 18 years old. According to the Family Act, *união de facto* refer to people with a legal age (18 years) for marriage who have lived together for a period of over one year, while not officially being married.

Other surveyed girls were *união de facto* (104), followed by divorced (47), and widowed (2). This, particularity, was not observed by most studies I identified during the literature review (CECAP & Oxford Policy Management 2014; UNICEF 2015; *Consórcio N'weti and UNICEF* 2017), where early married girls were not discussed as belonging to a distinctive group in terms of marital status.

Table 4.7: Marital status

Marital status	Frequency	Percent	Valid Percent	Cumulative Percent
Single	115	30.0	30.0	30.0
União de facto	104	27.2	27.2	57.2
Divorced	47	12.3	12.3	69.5
Widow	2	.5	.5	70.0
Not applicable	115	30.0	30.0	100.0
Total	383	100.0	100.0	

The basic idea of analysing the relationship between age and marital status was to identify early marriage, the nature of each case and the frequency according to age. Table 4.8 shows that 32.5% of adolescent girls aged 12<18 were single, and 47% were between 18-19 years. This specific case demonstrates that not all girls are in a situation of early marriage, but also included single mothers who had never had or lived with a husband. The categories of *união de facto* (59.8%), divorced (11.5%) at

age 12-18, divorced (23%) at age 18-19, widowed (1%), and not applicable (55%), entered into marriage before their 18th birthday.

Studies by the National Institute of Statistics (2013) and UNICEF (2015) identified two categories of early marriage: a) female aged 20-24 years who married before 15 years, and b) female aged 20-24 years who married before 18 years. The percentage of girls who married before 15 years was 14%, while girls married before 18 years was 48% (UNICEF 2015:13; CECAP & Oxford Policy Management 2014:3; INE 2013:65). For the current analysis, I organised the data considering a 'child' as every person under 18 years of age and adolescents (not over 19 years). However, participants aged 18 or 19 years should have had their first baby or have been married before the age of 18 to be included in the study.

According to UNICEF (2015), 17.1% of females aged 20-24 who responded to a survey in Zambézia Province were married before they were 15 years old, and 47.1% were married before the age of 18 years (UNICEF 2015:13).

Table 4.8: Age * marital status

Marital status	Age, n (%)			
	12<18	%	18-19	%
Single	68	32.5	47	27.0
União de facto	-	-	104	59.8
Divorced	24	11.5	23	13.2
Widow	2	1.0	-	-
Not applicable	115	55.0	-	-
Total	209	100.0	174	100.0

A total of 362 adolescent girls aged 10-19 years who responded to the survey, out of 383, were already a mother. Among these adolescent girls, 18.8% had their first baby before the age of 15 years, 99.2% had their first baby before they were 18 years old, and 0.8% of adolescents were mothers at the age of 18 (Table 4.9). Data from UNICEF (2015:14) specify that 8.8% of female respondents aged 20-24 had their first baby before 15 years, and 40% before 18 years in Zambézia Province. However, while this

study did not cover the entire province of Zambézia, the tendency seems to be that the highest percentage of girls become a mother before the age of 18 years.

Table 4.9: Age when had the first baby

Age	Frequency	Percent	Valid Percent	Cumulative Percent
13	15	3.9	4.1	4.1
14	53	13.8	14.6	18.8
15	97	25.3	26.8	45.6
16	98	25.6	27.1	72.7
17	96	25.1	26.5	99.2
18	3	.8	.8	100.0
Total	362	94.5	100.0	
Missing System	21	5.5		
Total	**383**	**100.0**		

According to Table 4.10, the majority (29%) of girls became pregnant at the age of 16. In general, 99.2% (380) of girls became pregnant while they were younger than 18 years. The missing system (in the table) means that three of the respondents did not satisfy the condition of early pregnant girls. Among early pregnant girls, the scenario shows that the age between 14-16 (23.7%, 24.7% and 29.2%) is significantly more related to early pregnancy compared to other ages.

Table 4.10: Age at first pregnancy

Age	Frequency	Percent	Valid Percent	Cumulative Percent
12	9	2.3	2.4	2.4
13	34	8.9	8.9	11.3
14	90	23.5	23.7	35.0
15	94	24.5	24.7	59.7
16	111	29.0	29.2	88.9
17	42	11.0	11.1	100.0

Age	Frequency	Percent	Valid Percent	Cumulative Percent
Total	380	99.2	100.0	
Missing System	3	.8		
Total	383	100.0		

In this study, 65% of adolescent girls became pregnant at the age of 15-17 (Table 4.10). This result is consistent with findings from past studies (UNICEF 2015; INE, 2013) which referred to early pregnant girls having their first baby under the age of 18 years. In the current analysis, early pregnancy did not only refer to having had their first baby under the age of 18, since some of the sampled girls were still pregnant.

4.3.5 Consequences of early pregnancy and childbearing

According to the literature review, early marriage was responsible for higher rates of maternal and infant mortality (Raj & Boehmer 2013:544). Additionally, early pregnancy put girls at risk of being diagnosed with obstetric fistula (Sunday Tribune cit. by Obilade & Obilade 2011:127-128). While there are severe health consequences deriving from early marriage and maternity, there are also multiple other consequences of early marriage which include social, economic and emotional effects. I analyse education and the health implications of early pregnancy and marriage based on the results of the survey in the sections that follow.

4.3.5.1 School dropout

Early marriage and early pregnancy are potential factors for school dropout. Among the 383 respondents, 225 were attending school during their first pregnancy, 152 were not attending school, and six had never attended school. After and during their pregnancy, 121 adolescents out of 225 continued attending school. Thus, 104 dropped out of school. In total, 256 adolescents were no longer attending school (Table 4.11).

Table 4.11: School going at the first pregnancy * now going to school

Education			Now going to school			Total
			Yes	No	Not applicable	
Grade 1-7	Attended school during the first pregnancy	Yes	33	61	0	94
		No	5	114	0	119
		Not applicable	0	0	1	1
	Total		**38**	**175**	**1**	**214**
Grade 8-10	Attended school during the first pregnancy	Yes	71	50	0	121
		No	6	25	0	31
		Not applicable	0	0	1	1
	Total		**77**	**75**	**1**	**153**
Grade 11-12	Attended school during the first pregnancy	Yes	6	4		10
		No	0	1		1
	Total		**6**	**5**		**11**
Not applicable	Attended school during the first pregnancy	No		1	0	1
		Not applicable		0	4	4
	Total			**1**	**4**	**5**
Total	Attended school during the first pregnancy	Yes	110	115	0	225
		No	11	141	0	152
		Not applicable	0	0	6	6
	Total		**121**	**256**	**6**	**383**

In terms of the subsystem, the majority of girls who dropped out from school were in primary school (68%), followed by secondary school (29%), high school (2%) and not applicable (1%) (Figure 4.3).

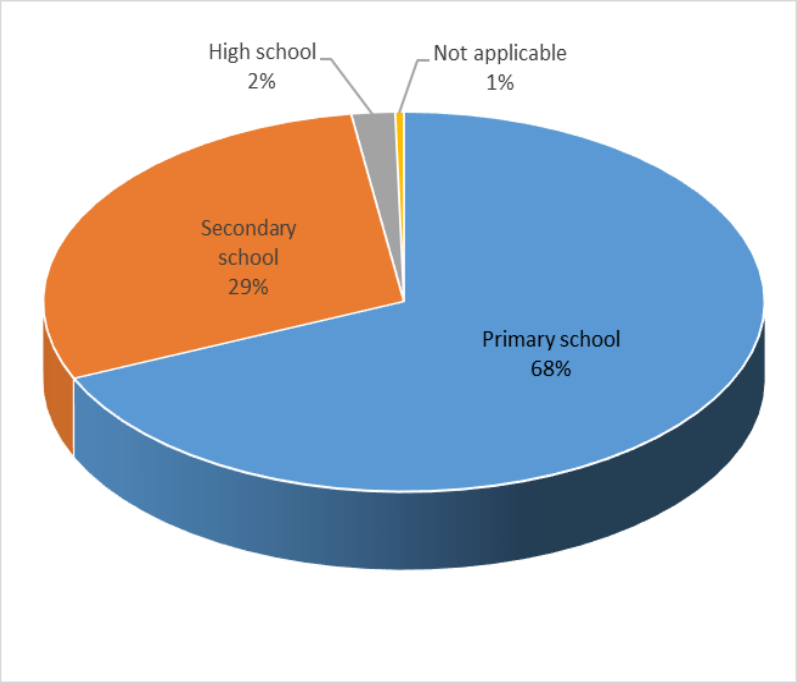

Figure 4.3: Percentage of school dropout per education level

These results match past findings from other studies where girls who attended secondary school and those with a university degree were found to be more likely to become pregnant later in life than girls with only a primary education or those who were illiterate (CECAP & Oxford Policy Management 2014:3).

4.3.5.2 Health complications

In this section, I discuss the relationship between age during the first pregnancy and health complications. The data were captured through question 16 from the survey, which asked: *How old were you when you had your first baby?* And question 17: *When you had your first baby did you have any health complication?* The responses to question 17 were either 'yes' or 'no'. If the respondent answered 'yes', they were required to specify.

According to the survey, 88 early maternity girls had health complications, 274 indicated that they did not have any health complications at birth, and 21 were excluded because they were not yet mothers (Table 4.12).

Table 4.12: Complications when having the first baby

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	88	23.0	23.0	23.0
No	274	71.5	71.5	94.5
Not applicable	21	5.5	5.5	100.0
Total	383	100.0	100.0	

Among the early maternity girls (362), 24.3% responded 'yes' to the questions regarding health complications during their first baby's birth, while 75.7% of the respondents said 'no' (Figure 4.4).

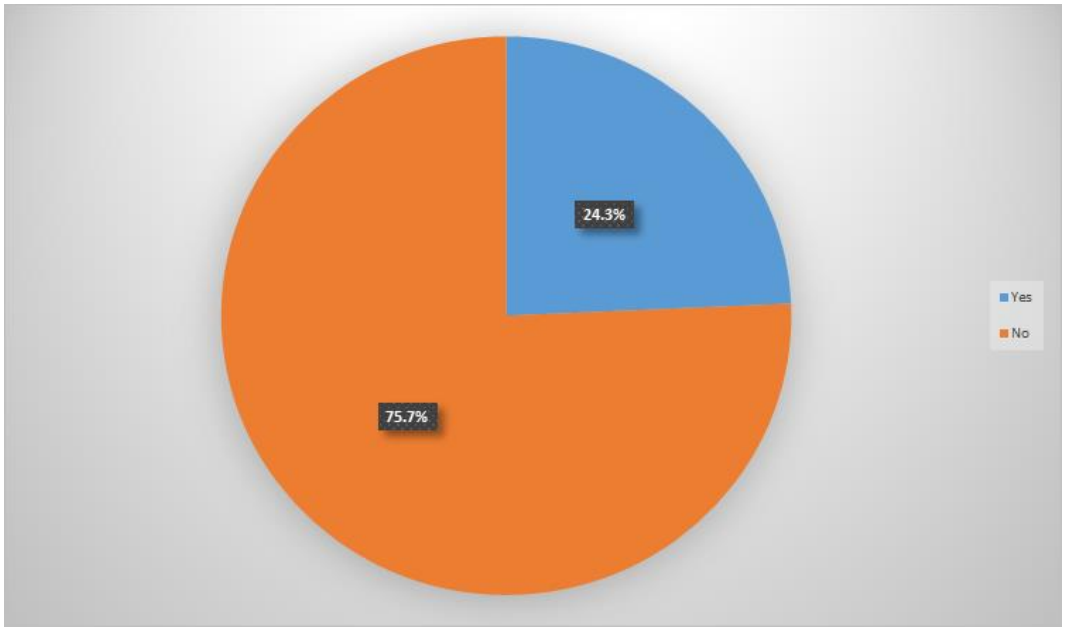

Figure 4.4: Health complications at first baby

The kind of health complication identified were: abortion (8%), asthma (1.1%) back pain (5.7%), bladder pain (1.1%), caesarean section (20.5%), fainting during childbirth (1.1%), stillbirth (6.8%), episiotomy (52.3%), oedema (1.1%), and temporary disability (2.3%) (Figure 4.5).

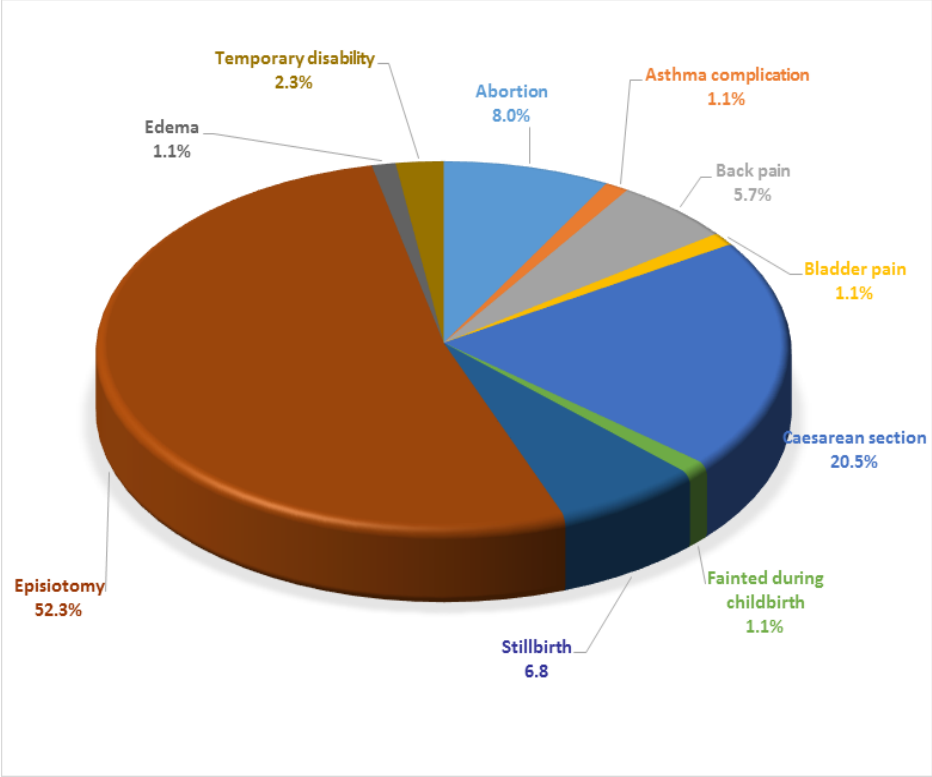

Figure 4.5: Health complications

This result concerning health complication was consistent with previous studies where adverse pregnancy/birth outcomes constitute a potential health challenge that adolescent mothers face (Ganchimeg et al. 2014:43-44). Data from the National Institute of Statistics (INE), reporting the Demographic Health Survey 2011, indicated that every four deaths (24%) among women aged 15-19 are caused by maternity-related causes. This decreased to 16% among women aged 25-29 and 8% for those aged 45-49 (INE 2013:123). Similar results were found in a study in Nigeria, where 75% of respondents (15-19 years) were admitted for complications related to pregnancy (Adedokun et al. 2016:993).

Although the study did not include a question about the form of delivery, it is possible to infer from the caesarean sections that all other girls had vaginal deliveries (79.5%). This result was consistent with the raw data I collected from the Maternity Service at the main hospital in Morrumbala District. According to the data I collected relating to January to December 2017, there were 292 cases of early maternity (identified from patients' clinic records). A total of 25 (8.6%) early maternity girls were subject to caesarean sections, and 267 (91.4%) had a vaginal delivery. Adolescent girls aged

16-17 were more prone to the caesarean section compared to girls of other ages (12-15). Adolescents girls aged 15 (37), 16 (88), and 17 (136) represent the majority of respondents who had a vaginal delivery. This finding was verified in previous studies where it was determined that early maternity girls were most likely to have a vaginal delivery (72.1%) and there was a lower risk of caesarean section (27.9%) (Ganchimeg et al. 2014:47).

Table 4.13 demonstrates that health complications are common between the ages of 15-17, and decrease at the age of 18. Most of the early maternity girls had an episiotomy (46), were subject to caesarean section (18), or suffered an abortion (7). The adolescent girls aged 15 were more likely to be subject to a caesarean section compared to older girls/women. Similarly, the adolescent girls aged 15 and 16 had the most episiotomies. This result was consistent with a study from UNFPA (2015) according to which girls who become pregnant under the age of 15 were at increased risk for placental tears, obstruction at the time of delivery, obstetric fistulae, and death compared to other age groups (UNFPA, 2015:9-10).

Table 4.13: Age when had the first baby * kind of health complication

Kind of health complication	Age when had the first baby						Total
	13	14	15	16	17	18	
Abortion	0	0	1	5	0	1	7
Asthma complication	0	0	0	0	1	0	1
Back pain	0	0	3	2	0	0	5
Bladder pain	0	1	0	0	0	0	1
Caesarean section	2	1	8	3	4	0	18
Fainted during childbirth	0	0	0	0	1	0	1
Stillborn	1	1	2	1	1	0	6
Episiotomies	3	6	11	15	10	1	46
Oedema	0	0	1	0	0	0	1
Temporary disability	1	0	0	1	0	0	2
Total	**7**	**9**	**26**	**27**	**17**	**2**	**88**

4.3.6 Sexual and reproductive health

In this section, I discuss issues regarding sexual and reproductive health.

4.3.6.1 Use of contraceptives

One of the sections of the survey referred to sexual and reproductive health which intended to inquire about the use of contraceptives. A total of 185 respondents had used some kind of contraceptive and 198 had not used any. Questioned about the kind of contraceptives they used, the respondents referred to condoms (23), contraceptive pills (92), Depo-Provera (36), birth control implants (11), intrauterine devices (1), and the contraceptive injection (22). The majority of the girls thus used the contraceptive pill compared to other kinds of contraceptives (Table 4.14). Those who responded that they used condoms did not refer to a female condom, but male condoms.

Table 4.14: Use of contraceptive * type of contraceptive

		Kind of contraceptive							Total
		Condom	Contraceptive pill	Depo-Provera	Birth control implant	Intrauterine device	Not applicable	Contraceptive injection	
Used any contraceptive	Yes	23	92	36	11	1	0	22	185
	No	0	0	0	0	0	198	0	198
Total		**23**	**92**	**36**	**11**	**1**	**198**	**22**	**383**

4.3.6.2 Sexual and reproductive health awareness

One important issue to highlight that might contradict unintended pregnancy is the fact that 319 of the respondents had heard about sexual and reproductive health from different sources; only 64 had never heard about sexual and reproductive health (Table 4.15). Compared to those who used contraceptives (Table 4.14), I can therefore infer that being aware of contraceptives does not imply using it. The question thus

remains: why do girls not use the contraceptives, even though they are aware of it? This can be answered when analysing qualitative data. However, results from the Demographic Health Survey 2011 point to a discontinuity in the use of contraceptives among women aged 15-49 years. Women who used the contraceptive pill, contraceptive injection, and male condoms primarily discontinued the use of contraceptives due to the need to fall pregnant, and related to the health complications and side effects resulting from the use of contraceptive pills and injections (INE 2013:104). A study in Nigeria concluded that girls in child marriages tend to be less knowledgeable about contraception (Maswikwa, Richter, Kaufman & Nandi 2015:65). This might explain why 198 respondents had not used a contraceptive method.

According to what I observed while administering the survey, adolescents received contraceptive pills from the nurses at antenatal services, mostly after their first baby to avoid another pregnancy. The availability and easy access to different types of contraceptives at the health facility can explain how almost half of the adolescents had heard about sexual and reproductive health at a hospital (Table 4.15).

Table 4.15: Sexual and reproductive health awareness

Heard about sexual and reproductive health				
		Heard about sexual and reproductive health		Total
		Yes	No	
Where heard about sexual and reproductive health	From an activist	2	0	2
	At home	9	0	9
	During the rites of initiation	1	0	1
	From an association	2	0	2
	From friends	16	0	16
	From grandmother	1	0	1
	From mother	3	0	3
	From television	1	0	1
	From the family	1	0	1
	Hospital	193	0	193

Heard about sexual and reproductive health				
		Heard about sexual and reproductive health		Total
		Yes	No	
	In the community	5	0	5
	Not applicable	0	64	64
	Radio broadcast	5	0	5
	School	80	0	80
Total		**319**	**64**	**383**

Table 4.15 shows that the majority of the girls who responded to the survey became aware of different contraceptives and family planning services from the hospital (193) when seeking medical care, school (93), and from peers (16). This might reflect a lack of information and access to material about family planning, and the use of contraceptive among the communities, families and individuals.

4.3.7 Forced marriage

Article 16(2) of the Convention on the Elimination of All Forms of Discrimination Against Women (United Nations 2016) state that “the betrothal and the marriage of a child shall have no legal effect”. Taking this into account, early marriage/forced marriage implies no consent.

The result of the survey (Table 4.16) seems to contradict common sense when talking about early marriage. A total of 192 respondents indicated that it was their free will to get married, while 76 said it was not. Questioned about who forced them to get married, the respondents indicated that it was the decision of their parents (44), uncles (13), siblings (8), and grandparents (11). Due to this reality, the question remains why young girls decide to get married? This was another consideration undertaken when analysing the qualitative data (life story interviews). However, a similar study revealed that 46% of married respondents said they were forced into marriage by their parents, while others (20.3%) decided to marry because they needed money to go to school (Envuladu et al. 2016:125).

Table 4.16: Decision to have a husband * who obliged you to have a husband

		Who obliged you to have a husband					Total
		Parents	Uncles	Siblings	Grandparents	Not applicable	
Your decision to have a husband	Yes	0	0	0	0	192	192
	No	44	13	8	11	0	76
	Not applicable	0	0	0	0	115	115
Total		**44**	**13**	**8**	**11**	**307**	**383**

4.4 SUMMARY

In this chapter, I aimed to explore the existing administrative data on early marriage and maternity in order to provide an overview of the problem and specific characteristics of the girls involved in early marriage and maternity. I also administered a cross-sectional survey to early married, maternity and pregnant girls in Maganja da Costa and Morrumbala districts in Zambézia Province so that I could identify social factors or other elements enabling early marriage and maternity, and existing relations among the factors. In doing so, I concluded that data from education and health sectors provided a picture of early marriage and maternity in Maganja da Costa and Morrumbala districts, whereby school dropout and adolescent pregnancy were used as indicators by government and the civil society organisations to filter the prevalence of early marriage and maternity.

The picture captured from administrative statistics was aligned with data from the cross-sectional survey administered to 383 early married, maternity and pregnant girls. The majority of early married, pregnant and maternity girls only completed primary education (55.9%), followed by secondary education (39.9%), and finally higher education (2.9%). About 65% of adolescent girls became pregnant at the age of 15-17. Among adolescent girls, 18.8% had their first baby before the age of 15 years

and 99.2% had their first baby before the age of 18 years. This chapter has also concluded that early married, maternity and pregnant girls were burdened with adverse pregnancy/birth outcomes. When questioned about who forced them to get married, the respondents mentioned their parents, uncles, siblings, and grandparents.

The following chapter will discuss the qualitative findings of the second phase of the study.

CHAPTER 5

FINDINGS AND DISCUSSION OF PHASE TWO, PART ONE

"Education is not a preparation for life; education is life itself."

John Dewey 1916, p. 239

5.1 INTRODUCTION

In this chapter, I present the qualitative phase findings as set out in Table 5.1. I then discuss the analysis of the qualitative data, which comprised of life stories, semi-structured interviews and group discussions.

Table 5.1: Overview of phase two, objectives and questions

Phase Two (Qualitative)	
Part One	
Objective	**Question**
• To explore and describe the life stories of early married, maternal and pregnant girls	• What are the life stories of early married, maternal and pregnant girls?
• To explore and describe families' experiences of early marriage and maternity	• What are the families' experiences of early marriage and maternity?
• To explore and describe community leaders' role and experience of early marriage and maternity	• What are community leaders' role and experiences of early marriage and maternity?
• To identify community perceptions of early marriage and maternity	• What are community perceptions of early marriage and maternity?

The chapter starts by presenting the socio-demographic profile of the participants of the study. The findings are discussed through themes and categories, along with the theoretical approach based on Mertens' (2009) perspective of the transformative paradigm. As mentioned previously, this study used both the SRT (Rateau et al. 2012) and ET (Granovetter 1985) to understand early marriage and maternity.

5.2 SOCIO-DEMOGRAPHIC PROFILE

This phase of the study comprised of 78 participants who were grouped according to their category (for analytical purpose). To comply with the ethical issue of anonymity, I used numbers to represent the participants instead of using their names (Roulston 2014:7):

PARTICIPANTS 1-25 – Early pregnant girls living with a husband, early maternity girls not living with a husband, and early maternity girls living with a husband.
PARTICIPANTS 26-36 – Family members (husband of the adolescent girl, parents, grandmother and aunt).
PARTICIPANTS 37-42 – Local administration authorities, traditional leaders and religious leaders.
PARTICIPANTS 43-48 – Programme officers and fieldworkers.
PARTICIPANTS 49-56 – School teachers.
PARTICIPANTS 57-62 – Health professionals, social workers and gender focal point from the education sector.
PARTICIPANTS 63-78 – Child Protection Committee members (group discussion).

In terms of geographical representativeness, 28 participants were interviewed in Maganja da Costa and 50 in Morrumbala.

5.3 DISCUSSION OF FINDINGS

In this section, the discussion is based on the themes, categories and codes resulting from the interviews with the 78 participants.

5.3.1 Themes, categories and codes

The qualitative data analysis resulted in four themes, as shown in Table 5.2. Each theme with the concomitant category and code will be discussed along with verbatim quotes to support the statements.

Central storyline

The dynamics leading to early pregnancy and marriage refer, among others, to specific socio-cultural meanings. These include socialisation into roles, legitimising having children (at an early age), the value and benefits of the bridewealth, the role of initiation, and the social meaning of the first menstruation. Geographical and transport issues often result in school dropout, consequently forcing adolescent girls to marry. Specific issues include the distance and a lack of access to transport to attend school, and a lack of resources to complete schooling, which results in boredom, a lack of enthusiasm and hopelessness. Engaging in sexual practices is often a remedy that offers these girls meaning. Moreover, some also engage in sexual practices as a result of poverty. The consequences of early pregnancy/marriage were mostly negative and related to physical aspects, interpersonal relations, education and work, emotional distress and aspects influencing social support. Early marriage, maternity and pregantn girls often had diverse future visions related to their expectations. They were, however, frequently unable to imagine a different future or could not change their current reality. The value of initiatives was mainly related to information regarding contraceptives.

Table 5.2: Themes, categories and codes

Theme	Category	Codes
Dynamics leading to early pregnancy and marriage	Socio-cultural meanings	Socialisation into societal roles
		Legitimising having children
		Value and benefits of the bridewealth
		The rites of initiation
		The social meaning of the first menstruation
	Geographical and transport issues as a reason to drop out of	Distance and a lack of access to transport as reasons for school dropout

Theme	Category	Codes
	school, consequently forcing adolescent girls to marry	Lack of resources to complete schooling
		Resultant boredom, a lack of enthusiasm, and feeling hopeless
	Engaging in sexual practices	A remedy for providing daily meaning and activities
		Poverty
Consequences of early pregnancy/marriage as 'suffering'	Physical aspects	Oedema
		Malnutrition
		Difficulties in breastfeeding
	Interpersonal relations	Poor marital relations
	Education and work	Lack of opportunities leads to menial work
	Emotional distress	Despondence, low-self-esteem
		Deference mechanisms: rationalisation and intellectualising
	Aspects influencing social support	Adolescent and parents' reaction to early pregnancy
		Early pregnancy and intention for abortion
		Violence against children
Diverse future visions	Expectations and realisations	A child brings 'happiness'
	Limited ability to visualise the future	Resignation and conformity
The value of initiatives	Sexual and reproductive health perception	Awareness programmes

5.3.1.1 Theme 1: Dynamics leading to early pregnancy and marriage

The first theme relates to the dynamics leading to early pregnancy and marriage. The analysis of the data related to socio-cultural meanings; geographical and transport issues as a reason to drop out of school, consequently forcing adolescent girls into marriage; and engaging in sexual practices as the main drivers leading to early marriage and pregnancy. This could suggest the existence of multiple factors propelling girls to early marriage and maternity. The concept 'embeddedness' from the ET of Granovetter (1985) was used as an umbrella under which to identify the existing connections among different elements of activity (Krippner, Granovetter, Mark, Block, Biggart, Beamish et al. 2004:133). In the sections that follow, I analyse the different categories to understand how different factors could explain early marriage and maternity and the existing connections. I also use the SRT (Rateau et al., 2012:2), and Mertens' perspective of the transformative paradigm (Mertens 2012:804).

a) Category 1: Socio-cultural meanings

In their interactions, people share meanings and give sense to their lives in a constructed world. The socialisation process is responsible for the internalisation of different roles, norms and values, and shape individual behaviour (Berger & Luckmann 1966:2010; Duffield, Lovell, Kotlowitz, Shinn, Wietzman et al. 2014:67; Gergen 2015:12). In this way, early marriage should be understood according to the culture and social context. In the communities under study, girls are **socialised into social roles**, such as dealing with domestic affairs (washing clothes, dishes, cleaning, cooking). Participants shared:

> *"...for my case at least I already know doing some works, I know how to do such things for man [husband], I know because when I lived with my mother I used not to sit only, doing nothing. That is why I know how to do something, washing clothes, cleaning the house, if a man wants breakfast. My mother used to teach me and say that you will not stay with me forever, you must learn something"* (Participant 8).

"Wake up, clean the yard, clean the dishes, clean the house, fetch water, take bath and go to school" (Participant 24)

These quotes can be seen as a mirror of what happens when talking about social roles where girls are taught from an early age to assume the role of a housewife and take on domestic affairs. Girls are also seen at early ages as future wives and mothers. In my understanding, this justifies why marrying is not a matter of age but related to the ability to execute social roles and express maturity.

Early marriage and maternity can also be understood from the perspective of **legitimising having children**. Some girls mentioned that the decision to get married was motivated by the need to have a child. At a certain age in the community, there is such an expectation because being a mother represents a certain status; it is a way to be socially integrated:

"...in the community when a girl is 17 or 18 years old, they think that she does not conceive,… just because the community want to see a girl of 14 or 15 years with a child…" (Participant 61)

Moreover, having a child means there will be someone who can help their parents in domestic affairs:

"For me having a child is something good. I don't know for others…because you can ask [the child] to do something, play with him. The same they [the girl's parents] did with me" (Participant 16)

The quotation from participant 16 shows not only the individual position but also the usefulness of having a child, indicating that a child is socially useful.

Community leaders believed that (Participants 40 and 41) children do not listen and obey their parents and adult people:

We talk about early marriage and pregnancy including the need to continue studying for their [the girls] future…what make these young girls adults is

because they do not listen [smile]. Do not listen! Do not obey to adult people even to their parents. If they obeyed to their parents, these things [early marriage and pregnancy] would not happen.

Or

Suddenly you see a girl is pregnant, a girl is mother. Then, we don't know what to do. When the girl is not your daughter you are limited. I also have daughters, and my daughter can be pregnant too. Therefore, people will say now is his daughter so I am asking the government to do something, to help us.

The community leaders play the role of guardian of the communities, referral persons, and in partnership with government, Non-Government Organisations, and Community Based Organisations are often used to spread messages of prevention and combat of early marriage including violence against children in their communities. However, the community leaders complain of being accused by the community members of interfering in family matters when they report early marriage to the Police, Attorney or Civil society organisations as demonstrated in the quotation above.

The **value and benefits of the bridewealth** refer to adolescent girls being subject to early marriage because their parents are anxious to get the benefits of bridewealth. This includes money, property, or other types of wealth given by the groom or his family to the bride's parents or family. The bridewealth is a kind of legitimisation of the marital relationship between a girl and a man/boy. For some parents, it is a type of reward and is seen as complying with social norms:

"*Here it is like that when a man brings money they say yah, the man is that one you have to marry him"* (Participant 8)

The quotation from Participant 14 also highlights this view:

"…he went to my house for lobolo [bride ceremony], paid some money, gave something [clothes, shoes, brewery and others] and then took me [as his wife]".

SRT illuminates the way in which people interact in their daily lives and build different representations of an object according to their opinions, knowledge, experiences and beliefs (Reteau et al. 2012:14; Flick & Foster 2017:4). Therefore, bridewealth could be seen not only as a legitimisation of the marital relationship between a girl and a man/boy or as compliance with social norms, but also as a strategy used by parents for their subsistence by receiving financial and material resources from their son-in-law; a kind of paying back the investment they made in their daughter.

School teachers, community leaders, members of child protection committees, the local government representatives, fieldworkers and programme officers mentioned that it was sometimes difficult to convince parents to respect the rights of the child and be aware of the consequences of early marriage. They frequently respond by saying that:

> *"The daughters belong to them and are free to do what they want."* (Participants 57)

Here, children are seen as parents' property and no one should interfere in family matters. In addition, some girls are not even given the chance to decide and choose their husbands:

> *"Is the father who gives her daughter to a trader. A street vendor. And say marry my daughter."* (Participants 57)

This quote reflects 'forced marriage' where one of the persons involved does not consent. However, it is important to recognise that there were some changes in parents' behaviours towards their daughters. These changes resulted from interventions for the prevention and combat of early marriage, as referred to by two children who were members of the Child Protection Committee in Quembo, Morrumbala District:

> "*Before this project [ELO+FORTE] came our parents did not leave us to go to school and enjoy child's rights but because of this project from World Vision, and the child protection committee that mobilises people, door-to-door, now we do enjoy the rights of the children. For instance, I used to keep doing*

domestic work, I could not play with other children, I couldn't go to school. My father kept giving me a lot of domestic affairs, from morning up to noon. But now, because of this project and the child protection committee, I know about the child's rights. I am happy about being a member of the child protection committee" (Participant 67)

"*In the past, our parents used to say that you, my son/daughter you have to marry. Then, we started to fall in love earlier. This was common. Members of a certain family could go to another family and say that they liked their daughter and wanted to marry their son. Therefore, those children grew up knowing that they were wife and husband. At the age of 10,11 or 12, the girl left her parents' house to live with the husband, in the husband's family. This often happened while still young. Now, because of this project from World Vision, together with the child protection committee, it is no longer accepted that a child does that..."* (Participant 67)

The **rites of initiation** relate to different discussions and approaches regarding initiation with a focus on sexual and reproductive health, violence against girls, and school dropout. However, these perspectives differ from the community perspective based on the function of the rites of initiation.

An explanation from the ET (Granovetter 1985) reveal that the rites of initiation are just one embedded factor in the network of social relations influencing child marriage:

"These girls don't accept these things of family planning because their environment is vast and vulnerable. Eh, they don't accept. You see, they are playing music, it means that they went out at 1 am. They can stay there while they know that they are carrying another child in their back. There is a need to look for a man [to provide something for life]. They can't sit. That is why we are asking the Government, the Social Action [to refer to the District Directorate of Health, Women and Social Action] to help us…" (Participant 41)

The majority of participants in the study were aligned in their responses. They considered the rites of initiation as a way for social integration and becoming a full member of society by learning or acquiring different roles, manners and practices:

"We have to respect our husbands, to know how to take care of them, not be greedy, participate in death ceremony, take care of the piece of clothes we use during menstruation, dressing. This kind of things which are said to be a woman." (Participant 9)

"[smile] at the rites of initiation is where a girl or a boy get a sense of life. Learn how a girl or a boy should be, isn't? When they get married, how to behave towards a wife or a husband, to elderly people, parents. It means education." (Participant 51)

As part of socialisation, before leaving the place of the rites of initiation, all girls receive some recommendations from the matrons of the practice:

"When you leave [after the rites of initiation ceremony] you have to respect your mother and father. Early in the morning, you have to salute them, clean the house. Whatever your father says you have to obey" (Participant 7)

"… are taught, and learn how to deal with women, for instance, isn't? To be a good housewife, how to communicate with/comfort a man, as well as a boy. There is a proverb that they use, when they leave the place [of rites of initiation ceremony] they say – the madodas (male elderly people), *massungacates* (female elderly people) - *those who are responsible of them in the ceremony of rites of initiation, when you are back to the village or when you go home you should remove the dust"* (Participant 53)

Some parents send their children for initiation due to deviant behaviour. Here, participation in the rites of initiation is used as a form of discipline. This demonstrates intergenerational conflict when adults consider children who did not attend such initiation as lacking respect and socialisation. It was common in the interviews with parents and other adults who participated in the study to hear the expression *"children of nowadays*":

> *"My parents used to say that I had no respect, and in the rites of initiation, I would learn how to respect my brothers, my parents and other people – adults"* (Participant 11)

An important issue identified during the interviews with early married and maternity girls is that sexuality is sacred and not to be shared. Almost all the girls said that they "*forgot*" or became "*shameful*" (Participants 9, 11, 21 and 24) when the topic was raised. Sometimes they would just look at me or quietly say *"I can't speak about [it]"* (Participant 21). Upon analysis, I infer that as a male researcher, I was entering a female domain asking about sexuality, which remains a taboo in some communities. Sexuality issues were reserved to be shared between girls/women and their future husbands:

> *"(Smile), I forgot other things. What I still remember is that they used to give me something…"* (Participant 15)

According to the participants, the education that the girls received in the rites of initiation put them in a position of submission to men:

> *"(smile)...do whatever your husband wants, put water in the bathroom for him, cook for him and set the table"* (Participant 21)

This literal submission should be understood as part of the social roles that girls and boys are taught; not only during the rites of initiation but also from the education they receive from their parents. Their actions are embedded in networks of social interactions and shaped by society.

Participating in the rites of initiation represented the girl being allowed to enter the world of adults and become a woman. If a girl did not participate in the rites of initiation, she was likely to be excluded or not acknowledged by other girls or women:

> *"...because before I went to rites of initiation, my friends [peers] used to laugh at me saying that I was 'nothing'. It left me upset"* (Participant 15)

As mentioned by Participant 15, in the rites of initiation, girls were taught to pull the labia majora [*mathuna*] as part of sexual education and in preparation for the future when they become wives:

> *"…it is mathuna. Then, they started to do that, pulling, pulling, and pulling. I also started to pull, pull and pull. Finally, we left the place of the rites of initiation"* (Participant 15)

The act of pulling the labia majora was not common among all the interviewed early married, maternity and pregnant girls. It varied according to the region (districts) the girls were from (born) or their parents' place of birth, such as Pebane district and Bajone (Administrative location of Mocubela district) in Zambézia Province. Moreover, while some girls/families living in Maganja da Costa and Morrumbala districts were not originally from there, they carried some socio-cultural practices from their original place of birth with them as a matter of identity.

In my understanding, the rites of initiation aim to respond to a social function (Quinn 2013:123), and we cannot judge them from the perspective of being good or bad or disapprove of them. These practices are part of social structure and shape the behaviour and the way of being of individuals. When different organisations see the rites of initiation as a determining factor in early marriage, they miss other embedded factors that have relevance.

Some interviewed early married, maternity and pregnant girls recognised that they were still a child (considering their age) themselves, but because of the **social meaning of the first menstruation** they found themselves in an ambivalent situation. Traditionally, they were seen as women, ready to be wives and mothers:

> *"…Since you get the first menstruation at 12 years, that's all. That is the reason why the majority when is back home [from the rites of initiation] think about falling in love and marry"* (Participant 9)

The first menstruation is also a starting point to learn about sexuality, marriage and the accompanying hygiene practices:

> *"(smile)... they told me about what to do during menstruation, hygiene [bath], husband"* (Participant 14)

The first menstruation can also mean a green card to the girls to participate in the rites of initiation because for some parents or other relatives, this is the time to send them for the initiation:

> *"…as soon as a woman [referring to a girl] gets the first menstruation goes to the rites of initiation. When she is back, she is already a lady and has to marry"* (Participant 48)

This was also emphasised by Participant 59, who said:

> *"When they get the first menstruation, the teaching they receive from the community is that they are grown up, they can get married, fall in love, have children, be a housewife."*

Some early married girls who were interviewed made efforts to show that they had grown up and were able to run a house as a wife:

> *"…yishi…I had my ideas…wherever I went, people used to see that this 'child' is grown up. Is ready to marry. Can run the house."* (Participant 14)

The first menstruation thus means a transition to adulthood and has some practical consequences as mentioned by a programme officer from *Save the Children*:

> *"...in the community, the age doesn't matter. What they consider is their matureness. How can I say? Physical I can say that. They look at the axilla, if there is something it means that is already an adult. If it is a girl, the first menstruation is enough – menarche – you are already an adult. When they, boys and girls, return from the rites of initiation, are considered adults. They*

can marry. Then, there is a need to talk about prevention in the communities so that they know the risk of an early marriage" (Participant 47)

b) Category 2: Geographical and transport issues as a reason to drop out of school, consequently forcing adolescent girls to marry

Geographical and transport issues often result in school dropout, consequently forcing adolescent girls into marriage. Specific issues include the distance and lack of access to transport to attend school, and a lack of resources to complete schooling which results in boredom, a lack of enthusiasm and hopelessness.

The **distance** that separates children from school was found to be one of the aspects preventing children from attending schooling. According to my observations in Maganja da Costa and Morrumbala, the secondary schools were located in the centre of the Villages. For example, in Morrumbala, there was only one secondary school within the district, offering grade 8 to grade 12. Conversely, in Maganja da Costa, there was a secondary school in the centre of the district and one in Nante, an administrative location belonging to Maganja da Costa district.

Concerning distance, there is also the issue of a **lack of access to transport**. This was referred to as a reason to drop out of school, consequently forcing adolescent girls into marriage:

"...sometimes they [referring to World Vision fieldworkers] give food, bicycle to shorten the distance from home to school. Then, the person can change" (Participant 37)

This view was also shared by Participant 47:

"*In the community, there are children under 18 years who have completed grade 7 [the last grade of universal access to education in Mozambique – sponsored by the government]. To continue with studies, they have to shift from their community which is 30 to 40 km away, to do grade 8. Some girls, get support from their parents buying a bicycle but it is a risk."*

The **lack of resources to complete schooling** was also linked to early marriage. Local administration authorities, traditional and religious leaders, including some early married and maternity girls, pointed out:

> *"There are children who go to school for the sake of God. What to do! They have no parents even anyone to help them. Some live with the elderly. Then, when the fieldworkers from the World Vision, visit a school or a ZIP [Zona de Influência Pedagógica - several schools from a certain geographic area which coordinate and plan the lecturing activities together], register those children with no living condition even school material"* (Participant 37)

Or, as mentioned by Participant 39:

> *"… sometimes she, the girl, go to school, she has nothing [referring to money] ask for this and that, she is not given. This is also a way that the girl can be deviant because there might be a boy who can say that if you accept to fall in love with me, I will give you this and that. Twice, three times while the girl cannot get whatever she wants from their parents, she can decide on falling in love."*

Participant 6, who was an early married girl, highlighted the lack of resource as a cause for school dropout and marriage:

> *"I was going to school but because of a lack of resources I did not continue, and then decided for marriage".*

School dropout was also associated with early pregnancy as mentioned by a school teacher:

> *"…I had good students [girls] who could read and write well. The students were very active and I believe that one day they could go further if they continued with their studies but…as soon as they got pregnancy became a housewife. Now the routine is staying at home and going to the agriculture field [to grow crops] and take care of the family"* (Participant 52)

Distance, access to transport and lack of resources additionally result in **boredom**, a **lack of enthusiasm,** and **feelings of hopelessness**. These might influence adolescent girls to marry early:

> *"Do you think that I have any idea? I have no idea. If you are married, there is nothing else. What can I do?... If I had continued with my studies it would be better. I am suffering… I often say, why did I got married"* (Participant 6)

> *"... in Morrumbala, when we had a meeting with the parliamentarian [from the national parliament] the community raised this issue [the problem of infrastructure] as a serious problem because when a child finishes grade 7...he/she stops because there is no school [secondary school] to continue with the studies. After one, two years gets married. If there were schools [secondary schools], the child would continue with the studies and his/her dreams. Then, this is a constraint that we have as Province. I believe that all other organisations from civil society should look at this as a problem"* (Participant 46)

Maganja da Costa and Morrumbala districts are rural areas facing problems in terms of infrastructure, such as schools. Children are forced to walk vast distances to the nearest school. In my view, education authorities should engage more with the community; not to criticise or impose measures aimed at reducing school dropout, but to participate, build trust, and empower the community for transformation.

c) Category 3: Engaging in sexual practices

During the fieldwork, I learned that some adolescent girls were engaging in sexual practices as a way to earn a living. The lack of resources was thus identified as motivating the engagement in a sexual life. On the other hand, there was also the occurrence of child prostitution that was out of the control of the adult responsible for the child's education.

The issue of poverty was recurrent in the interviews with parents, families, community leaders and members of the child protection committee. **Poverty** was understood by the participants as a lack of money to guarantee their subsistence, to satisfy their needs, a lack of school uniforms and materials, or a lack of someone being able to take care of a child. Analysing the situation and the context in which the word 'poverty' was used, I conclude that the primary issue was a lack of money. This justified unfair practices such as engaging in a sexual life and child prostitution, including early marriage. The problem of poverty also uncovered parents' or families' incapacity to respond to their needs and the needs of their children. Some adolescent girls engage themselves in sexual practices as a remedy for providing daily meaning and activities.

> *"…now things are worse because of poverty. At the beginning of the night in the market, you find a crowd of children. What are they looking for? Even if is your child and talk to her. She won't listen to you. Why? Because when you talk to her, she says mammy, what will I eat, wear, and perform the hair. Then, she says, give all these to me. So where will I get these*?" (Participant 63)

> *"Nowadays, adults like young girls because an adult is someone who owns something, in the case money, sometimes can get a good dress, owns a motorbike. Then, the young girl …needs these things. A boy of the same age as the girl is not wanted because he has nothing"* (Participant 37)

These quotes show a kind of disobedience from some adolescent girls to their parents or guardians. At the same time, a partial legitimisation/resignation from adults to take control of their children due to a lack of money to satisfy some needs have been uncovered.

> *"… we need to be aware of the girl (a daughter) if she has eaten, if she needs a new skirt. I, as a father, I have to think of buying these because if I don't buy, I am not interested in doing that, while she needs that things she will end up a deviant. Then, this is the way to control a daughter"* (Participant 39)

These quotes demonstrate that individual position or status in society drive a person to certain practices. Adolescent girls were forced to engage in sexual practices

because of poverty; in the same way, their guardian lost the power to control them as a result of being incapable to satisfy the needs of their children. Men with economic power then used money to abuse adolescent girls or marry them while still young. All this contributes to the violation of human rights (in this case, girls' rights), discrimination, as well as a poor family relations. As Mertens (2012:804) recognised, realities are constructed as influenced by an individuals' position or privilege in society.

5.3.1.2 Theme 2: Consequences of early pregnancy/marriage as 'suffering'

As the literature review and quantitative data analysis have shown, various consequences result from early marriage and maternity. In this study, I identified the following categories of consequences: physical aspects, interpersonal relations, education and work, emotional distress, and aspects influencing social support.

a) Category 1: Physical aspects

The participants of the study, with a focus on early maternity girls, mentioned **oedema**, **malnutrition** and **difficulty breastfeeding** as physical consequences of early marriage and maternity. According to participants, these physical aspects were common during pregnancy and after giving birth. A participant with difficulty related to breastfeeding claimed it was as a result of another disease that she could not mention:

> *"Only one breast is not producing breast milk. The baby is not sucking, I caught a disease"* (Participant 10)

It was also stressed by Participant 34:

> *"We [the mother of participant 10] looked at the mother and found out that she has disabilities, she has some wounds on her breasts and the baby was breastfeeding. She no longer produced breast milk".*

Early maternity was also responsible for fistula obstetric and caesarean sections. Health professionals, community and religious leaders, teachers and social workers referred to these consequences:

> *"…another consequence is that she can be committed by fistula obstetric…another consequence is that she will be subject to an operation… a caesarean section"* (Participant 61)

> *"Yeah, it is risky when a young girl becomes pregnant because her hips are not yet ready to give birth. Then, it is risky. The girl can die or even get the disease of urinating, isn't? what is not good for the girl…"* (Participant 39)

> *"I think that just to start, her body is not yet ready. Then, there are some other complications. I think, during birth, anything can happen."* (Participant 51)

> *"They [the parents] force young girls to marry. It is risky because the young girl might later get some problems of this and that ..."* (Participant 58)

It was thus clear that people from education, health, social action, and community leaders were aware of the consequences of early marriage and maternity, as result of the training they had or due to their profession.

b) Category 2: Interpersonal relations

When a girl gets pregnant or marries, there is a change in the social relationship. The relationship worsens when the girl is a single mother or when she keeps quarrelling with her husband, resulting in **poor marital relations**. This sometimes happens because the girl's parents did not consent to the pregnancy or the marriage:

> *"Eh! We are still together because we love each other. My mother-in-law has not a good relationship with me"* (Participant 17)

> *"The father of the baby does not help me...my parents told him that since he does not want to marry me, he will have to provide with nourishment"* (Participant 25)

The interpersonal relations were also referred to by a grandmother of a young girl who said:

> *"...the parents of the boy [who got her pregnant] were angry because the mother of my granddaughter didn't want to talk to the boy. She was angry with him. Then, they [parents of the boy] didn't want to know about her and the subsistence"* (Participant 26)

Another interviewee, who referred to poor interpersonal relationships, was the mother of a single young mother:

> *"I used to hear from her friends that she had a boyfriend. The boyfriend never came here [at home]. Everything happened outside, in the street. When she got pregnant, we asked the man [who got her pregnant] to come. We wanted to know if he knew about the pregnancy and the need to take responsibility for it. The man said yes. So far nothing is happening*" (Participant 26)

Due to poor relationships, and in the absence of the provision of subsistence, some interviewed adolescent girls demonstrated a sense of retaliation, regret and low self-esteem. This shows that the consequences of early marriage and pregnancy are also psychological:

> *"I am not willing to live with the father of my child because he hurt me. When I was pregnant, he used to run away from me but when he knew that I had given birth his parents came to my home. I was about to kick them but my grandmother said not to do that because they were people"* (Participant 2)

c) Category 3: Education and work

The early married, maternity and pregnant girls who participated in the study had low levels of education and were mostly unemployed. Moreover, the **lack of opportunities leads to menial work**. Some early married and maternity girls worked as domestic workers:

"In Quelimane it was also like that. They took me to take care of her daughter" (Participant P17)

A teacher from a secondary school shared:

"Once I went to a locality [out of the centre of the village] to look for a girl to take care of my young daughter. Most of the time we go outside the village, in the nearest locality, to look for a parent who lives with her daughter. A father who is aware of the poor condition that the daughter is living just hand over the girl to someone to live with. The girls are often 12 to 13 years old. The girl came with us to the village. But sometimes we go to the locality to look for a girl and then find out that the girl that we were referred to is already married" (Participant 49)

This showed that adolescent girls with no resources or from poor families are often sent to the city or the main village for menial work. These girls are frequently subject to domestic violence, including early marriage:

"There was a young girl that after losing her mother, a certain teacher asked her [the girl] to take care of his kids because he and his wife were both teachers [working]. Times later the teacher started engaging sexuality with the girl. When his wife finds out that the girls were pregnant chased her away from home. Now, the girl has no one to take care of her" (Participant 41)

Some early maternity girls are impelled to menial work as a way to guarantee their subsistence and take care of their children. According to Participant 25:

"If I had some other thing to do because in the agriculture field [where she helps her mother to grow crops] we only get food, and the child needs clothes and many other things."

d) Category 4: Emotional distress

The conversation with early married and maternity girls revealed that some girls were emotionally down, **despondent and had low self-esteem**. They often regretted the pregnancy, the child and being a mother or wife. They mentioned that being a wife/mother early was not a good decision. They recognised that they did not obey their parents, which was adolescent/innocent behaviour:

> *"I committed a mistake for becoming pregnant earlier"* (Participant 2)

> *"If I knew I wouldn't be pregnant. I regret that because my daughter was not accepted by her father. Now I am still at home living with my mother…"* (Participant 10)

I also identified two **deference mechanisms**, namely **rationalisation and intellectualising**. This was aligned with the rites of initiation and the traditional education (part of socialisation) the girls received. There is a kind of command whereby girls and boys are educated to respect older people and obey their instructions. In general, this is related to social norms and values:

> *"If you do something that adult people do not like, when they are speaking you have to be quiet and not say anything against"* (Participant 21)

> *"...these are the teachings...when they get home [after the rites of initiation] they must respect their parents, neighbouring people, deal with domestic affairs, go to the agriculture field, I mean all the necessary respect at home"* (Participant 37)

> *"They don't take seriously to what adult people say. When you say, my daughter, what you are doing is not correct, they don't understand. You as a mother you end up saying I am educating her but she does not obey to me. You will see what will happen. Now that it [pregnancy] happened she is thinking about the consequences and whatever I said as a mother"* (Participant 34)

e) Category 5: Aspects influencing social support

Adolescent and parents' reaction to early pregnancy were different. The participants in the life story interviews mentioned that their mothers were more understanding than their fathers. Mothers were seen as more protective while fathers regretted the lost investment in education, the consequences of early pregnancy, and the future of their daughters. This did not mean that women (mothers) did not care about the future of their daughters, but they recognised that there was a need to give their daughter an opportunity to change their behaviour.

I also discovered that the interviewed early married, maternity and pregnant girls reacted in different ways. Some retaliated, comparing what happened to them with their peers or close family:

> *"I was afraid of staying at a man's house while pregnant, then take care of a baby, wash clothes, cook for him. Do everything for him and in the end, get some slaps! I became fearful. Two main reasons: fear and retaliation"* (Participant 9)

Some parents forced their daughters to live with the man responsible for their pregnancy:

> *"When I was pregnant …My parents were nearly to kick me away from home. They determined a limited time so that I could go. Then, they reconsidered and said to stay home"* (Participant 25)

There is a form of association between early pregnancy and early marriage. Once a young girl is pregnant, the parents' reaction is to chase the girl from their home or force her to live with the man responsible for the pregnancy. Sometimes, the girl's parents accept early marriage to avoid a possible pregnancy by an unknown male. This is known in the community as 'people's pregnancy', which breaks the honour of the family, causing shame:

"I [the mother of the girl] told her, now you are grown up. It is your fourth year after the first menstruation. It can happen to be pregnant of anyone, people's pregnancy" (Participant 33)

The parents' reactions or the experiences from other girls/family members cause some early pregnant girls to consider **abortion**. The intention to abort was commonly invoked:

"… I just wanted to abort. I was afraid of my mother. I said if my mother gets to know that I am pregnant what will happen? That is why I wanted to commit an abortion. But when she found out that I was pregnant she did not insult me or hurt me" (Participant 8)

"…when I was sixteen years I became pregnant. I decided for an abortion but it was unsuccessful" (Participant 22)

Early marriage can also be associated with **violence against children**. Girls who are victims of domestic violence often have no alternative than marrying early (or engaging in sexual life) in an attempt to flee from the suffering. This was more common among girls not living with their parents, such as orphans and vulnerable children:

"When I passed to grade 8 [in Quelimane city], I said that I was going to spend the school holidays. When I arrived here [Maganja da Costa] I didn't go back because my aunt used to beat me…we were two girls, her daughter and I. When I was in the kitchen cooking she used to tell her daughter not to cook even do anything. I did everything alone. When I refused to do something she used to beat me" (Participant 16)

Violence against girls was also prevalent among girls living with stepfathers. These girls found marriage leads freedom:

"I lived with my stepfather. There was always a shout at home with my mother. Always shouting, I, eh, I can't support these things…that is the reason why I decided to marry" (Participant 17)

5.3.1.3 Theme 3: Diverse future visions

One of the questions I raised during the interviews aimed to know if early married and pregnant girls had similar life stories and experiences. Responses to this question demonstrate that there were some common aspects, but others were specific to each participant.

a) Category 1: Expectations and realisations

Early maternity is sometimes linked to the idea that ***"a child brings happiness"*** (Participant 3). Some adolescent girls decided to become pregnant due to the influence of their peers or to show society that they are a 'woman' who can procreate. This results in happiness through acceptance and integration in the community. After the first menstruation and at a certain age, girls are expected to be a mother. This point is crucial when discussing the prevention and combat of early marriage and maternity, specifically in rural communities where children are seen as resources. Therefore, they are expected to help their parents in domestic affairs and take care of their parents when they are elderly:

> *"I do not regret becoming a mother. I love my daughter a lot. That's it. I will give her the best future, do everything good for her"* (Participant 1)

> *"I said I am going away because my dad didn't want me to have a child. Then, I said I am leaving your house so that I can live freely and have my child"* (Participant 21)

b) Category 2: Limited ability to visualise the future

Most early married and maternity girls found their current situation as being unexpected. They reflected on their childhood and what was happening to them. Sometimes it sounded as if they were victims of circumstances and were willing to change and start a new life. However, they had limited ability to visualise the future. This resulted in **resignation** and **conformity**:

"Nothing…now, you see, I am home and there is no one to provide me OMO [a detergent brand] and many other things. I only wait for my father to give me 5 [Metical – Mozambican currency] to by soap" (Participant 25)

"…I took my own decision and fell where I was not supposed to. I did not listen to anyone advice. Now, I am like that…I can only sell things as I was doing with my mother. Maybe doing that I can get some money to buy things for my child and me" (Participant 8)

The parents of some adolescent mothers referred to their daughters' future and change of behaviour:

"... *she hasn't any idea of changing her behaviour. But she sees that she is suffering because she got pregnant and the man who got her pregnant did not take responsibility. So far she is suffering"* (Participant 34)

"...young girls, also, should be honest and aware of what they want for them and their life…we, girls, should know what we want…" (Participant 54)

5.3.1.4 Theme 4: The value of initiatives

The rites of initiation are mandatory for boys and girls of a certain age. These rites represent transitioning into a new world – the world of adults. Those who are initiated are taught about the future when they are grown up; how they should act, what to do, how to behave and acquire social norms and values that are common to society. The rites of initiation are considered socially useful because they contribute to the social cohesion and integration of members of a certain group.

Early marriage and maternity is also an issue of gender. Girls, differently from boys, are subject to the maternal role, and they are voiceless and powerless. This was common in the participants' answers about socialisation and initiatives. A transformative paradigm could be a useful tool in engaging with inequalities to access

education, sexual and reproductive health rights and health facilities. Therefore, building consciousness for girls' empowerment is critical.

a) Category 1: Sexual and reproductive health perception

The participants were aware of sexual and reproductive health from their school, the hospital, community or from peers. However, their environment, common sense, and **awareness programmes** shaped their perception. The majority of early married and maternity girls linked sexual and reproductive health to family planning because they had heard about this during prenatal service attendance. Another link was related to contraceptives. Whenever I asked the participants about sexual and reproductive health, they easily referred to condoms, contraceptive pills and injections. This might reveal the impact of awareness programmes or the provision of contraceptives:

> *"I am using contraceptive pills"* (Participant 8)

> *"I participated in a training organised by AMODEFA [Mozambican Association for the Defence of Family] in Quelimane. They said that there were different contraceptive methods to prevent pregnancy that we could use such as contraceptive pills, IUD [*intrauterine device]*, condom, contraceptive implant and injection. When I returned home I used the pills but it caused me, as it happens to other women, stress, blisters on my face, headache, even stomach-ache and backbone ache. I decided to stop because I thought that it wouldn't be good for me. But when I decided to stop it was the time, I think, that I got pregnant"* (Participant 9)

In Maganja da Costa as well as in Morrumbala there was a common misconception, according to which girls who had never had a baby could not use contraceptives because she would not conceive in the future. This showed that there was still a significant influence by the local social context, whereby procreation was a means of social integration and happiness.

The participants revealed that early marriage, as a reality, could be understood from different perspectives. Even though some adults responsible for early maternity or

pregnant girls admitted that marrying earlier or becoming pregnant early was not related to fear; it was embedded and they were in an ambivalent situation. The perspective of modernity where boys and girls have equal rights to education and where marriage should be entered into after the age of 18 years contradicted the socio-cultural perspective of adulthood which depended on the first menstruation.

However, I identified some organisations working on sexual and reproductive health during data collection, including information, education and communication materials. To change the current scenario of early marriage and maternity in Maganja da Costa and Morrumbala districts, local communities should be engaged not as viewers but as active participants who participate in the design, implementation and monitoring of the programmes/projects to which they are subject. This could prevent the failure of some implemented programmes, such as the reporting mechanism to prevent and combat violence against children, as discussed in Chapter 6.

5.4 SUMMARY

In this chapter, I analysed the qualitative data, which comprised of life stories, semi-structured interviews and group discussions which were transformed into themes and categories. The analysis of the findings used the theoretical approach from Mertens' (2009) perspective of the transformative paradigm. Both the SRT (Rateau et al. 2012) and ET (Granovetter 1985) were employed to understand early marriage and maternity.

The dynamics leading to early pregnancy and marriage were related to socio-cultural meanings as socialisation into roles, legitimising having children, the value and benefits of the bridewealth, the role of initiation, and the social meaning of the first menstruation. School dropout was identified as resulting from geographical and transport issues, consequently forcing adolescent girls to marry young. Engaging in sexual practices was found as a remedy to provide meaning to their lives, or were entered into as a result of poverty. The consequences of early pregnancy/marriage were mostly negative and related to physical aspects, interpersonal relations, education and work, emotional distress and aspects influencing social support.

In the next chapter, I will engage with the findings and discussion of Phase Two, Part Two, and focus on the integration of quantitative results and qualitative findings.

CHAPTER 6

FINDINGS AND DISCUSSION OF PHASE TWO, PART TWO

"We do not condemn it because it is a crime, but it is a crime because we condemn it."

Emile Durkheim, in Smith, K. 2014, Pp. 95-103

6.1 INTRODUCTION

This section covers the activities/programmes developed by NGOs and CBOs operating in Maganja da Costa and Morrumbala districts in order to meet the objectives presented in Table 6.1. The chapter concludes with the integration of the quantitative and qualitative phases of the study.

Table 6.1: Phase Two, Part Two: Objectives and questions

Phase Two (Qualitative), Part Two	
Objective	**Question**
• To identify and explore ongoing non-governmental and community-based programmes addressing early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province	• What non-governmental and community-based programmes are in place to address early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?
• To assess current strategies implemented by non-governmental and community-based organisations to address early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province	• What are the current strategies implemented by non-governmental and community-based organisations to address early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?

Phase Two (Qualitative), Part Two	
Objective	**Question**
• To identify the existing mechanism for girls' participation in the reduction of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province	• What are the existing mechanisms for girls' participation in order to contribute to the reduction of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?

During data collection, I contacted five organisations, namely *Caritas Diocesana, Coalizão, Friends for Global Health, Save the Children* and *World Vision Mozambique,* and their programmes are summarised in Table 6.2. The first three organisations operated in Maganja da Costa, and the last two in Morrumbala District. The information from Table 6.2 was based on the interviews, reports (only from *World Vision*), and the organisations' websites.

6.1.1 Non-governmental and community-based organisation programmes

As summarised in Table 6.2, in this section I analysed the programmes undertaken by NGOs and CBOs operating in Maganja da Costa and Morrumbala districts in Zambézia Province.

Table 6.2: NGOs and CBOs interventions

Organisation	**Areas of interventions**	**Intervention component**	**Targeted group**	**District** (location)	**Project name**
Caritas Diocesana	Food and nutrition Water and sanitation	• Diet improvement • Use of latrine and clean water	Orphan and vulnerable children	Maganja da Costa	No specific name

Organisation	Areas of interventions	Intervention component	Targeted group	District (location)	Project name
	Early childhood development	• Birth registration facility • Referral to government institutions (Health, Education, Justice and Social Protection) Awareness			
Coalizão	Sexual and reproductive health HIV/AIDS School retention Child marriage	• Sexual and reproductive health • Community social integration • School reintegration facility • Counselling • Mentorship Awareness	Youth and adolescent	Maganja da Costa	No specific name

Organisation	Areas of interventions	Intervention component	Targeted group	District (location)	Project name
FGH	HIV/AIDS	• Psychosocial support to HIV positive patients • Prevention of mother-to-child transmission • HIV counselling and testing • Tuberculosis programme services • HIV-exposed child services • Care and treatment • Training of different intervenient from government and civil society • Monitoring and evaluation	Youth and adolescent Adult people	Maganja da Costa	No specific name

Organisation	Areas of interventions	Intervention component	Targeted group	District (location)	Project name
Save the Children	Health and Nutrition	• Sexual and reproductive health • Infant illnesses integrated approach • Counselling • Diet improvement	Youth and adolescent Adult people	Morrumbala	Kumbwane II
	Water and sanitation	• Construction and use of latrines			
	Education	• Training • Peer education • Provision of bicycle and school supplies • Saving groups and income-generation skills			
	Child protection	• Violence against children			

Organisation	Areas of interventions	Intervention component	Targeted group	District (location)	Project name
		• Reporting mechanism • Referral • Providing a means of transport for health facilities programmes • Child protection committees • Awareness			
World Vision	Child protection	• Violence against children • Early marriage • Girls' empowerment • Reporting mechanism • Child protection committees • Child participation	Youth and adolescent	Morrumbala, Mocuba and Derre	ELO+FORTE

Organisation	Areas of interventions	Intervention component	Targeted group	District (location)	Project name
	Education	• Referral • Advocacy • Awareness campaign • Provision of bicycles and school supplies • Peer education • Improvement of learning environment			
	Health and Nutrition	• Sexual and reproductive health • Psychosocial support • Diet improvement			
	Water and sanitation	• Construction and use of latrines			

6.2 DESCRIPTION OF THE ORGANISATIONS

In this subsection, I describe the organisations according to the areas of intervention, intervention components, target groups and specific projects focused on combatting and preventing early marriage and maternity.

6.2.1 Caritas Diocesana

Caritas Diocesana is a non-profit association affiliated with the Catholic church. In Maganja da Costa, it had interventions in different areas and components were explained by a professional from the organisation:

> *"…we are talking about health, food and nutrition, saving, education, and housing. For infants we also offer DPI, I mean early childhood development…we refer the children to social protection service, birth registration facility and education sector"* (Participant 43)

The targeted group of this association were orphaned and vulnerable children. The association did not have a specific project focused on child marriage or maternity. Therefore, it was not eligible for the purpose of this section.

6.2.2 Coalizão

Coalizão is a non-profit association officially acknowledged by the Ministry of Justice on 31st October 2006 (Mozambique 2007:1). This association is based in Maputo with representation in the provinces of Mozambique, including Zambézia Province. The association was represented in Maganja da Costa by mentors. Among the mentors, one took the role of district focal point who periodically reported to the provincial representative in Quelimane. Their activities were run in the Maganja da Costa Municipality neighbourhoods and schools.

According to the interview with the local focal point (Participant 44), the association ran activities on sexual and reproductive health as their main focus. It was also engaged in community social integration (for HIV/AIDS patients), school reintegration

facilities (with the focus on girls who had dropped out), mentorship, counselling and sensitisation focused on youth and adolescents:

> *"Those [girls] who are in our community, we talk to them about family planning, and others [girls] who are reintegrated at school, we do counselling on [sexual] abstinence and the correct use of condoms"* (Participant 44)

Due to the lack of information, written evidence on the full activities performed by the association, and non-accomplishment of the meeting I had set with the focal point (after the interview) to visit some of the ongoing activities in the neighbourhoods, this association did not meet the necessary elements for the objective of this section.

6.2.3 Friends for Global Health

This organisation provides technical assistance to health sectors with a focus on rural areas of Zambézia Province. Maganja da Costa district was one of the beneficiaries of the FGH's interventions. FGH initiatives were part of the United States of America's President's Emergency Plan for AIDS Relief (PEPFAR). The core business of this organisation was the supply of services to HIV/AIDS-positive patients, administration of anti-retroviral medication, reinfection prevention, and the prevention of mother-to-child transmission of HIV. In addition, there was a component of sexual and reproductive health focused on reinfection prevention.

The FGH, according to Participant 45, worked in partnership and coordination with the local health sector in Maganja da Costa, and their activities were based in the hospital and the community:

> "*The target of this organisation is to ensure health care and treatment for anyone who comes to the health facility. We do not only provide health care and treatment. We are especially talking about HIV/AIDS, isn't it? Then, especially for the community. The person who look for treatment, I mean, the one who is HIV positive"* (Participant 45)

In terms of the nature of the activities developed by this organisation, my analysis did not go further.

6.2.4 Save the Children

Save the Children is an international NGO with a long tradition in Zambézia Province with a focus in Morrumbala District. *Save the Children* has been operating in Mozambique since 1986, with offices in Maputo, Gaza, Manica, Sofala, Zambézia, Nampula and Tete Provinces (Save the Children 2018).

In Morrumbala, Zambézia Province, *Save the Children* had different areas of intervention, namely health and nutrition, water and sanitation, education and child protection. For the purpose of this study, I kept my attention on child protection components, namely violence against children, reporting mechanisms, referral, and provision of a means of transport to attend health facility programmes, child protection committees, and sensitisation. These activities were directed at the youth, adolescents and adults.

Most of the interventions offered by *Save the Children* in Morrumbala were similar to those from *World Vision* in Morrumbala District, even though some of the intervention components were no longer being run by *Save the Children*. I then identified the following overlap of components between *Save the Children* and *World Vision*: violence against children, referral and reporting mechanism, and child protection committees. Some of these intervention components were implemented in the same region, and others had been terminated by *Save the Children* due to unsatisfactory results:

> *"...at that time we used to call it 'a boca que fala' [literally the mouth that speak]. We installed the complaint box in a place of high concentration of people, particularly, in the place where the child protection committee used to gather. If someone had seen something not normal, such as early marriage or violation of child's rights, could write and put it in the box…unfortunately, we had some problems because some people, instead of reporting what we asked them to*

do, they raised/reported other issues not related to child protection…" (Participant 47)

At the time of data collection, *Save the Children*-Morrumbala was starting to implement a new programme called Kumbwane II. However, I did not have sufficient information about the ongoing project regarding early marriage and maternity. *World Vision* was, therefore, the only NGO responding to the objective of this section.

6.2.5 World Vision

World Vision is a non-profit organisation which operates worldwide. In Mozambique, *World Vision* started operating in 1983 during the civil war, assisting people displaced by war. The programmes developed by *World Vision* include health care, education, water and sanitation (World Vision, 2018).

In Zambézia Province, World Vision runs the ELO+FORTE project (in three districts, Morrumbala, Mocuba and Derre), with a component of child protection. This component includes combatting and preventing early marriage. In Morrumbala District, the project was taking place in four ADPs namely Nhamaraua, Nhaterre, Sabe and Derre.

6.2.5.1 Child protection

Due to the objectives of this section, and the main objective of this study, I decided to focus on child protection and related intervention components:

- Violence against children
- Early marriage
- Girls empowerment
- Reporting mechanism
- Child protection committees
- Child participation

- Referral
- Advocacy
- Awareness campaign

However, some actions from education and health (areas of interventions) were analysed in the course of the discussion on child protection under the ELO+FORTE project.

a) ELO+FORTE

According to the World Vision 2017 Annual Report, ELO+FORTE is a four-year project that started in 2016, and it was scheduled to end in 2020. This project, as part of a global campaign to eliminate violence against children, addresses the root causes of violence against children, especially the causes of early marriage in Morrumbala, Mocuba and Derre districts in Zambézia Province. Information obtained through interviews with the project manager (Participant 46) at Provincial level (Zambézia Province) and child protection officer in Morrumbala District (Participant 48) highlighted the role of *World Vision* in child protection and related interventions.

For a better analysis of the ELO+FORTE project and the content of its interventions, I delineated the content into themes before aligning the themes with the strategic objectives and actions from MNSPCM (2016-2019):

Advocacy: *World Vision*, through the ELO+FORTE project, contributed to legislation and policy reform in order to address early marriage and all forms of violence against children. As mentioned in the 2017 annual report, *World Vision* in coordination with CECAP (Coalition for the Elimination of Child marriage) advocates for the amendment of the Family Law (10/2004, of 25 of August) to eliminate Article 30(2), which exceptionally allows marriage at 16 years.

Child participation: This aims to identify the existing mechanism for girls' participation in the reduction of early marriage and maternity. According to the Promotion and Protection of Child's Rights Act (No. 7, 2008 of 9 July), a child has the right to participate within the family and community without discrimination (Art 22a),

have freedom of expression (Art 22f), and the right to association and assembly (Art 22g). In analysing the actions that were being taken by the ELO + FORTE project, I identified that children participated through youth clubs, youth associations, child parliament, and child protection committees. There is thus a local mechanism where girls can discuss their rights, consequently leading to a reduction of early marriage and maternity.

In 2017, 20 youth clubs (*clubes juvenis* in Portuguese) were created in Mocuba and Morrumbala districts. Each club comprised of ten boys and ten girls. The importance of these clubs was the empowerment of girls in their participation and discussion regarding education, sexual and reproductive health rights. This was highlighted not only by the officials from *World Vision* but also the communities in Morrumbala Village and the locality of Mepinha.

Some boys and girls with whom I interacted during the group discussion with the Child Protection Committee in Quembo (a location in Morrumbala District) spoke about youth clubs. However, social and gender roles and adult domination still obstruct the full participation of children within the communities, limiting the full harnessing of their rights, consequently not complying with the principle of the "best interest of the child". For example, it was common to hear adults saying: "children of nowadays do not obey their parents and have no respect". This appeared a conflict of generations perpetuating violence against children, including early marriage.

Reporting Mechanism: To combat early marriage *and child protection incidents* (terminology used by *World Vision* officers), *World Vision,* in coordination with education sectors, established reporting boxes with respective Reporting Box Management Teams at different primary schools in Morrumbala District. This mechanism (reporting box) was previously adopted by *Save the Children* in child protection interventions.

Another reporting mechanism included child protection committees whereby members were trained to report all forms of violence against children occurring in their communities to *World Vision* officers, police, attorneys, school boards, community

leaders, and so on. Child protection committees are the frontline for the dissemination of preventive information.

> *"We empower the Child committee protection so that they can, first be proactive in the dissemination of information, awareness about the rights of the child. Child committee protection plays an important role in child protection*" (Participant 46)

In addition to reporting mechanisms, faith and community leaders are part of the network that has been trained to prevent and report all forms of violence against children.

Referral: In Morrumbala and Maganja da Costa, referral mechanisms were established for child protection. This included the police, attorneys, health and social protection, education sectors, NGOs and civil society in general.

In Morrumbala, where *World Vision* operates, the organisation used the existing referral mechanism, established by the government through the aforementioned governmental institutions, and developed other partnerships with faith and traditional leaders, decision-makers, matrons of the right of initiation, and others:

> *"... here in Morrumbala we are implementing a project concerning to child protection. This project aims to raise awareness for the reduction of the cases of child marriage. It is a four-year project and started in October 2016…in our intervention strategy, we have a partnership with faith leaders, opinion makers, matrons and other partners including those from the government…IPAJ [Institute for legal assistance], PRM [The Police of the Republic of Mozambique], Attorney, Court, isn't? As a way to follow up the issues of child protection incidents"* (Participant 48)

6.3 ELO+FORTE AND ITS ALIGNMENT TO MOZAMBIQUE'S NATIONAL STRATEGY TO PREVENT AND COMBAT CHILD MARRIAGE (MNSPCM) (2016-2019)

One purpose when analysing the ELO+FORTE implementation was to identify how the ongoing interventions were aligned to MNSPCM. To do this, I linked the strategic areas from MNSPCM to the intervention areas and components of ELO+FORTE, as follows:

a) **Communication and social mobilisation** (strategic area 1). The content analysis of the 2017 report from *World Vision* allowed me to identify the following actions from the MNSPCM:

Action 1.2: *Raise awareness among faith institutions, public officials, decision-makers, masters of the rites of initiation, and child protection community committees*

Action 1.3: *Identify cases of early marriage and the content of the instruction given in the rites of initiation in order to align to the age of the children and their cognitive development, and raise awareness about the consequences of early marriage among the communities*

Action 2.1: *Develop awareness spots for the prevention of early marriage through radio broadcasts, including campaigns to prevent and combat child marriage, the "campaign zero tolerance for violence against children", involvement of men and boys in the efforts for the reduction and elimination of child marriage*

These actions were reflected in the sensitisation campaigns held by *World Vision* focusing on early marriage, child abuse and exploitation, sexual and reproductive rights:

"Over 1000 people, including nearly 700 boys and 300 girls attended the launch of World Vision's provincial campaign to end violence against children in

Morrumbala District, which was held on the 15th of August 2017" (World Vision Annual Report, 2017).

b) **Access to quality education and retention** (strategic area 2). This was not directly linked to NGOs (in the MNSPCM), but *World Vision* could be part of this strategy through a partnership with the education sector. They can supply students with aids and develop school entertainment such as football tournaments. Moreover, their involvement could include the establishment of a reporting box to prevent violence against children.

c) **Girls' empowerment** (strategic area 3). *World Vision,* through the ELO+FORTE project, was involved in the creation of youth clubs, establishing an environment where adolescents and youths would discuss issues related to their rights, sexual and reproductive health, early marriage, violence against children, and so on. In addition, *World Vision* supported the infant parliament and created child protection committees in the community as a mechanism for awareness and reporting cases of violence against children, including early marriage. In order to empower girls, the project supported girls with school material and bicycles as a way to improve girls' school retention.

The interventions from ELO+FORTE were aligned to the following action from the MNSPCM concerning girls' empowerment:

Action 1.1: *Promote the creation of girls' clubs, counselling groups, community child committees, infant parliament and platforms where girls can express their opinions, debate and raise their doubts*.

d) **Sexual and reproductive health** (strategic area 4). To address sexual and reproductive health, the ELO+FORTE project conducted a workshop on 'woman to woman' dialogues, awareness in the communities, and supported girls with feminine hygiene materials. This was linked to the following actions of the MNSPCM:

Action 1: *Improve adolescent and youth access to information and education on sexual and reproductive health*

Action 2.1: *Inform girls and boys about the existing service for support and counselling of the victims of domestic violence, referral to the network of existing services*

e) **Mitigation/Response and Rehabilitation** (strategic area 5). As a response to child protection, *World Vision* has been training officials from Government institutions (police, health, education, social protection) and working in partnership with different actors from the justice administration system. The organisation also offered some aid to girls and boys in need, attending primary school in Morrumbala. This action was aligned to:

Action 1.2: *Train officers from Social Protection, Education, Police, and Justice in order to deal with early marriage and the violation of the right of the child, issues focusing on technical and psychological intervention*

Action 4.1: *Supply of meals at schools, distribution, for free, of school materials, expansion of the social security programmes and scholarship*

f) **Legal and political framework** (strategic area 6). As mentioned previously, *World Vision* has been raising awareness about violence against children, including early marriage, among faith and community leaders, matrons of rites of initiation, and decision-makers. In addition, the organisation advocates for child protection and amendments to local legislation. These interventions are highlighted in the MNSPCM:

Action 1.1: *Raise awareness targeted to faith leaders, traditional healers, matrons of the rites of initiation and community leaders in order to adjust the norms and values transmitted during the rites of initiation;*

Action 2.1: *Analyse the legal framework in order to identify legal changes to be taken over: establish the minimum age for marriage at 18 years without any exception (revision of Article 30(2) of the Family Act);*

Action 3.1: *Train officials from the justice and administration system about the rights of the child, sexual and reproductive health, and improve the institutional framework to deal with the issue of early marriage.*

In the course of the activities for early marriage prevention, *World Vision* had a visit from members of national parliament who called on some schools in Morrumbala District where *World Vision* is establishing a reporting box at schools.

g) **Multi-sector coordination and advocacy**. According to the interviews with the different sectors of government and civil society organisations, it was strongly mentioned that they worked in coordination. *World Vision* also worked in partnership with governmental institutions. However, I could identify that there were activities where *World Vision* was taking leadership based on the resources they had. Whenever this happened, there was a kind of shifting position with governmental institutions relying on *World Vision* to continue planned activities in their sectors.

The multi-sector coordination was reflected in the following action of the NSPCEM:

Action 1.1: *Guarantee the strategic partnership among sectors to strengthen the integration and bring synergy, hold regular meetings to exchange experience and gather good practices, develop a digital platform to share information and experience*.

In general, *World Vision*, through ELO+FORTE, was performing a number of activities, some of which aligned with the MNSPCM. The strategy was not only a guiding document but also a source to extract some activities to be performed in partnership with NGOs and civil society. Although I identified that *World Vision* was implementing

some activities aligned to the MNSPCM, I could not see an explicit citation to the MNSPCM in their report, even though it was mentioned during the interview.

6.4 INTEGRATION OF QUANTITATIVE RESULTS AND QUALITATIVE FINDINGS

This section is dedicated to the integration of the quantitative results (Phase I) and qualitative findings (Phase II). I interpreted and explained both results, taking some content discussed in both phases into consideration to come to a conclusion as shown in Table 6.3 (integration of quantitative and qualitative results). Pluye et al. (2018:45-48) identified nine mixed-method strategies for integrating qualitative and quantitative phases, results, or data, as follows:

Type 1: Connection of phases
1a. Phase QUAL to phase QUAN
1b. Phase QUAN to phase QUAL
1c. Special case of 1a and 1b: Following a thread.

Type 2: Comparison of results
2a. QUAL and QUAN results obtained separately
2b. QUAL and QUAN results obtained in an interdependent manner
2c. Special case of 2a and 2b: Divergence of QUAL and QUAN results

Type 3: Assimilation of data
3a. QUAL data in QUAN data
3b. QUAN data in QUAL data
3c. Merging of QUAL and QUAN data

For this study, I used Type 1 (Connection of phases), connecting the results of the quantitative phase with the collection and analysis of the qualitative phase (Pluye et al. 2018:45).

Table 6.3: Integration of quantitative and qualitative results

Content	Result/findings		Conclusion
	Quantitative	Qualitative	
Education	The majority of early married, pregnant and maternity girls only finished primary education (55.9%), followed by secondary education (39.9%), and finally high school education (2.9%)	Distance, access to transport and lack of resources are often reasons to drop out of school, consequently forcing adolescent girls to marry	The low education that the majority of early married and maternity girls revealed could be explained by the distance between their homes and school, access to transport and the lack of resources to continue with their studies
School drop out	The majority of adolescent girls who dropped out from school were from primary school (68%), followed by secondary school (29%), high school (2%), and not applicable (1%)	Among the adolescent girls who dropped out from school in Maganja da Costa, 98.4% (3 891) were from primary education; 1.1% (42) from secondary education; and 0.5% (20) from high school education Among the adolescent girls who dropped out in Morrumbala 98.66% (7142) were from primary education;	Quantitative and qualitative data showed the same tendency of adolescent girls who dropped out according to education level. Most of the girls dropped out from primary education followed by secondary school, and finally high school

Content	Result/findings		Conclusion
	Quantitative	Qualitative	
		1.27% (92) from secondary education; 0.04% (3) from high school education, and 0.03% (2) from technical school	
Marital status	115 adolescent girls out of 383 were single mothers	Lack of resources was identified as motivating the engagement in a sexual life/child prostitution Socialisation into societal roles Value and benefits of the bridewealth	Early marriage and maternity are related to many reasons; both explicit and implicit. Therefore, there is a need to identify the cause of early marriage in a certain social context
Age at first baby	18.8% had their first baby before being 15 years old 99.2% had their first baby before the age of 18 years	The first menstruation was linked to adulthood, independent of age. Early maternity was linked to the idea that a “child brings happiness”	Social norms and perception of maturity did not match with the girls’ chronological age. This could explain why adolescent girls become mothers or wives earlier - under the age of 18 years
Health complications	24.3% responded ‘yes’ to questions about experiencing health complications with their first baby’s	The participants of the study, with a focus on early maternity girls, mentioned oedema,	Although 75.7% of interviewed early maternity girls responded ‘no’ when asked if they had any

Content	Result/findings		Conclusion
	Quantitative	Qualitative	
	birth, while 75.7% of the respondents said 'no'	malnutrition and difficulty breastfeeding Early maternity was also responsible for obstetric fistula and caesarean sections	health complications during their first baby's birth, health professionals, teachers, social workers, child protection officers and local authorities recognised that early maternity was responsible for different health complications among early maternity girls
Use of contraceptive	185 respondents had used a form of contraceptive, while 198 had not	Participants were aware about sexual and reproductive health from school, hospital, the community, or from peers	The fieldwork and contact with CBOs and NGOs showed that there were various actions being taken on sexual and reproductive health, but there was a contradiction with the high number of early pregnancies
Early pregnancy	Among early pregnant girls, the scenario shows that those aged between 14-16 (23.7%, 24.7% and 29.2%) are more	The socio-cultural meanings, the lack of resources and future vision were identified as motivating adolescent girls'	Girls' dropout from primary school, lack of resources and distance to school impel adolescent girls towards sexual

Content	Result/findings		Conclusion
	Quantitative	Qualitative	
	likely to become pregnant early compared to girls of other ages 29% of adolescent girls became pregnant at the age of 16. 99.2% (380 girls) became pregnant while they were younger than 18 years	engagement in sexual activity	engagement, which consequently leads to early pregnancy

6.5 SUMMARY

In this chapter I focused on the programmes and strategies developed by NGOs and CBOs in Maganja da Costa and Morrumbala districts in Zambézia Province, aiming to prevent and combat early marriage and maternity. I identified five organisations (*Caritas Diocesana*, *Coalizão*, *FGH*, *Save the Children* and *World Vision*). Among these, only *World Vision* was running a project (ELO+FORTE) on the prevention and combat of early marriage. The project included interventions concerning advocacy, child participation, reporting mechanisms and referrals. Children participated through youth clubs, youth associations, child parliament, and child protection committees. This revealed the existence of a local mechanism where girls could discuss their rights, possibly resulting in a reduction in early marriage and maternity. Child protection committees were mentioned as a community mechanism for child protection with links to NGOs and government institutions. The activities/programmes that were implemented by *World Vision* were mostly aligned to MNSPCM. However, this was not mentioned in the Annual Report of 2017 from *World Vision*. I also identified that *World Vision* was taking the lead in many activities on child protection in Morrumbala District, including those led by government institutions. Differently from Morrumbala, in Maganja da Costa there was no specific project on early marriage, apart from some inconsistent interventions.

The second half of the chapter focused on the integration between the results of the quantitative phase and the findings from the qualitative phase. Numeric data, such as the percentage of school dropout, became more meaningful by understanding the factors behind it (distance, access to transport and lack of resources). Age at first baby was not only a matter of early maternity with statistical significance, but it was also socially meaningful because “a child brings happiness” and leads to the integration of the mother into society. The first menstruation, rites of initiation, social norms and perception of maturity, including lack of resources, were identified as potential drivers of early marriage and maternity.

The following chapter uses the results from quantitative phase and findings from the qualitative phase to develop a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique.

CHAPTER 7

STRATEGIC ALIGNMENT FRAMEWORK DEVELOPMENT

"Commitment is an act, not a word."

Jean-Paul Sartre Quotes (n.d.)

7.1 INTRODUCTION

This chapter presents the contribution of the study by developing a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique. The structure used for the development of the framework was based on the Mozambique's National Strategy to Prevent and Combat Child Marriage (2016-2019), National Strategic Framework on Ending Child Marriage in Ghana 2017-2026 and National Strategy on Ending Child Marriage in Zambia 2016 – 2021. This chapter addresses one objective as indicated in Table 7.1.

Table 7.1: Objectives and questions

Phase Three (strategic alignment framework development)	
Objective	**Question**
• To develop a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique	• What should be included in a strategic framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique?

To develop this framework, I took the results from the quantitative phase and findings from the qualitative phase of this study into consideration. I compiled a SWOT analysis to further guide my thinking and to signpost those aspects that require attention and those that could be used going forward. In addition, I adapted the goals, objectives and strategies from MNSPCM (2016-2019) to the local context. I also supported my ideas with strategic frameworks to prevent early marriage and maternity currently being run in two African countries, specifically referring to the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026 and National Strategy on

Ending Child Marriage in Zambia 2016 – 2021. The decision to use these strategic frameworks from the aforementioned countries was based on the similarities with the strategy in force in Mozambique, the social context and the region as part of Africa. Before I proceed with the framework itself, in the next section I briefly contextualise early marriage and maternity in Zambézia Province giving an explanation under the Social Representation and Embeddedness theories, highlighting the main points supporting the framework and its need as an implementation tool for Zambézia Province.

7.2 SITUATIONAL ANALYSIS

Early marriage and maternity is currently an issue affecting girls negatively in Zambézia Province, where 47% of girls marry before the age of 18 (UNICEF 2015:103; CECAP & Oxford Policy Management 2014:3). Maganja da Costa and Morrumbala districts, the research sites of this study, are no exception. According to Arnaldo et al. (2016), 10-19% of girls from these two districts married before the age of 18. This results in poverty, social exclusion, girls' school dropout, maternal death, and other health complications.

If I recall the Social Representation theory, local perception of early marriage and maternity has its own dynamics which conflict with government goals on promoting girls' education and delaying marriage. The economic and social matrix regarding to poverty, lack of resources, first menstruation, rites of initiation, being a mother and the social meaning of it explain why early marriage and maternity are both prevailing phenomenon in Zambézia Province. Families and adolescents' actions are embedded in a network of social relations, and their choices are rationale. For instance, there were adolescent girls who decided to enter into marriage as a strategy to escape from intrafamily violence or precarious living conditions, and families who incentivise early marriage to preserve the honour of the family against sex out of marriage or unassumed pregnancy (known as people's preganancy in Morrumbala District).

Despite the critical scenario of early marriage and maternity in Zambézia Province, there are some relevant interventions and efforts in preventing and combatting early

marriage and maternity that I identified during the fieldwork, along some challenges. The following was noted:

7.2.1 Legislation

There was a common understanding at civil society and government level that the Family Act (No. 10/2004 of 10th August) was negatively influencing early marriage and maternity because of Article 30(2) that exceptionally allowed marriage at the age of 16 years. The exceptionality for the age of marriage was then revoked by parliament in July 2019 due to the review of the Family Act. Although a protective legal framework for the child's right existed in Mozambique, this was threatened by a weak legislation coverage regarding issues of early marriage.

7.2.2 Institutional levels: Collective actions and collaboration

There were efforts with regards to the articulation between institutions from government and civil society in the prevention and combat of early marriage and maternity. There was also consonance regarding the terms/language used by professionals in terms of child protection, early marriage, and maternity. Active interventions were present from government institutions, although these were characterised by an over-dependence on NGOs (especially *World Vision* and *Save the Children*) due to lack of resources. I identified a range of challenges, including the lack of resources to respond to early married girls' needs; information, education and communication (IEC) materials for outreach programmes; lack of resources to monitor the implemented programme; community resistance; and community and faith leaders with no apparent power to intervene when they become aware of a forced/early marriage case in the community (some families would tell them to mind their own business).

There was also a lack of aligned statistics on early marriage, with some institutions relying on data from the education sector based on school dropout. There was also a problematic tendency of the education sector viewing school dropout solely as resulting from early marriage and pregnancy.

I found an overlap of the interventions regarding child protection between *Save the Children* and *World Vision* in Morrumbala District, with a focus on education, health, nutrition, and sanitation, and the regions where the interventions occurred, namely Mepinha, Derre, and Chire. In addition, almost all the actors involved in prevention interventions used the same reporting mechanisms, such as child protection committees, community leaders and reporting boxes installed at schools. However, some child protection officers felt the reporting boxes were not bringing the expected results.

7.2.3 At a community level

In this section, I continue my reflection on the situational analysis focusing on socio-cultural practices, early married and maternity girls, including their empowerment.

7.2.3.1 Socio-cultural practices

Appropriation of the language used by NGOs (from child protection officers) contrasted with community discourse and ongoing socio-cultural practices, such as rites of initiations with which community leaders identify. This might indicate a rationale strategy to take advantages from the benefits provided by the NGOs and not necessary to transform the social structure that guide the community.

7.2.3.2 Early pregnant and maternity girls

There was stagnation in terms of future perspectives by the interviewed adolescent girls because of early pregnancy and maternity. The lack of resources, poverty, sense of loneliness and uncertainty of the future, made early maternity girls (many of them single mothers) and early pregnant girls feel guilty about their current socio-economic and emotional situation. Abortion was seen as a solution to avoid early maternity. Most adolescent girls started using contraceptives only after their first child was born as a way of spacing their children. Girls were also likely to give up the use of contraceptives due to side effects. There was a common (false) belief that the use of contraceptives before the first child decreases the girls' possibility of becoming pregnant in the future.

7.2.4 Girl's empowerment

There is recognition from the different national strategies and the literature that socio-economic factors, inequalities, poverty and other relevant factors influence the prevalence of early marriage and maternity. Social pressure and cultural marital norms were identified as influential factors chiefly when the decision came from an older person. Girls become more vulnerable to a marital decision when they are subject to social exclusion (inequalities) or at the loss of a parent (McDougal et al. 2018:12-13). This study identified a total of 76 early married girls whose decision to marry was influenced by their parents, uncles, siblings and grandparents.

Effective empowerment of girls in efforts to prevent and combat early marriage and maternity requires giving them a choice, voice and agency. However, this will depend on the appropriate environment if we consider that early marriage is, for the girls and their family, a process rather than an outcome or prevalence as it is often described (McDougal et al. 2018:14-15). This study revealed that *World Vision,* through the ELO+FORTE project, was involved in the creation of youth clubs, an initiative where youth and adolescents had the opportunity to discuss their rights, sexual and reproductive health. Also, *World Vision* was supporting girls with school material and bicycles as a way to improve their retention in school.

7.2.5 Mitigation and rehabilitation

Early married and maternity girls carry a variety of consequences with them, constituting an obstacle for their development. This study identified that in Maganja da Costa and Morrumbala districts, there were some efforts to mitigate and give a response to early marriage and maternity. However, the lack of resources and the dependence of government institutions on NGOs made the effort almost invisible. In Morrumbala District *World Vision* was the NGO that had been training officials from government institutions (police, health, education, social protection) and offering some aid to girls and boys in need (attending primary school in Morrumbala).

7.2.6 Communication and social mobilisation

According to the findings of this study, only 1.6% of interviewed early married and maternity girls had heard about sexual and reproductive health from radio broadcasts and 0.3% from television. The difference in percentage reveals that people are more likely to access a radio rather than television in rural areas or small villages, such as Maganja da Costa and Morrumbala. Despite the smaller percentage, it is an important indicator of the importance of the media when talking about early marriage and maternity.

7.2.7 Access to quality education

The literature on early marriage, as well as the results and findings of this study, viewed school dropout as a result of early marriage and maternity. On the other hand, education was identified as a protective factor. Adolescent girls with secondary and higher education are less prone to early marriage. However, there are still many barriers to girls' education, with a focus on social norms.

When girls are supported by families, teachers or programmes, they can overcome these barriers (Raj et al. 2019:18). This study has shown that girls who benefitted from the aid or programme run by *World Vision* in Morrumbala District were more likely to continue attending school. Another good example of girls' retention at school was that from Maganja da Costa, where the local education directorate was allocating more female teachers to primary schools where the rate of girls' enrolment was lower and the dropout rate for enrolled girls was higher.

Addressing early marriage thus requires that girls be educated; moreover, social change and gender equality should be taken into consideration (Raj et al. 2019:18). This calls attention to the need for girls' empowerment; not only in terms of education but also other spheres which may turn into a lens with which to see the reality differently and go forward.

7.2.8 Monitoring and evaluation

This study did not identify specific actions for monitoring and evaluating the implementation of MNSPCM (2016-2019). However, the strategy recommends that a system for monitoring and evaluation should be developed, including sharing of information about the implementation.

During the fieldwork, getting accurate data on early marriage and maternity was quite challenging. This demonstrated the need for more systematised and disaggregated data. Although the mandate for coordinating the National Strategy was in charge of the Ministry of Children, Gender and Social Protection, data regarding child marriage was available from the education sector.

7.3 SWOT ANALYSIS

A SWOT analysis is a tool used in evaluating the internal strengths and weaknesses, and the external opportunities and threats in an (organisation's) environment in which the objective is to harness knowledge to formulate a strategy (Sammut-Bonnici & Galea 2014:1).

For this strategic framework, the internal analysis refers to the legal framework, mechanisms, National Action Plans and available resources that are or can be used to prevent and combat early marriage and maternity. In turn, the external analysis focuses on enabling factors regarding early marriage and maternity. To refine my analysis, I brought the strengths, weaknesses, opportunities, and threats identified by MNSPCM (2016-2019) together. I also considered all other relevant aspects that I identified during the fieldwork, findings, and results of this study. All sentences in green in Table 7.2 were extracted from MNSPCM (2016-2019). The items in black relate to the results and findings of this study.

Table 7.2: SWOT analysis

Strengths	Weaknesses
• A protective legal framework for children's rights • Existence of an Act to prevent and combat early marriage • Existence of a Mechanism to coordinate issues of children • Existence of a National Child Action Plan and Sectoral Plans with specific actions that protect children in different areas • Existence of a National Strategy to Prevent and Combat Early Marriage in Mozambique • The majority of the girls used the contraceptive pill	• Lack of disaggregated data about early marriage • Lack of coordination on the actions implemented by different actors • A weak response from government institutions to early married girls' needs • Lack of information and access to awareness material regarding the use of contraceptives at community, family and individual levels
Opportunities	**Threats**
• Favourable politico-legal environment • The contribution from the ELO+FORTE project to legislation and policy reform to address early marriage and all forms of violence against children • Existence of Youth clubs, Youth Associations, Child Parliament, and Child Protection Committees • Establishment by the World Vision in coordination with the education sector, at different primary schools in Morrumbala, of reporting boxes with the respective Management Teams	• Prevalence of harmful socio-cultural practices that enable early marriage and maternity • The value and benefits of the bridewealth • The role of initiation and the social meaning of the first menstruation • Socialisation into roles • Legitimising having children • Family vulnerability • Child prostitution, which includes adults' sexual engagement with adolescent girls

Opportunities	Threats
• Existence of institutions and organisations involved in the prevention and combat of early marriage • Existence of programmes aimed to assist and empower families in vulnerable living conditions • Programmes on sexual and reproductive health • Potential partners working in Maganja da Costa and Morrumbala districts • Universal access to primary education	• Lack of entertaining and educational programmes on life skills for youth and adolescent • Lack of educational infrastructure • Trends in school dropout in Maganja da Costa and Morrumbala districts revealed that early married and maternity girls had low levels of education • Lack of resources to complete schooling • Geographical and transport issues are often a reason to drop out of school, consequently forcing adolescent girls to marriage Association of early maternity with health implications

This concludes the discussion of the building blocks that informed the development of the strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique. The next sections present the framework.

7.4 A STRATEGIC ALIGNMENT FRAMEWORK FOR THE PREVENTION AND COMBAT OF EARLY MARRIAGE AND MATERNITY IN ZAMBÉZIA PROVINCE, MOZAMBIQUE

To respondent to the question *What should be included in a strategic framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique?* I used the findings (both quantitative and qualitative) of this study as evidence for a contextualised reality and the philosophy of social justice as a moral imperative concerned with the equal treatment, opportunities, access and redistribution of resources in society (Mertens 2012:804; Mertens 2018:391; Dwyer 2013:14). There is no social justice without human rights. This framework places central importance on the lives of girls in order to prevent and combat early marriage and maternity, thereby improving the lives of girls as the future mothers of our nation. Early marriage and maternity is a global, continental, regional and country-specific problem affecting the full enjoyment of human rights of many adolescent girls, compromising their education, health, socio-economic development, sexual and reproductive health and rights, including their right to freely choose a spouse and consent to marriage. This strategic framework is a response to the trends of early marriage and maternity in Zambézia Province, Mozambique, according to the purpose, vision, mission, guiding principles, scope and overall goals, including the implementing strategies and action part of the strategic framework.

7.4.1 Purpose

The purpose of this strategic framework is to provide guideline principles for future planning, actions and interventions to prevent and combat early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province.

7.4.2 Vision

The vision for this strategic framework is that Maganja da Costa and Morrumbala districts in Zambézia Province will promote the rights of the child and be free from child marriage by 2030.

7.4.3 Mission

The mission of this strategic framework is to promote a legal, socio-economic and cultural framework to prevent and combat early marriage in Maganja da Costa and Morrumbala districts in Zambézia Province.

7.4.4 Guiding principles

The principles of this strategic framework are guided by the CRC (UNICEF 2016), the 2004 Constitution of Mozambique (Mozambique 2009), Promotion and Protection of Child's Rights Act (No. 7, 2008 of 9 July) and Family Act (No. 10, 2004 of 25th August), and the objective five of the sustainable development goals:

a) Best interests of the child;
b) Programmes based on child rights;
c) Right to be heard (participation);
d) Non-discrimination;
e) Family and community involvement;
f) Gender mainstreaming;
g) Multi-sector coordination.

7.5 SCOPE OF THE STRATEGIC FRAMEWORK

The current strategic framework aims to guide programmes, interventions and actions regarding the prevention and combat of early marriage and maternity in Zambézia Province, with a focus on the Maganja da Costa and Morrumbala districts in Zambézia Province.

7.6 OVERALL GOAL

The overall goal for this strategic framework is the reduction of early marriage in Zambézia Province (with a focus to Maganja da Costa and Morrumbala districts) from

the current 47% to 30% by 2030 and to promote integrated interventions regarding the prevention, combat, and mitigation of early marriage and maternity.

7.6.1 Implementation strategies

This section presents the frameworks' implementation strategies. The strategies are discussed according to the objectives, the related strategy, activities, indicators, target group and lead organisations. Table 7.3 provides an overview of the strategies before a full description follows.

Table 7.3: Implementation strategies

Objectives	Strategies	Activities	Indicators	Target group	Lead organisations
a) LEGAL AND POLITICAL FRAMEWORK					
Ensure the implementation of existing legislation for child protection and reporting mechanisms to end early marriage	Capacity building	Improve and expand the birth registration system and mechanism	Service available	Justice Directorate	Justice
	Birth registration campaigns Social mobilisation	Ensure that early maternity girls and their children have birth registrations at health facilities after birth	Number of early maternity girls together with their children registered per year	Early maternity girls Children	Justice
	Advertisement	Advertise the existing legal stance on ending early marriage, violence against children, as well as the existing reporting mechanism	Awareness materials, including radio and television spots	Communities	Justice, Police Education and Social protection, Health and Civil society
b) MULTI-SECTOR COORDINATION AND ADVOCACY					
To ensure the effective coordination between government	Partnership	Develop multi-sector interventions regarding child protection	Number of children (boys and girls) referred to a network of service for protection	Health, education, police, justice and civil society	Social protection

institutions and civil society maximising the synergies in the prevention and combat of early marriage and maternity	Partnership	Enforce effective coordination among different actors and their related interventions	Existing joint venture activities, and mechanism for coordination	Government institutions Civil society	Social protection
	Capacity building	Strengthen the capacity of local stakeholders to act as change agents[1]	Number of local stakeholders who benefitted from capacity building	CBOs NGOs	Government Institutions with a mandate on child protection
	Partnership Capacity building	Strengthen multi-sectoral responses to reduce children's vulnerability to marriage[2]	Multi-sector response	Government institutions Civil society	Government Civil society
Ensure the sharing of resources between government institutions and civil society in the efforts to end and mitigate the effects of early marriage and maternity in Zambézia Province	Capacity building	Provide the police (with a focus to Gabinete de Atendimento à Família e Menores Vítimas de Violência), prosecutors, health providers, social workers, teachers and other relevant actors with the necessary capacity to report, assist, investigate and prosecute cases of early marriage	Number of police officers, prosecutors, health providers, social worker, teachers and other relevant actors who benefitted of training on child protection and integrated mechanism to assist the victims of violence	Government institutions NGOs CBOs	Social protection, Police, National Prosecutor Authorities, Education and Health

[1] From the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026.
[2] From the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026.

c) COMMUNICATION AND SOCIAL MOBILISATION					
To influence change in customary practices and social norms that drive early marriage among both boys and girls	Talks, campaigns, IEC	Raise awareness about early marriage and its consequences	Number of awareness campaigns, IEC material produced	Children (under 18 years)	Social protection, Education, Health, Police and NGOs
	Seminar	Develop workshops involving community and faith leaders, decision-makers and matrons	Number of community and faith leaders, decision-makers and matrons subject to workshop	Community and faith leaders, decision-makers and matrons	Social protection, Education, Police and NGOs
	IEC	Develop awareness material in Portuguese and local languages highlighting children's rights, including sexual and reproductive health rights	Existing IEC materials on early marriage and maternity in Portuguese and local languages	Adolescent girls, early married and maternity girls	Social protection, Education, Health, Police and NGOs
	IEC, Talks and campaigns	Build awareness on the negative impact of adults' engagement with adolescent girls, and the need for law enforcement	IEC material produced, Talks and campaigns	Male and female adults	Social protection, Youth and Sport, Police and NGOs
	Talks, seminars, Radio and Television series/spots	Empower boys and girls with knowledge about the consequences of early marriage and maternity	Number of boys and girls who benefitted from awareness programmes	Adolescent	Social Protection, Education, Youth and Sport, NGOs and CBOs
	Talks, seminars, Radio and Television series/spots	Engage and ensure meaningful participation of youth leaders and young decision-makers, particularly adolescent girls, in ending early marriage	Child's participation in Radio/Television programmes, and decision-making	Adolescent	Social protection, Education, Youth and Sport Directorate

	Talks and campaigns	Involve youth associations, families, communities, traditional and faith leaders in the awareness campaign as agents of change	Talks and awareness campaigns	Youth, Families, and communities	Social protection, Education, youth and Sport, NGOs, Civil society
	Media	Engage the media and people of influence in the community to talk about early marriage and maternity implications in local radio broadcasts and on television	Radio and television spots and programme	Adults and children	Social protection, Education, Youth and Sport, Health, Police, Justice and NGOs
d) ACCESS TO QUALITY EDUCATION AND RETENTION					
To ensure children's enrolment and retention in schools, especially among girls	Community mobilisation; policies	Ensure that girls and boys have equal rights for education by promoting girls' education, discourage and combat harmful socio-cultural practices that block access to education or enable school dropout	Number of girls and boys enrolled at school per year Girls' school dropout	Boys and girls, families and communities	Education, Social protection, NGOs and CBOs
	Community mobilisation; policies	Increase the access and retention of girls in primary, secondary and higher education	Number of girls enrolled at school per year Girls' school dropout	Boys and girls, families, communities	Education, Youth and Sport, NGOs and CBOs
	Policies	Empower vulnerable children and families through their enrolment to the social protection programmes developed by the National Institute for Social Protection	Vulnerable children and families enrolled in social protection programmes	Boys and girls	Education, Social Protection

	Social mobilisation	Promote campaigns for birth registration	Number of girls/ boys registered per year	Boys and girls	Justice and Civil society

e) SEXUAL AND REPRODUCTIVE HEALTH					
Improve access to information and education on sexual and reproductive health for youth and adolescents	Policies, Services, Social Media	Disseminate information on sexual and reproductive health (rights)	IEC material and spots regarding sexual and reproductive health rights	Boys and girls	Health, Education Youth and Sport, civil society
	Policies, Services, Social Media	Provide and promote primary healthcare services for girls/women (Youth and Adolescent Friendly Service, Family Planning Service) in all health units, schools, and communities	Number of girls and boys who benefitted from health care service	Boys and girls	Health, Education and Youth and Sport
	Services	Provide contraceptives, including male and female condoms for the prevention of early pregnancy/unwanted pregnancy	Number of girls and boys who benefitted from sexual and reproductive health service	Boys and girls	Health, Youth and Sport, civil society
	Services, Media, Campaigns	Provide information to boys and girls about the existing counselling services for the victims of domestic violence and their referral to an available network of service providers	Number of boys and girls assisted by the law enforcement authorities Radio and Television spots on ending violence against children	Boys and girls	Police and justice

f) GIRLS' EMPOWERMENT					
Provide life skills training and professional vocation for children, especially for girls, and facilitate the development of income-raising activities for children over 15 years	Training, Seminars	Develop programmes aimed at building life skills for boys and girls	Number of specific programmes on adolescent skill development	Girls and boys	Education, Labour, Youth and Sport, Social protection and Civil society
	Training, Seminars	Implement initiatives such as cash transfers[3] to empower girls from vulnerable families	Number of beneficiaries of cash transfer programmes	Girls and boys	Social protection, NGOs, and Civil society
Empower girls against all forms of discrimination and violence	Training and capacity building	End all forms of discrimination against girls with a focus on those from Maganja da Costa and Morrumbala districts	Number of girls who benefitted from training	Girls	Police, Justice, Social protection and Civil society
	Social mobilisation	Eliminate all forms of violence against girls in the public and private spheres, including sexual and other types of exploitation	Interventions aiming to eliminate violence against girls	Girls and boys	Police, Justice, Social protection and Civil society
	Training and capacity building	Eliminate early marriage and all associated practices that enable or perpetuate early marriage	Girls and boys who benefitted from training and social mobilisation	Girls and boys	Social protection, Education, Police, Youth and Sport, civil society

[3] Based on the initiative from Kenya (Handa et al. 2015).

g) MITIGATION/RESPONSE AND REHABILITATION					
Provide vocational skills to early married girls	Services	Mobilise resources for an effective response to mitigate the impact of early marriage and maternity on the girls	Number of girls who benefitted from vocational skill training	Girls	Social protection, Labour and NGOs
	Services, life skill initiatives for girls	Increase access for out of school girls and early married and maternity girls to vocational learning and training opportunities to improve their livelihoods through the strengthening/ expansion of the national vocational skills development programme[4]	Number of out of school and early married and maternity girls who benefitted of vocational skill training	Girls	Social protection, Labour and NGOs
Mobilise and allocate financial and human resources for government institutions at the front line for the prevention and combat of early marriage and maternity	Fundraising initiatives	Allocate (according to the needs) a specific budget and human resources for district directorates of education, health, women and social protection to mitigate the impacts of early marriage and maternity to the girls	Gender statement budget. Number of new professionals allocated to district directorates of education, health, women and social protection	Youth and adolescent	Ministry of Economy and Finance, Education, health, Social protection
Ensure that girls at risk, early married and maternity girls and survivors of early marriage have access to	Service provision, advertisement	Promote the existing service and create new services according to the girls' needs	Available services and number of girls assisted per service	Youth and adolescent	Health, Social protection, Justice and Police

[4] From the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026.

age-appropriate health, welfare, justice and protection services, including means of legal support and safe temporary shelter[5]					

h) MONITORING AND EVALUATION					
Develop a mechanism/tool to monitor and evaluate this strategic framework and share the information	Data disaggregation	Improve and provide disaggregated data about early marriage and pregnancy	Disaggregated data on early marriage and maternity	Government Civil society	Government Civil society
	Reports Registration	Document and disseminate evidence and good practice to inform programming and advocacy efforts[6]	Registration form Reporting mechanism	Government Civil society	Government Civil society
	Workshop/Seminar	Host workshops and seminars to discuss on the implemented programmes on ending early marriage and maternity	Reports of workshop and seminars	Government Civil society	Government Civil society

7.6.2 Strategic areas

The strategies for implementation consider eight strategic areas, namely the legal and political framework, multi-sector coordination and advocacy, communication and social mobilisation, access to quality education and retention, sexual and reproductive health, girl's empowerment, mitigation/response and rehabilitation, monitoring and

[5] From the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026.
[6] From the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026.

evaluation. The legal and political framework, multi-sector coordination and advocacy continue in the sections that follow.

a) Legal and political framework

This strategic area focuses on legislation and policies related to child protection. This includes implementation and reporting mechanisms.

Strategic objective

To ensure the implementation of existing legislation for child protection and reporting mechanisms to end early marriage.

Actions

- Improve and expand the birth registration system and mechanism
- Ensure that early maternity girls and their children have birth registrations at health facilities after birth
- Advertise the existing legal stance on ending early marriage, violence against children, as well as the existing reporting mechanism

b) Multi-sector coordination and advocacy

The prevention and combat of early marriage and maternity require the intervention of different actors from government and civil society. This calls for a multi-sector coordination and the need for advocacy. MNSPCM (2016-2019) has a multi-sector character requiring the involvement of all sectors (private and public) in coordinating its implementation.

Strategic objective 1

To ensure the effective coordination between government institutions and civil society maximising the synergies in the prevention and combat of early marriage and maternity.

Actions

- Develop multi-sector interventions regarding child protection
- Enforce effective coordination among different actors and their related interventions
- Strengthen the capacity of local stakeholders to act as change agents[7]
- Strengthen multi-sectoral responses to reduce children's vulnerability to marriage[8]

Strategic objective 2

Ensure the sharing of resources between government institutions and civil society in the efforts to end and mitigate the effects of early marriage and maternity in Zambézia Province.

Actions

- Provide the police (with a focus to Gabinete de Atendimento à Família e Menores Vítimas de Violência), prosecutors, health providers, social workers, teachers and other relevant actors with the necessary capacity to report, assist, investigate and prosecute cases of early marriage

c) Communication and social mobilisation

This strategic area focuses on actions concerning communication and mobilisation – such as awareness, information and education – among different stakeholders with regard to masters of the rites of initiation, matrons, community leaders, faith leaders, school teachers, decision-makers and youth associations to influence behaviour change. This strategic area recognises the importance of access to information for positive change, as well as the role of the media.

[7] From the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026.
[8] From the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026.

The strategic objectives and actions are as follow:

Strategic objective 1

To influence change in customary practices and social norms that drive early marriage among both boys and girls.

Actions

- Raise awareness about early marriage and its consequences
- Develop workshops involving community and faith leaders, decision-makers and matrons
- Develop awareness material in Portuguese and local languages highlighting children's rights, including sexual and reproductive health rights
- Build awareness on the negative impact of adults' engagement with adolescent girls, and the need for law enforcement
- Empower boys and girls with knowledge about the consequences of early marriage and maternity
- Engage and ensure meaningful participation of youth leaders and young decision-makers, particularly adolescent girls, in ending early marriage
- Involve youth associations, families, communities, traditional and faith leaders in the awareness campaign as agents of change
- Engage the media and people of influence in the community to talk about early marriage and maternity implications in local radio broadcasts and on television.

d) Access to quality education and retention

This strategic area focuses on the efforts of the government, through policies, to ensure universal access to basic education by eliminating enrolment fees. Also, efforts towards girls' enrolment and retention at school recognise positive outcomes in the improvement of maternal health, and consequently results in a reduction of infant mortality.

Strategic objectives

To ensure children's enrolment and retention in schools, especially among girls.

Actions

- Ensure that girls and boys have equal rights for education by promoting girls' education, discourage and combat harmful socio-cultural practices that block access to education or enable school dropout
- Increase the access and retention of girls in primary, secondary and higher education
- Empower vulnerable children and families through their enrolment to the social protection programmes developed by the National Institute for Social Protection
- Promote campaigns for birth registration.

e) Sexual and reproductive health

This strategic area focuses on sexual and reproductive health and rights. Sexual and reproductive health and rights were a matter of discussion in the International Conference on Population and Development (ICPD), held in Cairo, Egypt, 1994. This was a call for adolescent sexual and reproductive health to be part of global health and development agendas (Chandra-Mouli, Plesons, Barua, Sreenath & Mehra 2019). In turn, Starrs, Ezeh, Barker, Basu, Bertrand, Blum et al. (2018:2646) refer to sexual and reproductive health and rights as the reflection on the arising consensus regarding the services and interventions required to address the sexual and reproductive health needs of all individuals. Sexual and reproductive health and rights also cover issues concerning violence, stigma and bodily autonomy which severely affects individuals' psychological, emotional, and social wellbeing.

The strategic objectives and actions for this area are as follows:

Strategic objective 1

Improve access to information and education on sexual and reproductive health for youth and adolescents.

Actions

- Disseminate information on sexual and reproductive health (rights)
- Provide and promote primary healthcare service for girls/women (Youth and Adolescent Friendly Service, Family Planning Service) in all health units, schools, and communities
- Provide contraceptives, including male and female condoms for the prevention of early pregnancy/unwanted pregnancy
- Provide information to boys and girls about the existing counselling services for the victims of domestic violence and their referral to an available network of service providers

f) Girls' empowerment

Girls' empowerment could be a guiding light and strategy to reduce their risk for early marriage and maternity because this creates autonomy and rescues them from vulnerability; in particular girls from vulnerable families with different needs.

This strategic area entails the following strategic objectives and actions:

Strategic objective 1

Provide life skills training and professional vocation for children, especially for girls, and facilitate the development of income-raising activities for children over 15 years.

Actions

- Develop programmes aimed at building life skills for boys and girls
- Implement initiatives such as cash transfers[9] to empower girls from vulnerable families

[9] Based on the initiative from Kenya (Handa et al. 2015).

Strategic objective 2

Empower girls against all forms of discrimination and violence.

Actions

- End all forms of discrimination against girls with a focus on those from Maganja da Costa and Morrumbala
- Eliminate all forms of violence against girls in the public and private spheres, including sexual and other types of exploitation
- Eliminate early marriage and all associated practices that enable or perpetuate early marriage

g) Mitigation/response and rehabilitation

This strategic area suggests the role of strategies aligned to policies, mechanisms and social protection programmes, namely, the Integrated Mechanism for Assistance of Victims of Domestic violence, the National Strategy for Basic Social Protection 2015-2019.

Strategic objective 1

Provide vocational skills to early married girls.

Actions

- Mobilise resources for an effective response to mitigate the impact of early marriage and maternity on the girls
- Increase access for out of school girls and early married and maternity girls to vocational learning and training opportunities to improve their livelihoods through the strengthening/expansion of the national vocational skills development programme[10]

Strategic objective 2

Mobilise and allocate financial and human resources for government institutions at the front line for the prevention and combat of early marriage and maternity.

[10] From the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026.

Actions

- Allocate (according to the needs) a specific budget and human resources for district directorates of education, health, women and social protection to mitigate the impacts of early marriage and maternity to the girls.

Strategic objective 3

Ensure that girls at risk, early married and maternity girls and survivors of early marriage have access to age-appropriate health, welfare, justice and protection services, including means of legal support and safe temporary shelter.[11]

Actions

- Promote the existing service and create new services according to the girls' needs

h) Monitoring and evaluation

This strategy calls for the need for systematic primary data on early marriage which could inform policies and interventions.

Strategic objective 1

Develop a mechanism/tool to monitor and evaluate this strategic framework and share the information.

Actions

- Improve and provide disaggregated data about early marriage and pregnancy
- Document and disseminate evidence and good practice to inform programming and advocacy efforts[12]
- Host workshops and seminars to discuss the implemented programmes on ending early marriage and maternity.

[11] From the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026.
[12] From the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026.

7.7 SUMMARY

This chapter aimed to develop a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique. The framework was aligned with MNSPCM (2016-2019). To do this, I considered the results from the quantitative phase and findings from the qualitative phase of this study, and the goals, objectives, and strategies from the national strategies to prevent and combat early marriage in Mozambique, Ghana and Zambia.

Before the development of the framework, I used a SWOT analysis to evaluate the internal strengths and weaknesses, and the external opportunities and threats regarding early marriage prevention and combat. The strategic direction focused, among others, on the purpose of the strategic framework which was to provide guideline principles for future planning, actions and interventions to prevent and combat early marriage and maternity in Zambézia Province, with special attention on Maganja da Costa and Morrumbala districts. The guidelines reflect the best interests of the child, the right to survival and development, programmes based on child rights, the right to be heard (participation), non-discrimination, family and community involvement, gender perspection and coordination. The strategies for implementation considered eight strategic areas, namely legal and political framework, multi-sector coordination and advocacy, communication and social mobilisation, access to quality education and retention, sexual and reproductive health, girls' empowerment, mitigation/response and rehabilitation, monitoring and evaluation.

In the next chapter, I summarise the findings, highlight the contribution and limitations of the study, and present conclusions and recommendations.

CHAPTER 8
CONCLUSIONS AND RECOMMENDATIONS

"Early marriage is most prevalent in communities suffering deep, chronic poverty."

Helene D. Gayle, Quotefancy (n.d)

8.1 INTRODUCTION

This chapter summarises the findings and highlights the contribution and limitations of the study. Moreover, conclusions and recommendations are presented. The study aimed to develop a strategic alignment framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique.

Table 8.1 offers a snapshot of the research questions, data sources, methods and practicalities.

Table 8.1: Methodology matrix

Research questions	Data source	Methods	Practicality
What is the current state of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province according to the existing database and administrative data?	Reports, Surveys, Publications, NGOs, CBOs, Governmental Institutions	Desk review Documentation	Assessment of the current information on early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province
What social factors or other elements enable early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?	Cross-sectional survey	Survey	Understand the drivers of early marriage and maternity

Research questions	Data source	Methods	Practicality
What are girls' life stories of early marriage, maternity and pregnancy?	Early married and maternity girls	Life story Interviews	Identify particular nuances from each life story and the relation to early marriage and maternity
What are families' experiences of early marriage and maternity?	Families	Semi-structured interviews	Understand the experience, impact and relationship to the early married and maternity girl
What are community leaders' role and experiences of early marriage and maternity?	Community leaders	Semi-structured interviews	Identify the role and the experience of community leaders towards early marriage and maternity
What are community perceptions of early marriage and maternity?	Local authorities, traditional and religious leaders, programme officers, fieldworkers, social worker, health	Group discussion	Capture practices and perceptions of early marriage and maternity

Research questions	Data source	Methods	Practicality
	professionals, teachers and Gender Focal point		
What non-governmental and community-based programmes are in place to address early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?	NGOs, CBOs, reports, data base, key informant and website	Desk review, documentation and interviews	Mapping of the existing programmes about early marriage and maternity
What are the current strategies implemented by non-governmental and community-based organisations to address early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?	NGOs and CBOs	Interviews and documentation	Identify the strategies used to address early marriage and maternity
What are the existing mechanisms for girls' participation to contribute to the reduction of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province?	NGOs, CBOs, Governmental institution, reports, documents, early married and maternity girls	Desk review and interviews	Identify the existing mechanism for girl's participation on the reduction of early marriage and maternity

Research questions	Data source	Methods	Practicality
What should be included in a strategic framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique?	Mozambique's National Strategy to Prevent and Combat Child Marriage (2016-2019), quantitative and qualitative data from this research	Desk review and data analysis	Development of a framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique

8.2 RESEARCH DESIGN AND METHODS

This study used a two-stage equal-status concurrent sequential design. I simultaneously collected quantitative data (survey) and qualitative data (interview), before I sequentially collected qualitative data: (QUAN+QUAL) ⟹ QUAL. The sequence means that the first data collection and analysis informed the second data collection and analysis (Pluye et al. 2018:42).

In the quantitative phase, I first aimed to explore the existing database and administrative data (statistics) on early marriage and maternity in order to provide an overview of the problem and specific characteristics of the girls involved in Maganja da Costa and Morrumbala districts in Zambézia Province. To meet this objective, I questioned the current state of early marriage and maternity in Maganja da Costa and Morrumbala districts in Zambézia Province according to the existing database and administrative data. I then purposefully selected 15 institutions based on the activities and programmes developed by each institution according to mandate and the target indicated in MNSPCM (2016-2019). This methodology was effective; however, the lack of systematised data caused difficulties. For instance, in Morrumbala District, there were no systematised data regarding early maternity. I was allowed to extract

data from the clinic records of patients from the archive of the local hospital. I also found myself forced not to use some administrative data because the data differed at various institutional levels.

The second objective of the quantitative phase focused on the administration of a cross-sectional survey administered to early married, maternity and pregnant girls in Maganja da Costa and Morrumbala districts in Zambézia Province. The survey was conducted in order to identify the social factors or other elements that enable early marriage and maternity, and the existing relations among the factors. For this objective, I used a cross-sectional survey for data collection, administering 383 surveys. The administration of the survey used mixed, non-probability sampling techniques (Daniel 2012:15; Curry & Nunez-Smith 2015:3), combining purposive sampling, snowball sampling, and a door-to-door contact strategy.

For the qualitative phase, I sought to understand the phenomenon of early marriage and maternity based on the individuals' perspectives and the perspectives of state and civil society organisations using qualitative techniques, namely life story interviews, semi-structured interviews, and group discussions. In this phase, using the idea of saturation, I had a sample of 78 participants which included early married, maternity and pregnant girls (aged 10 to 19 years), programme officers, fieldworkers, teachers, health professionals, social workers, administration authority, traditional leaders, religious leaders and families (of early married, maternity and pregnant girls), child protection committee members, and gender focal points. Life story interviews allowed me to have effective interaction with early married, maternity and pregnant girls and understand the girls' life trajectory. Semi-structured interviews allowed the participants to be comfortable in answering the questions and created trust between us during the conversation, according to the content of the interviews. The group discussion was important in gathering data from a large number of participants, and in listening to their interventions, discussions and exchanges of different views. However, at times it limited some participants' interaction due to them being shy to speak while others were present due to conflict of generational or power relations. For instance, women and child members of the child protection committees took some time to express their opinions during the discussion.

8.3 INTERPRETATION OF THE RESEARCH FINDINGS

In this section, I interpret and summarise the most important insights from both quantitative and qualitative phases.

8.3.1 Pregnancy, marriage and school dropout

In this study, early married and maternity girls had low education levels. This can perpetuate the cycle of poverty, influence gender-based violence and compromise the socio-economic development of the early married and maternity girls if effective measures are not taken to mitigate aspect such as unemployment and engagement in sexual practices.

Early marriage and maternity are related to adverse health outcomes. Therefore, early maternity girls are at increased risk of experiencing fistula obstetric, and subjected to caesarean sections, maternal death, or losing their child at birth. Another consequence is related to school dropout. Both health outcomes and school dropout prevent the achievement of the UN's Sustainable Development Goal 5 (Gender Equity).

Regarding the use of contraceptives, sexual and reproductive health awareness, the study has shown that the participants were aware of different contraceptive methods. However, socio-cultural practices and local beliefs in Morrumbala and Maganja da Costa districts impelled some adolescent girls not to use contraceptives because there was a common misunderstanding that using contraceptives impede future procreation.

8.3.2 Interventions

During data collection, I contacted five organisations namely, *Caritas Diocesana, Coalizão, Friends for Global Health, Save the Children* and *World Vision Mozambique*. Among them, only *World Vision* was running a project (ELO+FORTE) on the prevention and combat of child marriage. The project included interventions concerning advocacy, child participation, reporting mechanisms and referral. Children participated through youth clubs, youth associations, child parliament, and child

protection committees. As demonstrated in Chapter 6, the impact of the programmes developed by *World Vision* in Morrumbala District, witnessed by the members of child protection committees, deserve to be expanded within the district. However, it must be preceded by an assessment to explore each context before implementation.

8.4 PROCESS AND THE DEVELOPMENT OF THE STRATEGIC FRAMEWORK

The development of a strategic framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique, is considered to be the contribution of this study. This was based on the results from the quantitative phase and findings from the qualitative phase. I aligned these to MNSPCM (2016-2019). The starting point was the situational analysis in Maganja da Costa and Morrumbala districts regarding early marriage and maternity. This focused on the legislation, institutional approach and intervention, civil society intervention programmes, community interventions, and adolescent mothers and early pregnant girls' perspectives.

After the situational analysis, I did a SWOT analysis to further guide my thinking and illuminate those aspects which required attention and others that could be harnessed going forward. I also supported my ideas with strategic frameworks to prevent early marriage and maternity from two African countries, namely the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026 and National Strategy on Ending Child Marriage in Zambia 2016-2021.

In the development of the strategic framework, I considered the purpose, vision, mission, guidelines, principles, scope, overall goal and strategic objectives of the strategic implemention areas of the framework. The purpose of the strategic framework was to provide guidelines for future planning, actions and interventions to prevent and combat early marriage and maternity in Zambézia Province. The overall goal was the reduction of child marriage in Zambézia Province (with a focus on Maganja da Costa and Morrumbala districts) from the current 47%, and integrated interventions for the prevention, combat, and mitigation of early marriage and maternity. I divided the implementation strategies into eight strategic areas with

respective strategic objectives and actions. The aforementioned strategic areas covered the (i) Legal and political framework; (ii) Multi-sector coordination and advocacy, (iii) Communication and social mobilisation; (iv) Access to quality education and retention; (v) Sexual and reproductive health; (vi) Girls' empowerment; (vii) Mitigation/response and rehabilitation; and (viii) Monitoring and evaluation.

8.5 CONCLUSIONS

In the problem statement, I stated that early marriage and maternity was not just a violation of human rights but an obstacle for gender parity in education (UNESCO & UNICEF, 2015). This study provided some evidence that was consistent with this assumption. Many of the participants affirmed that they dropped out of school because of early marriage, pregnancy or maternity.

I also argued that the global, continental and regional directives left no choice for States or Governments to define and implement appropriate measures to prevent and combat early marriage practices. The Government of Mozambique has taken a few measures, namely MNSPCM (2016-2019), reviewed the Family Act (No.10, 2004 of 25 August), and revoked the legal permission of marriage at the age of 16. It also recently approved and published the Prevention and Combat of Early Marriage Act (No. 19, 2019 of 22 October). However, there was a need to align the previous child protection policies and legislation with the ones regarding early marriage.

In the orientation of the study in Chapter 1, I also questioned the reasons why adolescent girls entered into marriage at an early age and how this practice was conceived and socially represented within the communities. Throughout data collection, it was determined that various reasons propelled adolescent girls to early marriage and maternity. Among them was poverty, socialisation into specific roles, legitimising having children, the value and benefits of the bridewealth, the rites of initiation, the social meaning of the first menstruation, and social pressure.

Regarding intervention programmes to prevent and combat early marriage and maternity, I identified some activities being implemented, with a predominance in Morrumbala District compared to Maganja da Costa. However, there were many

challenges in mitigating the negative impact of early marriage and maternity as demonstrated in Chapter 6. The alignment of the activities implemented by different NGOs and CBOs to MNSPCM (2016-2019) was also still a challenge. I only identified one organisation, *World Vision*, that implemented programmes that were aligned, though not mentioning the National Strategy.

With the development of a strategic framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique, this study's contribution responds to some identified gaps by providing a framework that the government, NGOs, and CBOs can use in making informed decisions and enforcing multi-sector interventions. Yet despite this contribution, adolescent girls should be given a voice and all the implemented programmes must respect their needs and combat harmful practices that perpetuate early marriage.

8.6 RECOMMENDATIONS

Due to the dynamics of early marriage and maternity, recommendations are made for future initiatives covering policy-makers, health, education, NGOs and CBOs, and research.

8.6.1 Recommendations for policy-makers

There is a need to upgrade and harmonise the policies regarding child protection in Mozambique, which would consequently cover Maganja da Costa and Morrumbala districts in Zambézia Province. During the fieldwork, participants were not in favour of Article 30(2) of the Family Act (No.10, 2004 of 25 August), which allowed marriage at the age of 16. This was reviewed by parliament and removed from the Act in July 2019. In addition, on 22 November 2019, a law on the prevention and combat of early marriage (Act no. 19, 2019 of 22 October) was entered into force in Mozambique. These legal reforms require the alignment of existing child protection plans and strategies. For instance, MNSPCM (2016-2019) considered the absence of specific legislation on early marriage and the allowance of marriage at the age of 16 by the Family Act as a weakness and legislation gap. However, with the reform made to the

Family Act, the weakness and legislation gap have been overcome.

Due to the recent act regarding early marriage, and the review of the Family Act, the Promotion and Protection of Child's Rights Act (No. 7, 2008 of 9 July) has to include the definition of early or forced marriage, the minimum age for marriage, and make reference to the specific law in a single section as it has done for other pieces of legislation regarding child protection. Finally, there is a need for significant diffusion of the legislation regarding child protection, and effective implementation of the existing strategies and reporting mechanism.

8.6.2 Recommendations for health

With the current state of early marriage and maternity, and the need for evidence for informed decisions and actions, it is urgent for health authorities to pay attention to the registration and systematisation of data regarding early pregnancy and maternity. This could be applicable for the District Directorates of Health, Women and Social Protection of Maganja da Costa and Morrumbala.

Regarding sexual and reproductive health programmes, the study identified important efforts made by the health sector. Health professionals who participated in the study revealed their commitment to preventing and combatting early marriage and maternity. However, I suggest a reflection on the outcomes of contraceptive supplies to early married and maternity girls because the study found a contradiction between knowledge and the use of contraceptives and early (unwanted) pregnancy.

8.6.3 Recommendations for education

The education sector seemed to be the most affected by the phenomena of early marriage and maternity for both Maganja da Costa and Morrumbala districts. The study identified multiple factors driving early marriage and maternity. School dropout was perceived as a consequence of early marriage and pregnancy. In addition, the distance from home to school, and lack of secondary schools justified school dropout and the low education level of some early married and maternity girls. Therefore, a multi-sector approach is still needed in terms of capacity building and enhancing girls'

empowerment through initiatives aiming at girls' retention in school, and poverty alleviation.

Considering the recent legal reform in Mozambique regarding the minimum age for marriage and the criminalisation of early marriage, I propose the integration of these gains in the educational curricula with a focus on primary education. Teachers should also be trained on child protection, covering different spheres, namely children in the family, community and society to create awareness and prevent early marriage.

8.6.4 Recommendations for NGOs and CBOs

There was a considerable presence of NGOs and CBOs in Maganja da Costa and Morrumbala districts. Regarding child protection and actions focused on early marriage and maternity, Morrumbala was more advanced compared to Maganja da Costa district. In Morrumbala District, I identified several programmes developed by *World Vision* and *Save the Children*. In addition, there were some CBOs attending to this phenomenon. Any type of violence against children occurring in the communities could be reported through child protection committees as a kind of reporting mechanism. In my understanding and based on fieldwork, programmes regarding the prevention and combat of early marriage and maternity should not ignore the local context, social norms (the meaning of the first menstruation and rites of initiation) and socio-demographic profile. Instead, community-based interventions regarding child protection should involve the community, traditional and faith leaders, and focus on the best interests of the child. Actions towards the prevention and combat of early pregnancy should involve and direct attention to adolescent girls aged 14-16 who are more likely to become pregnant earlier compared to girls of other ages.

8.6.5 Recommendations for research

Most of the interviewed adolescent girls indicated that their first pregnancy was unwanted. Also, nearly half of the respondents indicated that they had used some form of contraceptive (condom, contraceptive pill, Depo-Provera, implant and intrauterine device). Yet many of the surveyed early married, maternity and pregnant girls had never heard about sexual and reproductive health. Based on these results, future

research should focus on the apparent contradiction between knowledge of different contraceptives, programmes on sexual and reproductive health, and the rate of early and unwanted pregnancy. In addition, research should focus on the relationship between local tradition in Maganja da Costa and Morrumbala districts and the use of contraceptives among adolescent girls.

This study identified that *World Vision* was supplying girls in need with school materials, bicycles, and was developing income-generation activities to reduce school dropout, prevent and combat early marriage and maternity. These interventions seemed to respond to distance and access to transport, lack of resources to complete schooling, and poverty as drivers of school dropout, early marriage and maternity. However, to better understand the impact of these interventions, future studies could address the impact of *World Vision's* interventions on the beneficiary girls.

8.7 LIMITATIONS OF THE STUDY

This study dealt with adolescent girls aged 10-19 years. The exclusion of girls younger than 10 years might have been a missed opportunity to capture some narratives according to which young girls were given to an adult man as a wife/spouse at birth to obey certain traditions or as a reward or exchange, meaning to pay a debt, especially to traditional healers. If I consider that early marriage is to marry before the age of 18 years, both girls and boys are potential victims of early marriage. This study did not include boys, thereby limiting knowledge of what might be happening with boys.

This study did not cover all the districts of Zambézia Province, consequently compromising the possibility to generalise the results of the study to the entire province. Another limitation was a lack of systematised data, and the inconsistency of provincial data compared to those from the research site regarding early marriage and pregnancy at an institutional level. Therefore, the lack of data or quality data could be another limitation of this study. Moreover, English was another limitation since Portuguese is spoken in Mozambique. I still remember how people participating in international conferences in Mozambique or overseas used to complain referring to language as a barrier for communication. Sometimes we do not effectively express what is going in our minds when thinking in our native language and writing in a foreign

language. My journeys to South Africa to meet with my supervisor were also a challenge because I had to cover all costs myself, and take risks related to the lack of security in the environment near my accommodation. This limited my time spent in South Africa.

The lack of literature regarding health studies, research methods, early marriage and maternity written in English in Mozambique, was another limitation even though I could access UNISA's online library. It was difficult to access information, and some misunderstandings in terms of the purpose of the research during data collection were experienced as limitations.

Finally, being a male researcher, interviewing girls in a society where female sexual and reproductive life was still taboo and a private affair, might have limited the flow of communication with some participants, thereby affecting the course of the interviews and the given answers.

8.8 CONTRIBUTIONS OF THE STUDY

The contribution of this study lies within several areas, namely filling gaps in literature, heading calls for further research, and most notably contributing on a pragmatic level to the development of a strategic framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique.

A common assumption was noted in the literature that school dropout precedes early marriage. This assumption was rejected by Erulkar (2013:12) who argued that girls who were young and out of school would be highly vulnerable to being married off. A cross-sectional study by Envuladu et al. (2016:128) recommended the need to conduct more research on young girls who were out of school. This study therefore provides evidence that early marriage and early pregnancy are potential factors for school dropout.

No less important was the tendency of research conducted in Mozambique to be based on Demographic Health Survey data (UNICEF 2015; INE 2013:1-2). My study appeared to be innovative in using both qualitative and quantitative methods to

understand the dynamics of early marriage and maternity in a district setting. In so doing, I answered one of the recommendations from MNSPCM (2016-2019) which called for the need to develop socio-anthropological research on early marriage, with a focus on the districts of the provinces with a higher prevalence of early marriage (the case of Zambézia Province).

With the development of a strategic framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique, I contributed an original and pragmatic framework that could be used by government institutions, NGOs and CBOs in making informed decisions and interventions. The framework allows for multi-sector collaboration and interventions. Through this framework, early marriage and maternity might be prevented, providing girls with the opportunity to complete their school careers, enhance their education to make better decisions regarding their reproductive health, and ultimately save their own on others' lives. Finally, this framework is intended to enable restitution towards a social and just society.

8.9 CONCLUDING REMARKS

> *"We often talk, in Nante, about early marriage but it is becoming worse. For us it is part of culture. They impose rules and train us. We discuss the issue of early marriage only to fulfil with what they say but here it is a matter of tradition."* (Occasional conversation with a man in Maganja da Costa, who later identified himself as a teacher in Nante, a locality in Maganja da Costa district).

This study sought to understand how early marriage and maternity was conceived and socially represented within the communities. I was also interested in knowing if the intervention programmes regarding the prevention and combat of early marriage and maternity met the needs of adolescent girls given the high rate of early marriage. If not, what would be needed at the district level to align with Mozambique's National Strategy to Prevent and Combat Early Marriage? During the study, I learned that early marriage and maternity was not only a violation of human rights but also a barrier for gender parity in education.

Considering these remarks, I am left pondering the following questions: how can we prevent and combat early marriage and maternity when communities assume these as normal by legitimising the practice? How can we get positive outcomes when the message on sexual and reproductive health seems to go in the wrong direction? How can we improve our intervention without consistent data regarding early marriage and maternity? These were some concerns that this study brought to light, which might need further discussion and reflection at individual, community and institutional levels.

8.10 SUMMARY

This chapter provided a snapshot of the research questions, data sources, methods and practicalities. The development of a strategic framework for the prevention and combat of early marriage and maternity in Zambézia Province, Mozambique, constituted the contribution of this study in terms of efforts to prevent and combat early marriage and maternity. To do this, I considered a SWOT analysis which guided my thinking and illuminated every aspect which required attention, or those that were later harnessed. This chapter also provided some recommendations targeted at policy-makers, health and education sectors, NGOs and CBOs, and research. Finally, I presented some limitations and concluding remarks.

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ANNEXURE A: UNISA ETHICAL CLEARANCE

UNISA university of south africa

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

REC-012714-039

HSHDC/483/2015

Date: 25 November 2015 Student No: 4911-466-2

Project Title: Strategies to prevent and combat early marriage and maternity in Zambézia Province, Mozambique

Researcher: Joaquim Muchanessa Daússe Nhampoca

Degree: D Litt et Phil Code: DPCHS04

Supervisor: Prof J Maritz
Qualification: PhD
Joint Supervisor: -

DECISION OF COMMITTEE

Approved [√] **Conditionally Approved** [ ]

Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

ANNEXURE B: NATIONAL COMMITTEE FOR BIOETHICS FOR HEALTH – ETHICAL CLEARANCE

REPÚBLICA DE MOÇAMBIQUE

MINISTÉRIO DA SAÚDE
COMITÉ NACIONAL DE BIOÉTICA PARA A SAÚDE
IRB00002657

Exmo Senhor
Dr. Joaquim Muchanessa D. Nahmpoca
UNISA

Ref: 80/CNBS/17 **Data 30 de Março de 2017**

Assunto: Parecer do Comité Nacional de Bioética para Saúde (CNBS) sobre o estudo: "*Child marriage and Early mothergood in Zambezia Province centre of Mozambique*"

O Comité Nacional de Bioética para Saúde (CNBS) analisou as correcções efectuadas no protocolo de estudo intitulado: "***Child marriage and Early mothergood in Zambezia Province centre of Mozambique***"
Registado no CNBS com o número 20/CNBS/2016, conforme os requisitos da Declaração de Helsínquia.
Não havendo nenhum inconveniente de ordem ética que impeça a realização do estudo, o CNBS dá a sua devida aprovação aos seguintes documentos:

- Protocolo de estudo *versão III*
- Consentimento informado *versão III*
- Instrumentos de recolha de dados *versão III*

Todavia, o CNBS informa que:

1- Qualquer alteração a ser introduzida no protocolo, incluindo os seus anexos deve ser submetida ao CNBS para aprovação.
2- A presente aprovação não substitui a autorização administrativa.
3- Não houve declaração de conflitos de interesse por nenhum dos membros do CNBS.
4- A aprovação terá a validade de um ano, terminando esta a 30 de Março de 2018. Os investigadores deverão submeter o pedido de renovação da aprovação um mês antes de terminar o prazo.
5- Recomenda-se aos investigadores que mantenham o CNBS informado do decurso do estudo.
6- A lista actualizada dos membros do CNBS esta disponível na secretaria do Comité.

Sem mais do momento, as nossas mais cordiais saudações.

O Presidente

Dr. João Fernando Lima Schwalbach

ENDEREÇO:
MINISTÉRIO DA SAÚDE
C. POSTAL 264
Av. Eduardo Mondlane/Salvador Allende
MAPUTO – MOÇAMBIQUE

Telefones: 430814/427131(4)
Telex: 6-239 MISAU MO
FAX: 258 (1) 426547
258 (1) 33320

ANNEXURE C: PROVINCIAL GOVERNMENT AUTHORISATION FOR DATA COLLECTION

REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DO GENÉRO, CRIANÇA E ACÇÃO SOCIAL
DIRECÇÃO NACIONAL DA CRIANÇA

Ao Sr.:

Joaquim Muchanessa Dausse Nhampoca

Maputo

Nota. n° 079 **/DNC/DDC/430/17** **Maputo,** 14 **de Junho de 2017**

ASSUNTO:TRANSCRIÇÃO DO DESPACHO

De acordo com o despacho da Sua Excelência Ministra do Género, Criança e Acção Social, do dia 2 de Junho de 2017, recaído no pedido de audiência do **Senhor Joaquim Muchanessa Dausse Nhampoca,** cujo o teor se segue:

"Concordo com o parecer devendo o pesquisador contactar a província e partilhar com a província os resultados até da sua divulgação"

Assinatura ilegível: Ministra do Género, Criança e Acção Social
Cidália Chaúque Oliveira

A Directora Nacional Adjunta
Páscoa Sumbana Ferrão
(Técnica Superior de Educação de Infância N1)

c.c.:

DIRECÇÃO PROVINCIAL DO GÉNERO, CRIANÇA E ACÇÃO SOCIAL DA ZAMBÉZIA

Av. Ahmed Sekou Touré Nº 608,C.Postal 516 Tel: (+258) 21 -49 79 013 Fax: (+258) 21-49 27 57 Cell: (+258) 823041900 Maputo – Moçambique

REPÚBLICA DE MOÇAMBIQUE

GOVERNO DA PROVÍNCIA DA ZAMBÉZIA
GABINETE DO GOVERNADOR

A/Ao:
Célula da Investigação
da Província da Zambézia
Quelimane

N/Ref: 955/GGPZ/SEC/2013

Data: 13/06/2017

Assunto: Envio de Expediente

Exmos Senhores,

Junto se envia o documento com o despacho de Sua Excelência o Governador da Província para os devidos efeitos.

Sem outro assunto de momento queira receber os nossos respeitosos cumprimentos

O CHEFE DO GABINETE

MOISÉS PAIVA
(Assistente Universitário)

REPÚBLICA DE MOÇAMBIQUE
GOVERNO DA PROVÍNCIA DA ZAMBÉZIA
DIRECÇÃO PROVINCIAL DE SAÚDE

CREDENCIAL

Está devidamente Credenciado o Senhor **Joaquim Muchanessa Dausse Nhampoca**, investigador do estudo sobre *Maternidade e Casamento Precoces na Província da Zambézia*, a fim de fazer a recolha de dados no âmbito do mesmo a nível da nossa Província. Para o efeito, o pesquisador deverá antes apresentar-se à autoridade local da área a recolher os dados e deverá igualmente manter informado a DPSZ do decurso do seu trabalho.

O Director Provincial

Hidayat Ullah Kássim
(Médico de Clínica Geral de 1ª)

Entrada nº 01
21/05/2018
Argentina S. Rafael

Direcção Provincial de Saúde da Zambézia, Avenida [illegible] de Junho [illegible]
[illegible] email: [illegible]

14 05 2018

Visto
Apresente-se
ao SDSMAS
foi ser acompanhado
vidades e
conhecimento
Sector.

REPÚBLICA DE MOÇAMBIQUE
GOVERNO DA PROVÍNCIA DA ZAMBÉZIA
DIRECÇÃO PROVINCIAL DE SAÚDE

CREDENCIAL

Está devidamente Credenciado o Senhor **Joaquim Muchanessa Dausse Nhampoca**, investigador do estudo sobre *Maternidade e Casamento Precoces na Provincia da Zambézia*, a fim de fazer a recolha de dados no âmbito do mesmo a nível da nossa Provincia. Para o efeito, o pesquisador deverá antes apresentar-se à autoridade local da área a recolher os dados e deverá igualmente manter informado à DPSZ do decurso do seu trabalho.

O Director Provincial

Hidaya Ullah Kassim
/Médico de Clínica Geral da 1ª

Direcção Provincial de Saúde da Zambézia, Avenida 1 de Julho, Caixa Postal 50, Tel:24900678, Fax: 24214424, PBX: 823072187, email - [illegible] - Cidade de Quelimane

REPÚBLICA DE MOÇAMBIQUE
GOVERNO DA PROVÍNCIA DA ZAMBÉZIA
DIRECÇÃO PROVINCIAL DA MULHER E DA ACÇÃO SOCIAL

CREDENCIAL / DPGCASZ/ DAS/2017

No âmbito da realização de uma pesquisa sobre " **Casamentos e Maternidade precoces"** na Província da Zambézia concretamente nos Distritos de Maganja da Costa e Morrumbala nos dias 24 a 25 de Julho de 2017, onde irá discutir assuntos relacionados a protecção e promoção dos direitos da criança. Assim sendo está devidamente credenciado o senhor abaixo mencionado para a realização dessa actividade.

- **Joaquim Muchanessa Dausse Nhampoca- Doutorado em Ciências de Saúde**

Para que não seja posta qualquer impedimento na realização das suas actividades, passou-se a presente credencial que vai assinada e carimbada com o carimbo em uso nesta direcção.

Quelimane aos 03 de Julho de 2017

A Directora Provincial

Sebastiana Filipe Lúcio Gemuce

/Tec. Sup. II

Visto
Aprovado-se nestes
SDEJT de Mº Costa para
fazer a sua pesquisa
nos Sectores
Joaquim Muchanessa Daússe
27/07/17

REPÚBLICA DE MOÇAMBIQUE
GOVERNO DA PROVÍNCIA DA ZAMBÉZIA

DIRECÇÃO PROVINCIAL DE EDUCAÇÃO E DESENVOLVIMENTO HUMANO

Exmo(a) Senhor(a)
Director(a) do SDEJT de Maganja da Costa

N/Refª: _____/DPEDH/

Quelimane, 27 de Junho de 2017

Assunto: **Envio do Despacho Atinente a Realização de Pesquisa**

O Gabinete de Sua Excia Governador da Provincia da Zambézia enviou para esta DPEDHZ, um Despacho que autoriza o Senhor **Joaquim Muchanessa Daússe Nhampoca**, a realizar no período compreendido de **04 a 25 de Julho** do ano em curso, um Estudo para a recolha de dados sobre Estratégia de Prevenção de Casamento e Maternidade Precoce em dois distritos desta Província.

Neste contexto, enviamos para essa Direcção, o expediente referente a Pesquisa acima citada e desde já solicita-se o apoio necessário e facilitação de contacto com as diversas Instituições que trabalham na Área de Protecção e Promoção dos Direitos da Crianças, bem como a realização de entrevistas e encontros com Lideres Comunitários, Jovens e Adolescentes.

Em anexo os despachos.

Sem outro assunto de momento, aproveitamos a oportunidade para endereçarmos as nossas cordiais saudações.

Atenciosamente,

A Directora Provincial Adjunta
/Emília Francisco Afonso/
(DN1)

REPÚBLICA DE MOÇAMBIQUE
GOVERNO DA PROVÍNCIA DA ZAMBÉZIA

DIRECÇÃO PROVINCIAL DE EDUCAÇÃO E DESENVOLVIMENTO HUMANO

Exmo(a) Senhor(a)
Director(a) do SDEJT de Morrumbala

N/Refª: _____/DPEDH/

Quelimane, 27 de Junho de 2017

Assunto: Envio do Despacho Atinente a Realização de Pesquisa

O Gabinete de Sua Excia Governador da Província da Zambézia enviou para esta DPEDHZ, um Despacho que autoriza o Senhor **Joaquim Muchanessa Daússe Nhampoca**, a realizar no período compreendido de **04 a 25 de Julho** do ano em curso, um Estudo para a recolha de dados sobre Estratégia de Prevenção de Casamento e Maternidade Precoce em dois distritos desta Província.

Nesta contexto, enviamos para essa Direcção, o expediente referente a Pesquisa acima citada e desde já solicita-se o apoio necessário e facilitação de contacto com as diversas Instituições que trabalham na Área de Protecção e Promoção dos Direitos da Crianças, bem como a realização de entrevistas e encontros com Lideres Comunitários, Jovens e Adolescentes.

Em anexo os despachos.

Sem outro assunto de momento, aproveitamos a oportunidade para endereçarmos as nossas cordiais saudações.

Atenciosamente,

A Directora Provincial Adjunta
(Emília Francisco Afonso)
(DN1)

Apresentou-se nesta escola. no dia 10/07/2017
Escola Secundária Geral de Morrumbala
Obrigada Colegas.

Apresentou-se nesta escola E.P.C - Menduro no dia 10.07.2017
Judite João

ANNEXURE D: LITERATURE REVIEW MAP

Literature review map

Author	Journal	Findings	Recommendations	Methods	Gaps
Envuladu et al.	International Journal of Medicine and Biomedical Research Volume 5 Issue 3 September – December 2016	Poverty and poor education are the underlying cause of child marriage, and child marriage is usually against the will of the girls who desire to be educated Parents' low level of education, poverty, religion and place of residence were significant determining factors of early marriage in Plateau State Family pressure and lack of finance for education were also key reasons for engaging in early marriage among the girls Early marriage among young girls have a negative impact on their health and education	Parents need to be counselled more on health and education effects of child marriage on their female children More efforts should be made in enforcing the rights of the girl child and in improving the girl child education More research should be carried out on young girls who are out of school	A cross-sectional study Simple random sampling technique Semi-structured questionnaire	The study did not include young girls out of school
Adedokun O, Adeyemi O, Dauda C.	African Health Sciences, Volume 16 Issue 4, December 2016	The study reveals that more than 60% had only primary education More than 70% had experienced complications before or after childbirth Age at first marriage, current age, level of education and household decision-making significantly influence (P<0.005) maternal health risks in the study area Respondents in the age group 15-19 years are likely to experience complications when compared with the reference category 20-24 years	There is an urgent need to focus on the cultural traps to which the practice of child marriage has confined girls in Gombi and other parts of the country [Nigeria] A renewed commitment to compulsory education beyond primary school level for girls, enforcement of legislation and commitments to uphold the fundamental rights of the child Men, in their capacity as fathers, community and religious leaders must be targeted for change, given their roles as custodians of tradition and decision-makers on marriage and family matters	The study used mixed methods design Structured Questionnaire Focus Group Discussion In-depth interview	There is a kind of extrapolation of the results of the study to the whole country, and inferring that due to the findings Nigeria would have not achieved six of the Millennium Development Goals
Maswikwa, B., Richter, L., Kaufman, J., & Nandi, A.	International Perspectives on Sexual and Reproductive Health, Volume 41 Issue 2, 2015	The prevalence of child marriage was 40% lower in countries with consistent laws against child marriage than in countries without consistent laws against the practice (prevalence ratio, 0.6) The prevalence of teenage childbearing was 25% lower in countries with consistent minimum marriage age laws than in countries without consistent laws (0.8) The prevalence of adolescent birth among women who had married before age 18 was nearly five times that among women who had married as adults Child marriage limits educational opportunities, but girls who are not in school may be more available for marriage	Raising the minimum marriage age laws and harmonizing various laws so that the legal age for marriage and sexual consent is consistently set at 18 years or older is a crucial step to curbing the the harmful practice of child marriage and possibly improving maternal and child health outcomes	An exploratory, cross-sectional study Used data from Demographic and Health Surveys and from the Child Marriage Database created by the MACHEquity program at McGill University	In future studies, repeated cross-sectional data and causal policy analysis methods can be used to examine the impact of minimum marriage age laws on the practice of child marriage and on a range of reproductive health outcomes

Literature review map

Author	Journal	Findings	Recommendations	Methods	Gaps
McDougal et al.	BMC Women's Health, Volume 18, Issue 144, 2018	Social norms and the loss of a parent were stressors sustaining early marriage across contexts	Early marriage prevention programs must recognise the cultural, biological and social factors influencing adolescent sexuality in order to address [the] driver of early marriage	Cross-sectional qualitative study Semi-structured interviews	Qualitative interviews were drawn from purposively sampled program participants living in rural districts of Oromia, Ethiopia and Jharkhand, India, and cannot be inferred to be representative of broader national or regional populations
Annabel Erulkar	International Perspectives on Sexual and Reproductive Health, Volume 39, Issue 1, March, 2013	Most [young women] who married before age 18 had never been to school. Compared with young women who had married at ages 18-19, those married before age 15 were less likely to have known about the marriage beforehand and more likely to have experienced forced first marital sex Educational attainment was positively for knowledge and wantedness of marriage and with high levels of marital discussions about fertility and reproductive health issues	Direct programmatic investments in the most vulnerable girls can be highly effective	Data from a population-based survey conducted in 2009-20 1 0 in seven Ethiopian regions were used to examine early marriage among 1,671 women aged 20-24 Cross-tabulations and logistic regression	The study was unable to control for poverty in the bivari ate and multivariate models. Therefore, couldn't measure whether poverty is a driver of early marriage
Jennifer McCleary-Sills et al.,	The Review of Faith & International Affair, Volume 13, Issue 3, 2015	Cash transfers appear to be very promising, presumably by helping to overcome the underlying poverty and economic drivers of school dropout and early marriage Families make decisions about their daughters' marriages within the context of social norms, financial constraints, and economic opportunities Girls living in poor households are twice as likely to marry before the age of 18 compared with girls in wealthier households, as are rural girls compared with those from urban areas Women who married after the age of 18 were more likely to feel able to refuse sex with their partners compared to those who married early	The drivers of child marriage - poverty, limited opportunities for educational attainment and vocational training, and the low perceived value of girls in society, all need to be addressed to reduce the prevalence of child marriage More longitudinal data analysis and continued Impacts Evaluations (IEs) of programs are necessary to determine the long-term effects Financial incentives to attend school, expanding economic opportunities, and more gender-equitable schools, have been shown to result in delaying marriage beyond the girl's 18th birthday	A systematic review of the findings from two sets of World Bank Group (WBG) studies	The study did not address in detail the strengthening of legal and policy frameworks to prevent child marriage

Literature review map

Author	Journal	Findings	Recommendations	Methods	Gaps
Rumble et al.	BMC Public Health, Volume 18, Issue 407, 2018	A large proportion of females are still entering into child marriage and cohabitation situations in Indonesia, placing young mothers and their children at significant risk In Indonesia, education is a strong protective factor against child marriage and certain harmful marital preferences and attitudes Child marriage in Indonesia likely maintains or exacerbates poverty, rather than alleviating it Unmarried females (aged 15 to 24) have attitudes rejecting child marriage and would prefer to enter into partnerships as adults	Government and partners make greater investments in social protection and poverty eradication A need for broader child marriage prevention efforts in Indonesia, including potential legislative reform of the Indonesian Marriage Law	A systematic review of data from the nationally representative 2012 Indonesian Demographic and Health Survey and the Adolescent Reproductive Health Survey	The number of siblings a female had while growing up decreases the likelihood of child marriage, which is counterintuitive and merits further investigation as it may be an artifact of co-linearity with other omitted variables There may be relevant risk factors [that the study] was not able to identify, for example, religious and ethnic diversity or gender norms at the community level
Linda Rae Bennett	Faculty of Humanities, University of Indonesia. *Wacana* Volume 15, Issue 1, 2014	Low educational attainment for girls, lack of employment prospects, poverty, and low levels of economic development are all associated with a higher probability of adolescent marriage and motherhood in Indonesia Conservative sexual morality and local marriage customs can propel girls into early marriage, neglects rights to education, employment, equality in marriage, health information, family planning, and maternal health	Promoting longer participation in formal education for girls, and increasing the proportion of girls completing senior secondary school would very likely have a positive impact on reducing the incidence of early marriages The generation of ongoing employment opportunities for young women in the formal labour sector is also likely to delay marriage and possibly even the birth of children for young married women Providing adequate health information regarding the risks of early pregnancy for women and their babies may well allow young couples to make more informed choices about when they start having children The timely provision of free family planning counselling and contraceptives to engaged and newlywed couples will give them the actual choice of being able to delay pregnancy A call for r integrated interventions that view early marriage and adolescent motherhood as stemming from complex and systematic disadvantage	Ethnographic research Focus group discussion, in-depth interviews, and observation	The study focused, only, to poor Sasak communities in Western Lombok, Indonesia and results might not be significant to be extrapolated to the whole country

Literature review map

Author	Journal	Findings	Recommendations	Methods	Gaps
Giulia Granata	Interdisciplinary Journal of Family Studies, Volume XX, Issue 1, 2015	Early married girls follow a path in a life characterized by poor ability of choice and action both individually and socially There are social contexts in which women cannot decide whom to marry or even that they are not able to enjoy their right to childhood The phenomenon of child marriage keeps on resisting because of multiple factors, starting from a combination of economic and cultural causes In cultures where the collective life and the family play a vital role, it becomes more problematic for girls not only escape from it but also to feel that their lives may have alternative developments	[The need] to act on a set of behaviours and conditions, at the base of child marriages, which perpetuate their spread State governments [should] take action, not only through the law but also through targeted policies, to intervene to ensure that people's rights are protected [The need] to continue to evaluate and research processes to improve coordination and convergence in addressing child marriage Broader efforts need to be made to transform social norms to end harmful traditional practices like child marriage	Systematic review	From the point of view of the economically developed countries, it is difficult to understand the complexity of the phenomenon of child marriage
Ganchimeg et al.	World Health Organization multicountry study. BJOG 2014; Volume 121, Suppl. 1	Higher risks of eclampsia, puerperal endometritis and systemic infections and lower risks of caesarean section and pre-eclampsia among adolescent mothers compared with mothers aged 20–24 years Adolescent pregnancy was independently associated with increased risks of low birth weight, preterm delivery and severe neonatal conditions, and an increased risk of intra-hospital early neonatal death was partially explained by the preterm delivery among infants born to adolescent mothers	Further implementation of pregnancy prevention strategies and the improvement of healthcare interventions to reduce adverse birth outcomes among adolescent women in low- and middle-income countries	Multilevel logistic regression models were used to estimate the association between young maternal age and adverse pregnancy outcomes	The study did not draw a conclusion on the higher risk of eclampsia, puerperal endometritis and systematic infections because of an absence of data on antenatal care and interventions administered during pregnancy
Chandra-Mouli et al	.Reproductive Health, Volume 15, Issue 118, 2018	The study identified a potential of multi-sectoral approaches to prevent and respond to child marriage	The need for further documentation and evaluation of projects and programmes implemented by MAMTA Health Institute for Mother and Child regarding child marriage in Jamui, Bihar and Sawai Madhopur, Rajasthan in India The study recommends MAMTA to strengthen collaboration to overcome obstacles that affect multi-sectoral coordination	Intervention's design, implementation, monitoring, and outcomes Quantitative and qualitative data collection methods (review of documents, in-depth interviews, group discussions and surveys of frontline workers)	The study considered the political and social context of the studied area, therefore, the results cannot be applied to other settings Due to the multiplicity of action to prevent child marriage, the study was not able to analyse if certain individual action were more effective than others

Literature review map

Author	Journal	Findings	Recommendations	Methods	Gaps
Efevbera et al.	BMC Medicine, Volume 17, Issue 55, 2019	Girl child marriage is likely not a major driver of female underweight, women married before 18 years had an increased risk of early motherhood, lower educational attainment, and living in poverty	Future research should seek to understand the determinants of undernutrition in girl child marriage as well as the relationship between socioeconomic status and nutritional outcomes	Data from the Demographic and Health Surveys (cross-sectional household-based surveys)	The study did not observe nutritional status prior to girl child marriage and was not able to control for childhood factors (early-life socioeconomic status and early-life nutrition) The study did not measure the short-term effects of nutritional changes occurring immediately after childbirth as well as conduct mediation analysis The Demographic and Health Survey data did not allow for specific socio-cultural and historical context analysis
Raj et al.	BMC Public Health,, Volume 19, Issue 19 2019	Traditional gender norms devalued girls' education including educated girls, and reinforcing girls' value through her marriageability Financial costs of education were identified as an impediment, especially for the poorest girls Girls were subject to abuse and harassment in public spaces as they went to and from school Domestic responsibilities after marriage and childbearing were found as major barriers to continue schooling	The need to keep actions aiming norm change, ensure empowerment and resiliency of girls, increasing options and value for girls beyond marriage, and providing social support for girls	Qualitative interview (semi-structured, audio-recorded interviews)	The results of the study could not be generalizable beyond the sample because the study used purposive sampling in the Oromia Region, Ethiopia, and Jharkhand State, India, with and through girls exposed to early marriage prevention programs
S. Handa et al.	Social Science & Medicine, Volume, 141, 2015	Kenya Cash Transfer for orphans vulnerable children reduced the probability of being pregnant among young women age 12-24 who had never given birth at baseline by five percentage points or 34% The program impacted in pregnancy because increased the enrolment of young women in school, and contributed for the financial stability of household and delayed age at first sex	The need for a cost-effectiveness analysis which could provide evidence to compare Social cash transfer (SCTs) to alternative strategies for improved adolescent reproductive health and life trajectories of young women in developing contexts Future research should focus on how SCTs affects boy's behaviour in the same context The need for longitudinal data so that designs are not limited to cross-sectional analyses relying on successful randomization at baseline	Clustered randomized controlled trial Baseline household survey	The study had no evidence (data) to support the idea that part of transfer directly was given to girls The study did not collect orphanhood indicators for the full sample that could allow concluding if adolescents who were daughters or granddaughters of the household were less likely to experience early pregnancy or marriage

Literature review map

Author	Journal	Findings	Recommendations	Methods	Gaps
N'weti Consortium and UNICEF	Ministry of Gender, Children and Social Welfare of Mozambique (2017)	The appearance of menstruation is still seen as the defining marker of the girl's maturity for marriage The Initiation Rites perform the role of a social marker and space for instructing the girls, with a strong orientation towards the start of sexual life and involvement in marriage Social Pressure, associated with notions of honour and shame are used to justify early marriage Girls are seen as responsible for the early onset of sexual activity and eventual child marriage The lack of economic conditions for the survival of the family would "oblige" the girls to marry early, seeing marriage as an opportunity and a strategy for overcoming their condition of poverty	The communication strategy should have a strong focus on explaining the menstrual cycle and demystifying the idea that the appearance of menstruation is a sign of the sexual maturity of the girl The communication strategy should contain specific focus on the practices of the Initiation Rites The communication strategy should focus on problematising and discouraging the search for prestige through holding "lobolo" festivities involving child marriage, as well as demystifying the idea that girls who postpone marriage should be considered cursed Communication strategy focuses on the importance of better knowledge about the risks associated with the early onset of sexual relations, including health and vulnerability to sexually transmitted infections, high-risk pregnancy, and the implications of having to reconcile the childbirth cycles and the opportunities for the individual development of girls and boys The communication strategy should stress the importance of girls and boys enjoying educational opportunities up to the highest possible levels The communication strategy should show a clear recognition of poverty and economic adversities as part of the broader structural reasons that favour the perpetuation of child marriages	Participatory methodologies of Formative Research Literature Review; Interviews with Key Informants; mini-ethnographies to support the research approach of positive deviation; Focus Group Discussions and social network assessment	A need for follow-up research to deepen the practice of children promised at birth

ANNEXURE E: CROSS-SECTIONAL SURVEY

SURVEY FOR EARLY MARRIAGE AND MATERNITY IN ZAMBÉZIA PROVINCE, CENTRE OF MOZAMBIQUE

INQUIRY FOR GIRLS WHO ENTERED INTO MARRIAGE BELOW 18 YEARS AND ADOLESCENT MOTHERS

I. IDENTIFICATION

1. Name (optional) _____
2. Age _____
3. Residence _____
4. Contact (optional) _____

II. SOCIO DEMOGRAPHIC INDICATORS

5. Education
   - Grade 1 - Grade 7 ☐
   - Grade 8 - Grade 10 ☐
   - Grade 11 - Grade 12 ☐

6. Marital status
   - Single ☐
   - Married ☐
   - *União de facto*[13] ☐
   - Divorced ☐
   - Widow ☐

7. If married, indicate the type of marriage.

   Traditional ☐ Religious ☐ Civil ☐

8. How long are you married?

[13] According to the Mozambican Family Act (No. 10/2004, of 25 August), it refers to a common life between a man and a woman (with legal age for marriage but not officially married) for over one year uninterrupted.

a) Less than 1 year ___ b) 1 year___ c) 2 years ___ d) 3 years___ e) 4 years__ f) 5+ years___

9. For girls in *união de facto*, indicate the time of common life.

a) 1 year ___ b) 2 years___ c) 3 years ___ d) 4 years___e) 5+ yeras_____

10. Whom do you live with?
    a) Father____ Mother____ Parents____ Husband____ Uncles____ Other (indicate)_____

11. When you started living with your husband, were you pregnant?
    Yes ☐ No ☐

12. Was it your decision to have a husband?
    Yes ☐ No ☐

If not, who decided for you to have a husband/live in a husband's home?

Your parents ☐ Uncles ☐ Siblings ☐ Grandparents ☐ Others _____

13. How old were you when your got pregnant for the first time?
    _____ Years.

14. The decision to be pregnant was yours?
    Yes ☐ No ☐

15. When you had your first son/daughter, were you living with your husband yet?
    Yes ☐ No ☐

16. How old were you when you had your first son/daughter?
    _____ Years.

17. When you had your first son/daughter, did you have any health complications?
    Yes ☐ No ☐

    If yes, specify? _____

18. When you became pregnant for the first time, were you studying?

Yes ☐ No ☐

19. Are you going to school now?

Yes ☐ No ☐

III. **SOCIO-CULTURAL PRACTICES**

20. Did you go to the rites of passage ceremony?

Yes ☐ No ☐

21. Did your participation in the rites of passage (initiation), influence your decision for husband/getting married?

Yes ☐ No ☐

IV. **SEXUAL AND REPRODUCTIVE HEALTH**

22. Have you ever heard about Sexual and Reproductive Health?

Yes ☐ No ☐

If yes, where? _____

23. Have you ever used any anti-conception?

Yes ☐ No ☐

If yes, specify _____

ANNEXURE F: STATISTICIAN LETTER

To

UNISA

Department of Health Studies

Att:. Jeanette Maritz

Pretoria

Subject: CONFIRMING LETTER

This is to confirm to UNISA, Department of Health Studies that the below listed data collection instruments, designed by **Joaquim Muchanessa Dausse Nhampoca**, a Doctoral Student, have been reviewed and validated by me as statistician.

1. Questionnaire
2. SPSS Table of Variable

Yours faithfully

Jonas Nassabé

Jonas Gonçalves Nassabe

National Institute of Statistics

Avenida 24 de Julho

Phone: +258826454031

Email:nassabe5@gmail.com

Maputo

Mozambique

ANNEXURE G: SURVEY ADMINISTRATION CHECKLIST

SURVEY ADMNISTRATION (Payment checklist)

DATE	INQUIRER'S NAME				NUMBER OF SURVEYS
	Isac	Robita	Joaquim	Carlota	
	MORRUMBALA				
07.07.2017	0	0	5	---	**5**
08.07.2017	13	13	5	---	**31**
09.07.17	0	0	3	---	**3**
10.07.17	25	17	28	---	**70**
11.07.17	3	3	16	---	22
12.07.17	0	11	16	---	**27**
13.07.17	0	13	14	---	**27**
14.07.17	45	7	13	---	**65**
Subtotal	**86**	**64**	**100**	---	**250**
	MAGANJA DA COSTA				
18.07.17	---	---	9	---	**9**
19.07.17	---	---	19	---	**19**
20.07.17	---	---	14	---	**14**
21.07.17	---	---	1	---	**1**
Subtotal	---	---	**43**	---	**43**
	MORRUMBALA				
22.07.17	---	10	6	---	**16**
23.07.17	---	35	28	20	**83**
Subtotal	---	**45**	**34**	**20**	**99**
TOTAL	**86**	**109**	**177**	**20**	**392**
	---	---	---	---	---
CUSTOS	**3,010**	**3,815**		**700**	**7,525.00Mt**

ANNEXURE H: SURVEY'S CODE AND CATEGORISATION

Spss Coding List

Name	Label	Measure	Values	Missing
Age	Age	Scale	1= 0 < 12 2= 12 < 18 3= 18-19	
District	District	Nominal	1= Maganja da Costa 2= Morrumbala	
Residence	Residence	Nominal		
Education	Education	Nominal	1= Grade 1 to 7 2= Grade 8 to 10 3= Grade 11 to 12	
Marstatus	Marital status	Nominal	1= Single 2= Married 3= União de facto 4= Divorced 5= widow 6= Not applicable	
Typofmariage	Type of marriage	Nominal	1= Traditional 2= Religious 3= Civil 4= Not applicable	
Timofmariage	Time of marriage	Scale	1= <1 year 2= 1 year 3= 2 years 4= 3 years 5=4 years 6= 5+ years	
Tiofcomlifunfa	Time of common life in união de facto	Scale	1= 1 year 2= 2 years 3= 3 years 4= 4 years	

			5= 5+ years	
Peoplivwith	People living with	Nominal	1= Father 2= Mother 3= Parents 4= Husband 5= Uncles 6= Sister 7= Alone 8=Cousins 9=Brother 10=Grandmother 11=Grandparents	
Preglivwihusb	Pregnant when started living with husband	Nominal	1= Yes 2= No	
Yourdechahusb	Your decision to have husband	Nominal	1= Yes 2= No	
Whoblighavhusb	Who obliged you to have husband	Nominal	1= Parents 2= Uncles 3= Siblings 4= Grandparents 5= Other	
Agefirstpregnt	Age at first pregnant	Scale	---	
Yourdecbepregnt	Your decision to be pregnant	Nominal	1= Yes 2= No	
Whehafibalihusb	When had the first baby lived with husband	Nominal	1= Yes 2= No	
Agefirstbaby	Age when had the first baby	Scale	---	
Healcompfistbab	Had health complication when had the first baby	Nominal	1= Yes 2= No	
Kindhealcomp	Kind of health complication	Nominal		
Goingtoschfipreg	Were going to school at first pregnant	Nominal	1= Yes 2= No	

Nowgotosch	Now going to school	Nominal	1= Yes 2= No	
Wentoritofpasage	Went to rites of passage	Nominal	1= Yes 2= No	
Ritofpasinfhusb	Rites of passage influenced the decision to have husband	Nominal	1= Yes 2= No	
Hadabserepheal	Heard about sexual and reproductive health	Nominal	1= Yes 2= No	
Whehasereheal	Where heard about sexual and reproductive health	Nominal	---	
Usecontracep	Used any contraceptive	Nominal	1= Yes 2= No	
Kinofcontracep	Kind of contraceptive	Nominal	---	

ANNEXURE I: LIFE STORY INTERVIEW GUIDELINE

LIFE STORY INTERVIEW

Introductory notes

In our daily life and during our life time, each of us builds his or her own story like a novel with different actors, chapters, scenes and roles, and experiments with different situations and emotions. This interview is about your life story and you are the main actor and everything will focus on you. I want you to feel free to play all the roles and answer some questions in our interaction. It will take approximately an hour and a half, and you can ask for more or less time.

Before we start, I would like to clarify that this interview is a part of data collection for a study which aims to develop strategies to prevent and combat early marriage and maternity (in X Province). I recognise that early married and maternity girls are part of a vulnerable population and need special attention to avoid psychological harm, such as fear, anxiety and distress. But in telling the story of your life, you are helping other young girls through the findings of this study.

Your story and whatever you will say about the different times of your life will not be shared with other people or be used except for the purposes of the study, and I will not be judging what you say.

To make your tale more profitable, connected to the different scenes and watching the time, I suggest some chapters to guide your story. But do not feel compelled. It is just a matter of methodology for better data collection.

Questions

i. Childhood

I would like you to think about your childhood, telling me what you know about your birth, growing up, your parents, siblings, place of residence and stereotypes. I wish you to go back to your early childhood in the countryside or in the city. If possible, tell

me about the dates that some events occurred, what you liked when you were a little girl, your friends and what you usually heard from your parents. Do not forget to mention good and bad events.

Questions

ii. Education

Now that you have told me about your childhood, what about if you add some scenarios on the emotions you felt when you started going to school (at what age?) and how did you find it? The way the teachers used to deal with the students (girls and boys) and when you got back home.

Out of the secondary socialisation at school, in the family sphere you might also have had some role based on your gender, right? I want you to share this times of your life, highlighting high and low points.

Most girls in this society participate in a rites of passage ceremony. Please say what you know and think about this practice as a chapter of your life story.

Questions

iii. Neighbourhood and community affairs

As I said in the introduction, you are the main actor in this novel playing different roles in different contexts and scenarios. I would like you to share some feelings or events that you think shaped your life in your neighbourhood and in the community. [Probe attitudes, perceptions and behaviour.]

Questions

iv. Engagement in love

Now we are coming to the end of our conversation but we still have, maybe, the most exciting chapters. Here you might have played more roles than before. Going to school, doing housework, being in love, your parents and society's reactions to you, getting pregnant, having a baby and dealing with the role of mother and wife. Can you tell that story?

Questions

v. Positive and Negative thoughts

Positive thoughts

We all face high and low points in our lives. I would like to hear from you, ideas, thoughts or hopes for the future.

1. What do you think are the strong points that could change your life for the better in the future?
2. What are the added values you think that make a difference that you can take advantages from?
3. How can family and society change their thoughts and attitudes towards early married and maternity girls?
4. How do you think you could contribute to a different future for other young girls?
5. Who do you think deserves congratulations for making you happy when you really needed a friend in need?

Negative thoughts

1. What are some bad ideas or thoughts that you had in the past due to unpleasant experiences?
2. How did you manage bad experiences? And what were they?
3. What did you think could not happen in your life?
4. How did bad experiences shape your life?
5. Whom do you think contributed negatively to your life?
6. What events determined negatively the route and your life story?

vi. Other

Anything else to say about your life story that was maybe left out?

ANNEXURE J: SEMI-STRUCTURED INTERVIEW GUIDELINE

SEMI-STRUCTURED QUESTIONS

For Organisation

1. Name of the organisation

   _____

2. Based in

   _____

3. Kind of work done by the organisation

   _____

4. Mission

   _____

5. Name of the community intervention programme

   _____

6. Outcomes

   _____

   _____

7. Challenges

   _____

   _____

8. Opportunities

   _____

   _____

9. Does the organisation take the child's perspective into consideration?

   Yes_____ or No _____

10. If yes, explain how.

_____

_____

11. What is the stage of child marriage in Zambézia Province, in particular in the Districts where your organisation operate?

_____

_____

12. Do you think that socio-cultural practices influence early marriage and maternity? Yes_____ or No_____

13. If yes, how?

_____

_____

14. What are the strategies used by the organisation to combat and prevent child marriage?

_____

_____

15. According to your experience, do early marriage and maternity girls have the same life story?

_____

_____

16. In general, what could be improved in the efforts to prevent and combat early marriage?

_____

_____

17. Do you have any comment to the minimum age for a person to marry as defined by the law?

_____

_____

SEMI-STRUCTURED QUESTIONS

For Institutions

1. Name of the institution

_____

2. Based in

_____

3. Kind of work done by the institution

_____

4. Mission

_____

5. Name of the community intervention programme

_____

6. Outcomes

_____

_____

7. Challenges

_____

_____

8. Opportunities

_____

_____

9. Does the institution take the child's perspective into consideration?
   Yes_____ or No _____

10. If yes, explain how.

_____

_____

11. What is the stage of child marriage in Zambézia Province, in particular in the Districts where your institution operate?

_____

_____

12. Do you think that socio-cultural practices influence early marriage and maternity? Yes_____ or No_____
13. If yes, how?

_____

_____

14. What are the strategies used by the Institution to combat and prevent child marriage?

_____

_____

15. According to your experience do early marriage and maternity girls have the same life story?

_____

_____

16. In general, what could be improved in the efforts to prevent and combat early marriage?

_____

_____

17. Do you have any comment to the minimum age for a person to marry as defined by the law.

_____

_____

SEMI-STRUCTURED QUESTIONS

For Communities

1. Being the parents/family of a girl who got pregnant and had her first baby while still being child (adolescent), could you tell us about the experience you had, please?

   _____
   _____
   _____

2. As a traditional/religious leader, what is your comments about early marriage, and girls who become pregnant early in life?

   _____
   _____
   _____

3. How do communities deal with early marriage?

   _____
   _____
   _____

4. What social practices and other factors could be considered drivers of early marriage?

   _____
   _____
   _____

5. What do you think could be done in the family, community and school, in the efforts to prevent and combat early marriage?

   _____
   _____
   _____

ANNEXURE K: PARTICIPANT INFORMATION SHEET

LETTER OF CONSENT

13th August 2015

Dear sir/madam

My name is **JOAQUIM NHAMPOCA**, a doctoral student in Health Studies at the University of South Africa (UNISA).

I would like to invite you to participate in a study on *Strategies to prevent early marriage and maternity in a province in the centre of Mozambique*. The aim is to contribute towards the reduction of early marriage and maternity.

As participant, you will be required to take part in an interview, addressing issues related to early marriage and maternity. The interview will take a maximum of 1 hour, in a place of your choice (e.g. home) and will be recorded with your permission.

The potential risks might be that you may have bad memories of past experiences and you may experience discomfort that could affect you emotionally. Should this happen, the interview will be paused or stopped if you wish. Should you require counselling this will be provided free of charge at CAI[14], SAAJ[15] and SERPIS[16].

You may not benefit directly from the study but your contribution will assist in improving understanding of the roots of early marriage and maternity and contribute to the development of strategies to prevent and combat early marriage.

Your information will not be shared with other people or be used outside of the purpose of the study. Documents and records will be used as data sources only. Individual names and codes regarding to documents will not be used or exposed. All copies of

[14] Centro de Atendimento Integrado.
[15] Serviço de Atendimento a Jovens e Adolescentes.
[16] Serviço de Reabilitação Psicossocial.

documents, my notes and audio recordings will be destroyed five years after the conclusion of the study according to the university's guidelines on research.

If you wish to withdraw from the study, you may do so without fear, harm or penalty. You will not receive any compensation, for example money.

In case of any doubt about the study or a need for more information, you can contact me by the mobile phone number +258 824011950 or Email: jnhampoca@yahoo.com.br or you can also contact the supervisor, Prof Jeanette Maritz by the number +12 4296534, email: maritje@unisa.ac.za at UNISA or the Chair of the UNISA Health Studies Ethics Committee, Prof, L. Roets at roetl@unisa.ac.za.

I have read (or had the letter read) and understood the information on it regarding early marriage and maternity study, and consent to participate in the study. I also provide consent for the interview to be recorded.

_____ (Printed name)
_____ (Signature participant)
_____ (Signature researcher)
_____ (Date)

CONSENTIMENTO INFORMADO

(Para pais/encarregados de Educação)

CASAMENTO E MATERNIDADE PRECOCES NA PROVÍNCIA DA ZAMBÉZIA, CENTRO DE MOÇAMBIQUE

Versão III, 20 de Março de 2017

Joaquim Muchanessa D. Nhampoca
Universidade da África do Sul

1. **Introdução**

Meu nome é JOAQUIM NHAMPOCA, estudante de doutoramento na Universidade da África de Sul, onde frequento o Curso de Estudos de Saúde. Neste momento, estou a pesquisar assuntos sobre Casamentos prematuros e raparigas que ficaram grávidas e tiveram o seu primeiro filho antes de 18 anos de idade.

Gostaria, através deste documento, pedir autorização para a participação da criança do sexo feminino, sob vossa/sua responsabilidade, no estudo que estou fazendo aqui na Zambézia. Trata-se de um estudo académico, sem fins lucrativos que pretende perceber as causas que levam as crianças menores de 18 a se casarem ou a ter filhos ainda cedo.

Antes de tomar a decisão de autorizar ou não a participação da criança, irei lhe explicar com detalhes sobre os objectivos do estudo e como será a participação da criança. Caso tenha dúvidas, pode fazer as perguntas que tiver ou consultar outras pessoas. Não precisa de decidir agora.

1.1 **Justificativa**

A província da Zambézia aparece como a segunda, após Niassa, com maior número de raparigas com idades compreendidas entre 20-24 anos que tiveram o primeiro filho antes dos 18 anos.

Apesar das campanhas de sensibilização e programas de intervenção comunitária, a província da Zambézia continua com altos índices de casamentos prematuros. Esta prática não só contribui para o abandono das raparigas à Escola, devido a gravidez, como também é uma violação dos direitos humanos, com consequências para a saúde sexual e reprodutiva da rapariga.

1.2 **Objectivos do estudo**

Compreender as causas e dinâmicas do casamento e maternidade precoces, de modo a avaliar a eficácia e fraquezas das estratégias actuais e futuras na prevenção e combate a casamento e maternidade precoces na província da Zambézia.

1.3 **População de estudo**

A população de estudo abrange jovens e adolescentes do sexo feminino (raparigas) com idades compreendidas de 10 a 19 anos, casadas e as que tiveram o primeiro filho antes dos 18 anos. A escolha deste grupo alvo, se deve ao facto de corresponder com a definição de adolescente, adoptada pela Organização Mundial da Saúde e, ao mesmo tempo inserir dentro de si a faixa etária de criança, conforme as definições constantes da Convenção dos Direitos da Criança e, da Lei de Promoção e Protecção dos Direitos da Criança (Lei 7/2008, de 9 de Julho), bem como a idade de casamento prevista na Lei da Família (Lei 10/2004, de 25 de Agosto).

2. **Participação no estudo**

A participação no estudo consistirá numa entrevista com uma duração de uma hora a uma hora e meia, na qual usar-se-á um guião de entrevista previamente elaborado, centrando-se na história de vida. A entrevista será gravada, usando um gravador, mediante a autorização. A entrevista será feita em Português, Chuabo (língua falada na Zambézia) ou outra língua que a criança melhor percebe. Finda a entrevista, será solicitada informação adicional, em tempo oportuno, caso se justifique.

3. **Riscos e benefícios**

O potencial risco da crianca participar do estudo estará ligado ao facto de ela recordar-se de memórias passadas, algumas das quais com experiências negativas que possam trazer desconforto pessoal afectando o seu estado emocional. Caso isto aconteça, a entrevista será terminada, se assim desejar. Havendo necessidade de

aconselhamento este poderá ser feito, sem custos financeiros, através do SAAJ[17] e SERPIS[18].

A criança ao participar do estudo não terá benefícios directos mas sua contribuição irá ajudar para uma melhor compreensão das causas do casamento e maternidade precoces, assim como, contribuir no desenvolvimento de acções para sua prevenção e combate. Lembrar, ainda, que não será pago algum dinheiro ou compensação como resultado da participação da criança no estudo.

4. **Confidencialidade**

A informação sobre a criança não será partilhada com outras pessoas ou ser usada fora dos objectivos deste estudo. Os documentos e registos efectuados serão apenas usados como fontes de informação. Os nomes individuais e códigos constantes dos documentos não serão usados e expostos. Todas as cópias dos documentos, notas do pesquisador e regravações serão destruídos cinco anos após a conclusão do estudo, de acordo com as linhas de orientação da universidade, no tocante a pesquisa.

5. **Voluntariedade**

A autorização da criança a participar do estudo é de livre e espontânea vontade do responsável legal. Caso deseja retirar a criança do estudo, poderá fazê-lo sem reservas, receio e penalização.

6. **Contacto**

Em caso de qualquer dúvida sobre o estudo ou necessidade de mais informação, pode contactar o pesquisador através do telemóvel número +258 824011950, Email: jnhampoca@yahoo.com.br ou então, ao Comité Nacional de Bioética para Saúde (Ministério da Saúde) pelos números 21430814 ou 824066350.

[17]Serviço de Atendimento a Jovens e Adolescentes.
[18]Serviço de Reabilitação Psicossocial.

7. **Declaração de Consentimento**

Lí (ou leram) e entendi o conteúdo referente ao estudo sobre *CASAMENTO E MATERNIDADE PRECOCES NA PROVÍNCIA DA ZAMBÉZIA, CENTRO DE MOÇAMBIQUE. A*utorizo a participação da criança, do sexo feminino, a qual sou o representante, a participar do estudo. Da mesma forma, que autorizo que a entrevista seja gravada.

O responsável pela criança

Nome

_____

Assinatura

_____ Data e hora_____

O Investigador

Nome

_____

Assinatura

_____ Data e hora _____

ASSENTIMENTO INFORMADO

(Para crianças de 12 <18 anos)

CASAMENTO E MATERNIDADE PRECOCES NA PROVÍNCIA DA ZAMBÉZIA, CENTRO DE MOÇAMBIQUE

Versão III, 20 de Março de 2017
Joaquim Muchanessa D. Nhampoca
Universidade da África do Sul

1. **Introdução**

Chamo-me **JOAQUIM MUCHANESSA DAUSSE NHAMPOCA**, estudo na Universidade da África de Sul, onde frequento o Curso de Estudos de Saúde. Neste momento, estou a fazer um trabalho de escola sobre Casamentos prematuros e raparigas que ficaram grávidas e tiveram o seu primeiro filho ainda crianças.

Gostaria de lhe convidar a participar desse trabalho (estudo) que estou a fazer. Mas antes de decidires, irei lhe explicar sobre como vais participar e os objectivos do trabalho. Já falei com os teus pais/encarregados de educação. Eles sabem que eu iria pedir a ti para participar do estudo. Tu és a pessoa que decide, se aceitas ou não. Não és obrigada. Se quiseres, podes conversar com alguém da sua confiança ou amizade para depois decidires se vais ou não participar. Não precisa que seja agora. Se tiveres dúvidas em relação algumas palavras, ou não entenderes alguma coisa pergunte que eu explico um pouco mais. Não tenha vergonha nem receio.

1.1 **Objectivos do estudo**

Este estudo é para ajudar a compreender as causas/motivações que levam as crianças a se casarem, engravidar e ter filhos antes dos 18 anos. Isto é, ainda crianças. O estudo, também irá nos ajudar a ver os pontos fortes e fracos nas campanhas e programas de prevenção e combate a casamento e maternidade precoces na província da Zambézia.

1.2 **Motivos de Escolha para Participar do Estudo**

A escolha para participar do estudo está relacionada com o facto de o estudo incluir crianças da tua idade, que são as mais afectadas, aqui na Província da Zambézia, quando se fala de casamentos prematuros, mães adolescentes e gravidezes em crianças.

1.3 **Participação do Estudo**

Não tens a obrigação, como disse antes, de participar neste estudo. Se tu não quiseres, depende de ti. Se achares que não queres, não tem problemas. O estudo continua com outras pessoas. Se disseres sim, agora, e depois, por algum motivo, mudares de ideia, também, não tem problemas, estas livre.

Se aceitares, teremos uma conversa que vai demorar 60 a 90 minutos. Irei usar uma folha com perguntas para me orientar, um gravador para gravar a conversa, se me autorizares a usar. A nossa conversa pode ser feita em Português ou outra língua que achares. Caso eu não perceba irei pedir alguém para traduzir.

2. **Riscos e benefícios**

O estudo que estou a fazer, também já foi feito por outras pessoas, aqui em Moçambique, incluindo aqui na Zambézia, onde crianças são convidadas a participar. Não tem coisas más. Apenas o que vai acontecer contigo é voltar a lembrar-se de coisas que aconteceram no passado (há muito tempo) que provalvente não gostaste ou te magoaram. Caso sintas que algumas lembranças te fazem chorar, podemos parar a conversa, se quiseres, ou então posso pedir aos teus pais/encarregados para te levarem a uns titios que são chamados de Psicólogos para conversar contigo. Eles vão te ensinar como ultrapassar o medo e a dor das coisas que te fizeram no passado contra a tua vontade.

Gostaria que soubesses que a tua participação neste estudo, vai ajudar a entender os motivos que levam as crianças da tua idade a ter marido, ficar grávida e ter filho ainda criança, ao invés de ir à Escola, brincar com outras crianças, e esperar que

sejam pessoas adultas. A tua história pode, ainda, ajudar as outras crianças como tu a não aceitar ou ser obrigadas a deixar a Escola, brincar e crescer com saúde para ser mulher de um senhor grande (adulto) ou ser mãe.

3. **Pagamento**

Não irei dar dinheiro a ti e nem aos teus pais/encarregados por ter aceite conversar comigo e participar do estudo.

4. **Partilha de informação**

Tudo o que vais me contar ou dizer nesta conversa, não será dito a outras pessoas. Ninguém vai saber o teu nome, onde vives, onde estudas. Toda a tua história vai ser bem guardada.

5. **Contacto**

Se quiseres conversar comigo novamente ou fazer algumas perguntas, depois desta conversa, podes ligar para mim ou informar aos teus pais/encarregados para ligar para o meu telefone: 824011950, usar o meu email: jnhampoca@yahoo.com.br ou então ligar para o Comité Nacional de Bioética para Saúde (Ministério da Saúde) pelos números 21430814 ou 824066350.

6. **Declaração de Assentimento**

Lí (ou leram) e entendi o conteúdo referente ao estudo sobre *CASAMENTO E MATERNIDADE PRECOCES NA PROVÍNCIA DA ZAMBÉZIA, CENTRO DE MOÇAMBIQUE.*

Participante

Nome

_____

Assinatura da menor

_____ Data e hora_____

O Investigador

Nome

_____

Assinatura

_____ Data e hora _____

CONSENTIMENTO INFORMADO

(Para 18 a 19 anos)

CASAMENTO E MATERNIDADE PRECOCES NA PROVÍNCIA DA ZAMBÉZIA, CENTRO DE MOÇAMBIQUE

Versão III, 20 de Março de 2017
Joaquim Muchanessa D. Nhampoca
Universidade da África do Sul

8. **Introdução**

Chamo-me JOAQUIM NHAMPOCA, estudante de doutoramento na Universidade da África de Sul, onde frequento o Curso de Estudos de Saúde. Neste momento, estou a pesquisar assuntos sobre Casamentos prematuros e raparigas que ficaram grávidas e tiveram o seu primeiro filho antes de 18 anos de idade.

Assim, gostaria de lhe convidar a participar do estudo. A sua participação é voluntária - depende de si. Caso tenha dúvidas sobre a participação pode pedir esclarecimento sem nenhuma hesitação. Antes de tomar a decisão de participar ou não, irei lhe explicar com detalhes sobre os objectivos do estudo e como será a sua participação. Caso exista palavras que não entenda ou coisas que queira que eu explique um pouco mais porque lhe interessam ou lhe deixam constrangida, também, pode perguntar. Se quiser, pode consultar pessoas amigas ou de confiança sobre a sua participação. Não precisa de decidir agora.

1.1 **Justificativa**

A província da Zambézia aparece como a segunda, após Niassa, com maior número de raparigas com idades compreendidas entre 20-24 anos que tiveram o primeiro filho antes dos 18 anos.

Apesar das campanhas de sensibilização e programas de intervenção comunitária, a província da Zambézia continua com altos índices de casamentos prematuros. Esta prática não só contribui para o abandono das raparigas à Escola, devido a gravidez,

como também é uma violação dos direitos humanos, com consequências para a saúde sexual e reprodutiva da rapariga.

1.2 **Objectivos do estudo**

Compreender as causas e dinâmicas do casamento e maternidade precoces, de modo a avaliar a eficácia e fraquezas das estratégias actuais e futuras na prevenção e combate a casamento e maternidade precoces na província da Zambézia.

8.3 **População de estudo**

A população de estudo abrange jovens e adolescentes do sexo feminino (raparigas) com idades compreendidas de 10 a 19 anos, casadas e as que tiveram o primeiro filho antes dos 18 anos. A escolha deste grupo alvo, se deve ao facto de corresponder com a definição de adolescente, adoptada pela Organização Mundial da Saúde e, ao mesmo tempo inserir dentro de si a faixa etária de criança, conforme as definições constantes da Convenção dos Direitos da Criança e, da Lei de Promoção e Protecção dos Direitos da Criança (Lei 7/2008, de 9 de Julho), bem como a idade de casamento prevista na Lei da Família (Lei 10/2004, de 25 de Agosto).

9. **Participação no estudo**

A participação no estudo consistirá numa entrevista com uma duração de uma hora a uma hora e meia, na qual usar-se-á um guião de entrevista previamente elaborado, centrando-se na história de vida. A entrevista será gravada, usando um micro gravado, mediante a autorização da participante. A entrevista será feita em Português, Chuabo (língua falada na Zambézia) ou outra língua a pedido da participante. Finda a entrevista, será solicitada informação adicional, em tempo oportuno, caso se justifique.

10. **Riscos e benefícios**

O potencial risco em participar do estudo estará ligado ao facto de poder recordar-se de memórias passadas, algumas das quais com experiências negativas que possam trazer desconforto pessoal afectando o seu estado emocional. Caso isto aconteça, a entrevista será terminada, se assim desejar. Havendo necessidade de

aconselhamento este poderá ser feito, sem custos financeiros, através do CAI[19], SAAJ[20] e SERPIS[21].

A participação do estudo não dará benefícios directos mas sua contribuição irá ajudar para uma melhor compreensão das causas do casamento e maternidade precoces, assim como, contribuir no desenvolvimento de acções para sua prevenção e combate. Lembrar, ainda, que não será pago algum dinheiro ou compensação pela participação do estudo.

11. Confidencialidade

A sua informação não será partilhada com outras pessoas ou ser usada fora dos objectivos deste estudo. Os documentos e registos efectuados serão apenas usados como fontes de informação. Os nomes individuais e códigos constantes dos documentos não serão usados e expostos. Todas as cópias dos documentos, notas do pesquisador e gravações serão destruídos cinco anos após a conclusão do estudo, de acordo com as linhas de orientação da universidade, no tocante a pesquisa.

12. Voluntariedade

A participação do estudo é de livre e espontânea vontade da participante. Nos casos em que ela deseje retirar-se do estudo, poderá fazê-lo sem reservas, receio e penalização.

13. Contacto

Em caso de qualquer dúvida sobre o estudo ou necessidade de mais informação, pode contactar o pesquisador através do telemóvel número +258 824011950, Email: jnhampoca@yahoo.com.br ou então, ao Comité Nacional de Bioética para Saúde (Ministério da Saúde) pelos números 21430814 ou 824066350.

[19] Centro de Atendimento Integrado.
[20] Serviço de Atendimento a Jovens e Adolescentes.
[21] Serviço de Reabilitação Psicossocial.

14. **Declaração de Consentimento**

Lí (ou leram) e entendi o conteúdo referente ao estudo sobre *CASAMENTO E MATERNIDADE PRECOCES NA PROVÍNCIA DA ZAMBÉZIA, CENTRO DE MOÇAMBIQUE.* Consinto participar do Estudo, assim como a gravação da entrevista.

Participante

Nome

_____

Assinatura

_____ Data e hora_____

O Investigador

Nome

_____

Assinatura

_____ Data e hora _____

ANNEXURE L: GROUP DISCUSSION INTERVIEW GUIDELINES

Entry: Salutation and identification of the researcher

Brief of the objectives of the group discussion and ethical consideration

Explanation of how the discussion would be carried out, time, language, basic rules for everyone participation and warming the participants for accepting the interview.

Presentation of the members of the Child Protection Committee

What is the composition of the Child Protection Committee?

How the members of the Child Committee Protection were chosen?

What kind of activities are developed by the committee?

What do you do when you identify cases of early marriage and maternity?

Where do you report the cases?

Munacitanji pinangombo piya protecção ya criança? (What else do you do for child protection?) – The question was done in Sena (a local language in Morrumbala District) during interview.

Does the Committee do any activity in partnership with Schools, Health, Police, *World Vision* and *Save the Children*?

When you identify cases of domestic violence, rape, early marriage, where do you report?

Do you have anything else to say that we did not discuss?

ANNEXURE M: SAMPLE INTERVIEW

LIFE STORY INTERVIEW

Interviewer: We are going to start a conversation with an adolescent girl that had the first baby before the age of 18. We are in …[22] district in Zambézia Province. She is going to say her name, where she lives and what she does.

Interviewee: My name is …[23], I live in …[24] . I am not working but I am a vice chairperson in the *Project …*[25] run by *Save the children* in partnership with the Americans.

Interviewer: In this conversation I would like to know about your life story. We will start by your childhood, education, and the next step will be your dating, when you started and how did you think about it. This will be such as a tale. Each section is a chapter and you are the main actress. And then you will talk about the pregnancy, when you became a mother, good and bad things that happened in your life. Who helped you and those who were against you. Now we are going to start with your childhood. Where were you born, how many brothers have you got, and how was your childhood?

Interviewee: I was born in …[26] . At the time, when my father and my mother met they had the first child, my eldest brother. I am the second. We are five from the same mother, two girls and three boys. I had a wonderful childhood. I lived with my parents until 2009 when my mother passed away and we had to be created/ brought up by my father. By the time my father was as it is said in life little important person he could educate us. We were still very young, chiefly my youngest brother. When my mother died he was one year and two months old. Was still little baby. I had at the time 9 years. I think. And at the age of 9 I was, I think, I started going to school in 2005 when I was 5 years old. In 2009 I was doing grade 5 or 4, I think so.

[22] I remove the name of the district due to ethical issue.
[23] I remove the name of the adolescent.
[24] I removed the location where she lives.
[25] I removed the name of the project.
[26] I removed the name of the place of birth.

Interviewer: You said that you started going to school when...?

Interviewee: In 2005.

Interviewer: When were you born?

Interviewee: In 2000.

Interviewer: Which month?

Interviewee: 9th September 2000.

Interviewer: How was starting going to school?

Interviewee: I loved. It is what any kid would love, isn't? I liked going to school, I had dreams, expectation of employment. Going to school was something incredible, the wonderful thing I had all my life.

Interviewer: Did you start school at grade one or pre-school?

Interviewee: I started at grade one. I did pre-school at home with my parents. And then I went to school from grade one.

Interviewer: What's your father profession?

Interviewee: He is a trader.

Interviewer: How was your academic life?

Interviewee: Ah! Good. Let's say so. For me it was good. Isn't? I don't know.
Interviewer: And what did you like to do as a little girl?

Interviewee: When little girl it was so nice. Amazing. I still remember that once my brother and I were playing of burning things and certain day my grandmother's house which was quite near this main house caught fire. We got some slaps, and we ran away to the street. Instead of crying we started throwing sand to each other accusing one another for putting fire on the house. That's why it was amazing. It is unforgettable. My childhood was marvellous with my parents, brothers and sisters.

Interviewer: What about the relationship with your parents?

Interviewee: Perfect. I have no complain. I was never ill-treated by my father. He only used to be angry when I did something wrong. I have nothing to complain. It was very nice.

Interviewer: Did it change when you got pregnant? Now we are moving to another chapter of this tale. For you to be pregnant, it means that you had started dating, isn't?

Interviewee: I started falling in love in 2012 when I was 12 years. Seven months after my first menstruation. I was doing grade 8 at *…*[27] *Secondary School* in…[28] . I had some friends who were not of good behaviour, and fellowship. But I was at my adolescence, isn't? Want to try everything then I started dating someone. I fell in love in 2012, 2013, and then I went to…[29] with my uncle where I continued to study. I did grade 10 there in ... I returned back. It is when I met the father of my daughter. We fell in love and then I got pregnant. But I didn't know that I was pregnant. When I told him that I was pregnant it was the second month that I couldn't have my menstruation. Once I arrived at my boy friend's house I found him with another girl. It was painful for me. I returned back home. I was a child, I didn't know that I was pregnant. In that time I was doing grade 12, in 2015. My parents, as experienced on this issue, my father and my step mother asked me: "Are you okay?" I said, it is okay. But my grandmother as grandmother, she was suspecting something. My father travelled to …[30] to buy pregnancy test because here in … it's not easy to find it. My father demanded. They came and tested me. I was three months pregnant. They questioned me if I had told the father of my daughter that I was pregnant? That time I was afraid, angry, I don't know if it was because I wanted to revenge from him, then I said: "I told him and he said that he didn't want to know about me". I stayed on my own. Then he insisted when he knew that his girlfriend was pregnant and he asked me: "By the way the pregnant is mine?" I said no. Does not belong to you. A man is man, in the end he went away. I left alone. My parents asked me plenty of questions so that when the baby was born could know that has a father. His money didn't matter. Epah! I always invented some stories, my father is very calm. Finally he decided to leave like that. When it was the

[27] I removed the name of the school.
[28] I removed the name of the district.
[29] I removed the name of the district.
[30] I removed the name of the place.

day to give birth I went to hospital. At the beginning it was difficult for me to give birth. After giving birth, I think, I lost much blood that's why I fainted for one hour and half.

After that I recovered. When I gave birth, things were starting to worsen. My parents, my aunts, my uncles were worried because they were not sure if I would educate the baby alone. "You are still young. The father of the baby if we are not wrong is an adult. It is better to talk to him so that you know how he will react to this." I followed my parent's advice and phoned him. Since he is a teacher, isn't? I called him, I told him what happened and he said: "How many times did I ask you and you did not respond." I said, you asked me but if you were I, I think that you would have done the same thing with me. He understood. But he never came here to assume and say that the child belongs to him. So the fault is yours because you never came to me to say that the baby was mine. Therefore, my parents put in their mind that he does not exist. They gave me all the necessary aid, to create my daughter. I did not drop out of school. In 2015 when I got pregnant I was doing my last year. I finished grade 11 and last year, 2016, I finished grade 12, and in 2017 here I am preparing for the examination for IFAP for next year.

Interviewer: Why did you hide the owner of the pregnant?

Interviewee: [smile] I was angry and afraid because I do have a cousin who had the same situation like mine the only difference is that she was an adult. But for being adult she suffered a lot at the husband's home. Now she is back home with two children, and the husband does not give her any money for living. She used to be slapped all the time, had no time to rest. So when I found out my boyfriend with another girl I thought about what happened to my cousin and I was afraid of having the same kind of life. First, I was angry. I wanted to revenge. Second, I was afraid of staying at a man's house while pregnant, then to create a baby, wash clothes, cook for him. Do everything for him and in the end get some slaps! I become fearful. Two main reason: fear and revenge.

Interviewer: Why revenge?

Interviewee: Because he has never been honesty to me. He has never loved me and apart all this he betrayed me with another girl on the day I was going to tell him that I was pregnant. It was painful. And would be painful to any woman. I think.

Interviewer: He never loved you. How was your relationship? Was it a relationship with no love, feeling between you?

Interviewee: A relationship with desire from him. He liked me.

Interviewer: And you?

Interviewee: I loved him. Therefore, our relationship, we used to see one another only on Saturdays and Sundays because he was studying at an Institute. I spent the whole time studying and I had no time for him. Only on Saturdays and Sundays. Sometimes during weekdays when we had time. We used to see one another but never had a conversation, plan, enjoy as other couples. We never did that.

Interviewer: Is he a teacher here in …[31]?

Interviewee: No. He teaches in ...[32]

Interviewer: By the time you were falling in love and you got to know that he was falling in love to another girl, exactly on the day you were going to say that you were pregnant, was he living with someone?

Interviewee: No, he lived with his mother. His father passed away.

Interviewer: Did you think that he would not accept to live with you or assume as wife?

Interviewee: Yes. I had thought of that. When I met him, he said a lot of things. He only think about his life, his proud, money and enjoy. To accept living with me it would be like I am disturbing him, and his life. I didn't want that. He would insult me saying that I am the problem of his life. I didn't want that and would never accept.

Interviewer: During the conversation you said that you started your first menstruation when you were 12. Did you then go to the rites of initiation?

Interviewee: No. I went to rites of initiation this year. January [2017].

Interviewer: Did you like it?

Interviewee: Horrible.

[31] I removed the name of the place.
[32] I removed the name of the place.

Interviewer: Why?

Interviewee: Because I didn't want. I did not like it. If I could bring back the time, I would prefer one thousands of time not going there.

Interviewer: Were you forced to go to rites of initiation?

Interviewee: Yes.

Interviewer: Who forced you?

Interviewee: My family.

Interviewer: Before going to rites of initiation, did they told you where were you going?

Interviewee: They told me that I was going there just to listen what they would say and not to participate in the ceremony. I went to rites of initiation with my sister, and three cousins. We were five. My sister and I were not willing to go there. My cousin wanted to go because they often go with some friends. My sister and I were not willing to go there because we learnt the bible. Then, according to the bible it is forbidden to go to such a place, isn't? That was the reason why.

Interviewer: According to your experience how is the place?

Interviewee: Horrible. You are forced to stay only with under wear. Without bra, breast less. You see, bareness, with the breast out. Only with a piece of cloth.

Interviewer: Where was the place?

Interviewee: In a certain house. Then you are taken to the bush. Men cannot see want you are doing. You are forced to stay bareness and some people come and slap on you. If you are not obedient they put things in your underwear.

Interviewer: Is the ceremony violent?

Interviewee: It is not violent. You are not physically violated but emotionally. They do that.

Interviewer: How did you feel? You said that you went in January but you are still breastfeeding your baby. Who took care of her?

Interviewee: My baby did not go there. They only used to give me when she cried. I used to stay without the baby.

Interviewer: What were you told during the rites of initiation ceremony?

Interviewee: We have to respect our husbands, to know how to take care of them, not be greedy, participate in death ceremony, how to take care of the piece of clothes we use during menstruation, dressing, this kind of things which are said to be a woman.

Interviewer: What is it not to be greedy?

Interviewee: It is like you are a guest, and you do not cook anything. You ask, do you want anything to eat? You cannot ask like that. You just prepare the meal. He/she can say no after you have cooked.

Interviewer: What did they say else in the rites of initiation?

Interviewee: They said a lot of things. As I said at the beginning I did not put it in mind. My mind was not there. My sister and I were crying all the time. We did not put it in mind.

Interviewer: Do they talk about sexual and reproductive health? Sexual life?

Interviewee: Good, if they did so, I think that I did not understand. I didn't get it.

Interviewer: And about husband and children?

Interviewee: Hu, hu… no. They didn't say. Since you get the first menstruation at 12 years, that's all. That is the reason why the majority when is back home think about falling in love and marry.

Interviewer: Why?

Interviewee: Because they say that at the rites of initiation is where a woman/girl is trained for intercourse.

Interviewer: Do they give any instructions?

Interviewee: Give some.

Interviewer: Do you remember some instructions?

Interviewee: smile… I don't remember. I am sorry, my mind wasn't there. While they spoke, did some gestures, I was embracing my sister. We cried. We were stuck there.

Interviewer: For those who were not mothers. What happened to them differently?

Interviewee: They dance, touched their breast, put on a tree while dancing, embracing the tree, and going round the roots.

Interviewer: About sex did they do some demonstration?

Interviewee: No. Maybe when I went out for feeding my baby. But I think that they didn't.

Interviewer: During your childhood and when you had the first menstruation, did anyone talk about how to prevent a pregnancy?

Interviewee: They told me in 2013 when I participate on a training organized by AMODEFA in...[33] . They said that there were different contraconceptive methods to prevent pregnancy that we could use such as contraceptive pills, DIU [intrauterine devices], condom, implant, and Injection [contraceptive injection]. When I returned back home I used the pill but it caused me, as it happen to other women, stress, blister on my face, headache, even stomach-ache, backbone ache. I decided to stop because I thought that it wouldn't be good for me. But when I decided to stop it was the time, I think, that I got pregnant.

Interviewer: If you had to turn back the years what wouldn't you do?

Interviewee: Early pregnancy.

Interviewer: Why?

Interviewee: Good. I think that being pregnant, I could change the route of life. I would change a lot of things. I hate when people say that my father has got the reason, at school. I don't like to say that. But now I am sure that my father had reason when he used to say rushing in not well. We should obey. While alive there is a lot to learn. I wouldn't be pregnant earlier. I would finish my studies and this year, I would be, I do not know at any Institute, I don't know where. But with no baby, without carrying

[33] I removed the name of the place.

anyone. With no need to fight hard for life to sustain my daughter. It is a heavy cargo, mainly, when we don't have a husband with us to help. It's too heavy.

Interviewer: Considering the heavy cargo you referred, whom do you think that was helpful and deserve a word of thank.

Interviewee: My father. I say thank for my father for what he has done. He has never put me aside as what I've seeing in the neighbourhood. There are adults who has babies and are chased away from home just because of the pregnancy. My father did not do that. My father accepted me as I was, my father sustained my pregnancy, every morning he gave me 100.00 Meticais. He even asked me, "my daughter, what would you like to eat today? What is your wish?" When I gave birth [Sigh] it looked like [pause] even in the neighbourhood people used to say that his daughter is proud, her father gave her everything, nothing is lacking for her. She has bath and layette when she gave birth. She has everything. What that young girl doesn't have? We are married, employed, public officers but we do not have that. I say thanks to my father. If I had something in my life, I swear, I would give to my father as a way to say thank. He was the only one to help me.

Interviewer: What do other people used to say?

Interviewee: Good, my father, my mother [step mother], my grandmother, my aunts also helped me. My family, isn't? Although some were against me.

Interviewer: Whom do you think that in all this situation gave you back?

Interviewee: My uncle.

Interviewer: From the side of your mother or father?

Interviewee: By the side of my father. Gave me back. He advised my father to chase me away from home. He used to say a lot of things, saying that I was a vulnerable girl, I got pregnancy and I had no husband. He gave me back. At the beginning he gave me back but along the time, I don't know what made him change his mind. But he didn't change at all. I think he said to himself, this is my niece what can I do? That's why he acted on that way. He helped me. Bought a loaf of bread and juice for me. My uncle gave me back

Interviewer: What about the future?

Interviewee: Ah! This time, no mistakes, no complications. I want to get a job, have my own house, take care of my daughter, help my brothers and sisters going to school, and become someone in life. Help my sister so that she cannot follow the same way I took. Protect my father against everything, and become someone in life. Be successful, become a winner. This is what I want for the future.

Interviewer: What do you think that is in right the place so that you can meet your dreams?

Interviewee: To work in the project "…[34]" I think that is my first step. Help other women not to be worthless, help women, girls of my age in order not to have babies earlier but going to school, meet their dreams, but if they want they can have babies only when adults and not still young, this is my advice.

Interviewer: The project you are working at, what is the targeted group and what are you doing now?

Interviewee: We have talks. Perform some scene, isn't? We talk about different issues. Per year we organize training, *workshop.* Last month I participated in one in … which last three days.

Interviewer: Who organized the training?

Interviewee: The coordenator, …[35] from "..." Is the provincial coordenator in ...

Interviewer: What is the name of the organization?

Interviewee: "...". When we returned back from the training we had some talks. We talked about self-esteem, Malaria, Sexual transmission disease, male and female puberty stage, pregnancy, menstruation, abstinence, gender, gender equality and other issues. Family planning, the age that a girl is supposed to start intercourse, the age that has the first menstruation. We talked about many things.

[34] I removed the name of the project.
[35] I removed the name of the coordinator.

Interviewer: What are the changes for being part of the project you mentioned and the training that you benefited?

Interviewee: I have changed my way of thinking, acting and my behaviour. I was an aggressive person. I didn't like to listen to someone advice, I didn't want anyone to talk to me. I was so lonely.

Interviewer: The aggressive behaviour you have said was not because of the child you had whose father was not living with you?

Interviewee: No. When I joined this project was before, I wasn't pregnant. When I came back from … on a training, I joined this project.

Interviewer: When?

Interviewee: I joined the project through the invitation from a friend. He advised me to join because of my behaviour, being aggressive. He said: …[36], in our project we talk about aggressive behaviour, aggression. And we discuss a lot about. If you joined this project you would change. Epah! I almost insulted him. He convinced me to join. The day I joined the project, there was a nice coincidence. It seemed as he had told those one so that on that day they discussed about aggressive behaviour. That was the issue, listened carefully and finally they gave me a handbook to read. Epah! I understood that things could not be the other way. So I had to change. I changed. I was also influenced by my father and step mother's advice. My step mother the one I call mother. Isn't?. They also changed me, they were part of my change.

Interviewer: We are almost by the end of our conversation. Just one more question. Not necessarily an insistence. Does your baby has a birth certificate?

Interviewee: Yes, she has. Registered with my name and my father's name. I mean my grandfather's name. I am … and she is...

Interviewer: The father of the baby? I don't want to cause emotions but the father you know, didn't want to register the baby or it was your decision?

Interviewee: It was my decision.

[36] I removed the name of the interviewee.

Interviewer: Aren't you sorry about that?

Interviewee: No. No regret.

Interviewer: What was the message you wanted to pass when you decided to register the baby the way you did?

Interviewee: Because when I told him that the baby belonged to him, he did not respond me. And I said: "can I register the baby?" He said: "it is up to you". Good, if it is up to me, why not register my baby? Here I am. My daughter is registered. The message is: "if it is up to me, then, her life, I will be the one who will care about. If I am not going to take care of her, I will be the one to educate her so that one day you could not say, when you decide to come to me or when she is grown up that I am the one who did the birth registration, your mother is the one who did this and that. I preferred to say no while the baby has my registration, it is not forbidden, and she is your daughter. If you want to give money she is there. If you wish to change the birth registration, the first thing you will have to do is to talk to my father, only if he accept because my father would not accept without my consent to change the birth registration of my daughter. But if things does not go this way, I prefer to keep the birth registration I have given to her.

Interviewer: Is you wish to live with him in the future? If he changes his mind and decide to merry you?

Interviewee: It's my dream.

Interviewer: To be with him?

Interviewee: Yes.

Interviewer: And have you gone after your dream?

Interviewee: [smile] I have tried. But I don't know if I will succeed. I am still trying.

Interviewer: Isn't he with another girl?

Interviewee: He is not married but I am sure that he is falling in love to someone. He told me. Good, yesterday I talked to him. He phoned me, we chatted and said that he is coming on Friday. This week after tomorrow.

Interviewer: Excuse-me, may I ask you a question? How old is he?

Interviewee: I think he is 23 or 24 years old. Or 22 to 23.

Interviewer: We are coming to the end of our conversation. What is the message for adolescent girls like you?

Interviewee: I do not advise them to be pregnant earlier. Better go to school and keep their self-esteem. If they wish to have sex, they have to use contraceptives: pills, DIU, implant and condom. First, before having children better wait until 18 years and over that. When they are employed, I mean when they are independent. Not dependent, independent.

Interviewer: Something else to say that I did not ask?

Interviewee: No.

Interviewer: Thank you for accepting to talk to someone strange [smile] about your life. I want to make sure that your life story will only be used for academic purpose - the research, I am doing. Thank you.

ANNEXURE N: LANGUAGE EDITING CERTIFICATE AND TURNITIN REPORT

Between the lines editing

Leatitia Romero
Professional Copyeditor, Translator and Proofreader
(BA HONS)

Cell: 083 236 4536
leatitiaromero@gmail.com
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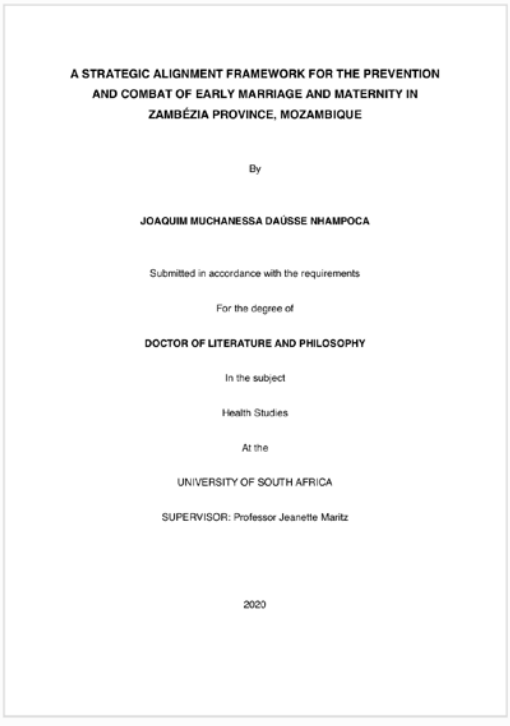

A STRATEGIC ALIGNMENT FRAMEWORK FOR THE PREVENTION AND COMBAT OF EARLY MARRIAGE AND MATERNITY IN ZAMBÉZIA PROVINCE, MOZAMBIQUE

By

JOAQUIM MUCHANESSA DAÚSSE NHAMPOCA

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