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Coping strategies for social well-being and social development intervention: Young women and unintended pregnancy in Mozambique

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ABSTRACT

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Doctor of Philosophy

COPING STRATEGIES FOR SOCIAL WELL-BEING AND SOCIAL DEVELOPMENT INTERVENTION: YOUNG WOMEN AND UNINTENDED PREGNANCY IN MOZAMBIQUE

By Aisha Jane Taplin

Using the concept of coping strategies, this thesis is essentially concerned with the way young women in Mozambique achieve social well-being during the life event of unintended pregnancy. Unintended pregnancy in Mozambique places significant strain on informal and formal relationships, educational access, economic stability and the maintenance of good health. It also has significant implications for young women's roles, responsibilities and status within families and communities (CEDAW 2005). Twenty one qualitative semi-structured individual interviews were completed with young women (16-19 years old) who have recently had an unintended pregnancy, as well as eight focus groups using a vignette with young women (16–21 years old) from youth associations and fourteen individual interviews with key informants (those working in the area of sexual and reproductive health with youth and adolescents). From these three forms of rich data, the relationships young women have with others, the negotiations they engage in and the coping strategies they employ are illuminated.

This research contributes to an increased understanding of unintended pregnancy and the ways young women respond and 'cope' with this life event (as a process) largely via different forms of social interaction. The chosen methodology was designed to elicit this type of knowledge drawing on different disciplinary interpretations of coping strategies. Although unintended or early pregnancy in young women has developed as a key social development concern in recent years (Hainsworth 2002; Mahy 2002; Westoff 2003; UNFPA 2007), this research indicates that policy strategists in Mozambique struggle to develop adequate and effective intervention in response. The narratives shared by young women, and the analysis developed through chapters four to seven builds a complex picture for intervention, as family relationships remain a major factor for social and economic well-being. The socially and culturally constructed nature and predominant location within families mean that macro strategies and community level intervention has limited impact during unintended pregnancy. Strengthening relational strategies (both formal and informal) through social development intervention is therefore necessary for young women to access social and organisational resources for coping and social well-being. By using the concept of coping strategies, the juxtaposition of 'copers' and 'non-copers', the relationship between agency and structure, the strategies employed at different levels, the significance of social interaction and coping as a process has been opened up to scrutiny. This thesis not only evaluates and critiques models of social development, but also argues that the concept of coping strategies can be usefully applied to inform social development in ways that address both individual and collective well-being.

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DECLARATION OF AUTHORSHIP

I, Aisha Jane Taplin declare that the thesis entitled:

'Coping strategies for social well-being and social development intervention: Young women and unintended pregnancy in Mozambique'

and the work presented in the thesis are both my own, and have been generated by me as the result of my own original research. I confirm that:

- this work was done wholly or mainly while in candidature for a research degree at this University;
- where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
- where I have consulted the published work of others, this is always clearly attributed;
- where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
- I have acknowledged all main sources of help;
- where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
- Parts of this work have been published as:

Taplin, A. (2009). "Promoting reciprocal relationships – examining the 'give and take' in Social Science research." 21st Century Society **4** (2).

Signed: ……..

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ABBREVIATIONS

CAQDAS – Computer Assisted Qualitative Data Analysis Software

CEDAW – Convention on the Elimination of all forms of Discrimination Against Women

CNAM – Council for the Advancement of Women

DFID – Department for International Development

DHS – Demographic and Health Survey

Frelimo - *Frente de Libertacao de Mocambique* – Front for the Liberation of Mozambique

GAD – Gender and Development

GDI – Gender-related Development Index

HDI – Human Development Index

ICSD – International Consortium for Social Development

ILO – International Labour Office

MDGs – Millennium Development Goals

NGO – Non-Governmental Organisation

OIV – Overseas Institutional Visit

PRSP – Poverty Reduction Strategy Paper

Renamo - *Resistencia Nacional Mocambicana* – Mozambican National Resistance

SAP – Structural Adjustment Programmes

SRH – Sexual and Reproductive Health

UN – United Nations

UNDP – United Nations Development Programme

UNICEF – United Nations Children's Fund

UNIFEM – United Nations Development Fund for Women

UNFPA – United Nations Population Fund

USAID – Joint United Nations Programme on HIV/AIDS

WHO – World Health Organisation

WID – Women in Development:

WLSA – Women and Law in Southern Africa

GLOSSARY OF TERMS

Dono – meaning ‘owner’ in Portuguese and is often the word used by people when referring to the father of the child

Global feminists – used to describe feminists who in older literature refer to themselves as Third World feminists

Lobolo – term used to describe the brides price in Mozambique, money and goods exchanged by the family of a man for a woman in marriage

INTRODUCTION

Personal and political underpinnings

This thesis is essentially concerned with the way young women in Mozambique achieve social well-being, using the concept of coping strategies and the life event of unintended pregnancy to explore this process both conceptually and contextually. A personal concern for this process grew while working in short-term social development projects in Mozambique following the great floods of 2000. Volunteering over the years as part of a small South African faith-based Non-Governmental Organisation (NGO) I have taken part in a wide range of social development activities; from rebuilding houses after the flood, leading children's holiday camps, building a children's playground and constructing a community centre to supporting public health talks, giving out soap and toothbrushes and direct youth work with teenage girls.

As a qualified social worker my concern with social well-being, social problems and peoples interaction with social, cultural, economic and political processes remained strong during my time in Mozambique. While poverty pervades every area of life, I conceived well-being as wider than economic security, encompassing a whole range of social, emotional, intellectual, physical and spiritual spheres. Even though living within a rural community, it was difficult to understand and determine the ways in which the people around me ensured social well-being each day. Although part of a social development intervention, such interventions were often limited in meeting the day-to-day needs of people; focusing more on the creation of infrastructure and macro processes that facilitate improved well-being for communities rather than individuals. Day-to-day needs continued to be met to varying degrees with or without input from 'outside others'. Levels of social well-being were therefore not only achieved through social development intervention, but also through the sets of behaviours or 'strategies' engaged in when responding to social problems.

As a young woman, although a White British English speaker, my work gradually became directed towards young Mozambican women. While facing many of the same difficulties as others in the community, their age and their gender significantly impacted relationships, access to resources, needs and roles as well as their overall interests and desired outcomes (Rai 2002; Lofort 2003; UNFPA 2007; WLSA 2007). Even with the language barrier, the complexity of achieving social well-being became apparent with poor access to education, poor access to economic provision, complex relationships, expectations around marriage, reproduction and social behaviours, poor health and 'low' status or poor decision-making capacity in families (CEDAW 2005; UNDP 2006; UNFPA 2006; WLSA 2007; World Bank 2007). Unintended pregnancy in particular was common amongst the young women I met and the 2001 Survey of Youth and Adolescent Reproductive Health and Sexual Behaviours found that over half of all births to young women (15-24 year olds) in the three southernmost provinces where I was based were unintended (INJAD 2001). Young women (15-24 year olds) make up roughly 10% of the population (UNDP 2006). As a group they are not more important or deserving than others, but having different needs, interests, status, roles and access to resources they became the specific focus of my concern.

The concept of coping strategies is being used as a vehicle for exploring the process of social well-being, the relationship between individuals and collectives, and as a basis from which effective social development intervention can be developed (Morgan 1989; Davis 1996; Beck and Nesmith 2001; Wallace 2002). Coping strategies is a practical and pragmatic concept that encompasses both the process and outcomes of coping, is operationalisable, illuminates social interactions and can be used to understand irrational behaviours or actions in times of uncertainty with a holistic focus. The concept of 'strategies' has historically been used to understand the economic actions of urban poor (Hart 1973; Roberts 1978; Redclift 1986). However, it is now heavily used in many 'western' disciplines with an individualist focus, such as in social psychology, health psychology, social work and counselling (Siegel and Schimshaw 2000; Frydenberg 2004; Ólafsson 2004; Sheppard 2007). Therefore significant theoretical and conceptual work has been done to transfer this concept usefully back

to a social development context for systematic examination of how young women achieve social well-being.

As the 5th least developed country in the world Mozambique continues to lack sufficient economic resources, has poor infrastructure, limited universal social welfare services and low levels of human capital making social as well as economic well-being a national priority (UNDP 2007b; 2008a; World Bank 2007). Social development as a macro developmental perspective has grown in response to the social, economic, political and cultural processes that impede social well-being of individuals, families, groups, communities and nations (Midgley 1995). The risk highlighted by this research is that some groups are lost and excluded from universal macro strategies, which fail to provide a framework for working with a multitude of relational social problems. While families have historically provided for the social well-being of their members, they are subject to relational power that can exclude, oppress and discriminate, as has been widely documented (Kabeer 2005; Chant 2008). By exploring the processes young women in Mozambique use to achieve social well-being, a concern with social, cultural, economic and political processes are held in a framework that also prioritises social interaction, relationships, and gendered power relations. Formal networks and processes are also considered alongside informal relationships, networks and processes.

Certainly women do not represent themselves as wholly controlled or wholly in control throughout this thesis, confirming many early observations in Mozambique. Young women are therefore conceptualised as active agents situated in spheres of formal and informal structures that have the capacity to both facilitate and constrain social well-being. Conceptions of young women's agency as well as the nature of their relationships, interactions and negotiations are therefore of central concern to the concept of coping strategies.

This thesis details the life event of an unintended pregnancy for young women in Mozambique through a qualitative methodology, illuminating their experience, perspective, thoughts and feelings. The following analysis contained in this thesis identifies coping strategies by ascertaining the factors that facilitate and constrain

young women in achieving their desired social well-being. Narratives given by a number of young women are used to explore the nature of unintended pregnancy, coping strategies, agency, power dynamics, relationships with others and negotiation. Wider narratives from focus groups and key informants are also used to illuminate discourses and evaluate the intervention institutions/organisations make in this context; thereby exploring relationships with wider structures. Knowledge of coping strategies are used to make recommendations for further intervention, either as a basis for intervention, to reduce the risk of strategies being destroyed or to strengthen the strategies identified. Illuminating these coping strategies not only draws attention to some important considerations for young women in Mozambique, but has also enabled wider commentary on the conceptual framework of coping strategies and a critical evaluation of social development strategies with women. This is accomplished through the following thesis structure.

CHAPTER ONE: Situating Mozambican young women in global social development

This chapter situates women in Mozambique within the wider social development and gender and development context. A brief history and critical evaluation of both social development and Mozambique is given to aid the reader's understanding of how and why this relationship has arisen. The chapter then situates Mozambican women in the wider gender and development context as well as in Mozambique, explaining why women's lives are like they are and discussing the implications of this.

CHAPTER TWO: The concept of coping strategies

This chapter critically engages with the concept of coping strategies, exploring its nature and role in different disciplines, a range of definitions and different uses. Based on an exploration of the literature, its transferability to a social development context and use with young women is discussed. These discussions are foundational to the chapters that follow.

CHAPTER THREE: 'My audit trail': Methodology, methods and research strategy

This chapter not only describes the qualitative methodology employed, but also illustrates a critical engagement with methodological arguments, methods, ethics and reflexivity. This is shown through the consideration of epistemological underpinnings, a description of how the research was completed and why, discussion of the methods used, ethics, fieldwork experience and data analysis. Discussion throughout the chapter also includes methodological strengths and weaknesses, as well as the implications of these. Particular attention is drawn to the combining of multiple data sources, ethics in action, use of translators and consideration of north-south relations.

CHAPTER FOUR: 'It just happened': The nature of unintended pregnancy

This first analysis chapter introduces the life event of unintended pregnancy and argues that we will better understand behaviours and coping strategies by understanding the meaning attributed to this life event. After considering definitions and some of the literature around an unintended pregnancy, the chapter then draws attention to the different discourses (causes and meanings attributed) that are observed through data, drawing on all three data sources. This chapter is important because it details how different groups understand, perceive and value unintended pregnancy, identifying various discourses and their implications.

CHAPTER FIVE: Negotiating for 'normality'

This chapter initially sets out the critical nature of 'unintended' pregnancy and the position this puts young women in, before considering the role of negotiation for enhanced social well-being. Data suggest that what young women with an unintended pregnancy most desire is to continue life as 'normal', as well as to achieve a good

level of material and emotional support for their future development. This is generally contradictory to the possibilities society and those in organisations perceive for pregnant young women. Negotiation is identified as one way of achieving well-being that is not socially expected. This chapter therefore considers the different types and processes of negotiation as well as the constraints, arguing that some negotiations are possible even in restrictive conditions.

CHAPTER SIX: 'And now we are two': Life with an unintended child

This chapter draws attention to the shift in meaning of unintended pregnancy once the child is born, before discussing the impact on schooling, levels of poverty, and relationships in and outside the family. The chapter continues to draw on the narratives of young women by describing the difference an 'unintended' child makes to social well-being. It finishes with advice young women would give to others as a form of reflective practice; also giving insight into the kind of support they desire from families and 'outside others'.

CHAPTER SEVEN: 'To intervene or not, and, if so, how?' The quandaries of social development intervention

This chapter focuses on the role of social development programmes, drawing largely on data from key informants. Several questions are posed throughout the chapter such as 'What intervention do young women want?', 'What intervention do young women receive?', 'What are the needs of young women?', 'What intervention is described by the key informants?' and 'What are the challenges and limitations of such intervention?' This chapter illustrates that unintended pregnancy is not just a 'family affair', but that young women and families are situated within communities connected with organisations, institutions, government policy and the international context. Current intervention with young women in Mozambique during an unintended pregnancy is evaluated and further recommendations for intervention from key informants given.

CHAPTER EIGHT: 'Not just getting by' - The coping strategies of young women during unintended pregnancy

The previous four analysis chapters have predominantly been about illuminating the experience and revealing the meaning of unintended pregnancy in Mozambique. The strategies that young women use in response to five different problems (breaking the bad news, conflictual relationships, material provision, good health and educational access) are identified and critically evaluated throughout this penultimate chapter. In response to each problem, the different types of strategies used and the types of resources are systematically identified and evaluated. The chapter stimulates discussion on the nature of young women's agency, her relationships with others, the types of resources she has access to and the types of strategies she uses and why. Both constraining and assistive factors for the use of coping strategies during unintended pregnancy are observed.

CHAPTER NINE: Illuminating coping strategies for social well-being and effective social development intervention

Illuminating coping strategies during unintended pregnancy not only draws attention to some important considerations for young women in Mozambique, but it has also enabled wider commentary on the conceptual framework of coping strategies and a critical evaluation of social development strategies with women. This final chapter expands on the implications for these three areas before drawing them together to indicate the wider relevance of this research.

CHAPTER ONE

Situating Mozambican young women in global social development

Global social development

The term 'development' is frequently used in an international context describing quite different activities across many disciplines. Largely it denotes a process of economic change brought about by industrialisation, but also implies a process of social change resulting in urbanisation and modernisation (Midgley 1995). Development therefore has social welfare implications that enhance people's income, improve educational levels, housing conditions, health status and overall well-being (Thomas 2000). While the term evokes a range of understandings, for most people development means economic progress. The policy and practice of development is one that impacts on millions of lives around the globe battling issues of poverty and wider social ills. However, the causes of poverty, reasons for underdevelopment, issues of inequality, the aim of development and the ways it can be achieved are highly contested (Midgley 1995). Different answers to these core questions have led to numerous approaches, strategies, policies and practices.

More specifically, social development is an influential approach concerned with increasing the social as well as economic well-being of those in developing countries (Midgley 2003). It is based on the recognition that economic growth does not automatically bring about a rise in living standards and social welfare for all (World Bank 2008b). People continue to live in abject poverty within countries that experience rapid economic growth, which Midgley (1995) describes as distorted development. Distorted development and inequality manifests not only in poverty, deprivation, poor health and inadequate housing, but also in the exclusion of some

from full participation in political processes and denial of human rights. The World Bank's Social Development Strategy particularly emphasises that overcoming poverty is about more than just getting economic policies right; it is about 'empowering' people by creating more inclusive, cohesive, and accountable societies (World Bank 2008b). The social is considered as essential alongside the economic. Social development, as a social welfare approach, is therefore primarily about the ways in which social interventions can be harmonised with economic development to increase the social well-being of individuals, groups, communities and whole societies (Midgley 1995).

However, social development does not have a single, broadly agreed definition, often being characterised by what it does, rather than by what it is (OED 2005). The International Consortium for Social Development (ICSD) defines social development as processes that aim to empower people, bringing about economic and social improvement in their lives. ICSD members use the approach to develop capacity of both individuals and communities, promote world peace and social justice, improve access to adequate health care and education, overcome discrimination against women and minorities, and create sustainable income and economic structures (ICSD 2008). A holistic approach to social development includes cultural, ecological, economic, political and spiritual considerations that are clearly linked both nationally and internationally to peace, freedom, stability and security (Wilson and Whitmore 2000). The use of social capital, focus on indigenous people, being community driven, encouraging participation and civil engagement, the prevention of conflict and social analysis are also key themes (World Bank 2008c).

The origins of social development can be traced back to British colonial social administrators in Africa during the 1940s and 1950s (Midgley 1995) before being embraced by the United Nations (UN) and other international agencies in the 1960s. Governments of developing countries, the World Bank and UN were soon joined by other international agencies like the World Health Organisation (WHO) and a variety of smaller Non-Governmental Organisations (NGOs) with the ideas of combined economic and social development (Mosse 1993). During the 1970s institutional social planning was widely adopted, promoted by the UN as the best way for developing

socio-economics (UN 1971). Other development agencies such as the International Labour Office (ILO) formally adopted the popular basic needs approach (Moser 1993). During this time the UN was criticised for its top-down approach, which relied heavily on state intervention, failing to involve local people. Therefore, during the 1970s, the UN and other international agencies committed themselves to 'community development' and 'community participation' (Midgley 1997).

The influence of social development deteriorated during the 1980s with the increase of neo-liberalism. Ideologies facilitating faith in free markets and structural adjustment programmes (SAP) limited governmental resources set aside for social welfare (Thomas 2000). However, social development and other interventional approaches emerged again during the 1990s with the UN World Summit on Social Development in Copenhagen, March 1995. This brought together governments and voluntary organisations committed to improving global social conditions. The key objectives of social development were defined as poverty alleviation, the promotion of productive employment and social integration (UN 1995). While neo-liberal ideology and strategies still pervade, the consideration of social development is widely seen as essential to achieve widespread economic growth and improvement in living standards. Development strategies now take into account the economic and social interface, even if not fully committed to the broader principles of social development (Booth 1994; Thin et al 1997).

The most recent and influential champions of global social development include the Human Development approach, the Human Development Index (HDI) and the MDGs. The human development approach grew most significantly through the work of Amartya Sen and others, providing a conceptual foundation defined as the 'process of **enlarging people's choices and enhancing human capabilities** (the range of things people can be and do) **and freedoms** enabling them to: live a long and healthy life, have access to knowledge and a decent standard of living, and participate in the life of their community and decisions affecting their lives' (bold in the original) (UNDP 2008b). From 1990 this approach has been applied yearly to a systematic study of global well-being, the results being published in the Human Development Reports.

Key statistics aimed to reflect holistic human well-being are formulated into the HDI, indicating the level of human development in each country worldwide (UNDP 2008a).

The eight MDGs were first agreed by world leaders when signing the UN Millennium Declaration in 2000 setting out a series of time-bound targets to reduce extreme poverty by 2015. These goals now form the blueprint agreed by every country and the leading development institutions for all social and economic development efforts of the early 21st Century (Simelela 2006; UN 2008). These eight goals significantly include: the eradication of extreme poverty and hunger, achievement of universal primary education, promotion of gender equality, reduction of child mortality, improvement in maternal health care, combating of HIV/AIDs, malaria and other diseases, environmental sustainability and a global partnership for development (UN 2008).

Social development is certainly an interventionalist approach, drawing on experiences from developing countries, valuing partnership and grassroots programmes. The wide range of social development strategies targeting individuals, communities or institutions are based on different ideological understandings of how social development is best achieved. Strategies include, for example, enhancing individual functioning, small-scale enterprises, community development, community action and participation, unified planning and sustainable development (Midgley 1995). While social development aims to increase the social well-being of all, it is a macro approach less inclined to work with individuals, preferring community and structural intervention to facilitate widespread well-being. The World Bank and Department for International Development (DFID), for example, prioritise the institutional and political orientation of social development, with Midgley (1995) also arguing for an institutional perspective. Social development is therefore synonymous with raising standards of living for whole populations rather than the targeted remedial social welfare services often found in developed nations.

Mozambique

Mozambique is currently ranked 175th in the HDI, making it the 5th least developed country in the world based on the criteria used by the UNDP (2008a). Although Mozambique has the second fastest growing economy in Southern Africa (UNECA 2007), 69.4% still live below the national poverty line with an average life expectancy of 42.8 years. Many have poor access to water, sanitation, electricity, transportation, health and education services (UNDP 2007a). Social development and the MDGs are therefore key targets for national government and civil society.

Culturally, the ethnic history of Mozambique is complex with many affiliations to different people groups and at least a dozen major languages spoken (Casimiro et al 2005). Pre-colonial Mozambique was divided into two broad forms of traditional living that still remain today in adapted and influential forms. Those south of the Zambezi river largely follow a patrilineal system (after the brides price is exchanged and marriage occurs, the women moves to the family of her new husband) while those north of the river are often matrilineal (after marriage the man moves to the woman's family and a male member of her family is head of the household). The majority of the population live in rural areas (70%), although the number of urban dwellers is rising (Vasco 2002). Regional differences are numerous and statistics vary greatly between the different regions (UNDP 2001; UNDP 2006). Congruent with a colonial past, an estimated 39% of Mozambicans are Christian (24% of these are Roman Catholic and 19% are Protestant), 19% are Muslim, 18% are 'Zionists' (a syncretic faith fusing elements of traditional African religions with Christianity), and 4% belong to other religions. The remaining 20% follow no particular religion, although many will incorporate animistic or other tribal religious customs into their daily lives. Islamic practice dominates the north of Mozambique, while the south and central are largely

Christian, although there is an official separation between the church and state. Most Mozambicans mix traditional indigenous beliefs (the worship of nature and the supernatural) with the world religions they may ascribe to (WTP 2007). North, central and southern Mozambique are therefore set apart by different political alliances, different cultural, religious and ethnic backgrounds and by massive differences in surviving infrastructure.

The current social development landscape of Mozambique is the result of historical inheritances, political changes, economic pressures, international influences and cultural identities. Every country can identify specific events, processes or ideologies that significantly shape their history. Some of these such as colonisation, armed conflict, natural disasters, economic crisis, mass population movement and extreme political change are especially known to have far-reaching implications. Most countries in the world have experienced at least one or more of these. Mozambique, a country of 19.4 million people located on the east coast of Southern Africa has experienced all of these in the past 50 years. As Hanlon (1996) so eloquently writes,

> 'In just one generation, Mozambicans have gone through a rapid and battering series of transformations – from oppressive colonialism to the exhilaration of independence to a war that killed one million people to an election that promised peace and prosperity; from primitive shopkeeper capitalism to Marxism and back to primitive capitalism' (Hanlon 1996 p1).

The first permanent Portuguese settlement was established in 1507 and by the 1800s Portugal was exploiting Mozambicans for slaves and ivory, becoming a major slave-trading centre (Hanlon 1996). It was only in 1891 that Portugal was effectively forced to occupy Mozambique in the 'scramble for Africa' (Chabal et al 2002). The long armed struggle for national liberation against colonialism began in 1964, led by Frente de Libertacao de Mocambique (Frelimo), coming to an end in 1975 after the 'carnation revolution' in Portugal (Casimiro et al 2005).

Having achieved independence Frelimo converted itself into a one party government with complete power, no democratic elections occurring at that time (Casimiro et al

2005). Frelimo, a self-declared Marxist party, developed policies in line with this ideology, creating political and administrative structures enabling the party to control virtually all levels of society (Chabal et al 2002). Frelimo inherited an authoritarian form of government with high levels of bureaucracy from the Portuguese, who had made no attempt to set up political structures or prepare African elites for post-colonial government. Frelimo also inherited a fragmented nation with poor economic growth and no investment in social welfare or infrastructure. The Mozambican economy was based almost entirely on foreign capital and the settler population, most of whom left before or shortly after independence (Chabal et al 2002). Frelimo's Marxist ideology determined that modernisation, health and education services were to be extended beyond the cities and brought to the rural areas from the top-down (Newitt 2002). The role of indigenous civil society was thus extremely constrained, leading to the villagisation of rural populations and the marginalisation of important traditional leaders (Dinerman 2004).

The new government immediately encountered opposition from the Resistencia Nacional Mocambicana (Renamo – Mozambican National Resistance), an armed force of Mozambicans who were dissatisfied and marginalised by the Frelimo administration. This war of destabilisation (referred to by some analysts as a civil war or struggle for democracy) started practically at the moment of independence and continued until 1992. Mozambicans suffering almost 30 years of continued armed conflict (Casimiro et al 2005). The wider hidden goal of Renamo, funded by the apartheid regime of South Africa, was to destroy the gains of independence and destabilise the country, targeting the better off to show that black rule did not necessarily mean stability (Hanlon 1986; Newitt 2002). According to the UN High Commissioner for Refugees the destabilisation war left some 1 million dead, 1.7 million refugees and 3.2 million displaced (Hanlon 1996) with few Mozambican families unaffected (Christie and Hanlon 2001). All post independence economic and social gains were lost to brutal and targeted destruction as Hanlon describes,

> 'because health and education were the main cause of Frelimo's popularity, schools and health facilities were particular targets: students, teachers and nurses were kidnapped or killed and in some cases hospital patients were

> massacred, so that people would be afraid to provide or use social services. Similarly, transport was disrupted in particularly brutal ways…' (Hanlon 1996 p15)

As a result Mozambique quickly became the poorest and most aid dependent country in the world (Hanlon 1996). Mozambique was granted its first structural adjustment package (SAP) in 1987, making huge loans available to assist with long-term economic growth. In 1989 Frelimo renounced Marxism-Leninism, embracing a form of neo-liberalism as influenced by international donors and development institutions. The peace process is widely considered the most successful of all UN operations in the 1990s, winning praise from international observers (Hanlon 1996). Conflict was replaced by an exchange of words supported by a whole host of national and international institutions (Casimiro et al 2005). The international presence precipitated first by conflict, peace process and humanitarian crisis, has remained as a continued presence. In 1990 official development assistance is recorded as 40.7% of GNP (UNDP 2006), in 1998 it had reduced to 28% yet according to the UNDP (2000), only four other countries had higher aid dependence at this point. International agencies flock to Mozambique, to provide health and education services the government had previously been perfectly competent to do, but lack the ability due to restrictions in place by loan agreements (Hanlon 1996).

Situating Mozambique within global social development

The African continent has recently received increased attention from the international community, as development in this region is considered as stagnating in comparison to other parts of the world (CFA 2005). Therefore, while the MDGs and other international declarations are globally applied, African countries are under increased scrutiny with their progress heavily monitored (WHO 2006a; CEDAW 2007; UNDP 2007b; World Bank 2008a). The current social development context in Mozambique can only be understood by exploring the complex blend of colonial, political and economic pressures. Historically Mozambique as a nation was neglected in areas of

economic, social and human development by Portuguese colonisation. Frelimo barely had time to implement its socialist objectives before a further war aimed at total destabilisation overtook the country. Economic, social and human development during this time was again extremely constrained. As Mozambique began to stabilise and function peacefully for the first time as a liberalised nation, it was totally dependent on the international community for financial and human capacity. After receiving little support from its socialist allies, Frelimo embraced neo-liberalism with all the international support attached, as one of the few ways to restore the country. Since this time Mozambique has often been considered as the model African country because of its willingness to embrace neo-liberalism and international intervention (Dinerman 2004; Beeston 2005). However, Hanlon (1996) argues that national independence is significantly deficient without economic independence as poorer countries become servants to the richer ones, reflecting a new form of economic colonisation. Because of economic dependence, donors remain an extremely powerful influence both in Mozambique and in shaping the international perception of Mozambique. Authors such as Dinerman (2004), for example, have linked disparities in living standards and the rise in corruption with the implementation of SAPs and increase in international participation. Hettne (2000) has also argued that the erosion of state power brought with it the erosion of citizenship, the loss of social and political rights, and the acceleration of poverty and exclusion.

There is no doubt that while international intervention is focused on economic development, a significant proportion also includes health, education, social welfare and human rights priorities. The majority of Mozambican initiated and coordinated projects or organisations are funded by international sources. They therefore balance a complex mix of 'outsider' development discourses and priorities. A topical example of this relates to funds refused by the US government for programmes that are seen to promote the practice of abortion (Cornwall and Wellbourn 2002; Hord and Wolf 2004; Simelela 2006; GI 2007). However, all development programmes are infused with an ideological position that affects those who engage with it (Macklin 1989; Mantell et al 2006). Although social development practice and policy are continually developing, underlying theoretical concepts are still not properly defined with a lack of consensus on many aspects. Indeed normative theory is not always welcome or

valued by those adopting more pragmatic approaches to development, arguing that theory is an academic luxury (Midgley 2003). However, this also means that prominent international values and discourses, which influence whole populations in developing countries, can go unchallenged. Clarity of position, values and commitments are therefore an integral part of effective global social development policy and strategy.

Mozambique continues to battle with poverty, poor infrastructure, poor health and social provision, social change and dependence on external finances (aid and loans). The experience of war, modernisation, economic crisis and high levels of migration has precipitated the need for adaptation. New norms and values are slowly developing, particularly in urban areas with global influence in the form of NGOs, TV and fashion from Brazil or Portugal (SARDC et al 2006; WLSA 2007). For many years (through colonisation, liberation struggle and destabilisation war) day-to-day survival took precedence over any forms of strategic organisation by Mozambicans (Casimiro et al 2005). However, the growth of Mozambican initiated organisations during peace time, and the government's active relationship with the international community, shows a commitment to autonomy. Now that Mozambique is politically stable and free of conflict, the challenge is to develop national sovereignty and governance with constrained resources in the midst of competing ideologies of independence and development.

Gender and global development

Social development is an approach embedded in the daily experience of developing countries, consisting of interventions that facilitate conditions where human beings can challenge and change existing social relations (Dominelli 1997). This makes it a desirable approach for the integration of women (Sen and Grown 1987). It is known that men and women experience development differently because of their differing roles, needs and interests (Rai 2002). The integration of women in social and economic development has gained increased recognition and importance over the

past 40 years. Across Africa in particular the phrase ‘educate a woman and you educate a nation’ is repeated as a familiar mantra. Women and their inclusion in international development have received considerable attention since Boserup (1970) first identified the absence of women, their contributions and their concerns in economic development initiatives. Boserup and other ‘new’ anthropologists (see Tinker 1976) influenced a network of female professionals in the early 1970s who established the ‘Women in Development’ (WID) approach (Moser 1993). The approach sought to gain equity for women through integration into modernisation and economic growth strategies. WID was adopted by USAID and other international development programs, inspiring further studies on women in developing countries (Overholt et al 1984).

The UN decade for women, from 1975 to 1985, played a crucial role in highlighting the important, though previously invisible role of women in social and economic development. The decade saw an increase in research and policy on women, particularly concerning income generating and productive activities rather than reproductive responsibilities (UN 1992; Moser 1993). This prodded virtually every development body to extend projects and programs for improving the economic and social position of women (Sen and Grown 1987). Three major UN conferences (Mexico City 1975; Copenhagen 1980; Nairobi 1985) brought together a variety of women’s networks and grassroots movements who strongly influenced new strategies for women’s studies (Østergaard 1992). The production of the Forward-Looking Strategies (Nairobi 1985) is widely regarded as the birthplace of a global feminist agenda, and of hundreds of new international networks of women (Braidotti et al 1994). The United Nations Development Fund for Women (UNFEM), WomenWatch, The United Nations Committee on the Elimination of Discrimination against Women (CEDAW) and other programs for women expanded under UN support (Molyneux and Rajavi 2001). Other international agencies such as Oxfam set up gender and development departments to commission publications and research, exploring gender inequalities and the impact of mainstream development on gender relations in all areas of development (Lopez 1993).

The Gender and Development (GAD) approach emerged during this time from grassroots experience and dissatisfaction with other approaches. This approach challenges the structures that oppress women, calling for wholesale structural change as well as grassroots participation (Wilson and Whitmore 2000). GAD values women as active agents (Kambhampati 2004), drawing attention to social relationships, constructed nature of gender relations and systematic nature of women's subordination. Gender relations rather than women are problematised (Wilson and Whitmore 2000), often described in the literature as a 'gender perspective' or 'gender analysis' (Neysmith 2002).

One of the major themes of the mid 1990s became gender mainstreaming. This entails the systematic consideration of gender in all aspects of development policy, structures and procedures. Gender mainstreaming moves gender considerations from small, under funded, marginalised groups of women to a wider range of sectoral and technical departments within institutions (Razavi and Miller 1995). The final report at the UN's Fourth World Conference on Women in Beijing 1995, 'The Platform for Action', contained comprehensive language and commitment for mainstreaming, (Baden and Goetz 1998), later commissioning the UN Gender Mainstreaming Resource Centre. More recently, gender has significantly been integrated into the MDGs with the promotion of equality as the third goal.

Moser (1993) identifies five different development approaches towards women since the 1950s interventions. Shifts in policy from 'welfare' to 'equity' to 'anti-poverty' to 'efficiency' to 'empowerment' have mirrored general trends in wider economic development. These approaches have different underlying assumptions in relation to their practical and strategic gender needs with different potential and limitations in assisting women. Women have been integrated differently by each of the main contributors, the UN and World Bank, for example, have tended to promote an equity and efficiency approach. NGOs often use an anti-poverty approach and global feminists advocate for 'empowerment' (Moser 1993).

'Empowerment' and the capabilities approach (Kabeer 1999; Nussbaum 2000) are the most recent perspectives to gain influence in social development. These

approaches centralise women's agency, choice, resources and structural constraints for the transformation of unjust structures; promoting social justice by focusing on what people can be and do when situated in 'just' societies. Global Feminists also argue for approaches that recognise agency as well as structural constraints, believing in the capacity of women to be 'empowered'. Mohanty (2003) argues that feminism's engagement with Third World women has historically been reductive and homogeneous, based on a monolithic notion of patriarchal relations. She argues that it should in fact be historically specific and dynamic, reflecting the daily lives and experiences of women. Systems of race, class and gender do not have identical effects, and it is at the intersections of these relations that women's struggles are situated (Mohanty 1991). Thus global feminists have argued for the rewriting of history based on specific locations and histories, de-homogenising women across the globe (Jayawardena 1986; Mohanty 1991).

While International organisations such as the UN and World Bank have declared women as vital for widespread development (World Bank 2006; G8 2007; UNICEF 2008), women remain underrepresented in education, in formal employment and in decision-making positions across the world (UNDP 2007a). Innumerable statistics and empirical research show that women are still the poorest of the poor and more likely to be oppressed by social structures (Wichterich 2000; Chant 2008). In fact as women's capabilities are rising, their economic status appears to be worsening (Chant 2007). Therefore, as WEDOs (2005) report 'Bejing Betrayed' identifies, there is still a lot of work to be done before the global commitments made to women are achieved.

Women in Mozambique

The historical and structural influences described above in the context of social development and Mozambique contributes to

the daily-lived experience of women and families in Mozambique.

Historically, African women, especially those who depended on small-scale agriculture, were specifically affected by colonial policies and capitalism, intensifying women's dependency and increasing their work burden (Mafeje 1992). This 'overloading' was not matched by any investment in social welfare by the Portuguese (Casimiro et al 2005). Post-colonisation Frelimo saw women's emancipation as a crucial element of revolutionary struggle. They attached central importance to the visible participation of women in military, social and cultural activities. Many women who took part in the liberation struggle saw this as a way to defend their interests as women (Casimiro el al 2005), mobilising and creating space as citizens for the first time. However, despite playing an important role in the war for independence, women generally returned to the domestic sphere once the war had finished (Urdang 1986). Frelimo stressed the need for women to take part in production, yet discussion of power relationships within the home or of sexual conduct is out of bounds and usually associated with undesirable, western-derived feminism (Jacobson 2005; Peronius 2005). Yet despite many constraints, Frelimo's discourse of transformation did bring improvements in female literacy, in maternal and child health care, and educational provision during the early 1980s. However, during the destabilisation war that followed, many spheres predominantly occupied by women were targeted with the destruction of invaluable health posts and schools.

Today Mozambique is ranked 128th (out of 159 countries) in building the capabilities of women, based on data from the Gender-related Development Index (GDI) (UNDP 2008a). Women play a crucial role in production, making up the majority of the informal sector, living on subsistence farming and petty trading while managing critical domestic tasks that clearly reflect gender asymmetrics within households (Arndt and Tarp 2000; SARDC et al 2006). As poverty has increased many believe that it is women who bear the brunt of the economic squeeze and neglect of social welfare programs (Hanlon 1996; Casimiro et al 2005). Yet 34.8% of the seats in parliament are held by women, ranking Mozambique as 9th in the world for this achievement (UNDP 2005). Women were represented highly at the government level

in 2002, yet only 31.4% of the female population over 15 years was literate, and the average journey to a health post was 30 kilometres. In response to this Peronius (2005) set about exploring the relationship between the high female representation in parliament and position of women in other spheres of society. Peronius concludes that through the legacy of its socialist history, Frelimo has always been pro women's emancipation such as allocating seats for women in parliament. However, there are huge spatial differences when it comes to knowledge of the law, poor infrastructure, low literacy levels and traditional gender norms in rural areas. Therefore, high female representation in parliament does not automatically translate into a strong position for women in other spheres of society.

The population of Mozambique is predominantly made up of children and 'youth' (defined by the Ministry of Youth and Sports as any person between the ages of 15-35). In 2005 63.7% of the population were younger than 25 years and those between the ages of 15 and 24 years made up 20% of the population, the majority living in rural areas (UNDP 2006). The median age of the entire population is therefore only 17 (UNFPA 2005), young women representing 10% of the population (UNDP 2006). Younger women in Mozambique face multiple challenges, situated within complex power relations due to their gender and age (Silva and Andrade 2000; Lofort 2003). They are usually under significant control of their family during major life events such as marriage and family planning, have less opportunities for economic empowerment and less access to educational opportunities. They also have responsibility for a large proportion of domestic work in the home, less access to a diverse range of life opportunities, and complex sexual relations to negotiate through adolescence and into adulthood (CEDAW 2005). This is also a time when the changes associated with becoming an adult take place (Olukoya 2004). The number of key life events associated with young women are numerous with significant implications for their future, taking on a strategic importance for action programs aimed at transformation (WLSA 2007).

Unintended pregnancy for young women is one such life event that has developed as a key social development concern in recent years (Hainsworth 2002; Westoff 2003; UNFPA 2007). Amongst other things, pregnancy in adolescents is associated with

higher rates of infant mortality, maternal mortality and unsafe abortion (Oye-Adeniran 2004; UNICEF 2006; CEDAW 2007). Save the Children (2004) rank Mozambique as the 9th country in the world where early motherhood is most threatening. Obstetric Fistula, a serious health complication during pregnancy appears to primarily afflict younger women in Mozambique, some of whom are very small in stature and living in areas where transportation to hospital is not available (UNFPA 2003). HIV prevalence is also thought to be approximately 12% amongst pregnant women in Mozambique (UNFPA 2003), who are additionally vulnerable to contracting malaria (UNDP 2007b). Although both young men and women face great obstacles to the full realisation of their health, pregnant young women contend with a number of added risks as referenced by UNICEF,

> 'About 40% of Mozambican women have their first baby before reaching the age of 20. The risk of death amongst pregnant teenagers is four times higher than for women above the age of 20.' (UNICEF 2006b)

Unintended pregnancy and early marriage are also associated with low enrolment and high drop out rates of girls from school (Bacci et al 1993; CEDAW 2005; Ministry of Education and Culture 2005; Gogna et al 2008). The percentage of children who enrol in primary school has increased over the past 10 years in Mozambique, but secondary enrolment remains low at 11% for young women, and young men not so far ahead at 15% (UNESCO 2007). Many girls do not start school until they are 10 years old, often leaving only a few years later due to domestic duties at home, pregnancy or marriage (CEDAW 2005). Adolescent girls are also removed from school by families due to fear of unwanted pregnancy and sexual abuse, which they are thought to be at higher risk of if attending school. Secondary education can be expensive, with young men often prioritised because any investment made in a young woman will be lost when she marries and moves to another family home. Young women are more likely to be involved in care-giving and domestic chores at home, also limiting school attendance (CEDAW 2005).

Recent legislative changes mean that young women are an increasingly politicised group. With the aim of enabling young women to stay in school longer, the new

Family Law, passed in December 2003, has raised the minimum age of marriage from 14 to 18 years. The First Strategy for the Holistic Development of Youth was published in August 2006, reflecting some of the discussions and recommendations made from the First National Youth Conference in 2002. Unsafe abortion is also a particularly relevant issue for young woman (Oye-Adeniran et al 2004) and although illegal in Mozambique, a revised abortion bill is currently being discussed in parliament for possible legalisation in some circumstances. Young women also have the highest incidence of HIV inflection (SARDC et al 2006). Several 'youth' and 'women' focused organisations have recently joined together with the support of ActionAid to campaign about sexual relations between teachers and young women. They are also lobbying against an education policy that excludes pregnant young women from studying in the day because they are automatically moved to night school. Young women's educational access as well as their sexual and reproductive health (SRH) are key indicators for internationally monitored commitments such as CEDAW, MDGs and Poverty Reduction Strategy Papers (PRSPs).

One important criticism levelled at the development literature is the tendency to describe women as a homogeneous group, ignoring the important implications of race, age and class (Mohanty 2003). The passage of life is not only gendered, but is also experienced differently depending on a woman's stage in the life cycle, ethnicity and social class. From her research, Lofort (2003) draws attention to the life cycle in Mozambique, women gaining more 'power' and influence in households as they grow older (also supported by Silva and Andrade 2000). Through her research in Sub-Saharan Africa, Bryceson (1993) demonstrates that understanding the roles, responsibilities, patterns of daily living, use of time and available resources of women at different stages of the life course within a specific cultural context, is crucial for making intervention effective and meaningful. Teen-aged girls, who in many African countries are school leavers with up to 7 years of primary education, tend to have less time commitments than older women. These girls therefore have more time available for what the development community perceives as 'status-enhancing' productive activities. Not only that, but they are also at an impressionable age, a time when lifetime attitudes are formed. Therefore a life course perspective has been critical in conceptualising how women in Mozambique experience major life events;

complementing a gendered perspective by acknowledging that men and women reach the final stage of their lives by very different routes. In certain aspects, their experience of the journey and their preoccupations on route are also quite different (Burgoyne 1987).

Situating Mozambican women in the global context of social development

Women represented as victims, oppressed by traditional culture and colonial experience is a common and dominant representation in development literature (Mohanty 2003; Chant 2008). Women are also considered as 'vulnerable' and helpless, needing intervention to 'save' them. However, millions of women around the world continue to cope and even thrive within harsh and difficult living conditions. Writers such as Wichterich (2000), Wilson and Whitmore (2000), Nausbaum (2000), Cornwall et al (2002) and Chant (2008) give many examples of individual and collective action women have spearheaded around the world.

With the revision of the 1990 constitution in Mozambique, women now formally enjoy full and equal citizenship (Casimiro et al 2005). The government became a signatory to the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) in 1997 and ratified it without reservations on 16th May 1998 (WLSA 2007). Mozambique has ratified the Beijing Platform for Action, developing formal structures such as the Ministry of Women and Social Action, the Department of Gender and Development, the Department of Women and the Family and the National Council for the Advancement of Women (CNAM). Mozambique has recently signed the Protocol to the Banjul Charter on Women's Human Rights in Africa, but this is still to be specified in local legislation (WLSA 2007). The third MDG in Mozambique is also under close scrutiny by the international community in general and those with a special interest in the well-being of women.

While many constraints remain, political will has proved to be a more effective instrument than the abundance of material wealth in combating privations based on the segregation of women (UNDP 2001). Political change in the 1990s allowed the emergence or re-emergence of a range of organisations in Mozambique. Women's groups started to move into the legislative sphere, using the multi-party system and drawing on developments in the international community. Women and women's organisations were active participants advocating for recent changes in the Land and Family laws (Casimiro et al 2005). The first women's umbrella organisation, Forum Mulher (Women's Forum) was given legal status in 1994. Since then other organisations have been formed such as WLSA Moçambique (Women and Law in Southern Africa), Muleide (Women Law and Development), Numma (Women and the Environment), Muherez Mocambicanas Pela Pez (Mozambican Women for Peace), and OMES (Women's AIDS Education Organisation) as well as many smaller 'traditional' or 'endogenous' groups. Forum Mulher led the participation of Mozambican civil society at the Fourth UN Conference on Women in Beijing 1995, and the coordinator of WLSA Mozambique recently represented Mozambican civil society at the Thirty-Eighth session of CEDAW. While there are many barriers to solidarity and cooperation, women's organisations and civil movements have taken some steps forward for women in economic, social and political spheres of Mozambique (Casimiro et al 2005).

Cruz e Silva (2005), a Mozambican writer, argues that the economic, social and political conditions of the last two decades in Mozambique have created a context for the revival or creation of solidarity networks to ensure access to basic goods and services through alternative forms of social direction. Casimiro et al (2005), and other Mozambican writers, observe that over the years women's organisations have produced knowledge based on research, held dialogues with various sectors of society, worked to improve people's living conditions, addressed problems and confronted taboos. Throughout these activities expressions of solidarity have arisen, often opening up new possibilities and spaces for work, study and reflection. It is believed that increasingly women are beginning to lose their fear of being subversive, and there is a new awareness of the active citizenship of Mozambican women. Yet despite all the public commitments made and organisations formed, women continue

to experience very high rates of day-to-day insecurity and marginalisation that may undermine development in the future (UNDP 2001). Women's emancipation is championed in the political and productive spheres rather than in the gender relations found in the household (Peronius 2005).

The context of Mozambique demonstrates how women can be understood as both active parliamentarians and over-loaded victims. Women in Mozambique experience a high degree of day-to-day insecurity, yet there are opportunities for active and autonomous responses, illuminating the need to conceptualise women both as active agents and constrained victims. While social development activity has made a significant contribution to the increase in women's social well-being, unjust gender relations still remain (WLSA 2007). Social development as a macro developmental social welfare approach is awash with different strategies, policies and programmes, all underpinned by different assumptions, ideologies and values. Therefore the well-being of individuals and groups, their value systems, agency and strengths are difficult to identify through the competing voices in development. While the 'capabilities' and Human Development approach argue for the widening of people's choices, critical analysis of strategies aimed at achieving this widening of choices is still desperately needed. These motivations form the basis of the research.

CHAPTER TWO

The Concept of Coping Strategies

The concepts of coping and survival strategies are by no means new in a social development context having for the past 30 years been important elements in anthropological Third World 'shanty town' ethnographies (Moser 1998). According to Michael Redclift (1986) the term 'strategy' was imported from studies of the urban poor in developing countries, particularly Latin America and Africa (Hart 1973; Roberts 1978) and is associated with an analysis of the 'informal sector'. 'Strategy' has been used to show how struggles to survive poverty can be both logical and resourceful (Wallace 2002). The importance of coping strategies for exploring the process of social well-being has therefore long been recognised by anthropologists and more recently by social psychologists, sociologists and the wider social development community.

'Coping strategies' is a practical and pragmatic concept now used in many applied 'western' disciplines such as social work and counselling, by health professionals and mental health practitioners. It is even found in business and organisational studies as metaphors that are packaged and sold to improve functioning and promote well-being (Judge 1992). However, while the concept is frequently used to describe responses to stress or adversity it is infrequently defined or explicitly used within a rigorous conceptual framework. Theoretical development is largely found in social psychology with little systematic utilisation or discussion in other literatures (Williams 1999; Sheppard 2005). A literature search across disciplines identifies key authors who have engaged theoretically with the concept, which has critical implications for how it is understood and used. Of most note are Crow (1989) and Pahl and Wallace (1985) in sociology, Davis (1996) in development studies, and Lazarus and Folkman (1984) and Frydenberg and Lewis (1991a) in social psychology. Few other studies reviewed actually engage in theoretical discussions about how it is defined, what 'coping'

means, whether action is strategic, how ‘strategies’ are identified, and how they can best be applied to understand and improve social well-being.

Within this thesis, the concept of coping strategies has been used to explore the process by which young women in Mozambique achieve social well-being. The aim of this chapter is to engage critically with the different understandings and uses of this concept as it applies in the social development context of Mozambique. The chapter begins by exploring the definitions used in various disciplines, before problematising the nature of both ‘coping’ and ‘strategies’ as well as the different units of analysis used (individuals, households and communities). The chapter then reviews its transferability to social development with women, before concluding with implications for research methodologies.

Definitions and contested attributes of ‘coping strategies’

With limited formal theoretical development most writers draw on timeless definitions from social psychology or define one part of the concept such a ‘strategy’ rather than bringing together both elements of ‘coping’ and ‘strategy’. The most frequently cited definition (when exploring the response of individuals to various types of adversity) is by Lazarus and Folkman (1984) who define coping as, ‘constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person’ (p141).

Coping strategies thereby involve efforts to alter the cause of stress and/or efforts to control emotional responses. According to Frydenberg and Lewis (1991a), the notion of ‘coping’ as developed by psychologists has acquired a variety of meanings that are often used interchangeably with concepts such as mastery, defence and adaptation. As Taylor (1998) expands, ‘coping strategies refer to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events’ (p1).

According to these definitions, coping strategies refer to both external behaviours and internal emotional responses aimed at relieving stress to promote well-being. Taking the concept outside of social psychology Davis (1996) uses the term to describe strategies employed by households during famine and food shortages in sub-Saharan Africa. Using her terminology, coping refers to successful engagement with shocks and crisis, defining coping as, 'the tertiary activities pursued by people to survive when their habitual primary and secondary activities cannot guarantee a livelihood' (p238). Davis is well known for distinguishing between coping and adaptation strategies (Dercon 2002). For Davis coping strategies are 'short-term responses to unusual food stress' and adaptation is 'coping strategies which have become permanently incorporated into the normal cycle of activities' (p36). Of course these definitions are not mutually exclusive, with both coping and adaptive strategies being used at the same time when responding to multiple sources of stress.

Coping strategies are therefore generally understood as short-term responses to difficulty, social problems or life events. They are thought to be particularly necessary in situations of vulnerability such as poverty, because the poor, for example, who subsist on inadequate incomes, are highly vulnerable to income shocks (Devereux 2001). Not only are coping strategies seen as responses to social problems (Gross 2005), but the process of coping also shapes the experience of social problems (Taylor 1998). How people manage, minimise, tolerate and cope with social problems is intrinsic to the promotion of social well-being. Therefore, understandings of what it means to 'cope' or how such coping can be strategic, are critical to how it is used to promote social well-being as will now be explored.

Breaking down the component parts

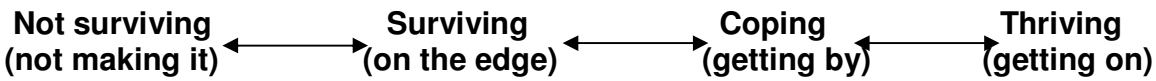
'Coping'

When separating out 'coping' from 'strategy' any consensus on how 'coping strategies' are understood, defined and identified breaks down. The perception of

'coping' has been challenged on the one hand by those who see it as another word for 'survival', and on the other by those who are frustrated by its lack of support for social change and 'empowerment'. Is 'coping' merely about surviving and getting by, or about thriving, conquering and doing well? Does 'coping' maintain or increase social well-being? The answers to these questions have critical implications for whether a label of 'coping' is attributed, because it defines whether a particular goal or outcome has value or not.

The term 'coping strategies' is often used interchangeably with 'survival strategies' in the economic and social development literature (UNDP 2001). Gore (1992) argues that ''coping' essentially only means acting to survive within the prevailing rule systems' (p6), rather than challenge prevailing systems. Dennis (1991) describes survival strategies as spreading risks to ensure survival in an increasingly unpredictable and hazardous world, rather than strategies that take advantage of opportunities. However, the term 'coping' has also been used to recognise the potential for not only 'surviving', but also to 'get on' and even 'do well'. McCrone (1994), for example, draws a distinction between 'getting by' and 'making out', arguing that household strategies can be used as a method for social climbing. The strength-based literature and human capability approach also champion the possibility of individuals, families or communities overcoming difficult situations, while growing and developing through them (Sen 1999; Saleebey 2006). Davis (1996) conceptualises coping strategies as a way of preserving livelihoods, yet ignores the capacity of individuals and groups to not just preserve livelihoods, but in the process actually improve livelihoods. This coping continuum is illustrated in figure one.

Figure one - The coping continuum



'Strategy'

The debate continues when deconstructing the concept of 'strategy'. The term 'strategy' implies that people make conscious and rational decisions about the actions they take and behaviour they engage in (Crow 1989; Wallace 2002). It also assumes that people have specific goals in mind, which they implement specific strategies to achieve (Wallace 2002). With such assumptions, it is difficult to operationalise the concept in the social world where actions of rationality and strategy are difficult to identify, understand and categorise. Crow (1989) suggests that people may just muddle through life without a strategic grand plan, rejecting the possibility that strategy may be unconscious. This raises questions of how sets of actions can be judged as rational or strategic. Bourdieu (1990) uses the concept of strategy to break away from action presupposed by structuralism stating that,

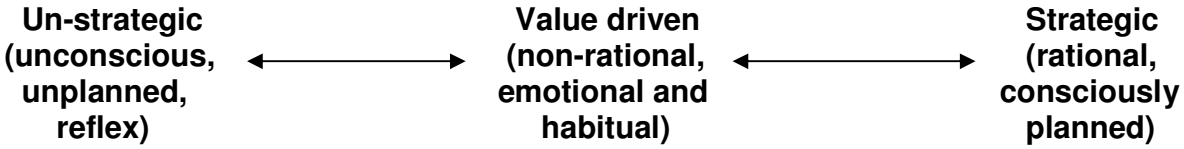
> 'one can refuse to see in strategy the product of an unconscious program without making it the product of a conscious, rational calculation. It is the product of the practical sense as the feel for the game, for a particular, historically determined game – a feel which is acquired in childhood by taking part in social activities….' (Bourdieu 1990 p62)

Bourdieu conceptualise strategies as not only rationally thought out action, but the embodiment of familiar ways of doing things so they become 'second nature' (Bourdieu 1990). Weber's (1968) distinction between 'instrumentally-rational social action' and 'value-rational social action' and between non-rational rather than irrational emotional and habitual (traditional/cultural) action are also relevant to this discussion.

Shaw (1990) argues that 'strategy' comes from the military, and should not be applied equally to households or individuals. Knights and Morgan (1990) argue that by using the term 'strategy', sociologists are constructing social actors according to the strategic discourse of the powerful, reinforcing the idea that individuals should act in normative and rationalistic ways. However, Morgan (1989) suggests we consider strategies as 'socially constrained options' instead of choices. Wallace (2002) also

proposes that ‘strategies’ are widely used to understand the ways in which people negotiate the complex demands made upon them. The continuum of strategic responses is illustrated in figure two.

Figure two – The continuum of strategic responses



Bringing the component parts back together

Crow (1989) questions whether coping strategies are just ways of surviving and not rational plans, which illuminates the importance of bringing both terms together for coping notions to go beyond survival. While sometimes interchanged with ‘survival strategies’, coping strategies can be distinguished by their capacity to facilitate both ‘getting by’ and ‘getting on’. In some cases, ‘strategy’ being critical for the possibility of ‘thriving’ and ‘getting on’. This is consistent with the work of Pahl (1984) who believes that the approach of strategies recognises contributions from people who want a ‘better’ way of living for themselves and their families. Valtonen et al (2006) draw together the coping and strategies literature by claiming that coping is understood as an adaptation activity that involves particular effort. Not every response is a coping strategy requiring some form of effort within our awareness. Coping strategies are therefore conceptualised, defined and identified quite differently depending on how ‘coping’ and ‘strategies’ are used when applied to the process of social well-being as observed by the coping strategies typology in table one.

Table one – Typology of Coping Strategies

	Un-strategic	Value driven	Strategic
Thriving (getting on)	Unconscious reflexive response resulting in improved well-being	Response made that 'feels' it will achieve maximum well-being	Consciously planned response aiming at improved well-being
Coping (getting by)	Unconscious reflexive response maintaining well-being	Response that makes sense for maintaining well-being	Consciously planned response for maintaining well-being
Surviving (on the edge)	Unconscious reflective response to counter-balance threat to well-being	Value-based response to counter-balance threat to well-being	Consciously planned response to counter-balance threat to well-being
Not surviving (not making it)	Unconscious, reflective response reduces well-being	Value-based response reduces well-being	Consciously planned action reduces well-being

Use at different levels

As raised earlier by the social development literature, a sense of social well-being is present at many different levels (individuals, households and communities). These different levels have been used within the coping strategies literature as different units of analysis (Williams 1999; Saleebey 2006), which will now be examined further.

Individual coping strategies

The most comprehensive and influential work done on individual coping strategies is found in social psychology initiated by the work of Lazarus and Folkman (1984). Coping strategies are developed by individuals in relation to specific stressors, taking into account the resources available to reduce, conquer or tolerate stress. The notion of controllability is key with a distinction made between problem-focused (efforts to do something active to alleviate stressful circumstances) and emotion-focused (efforts to regulate the emotional consequences of stressful or potentially stressful events) strategies. More recently, a third social-focused set of strategies (efforts to reduce stress through use of relationships) has been developed (Cohan 1991; Frydenberg

1991b; Valtonen et al 2006). The psychosocial literature has grown in a manner that attempts to measure, give value and predict the use of particular coping strategies. Structured questionnaires have developed empirically-derived inventories of the ways in which people cope with stressful events (such as death of a spouse, poor health, unemployment, addiction, low income, conflictual relationships) to maintain or increase social well-being (Folkman et al 1986; Carver 1989; Frydenberg 1991a).

A further distinction often made in the coping literature is between active and avoidant strategies. More often than not, active strategies are thought to be better when responding to stress, and avoidant strategies are associated with psychological risk and adverse responses (Holahan and Moos 1987). Analysis of different strategies is frequently found in health psychology, for example, with thousands of health sites dedicated to coping. Some counselling techniques also incorporate the use of individual coping strategies, as well as the strengths-based approach in social work (Saleebey 2006). These approaches take the individual as the site for achieving social well-being and focus of intervention, valuing some strategies as more effective than others.

Interestingly, outside of social psychology, Goffman (1961; 1969; 1970) uses the concept of 'strategy' in relation to individuals, to explore social interaction through the metaphors of 'games', 'the stage' and 'rituals'. These metaphors help us to understand the action of individuals in response to collectives and social structures, emphasising the precarious and taken for granted nature of social interaction.

While focus on individuals acknowledges the role of social interaction and social support, it rarely challenges structural inequalities that produce problems for large groups of individuals. Responsibility is placed on individuals to respond with personal ability and resources to structural inequalities, always relating stress and social problems to behaviours. This ignores the experiences of structural inequalities as a shared stress for many and collective action as a response. Individuals are still pathologised, even while recognising their strengths if the challenge of structural inequality and the implications of relationships with others is not considered.

Coping Strategies used by households

Sociology frequently uses the concept of 'strategy' to understand relationships between groups of social actors in society, shifting the focus to strategies implemented for household well-being. Households are therefore taken as a unit of analysis for understanding responses to social problems that threaten well-being. Wallace (1993) describes the significance of household strategies as a developing concept in sociology,

> 'At that time this was a reaction to the Marxist structuralism that had dominated academic paradigms and which focused attention on the societal level of reproduction in which the motivations of social actors were not very relevant. The idea of household strategies, by contrast, focused upon social actors and was therefore a 'bottom up' perspective. The concept was used to imply that the strategies of households could shape the environment instead of only being shaped by it.' (Wallace 1993 p95)

If viewed in this way, the study of household strategies is a way of understanding the complex interaction of structure and agency (Morgan 1989). For further reference, Berger (2008) gives a good synopsis of the agency/structure debate mainly using the works of Alexander (1982), Giddens (1984), Sewell (1992) and Emirbayer and Mische (1998). Wallace (2002) also argues that household strategies can be used to understand social change in different societies, as for example, identifying what resources are important to different groups of people at different times. Coping strategies are used to explain how households manage 'risky environments' by exploring risk minimising rationality (Crow 1989). Pahl and Wallace (1985) use the concept of coping strategies to understand the economic strategies of households and the use of work, expanding the ideas of 'strategy' for use in all households.

Literature on household strategies in developing countries tends to centre on the management of poverty and food security (Corbett 1988; Maxwell 1996; Ellis 1998;

Suksiriserekul 1999; Mckenzie 2003; Brück 2004). Consideration of structural influences are therefore implicit. The management of poverty is on many levels compatible with a strategic and rational concept of coping strategies, using consciously planned strategies to minimise poverty and increase economic input. It focuses on what people can do (Davis 1996; Sen 1999), involving the use of thoughts and behaviours to search for information, solve problems and seek help from others, establishing achievable goals and objectives (Gross 2005). However, economic factors are not the only considerations when making decisions about the means of production or division of labour in households (Crow 1989; Chant 2008). Other research has illuminated behaviours that appear to be less strategic and rational when combating poverty (Morris 1987). Women may remain engaged in domestic and informal activities to promote poverty alleviation, rather than higher productive activities based on social and cultural factors that also feed into the development of strategies. Even specific responses of poverty alleviation are based on more than a rational cost-benefit analysis.

However, using the 'household' as a unit of analysis assumes consensus within households that both benefits and represents the interests of all members (Wallace, 2002). The term 'household' masks the fact that these strategies are in fact often carried out by individuals. Chant (2008) draws attention to the unequal effort women input to achieve social well-being for the whole household in comparison to men, and the poor outputs they receive. Their involvement in social development programmes is also based on this precedence, that they will ensure well-being for whole households. Contextual power relations and negotiations within the household therefore cannot be ignored. This is often highlighted in the literature concerned with gender, but is also true of divisions in the household based on age, ethnicity, sexuality and disability (Williams 1999).

Coping Strategies used by communities

Community level coping strategies are conceptualised differently to those applied by individuals and households, often found in literature on collective action, empowerment and solidarity. However, theoretical underpinnings share commitments

to a strength-based approach, the relationship between agency and structure and capacity for doing well. Within the literature, communities are more often cited as resources for coping than as units of analysis. Yet Williams (1999) and Saleebey (2006) both refer to the possibility of individuals, families and communities as having the potential to engage in strategies, although this is sometimes difficult to categorise. Common Property Resources (CPR's), for example, are developed in a community setting even though they are utilised by specific individuals and families (Beck and Nesmith 2001).

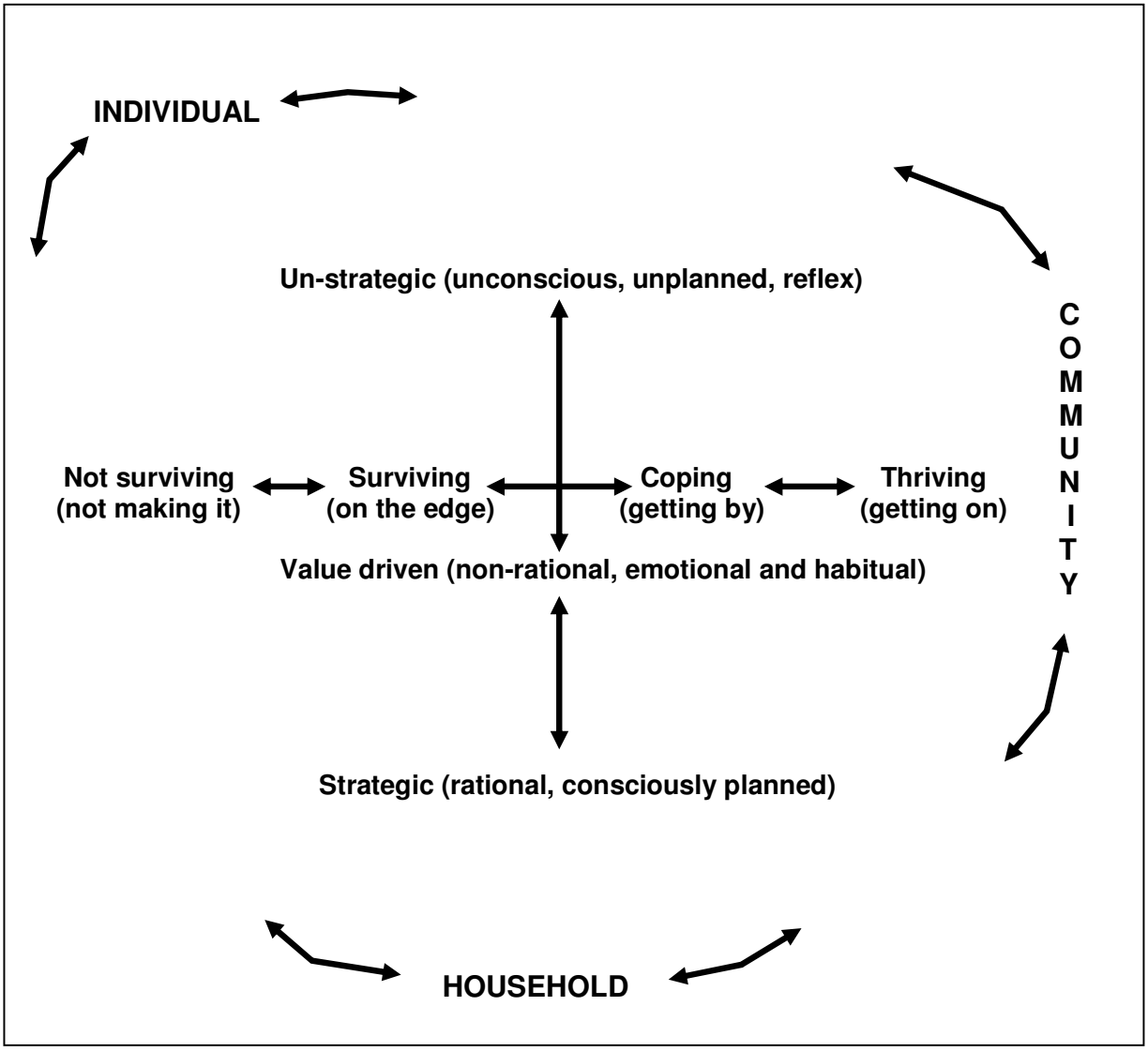
Setiawan (1999) links the concept of 'survival strategies' to that of social capital when researching the urban poor in Indonesia. Setiawan argues that developing and revitalising indigenous grass-roots institutional mechanisms, such as religious groups and community based cooperatives, local human capital and material resource mobilisation is vital to strengthening coping strategies and social capital. Setiawan resists taking his analysis to the household, identifying strategies that whole communities partake in. De Vletter (2001) identifies the traditional skill of basket making in Mozambique as a strategy communities engage in to cope with extreme poverty. Laird (2008) has also recently engaged in a comprehensive literature review on the 'survival strategies' used by whole communities across sub-Saharan Africa to improve living standards, promoting social well-being.

Important as this work is at using the community as a unit for analysis, coping strategies are often seen as having the least impact on social transformation and collective action (Bhavani et al 2003). For coping strategies to be a useful concept for large collectives, structural inequalities and power relations need to be at the forefront of understanding social problems. Bayat (1996) suggests that community solidarity and coping strategies can often work against the development of organised social activism. While reciprocity may well act as an effective strategy enabling some households to gain access to goods and services otherwise unavailable, it may exclude those who are unable to maintain reciprocal relationships. The concept of 'community' and nature of 'collectives' in the coping strategy literature, therefore requires further development to comprehend the analytical implications of coping

strategically as a collective in response to social problems; emphasising maintenance or change.

Reflecting on the literature review, this holistic diagram of coping strategies has been developed to illustrate the varying conceptions and uses of this versatile concept. The inner combinations of coping and strategies being used in relation to these three different units of analysis, which are all related to one another.

Figure three – A holistic concept of coping strategies



The model in figure three can also be used to understand the complexity of the process used to achieve social well-being by illustrating the different conceptions of what it means to 'cope', and the strategic potential of individuals situated in households and communities.

The use of coping strategies in social development

Although originally developed in a social development context, the concept of coping strategies is now heavily used in western-based conceptual frameworks. These frameworks now influence its use in social development as Laird has observed,

> 'the coping strategies deployed by vulnerable and disadvantaged groups across the sub-Saharan region are greatly dissimilar from those common in western countries … … The main problems identified by research and explicated by African scholars highlight socio-economic and not psycho-social causes of social problems in the sub-Saharan region.'' (Laird 2008 p147)

Laird argues for a model of practice that draws upon a strengths perspective in conjunction with socio-economic rather than psycho-social interventions that risks exacerbating the frequent conceptions of African women as vulnerable victims rather than active agents. Laird champions the positive use of the concept, but argues that it needs to be congruent with social development practice models. National and global political and economic contexts need to be emphasised alongside personal, social and cultural problems in the developing world.

Coping strategies as a concept in social development literature does not appear to generate a great deal of theoretical discussion apart from in Davis (1996). Rather it is a way of expressing patterns of daily response as people battle to achieve social well-being in adverse conditions. Yet assumptions about coping or lack of coping permeate social development when considering the reason for development (the assumption that people are not coping), the goals of development (to facilitate social

well-being and coping), when measuring development and when discussing social actors (how to facilitate coping through intervention). The concept of coping strategies is frequently used alongside or is integral to concepts such as resilience (Adger 2000; Ungar 2008; Wong 2008); empowerment (Rowlands 1997); social support networks (Devereux 2001; Barakat and Wardell 2002; Stoer and Rodrigues 2005); safety nets (Dercon 2002); social protection (Devereux 2001); social capital (Setiawan 1999; Devereux 2001); sustainable livelihood strategies (Davis 1996; Moser 1998; Beck and Nesmith 2001); vulnerability (Davis 1996; Devereux 2001); risk management (Skoufias 2003); informal sector (Hart 1973; Roberts 1989; Leonard 2000; Stoer and Rodrigues 2005) and capacity building based on indigenous knowledge (Beck and Nesmith 2001; Krumer-Nevo 2005). These concepts shift focus from an individual's experience of stress, to group and community experiences of social problems and structural inequalities.

Bryan and Baden (1995) believe that the vast majority of people in developing countries survive because of strategies they adopt when dealing with crisis rather than the intervention of agencies. Laird supporting this, remarks,

> 'The absence of a welfare state, in conjunction with pervasive absolute poverty and thus deficits in basic needs, has led many communities across the sub-Saharan region to both depend upon traditional coping strategies for survival and develop additional adaptations in support of activity to improve living standards' (Laird 2008 p7)

Contextual evidence of this is given in the many studies exploring coping strategies in developing countries as already cited. This work has identified broad coping strategies such as social networks, mutual aid groups, intergenerational households, multiple livelihoods and household assets (Laird 2008) as well as specific problem-focused strategies. Strategies such as the use of remittances (Barakat 2002; Stoer and Rodrigues 2005; Brown 2006), employment with NGOs or dependence on aid (Barakat 2002; Stoer and Rodrigues 2005), temporary or permanent migration (Davis 1996; Hentschel and Waters 2002) and the informal economy (Hart 1973; Roberts 1989; Leonard 2000; Stoer and Rodrigues 2005) highlight the importance of

relationships outside of kinship and community networks. ‘Coping strategies’ is therefore an appropriate concept to use in the context of developing societies where vulnerable groups have a lot to cope with, yet many lack the resources needed to develop effective strategies.

The gendered nature of coping strategies

> ‘Together with decisions about the allocation of family labour and of incomes or assets, sexual and reproductive decisions can be thought of as ingredients of more general strategies for ensuing the survival, security or social advancement of the individual or group. Such strategies are played out differently for women than for men … Using a gender perspective, the investigator can identify the overarching goals that motivate the social actions of men and women, together with the role that particular sexual and reproductive behaviours play in fulfilling these goals.’ (Dixson-Mueller and Germain 2000 p73)

Men and women have different roles, interests, needs and resources, which impact on their ability and desire to engage in particular strategies. Motivations underlying the use of coping strategies, the outcomes expected and resources available are also influenced by gender relations. Men and women have different resources available in response to shocks and life events that lead to different coping strategies (Bryan and Baden 1995). Female headed or maintained families are likely to have less financial resources available and therefore are more vulnerable to the effects of economic crisis. However, such households may have access to other types of social, cultural and reciprocal resources for managing the impact of economic shocks. Women from patrilineal and matrilineal based households in Mozambique have access to different strategies based on these family structures such as the ease of divorce for example (Lardinois 1994; UNDP 2001). Linked as they are to the social and economic resources available, coping strategies are clearly affected by class and age as well as gender divisions. Bryan and Baden have conclude that,

> ‘Gender sensitive policies to support coping have so far proved elusive. A greater understanding of gender biases in coping is needed. There is a need to support women’s coping in positive ways, without undermining men’s strategies, in order to reinforce overall coping capacity.’ (Bryan and Baden 1995 p7)

Coping strategies are often examined at the household level without seriously engaging with the impact of power relations and the division of labour (Wallace 1993; Bryan and Baden 1995). The study of households as units of analysis makes gendered relations and often women invisible (Wolf 1997). A gendered perspective calls for a multi-level analysis of individuals, households and community as well as social structures and institutions as interacting and interdependent spheres. Structural injustices as well as individual ‘problems’ need examining when exploring the coping strategies used by women. A holistic analysis of the interplay is also needed because women experience pressures and problems within personal relationships, community relationships and structural inequality.

The ability of coping strategies to facilitate the relationship between agency and structure is also invaluable to the gendered perspective. Mohanty (2003) argues that the study of women’s self and agency is important for feminist analysis in an international context. Mohanty identifies agency as the opposite of passivity and describes how ‘agency’ can be robbed when women are not presented as significant social actors. Mohanty believes that the study of agency, ‘also leads to thinking about the possibilities of emancipatory action on the basis of the reconceptualization of Third World Women as agents rather than victims’ (p143).

Insights of agency uncovered by the concept of coping strategies therefore have something to offer feminist and ‘empowerment’ literature, incorporating the possibility of not only ‘getting by’, but also ‘getting on’ through individual and collective action. In return, feminist insights of power relationships, ‘empowerment’ and agency are important when analysing and identifying the coping strategies of women. Williams (1999) argues that concepts of control and autonomy provide a connection between psychological and sociological approaches to coping. She warns that work is needed

to ensure the concept operates in the framework of unequal social relations, rather than on the mere difference between men and women.

Using the concept of coping strategies to explore social well-being in Mozambique

The exploration and identification of coping strategies within this research is used to explore the process by which young women achieve social well-being. Young women in Mozambique are conceptualised as active agents situated in various social, economic, culture and political spheres. The identification of coping strategies evidences agency, facilitating a sophisticated understanding of the relationship between agency and structure and illuminates power relationships. A concern highlighted in response to social psychology is the danger of an over-emphasis on agency implied by the concept of coping strategies (Wallace 2002). The extent to which individual choice and action is controlled or conditioned is continually debated, intrinsic to much study of the social world. However, it is easy to place more emphasis or importance on either 'agency' or 'structure', while ignoring their relationship. Davies and Roche (1980) critique Brown and Harris (1978) for reducing the social to the individual, whereas the task is really to 'relate the individual to the political and social' (p651). The advantage of using the concept of coping strategies is that it not only identifies both 'agency' and 'structure' but it also illuminates the relationship between the two (Morgan 1989; Williams 1999). There is an interaction between the choices and decisions that individuals makes and context they are situated in, meaning that coping strategies are often the result of social interaction and the interplay between agency and structure (Wallace 2002).

Crow (1989) also analyses the problem of non-rational action in terms of the interaction between rational strategies and structural constraint. A focus on the relationship between individuals and their environment may reveal meaning attributed to seemingly non-rational actions as Goffman (1961) found in asylums. Strategies can therefore be used to help understand behaviours that may not seem wise or

acceptable, but actually become quite strategic when different meanings are attributed. This is critical to the development of effective social development programmes that may fail to take into account seemingly irrational and un-strategic behaviours underpinned by social and cultural factors. Ungar (2008) uses the concepts of resiliency and coping strategies to explore the tensions young people across different cultures manage in terms of access to material resources, relationships, identity, power and control, cultural adherence, social justice and cohesion. Ungar argues that actions tend to be based on the management of these social tensions. Bourdieu (1990) in his study of matrimonial strategies recognises the great negotiators who can make the most out of a 'difficult' situation. That the role and action of social actors is not entirely predetermined by structural factors is therefore considered critical for social development interventions.

The concept of coping strategies is also being used because of the value it places on 'local' knowledge and on grassroots 'voice.' Beck and Nesmith (2001) describe the coping strategies literature as exploring 'indigenous systems that promote a better quality of life for the poor, and in some cases examines policy options for working with, or building upon, these indigenous systems' (p120). They highlight the assumption of many who use the concept of coping strategies, that it can be used to identify 'local' or 'indigenous' knowledge to inform more effective intervention (Bryan and Baden 1995; Davis 1996; Krumer-Nevo 2005; Sheppard 2005; Valtonen et al 2006; Laird 2008). Leonard (2000) based her exploration of coping strategies on the work of Hart (1973) who demonstrates the active rather than passive behaviours of marginalised populations. Leonard states that,

> 'by embracing an approach which combines the active agency of participants with structural constraints together with a focus on local and global processes, we may reach a more sensitive understanding of the continued importance of informal ways of working and getting-by low-income populations and in the process pave the way for more sensitive policies for dealing with variable situations.' (Leonard 2000 p1083)

It is assumed that knowledge of coping strategies will ensure social development intervention progresses in a way that reinforces capabilities, facilitating rather than constraining already used strategies (Bryan and Baden 1995). Structures and organisations can facilitate coping strategies through social and institutional networks, accessibility of resources and information, or constrain through institutional discrimination and inequality.

However, the identification of coping strategies for social development raises four main cautions. The first was highlighted by Knights and Morgan (1990) earlier arguing that a chosen and elite set of coping strategies reinforces the idea that individuals should act in normative and rationalistic ways. No one set of coping strategies are effective for all individuals, families or communities, needing resources that may or may not be available. Different people have different ways of coping and some of these are more helpful than others in promoting well-being (Kneier et al 2006). A conflict of values can also arise when knowledge of 'local' coping strategies are used as a basis for intervention. The use of child labour within the household, for example, has been identified as a coping strategy for households on a low income (Barakat and Wardell 2002; Hentschel 2002). Yet this cannot be used as a basis for social development when it is direct opposition to the internationally agreed rights of a child and other development mainstays such as education. There is also a risk that reinforcing coping strategies that are only about 'survival' or 'getting by' may lock people and communities into cycles of subsistence rather than empowerment and thriving. When coping strategies are presented to policymakers in a general and de-contextualised format, their use may then be limited and even ineffective. Unless policymakers and practitioners incorporate a conceptual understanding of coping strategies into wider interventions then strategies will remain a technically calculated add-on, rather than integrated into social development discourses.

Secondly, Briggs and Sharp (2004) raise a postcolonial caution to the use of indigenous knowledge and how it is integrated into mainstream social development policy and practice. Knowledge does not sit equally, especially when it challenges dominant paradigms and discourses of development hegemony. How such

knowledge and ‘voice’ is heard and interpreted, and who chooses which coping strategies are valid and effective, requires active consideration, reflection and action.

Thirdly, Davis (1996) states that while it is possible to identify coping strategies, what they actually reveal is not always clear. Once strategies are identified, sophisticated analysis is needed to facilitate their effective and positive use. High and low risk strategies can be identified, but outcomes are not always accurately predicted. Uncritical support of coping strategies may reinforce gender inequalities, or undermine the overall capacity of individuals or households to cope. It may also lead to the freezing of traditional ways of coping rather than recognise fluidity and capacity to change (Briggs and Sharp 2004).

Finally, a cost-benefit rational understanding and use of coping strategies in social development policies may reduce rather than encompass the complexity of daily living. Different types of strategies are used by different people drawing on a multitude of resources. Macro, broad and general policies without due consideration for contextualisation will be ineffective, inflexible and tokenistic. Challenges therefore remain in how bottom-up indigenous knowledge on coping and social well-being is used to inform strategies and polices which remain top-down.

Implications for methodology – The challenge of operationalisation

While this chapter has largely been preoccupied with developing a conceptual framework, without systematic and valid methods for operationalision, the concept of coping strategies is defunct, its strength lying in its applied and pragmatic nature. Coping strategies are responses to crisis and problems that can be recognised and explained to others via the vehicle of appropriate research methodology. Therefore, this chapter concludes with some methodological implications for use in empirical research.

Importance of context

'Unintended pregnancy' is the context from which the coping strategies of young women in Mozambique are identified. It is essential that the concept is able to engage with contextual and cultural models of diversity (class, race, age and sex) to be useful, identifiable and transferable. The coping strategies identified will most certainly have cultural and contextual boundaries; expectations, perceptions and roles affecting the strategies used. Coping always occurs in a context and that context influences and impacts on coping (Sheppard 2005). Coping strategies therefore need to be grounded in the context in which they occur (Williams 1999). Judgements about the suitability and effectiveness of strategies should also be made contextually (Valtonen 2006); the context giving invaluable insight into the meaning of the problem (Donnelly 2003).

Global feminists argue for a new look at the written histories of specific locations, to document the struggle and day-to-day survival strategies that are used (Mohanty 2003). Gogna et al 2008 also argued that context should be taken seriously when considering the nature of adolescent pregnancy in Argentina. Work by Laird (2008) and Ungar (2008) respectively in their reviews of coping strategies and resiliency across cultures, highlight that most literature in these areas is western-based, lacking sensitivity to community and cultural factors. Further conceptualisation and research is needed on how these concepts are defined by different populations and manifested in everyday practices.

Identifying coping strategies

Coping strategies is a constructed, contextual and contested concept, but reflects a universal human process as basic as how we respond to social problems to ensure social well-being. As discussed earlier, the term 'strategy' implies that responses to social problems are planned, known, positive, articulated and able to be replicated. However, in the social world, strategies are unlikely to be as systematically or consciously executed as the term suggests. It is possible to resort to the weaker idea

of ‘responses’, ‘practices’ or ‘behaviours,’ but these do not capture the nature of specific responses made to a perceived social problem for continued social well-being. Warde (1990) suggests a useful way forward by proposing there are both strong and weak definitions of strategy. The ‘strong’ definition is that for example, households really do sit and strategically plan their activities, an idea which he found unsustainable. By contrast, the ‘weak’ definition is that a strategy can be inferred from, for example, a given household outcome. Warde uses this definition although admits that he is limited by survey data which, he argues, cannot explicate the reasoning around any ‘strategy’ by a household. Thus for Warde the fact that households had managed to organise various sources of formal, informal and household labour could be taken as evidence of strategy, whether it was consciously planned or not. In this respect the strong definition of strategy is more amenable to the qualitative interviews, which cannot ascertain rationality, but allow people to justify what they have done and why (Wallace 2002). The extent to which a ‘strong’ or a ‘weak’ definition is used therefore seems to depend upon the research methods adopted. However, Morgan (1989) suggests that ‘the real question is not one of whether a particular action in ‘really’ strategic, but rather the more pragmatic one of the further insights we may or may not gain from such an application’ (p28)

Davis (1996) argues that coping strategies need to be defined and identified quite precisely to have any analytical use, particularly as a tool for monitoring change. Coping strategies are therefore conceptualised as distinct activities that can be identified in response to a particular problems or life event. Sets of responses aimed at reducing problems for a specific outcome are identifiable as coping strategies. Strategies can be identified by directly asking individuals or households, as well as inferred by knowledge of context and outcomes. Coping strategies may not be massively different to habitual activities, but rather extensions or adaptations of such activities used in specific response to a perceived problem to maintain or promote social well-being.

Qualitative research

While a large amount of the psychological and social development literature on coping strategies is based on quantitative data, Dennis (1991) suggests that the link between the availability of material resources and ideological definitions of women's responsibilities cannot be solely investigated by the use of mechanistic social surveys. Sheppard (2005) argues that qualitative data helps to further tease out the subjective meanings attached to coping strategies, as does Williams (1999) in this citation,

> 'there is a remarkable absence of 'voices' from the research. The research methods used – formal, often interviewer completed questionnaires, based on measurements of variable – allow little room for the experience and meaning of the questions under study to be developed or articulated by the respondents themselves. … qualitative studies on the meaning behind these findings are necessary, especially in order to uncover subjective experiences of different interrelated social relations of power and inequality and to see the research subject as a creative human agent.' (Williams 1999 p31)

While quantitative studies offer a broad overview, qualitative methodologies are more conducive to the exploration of social interaction, power relationships and the interaction between agency and structure, all of which are known to be essential in the conception of coping strategies. The next chapter significantly expands on the qualitative methodology used in this piece of research.

CHAPTER THREE

‘My audit trail’: Methodology, methods and the research process

This audit trail, a term coined by Lincoln and Guba (1985), aims to make the process of research, what was done and why, explicit for the readers of this thesis. The quality, type and usefulness of data and conclusions made in this thesis are dependent on the nature and quality of research methods. While qualitative research is generally known as interpretive, contextual and very often messy, it can also be well thought through, systematic and rigorous (Bryman 2004). This chapter illustrates the deliberate and conscious process followed when making decisions about the type, collection and interpretations of data. The documentation of methods and research process, conduct of researcher, justification of decisions and a reflection on the strengths and weaknesses of what was done requires transparency (Spencer et al 2003). This chapter therefore guides the reader through the research process, particularly concerned with how and why decisions were made, and is crucial to ensuring the credibility of the following chapters. This chapter tracks the research process by drawing attention to the research aims, epistemological and methodological underpinnings, fieldwork preparations, methods, research in action and data analysis.

Making the coping strategies of young women in Mozambique known

Bryman (2004), as do many others, argues that the methodological starting point and value of research methods should be gauged solely in relation to the research questions. The aim of this research, as built up through discussions in previous

chapters, is to explore the process by which young women achieve social well-being using the concept of coping strategies during the life event of an unintended pregnancy in Mozambique. The outcomes and process of coping are crucial, physically, socially, demographically, culturally, politically and economically for individuals, for families and for Mozambique as a whole. It is expected that on some occasions coping strategies will be constrained, controlled and restricted, while on other occasions young women will successfully negotiate ways of achieving what they want or feel they can accomplish.

The aim of this research is threefold,
a) To illuminate the impact of social development with young women, informing future intervention that helps women in Mozambique and sub-Saharan Africa to 'thrive';
b) To successfully operationalise the concept of coping strategies through conceptual, methodological, critical and pragmatic application;
and c) To develop the academic discourse on women in Mozambique through empirical research, particularly highlighting the 'voice' of young women, power relationships, agency, negotiation and social interaction.

These aims are translated into the following research questions:

1. How do young women in Mozambique respond, physically, emotionally, socially, intellectually and spiritually to major life events using the context of unintended pregnancy?

2. What strategies are used by young women to respond, survive, cope and thrive in the context of unintended pregnancy particularly when there may be limited personal, social and organisational resources available?

3. How does the surrounding environment and relationships with others (including families, communities, social, cultural, political and economic processes, and national and international social development intervention) impact on the strategies used by young women?

4. How effective are the strategies used in achieving social well-being and how can local, national and international intervention facilitate them?

Qualitative methodology

Congruent with the research aims as described above, the ontological and epistemological essence of this enquiry is that people's knowledge, views, understandings, interpretations, experiences and interactions are meaningful properties for understanding the social reality of young women in Mozambique. The underlying assumption being that humans use what they see, hear and feel to make meaning of social phenomena, living in dynamic and complex social arrangements (Rogers 2000; Mason 2002).

The first crucial decision made was to follow a line of qualitative rather than quantitative inquiry. Quantitative inquiry has regularly been used to explore predictive factors and frequency of unintended pregnancy in developing countries (Eggleston 1999; Williams et al 2001; Santelli et al 2003; Le et al 2004; Ibisomi and Odimegwu 2007). However, when Gao et al (2008) used quantitative interviews to research the link between unplanned pregnancy and partner violence in the Pacific Islands they concluded that more qualitative research is needed to explore the cultural contexts of relationships. Oye-Adeniran et al (2005) also concluded by suggesting that qualitative research is necessary to understand the factors preventing translation of high contraceptive awareness into actual usage. Ibisomi and Odimegwu (2007) also believed their study on the factors associated with unintended pregnancy suffered from the lack of qualitative data. Qualitative inquiry with its focus on 'depth' rather than 'breadth', validating perspectives rather than one truth, being concerned with everyday behaviours, the complexities of relationships and the meaning attached to behaviours (Mason 2002) is more aligned with the aims of this research. The types of social explanation and theoretical arguments that will be developed from this research require depth, complexity, and multidimensionality within data rather than a surface analysis of broad patterns.

Qualitative methodology is a broad term used to describe a whole range of research approaches studying the social world and social phenomena. Its roots include philosophical traditions such as phenomenology (which questions the structure and essence of lived experience) and hermeneutics (which questions the conditions that shape interpretations of human acts or products). More recent influences include literary criticism, cultural studies, feminism, critical theory and post-modernism (Rossman and Rallis 2003). This research is informed by some of these philosophical standpoints, most dominantly by phenomenonological and feminist traditions, also situated between interpretive and critical approaches because of the engagement with power relations. These perspectives are appropriate because they provide a framework that conceptualises young women as active and powerful individuals situated within societal power relations often experienced as oppressive. It has been suggested that different approaches tend to focus on different levels of society (Rossman and Rallis 2003). Therefore, as this research is also interested in the relationship between young women, families and communities, it is informed by individuals, representatives of the societal context and representatives of an organisational context.

Knowledge and identification of holistic coping strategies, which function amid complex social interaction, requires attention to several features that are strongly associated with qualitative research, namely, the centralisation of context and diversity; flexibility and research as a process; interaction with participants; representation of voice; power relations and impact of self and reflexivity. These are set apart as being fundamental to methodological development in this research and will now be considered in more detail.

Centralisation of context and diversity

This inquiry is based on the assumption that knowledge is situated and contextual. By bringing a context into focus, knowledge is therefore produced and reconstructed (Mason 2002). As highlighted by chapter one, the political, social and economic context of Mozambique, gendered relations, life course, and unintended pregnancy

are significant contextual features framing the research, influencing how different participants reconstruct experience. The following analysis chapters are therefore steeped in context and socially constructed meaning.

Recognising and managing diversity is also central as social actors express agency within a societal context. The lives of young women in Mozambique, as with all people, are messy (without easily distinguishable causal relations), difficult to categorise, fluid and ever changing. The aim is not to standardise and make generalised comments, only seeking to identify similarities and patterns or causal factors. Interaction with research participants illuminates different life experiences and perspectives to deepen the research, often described as 'thick description' (Geertz 1983). Embracing complexity assists sophisticated reasoning that is multifaceted, iterative and useful for everyday lives (Rossman and Rallis 2003).

Flexibility and research as a process

The diversity and complexity which pervades social life cannot be captured without some freedom to explore topics and questions that are not on a primary list. This research is therefore conceptualised as an iterative process with space created to respond to the research environment. The research process has not been linear in nature, but responsive to the research aims and interaction with participants. Flexibility does not equate to lack of structure, rather flexibility has occurred around structure, adding value to the research not constraining it. Instead of simply recording answers to a set of preordained questions, free interaction has been used to help reconstruct the experience of young women, creating data in partnership with participants (Clough and Nutbrown 2002). Flexibility has allowed the researcher to respond appropriately during social interaction, to give the needed preamble to questions, word questions differently, to add or miss out planned questions and to use both open and closed questions (Silverman 2006).

Interaction with participants

Another feature of qualitative methodologies is that research often involves face-to-face interaction with participants. To reconstruct knowledge based on personal experience and explore social relations, the methods chosen involved a level of interaction to highlight the complex process of achieving social well-being. Taking into account the culturally and socially constructed nature of language, body language, methods of communication and social interaction was critical because of the role this plays in data construction. Interaction involved the use of 'self' and was complexified by translators, which will be discussed later on in this chapter.

Representation of voice

Inherent in all research is how the researcher represents others, recognising that all inquiry is embedded in power relationships, privileged voice and different types of knowledge (Rossman and Rallis 2003; Briggs and Sharp 2004). Feminist methodologists, for example, have long debated the nature of privileged voices and how 'voices' are represented (Kitzinger 2004). Finch (1984) maintains that academics who produce work about women have a special responsibility to anticipate whether their work could be interpreted and used in ways that are different from original intentions. While this research is largely based on qualitative accounts of young women, claims made from the 'voice' of young women in Mozambique may be contrary to their needs and interests. Qualitative researchers risk seriously breaching respect for participants' autonomy through distorted interpretation and generalisation when they lose control over how their narratives are interpreted and then represented (Richards and Schwartz 2002). This is therefore a fundamental methodological concern.

The claim is also made that qualitative research 'gives' 'voice' to participants, particularly those who are marginalised and silenced (Steinar 2006). Yet, in practice, it was actually participants who 'gave' their 'voice' during the research process. Participants spoke for themselves while sharing their stories and life experiences.

However, their 'voice' is mediated by the researcher and research process (Hewitt 2007) before being presented to others in various forms. Therefore, the representation of 'voice', while a priority, has not been taken for granted nor the epistemological underpinnings of qualitative interviews engaged in uncritically as will be illustrated later.

Power relations in and outside the research process

Central to the methodological framework is an appreciation of complex and often oppressive power relations both in and outside the research process, informed by both critical and feminist perspectives (Olesen 2003). Recognising, confirming and even challenging power relations is anticipated as central to the research findings.

Writings by 'Women of Color' challenge the nature of the 'knower' as much as the nature of knowledge itself (Smith 1999). As a White British woman researching African women, the literature review has involved both the examination of North-South relations and patriarchal elements of the research process. The literature draws attention to the colonising and oppressive potential of epistemologies, methodologies and research methods, which reproduce Western hegemony through universal application in non-Western contexts (Smith 1999; Oyewumi 2005). Women are all too easily conceptualised as the traditional, helpless and oppressed 'other' (Said 1978), a homogeneous and dominated group (Mohanty 2003; Steady 2005) through such research. The global research context is now demanding increased attention to the nature and influence of North/South interconnections (Nnaemeka 2005). More efforts have been made to consider how the tools of scholarship are themselves implicated in the multiple networks of power on a global scale (Lewis 2005), as they have for this research. Feminist paradigms of social research in particular have been influential in drawing attention to the 'subjectivity' of the researcher and shifting nature of power relations inherent in the research process (Stanley and Wise 1993). This also applies to indigenous researchers, who may be considered as 'insiders' (Jankie 2004), as well as those who are clearly 'outsiders', such as myself. The acknowledgement of power relations is not necessarily more

meaningful for cross-cultural research, being critical in all research contexts. However, it has required consideration of the different types and uses of power resulting from different histories, particularly in relation to colonisation and imperialism. These insights permeate every level of this methodology for ethical, anti-oppressive and transparent research practice.

Additional consideration has been given to the nature of 'give and take' expressed though this research as an illumination of power relations (Taplin 2009). Although participants 'gave' their voice, time, perspective and commitment to the research process, I also 'gave' significant amounts of time, skill, dedication, leadership and resources. While on the surface I 'took' the time, voice, language and commitment given by participants for significant personal gain (PhD, travel, research experience), this was not done without consent, negotiation, ethical considerations and benefits for participants as well. The notion of 'give and take' in the research relationship draws attention to the complex and two-way micro-practices of power between the researcher and the researched (D'Cruz 2000). Gains for all, although these may take different forms, are therefore possible when power relations are taken seriously.

Impact of 'self' and reflexivity

Not only has my personal biography shaped the conceptual framework and methodology, but it also shapes how I have made sense of the research setting and interaction with participants. I acknowledge that my gender, ethnicity, age, class, education and profession are fundamental to how I view and understand the world. It is, for example, European social work theory and practice that prominently influences my understanding of key concepts. However, these have been challenged and modified through the literature review, various visits to Mozambique and engagement with international and non-western frameworks. Previous work in Mozambique and a recent Overseas Institutional Visit (OIV) also involved direct work with young women and unintended pregnancy, promoting confidence in the research setting. These past experiences result in some integration of personal experience, as well as academic engagement, in the research process.

The qualitative researcher is an essential part of the research process, continually making choices, testing assumptions and re-shaping questions through interaction with participants. Through interaction, active partnership was encouraged as participants described their perceptions of the social world. Reflexivity is a concept often used by qualitative researchers to ensure the conceptual framework from which they base interpretation and analysis is explicitly recognised (Jankie 2004). Reflexivity in the context of social science research takes into account the personality and presence of the researcher on what is being investigated. Reflexivity, as part of this research, was an active process, usually facilitated through lively conversations with Mozambican research assistants and supervisors. My role as researcher, the methods used, data generated and what I would do next were problematised. The processes of translation and transcription actually facilitated a reflexive environment, usually resulting in discussions with my research assistants; drawing out different knowledge, experiences, perspectives, assumptions and judgements. Reflexivity was not always easy to engage in without discussion with another, making the different conversations with supervisors and research assistants invaluable to this process.

Reflexivity is also facilitated by the fieldwork diary. Contrary to the spontaneous nature of discussions, the research diary is a more considered, systematic and detailed form of reflection. For example, a note made during one of the focus groups says *'Maybe it is better that I can't understand everything properly because then I can't lead them and now they are just freely talking amongst themselves.'* The research diary more systematically documents the process of access, who was spoken to when, and the arrangements that followed. Reflection served many purposes ensuring that subjectivity, flexibility and interaction were conducive to rigorous, systematic and transparent date construction.

Foundational preparations

The process of making the research happen involved the balancing of methodological, conceptual and pragmatic considerations. Preparation for fieldwork, such as an overseas institutional visit, the process of ethical agreement and identifying a fieldwork supervisor was critical. These will be briefly discussed before engaging with the research design.

Overseas Institutional Visit

A 10 weeks Overseas Institution Visit (OIV) funded by the Economic and Social Research Council (ESRC) was made to Mozambique six months prior to fieldwork. Research links were built with key contacts and organisations working in the area of gender and social development. My understanding of Portuguese was also improved, country based literature accessed, fieldwork supervisor located, and conceptual and methodological frameworks developed. Relationships were built with both women-focused and youth-focused organisations, helping to build a definition of 'young women', identifying the needs, interests and critical life events that pervade this stage of the life cycle. This visit was invaluable when making firmer methodological and practical decisions about fieldwork, developing interview material and for focusing the research on unintended pregnancy.

Ethical approval

The process of preparing for fieldwork formally started with an application for ethical approval. It was not until this application that initial methodological considerations were formalised and developed into a coherent research strategy; facilitating the careful consideration needed during a piece of rigorous research. Central to the application was informed consent, access, impact of the research on participants, sensitivity of the research, prevention of harm, use of translators and my safety during

data collection. A whole section was dedicated to the detailing of any possible distress, discomfort, inconvenience or any other adverse effects participants may experience and how this would be dealt with. An extract below from my application for ethical approval shows the consideration given to 'unintended pregnancy' as a sensitive topic, predominantly because is poses an 'intrusive threat' into a life event that is generally considered both socially and culturally undesirable (Lee 1993). Its wider connection to the sexual behaviours of youth and adolescents, HIV/AIDS, abortion, mortality and social exclusion, all politically motivated topics, also draws attention to the need for additional methodological and ethical considerations. Investigating sensitive topics introduces the need for additional contingencies at all stages of the research process (Lee and Renzetti 1990) as identified by this extract.

> *'I am aware that discussion around unplanned pregnancy is a potentially emotive and sensitive subject, especially for those who have been through the experience of an unplanned pregnancy (although not exclusively). … It may also be that key informants have had this experience earlier in life or through a close family member and this may be one of the reasons that they have got involved in the area of adolescent sexual and reproductive health. … The basic safe guards will primarily be to be aware and look out for possible distress, which may include physical signs such as crying or silence, and take action appropriate to the distress being displayed. …'*

Consent forms, information sheets, interview schedules and vignette were all prepared in advance, preventing last minute designing of research materials. My application was approved and permission given to continue with fieldwork. A copy of the application along with fieldwork material (information sheets, consent forms, vignette and interview schedules) can be found in the appendices. All fieldwork material was translated to Portuguese and Changana by a research assistant on arrival in Mozambique and has not be included as part of the appendices. Further discussion on research ethics in action appears later in this chapter.

Local supervisor

A Mozambican social worker, from a well respected African and independent women-focused organisation, took on the role of onsite supervisor. She was crucial in facilitating access through the higher level gatekeepers, and in discussing the cultural appropriateness of the research. She also took on the role of advocating for Mozambican interests in the research from her own organisational and ideological perspective.

Sampling and methods used

The epistemological foundations of this research validate human accounts as acceptable evidence that is foundational for knowledge and ways of knowing. Research methods therefore involved direct interaction with research participants, drawing out their experiences, understandings, views and perspectives on unintended pregnancy and the process of social well-being. This was done through various forms of qualitative interviews with different types of research participants (semi-structured interviews with young women who had had an unintended pregnancy, focus groups with young women using a vignette and semi-structured interviews with key informants). The process of sampling and methods used are now detailed.

The process of sampling and selection

All research participants were accessed through the national programme for sexual and reproductive health with youth and adolescents, which is active in most provinces. Mozambique is divided into eleven provinces based on various administrative, geographical and cultural divisions as illustrated by the map in figure four.

Figure 4 – Map of Mozambique

Northern Provinces:
Niassa
Cabo Delgado
Nampula

Central Provinces:
Zambézia
Tete
Manica
Sofala

Southern Provinces:
Inhambani
Gaza,
Maputo Province
Maputo City

Due to time, financial and personal resources two provinces, Maputo City and Zambézia, were identified as the sample sites from which to access research participants, taking into account cultural, economic, political and social diversity. Maputo City, a southern urban province is predominantly made up of patrilineal households, has a mobile population due to its proximity to South Africa and a high prevalence of unintended pregnancy (INJAD 2001). Zambézia, the most northern central province is largely rural, containing matrilineal households and many transit corridors. Maputo City and Zambézia were also chosen because the programmes run by the access organisation are most developed in these provinces. They were also fairly accessible taking into consideration the poor infrastructure found in many parts of rural Mozambique, particularly in the north. The fieldwork took place in these two locations to include diversity within the sample, acknowledging the significant rural/urban, north/south differences rather than for comparative purposes. Further demographic details of the sample locations can be found in appendix C.

Through the national programme for sexual and reproductive health, four youth associations were then identified from each of these two provinces to invite participants for the focus groups. These young women were drawn from the communities in which the youth associations are situated, and have some link with an association. Although they were not all active members or regular attendees (for further details of focus group participants see appendix D). Women between the ages of 15–21 were invited to join the groups, based on both the life cycle of women in Mozambique and wider national and international definitions.

The coordinators of each youth association were also asked to identify three young women (between the ages of 16 and 19 at conception) who had had an unintended pregnancy and live birth for an individual interview (in total nine from Maputo City and eleven from Zambézia). Those who had had an abortion as a result of the unintended pregnancy were excluded from the research (for further details of individual young women see appendix E). These coordinators directly approached individual young women to be interviewed based on this criterion, which they sometimes struggled to do as this excerpt from my reflexive diary shows,

> *'Coordinator one said that is it difficult to find a girl for the individual interviews because the coordinators don't know if a girl has had a baby. The girls disappear and then may come back, but the coordinator doesn't know because it is not talked about. The girls only talk about it between themselves and not with the coordinators.'*

On two occasions, young women revealed they had had abortions rather than live births after the interview had started. One also intended to become pregnant, which again was not made clear until after the interview was under way. These young women wanted to continue with the interview as they had already given up time to attend at the request of the coordinators. The interview schedule was adapted, still enabling their narratives to be told and coping strategies identified. Particular care was given to those who had had abortions. They, however, appeared to be very happy to talk about their experience.

Key informants were identified with the regional directors of the programme in both provinces (in total ten from Maputo City and four from Zambézia), who approached them for consent prior to any involvement in the research. Key informants were sampled through the programme, but from different organisational positions and from sectors of health, education and youth (for further details of key informants see appendix F).

Qualitative interviews

This methodology relies heavily on different types of qualitative interviews. The qualitative interview, whether semi structured, open ended, unstructured or focus group (Noaks and Wincup 2004) is often the first method considered by qualitative researchers (Bryman 2004). Qualitative interviewing was chosen for this research to draw out the depth, nuance and complexity in data, illuminating social processes involving young women (Mason 2002). Burgess (1984), for example, describes qualitative interviewing as a 'conversation with a purpose' (p102) drawing attention to the interactional exchange of dialogue, often in a relatively informal style.

Qualitative interviews are dependent on people's capabilities to verbalise, interact, conceptualise and remember experiences or events. Fontana and Frey (2005) suggest that interviewing is inextricably and unavoidably historically, politically and contextually bound. Interviews are also culturally bound, and it is unlikely that the participants were familiar with interviews or answering questions based on their individual experience (Graham 2002). On some occasions it felt as though the young woman had never previously had the opportunity to talk about her experience in such depth. In illustration, at the end of an interview one participant, after being thanked for her participation, said *'You are welcome, so it was also good for me because now I know that I can share my experience with others because before I didn't know about that.'*

As shown by this research, qualitative interviews are versatile, but do have some limitations. Qualitative researchers can use open ended interviews like TV chat hosts

trying to tap directly into the perceptions of individuals, without considering how this may be problematic (Bryman 2004). Participants may say what they think the researcher wants to hear, or may reconstruct histories in a deliberate way that frames them or others in a more or less positive light (Warwick 1993). It is also important not to assume interview responses give 'direct access' to experiences, the experience being reconstructed by participants through language, perceptions and influencing discourses (Silverman 2005). Qualitative interviewing is used to access attitudes and values, interpretations of events and opinions. However, drawing conclusions based on this type of data must be done carefully (Silverman 2006), which is discussed further in the data analysis section.

Some describe qualitative interviewing as a possible emancipatory and empathic activity (Fontana and Frey 2005); while others such as Finch (1984) recognise the potentially manipulative nature of interviews. Whether or not this research was a therapeutic or empowering experience for participants in Mozambique is debatable, and is likely to have been more therapeutic for some than others. While the researcher is a social worker by profession, communicating in a different culture and language through a research assistant significantly affects interpersonal skills. Although there were certainly times when interpersonal skills were used in response to the narratives being told and various emotions displayed. The majority of participants thanked the researcher for including them as part of the research and for listening to their experiences. Nevertheless, the explicit use and benefit of social work and interpersonal skills cannot be taken for granted.

Individual interviews with young women

Twenty-one individual semi-structured qualitative interviews with young women who had had an unintended pregnancy were used predominantly to document and explore first hand experience. The interviews were used to reconstruct the life event of unintended pregnancy by asking participants to describe and then discuss their experience. The interviews were structured initially to elicit free flowing narratives, and follow-up questions were used to explore and reflect on the narratives given (life

histories of young women who had had an unintended pregnancy in Indonesia were also used by Bennett 2001). The interview allowed young women to verbalise their experience in recognition that it is valid and important knowledge. Therefore, not only is the research topic considered 'sensitive', but the nature of the qualitative interview used may also be considered 'sensitive' because it requires participants to recall and recount 'emotive' and 'difficult' life experiences in an intimate manner (face to face encounter) with interested strangers (Lee 1993). Situated knowledge was therefore reconstructed, with meaning and understanding created through interaction. Participants were guided through the interview schedule, free to answer questions in whichever way they chose. Prior to the interviews, a basic structure covering a number of topics and issues connected to the research was constructed (see appendix B). However, this structure was flexible, free to follow up on unexpected themes as they arose. To a certain extent participants remained in control of the experiences shared and how they were shared (Mason 2002), however Lee (1993) draws attention to the 'treat' such interviews can pose because it is difficult for individuals to judge how 'normal' their behaviour is compared to other people. During some interviews, a few open questions enabled participants to talk through the unintended pregnancy freely and reflexively. In other interviews, a long series of open and closed questions slowly reconstructed the experience with some gaps still remaining.

Qualitative interviews were used to identify specific strategies that promote well-being, responding to various problems during unintended pregnancy. The initial intention had been to hold multiple interviews with the same participants as Seidman (1998) suggests, first listening to their account and building a relationship, before then facilitating the self-identification of coping strategies. However, it soon became clear that it would be difficult to arrange follow-up interviews with young women who are balancing multiple commitments to their child, their family, material provision, relationships, friendships and institutions (such as school, church and youth associations). To ask these women to 'give' more time, in addition to the potential costs associated with 'sensitive' research (Lee, 1993), without negotiating for any additional benefits felt problematic on both pragmatic and ethical grounds, reflecting the consideration of 'give and take' issues. However, completing the interview in one

meeting made it difficult to engage in a reflective dialogue. Reflectivity was largely prompted throughout the narrative by asking 'why' questions and 'how did you respond to that?' or 'what did you do and why?' These types of questions worked better with some young women than others. For an overview of the narratives given see appendix G.

Focus groups with Vignettes

Eight focus groups with up to twelve young women were used to facilitate individual and group responses to a vignette of Hortencia, a young woman who had become pregnant without intent. This vignette was used to explore the perceptions, beliefs and attitudes in regard to unintended pregnancy (for vignette see appendix B). Focus group participants were 16 - 21 year old women who have some link with a youth association, from different residential areas, social class (employment status of their parents) and educational backgrounds (for details see appendix D). While focus groups are often used for low-involvement topics, it is a less intrusive method for understanding social responses to sensitive subjects (Överlien et al 2005), enabling young women to talk about unintended pregnancy in the third person (Oye-Adeniran et al 2005). Mantell et al (2006), for example, found that school girls reflected community norms during focus groups when discussing issues of SRH and unintended pregnancy in rural South Africa.

The use of a vignette presents a medium for this research to go beyond the discussion of individual accounts and toward the generation of responses on a social level (Schoenberg and Ravdal, 2000). Vignettes are essentially short stories about a person or a social situation, containing precise references to what are thought to be the most important factors in decision-making on which the participants offer comment or opinion (Alexander and Becker 1978). Entitled 'what should Hortencia do…?' participants were asked to respond to this question at different stages, debating about how they thought Hortencia would or should respond throughout this life event. The vignette drew attention to some of the likely experiences associated

with unintended pregnancy as a method for drawing out wider debate and discussion, and was based on a previous encounter in Mozambique.

Through previous group work in Mozambique, it was anticipated that some participants would be very vocal, while others would be less responsive. These dynamics are traditionally managed by a group facilitator. However, because the group was conducted in Portuguese, the role of group facilitator was shared between the researcher, research assistant and focus group participants who naturally took a lead. This meant that each group was guided slightly differently depending on group dynamics in response to the vignette. Four factors were key in generating the much needed debate and discussion. First, it was made very clear through introductory communication that participants were encouraged to debate, discuss and even disagree with each other in response to the vignette. Secondly, participants were drawn from youth associations whose normal activity is to meet in groups and talk about issues of SRH. Thirdly, the vignette provided an interesting and seemingly enjoyable tool to facilitate conversation and, finally, the groups were made up of only women (also recommended by Mantell et al 2006).

Two focus groups in the rural sample were notably more difficult to promote active debate, possibly due to a lower level of education and higher percentage of younger participants, meaning they had less formal knowledge and experience from which to base responses. One also occurred late in the afternoon, so participants were eager to leave before it became dark. Part four of the vignette described an offer from an aunt to go and live with her in the city, which participants did not think would actually happen in real life making it more difficult to debate. The vignette was based on the researcher's understanding of an unintended pregnancy, but was designed to elicit the group's perception of this life event using the story as a guideline from which to hinge discussion. While the vignette was used successfully to encourage debate and discussion, most participants appearing to enjoy the experience; it was during these groups that the outsider status of the researcher was most acutely felt. Being completed in Portuguese, the researcher could not always immediately follow the discussion or reasons for laughter and raised voices, drawing attention to the situated power held by focus group participants in this environment.

Individual interviews with key informants

Fourteen individual qualitative interviews were completed with key informants working in the area of SRH with youth and adolescents in Mozambique. Key informants were first asked about their work with young women, a definition of unintended pregnancy, the consequences of unintended pregnancy and the needs of women with unintended pregnancies. They were then invited to share their perspectives on current intervention, as well as the gaps and work needed for the future. Key informants were therefore mainly talking about topics and issues already highlighted by young women, but from an organisational perspective. Key informants were interviewed after young women, which enabled topics and issues to be raised in light of the previous interviews completed. While key informants champion the need for intervention programmes, young women themselves made very little reference to the importance of outside intervention, primarily describing family intervention. This was raised with key informants, ensuring the interview schedule (see appendix B) responded to emerging data. Key informants mainly spoke about the experience of unintended pregnancy from an organisational and interventional perspective, but some also spoke from personal experience to underline the points made.

Certainly key informants were very willing to share their opinions and experiences as 'experts' and people worth listening to. Their participation may also have gained them favour in the eyes of their superiors who were supportive of the research, generally seeming happy to make a public show of their involvement. Congruent with the aim of the multi-level data collection key informants generally held very different perspectives to those of young women. At times this posed as an ethical dilemma, difficult to know whether to collude with some comments that were entirely contradictory to the experience described by other participants. Respecting and valuing key informant knowledge in the same way as young women's, while questioning appropriately, although necessary, was sometimes difficult.

Reflexive diary

A fieldwork diary was also kept, recording descriptive information about the research process as well as more reflective writings on the experience of research. I also recorded how I felt things had gone and if I would have liked to have done things differently, detailing personal anxieties and satisfactions. I was also able to record choices and impact of 'self' to aid transparency of reasoning in the methodology, interpretations and analysis (Silverman 2005). My reflexive diary also contains notes related to the contextual nature of the research, usually following conversations with research assistants such as,

> *'Through conversations with research assistant one, issues to be aware of … family support is a key factor in the outcomes of the experience and it is better with family support. What are the factors in gaining or losing family support? What is the process? What type of family support? How can the process be facilitated?'*

Use of multi-levelled data

Central to the methodology is that these three different groups of participants with different interview schedules were used to generate different perspectives on how young women, families and communities respond to unintended pregnancy, the coping strategies used and nature of social development intervention. Gogna et al (2008) also used interviews with key informants, focus groups and surveys to address the connections between school drop out, adolescent pregnancy and poverty in Argentina. Each set of participants represents different levels of society from the individual experience, the social response (focus groups) and an organisational/institutional perspective (key informants). These different levels could have been explored using many different target groups. However, these participants were chosen because they include a large percentage of young women, they all have an active interest in the experience of unintended pregnancy, and they were all accessible from one organisational source within time and resource constraints. While

participants spoke about similar issues and topics, each set drew on different experiences, perspectives and value systems. Each level of data complements and enhances understanding of other levels, producing deep although sometimes contradictory data for social explanation.

Research in action

The fieldwork including access, translation of research material, data collection, translation and transcription, took place within a five month period in Mozambique. This section critically evaluates some of the key aspects of research in action including the research setting and process, ethics, translation and research assistants, and data generation.

Research setting and access to research sample

Research participants were accessed from the national programme for SRH through a connection made with this programme during the OIV. The programme consists of multi-sectorial intervention (partnership between health, education and youth Ministries) with technical assistance from international NGOs. The aim is to improve adolescent SRH, increase gender awareness, reduce the incidence of unplanned pregnancies and decrease young people's vulnerability to STIs, HIV and unsafe abortion. This is achieved predominantly through age specific health services and provision of information and counselling with both in-and-out of school youth.

While access was consciously and actively sought through this programme because of its multi-sectorial status and closeness to participants, there are other programmes or settings that could have been used as access points. However, it was chosen on the basis of several pragmatic, methodological and ethical considerations. For individual interviews, the programme offered a natural layer of support for those who agreed to share their personal experience. Naturally occurring groups of young

women were accessed for focus group interviews who were familiar with a group environment, comfortable with discussing and debating topics of SRH. The programme also facilitated access to many potential key informants from different sectors working with adolescents and SRH.

Never has a term come to life as 'gatekeepers' did when accessing participants. Negotiating access through several layers of gatekeepers was time consuming and critical to the progression of the research. Access to participants through this programme was possible through youth-friendly health clinics, schools or youth associations. However, the contacts made within the programme were closely associated with youth associations working with both in-and-out of school youth. Although it would have been appropriate to identify young women with unintended pregnancies through clinics, access for these required permission from the Ministry of Health. Access through youth associations only required permission from the programme director rather than national government. Figure five illustrates the complex process of access through multiple levels of gatekeepers.

Figure five - Flowchart of access to participants

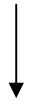
Level one gatekeepers – Agreement needed from National Director *(this was supported by communication from fieldwork supervisor and letter from the University)*

↓

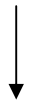
Level two gatekeepers – Agreement and cooperation needed from Regional Director *(the regional director was initially approached during the OIV and formally re-approached after agreement from the director had been given)*

↓

Level three gatekeepers – Cooperation needed from Coordinators of youth associations and Key informants *(Coordinators and key informants were approached only after they had been given guidance from the regional director)*



Level four gatekeepers – Cooperation needed from Leaders/Prominent members of the youth associations *(Leaders were sometimes asked by the coordinators to approach individual participants and set up focus groups)*



Level five gatekeepers – Agreement and cooperation needed directly from young women

Access involved the continuous communication of research aims, objectives, methods, plans and rationale to various levels of gatekeepers, following the chain of command and reporting back to the Regional Director, who oversaw the whole process. Some elements of the research such as confidentiality, anonymity and support strategies were negotiated at higher levels and then put into practice at lower levels. The information passed from gatekeeper to gatekeeper was not always accurate, needing constant checking and was the kind of consideration noted in the reflexive diary. Two young women who had had abortions rather than live births, for example, were invited for interviews and on one occasion mothers of young women rather than young women themselves.

Communication with gatekeepers involved a mixture of face-to-face meetings, sending letters, faxes and emails, telephone conversations and text messages. Gatekeepers who were enthusiastic about the research, were critical to the process, particularly the Regional Coordinators. An extract from the fieldwork diary supports this saying *'it's amazing when you find the right person to open up all the access, it then just happens.'* Experiences of coordinating access in Maputo prior to arrival in Zambézia were critical for completing the research within tighter time constraints. Level three and four gatekeepers (Coordinators and Leaders of the youth associations) were important because they spoke directly to young women. It was

therefore vital to build good relationships with them, being very clear about the research aims and methods.

The main limitation of using this organisational structure to access research participants, is the influence this context has on shaping the perceptions and experience of unintended pregnancy, although not all young women were active members of the youth associations, and key informants were drawn from a variety of levels and sectors. The main bias appears to be the higher than average proportion of women who are in secondary school, and the intervention recommended by key informants largely reflects the sector and role they are situated in. However, because the aim is to identify coping strategies, to engage with participants who are perceived to be 'coping' based on education outcomes at least is appropriate and conducive to the overall research aims.

Ethics in action

Gaining not just consent, but 'informed consent' from research participants has come to be regarded as a crucial element of ethical research in recent years (Tinker and Coomber 2004), described by Crow et al (2006) as,

> 'The principle of informed consent requires that prospective participants in research are provided with information about the project in which they are being invited to participate that is sufficiently full and accessible for their decision about whether to take part to be considered informed. It also requires that people in possession of this information consent freely to participation and have the opportunity to take part or to withdraw without such decisions triggering adverse consequences for them.' (Crow et al 2006 p83)

Focus group and interview participants were asked to verbalise, discuss, share and dialogue, reconstructing meaning around the social experience of unintended pregnancy. To achieve this, participants needed to willingly and knowingly engage in

the research for good quality and ethical data. The 'informed' aspect of consent was achieved through an information sheet provided to every gatekeeper and participant. Information was also given in an informal verbal presentation, ensuring those with low literacy levels were also informed. The information sheet was also used to facilitate rapport, by taking away some of the mystery of research and situated power with the researcher knowing everything. Consent was sought only after gatekeepers and participants had time to consider access or participation with opportunity to ask questions. The consent form included various questions; ensuring participants were aware of their rights and freely agreed to participate. All participants were able to give their consent without reference to any other, and the research documents were available in Portuguese and Changana. Participants were only invited to participate in the focus groups if they were happy to communicate in Portuguese (see appendix B for information sheets and consent forms).

All four of the contingencies recommended by Brannen (1988) for the exploration of sensitive topics were considered and established including, how to approach the topic; dealing with the contradictions, complexities and emotions inherent in the interview situation; the operation of power dynamics in the interview situation and interview conditions. Recognising that qualitative interviews may cause distress or harm, as evidenced earlier by the extract from the application for ethical approval, support networks were put in place prior to data collection extending the natural support mechanisms provided by the programme. Although focus groups were not designed to elicit personal experience, in contrast to individual interviews, some participants did draw on personal accounts. Participants who chose to do this appeared to do so freely and were given room by the rest of the group to express their point and then move on. However, once one participant had shared their personal experience, this often led to others doing the same, frequently providing the basis for differing views.

While focus groups required a level of sensitivity, this was minimal compared to that needed during individual interviews with young women. On several occasions participants became emotional, crying during parts of the interview, which is known to make the interview process more threatening due to the social expectations around appropriate face to face behaviour (Lee 1993). Their distress was recognised by

pausing, offering a tissue, asking if they would like to carry on, offering them time to get a drink or use the bathroom. After this we moved sensitively and slowly through the rest of the interview. None of the participants left the interview or were distressed by being asked to talk about this life event per se; rather it was remembering a specific event that made them emotional. Young women tended to describe quite sensitive and difficult experiences at the beginning of their narratives (sexual behaviour, social exclusion, fear, domestic violence, considerations of abortion), yet spoke proudly of themselves, what they had achieved and their child nearer the end of their narrative drawing attention to the complexity and fluidity of this 'sensitive' life event. 'Why', 'how' and follow-up questions about specific events were necessary to develop a fuller understanding of participants' experiences. However, there was a constant need to balance the engagement of deep discussion about sensitive and emotional events with ethical considerations (Lee 1993).

Informed consent played an important role in allowing individual participants to decide whether they wanted to put themselves at risk of any distress or discomfort. Young women may have felt obliged to be part of the research, with pressure placed on them by coordinators. Participants may not have felt confident about withdrawing even with encouragement given through the verbal presentation and prompting throughout the interview, particularly during times of distress. Being aware of the pragmatic implications of power relationships was critical when applying methodological and ethical values, ensuring that everything possible was done to protect participants from harm.

Research assistants and translation

The official language spoken in Mozambique is Portuguese, however, there are over a dozen major linguistic groups (Casimiro et al 2005). Portuguese is spoken at home in the cities, in the public sphere and is largely learnt at school. Local languages are spoken within families and communities in rural areas. English is rarely spoken outside of cities, and chiefly by those working in neighbouring countries and international based organisations or for the purposes of tourism.

Due to the sensitive nature of the topic, all of the research was carried out in Portuguese or the local language and then translated into English. Although a working knowledge of Portuguese has been acquired, two research assistants were used to ensure quality and accuracy of translation. Prior to arrival in Maputo arrangements for hiring a research assistant to assist with translation were explored. However, it was not until 'in field' that networks developed through the OIV were used to locate people willing and able to undertake this role. One assistant was employed in Maputo and another in Zambézia who met the following criteria;

- Female
- Good standard of written and verbal English and Portuguese,
- High school graduate
- Immediately available
- Affordable within budget constraints
- Experience of translation

The research assistant in Maputo had a personal interest in the subject of unintended pregnancy, while the assistant in Zambézia was younger and a peer to the women interviewed. The assistant in Maputo had more long-term time commitments than the assistant in Zambézia, who was more readily available for a shorter period.

The first month with the research assistant in Maputo was spent translating all written information, and building a good relationship, before meeting with gatekeepers and participants. Training was essential including discussions on the topic, research methods, translation techniques, the organisation context and negotiation of specific responsibilities. Journal articles were used to give examples of focus groups and qualitative interviews. Less time was spent training in Zambézia because of time constraints and improved clarity of the research process, which had been refined in Maputo. Evidence of this is clearly seen in my reflexive dairy, which was used to identify some of the more effective ways of working with research assistants and gatekeepers.

Research assistants were not only used as translators, but also because they were Mozambican women were drawn upon as cultural advisors. As highlighted earlier, almost constant discussion occurred through different stages of the research process on the reason for the research, impact of the research, nature of the research and nature of data being constructed.

The interview questions for individual young women and key informants were translated from English to Portuguese, and their responses from Portuguese to English during the interview. The focus groups were carried out entirely in Portuguese and later translated into English at transcription to aid the flow of debate and discussion. All participants were informed of the translation process through the research assistant, and several interviews with key informants were completed in English.

According to Esposito (2001) translation is 'the transfer of meaning from a source language … to a target language' and the translator is 'actually an interpreter who … processes the vocabulary and grammatical structure of the words while considering the individual situation and the overall cultural context' (p570). Translation and transcribing from one language to another is a complex activity, but a critical one, ensuring that accurate and meaningful data is generated. As Richardson and St Pierre (2005) remind us, language is a constitutive force, creating a particular view of reality and of self, linking together subjectivity, social organisation and power. In post-modern thinking, language therefore does not 'reflect' social reality, but rather produces meaning and creates social reality. Scheper-Hughes (1992), in her anthropological account of everyday violence in Brazil, continues to include some Portuguese words in her book, which is published in English. The use of both Portuguese and English gives more flavour to the speech of her participants. Particular phrases and expressions that participants may have been proud of, revealing their level of education may have been lost through the translation process. Payne and Askeland (2008) also draw attention to the nature of language as a social construction that can dominate, exclude and kill other languages, intensifying the power of the powerful. The prioritisation given to translating every single word into

English may have made the participants feel inferior or deficient, illuminating the lack of control they have over how their 'voice' is represented.

The translation process was not a smooth, word for word exchange, as the research assistants struggled to translate not just words, but meanings of words and concepts as they understood them. Language was 'taken' from participants, as the richness of their expressions and subtlety of meaning in Portuguese was reduced to the closest equivalent in English. Research assistants would at times give a direct word for word translation and follow up with a looser translation to ensure the meaning as they understood it was not lost. For example, the term 'garlinha' has no direct translation and so was described as a man who has many girlfriends, is not trustworthy in relationships or a bit of a ladies man. Both research assistants were Mozambican women who were familiar with the culture, society and experience of unintended pregnancy. Many discussions occurred about meaning throughout the translation process and the research assistants often sought to clarify meaning with participants during the interviews to prevent misunderstanding later. Transcripts were checked for the quality of the translation by using the more experienced assistant to confirm translation. Citations from data are used in the following chapters, but always as translated quotes, acknowledging they are created by the translation process. Discourse, conversational analysis or other forms of analysis that explicitly focuses on language used is therefore limited.

The quality and conduct of the research assistant was critical and discussed extensively during training. The assistants worked slightly differently, one taking more of a lead in focus groups than the other. Supervision was given in the form of a discussion about how the interview went and some of the issues raised. Both research assistants exhibited levels of empathy and sensitivity as well as an appreciation of achieving the research aims. Research assistants were also key in making the participants feel welcome and comfortable as part of the research.

Data generation

Data generation and reconstruction was not always a smooth process, especially when young women brought their babies with them, and arrived either very late or very early. Arranging a time for interviews was difficult and participants arrived when they could, balancing it with other commitments. No incentive was formally offered, however, a generous supply of biscuits and drinks were provided. Transport was also provided when needed. Consent forms, initially quite confusing, were adapted to make them user-friendly. The confidentiality policy was also hard to enforce when participants started to talk, unprompted, about personal experiences in focus groups. One focus group in Maputo was significantly under attended and not recorded well, so will not be used in data analysis. Data generation in Zambézia involved extensive travel round four different districts, spending up to 8 hours a time in a small mini bus. While a university loaned mini disk recorder was used, sometimes the battery ran low and there was difficulty in down loading data.

My conduct, skills, presentation and communication as lead researcher were used throughout with support from the research assistants. This was challenging in times of miscommunication and when making quick decisions, for example, about how long to wait for research participants. The sampling process meant that little control was had over how and which participants were specifically approached, and the definition of unintended pregnancy used. However, although not entirely smooth, almost all plans made for data collection were successful implemented.

Data in action

Because qualitative data deriving from interviews and focus groups takes the form of a large amount of textual material, analysis is not a straightforward task. Moreover, unlike quantitative data analysis, clear-cut rules about how analysis should be carried out have not been highly developed (Bryman 2004). Pages and pages of transcripts

caused anxiety with questions such as ‘what do I do with it all now?’ This chapter therefore concludes by exploring this process.

Data

The original data, spoken word, was recorded onto mini disk and then transcribed anonymously onto Microsoft Word files. These written words were transferred to a computer assisted qualitative data analysis software package (CAQDAS), which was used to aid analysis. Nvivo 7 was chosen because it is designed to facilitate qualitative date analysis, with both training and software easily accessible. Data consists wholly of words generated through the research methods, by the research participants and fieldwork diary. Data generated will only be used for the purpose of this research and any papers or reports related to the research. Permission for data generated to be used in this thesis and other written material relating to the research was incorporated into the consent form.

Data analysis and interpretation

As Denscombe (1998) points out, data actually only becomes data through the process of interpretation, being produced by the research process. Data is therefore filtered through hunches, thoughts, working hypotheses and understandings of the setting and participants. Through repeated reading, processing, organising, coding, reflection and interpretation, patterns, contradictions, coping strategies, relationships, negotiations and outcomes have been identified.

Analysis has mainly occurred through a process of coding, reflection and interpretation, data being organised into groups and themes through analytic codes. Coding involves the systematic tagging of units for analysis, and is shaped by the conceptual framework and research aims (Gary 2004; Silverman 2006). Coding facilitates interpretive and reflexive reading of data, helping to reconstruct what data may mean or represent. This has involved both descriptive and analytical

interpretation to aid social explanation. Key to analysis has been constantly to question what is being learnt from data, the analytic coding and organisation of categories in relation to research aims. This iterative process continued throughout data analysis with the aid of my reflexive diary and memo notes, acknowledging the use of self in this process.

Glaser and Strauss's *The Discovery of Grounded Theory* (1967) is frequently cited by researchers in relation to qualitative data analysis (Denscombe 1998; Bryman 2004). Aspects of grounded theory have informed my own analysis, namely that it is a pragmatic approach, geared towards social explanation by drawing theories and hypothesises from empirical data. However, analysis has also been completed within the framework of the methodology and research objectives. Analysis has involved combining data from different groups of participants, seeking contractions and consensus in the understanding of unintended pregnancy and coping strategies. While individual interviews with young women have been described as qualitative semi-structured interviews, they were strongly based around the narratives given. A form of narrative analysis has therefore been used, with emphasis on the story used to account for events (while acknowledging that it is the translated story) as well as categorisation.

Credibility and Trustworthiness

So, are data, the interpretations and following conclusions reliable, and would someone else conclude something similar with the same data? Although there is no way of knowing this for certain, the explicit descriptions of aims, data generation methods and process of data analysis mean that it is possible for other researchers to reach similar conclusions from data generated. Data does not make generalisations about all young women in Mozambique, but adds depth to social explanation, the life event of unintended pregnancy, coping strategies and the discourse of women in Mozambique with implications for social development interventions. The local is therefore used to illuminate the global (Hoogvelt 2001; Wilson and Whitmore 2000). This research explores a specific life event for young women in recognition of its

relationship to the general experience of young women in Mozambique. Therefore the sample size is relatively small compared to quantitative samples, in total thirty-five individual interviews and eight focus groups (consisting of seventy-one participants) were completed (although, as stated earlier, one focus group is not used). Sampling size took into account the research aims, the need to interview different groups of participants, methods, time and resource constraints. While reconstruction of individual experience will always give new contextual descriptions, the themes, issues of concern and 'moral tales' (McCarthy, Edwards and Gillies 2000) produced by the focus groups became incredibly familiar near the end, reaching a kind of data saturation.

Limitations of data analysis and data representation

Finally, it is important to be clear about what these data can and cannot do, what they do or do not represent. As highlighted earlier, interview responses do not give 'direct access' to experiences, as experience is reconstructed by participants through language, perceptions, research method and influencing discourses (Silverman 2005). Descriptive and analytical interpretations of meaning for social explanation are done within methodological limitations and researcher characteristics.

While context, complexity and diversity are central to the methodological framework there is still a danger of oversimplification, reducing complexity. It is also possible to take words, sentences and phrases out of context (Denscombe 1998), leading to a reduced sense of circumstance and flow (Coffey and Atkinson 1996). People attach multiple rather than single meanings to their experience (Gubrium 1997), the possibility of more than one explanation being valid (Denscombe 1998). Imposing systematic and rigorous analysis on complex and lengthy data is challenging, requiring specific skills and training. Qualitative responses to the issues of validity and reliability often hinge on reflexivity and transparency. However, does being explicit about the process make research any more reliable and valid? While transparency and reflection does not answer all these questions, being explicit about

what was done is the first reference point from which others can decide whether this research is credible and trustworthy.

Listening to the complex lives of young women as they express them, reconstructing experience and meaning in partnership with them, is a central methodological standpoint. However, while raw research data is significantly made up of the words of young women, data is produced by interpretation. The research aims to increase understanding for policy and practice, but is essentially a PhD project with limited resources and remit. Therefore, the 'voice' presented in the final thesis is based on an interpretation of voices and perspectives from some young women and key informants in Mozambique, through the limitations of the research methods. In fact Bryman (2004) suggests that findings only acquire significance in the intellectual community once the researcher has reflected on, interpreted and theorised data. While efforts were made to engage with young women during the OIV, a more participatory approach would have enabled more input in the final interpretations. This is a significant limitation in research informed by feminist methodologies.

Summarising the process

This audit trail has depicted the process pursued by the researcher. From questions about what can be known and how this can be known, to the interpretation of a collection of words is not a straight forward or linear process, but a series of progressive refocusings. Operationalising the concept of coping strategies as conceptualised in chapter two in a cross-cultural context is only possible through the application of an appropriate research methodology, placing enormous importance on this process. The OIV stands out as the formal starting point because of the opportunity to explore and reflect on different methodological choices, decisions and perspectives. Applying for ethical approval forced clarity about particular decisions, seeking justification for these both ethically and methodologically. The translation of research materials and negotiations with gatekeepers and research assistants during the early weeks of fieldwork turned theory and planning to practice, requiring good

communication, interpersonal and analytical skills. Data collection was physically, emotionally and intellectually tiring, requiring almost constant stamina, patience and reflexivity. Data collection was also the most energising and inspiring part of the process, involving a great deal of travel and interaction with participants. Data analysis has at times been overwhelming, reading and interpreting expressions of thoughts, feelings, and perspectives, but an almost instinctive stage to follow data collection. Regular supervision has facilitated an iterative process of methodological, theoretical and cultural rigour. The process of research has therefore been diverse and time consuming, but rewarding and critical to the quality of analysis that is now presented in the following chapters.

CHAPTER FOUR

‘It just happened’ – The nature of unintended pregnancy

The impending birth of any child in Mozambique takes place within complex social relations, the dynamics of which carry implications for the child, parents, family and community within which the pregnancy and birth take place. Children are needed to fulfil marriage; ensuring households are both reproductive and productive units (WLSA 1997; Laird 2008). Women continue to bear more material and emotional costs relating to pregnancy, childbearing and childrearing than men (Williams et al 2001). Yet men usually determine contraception use, resources available for maternal care and the number of children wanted within a family (Adetunji 2001; UNDP 2006; UNICEF 2006). A woman’s childbearing ability is connected with her status and value within society, making pregnancy a significant life event (WLSA 1997). Reproduction is also important for men, demonstrating that he is capable of making a woman pregnant (Etuk and Ekanem 2003; Lardinois 1994). Childbearing also occurs within complex family relationships where multiple female members carry out important childrearing duties (Graham 1999).

When a pregnancy comes sooner than desired or planned, the complexities associated with the birth of that child are more likely to be perceived as complications (Johnson et al 2004). According to Ibisomi and Odimegwu (2007), unintended pregnancy amongst young people is socially disruptive, a threat to economic development with widespread demographic implications. Crosby et al (2003) also draws attention to the social and economic burdens of unintended pregnancy, which may be particularly high on adolescent women. In general, society blames the ‘criminal woman’ for having a child, without analysing the circumstances under which the situation occurred (CEDAW 2005). Similarly, Ilika and Anthony (2004) found that young women in Nigeria experienced major problems as a result of unintended

pregnancy, namely school and job termination, partner's negative attitude, religious sanctions, discrimination and stigmatisation. Unintended pregnancy is highly associated with elevated school drop out rates, poor maternal health and high rates of clandestine or unsafe abortion (Le et al 2004; Oye-Adeniran et al 2004; CEDAW 2005; Singh et al 2006). Consequently, there appears to be a whole array of 'problems' that young women 'cope' with during this life event, predominantly because of its 'unintended' nature (Surman 2001; Gogna et al 2008).

How this life event is perceived and understood, its causes, moral acceptability, outcomes and perceived social impact creates 'meaning' that is then attributed to the pregnancy (Macklin 1989). Duncan and Edwards (1999) maintain that lone motherhood in the global north is neither neutral nor apolitical, laden with political and moral evaluations. Lone motherhood is either conceived as a social threat, a social problem, escaping patriarchy or as a life style change. These discourses have potency in national and local contexts, but dominant discourses not only affect the way things are understood, but they also put parameters on how people act and how the state should intervene. Similarly, in the context of Mozambique, unintended pregnancy is neither a neutral nor apolitical life event, but socially constructed, steeped in discourse and meaning. This meaning shapes the way young women and families respond, and how particular strategies or resources are used and accessed. Wider discourses and perspectives held by society, government and organisations have significant impact on young women and their families, affecting social development intervention.

Ambiguity remains around 'unintended' pregnancy with different terms being used by different groups, individuals, communities, national and international policy, government institutions and NGOs. Not only do definitions remain complex, but the conceptualisations of these definitions also remain complex, as will be illustrated by this chapter. The 'unintended' nature of pregnancy, meanings attributed, moral acceptability, likely outcomes and perceived social impact all have critical implications for coping strategies. This first analysis chapter begins with a critical discussion on the definition of unintended pregnancy before data is used to illuminate different causes and meanings attributed. The chapter concludes by drawing attention to the

implications of meanings, paving the way for an exploration of unintended pregnancy in the following chapters.

Definitions and terms used

The Centre for Disease Control and Prevention define 'unintended' pregnancy as either mistimed or unwanted at the time of conception, a core concept in understanding the fertility of populations and unmet need for contraception (Eggleston 1999; Adetunji 2001; CDC 2007). Any women of reproductive age may have unintended pregnancies, but adolescents are at a higher risk (Oye-Adeniran et al 2004; Ibisomi and Odimegwu 2007). Unintended pregnancy is usually identified demographically through Demographic and Health Survey (DHS) data using the question, 'At the time you became pregnant, did you want to become pregnant then (intended pregnancy), did you want to wait until later (mistimed pregnancy), or did you not want to have any more children at all (unwanted pregnancy)?' (Williams et al 2001; Santelli et al 2003; Le et al 2004; Ibisomi and Odimegwu 2007) Other terms associated with unintended pregnancy include 'undesired pregnancy', 'unplanned pregnancy', 'early pregnancy', 'mistimed pregnancy', 'unwanted pregnancy', 'pregnancy out of wed-lock', and in relation to youth also 'teenage pregnancy' and 'adolescent pregnancy'. At times they appear to be used interchangeably, at other times having specific remits. Unwanted pregnancy can be used specifically to describe pregnancy that occurs as a result of rape or sexual abuse (Stewart and Russell 2000), leads to abortion (Oye-Adeniran et al 2004; 2005) or demographically as the number of children born after the desired fertility rate (DHS 2007). Unwanted pregnancies are different to mistimed pregnancies, but both are considered unintended (Williams et al 2001; Cripe et al 2008; Gao et al 2008). Unplanned pregnancy is particularly associated with patterns of contraception use and prevention (Bankole et al 1998; Santelli et al 2003).

The terms 'teenage' or 'adolescent' pregnancy are used less in Mozambique, more found often in Western literature, in the context of demographic trends and social

exclusion (Ferguson 2006; Room 2006). In Mozambique, 59.4% of the population are married by the time they are 18 years old, contraception use is only 5.6% (UNFPA 2005) and 40% of Mozambican women have their first child before reaching the age of 20 (UNICEF 2006). Compare this to the UK where the contraception use for under 50's is 74%, the average age at first marriage for women is 28 years and the mean age for a first child is 29.2 years (ONS 2007). The concepts of 'adolescent' and 'teenage' pregnancy do not easily transfer to developing countries where, the population has high rates of early marriage and childbearing generally begins earlier (Singh et al 2000). Planned adolescent pregnancy is closely related to high rates of early marriage, less likely to be considered 'unintended' because of expectations around childbearing for married women. In fact women who do not bear children once married may be rejected, blamed for sterility and sent back to the family home (WLSA 1997; Ilika and Anthony 2004). Becoming pregnant while a teenager is not considered a social problem per se, rather it is the 'unintended' nature of the pregnancy outside of marriage that is considered a social problem (Mantell et al 2006).

According to data gathered, unintended pregnancy amongst young women in Mozambique describes a socially constructed and well-known (yet rarely well-defined) event when young women become pregnant, without plan, outside marriage and generally before a relationship is made known to her family (Also found by Cripe et al 2008 in Peru). More often than not, the 'relationships' (male/female sexual relationships) young people engage in before married (which may be legal, religious or traditional) are hidden, informal or secret. Half the individual young women interviewed considered themselves to have been in a serious relationship for more than a year before they became pregnant, while the other half considered their relationships to be less serious or occurring for less than a year. The majority of relationships were kept secret from at least their parents, even if friends or neighbours knew. Only one young woman interviewed was married at the time of conception, and she did not consider her pregnancy to be unintended. All others were unmarried at the time of conception therefore considering their pregnancies unintended (also found by Oye-Adeniran et al 2004).

Culturally, pregnancy and childbearing are valued as part of the process of marriage, thereby uniting two families. Pregnancy outside marriage, often a taboo and socially undesirable, means that secret relationships become known, with implications for the public 'face' of both families if marriage does not shortly follow (Hord and Wolf 2004; CEDAW 2005). This pregnancy disrupts the exchange of lobolo (brides price) and social process of marriage. As a result there are various familial and societal expectations following the disclosure of pregnancy. If the man accepts the pregnancy, then the young woman is likely to move to his house where they will be considered as married. If he refuses the pregnancy, the young woman may be sent out of her family home or may be allowed to stay, with the family taking responsibility for her and the child. The man's family may be asked to pay a fine and community elders may be invited to chair negotiations.

This pregnancy is therefore not only considered unintended by young women, but critically also by families and communities. 'Unintended' pregnancy is therefore a socially constructed life event that may or may not be limited to the 9 months of pregnancy, less likely to result in live births because of the associated health complications and high rates of abortion (Le et al 2004; Singh et al 2006). However, unintended pregnancy is explored in this piece of research as a life event leading to a live birth resulting in motherhood for young women. Therefore, this life event is not 'over' once the child is born, but continues to shape subsequent years of motherhood and childrearing as shown later by chapter six.

'Causes' of unintended pregnancy in Mozambique

Biologically the cause of pregnancy, whether intended or not, is by the engagement of consensual or non-consensual sexual activity without any form of prevention or contraception. However, the socially attributed cause of this pregnancy is central to how it is understood and how young women are perceived. The reasons people attribute for the occurrence of unintended pregnancy are far wider than poor

contraception use or contraception failure (Gogna et al 2008). This section draws out the different beliefs around why and how these 'unintended' pregnancies occur.

An accident or poor contraception use

The first clue that jumps off the transcripts as to how young women conceptualise their pregnancy is the familiar expression of *'I didn't plan it, it just happened'* or *'it was a coincidence.'* Hannah illustrates this beautifully by saying,

> '*yes, in the beginning we used contraception and one day it happened, it was a coincidence and I became pregnant.*'

For young women pregnancy comes as a surprise, it was not expected nor wanted, it was an accident and 'it just happened'. These kinds of expressions dominate the narratives, highlighting a disconnection between sexual relation and pregnancy, as Elsa reveals,

> *'I was going out with a boy and that's when I became pregnant. I didn't want to become pregnant, but the pregnancy just came suddenly.'*

Young women make frequent reference to irregular use of protection, some citing specific occasions. Two were not using barrier protection, but relied on knowledge of their reproductive cycle. Nine describe infrequent use of condoms while one took a pill after each sexual encounter and one thought the condom had burst. Still, three others did not use contraception because they were in long and trusting relationships, whilst four had no knowledge of contraception or pregnancy prevention. Therefore a large proportion of young women did at least have some knowledge of contraception, although poor use. These data are supported by INJAD (2001) which found that only 28% of sexually experienced unmarried women used contraception even though condom knowledge was high (85%).

Half of key informants state that unintended pregnancy occurs because of non-contraception use and contraception failure, such as the condom splitting, forgetting to take the pill or inappropriate use of the calendar and withdrawal method. Contraception may also be omitted because of religious reasons. Katrina, Rogerio and Julia suggest that false knowledge or myths, such as the belief you cannot get pregnant from your first sexual partner, have also contributed to poor contraception use. Only three references are made in focus group discussions to pregnancy occurring by accident, although poor contraception use due to ignorance or negligence is frequently referenced. Individual young women are likely to conceptualise their pregnancy as an 'accident', but others in society are more likely to attribute this 'accident' to ignorance or negligence.

Lack of sexual and reproductive health information and services

The most frequently mentioned cause of unintended pregnancy in the literature and across all focus groups, was the lack of information young women have about how pregnancy occurs and methods of prevention (Cately-Carlson 1997; Eggleston 1999; Gogna et al 2008). Pregnancy is not prevented, planned or expected because of poor SRH knowledge. As Hortencia (main character in vignette) lives in a rural area, they believed she would not know about contraception, would have poor access to preventative methods even if she had some knowledge, and would have little formal education on SRH generally. Focus group four in particular had a long discussion about the quality of information in rural areas and frequent use of Portuguese in informing people, which may be translated poorly or not understood well.

Focus group participants gave two main reasons for lack of information; one is that young women drop out of education early, thereby receiving no information from this source. The other is that families are not open about sex and reproduction, limiting information available from this source. In fact, it is the 'taboo' and 'forbidden' nature of sex within families that is cited as the main reason in rural areas for lack of information, as Odimegwu et al (2002) and Hord and Wolf (2004) also found. Several examples are given from across different focus groups,

Focus group one, participant three – *'It happens because most of us don't have close relationships with the parents, it happens because most parents give us the impression that they are 'untouchable'* (we fear them, can't talk to them, can't relate well to them)*, they don't allow their children to go out nor allow children to talk to them. So they become afraid of the parents and are not open to them. I think that's why girls go to their friends when they are in trouble because of the fear of the parents.'*

Focus Group two, participant two – *'she may have heard about prevention, but she will not consider especially if her mother is not open to her, because at her age even if she has a lot of information from her friends but if her mother doesn't sit with her and say 'my daughter, it's this, this and that' she will never consider what she knows.'*

Focus Group five, participant six – *'because she was not informed, she didn't have a conversation with her parents about if she can use condoms or she was afraid to talk with her parents about this.'*

Both of these reasons (poor education and closed families) are strongly supported by most key informants who also raise two further reasons for limited knowledge. Firstly, poor access to SRH services and condoms even with knowledge in rural areas. Secondly, because women are young they may be embarrassed to talk about sex and are not prepared for the serious consequences of sexual relations. Responsibility for unintended pregnancy is therefore not solely that of young women, also due to some failing of society to inform and equip her through information and services.

Misinformation

While four young women knew nothing about contraception or even how a woman becomes pregnant, many did have some SRH knowledge, evidenced by the infrequent use of prevention methods by young women from both rural and urban

areas. However, the level of misinformation and misunderstanding appears to be high, illustrated by the following interview transcripts,

> Casilda – '*yes we used to use protection, but the only day we didn't have the protection it happened. I didn't know it was going to happen at all.'*

> Adela – *'I remember that we used preventatives twice at the beginning and after that we never used it anymore.* W*e went to the hospital and the nurse asked me if I used any protection and I told her that I didn't use any, it was then I concluded why I became pregnant. When I used to use the protection I always used to get my periods normally, but when I stopped this is when I had this problem and my periods stopped coming, it was when I got pregnant.'*

> Erica – *'when I was in 9th grade it just happened, I didn't know anything, he didn't know anything. It was after we were having relations consecutively, we were used to each other and one day we planned to have sex without protection and that's when it happened, it was a coincidence. I didn't know, he also didn't know.'*

Louisa is particularly interesting because she describes two unintended pregnancies, one when she was 12 years old and another at 19 years. She says this about her second pregnancy,

> *'we would use, other days we wouldn't use protection, it was just changing. I never thought I was going to be pregnant again because when I thought about the first pregnancy I suffered again. So it wasn't like the daily sexual relations that I used to have, daily sexual relationship without protection.'*

Although informed enough to use protection on some occasions, they still display a level of ignorance as to why they became pregnant. Many described their pregnancy in this manner, revealing poor comprehension about reproductive systems, as well as reducing the personal responsibility taken for conception.

Focus group participants refer less to this misinformation, rather focusing on lack of information or negligence, but acknowledge that quality of information is as critical as the actual provision of information.

Key informants are also aware of the misinformation rather than lack of information that contributes to the prevalence of unintended pregnancy. Half talk about being frustrated by this life event because they spend so much time providing information trying to prevent it; unintended pregnancy remaining widespread even with high levels of contraception knowledge (Eggleston 1999; Etuk and Ekanem 2003; Oye-Adeniran et al 2004; 2005). Andre is particularly concerned about this as documented,

> *'…apparently what happens is that those people say they have information, it happens to people that have a lot of information, we have, the information is being spread but still we have people facing this. Maybe what I would say is that information doesn't reach our targets so it is not meeting our objective, … we give information and we are having the opposite of what we want or what we expect from this.'*

Andre goes on to suggest a number of reasons why this might be the case, but does not really know why information campaigns are not working. Some key informants believe that it is the way information is spread and presented, others suggest that it is poor access to services, while others felt it was down to negligence and carelessness. Jessica even suggests that young women who know about SRH are more likely to become pregnant because those who have limited information live in fear of their families, refraining from sexual activity. The frustrations of those working in SRH therefore leads to a critical evaluation of social development interventions, the cultural context or behaviours of young women themselves.

Negligence, deviancy and irresponsible behaviours

Interestingly focus groups completed in the rural area (groups five, six, seven and eight) were less concerned about young women becoming pregnant even when they have SRH information. For them, lack of information appears to be a frequent, sufficient and valid reason for unintended pregnancy. Focus groups from the urban context (groups one, two, three and four), however, were more likely to acknowledge the information now available. These groups recognise that unintended pregnancy occurs even with information, attributing pregnancy to negligence on the part of young women. This belief was most prevalent in focus groups two and four as illustrated briefly by these examples,

> Focus group two, participant two – *'But sometimes people have information and sometimes they don't have information and when they have information they ignore. Ignorance sometimes is what counts...'*

> Focus group four, participant three – *'They, there (in the rural areas), are in an advantage because they don't have information while we in the city we see condoms at home and everywhere and we don't use. Someone can have condoms in their hand and they don't use.'*

> Focus group four, participant eight – *'excuse me, to forget to use the condom when the person knows that the condom exists, they know. (*four – also says *'but they know') (*Number one nods*) As you were saying (*referring to participant four*) first that they forget and the second option that they ask themselves 'until when.' Isn't it ignorance? Because they know that there is AIDS and we have to prevent it, when they ask this question they are trying to ignore the information they have.'*

Some even suggest that women are negligent when only given basic information, just to stay away from boys. However, young women with unintended pregnancies did not perceive themselves to be negligent or ignorant; rather it is something that has 'happened' to them, out of their control.

Many key informants suggest that unintended pregnancy occurs when young people are curious about sex, both because of information and because of a lack of it. Reference is made to negligence, experimentation and sex lives being out of control, as reasons for unintended pregnancy, as well as a poor awareness of consequences and not thinking of the future. The cause of unintended pregnancy from this perspective places all responsibility on deviant young women who do not listen or obey. The way in which information is given or made relevant is not considered, rather responsibility remains with young women alone.

Powerlessness

Unintended pregnancy in younger women is also conceptualised as a gendered experience by some key informants and focus groups participants, highlighting power relationships and powerlessness. This discourse is also frequently supported across the social development literature (Cately-Carlson 1997; Bankole et al 1998; Odimegwu et al 2002; Hord and Wolf 2004; Oye-Adeniran et at 2005; Gogna et al 2008). Key informants particularly emphasise the lack of power young women have in negotiating contraception use with men, limited participation in decision-making processes, economic dependence on others and occurrence of coercion to marry. They fear psychological damage and depression in both the mother and child, stemming from lack of control over their lives. Over half of key informants describe young women as isolated, marginalised, discriminated against and even deserted because of the pregnancy.

Focus group participants suggest that young women may be forced or coerced into sexual relations, and limited in negotiating condom use because men will question their faithfulness. This is also supported by INJAD (2001) data and Mantell et al, (2006). Sex without a condom is a sign of the seriousness of relationships meaning that young women may be blackmailed with a phrase like, ‘if you love and trust me you will have sex without a condom’. Focus group participants conceptualise women

who become pregnant in these situations as victims and men as irresponsible with all the power.

Only one young woman made explicit reference to sex occurring without her consent. Others make reference to the limited nature of negotiation around contraception use. Unintended pregnancy from this perspective is therefore characterised by the control 'others' in society have 'over' young women, conceptualised as a life event that results from powerlessness, before then reinforcing this lack of power.

Poverty

Some key informants and focus group participants also argue that young women agree to unprotected sex because they are gaining financially from the relationship. Relationships with older men or those working in South Africa, for example, are known to be a source of provision as participant three from focus group two illustrates,

> *'I think she was expecting when she got involved with him, knowing that he is working in South Africa she expected from him to have some benefits. So she gave herself to him and I think there, in rural areas, the women doesn't have the capacity to say 'yes' or 'no', they only say 'yes', 'yes', 'yes'.'*

Boyfriends can provide not just basic goods such as food, clothes and shoes, but also luxuries like mobile phones and jewellery. Key informants believe that young women from poor families are vulnerable because they are more likely to seek provision through relationships (also supported by Odimegwu et al 2002; Ilika and Anthony 2004). Women are expected to engage in sexual relations, not in direct exchange for provision (as in prostitution), but as an essential part of a relationship. Orlinda and Roneldo suggest that families may even encourage young women to have such relationships because of poverty. A study by Pathfinder International has shown that young women who engage in these relationships are more likely to have sex without a condom because they have less power to negotiate condom use (Hawkins et al 2005),. Women engaging in these relationships are considered by some as victims,

forced into particular behaviours by poverty. However, Hawkins et al show that young women consider themselves as powerful agents for 'milking the cow', while others in society see this behaviour as deviant.

Cultural factors

Several key informants believe that cultural factors also influence the prevalence of unintended pregnancy in Mozambique, such as early marriage and value of childbearing. Raymondo suggests that young women and families allow pregnancies to occur because it shows she can bear children, which is integral to womanhood. Julia also draws attention to these cultural factors,

> *'Looking to the context of Mozambique, to speak about unplanned pregnancy will vary between contexts because it is common in Mozambique for a young girl or adolescent with 12 years to be married and that pregnancy will not be considered as unplanned because for Africans since the time a women gets married so she must bear children. ... There are many girls that are being pregnant only because they must be pregnant because the society wants them to be pregnant.''*

Issac, Rogerio and Castigo suggest that influence from international television, development of urban youth culture and peer pressure encourages increased sexual activity amongst young people while traditional adherences to practices of sexuality decline (also found by Adetunji 2001). This concern of increased deviancy is linked to globalisation and modernisation. Both modern and traditional cultural factors are linked to the prevalence of unintended pregnancy by various key informants depending on their perspective. Women are therefore victims of traditional culture or deviant agents engaging in modern behaviours, willingly or non-willingly, that lead to unintended pregnancy.

‘Meanings’ of unintended pregnancy in Mozambique

The causes of unintended pregnancy as described by all participants, build on more simple definitions concerned with the breakdown or lack of contraception. When the term ‘unintended’ or ‘unplanned’ is used so much more comes to mind, with participants describing social and cultural meanings that are more significant in their understanding of and response to this pregnancy. Whether unintended pregnancy is perceived to be by ignorance or negligence, attributed to some failing by society or the individual women, it is crucial to the way people act and how they believe the state should intervene. This section continues to explore the meanings attributed to unintended pregnancy that guide engagement with this life event, the value judgements made and expected outcomes.

Social problem and spiral of despair

Unintended pregnancy was often understood by young women to be something that ‘hinders’ them, changing expected life plans as Cecilia describes,

> *‘I felt bad; I felt that it was going to ruin my life; I was doing 7th grade at the time. I thought I was going backwards, missing the year of another class.’*

Most young women describe feelings of sadness, being afraid of other people’s reaction, shock, regret, depression, marginalisation and concern for the future. Many also said they were embarrassed, humiliated and ashamed, with feelings of being irresponsible and letting the family down, as well as the fear of being abandoned and not knowing what to do (also found by Bennett 2001). As Tima describes,

> *I didn’t believe what was happening to me, I thought it was the end of the world because it was not planned, my plan was to study, then I would start working, get married and have children.*

Unintended pregnancy is generally understood as a 'negative' life event, one that hinders (Bacci et al 1993). However, although young women initially conceptualise their pregnancy as a social problem and as the 'end of the world', chapter six shows how meanings shift for young women and alternative narratives are identified.

Key informants and focus group participants spent many hours describing a long cycle of negative consequences as a result of the pregnancy. Unintended pregnancy is frequently described as a 'problem', a 'challenge' and even a 'catastrophe' as Gogna et al (2008) also found in Argentina. Key informants speak about it sadly because for them it means a young woman's future is limited, ruined and blocked. Dino and Andre believe that unintended pregnancy limits the development of whole nations because these young women are unable to contribute to its progress. Unintended pregnancy is therefore constructed as a 'social problem', one that involves suffering and shame, often the result of deviant and irresponsible behaviour. It is assumed that young women who become pregnant will drop out of school, cannot get a good job, cannot provide for themselves and their child, increase poverty in families, are marginalised, isolated and limit 'development'. This spiral of despair, which was identified from focus group discussions, is prominent in responses made by key informants. Almost all key informants expected an unintended pregnancy to follow the path Katrina describes,

> *'So for us, we see this, this is one of the consequences, when she becomes pregnant it is automatically saying that she will drop out of school. And what we will see here, when she drops out of school or if she gives up on that year, … and after that it will be difficult for her to restart or to go back to school because after the pregnancy then will come the baby and then she will have to look after the baby and after that she must find a job or have a work to support the baby, she will go looking for a job, and that same girl who dropped out of school very early, she doesn't have a level of education that will allow her to have a good job. So she will be struggling to find something to support her. And in some cases that same girl, she will be vulnerable for another pregnancy.'*

In addition some key informants suggest that young women are emotionally disturbed, passing all these vulnerabilities on to the child, so creating a spiral of despair that continues through generations. These women are considered as hopeless, merely surviving, no longer able to contribute anything worthwhile to social and economic development. This discourse is also evident in social development literature, with unintended pregnancy most frequently mentioned with regard to poor health outcomes, increased poverty and poor educational attendance (Bacci et al 1993; Etuk and Ekanem 2003; Oye-Adeniran et al 2004; Mantell et al 2006).

Burden on families

Unintended pregnancy is also strongly believed to be a burden for families, another mouth to feed and another barrier to reducing poverty (also found by Etuk and Ekanem 2003). All key informants consider unintended pregnancy in young women as increasing poverty for both themselves and their families. The majority of key informants also state that unintended pregnancy is culturally difficult, causing anxiety and distress to whole families. Roneldo highlights this cultural impact on families believing that unintended pregnancy,

> *'brings a negative impact on the family, she's seen as badly brought up, she didn't respect the parents, she looks as if she's seen by everyone, she was walking with different men and it reduces the respect of the family in the community.'*

The focus groups also assumed that families would be negative, angry and even violent in response to unintended pregnancy, rejecting young women and sending them away, often to the house of the man who made her pregnant.

All participants conceptualised this life event in terms of the community and family as well as young women. Unintended pregnancy doesn't just 'happen' to young women, but impacts whole families. Relationships with others are therefore central to the experience, young women spending a large part of their narrative describing these

relationships. Interestingly though, when discussing the type and scope of intervention that key informants feel is appropriate and needed, they are reluctant to 'interfere' in the family sphere and family business. This is discussed further in chapter seven.

Not yet ready

Being 'young,' 'under age' or 'not prepared' were other familiar phrases used to describe the unintended nature of pregnancy. Nhelete and Louisa both said they were still children when they became pregnant, Louisa in particular because she was 12 years old. Young women consider their pregnancy as 'early' and themselves inexperienced. They are aware it will interrupt school and that they are not socially and culturally supposed to be pregnant at their age or outside of marriage (also found by Etuk and Ekanem 2003). The pregnancy has occurred before they and other people believe them to be ready, challenging the expected life cycle of a woman, interfering in other daily events they 'should' be participating in. As Maria illustrates,

> *'so I thought at the time if I had a baby then I would have to stop going to school, stop going out, having fun, so I started to think about this and if I didn't have the baby then my life would continue the same.'*

Key informants also made reference to younger women not being physically prepared for pregnancy and over half believe that young women are marginalised and discriminated because no one was prepared. Katrina and Julia felt that young women need caring for because of this. Some focus group participants also raised this aspect of unintended pregnancy believing that young women are children, needing support, as well as mothers to unborn/newly born babies. Young women are more likely to be conceptualised as victims and vulnerable from this perspective, needing compassion and understanding in response rather than judgement.

Young women as deviant who must become responsible

A few young women spoke about unintended pregnancy as being something they had done wrong. Erica describes how important decisions about her life during pregnancy were made by her family and in response to this said,

> *'well I had to understand because I was the one who provoked everything, who messed up.'*

Erica was willing to go along with decisions made on her behalf because she caused the 'problem' and had no right to be unhappy with the decisions made.

Abortion, another deviant behaviour in the context of Mozambique, is also closely associated with unintended pregnancy. Abortion is considered by young women because the pregnancy is perceived as a social problem and difficult life event, sometimes promoted by family members, friends or father of the child (also found by Oye-Adeniran et al 2004). Most participants spoke strongly against abortion, concerned that unintended pregnancy encourages this practice. Most young women interviewed spoke proudly of not having an abortion, warning other young women against it.

The concept of deviancy is integral to the spiral of despair and unintended pregnancy as a social problem, especially for key informants and focus group participants. When young women find themselves in this situation they are seen as needing to become responsible; taking control of their lives and start acting in the best interests of their child. Instead of being aimless and unreliable, according to this perspective young women need to learn from the experience, take control and make a plan for their life. A lot of this actually means conforming to social expectations, such as getting married, working hard to provide an income, relating well to the in-laws and being a 'good' wife. While not directly labelling young women as irresponsible, there is a strong sense that women now need to be responsible as mothers, insinuating that previously they had been irresponsible. Erica said that families and schools see these young women as

being ‘bad’ examples to others. Some young women and key informants believe this is why pregnant young women are sent to night school.

Young women also speak about the need to be responsible. However, for them this comes from necessity, often becoming a source of pride. Unintended pregnancy is understood as a serious life event involving a change of behaviours, roles and relationships, which require young women to take on significant responsibility for child rearing and financial provision.

Marriage

Although widely conceptualised as a social problem it is also known that unintended pregnancy can lead to marriage, continued family life and the next stage in the lifecycle (Gogna et al 2008). Casilda stated that while her pregnancy was not planned she became happy because she knew the father of her child would marry her. This was also the case for eight others, although this is not always described as a pleasant or preferable experience, nor did all the relationships last.

The ‘answer’ to unintended pregnancy as a social problem and undesirable event appears to be the acceptance of pregnancy by the boyfriend leading to marriage. As participant seven says from focus group one,

> *‘I think Hortencia’s family, being in a rural area, they should arrange her marriage or at least take her to Didi’s house and Didi’s family would only have to accept, they would not have any choice in saying no and the community would have to accept Hortencia as she is.’*

Numerous references were made through the focus groups, particularly although not exclusively by those from a rural area, to the fact that everything would turn out well if she moved to live with her boyfriend in the context of marriage. Even though some participants did not personally think this best, they believe that parents see this as the only acceptable outcome. Focus group participants recognise that families may also

push for marriage because of social and economic reasons (also found by Ilika and Anthony 2004). However, participants wanted a 'happy ending' for Hortencia, one where she is loved and cared for by her husband, rather than marrying because of social pressure. Focus group participants know that marriage is the socially acceptable outcome, but also want this to be of benefit to young women.

Key informants make less reference to the value of marriage as an outcome, although Julia, Erica, Jessica and Dino admit that marriage does resolve the social problem. However, key informants were generally concerned about high levels of early marriage and the impact this has on school attendance. The value of marriage is therefore understood as a socially acceptable outcome, that is not necessarily supportive of wider social development goals such as education and fertility reduction.

Importance of the 'dono' to accept ownership and take responsibility

The 'dono', meaning 'owner' in Portuguese, is the father of the child and an important figure in the social construction of any pregnancy. In the context of Mozambique, the first child belongs to the family of the father, he is therefore the 'dono' and must be approached and his response followed. According to many in the focus groups, the first person young women should tell about the pregnancy is the 'dono' and many of the following decisions depending on him. The vignette described an offer from Hortencia's aunt to live with her in the city. Most of the focus group participants said that Hortencia would only consider this offer if the 'dono' allowed it. Summing up hours of focus group discussion crudely as one participant also does below; if the 'dono' accepts the pregnancy then the path is set towards marriage, if the 'dono' rejects the pregnancy then young women remain with shame in her family unless they send her away.

> Focus group five, participant seven - *'In cases where he accepts it will go well, he will accept and the girl will not be humiliated, but in the cases when he refuses the girl will feel humiliated.'*

Young woman are therefore seen as dependent on and guided by the response of the 'dono', who owns the pregnancy, as discussed further in chapter five. Yet both the young woman and the 'dono' come under significant pressure from families 'to do the right thing', although this tends to be less socially disruptive and less stigmatising for the 'dono'.

Over half of key informants acknowledge that the 'dono' is an important figure who culturally must be approached and involved in the pregnancy, with the aim of marriage. However, as with marriage, key informants tend to place less importance on this. All young women interviewed include the 'dono' as a significant character in their narratives, the process of ownership and responsibility is one that consumes their thoughts and time, with significant implications on the progression of the life event. Again this socially constructed process is critical to young women and families, but is less of a concern to social development intervention.

Unintended pregnancy as an opportunity

While seemingly counter intuitive, some references are made to the opportunity unintended pregnancy actually presents. For example, focus group participants suggest that pregnancy forces openness in families about SRH. Through this life event relationships are changed and the mother/daughter relationship is likely to develop and thrive. A few participants across the focus groups also conceive this as a time for women to 'stand up' for their rights by finishing school and getting a good job to work for a 'better' future. It is an opportunity to make positive choices not purely based on being a 'good' wife or mother, as participant three from focus group one says,

> *'I just want to add to what my colleagues said* (referring to four, five and six), *'if you go out in the rain, you will get wet'. Hortencia went out in the rain and she got wet. Now what she has to do is to dry herself by continuing with studies and prepare her future. I think with Didi she would have no future because there her life would be to wash the dishes, clean the house and we saw in the*

story that Didi had no house so she would have to take care of her in-laws, which would be no future. I think the best thing to do is to prepare her future by continuing to study.'

Focus group participants also made frequent reference to the fact that a young woman may do well if married, that she has acquired a life experience to learn from and a child who brings joy. While conceptions of unintended pregnancy as an opportunity are few, especially from key informants, they are still present.

The majority of these counter narratives are found in the individual interviews, unintended pregnancy conceptualised as something young women become proud of if they keep their child. Young women can continue in education, are engaged in informal production and have good family relationships even with their responsibilities as mothers. Young women describe themselves as resourceful and valuable as well as unintended pregnancy being a 'difficult' life event. Filoberto and Hannah indicate that it is unwise to write these women off,

Filoberto – *'I felt down and even now I feel like crying as I don't like to remember that moment. I thought that it was the end of the world, end of my life, that I would lose the love of my father and drop out of school. It was difficult for me. But I raised my head and realised that I still had life ahead. I also thought of abandoning my participation in the youth association but I continued because I knew I would have their care, affection and support. I have continued with my life, until now I continue. I know it is not the right thing but I have continued life with my baby and my life is going on.'*

Hannah - *'I became sad because I had to stop studying and I stopped for two years. That's why. But it ended up being that I was able to pass through that thing and I got along.'*

While young women recognise the impact of unintended pregnancy on their lives, and while they often had little or no participation in decision-making processes, they also talk about the strength they had to negotiate, the value they have gained in

motherhood and how proud they are to have done this. These conflicting conceptions of unintended pregnancy make the study of coping strategies, power relationship and negotiations, relevant, interesting and important. The following chapters examine these in more detail through the in-depth exploration of unintended pregnancy as expressed by various participants.

No big deal

And finally, a few references were made through the focus groups and by key informants that unintended pregnancy is now becoming more widespread in society and does not carry the same negative connotations. While families may be very upset when the pregnancy is first disclosed, as time passes their acceptance increases, embracing life with the newborn child.

In conclusion - The foundation for coping strategies

Even at this early stage of analysis, there are a number of key factors highlighted by the passages above that have implications on the lived experiences of young women and exploration of coping strategies. Unintended pregnancy can be understood as something that comes early and without plan, which just happens as an accident without any blame attributed, moral judgement made or responsibility taken for its cause. However, in general, unintended pregnancy is understood as a social/familial problem, a spiral of despair with a hindered future either due to poor information provided by institutions/organisations and families, or negligence by young women. Young women may be conceptualised as irresponsible and deviant, or victims of uneven power relationships, vulnerable to the will and decisions of others. Unintended pregnancy is less frequently perceived as an opportunity from which young women gain, grow and build a better future, although narratives do hint at this. Marriage remains the socially acceptable outcome for young women with the ‘dono’

being an important and influential figure, although this is not actively encouraged in social development intervention.

There is consensus and contradiction in the way that different types of participants understand unintended pregnancy. Focus group participants and key informants appear to conceptualise the pregnancy similarly, with focus groups placing more emphasis on marriage and the key informants placing more emphasis on the spiral of despair. It is individual young women who propose many of the counter or less dominant constructions. In their work with lone mothers, Duncan and Edwards (1999) found that some discourses are associated with more power in society than others, dominating at national levels, with more of a mix at local levels. Therefore the reasons for unintended pregnancy, the moral values associated and outcomes expected may vary between communities and families influenced by dominant socially constructed discourses. The interaction between different discourses held by individuals, families, organisations, policy and institutions, highlights power relations and increases ambiguity. Local as well as national and even international perceptions have practical implications on how people think about and react to the pregnancy. The following chapters show how these perceptions are critical to the resources available and coping strategies used.

The complex nature of family norms and the impact that unintended pregnancy has on families and communities illuminates the nature of young women's relationships with others. Social networks and negotiations for material provision, place of residency, education, health and overall well-being are illuminated and intensified in this context. Social processes involve family participation and negotiation by all parties. As the following chapters will show, the exploration of coping strategies therefore requires the consideration of relationships, allowing inherent power exchanges to be explored. Power relations, roles, responsibilities and expectations are all critical in shaping the experience of unintended pregnancy and various outcomes in terms of health, education, material provision and emotional well-being.

In addition to complex relationships within families, young women have to contend with dominant discourses constructed through social, cultural, political and economic

processes. Key informants and focus group participants describe unintended pregnancy as a barrier to the development of young women, families and even the nation. They also tend to conceptualise unintended pregnancy as the result and reinforcement of powerlessness or of deviancy. In many cases they could not even describe how a young woman survives through the endless list of problems, let alone ‘get by’ or ‘get on’. These young women are written out of the process of change many key informants seek, labelled as ‘non-copers’ or ‘unable to cope’, setting up an unhelpful duality of those who ‘cope’ and those who don’t. The following chapters therefore reveal the complexity and fluidity of coping, challenging the representation of this event as a hopeless social problem.

CHAPTER FIVE

Negotiating for 'normality'

This chapter, and the next, take us through the experience of unintended pregnancy, predominantly as described by young women who have been through this life event. The nature of unintended pregnancy, relationships and negotiations are examined, first in this chapter during the actual pregnancy and then once the child has been born in chapter six. These two chapters lay the foundations for chapter eight, which explicitly draws out coping strategies used by young women often based on the use of relationships and negotiations. An unintended pregnancy changes the role, status and position of a young woman in both her family and in the community, severely curtailing her autonomy through various social processes and relationships. This chapter describes the complex and changeable processes of negotiations that are used to manage uncertainty, her change in social position and the oppressive potential of many relationships.

Significance of pregnancy

While seemingly obvious, it is first important to emphasise the significance of pregnancy when the unborn child remains part of a young woman's body, having important implications for agency, relationships and life experience. The inseparable nature of mother and foetus is critical because traditionally the first child is 'owned' by the father and his family, crucial for inheritance and family lineage. As young women spoke about their pregnancy, many described a familiar first question of 'who is the father?' The direct translation of this question from Portuguese is actually 'whose is the stomach?' or 'who owns the stomach?' As young women disclose the pregnancy, the first questions are around ownership of the unborn child. 'Who owns the stomach?' implies that the pregnancy, which is part of the woman's body, does not

actually belong to the woman. Questions about ownership are quickly followed by questions of whether 'ownership' has been claimed and if 'responsibility' has been taken. Again this implies that pregnancy is not the responsibility of a young woman, lying with others who need to 'claim' it. Lina describes taking responsibility as,

> *'to take care of the baby, in case the baby gets sick they will be responsible for the hospital, so for the food, the clothing, so for everything, they are responsible for.'*

Taking responsibility is to ensure the child is housed, clothed, fed and healthy. However, during pregnancy it is the young woman who needs to remain housed, clothed, fed and healthy, ensuring the well-being of the child. Taking responsibility for the unborn child therefore means taking responsibility for the young woman carrying that child. Claiming 'ownership' over the unborn child means that 'ownership' is also claimed over the young woman. Formal processes of ownership also occur through marriage and the exchange of lobolo, adapted in the event of unintended pregnancy. Unintended pregnancy is therefore socially disruptive for young women, which they cannot disengage from without aborting the child. Nhelete describes this beautifully through her example,

> *'After that, when we went there, we had a meeting with his family. There it was decided that I should stay with him because I couldn't go back home with something that was not for my family. I had to be there with that family who were responsible for what I was carrying, for them to be close to me in order for them to support me in everything that I needed. And after birth I had a chance to choose, if I wanted to continue to live there or to go home. … I would say that my parents, they were not happy in the beginning but they had to accept and they said that for me to go and live with him was only for him to take responsibility, because it was not their responsibility but the boy's responsibility, it was only that. That's why I had to go and live with him.'*

Families also know that pregnancy increases both health risks and material needs. Louisa draws attention to this when talking about why her father sent her to the house of the 'dono',

> *'he was just scared about who was going to take care of the pregnancy, but not of the child, he said that once I give birth it was different. It was that he didn't want me to stay with him during the time I was pregnant because he was most concerned about how I was going to be during the pregnancy because he used to say 'as soon as my daughter has given birth she can come home and I will take care of her.' He said 'being pregnant, you've got risks, because when you are pregnant and if you continue having relations during the pregnancy you will suffer more when you are giving birth'. So my father was worried about the critical stages before birth.'*

While the process of taking responsibility for a child helps to ensure a level of material provision during pregnancy, it also risks constraining autonomy as Nhelete and Louisa indicate above. While the child remains in her 'stomach' she is the carrier of the child and is socially expected to go along with decisions made for her. This chapter explores the use of negotiation during decision-making processes, as young women respond to the fact that it is socially legitimate for others to make critical decisions on her behalf.

Longing for 'normality'

Young women expressed their wishes and desires in relations to the pregnancy in many different ways during the interviews. While 'others' have responsibility for making decisions, young women have their own ideas about what they want to do. Unsurprisingly on reflection, most young women wanted things to continue as 'normal' or as they had before the pregnancy. They wanted to continue living at home with their family, continue with school and to continue with their life as they had imagined it to be. They still wanted a 'good' job to provide for them and now their child

independently. A few also spoke about wanting a house and to marry. Nhelete, Cecilia, Hannah and Wilta provide a good representation of the wishes expressed for pregnancy and the future,

> Nhelete – *'I was only thinking about school, how to continue going to school because when a girl gets pregnant she has to go to school in the evening and going to school in the evening is risky. That was my main concern. If I could choose, I would choose to continue at home and having my boyfriend coming to visit me and visit his child when he was born.'*
>
> Cecilia – *'So I said I want to stay with my mum because my boyfriend at that time he wasn't working.'*
>
> Hannah – *'my studies and work, that's what I would have wanted. I would have wanted to have a house where we can stay, me and my baby and have a future for my child.'*
>
> Wilta – *'what I would have wanted for me to happen, is any kind of help, someone to help me find a job in order to support myself and provide for my children and myself. Having a job then I would have my dream come true, that one of having a house. So this is what I would have liked to have, or someone providing for me to go to school.'*

Young women do not appear to want anything different just because they became pregnant unintentionally. Most still wanted to live with their family, go to school and get a job in the future, all of which are difficult for any woman to achieve in Mozambique (UNDP 2007b). While a few are now 'happily married' and settled within the context of being a mother and wife, their initial response was to keep everything as it had been. Several young women had initially sought an abortion to ensure life would go on as 'normal' or as 'planned', knowing the implications of unintended pregnancy.

Throughout the individual interviews many references were made to 'normality', feeling 'normal', having a 'normal' pregnancy or a 'normal' birth and a 'normal' life, believing this was achievable as Valda, Witla and Filoberto illustrate,

> Valda – '*So they gave me that choice, they asked me if I wanted to continue going to school knowing that now I would become a mother. If I wanted this or if there was something else I wanted to do, but knowing that whatever I had to do I had to think of my baby. So they would allow me to do whatever I wanted. There was not those things that 'now you have a baby you can't do this and that', they behaved as if I didn't have that baby.'*

> Witla – *'It was normal; I think the pregnancy doesn't stop you from going to school and having a normal life.'*

> Filoberto – *'After that decision I had the choice to continue studying and to continue living life the way it was, continue to go to school, continue to be the same person and have the baby.'*

All of the narratives shared make reference to the challenges faced in ensuring good material provision and healthcare access, maintaining school attendance and sustaining good relationships. Negotiating normality was not easily attainable or even achievable in some cases. However, Valda, Witla and Filoberto's example indicate that a young woman's agency and ability to negotiate should not be underestimated nor limited, as this chapter will now go on explore. Alongside many of the narratives that reference the control exercised by others, run counter narratives that reveal different responses and unexpected outcomes.

Constraints to 'normality'

When reading through the transcripts it can initially feel as though young women are very constrained when making decisions about what to do. It is easier to identify

constraints to decision-making rather than negotiation because these are usually described first. Time after time young women said they had no choice and limited opportunity to make decisions about where they lived, whether to continue in school, if they would marry and who would provide for them. Focus group participants and key informants also took this as given, implying it throughout their responses. Young women describe having to sit and wait for decisions to be made, then being told what to do. As Nhelete says,

> *'I had no choice, it was not my choice, my parents they said 'you have to go and live there.' I tried to … I yelled, I cried and said 'no, I don't want to go there because I am not used to being there.' They said 'no you have no choice, you must be obedient, that is only what you have to do.' Then without choice I had to go and live there, I didn't like it. But with passing time I was getting used to that, but I had no choice.'*

While many examples of negotiation are described later, four main reasons are raised by data for young women's limited involvement in decision-making processes; the process of responsibility, economic dependence, lack of rights and high levels of uncertainty.

Process of responsibility

As highlighted earlier, once responsibility is claimed for the unborn child, young women are constrained by the decisions made by others. A dialogue with Lusia describes what generally appears to happen when the 'dono' accepts responsibility,

> Lusia – *'No, I didn't think or plan for this. I thought that I would continue in my home and go to school. But after I came from the hospital, then I moved to his house and even school I only continued to go to school for two years, the two years that were already paid.'*

A – *'So you said that after you came back from the hospital you moved to his house, how did that happen?'*

Lusia – *'It was his family, they went to talk to my family and they told my family they wanted to take me to their house.'*

A – *'Did you have any choice in what happened; is this what you wanted to happen?'*

Lusia – *'that's not what I wanted to happen because I wanted to continue in my house and continue going to school. My family knew that I wanted to continue going to school but when his family made the promise that they would continue supporting me with school, so my family allowed me to go there. They told me that they would pay, that they would support me, but they didn't do that.'*

A – *'And could you have refused? What would have happened if you had refused?'*

Lusia – *'No.'*

A – *'What do you mean?'*

Lusia – *'what happened was that they knew I wanted to stay home but they told me that the promises were made in my absence'*

A – *'So you couldn't change things after the promise had been made?'*

Lusia – *'No.'*

The majority of significant life decisions are made by the person or family who has taken responsibility, the owners of the child. This is first offered to the 'dono' and his family who may accept or reject. If rejected the young woman's family may then take responsibility or she may be sent away. Young women rarely take responsibility

themselves. If responsibility is going to be accepted by the 'dono' and his family then a meeting will normally be arranged to formalise this acceptance. Decisions about where the young woman will live, if the couple will marry, if she will continue in school and who will provide financially are generally made at this meeting. These meetings often occur without the young woman and she is informed of the outcomes later on. In only a few accounts were young women given input into these decisions.

Economic dependence

Young women are also constrained in decision-making processes because they are economically dependent on those who are making the decisions that mean most to them. This dialogue with Shelia exemplifies this,

A – *'And in terms of the big decisions about where you lived and if you went to school and how you would provide for yourself and how you would provide for the baby…how were those decisions made?'*

Shelia – *'it was my mother and father-in-law.'*

A – *'So they took the lead in deciding all these things?'*

Shelia – *'Yes.'*

A – *'Did you have much input in those decisions?'*

Shelia – *'I couldn't decide anything for myself.'*

A – *'Can I ask why that was?'*

Shelia – *'Because I was dependent on them.'*

Young women rarely have economic independence and live within family systems that are based on social and economic inter-dependence. Therefore young women are not only 'owned', but are also dependent on whoever takes 'responsibility' for housing, clothes, schooling and food. Dependency is intensified by the increased needs of pregnancy, reducing the desire to cause conflict through negotiation. Young women lack the personal and individual resources to negotiate structurally based constraints such as widespread poverty, where the causes for such constraints remain outside her frame of reference or control. This dependency has considerable implications for the use of power that is inherent in relationships, with the real potential to constrain women's decision-making capacity.

Lack of rights

A smaller number of young women felt that negotiations were limited because they were in a position of shame having done wrong, thereby forfeiting her right to make decisions. As Roneldo, a key informant says,

> *'when this happens to a girl she should be at a repentant stage, if she accepts to be in a repentance state, every decision made by the parents she will be directed.'*

Louisa was 12 years old when she became pregnant and was sent to live with the 'dono'. She describes how she had no rights living at someone else's house as a child,

> '*we lived normal like a married couple but full of problems. We slept together just like what normal married people do, the only thing that was different was that it was full of problems. The only difference was that I never had a right because I was a child and at someone else's house so they would just send me the way they wanted*.'

This draws attention to the social implications of unintended pregnancy leading to the acceptance of constraints. When young women are conceived as having no rights because of their age or behaviour then negotiations are severely limited. These beliefs are not so much based on economic dependency, but on the social construction of this pregnancy.

High levels of uncertainty

Many references were made by young women, particularly just after they discover the pregnancy that they do not know what to do, as Surman (2001) also found and Valda demonstrates,

> '*so they realised that I was confused, I didn't know what to do, because for me it was something like it was not happening, so I had no idea and I was worrying about this. Then my parents they said 'don't worry about the future and what will happen, just relax and care about today and the future will take care of itself.*'

What comes out strongly from this data is a sense that young women don't always know how people are going to respond to the pregnancy, although they assume a change to both their physical environment (residency and school) and relationships (accepted or abandoned by others). This creates a great deal of uncertainty as Esmeralda from focus group one reveals,

> *'For me, for example, before knowing for sure that I was pregnant I started to think of my family, how would they react? … I'm the youngest in my family, so I was thinking what if the father of my daughter didn't assume, would they accept me or if they would send me away or if my mother would accept it … Would they accept or would they send me away or would they believe that what happened is what I told them.'*

Young women are managing a high level of uncertainly along with an appreciation of what is socially appropriate, such as being sent to the 'donos' house and marriage. Eight young women interviewed were sent to live with the 'dono' following disclosure, but eleven remained at home with their own families taking responsibility. Some 'donos' refused to accept responsibility, while some welcomed it. Many young women left school or missed a few years, but again some continued without any interruption. Some describe themselves as happily married while others describe difficult relationships with the 'dono'. The concerns that young women express about the reaction of others appear valid from data, but are not inevitable. The high level of uncertainty and unintended nature of pregnancy mean that young women may not able to make decisions, not even knowing what they want until after decisions are made.

It is important to recognise that young women often know they are constrained in the area of decision-making, as data above display. They are aware of their constrained capacity to negotiate, with a few explicitly wanting opportunities to make decisions for themselves. Nhelete and Rosa provide two such examples,

> Nhelete – *'… and one of my plans is to continue to go to school and finish and graduate and if God wills then I could work, have a good job and with that I could have my life and after that I could choose, it would be my choice if I want to continue with him and we raise a family together, but not in this way, it was an obligation to go and live with him because when people oblige you to do this, things don't work. That would be my choice.'*

> Rosa – *'I felt really bad, especially when my family started with these demands, I even felt ashamed to be forced to do what I didn't want to do, so it was bad for me and I was there only having to obey whatever they said.'*

This chapter now continues by illustrating the ways in which young women do get involved in decision-making processes using negotiation.

Negotiating for normality

It is difficult to imagine how young women negotiate their needs and interests with the enormity of constraints described. Yet reading further through the narratives, numerous points of negotiation are observed. Negotiation refers to a process that occurs when the needs, interests and desired outcomes of young women are different to those of their family, the 'dono' or his family. Young women use negotiation to influence outcomes, through both collaborative and competitive means (Payne 1986) as is illustrated by this chapter. Negotiation is an important facet of coping strategies because it provides insights into the complexity of individual action that acts outside of expected patterns of behaviours (Finch and Mason 1993; Wallace 1993). Four different types of negotiation are identified; negotiations within limits, negotiations that are facilitated by others, multiple negotiations and negotiation through informal advocates. The negotiations observed came in very different forms and from different sources as will now be described.

Negotiation within limits

In many cases there were boundaries outside which young women were not able to negotiate, particularly when both families agreed for responsibility to be taken by the 'dono'. However, even in these cases, some found space to negotiate and manoeuvre within certain limits. There are several examples where young women were forced by others to live with the 'dono', leave school and rely on another family for provision during pregnancy. Yet after pregnancy these same women choose to return home with their child, return to school and reduce economic dependence by informal production. This predominantly relies on young women being able to recognise times when they are not able to negotiate and times when they are. The timing of negotiation is therefore crucial, facilitating more choice as a dialogue with Rosa illustrates,

> A – *'How many months pregnant were you when you moved to your boyfriend's house?'*

Rosa – *'It was after the birth'*

A – *'After the birth, ok. So during your pregnancy you stayed at home and then went to his house after the birth?'*

Rosa – *'Yes'*

A – *'Why didn't you go before the birth?'*

Rosa – *'I don't know, I wouldn't accept.'*

A – *'You didn't accept? You refused to go before the baby was born?'*

Rosa – *'Yes'*

Rose could not refuse to live with the 'dono', but she could delay the move. Maria's is a longer but inspiring example of 'negotiation' because of the fight she undertook to achieve what she wanted, which was to stay at home with her parents and her baby. Maria not only negotiated within the limits, but also actively pushed the limits to get back home with her child.

'*So from my father, when he knew about the pregnancy, he said I should go and live with the boy, but I didn't want that because I wanted to continue at home. So after that his family came and they came to meet my family and they asked my family for me to stay at home, at least for four months, but my father was against it and he said I should go and live with the boy. And my mother she did not want that, she didn't like this. I didn't like it either, but he insisted. So my mother, she doesn't have any power at home so I had to go and live with the father of my son. And so because my father said that I should go and live with him I went there, but after some time we started to have our disagreements and I wanted to go back home, but my father he didn't allow so I had to go and live somewhere else. My mother she found a place for me to stay because my*

father said that he didn't want anyone pregnant at home. So I had to go and live somewhere else… I stayed there until the 8th month and when I was 8 months I went home to visit them. Then I stayed there. My father when he realised he had to send me out, I said 'no', I just stayed there. He was always mean to me, yelling to me, saying to me that I had to go out, he said 'I don't want you here, you are a shame for me, so you must go out, I don't want you here, there is not room for you here in this house'. But I stayed there and continued there and sometimes I would cry and my mother came to me saying 'no you can't cry, don't do that because this is not good for the baby.' And my father said if I wanted to continue living with them at home, first I should have my baby then take my baby to the father and then come back home.'

Unintended pregnancy occurs over a period of time during which relationships, the level of acceptance and resources available to families and young women change as they come to terms with the 'unintended' nature of pregnancy. Even Roneldo, a key informant who had been very negative about the whole life event, recognises the dynamic nature of people's acceptance,

'at the beginning it will be very negative but only maybe when the baby grows. It's bad at that time when the girl is pregnant but after, if the girl goes through with the pregnancy, if she hears counsel at home, after time passes she will give birth to a baby, once the baby is born it's like a joy to the family, there is one more member of the family, the family is growing, not counting about the, whose it is, the child will end up growing with all the care of the family, even the father comes.'

Relationships are not static, nor are the responses made by young women. As the 9 months of pregnancy unfold or as the child is born, so the meaning of an unintended pregnancy may shift opening up space for more and varied negotiations.

Facilitated negotiation

In some cases young women had to fight for what they wanted, but on fewer occasions families actually asked the young woman what she wanted. When a young woman's parents also want her to stay in school or at the family home, then negotiations around what she wants are facilitated and supported by others. These examples from Filoberto, Lina and Valda are in sharp contradiction to Maria's experience.

> Filoberto – *'At one point we all had the same idea so I could choose. But they were also saying, and it matched their and my opinion, that I was too young to go and live with him, even if he accepted, and they wanted me to continue going to school, which is also what I wanted.'*

> Lina – *'so they didn't think about marriage or for me to go and live with him because they put school first, so they said we should continue studying because my boyfriend is also still in the school, so they said they would take care of everything, but we should continue going to school. I agreed with what they said, I was happy with that, so they didn't say anything that I didn't want, I was happy with that.'*

> Valda – *'I think it was like this, so, I was not forced for anything, and my father he gave me a choice. Because I think he realised that I was sad, I was depressed about this situation so he was trying to give me choice, for me to make any choice I wanted to.'*

These narratives run somewhat contradictory to expected response from families according to the social construction of unintended pregnancy. As discussed in chapter four most participants assumed negative family and social responses resulting in rejection and conflict. Yet unintended pregnancy is not always understood as a social problem and a 'stain' on the family name. In households where they consider unintended pregnancy to be the result of misinformation, an accident or vulnerability, responses are made that open up negotiation for different outcomes.

How an unintended pregnancy is understood and conceptualised within individual families can facilitate or constrain negotiation, resulting in unexpected outcomes and support.

Multiple negotiations

Young women also gave examples of multiple negotiations at different times with different parties. If responsibility is accepted by the 'dono' and/or his family then both families are likely to meet to formalise the process, meaning that many people are involved in decision-making processes. Once a person, whether it be the young woman or otherwise, has expressed strong preference for a particular decision, such as place of residence, this needs to be negotiated with all other parties involved. Therefore, if a young woman is able to negotiate with her parents, further negotiation takes place with other family members, the 'dono' and his family. A dialogue with Hannah sheds light on this process of multiple negotiations,

> Hannah – *'And after my mum found out she asked 'are you going to stay with him or are you going to stay here with me?' And I told my mum that I preferred to stay with her instead of staying with his parents. She said 'you must go to the boy's house'. But I told her I wanted to stay here and I went to speak with the boy and he said 'it is no problem, I am going to university anyway.' My mum told me I could stay, she said 'ok then you can stay.'*
>
> A – *'And how did the boy's family respond?'*
>
> Hannah – *'They said there was no problem, she can stay. In the beginning they wanted me to stay with them but my mum said 'no I should stay here.' His parents didn't make a big fuss about it, they told me I could stay with them, but they were ok about it.'*

The complexity of negotiation is often dependant on whether the 'dono' has accepted responsibility and which family members are involved in the process. Often wider

family members are drawn in for reasons of support, such as Valda's aunt who disclosed the pregnancy to her parents, or for reasons of advice. Even though Rosa is an orphan, with her brother as her main carer, they still had to involve wider family members, aunts and uncles, in the process of marriage resulting from the pregnancy. She says,

> *'then I had to tell my brother that I was pregnant and I was not happy with that because I wanted to continue with schooling. And my brother also was upset with me, because he was not expecting that. So my brother, after that, because he is alone he had to call my uncles and aunts to come for a meeting, but before that he received a letter from my boyfriends family saying that they were about to come to meet my family.'*

Cecilia, also an orphan, describes multiple negotiations with different brothers and sisters when accessing education, housing and material provision. Adela and Hannah, sisters who both had unintended pregnancies at similar times talk about the involvement of their uncles and neighbours because their father had died and their mother was working away. Erica's grandmother was also called upon to give advice, an important part of the decision-making process as seen below,

> *'…and after that she* (referring to her mother) *went home and told my father. So he also went home and told his mum because his father had died and his mother was also a nurse. So she called me and I went there. I was 5 months pregnant. I told her to help me to have an abortion, but she refused because that was her only son and the only grandson that she would have. And she went to meet my parents, so she went and talked to my mum and she said that 'yes she already knew' about it and she was just waiting to see what would happen.'*

While complexifying the process of negotiation, the number of people involved also increases the likelihood of conflict between all of the parties involved. With a lack of consensus, there may be more space for young women to state their wishes and desires, and to negotiate towards them. This is considered in more depth now.

Informal advocacy in negotiations

As negotiations take place on multiple levels some young women describe support in this process from significant others who are conceptualised as informal advocates, which Adela and Cecilia draw attention to,

> Adela – *'the in-laws wanted to remain with the baby, but my mum refused because the child had to remain with me because it was small, it was sucking and since I had problems and I wasn't coming out milk they wanted to take the baby, but my mum refused and said that the baby should remain with me. My mum wanted me to continue studying and they wanted me to continue studying and I also wanted to continue studying and that's how we are until now.'*
>
> Cecilia – *'That time when I first became pregnant, my mother said 'do you want to stay with me or your husband?' So I said that I want to stay with my mum because my boyfriend at that time he wasn't working, but when he started working she said 'you can decide if you want to stay with him or not.''*
>
> A – *'And how did his family react?'*
>
> Cecilia – *'They were the ones who wanted me to leave from where I was staying at my mother's house and my parents could come and see me, but my mum didn't accept.'*

Through negotiations with another who is willing to engage, a young woman may find someone who will advocate for her needs and desires in decision-making processes. Often young women are not present when decisions are made about where she will live and who will provide for her material, health and educative needs. If she is able to make her needs and desires clear to another, they may be able to advocate for her in her absence. Mothers and other key female figures in the family appear to be the ones most likely to advocate on behalf of young women as Adela and Cecilia describe. They also may have more legitimated power than young women due to their stage in the life cycle (Silva and Andrade 2000; Lofort 2003). It is also not unknown

for fathers who are still present in the family home to advocate for their daughters as well. However, advocates do not ensure decisions are immediately made in favour of the young woman, as Maria (p81/82) also alluded to earlier,

> *'And my mother she did not want that, she didn't like this. I didn't like it either but he insisted. So my mother, she doesn't have any power at home so I had to go and live with the father of my son.'*

Most of the negotiations described above are reliant on the willingness and actions of others, young women only being able to negotiate if others are willing to engage. If the young woman has an advocate or is negotiating within perceived boundaries then it is possible to negotiate her interests over time. Conflict within the process may be used to young women's advantage, meaning they may be able to choose a course of action if at least a few others will support it. If a consensus is quickly achieved between family members, space is reduced for young women to challenge decisions and state their own desires. What can be drawn from data described above is that negotiations are complex and take time, but they are possible. Young women are not able to negotiate what they want all the time, but their life course is not as prescribed as may be expected.

In conclusion – the interplay of power

This chapter has been constructed around what young women have declared they 'want' for their lives after becoming pregnant and how achievable this is. An unintended pregnancy occurs within complex social relationships laden with social expectations. Every decision a young woman makes is done within the context of relationships. Young women in the focus groups and individual young women interviewed spend hours describing the nature of relationships with others. Without comparing the nature of relationships before pregnancy it appears that unintended pregnancy brings additional social expectation, although it is not only young women who are subject to this expectation, but also 'donos' and families as well. The power

inherent in all relationships is explicitly expressed through the claim of ‘ownership’. Crucially pregnant young women have no choice about being ‘owned’, but potential ‘owners’ can decide whether they will or will not claim ownership because of the responsibilities that come with it. Key informants and focus group participants repeatedly drew attention to the fact that in reality ‘donos’ are under less social pressure to take responsibility even though this may be socially desirable.

A young woman and her unborn child are ‘owned’, under the authority of others and are expected to comply with their direction, seriously curtailing her rights and autonomy. However, as mentioned earlier, this ownership also comes with responsibilities. ‘Donos’ have responsibility for decisions regarding residency, education and material provision. Young women are expected to benefit from this relationship as well as submit to its authority. If ownership is taken, but provision is not forthcoming then young women may continue to submit to its authority or choose to challenge it.

Relationships with ‘donos’ are complexified by the different ways of taking responsibility. Ownership may be claimed singularly by the ‘dono’, the ‘dono’ and his family, only by his family or by members of her family. They each take responsibility differently, meeting her needs in different ways, with different expectations of her response. Young women therefore manage a lot of uncertainly and change within relationships as the 9 months progress. While intended pregnancy also occurs within complex social relationships, questions of ‘ownership’ and ‘responsibility’ are already clarified, reducing complexity, uncertainty and potential conflict. This places less stress on relationships, but also reduces space for negotiation and opportunities for ‘different’ outcomes. Families where young women have unintended pregnancies may seek to reduce the social disruption already caused or capitalise on it by choosing alternative outcomes. Many counter narratives to the control exercised by others run alongside tales of agency through negotiation within relationships. Gogna et al (2008) also questions the stereotyped assumptions of women automatically dropping out of school finding that some pregnant young women in Argentina continued to do well in school despite constraints. Contrary to assumptions made by

all of the participants, young women present themselves as neither wholly controlled nor wholly in control, although there may be limited periods when this is the case.

Young women want their life to continue as normal, rather than fall into the spiral of despair as insinuated by key informants, focus groups and wider literature. Young women conceptualise hope for the future in the face of many challenges. However, the constraints young women in Mozambique face in accessing education and formal employment, achieving equality, good health and living above the poverty line are multiple with or without an unintended pregnancy (UNDP 2007b). Their vulnerability to the spiral of despair once pregnant is intensified by structural inequalities, social expectations and informal relationships. Young women are under the authority of others who understand the pregnancy differently. If a 'dono' believes it is his duty to take responsibility, provide for the child and marry, it is hard for young women to negotiate otherwise. If her family have a stronger belief in the value of education, advocating on her behalf and using their power to refuse such authority by the 'dono' then negotiations may be possible. If the 'dono' does not want to take responsibility then her family may still send her out of the house depending on whether they believe they should take responsibility. The different discourses that feed the actions of people may facilitate a young woman's autonomy or increase her vulnerability to oppressive relationships. The interaction of these discourses generally takes place in relationships making negotiation possible and outcomes more unpredictable than generally suggested by the focus groups and key informants.

CHAPTER SIX

‘And now we are two’: Life with an ‘unintended’ child

> *‘it was a joy for me to have my baby and at the time I was only 16, I was the youngest amongst the women in the hospital and I was there in my bed, I would see the other women screaming and they would come out of their beds and they were walking and running around. I was quiet in my bed and the midwife she was my aunt and she would come and tell the others ‘look at that girl, she is young and is quiet, but you are making such a noise.’ And it was fine, after that they took me and I had my baby and I was happy in that place, I was emotional to see that I had a baby and she told me ‘your baby is here and it is a boy.’’* (Witla)

The full implications of pregnancy are encapsulated once the child is born. Pregnancy is now ‘over’, but life does not return to ‘normal’. This chapter is concerned with the ongoing nature of this life event following the birth of the child. Young women are no longer carrying the stigma of unintended pregnancy everywhere they go, yet as they become mothers their level of responsibility, and role within the community shifts and evolves. The response they receive from the ‘dono’, their family and others in the community may change once the child is born, but still reverberates through this life event for young women. Decisions about the continuation of education, place of residency, material provision and the nature of relationships remain complex, whether the ‘dono’ has taken responsibility for the child or not.

This chapter particularly draws attention to the continual shift in ‘meaning’ of unintended pregnancy for young women, before examining the complexities of life with an ‘unintended’ child. Young women appear to balance multiple meanings, which may be positive or negative, facilitating or constraining her autonomy and decision-making capacity. Young women gain status and a sense of purpose by becoming

mothers, yet struggle with increased responsibility. After considering different aspects of life with a child this chapter concludes by examining the advice young women would give to other young women and their families regarding unintended pregnancy. This advice suggests a form of reflection on the part of young women; also giving insight into the kind of support they desire from families and 'outside others'.

From social problem to social gain? Shifting meanings of unintended pregnancy

Interestingly, the individual young women interviewed describe a substantial change in the meaning of unintended pregnancy once the child has been born. This is now drawn together to help understand the context from which life is now lived.

Value of the child

While the pregnancy was understood as unplanned, unintended and unwanted, it is quite clear that the child is not conceptualised as unintended or unwanted. In fact the child is frequently used to justify, and give validation to, the changing nature of their lives. The child is born into a family context where its social value remains strong even though 'unintended' (Etuk and Ekanem 2003; Oye-Adeniran et al 2005). Time and again, young women describe how the child is welcomed and loved because they are the first grandchild or first nephew. The child is described as a future investment, a valuable member who will grow and give back to the family. Cecelia gives this advice to families,

> '*they should take care of her, they shouldn't get angry with her, they should never advise her to abort, there are sometimes when someone doesn't know that in your stomach… you never know in the future, the child could be a doctor, a president. You are losing your chance that you would have a child with a better future.'*

Uneasy tensions are raised for young women between the experience of marginalisation through pregnancy and their social value resulting from the birth of their child. Yet this social value is not possible without marginalisation through pregnancy. As raised in chapter four, unintended pregnancy is generally conceptualised as a socially undesirable and difficult life event. Resolution of this life event is through illegal abortion or a live birth, with formal adoption rarely being considered. Abortion is also socially unacceptable, but means the undesirable pregnancy remains widely unknown. Young women are socially discriminated for becoming pregnant, but would also be socially discriminated for having an abortion (also found by Bennett 2001 and Oye-Adeniran et al 2005). To achieve some kind of social acceptance they can keep the child and seek marriage, risking marginalisation to achieve acceptance (also supported by Gao et al 2008). With the birth of the child, they receive a social acceptance that was not forthcoming during pregnancy.

One way of managing this tension is to reconceptualise the whole life event, including the undesirable pregnancy once the child is born (also found by Adetunji 2001 and Santelli et al 2003). For example, while the health risks of abortion were emphasised during pregnancy, after the birth abortion is insinuated as the easy option taken by those who are not 'strong'. Moral arguments are emphasised when reflecting on abortion as opposed to the health risks previously raised. Their life experience is validated by a shift in meaning, conceptualising themselves as strong and courageous for keeping the child, thereby reducing the significance of marginalisation during pregnancy. Filoberto, Louisa and Dagraça give examples of this reframing and re-conceptualisation using the example of abortion when reflecting on the life event as a whole at the end of their narratives.

> Filoberto - *'Now I am trying to be a real mother and I am proud of myself for not having had an abortion and that I have a baby. Despite the challenges and difficulties I have been strong.*

Louisa - *'what I like the most is that I had the children, I did not abort. The most difficult time I ever had was with the first pregnancy, even now when I think, I still think about that first pregnancy and I really feel a lot.'*

Dagraça - *'I will tell you that it is better to have the baby. If you keep your baby then it is a life that you are bringing, that God gives you the opportunity to bring life, not to kill because abortion it is bad. And I would say this is a crime and it's a sin. If you bring that baby, who knows one day they may become a pastor, may become a doctor or someone important, so I would rather have my baby than have an abortion.'*

At the birth of the child, the result of something unplanned, unexpected, unwanted, a crisis, a stain, a stigma and a burden can be considered a source of joy. In addition to the emotions felt in giving birth and seeing their baby for the first time, most young women maintain that their child is the most important thing in their life, who they prioritise, and is their motivation for doing well. As well as an increased sense of responsibility, the born child gives a sense of purpose and direction in life as encapsulated by Valda,

'from that time on, what ever I did and what I still do, it has to do with my child, I think and I act in what can be good for my child.'

Timing

Many young women refer to the significance of the passing of time, for the acceptance of the pregnancy and their child. The nine months of pregnancy are therefore key in giving time for meanings to shift. Numerous examples were given of those who initially respond with anger and disappointment, yet after a period of time they come to accept and support. A few of these examples are displayed now,

Maria - *'And my father, so he is that kind of person, he stills talks, but not the same way he used to do before and he is gradually accepting my son, now he takes the baby on his lap, when he didn't do before.*

Filoberto - *'My mother at first she was disappointed, I wanted to talk to her first and then the two of us go and talk to the boy. Even after this she continued to carry on asking 'why are you pregnant' 'why are you going to this organisation, why are you are an activist and yet you still became pregnant'. But after some time things changed for the better. I was thinking that my mother would neglect for my school, but my mother continues to support me, to pay for my school, she buys whatever I need and continues to support.'*

Erica - *'the first days he wanted to refuse, it's normal in boys first they try to refuse, but I was able to talk with him. I told him all of what had happened between us and that's when he accepted.'*

Time is not only significant for others to come to a level of acceptance; but it is also critical for young women themselves. At first Rosa did not want to be pregnant, finding the process of disclosing the pregnancy and marrying the 'dono' difficult, but now has no regrets. Lusia and Nhelete were both sent against their will to live with the 'dono', but with 'the passing of time' they become used to it. Hannah emphasises the significance of time on three occasions in relation to herself,

'I became sad because I had to stop studying and I stopped for two years. That's why. But it ended up being that I was able to pass through that thing and I got along.'

'in the beginning I was scared to face the responsibility, but after that I was able to face it.'

'at the beginning it was a little difficult, but now everything is ok and I know how to take care of the baby.'

Time is certainly vital for both young women and families to come to terms with the newborn child, accepting this 'unintended' or 'early' life event. Acceptance is critical, because with acceptance often comes an attitude of 'let's get on with it then.' This is observed in young women and family members; acceptance triggers responses aimed at 'coping'. However, with acceptance comes the risk of conforming to the most socially acceptable forms of actions, rather than making the most of different alternatives which may come from a lack of consensus and negotiation. This is illustrated by Lusia and Shelia who continue to remain living with the 'dono', although unhappy with this arrangement. As identified by the example of Maria in chapter five, conflict and a lack of consensus can be both constraining and enabling, opening up different types of choices and opportunities for negotiation.

Motherhood and increase in responsibilities

The meaning of unintended pregnancy shifts for young women when she becomes a 'mother', with implications for identity as well as roles and responsibilities. While young women speak about some aspects of their life returning to 'normal', life is lived within the context of being a mother and caregiver. As a mother she is expected to be responsible for the child, to care for the child and change her life in response to having a child. While 'ownership' and material provision is sought from others, care-giving remains the responsibility of young women, though often with the support of female relatives. If responsibility is not taken by the 'dono' or is inadequate, then as chapter eight goes on to explore, young women become active in all aspects of care, including material provision. While the 'dono' and families can refuse 'responsibility,' a young woman cannot, having to show she has 'learnt' and 'grown up' by making socially expected and responsible choices for her and her child.

Most young women spend a lot of time at home caring for their baby and engaging in household tasks. When Casilda, who is now married and living with her husband, was asked what she did during the day she described activities such as sweeping, caring for her baby, housework, cooking, washing and ironing. Other young women described a whole host of daily activities including childcare responsibilities, selling

produce at informal markets, going to school, doing household chores, meeting friends, attending church, being a youth activist and spending time with their boyfriend. Young women are therefore balancing the multiple needs of their child, their family, their partner (if they are in a relationship) and themselves as Adela illustrates,

> *'during the day I remain taking care of my son and I find time to study and to help my mum we make biscuits, sandwiches, we sell juice at home.'*

When discussing the responsibilities of young women with a child, focus group participants in group four had a long debate about whether these women are adults or still adolescents. While recognising the increased responsibility of motherhood they also felt that young women were not yet adults and could not be expected to make independent decisions without support from others. They argue that young women have the responsibilities of an adult, but in age and experience are not ready or prepared for them. Competing needs and responsibilities are likely to cause conflict that would not otherwise be present. This extract from focus group four highlights the conflict of interests between the needs and interests of young women and their new responsibilities,

> Participant three – *'This is what happens here in our days, the parents, when the daughters get pregnant they* (the parents) *start to think that they* (their daughters) *are grown up. They think that the girl comes out from adolescence to adulthood when she's still an adolescent and this is what spoils the girls, because they put her in a position to face the world as she is an adult when she's still not prepared. But that same person still needs the same care and same advice that she used to have because she's still a child and the only difference here is that she has another child.'*
>
> Participant eight – *'Yes a responsibility that she now has to take.'*
>
> Participant four – *'Ok I'm not disagreeing that she continues as an adolescent, but the responsibilities she had before when she was not pregnant are different from now. Now she has to assume new responsibilities. I, for example, I don't*

have a baby to take care, but if I become pregnant I'll be the mother of that child and automatically I'll be responsible, I'll have to give food, clothes and take the child to school, but if I was not pregnant I would never have to worry about food or clothing for someone's child. I'd be worried about my own clothes, so if you see these new responsibilities and they are adult responsibilities. I don't deny that she's an adolescent, but her responsibilities make her an adult.'

Participant three – (Interrupts) *'but these responsibilities don't make her an adult.'*

Participant four – *'These responsibilities don't make her an adult, but she now has responsibility for that child, the responsibility that she didn't have before and this is a responsibility for an adult. I don't deny that she's an adolescent but she now thinks differently, before she thought 'I', but now she thinks 'my child and I.'*

Lusia, who moved to live with her husband during the pregnancy, describes the conflict caused when going to school after her child was born, prioritising her own needs over that of the family:

'*they say that before I eat I must cook. And sometimes when I came back from school they say 'you were not at school you were just going out, only for us to cook for you.''*

Lusia's in-laws would not pay for her to go to secondary school after she had finished grade 7, she now remains at home, braiding people's hair for extra money to support the household. While Lusia would like to continue in school, her own needs and interests conflict with the family, and without their support she cannot continue with school. Responsibility at times therefore demands that some needs and interests are prioritised over others, often the child's and households over the young woman's.

Change of status in the community

Being a 'mother' and a 'woman' is also described as a source of strength and status, which they draw on both emotionally and socially (Gogna et al 2008). Witla and Rosa describe this in more detail,

> Witla - *'So after talking to his parents we then told them that I was pregnant, but the boy refused, he said the pregnancy was not his. So then I made a decision as a women, I decided that 'ok, I will have my baby and I will take care of him' … So from now on I am here with my son, I continued going to school even pregnant I was going to school, I have my baby, I am raising my baby and until now that's why I am proud of him and I have someone to send to do this or that, he is growing.'*

> Rosa - *'it was good for me after I had my daughter, so I learnt to have my life, to make my own decisions and now I can say, I can tell my husband what I want and what I don't want.'*

Being a 'mother' is also significant for a young women's participation in the community, as Lusia reflects on the change in people's response after the birth,

> *'my relationship with the community is good…now it is different, they no longer talk, they no longer call me names. When they see me they greet me.'*

Participation in community activities is reduced during pregnancy partly because of health implications and partly because of social boundaries, as Filoberto makes reference to,

> *'For the church, during the pregnancy it took the whole time of the pregnancy. I belong to the worship group and during that time I couldn't be in the group. After the birth things changed in the church. For the youth association, only*

some activities I could not attend, they wanted me to do this and that, but I couldn't because I was pregnant and my health was not good.'

After the birth, participation changes within the boundaries of being a mother, as Dagraça found,

'And the other thing that I do is to go to church, I like to go to church, I used to be there teaching the Sunday school before I was a mother, but now that I am a mother I can't continue with this, but I still go there. So I am there like a mother, but I still participate on the programs of the church.'

Being a 'mother' not only changes participation in the family and community, but also changes access to resources. With time, acceptance occurs within the community and a value is added to the young woman as a 'mother'.

This chapter continues by exploring the tensions young women manage after the birth, with increased responsibility for material provision, complex relationships and the balancing of multiple needs and interests. Therefore, while young women describe the child as enriching their lives, giving them an enhanced status and joy, they also describe increased responsibilities, which can cause anxiety and sacrifice of their own interests.

And now we are two … …

As described above, young women know and accept they have more responsibilities once the child is born. As Tima says,

'my life has changed a lot. I have to be more responsible, I can't go out and play the way I used to, I have more responsibility.'

They speak of the need to consider the child's future, prioritise the child in their decisions and choices, meet the child's needs, provide and care for the child and

being time limited when they go out. Life changes because of the responsibilities they have of caring for the child as Casilda illustrates,

> *'a lot has changed, at the time I used to play, I didn't have to take care of the baby, but now I have to wash the baby's clothes.'*

Hannah also speaks frankly about the reality of caring for a child as an unmarried 16 year old who still lives at home with her family,

> '*it has given me more responsibilities that I didn't have before. Taking care of the baby, to look for a way to sustain my baby, sometimes people talk. When I go and ask for something, they look at me and say 'hey why don't you work, why don't you look for something to do so you can get money to buy soap to wash the baby's clothes' and so it's tough to be responsible, I have to find ways to provide for my baby.'*

This part of the chapter gives a brief overview of the ongoing complexities of life with a child and outcomes of unintended pregnancy, particularly drawing attention to the place of residence, material provision, education and relationships.

Place of residence

Seven of the nineteen young women interviewed are now married, six to the father of their child. Lusia, Rosa, Casilda, Louisa and Shelia live with their husbands and his family. Rosa's, Mary's and Cecelia's husbands generally work away for long periods, meaning that Mary and Cecelia live with their own parents even though they are married. Eleven continue to live with their families (totalling thirteen) and one lives alone. Nhelete, Tima, Maria and Louisa lived with the 'dono' during pregnancy, but moved back to live with their families after their child was born due to difficulties in their relationships. During pregnancy, more young women were sent to live with the 'dono', however, as life unfolds after pregnancy, more now live with their families. This contradicts the assumption made by all participants that families reject young

women, sending them to marry the ‘dono’. The place of residence appears to have a significant impact on material provision, education and relationships as will be illustrated in the following sections.

Material provision

While young women spoke strongly about needing emotional support and counsel during pregnancy, it is the material concerns that occupy their thoughts after birth. When describing life since the birth, at least half spoke openly about the struggle they have in providing for their child. For those living with the ‘dono,’ his family provide. For young women who live at home, it is their family who are the main providers. The ‘dono’ and his family may also support when she lives at home, but this was generally described as infrequent and unreliable. Young women were more likely to become visibly upset when talking about the worries they have in providing for their child, than for any other topic. None of the young women were able to provide financially for their child without significant support from others. A young woman’s family is more likely to be the main source of material and economic provision, which puts a strain on the family budget as well as family relationships. A few examples of this are now given,

> Nhelete - *‘It was not so easy because my boyfriend is also young, he is 19, and he is not at work, he is still going to school so that at that time, for our needs, to provide for us, we needed his parents to provide for us, for me, for my baby and for him. It was not easy and I don’t like to ask. I prefer to have my things knowing that I can use this and that, this is mine, not to go and ask them, but I had to do that. Even if I didn’t have clothes for the baby or for me I had to go and ask my parents-in-law. It was difficult for me, but it was like this.’*

> Valda – (starting to cry) *‘so in this situation, from the time my baby was born I would have liked it to be me supporting my baby, but I don’t have any situation, so my parents they can do that and it is so bad for me. I feel bad when sometimes my brothers come to me to say ‘ah our parents use all the money to*

do this and that for your child when they could be doing this for us and not for your child."

Filoberto - '*with my family, something changed, my father is not working and so sometimes we have a need, my baby needs something that I can't provide and my mother can't with the conditions we are living. I also have to breastfeed my baby and sometimes it is difficult for me.'*

Although poverty and unstable economic provision remains a significant concern for most of the population in Mozambique, it is a continuing day-to-day challenge for young women to access enough provision to meet both the basic needs of herself and her child, often dependent on others to ensure these are met.

Education

Thirteen of the nineteen interviewed are still in school, although schooling was affected by pregnancy in different ways for fifteen of them. Some moved to night school, repeated a year, dropped out for a year or two, or stopped altogether. However, a high proportion are back studying now the child is born. Of the six young women who were not in school at the interview, interestingly three of them are married and one has graduated. The majority of young women who have returned to school also live with their families. Almost all young women who are continuing with their education describe how various family members (mothers, aunt's cousins and sisters) care for their child while they are at school. Families provide a resource through which young women are able to access childcare when they are out of the house. Lina describes a familiar childcare set up,

'*It's fine, his family provide for the baby and she is being a good baby, she doesn't cry and that. And I'm with her during the day and when I go to school, I go after giving her food and she has a bath and sometimes I go when she is sleeping. When I come back she is still sleeping. I don't have many problems; she is there in the evening with my mother and my younger sister.'*

A close family network provides a resource for young women, which they may not be able to access if they are living with the 'dono' and his family. However, as already described, the need for childcare and material provision puts a strain on the prioritisation of family resources and relationships.

Relationships

Multiple interdependent power relationships can be identified as the young woman and her child are situated within a complex family context. Relationships certainly change with the birth of the child. As well as a drain on time and economic resources, the child (and marriage if one has occurred) brings joy to the family, the first grandchild, a new hope for future provision, which Tima and Rosa describe,

> Tima – *'my relationship is good, we have a good relationship it's only that they didn't like that I had a baby very young, but now they won't talk a lot about it because they don't want to depress me, but it's alright.'*

> Rosa – *'my relationship with my family is good and I was even surprised to see that after that situation they are more close to me, they love me more than before. When I became pregnant they started to love me more and even now they come to visit me, they come to ask for something and if I have, if I can give them what they want I give, so it is fine, I am having a good relationship with my family.'*

Acceptance of the child can take place at any point during the pregnancy and after the birth. The 'donos' family may also claim 'ownership' instead of the actual 'dono'. If the 'dono' or his family accept responsibility they are likely to place demands on the young woman. Young women may need to negotiate with the 'dono' and his family long after the child is born. Some of the complexities and strains in these relationships are given in the following examples, illustrating the continued negotiations engaged in after the birth,

Tima – *'Then the baby was born and things remained the same. Last year in December my mum came to where I was staying and her objective was to hand me over, she wanted me to get married to the father of my child. And then they tried to talk to my aunt, all of them were drunk and my aunt became angry and she started to insult my mum saying swearwords. And my mother said 'I'm going to take my daughter', but because my uncle didn't want me to go, he was saying to her that she can take the baby, but I should remain with them, but my aunt was telling her to take me and leave the baby. My mum saw there was no decision, she said 'ok I will take my daughter with me since there is no solution', but since my child was only 4 months I was still breastfeeding so I couldn't leave my baby. We went and stayed at my godmother's house. We stayed there until the day that we left, my mum bought the tickets, then we came here and we have stayed ever since. The father of my child, he calls and finds out how my child is.'*

Filoberto – *'when the baby was two months I left the baby with my mother and she left him with my sister, then he came* (dono) *and he took the baby until after the evening, he didn't bring the baby back. So I had to go after the baby and he was not there, he had left the baby with his younger sister, and the baby had nothing to cover him. So I was mad at him and took the baby home. When I got home I told my mother what had happened. My mother went there and decided to end the relationship. And after some time they came to apologise. I forgave them because I wanted to see my baby happy. And now they can come, normally to take the baby, although not at the weekend. They are only friends.'*

The addition of an 'unintended' child puts strain on relationships, not just in terms of material provision, but also in continued negotiations about to whom the child belongs. Relationships between young women and her family are likely to involve conflict during the pregnancy, particularly when the pregnancy is first made known. At least four of the women make reference to being 'beaten' by family members (uncles, brothers and mother) when they discovered the pregnancy. However, after the birth,

relationships within families tend to settle, while relationships with the 'dono' and his family become more complex. Relationships with mothers and other female relatives are often described as particularly strong and positive following the birth, although relationships with wider family members can talk longer to heal.

Reflection through advice given to others

Near the end of the interviews, young women were asked about the advice they would give following their experience of unintended pregnancy, firstly to other young women (particularly those with an unintended pregnancy), secondly to families and thirdly to organisations. Some gave one-sentence, strap line advice, while others gave longer answers presenting insight and understanding into their own experience. Over half made reference to their own experience when giving advice, framed as a positive example to follow or as a negative example not to be repeated. Hannah and Lusia illustrate this,

> Hannah - '*I would tell her to let the child grow, to follow my example, you will be able to continue to take care of the baby and continue studying.'*

> Lusia - *'I would tell them to help and to care for the girls and not ignore her as it happened to me.'*

This space given for advice to others, enabled young women to reflect on their experience not only as unique to them, but also to recognise the wider relevance for others and the frequency of its occurrence in society. To other young women and families a whole range of advice is given, which will be discussed in more detail now. Advice given to organisations will be explored in chapter seven.

When advising other young women, six initially recommend preventing pregnancy. Despite the fact that many state they are now living life without too many problems

and are proud of themselves for keeping the child, they still advise that if pregnancy can be avoided, then it should be.

> Filoberto - '*the girl, I would advise her to always use contraception because it is not easy to have a baby in this situation.'*

> Tima - *'I would advise her to not get involved with men, to be very careful, to wait, the first thing you have to do is to study a lot because a life of today is very hard* (sniffing after the crying).*'*

This advice comes from young women who have very different outcomes following the birth of their child as the examples of Shelia and Rosa illustrate. Shelia is currently unhappy with her life as a product of the unintended pregnancy, while Rosa describes herself as very happy. Yet both would advise the prevention of unintended pregnancy.

Shelia became pregnant at 19 years old and, because her family are very poor, she married her boyfriend and moved to live with his family. Since this time her father-in-law has died of HIV, her mother-in-law is HIV positive, and her husband has sex with other women. Shelia says she is unhappy with her life and wishes she could leave her husband, but cannot financially support herself and will not leave while her mother-in-law is unwell. To other young women Shelia says,

> *'I would tell them it's not good to get married early, it's better you study, you can date and study, but not get pregnant or get married while you are still young.'*

Rosa was 18 years old when she fell pregnant during the first month of a new sexual relationship. Rosa is now married to her boyfriend who works away in South Africa and regularly sends money for her and the child. Rosa says that she is doing well and does not regret what happened, however, she also advises young women to prevent pregnancy because she realises that even though her own situation turned out well, this is not always the case.

'What I would tell to the girls, there are different situations, there is the situation of the girls, I had a friend of mine who became pregnant while young, she had that unplanned pregnancy and it was with a boy of the same area, but then he refused so she's now struggling to provide for her baby and now she is working as a housemaid and she has to work with her baby on her lap, she has no one to help so I would tell the girls to use prevention in order to avoid unplanned pregnancy.'

While six advise prevention, five different young women (and six in total) advise those who do become pregnant not to have an abortion. This is consistent with the meaning that young women attach to unintended pregnancy after birth. A number explicitly state they are proud of themselves for not having had an abortion, and this is also reflected in the advice they then give to other young women. While abortion is currently illegal in Mozambique, it is now under review with many lobbying for legalisation in at least some circumstances. Adela engages in this debate by declaring,

'I would counsel her a lot, now that they are legalising the abortion in our country, she should never abort, it is dangerous. It would be better for her to have courage and let the child be born, in the future you never know, that child might help you, and not think that because abortion is now legal you can have an abortion.'

Young women continue to consider abortion as the weaker option, urging young women to have 'courage' and 'strength' when deciding whether or not they should keep the baby. This is advised even when a young woman is likely to struggle to provide for the child as Casilda pronounces,

'*I'd like to tell them that they shouldn't abort, it's very dangerous, they should keep the baby, even though they don't have a husband.'*

Two of the twenty-one interviewed had had abortions in response to the unintended pregnancy. While one maintained this was the preferred action, Yoka would still not advise abortion to others,

> '*It's not something that you can advise someone, because I was risking my life or not having children in the future.'*

The current abortion debate in Mozambique is therefore of great interest and relevance to young women, and one they would like to have their say on if the above advice is anything to go by.

Surprisingly less of the advice given to young women and their families (their own and their in-laws) is about staying in school and getting a job. This is surprising considering the priority given to the continuation of education as a main aim during pregnancy. Advice to young women centres on prevention of pregnancy, prevention of abortion, the nature of relationships and general encouragement to have 'strength' and 'carry on', as Maria illustrates,

> *' for the girls facing the same situation, who are going through this, I would tell them that they are going through difficulties as I am. I would tell them that to have a baby is not the end of your life, they must take care of their babies, raise them with love, care about them and have a lesson learned and make sure that in the future they will have a good life, they will continue now they are taking care of the baby. Then the future, try to go back to school, to have a job, a good job to provide for themselves, to have a good life and that this is not the end of the life.'*

To families of young women who have had an unintended pregnancy (hers and the 'donos'), the advice is overwhelmingly to give her strength, comfort, advice, counsel, love, care and acceptance. From the advice given they imply that families have a key role in providing practical, material and economic support. However, they also emphasise the need for families to provide emotional support such as love and encouragement, as well as advice and counsel. As Rosa alludes,

'*I would say to the families to support the girls because they need, it is not only food that they need they need, but also another kind of support.'*

Some young women went further than just advising families to care and accept young women by warning families against violence and forcing her to do things she does not want to do. In fact, six young women advise this by reflecting negatively on the reactions of their own families, imploring other families to be different. Louisa, Filoberto and Adela speak passionately, advising families not to violate human rights, but to respond with respect and compassion.

Louisa – *'I would like to tell them, they shouldn't be how my parents were, they should be courageous. She could be sent out of the house, she could become depressed and kill herself and they lose everything. They should keep the daughter because she's not going to give birth to an animal, she is going to give birth to a human and you should never kick her from the house.'*

Filoberto – *'And for the family I would tell them to give strength and comfort to the girl who is pregnant, because being pregnant doesn't mean she doesn't deserve to live. She needs more love and care.'*

Adela – *'they shouldn't force her to take it out, have an abortion, they should be very patient with her, to help her, to be there for her, and not to think that they will resolve anything by ending up with violence. They should be very patient, especially the parents.'*

Not only do these young women show insight into the socially constructed nature of unintended pregnancy, but they also recognise power relations in families. By warning families not to 'force' young women, they suggest that families can use their power to override a young woman's choice and desires. Unintended pregnancy is therefore about more than having a child, interrupting school or moving to live with the 'dono,' it increases vulnerability to oppressive relationships. Nhelete, supported by

Gogna et al (2008), believes that it is an understanding and fear of these power relations that can indirectly influence young women to have abortions. She quotes,

> *'The other thing that I would say for the parents, to not force the girls to go and live with the boyfriend because sometimes the girls they decide to have an abortion only to not be apart from the parents…. so I would say to the mothers, to the parents, to not force the girls to go and live with the boys.'*

The advice young women give to others reveals a level of insight into the life event of unintended pregnancy that is invaluable to families and those developing intervention strategies. Young women give four strong messages to families and other young women, the importance of pregnancy prevention, to keep the child rather than abort, the need for emotional support and encouragement, and the critical nature of relationships which may harm or enhance their lives.

In Conclusion – from crisis to adaptation

This chapter has highlighted a shift in the meaning of unintended pregnancy for young women once the child is born. While pregnancy is unintended and unwanted, young women strongly argue that their child is neither unintended nor unwanted, using the significance of the child to shift retrospectively meanings of the pregnancy for themselves and for others. Although many young women considered abortion when they first became pregnant, with the birth of the child many argue adamantly against abortion. The unintended nature of the pregnancy continues to impact their experience after birth because of the likelihood the 'dono' will refuse responsibility, meaning they continue to live with their families. The unintended pregnancy continues to affect relationships, negotiations, schooling, levels of poverty and their hopes and dreams for the future. Some of these can be measured as desirable or non-desirable outcomes, such as school attendance and material provision; others, such as the change to relationships are more subtle and complex.

Young women are now no longer ‘owned’ by another in the same way, although their child is still ‘owned’, which means negotiations about the child are ongoing. Young women need to be prepared to negotiate with the ‘dono’ and his family long after the child is born, as they culturally retain the right to claim ownership at any time. Relationships now bear the strain of material provision more than the emotional support desired during pregnancy. The needs of the child increase and become more tangible after birth. While the child continues to put a strain on relationships, the nature and sources of such strains are different, the child allowing them to draw on additional resources. Additional resources can be identified in their change in status, change in power relations, source of motivations and confidence, and that they can more easily share the responsibility of provision. Young women remain dependent and under the authority of others once the child is born, but can draw upon additional personal and social resources through the child and as a mother.

Young women must now balance the multiple needs and interests of her child, her family, the ‘dono’ and herself. This is again done through the negotiation of complex relationships. Through the responsibility gained, young women can no longer passively take life as it comes, forced to actively engage with different needs and interests through the daily demands of her child. Young women are responsive to the difficulties and struggles they face as well as the opportunities. Life is experienced as neither wholly difficult nor easy thereby illuminating the shifting nature of young women as active and passive, oppressed and empowered. The time limited nature of pregnancy provides a sharp contrast to the ongoing nature of life with a child. Unintended pregnancy as a ‘crisis’ and the short-term nature of ‘stressors’, is replaced by adaptation of life with a child. The problems identified after the child is born are likely to be ongoing, requiring different and more sophisticated responses by young women, their families and ‘outside others’, which will be explored in the next chapter.

CHAPTER SEVEN

‘To intervene or not and if so how?’ The quandaries of Social Development intervention

This chapter directly responds to the first aim of the thesis, which is to identify and evaluate the impact made by institutions and organisations with young women to inform future intervention. An evaluation of intervention made by those ‘outside’ the family sphere, also helps to investigate the third research question concerned with the impact of wider relationships and intervention on coping strategies. Interestingly, when young women spoke about unintended pregnancy, they make very little reference to intervention received from organisations/institutions, in comparison to the amount of time they spend talking of relationships within families. The researcher rather than the young woman for example, usually initiated the exploration of her relationships outside the family, particularly regarding health and education services. While the impact of unintended pregnancy on families preoccupied all young women interviewed (including the focus group participants), their interaction with wider structures outside families cannot be underestimated. Whether young women place importance on this or not, this chapter argues that policies and programmes have critical implications for the way unintended pregnancy is experienced by young women, families and society in general.

The national and international interest in ‘unintended’, ‘unplanned’, ‘unwanted’, ‘adolescent’ or ‘early’ pregnancy was raised in chapter four, drawing attention to the complexity of definitions as well as the attributed causes and consequences. SRH, especially amongst youth and adolescents, continues to be a high national and international priority (CEDAW 2007; World Bank 2008b). Various initiatives have been developed nationally to improve the SRH education in Mozambique, often funded by international sources (UNFPA 2006; World Bank 2007). Returning to chapter one, where the considerable influence from outside donors and organisation was

underlined, international concerns with social development and world health direct continued SRH intervention. Unintended pregnancy and its association with maternal and infant mortality, poor health, high educational drop out, unsafe abortion, poverty and gender inequality, are also key social development concerns. Organisations working in Mozambique range from large western-based international NGOs to smaller local NGOs, and civil society groups including faith-based and political organisations involved in a whole range of social, community and economic activities. These activities are targeted at multiple levels, but generally involve tangible programmes, polices or strategies aimed at achieving specific goals (Midgley 1995). While national policy, made within the international context, recommends particular types of intervention, poor infrastructure and limited resources mean that policy is inconsistently implemented by different organisations in different provinces across the country (Hanlon 1996).

Intervention is understood as any action taken by an organisation/institution (or representative of that organisation/institution) that has some direct impact on the experience of unintended pregnancy for young women and their families, including the prevention of it. In general it appears young women are focused on the impact pregnancy has on their own lives and their family, with organisations and institutions clearly considered as 'outsiders'. Considering the impact on the wider community, even to seek help from organisations and institutions requires additional time and energy young women may not be able to prioritise. This chapter begins with accounts from young women describing the type of 'intervention' they would like from 'outside others' and their relationship with the health and education provision in Mozambique. Following this, the chapter moves to explore the needs of young women and the nature of intervention as described by key informants. The needs and experiences of young women are detailed first as a benchmark from which intervention should follow, drawing these together with social development concerns. 'Intervention' and 'support' given to pregnant young women is then described by key informants before the gaps, challenges and limitations of intervention are acknowledged. Through discussion with key informants, seven areas for further development have been identified. These are detailed before concluding comments reflect on whether or not intervention can meet

the needs identified, and the nature of young women's relationships with 'outside others'.

Expectations and experiences of intervention

When describing the role of those 'outside' the wider family during pregnancy, all young women would have wanted more 'support', including both material provision such as food, milk, soap or clothes and emotional support. Emotional support consists of advice, such as how to care for a baby, encouragement and counselling. They also wanted to engage in discussions on abortion and how to address their families. As well as their immediate needs, they want support in accessing activities for continual personal growth, such as a job or going to school. Erica, Cecilia, Tima and Shelia, illustrate the wide range of 'intervention' young women desire from 'outside others':

> Erica – *'yes, I would have liked the support from health workers so they could explain more of how to take care of the baby. Sometimes a mother tries to hide, they can try to hide, but I would have liked more experience.'*

> Cecilia – *'yes I would have liked. I would have liked to have a place that would give me a job, I would find something to do during my pregnancy, I would remain at home and continue working to support us.'*

> Tima – *'I would want to have more support from these organisations especially on the side of my child, even if I didn't have the opportunity, at least for him. To have access to healthcare, all these things that a young child should have like toys, so he will feel free and happy and he will not be stressed, but a happy child* (sniffing after crying).*'*

Shelia – *'… all I wanted was that they didn't take me out of school. I hope that they would have helped me, give me books because my mother rejected me, give me books, pen, a bag for school.'*

Young women desire 'support' and 'intervention' in response to a whole range of material, physical, practical, emotional, social and intellectual needs. Interestingly the most frequently requested 'support' during pregnancy from those outside families was emotional support. The nature of emotional support, counsel and advice received from families is variable, and a gap young women believe organisations could fill. Young women advise professionals in health and education to be patient, helpful, supportive and facilitative of interventions. Young women believe that organisations should actively approach young women, engaging with them to give 'strength', encouragement, counsel, advice, support and hope. They do not expect organisations to rebuke them or consider them a social problem. They also advise professionals to treat young women well, not shouting at or insulting them, involving them as much as possible.

Another key area of support is for future growth through education or a job. Young women want organisations to create opportunities for them to 'develop' and 'thrive' rather than foster dependency. While material and practical needs are necessary and urgent, young women also seek varied and constructive forms of 'support' from organisations. Families who take responsibility are expected to be able to provide for the material needs of young women during pregnancy, only when this responsibility is not met do they look for 'support' outside families as Rosa illustrates,

'I think they should help provide, especially for the baby, giving them milk, supporting with things like this. Especially for the girls that are sent out, for in the case of my friend, she was sent away, she is there, but she has no support from the family and sometimes if she goes out, she can go back home anytime she wants and no one cares about her. So they can help with those girls that are sent out, she can have many needs, the baby has many needs, even the baby can be sick and no one cares about that, so I think these organisations they should help in this situation and talking with the families.'

It was also requested that organisations not only work with young women, but also approach others. They want organisations to help disclose the pregnancy to their family, giving families advice, ensuring they accept rather than isolate her. Shelia even suggests that organisations could approach the 'dono', encouraging him to accept responsibility.

The most developed set of formal services in Mozambique with the infrastructure and responsibility to meet some of these needs is health and education. Young women's experiences of these are now detailed further.

Health

In terms of interaction with health professionals and the health system in Mozambique, every young woman who gave birth had some contact with a hospital or clinic. Most went to hospital to confirm the pregnancy, as well as for regular monitoring. Almost all went to hospital when their child was born. It is not known exactly how many visits young women make, but they all certainly had some dealings with the health system and a health professional.

Most young women previously knew little about the implications of pregnancy on their health and how to care for a baby, which is reflected in the desire for information and advice from others. Young women refer to advice and information they receive from friends and family, and almost half said they received advice from the hospital through monitoring procedures. Information that healthcare professionals may give at different points during the pregnancy includes:

- The advantages and disadvantages of having an abortion
- The importance of regular monitoring throughout pregnancy
- How a young woman should care for herself during pregnancy, including diet, vaccinations and impact on a woman's health
- HIV and its link with breastfeeding
- Caring for the baby, vaccinations, bathing and health

- Advice about emotional health (to be calm, not sad nor stressed, because of the impact this may have on the baby)

It is important to note that this information was not given to all young women, with general reference made only to one piece of information. In fact, several were given no information at all. Advice about diet, psychological health and HIV appear to be most common. At least five were tested for HIV so appropriate breastfeeding advice and medication could be given. Half said that health professionals were helpful, kind and caring, giving good counsel. Others said that health professionals had treated them 'ok', but had not gone out of their way to give any extra support. However, at least four said that nurses had been aggressive, shouting and scolding them for becoming pregnant at such a young age (also found by Mantell et al 2006). Louisa also knew of nurses responding this way. Adela and Hannah recount their encounters with health professionals,

> Adela – *'when I went at first the midwives from the hospital, they have a problem, they got angry, when I got in the room I was alone, they insulted me, I started to cry and they said I was a child, how could I have done such a thing, I didn't say anything because I was scared. They checked up on me and that's when I came out.'*

> Hannah – *'in the beginning they would say, 'how can you being a child get pregnant?' sometimes they would get angry with me, but I would never say anything, but in the end they started treating me ok.'*

Do young women get the kind of support they want from the health service and professionals? All participants felt that young women with an unintended pregnancy were likely to have at least some contact with a health professional during their pregnancy. However, according to the UNFPA, only 64% of pregnant women in Mozambique had antenatal support and only 44% of deliveries were attended by a skilled attendee in 2005. These averages are likely to be significantly lower in the northern/rural provinces. Young women often know little about the health implications of pregnancy, but they know a health setting is a possible place to get this information.

Without access to professional information young women are reliant on friends and family for information, which may vary in frequency and quality. Young women also seek advice, encouragement and counselling that are not part of general health services. Therefore, the relationships health professionals have with young women are an important source of information and support. These roles could be expanded from clinical responsibilities to include wider support systems. The young women interviewed were clearly happy with advice and information when given, although it appears sporadic with several accessing a lot of information and others receiving none at all. It is also important to recognise the power relations between professionals and young women through the interaction that occurs in service delivery. Relationships can be used to withhold information or give out punishment, rather than encourage and advise depending on a person's conceptualisation of unintended pregnancy (Faundes et al 2004; Mantell et al 2006).

Education

What stands out from conversations with young women is the importance placed on the role of education in aspirations of personal growth and hope for the future. More young women interviewed have continued in secondary school than would be expected from national statistics, probably due to the sampling strategy as highlighted in chapter three. Many individual women spoke about their concern in leaving school because of pregnancy, counselled other young women to stay in school and attached significant importance to education, as Lusia illustrates,

> *'I would advise them to continue studying because nowadays without school you are nothing.'*

This belief is supported by several other young women,

> Filoberto – *'when you have that knowledge you are forced to get a better life. Without schooling you can't have a good job, but with a good job I can provide for my child.'*

Mary – *'because when I study and get an education I will have a job and I will be supporting my child, I will be a teacher, studying is good. If I hadn't studied I would not know how to write and not know how to read.'*

Wilta – *'with an occupation or if she is studying then she has information and she's preparing herself for the future because nowadays if you want a better life you must go to school. The life the way it is, if she doesn't go to school then she will have a bad life, she will be one of those girls who goes around at night stopping cars, having a bad life and it's not good… but if she goes to school or if she has an occupation then she will have her mind busy, she will have many information, she can provide for herself and it will be good for her.'*

However, as highlighted in previous chapters, unintended pregnancy is a potential barrier to education (CEDAW 2005; 2007). Pregnant 'girls' are moved to night school, which may not be provided in the rural areas (due to limited electricity supply) and may be unsafe to access. Young women may be denied access to school because of childcare responsibilities and domestic chores, high school fees, the need to find informal productive work or families unable/refusing to pay secondary school fees and buy books.

When describing their life once pregnant seven did receive support and encouragement from teachers to continue at school while pregnant or to return to school after the child had been born, as Cecilia describes,

'the directors of the school they didn't know, they didn't react, even when I stopped studying they came and told me, 'you shouldn't cancel your study, you must still come, don't give up on school, just do the exam.'

Of the seven young women who received support from school to continue with their studies, five of them continued through the pregnancy and birth without any gaps or repeated years. Casilda has not yet returned to school because her baby is still young and Cecilia has been caring for her husband who had a serious accident.

More frequently, as was the case for twelve interviewed, young women are moved to study at night following a newly implemented policy. The policy aims to keep pregnant young women in school, but they are moved to study at night in the 'adult' classes as it is not appropriate for pregnant young women or young mothers to continue studying in the day with their peers. Seven moved to night school while five either left school or had an abortion to prevent dropping out of school. For some this policy facilitated continued education because it is easier to care for their child in the day and study at night. Others dropped out of school in response to the policy during pregnancy and did not always return after the child was born. This is explored further in chapter eight. A number of young women, such as Shelia and Rosa, believe the policy marginalises and excludes young women because they are seen as a bad example to the others in school.

> Shelia – *'they changed me to night school because they said I would be a bad example for others and that it was not to be accepted for a student to be pregnant while studying.'*

> Rosa – *'it's a rule of the school that if a girl gets pregnant she can't continue or she has to go in the evening because there are many children in that school so they don't want to mix pregnant girls with the children there and for the children to not have an influence of this or they don't want to have children with the pregnant girls.'*

Further unsupportive responses from teachers and other students are noted by Lusia and Maria,

> Lusia – *'after that before a week passed my colleagues at school started to talk, they started to discriminate against me saying 'you are pregnant, you are pregnant' and also they were saying what would be the sex of the child. … And one day I fought with that girl who was saying all these things. And my aunt and her parents were called to the school because she was continuing to say that whenever I passed in front of people that I was pregnant. … here it is a habit in*

school, there are many girls who have children and they continue studying so they can tell. They have experience, they can see, when they first look at you, even your first week, they can tell if you are pregnant.'

Maria – *'people were talking bad about me, even teachers they were not supportive, even when they were giving lessons they used me as an example, so to say a bad example, even the colleagues they were also like this, but there were some colleagues that were supportive and they said 'don't have an abortion, you must have your baby.''*

Attending and completing school is associated with having a better life and a better future, predominantly because of increased job prospects after graduation, enabling young women to support both themselves and their child. Continuing in school was a significant goal for almost all young women interviewed, whether they were still in school or not. As well as families, the reaction of the school and other students is a significant factor as to whether young women stay in school or return to school after the child is born. Schools can take responsibility for negotiating with young women, encouraging them to continue studying during or after pregnancy. Schools that move young women to night school without engaging in any dialogue or negotiation risk marginalising these women, making it harder for them to continue (also founded by Pinto a Silva 1998). Teachers are an important role model to other students, leading examples of how to respond socially (Mantell et al 2006). Therefore, education policy, schools and teachers play a crucial role in facilitating or constraining access to education as they negotiate and engage in dialogue with young women and their families.

Needs of young women as described by key informants

Before describing the work that their organisations and institutions do with pregnant young women, key informants were first asked about the needs of such women. Interestingly these tend to be underpinned by the different meanings attributed to

unintended pregnancy. The most frequently used phrase to describe the needs of a young woman with an unintended pregnancy was, 'they need support'. This mirrors the phrases used by young women to describe the desired intervention from 'outside others'. At times the nature of this support was qualified, while at others times it remained vague. In this next passage Katrina, refers to many different aspects of support,

> *'first we will see that girl when she becomes pregnant she will have the society and community pointing to her as a sinner, so the first thing that she needs is a support. … She goes to the hospital alone. In the same way she doesn't have anyone to take her to the hospital for the monitoring, when the baby is born she has the same problem, there is no one to support her about the feeding of the baby or all the treatment that the baby needs, she doesn't have that support, she must do this on her own. … also she doesn't have anyone who will say 'ok, you are in this situation, but now I can take care of your baby and you go to school ….' What happens is that she has a long interval of time that she is at home, then it is difficult for her to go back to school. And there are other families that say 'you want to go to school now in the evening, when you went to school during the day you brought home a pregnancy so going to school in the evening, what will you bring us.' So in terms of support there are none.'*

Because key informants tend to understand the pregnancy as a culturally undesirable social problem, they believe young women are likely to be isolated and marginalised. Therefore advice, information and dialogue with others are seen as key needs. However, conceptualisations by key informants in chapter four, draws attention to the collective experience of unintended pregnancy by whole families. As chapters five and six have shown, those in close relationships with the young woman take responsibility for the pregnancy and child. Even though unintended pregnancy is 'owned' by families, perceptions remain of isolation for young women. When it comes down to it, the pregnancy, and all it means, is carried by young women alone, as Erica, a key informant with personal experience, reflects,

'The hardest part was the time of the pregnancy. It's different when you have a baby because someone can always help you, but when you are pregnant no one can help you. Like when I had my son everyone wanted to help me, my friends they would take him out, my cousin helped me carry him, but when I was pregnant it was different.'

Andre gives some insight into why young women continue to need support, advice and counsel from those outside the family when pregnancy occurs within a communal context,

'what we see for most of these girls is that they need, they lack attention, they need to talk because most of the times what happens when she becomes pregnant is that after that then she's neglected in her family, she doesn't have that love she used to have and she has no more attention … so what she needs mostly when she comes to us very depressed, she needs to talk. What she really needs is someone, she needs a shoulder, she needs friendly words, someone who can show her love. She needs that attention, someone who can orientate her, to tell her that this is not the end of the world … someone who can tell her to raise her head and continue, that she can go on.'

Key informants believe that young women need encouragement and counsel, but this may not be forthcoming from family members or friends due to the controversial nature of the pregnancy, especially at the beginning. This is consistent with the needs described by young women as they seek emotional support from 'outside others.' A third of key informants also believe that young women need specific psychological intervention as Rogerio identified,

'I think psychological support is very important, it is one of the biggest needs of these young women, … When I talk about psychological support I talk about technical psychological support … Just to understand the behaviour of their sisters, their family and the community. So you need psychological support. And people will also, these young people will also need psychological support

to continue with studying, to increase the understanding of these young women to continue studying.'

A number of key informants have framed marginalisation differently; suggesting that instead of young women needing counsel, it is society who needs educating. Issac and Castigo are two such key informants,

Issac – *'The first aspect is education, education of the society so it can't view the unwanted pregnancy as not a voluntary thing, but something that happens in a period of time. If we think a girl having an unwanted pregnancy, but we crucify her we are destroying our society.'*

Castigo - *'at first they need a sensitive community; the population should be supportive …'*

Key informants frequently mention the need for the work at a community level to raise awareness of the gendered nature of unintended pregnancy, promoting women's empowerment. They see the need for individual work with young women as well as whole communities to facilitate 'emotional support', reducing discrimination.

Finally, key informants also list many practical needs resulting from the pregnancy and subsequent birth including, financial support, help with childcare, education, health care and employment or income generating activities. Interestingly, income-generating activities were identified slightly more often than education and health care. These reflect concerns raised in chapter four about a hopeless and poverty-stricken future for young women and families. It also reflects discourses around 'economic empowerment' for young people in a country where 63.7% of the population are under 25 years old (UNDP 2006) and 74.1% live on less than $2 a day (UNDP 2007a). Again these needs are consistent with those described by young women.

Intervention

With the needs, interests and experiences of young women as the foundation, we move on to explore intervention described by key informants. Different types of intervention are associated with different organisations, institutions and roles. Although from different sectors, key informants were associated with the national youth programme for SRH, and generally describe intervention based on this institutional model as described in chapter three (for further details of key informants see appendix F).

The main intervention referred to in direct response to unintended pregnancy is through youth-friendly clinics (SAAJ) and the education system. SAAJ clinics run by the Ministry of Health, work only with young people and for women with an unintended pregnancy. They provide clinical services and health support throughout the pregnancy (but not the birth). They offer psychological support services and counselling, test for STDs, giving professional advice and information. They will also discuss the advantages and disadvantages of abortion, and can facilitate the process of a clinical abortion with written permission from parents. There are a number of SAAJ clinics available in Maputo City, but the service remains limited and variable in other provinces. However, it is the goal of UNFPA to increase coverage to the whole county by 2009 (UNFPA 2006).

Several teachers also spoke about the nature of intervention facilitated through the education system in Mozambique. As well as giving young women information on SRH, teachers may talk with individual young women, encouraging them to continue with school. They may also meet with parents, encouraging them to keep girls in school. However, this is down to individual teachers rather than a formalised process. Sylvia spoke about youth corners in schools where young women go for information, but sadly said this service was underused. These corners are set up and maintained by activists in school, whose main aim is to spread information about SRH. On a political level, there have been a number of changes to education policies over the past few years, aiming to increase women's participation. Dino reflects positively on the increased capacity of schools and reduced fees, believing this has made a difference to young women. However, Rogerio spoke about policy forcing pregnant

women to study at night with concern about safety, marginalisation and discrimination. Many key informants make specific reference to this policy, both positively and negatively, highlighting both the empowering and oppressive potential of structural intervention.

Key informants make repeated reference to a responsibility youth associations, NGOs, health and educational services have for pregnancy prevention. In fact youth coordinators cite the provision of SRH information as the most frequent form of intervention made. While youth associations work with individual young women who become pregnant, associations are mainly set up to spread information about SRH. This includes information on HIV/AIDS, STD's, contraception, unintended pregnancy as well as maternal and infant health care. They advocate for SRH information to be widely distributed, targeting youth, parents and other community members. Many key informants also see the contribution of families to SRH education as critical. Therefore, as Dino describes, time and activities are dedicated to raising awareness in the community,

> *'we have the contact with the parents in order to make the parents a part of the program, you know this is for those situations also* (referring to unintended pregnancy)*, because we can also give the skills to the parents, because we have meetings with the parents in order to create a good environment at home, to talk, to make the young people, their children, to talk about in an open way, to talk about the sexual and reproductive health issues. But we also produce some material designed specifically for the parents, so this is the interaction, the contact we have with the family because we understand that our work is, how can I say, is complementary to the part of the family efforts. We cannot work and have success without the involvement of the family. So we have to count the family in our processes.'*

Other intervention engaged in by youth associations relating to unintended pregnancy includes life skills training (aimed at empowerment), advocacy at the policy level, referring young women to SAAJ, keeping young women in school by liaising with teachers, talking with individuals about unintended pregnancy, giving counsel and

advice. Several references were made to linking with other professionals in health and education, or with other organisations that may meet needs more appropriately. Youth coordinators also spoke about sharing their personal experience with young women, giving counsel about abortion, talking to parents, encouraging them to stay in school and giving them 'moral' support. Youth associations will engage with individual young women and refer them to other services if needed, although this was spoken of far less frequently than activities of prevention through SRH information. Youth associations generally work with groups and communities by raising awareness of SRH rather than individual pregnant women.

Other forms of intervention outside youth associations, SAAJ clinics and schools remain varied and less frequent. Reference was made to special associations set up for young single mothers, and the youth-friendly training given to general nurses and teachers that includes unintended pregnancy. Several key informants also spoke about an increased awareness of unsafe abortion that has been recently raised by the Abortion Bill and levels of high maternal mortality. Varied and multi-level intervention is therefore possible for pregnant young women from the provision of SRH information to clinical support during the birth. This chapter, however, continues by evaluating this support through the identification of several gaps, challenges and limitations.

Gaps, challenges and limitations: Evaluation of intervention by key informants

When asked about intervention with young women, Andre and Raymondo both openly admit they feel nothing is really being done for unexpectedly pregnant young women directly. A lot of work is done to inform young people about the consequences of unprotected sex in regard to pregnancy and HIV/AIDS, but once a young woman becomes pregnant intervention is limited and variable, depending on the people or organisations approached.

A fundamental challenge to intervention is around whether or not it is even appropriate with a life event that is described as mainly a 'family affair'. While the majority of key informants believe that some intervention is necessary and appropriate, at least half, such as Jane and Roneldo, raise some reservations.

> Jane – '*so the health, we have that concern, but we can't intervene, sometimes what happens at home with her parents, this is their decisions so we can't interfere with this, but if she comes to us and she says she doesn't know how to tell the parents or the boyfriend, we tell her to bring them to us, so she'll bring the parents, we'll start with the counselling so we'll tell them what is happening and we try to counsel them and everything to give them the information for them to know how to deal with this. This is our role, but after that when they go home, what they do there, this is their decision, we can't do anything.'*

> Roneldo – '*in this part of the suffering of life* (referring to when young women are sent to live with the 'dono' against her will) *we cannot intervene because we teach how they can prevent. If the girls let themselves, we cannot intervene.'*

Although some intervention may be appropriate, key informants describe a strong sense of the boundaries existing around families, which would not be appropriate or even possible to cross as Orlinda goes on to say,

> *'It's only the family on the side of the…, the outsiders, they don't intervene on this. Sometimes they may have a word, they may say something, but they will not be listened in the family because who decides in the family is the husband, he is the owner of the wife, he is owner of the children so he is the one to make decisions. Sometimes he just closes the door, he doesn't allow anyone to get in. So hardly someone else can give an opinion.'*

Key informants advocate strongly for work done in partnership with parents, families and communities to raise awareness of issues related to SRH, to inform them with

accurate and rights-based information, facilitating decision-making processes that take young women into consideration. It is also seen as appropriate to encourage young women to stay in school or refer her for good health services. However, further intervention that challenges the actual decisions made by families is not appropriate. Organisations are eager to provide information and make campaigns, but are reluctant to engage in the sometimes-oppressive experiences of individual young women during this life event.

Further challenge to the nature of intervention is reflected in the priority given to advice and counsel, rather than practical help with money, food, clothes, school fees or living arrangements. Only one key informant advocates for the provision of material goods. Two interesting rationales for this are observed through dialogue with Katrina and Issac,

> Katrina – *'so I don't know if I say to give a job to that girl would be a way to support her materially, because if we give her the basics, like food monthly, that girl would becomes dependent on that and she wouldn't be able to do anything in her life, she will be always waiting for help. But giving her a job or an opportunity to have a career, I think that would be a support.'*

> Issac – *'An organisation could help such children* (the unintended child)*, but not helping the mum who has got an unwanted pregnancy because this will contribute negatively, they will think that now that I have a pregnancy I can always go there … if we follow up this in society unwanted pregnancy could be the future of tomorrow.'*

Julia, a volunteer with one youth association, said that people have a real fear about demand from people if they were to start giving out practical help such as money and food. Organisations believe that if they start to give practical help this will encourage other young women to become pregnant. Julia wondered whether these fears would be realised due to high rates of poverty. Again, prevention work and the giving of information are prioritised over direct work with individual pregnant young women.

A whole array of other gaps and limitations were raised about current intervention with pregnant young women, which can be grouped into four categories:

Poorly resourced organisations with poor infrastructure - lack of condoms, lack of night school places, limited number of organisations with limited coverage so the whole country does not receive the same service, particularly in the rural areas. Need to train teachers so they don't send young women out from school, and provide support when they see one of their pupils pregnant. Teacher training is also needed to reduce sexual harassment in schools.

Limited organisational remits - limited work done on life skills, empowerment and negotiation skills. Limited work with young men about unintended pregnancy and the empowerment of women. Lack of counselling services available and psychological support. Lack of services that help young women to find a job, with no opportunities created for them to engage in income-generating activities. Limited work with parents and communities. Limitations of SAAJ clinics that do not support young women through birth. Lack of financial support for young women.

Poor inter-institutional/organisational working – with a lack of support from family members, intervention from organisations is less effective. Limited advocacy at policy and government levels, meaning there are gaps between policy and practice at the grass roots. Religious limitations, which ban information given on contraception (also found by Simelela 2006).

Poor engagement with services – reluctance from some to access services.

Further intervention recommended

Through data analysis and the identification of limitations to current intervention, seven areas for further intervention are recommended by key informants, namely; women's empowerment, work with young men, improved SRH information and

services, work with parents and communities, income generation activities, practical support and at the policy level. Each of these areas will now be explored in more detail.

Women's empowerment

As highlighted by chapter four, several key informants believe that one reason young women become pregnant is because of oppressive power relationships and limited skills of negotiation. Even with information about prevention young women may be ill-equipped to negotiate for contraception use during sex. Further intervention needed with young women therefore includes 'empowerment' through life skill training, equipping through information giving, increasing her capacity to negotiate, advising her of her rights, endorsing equality and promoting self-esteem as Dino now describes,

> *'How can I say, the lack of decision making capacity of the girls, you know, in the time that they are negotiating sex with the boys, so this is something that makes us to be worried. So in terms of strategy we have adopted to empower the girls, to empower girls through giving them information, giving them life skills, giving them specific information's of… how can I say, girls empowerment…. but the information, the life skills can also help her. She has to know her rights; sometimes she doesn't have power to negotiate it because she doesn't have information. Information is power so she doesn't have information that it is her right, she can negotiate, she can say no to sex, she can say yes to sex, but in certain conditions, you know, because it's not just the sex, sometimes you can say yes to sex, but certain conditions can be put.'*

Young women need to be included in discussions about sexual harassment, the health implications following sex, the consequences of unintended pregnancy and other gender specific issues which are not often addressed. They also need to be actively involved in these campaigns, trainings and workshops. Some key informants

advocate for a more radical approach than others in terms of challenging gendered relationships in the home, inequality and discrimination. Andre frames it as 'social education' for young women, which prepares them to engage safely in their sexual life, equipping them for potential consequences. So women would no longer say 'it just happened'.

Work with young men

Half of key informants spoke about the need for further intervention with young men, both in the areas of 'gender' and 'unintended pregnancy' (also supported by Etuk and Ekanem 2003 and Simelela 2006). Raymondo believes that if too much work on SRH is focused on young women, men will avoid services and programmes, thinking they are for women only. Raymondo stated that investment in women would be wasted if men remain ignorant and marginalised in SRH programmes. Orlinda, below, encapsulates the underlying rationale for specific work with men,

> '*… our society must change the way we think because we have, and I used to say this, our main worry here and our concern is to educate the girl, we have the girl that she must have this and that information, but we must know that who makes the girl pregnant is the boy, so we must give more information to the boys and not to the girl, so we must focus on the boys also. … But we should know and we should tell the boys that the girl, she may be fertile one day, but he's fertile all the time, every day. So he must be the one to prevent, to be conscious of that, so he must know what to do, he must be responsible, our society must change its way of thinking, that the responsibility is not only for the girl, it's on both of them, the boy must also be responsible, the most responsible of what happens to the two of them.'*

Work with young men recognises that women do not become pregnant alone, as the saying goes 'it takes two to tango'. Key informants believe that further work is needed to increase men's responsibility for prevention and pregnancy when it occurs. Men should not only be taught methods of prevention, but also about the life event of

unintended pregnancy and gender equality in decision-making. Women's fight for equality and role in decision-making processes will be easier if men are also educated in power relations and gender equality. As Katrina dreams of,

> *'So if we have a man that has a mind that he must talk to his girlfriend and if she knows that she has the power, that she has the right to negotiate….'*

Improved SRH information

Prevention is still seen as an important form of intervention, with the aim of reducing the incidence of this life event. Prevention activities generally centre on the giving of information through groups, campaigns and programmes; however, as identified in chapter four by Andre, these interventions do not always achieve the desired outcome. Young women who have been educated about contraception use continue to become pregnant, as did many young women individually interviewed. Key informants suggest a number of improvements needing to be made to the nature of SRH information and how it is spread. Issac and Sylvia, both schoolteachers, believe that SRH information should be age sensitive and age specific. Julia believes that the internationally developed materials often used do not start at the basics, make assumptions about particular worldviews and are not used in ways that encourage participation. Young people do not take ownership of the knowledge and relate it to their daily lives. Sylvia is also concerned about the information received by young people who are not in school. Community programmes and campaigns therefore need to be increased to reduce this gap in knowledge. However, organisations also need more resources and better infrastructure to do this.

There is also a need to dedicate more time to 'unintended pregnancy' specifically in the provision of SRH information. With a high prevalence of HIV/AIDS, contraception use is often focused on disease prevention rather than pregnancy prevention. Young women also need to be included in specific programmes with increased participation. Raymondo and Jessica believe that partnership needs to be fostered with families and communities who are crucial to behaviour change, reinforcing information given.

Traditional mechanisms in place for the provision of SRH also need to be harnessed and adapted, rather than ignored and lost.

Work with parents and communities

Although youth associations believe in working holistically with parents, families and communities, key informants suggest that further work is still needed in this area, in the general information, dialogue and campaigns made around different aspects of SRH. Specific work is also needed on unintended pregnancy, to promote openness and facilitate support for young women rather than judgement and condemnation. Key informants believe that young women with 'unintended pregnancies' are likely to be marginalised by others. Intervention is therefore needed with individual parents, families and community members to reduce discrimination, giving information and promoting supportive behaviours. Parents can be encouraged to keep daughters in school even when pregnant, and urged to respect her rights by refusing to send her to the 'donos' house against her will. Wider work with communities on unintended pregnancy, as well as individual work with specific families, needs continued prioritisation (this is also supported by work of Odimegwu et al 2002 and Hord and Wolf 2004). However, as Jane says, it is going to be a long process because of the cultural processes it challenges.

Income generation activities

Katrina, Rogerio, Dino, Roneldo and Castigo suggest further intervention for young women with children, could be made in the area of income generating projects. Rogerio believes that better policies could be put in place to facilitate vocational activities for young women so they do not merely survive, but also develop. While Katrina is reluctant to give food and money, she believes it is more appropriate to create opportunities for young women to provide for themselves. Organisations therefore have a role to play in accessing employment and income-generating activities. Young women face many structural inequalities in accessing formal

employment and educative opportunities even before they become pregnant. Facilitating economic empowerment and creating opportunities for young women to exploit is seen as critical for the future, as Castigo advises,

> *'yes we need a way, like I said before, to have more information like to arrange more jobs for the youth because normally when the girls they have this problem they think it's the end of their lives, they need more support, we need to create opportunities to help them.'*

Although this intervention requires significant development in infrastructure and policy, this type of intervention directly facilitates and supports young women to respond to the many structural inequalities they encounter due to their age and gender (Silva and Andrade 2000; Lofort 2003).

Practical support

It is only Sylvia who suggests that material support is needed for future intervention in the form of food and clothes. Roneldo, like Katrina, recognises the financial needs young women have, but suggests these could be met through a minimum wage. As a practical development, Orlinda suggests that SAAJ could be extended to care for young women during birth as well as through pregnancy. In general, key informants do not believe resources should be made available for material provision, but would advocate for better services in health and education.

Changes in policy

Finally, suggestions were also made for further policy change, recognising the importance and need for work at this level to support direct intervention with young women and families. Recommendations were predominantly made in relation to education policy following recent changes that controversially move pregnant girls to night school. SRH education does not generally start until secondary school, which

only a limited number of young people ever access. Therefore, age specific SRH education in primary schools would equip many more young people before they start having sex. By the time young people arrive in secondary school they are then prepared to engage in more complex discussions on SRH, rather than start at the basics. Many key informants also believe that keeping 'girls' in school longer will help to reduce unintended pregnancy, and teachers should take on a formal role in helping pregnant young women when they withdraw from school. This needs to be taken up at a policy level, rather than left to the whim of individual teachers or schools.

Rogerio and Andre spent quite a long time talking about the role of advocacy in terms of raising the needs of young women at a governmental level. As Rogerio comments,

> *'… in terms of advocacy our country is very behind still, we still need to grow in advocacy, we are still children in terms of advocacy processes so we still don't know how to press the government for something, we are still afraid sometime because when you do something people would politicise and say 'ahhh this is from opposition a or b,' but it doesn't have anything to do with opposition …'*

Rogerio spoke at length about the gap between policy and practice, noting all of the positive gender policy that can be found in Mozambique, but failing to see how it is implemented in practice. According to some key informants, a lot more work needs to be done by civil society to challenge this gap at a governmental level.

In conclusion – the complexity of intervention

This chapter contributes to an evaluation of intervention in response to unintended pregnancy, thereby exploring the relationships young women have with wider structures in society. Young women tend to relate to 'outside others' as part of a group; either as a group of young people, young women or a family and community member. Limited individual interaction occurs with young women once they become

pregnant. The individual relationships young women do engage in with youth coordinators, health professionals and teachers occur within several negotiated boundaries. These include resource limitations, the skills and knowledge of the practitioner, the level of responsibility and right they feel they have to get involved, and the willingness of young women and families. Relationships with others are also heavily influenced by the conceptualisation of unintended pregnancy. Young women do not seek these relationships actively, often withdrawing from society with the onus being on 'outsider others' to seek and initiate intervention. However, as the examples of health and education show, their interventions have capacity to make a significant difference to the life course following pregnancy. High-quality health provision, advice and counsel, support to stay in school and opening up this 'family affair' by engaging with parents has the potential to facilitate good negotiations and coping strategies. In contrary, professions in health and education are in powerful positions, which they may also use to constrain young women depending on their conception of unintended pregnancy. Organisations need to be aware of the discourses held by individual nurses or teachers, that could limit a young woman's access to services she desperately needs (Faundes 2004).

Interestingly the needs described by key informants, and interventions desired by young women, both strongly advocate for emotional support, counselling and advice. Material and financial needs were also considered as crucial, as were needs around securing future growth and provision through education and formal employment. Both young women and key informants see the need to work with parents and communities as well as individuals. Young women stress the need for flexibility, so nurses and teachers can meet their needs outside the formal roles they have in the provision of governmental services. However, in terms of actual intervention, emotional support, the provision of advice, information and counsel was inconsistently given, and almost no material and financial support was offered. Healthcare is given through the national system with some youth-friendly provision. Recent policy changes ensure pregnant young women can still access education, but the effectiveness of this policy is variable as is the role teacher's play in encouraging young women to continue in school. Key informants believe that more work is needed on the provision of SRH information and contraception use, creating employment and

income generating opportunities, and partnering with parents in the community. Material and financial provision remains low on the priorities of people engaged in interventions and policy makers.

While the next chapter will show how significant relationships within families are for the development and use of coping strategies during unintended pregnancy, this chapter draws attention to the structural nature of social problems and the importance of a structural response. Family resources and a young woman's motivation, is only so effective when living in a society of significant structural constraints such as widespread poverty, poor infrastructure and limited civil participation. Formal institutions such as health and education have a critical role in equipping and resourcing young women who hold on to the hopes of a 'better' future. Other non-governmental or civil society organisations can also contribute to this. The life event of unintended pregnancy, while gendered, impacts individuals, households and communities, revealing the importance of intervention with individuals, households and whole communities. Some argue that it is inappropriate to intervene at the individual level in the context of sub-Saharan Africa due to the 'collective' mentality and lifestyle (Graham 2002; Laird 2008). However, data suggests that this gendered life event requires appropriate intervention with individual women, equipping them to ensure their needs, interests and desires are known in their households and wider community.

CHAPTER EIGHT

‘Not just getting by’ - coping strategies during unintended pregnancy

The previous four chapters have been used to explore the experience and meaning of unintended pregnancy for young women in Mozambique, drawing on three different data sources. These data reveal consistencies and consensus, as well as discrepancy and disagreement in the conception and management of this life event. Key informants and focus groups, for example, question whether young women actually respond to problems with ‘coping strategies’, suggesting that what they do or even what they should do is passively survive. This chapter, predominantly drawing on accounts given by young women who have recently had an unintended pregnancy, shows how various strategies were used by young women to cope with five significant problems during this life event. The first two problems, breaking the bad news and conflictual relationships are relational-based, located mainly in the family sphere. The third, lack of material provision, is also located within the family sphere, but is strongly influenced by wider social structures and inequality. Achieving good health and educational access are very much community-based, structural and political in nature, but are also negotiated at the individual and family level.

For the purpose of this chapter ‘coping strategies’ are understood as specific and conscious, but not necessarily obviously strategic responses to a perceived stress or problem affecting individuals and families physically, socially, emotionally, intellectually and spiritually. The coping strategies identified are complex, diverse, fluid and not obviously rational, but are distinguished because they are active responses (which includes being actively passive) used to manage and diminish the negative effects of perceived problems. Some strategies are about ‘getting by’ and some are about ‘getting on’. ‘Strategy’ was insinuated through the language used and descriptions given in response to specific problems. Very few strategies were

implemented based on a conscious rational evaluation of problems and a planned response established by a cost/benefit analysis. However, some strategies in response to unreliable economic provision and educational access resemble this process. Nevertheless, retrospectively it is quite clear that young women experiencing specific problems in relation to unintended pregnancy, sometimes took specific actions to manage and reduce these problems, thereby promoting social well-being.

This chapter concludes with a discussion on the types of strategies used and the nature of personal, social and organisational resources available, indicating what may or may not facilitate their use by young women. Not all young women use all strategies all the time, and this should not be assumed by the content of this chapter. This chapter does not provide a systematic quantitative account of how often each strategy was used and in what measure by each participant to every problem. However, it aims to stimulate a deeper discussion on the nature of young women's agency, their relationships with others, the types of resources they have access to, and the types of strategies they use and why.

Coping strategically when breaking the bad news

Young women describe telling others about the pregnancy as an emotional and challenging process, one that is uncertain and complex to manage. Decisions about how and when to tell others can ordinarily be complex, but are made more complicated by the unexpected and unwanted nature of pregnancy. Different people need to be informed at different times with varying implications, her family and the 'dono' being most significant. Disclosure occurs at different levels from the initial informal telling of friends and female relatives, to the meeting of two families when the pregnancy is made public and responsibility is formally taken. Disclosing the pregnancy is critical not only because of the pragmatic task, but also because of the implications for so many key relationships. Breaking the 'bad news' of pregnancy reveals hidden and secret behaviours, opening up a wide range of responses from a range of parties. The collective ownership of pregnancy discussed in chapters four

and five mean that young women engage in multiple negotiations once others know, especially with those who may choose to take responsibility. Managing disclosure is unpredictable, young women handling a high degree of uncertainty, appearing to actively and strategically manage the process at times, while becoming strategically passive as the process becomes more formal. Narratives accounts show that breaking the bad news is rarely a one off active event, generally describing a messy process of people discovering the pregnancy at different times, sometimes even before the young woman is aware. Numerous negotiations take place before and after formal disclosure is made when the two families meet to discuss the future of the unborn child. It is possible to identify several different strategies used by young women when breaking this bad news, which will now be examined.

Basing actions on social knowledge

Young women assume the pregnancy will not be welcome and the thought of telling others causes a lot of anxiety (also found by Ilika and Anthony 2004). Almost all young women were anxious about the practical nature of 'how' to break the bad news, as well as the reaction it induces. They are aware of the socially constructed meanings of unintended pregnancy, largely assuming that reactions will be very negative. While young women don't exactly know how their family will react, they assume a change to both their physical environment (such as being sent to the 'donos' house or leaving school) and relationships (they will be accepted or abandoned). Over half spoke about the importance of being able to predict the responses of others when managing such uncertainty, although they often felt this was very difficult to do. Although knowing the likely range of reactions from significant others appears to provoke anxiety, this enables young women to think, expect and be prepared for the worst, which may or may not happen according to data gathered.

Actively stalling disclosure for informal advice and support

It appears that young women can actively stall disclosure to significant parties (such as the 'dono', her parents and in-laws) to first break the bad news of pregnancy for support and advice. Young women describe feeling anxious, fearful and not knowing what to do when they discover the pregnancy. One strategy is to seek advice and support from those who are not in a position to take responsibility, namely friends (also found by Ilika and Anthony 2004). While under time constraints, some young women stalled disclosure by denying the pregnancy, enabling them to consider what they were going to do and if they were are going to have an abortion. The majority spoke of actively seeking advice from friends as well as being in relationships with older females where pregnancy is brought to their attention and discussed. Two young women told their boyfriends as soon as they suspected the pregnancy, however eight actively delayed formal disclosure, approaching friends first to question and discuss the implications of pregnancy. At times friends even play a role in identifying pregnancy, giving advice about what to do if they are pregnant.

Basically young women approach friends to work out what is going on with their body, why changes may be occurring and what they should do. They go to friends because there is a high level of uncertainty about the future, they do not know what to do, they are anxious about the reactions of others and friends will give advice (also found by Odimegwu et al 2002). Focus group participants generally questioned the wisdom of going to friends because they are an unsafe group to seek support from, doubting the motives of friends and being very critical about suggestions of abortions. Data show that friends are more likely to suggest and discuss the possibility of abortions than parents or older female relatives (this is supported by Oye-Adeniran et al 2004). Friends are therefore a resource young women draw on to develop different strategies, getting advice and information they may not receive from families.

Using female relatives as advocates

A smaller number of young women initially confided in aunts and cousins rather than friends, although this was usually in response to suspicions. This was felt by focus group participants to be a safer option than telling friends. The additional strategic value of confiding in and seeking advice from older female relatives, is that they are more likely to be in a position to advocate and support during future disclosure to key parties as shown in chapter five. Young women (individual interviews and focus groups) made numerous references to different female relatives who accompany young women, or speak on their behalf when disclosing the pregnancy to key parties. Young women are likely to draw on close female relatives to support them as early as possible, before they lose control during the formal processes of ownership.

Building a good relationship with her mother or female equivalent

Focus groups participants suggest that young women should be building good relationships with their mothers as a strategy for support when breaking the bad news. Although narratives from young women suggest that mothers are likely to be very upset when first told, they are often quicker at accepting the pregnancy. As highlighted by chapters five and six, mothers (or female equivalent) are more likely to provide support during formal disclosure, even if they are initially upset when discovering the pregnancy. However, this may be because many households were female headed, with the majority of fathers having died, left or working away. Building relationships with fathers who were still present in the household is also important and they are occasionally more supportive than mothers in response to pregnancy.

Active discussion with 'dono'

One of the most significant parts of disclosure is telling the 'dono', negotiating with him about whether or not he will take responsibility. Responsibility is first sought from this man, young women needing to approach him to know whether he will accept this

'responsibility'. Although gendered power relations are likely to play a part in the way young women approach him, it appears from accounts given that it is beneficial to engage in active discussion. The 'dono' tends to respond in one of three ways, to suggest abortion, refuse responsibility or accept responsibility. While some accept straight away, it is common for men to deny or delay, and some level of discussion can increase the chance of acceptance. Although cultural and social practices, values and expectations make it hard for young women to openly challenge the 'donos' decision. At least half of the young women interviewed engaged in this strategy, more from the urban area, with varying outcomes.

Coping strategically with conflictual relationships

The narratives of unintended pregnancy are littered with references to conflictual and challenging relationships in direct response to this life event, not only when breaking the bad news. This is supported by Cripe et al (2008) and Gao et al (2008) who found that women with unintended pregnancies were more likely to experience physical violence. All young women describe at least one significant conflictual relationship, the majority describing more than one. Over half experienced some form of conflict with the 'dono', and three-quarters experienced some form of conflict with their parents or those in roles of parental responsibility (grandmothers, aunts and uncles and siblings who have this responsibility when parents have died or live/work away). At least four describe physical violence during the pregnancy, while others describe verbal conflict and being forced to do things they did not want to do. Not all relationships are conflictual all of the time, some being surprisingly supportive at times, but as chapters four, five and six have shown, relationships are likely to be strained by the pregnancy. Conflictual, negative or aggressive relationships with others influence young women psychologically and emotionally, often causing anxiety, fear, hopelessness and guilt. Yet these are also the relationships through which many coping strategies are facilitated or constrained. Therefore, how young women cope with and work through the conflict is critical to resourcing other strategies. Strategies for coping with conflict in relationships are now examined.

Emotional regulation that attributes alternative meanings

When young women talk about conflictual relationships they first tend to refer to their emotional response and how 'bad' the conflict made them feel. However, even though young women speak about feeling low and anxious, that they spent a lot of time crying in response to difficult relationships, this is not the end of the story. To cope with distress young women describe a change in thought processes to regulate their emotional response. Nine young women spoke at length about their own initial negative response, before going on to describe positive action they took through adapting the meaning they attribute to the pregnancy. From seeing it as the end of the world and ruining relationships, over time they reframe this event as an opportunity, believing the child they carry may be the next president or a doctor (as seen by chapter six). This illustrates how young women who may appear weak and anxious have the capacity to go on and take action that would seem only to come from a position of strength. The emotional distress caused by conflictual relationships is therefore internally regulated and reframed to survive and accept the conflict, even to use it positively.

Engaging in active discussion

There are a range of responses made by young women when the 'dono' refuses or does not live up to the expectations of responsibility. As described earlier, young women can engage in a dialogue, assuring him that he is the 'dono', reminding him of their relationship and suggesting how they could make things work together. Lusia, Erica and Lina all said that the 'dono' had been anxious about accepting responsibility because of the implications this has for the rest of his life. These young women reassured and encouraged him in this through dialogue, resulting in his acceptance after a period of time. Almost half engaged in some active discussion to reduce conflict, which was generally effective over time, but sometimes led to a passive acceptance of relationships and emotional regulation.

Seeking alternative arrangements for ownership

Instead of engaging in dialogue to reduce conflict with the 'dono', some sought alternative routes of responsibility by approaching his family, suggesting he takes responsibility while she continues to live at home, or seeking help purely from her own family. While focus group participants place greater value on the 'dono' taking responsibility, resulting in marriage and cultural acceptability, young women have other options if conflict with the 'dono' cannot be resolved.

Responding with hostility

In contrast to engaging with the 'dono' in dialogue, young women can actively respond to his hostility with their own form of hostility. Some chose not to register the child with his surname or refused to record him officially as the father. Young women can also finish the relationship or leave if she is living at his house. Maria, Nhelete and Louisa all had very difficult relationships with their husbands or in-laws, and moved back to their parents' house after the child was born. Thelma and Elsa bravely sought to live on their own after both the 'dono' and their families rejected them. Mary, who is from a matrilineal family, is currently considering a divorce because she believes her husband is not sufficiently meeting his responsibility. Even in patrilineal societies, young women can end relationships and have no further contact, especially if they have support from their family.

The value of the child in negotiations

Seven young women were able to reduce conflict by drawing on the value of their unborn/born child, which was often quite effective. While unintended pregnancy is culturally undesirable and costly, children are of significant value to families (WLSA 1997; Etuk and Ekanem 2003; Oye-Adeniran et al 2005; Laird 2008). Several young women revealed that the 'dono', who had previously refused responsibility, came and apologised after the birth wanting to take responsibility then. Families of the 'dono'

may also ask for the child to live with them once born. These families do not want to take responsibility for the young woman, but do not want to lose the child of their son. The child is therefore an important element in negotiations and, with support from their own families, young women in this sample refused to give their child to their in-laws.

Tima found herself in a seemingly impossible situation when her cousin (who she was living with at the time) forced her to have sexual relations and she became pregnant. Family conflict was created between her mother, aunt and uncle when this same boy refused to take responsibility. Tima left her aunt's house with the baby and is now living with her mother because the practicalities of providing and caring for her baby (breastfeeding) enabled them both to leave a highly conflictual and unpredictable environment.

Actively passive strategies

Young women often chose to engage in actively passive strategies when responding to conflictual relationships. Shelia came across in the interview as a highly motivated and articulate woman from a poor family who engaged in a sexual relationship because she wanted support for schooling. While the 'dono' refused responsibility, she won favour from her in-laws who welcomed her into their house and helped her to go to school. Her own mother could not send her to school and had hit her on discovering the pregnancy. Shelia describes significant conflict between herself and her husband because he is having sex with other women and drinking excessive amounts of alcohol. Shelia is taking the contraceptive pill to prevent further pregnancies, but cannot negotiate condom use to prevent HIV. Shelia's father-in-law has died of HIV and her mother-in-law is HIV positive. Shelia says she is very unhappy, but remains with her mother-in-law because she continues to help her. Shelia has placed a high value on caring for her mother-in-law and finishing school, which helps her to cope with the difficulties she is having with her husband and the unsupportive relationship with her mother. She remains actively passive, a decision resulting from limited choices and complex value systems.

Similarly when Lusia's family stopped giving her food because they were angry with her for becoming pregnant, she would walk to school and use the money given to her for transport to buy food. Instead of responding to the conflict by hostility or discussion, Lusia actively engages in a passive strategy that helps her to survive the effect of conflict, waiting for relationships to change through time or circumstance.

Strategic passivity (such as the emotional regulation observed earlier) or waiting for time to pass, was used by over half of young women when those undertaking parental responsibility respond with conflict. Such strategies were also found by Wing Lo (2005) and Choi (2005) in their work. The shift in meaning of unintended pregnancy from first disclosure to birth and after (as observed in chapter six) is used by young women to wait for relationships to change, with birth often being a significant turning point. Even Adela and Witla who were beaten by family members (uncle and brother) describe waiting for these relationships to change as a way of coping with the conflict. Although other members of their family also ensured they were not beaten again, advocating and supporting them. While waiting for relationships to change, young women are likely to conform to the wishes and decisions made by main caregivers in the hope they will be supportive and better caregivers in the future. Half also experienced negative responses from those outside the family, reporting gossiping, taunting and name calling from neighbours and school colleagues. Again many young women said that while this made them feel 'bad' and sometimes to want an abortion, they tried to ignore them, only listening to those who were supportive. Young women therefore may be passive as an active strategy to cope or reduce conflict in relationships.

Coping strategically with poor material provision

With a per capita gross domestic product in 2005 of $335, compared to $36509 in the UK (UNDP 2005), the majority of individuals and families in Mozambique struggle to purchase products necessary for their physical survival and overall well-being.

However, as highlighted by key informants in Chapter four, the unintended nature of pregnancy, with an unplanned mouth to feed, is a significant financial burden to those who take responsibility. While any child, whether planned or not, will increase costs to a family this is usually within the context of marriage. The cultural process of marriage, with the tradition of lobolo, ensures that women are not married until a man is able to provide financially for her (Peronius 2005). Pregnancy that occurs before marriage is therefore likely to occur before the 'dono' and his family are financially able or prepared to take responsibility.

Valda, Tima, and Maria associated the difficulty of material provision with being totally dependent on their families in this area. Many young women desired financial independence, wishing they could provide for themselves and their child without relying on others. Over half of young women continue to struggle financially and this was identified in chapter six as one of their main anxieties. Diversification and the development of multiple sources of provision, therefore appear to be a popular strategy used to ensure they have 'enough' to meet their needs and the needs of their child. The strategies engaged in to ensure adequate material provision are now detailed.

Seeking adequate material provision and financial security from those who take responsibility

Within the patrilineal areas of Mozambique (largely the south and central regions), the financial burden following pregnancy within marriage is predominantly located in the 'donos' household, because women move to his family home once married. Therefore, families of young women do not traditionally expect to finance her children. However, because there is a higher risk that the 'dono' will not take responsibility, families of young women are more likely to be the main providers when unintended pregnancy occurs. Chapter six draws attention to the fact that the majority of young women interviewed continue to live with their parents, who are by default the main providers. They not only provide for an extra child, but also for the young woman who stays in the parental home for longer than expected, depending on how the pregnancy

impacts her future marriage prospects. The level of financial security of those taking responsibility is therefore critical for the strategies implemented to meet basic needs.

Rosa, Dagraça, Nhelete and Louisa describe themselves as being financially secure, able to provide for their own and their child's needs. For Rosa this is because her husband who works away in South Africa was eager to marry and take responsibility. He sends regular money and she has even been able to save for the future. Rosa has her own home and hires a maid to take care of her child in the day when she is at school. Dagraça and Nhelete have no financial concerns because they are living in families who have a sufficient level of income to meet their needs. Families where members are in formal employment are more likely to provide secure and sufficient provision, and this was more common in urban areas.

Seek further financial support outside of primary source

Another source of income, over and above what may be provided from her family if still living at home, is continued support from the 'dono' and his family. Over half of those who are still living at home cite some form of financial provision, usually from the family of the 'dono' when some claim of responsibility is made. While provision from the 'dono' is described as variable and insecure, it is possible for young women to seek financial or childcare support from in-laws even if their son has not accepted responsibility. This helps to supplement the formal support already received and appears to be more crucial in rural areas.

Engaging in informal production

Over half of young women also describe engaging in some kind of productive activity, as well as receiving provision from families. Almost all young women who are not in school engage with productive activities as do half of young women still attending school. Filoberto sells things to support her family; Adela makes biscuits, sandwiches and juice to sell from the home, while Hannah sews to earn money. Elsa sold cakes

during her pregnancy and now grows vegetables for food and money. Erica has a full time job, as did Witla who is looking for work again. Louisa described herself as having four businesses, one buying and re-selling pineapples along with her own produce. Shelia and Mary also grow their own produce. Lusia braids people's hair and Dagraça's family have given their children a business. Cecelia rents out her husband's house while he is in hospital. Most indicated that the money earned is not just used by themselves and their child, but the whole family. More young women from the northern/rural region are engaged in productive activities, it being more common for them to grow and sell their own produce.

Systems of reciprocity

Although often limited by what they can contribute in return, young women make reference to reciprocity as a strategy for adequate material provision. Rose talks happily about giving money to members of her family now she is married and financially secure in reference to systems of reciprocity. Interestingly Valda who is totally dependent on her family for material provision, talks about wanting to be able to provide for them one day in return. The value of reciprocity is also a strong incentive to continue in education and engage in productive activities, so young women are able to invest something back into the family.

Engaging in other relationships to guarantee material provision

Louisa is economically stable because she has remarried, her new husband now providing for all her needs. Louisa has two children from two previous relationships, so would seem to be an unlikely participant to remarry, however, this remarriage has meant economic independence from her family, enabling her to continue studying. Dagraça is also engaged to a man who is not the 'dono' of her child, and several other young women spoke about financial support from other boyfriends. Key informants in chapter four spoke about the vulnerability of young women with one unintended pregnancy to further pregnancies and HIV because of the sexual

relationships they may engage in for financial support. While seeking other relationships to provide material provision is a high-risk strategy from some perspectives, with limited choices they are likely to use it to meet basic needs, as well as additional desires (Hawkins 2005).

Education as long-term strategy

Although young women were concerned with the immediate nature of day-to-day material provision, eight describe education as a long-term strategy for financial security. Educational access is therefore balanced as a long-term strategy, with other short-term strategies for immediate provision within day-to-day time limitations. This suggests that some young women do engage in strategic planning for the future not just to survive and get by, but also to thrive and get on. However, the implementation of this strategy and successful outcome is by no means guaranteed, with many structural and social constraints being identified for continued educational access or stable employment in the future. Only one young woman has graduated from school and she has secured formal employment, which indicates this strategy may be effective if graduation does occur.

Coping strategically for good health

As highlighted by chapters four and seven, unintended pregnancy is a socially constructed life event with multiple cultural, social and moral associations, responded to by families and communities with limited roles being legitimated for outside intervention. However, it is the implications for maternal health, along with education, that seems to most concern social development practitioners in relation to unintended pregnancy (Oye-Adeniran et al 2004; UNICEF 2006; CEDAW 2007; UNDP 2007). Over half of young women interviewed described health complications during pregnancy and after birth. These include vomiting, increased tiredness, headaches, stomach aches and longer term impacts on menstruation. Seven described more

serious complications such as malaria, fever, anaemia, difficulties during birth, severe weight loss and premature birth. Many also spoke about the impact on psychological health, stating they were anxious, tearful and worried throughout pregnancy. Only six made no reference to health problems. Several spoke about problems with breastfeeding and their child's poor heath, although the majority described their children as 'well'. No one revealed themselves to be HIV positive, although some knew they were at risk and explicitly said they were HIV negative after being tested. The main constraints identified to good health during pregnancy were anxiety, lack of information, lack of adequate provision, unsafe abortion, being inexperienced and lack of support from others. Four young women from the rural districts said that health professionals were aggressive towards them, and at least four experienced episodes of domestic violence from family members during pregnancy. Therefore, active strategies put in place to reduce these complications are critical to reduce maternal and infant mortality. The coping strategies identified in this context are therefore primarily to facilitate good health, rather than surviving poor health.

Accessing formal health facilities and seeking advice from professionals

Most young women confirmed their pregnancy at a hospital and attended monitoring appointments. The majority also gave birth at hospital. Therefore, the use of national health provision as a resource to facilitate good health is identified as a significant coping strategy. However, not even half believed they had received good quality information and some note conflictual relationships with health professionals. National service provision is also limited due to poor infrastructure and poor resourcing, meaning that it cannot be relied upon as the only means of ensuring good health.

Seeking care and advice from experienced female relatives

Most young women knew little about the health implications of pregnancy and they 'coped' with this by seeking advice, guidance and help from either those more experienced in the family or from professionals at the hospital. Seven relied on their

mother to take care of them during pregnancy, because they did not know what to do or what to expect. For those whose mothers were not alive or living with them, they spoke about seeking and receiving similar advice and help from more experienced female relatives such as aunts, grandmothers, mother-in-law or elder sisters. There was also occasional reference to receiving advice and help from neighbours or friends to ensure good health during pregnancy. Not only does support from more experienced others promote physical health and practical strategies, but young women also spoke about emotional support they received. More young women sought and received help, advice and emotional support from older women in their families than they did health professionals.

Traditional medicines

Rosa and Tima attributed complications in their pregnancy to curses being put on them by others who wanted their baby to die. In these and several other cases, young women accessed traditional medicine as well as Western-influenced medical support. Accessing various forms of assistance during times of poor health is a strategy used by several young women, influenced by various cultural and spiritual beliefs. Several also spoke about being actively involved in a church, although they were not explicit about the type of support received from these institutions.

Care from those who take responsibility

Young women can also use the process of 'responsibility' as a strategy for ensuring good health during pregnancy. As discussed in chapter five, it is well known to families that pregnancy increases the risk of poor health. Cultural processes are therefore in place for someone to take 'responsibility' for well-being during pregnancy. When a claim of responsibility is made, whether it be by the 'dono', his family or her family, they are accountable for feeding, clothing, accommodating and providing for her if unwell. Valda and Witla make explicit references to receiving support and care from their fathers who actively took responsibility, thereby ensuring they were healthy

and well cared for. Four of the six young women who reported no health problems also said they had good and reliable material provision. The negotiations young women have with others to take responsibility therefore impacts the resources she has available to ensure good health.

Choosing not to have an abortion

While two young women interviewed had had abortions, at least three others made active, but unsuccessful attempts. The percentage of young women who have unsafe abortions in Mozambique is unknown, predominantly because abortion is illegal. However, on a global scale it is known that adolescent women in developing countries undergo at least 2.2 to 4 million unsafe abortions each year. In sub-Saharan Africa, where 40% of all unsafe abortions occur, data reveals that 39–79% of those treated for abortion-related complications were adolescents (WHO 2006b). Adolescent girls confronted with unplanned pregnancy are more likely to resort to unsafe abortion than older women (PRB 2001; Oye-Adeniran et al 2004). What is known in Mozambique is that unsafe abortion contributes to high maternal mortality. Many young women gave examples of people they had known who died following abortion. The risk of death, long-term health implications, and not being able to have any more children are the main reasons why young women interviewed did not have abortions (also found by Oye-Adeniran et al 2005). Keeping the baby rather than having an abortion, even with the social and cultural implications, is cited as an action they took to stay healthy.

Future use of prevention methods

Several young women, either as part of their narrative or when reflecting on their experience, said they now use regular family planning or condoms to prevent further pregnancies. Although Louisa had two unintended pregnancies while still a teenager, many of the other women spoke about learning from the experience, it changing the way they now engage in sexual relationships. As highlighted earlier, these young

women are vulnerable to further pregnancies because they may continue to engage in sexual relationships for material provision, with limitations on negotiations around contraception use (Hawkins 2005). However, unintended pregnancy also opens up conversations about sexuality, contraception and reproductive health that may otherwise remain silent, possibly increasing use of preventative methods in the future.

Coping strategically for educational access

Education is considered one of the key determinates of social and economic well-being and a key factor in poverty reduction (SARDC et al 2006). Fifteen of the twenty-one young women interviewed are still in school, in grades 7–11. Although at least five missed one or two years, four have had to repeat at least one year, and eight were rescheduled to study at night. Two had abortions so they could remain studying and six are no longer in school, although for one this is because she has graduated. Of the six who are not in school, all expressed a desire to return at some point, even Erica who has graduated. The constraints to this, such as the lack of finances to pay fees, poor health during and after pregnancy, childcare responsibilities, being moved to night school and lack of support from teachers has already been highlighted in chapters six and seven. The coping strategies used to facilitate educational access in the midst of multiple constraints will now be explored in more detail. Coping in this context is understood as thriving, strategies to achieve education access, rather than accepting constraints and surviving them.

Drawing on a positive discourse of education in the family and wider community

Certainly the discourse of education as being essential for future opportunities, a good job, independent provision and personal growth was highlighted by several young women as a contributing factor when striving for educational access. Future hope is pinned to their graduation and the meaningful job they believe will follow, facilitating some form of economic independence that otherwise seems impossible.

This discourse was also found in focus groups and by key informants, who argue that by attending and completing school young women are more likely to achieve a 'better' life and a 'better' future. Almost all young women said they wanted to continue going to school during their pregnancy and after the birth, although for many this was not possible. At times this was supported and encouraged by parents, although the majority spoke about an independent desire for wanting to graduate. Half of young women from urban areas revealed that parents had engaged in conversations with them about education, giving them the choice to continue with school. Young women who were given this choice spoke passionately about being determined to continue with school, drawing on this discourse as part of a coping strategy to facilitate continued access. Nhelete describes this as the main reason for leaving her husband's house and returning to her parents' home who would support her education. Nhelete valued her education above living with her husband, which would be regarded as counter cultural by many focus group participants, even though they also value education.

There is no doubt that young women who were part of families (whether their own or in-laws) who valued education were able to draw on this to facilitate their continued access. Support includes funding, encouragement and provision of childcare. Lina is a clear example of this in chapters five and six, evidenced by her parents' response to the pregnancy. Almost all young women describe some level of support for continuing education from a significant other in one of these capacities, even those who are no longer in school. Young women from the urban areas were more likely to receive verbal and financial support to facilitate school attendance, while families in the rural areas tended to provide childcare.

Negotiating childcare arrangements with families

Seven young women were able to return to school because family members look after their child while they study. Three others actually purchase childcare from outside the family, also enabling them to continue studying. Adela and Hannah are sisters who had unintended pregnancies 6 months apart and who both still live at

home with little support from the ‘donos’. Hannah studies in the morning and Adela studies in the afternoon so they can look after each other’s child when they are not at school. While from a poor family because their father has died, they have two brothers and now two additional children, but Adela and Hannah are able to continue in school because of the childcare resource provided by the family context.

Drawing on encouragement from teachers

As cited earlier in chapter seven, seven young women received support and encouragement from teachers to continue in school while pregnant or to return after the child had been born. Of the seven who received support, five continued in school through the pregnancy and birth without any gaps or repeated years. Casilda has not yet returned to school because her baby is still young, and Cecilia has been caring for her husband who had a serious accident. In contrast other young women made reference to lack of support from teachers, citing this as one reason they did not continue in school. Therefore, drawing on support and encouragement from the school context is a strategy that appears to be quite successful for continued educational access during and after an unintended pregnancy.

Dropping out of school and returning later or repeating years

Another coping strategy used by at least eight young women was to stop school for a year or two, either during the pregnancy and/or the first years after, and to return later or repeat years. While this means educational experience is interrupted and return not guaranteed, young women can use the acceptability of stopping, restarting, repeating and going to night school as part of their strategies to return to school. This also enables young women to balance childcare responsibilities with educational continuation. It is also a strategy that parents and schools are likely to support because some time away from school is generally inevitable.

Move to night school

Several young women highlighted being able to go to school at night as a resource from which they drew as part of a strategy for returning to school. Historically young women have not been allowed to continue in school when they become pregnant. A recent policy change, which is now being widely implemented, means that pregnant 'girls' are now moved to study at night. Young men who father a child are also covered under this policy, but from accounts across all participants this is less likely to be implemented. Accessing educational facilities at night allows young women to care for their child or engage in activities for financial provision during the day, while continuing with their education at night. However, the use of night school in facilitating access for young women is fairly controversial because at least four stopped studying when forced to attend at night. The use of night school is also contentious because in many rural areas they do not have electricity in the evenings and travelling to school at night is difficult, increasing the risk of rape and attacks.

Negotiating flexibility

What several young women argued for in terms of increasing their educational access, is a choice to study during the day or at night depending on what works for them. Although access to night school is supposed to ensure continued access young women believe they are discriminated against and are sent to night school because they are a bad example. This view is also supported by some of the key informants. However, night school has been successfully utilised for some, and what facilitates access is in fact a choice such as Lina and Erica were given.

Delaying early marriage

What appears to constrain Casilda, Lusia, Mary, Maria and Cecilia from going back to school is a lack of support, both financially and socially from others to facilitate this. Practically, three also live in a rural area where it is more difficult to study at night.

What these five young women have in common is that they all moved to live with the 'dono' on becoming pregnant. Casilda, Lusia and Mary remain married, living with their husbands and are located primarily in the domestic sphere as wives and mothers. Maria and Cecilia have returned home to live with their parents. Cecilia has not continued in school because her husband had a serious accident and she spends a lot of time at the hospital. Early marriage, as highlighted by the literature earlier, is therefore a significant factor in blocking educational access for young women (CEDAW 2005).

Marriage is seen as the most socially and culturally appropriate outcome for unintended pregnancy as described in chapter four. However, it appears that young women who do not marry, may have fewer constraints to continue with education. Not only do they have fewer constraints, but may also have more access to childcare and material provision from their family. Nhelete believes that it is more socially acceptable to go to school when living with your own family, and Cecilia would counsel any young women to continue studying because from her perspective it is possible to leave the child with the family. This is possible, however, only if young women remain at home rather than moving to live and marry the 'dono'.

The young women in this sample were generally quite successful at implementing strategies for achieving educational access. However, it is recognised that many young women in Mozambique are not successful (UNDP 2007a). There is some evidence from these data to suggest that young women who have had an unintended pregnancy may have more opportunities to continue with education because of the disruption to the 'normal' life course. Unintended pregnancy either forces an unpredicted, unplanned and early marriage, or leaves young women in families for longer, postponing the 'normal' processes of a marriage. If the unintended pregnancy does not result in marriage, as would be culturally desirable, then families could pursue continued schooling as an alternative hope for the future. This is more likely to be the case if collective and political structures are put into place to encourage this, as young women remain dependent on the decisions others make for their lives and the resources they represent or facilitate.

Table two - Summary of coping strategies

Problem	Coping strategy	Type of strategy	Location of resources accessed
Breaking the bad news	Basing actions on social knowledge	Cognitive	Personal
	Actively stalling disclosure to seek informal advice and support	Problem-solving and relational	Personal and social
	Using female relatives as advocates	Problem-solving and relational	Personal and social
	Building a good relationship with her mother or female equivalent	Relational	Social
	Active discussion with 'dono'	Relational	Social
Conflictual relationships	Emotional regulation that attributes alternative meanings	Emotion-based and cognitive	Personal
	Engaging in active discussion	Relational	Social
Problem	**Coping strategy**	**Type of strategy**	**Location of resources accessed**
Conflictual relationships	Seeking alternative arrangements for ownership	Problem-solving and relational	Personal and social
	Responding with hostility	Problem-solving and relational	Personal and social
	The value of the child in negotiations	Cognitive and relational	Personal and social
	Actively passive strategies	Emotion-based and cognitive	Personal
Lack of material provision	Seeking adequate material provision and financial security from those who take responsibility	Relational	Social
	Seek further financial support outside of the primary source	Relational	Social
	Engaging in informal production	Problem-solving and relational	Personal and social
	Systems of reciprocity	Relational	Social
	Engaging in other relationships to guarantee material provision	Problem-solving and relational	Personal and social
	Education as long-term strategy	Problem-solving and cognitive	Personal, social and organisational

Problem	Coping strategy	Type of strategy	Location of resources accessed
Achieving good health	Accessing formal health facilities and seeking advice from professionals	Problem-solving and relational	Personal, social and organisational
	Seeking care and advice from experienced female relatives	Problem-solving and relational	Personal and social
	Traditional medicines	Problem-solving and relational	Personal and social
	Care from those who take responsibility	Problem-solving and relational	Personal and social
	Choosing not to have an abortion because of health risks	Problem-solving and cognitive	Personal
	Future use of prevention method	Problem-solving and cognitive	Personal, social and organisational
Educational access	Drawing on a positive discourse of education in the family and community	Cognitive and relational	Personal and social
	Negotiating childcare arrangements with families	Problem-solving and relational	Personal and social
	Drawing on encouragement from teachers	Problem-solving and relational	Personal and social
	Dropping out of school for a year or two and returning later or repeating years	Problem-solving and relational	Personal, social and organisational
	Move to night school	Problem-solving and relational	Personal, social and organisational
	Negotiating flexibility	Problem-solving and relational	Personal, social and organisational
	Delaying early marriage	Emotional, cognitive and relational	Personal and social

In conclusion: The importance of relational strategies and social resources

As this chapter has shown, there are many different types of strategies young women use when responding to social problems, reflecting the multifaceted nature of people. Problem-focused, emotion-focused, cognitive, relational and spiritual/cultural

strategies were draw from a range of resources located in personal, social or organisational spheres. Personal resources are those located primarily within the individual, their cognitive processes, choices, decisions, will power, emotional regulation, beliefs and values. Social resources are those located in relationships, in the family sphere and through negotiations with others. Organisational resources are those located in the community, political and structural sphere such as national health provision, national educational provision, programmes run by NGOs and formal community structures. Framing the use of social and organisational resources in terms of coping strategies recognises the responsibility individuals have when engaging with these resources, acknowledging that many strategies require interaction with others both in and outside their families.

Problem-focused strategies involve efforts to do something active to alleviate the problem, and this type of strategy is frequently used by young women in response to social problems. Although problem-focused strategies draw from personal, social and organisational resources, they usually need at least some social or organisational element. Because of the relational and social nature of many problems associated with unintended pregnancy, any active problem-focused strategy will involve some form of interaction with others. The personal resources of young women were more significant in the implementation of problem-focused strategies in response to the more relational-based problems, such as breaking the bad news and conflictual relationships. Problem-focused strategies in response to socially-based problems draw on social and organisational resources for more effective outcomes. Problem-focused strategies were found frequently in response to all problems giving evidence to active agency whether the problem is relational or socially-based. However, the agency displayed through active problem-solving activities draws heavily from social as well as personal resources.

Emotion-focused strategies which involve efforts to regulate the emotional consequences of problems, were used less than the closely related cognitive strategies. Young women spoke openly about feeling emotionally anxious, low and upset, but over time worked through these emotions, diminishing them, often with support from others in their family and community. They also spoke about actively

accepting some problems, thereby regulating and reducing emotional consequences. However, the strategies young women most frequently used when drawing from personal resources entailed a cognitive element. These cognitive strategies draw upon what they know about society, values, beliefs and discourses, a sense of responsibility to themselves, their family, their child and the will to achieve a particular outcome. At least one cognitive strategy was used in response to all the problems, but more frequently in response to relational-based problems. None of the cognitive or emotion-focused strategies drew on organisational resources, although discourses around the value of education may have been facilitated by structural processes before being integrated as a personal resource.

There was also some reference made to implementing spiritual and cultural types of strategies by using traditional medicine, being part of a religious organisation and using the cultural processes associated with unintended pregnancy. Research carried out by the Ministry of Health and the Social Communication Institute in Mozambique found that traditional doctors, traditional practices and religion had a greater influence on the attitudes of young people than formal health and education structures (CEDAW 2005). While data here give a limited impression of the use of spiritual-based strategies, possibly due to the nature of the problems examined or the methods used, it highlights the holistic nature of coping strategies and an area for further research.

The most frequently used strategy across all problems was relational in nature and involved access to social resources through relationships and negotiation. Relational strategies refer to the use of informal social interaction between young women and families, as well as between young women and communities, organisations and macro processes. Relational strategies and social resources were least used when coping with conflictual relationships, but most used when breaking the bad news. Interestingly, both of these problems are predominantly relational-based. Roughly half the strategies used for educational access, good health and material provision were relational in nature, illuminating the significance of relationships, social interaction and negotiation to promote social well-being.

Conflictual relationships were highlighted earlier in the chapter as a significant social problem, because of the impact these relationships have on accessing social and organisational resources to cope with other problems; the 'dono', her parents and his parents often acting as gatekeepers of resources. The management of key relationships and the reduction of conflict is therefore critical, tending to rely on women's personal resources. Interestingly it is in response to conflictual relationships that young women most often use actively passive strategies. Once young women have reduced conflict in relationships, they are more able to use these relationships to access social and organisational resources for other problems.

The accounts of coping strategies above show that in response to any one type of problem, multiple strategies using multiple types of resources may be used. This is most obviously seen in response to poor material provision. The multi-use of several problem-focused strategies from different spheres of resources is essential to ensure adequate provision for themselves and their child. The use of multiple strategies to achieve a particular outcome was more frequent in response to social rather than relational-based problems, with a lack of organisational resources available for relational-based problems and social resources for conflictual relationships.

Some types of strategies appear to be more effective in achieving desired outcomes depending on the nature of the problem. As has already been identified, cognitive and emotional strategies seem more effective in response to relational-based problems, while relational strategies and organisational resources seem to be more effective in response to socially-based problems. The availability of resources also affects the types of strategies used. For example, there are few organisational resources available to assist when breaking the bad news or reduce conflictual relationships. How these types of resources could work or how effective they would be is not known because of their lack of availability. The sphere in which the problem is based influences the nature of the strategies and resources available. The timing of strategies was also key when breaking the bad news where more active strategies were often implemented earlier on, being replaced by passive strategies as the process formalises.

Young women (individual interviews and focus groups) and key informants were drawn from two different samples to include known diversity. The coverage of social development intervention, existing infrastructure and the local social, economic and political processes are different in rural and urban samples thereby impacting the nature of resources available for coping strategically. It is known that health and education services are less developed in the rural and northern areas of the country, which was seen in the strategies used. Young women from rural sample were less likely to receive support and advice from health professionals, and relationships were also more conflictual. Night school is less available because of poor electricity supply. Young women from the rural sample were also more likely to drop out of school during pregnancy and return after the child is born. In the end, there was no clear difference in the numbers of young women who were in school, based on a rural/northern or urban/southern difference. Health outcomes were also similar. Differences in economic conditions are seen with more urban families in some form of formal employment, able to provide financially for their daughter and grandchild. Young women in the rural sample, for example, were more likely to engage in agriculture and were more reliant on contributions from the 'donos' family, even if the 'dono' had not formally accepted responsibility. However, although families in the rural area are less able to support young women financially, and less vocal in support for school they were more likely to provide childcare. Some differences in use of relationships were found because there were more orphans in the rural sample, two living alone because of this. The use of wider relationships with aunts, cousins, grandparents and even female neighbours was also a little more common. However, there were more similarities than differences in the nature of social interaction and relational strategies used across the two samples. Both are under the process of ownership, being sent to the 'donos' house against their wishes at times. Young women from both a rural and urban area received support from female relatives as advocates, as caregivers and counsellors. They both responded with hostility in different ways, as well as engaging in actively passive strategies.

Young women develop strategies to cope with, master or reduce problems because of several personal attributes including: the determination to 'cope' and to take 'problem-solving' type action, drawing on social discourses, the value of the born child

or value of education, the ability to reframe the pregnancy after birth, negotiation skills and an understanding of timing. Social awareness and being able to predict responses, the meanings attributed to the unintended pregnancy and acceptance over time, are other significant explanations for why young women cope. However, personal attributes such as a determination to cope and negotiation skills, for example, are played out in relationship with others, usually with family members, friends, the 'dono' and his family. Seeking information, advice and reciprocity, as well as advocates, from family and friends was frequently observed, often enabling negotiation to occur. Using family as a resource for childcare, material provision, health care, emotional support and to manage conflictual relationships with the 'dono' and his family were also central. Organisational resources through relationships with 'outside others' are less frequently accessed, although were more prevalent in strategies developed to facilitate educational access.

This categorisation of different resources is not bounded, and resources may be located in more than one sphere at different times. The discourses, values and beliefs that young women and families draw upon, for example, are influenced by their interaction with institutions, organisations and social processes. However, categorisation helps to distinguish the processes roughly associated when accessing resources from different spheres.

Accounts from young women suggest that access to organisational resources is precipitated by personal and social resources. The most obvious examples are found when accessing formal health and educational resources. Accessing these first draw on personal resources, such as valuing formal health care and education, and social resources by negotiating with family members for material provision or permission to access services. Therefore, any capacity building in organisational resources must consider the capacity young women have at a personal and social level. Social resources were most frequently drawn on to facilitate coping strategies, constraining or facilitating the availability of personal and organisation resources when responding to problems.

When considering outcomes, young women appeared to ‘get on’ rather than just survive or ‘get by’ when accessing all three types of resources. The combination of personal, social and organisational resources being a significant factor for achieving the ‘best’ outcomes in terms of social development and social well-being. While outcomes amounting to survival, coping or thriving are value-laden and differ with alternative perspectives, health, education, material provision and relationships are all key factors. The interplay between individuals, households, families, communities and social processes in relation to these outcomes are such that the choice of strategies and types of resources obtainable make the difference between surviving a problem, coping with it or overcoming it. While the young women interviewed in this research are all at least coping, some even thriving, they offer an excellent platform from which to understand the interplay of different strategies and resources needed for the achievement of social well-being.

CHAPTER NINE

Illuminating coping strategies for social well-being and social development intervention

This thesis is essentially concerned with the way young women in Mozambique achieve social well-being during the life event of unintended pregnancy. As the worlds 5th least developed country, Mozambique continues to lack sufficient economic resources, has poor infrastructure, limited universal social welfare services and low levels of human capital, making social as well as economic development a national priority (World Bank 2007; UNDP 2008a). Unintended pregnancy places significant strain on informal and formal relationships, educational access, economic stability and the maintenance of good health. It also has significant implications for young women's roles, responsibilities and status within families and communities. Unintended or early pregnancy in young women has developed as a key social development concern in recent years (Hainsworth 2002; Mahy and Gupta 2002; Westoff 2003; UNFPA 2007), but it appears that policy strategists in Mozambique struggle to develop effective intervention in response. The narratives shared by young women, and the analysis developed through chapters four to seven builds a complex picture for intervention, as family relationships remain a major factor in social and economic well-being. Midgely (1995) argues for an institutional perspective where governments play a leading role in bringing together multiple social development activities. However, limited institutional strategy has been observed for unintended pregnancy and limited direct impact on social well-being. In fact the management of social well-being for young women is predominantly left to families. The socially and culturally constructed nature and predominant location within families mean that macro strategies and community level intervention has limited effectiveness for unintended pregnancy. Given the context of limited intervention, strengthening relational strategies (as observed in chapter eight) is necessary for young women to

access social and organisational resources which promote coping and social well-being.

Social development as a macro developmental perspective of social welfare (Patel 2005) has grown by responding to the social, economic, political and cultural processes that impede the social well-being of individuals, families, groups, communities and even whole nations. Social development is concerned with the well-being of whole populations, but does not appear to have, directly at least, reached the young women interviewed in this research. While significantly shaping their access to education, national policy has limited direct purposeful engagement with young mothers. Day-to-day, young women either cope or not, based on social interaction with families rather than the impact of macro social development. This suggests that some groups are excluded from universal macro strategies, which fail to provide a framework for those working at the grassroots with different kinds of social problems embedded in relationships. While families have historically provided for the well-being of their members, limited attention has been paid to intra-household needs and relationships by social development policies (Wolf 1997; Chant 2007). Households being subject to relational power that can exclude, oppress and discriminate, as well as support, encourage and empower. By exploring the coping strategies young women use to promote social well-being, a concern with social, cultural, economic and political processes are prioritised alongside social interaction, relationships and gendered power relations. Formal networks and processes are considered in conjunction with informal relationships, networks and processes, relating the individual to different levels of collective.

This thesis not only draws attention to some important considerations for young women in Mozambique, but it has also enabled wider commentary on the concept of coping strategies and a critical evaluation of social development intervention with young women. Crucially coping strategies can be usefully applied to inform social development strategies in ways that address both individual and collective well-being. This final chapter will now expand on the implications for these three areas before indicating the wider relevance of this work.

Implications for young women with an unintended pregnancy in Mozambique

Orientation on process and outcomes when considering the juxtaposition of 'copers' and 'non-copers'

Social development policies and strategies promote 'coping' by enabling individuals, communities and societies to 'manage' social problems, meet basic needs and create opportunities for social advancements (Midgley 1995). Put simply, social development aims to help people, families and groups survive, cope and thrive through the application of various macro and universal policies and programmes at different levels. Coping is estimated by the percentage of people who achieve particular levels of social well-being, those who 'cope' with social problems being distinguished from those who 'fail to cope'. This research argues that to make a distinction between 'copers' and 'non-copers' is limited and less helpful when conceptualising Mozambican young women during unintended pregnancy.

The state of 'coping' in Mozambique is scrutinised daily by national and international parties through survey data, statistics and indicators that monitor, evaluate and predict various outcomes or outputs of behaviours in response to social problems (WHO 2006a; UNDP 2007a; World Bank 2008a). Crudely in terms of unintended pregnancy, young women are believed to have 'coped' if they are alive, remain in some form of relationship with their family, are still in school, do not have a long-term health problem and are not destitute. Young women have 'not coped' if their pregnancy results in mortality or brings about suicide, abandonment of their child, unsafe abortion, prostitution, destitution, homelessness and rejection by families or the 'dono'. Although statistics and trends are calculated at the national level without any reference to specific individuals, the constructions of 'copers' and 'non copers' they influence affects the way people think and respond at a micro level.

While the basis for coping being accredited generally depends on outcomes, it is also the perceived value of outcomes that determines whether a person has 'failed to

cope', merely 'survived', 'coped' or is even 'thriving'. The categories of 'copers' and 'non-copers' are therefore value laden. Young women who are still in school following an unintended pregnancy are esteemed by key informants, who consider them to have done well. Young women who are married, living with their husband, have dropped out of school and carry a lot of domestic responsibilities are conversely described as merely surviving. Young women who are managing competing demands such as childcare responsibilities, material provision, relationships as well as education are coping, but not thriving. While key informants place value on returning to school, many families place more value on marriage. Therefore, marriage as an outcome is seen as survival by some and as thriving by others. The meaning attributed to a life event, as highlighted by chapter four, underpins the value given to different outcomes. Indicators and evaluations of social well-being therefore carry assumptions about what it means to cope or not, as do people implementing different programmes.

While important in guiding policy and intervention, a focus merely on 'copers' or 'non-copers' based on outcomes, conceals the fluidity of processes that lead to coping or not. Attributing the label of coping becomes the focus, rather than considering and then valuing the complex process of coping (Chant 2008). Placing the label of 'coping' or 'not coping' based on a specific outcome at a specific time assumes an 'end' is reached with no further opportunities for alternative outcomes. The fluidity and changeability of daily lives is reduced and frozen, while the hard work put into coping is ignored. The concept of 'coping strategies' has therefore been used to open up some of this complexity by engaging with the fluidity, strategy and process of coping.

Young women describe what is understood as 'coping' during some parts of their narrative, while certainly 'not coping' during other parts. As chapter eight has shown many young women dropped out of school during pregnancy (becoming 'non copers'), yet some of these same young women returned to school after their child was born (thereby coping). Young women may be considered 'non-copers' when describing domestic violence, but then go on to describe supportive relationships which assist coping once the child is born. Over the life course outcomes or outputs have the capacity to change, even if this occurs over a long period of time as Arthur and Mejia

(2007) found in the their study on domestic violence in Mozambique. Young woman may be ‘coping’ in one area of life, while ‘not coping’ in other areas as chapters five to eight have shown.

Coping and well-being might be better understood in terms of access to and availability of different resources, rather than static labels of ‘coping’ or ‘not coping’, which can pathologise individuals as lacking, focusing on individual characteristics (Kabeer 1999; Chant 2008). In general poor outcomes and limited resources have led to pregnant young women being perceived negatively as ‘non-copers’, while they often described themselves positively as ‘copers’. The difference between ‘coping’ or ‘not coping’ (or between coping, surviving and thriving) may be down to a single resource accessed or relationship used, as seen by the role of advocates in chapter five. The absence or availability of resources thereby manipulating the final label of coping given. While often acknowledged nationally, at the grassroots it is young women who are labelled ‘copers’ or ‘non-copers’ having to take full responsibility for outcomes, while resource limitations remain hidden.

This research argues that ‘to cope’, ‘coping’ and ‘a coper’ all refer to a fluid process rather than outcomes. Attributing labels of ‘coper’ or ‘non-coper’ distracts from coping as a process, concealing the underlying values associated with such labels. Young women flow in and out of ‘not coping’, ‘surviving’, ‘coping’ and ‘thriving’ through their narratives in relation to different social problems. Young women do not stay forever ‘copers’ or ‘non-copers’, nor should their value as people be based on this. Unintended pregnancy is often seen as a consequence of powerlessness and failure to cope, agency and strategic ability is thereby doubted, as evidenced by some attitudes expressed in chapter four. However, while acknowledging their difficulty, young women strongly argue that they should not be ‘written off’ nor forever conceptualised as ‘non-copers’ or worse, ‘unable to cope’.

Significance of social interaction

This research not only contributes to the exploration of 'coping' and social well-being, but by partnering it with the term 'strategy' it also illuminates social interaction (Goffman 1970); which is critical to these processes. Due to the orientation on 'strategy' as well as 'coping', a large proportion of data used in chapters four to eight describes the formal and informal social interaction engaged in by young women in response to social problems. Nearly all strategies identified were developed in the context of informal and formal relationships, being constrained or facilitated by relationships, using relationships and functioning in relationships. Social interaction is illuminated because of the role it plays in accessing resources, implementing strategies, assessing and determining risk, engaging in negotiation and managing vulnerability to promote social well-being. While young women paid little attention to the impact and nature of formal relationships outside the family, they were consumed with the importance of informal relationships. Six aspects of informal social interaction are highlighted as critical to the coping strategies identified in Mozambique.

1. Increasing social awareness through and for 'safer' social interaction

Not knowing what to do or how people are going to react to the pregnancy cause young women a lot of distress. Engaging with friends rather than family members was used to gain advice, increase social awareness and predict likely responses from key parties in chapter eight. Social knowledge was gained through 'safer' social interaction to manage conflictual relationships and complex interaction for future strategies that would most effectively achieve desired goals.

2. Displaying and using 'agency'

Although located in individuals, 'agency' functions in the context of relationships, uses relationships and is constrained or facilitated by relationships. This is clearly observed in chapter five where both the support and constraints to negotiation originate from the nature of relationships. Social interaction requires an amount of 'agency' to function effectively, however social interaction is also often the vehicle used to express and develop 'agency'.

3. Managing tensions

Tension is created by both the constraining and facilitative capacity of relationships, which young women constantly manage through social interaction. This was clearly observed in chapter six when the meaning of unintended pregnancy shifts to rationalise the change in relationships that follow birth. Actively passive strategies are another example when responding to both the conflict and support originating from the same relationship.

4. Negotiation

Negotiation and the use of decision-making processes as a product of social interaction are clearly observed through chapter five and are frequently integral to the coping strategies in chapter eight. The negotiation illuminated in chapter five is certainly informal and both implicit and explicit in nature. Young women not only negotiate by verbal dialogue, but also by action. To negotiate effectively young women need to know who to negotiate with, as well as what and when to negotiate. Timing appears to be central, knowing what is negotiable when. Status and roles also change the nature of negotiation, young women negotiating as mothers after the child is born. Studies of informal negotiation within African families, acknowledging that negotiation is more than structured verbal debates, are crucial to understanding interaction within relationships.

5. Advocacy

Informal advocacy in families is clearly observed in chapter five when negotiation is advocated and supported by others, indicating that informal advocacy is part of family processes, women often advocating for other women. However, more work needs to be done on the 'strings' that may be attached when one advocates for another. Despite key informants remaining wary of 'intervening' in family affairs, this research has shown that families are familiar with informal processes of advocacy. The nature of social interaction in advocacy can therefore be used to understand different responses made at the familial as well as its more familiar use at a political level.

6. Power relations and gate-keeping

Power relations as central to the nature of social interaction are evident through chapters five to eight. Family members and the 'dono' are socially legitimised to make decisions for young women and their children. However, as a mother and under someone's responsibility, young women also have different kinds of socially legitimated power. Families play a central role in gate-keeping resources or advocacy, revealing different types of situated power that may be used both to 'empower' and 'oppress' others, often mediated by negotiation and interactional exchanges. Social interaction is central for understanding the fluidity and expression of power in day-to-day informal and formal relationships.

In the context of a culture that primarily functions through kinship networks, interdependence and reciprocity (Graham 1999; 2002), 'coping' with, 'managing' and even 'surviving' through social interaction is significant. We know women are often situated in relationships and social processes that curtail autonomy, such as the process of 'ownership', emphasising power held by families. Feminist literature in particular has been crucial in documenting and illuminating the nature of social interaction that hinders and constrains. Yet the negotiations identified in chapter five for example, are less often systematically evaluated for women in developing countries. Relationships can be both the 'problem' needing to be coped with, as well as the medium by which strategies are negotiated. Social interaction has both constraining and assistive potential drawing attention to the precarious nature of coping.

Young women who were able to access resources through relationships, informal negotiation and advocacy appear to have coped better with structural problems such as educational access and limited material provision. Young women who access support and resources through families are more equipped in relation to all types of problems. Orphans and those rejected from their families generally cope less well with these problems. However, those who are situated in fewer and less influential relationships are less likely to be constrained or oppressed by those relationships. Young women who 'cope alone', engaging in less social interaction are differently

vulnerable to those who cope in the context of multiple relationships. The focus on relationships and interaction highlights the vulnerability of young women to conflictual relationships that may impede the use of alternatives strategies and access to wider resources when responding to all types of 'problems'.

Conceptualising 'strategy' through social interaction is one way of systematically exploring the nature of relationships, identifying negotiation, power and agency. Problem-solving strategies and access to various types of social and organisational resources are usually associated with the best ways of managing social problems. However, the relational element and criticality of social interaction should not be ignored. Mantell et al (2006), for example, argue that they had to teach young people skills in negotiation, self-efficacy and empowerment as part of an intervention to delay sexual relationships. Sindings (2005) also advocates for training young women in negotiation skills as part of pregnancy prevention programmes. Therefore, the nature of dynamic power relations, gate-keeping functions, negotiation and advocacy can be considered as central to any further studies on coping strategies for young women.

Inclusive methodology

This methodology was explicitly designed around the desire to identify coping strategies, the process by which the significant contributions and insights described though this chapter have been facilitated. The centralisation of context and diversity, interaction with participants, representation of voice, and use of different types of data have all been crucial in conceptualising and identifying coping strategies through the narrative given. The contextual base of unintended pregnancy, for example, has been critical in understanding the meanings associated with social problems, the interaction between social problems and strategy, and the nature of strategies and resources available. Needs, interests, roles, responsibilities, access to resources, social status and strategies being framed in the contexts of age, gender, ethnicity and class. Young women who are orphaned or living in religious families, for example, bring new significance to social problems because of the implications context has on coping.

Along with gender, a life course perspective has been methodologically and analytically crucial to understanding the use and availability of coping strategies in relation to young women and unintended pregnancy. As illustrated by chapter six, pregnancy is a critical event in a woman's lifecycle, whether intended or not, changing the nature of responsibilities, access to resources, legitimised power and future expectations about life and levels of well-being. The way young women think about education, employment, money, marriage, relationships and family is transformed by this life event. However, while 'mothers' and 'women', they are still young and inexperienced, socially accountable to their families and older female members particularly. Acknowledging the complex nature of this transition initiated by the pregnancy has been crucial for the systematic study and recognition of coping strategies.

The integrated use of three qualitative methods also contributes to an understanding of unintended pregnancy and the ways in which young women cope. Data from young women (individual interviews and focus groups) were used to understand the experience of unintended pregnancy while key informants were used to understand the role of social development, evaluate current intervention and propose future intervention. Most literature regarding unintended pregnancy in developing nations is based on quantitative research, investigating the prevalence of unintended pregnancy and the main factors likely to increase/reduce prevalence (Cately-Carlson 1997; Eggleston 1999; Le et al 2004; Ibisomi and Odimegwu 2007). The 'problems' associated with unintended pregnancy are also detailed, its relationship to unsafe abortion and a wide range of other consequences, predominantly on health (Bacci et al 1993; Gogna et al 2008) and education (Pinto e Silva 1998; Oye-Adeniran et al 2004). This type of research usually recommends higher levels of prevention methods and SRH education to reduce prevalence (Adetunji 2001; Johnson et al 2002; Olukoya 2004; Mantell et al 2006) rather than make recommendations for those who fail to prevent pregnancy. Very few studies actually engage in a qualitative understanding of the life event (see Bennett 2001; Ilika and Anthony 2004; Oye-Adeniran et al 2005), how young women feel and respond to it, what it means to families and communities and the way young women may be supported if pregnancy

occurs. Research is therefore focused on preventing this undesirable life event rather than coping with it.

One result of this is that young women who experience unintended pregnancy are rarely given the opportunity to 'voice' their experience. Other voices, embedded in different discourses, are more powerful in social development 'circles' as indicated in chapter four and by the research cited above. Gathering data from three different perspectives through individual interviews, a narrative approach and vignettes has enabled different discourses to be identified, which underlie different responses, behaviours and assumptions. Documenting a young woman's perception, meaning, understanding and experience has been essential for challenging dominant discourses and illuminating 'agency'. This supports other literature advocating for the 'voice' of women because of the counter-narratives they often present (Wolf 1997). However, this 'voice' has been integrated with other perspectives through focus groups and interviews with key informants. This research has examined dominant discourses, where discourses converge and deviate, alternative discourses and reasons for different types of behaviours. Without engaging with multiple approaches, some perspectives are prioritised and validated over others that may ultimately reinforce rather than challenge powerlessness. Knowledge is offered from different groups of young women, informing social development intervention and key informants who appear to know very little about how young women cope in practice.

While not wanting to homogenise groups according to data sources, data has shown both the convergences and points of contention in the way different groups understand and respond to unintended pregnancy. Some key informants were reluctant to engage in direct intervention with pregnant young women, for example, yet it seems most young women would welcome this. Focus group participants while individually advocating for education, acknowledged that socially and culturally the process of marriage is probably of more value. Many young women believed that, in the end, their lives are going along 'ok', but key informants could sometimes not describe how young women even survived. While opening up rich forms of data, the points of contention between the different perspectives challenge the writer and readers of this thesis to consider the position they might take in these debates as well.

Finally, the role of self, as lead researcher has been a significant contribution to methodological development. Considerations of power relationships between the researcher and the researched, and the process by which knowledge has been reconstructed, have been central to the engagement with coping strategies and different research participants (Taplin 2009). Listening and responding to sometimes contradictory statements made it difficult to maintain the balance of valuing and critically engaging with what was being said during the interviews. The decision to ask another probing question or promote free storytelling remained through every interview with young women. The use of a vignette on the other hand appeared to resonate with focus group participants creating what seemed to be shared learning and an enjoyable debate. Throughout, the context of cross-cultural qualitative research, the use of self, research assistants, language differences and global north/south power relations have given constant framing to this empirical process.

Research assistants in particular gave constant framing to this empirical process because of their crucial role in negotiating the cognitive, emotional and social complexities of language (Kornbeck 2001) and culture. As in social work practice (Pugh and Jones 1999; Kornbeck 2001), the research process and qualitative interviewing in particular is reliant on language for the communication and reconstruction of data that is foundational to knowledge. As the language used to communicate in Mozambique throughout the fieldwork was done in a primary language (Portuguese) different to that of the main researcher (English), research assistants played a key role in overcoming this important hurdle. However, while the complex and contested role of translation and translators in cross-cultural research has been recognised (Bulmer and Warwick 1993; Flay, Bull and Tamahori 1993), there is limited literature on the theoretical, methodological and pragmatic use of translators also as research assistants and cultural advisors. Maintaining cultural and linguistic equivalence tends to focus on the use of back-translation techniques to reduce translation errors (Mitchell 1993) rather than the subjective use of translators as cultural advisors. While the methodological and practical aspects of translation require significant consideration, the implications of hiring, training (identifying and building skills), working with (negotiating roles and responsibilities), supervising and budgeting for translators/research assistants are also time and thought consuming.

‘Giving’ training and supervision as well as appropriate financial recompense for their time and work was essential in getting the ‘most’ out of the research assistants for the benefit of both the participants and the research (Taplin 2009). Not only is the act of translation critical for the quality of data constructed, but translators as research assistants have wider impacts on the research process which also have critical implications. Qualitative interviews became not a two-way, but a three-way process with due consideration for the sensitive nature of both the topic and method needing to be recognised by both the researcher and the research assistant. The fieldwork experience was therefore not only that of a ‘lone’ cross-cultural researcher, but that of a small multi-cultural team working together to put theory and methodology into practice.

Implications for the concept of coping strategies

Transferable to social development by drawing on different conceptual frameworks

As highlighted by chapter two, both the concepts of coping and strategies are used across many different disciplines in the social sciences and beyond. Each discipline has a tendency to add their own disciplinary perspective to the concept with different emphasis, focusing on different levels. Social psychology, for example, tends to focus on individuals, while sociological studies have done more work on households, and social development literature explores strategies used by whole communities. Some disciplines have more to say about coping while some have more to say on strategies, although there is overlap and exchange (Laird 2008). The aim of chapter two was to deconstruct and critique the different understandings and uses of coping strategies, drawing positively from different conceptual frameworks, before bringing them together to systematically explore coping strategies with young women in Mozambique.

A consideration of individual psycho-social personal attributes and problem-solving activities with social, cultural, economic and political processes in response to social

problems have been brought together through this research. Laird (2008) also draws attention to the need for socio-economic and not psycho-social causes of social problems to be highlighted in the sub-Saharan region. While a strength-based and capacities approach needs to be developed in relation to African social work specifically, the character of these strengths and how they are integrated will differ fundamentally from practice in developed nations, emphasising the importance of context. When using the concept of coping strategies in Mozambique it has therefore been essential to emphasise the role of the 'informal', the socio-economic and political nature of social problems and strategies, interdependence between individuals and collectives, nature of resources and African conceptions of 'agency'.

Work on coping and household strategies in sub-Saharan Africa, including Mozambique, has historically been focused on economic or livelihood management, natural disasters, armed conflict and food scarcity. This research has shown how the concept of coping strategies can also be used to explore cultural and social processes, social problems, significant life events and the impact of social discourses. Drawing from other disciplines outside of social development, such as sociology, psychology and social work, extends the scope of coping research to wider social problems that have significant impact on social and economic well-being. Some similar examples are found in the literature, Reckson and Becker (2005), for example, explored the coping strategies of South African teachers working in gang-violent communities through a life story approach. Kombarakaran (2004) also takes a holistic approach to the coping strategies of street children in Bombay considering not only how they cope economically, but also how they access education, cope with conflictual relationships (with families and the police) and the impact of social perceptions. These studies explore responses to social problems that are not directly related to economic security, but are critical to securing social well-being and thereby both social and economic development. The process of coping is at times hindered by structural inequality, at other times by micro relationships or personal abilities, these often intersecting with each other. The nature of relationships, power in relationships, negotiation and relational strategies are therefore considered alongside wider social, economic, cultural and political processes and macro structures. The structural, social and personal aspects of the coping process are embraced.

While the use of intra-household relationships and reciprocity is frequently at the centre of African coping strategies, there is less work on the relational strategies (such as negotiation and advocacy) used to access social networks and achieve reciprocity. Although Graham (2002) argues for the value of interpersonal relationships in African-centred worldviews. By bringing together different perspectives on the use and function of coping strategies the significance of relational strategies in managing relationships and accessing resources has been drawn out. The relationship between individuals and those outside the household, the gate-keeping role of families and the coping strategies used to manage social problems other than those directly related to economics is given space in this research. This thesis therefore provides further evidence in support of work arguing for relational aspects to centre in considerations of social and economic well-being (Bryceson 2002; Sweetman 2005; Chant 2008), integrating a relational perspective into macro social development.

Illuminated features of coping strategies

The concept of coping strategies is only one of many concerned with the achievement of social well-being, and can be usefully applied alongside other theoretical and conceptual frameworks in social development (Moser 1998; Sen 1999; Saleebey 2006). However, because the concept of coping strategies is used within a wide range of disciplines and frameworks it is important that underlying assumptions are made explicit when used. However, as highlighted by chapter two, the concept is often used without any explicit theoretical reference point. Therefore, through this research, six features are identified as central to its specific use in social development especially when incorporated into other frameworks. The first of these is a concern with both the outcome and process of coping. While outcomes are important and generally the ultimate goal, the process by which coping occurs is often more meaningful when considering the attainment of holistic social well-being. The concept is not only concerned with achieving social well-being, but also with how social

problems are managed, the effort and energy expended, the strategies people engage in and the process by which outcomes are achieved.

Secondly, the language of 'strategies' enables the conceptual process of coping to be systematically and pragmatically identified as different from 'normal' patterns of daily behaviour. Being able to operationalise the concept by identifying specific strategies in response to a specific social problem is intrinsic to the concept itself. While such analysis is complex, coping strategies is an 'on the ground' concept with 'applied' aspirations, seeking to use contextual knowledge for contextual intervention. Identifying cause and effect relationships in contexts of multiple and interrelated social problems, relationships and resources is incredibly complex requiring a detailed contextual analysis. The concept therefore needs to be contextualised in pragmatic frameworks that open up complexity rather than reduce it with cost/benefit types of analyses only seeking to link cause and effect (Wolf 1997).

Thirdly, the concept of coping strategies can be used to explore the relationship between agency and structure through the illumination of social interaction. Young women have been conceptualised as active agents who face various problems throughout the life course. While 'active agents', they are situated within structures and relationships with others who have the potential to both facilitate and constrain autonomy and coping. The concept of coping strategies is one tool that can be used to explore the impact of structures and the 'active' response made by individuals resulting in different and unexpected outcomes. Social interaction therefore becomes central in understanding the relationship between agency and structure as argued earlier. This research gives supporting evidence to feminist claims of control over women's bodies especially during pregnancy (WLSA 2007), however, also seeks to understand how women respond to this control and what less obvious forms of resistance and agency may look like. Even perceived passivity may actually be a symptom of strategy and autonomy, giving evidence to the arguments of 'agency' in response to constraining structures (Wolf 1997).

Fourthly, this concept identifies not just the assistive potential of social interaction, resources and macro processes, but also their constraining capabilities. In fact the

process by which coping strategies are identified involves an examination of the factors that constrain as well as facilitate ‘coping’, revealing the precarious and fluid boundary between ‘non-copers’ and ‘copers’.

The fifth feature of coping strategies, is its use in understanding behaviour in times of uncertainly or behaviour that may appear to be irrational. This can be best observed in the actively passive coping strategies identified, often in response to conflictual relationships. This research has shown that management of relationships is central to most coping strategies and is generally uncertain. Some young women chose passively to accept the decisions, behaviours and responses made by others, ensuring they could continue to use these relationships for other coping strategies in the future. From some perspectives, these actively passive responses may not constitute coping or even strategy as they reinforce oppressive relationships (Hoodfar 1997). However, when relationships with others are central to all other decisions, meeting of needs, personal values, cultural values and goals, it is essentially strategic to reduce conflict and remain engaged in relationships (Kabeer 1999). Narratives explored in chapter five, such as Nhelete’s, have shown that women are passively accepting on some occasions and actively engage in conflict and negotiation at other times. Long-term outcomes, needs and interests are prioritised over the short-term distress that may be caused by complying with wishes of others. While reinforcing power relationships from some perspectives, this strategy may make the difference between ‘failing to cope’, ‘survival’ and ‘coping’ when considering long-term rather than short-term outcomes.

Finally, the concept of coping strategies can be used to explore a wide range of social problems and life events from unemployment, unstable economic provision and educational access to domestic violence, building new relationships and coping with the process of ‘ownership’. Strategies may be spiritual, emotional and cognitive in nature as well as the more familiar problem-solving and use of social resources such as kinship networks. A wide range of motivations, values and beliefs need to be considered when identifying strategies or when seeking to understand behaviour that may appear to be irrational or un-strategic.

Combining 'coping' with 'strategies'

Much of the additional value of coping strategies is gained by bringing together both the concepts of 'coping' and 'strategies'. As discussed earlier, very often the emphasis is on the goal and outcome of coping. However, when used to understand everyday behaviours amongst the economic poor in Latin America (Hart 1973; Roberts 1978; 1989), 'strategy' was critical. Combining coping with strategies not only draws attention to both outcome and process, but also values the process even when the outcome is not desirable. Coping strategies do not always result in coping, which obscures strategy and process of coping attempted. The strategies, actions and active responses made are often valuable to individuals even if outcomes are not perceived as valuable or effective. While desired outcomes may not be achieved as planned or valued as coping, action can still be considered as strategic. Strategy developed with the specific aim to 'survive', 'cope' and 'even do' well facilitates a systematic and analytical exploration of behaviours and processes during crisis. By connecting strategies with coping, the potential for change, the impact of agency, the availability of resources and the potency of social interaction is established.

Implications for social development programmes

Applying knowledge of coping strategies

Central to this research's underlying conceptual framework is a commitment to use knowledge of coping strategies to strengthen social development intervention. Drawing from perspectives that value indigenous and grassroots knowledge (Beck and Nesmith 2001), one aim has been to make recommendations for intervention based on knowledge of strategies already used (Davis 1996; Kombarakaran 2004; Gogna et al 2008). This research indicates that young women cope everyday with social problems that significantly reduce well-being, predominantly by drawing on informal networks rather than formal development provision. However, there are some social problems and resources that remain outside their access, control,

influence and negotiation. School places need to be available for young women to access education, nurses trained in counselling to offer this service and people must be skilled or willing for negotiation to occur. Personal and familial resources and strategies are only so effective in response to some social problems. Therefore, some recommendations for social development strategies, policies and programmes based on the coping strategies identified can be found in appendix H.

These recommendations have predominantly been developed to strengthen the frequent relational and problem-solving strategies used. As established in chapter eight, out of the thirty strategies identified, twenty four (80%) have relational elements, eighteen (60%) involve problem-solving, nine (30%) involve a distinct level of cognitive regulation and three (10%) involve emotional regulation (although this was probably underestimated due to the methodology). 87% of these strategies use social resources, while 13% use only personal resources, almost all in response to relational-based problems. When organisational resources are drawn upon, they are always mediated by families as gatekeepers. Relational strategies were therefore key in accessing such resources, often partnered with problem-solving strategies reflecting their relational nature. Social interaction therefore has important assistive aspects that support young women and could be harnessed by social development strategies.

One limitation of macro focused social development highlighted by this research is that although key micro and relational factors are overlooked, they appear crucial to macro processes and the effectiveness of inclusive interventions. Poor infra-structure, limited school places, lack of trained teachers and inadequate material resources are cited as significant constraints to educational access. Yet even with places available at school, cultural attitudes to girls, families as gatekeepers to educational access, the impact of early marriage and concern of sexual abuse from teachers remain as critical constraints (CEDAW 2005). The nature of social interaction and individual agency are also strong indicators of educational access, and can be engaged with by strengthening relational strategies. Relational factors are crucial to well-being in relation to a whole host of other welfare matters such as maintaining good health, avoiding abusive relationships and even achieving stable economic provision.

Evaluatory literature of health and education based intervention often identify such relational factors (CEF 2005; SARDC et al 2006; Gogna et al 2008), but policymakers struggle to respond to these with macro strategies for their promotion. Feminist work over the years in particular, has drawn attention to the nature of power relationships and impact on well-being. However, these concerns are crucial to all areas of social well-being (Cately-Carlson 1997; Mantell et al 2006), needing to be more widely understood, not only remaining within feminist studies if relational strategies are to be strengthened. The challenge for a macro perspective is therefore to develop strategies that take into account, use and strengthen these critical relational strategies.

The concept of coping strategies is also a tool that can be utilised by organisations, policymakers and practitioners to understand social interaction and relational strategies, as well as the structural constraints that pervade many social problems (see appendix I). It helps to identify gaps in coping, where strategies are not effective and what intervention may be appropriate to strengthen strategies. Coping strategies as an explicit analytical and evaluatory tool is currently under used in social development strategising, although may be informally used by social development practitioners at the grassroots level. A framework can be developed around coping strategies that explores the subjective and multi-dimensions of social problems such as poverty, poor health or poor educational access, highlighting the crucial role of social interaction and power relationships. Of course, the use of coping strategies in social development is more complex than just identifying strategies and then implementing policies and programmes to strengthen these strategies. As raised earlier, some strategies and outcomes are validated over others, meaning that assumptions underlying this valuation need to be made explicit. A wide range of perspectives need to be included and representations challenged when strategies are thought to be high risk, less effective or less desirable. However, with an awareness of the limitations (also discussed in chapter two), the concept of coping strategies can be adapted, ensuring that intervention is based in the context of people's day-to-day lives.

Social development strategies to address both individual and collective well-being

Social development is about promoting a culture whereby individuals, families, groups and communities 'thrive', socially as well as economically, involving tangible programmes, policies and strategies to achieve specific goals. Social development focuses on the community or society, and on wider social processes rather than dealing with individuals either by providing them with goods or services, or by treating or rehabilitating them (Midgley 1995). From a social development perspective individuals can meet their own social needs if, for example, through social processes jobs are created. However, this research indicates that creating 'empowering' social processes which will eventually equip individuals may be counterproductive without challenging patterns of social interaction and strengthening relational strategies.

With a macro focus on increasing the well-being of all, policies can miss groups who are perceived as vulnerable or those hidden in collectives; like households, and generic social problems overshadow smaller ones that may only affect parts of the population. The reasons for exclusion rather than inclusion in social development therefore appear to be many. Groups that are considered deviant, undeserving, incapable, passive, powerless and hopeless by dominant social discourses may be marginalised as unable to participate fully in development. As may those for whom the dual aspiration of economic and social development does not explicitly relate. With the focus of social development being to harmonise social interventions with economic development efforts, relational strategies may be considered if an explicit link to their impact on economic development is made. However, social perspectives may not always be complementary with neo-liberal ideology underlying many economic approaches (Sweetman 2005), which tend to be macro in nature. The nature of social interaction and relational strategies in regard to the informal economic sector is therefore more likely to gain the attention and support of social development strategies, than that of unintended pregnancy.

Through the narratives given, young women describe disconnection to formal programmes, policies and social development intervention. Even key informants who believe in and work in interventional activities still ask fundamental questions about

whether their work is appropriate. There is authority within families that cannot or should not be questioned, putting boundaries on interventions made. Should social development intervention 'interfere' in families or with individuals as key informants tended to conceptualise such work being in chapter seven? This research has shown that coping strategies function most effectively when a young woman has access to personal, social and organisational resources. However, doing so involves complex interaction. Should social development stay at the organisational, institutional and community level, hoping these interventions will eventually promote personal and family well-being? The role of organisational resources in breaking the bad news or conflictual relationships, for example, is poorly understood because of the lack of institutional strategies in these kinds of relational problems. How can social development strategies support and strengthen informal personal and relational strategies? While not arguing for the development of psycho-social remedial work with individuals, social development needs to develop frameworks which incorporate individuals and relational strategies into its policies. The bottom line is that change at the individual level is needed to achieve societal or community well-being. Therefore individuals need to be conceptualised and considered in social development, not because it is their responsibility to promote development for the nation or to pathologise them as lacking, but because of the part they play in achieving their own social well-being.

While powerful, macro social processes do not always determine individual behaviour or the nature of social interaction. Social development interventions do not just happen to people; they are engaged in and mediated by individuals, families and communities in a social context (time and place) through social interaction. While limited at times, individuals use agency when interacting with structures, even social development structures, meaning that best laid plans may be ineffective once amended through interaction. Work with individuals and families does not need to be individualist in focus, situating them, their interaction and agency in wider social process to promote holistic well-being through a variety of resources. Promoting and supporting relational strategies by taking into account power relations and social interaction is therefore important when developing social development strategies that address both individual and collective well-being.

The role of social work in international social and community development is contested and still developing, often critiqued for being remedial and too focused on individuals, without consideration of national and international human development (Midgely 1995; 1999; Heenan 2004; Hölscher 2008). Although dominant, individual casework is only one tradition, and social work practitioners increasingly need to make sense of local and global connections for social well-being (Lyons 2006). Concern with social justice, inequality and economic empowerment are now more relevant to the current context of global recession, which impacts significantly on the people with whom social workers engage. While often situated in the formal welfare systems of the global north, social workers promote social well-being with individuals who are situated in complex economic, social, political, institutional and cultural processes. While these contexts are very different to the global south, some knowledge sharing regarding the achievement and balance of individual and collective well-being though intervention could surely be constructive.

Smith (1999) draws attention to the influence of Western traditions that insist individuals are the social base unit from which other social organisations and social relations form. It is clear that underlying individualist or collectivist ideologies provide the normative basis for very different social development goals and strategies (Midgley 1995; Graham 2002). Midgley shows how collectivist ideas rather than individualism have been widely adopted in social development because intervention at a 'community' or 'government' level is believed to be more effective. Engagement with individuals and the concept of 'agency' may therefore not always be welcome. Coping strategies that identify and promote agency may also be socially and culturally contentious, as partly observed by key informant's reluctance to engage in intervention that challenges a family's authority even if they see this as necessary. Agency in relation to women may also be culturally controversial (Graham 1999). Even in a western context, Allan and Crow (2001) observed that the unity of household members is always vulnerable to individuals undermining the sense of collective identity and endeavour through conflicts of interests. Again, it is the negotiation of and interaction between the needs and interests of individuals and groups that is critical for social development, especially when concerned with the

'empowerment' of women and the third MDG (Odimegwu 2002; Kabeer 2005; Sweetman 2005; Chant 2008). Therefore, the challenge for social development is to 'empower' and change the lives of individuals while generally working through a collective and structural ideology. Otherwise the 'trickle down' approach in social development from policy to individuals risks being as ineffective as the 'trickle down' economic approach.

Evidence suggests that young women may benefit from more support to manage family relationships, challenging some of their gate-keeping functions. Families also need more organisational support to continue resourcing the coping they already sustain. However, questions must also be raised about the likelihood of young women and families engaging with 'outside others' who offer limited practical, financial or material provision. While the provision of information, counselling and giving of advice is important, one constraining factors for young women in chapter five was economic dependence on families. Young women are less likely to engage with 'outside others' who cannot offer or facilitate some form of economic safety net, especially if interaction with them results in further rejection from families. While we know that economic concerns are only one of many considerations when making decisions (Chant 2008), in a context of extreme poverty they remain significant. For example, South Africa recently took steps towards financial social welfare provision through its system of social grants to groups at high risk of social vulnerability, thereby promoting their specific well-being (Patel 2005). Community work coordinated by an institution is crucial, but systems are needed where individuals are able to 'safely' seek support outside their family.

Alternative frameworks of 'copers' and 'non copers'

With the crude aim of social development being to promote widespread coping and social well-being, there is a constant evaluation of 'copers' and 'non-copers' in regard to any given indicator. While important and useful, this research has shown that distinctions between 'copers' and 'non-copers', with a focus on outcomes rather than process is limited and not always helpful for macro social development strategies.

There has been a lot of work done, particularly by feminist researchers, around the oppression and discrimination of women in developing countries. It has been important to identify and make known the times when women do not cope, the nature of oppression and patriarchal relationships. Conceptualising coping as an active process does not undermine, ignore, minimise or reduce the experiences of those who struggle to cope or who are in oppressive and constraining environments. However, it does recognise the fragility of coping, valuing the hard work that goes into the process rather than just being concerned with outcomes. As Chant (2008) has recently argued,

> 'we need to re-orient the 'feminisation of poverty' thesis so that it better reflects inputs as well as incomes, and emphasises not only women's level or share of poverty, but the burden of dealing with it.' (Chant 2008 p165)

Young women present themselves as neither wholly coping nor wholly not coping throughout their narratives, with negotiation possible that makes outcomes unpredictable and less socially prescribed than expected. An alternative framework is needed in social development that demonstrates the diversity, fluidity and process of coping, valuing the effort of process as much as outcomes. Relational strategies and social interaction which characterise the process of coping also need to be incorporated. Strategies do not always result in coping or valued outcomes, which obscures strategy and process of coping attempted. Coping therefore needs to be conceptualised and attributed based on the process, availability of resources and recognition of action that makes coping happen as well as outcomes and obvious improvements to well-being. National indicators that sufficiently reflect process rather than outcomes will benefit the regular measurement of social well-being as well as more narrative based accounts and empirical evidence.

However, even if macro social development were to engage explicitly with relational strategies and social interaction, practitioners at a grassroots level may not be willing or equipped to do this. This is highlighted by the reluctance of key informants in chapter seven to 'interfere' in 'family business'. Social development strategies do not occur spontaneously or in a vacuum, but are implemented by people within specific

organisational contexts (Midgley 1995). When talking about intervention in chapter seven, a few key informants were proactive in meeting families and assisting with negotiations while others felt this was inappropriate. Social development strategies often involve community members, and key informants were very keen to involve communities and families in information giving and consciousness-raising. Yet reluctance remained to provide financial support or material provision to individuals and intervene in family decisions regarding future residence, educational access and material provision. This occurred even when the oppressive potential of families was proclaimed. The discourses held by those implementing social development strategies and their own competency around knowledge of power relations, social interaction and relational strategies therefore impedes or promotes such intervention (Cately-Carlson 1997; Mantell et al 2006).

Alternative structures of intervention at policy level need to be aware of the frameworks drawn on by families and those implementing policies. As the discussion earlier in this chapter has shown, the categories of 'copers' and 'non copers' are value laden and socially constructed. While some categorisation is needed to set goals, measure well-being and target intervention, the subjectivity of categorisations must be acknowledged. While macro policy makers may need such categorisations, judgements about coping and well-being are also made by those who implement strategies, policies and programmes. The discourses which feed down through macro policy may be magnified, altered and integrated within personal value systems when macro strategies are implemented at a micro level. This remains as another significant challenge for intervention with unintended pregnancy because of the perceived authority and gate-keeping function of family relationships, reducing the legitimacy of 'outside others'.

This research has shown that one risk of labelling people and groups as 'non-copers' is that less rather than more support will be given. The aim of social development is to harmonise social policies with measures designed to promote economic development (Midgley 1995). However, young women with an unintended pregnancy are often considered as being unable to contribute to economic development. Their well-being is left for families to promote because intervention with such a group will become

remedial rather than preventative or developmental. The intervention described in chapter seven before women become pregnant is centred on prevention, capacity building, information giving and consciousness-raising. Education is also valued because of the capacity it builds to facilitate individual well-being. However, young women who become pregnant generally have to cope alone. Preventative information has already failed to equip these young women and no further capacity building is offered. On becoming a mother, young women move away from youth-focused intervention that targets individuals, to economic intervention that targets households. As a mother she is seen as central to meeting the needs of households, rather than as a youth who receives individual investment. Social development policies are often reluctant to make statements about and 'interfere' in cultural dynamics or pursue individual empowerment other than for the economic sake of households (Chant 2008). In contrast, this research argues that young women need intervention that will equip them during difficult life events rather than abandoning them when preventative intervention has not 'worked'.

Wider relevance and further research

The concept of coping and promotion of social well-being is one that has far wider relevance than unintended pregnancy and young women in Mozambique. While contextualisation has been crucial, wider principles of learning can be taken, not least the usefulness of coping strategies as an evaluatory and analytical tool for social development. Even the individual coping strategies identified in response to the five specific 'problems' may be familiar to those working with young women in other sub-Saharan nations. Breaking bad news, managing conflictual relationships, ensuring adequate material provision, maintaining good health and accessing education, concern young women worldwide. While contextual, the importance of social interaction, use of relational strategies, exploration of agency in the context of structure and access to resources are all important considerations across many aspects of social well-being.

This research draws attention to the need for social development to engage critically with culturally and socially constructed social problems primarily located within families. Social development practitioners at the grassroots level, need to be sufficiently equipped and supported by policy frameworks when facing the consequences of such problems in the daily implementation of macro influenced programmes. Otherwise practice will solely be informed by personal and socially dominant discourses that may be damaging to the groups with whom they are working (Cately-Carlson 1997; Mantell et al 2006). Discourses affect how social development strategies are used, designed and developed, what they do with 'non-copers' and those perceived as deviant. Policies risk setting up programmes for the 'deserving' and 'good', while limiting structural support to those with poor economic prospects or the socially 'deviant'. On the other hand, families and communities also base their interaction on social and cultural values and discourses, which can also exclude and discriminate. The interaction between these different discourses creates uncertainty and ambiguity for both social development practitioners and families. The 'target' group, in this case young women, remain trapped between family intervention steeped with culturally constructed power relationships, and social development intervention steeped with socially constructed meanings and discourse. While remaining macro in focus, social development must engage with relational aspects of social well-being if only to equip those who are implementing macro programmes.

Education and the site of schools in building the human capacity of individuals, especially women, to promote empowerment, gender equality, decision-making skills, HIV prevention and SRH has a strong place in the literature and social development strategies (Cately-Carlson 1997; Saito 1998; Olukoya 2004; Mantell et al 2006; Gogna et al 2008). Certainly social development interventions aimed at promoting education were the most visible in relation to young women and unintended pregnancy. It would, therefore, appear that education has a key role to play in fostering, developing and equipping coping strategies. However, how this translates into 'empowering' educational practice requires further specific research. Interestingly education is considered as having huge preventative capacity, but what about its role in helping people to manage social problems as well as prevent them? Is this putting too much pressure on a system that also needs to ensure the population is able to

read and write? ‘Social’ education, the teaching of life skills, negotiation skills, gender equality and decision-making processes, as well as SRH education must be expanded outside schools, permeating different levels and spheres of society. Education may then be able to support people through social problems, rather than only prepare them.

Social well-being is achieved when social problems are being managed satisfactorily, social needs are met and social opportunities are created (Midgley 1995). These apply to individuals, families, groups and communities as well as whole societies. In principle, to enjoy social well-being all three elements must operate at all levels of society. On reflection, social development strategies appear to be more concerned with meeting needs (which are acute and immense) and the degree to which social problems are managed rather, than seeking opportunities for advancement. However, by integrating these goals, opportunities for achievement can be grounded in the way needs are met and social problems managed. By strengthening strategies for ‘getting on’ rather than mere survival when meeting basic needs, the process of advancement can be assimilated into coping strategies that enable people to thrive.

This research has conceptualised agency in terms of its relational and interactional aspects, rather than situated individual power. Relationships can be ‘empowering’ and facilitating, as well as oppressive and constraining. Some types of relationships are ‘safer’ than others, as observed by the different kinds of groups young women sought support from. Sadly not all relationships with ‘outside others’ were found to be safe, limiting young women’s access to some resources (also found by Olukoya 2004). Do social development programmes have a responsibility to create ‘safe’ environments for young women to test out their ‘agency’ and negotiation skills, creating structures that are facilitative rather than constraining? Strengthening relational strategies is critical so that young women are equipped to engage in and create ‘safe’ and facilitative relationships within their families for increased social well-being, not just ‘getting by’, but also ‘getting on’.

Further research and analytical development highlighted by this thesis includes the empirical engagement with concepts of negotiation and advocacy as key to relational

strategies in sub-Saharan Africa. Although work has been done on systems of support, kinship networks and reciprocity (Laird 2008), the nature of social interaction that enables and regulates these processes is less often considered in social development. This thesis has shown that informal negotiation and advocacy occurs within families with critical implications for social well-being. However, the 'strings' that may be attached, cultural acceptability and regulation within families all need further exploration. Further research on how these concepts are culturally adapted and conceptualised may aid the strengthening of such relational strategies, equipping practitioners to engage in these strategies more effectively.

In terms of coping strategies, more work needs to be done on the significance of spiritual/cultural strategies. Several young women were actively involved in a local church, others accessed traditional medicines and two spoke of being 'cursed'. References to 'god' or religion were also made when discussing abortion and as sources of strength sustaining them through pregnancy. Oye-Adeniran et al (2005) also found a significant difference in the response made by Christians and Muslims to unintended pregnancy. However, limited understanding has been gained through this research in terms of the use, importance and implications of spiritual/cultural strategies, making it difficult to integrate them into any framework for intervention, which could be an important gap.

Further work is also needed to capture the process of coping more effectively; using the knowledge we have on outcomes in the light of this process to facilitate a more complete representation of social well-being. Not only will this involve more creative ways of capturing process through quantitative indicators and measurements, but also the partnering with qualitative methodologies and feedback from grassroots practitioners. Making connections between local and global factors in social well-being is necessary not only for social development practitioners, but also for policy makers, economists and statisticians. Mutual respect for work at different levels, joint working and good means of communication can be built by institutional measures as well as individual commitment.

Finally, this thesis argues for continuing theoretical and methodological attention to the concept of coping strategies, and that the assumptions inherent in its use will be more often explicitly acknowledged. Without attention to the conjectures of agency and social interaction in the concept of strategies and the competing notions of surviving, coping and thriving, this concept is less useful when contributing to the process of social well-being. If coping is reduced to the personal without considering the social, or ignores the personal only to be concerned with the social then the concept also loses its value in promoting social well-being. If strategy is lost then the agency of individuals is forgotten in dominating global structures aiming to increase well-being. Therefore, while the concept of coping strategies needs to be contextually applied in location, time and place the value of theoretical engagement should not be underestimated for its critical, valuable and effective use.

As this thesis has shown, theoretical engagement with coping strategies in turn has critical implications for methodological engagement. The conception of coping strategically as a process in a particular context largely through social interaction is reflected in this methodology. The importance of both formal and informal relationships, the holistic nature of strategies, the relationship between agency and structure, and the ability to make sense of seemingly irrational behaviours all have methodological implications. As do the different conceptions of ‘coping’ and ‘strategy’. The use of three different qualitative data sources, using semi-structured interviews, a vignette and narratives were chosen because of their ability to illuminate a particular understanding of coping strategies. As the strength of ‘coping strategies’ lies largely in its applied and pragmatic nature, methodological implications, such as how strategies can even be identified, cannot be separated from its theoretical or pragmatic use. Therefore, this thesis has wider relevance not only because of its theoretical engagement with coping strategies, but also because of their methodological implementation to identify valuable processes of social well-being.

APPENDICES

APPENDIX A: Application to the ethics committee

APPENDIX B: Field work material (Information sheets, informed consent forms, vignette and interview schedules)

APPENDIX C: Sample demographics

APPENDIX D: Key details of focus group participants

APPENDIX E: Key details of individual young women interviewed

APPENDIX F: Key details of key informants

APPENDIX G: Narratives of young women interviewed

APPENDIX H: Recommendations for social development programmes based on the coping strategies identified

APPENDIX I: Flow chart for the operationalisation of the concept of coping strategies methodological and pragmatically

APPENDIX A: Application to the ethics committee

University of Southampton

School of Social Sciences

July 2006

ETHICS COMMITTEE APPLICATION FORM

Please note:

- **You must not begin your study until ethical approval has been obtained.**
- **You must complete a risk assessment form prior to commencing your study.**

1. Name(s): Aisha Jane Taplin

2. Current Position - 2nd Year PGR Student (PhD)

3. Contact Details: PGR student, Division of Social Work Studies/School of Social Sciences
Division/School

4. Is the proposed study being conducted as part of an education qualification (e.g., PhD) Yes

5. If Yes, state name of supervisor (the supervisor should complete the declaration at the end of this form)
Prof Jackie Powell

6. Title of Project:
'Exploring the coping strategies of young women in Mozambique'

7. What are the proposed start and end dates of the study?
Proposed fieldwork dates in Mozambique – 1st April 2007 until 30th August 2007.

8. Briefly describe the rationale, study aims and the relevant research questions

Research rationale

The current literature suggests that women's gendered interests; needs and roles are poorly catered for in social development literature, policy and intervention. Men and women do not experience development in the same way due to their differing roles, needs and interests (Rai 2002). Women as people are often included in development strategy without any recognition that gender differences will influence specific experiences and outcomes. Therefore, Third World Feminists have argued for a new look at the written histories of specific locations to document the day-to-day strategies of survival that are used (Mohanty 1991).

The literature surrounding women in Mozambique generally explores issues related to poverty, economic production and consumption, employment, domestic roles and relationships, income security, violence against women, women's rights in the context of human rights, law and legal rights, food security, children and family issues and gender relations in social and community practices. Key development measures such as health, fertility, infant mortality, maternal mortality, education, literacy, HIV/AIDS and income security are also present in most of the social development, economic and social welfare literature. The population of Mozambique is predominantly made up of children and 'youth' (defined by the Ministry of Youth and Sports as any person between the ages of 15-35). It is

estimated that approx 30% of the population are between the ages of 15 and 29 years, the majority living in rural areas. Young women in Mozambique face multiple challenges (Silva and Andrade 2000) and are situated within complex power relations due to their gender and age (Lofort 2003). For example, they are usually under significant control of the family during major life events such as marriage and family planning, have less opportunities for economic empowerment, less access to education, less access to a diverse range of life opportunities, have responsibility for a larger proportion of domestic work in the home and have complex sexual relations to negotiate through adolescence and into adulthood (CEDAW 2005).

Although both young men and young women in Mozambique face great obstacles to the full realisation of their sexual and reproductive health and rights, girls contend with a number of added risks. More than one third of girls aged 15 to 19 are sexually active, yet only half have heard of modern contraception, and less than one percent use condoms as their primary method (IWHC 2004). UNFPA indicators show that 43% of women aged 15-19 years old had already begun child bearing in the rural areas (30% in urban areas) and the median age at first sexual intercourse for women between 25-49 is 16.1 years old (UNFPA 2005). On average women have their first sexual experience approximately one year before joining or marrying, and two years earlier than men (CEDAW 2005). Adolescents contribute approximately with 13.4% of total births occur in the country annually and it is believed that these high birth rates among adolescents result from unwanted pregnancies, not from planned ones (CEDAW 2005). The National Sexual and Reproductive Health survey found that almost one-third (31%) of the last live births were reported as unintended pregnancies; 63% of never married women said that their last live birth was unintended. Over half of all births to young women in the three southernmost provinces (Gaza, Maputo-Province and Maputo-City) were unintended (INJAD 2001).

Pregnancy in adolescents is highlighted in the literature because it is associated with higher infant mortality, higher maternal mortality, is often outside wedlock which is socially difficult for the women, increases chance that will have an abortion and results in difficult decisions such as who takes responsibility and how to provide for the child if out of wedlock (CEDAW 2005). Unintended pregnancies and its link with morbidity/mortality are serious problems for young women. Their reproductive health knowledge and their sexual and contraceptive behaviour can have important implications for their future health and well being, as well as the continuation of their education (INJAD 2001). In general, society blames the “criminal woman”, without analyzing the circumstances under which given situations have occurred (CEDAW 2005). Unplanned pregnancy in girl is, in a general, unacceptable socially and the girl is always considered guilty of the situation. Many times, parents may, regardless of the situation under which she became pregnant, force the girl to live in the household of the father, making the latter responsible for the livelihood of the girl. During a recent visit young women in Mozambique spoke about the complexities and difficulties arising from unplanned pregnancy and pregnancy out of marriage. Young women also spoke about their expectations of engaging in sexual behaviour at an early age, therefore increasing the risk of unplanned pregnancies.

Aims of the research

- To illuminate the impact of social development with young women, informing future intervention that helps women in Mozambique and sub-Saharan Africa to ‘thrive’;
- To successfully operationalise the concept of coping strategies through conceptual, methodological, critical and pragmatic application;
- To develop the academic discourse on women in Mozambique through empirical research, particularly highlighting the ‘voice’ of young women, power relationships, agency, negotiation and social interaction.

The aim and purpose of the research is to understand more about the contextual relationship between the personal agency of a young woman in Mozambique and the structure of the family, community and nation that she is part of. Incorporated in this is to understand more about the power relations and negotiations of the personal agency of young women in Mozambique as well as a documentation and exploration of personal, individual and collective strategies used in major life events such as an unplanned pregnancy. The purpose of the research is not only to continue and develop the academic discourse on women in Mozambique with rigorous, systematic and empirical qualitative research but that this research may be used to develop and evaluate interventions aimed at empowering young women in the future.

Research questions

In order to achieve the stated aims and to define the limits of the study, my research questions are:

1. How do young women in Mozambique respond, physically, emotionally, socially, intellectually and spiritually to major life events using the context of unintended pregnancy?
2. What strategies are used by young women to respond, survive, cope and thrive in the context of unintended pregnancy particularly when there may be limited personal, social and organisational resources available?
3. How does the surrounding environment and relationships with others (including families, communities, social, cultural, political and economic processes, and national and international social development intervention) impact on the strategies used by young women?
4. How effective are the strategies used in achieving social well-being and how can local, national and international intervention facilitate them?

9. Briefly describe the design of the study

The nature of my research questions gives some indications about what my views are about what are meaningful and knowable components of the social world, as well as about how the world can be explained and known (Mason 2002). The ontological and epistemological essence of my enquiry is that people's knowledge, views, understandings, interpretations, experiences and interactions are meaningful properties in understanding the social reality of young women in Mozambique. Furthermore, that social explanation and theoretical arguments require depth, complexity, and multidimensionality within the data rather than a surface analysis of broad patterns. In addition, that knowledge is situated and contextual and that by bringing a context into focus, knowledge is produced and reconstructed (Mason 2002). In order to reconstruct knowledge based on personal experience and exploring social relations the methods chosen involve a level of interaction in order to bring to light the complexities of the situations being researched. Rather than asking a question and then recording the answer given, interaction will be used to reconstruct the experience and create the data in partnership with the participant (Clough 2002) with less emphasis being placed on enumeration or broad patterns. Therefore, my research design involves a triangulation of three different types of qualitative interviews producing data from three different sources; 1) Focus groups using vignettes, 2) Individual semi-structured interviews and 3) Interviews with Key Informants.

Focus groups using vignettes

The use of focus groups aims to facilitate individual and group responses to a vignette that explores the experience of a young woman who has become pregnant without intent. While focus groups are often used for low-involvement topics it has also been argued that focus groups can be a less intrusive method to understand more about individual and social responses to sensitive subjects or high involvement topics (Överlien 2005). Access to participants through youth groups/associations is planned because they are a naturally occurring group of young people who frequently discuss sensitive topics related to youth in Mozambique. Additionally, they are familiar with group conversation, listening to others and then responding. Vignettes will enable the participants to express their own, as well as the socially acceptable response in a way that they are not expected or invited to open up and talk about personal experience.

Vignettes are short descriptions of a person or a social situation which contain precise references to what are thought to be the most important factors in the decision-making on which the participants can offer comment or opinion (Alexander 1978). Essentially they are short stories which have been constructed to elicit responses based on a real life experience (Schoenberg 2000). The vignette approach offers a number of benefits, particularly for eliciting data on awareness and attitudes, including:

(1) Flexibility that allows the researcher to design an instrument uniquely responsive to specific topic areas;

(2) The increased potential for enjoyment and creativity for the participant by responding to a made up story;

(3) Depersonalisation that encourages an informant to think beyond his or her own circumstances, an important feature for sensitive topics or for illuminating future use in patterns of services (Schoenberg, 2000).

This research method will enable the researcher to explore the perceptions, beliefs and attitudes of the peer group who surround young women who have become pregnant without intent. The participants are typically asked to respond to these stories with what they would do in the situation described or how they think a third person would respond. This will partly reflect the perceptions, beliefs and attitudes of the societies these young women are from and enable a layer of data to compliment the data collected through accounts of individual experiences and perspectives from 'key informants' in structured organisations. The use of a vignette approach presents a medium through which to go beyond the discussion of individual life situations and toward the generation of responses on a social level (Schoenberg 2000).

Individual Interviews

Individual semi-structured qualitative interviews have also been identified as an appropriate method through which to address a number of my research questions. Predominantly, to document and explore the experience of a young woman who has become pregnant without intent and to reconstruct the meaningful social reality of the experience by exploring her experiences, views, understandings, interpretations and interactions. The qualitative interview allows the participant to verbalise their own experience as valid and important knowledge in order to increase understanding of how the individual agency of a young women is situated and experienced within the context of the collective. Situated knowledge aims to be reconstructed in the interview setting, while meanings and understandings are created through the interaction. To a certain extent the participant remains in control of the experiences shared and how they are shared (Mason 2002). Although it is acknowledged that the participant has less control of how these meaning are interpreted, analysed and presented in future work (Lee 1993).

Qualitative interviewing is an interactional exchange of dialogue often in the form of a relatively informal style, as Burgess (1984) describes is a 'conversation with a purpose' (Burgess 1984 p102). Qualitative interviewing is usually a process where by the researcher starts with a number of topics, themes or issues that they wish to cover in order to guide the interview process, but they are unlikely to have a complete and sequenced script of questions as a structured quantitative interview might. Many qualitative interviews are fluid and flexible in structure with the aim of allowing the researcher to develop unexpected themes as and when they arise. A further aim of using qualitative interviews in this research design is to identify specific strategies that young women have used to respond, survive, cope and thrive through the experience of an unplanned pregnancy when they may have limited personal, social and environmental resources to do this with. Qualitative interviewing has been chosen to draw out the depth, nuance, complexity and roundedness in the data to understand more about social processes involving young women. It is important to be aware that qualitative interviews are dependent on people's capabilities to verbalise, interact, conceptualise and remember experiences and events. It is also dependent on the interpersonal and reflective skills of the interview to engage with the participant and assist with the reconstruction of experience and meaning if necessary (Mason 2002).

Interviews with Key Informants

Qualitative interviews with key informants are another important source of data to illuminate the interaction between individual young women and the collective sphere in which she is situated. Key informants offer a different perspective which aims to complement the data expressed by young women. Qualitative interviewing has been again been chosen to draw out the depth, nuance, complexity and roundedness in the data. However there are some further considerations when interviewing those in potentially powerful and influential positions. The researcher needs to clarify whom the data represents and how the key informants are expressing both their individual views as well as organisational responses. Power relations may become complex if the participant is also a gate keeper to further research participants or are hostile to the research agenda. The researcher needs to be aware of who is controlling the agenda throughout the interview (Mason 2002) and how the expression of experiences may be seen as failures or successes by the organisation or the key informant. The credibility of key informants and how influential they are as a data source also needs to be considered, as well as the potential for contraction between the different data sources and between key informants themselves.

10. Who are the participants?

Focus groups

Focus group participants will be drawn from a sample of 16 - 21 year old Mozambican women who are currently attending a youth group/association in the 2 chosen sampling areas. These participants have been identified in order to explore and discuss the context of unplanned pregnancies through the use of a vignette. 16 - 21 year old Mozambican women have been chosen because they are the peer group to young women who have experienced an unplanned pregnancy. The setting of a youth group/association has been chosen because this is a naturally occurring group of young people who frequently discuss sensitive topics related to youth in Mozambique. They are likely to have experience of group conversation, listening to others and making responses that are valuable in a group context. Vignettes enable the participants to express their own, as well as the socially acceptable response in a way that they are not expected to open up and talk about personal experience. It is planned that a minimum of 4 focus groups will occur in total, at least 2 in each of the chosen sampling area. Each focus group will contain a maximum of 8 participants, the researcher as facilitator, a translator and research assistant who will be making observations and taking notes.

Individual Interviews

Individual interviews will be drawn from a sample of 16 - 19 year old Mozambican women who have experienced an unplanned pregnancy and birth in the last 2 years. These participants have been identified in order to explore and discuss their experience of unplanned pregnancy through several qualitative interviews. It is planned that a minimum of 20 participants will be identified, at least 10 from each chosen sampling area. The researcher using a translator will interview individual participants.

Interviews with key informants

A minimum of 10 key informants will be identified from a sample of people in positions of responsibility in local, national, and international government or non-governmental organisations who have a focus on adolescent sexual and reproductive health in Mozambique and work within the sample area. This will include both 'women' based organisations and 'youth' based organisations. These participants have been identified in order to explore and discuss the nature, type, and effectiveness of the intervention with young women who are going through the process of an unplanned pregnancy. The researcher using a translator will interview individual participants from the two sample areas.

11. How will they be identified, approached and recruited to the study?

The initial sampling takes into account the national demographics of Mozambique and an understanding of the regional differences between the rural, urban, southern and northern locations. These general demographic factors have been cited by many to have important implications for lives of young women in Mozambique. Due to time, financial and personal resources, two provinces in Mozambique have been identified to negotiate access to the participants for all three research methods. The City of Maputo (which is a province of Mozambique) is identified as a southern urban location and Zambezia Province is identified as the northern rural location. The fieldwork will therefore take place in these two different locations, less for reasons of comparative analysis, but more to include diversity within the sample.

The national programme for sexual and reproductive health has been identified as an appropriate umbrella organisation to gain access to participants for the focus groups, individual interviews and key informants. The programme began in Maputo City and Zambezia Province in 1999 and has since been expanded to most of the provinces in Mozambique. The aim of the program is to increase gender awareness, reduce the incidence of unplanned pregnancies, and decrease young people's vulnerability to STI's, HIV, and unsafe abortion. The programme is nationally and internationally respected partnering with a broad range of organisations for implementation purposes and is an obvious point of contact for my research. Another consideration in identifying Maputo City and Zambezia Province as sampling areas is because they both have well-established programmes. Therefore, networks and provision is likely to be sufficient enough for access and sampling within my constraints. Practical research needs have also been taken into consideration when identifying the sample provinces. In the North, Nampula Province does not have a programme and poor infrastructure would make it difficult to access and complete research in Niassa. Cabo Delgado was considered, however this most northern province also has very poor infrastructure especially in the rural areas.

Focus groups

Identified: Contact with a group of young women aged 16 - 21 for a focus group discussion with vignettes will be accessed through various youth groups/associations in Maputo City and the rural areas of Zambezia Province. One of the focus groups carried out in each region will target young women aged 16 – 21 years who are recognised as peer educators.

Approached: Youth groups/associations will be identified in consultation with the area director in both Maputo City and the rural areas of Zambezia Province. A group based meeting of the peer educators will also be identified in each sampling area. The area director, to introduce the researcher and give a brief explanation of the research, will first contact these youth associations/groups. The researcher will then make a visit to the youth group/association identified and arrange to meet the co-ordinator. This may be a link person from a registered organisation and/or the youth chair/representative of the group. During this meeting the researcher will give an informal verbal presentation of what the research is about and the process of recruiting young women (aged 16-21 years) for the focus group. An information sheet will also be given at this stage. If group representatives give agreement for access to the youth group/association then the researcher will ask to attend one of the next meetings. A support link person will also be identified at this stage to offer support and guidance to the participants should they need this during and after the focus group.

Recruited: After the researcher has attended at least one of the meetings, the researcher will ask all of the young women aged 16 – 21 years to stay behind for a brief informal presentation about the research. The presentation will involve handing out information sheets in Portuguese, asking for volunteers to be part of a focus group and answering any questions raised. Travel money will be offered to all participants who take part in the research. Issues of informed consent, confidentiality, anonymity and withdrawal at any stage of the research will also be discussed at this stage of the process. A copy of the proposed information sheet can be seen in the appendix and this will need to be translated into Portuguese and Changana for Maputo City and into the local language for participants from the Zambezia Province.

Individual Interviews

Identified: Contact with at least 10 Mozambican women of 16 - 19 years old who have experienced an unplanned pregnancy and birth in the last 2 years will be accessed through the various projects run through the programme. It is planned that some of the participants will be identified through the 'youth only' and 'youth friendly' clinics run by the Ministry of Health. These clinics will ensure access to both in and out of school young women who have experienced an unplanned pregnancy in the last two years. A further sample of young women (aged 16 – 19 years old) will be identified by asking the initial participants if they know of at least 1 friend who has also had an unplanned pregnancy and birth, but has not attended a youth friendly or youth only clinic.

Approached: 'Youth only' or 'Youth friendly' clinics will be identified in each sampling area through consultation with the area director in both Maputo City and the rural areas of Zambezia Province. The area director, to introduce the researcher and give a brief explanation of the research, will first contact these clinics. The researcher will then make a visit to the clinics identified and arrange to meet the clinic co-ordinator. During this meeting an informal verbal presentation of what the research is about and the process of recruiting young women (aged 16-21 years) for individual interviews will be given. An information sheet will be given at this stage. A support link person will also be identified at this stage to offer support and guidance to the participants should they need this during and after the interview process.

Recruited: If agreement is given by the clinic co-ordinator then the clinic staff will be asked to identify and discuss the research with young women aged 16 – 19 years who have experienced an unplanned pregnancy and birth in the last two years. The young women will be given an information sheet and asked if she would like to meet the researcher to discuss the research further and their possible participation. At that meeting an informal presentation about the research will be made and the respondent will be asked if they would like to participate in the research. Travel money will be offered to all participants who take part in the research. Issues of informed consent, confidentiality, anonymity and withdrawal at any stage of the research will also be discussed at this stage of the process. Young women will be asked at this stage to think about friends who have also experienced an unplanned pregnancy but who have not attended a 'youth friendly' or 'youth only' clinic. A copy of the proposed information sheet can be seen in the appendix and this will need to be translated into Portuguese and Changana for Maputo City and into the local language for participants from the Zambezia Province.

Interviews with key Informants

Identified: Key informants will be identified from those who are in positions of responsibility in local, national, and international government or non-governmental organisations, which have a focus on adolescent sexual and reproductive health in Mozambique.

Approached: Key informants will be identified in each sampling area through consultation with the area director for the programme, in both Maputo City and the rural areas of Zambezia Province as well as knowledge of the local programs gained during the fieldwork period. The researcher will then contact (phone or face to face) the identified key informant personally through their organisational role to request a meeting to discuss involvement in the research.

Recruited: If agreement is given, the researcher will then arrange a meeting to present the research and request their involvement in the research based on the information given. An information sheet will be given and an opportunity to ask questions. Issues of informed consent, confidentiality, anonymity and withdrawal at any stage of the research will also be discussed at this stage of the process. A copy of the proposed information sheet can be seen in the appendix and this will need to be translated into Portuguese and Changana for Maputo City and into the local language for participants from the Zambezia Province.

12. How will you obtain the consent of participants?

Gaining not just consent but 'informed consent' from the research participants has come to be regarded as one of the crucial elements of ethical research in recent years (Tinker 2004). Informed consent is described by Crow et al 2006;

> *'The principle of informed consent requires that prospective participants in research are provided with information about the project in which they are being invited to participate that is sufficiently full and accessible for their decision about whether to take part to be considered informed. It also requires that people in possession of this information consent freely to participation and have the opportunity to take part or to withdraw with out such decisions triggering adverse consequences for them.' (Crow et al 2006* p83)

Informed consent is not only crucial in the research design because of ethical considerations but is essential in the collection of good quality data due to the nature of the research design. Focus group and interview participants will be asked to verbalise, discuss, share and dialog with the researcher and others in order to reconstruct the data and reconstruct meaning around the social experience of an adolescent unplanned pregnancy in Mozambique. It is therefore essential that participants are informed as to the process of the research and the expectations of participation and therefore willing to engage in the research methods in order to produce good quality data.

This type of information will be provided in the initial information sheet and in an informal verbal presentation to ensure that those with low literacy levels are as well informed. Informed consent will only be sought after the gatekeepers and participants have had time to consider access or participation in the research from the initial contact and information sheet. The research participants will be asked to sign a written statement giving their informed consent for participation in the research study, being aware that they have the right to withdraw at any stage. The aim is for the information sheet to aid and facilitate the rapport necessary for the research by taking away some of the mystery of research and reduce some of the power situated in the fact that the researcher knows everything. A support person or the research assistant will always be available to read both the information sheet and informed consent document with participants.

The process of access through gatekeepers, giving information and setting up the research arrangements is likely to take time and this will be taken into consideration in the research strategy. Part of the process of informed consent will be to inform the research participants that the focus group and interviews will be recorded and then transcribed. However, all transcribing will take place in English through the translation given by the research assistant. Therefore, it is important that participants are happy with what they have said during the interview process (making it clear if they want anything changed or omitted) as a transcript will only be provided for them to read through in English. During the initial access stages it may become clear that it is feasible to transcribe the focus groups and interviews in both English and the local language used. However, this is not yet a

guaranteed, although preferable, option. It may also be that the participant's levels of literacy mean that they would not able to read a written transcript. Participants in the individual interviews and key informants will be asked if they want to listen back to the interview to ensure they are happy with the information that they have provided and the experiences that they have shared. A copy of the proposed informed consent form for the focus groups, individual interviews and key informants can be seen in the appendix and these will need to be translated into Portuguese for Maputo City and into the local language for participants from the Zambezia Province.

13. Is there any reason to believe participants may not be able to give full informed consent? If yes, what steps do you propose to take to safeguard their interests?

There is currently no foreseeable reason why the focus group and interview participants will not be able to give their informed consent. Through communication with researchers in Mozambique it has been confirmed that adolescent participants are able to sign on their own behalf without further consent being needed from those with parental responsibility. Levels of literacy may mean that some participants will not be able to read the information sheet given. However, as described earlier, the process of identifying, approaching and recruiting participants will always involve an informal verbal presentation with the potential participants. This will present the aims and rational of the research, give information about the researcher, describe who is being asked to participate, what is required in participation, what kind of information is being sought, inform them that they can withdraw at any time and that participation is voluntary, as well as a discussion about issues of confidentiality and anonymity. Participants will all have the opportunity to take the information sheet away for others to read on their behalf and to request that it read to them by a member of the organisation through which access is being gained.

The information sheets and informed consent document will need to be available in a variety of languages in case Portuguese or the main local language is not a person's preferred language. This also needs to be taken into consideration when hiring research assistants and translators. Participants will only be invited to participate if the resources and translator is proficient in a language that they are happy to communicate in. This will ensure that all participants are 'informed' before their consent is given.

14. If participants are under the responsibility or care of others (such as parents/carers, teachers or medical staff) what plans do you have to obtain permission to approach the participants to take part in the study?

The participants targeted in this research design are regarded as adults within the Mozambican context and therefore able to give their informed consent. However, access to young women for both the focus groups and the individual interviews is planned through youth groups/associations run under the programme and 'youth friendly' or 'youth only' clinics. Therefore, permission will be needed from these youth groups/associations and clinics to approach possible participants, the process of which has been described in section 11. When accessing key informants it is also important to be aware that formal permission may be needed from their organisation. Confidentiality and issues of anonymity will be particularly important for these participants.

15. Briefly describe what participation in the study will involve for study participants. Please attach copies of any questionnaires and/or interview schedules to be used

Focus groups

Participation in the focus groups will involve each participant to listen and respond to a vignette that has been developed by the researcher and translated into local language being used. The setting of a youth group/association has been chosen because this is a naturally occurring group of young people who frequently discuss sensitive topics related to youth in Mozambique and are familiar with group conversation, listening to others and then responding. Vignettes will enable the participants to express their own, as well as the socially acceptable response in a way that they are not expected or invited to open up and talk about personal experience. The researcher will read the vignette in several stages

and the participants will be asked several questions based on the vignette to facilitate discussion amongst the group. Please see a copy of the vignette and prompts for discussion, which will be used in every focus group.

Individual Interviews

Participation in the individual semi-interviews will involve each participant to describe and talk about their individual experience of an unplanned pregnancy. While there will be a broad interview schedule, the interview will be guided by the participants experience and in dialog identifying specific actions taken, social and emotional responses made and interventions used. The interview will also involve dialog to identify what outcomes the participant had wanted, what facilitated and constrained these outcomes, what role 'others' (family, sexual partner, friends, community, community leaders, community groups, national and international organisations) played in the experience and the participants own response to this.

It is likely that more than one interview period will be needed and the participant will be given a choice as to whether they want to do two or three sessions within the same day, with a break, or on a different day in the future. This recognises the need for flexibility when engaging with young women who may have parental and domestic responsibility as well as other educational or employment commitments. Please see a copy of the qualitative interview schedule.

Interviews with Key Informants

While there will be a broad interview schedule for key informants and the interview will also be guided by the participant's response and dialog. The interview will involve questions and dialog about the organisation and experience of the participant in regard to adolescent sexual and reproductive health, the experience of unplanned pregnancy for young women and related topics, and the nature and effectiveness of family, community and organisational intervention. The participant will also be asked to discuss any anonymous case studies that illuminate the points they are making. Please see a copy of the qualitative interview schedule.

16. How will it be made clear to participants that they may withdraw consent to participate at any time without penalty?

As highlighted earlier in section 12, it will be made clear to the participant that they may withdraw consent to participate at any time without penalty during the early informal information presentations, on the information sheet and on the informed consent form. Please see appendices to confirm this. Participants will also be reminded at the beginning of the focus group or interview and if they become visibly distressed or uncommunicative during the research process. Travel money will be given to the participants before the focus group or interview starts.

It is important to be aware of how power relations in these situations may make it difficult for the participants to withdraw, especially when working with vulnerable groups. These groups are identified by their potential openness to coercion, exploitation or harm by more powerful others (Crow 2006). This is not to assume that young women in Mozambique are 'powerless', but that there is potential for others and the researcher to have 'power over' them. The researcher needs to be aware that even though the participants have been informed about the research and their right to withdraw this may not be easy for the participants to put into practice. Participants may have felt obliged to be part of the research in the first place and not feel confident about withdrawing, maybe because they feel they will let the researcher down or the organisation through which access has been gained. It is therefore important when discussing access with the gatekeepers that they should not coerce people into participating in the research.

17. Detail any possible distress, discomfort, inconvenience or other adverse effects the participants may experience, including after the study, and how this will be dealt with.

I am aware that discussion around unplanned pregnancy is a potentially emotive and sensitive subject, especially for those who have been through the experience of an unplanned pregnancy (although not exclusively). It may appear obvious that the individual interviews with young women who have

experienced an unplanned pregnancy are likely to cause the most risk of distress, discomfort, inconvenience and other adverse effects. However, it is also important to recognise that there may be participants in the focus groups who have also experienced unplanned pregnancy and may have had an abortion or their child may have died. If they have not experienced this directly then it is very likely that a close relative or friend may have had this experience. It may also be that key informants have had this experience earlier in life or through a close family member and this may be one of the reasons that they have got involved in the area of adolescent sexual and reproductive health. While it is important not to exclude people from the research who have had these experiences, it is important to safeguard their interests and minimise harm as much as possible. Bearing this in mind it is impossible to ensure that my research will not lead to any distress, discomfort, inconvenience or other adverse effects that the participants may experience.

The basic safe guards will primarily be to be aware and look out for possible distress, which may include physical signs such as crying or silence, and take action appropriate to the distress being displayed. Access to all of the participants is planned via the organisational umbrella and the partners that they work with. During the process of identifying and approaching the research participants, a local, available and appropriate support link will also be identified and developed. This is most likely to be with the partner organisation that I am gaining direct access to the participants through. It will be someone who is in a position of responsibility, is experienced with the issues being discussed and has knowledge of further local support provision. The aim will be to identify more than one support link in order that the research participants have a choice of whom they are directed to. However, this may not be possible in some organisations. The research participants will be informed that a support link is in place before they give their informed consent and issues of possible distress and comfort due to the nature of the context of the research will be discussed.

Informed consent has an important role in allowing the individual participants to decide whether they want to put themselves at risk of any distress or discomfort. It will be made clear that the researcher is not qualified or appropriate to provide ongoing support or give advice or counsel during the interview, but that the researcher will ensure that they are connected with the local support link if this is felt to be needed or requested. During the research process the participants are free to refuse to answer questions they may consider too personal or distressing. After the research the researcher will ensure that the participants are reminded of the support link available. The researcher will need to remain aware of the sensitivity of the topic throughout the research process and ensure that behaviour and conduct is responsive to this. It is also important to note that the mechanisms to deal with some aspects of participants' distress will depend to some extent on the source or cause of the distress. If a participant becomes emotionally distressed during the interview process then it may be dealt with effectively by the interviewer through effective listening and giving the participant an opportunity to express themselves freely or time to compose themselves.

18. How will participant anonymity and confidentiality be maintained?

Participants will be informed that no information will be shared with the access organisation, gate keeper, other participants, family members or other sources unless it is first discussed with the participant. This will also be reinforced to the translators and researcher assistants who are part of the research process and the focus group participants. Participants will also be informed at the outset of the research process that there are some things researchers cannot keep confidential, such as sexual and physical abuse and some forms of criminal activity that may put themselves and/or others at risk. However, it may, for example, be necessary to share some information in order to gain support for the participant after the interview process. Any information that is deemed to be needed to be shared will always be discussed with the participant so they are aware of what and to whom it will be shared with.

The focus groups and interviews will be tape recorded, transcribed, used for the purpose of the research and made anonymous. Participants will not be named; names of places will be changed as well as any key demographic details that would make the person identifiable, for example, if there were only a small number of people that use a particular language dialect in the sampling area. Part of the aim of the individual interviews is to explore the context in which the information is reconstructed. It is therefore important to be aware that some of this contextual information may make the participant identifiable and efforts to reduce this risk should be taken. However, this needs to be balanced with the

importance of situating particular knowledge and information within its context. A pseudonym will also be used for access organisations although the nature of the work they do, service provided and the reason for accessing them will be described in my PhD thesis and other related work. Again balancing the need for contextual and situation information with the risks of becoming identifiable. A discussion will take place with the national directors of the programme about the use of a pseudonym and issues of anonymity as it will be difficult to make such a distinctive organisation anonymous. The organisation themselves may prefer to be identified. The organisation and job title of the key informant will be anonymous, however a short description of their role may be given to justify why they have been spoken to.

The researcher will endeavour to take care when describing research settings to ensure that anonymity is not compromised, however this cannot be guaranteed. Research participants and organisations will be encouraged to dialog in the issue of anonymity in order to negotiate the balance of contextual information described in each situation.

19. How will data be stored securely during and after the study?

Data generated from the participants will only be used for the purpose of this research and any papers or reports that follow directly from the research. Permission for the data generated by individuals and the focus group environment to be used in the PhD thesis and other written material relating to the research will be incorporated into the informed consent form. See appendices for confirmation of this.

The original data will be recorded using a mini disk recorder and then transcribed anonymously onto a Microsoft Word file. Data in the written form will then be stored, primarily in the 'my documents' section of the university laptop (which is password protected) and then on the university server system in the 'my documents' section after returning from the fieldwork. Back ups will also be kept on a data CD and saved on the university server through external access in case the laptop is stolen during the fieldwork stage. Access to the 'my documents' folder is limited to the researcher and all written notes (list of names if research feedback has been requested), used disks and data CD's will be securely stored in the field work location and at the university on return. The data (transcribed to Microsoft Word files) will then be transferred to a computer assisted qualitative data analysis software package (CAQDAS), which will be used as a tool to examine and analyse the fieldwork data. This will again be stored under the 'my documents' section of the university server and back ups made on data CD's. Access to the original mini disk recordings and transcribed date will be possible for the researcher and the PhD supervisory team if necessary.

20. Describe any plans you have for feeding back the findings of the study to participants

Current plans for feeding back the findings of the study are limited to the dissemination of a summary to all the organisations that have taken part in the research. This will include access and gatekeeper organisations, as well as the organisations from which the key informants were sourced. All participants will be asked if they would also like to be sent a copy of this summary, which may be in both English and Portuguese, and negotiation will take place about what contact details will be needed in order to do this (any further contact details taken will be kept securely in the field and back at the university). Feedback in the form of written reports will only be appropriate for those with a level of reading ability. The researcher is aware that disseminating findings in purely a written form is likely to exclude a percentage of the research participants. For participants who are not able to read a summary then they will be encouraged to approach the access organisation to verbally share the research findings as summarised in the report sent. Organisations and participants will be informed that this summary is unlikely to be available and disseminated before December 2008.

21. What are the main ethical issues raised by your research and how do you intend to manage these?

There are a number of additional ethical considerations that arise from the proposed research particularly due to use of human participants in data collection. Therefore the issues listed below will be addressed explicitly throughout the research process.

Translation and Transcribing

Esposito (2001) observes that translation is *'the transfer of meaning from a source language … to a target language*' and the translator is '*actually an interpreter who … processes the vocabulary and grammatical structure of the words while considering the individual situation and the overall cultural context*.' (Esposito, 2001) p. 570). The source language in my research will be both Portuguese and several local languages spoken in Mozambique (most likely Changana, Sena and N'Dau). The target language is English, primary language of the researcher. The translation will occur through research assistants to be identified in the field. It is recognised that translation and transcribing from one language to another is a complex activity, but a critical one to ensure accurate and meaningful data is generated. All of the research participants will be informed that all verbal communication will be translated into English by the research assistant. Significant time will be spent finding, hiring and talking with the research assistant prior to the focus groups and interviews to discuss the research, aims and purpose of the research and methods of translation. It is likely that different research assistants will be needed in the two different sampling areas. The research assistant will be involved in both the translation process and the transcribing process. This will enable the research to clarify meanings and the cultural context around what has been said. If resources allow then the research assistant will also transcribe the data in the original language as well as English. It is important that all written material, including the information sheets and informed consent documents are available in the primary language of all the participants. Transcribed quotes into English will be used as quotes in the final thesis but always referenced as translated quotes by the research assistant from the primary language. The ethical and practical researcher considerations of using a translator and transcribing from one language to another will be fully discussed and described in my PhD thesis.

Qualities and conduct of researcher and research assistants

The quality and conduct of the researcher is another key ethical consideration within the context of focus groups and qualitative interviews. Not only will this affect the quality and type of data collected but will directly impact on the experience of the participants in the research. There is an increased awareness of this because the researcher is of white British origin, whose primary language is English and primary cultural background is British. The researcher is likely to be considered an outsider although the researcher is the same gender and of similar age to the research participants. The researcher is also aware of the potential power relations associated with the international north/south relationship, researcher's expertise and ethnicity. The researcher will draw on previous experience of speaking with young women in Mozambique and knowledge of the culture to ensure that conduct is appropriate within the research context e.g. greetings, dress and eye contact. Differences are acknowledged and the researcher will keep a reflective diary through-out the research process to constantly stimulate thought in this area. A Mozambican onsite supervisor will also be available to discuss these issues and give guidance when needed. The quality and conduct of the research assistant is also an important consideration and will be a significant part of the training provided before the research process begins. The researcher aims to support the research assistant by going over possible ethical issues that may arise before the research starts and by ensuring regular supervision type meetings during the research process.

Cultural sensitivity, particularly in relation to the rural environment and position of women

As highlighted in section 16, young women in Mozambique are considered as a vulnerable group in the research process. It is also important to be aware of the gender relationships more holistically in Mozambique when approaching, identifying, and speaking with the research participants. It is also important to be aware of the impact that being part of my research could have on individual young women and ensuring that the research process is mindful and responsive to this. The researcher's knowledge of the gender context in Mozambique through the literature review and previous visits will assist with this.

Health and safety

A risk assessment will be completed prior to starting my field work as required by the University. Health and safety considerations for both the researcher and the participants will be included when identifying locations for the focus groups and interviews to take place.

22. Please outline any other information you feel may be relevant to this submission

The researcher has recently returned from a 10 week Overseas Institutional Visit in Mozambique, this adds to the many previous visits made by the researcher to Mozambique over the past 6 years for small pieces of voluntary work with an NGO. The aim of the Overseas Institution Visit was to build up research links with key contacts working in the area of gender and social development in Mozambique, to continue with a language program in order to enhance language skills, to develop specialist research skills in relation to Mozambique and to build an advisory/reference group for research development and completion. During the visit the research was discussed with key informants, gate keepers and with naturally occurring youth groups. An on site Mozambican supervisor has also been identified from a well respected and relevant African organisation. Previous visits have enabled the researcher to build on knowledge gained about the country and culture when developing the research strategy. Many of the ethical consideration highlighted in this application form are based on this previous experience as well as the literature read over the past 2 years as well as professional social work values.

The Overseas Institutional Visit has highlighted the importance of reflective and observational data which will also be collected while in the field, however this is not a formal research method although one which will be discussed in my PhD thesis. This data will be collated in the form of a research diary and kept securely in the field and back at the university. Data used in the research analysis from this source will be directly referenced to ensure that the data sources are clearly acknowledged for both the researcher and reader.

Supervisor/Grant-holder/Research Student Declaration

I have discussed this application with the applicant and support it.

Any further comments:

Supervisor/Grant-holder:

Name:

Date:

Research Student:

Name:

Date:

THIS APPLICATION WAS APPROVED FOLLOWING SUBMISSION PRIOR TO FIELDWORK

Participant's information about the Young Women's Research Project for focus groups

The next three pages are designed to give you information about a research project you may be asked to be involved in. Please read this information carefully to ensure you are happy to consider your participation in this research. Feel free to ask any further questions to the lead researcher Aisha Taplin. This information will take you about 10 minutes to read and (name of research assistant) will be available to read this with you if you would like. This information will be given to you verbally as well if you volunteer to participate in the research.

What is the research and who is doing it?

The young women's research project is small piece of research being carried out by Aisha Taplin from the University of Southampton in the United Kingdom. The research is part of her Post-Graduate Research Studies and PhD program. Aisha is also being supported and supervised by a Southern African organisation in Mozambique called Women and Law in Southern Africa (WLSA). The research involves three different types of methods; 1) focus groups with young women using short stories, 2) individual interviews with young women and 3) interviews with people who work in adolescent sexual and reproductive health programs. The research aims to understand more about what happens when a young woman in Mozambique becomes pregnant without intent or without planning to. The research is going to explore the experiences of young women in these situations, what they did and why, what they wanted to do, what they were not able to do and why, what the main concerns and worries were, what the main opportunities were, what the outcomes were, what support they received from others and what support they did not receive from others.

Why is this research being done?

The population of Mozambique is predominantly made up of children and 'youth' (defined by the Ministry of Youth and Sports as any person between the ages of 15-35). It is estimated that approx 30% of the population are between the ages of 15 and 29 years. Therefore, young women are a significant and important group of women in Mozambique. It is also known that young women often face multiple challenges because of their age and gender.

Both young men and young women in Mozambique face obstacles to good sexual and reproductive health provision and education, yet girls contend with a number of added risks. UNFPA indicators show that 43% of women aged 15-19 years old in Mozambique had already begun child bearing in the rural areas (30% in urban areas). It is believed that high birth rates among adolescents result from unplanned pregnancies, not from planned ones (CEDAW 2005). The National Young Adult Reproductive Health and Behaviour Risk Survey (INJAD) 2001 found that 31% of the last live births were reported as unintended pregnancies and over half of all births to young women in the three most southern provinces (Gaza, Maputo Province and Maputo City) were unintended.

It is also known that unplanned pregnancy in young women can lead to a higher chance of infant mortality, maternal mortality, unsafe abortion, educational drop out; increased poverty and poor maternal health. These can cause serious health and social challenges for young women. Yet many young women survive and thrive with these challenges every day. The research aims to understand more about what it is like to have an unplanned pregnancy and the strategies used when facing this situation, from the point of view of young women. The research is also interested in the day-to-day struggles, challenges, relationships with others and achievements of young women in order to create important new information and knowledge for policy makers, practitioners and young women themselves.

What are the aims of the research?

1. To understand more about the relationship that an individual young women in Mozambique has with her family, friends, community, society and nation. What her specific roles, responsibilities, needs and interests are and how interactions with others effect and shape these.
2. To identify specific strategies or action taken by young women during major life events, so that this knowledge can be used to make national and international social development initiatives more effective for young women.
3. To develop new knowledge based on the daily life experience of young women in Mozambique, for Mozambique and for wider international social development programs.

How is the research going to be done?

One part of the research is going to be carried out by using a short story within a focus group. Focus groups are a research method which gathers together a small group of people to talk together about a particular topic. The topic of discussion is guided by the researcher and the group is encouraged to discuss the topic with other group members rather than with the researcher directly. A maximum of 8 young women will be invited to meet in a group, to listen to and respond to a story based on a real life situation. The story will be read out in several parts and then the group will be asked to comment on what they would do if they were in that situation. This will involve individuals sharing their own opinion and view so that the group can develop a response together. The story will develop as the focus group continues.

Participation in the research

In order to carry out the research using focus groups, young women aged between 16 and 21 years are asked to volunteer to be part of these groups.

Participation will involve spending about 1 hour and 30 minutes with the researcher and up to 7 other young women. The participants will then be read a made up story based on a real life situation and asked to discuss what they or the group would do if they were in this situation. Participants will be encouraged to listen and respect one another contributions. The discussion will be tape recorded, translated into English and written down in English later.

The participation is voluntary and response to all of the questions is voluntary.

Would you like to participate? Then please speak with Aisha Taplin.

This research project is being supervised by the Prof Jackie Powell at the University of Southampton and Terezinha da Silva from Women and Law in Southern Africa (WLSA). You are able to contact them on
– Prof. Jackie Powell – (contact details)
- Dra Terezinha de Silva – (contact details)
to discuss any aspects of this research in further detail.

Important information about your participation

- Informed consent

You will be asked to sign a consent form before participating in the research. This means that you will give your consent to be part of the research based on the information that has been provided to you.

- Withdrawal from the research

It is very important to remember that you have the right to withdraw from the research at any time during the research process without any negative consequences.

- Voluntary Participation

Your participation is voluntary and your response to all of the questions is voluntary.

- Support services

The main topic for discussion will involve talking about a young woman who has become unexpectedly become pregnant. This may involve talking about the possibility of an abortion, contraception use, HIV/Aid's, the family and society's response, future life chances and related topics. These can be sensitive subjects particularly if you or a close family or friend has been through a similar experience. … (named person (s)) … from … (named organisation) ... has agreed to provide support and advice if anything in the research causes you to become distressed or confused. Your participation is based on the story, not your own experience.

- Data collection process, access and use

The focus group will be tape recorded and translated into written English to be used as research data after the focus group has finished. If you would like to take out or change anything that has been said then it is best to do this after the focus group has finished, although this can be done up to 3 weeks after the research by contacting Aisha Taplin (contact details will be given). The data will be securely stored and used in Aisha's Post-graduate Research program and PhD thesis. A summary of the findings will be sent to your organisation and you will need to provide contact details if you would like to receive an individual copy (in English or Portuguese). This will not be available until December 2008.

- Translation

All of the focus group conversation and discussion will be done in Portuguese but will be translated into English.

- Anonymity and Confidentiality

All of the discussion taken place in the focus group will be confidential, unless it places you or others at risk of significant harm. Your name, age, place of residence, nor the name of the organisation will not be used in any written information. However, anonymity cannot completely be guaranteed.

Thank you for your time

University of Southampton

Participant's information about the Young Women's Research Project for individual participants

The next three pages are designed to give you information about a research project you may be asked to be involved in. Please read this information carefully to ensure you are happy to consider your participation in this research. Feel free to ask any further questions to the lead researcher Aisha Taplin. This information will take you about 10 minutes to read and (name of research assistant) will be available to read this with you if you would like. This information will be given to you verbally as well if you volunteer to participate in the research.

What is the research and who is doing it?

The young women's research project is small piece of research being carried out by Aisha Taplin from the University of Southampton in the United Kingdom. The research is part of her Post-Graduate Research Studies and PhD program. Aisha is also being supported and supervised by a Southern African organisation in Mozambique called Women and Law in Southern Africa (WLSA). The research involves three different types of methods; 1) focus groups with young women using short stories, 2) individual interviews with young women and 3) interviews with people who work in adolescent sexual and reproductive health programs. The research aims to understand more about what happens when a young woman in Mozambique becomes pregnant without intent or without planning to. The research is going to explore the experiences of young women in these situations, what they did and why, what they wanted to do, what they were not able to do and why, what the main concerns and worries were, what the main opportunities were, what the outcomes were, what support they received from others and what support they did not receive from others.

Why is this research being done?

The population of Mozambique is predominantly made up of children and 'youth' (defined by the Ministry of Youth and Sports as any person between the ages of 15-35). It is estimated that approx 30% of the population are between the ages of 15 and 29 years. Therefore, young women are a significant and important group of women in Mozambique. It is also known that young women often face multiple challenges because of their age and gender.

Both young men and young women in Mozambique face obstacles to good sexual and reproductive health provision and education, yet girls contend with a number of added risks. UNFPA indicators show that 43% of women aged 15-19 years old in Mozambique had already begun child bearing in the rural areas (30% in urban areas). It is believed that high birth rates among adolescents result from unplanned pregnancies, not from planned ones (CEDAW, 2005). The National Young Adult Reproductive Health and Behaviour Risk Survey (INJAD) 2001 found that 31% of the last live births were reported as unintended pregnancies and over half of all births to young women in the three most southern provinces (Gaza, Maputo Province and Maputo City) were unintended.

It is also known that unplanned pregnancy in young women can lead to a higher chance of infant mortality, maternal mortality, unsafe abortion, educational drop out; increased poverty and poor maternal health. These can cause serious health and social challenges for young women. Yet many young women survive and thrive with these challenges every day. The research aims to understand more about what it is like to have an unplanned pregnancy and the strategies used when facing this situation, from the point of view of young women. The research is also interested in the day-to-day struggles, challenges, relationships with others and achievements of young women in order to create important new information and knowledge for policy makers, practitioners and young women themselves.

What are the aims of the research?

1. To understand more about the relationship that an individual young women in Mozambique has with her family, friends, community, society and nation. What her specific roles, responsibilities, needs and interests are and how interactions with others effect and shape these.
2. To identify specific strategies or action taken by young women during major life events, so that this knowledge can be used to make national and international social development initiatives more effective for young women.
3. To develop new knowledge based on the daily life experience of young women in Mozambique, for Mozambique and for wider international social development programs.

How is the research going to be done?

One part of the research is a semi-structured qualitative interview with individual young women who have experienced an unplanned pregnancy. A qualitative research interview refers to an in-depth and less structured interview (conversation with a purpose) between the researcher and the participant. The interview will be carried out by the lead researcher Aisha Taplin and research assistant. The participant will be asked to describe her experience of an unplanned pregnancy; from the point that she found out she was pregnant up until the present day. The interview will also ask questions about different topics such as contraception, sexual and reproductive health, maternal health, infant health, income security, educational experiences, family and community response, major decisions and choices made, intervention and support available, intervention and support received, and outcomes.

Participation in the research

In order to carry out the research young women who have experienced an unplanned pregnancy between 16 and 19 years are asked to volunteer for an in depth interview with the researcher. Participation will involve a period of time with the researcher (around 1 hour) and though the time will be different depending on the experience that you choose to share and discuss. The interview will be tape recorded, translated into English and written down in English later.

Your participation is voluntary and your response to all of the questions is voluntary.

Would you like to Participate? Please Speak with Aisha Taplin

This research project is being supervised by the Prof Jackie Powell at the University of Southampton and Terezinha da Silva from Women and Law in Southern Africa (WLSA). You are able to contact them on:

– Prof. Jackie Powell – (contact details)

- Dra Terezinha de Silva – (contact details)

to discuss any aspects of this research in further detail.

Important information about your participation

- Informed consent

You will be asked to sign a consent form before participating in the research. This means that you will give your consent to be part of the research based on the information that has been provided to you.

- Withdrawal from the research

It is very important to remember that you have the right to withdraw from the research at any time during the research process without any negative consequences.

- Voluntary Participation

Your participation is voluntary and your response to all of the questions is voluntary. This means that you do not have to be part of the research and you do not have to answer any of the questions in the research. Being part of the research or leaving the research is your choice and you can do this without any negative consequences.

- Support services

The interview involves talking about your own personal experience as well as the possibility of discussing topics such as abortion, contraception use, HIV/Aid's, the family and society's response to unplanned pregnancy, future life chances and related topics. These are sensitive subjects which may cause you physical or emotional discomfort. The researcher is not trained to give you counselling and support in this, however …… has agreed to provide support and advice if anything in the research causes you to become distressed or confused.

- Data collection process, access and use

The interview will be tape recorded and translated into written English to be used as research data after the interview has finished. If you would like to take out or change anything that has been said then it is best to do this after the interview has finished, although this can be done up to 3 weeks after the research by contacting Aisha Taplin (contact details will be given). The data will be securely stored and used in Aisha's Post-graduate Research program and PhD thesis. A summary of the findings will be sent to your organisation and you will need to provide contact details if you would like to receive an individual copy (in English or Portuguese). This will not be available until December 2008.

- Anonymity and Confidentiality

All of the conversation that takes place in the interview is confidential, unless what you say places yourself or others at risk of significant harm. Your name, place of residence, nor the name of the organisation will not be used in any written information, nor any key details which would easily give your identify away. Anonymity will be aimed for, but cannot completely be guaranteed.

Thank you for your time

University of Southampton

Participant's information about the Young Women's Research Project for key informants

The next three pages are designed to give you information about a research project you may be asked to be involved in. Please read this information carefully to ensure you are happy to consider your participation in this research. Feel free to ask any further questions to the lead researcher Aisha Taplin. This information will take you about 10 minutes to read and (name of research assistant) will be available to read this with you if you would like. This information will be given to you verbally as well if you volunteer to participate in the research.

What is the research and who is doing it?

The young women's research project is small piece of research being carried out by Aisha Taplin from the University of Southampton in the United Kingdom. The research is part of her Post-Graduate Research Studies and PhD program. Aisha is also being supported and supervised by a Southern African organisation in Mozambique called Women and Law in Southern Africa (WLSA). The research involves three different types of methods; 1) focus groups with young women using short stories, 2) individual interviews with young women and 3) interviews with people who work in adolescent sexual and reproductive health programs. The research aims to understand more about what happens when a young woman in Mozambique becomes pregnant without intent or without planning to. The research is going to explore the experiences of young women in these situations, what they did and why, what they wanted to do, what they were not able to do and why, what the main concerns and worries were, what the main opportunities were, what the outcomes were, what support they received from others and what support they did not receive from others.

Why is this research being done?

The population of Mozambique is predominantly made up of children and 'youth' (defined by the Ministry of Youth and Sports as any person between the ages of 15-35). It is estimated that approx 30% of the population are between the ages of 15 and 29 years. Therefore, young women are a significant and important group of women in Mozambique. It is also known that young women often face multiple challenges because of their age and gender.

Both young men and young women in Mozambique face obstacles to good sexual and reproductive health provision and education, yet girls contend with a number of added risks. UNFPA indicators show that 43% of women aged 15-19 years old in Mozambique had already begun child bearing in the rural areas (30% in urban areas). It is believed that high birth rates among adolescents result from unplanned pregnancies, not from planned ones (CEDAW, 2005). The National Young Adult Reproductive Health and Behaviour Risk Survey (INJAD) 2001 found that 31% of the last live births were reported as unintended pregnancies and over half of all births to young women in the three most southern provinces (Gaza, Maputo Province and Maputo City) were unintended.

It is also known that unplanned pregnancy in young women can lead to a higher chance of infant mortality, maternal mortality, unsafe abortion, educational drop out; increased poverty and poor maternal health. These can cause serious health and social challenges for young women. Yet many young women survive and thrive with these challenges every day. The research aims to understand more about what it is like to have an unplanned pregnancy and the strategies used when facing this situation, from the point of view of young women. The research is also interested in the day-to-day struggles, challenges, relationships with others and achievements of young women in order to create important new information and knowledge for policy makers, practitioners and young women themselves.

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2. To identify specific strategies or action taken by young women during major life events, so that this knowledge can be used to make national and international social development initiatives more effective for young women.
3. To develop new knowledge based on the daily life experience of young women in Mozambique, for Mozambique and for wider international social development programs.

How is the research going to be done?

One part of the research is a semi-structured qualitative interview with people who work in adolescent sexual and reproductive health programs. A qualitative research interview refers to an in-depth and less structured interview (conversation with a purpose) between the researcher and the participant. The interview will be carried out by the lead researcher Aisha Taplin and research assistant. The participant will be asked a variety of questions about their role in the field of adolescent sexual and reproductive health, the type of intervention that is provide for young women who become pregnant without intent, how effective this intervention is, why it is designed in the way it is, what different things could be done. The participant may be asked to give anonymous examples of how intervention has and hasn't worked. The participant will also be asked about their perspective on the experience of unplanned pregnancy for young women and other related topics.

Participation in the research

In order to carry out 'expert' interview's, people who work in the field of adolescent sexual and reproductive health programs are asked to volunteer for an in depth interview with the researcher.

Participation will involve spending about 1 hour with the researcher in Portuguese discussing the intervention and programs that target unplanned pregnancy and their perspective about the experience young women have when they become pregnant unexpectedly. The interview will be tape recorded, translated into English and written down in English later.

Your participation is voluntary and your response to all of the questions is voluntary. Your organisation will also be contacted to ensure that your participation in the research is acceptable.

Important information about your participation

Informed consent
You will be asked to sign a consent form before participating in the research. This means that you will give your consent to be part of the research based on the information that has been provided to you.
Withdrawal from the research
It is very important to highlight that you have the right to withdraw from the research at any time during the research process without any negative consequences.
Voluntary Participation
Your participation is voluntary and your response to all of the questions is voluntary. This means that you do not have to be part of the research and you do not have to answer any of the questions in the research. Being part of the research or leaving the research is your choice and you can do this without any negative consequences.
Support services
The interview will involve talking possible emotive subjects that you may have both a professional and personal interest in. If anything in the research causes you to become distressed, the researcher will be able to put you in contact with appropriate support services.
Data collection process, access and use
The interview will be tape recorded and translated into written English to be used as research data after the interview has finished. If you would like to take out or change anything that has been said then it is best to do this after the interview has finished, although this can be done up to 3 weeks after the research by contacting Aisha Taplin (contact details will be given). The data will be securely stored and used in Aisha's Post-graduate Research program and PhD thesis. A summary of the findings will be sent to your organisation and you will need to provide contact details if you would like to receive an individual copy (in English or Portuguese). This will not be available until December 2008.
Anonymity and Confidentiality
All of the conversation that takes place in the interview is confidential, unless you or others are at risk of significant harm. Your name, age, place of residence, nor the name of the organisation will not be used in any written information, nor any key details which would easily give your identify away. Anonymity will be aimed for, but cannot completely be guaranteed.

This research project is being supervised by the Prof Jackie Powell at the University of Southampton and Terezinha da Silva from Women and Law in Southern Africa (WLSA). You are able to contact them on
– Prof. Jackie Powell – (contact details)
- Dra Terezinha de Silva – (contact details)
to discuss any aspects of this research in further detail.

Thank you for your time

University of Southampton

Informed consent for focus group participants

This form is designed to ensure that every participant is happy to be part of this research project and feels that they have had enough information about what their participation involves. Please ensure that you have read the information sheet attached to this form or have been part of a verbal presentation about the research before completing this form. Feel free to ask any further questions to the lead researcher Aisha Taplin and (name of research assistant) is available to read this with you if you would like.

Statements of informed consent

Please answer yes or no to the following questions by circling the desired response to each question. e.g. (Yes) No or Yes (No)

Have you read the participant information about the young women's research project?	Yes	No
Have you had a chance to ask questions about the young women's research project?	Yes	No
Do you understand that you will be read a scenario about a young women who has an unplanned pregnancy and birth and you will be asked to respond to this and discuss this with your fellow participants?	Yes	No
Do you understand that what you say will be audio recorded?	Yes	No
Are you volunteering for this research freely and without pressure from any other?	Yes	No
Do you understand that you can leave the research whenever you like?	Yes	No
Do you understand that you can refuse to answer any questions?	Yes	No
Do you agree that your involvement in the research project can be used to generate date which will be used for a report on the research and other related material which will be publicly available?	Yes	No
Do you understand the confidentiality and anonymity arrangements Made between the researcher and all the participants?	Yes	No
Would you like to take part in the young women's research project?	Yes	No

I …… … … … … … … … … … … … … agree to take part in the young women's research project. Date: ……

Signed and dated in the presence of … … … … … … … … … … …

University of Southampton

Informed consent for interview participants

This form is designed to ensure that every participant is happy to be part of this research project and feels that they have had enough information about what their participation involves. Please ensure that you have read the information sheet attached to this form or have been part of a verbal presentation about the research before completing this form. Feel free to ask any further questions to the lead researcher Aisha Taplin and (name of research assistant) is available to read this with you if you would like.

Statements of informed consent

Please answer yes or no to the following questions by circling the desired response to each question. e.g. Yes No *or* Yes No

Have you read the participant information about the young women's research project?	Yes	No
Have you had a chance to ask questions about the young women's research project?	Yes	No
Do you understand that you will be asked to talk and answer questions about your personal experience of an unplanned pregnancy and birth?	Yes	No
Do you understand that what you say will be audio recorded?	Yes	No
Are you volunteering for this research freely and without pressure from any other?	Yes	No
Do you understand that you can leave the research whenever you like?	Yes	No
Do you understand that you can refuse to answer any questions?	Yes	No
Do you agree that your involvement in the research project can be used to generate date which will be used for a report on the research and other related material which will be publicly available?	Yes	No
Do you understand the confidentiality and anonymity arrangements Made between the researcher and all the participants?	Yes	No
Would you like to take part in the young women's research project?	Yes	No

I …… … … … … … … … … … … … … agree to take part in the young women's research project. Date: ……

Signed and dated in the presence of … … … … … … … … … … …

University of Southampton

Informed consent for Key Informants

This form is designed to ensure that every participant is happy to be part of this research project and feels that they have had enough information about what their participation involves. Please ensure that you have read the information sheet attached to this form or have been part of a verbal presentation about the research before completing this form. Feel free to ask any further questions to the lead researcher Aisha Taplin.

Statements of informed consent

Please answer yes or no to the following questions by circling the desired response to each question. e.g. (Yes) No or Yes (No)

Have you read the participant information about the young women's research project?	Yes	No
Have you had a chance to ask questions about the young women's research project?	Yes	No
Do you understand that you will be asked to talk about and answer questions about young women who become pregnant without intent from an organisational and intervention perspective?	Yes	No
Do you understand that what you say will be audio recorded?	Yes	No
Are you volunteering for this research freely and without pressure from any other?	Yes	No
Do you understand that you can leave the research whenever you like?	Yes	No
Do you understand that you can refuse to answer any questions?	Yes	No
Do you agree that your involvement in the research project can be used to generate date which will be used for a report on the research and other related material which will be publicly available?	Yes	No
Do you understand the confidentiality and anonymity arrangements made between the researcher and all the participants?	Yes	No
Would you like to take part in the young women's research project?	Yes	No

I …… … … … … … … … … … … … … agree to take part in the young women's research project. Date: ……

Signed and dated in the presence of … … … … … … … … … … …

University of Southampton

Focus group Vignette

Introduction

Welcome
Going over research information sheet and signing the consent form
Guidance given about what a focus group involves and talking about confidentiality boundaries

The researcher will then read out the vignette in 6 parts, with discussion questions in between. The discussion questions will involve the focus group making responses on what Hortencia will do next (based on the details given) and what she is thinking and feeling. The focus group participants will be asked to put themselves in Hortencia's shoes and to discuss with one another about what Hortencia will do in the response to the questions raised by the researcher.

What will Hortencia do … …?

Part one

'Hortencia is a 16 year old girl who lives in a rural village in the south of Mozambique. The village has become bigger over the last five years, has one primary school, a small clinic and three small shops selling basic goods. The nearest town is about 20 minutes away by chapa. Hortencia is the oldest child in a family of 5. Hortencia's mum is head of the household while her dad is away working in South Africa.

Hortencia has been going to school since she was 9 years old and enjoys learning. However, Hortencia does not think her family will be able to afford for her to go to secondary school. Hortencia has also been missing class quite a lot because she has been helping her mother at home, this has meant that Hortencia has had to repeat some years.

On her way to school Hortencia passes by and meets up with two of her close friends, Nelda and Adela. Nelda has a brother, Didi, who is 18 years old and works in South Africa. When Didi is home Hortencia spends a lot of time with him and she considers herself to be his girlfriend. Hortencia does not know if the relationship will lead to marriage because this has not been spoken about although Hortencia hopes that she may be able to carry on with her education with his financial help.

5 months after Hortencia first had sex with Didi she realises that her menstrual cycle had changed. Hortencia is worried that she may have become pregnant. Hortencia had not been using any pregnancy prevention methods, but had not wanted to or planned to become pregnant. Hortencia does not want to visit the local clinic because her mother's sister works there. However, she knows of friends who have been to the local clinic in the nearest town.'

Possible discussion questions ……

Hortencia thinks that she may be pregnant, what is she going to do next? How will she find out for sure? What options does she have in what she will do next?

Will Hortencia tell anyone? Will she ask anyone for help or advice? If so, who?

How is Hortencia feeling about the prospect of being pregnant even though she does not know for sure? What type of things will she start to think?

Why might Hortencia not have used a contraceptive method and will she consider any other implications of having unprotected sex?

Does Hortencia also consider the options of being tested for HIV as well as finding out if she is pregnant?

What difference would it make if Hortencia was married to Didi or if marriage plans were in the process of being made?

What difference would it make if Hortencia was not Didi's girlfriend and they had only had sex once?

Why was Hortencia in a relationship with Didi and what was she hoping for from it?

Part two

'Hortencia decides that she needs to go to the clinic to be sure if she is pregnant or not and wants to go as soon as possible. Hortencia is asked to go to the nearest town to buy some household goods by her mother. While she is in town, Hortencia uses the time to go to the main health centre. Hortencia does not have the money to pay the clinic fees and so asks a friend to lend her the money and to come with her. Hortencia has to wait a long time and is worried that her mother will get suspicious. Hortencia is also worried that people she knows will see her there and this may get back to her family.

Hortencia eventually meets with a nurse who looks over her body, feels her stomach and asks her various questions about her sexual behaviour and menstrual cycle. The nurse tells Hortencia that she is probably 2-3 months pregnant and that she will need to visit a clinic regularly to ensure her health and the baby's health is monitored.

On the way back home, Hortencia's friend suggests that she has an abortion and gives her details of where she could have this done. The friend said that she knows other people who have had it done and it has been safe, however, Hortencia has heard that abortions are illegal and can be dangerous.'

Possible discussion questions ……

How did Hortencia feel when the nurse told her she was pregnant?

What were the main thoughts that came to her head?

What did Hortencia think about her friend's suggestion of having an abortion? Does she consider it? What does Hortencia know and think about abortions?

Why would she have an abortion? Why would she not have an abortion?

What options does she have to do next?

Will she ask anyone for help or advice? If so, who?

What implications would spiritual or religious beliefs make to Hortencia in this situation?

Part Three

'Although Hortencia has been having a relationship with Didi for more than 6 months, this has not been spoken about in her family. Hortencia knows that her mother suspects the relationship but does not know for sure who it is with. Hortencia knows that her father is returning from South Africa soon and wants to start making arrangements for marriage.

Hortencia has decided not to have an abortion because she is too scarred of the health implications. Hortencia must now tell her family, Didi and his family that she is pregnant'

Possible discussion questions ……

Who is Hortencia going to tell that she is pregnant and when will she tell them?

Who does she want to tell and who does she not want to tell? Who first, and then who after? Why in that order?

What will Hortencia say when she tells people? Will she tell them the truth about everything or will she keep some details secret? Why would she do this?

What difference would it make if Hortencia was married to Didi or if marriage plans were in the process of being made?

What difference would it make if Hortencia was not Didi's girlfriend and they had only had sex once?

How will Hortencia's family respond? What will they think, say and do?

How will Didi and his family respond? What will they think say and do?

How will the community respond? What will they think say and do?

What implications would particular spiritual or religious beliefs of the family and community make to Hortencia when telling people she is pregnant?

What difference will this event make to the marriage plans that Hortencia's father wanted to make? What would the typical process of marriage be?

What did Hortencia's family want for Hortencia, and how is this different?

How will this change Hortencia's role and position and responsibilities in the family?

Part Four

'Hortencia has an aunty who lives near Maputo city and she has said that Hortencia could come and live with her there. Hortencia's aunt knows she enjoys school and wants to help her look after the baby so she may be able to complete a bit more schooling'

Possible discussion questions ……
How will Hortencia respond to this offer by her aunty? Does the rest of the family think this is a good idea? Do Didi and his family think this is an acceptable idea?

What other choices and options does Hortencia have now that she is pregnant with Didi's baby?

How does Hortencia make decisions about her future?

What is important to Hortencia when considering the future?

What are Hortencia's friends saying about her situation?

What does Hortencia's mother say and do?

What does Hortenica's father say and do?

Is Didi and his family still involved and what are they saying and doing now?

Does Hortencia know friends who are in the same position and what have they done?

Will Hortencia continue with her education?

Where will Hortencia live in the future?

What type of support does Hortencia need and who gives this?

Part Five

'Hortencia is now 7 months pregnant and she will be having the baby in 2 months time.'

Possible discussion questions ……
How will Hortencia provide financially for herself and the baby?

What has Hortencia been doing about her health and the health of her baby?

Has Hortencia been to any organisations outside of her family and community? If so what organisations and why and how have they helped?

Where has Hortencia had her main support?

Is Didi and his family still involved and what are they saying and doing now?

What has been the most difficult thing for Hortencia?

What has been the best thing for Hortencia in this process? What has she achieved and succeeded in?

Part Six

'How does the story end …… where will Hortencia live? What will be her main activity in daily life? Where will her source of income be from? Is Hortencia happy? Is Hortencia's family happy? What is the relationship with Didi? What is her future like?

What ending would you make for Hortencia?

Possible discussion questions ……

What is the best future for Hortencia? What do you think Hortencia most wants to happen? How does she feel about the whole situation and process?

What is the worst outcome?

How much choice and control did Hortencia have through the process?

What factors had the most influence on the experience for Hortencia?

What would you want for Hortencia and what do you think is most likely to happen?

What would Hortencia most want for herself and how is this different to what is likely to happen?

What ending would you make for Hortencia?

University of Southampton

Individual semi-structured interview schedule

If you could start by telling me a bit more about yourself, your life experience until now … …

Contextual information
Age, material status, family size and position in the family, family context, family status in the community, mother and fathers employment and employment histories, general social-economic status, type of accommodation currently residing in, living with whom, always lived in the same place? educational level, employment experience, religion, ethnic background (where family historically from?), belonging to any organisation, where spend most of time, any political history, … …

'Ok now I would like to talk to you about your experience of an unplanned pregnancy. I hope you feel comfortable talking with me about it as some of the questions may be sensitive. I am going to ask you quite a lot of 'why' questions and ask you to go into as much detail as you feel comfortable. This part of the research is really important because you are describing your life experience, rather than an outsider's perspective on what might happen.'

First can you tell me about the time point that you first realised you were pregnant …*possible questions*

- I know this may be a silly question but why did you think you were pregnant?
- What type of relationship were you in?
- Did you ever use contraception or talk about the use of contraception? Why? Why not? Did you consider that you could become pregnant?
- Why was the pregnancy unplanned/unintended?
- How old were you when this happened?
- How did you find out for certain that you were pregnant?
- Can you tell me a bit more about what you did when you found out and what your initial thoughts and feelings were?
- Did you consider abortion?
- What did you know about abortion at the time and how did that knowledge effect your decision?
- What made you keep the baby and not have an abortion?
- When you were making the decision about keeping the baby, did you have a good understanding of what would happen in the future and the consequences on your health and life and future?
- Initially what choices did you think were available? What did you want to happen?
- what choices were there after you decided to keep the baby?
- What were the first things that you did? Thought? Felt? Main worries and concerns? Did you tell anyone initially?

So this was during the initial period when you found out you were pregnant, now can we now talk about the period of pregnancy, what happened next … *possible questions*

- Telling people about the pregnancy? How? To whom? Who first and why? Who after? What did you say?
- How did they respond/react? (Owner, family, wider family)
- So how did this effect relationship with the owner, family and friends?
- Can you tell me more about the relationship with the owner, your family and their family during this time? What happened?
- What did you want to happen? Why? Why did or didn't it happen?

- What were you thinking about the practicalities of where to live?
- Income security and how to provide for the baby?
- Your own education and staying in school? Did the school get involved? Was it possible to stay in school?
- Maternal and infant health? How much did you know about maternal and infant health, and how to care for a baby?
- How much choice did you have to make decisions once you had told your family and the owner about the pregnancy in terms of where to live and education and how to provide for yourself and the baby?
- What services did you access? Did you go to the hospital? Was there any intervention by an outside party?
- During the time of the pregnancy what were your main worries and concerns? What did you want and why, what were your hopes and desires? How did you feel through this time?
- During the time of the pregnancy, how did you survive? How did you cope? How did you fight? What did you do and why? What choices did you have? What was the biggest choice you made? What was the most important choice you made? What helped you to achieve your wants and what stopped you in this time?
- What strengths did you think you had which helped you in this experience? What resources? What helped the most? ALSO, what were the weaknesses, constraints, things that made the experience really hard?
- Can you tell me a bit more about your relationships with others outside of your family during this time? For example friends, organisations, community?
- Did any spiritual or religious beliefs or organisations have any influence during the time you were pregnant? If supporting, what type of support?

Now can we talk about these things in the context of after the birth of your child … *possible questions*

- When, where and with whom were you with when your baby was born? What was your health like and the health of your baby? Did you receive any intervention from health professionals?
- Who named your baby?
- Where were you living at the time and where did you live afterwards?
- Who provided economically for you?
- Can you tell me more about the relationship with the owner, your family and their family during this time? What was it like? Had it changed? What did they say and do?
- So just after your child was born and the times after what were your main worries and concerns? What were you thinking and feeling? What did you want? What did you do and why? How did you achieve what you wanted? What helped and what stopped you from achieving what you wanted?
- What changed for you after the baby was born in terms of the things that you did and how you spent you time etc? Having a baby is a massive life change, how did it change your life?

And now … *possible questions*

- How are you doing at the moment? What is your current situation? I.E. where do you live and how are you surviving financially? How is your health? Educational opportunities? Has it been possible to stay in school? What are your relationships like with the owner, his family and your family? Who carers for the baby (main caregiver)?

And the future … *possible questions*

- How do you feel about the future?
- What do you think is likely to happen in the future in terms of health? Education? Money? Job? Family? Relationships? Marriage?
- What will you do now?
- How has this affected the process of marriage and future relationships?
- What are your relationships like now with the owner, his family and your family?
- What are your main worries and concerns about the future
- What are your main hopes and desires for the future? Is it possible to achieve these hopes and desires for the future? How? Or why not?
- What have you learnt and found positive about this experience?
- What has been the hardest thing during this experience?
- Would you have liked to have done anything differently? If so, how and why?
- What relationship do you have with your baby? Do they know you are the mother?
- What would you say to other people going through a similar experience? What would you say to families of girls going through a similar experience? What would you say to the government and the community about this experience?

So before we finish I just want finally to talk about wider relationships during this time with the community or organisations … *possible questions*

- What was your relationship with the community and organisations during this experience? What role did they play?
- Was there any outside (outside of the family) intervention and support available? Received? Did you have contact with, for example, health clinics? School? Church? Community organisations? NGO projects?
- If any was received, what was the outcome of intervention? Is there anything else you would have liked them to have done, but they didn't?
- What is your opinion about outside help or support or intervention from the community or organisations? Should it be available? Why or why not? And in what form?
- What further support or help would they have wanted? How and from whom?

Thank you for being part of the research and a reminder of support link if they want to access them now and/or in the future

University of Southampton

‘Expert’ semi-structured interview schedule

It would be great if we could start by you telling me a bit more about the organisation you work for and your role within the organisation …

Contextual information… *possible questions*

- What type of organisation do you work for, for example, international, national, governmental, non-governmental, religious affiliation??

- What is the scope and work of your organisation, for example where does it work and who with and what does it do? (Rural, urban, national, local, international, adolescent sexual and reproductive health and or other fields)

- What is your role within the organisation?

- Can you tell me a bit more about your experience in the field of adolescent sexual and reproductive health, for example years you have worked in this and previous organisation and other roles in past.

I am going to start by asking about your perspective on the experience of an unplanned pregnancy … *possible questions*

- What do you understand by the term ‘unplanned/unintended pregnancy’, what does the term mean to you and your organisation?

- Do you think it is something that happens very often? It is something that happens to many of the girls who you come into contact with? Is it an experience you are familiar in working with?

- Why do you think it happens?

- When is it most likely to happen?

- When the girls find out, how do they react? What are the girls reaction? And why do they think like they do?

- What are some of the consequences of an unplanned pregnancy for young women, for young men, for families and for communities? What challenges are they most likely to face?

- What are the main sexual and reproductive health issues related to unplanned pregnancies?

- What do young women know about abortion and do you think many women in this situation have an abortion? Why do young women do or don’t have an abortion and what are the consequences?

- When young women make the choice to keep the baby do you think they have a good understanding of the consequences to their health, life, education, relationships etc?

- We have been talking about some of the challenges that young women face when they have an unplanned pregnancy, how do they cope with these things? How do they survive?

- How much choice does the young woman have once she has told her family or the owner that she is pregnant? What is most likely to happen once she starts to tell people? How do families and communities respond?

- How much choice did she have before she was pregnant?

- How does this change the role and relationship that a young women has with her family and the community?

- Can you tell me what you think are some of the needs and risks for young women
- who become pregnant without intent?

Now can we talk about intervention and organisations who work with young women … *possible questions*

- Does your organisation work with young women who have had an unplanned pregnancy? And how?

- What provision is there for a young women who has unplanned pregnancy in Mozambique? What support help is she likely to get?

- If a girl comes to you or your organisation saying that she has become pregnant, what advice, support would you give?

- Unplanned pregnancy is obviously related to contraceptive use and HIV/AIDS, two key topics for organisations interested in sexual and reproductive health. What sort of priority and profile does unplanned pregnancy have in your organisation?

- Do you think it is appropriate for organisations to intervene in the situation of an unplanned pregnancy, as it is something that tends to be managed by the family? Why? Or why not?

- If you think intervention should be available, when, how and by whom?

- What about intervention for out of school youth.

- What intervention is available and how effective is this intervention? Is it done well?

- Can you tell me a bit more about the role of health and education in this situation?

- Do other types of organisations other than health and education have a role to meet the needs of women who have had an unplanned pregnancy?

- What help and support is missing for young women in this situation? What more could outside organisations do?

Thank you for being part of the research

APPENDIX C – Sample Demographics

Maputo City

Maputo City as a province is made up of the capital city and immediate surrounding areas. It is the smallest province in Mozambique but most densely populated (MPD 2008). In 2005 Maputo City had 1,216,873 residents, 22.1% (269,533) of which were between the ages of 15 and 24 (UNDP 2006). The life expectancy in 2005 was 58.6 years well above the national average of 47.1 years.

Situated at the southern tip of Mozambique the city has a direct link to Johannesburg in South Africa via the Maputo Corridor, a toll road built and maintained by a South African company.

According to the UNDP 2006, on average, Maputo City contributes 20.8% to the national GDP a year and has an average economic growth rate of 6.6%. Maputo City has a per capita GDP that is two to three times higher than the national average and four to five times higher than some Northern provinces.

The incidence of poverty in 2003 was 54% and many still live below the poverty line even in this, the countries most urban and prosperous region (MPD 2008). However, Maputo City heads the southern zone and country with an HDI and a GDI almost double the national average.

Maputo City has the highest rates of primary school completion in the country at 121.8% with rates higher for girls than for boys (MPD 2008). Maputo City also has several large secondary schools and the national University, Universidade Eduardo Mondlane, the oldest and largest University in Mozambique. The provincial average for adult literacy is 94.8%, almost double the national average of 47.2%.

In terms of maternal health, Maputo City has significantly above average statistics (average is 53.8%) for assisted and institutional child birth deliveries (MPD 2008). In 2004 Maputo City had one central hospital, three other hospitals, 16 health centres and 22 health posts making a significant networks of health services (UNDP 2006). 68.9% of the population have access to at least an improved latrine, with 35.5% accessing a toilet (with septic tank or sewage system), again well above the national average.

In terms of sexual and reproductive health, Maputo City has a high rate of unintended pregnancy in comparison to other provinces (INJAD 2001) and as part of the southern region has an increasing rate of HIV prevalence currently amounting to 21% (MPD 2008).

Access to an improved water source is only 38% (MPD 2008), 45.9% of the population has electricity (UNDP 2006) and in terms of Information and Communication Technology (ICTs), voicemail and cell phone communication, Maputo City has 100% coverage (MPD 2008).

Zambézia

Zambézia province has the second highest population in Mozambique with 3.832.339 residents (MPD 2008) and is the most northern province of the central region. In 2005 19.3% (716,199) of the population were between the ages of 15 and 24. The life expectancy in 2005 was 48.6 years just above the national average of 47.1 years.

Zambézia is located just north of the Zambézi river, an important natural resource in Mozambique, which is subject to frequent and heavy flooding. Zambézia has many corridor districts containing important link roads between provinces and neighbouring countries.

According to the UNDP 2005 on average Zambézia contributes to 11.2% to the GDP and has an average economic growth rate of 7.9% per year. Zambézia has a higher than average growth rates for both the HDI and GDI and incidence of poverty is 45% (MPD 2008). According to the Human Poverty index in 2003 Zambézia was the poorest province in Mozambique.

Zambézia has 22% of the irrigated land in Mozambique (UNDP 2006) and in 2004 58% of it's GDP came from agriculture, livestock and forestry.

Zambézia has the lowest rates of primary school completion in the country at 60% (MPD 2008) and girls attendance is not only lower than boys, but it is also lower than the national average (UNDP 2006). The provincial average for adult literacy is 39.3%, less than the national average of 47.2%.

In terms of health Zambézia has below average statistics (average is 53.8%) for assisted and institutional deliveries (MPD 2008). In 2004 Zambézia had no central hospital, one provincial and four rural hospitals, 92 health centres and 58 health posts, an insufficient health network for the size and distribution of the population. 80.6% of the population have no sanitation facilities, only 1.8% using an improved latrine and 0.6% using a toilet with septic tank (UNDP 2006).

Although the central region of Mozambique has a HIV prevalence of 18%, Zambézia, along with the southern region has an increasing rate of prevalence currently amounting to 21% (MPD 2008).

Only 32.1% of the population in Zambézia have access to improved water sources (MPD 2008) which is lower than the national average (UNDP 2006). 66.4% of the population access water through non-protected wells. Only 2.7% of the population use electricity, the majority using petrol-gas (44.4%) and firewood (34.1%) in 2003. However, Zambézia does have 100% coverage for voicemail services (MPD 2008)

APPENDIX D – Key details of focus Groups

All names have been anonymised, as have the area from which these focus groups were situated apart from their connection to the rural/northern and urban/southern sample. All focus groups occurred at a different youth association, four in Maputo City and four in Zambézia Province.

Focus group one
Focus group one was held at a youth association on the edge of the city of Maputo. The group was made up of eight young women aged between 15 and 21 years old (mean age of 18), a female coordinator, researcher and research assistant. All of the young women are still in school and most are members of the youth association. Most of the young women live with their parents, siblings, uncles, aunts or grandparents in a peri-urban bairro on the outskirts of Maputo. One participant had an unintended pregnancy. The surrounding peri-urban bairro is made up of both brick and bamboo cane built homes, some with access to water and electricity. Many men work in South Africa while their families reside in the urban areas of Mozambique. Many families are also involved in informal trade, selling goods from South Africa and agricultural produce grown outside the city in the city bairro's. A large aluminium production company situated on the outskirts of the city also provides many jobs for people in this area.

Focus group two
Focus group two was held at a youth association in a peri-urban bairro on the outskirts of Maputo. The group was made up of eight young women aged between 18 and 22 years old (mean age of 21), researcher and research assistant. All of the young women are still in school and most are members of the youth association. Most of the young women live with their parents, siblings, uncles, aunts or grandparents in the bairro. One participant has had an unintended pregnancy. The surrounding peri-urban bairro is made up of both brick and bamboo cane built homes, some with access to water and electricity. Many men work in South Africa while their families reside in the urban areas of Mozambique. Many families are also involved in informal trade, selling goods from South Africa and agricultural produce grown outside the city in the city bairro's. A large aluminium production company situated on the outskirts of the city also provides many jobs for people in this area.

Focus group three
Focus group three was held at a youth association on the edge of the city of Maputo. The group was made up of three young women, researcher and research assistant and was not recorded properly. Therefore this group has not been transcribed or used in data analysis.

Focus group four
Focus group four was held at a youth association in a peri-urban bairro on the outskirts of Maputo. The group was made up of 8 young women aged between 16 and 20 years old (mean age of 17), researcher and research assistant. All of the young women are still in school and most are members of the youth association. Most of the young women live with their parents, siblings, uncles, aunts or grandparents in the bairro. The surrounding peri-urban bairro is made up of both brick and bamboo cane built homes, some with access to water and electricity. Many men work in South Africa while their families reside in the urban areas of Mozambique. Many families are also involved in informal trade, selling goods from South Africa and agricultural produce grown outside the city in the city bairro's. A large

aluminium production company situated on the outskirts of the city also provides many jobs for people in this area.

Focus group five
Focus group five was held at a secondary school in a rural district in Zambézia province. The group was made up of nine young women aged between 15 and 20 years old (mean age of 17), researcher and research assistant. All of the young women are still in school. Most of the young women live with their parents, siblings, uncles, aunts or grandparents in the district. The surrounding villages are made up of a few brick built homes, the majority made with bamboo canes or mud. Water access is generally community based with limited access to electricity. The majority of families engage in subsistence farming and informal selling of produce, supplemented by limited formal employment. This district contains main roads, known as transit corridors between different provinces and border area, meaning that the local economy is dependent on labour migration. Men tend to work out of the villages, travelling to large towns, cities and other countries

Focus group six
Focus group six was held at a youth association in a rural district in Zambézia province. The group was made up of eleven young women most of whom are still in school. Three of participants had had an unintended pregnancy. The surrounding villages are made up of a few brick built homes, the majority made with bamboo canes or mud. Water access is generally community based with limited access to electricity. The majority of families engage in subsistence farming and informal selling of produce, supplemented by limited formal employment. This district contains main roads, known as transit corridors between different provinces and border area, meaning that the local economy is dependent on labour migration. Men tend to work out of the villages, travelling to large towns, cities and other countries

Focus group seven
Focus group seven was held at a youth association in a rural district in Zambézia province. The group was made up of nine young women aged between 15 and 20 years old (mean age of 17), female coordinator, researcher and research assistant. Most of the young women are still in school. Three participants had had an unintended pregnancy. The surrounding villages are made up of a few brick built homes, the majority made with bamboo canes or mud. Water access is generally community based with limited access to electricity. The majority of families engage in subsistence farming and informal selling of produce, supplemented by limited formal employment. This district contains main roads, known as transit corridors between different provinces and border area, meaning that the local economy is dependent on labour migration. Men tend to work out of the villages, travelling to large towns, cities and other countries

Focus group 8
Focus group eight was held in association with a youth association in a rural district in Zambézia province. The group was made up of thirteen young women aged between 15 and 21 years old (mean age of 18), female coordinator, researcher and research assistant. All of the young women are still in school. The surrounding villages are made up of a few brick built homes, the majority made with bamboo canes or mud. Water access is generally community based with limited access to electricity. The majority of families engage in subsistence farming and informal selling of produce, supplemented by limited formal employment. This district contains main roads, known as transit corridors between different provinces and border area, meaning that the local economy is dependent on labour migration. Men tend to work out of the villages, travelling to large towns, cities and other countries.

Appendix E - Key details of individual young women who had an unintended pregnancy

Name	Age	Age at conception	Age of child	Place of residence	Father	Employment within family	Marital Status	Educational Status	Other involvements
Adela	17	15	1 year and 3 months	Lives with mother, siblings and son	Died	Mother works as a teacher. Adela sells things at home (biscuits, juice and sandwiches)	Single	Studying in grade 11. Stopped for one year and had to repeat a year	None
Casilda	17	16	Less than a year	Lives with her husband and daughter	Lives away	Husband works and studies	Married	Not in school. Finished grade 6	None
Cecilia	18	16	About 1.5 years	Lives with her mother because her husband had a serious accident	Alive	Husband used to work before he had a serious accident	Married	Studying inconsistently in grade 7. Stopped for some years	None
Dagraça	19	18	Not known	Lives with Mother, stepfather, siblings and daughter	Lives away	Mother and stepfather work, also have small business at home	Single	Studying in grade 10	Goes to church and is part of a youth association
Elsa	17	15	About 3 years	Orphan. Lives alone.	Died	Does not work but has a boyfriend who helps to provide for her	Single but has boyfriends	Studying in grade 7. Stopped for a year	Is part of a youth project aimed at HIV prevention
Erica	20	15	Almost 4 years old	Lives with her brothers	Died	Works to support her child who lives with her mother	Single	Graduated from high school (completed grade 12)	Now works. Is a key informant as well

Name	Age	Age at conception	Age of child	Place of residence	Father	Employment within family	Marital Status	Educational Status	Other involvements
Filoberto	19	17	Just over a year	Lives with parents, siblings and son	Alive	Father and mother do not work, Filoberto sells things	Single	Studying in grade 10	Goes to church and is an activist
Hannah	17	16	Less than a year	Lives with mother, siblings and son	Died	Mother works as a teacher. Hannah also does sewing to bring in some money	In relationship with the 'dono', but not married	Studying in grade 9. Stopped for two years	None
Lina	20	19	Not known	Lives with parents, siblings and daughter	Alive	Father works, mother runs a small business at home selling things	In relationship with the 'dono', but not married	Studying in grade 10. Moved to night school and had to repeat a year.	None
Louisa	22	12 & 19	9 and 3 years old	Lives with her husband	Away	Not known	Married (not to the father of either her children)	Studying in grade 7. Stopped for several years	Is an activist with the youth association
Lusia	21	17	4 years old	Lives with husband, in-laws and son	Died	Father-in-law works and her husband is studying	Married to the father of her child	Not in school. Finished grade 7	Belongs to the catholic church and attends youth association
Maria	Not known	Not known	Not known	Lives with father, stepmother, siblings, cousins, nephews and son	Alive	Father and brother work	No longer in a relationship with the 'dono', lived with him for a time	Not in school. Finished grade 8	None
Mary	20	18	Less than a year	Lives with parents, siblings and some	Alive	Mary and her mother plant rice and beans. Father is a carpenter, but doesn't work	Married, but he works away	Not in school. Finished grade 7	None

Name	Age	Age at conception	Age of child	Place of residence	Father	Employment within family	Marital Status	Educational Status	Other involvements
Nhelete	18	16	Not known	Lives with mother, siblings and child	Works away	Father works in South Africa (for last 20 years or so), mother doesn't work	In relationship with the dono, but not married	Studying in grade 10	Goes to church and is part of a youth association
Rosa	19	18	8 months	Orphan. Lives with husband and daughter	Died	Husband works in South Africa	Married	Studying in grade 9, missed a year	Is an activist with the youth association
Shelia	21	19	About 2 years and 5 months	Lives with husband, mother-in-law and son	Died/ Away?	Her mother is a farmer. Her mother-in-law works as a cleaner at her school	Married	Studying in grade 10. Has moved to night school	None
Thelma	17	15	Had an abortion	Orphan. Lives alone	Died	Not known	Single but has boyfriends	Studying in grade 9	None
Tima	17	15	1 year	Lives with mother, stepfather and son	Lives away	Not known	Single	Studying in grade 9. Moved to night school and had to repeat some years	None
Valda	21	18	Not known	Lives with parents, siblings and son	Alive	Mother and father work	Single	Studying in grade 11. Stopped for two years	Participates in youth association an activist
Witla	25	16 and 20	8 and 4 years old	Lives with mother, siblings and 2 children	Died	Brothers work and her mother is retired	Single	Studies at night in grade 9	Used to be an employed activist
Yoka	17	16	Had an abortion	Orphan. Lives with siblings	Died	No one works but they rent out a house	Single	Studying in grade 9	Assistant to class head

APPENDIX F - Basic details of key informants

Name	Sector	Role	Duties	Experience
Andre	Youth	Representative of youth for Southern African Portuguese speakers	Mediates for and between different youth associations, engages with wider youth policy in Mozambique and advocates for youth at global level	Started as a peer educator in secondary school and increasingly gained experience and responsibility over the years in youth services
Castigo	Youth	Co-ordinator of a youth association focused on community work with out-of-school youth	To promote sexual and reproductive health rights for youth through community intervention, promoting and leading activities like dance, theatre, football to give information about SRH and HIV/AIDS, etc	Not known
Dino	Youth	Youth programmes co-ordination for in-and-out of school youth	To coordinate all the sexual and reproductive health activities made by the youth association with both in and out of school youth. Also trains peer educators and leads groups	Started as a peer educator in secondary school and then joined a youth association in an advocacy post. Took on lead with SRH promotion within the association
Erica	Youth and Education	District coordinator for gender with in and out of school youth	Works with both in-and-out of school girls in the area of SRH. Leadings group and co-ordinators community activities. Also will work with individual girls and her parents	Started as a peer educator in secondary school and was given more responsibility after she graduated from school
Issac	Youth and Education	Teacher working for SRH promotion	Coordinates SRH activities in schools, leading groups of students and teachers in different schools across the district	Trained as a teacher and worked in various secondary schools
Jane	Health	Regional coordinator of SRH (nurse)	Coordinates all of the health provision for youth and adolescents in the regions, particularly focusing on the youth friendly clinics	Trained as a nurse 3 years ago, in the field of maternal and infant health. Worked as a midwife before being promoted
Jessica	Education	Youth worker in schools	Works in schools as a youth facilitator engaging in conversations and activities around different aspects of SRH	Not known
Julia	Youth	Volunteer with a youth association	Supporting SRH activities in one youth association	Trained as a counsellor and social worker. Previously worked in secondary schools

Name	Sector	Role	Duties	Experience
Katrina	Youth	Co-ordinator of a youth association focused on community work with out of school youth	To promote sexual and reproductive health rights for youth through community intervention, promoting and leading activities like dance, theatre, football to give information about SRH and HIV/AIDS, etc	Became a youth activist through the use of theatre in 2000 while still at school and started to co-ordinate the activities in 2004
Orlinda	Health	Regional director of youth programmes (previously a nurse)	Coordinates all of the work in the region done by the youth associations and engages with civil society in matters of SRH. Supports new associations, draws up regional strategy/policy and engages with wider youth policy in Mozambique. Also involved in training peer educators, nurses, doctors, teachers and those who work with youth and SRH	Trained as a nurse, in the field of maternal and infant health. Then became a psychologist. Has always been involved with the health of women and children to reduce infant and maternal mortality. After a conference in Cairo (1994), started to work only with adolescents and youth associations
Raymondo	Youth	Director of youth programmes	Overall director and coordinator of a youth association ensuring that all activities are running well and successfully promote SRH	Not known
Rogerio	Youth	Founder of a youth association, president of Youth Council and represents Mozambican youth for UN organisations	Overall director and co-ordinator of a youth association, engages with wider youth policy in Mozambique and will represent Mozambican youth at UN events	Started as a peer educator in secondary school, becoming the co-ordinator of peer educators for all schools in the region. Then began to work as a trainer and coordinator of a youth association for 7 years. Founded new youth association engaging with issues of youth at national and global levels
Roneldo	Youth and Education	Teacher working for SRH promotion as district coordinator of the youth associations	To coordinate the sexual and reproductive health activities made by all the youth associations in the district	Has always been leader of youth groups, trained as a teacher and became overseer of all the teachers in the district. Founder of several youth associations
Sylvia	Education	Teacher	Teachers various classes at a secondary school	Has been working with youth and adolescents as a teacher since 1996

APPENDIX G - Narrative accounts from the 21 individual young women interviewed with an unintended pregnancy

All names are pseudonyms.

Adela

Adela is 17 years old and lives with her mother, siblings (twin sister and two brothers), nephew and year old son in a rural district. Her father, who was an engineer, died in 2003 and her mother works. During the day she takes care of her son, goes to school (grade 11) and helps her mother make biscuits, sandwiches and juice to sell from their home. After her father died, the family struggled financially so her mother had to work away, leaving Adela and her siblings alone at home for long periods of time. During this time a male neighbour would visit the house, bringing money, sweets and biscuits and after a time they started dating in secret. They used contraception twice at the beginning of their relationship (she did not fully understand how a woman became pregnant at the time) and she became pregnant at the age of 15. The pregnancy was not expected or planned by herself or her family.

After a month her period had not come and then a neighbour (a mature woman) came to visit, asking how she was because she had seen a boy visit the house quite often. Adela told the neighbour about their relationship and that her periods had stopped. The neighbour said she must go to the hospital because she may be pregnant, offering to help her have an abortion if she wanted one. However, Adela became scarred because she knew a young girl who had died from an abortion and waited three months until her mother returned. On seeing the changes to her body, her mother realised she was pregnant and they went to the hospital together. By this time Adela was four months pregnant and the news of the pregnancy was devastating, causing a lot of worry. Her mother, upset, moved back home, not trusting her children to stay alone any longer.

With the pregnancy confirmed, Adela went with her mother to the 'donos' house. She spoke with him once, but he ran away to avoid taking responsibility. She has not seen him since, his family saying he is studying away, but will not tell her where he is. He has never taken responsibility, but after the baby was born his family came to accept responsibility. His family wanted to take the child to live with them, but her mother refused since the child was small. Both families agreed that Adela should continue studying, and the 'donos' family take her son to stay with them over the weekends. The child is registered in the name of the 'dono'.

Adela's uncles had initially wanted her to have an abortion, and one became very angry and beat her. Other community members also gossiped, making her feel depressed and hopeless. However, her mother and aunts continued to encourage her, providing a lot of care during the pregnancy, naming her baby and now support the child. Adela stopped school for a year because she was moved to study at night, but has since returned and is repeating the year she missed. She goes to school in the afternoon, and her cousin goes to school in the morning so she can look after Adela's son during the afternoon. Relationships within her family are now good and she hopes to complete her studies, get a job and get married in the future.

Casilda

Casilda is 17 years old and lives with her husband and newly born daughter in a rural district. As a child, she lived with her grandmother, aunts and sisters because her parents live

elsewhere. Casilda has completed grade 6, but is no longer in school because she spends most of her day at home caring for her child and doing household chores. Casilda began dating while still living with her grandmother and their families knew about this relationship. They generally used contraception during sex, but not consistently and at 16 years old she became pregnant. The pregnancy was not expected or planned.

Casilda realised she was pregnant when her periods stopped and she started to feel sick. She told a friend after 2 months who suggested she may be pregnant. Casilda then told was her boyfriend who at first thought she was joking, but after seeing changes in her body realised she was serious and accepted responsibility. They went to the hospital to confirm the pregnancy before telling her grandmother. At first, the nurses shouted at her, saying that she was a child and too young for pregnancy, but then treated her well. Her grandmother also thought she was too young and should continue studying, but after some time accepted the pregnancy. Casilda was happy because she knew the 'dono' would take responsibility. She never considered having an abortion because she was scarred she may die, and her boyfriend had asked to marry her.

After Casilda had told her grandmother, the 'donos' family were called to present themselves and make arrangements for the responsibility and marriage. The 'dono' formally accepted the pregnancy at this presentation and they decided she would live with him and marry. They also spoke about financial provision and schooling. Casilda moved to live with the 'dono' straight away, but had to stop going to school because of the pregnancy. The school have encouraged her to return once the child has grown. Casilda does hope to go back to school when her daughter has stopped breastfeeding. Both families are now happy because Casilda has had their first grandchild and she continues to have a good relationship with the 'dono'. He named the child and now provides financially for them both. Casilda hopes she will have more children in the future, that she will finish her studies and then work.

Cecilia

Cecilia is 18 years old and lives with her mother and daughter in a rural district. Her husband had an accident over a year ago and has been in hospital recovering during this time. Cecilia met her husband while at school and they started dating. He presented himself to her family so they would not have any problem with their relationship. They started having sex and Cecilia fell pregnant when she was 16 years old. The pregnancy was not planned as they generally used protection, but when rushing did have sex without a condom.

When her period was delayed for a month, Cecilia told her mother who took her to the hospital. Her mother asked how long she had been in a relationship and which days they had had sex, advising her not to do this again. The pregnancy test came back positive and the nurses gave her lots of advice about being pregnant. Cecilia felt the pregnancy would ruin her life because she was doing grade 7, and knew she would have to miss school while taking care of her child. Cecilia was also scared of her family's reaction. After she had been to the hospital Cecilia rang and spoke to the 'dono' who was working away. He accepted responsibility for the pregnancy, urging her not to have an abortion. She did not want one either because a friend had died of an infection 2 weeks after she had an abortion.

During her pregnancy, the 'dono' worked away and it was not until he returned that Cecilia moved to live with him after her daughter was born. Her family supported her during the pregnancy and he sent money, visiting during the holidays. His family wanted Cecilia to come and live with them, her father also wanted this, but her mother refused because it would have been a long way to visit, leaving her younger children alone. She also wanted to stay with her

mother during the pregnancy, although had to stop studying because she could not manage the distance to school while pregnant.

Cecilia moved to live with her husband in their own home after her daughter was born, and 3 months later her husband had an accident. She now rents out their house and lives with her mother who is the main caregiver to the baby while she has been visiting her husband in hospital. Cecilia wanted to return to school after her daughter was born, but this has been difficult. She is unsure how life will unfold, but hopes to continue studying one day. Her husband will return home in a few months and she will see what happens.

Dagraça

Dagraça is 19 years old and lives with her mother, stepfather, siblings (is the eldest of five brothers and sisters) and daughter in a peri-urban district. Her father deserted the family when she was 2 years old and lives in South Africa. Both her mother and stepfather work. Her family rent out a house and sell water, which provides for her and her siblings. She is in grade 10 at school, participants at church (The Assemblies of God) and at the youth association.

Dagraça was in a short-term, non-serious, relationship with her boyfriend last year when she became pregnant. They did not use any form of contraception, however, Dagraça was trying to prevent pregnancy by using the calendar method, only having sex in her non-fertile time. Dagraça went straight to the hospital for a pregnancy test when her period did not come as planned, where they confirmed the pregnancy. She felt irresponsible because she had prevention information, but did not fear telling her parents. She also considered an abortion, even going with a friend to get some pills, but was too afraid to take them. Her friend who did take the pills became very ill and almost died. Dagraça supported her through this time, paying for everything she needed and vowed never to have an abortion.

When disclosing to her family, Dagraça first told her aunt and then her cousin because she has very good relationships with them. They both now help care for her child. Her aunt then told her mother who took her to the ‘dono’. He refused responsibility for the pregnancy, suggesting abortion and claiming the child was not his. Because he refused responsibility, and Dagraça’s family had always wanted her to continue in school rather than marry young, her mother made him sign a document confirming that he had refused responsibility and could never claim for the baby later. Her mother wanted to make sure that if he claimed responsibility, Dagraça would not have to marry him and drop out of school. Although the ‘dono’ did try to claim responsibility after the child was born, his name is not registered on the birth certificate and her family do not consider him as having any ownership over the child. Her child therefore belongs to her family and they have continued to provide for them both during pregnancy and after the birth.

Dagraça had a ‘normal’ pregnancy and ‘normal’ birth, continues with school and has no concerns about financial provision because her family is able to provide. She has even had some support from the ‘dono’ and her own father. She found it difficult to break the relationship with her boyfriend even after he refused responsibility, and was asked to withdraw from some church activities. Dagraça is now engaged to another man, who accepts her daughter and is looking forward to married life. Her daughter will continue to live with her family until she is 5 years old, when she will live with Dagraça and her husband.

Elsa

Elsa is 17 years old and lives with her son in a rural district. Elsa is an orphan and has been living alone for the past 3 years. Elsa does not work, farming to provide food for herself and her son. She also receives support from a boyfriend and her siblings who live close by. Elsa goes to school (currently in grade 7) and is also part of a youth project aimed at HIV prevention. Elsa was in a secret relationship with her boyfriend for 2 years before she fell pregnant at the age of 15. They used contraception infrequently and the pregnancy was not planned.

Elsa realised she was pregnant when her periods stopped and she experienced bladder pain. She spoke with a good friend, explaining that her menstrual cycle had stopped and her bladder and breasts were swollen. Her friend suggested that she might be pregnant, advising her to go to the hospital. Elsa went alone to the hospital where her pregnancy was confirmed. She spoke with other friends who advised her to have an abortion, but she refused, knowing the health risks abortion and wanted a child to grow and help her. After she had been to the hospital, she told her boyfriend who refused responsibility, suggesting the pregnancy may be due to one of his friends because he had heard she had other boyfriends. Elsa challenged this but he did not change his mind. He has never taken responsibility and he did not tell his family. She tried to speak to his brother, but he would not listen either. She has never had any further communication with the 'dono' or his family.

Elsa then informed her sister (whom she was living with) who told her to leave the house and live with the 'dono'. She went to the 'donos' house and because he would not accept her she went to stay with a friend (the same friend she had first spoken to when her periods stopped). Elsa stayed with her friend until she was 7 months pregnant, her friend trying to provide for all their needs although this was a struggle (she did not always have enough food and clothes). Elsa sold cakes as a way of earning some money. She stopped going to school because all the paperwork was at her sister's house and her sister remained angry with her for a long time. Elsa went to the hospital during her pregnancy, and her friend gave her lots of support and advice. Elsa felt bad during this time because her siblings remained angry with her and would not have her in their house. After 7 months, and at her friend's request, Elsa's brother agreed she could live with him because she was at a critical stage in her pregnancy. After 9 months her sister also allowed her to stay, supporting her for 3 days until her son was born.

Elsa stayed with her sister for a week after giving birth, then moving to live on her own at their late parent's house they had previously been renting. Her older brother decided that she should stay there. Elsa missed a year of school, but has now returned (in grade 7) and her sister looks after her son while she is at school. Her sister sometimes gives her maize and her brother will give her vegetables. Elsa also has a boyfriend who helps provide, but she continues to struggle, not always having enough to eat. Elsa sometimes receives money when she attends a youth project aimed at HIV prevention and this helps to buy food. Elsa wants to be a teacher in the future.

Erica (also a key informant)

Erica is 20 years old and lives with her brothers in a rural district. Erica has graduated from high school and, for just over a year, has been working as a coordinator for in-school youth, specialising in gender issues. Erica's 4-year-old son lives with her mother and sisters in a different town, she is the eldest daughter in the family and her father has now died. Erica started a secret relationship while at boarding school in grade 7. She was 15 years old and in grade 9 when she fell pregnant unexpectedly. They generally had sex with protection, but because they knew one another well decided to have sex without condoms and she became pregnant.

Erica went to her cousin's house during the holidays, who asked about her menstrual cycle suspecting the pregnancy. Erica told her that her periods had stopped but she was not suspicious. After returning to boarding school her cousin called her mother declaring her suspicions. Erica was not feeling well so went to see the nurse, who told her that she was indeed four months pregnant. Erica was scarred of having to leave school and telling her family, not knowing her cousin had already rung her mother.

When the pregnancy was confirmed, she told her boyfriend who was scarred to take responsibility being the eldest son and unable to communicate with his family, although accepted the pregnancy after a time. Some friends told her to have an abortion, but she first wanted to talk to her family. Her mother then came to see her and she told her everything. At first her mother was angry, and then called the 'dono' to speak with him. Her mother asked her what she wanted to do and Erica wanted to have an abortion, but her mother advised against abortion assuring her that she would be able to continue in school if she kept the baby. Erica's mum then spoke to her husband (Erica's father), who spoke to his mother (Erica's grandmother). Erica went to visit her grandmother, who was a nurse, seeking help for an abortion, but her grandmother told her not to have an abortion because this would be her great-grandchild. During this time the 'dono' told his mother, who with support from a friend, went to meet with Erica's parents to discuss responsibility and schooling. Neither Erica nor the 'dono' were part of this meeting, informed later of the outcomes.

By this time her school colleagues and directors knew of the pregnancy. The directors called for a meeting with her parents, who agreed that Erica could stay at school but not board. The 'dono' was transferred to another school and Erica remained in a rented house with support from a maid. Erica was the first girl at this boarding school to become pregnant, she was embarrassed to be seen by some of her school friends and did not go out unless she had to. Erica contacted malaria during her pregnancy, but was otherwise healthy.

When Erica had her son, she continued to live with her maid but changed to study at night. Erica remained in a relationship with the 'dono' for some time, but broke up when he met and married another girl. Erica remains in contact with the 'dono', and he still provides for his son, also having him to visit. When her son was 18 months old, he went to live with her mum while she went to another boarding school. After she graduated she got her job and her son continues to stay with her mother. Erica lives with her brothers, visiting her mother and son at weekends. Erica is able to support her son financially now she is working and hopes to go to university in the future.

Filoberto

Filoberto is 19 years old and lives with her parents, siblings (in total five brothers and four sisters) and year old son in a peri-urban district. Three of her siblings are married, and one brother lives with her grandparents. Filoberto's parents do not work (although her father is looking for employment) and she sells things to support the family. Filoberto is still in school (currently in grade 10), is involved in a Baptist church and is a youth activist.

Filoberto had been in a relationship with her boyfriend for 10 months when she became pregnant at the age of 17. They had historically used condoms and wanted to try sex without a condom, but did so when she was in her non-fertile time. On realising she was pregnant, she spoke to an activist at the youth association who made an appointment for her at the youth-friendly clinic. At this appointment she spoke with the nurse about abortion who gave her information, but told her that abortion was not safe. She also spoke with friends and her cousin about abortion, who gave her conflicting advice. In the second month she spoke to her boyfriend who refused responsibility for the pregnancy because he was not sure if it was his.

They had finished the relationship by this time. Filoberto kept the baby because of the health risks associated with abortion, although this was a difficult decision to make after her boyfriend refused 'ownership' and the social consequences associated with unintended pregnancy.

Once she had decided to keep the child, during the third month of pregnancy, she told her mother. Her mother was initially disappointed but had already been told by a cousin and had suspected the pregnancy. She became supportive after a time. When her father found out she was pregnant he did not speak to her for a week, but again after two or three weeks he began to accept the pregnancy and started to support her. Filoberto was allowed to continue in school and has since had the support of her wider family. Her family continued to provide for her schooling and basic needs through pregnancy, never considering sending her to live with the 'dono'.

Filoberto was unwell during the sixth month, having to rest until the child was born. Her son was born at the hospital and was healthy. She immediately informed the 'dono', to confirm he was the father and to name the child. He came to apologise and accept responsibility for the child, but does not provide any support, although accepts the child as his. His family initially gave some support (taking the baby to their house for a day or two), but she does not feel comfortable when leaving the child with his family, so this is limited. Generally they accept the child, but provide minimal support.

Filoberto has been supported by her family and her church, drawing on these two sources for 'strength' and resources. While friends, family and people at church were initially frustrated because they were not expecting the pregnancy they now support her as normal. However, her family sometimes struggles to provide financially because they do not work, which can cause tensions. If her mother and father cannot provide then she has to ask her sisters. Filoberto now hopes to finish school and get a good job to provide for her child independently. She would also like to get married in the future and have planned children.

Hannah

Hannah is 17 years old and lives with her siblings (twin sister and two brothers), nephew and son in a rural district. Her father, who was an engineer, died in 2003 and her mother works. During the day, she takes care of her son who is not yet a year old, goes to school (grade 9) and helps her mother at home. Her twin sister also had an unintended pregnancy, so they both help to look after each other's child. Hannah has also learnt to sew and does this to earn some money.

Hannah was in a secret relationship with her boyfriend, becoming pregnant at 16 years old a few months after her sister had also become pregnant. They used contraception infrequently, mostly at the beginning of their relationship, but she was not expecting or planning the pregnancy. She began to suspect the pregnancy when her period did not come and after some time spoke with her aunt who suggested she was pregnant. Her aunt asked who the 'dono' was, told her to go to the hospital and to speak with her mother. So she went to the hospital with her aunt's support to confirm the pregnancy. Her mother was away at her grandparent's house, so her aunt was her closest female relative. The nurses confirmed the pregnancy and angrily asked why a child would get pregnant. Hannah became sad, worrying about dropping out of school and other people's reactions. She considered abortion, but her aunt said that abortions were dangerous, urging her to keep and care for the baby. She also spoke with her friends and neighbours for advice about what to do.

Then at some point, either before or after Hannah told her mother, she told the 'dono'. He told his parents, who accepted the pregnancy because they had seen her with their son. She told her mother, who was initially very upset, but would not support an abortion. She asked Hannah what she wanted to do, who said she wanted to stay at home with the child and continue studying. The 'dono', who was going away to university, said it was fine for her to stay living with her mother. His family had initially wanted her to move in with them, but after a while agreed she could continue to live at home. He named the baby and occasionally visits. His family visit, send financial support and he continues to call, but does not want to get married.

Initially her uncles were angry and some friends despised her, while others were supportive. Her brothers were supportive, but also frustrated that both their twin sisters became pregnant only 6 months apart and both still live at home. Relationships in the family have settled down, but her uncles continue to withhold financial provision at times. She also contracted malaria during her pregnancy, which meant she was very unwell for a few months. The school wanted Hannah to study at night, but because this is dangerous she missed two years and has only just returned. Although she struggles financially and has to ask people for lots of help Hannah believes she is doing well living at home with her son, going to school and continuing with life. She would like to work one day, get married and have a house of her own to care for her son.

Lina

Lina is 20 years old and lives with her parents, five siblings and her daughter in a peri-urban district. She is the second child and eldest daughter. Her father works for a company and her mother runs a small business selling things from home. Her elder brother is not working and her other siblings are in school. Lina is currently repeating one session of grade 10 (her marks deteriorated when to night school during the pregnancy) and she spends most of her time at home. She was 19 and in a serious relationship with her boyfriend when she became pregnant. They had plans to marry and have children together in the future, but not at the time she became pregnant. They were not using any contraception.

Lina had historically suffered from nausea and vomiting, so when she first felt unwell was expecting to be diagnosed with malaria. When the malaria test came back negative her family thought that she may have worms. The hospital gave her medication, but the nausea continued and increased. It was not until the third month that Lina realised she was pregnant when her period had not come. Lina spoke to a friend about her suspicions, debating what she should do because she was very anxious about telling her parents. She was concerned they would send her away, and felt too weak to tell them. Lina had also broken up with her boyfriend at this point. She considered abortion, but did not abort because of the health risks and the thought of killing someone innocent.

After three months, her family began to suspect the pregnancy. Her mother approached her, but Lina denied the pregnancy. Then her aunt came to visit and noticed her body had changed and was bigger than usual. Again she denied the pregnancy, but her aunt and mother took her to the hospital for a test. A test and scan confirmed she was in fact four months pregnant. Both Lina and her mother were anxious about telling her father, but her mother and aunt agreed to do this.

When told, Lina's father said that she needed to go and talk to the 'dono'. The next day she went with her cousin to speak with him, but he needed three days to think about whether he was going to accept, particularly as they had finished their relationship. After this he accepted the pregnancy and their families then met. They had a meeting of introduction and formally

accepted responsibility for the baby and Lina during pregnancy, meeting any needs that arose during this time. At this meeting they did not talk about marriage or for her to go and live with him, because they both wanted their children to continue in school. She was happy with these decisions, although did not have any input. The 'donos' family took her to hospital during the pregnancy, but she remained living with her family and moved to study at night.

Lina is still in a relationship with the 'dono' who gives her more consideration as the mother of his child. She is happy living at home with her daughter with the 'donos' family providing financial support, studying in the evening so she can leave her daughter with her family.

Louisa

Louisa is 22 years old and lives with her husband (who is not the father to her children) and two sons in a rural district. Louisa began a secret relationship (because her parents would not have approved) with her boyfriend, a neighbour, when she was 12 years old. Because Louise was young at time, she did not know about contraception and did not use any form of pregnancy prevention. Therefore just before she turned 13 she fell pregnant with his child, her boyfriend being 19 years old.

Louise started to think she may be pregnant when a month passed without her period, she dismissed the idea believing her periods her naturally late. After 2 months she told her boyfriend who said she should wait another month, assuring her that when he started working he would present himself to her parents. They waited 3 months and her period did not come. Louisa became scarred, because her parents used to tell her that if she ever became pregnant they would take a knife and chop her child into pieces or send her away. Louisa tried to have an abortion, at her boyfriend's suggestion, by taking medicines he gave her from a traditional healer, but these did not work. After 3 months, Louisa went to her sister-in-law, telling her that she may be pregnant. Her sister-in-law went straight to her parent's house, telling them that Louisa had not had her period for 3 months.

Louisa was called to a meeting with her family and counsellors in the area. They called the 'dono', but he had gone to the city. The next day they called him again and he said that yes the pregnancy was his but he did not have the current financial conditions to take care of Louisa and the child. Louisa's father insisted that because he was the 'dono' he must take responsibility, as he would no longer care for Louisa. That night when Louisa came home from school her father said that she could not stay and must go to her husband's house. Louisa tried to argue but her father refused to let her stay. Louisa's mother could not change his mind, so encouraged her to marry the 'dono'. So in the middle of the night she went to his house. At first he was angry, but his family let her stay and she became his wife. They had a normal marriage, sleeping together, but Louisa felt that she did not have many rights being a child in someone else's house. She felt unwell during pregnancy, lacked a maternity dress, stopped going to school and would buy and resell pineapples to make money for material provision. When the baby moved out of place, she went to a traditional healer.

After a few months, her in-laws decided to sell the house and move to another town. Her husband asked her to return to her parent's home because he wanted to move with his parents. Louisa could not return home because she was still pregnant, so remained with her husband at his brother's house. She could visit her parent's home, having a good relationship with her mother, but could not return home until she had her son. During this time her husband rented his house to provide financially for Louisa until she gave birth. They had many arguments and when she came home after giving birth she found him drunk.

3 days after their son was born, her husband move to live with his parents and suggested they go together. Louisa did not want to move with her husband because he had mistreated her and she would be isolated. She decided to move back home, where they accepted her because she had had the child. Her husband came to her father's house to claim her and the child, but again she refused. Her husband left her some money and she never saw him again. Her in-laws continue to invite her to their house and when her son was 5 months they wanted to take him, but she refused. Louisa has never heard from this 'dono', but does remain in contact with his family who don't support financially, but will have her son to visit.

When Louisa's son was 2-years-old she started having sexual relations with a white man who owned a shop in town. Their relationship was widely known, but he never came to her house. They used contraception infrequently and when she was 19 she became pregnant again. She did not expect this because she was not having sex regularly, but when she became nauseous, not wanting to eat anything, she realised she was pregnant again. When telling the 'dono' he said that he would know if it was really his child because they would have different hair and colourings. Louisa was concerned because this white man had always said he did not want children. However, he supported her through the pregnancy, providing everything she needed and more, and her pregnancy was easy. Her parents had divorced and she was just living with her mother, so was able to stay at home. Her mother asked if the 'dono' would accept the child and she said that she did not know, but she would continue alone anyway, although she was tired of caring for her children without a husband. By this time Louisa had returned to school, studying at night.

When Louisa gave birth to his son, she withdrew from their relationship because he had not wanted children. However, on seeing that he was the father he wanted to take the child. He sent a maid to take the child and started rumours about her refusing to give him their son. He would not provide for her or the child unless she gave him the child, and refused to serve her in his shop. Louisa never gave him the child and was supported by her mother, leaving the children with her during the day while she studied. When her youngest son was 3 months old, Louisa met a coloured man who she married and how lives with. Both her children are growing well (her youngest is now 3 years) and her husband takes good care of them. Louisa is still studying, and her husband stays with the children while she is at school. She now hopes that life will continue as it is with her husband and children.

Lusia

Lusia is 21 years old and lives with her husband, his family (parents, brothers and nephews) and their 4 year old son in a peri-urban district. Her father-in-law works, but her husband does not. Her family (mother and siblings) live in province about 8 hours away and she has been living with her grandmother since she was 3 years old. Lusia is no longer in school (completed grade 7), spending most of her time at home braiding hair for additional family income. She is an activist for a youth association, attending meetings once a week and belongs to the Catholic Church.

Lusia had been involved in a secret relationship with her boyfriend for 3 years and at the age of 17 became pregnant. The pregnancy was not planned and they had used contraception inconsistently during sex. She became aware of her pregnancy after her periods stopped, and she immediately told her boyfriend. They went to the hospital together to confirm with a test. Her boyfriend, aged 19, became very worried at this point and stopped going to school. She also started to feel sick and believes her neighbours were already suspecting the pregnancy at this stage. She wanted to have an abortion, but her boyfriend accepted the pregnancy advising her against this, concerned about the health risks. They kept the

pregnancy secret for about 2 months, but started to disclose to family members after they had been to the hospital.

When they told their families about the pregnancy, his family came to her house for an official meeting as her family were visiting at the time. His family accepted the pregnancy and asked to take her to their house to live with them. Lusia was not part of this meeting and everything was decided without her knowledge. At the time, she wanted to stay at home and continue with school. Her parents agreed that she would go and live with the 'dono', although did advocate for continued schooling at this point. After this meeting relationships in her family changed, becoming difficult with her family. Her grandmother and mother were both unhappy and made her life more difficult, blaming everything on the pregnancy. She described how her father would not speak to her, just looking at her with 'mad' eyes. Her family would not give her money for food or let her rest during pregnancy. However, she refused to go to the 'donos' house until her child was born, trying to ignore her family's mistreatment. She would walk to school and keep the money given to her for transport to buy food.

Lusia became seriously ill when she was 5 months pregnant, this affecting her progress at school. She was then taken to the hospital for a caesarean at 7 months because of malaria. Up until he was 2 years old her son was unwell, frequently needing medical attention. After he was born, Lusia moved to live with her boyfriend and his family, continued in school up to grade 7, but has since stopped. She found that going to school was causing tension with her in-laws who complained she was not helping around the house enough. She would like to continue with school, although will have to pay for herself. Her family are no longer close by, and only her grandmother comes to visit her. She continues to struggle financially as her in-laws do not always have enough money. She will braid hair for additional income, but this is unpredictable.

Maria

Maria lives with her father, stepmother and four siblings, cousins, nephews and son in a peri-urban district. Her father and brother both work and she spends most of her time at home, not being involved in any organisations. She stopped going to school in 2006 and was in grade 8 when she left. Maria was in a serious relationship with her boyfriend, but was not prepared or planning to have a child. During the first month her body started to change, she became sick and generally unwell. She became scarred at this point, suspecting the pregnancy and went to a youth-friendly clinic at the hospital for advice. At this stage she was deliberating about whether or not to have an abortion, because she would have to drop out of school and if she kept the baby her life would dramatically change. The clinic could facilitate an abortion if her parents signed some papers. Maria decided that if the 'dono' accepted responsibility she would keep the baby and if not she would have an abortion. Maria first told her stepmother, and then her boyfriend and father. Her boyfriend accepted responsibility, telling her to keep the baby because of the health risks attached to abortion; she could die or be unable to have another child in the future. They went to the hospital for a scan, confirming the pregnancy.

However, her father was not happy with the pregnancy, advising her to have an abortion because she would have to drop out of school. Her stepmother and brother while shocked, said she should keep the baby. The 'donos' family came and met with her family suggesting she stayed at home rather than moved to live with them. However, her father said that she would have to go and live with the 'dono' because he had taken responsibility. Maria did not want to go, nor did her stepmother, but she had no choice and moved to live with the 'dono'.

After 6 months, Maria had some disagreements with her husband because he would not eat her food, stayed out late and started having sex with other women. Maria asked to return

home, but her father would not allow this. Her stepmother who supported her through this time, arranged for her to stay with an aunt. During the eighth month Maria went to visit her stepmother and wanted to stay, rather than return to her aunts. When her father tried to send her away she became emotional, arguing with him and he said that she could return home after the baby was born.

Maria stopped going to school during the pregnancy, although hopes to return next year. She found that generally her school, teachers and school colleagues were not supportive, using her as a bad example in class. The 'dono' continues to send money infrequently, and does not take adequate responsibility. Her stepmother continues to be very supportive, and her father is gradually becoming more accepting of her son. Her stepmother and elder sister continue to provide for her financially, but this is an ongoing struggle.

Mary

Mary is 20 years old, married and lives with her parents, siblings (two brothers and five sisters) and son in a rural district. Her husband works away and, because she is from a matrilineal family, she continues to live with her parents. She has not seen her husband for 6 months and has only spoken to him on the phone twice. Mary stopped going to school when she married (completed grade 7) and is a farmer, planting rice and beans for a living. Her father is a carpenter, but is not in formal employment and her mother is also a farmer. Mary started dating her husband when she was 16 years old and they married when she was 17, a year later she became pregnant. She had wanted to become pregnant sooner and took traditional medicines to accelerate conception, not using any form of contraception.

Mary realised that she must be pregnant when her period did not come after 2 months. She told her mother who said that she must definitely be pregnant. Her mother advised that she and her husband must stay faithful to each other, so that she would not lose the baby. Mary then went to the hospital with her husband to confirm the pregnancy. He was happy she was pregnant. Mary was also pleased to be pregnant and decided not to have relationships with other men, remaining faithful to her husband. She continued to visit the hospital throughout her pregnancy, but had her son at home.

Although her pregnancy was planned and supported by her husband and family, Mary is now considering a divorce because her husband works away and has not been home in 6 months. He also stops her from going to school. Although he came to see the baby after he was born, Mary feels she is bringing up her child alone, not getting enough support to care for her son and take him to hospital for example. Her husband rings infrequently and does not send enough money. Mary has been getting a small sum of money every three months from a NGO, and feels that she needs to study to have a better future. Mary wishes she had not got married and had continued studying. She continues to consider divorce, encouraged by her family, and will speak to him about these matters when he next comes to visit.

Nhelete

Nhelete is 18 years old and lives with her mother, siblings (five brothers and sisters) and her child in a peri-urban district. Her father works in South Africa, returning home every 6 months or when his contract finishes. Her elder sister is married and her older brother is a driver. She lived with the 'dono' and his family for a time, but has since returned home to be with her family. Nhelete is in grade 10, attends church and participants in the youth association on Saturdays.

Nhelete began a relationship with her boyfriend when she was 15 years old, and to prevent pregnancy her mother gave her a pill to take after each sexual encounter. They never used condoms and both families were aware of the relationship. When she was 16, and after taking the pills given by her mother, her period did not come for 2 months. She spoke with a friend who said she must be pregnant, advising her to tell her mother. Her period didn't come, but she didn't tell her mother because she was afraid of her reaction, particularly concerned about being sent away and dropping out of school. She did not consider abortion because of the health risks. However, during this time her mother started to suspect the pregnancy because of changes to her body and, eventually, in the third month asked if she was pregnant. Nhelete confessed that she may be pregnant, explaining that her periods had not come and her mother wanted to know if the 'dono' had yet been told. After 3 days they went to the 'dono' who accepted responsibility. It was not until the fourth month that she went to the hospital with her mother to monitor the pregnancy.

After telling the 'dono', her family went to his house for a meeting. At this meeting formal 'responsibility' was taken and it was decided she should stay with the 'dono' so that he could take responsibility during pregnancy. She had wanted to stay at home with her family and continue with school, but had no choice. Her family responded with love and support because they did not believe the pregnancy was her fault, however, they insisted she live with the 'dono' during pregnancy because he had responsibility. The 'dono' and his family accepted her into their house, providing everything she needed, taking her to hospital for monitoring and vaccinations. Nhelete did not disclose her pregnancy at school (even though she continued to attend) or to other friends and neighbours because she did not want to be sent to night school. She also withdrew from church during this time. Although it would have been visibly evident, she did not formally disclose the pregnancy outside the family, saying that because her stomach was small not everyone realised. Because she moved straight to live with the 'dono' at 3 months, her neighbours at home never knew. Nhelete only confided in one friend during this time.

After the child was born, she lived with the 'dono' for a year and then returned home. Although Nhelete had wanted to stay with her boyfriend, buy some land and build a house, she did not like having to ask her in-laws for things and was afraid of doing this all the time, concerned they would stop her from going to school. Her boyfriend does not work and is unable to provide for her and the child, so they relied on his parents. Both families allowed her to return home because responsibility had been taken during pregnancy and he could now not provide for her independently. Nhelete is still in a relationship with him and hopes to live together in the future if he works. She often stays with him at the weekends and he visits during the week. Her family are supportive, meet her needs financially, ensuring she continues in school. Nhelete hopes to graduate in the future and would like to be a doctor or an accountant.

Rosa

Rosa is 19 years old and lives with her husband, babysitter and daughter who is now 8 months old in a peri-urban district. An orphan, Rosa previously lived with her brother. Her husband works away in South Africa, returning when he can. Rosa is a youth activist and has just returned to school (grade 9) after missing a year. She met her husband last year when he was in Mozambique for Christmas. They started a sexual relationship without using any contraception (because of lack of information) and she immediately became pregnant. He returned to South Africa after a month, but Rosa had started to feel unwell and her periods stopped. She spoke with friends, who mentioned abortion. When her period didn't come, she rang and told her boyfriend. He took responsibility for the pregnancy right away, wanting to marry her and agreeing to return from South Africa and make arrangements. She waited for

him to return before disclosing the pregnancy, although her brother suspected when her body started changing. She denied it. Rosa spoke to her boyfriend about having an abortion, so she could continue with school and protect her brother, but he urged her not to have one. When her brother asked about her for a second time, she did not deny the pregnancy because she was not going to have an abortion. Her brother became upset because he was not expecting this, wanting her to continue in school.

Her boyfriend's parents then sent a letter to her family with a date for a meeting. Her brother showed it to their aunties and uncles who thought his family were going to come and apologise for the pregnancy. Rosa was given money to buy food and drinks for the meeting by her boyfriend, and her family were impressed. However, when his family came for the meeting they wanted to make the relationship official, start the process of marriage and arrange for her to live with their son. Her family were unhappy with the speed of these decisions, believing his family should first apologise, and then separately make the relationship formal. His family were asked to pay a fine of 2000 MTN (about £40). Her family accepted this fine and started arrangements to make their relationship official, although they wanted Rosa to continue in school. She had no input into these meetings or the decisions made. She moved to live with her boyfriend and they married. He sent money to sustain her during the pregnancy, and she was even able to save some for when her daughter was born. When she told the school she was pregnant they would not let her continue to study in the day. She could have studied at night, but instead she withdrew. Her in-laws did nothing to negotiate with the school, and while her brother tried to challenge this, it was too late.

Rosa had problems during the fifth month of her pregnancy, when the baby stopped moving. She believes this was because her husband's ex-girlfriend (with whom he also had a child) had put a curse on her. She went to a traditional healer to have this curse removed and her child was born healthy. Her husband was away when their daughter was born, returning after a week to name the baby. Rosa is now happy and has returned to school, although recognises this is not the case for everyone when they have an unintended pregnancy. Her husband sends enough money to pay for a maid/babysitter to be with the child while she goes to school. She now has a good relationship with her own family, they visit her and she supports them financially when they need something. Rosa has to repeat a year at school which she previously failed, and hopes to graduate in the future.

Shelia

Shelia is 21 years old and lives with her husband, mother-in-law and son in a rural district. Her husband does not work, her father-in-law has died and her mother-in-law works in a cleaning department at school. Shelia lived with her mother and siblings before she fell pregnant. Her mother is a farmer and her family are very poor. Shelia would spend her days selling groundnuts or buying sweet potato, cooking it and then selling it at the market to buy pens and books for her studies. She had been with her boyfriend for about 9 months when she fell pregnant. They infrequently used contraception, but because she was suffering at home due to poverty, she engaged in the relationship for material provision, not seriously thinking about the consequences of pregnancy. Shelia said that although she didn't want or plan to become pregnant, she wanted to get away from her family because they did not have enough money for her to study. She did not want to get married early, but was looking for someone to help her because life was tough at home.

Shelia realised she was pregnant because of stomach pains and delayed periods. She spoke to a friend who wanted to give her medicine to abort the baby, but she decided to go to the hospital to confirm the pregnancy. Shelia felt scarred her boyfriend would abandon her, but was also scarred of having an abortion because she had known friends who had died. When

she told her boyfriend he tried to refuse responsibility because they were both young and he was at school. He then encouraged her to have an abortion, buying medicines and large tablets. She refused to drink the things he made her and he refused responsibility, sending her away. One day after Shelia has drunk a strong coffee (given to her by her boyfriend to induce an abortion) she fainted in the sun. She was three months pregnant at this time. Her mother asked why she fainted and starting to notice the changes in her body asked if she was pregnant. Shelia denied the pregnancy at this time so her mother and a friend questioned her and started to hit her, urging her to open up and speak. However, she remained quiet.

A few days after the 'dono' refused responsibility, his mother (who had found out about the pregnancy through a friend) came to Shelia's house to accept responsibility. She knew her child belonged to her son and did not want to lose her first grandchild. She also liked Shelia. Shelia's mother became angry because she was concerned that if Shelia went to live with the 'dono' informally she would not receive any lobolo (brides price). This caused arguments between the two families. The 'donos' mother wanted Shelia to live with her and she agreed to provide for Shelia during the pregnancy. Shelia agreed to live with her mother-in-law thinking that she would be better provided for.

Shelia moved in with her mother-in-law and married the 'dono'. Her family was paid lobolo and she was able to go to night school. Her in-laws provided for everything she needed during the pregnancy, encouraging her to go to the hospital for support and advice. Her in-laws made all the decisions because she was dependent on them. Her child was welcomed into the family as the first grandson. She now remains with her husband and in-laws, but struggles because her father-in-law has died of HIV, her mother-in-law is HIV positive and her husband sleeps with other women. Shelia is taking the pill to prevent further pregnancies, but is concerned she will contract HIV from her husband because she cannot negotiate condom use. Shelia continues to provide support and care to her mother-in-law (encouraged her to have a HIV test and counselling) who she will not leave because they have a good relationship, even though she is unhappy with her husband. Her mother-in-law still provides books, clothes and food, enabling her to go to school (currently in grade 10). Shelia continues to have a difficult relationship with her mother who has no sympathy for her struggles, but encourages her to continue studying and to get a job in the future. Shelia plans to leave her husband after her mother-in-law has died, hoping to work as a teacher and sustain her child independently if she does not contract HIV. She dreams of being with a man who loves her and will provide for her.

Thelma

Thelma is 17 years old and lives alone in a rural district. She is an orphan (since she was 12 years old), previously living with her uncle until she moved out 2 years ago. She is still at school, in grade 9 and spends most of her time at home or in school, not affiliated to any organisation or institution. At 15 years old, while involved in a sexual relationship, she became pregnant. Although they were using preventatives, she believes the condom must have burst. Her aunt quickly (after 1 month) started to notice the changes in her body and different eating patterns, suggesting to Thelma she may be pregnant. She then noticed her mood changes, food cravings and delayed periods, realising she must be pregnant. She felt humiliated and hopeless, wanting to kill herself because she did not want to be pregnant.

Thelma spoke to her boyfriend, who became scarred and because he was not working (he was still studying) suggested she have an abortion. Thelma agreed because she was an orphan and had no one to support her, so could not raise a child alone. She suffered 3 weeks of bleeding following the abortion, but has been healthy since. At the time Thelma was living

with her uncle and aunt who did not like her dating. They became angry on realising she was pregnant, but also wanted to send her away for having an abortion. The two families knew about the pregnancy, but it was never made public. Her family did not want her to have an abortion; his family did and supported her to do this (his sister took her to have the abortion). She only told a few friends after she had the abortion because it happened during the school holidays. Her boyfriend continued to support her financially, but started to have relationships with other women, putting a stain on their relationship.

After Thelma had the abortion, her relationship changed with her boyfriend because he was scarred she would become pregnant again and they broke up. She moved out of home soon after the abortion believing that her uncle was starting to like her a lot and this caused friction with her aunt. They want her to return to their house, but she will not return. Thelma struggles to provide for herself financially, and has to rely on boyfriends for financial support to eat and study. She would like outside support so she does not have to rely on pleasing others to continue studying. However, she now uses prevention methods to avoid further pregnancies and hopes to complete grade 10, find a job, work and then continue with her studies.

Tima

Tima is 17 years old and has been living with her mother, stepfather and son for the last 6 months in a rural district. She previously lived with her uncle, aunt and cousins in a small city about three hours away. Initially Tima moved to live with her grandmother in 1998 because her parents separated, she returned to live with her mother for a year, but again had to move and live with her uncle and aunt. Tima is her mother's only daughter, but has siblings on her fathers side, whom she has no contact with. While living with her uncle and aunt, she engaged in a four year secret relationship with her uncle's son and aunt's stepson, who lived in the same house, but worked away a lot for a small business. While they used contraception throughout the relationship, their last sexual encounter occurred without a condom. While Tima was trying to end the relationship he forced himself on her and they had sex without a condom. She was 15 years old and had not planned the pregnancy. Her mother believes that her uncle allowed these sexual relations as a kind of payment for Tima living with them.

Tima realised she was pregnant when her period delay was longer than usual (had an unpredictable cycle anyway), and spoke to friends who suggested she may be pregnant. They told her to wait another month to see if her period came. When it didn't (three months), she went and formally told the aunt she lived with. At this point it was the end of her world and she was scarred to tell her aunt, afraid she may be angry and beat her. Her aunt was shocked, angry and started to examine her body to confirm she was pregnant. Her aunt then told her uncle and also called her mother who lived away. Her mother was very upset when she heard Tima was pregnant, encouraging her to have an abortion so she could continue in school. When she asked her aunt to help her with an abortion, her aunt refused saying that it was wrong to abort, it being the only child she may have. Her aunt would not let her go to her mother (even though her mother sent her money to travel) in case she had an abortion. Her aunt took her to the hospital to monitor the pregnancy and she was tested for HIV.

When her uncle was told, he called Tima and asked her to explain everything. Then he called for a meeting with his son, but he was not around, so they had to wait until he returned. When challenged he refused to accept responsibility. This angered her uncle who believed her. The 'dono' continued to refuse and was taken to jail where he slept one night. While her mother, aunt and uncle all wanted him to take responsibility he disappeared for a while, never formally accepting responsibility. Tima stayed with her aunt and uncle until she gave birth to her son, moving to night school because she was embarrassed to be at school during the day. She

found the conflict between her mother and aunt difficult, believing her family put a curse on her to delay the birth. However, she had a 'normal' birth and healthy child. After her child was born her mother came to visit with the objective of forcing a marriage between Tima and the 'dono', getting into an argument with the aunt and uncle about the whole situation. Tima's uncle did not want her to leave, and her aunt said that she could leave, but the baby could stay. Because the child was only 4 months old Tima could not leave her baby, so she went with her mother and son to stay with her godmother until the day they left for her mother's house.

Tima now lives with her mother and stepfather and has returned to school, having to repeat some years. Although the 'dono' now calls asking how the child is, he never legally accepted responsibility and so her son is not yet registered. She would like him to accept responsibility, so that she can register her son, but she does not want to marry him. He is now wanting her to live with him and marry, but does not send any financial support. However, she will not leave her mother until she has finished school. Tima is pleased she kept her son, not having an abortion, although struggles to provide financially. Her mother and stepfather currently provide for her, which can cause tensions at time. She dreams of finishing school, travelling and moving to live in Brazil.

Valda

Valda is 21 years old and lives with her family (parents and two brothers) and son in a peri-urban district. She is a twin and the only daughter in her family. Both her parents have modest, but secure formal employment. She is in grade 11 at school, although had to stop studying for 2 years after her son was born. Valda likes to spend time at home, but she also participates in programmes of the youth association. She had been in a relationship with her boyfriend, who was 4 years older, for about 2 years when she became pregnant at 18. Her parents had never spoken to her about contraception and she was experimenting with sex. Her periods were infrequent and often late, so she only realised she was pregnant when became sick and had not had a period for 3 months. At hospital, Valda was told she was sick because she had malaria. Around this time an aunt, noticing she was often sick, asked if she was pregnant. Although she denied this, they went to the hospital together for a scan and found out she was 16 weeks pregnant. Valda was shocked and upset, scarred of her family's reaction, particularly concerned about being sent her to live with the 'dono'.

Her aunt, who is also a friend, agreed to tell her family about the pregnancy and called a meeting with her parents. Her parents were told, and after a few days they called for her, asking who the 'dono' was and if he knew. She then went to tell him she was pregnant and he was called to her parent's house. When he came, he told the family that he did not want children with Valda, and wanted her to have an abortion. He continued to suggest abortion throughout the pregnancy, but with the support of her family she decided to keep the child. Her cousin had previously died from an abortion and she was worried about the health risks. After 4 months, Valda finished the relationship with him, which was hard, but she believes this was a good decision. Although he privately acknowledged he was the father, he did not publicly assume responsibility or take ownership. He withdrew and had very little involvement from that point on. His parents came to visit the child once, not long after he was born. Now when she meets him at the bus stop he will ask how the child is, but takes the conversations no further.

Since the 'dono' refused to take responsibility, her parents (particularly her mother) supported her through the pregnancy and since her son was born. Valda continued at school in the mornings with the school's agreement, remaining at home in the afternoon and evenings during pregnancy. Her family took her to the hospital when she went into labour and she had

a ‘normal’ birth. However, she continued to have health problems for up to two years and could not continue with school during this time. Her son was sick at 9 months but is generally healthy. She has now returned to school in the evening, and her family sit with her son while she goes to school. Her family remain supportive although her brothers complain about the time and money their parents spend on her, which causes arguments. Her grandparents also thought she should be sent away when pregnant. Valda hopes to finish school and would like to support her child independently because she has to ask her parents for everything she needs. She would also like to get married and have a family, but does not like to think about the future because it is so uncertain, causing her to worry a lot.

Witla

Witla is 25 years old and lives with her mother, siblings and two sons (8 and 4 years old) in a peri-urban district. Her father has died, her mother is retired and her brother’s work, only the younger one is still in school. Witla returned to school after a long break and is in grade 9. She studies at night and her eldest son also now goes to school. She used to work, but is now based at home when she is not in school and is not affiliated to any organisations. When she was 16 years old Witla became involved with a boy who was younger than her (14 years old) in a long-term relationship. Her friends and neighbours knew, but her mother did not. Witla and her boyfriend had sex without contraception, but she had no plans to become pregnant, describing herself as a child at the time, who had no experience in these matters.

Her mother started to suspect the pregnancy because she saw changes in her body and asked Witla if her period had come. She said that ‘yes’ her period had come even though this was not true, because at the time she did not know how a girl became pregnant. After it was taking time for her period to come and she felt unwell, she approached the ‘dono’ suggesting she may be pregnant. Because the he was only 14 years old, he did not have any experience and did not know what to do. They approached his parents and after some time he refused the pregnancy, saying that it was not his. By this time, her family had discovered the pregnancy and took her to a clinic for a test. Her father encouraged her to keep the child because of the health risk attached to abortion. She had expected her father to be angry, aggressive and send her away, but instead he was supportive. Her mother, however, was more argumentative in response to the pregnancy. Her elder brother beat her, but her father stopped him from doing this, pointing out that he also could easily get a girl pregnant.

Witla went to speak to the ‘donos’ mother when he refused the pregnancy, but she said that another girl was pregnant by her son, and she would not make him take responsibility. So Witla said that she was going to keep the child and she would not give the child to their family in the future if they would not claim responsibility now. Her father also met with the ‘donos’ mother, who again said that she would not make him take responsibility or take responsibility for him. Her father took responsibility for her child, but did not want the ‘dono’ coming to take responsibility later. Her father then made decisions about where she lived, if she went to school and how her basic needs were to be met.

She stayed at home during the pregnancy, remaining at school with support from her family. They provide for all of her basic needs including milk, food and clothes. The ‘donos’ mum sometimes asks people how her grandson is, but Witla never has anything to do with the ‘dono’ or his family. She named her son after her father and her brother who had died. Her son was welcomed into her family as the first grandchild and nephew. She left school after the child was born to seek ways of financially providing for him. However, she has now returned to night school. She had a planned child four years later, and she continues to lives with her parents. Witla still struggles to provide financially for her children, but is proud of them and proud to have raised her children without their fathers. Her father has now died and

she has a male friend who helps to provide financially. Her brothers also help. She dreams of having her own home and her own space to live with her children, but feels she will have to finish school and get a job to achieve this.

Yoka

Yoka is 17 years old and lives with her siblings in a rural district. She is an orphan and her two eldest siblings live away. She is the only one studying and looks after her siblings at home. None of her siblings work, but they receive occasional help from wider family members and have a house, which they rent out to buy food. Yoka studies in the morning (Grade 9) and returns to school in the afternoon for physical exercise and to clean the school. She is also assistant to the class head. Last year Yoka met a man, who was married and quite a bit older than her and they started a secret relationship, which was sexual. At the time Yoka was staying with her aunt who began to suspect she was dating. After a few months, she brought this man to her aunt's house, and from then on he came to visit frequently. At the beginning they used contraception during sex, but after some time started to trust each other and stopped using condoms. However, she did not want nor plan to become pregnant.

3 months after he started to visit her house, Yoka became pregnant. She only realised when she stated to feel unwell and her aunt kept asking if she was pregnant. Yoka immediately told her boyfriend, who said that she should have an abortion because she was young, still studying and had to help her younger siblings. He was also worried about what her older sister would say because she disapproved of their relationship. Although Yoka was scarred to have an abortion, her boyfriend brought vitamin tablets, food, drinks, fruits, margarine, jam and then medication (to prevent infection) and took her for the abortion. Abortion is illegal in Mozambique, so it had to be done in secret. Yoka accepted the abortion because she was using the money her boyfriend gave her to support her younger brothers, and would not be able to do this if she had a child.

A week after she had aborted the child, her colleagues at school started rumours that she was pregnant (they can tell by the changes in a woman's body) and she was called to the administrator of the school (to be moved to night school). She denied the pregnancy because she had just had the abortion. These rumours caused conflict for a while and she fought with one girl who was telling everyone she was pregnant. However, after some time these rumours stopped. Yoka never formally told her friends, aunt or family members about the pregnancy, although they informally found out later.

Yoka is no longer with her boyfriend and would not advise an abortion to anyone because of the health risks attached. She continues in school, but wishes she had more financial support from her neighbours or outside organisations, so she does not have to rely on boyfriends to provide money for her siblings. Yoka wants to complete grade 10 and start working to support her siblings, then maybe to do some professional training in the future.

APPENDIX H - Recommendations for social development programmes based on 'coping strategies' research

Problem	Strategies used	Type of strategy and resources accessed	Frequency and effectiveness of strategy	Implications and recommendations to strengthen and support current coping strategies
Breaking the bad news, disclosing an unintended pregnancy	Basing actions on social knowledge	Cognitive strategy using personal resources	Over half of young women spoke about the importance of being able to predict the reactions and responses of others, although they often felt this was very difficult to do and many responses actually turned out to be different than expected	*- Most young women drew their knowledge of social expectations and social responses from the dominant discourses in society which were not always helpful in enabling young women to plan their own response. The discourses which are reinforced through social development policies, programmes and institutions need to be more open and explicitly used to support young women develop predictive strategies* *- Could enhance these strategies by setting up 'self-help' groups, to increase social networks and shared experience*
	Delaying disclosure to seek advice and support	Problem-solving and relational strategies using personal and social resources	Eight young women delayed disclosure to seek advice/support prior to the formal processes, which was effective in preparing young women for formal disclosure and predicting responses	*- Disseminating information through informal as well as formal networks is important to build the capacity of the informal social support networks young women use* *- Training and informing a community worker or groups of older women in SRH and advocacy would also build capacity of these informal networks young women are more likely to access*
	Using female relatives as advocates	Relational strategy using personal and social resources	Seven young women were supported through different parts of the disclosure by female relatives, which were effective in reducing the stress of disclosure	*- Promoting 'advocacy like' relationships in 'women's groups' and community participation groups* *- Further research is needed on the nature of informal advocacy that occurs within families to build social solidarity on a micro level - which is important and reinforces solidarity at a macro level*

Problem	Strategies used	Type of strategy and resources accessed	Frequency and effectiveness of strategy	Implications and recommendations to strengthen and support current coping strategies
Breaking the bad news, disclosing an unintended pregnancy	Building a good relationship with her mother or female equivalent	Relational strategy using social resources	Nine young women describe difficult relationships with their mother at initial disclosure who support after a period of time once they have accepted the pregnancy. Generally an effective strategy to 'cope' with the disclosure and pregnancy itself	*- Encouraging the development of strong intra-household relationships by being open about family dynamics in community activities. Bring families as well as communities into focus* *- Train, guide and equip social development practitioners - teachers, nurses and youth workers to engage with intra-household relationships appropriately* *- Develop frameworks of how to engage in 'family business'*
	Active discussion with 'dono'	Relational strategy using social resources	Nine young women spoke about the active discussion they engaged in to reduce conflictual relationships, which were generally effective over time, although at times led to passive acceptance of the relationship	*- Employing support/community workers in organisational contexts such as health, education, youth associations and religious organisations who will get involved in negotiations, provide information and seek advocates from within the family to support personal negotiations* *- Relate rights, such as human and legislative rights to day-to-day situations. Implications of Family and Land laws on unintended pregnancy, for example, and the impact of registering the 'dono' or not on the birth certificate etc. Also relate rights to cultural processes like 'ownership' and 'responsibility'*
Managing conflictual relationships	Emotional regulation that attributes alternative meanings	Cognitive and emotion-based strategies using personal resources	Nine young women spoke about their own very negative initial responses before going on to describe the action they took to 'cope' with the relationships	*- Extend counselling services to general health clinics rather than in just youth friendly clinics* *- Train key women in the community from different families to engage in 'counselling' like discussions recognising the role women play with each other anyway. This kind of training can be disseminated though various kinds of organised groups including government initiated, religious groups and community-based collectives*

Problem	Strategies used	Type of strategy and resources accessed	Frequency and effectiveness of strategy	Implications and recommendations to strengthen and support current coping strategies
Managing conflictual relationships	Engaging in discussion	Relational strategies using personal and social resources	Nine young women spoke about the active discussion they engaged in to reduce conflictual relationships, which were generally effective over time, but at times led to passive acceptance of the relationship	*- Employing support/community worker' in organisational contexts such as health, education, youth associations, religious organisations who will get involved in negotiations, providing information and seeking advocates from within the family to support personal negotiations* *- Relate rights, such as human and legislative rights to day-to-day situations. Implications of Family and Land laws on unintended pregnancy, for example, and the impact of registering the 'dono' or not on the birth certificate etc. Also relate rights to cultural processes like 'ownership' and 'responsibility'*
	Seeking alternative arrangements for ownership	Problem-solving and relational strategies using personal and social resources	When the 'dono' did not accept 'responsibility', young women were able to identify others who would take 'responsibility'	*- Wider community members are sometimes called in to mediate in these situations and so training could be given to community advocates who are familiar and confident with cultural and relational problems from a rights-based/empowerment perspective*
	Responding with hostility	Problem-solving and relational strategies using personal and social resources	Young women were more likely to respond to the 'dono' and his family with hostility and 'strength' than their own family. Half of young women engaged in this strategy which was effective if they have support from their own family	*-Young women are far more likely to stand up against oppression or respond with hostility if they are backed by a safety net from others. If organisations are going to support young women they need to create some safety nets otherwise they will be less inclined to exercise personal strength and autonomy because of the risk of abandonment and deprivation*
	Value of the child in negotiations	Cognitive and relational strategies using personal and social resources	Seven young women were able to reduce conflict by drawing on the value of the unborn/born child	*- Enhance these strategies by harnessing the facilitative nature of cultural processes to support processes of development. For example, giving formal and explicit teaching on what taking responsibility and ownership means so that young women will be adequately provided for*

Problem	Strategies used	Type of strategy and resources accessed	Frequency and effectiveness of strategy	Implications and recommendations to strengthen and support current coping strategies
Managing conflictual relationships	Actively passive strategies	Emotion-based and cognitive strategies using personal resources	At least eleven young women explicitly spoke about actively passive strategies which were effective over time at reducing conflict	*- Increase options for women by providing some form of safety net. Key informants were reluctant to give material support, but this will not induce women to engage in negotiations which may be high risk* *- Need to form partnerships with already formed groups and religious organisations to develop mechanisms of safety nets* *- Also to provide safe places to practice skills of negotiation*
Sufficient material provision	Seeking adequate material provision and financial support from those who take responsibility	Relational strategy using social resources	All young women received some form of material provision from those who have taken responsibility (normally those they live with) ,however, only four describe themselves as financially secure and eleven said they always struggle financially	*- Support young women through cultural processes which are in place when a 'dono' or family do not meet their responsibilities* *- Train community advocates who are familiar and confident with relational problems in a rights-based/empowerment perspective to assist in cultural processes* *- Relate rights, such as human and legislative rights to day-to-day situations. Implications of Family and Land laws on unintended pregnancy, for example, and the impact of registering the 'dono' on the birth certificate etc. Also relate rights to cultural processes like 'ownership' and 'responsibility'*
	Seeking further financial support from outside the primary source	Relational strategy using social resources	Most young women also received some limited form of material provision and financial support from others, however, only four describe themselves as financially secure and eleven always struggle financially	*- Develop economic policies which explicitly aim to promote equality within intra-household divisions of labour and finances*

Problem	Strategies used	Type of strategy and resources accessed	Frequency and effectiveness of strategy	Implications and recommendations to strengthen and support current coping strategies
Sufficient material provision	Engaging in informal production	Problem-solving and relational strategies using personal and social resources	Thirteen young women are engaged in informal productive activities, although nine continue to struggle financially making this strategy limited in effectiveness	*- Wider economic policies and programmes to focus on unintended pregnancy, because even though they engage in informal productive activities they continue to struggle economically* *- Develop inclusion policies around economic growth to identify groups who are excluded or seen as not being able to contribute*
	Systems of reciprocity	Relational strategy using social resources	Two young women made explicit reference to systems of reciprocity, while many others eluded to it through their responses	*- Young women can only engage in reciprocal relationships if they have something to offer others. Promote strength-based work by identifying different resources that may be valuable to others. For example, two sisters were able to go to school in the day because one went in the morning and the other in the afternoon. Each would provide childcare while the other was at school. Set up shared groups so they are able to engage in reciprocal relationships which promote well-being for all parties*
	Engaging in other relationships to guarantee material provision	Problem-solving and relational strategies using personal and social resources	Four young women openly spoke about the financial support they receive through relationships they are engaged in with men who are not the father of their child, although at least two of them still struggle financially	*- This highlights the high risk strategies we already know young women engage in because they have limited choice and limited access to other financial resources. Widening of choices within safer relationships need to be developed otherwise women will continue to use higher risk strategies*
	Education as a long-term strategy	Problem-solving and cognitive strategies using personal, social and organisational resources	Eight young women describe education as a long-term strategy for financial security. Only one has graduated from school and she has secured formal employment, which indicates that this strategy may be effective if graduation occurs	*- Young women need flexibility to access education. Also need to target the relational barriers to education. See education section for further recommendations*

Problem	Strategies used	Type of strategy and resources accessed	Frequency and effectiveness of strategy	Implications and recommendations to strengthen and support current coping strategies
Promotion of good health	Accessing formal health facilities and seeking advice from professionals	Problem-solving and relational strategies using personal, social and organisational resources	Almost all young women had some contact with formal health facilities, at either a clinic or hospital (for the pregnancy test, the health monitoring and birth). Seven had very poor health during the pregnancy and four contracted malaria. Two have ongoing health problems, two had abortions and two children have ongoing health problems. Seven young women spoke about the advice they received from nurses although this was often limited	*- Health professionals are really at the front line of unintended pregnancy and their role in responding to it could be expanded. More consistency is needed in the information and advice given* *- Also need to incorporate 'youth friendly' training into compulsory training rather than as an optional addition to reduce risk of young women being marginalised by health professionals* *- Young women cannot access formal health facilities if the facilities and staff are limited, difficult to access and under resourced. However, families often act as gatekeepers to formal health resources by providing money for transport to clinics/hospitals and medicines, promoting the value of formal rather than traditional medicines and following of medical instructions given etc. Organisational provision of health facilities need to engage with the gate-keeping role of families to provide services in a way that reduces the possible constraints that gatekeepers may put in place. E.g. could set up system of hospital transport for those who cannot afford it normally*
	Seeking care and advice from experienced female relatives	Problem-solving and relational strategies using personal and social resources.	Most young women sought advice from their mother, aunts, grandmothers, sisters and mother-in-laws although seven still experienced very poor health during the pregnancy	*- Increasing programmes of health care awareness, particularly during pregnancy, for all women across Mozambique using traditional and organisational networks which already exist, to build the capacity of informal health support and care. Include element of advocacy skills in such training*
	Using traditional medicines	Problem-solving and relational strategies using personal and social resources.	Three made use of traditional medicines during periods of poor health which they found to be effective	*- Need further research to better understand role of these strategies and how they can be strengthened*

Problem	Strategies used	Type of strategy and resources accessed	Frequency and effectiveness of strategy	Implications and recommendations to strengthen and support current coping strategies
Promotion of good health	Seeking practical help and care from those who have take responsibility	Problem-solving and relational strategies using personal and social resources.	Seven describe good access to food and material provision and only one of these had a significant health problem during pregnancy making this strategy fairly effective. However, of seven who describe the 'dono' taking responsibility as a way to facilitate good health, four had significant health problems. Families therefore appear more effective at preventing poor health when taking 'responsibility'	*- Young women who had support from their own family rather than moving to live with the 'dono' do better in health outcomes, education and material provision. Need to encourage programmes of advocacy and mediation for young women to restore relationships in her family and engage in negotiations to remain at home.* *- Create safe places to practice negotiation skills specifically*
	Choosing not to have an abortion because of health risks	Problem-solving and cognitive strategies using personal resources.	Four young women spoke specifically about not having abortions because of the health risks associated. One continued to have poor health during the pregnancy	*- With the abortion act being discussed in Mozambique, its relationships with health risks needs to be highlighted, but also the consequences of keeping a baby. If abortion remains unsafe then young women need to be given wider support options for them to keep the baby.* *- Need a widen focus of work with unintended pregnancy from prevention strategies to supporting through the life event as well*
	Future use of prevention methods	Problem-solving and cognitive strategies using personal, social and organisational resources.	Several young women, either as part of their narrative, or when reflecting on their experience, said they now use regular family planning or condoms to prevent further pregnancies. Many spoke about learning from the experience, it changing the way they now engage in sexual relationships	*- Ensure that every young women who is seen by a health professional, whether pregnant or not, is given SRH information, but especially when pregnant. Other research on SRH work post-abortion has shown that this can be very effective*

Problem	Strategies used	Type of strategy and resources accessed	Frequency and effectiveness of strategy	Implications and recommendations to strengthen and support current coping strategies
Access to education	Drawing on positive discourses of education in the family and community	Cognitive and relational strategies using personal and social resources	Drawn on very effectively by almost all of the young women who are in school (fifteen)	*- Show direct benefit of schooling to families as an alternative opportunity to early marriage for young women.* *- Make use of informal networks, but need to have a response to family's concerns at an organisational and policy level* *- Need to build connections between a personal desire for education and accessing it in practice. Enable personal determination to be combined with problem-solving activities*
	Negotiating childcare arrangements within families	Problem-solving and relational strategies using personal and social resources.	Ten young women were able to do this very effectively	*- Provision of childcare facilities while young women continue in school for those who cannot access this resource through their families or the family of the 'dono' is need to enhance this strategy* *- Link young women together in the same area so they can care for each other's children when the other is at school*
	Drawing on encouragement from teachers	Cognitive and relational strategies using personal, social and organisational resources	Seven young women spoke about encouragement and support from teachers to return to school, five of whom did return, making this strategy fairly effective	*- Teachers and those working to encourage education have a role to play in approaching individuals and their families when they stop coming to school, to engage in dialogue and maybe as a gatekeeper to resources which enable young women to return or continue in school during and after the pregnancy. This needs to be encouraged through policy rather than left to individual teachers*
	Drops out of school for a year or two, then returns or repeats a year	Problem-solving and relational strategies using personal, social and organisational resources.	Eight young women dropped out of school during pregnancy to return later or repeated a year. Five have not yet returned making this strategy only partly effective	*- While dropping out of school is to be avoided in the first place, teachers, youth workers and educational policy can encourage young women and their families to return once the baby has been born* *- One reason young women drop out of school is because of poor health during and after the pregnancy. Improvements in the health intervention will therefore enable more young women to return to school after the pregnancy*

Problem	Strategies used	Type of strategy and resources accessed	Frequency and effectiveness of strategy	Implications and recommendations to strengthen and support current coping strategies
Access to education	Moves to night school	Problem-solving and relational strategies using personal, social and organisational resources.	Eight young women now study at night, however at least four young women said they dropped out of school during the pregnancy because they would have been sent to night school and some have not returned	*- Develop educational policies which promote choice and flexibility for pregnant young women rather than restrictive and rigid policies. Some pregnant young women may be able to continue in school if they can continue to study in the day (morning or afternoon), while others may still need to move to night school. Devolving this flexibility to head teachers in individual schools will enable them to respond appropriately to each situation.* *- Night school needs to be of benefit to young women rather than because they are seen as deviant and a bad example*
	Negotiating flexibility	Problem-solving and relational strategies using personal, social and organisational resources.	Five young women made use of this strategy very effectively, and five more said they would have like to access this strategy but were not able	*- Develop educational policies which promote choice and flexibility for pregnant young women rather than restrictive and rigid policies. Some pregnant young women may be able to continue in school if they can continue to study in the day (morning or afternoon), while others may still need to move to night school. Devolving this flexibility to head teachers in individual schools will enable them to respond appropriately to each situation*
	Delaying early marriage	Emotional, cognitive and relational strategies using personal and social resources.	Three young women have been able to continue in school because they now live in the family home rather than with the 'dono' and his family. Five who live with the 'dono' have stopped school	*- Encouraging families to keep young women in the family home when they become pregnant so they are able to carry on in school. Young women who had support from their own family rather than moving to live with the 'dono' do better in health outcomes, education and material provision. Need to encourage programmes of advocacy and mediation for young women to restore relationships in her family and engage in negotiations to remain at home.* *- Create positive discourse education as an alternative outcome for unintended pregnancy. Young women can stay at home and continue in school rather than get married*

APPENDIX I - Flow chart for operationalising the concept of coping strategies methodologically and pragmatically

Initial assessment of needs, risks, struggles and social problems of an individual or whole group

Exploration of the 'problem' identified (consider the structural, relational, social, cultural, political, and economic elements, causes and why it is even perceived as a 'problem')

Identify desired 'outcomes', 'outputs' and goals that constitute 'surviving', 'coping' and 'thriving' in response to this 'problem' (take into account different perspectives, recognising the different power associated with each perspective)

Assess the resources available (personal, social and organisational), the nature of relationships and presence of negotiation.

Identify the 'action' that is taken to achieve the desired goals, always relating the 'coping' and 'strategy' back to the social problem. Identify holistic 'coping strategies' by ascertaining what facilitates and constrains the achievement of desired goals. This kind of knowledge is sought from multiple sources including those who are experiencing the social problem.

Once coping strategies have been identified, they can be used to evaluate social problems, predict and achieve particular 'outcomes', observe agency in the context of structure, constraining and assistive factors to empowerment, relationships, resources, risk and vulnerability.

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