EDITORIAL
This exciting edition of OPENPlan brings you recent, high-quality research studies from offices across Plan International, all of which contribute to the evidence base under the area of Sexual and Reproductive Health and Rights (SRHR).

The first article highlights findings from a qualitative study commissioned by Plan International Guinea-Bissau to inform the design of evidence-based programmes and influencing for ending child marriage. It explores perceptions on the causes and consequences of child marriage in Guinea-Bissau, particularly highlighting those of adolescent girls who are so often overlooked.

The second article summarises a report by Plan International Sweden drawing on recent literature on pregnancy among very young adolescents between the ages of 10-14 - a topic on which there is limited reliable evidence. This report identifies recommendations and potential ways forward to prevent and diminish the consequences of adolescent pregnancy.

The third article is on a research study on adolescent pregnancy and early marriage in Timor-Leste. This research sheds light on girls’ lived realities and uncovers the root causes leading to teenage pregnancy and early marriage in three municipalities of Timor-Leste, while offering solutions for prevention.

The fourth article highlights some of the preliminary findings of an exciting, multi-country research study on child, early and forced marriages and unions across Latin America and the Caribbean, commissioned by Plan International ROA. It brings to light the issue of informal unions, which is largely invisible in data. The full report is due to be launched in November.

We hope that you enjoy this edition of OPENPlan!

Amy Ashlee – Junior Researcher, Plan International Global Hub

BUILDING EVIDENCE-BASED INTERVENTIONS FOR ADDRESSING CHILD MARRIAGE IN GUINEA-BISSAU

Full research report written by HERA, and commissioned by Plan International Guinea-Bissau

INTRODUCTION
Child marriage is a common practice in Guinea-Bissau. Amongst the 25 countries with the highest prevalence of child marriage in the world, it is estimated that 37% of women across the country get married under the age of 18. Whilst ratifying many global and regional conventions which prohibit child marriage – including the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Maputo Protocol – Guinea-Bissau has not yet harmonised its national legislative framework with their requirements.
Plan International Guinea-Bissau found that there is a lack of evidence on perceptions and motives for child marriage across communities. There is also little information on the current strategies that government(s), civil society and international stakeholders adopt to address child marriage in Guinea-Bissau.

Responding to this, Plan International Guinea-Bissau commissioned this research to build the evidence base on child marriage in Guinea-Bissau as part of the 18+ programme – a global Plan International initiative aimed at reducing child marriage through multi-sectoral, joined-up and evidence-based approaches. By undertaking this research, Plan International Guinea-Bissau have formally engaged in 18+, and will begin to develop a programmatic response as part of their new five-year Country Strategy.

RESEARCH PURPOSE AND OBJECTIVES

To support Plan International Guinea-Bissau in designing evidence-based programmes and influencing for ending child marriage in Guinea-Bissau, this qualitative research study was commissioned to explore the perceptions of different stakeholders about the causes and consequences of child marriage, and the efficacy in programming to address these factors.

The study has the following specific objectives, as outlined in the original Terms of Reference:

1. **COLLECT HIGH QUALITY QUALITATIVE DATA TO COMPLEMENT EXISTING QUANTITATIVE EVIDENCE FROM SECONDARY DATA.**

2. **ASSESS THE NEEDS AND PRIORITIES OF THE TARGET POPULATION, PARTICULARLY GIRLS WHO ARE VULNERABLE TO CHILD MARRIAGE AND WHOSE NEEDS MAY NOT OTHERWISE BE CAPTURED BY SECONDARY DATA.**

3. **IDENTIFY OPPORTUNITIES AVAILABLE IN THE COMMUNITIES AND FOR ADVOCACY AND PARTNERSHIPS AT NATIONAL LEVEL.**

4. **IDENTIFY PROMISING PRACTICES TO WORK ON CHILD MARRIAGE IN GUINEA-BISSAU.**

RESEARCH APPROACH

This research adopted several strategies throughout the research process:

- **A participatory approach** combining local, national and international expertise and prioritising the voices of married and unmarried adolescent girls.

- **A triangulated research design** allowing Plan International to have a nuanced and in-depth understanding of the story behind the national-level prevalence figures.

- Use of **gender and other axes of social difference** as central to the conceptualisation and design of the research, during data collection and throughout analysis.

- **A multi-disciplinary approach**, including drawing on ethnic, developmental and gender studies

- Use of Plan International’s 18+ global Theory of Change as a framework for the research design, implementation and analysis.

RESEARCH METHODOLOGY AND ETHICS

This study used qualitative methods. A desk-based literature review was undertaken to complement 22 key informant interviews with national level stakeholders and 34 focus group discussions with participatory activities in three regions of Guinea Bissau – Gabu, Bafatá and Cacheu. Primary data was collected in eight communities, a mixture of peri-urban and rural communities across different ethnic groups, between April to May 2018. The communities were selected through a case sampling approach combined with random and convenience sampling.

This study adhered to high ethical standards. For participants under the age of 18, consent was sought from members of the community, teachers and, when possible, parents. Ethical clearance was obtained from the Ministry for Women, Family and Social Solidarity prior to data collection taking place.
Those where child marriage is a social norm and practiced by the majority of the population;

Those where child marriage exists as a social practice with relatively small proportions of girls concerned; and

Those with mixed patterns where pockets of the population still perceive it as a social norm whereas in other groups, it merely occurs as a social practice.

Distinguishing between these three types of communities is important during the design of programme models, including when identifying which communities to prioritise.

The influence of social norms on girls’ perceptions of child marriage

This report concludes that the perception of both married and unmarried girls of child marriage is influenced by the social norms that surround them. From their discussions with research participants, the researchers found that in communities where child marriage is a social norm, girls perceive and experience the practice as a normal part of life. Married girls experience their new status as wives and mothers positively and married girls eagerly anticipate their marriage, particularly when girls in their peer groups have already been married. However, this is in contrast to communities where child marriage is a social practice, but not accepted as a social norm, where girls perceive and experience child marriage negatively. Young female respondents cited, for example, the loss of freedom and burden of household chores.

Use of contraception as a protection against child marriage

This study highlights an interesting trend of the use of long-term contraceptives (e.g. implants and injections) as a way of avoiding unwanted pregnancies and – at least for a certain time - postponing marriage. The findings suggest that mothers, and to some extent girls, are the main driving force behind this trend. Whilst the study did not investigate the extent of contraceptive use among unmarried adolescents, it suggested that, amongst participants, contraceptives have started being accepted and used as a means of delaying marriage.

...When a girl gets pregnant out of wedlock, we will be held responsible, but now we are smart, and we protect our daughters through the use of contraceptives.”

- MOTHERS, GABU REGION.

While fear of pregnancy outside of marriage is a driver of child marriage, evidence from the study suggests that adolescent sexuality is not necessarily a driver when there are practical ways to prevent pregnancy. Access to contraception and comprehensive sexual and reproductive health and rights (SRHR) services and information provides a key opportunity and entry-point for child marriage interventions in Guinea-Bissau.
Puberty and perceived marriage readiness

Evidence from the study suggests a link between between adolescent girls’ changing physical appearance during puberty and communities’ perceptions that girls are ready to be married. The researchers suggest that girls whose bodies develop and change earlier during puberty are more at risk of early marriage compared to those who experience a late onset of puberty. This is an important consideration for programmes aiming to protect girls from marriage.

School attendance and its influence on child marriage

This study also found that, amongst research respondents, perceptions of child marriage also varied according to school attendance: girls in school tended to reject the practice, whereas girls with little or no access to school were mostly in its favour. Additionally, the study highlights a relationship between school attendance and performance and child marriage. Generally, whilst a girl is in school and obtaining good results, parents will not seek to arrange a marriage. However, when a girl is failing or drops out of school, parents would prefer to see her married.

Key decision-makers in child marriages

The report found that generally, in communities with predominantly Muslim populations, fathers, as the main decision-makers in a marriage, and male community leaders, as key influencers at community level, were mostly in favour of child marriage. Strongly adhering to conservative values, these men seek to safeguard their family’s reputation which is put at risk by pregnancy among unmarried adolescent girls, starting from early ages. Mothers, as the perceived ‘custodians’ of girls’ sexual behaviour, often expressed support of child marriage to avoid bearing the responsibility and shame for pregnancies out of wedlock.

PATHWAY 2: Policy Frameworks and Budgets

Ambiguity of national legislation with regards to minimum age of marriage

The current state of national legislation in Guinea-Bissau is contradictory, ambiguous and not always aligned to the international conventions and treaties signed and ratified by the government. There is no common understanding on the minimum legal age for marriage, even between government ministries. A recent law on reproductive health and family planning sets the minimum legal age for marriage at 18 years. In the civil code, however, the legal age of marriage for boys and girls is 16 years.

This ambiguity acts as a barrier for effective work against child marriage, including by causing confusion amongst activists on the minimum legal age for marriage, and uncertainty on whether civil society organisations are legally backed by the government for their work.

“In Guinea-Bissau, the law says that marriage is allowed for people aged 18 and older. But this law does not apply in practice. If it was applied, it would be of benefit all children in the country.”

- COMMUNITY LEADER, CACHEU REGION

The data collected for this study indicates that communities had varying degrees of knowledge and awareness on the legal age of marriage. The report states that, generally, if communities are aware that marriage under the age of 18 is prohibited, they do not feel concerned by the implications of the law either because they lack awareness about its existence or because they have never heard of a litigation case.

Strategies implemented by civil society or the government on child marriage

The researchers found that most of the strategies implemented in communities aim to promote and protect children’s rights and increase awareness of a minimum legal age for marriage. Support for married girls is limited and mainly provided on an ad-hoc basis when girls run away and seek shelter.

Activities implemented by CSOs and NGOs were found to be fragmented, cover a limited number of regions and receive minimal guidance and coordination from the government. The lack of a national policy and/ or strategy and resources to prevent child marriage child marriage as well as the limited leadership at government level, hinders efficient coordination among NGOs and CSOs.

PATHWAY 3: Social and Economic Resources and Safety Nets

Girls’ preventative strategies

This study highlights three strategies that girls might use to discourage parents from initiating their marriage. They: concentrate on their education; show obedient and respectful behaviour towards their parents; and use contraceptives to prevent pregnancies or do not engage in sexual activity.

If a parent decides to arrange a marriage, in most cases girls abide by their parents’ decision. According to respondents, only a minority of girls refuse to get married and either run away or mobilise influential allies within their family to change their parents’ opinion.

A notable conclusion drawn in this report is that girls in Guinea-Bissau are becoming increasingly resistant to early marriage, which is attributed partly to awareness-raising activities. However, the researchers note that refusing marriage is in most cases sanctioned by the family by the withdrawal of livelihood support to the girl.

Motivations for child marriage

Evidence from the study suggests that child marriages are rarely motivated financially. At the centre of parents’ motives is the desire to preserve their respected status, conform to traditional values and, for the family of the bride, avoid the shame of having a pregnant daughter out-of-wedlock. For girls, the main motive is to follow the example set by other girls in their peer group. The most important benefits for the groom and bride are to have a respected status as a married couple, to have children, and to strengthen strategic ties between families, either directly (through the dowry) or indirectly (future opportunities).
RECOMMENDATIONS

Community-level initiatives

- Focus on mixed and social norm communities with high incidences of child marriages.
- In light of peer group and social norm pressure, Plan International Guinea-Bissau should conduct a long-term preventive programme approach that targets entire peer groups – girls in and out of school – belonging to the age cohort from 10-15 years, and their parents.
- Implement joint activities that target boys and young men aged 20 – 30 years. This group represents the husbands and husbands-to-be of the girls and it is important that they are empowered to make stronger use of their agency to steer change.

Key intervention areas

The approach taken by community-level initiatives can be organised by key intervention areas.

Inclusive safe, quality education

- Strengthen the enrolment and retention of girls in schools through interventions targeting girls, teachers, parents and community leaders.

Child and youth leadership

- Strengthen girls’, boys’ and young people’s agency through activities such as participatory workshops on public speaking, development and moderation of radio shows, and problem and conflict resolution.
- Identify and train ‘champions of change’ to support young men to become active agents of change in ending child marriage and in promoting gender equality.

Sexual and Reproductive Health and Rights

- Support community dialogue through the intergenerational dialogue approach with girls and parents on child marriage, gender norms and sexuality.
- Increase access to child- and youth-friendly sexual and reproductive health services, including awareness raising through radio talks and mobile cinema.

Community dialogue

- Facilitate participatory discussions with men and boys (20-30 years) on the risks and consequences of child marriage, on unwanted pregnancies and their impact on girls’ life.
- Support the development and emission of series of broadcasts on rural radio, created and moderated by the girls and the trained ‘Champions of Change’ and with contributions from technical health experts, educationalists as well as local celebrities and local leaders.

Influencing and Partnerships

- Plan International Guinea-Bissau should support relevant government partners in harmonising the legal framework with a minimum legal age at 18 years.
- Considering the absence of a national strategy, Plan International should provide technical and financial support for strengthening existing policy frameworks and programming guidelines.
- Support a coordination mechanism at the governmental level, in order to increase knowledge sharing, alignment of messages and high-quality programmes for decreasing child marriage. This coordination body should also facilitate development of strategic long-term partnerships, which will be essential for Plan International in expanding their scale and impact of their work.

Research and evidence

- A systematic review of good programming practices to decrease child marriage in Guinea-Bissau.
- Adolescent sexuality practices and the use of contraceptives, including their effect on reducing incidences of child marriage.

The report can also be accessed on Planet, here.

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PREGNANCY AMONG VERY YOUNG ADOLESCENTS:
OVERVIEW OF THE EVIDENCE AND THE WAY FORWARD

By Plan International Sweden and the Karolinska Institute

OVERVIEW AND PURPOSE

Preventing adolescent pregnancies is crucial to reach the Sustainable Development Goals by 2030 and ensure the health, well-being and future possibilities of girls and women. Today, 90% of adolescent pregnancies occur in low- and middle-income countries (LMIC). However, when evaluating the prevalence and consequences of adolescent pregnancies, girls under the age of 15 are often ‘invisible’ in national and global statistics on sexual and reproductive health (SRHR). Similarly, pregnant girls and young mothers below 15 years are often excluded from, or beyond the reach of, many development interventions.

The aim of this report is to map the current evidence and to identify recommendations and ways forward to prevent adolescent pregnancy and diminish its negative consequences. This report builds on the results of a literature review commissioned by Plan International Sweden in 2015 and is complemented with further recent peer-reviewed articles and reports. While adolescents cover the age group of 10-19 years, the intention of this report was to specifically highlight the age group of 15 years and below.

Since this report was done, Plan International’s Research and Evaluation Agenda has been developed, highlighting the need to learn more about SRHR for very young adolescents.
Causes

According to the report, some of the main causes of the high rate of adolescent pregnancies include:

1. **Limited Access to Youth Friendly Health Services**
   Reasons may vary as to why there is limited access to and poor quality of health services for young adolescents, including for example lack of awareness of available services, and lack of trust in health-care services, stemming from their fear of disclosure and breaches of confidentiality. Another issue which prevents access to services is that in some circumstances, parental or spousal consent is required for girls and women to access certain services and/or contraceptives.

2. **Unmet Need for Contraception**
   Unmet need for contraception refers to someone who is sexually active but not using a contraceptive method to avoid pregnancy. The reasons for this, as found in the reviewed literature, range from lack of trust in service providers to lack of information surrounding access and use of contraception. Being unmarried, worries about side effects and other health concerns can also play a huge role.

3. **Acceptance of Child Marriages**
   Child marriage is a major contributing factor for early sexual activity and adolescent pregnancies, and more than 50 countries allow girls under 15 to marry with parental consent. The most common reasons found for child marriage are to maintain family ties or to alleviate poverty. Furthermore, girls are often forced to marry because of, or to avoid the risk of, unintended pregnancy and the social stigma associated with pregnancy out of wedlock in many contexts.

4. **Widespread Poverty, Lack of Information and Gender-Based Violence**
   Various studies have shown that adolescent pregnancy is often linked to poverty and low levels of education, as well as the lack of information and poor reproductive health knowledge. Furthermore, transactional sex and intimate partner violence are common causes of adolescent pregnancy and sexually transmitted infections (STIs).

5. **Weak Policy Implementation and Destructive Social and Gender Inequitable Norms**
   Harmful social norms and the lack of, or non-implementation of, policies to prevent adolescent pregnancies are contributing factors. This includes policies restricting access to contraceptives, and the lack of investments on the health system.

Methodology for the Literature Review

The literature review forming the basis for this report was conducted by the Karolinska Institute, a medical university in Sweden. The inclusion criteria for the literature review were articles written in English and published between January 2000 and December 2015, selected from searches in seven relevant databases (Medline, Popline, Cochrane Library, Cinahl, Global Health, Embase and Web of Science). Grey literature obtained from online searches and from Plan International from the same time span and focusing on LMIC were also included. More than 8000 articles were found related to adolescent pregnancy and 32 peer-reviewed articles and 6 reports were selected for the literature review. Since then, the report has been complemented with more literature and research on the topic. It is, however, important to note that the report is not all-encompassing and that it does not include the most recent research.

Findings

Prevalence

Overall, the report shows that there is a lack of reliable data on girls who give birth under the age of 15. This is because many surveys cover 'women of reproductive age', which includes girls aged 15 and older. Where data is available, it must be noted that the differences in prevalence across and within countries are huge because adolescent pregnancy is the result of interconnected socio-economic and cultural factors.

**According to UN statistics, an estimated 7 million adolescent girls living in LMIC give birth each year. Of this, it is estimated that around 2 million are below the age of 15. However, these estimates are vague, particularly due to the lack of reliable data on adolescent pregnancies for girls under 15. A recent study looking at young adolescent pregnancy found particularly high rates for girls under 16 in Sub-Saharan Africa: in Chad, Guinea, Mali, Mozambique, Niger and Sierra Leone. In these countries, more than 10% of girls below 16 are estimated to become mothers.**
CONSEQUENCES

PREGNANCY AND CHILDBIRTH IN ADOLESCENCE DOES NOT ONLY BRING A DIRECT THREAT TO GIRLS’ SURVIVAL, BUT MAY ALSO BRING AVERSE LONG-TERM HEALTH, SOCIAL AND ECONOMIC CONSEQUENCES TO GIRLS, THEIR FAMILIES AND SOCIETIES.

Despite the lack of reliable data on adolescent pregnancies, UNFPA has estimated that the risk of maternal death for girls under the age of 15 is double that of older girls and women in LMIC.

The most common causes of maternal death among adolescent girls are complications or insufficient health care during pregnancy and/or childbirth. Young adolescent girls’ bodies are not fully developed, and girls are often not properly informed about the health risks resulting from pregnancy at this age. Young adolescents are also at higher risk of obstetric fistula, which can in turn lead to psychological problems and social exclusion.

Young adolescents often lack access to safe abortion and post-abortion care, as well as information about the risks of unsafe abortion. Where abortion is restricted, adolescent girls turn to unsafe methods and are at greater risk of serious health complications.

Social stigma, from both the wider community (health-care providers included) and close family, is often associated with adolescent pregnancies. It represents one of the reasons adolescent and young unmarried women avoid or delay seeking care, putting themselves at higher risk of complications. Social stigma and unintended pregnancy are also causes of poor psychological health. Pregnancy-related suicide cannot be underestimated, particularly for girls under the age of 15.

From an economic point of view, pregnant adolescent girls are more likely to drop out of school, drastically decreasing their chances of finding paid employment. Studies suggest that adolescent pregnancies can lead to intergenerational transmission of poverty.

Furthermore, evidence shows that the younger the mother is, the greater risk there is to the survival of their babies. Several studies suggest that adolescent girls below the age of 15 are more likely to give birth preterm and have babies with low birth weight compared to older girls and women.

WAYS FORWARD AND RECOMMENDATIONS

As the risks and consequences of adolescent pregnancies are strictly connected, holistic approaches should be considered as the way forward. The available evidence indicates that many of the actions taken by governments, local civil society and international organisations that have been most effective in preventing pregnancy were not originally designed for that purpose. It is also important to highlight that empowering girls alone is not enough if not followed up by a supportive social environment.

According to the literature, there are three areas to be considered to reduce adolescent pregnancies:

Expand the provision of quality and comprehensive sexuality education

Comprehensive sexuality education (CSE) is key to improve adolescents’ sexual and reproductive health, and therefore to decrease the number of unintended pregnancies. CSE proves to have better results when it gives correct information and empowers girls by focusing on issues such as gender equality and harmful social norms.

Reaching girls even if they have dropped out of school is essential. Social media has proved to be an effective way to solve this issue, especially because of the opportunity to remain anonymous.

It is increasingly recognised that the age group under 15 needs to be targeted specifically and that programs and approaches need to be tailored to meet this younger age group.

Increase access to contraceptives and youth friendly health services

As stated earlier, the availability and accessibility of health services are critical in combatting adolescent pregnancies. While focus should be on prevention, services should be provided before, during and after pregnancy, and they should be tailored according to the age group. Availability, accessibility and information about different contraceptives should be scaled up.

Health service providers should also be fully trained and sensitised to the needs of adolescents to avoid judgement in order to make it easier for them to seek advice without the fear of being stigmatised or punished because they are sexually active.

Services should also be more inclusive towards boys and men, as they also have an important role in reducing unintended pregnancies and in building safe and healthy relationships.
Tailor holistic and inclusive interventions to challenge destructive social and gender norms

It is clear that adolescent pregnancies are caused by many inter-connected factors such as destructive norms, gender inequality and poor policies, amongst others. Traditional interventions that focus on pregnancy prevention and individual behaviour change are claimed as not relevant to girls, as they do seldom have the power and autonomy to make decisions. Interventions should address a range of drivers of adolescent pregnancy – including, but not limited to, poverty, stigma, gender inequality, lack of access to services as well as the interplay between these drivers and the role of different stakeholders.

A gender-transformative approach is the key to success, and includes involvement of peers, parents, teachers, religious leaders, health services providers and governments etc. Particular attention must be given to excluded groups, such as adolescent girls with disabilities, who may have less access to SRHR information and services and can be at greater risk for sexual violence.

Create supportive and gender equitable policy environment

Even though adolescents’ reproductive health is recognised, for example, in the Sustainable Development Goals, there are challenges on a political level. Yet, there is a lack of investments and political will. Approaches to prevent adolescent girls’ pregnancies need to be directed to different actors, such as government institutions and health services providers.

Knowledge Gaps and Challenges

While research and programmatic experiences of the last 20 years have improved the knowledge and understanding of adolescent SRHR programmes, there are gaps in the knowledge and evidence base on effective adolescent health programming. To inform evidence-based programmes, further research is particularly needed on:

- How to best reach young adolescents under the age of 15 through SRHR interventions
- The health impacts of adolescent pregnancy, including: age differentials in maternal mortality and its causes; disability associated with pregnancy and childbearing; and, psycho-social and suicidal behaviour.
- Inclusive and non-discriminatory approaches to preventing adolescent pregnancy that considers increased risks of certain groups, such as LGBTIQ+ adolescents and adolescents with disabilities.
- How adolescent pregnancy and parenthood affects boys in LMIC.

Conclusions

This report highlights that more research is needed to understand pregnancy amongst very young adolescents. Evidence suggests that under-investments in girls and gender inequality, poor health services and poverty are among the causes of adolescents’ pregnancies. To tackle this issue, holistic approaches are needed. Multiple actors need to be involved, including men and boys, and health services and information about sexual and reproductive rights need to be accessible and acceptable. Education should be accessible for girls, regardless of pregnancy or motherhood, in order to provide them with equal chances to shape their own lives.
Global Research and Evaluation Priorities under SRHR

Created to support quality and evidence-based programmes and influencing aligned to the Global Strategy, Plan International’s first Global Research & Evaluation Agenda outlines priority themes which should help offices in choosing relevant and appropriate topics for research and evaluation (R&E) studies. The below is a summary of the R&E priorities under SRHR which were developed in consultation with subject matter experts and were shaped by an Annotated Bibliography on SRHR.

1. Understanding and Addressing the SRHR Needs and Priorities of Young Adolescents, aged 10-14. This includes: the availability and sources of SRHR information for young adolescents; effective approaches for reaching young adolescents with information, support and services; innovative approaches for the meaningful participation of young adolescents in SRHR programmes; and the transition from childhood into early adolescence, and decision-making pathways related to sexual activity and marriage.

2. Accessibility to Quality and Inclusive SRH Services for Children, Adolescents and Youth. This theme seeks to identify promising practices in youth-friendly sexual and reproductive health (SRH) services. Studies should explore successful approaches for improving access to and uptake of contraception for adolescents, including in emergencies, and investigate adolescents’ experiences while engaging with SRH services. Studies should also investigate effective approaches in delivering inclusive SRH services – including for children, adolescents and youth living with disabilities, diverse sexual orientations and gender identities, and other excluded groups.

3. Approaches to Support Married Adolescents, Pregnant Girls and Young Mothers. This theme explores the experiences and needs of married and pregnant adolescents and adolescent mothers regarding access to SRH services. Studies should focus on: effective programming for supporting pregnant adolescents and adolescent mothers, including how they would like to be engaged; ways of effectively engaging boys and men as participants in pregnancies and parenthood; and testing innovative ways of working with young mothers to space second pregnancies. Studies should consider differences between intended and unintended pregnancies to explore the societal and family pressures behind early marriage and pregnancy.

4. The Relationship between Policy, Norms and Practice on Child, Early and Forced Marriage (CEFM). Whilst important progress has been made in understanding what it takes to address CEFM, there remains a gap between policy and practice. This theme seeks to explore whether policy changes at national-level are conducive to changes in social norms that drive CEFM in communities with high CEFM prevalence. It also seeks to investigate the enablers and barriers to translating changes in law from symbolic milestone to prompting changes in norms and practices around CEFM. It could also explore how policy is reflected in norms at the individual, family, community and society levels.
Teenage pregnancy is defined as having a child within the adolescent years, aged 10-19. It is a global public health issue of significance, and is associated with increased health risks for both the mother and the baby. According to World Health Organisation in 2014, complications linked to pregnancy and childbirth comprise the second cause of death for 15-19 year old girls globally.


Purpose and Objectives
This study was undertaken at the request of the Female Parliamentarians of Timor-Leste Group who, at the 2016 National Conference on Sexual and Reproductive Health and Rights, asked for more research to investigate experiences that lead to teenage pregnancies, as well as decision-making pathways for adolescent girls.

The objective of this research was: to investigate the root causes of pregnancies in adolescent marriages, as well as to collect information on possible ways to prevent them.
Research Methodology

This research was qualitative and primarily used open-ended interview techniques to explore the causes of teenage pregnancy and early marriage. It was conducted through:

- In-depth interviews with 24 young women who had fallen pregnant before they turned 20 years of age
- In-depth interviews with 14 secondary respondents, including husbands, parents, health staff and civil society organisation representatives
- Focus Group Discussions with 19 young women and young men, identified based on their participation in community activities and their status as future leaders in the community
- Focus Group Discussions with representatives from the Government, the Church and civil society

The design used a purposive sampling approach to identify participants with varied profiles, including from different cultural groups, geographic location and sources/level of income. Data collection was conducted in the municipalities of Aileu, Covalima and Dili.

Ethics for Sensitive Research

The research team put in place a rigorous ethical framework. Because teenage pregnancy a particularly sensitive topic, the research team only interviewed young female respondents aged 17 years or older – the age of majority in Timor-Leste – asking them to reflect on their experiences during their pregnancies.

To mitigate the risk of possible re-traumatization, the research took a deliberately open ‘story-telling’ approach, asking the young women to tell their stories in their own words, thereby allowing them to choose what they felt comfortable in sharing rather than being led by the researcher.

Finally, all young female respondents were provided with the contact details for local service providers (including those who dealt with cases of abuse) leaving young women respondents with the choice of reaching out to them, should they wish to do so.

Key Findings

The report finds that teenage pregnancies and early marriage have consequences for many aspects of young people’s lives—their health, education, employment opportunities and general well-being.

Social Context

This research focused on the links between early marriage and teenage pregnancy in Timorese communities: whether teenage girls become pregnant and then go on to marry, or whether they marry and then become pregnant. The experience of the majority of young mothers who participated in this research followed the first scenario: they first became pregnant and then proceeded to get married. For those who were married before they became pregnant, their marriages were either arranged by their parents or they were pressured to get married by their parents because they had a boyfriend.

“You know, we are in the mountains, away from the city, so if our parents make this decision then the man has the power and the right to do whatever he wants”

Female Respondent, Covalima Municipality

Experiences of Teenage Mothers

The research team explored the experiences of teenage mothers during three main stages:

1. Options and Decision-Making Leading to Unprotected Sexual Activity;
2. Options and Decision-Making During Pregnancy; and
In summary, the causes of marriage were found to be (in order of importance):

- Pregnancy
- Arranged marriages
- Marriages pushed by parents because young people were in a relationship
- Because young women saw marriage as a way to escape the dire situation in their homes.

Findings suggest that whilst marriage can be perceived as a way to ‘fix’ the problem of pregnancy out-of-wedlock, early marriage is not necessarily viewed by communities as a positive social norm. Many respondents expressed regret that it was so prevalent in their communities and recognised the negative consequences associated with it.

Many issues that young respondents raised revolved around the difficulties in navigating sexual decision-making in their communities. The researchers conclude that environments in many communities prevent young people from speaking openly about sex or relationships. Young people have to keep their romantic relationships secret and do not get sufficient sexual education nor have access to health services that could provide them with information on and access to contraceptive methods.

**Access to sexual and reproductive health education**

Evidence from this study suggests that both young women and men know very little about their own bodies and lack sufficient information about sex, the reproductive system and STIs, hindering them from making informed choices. Young people and parents alike seemed to be unaware of the health risks associated with teenage pregnancies.

Because access to sexual education is very limited for young people in Timor-Leste, and contraception largely out of unmarried young people’s reach, the research reveals that young women do not know how -or aren’t able - to prevent pregnancy.

**Access to contraceptives**

According to the report, access to contraception is often out of unmarried young people’s reach. For young married women, it is also rarely used: they are under pressure to have children quickly and believe in numerous negative consequences for their health if they use contraception. From the data collected, researchers inferred that condoms are clearly seen as a license to immoral sexual activity, and young people are simply too worried about the social impact in the community if it becomes known that they asked for contraceptives.

**Power and control**

This research also investigated power and control. The report shows that, with or without sexual education or contraception, young women in fact have very little agency in the decision to engage in sexual relationships. It was found that in all 24 cases, the boys initiated the sexual relationship and put pressure on the girls to comply.

This research found that, generally, responsibility for early pregnancies is placed on girls and young women, who are blamed for being ‘too free’ or ‘not controlling themselves’. Despite these harmful attitudes, it was found that in all 24 cases, boys initiated the sexual relationship and put pressure on the girls to comply. Many young women who participated in the study talked about responding to ‘male needs’, needing to prove their love, and relying on boys’ promises to ‘take responsibility for his actions’ by marrying her if she became pregnant. The research suggests that relationships are often based on discriminatory norms and power imbalances, which is a main cause for teenage pregnancies in three municipalities of Timor-Leste.

Young female respondents also described various degrees of coercion and control. Most typically this was in the form of boyfriend’s threatening to leave their girlfriends, but there were also a number of cases of violence and rape. The report emphasises that, even in such clear cases of abuse, young women tend to be blamed.

A key issue that emerged from the research is the way in which rape is translated at a local level using the Tetum phrase ‘estraga feto’. This term refers to an offense against the women’s position in society and ‘good name’. From this, it is inferred that many community members consider that a case of rape can be ‘fixed’ by the rapist marrying the victim. This failure to distinguish the criminal act of rape from an attack on a girl’s social position weakens the position of victims and their protection from the justice system.

**Opportunities following teenage pregnancy**

After falling pregnant, all young women who participated in the study stopped going to school and many gave up on their dreams for the future. Even though many young female respondents expressed the desire to go back to school, very few were able to as they fell pregnant again very soon after their first child. Young female respondents stated that their parents, in-laws or husbands opposed the idea of them returning to school once they were mothers.

This report recommends that ‘back-to-school’ campaigns need to proactively target young women, making them feel just as welcomed as any other student. They also need to work to encourage young mothers’ immediate family environment to be more supportive of their right to education.
CONCLUSIONS

This report concludes that there are many interrelated factors that contribute to the incidence of teenage pregnancy and early marriage in Timor Leste. Whilst evidence suggests that in most cases teenage pregnancy occurs prior to early marriage, the research brought to light various scenarios each with a specific pathway (as seen in the graphic to the left).

The research clearly shows that teenage pregnancies and early marriage have consequences for many aspects of young girls’ lives—their health, education, employment opportunities and overall general well-being. A closer look at the harmful gender norms is required for communities to reflect on how girls and boys are raised, socialised and interact with each other, particularly regarding behaviours and attitudes towards adolescent girls which lead to power imbalances in sexual decision-making.

Given its complexity, many sectors and actors have a role to play in preventing it: the health and education sectors, parents and communities at large, gender advocates and policy makers, and young people themselves. It is important that girls voices are listened to, and that girls have the opportunity to design and lead their own prevention campaigns and programmes.

The full report can be accessed on Plan International’s external website, here. For more information, please contact Plan International Timor-Leste:

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**OVERVIEW**

TEENAGE PREGNANCY AND EARLY MARRIAGE: CAUSES AND PATHWAYS

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### REASONS WHY GIRLS Fell PREGNANT

#### Boyfriends Pressured Them To Have Sex

- They were unable to withstand pressure from their boyfriends to have sex; they had little information about SRH and pregnancy risks; their boyfriends said they would “take responsibility”; they didn’t use contraception.

#### Men Forced Them To Have Sex

- Men have a sense of sexual entitlement; there is impunity against sexual violence; there is no understanding of consent due to gender norms.

#### Social Norms In Marriage

- The family pressures them to have children soon and frequently; there are negative attitudes towards contraception; there is limited knowledge of pregnancy risks.

#### Wanting A Child

- They had finished school and wanted to marry their boyfriend; they wanted to get out of an abusive home.

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### REASONS WHY GIRLS Got MARRIED

#### Pregnancy

- Boyfriends pressured them to have sex; they were raped; they wanted a child at that time.

#### Arranged Marriages

- Their parents held traditional views; they and/or parents didn’t know about the legal age of marriage; pregnancy risks.

#### Pressure From Parents To Marry

- The family wanted to avoid a pregnancy out-of-wedlock; they didn’t know about pregnancy risks.

#### Wanting To Get Married

- They believed they were ready; they wanted to escape an abusive home; the law on age of marriage is not always applied.
Overview and Purpose

Despite Child, Early and Forced Marriage (CEFM) being a global issue, international attention has mainly focused on Africa and Asia. This report aims to highlight that CEFM is also a widespread, harmful practice in Latin America and the Caribbean (LAC), and particularly so if informal unions are also considered.

In 2017 in Latin America and the Caribbean, 23% of women aged 20-24 were married by the age of 18, and 5% by the age of 15. However, the issue of unions remains largely invisible in prevalence data as only formal marriages are registered and captured. Furthermore, the experiences of girls aged 15 are often not captured. As such, available quantitative data on CEFMU prevalence is not reliable and fails to capture the young age and informality characterising the harmful practice in LAC.
CEFMU — BACKGROUND AND DEFINITIONS

In Latin America and the Caribbean, the issue of unions, either free or forced, is an addition to the conventional understanding of CEFM.

CHILD to include anyone who marries or enters a union under the age of 18. The Convention on the Rights of the Child sets 18 as the end of childhood.

EARLY referring to the stage of life when adolescents enter marriages or unions. Also meaning that it happens too soon and therefore it clashes for example with education and schooling.

FORCED not only referring to the coercive act of imposing to marry someone but also referring to the structural inequalities that push an adolescent to make the choice of entering a marriage or a union. Inequalities that, in cases of young girls marrying or cohabiting with older and more educated men, will carry on for life.

MARRIAGES a union recognised and formalised by the church or state.

UNIONS referring specifically to Latin America and the Caribbean where the phenomenon of unions not formalised by the state or the church, is extremely common.

As unions are not formalised, women are often left with no legal protection and support in case of divorce. It is particularly difficult to gather data around the issue of unions as there is no shared vocabulary in the region to describe it, which makes impossible to give a single and precise definition of CEFMU and therefore place it into a legal framework.

REGIONAL PATTERNS

Sexuality and, specifically, the expression of sexuality is shaped by social norms and the cultural context. The main drivers of CEFMU are poverty and gender inequalities, and it is also worth noting that structural, cultural, social and economic factors have a critical role even in those cases where young adolescent girls exercise their own agency in making the decision to enter a union.

In specific cultures and certain traditions, for example some groups in the Amazon or in the Andes, early unions are considered a normality. In these communities, the role of women is restricted to the household and their participation in public spaces is often prohibited. Some of the practices to initiate girls into adulthood, such as kidnapping or seclusion, must be understood as a reflection of violence against girls. However, this report notes that it is also important to understand CEFMU from a feminist perspective, considering the desire of indigenous girls to preserve their traditions.

IN LATIN AMERICA IN 2017, THE COUNTRIES WITH THE HIGHEST PREVALENCE OF WOMEN AGED 20-24 WHO WERE MARRIED OR ENTERED UNIONS BEFORE 18 YEARS OF AGE WERE: DOMINICAN REPUBLIC AND BRAZIL WITH 36%; NICARAGUA WITH 34%, GUATEMALA WITH 30% AND EL SALVADOR AND MEXICO WITH 26%.

If recent legislative changes in the region have seen the legal age to get married being raised to 18 both for boys and girls, there are still some exceptions codified by the law which allow girls and boys to marry before they reach the legal age — with girls still being able to enter into a marriage two years earlier than boys in some countries.

METHODOLOGY

Recognising the need to learn more about CEFMU in the region and the comparative invisibility of the problem due to a lack of data, Plan International launched this regional study. This study was coordinated through teams of eight different countries (Bolivia, Brazil, Peru, Nicaragua, El Salvador, Honduras, Guatemala and the Dominican Republic) and with the support of UNFPA in Honduras and Peru. The aim was to establish a shared research protocol and generate data that could be compared across the eight country settings.

The study was guided by Plan International’s Theory of Change and focuses on social and gender norms that affect the lives of girls and, to a lesser extent, boys. The research teams adapted the Social Norms Analysis Plot (SNAP) methodology1 developed by CARE, and carried out semi-structured interviews with girls, members of their families and communities, and government and civil society leaders and experts.

To provide the context for the qualitative research, each team reviewed demographic and other quantitative data on the prevalence of child marriage and unions, adolescent pregnancy, rates of school attendance, etc. Each team also looked not only at child marriage policies, but also at policies on pregnancy and schooling, school attendance requirements and treatment of gender-based violence.


Girl takes part in workshop to raise awareness and prevent teenage pregnancies (El Salvador).
(C) Meeri Koutaniemi

Girl takes part in workshop to raise awareness and prevent teenage pregnancies (El Salvador).
(C) Meeri Koutaniemi
KEY EMERGING FINDINGS

Push Factors

The research identifies several ‘push factors’, common to the eight countries that took part in the study, that drive girls into CEFMU. Many of these ‘push factors’ are generated by the family of origin and see girls entering a union as a way of escaping a situation of oppression.

Girls are exposed to violence of all kinds - physical, psychological and sexual – within their own family unit, which can push them into early unions to escape this oppression. But, violence also characterises the unions themselves. The findings show that women can internalize oppressive systems and may themselves transmit violence, which can be passed on from grandmother, to mother, to daughter.

Preliminary findings highlight that girls often have limited autonomy even in the decisions they must make about their own lives and including about entering marriage or a union. However, it is important to take into consideration that young people might think that unions are a good choice for their future and consciously use their agency to make such a decision.

Another factor that drives girls into CEFMU is the domestic roles and work, which many girls spoke of as a burden and which make staying in their families of origin an unattractive prospect. However, this study highlights that once in a union, they are likely to be obliged to take up the same roles and responsibilities.

Strictly linked to the previous factor is migration, which has a critical role in shaping intergenerational relationships. Mothers often move to bigger cities or abroad to work and leave girls with the burden of looking after the household from a very young age.

The research also shows an overall lack of psychological and social support from girls’ own families. Girls feel lonely and they tend to look outside their family unit for the emotional and social support they are lacking. Furthermore, girls lack opportunities to study and work. Girls education is, in fact, not considered a necessity because it might not translate into economic returns for them or for their families. The economic exclusion and limited mobility stemming from this cultural context can only encourage girls to enter early unions.

Union Formation

The research shows that union formation is an important aspect of the transition to adulthood. Girls are raised to look after the house and are treated like ‘little women’ from an early age. Therefore, they welcome the shift in their status when they enter unions and leave home, transitioning from childhood into adulthood and gaining perceived independence and autonomy. Starting a family and becoming a parent are recurring ambitions for entering into unions among all the eight countries. But, it is also important to look at the social and cultural context and at the race and ethnicity of the girls to explain the way the transition unfolds.

Gender inequality, patriarchal expectations and the control of sexuality

Gender inequality, patriarchal expectations and the control of sexuality are among the drivers of CEFMU. Girls are dreaming of the ‘so-called fairy-tale romance’, believing and hoping that their quality of life will improve drastically once they create their own household. But, this romantic love is in fact closely linked to traditional ideas of femininity and masculinity. Men may also idealize traditional roles, and the affirmation of their masculinity as partners, providers and potential fathers.

The ideas about male and female sexuality reinforce the inequality of early unions. Young girls often enter unions with much older men, usually wealthier and more educated, putting themselves in a situation of psychological and economic dependency. The research found that girls receive many pressures from adult men, in the form of gifts, money and payment of bills, but also in terms of threats and control over their agency of making decisions. This is the result of the social construction of gender and sexuality.

The cultural and media backdrop, in fact, reinforces harmful gender stereotypes, such as the sexualisation and the objectification of the body and the beauty of young adolescent girls. On the other hand, girls are permitted to be sexually active only within unions or marriages, which are considered ‘social contracts’ allowing the ‘sexualisation’ of girls in relationships with adult men.

OTHER KEY EMERGING FINDINGS

One of the main features of forced marriages and unions is instability. This is the result of very short dating or engagement periods, with an average of six months before moving into a more serious stage, and/or migration, as when a young man migrates the girl might not know if their union is still in place.

It is also worth noting that, as these relationships are kept secret in the early stages, girls are often exposed to psychological and sexual pressure without any kind of support. Consequently, pregnancy can be an important impetus for entering an early union. This shows the lack of services providing information on sexual and reproductive health, in schools, family and communities.
RECOMMENDATIONS

The study identifies a set of emerging recommendations directed to the various actors whose actions and behaviours may help find a solution to eradicate CEFMU. Please note that the final recommendations will be made available with the full report, due to be released in November.

Policymakers

- Creating a legal framework for CEFMU should be a priority. Passing laws prohibiting child marriage is a step forward but it is not enough. Governments should demonstrate their commitment by publicizing progresses and by stressing the seriousness and scale of CEFMU.
- A multi-sectoral response is needed, and governments should ensure coordination between relevant sectors working on child protection, including health, education and justice sectors.
- Governments should also ensure that support systems and mechanisms are available and accessible to girls and women who have been married or entered unions as children or against their will, both from a legal and psychological point of view.
- It is important that governments work to create an efficient universal birth registration system that would allow to protect girls by providing, for example, evidence of their age.

Communities

- At a community level, the first step to eradicate CEFMU is to change the community norms about girls’ possibilities in life. It is important to empower girls and to involve schools, families and boys and men.
- Girls need safe spaces to engage and interact with their peers and mentors. Schools should be one of those safe spaces and girls should be encouraged to go to school and get an education.
- Governments should, in fact, guarantee the access to public education that includes gender equality and positive masculinity in its curriculum.

Educators

- Schools should include comprehensive sexual education (CSE) in their curriculum. It is important to provide children and young boys and girls with correct information about sexual and reproductive health, in a way that is non-discriminatory, non-judgemental and gender transformative.
- Both parents and educators should be involved in promoting CSE, which should be available in formal and non-formal educational settings.
- Schools should also be a source of information regarding the legislation against CEFMU.
- Furthermore, schools should track girls that are dropping out because of pregnancy and/or CEFMU. Currently these girls only appear in the health system when it is too late to intervene.

Health providers

Health providers can play a critical role in the fight against CEFMU by providing youth-friendly, gender-responsive and affordable sexual and reproductive health services. In order to reach out to adolescent boys and girls, transports need to be improved and confidentiality ensured.

Researchers

It is important that more research is carried out and disseminated on the normative aspects of CEFMU in Latin America and the Caribbean. More data is needed on girls under the age of 15, as the age group 10-14 is at a higher risk of entering early unions.
CONCLUSIONS

This study highlights that more research is needed in order to combat the issue of CEFMU in Latin America and the Caribbean, with particular focus on the regional phenomenon of non-formalised unions which often involve young girls under the age of 15. A multi-sectoral and multi-social approach is needed in order to engage governments, institutions, communities, families and schools. Socially constructed gender norms need to be changed in order to overcome the barriers that adolescents face in the region. This includes: limited access to youth-friendly sexual and reproductive health services; the lack of a legal framework to take action against CEFMU or respond to violence against girls by their partners; and the lack of an education system able to monitor girls dropping out from school.

CHILD, EARLY AND FORCED MARRIAGE STUDIES

This research study is one four multi-country studies conducted by Plan International on CEFM this year, looking at prevalence, causes and consequences, reviewing existing interventions – including reviewing Plan International’s own interventions – and on CEFM. For more information on these studies or on Plan International’s 18+ Community of Practice, please contact Henry Salas, Girls’ Rights Programming Officer at henry.salas@plan-international.org.

1. The Global Review of Plan International’s Programming and Influencing on Child, Early and Forced Marriage is available on Planet, here. The external review highlights the importance of Plan International’s work across the organisation on CEFM, particularly around prevention. It also notes the success of some innovative projects and approaches adopted by Plan International. However, the review also flags areas for improvement in both programming and influencing and outlines a set of recommendations, organised by area, for Plan International to act on moving forward.

2. Their Time is Now! - Plan International Asia Regional Office commissioned a three phased research to bring together the latest knowledge on CEFM to develop financial and operational interventions likely end child marriage. A brief is available on Planet, here.

3. Family Honour and Shattered Dreams – commissioned by Plan International Central and Western Africa office, is a study which brings to light a new perspective on the drivers of marriage in this part of the world, and nuancing some of the common assumptions that have often dominated approaches to the issue. It is available on Planet, here.

To read the report with preliminary findings, click here. To find out more about the full study due to be released in November, or if you have any questions about this article, please contact:

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