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Adolescent sexual and reproductive health in Maputo

Exploring perceptions of social vulnerability to early pregnancy and HIV

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Abstract

The sexual and reproductive health of adolescent girls and young women in sub-Saharan Africa is a widely recognized development issue which places a high burden on women as well as countries' social and economic development. This constitutes a particularly urgent issue in Mozambique with elevated numbers of adolescent pregnancy and one of the world's highest HIV prevalence. This study focuses sexual and reproductive health in Mozambique by examining conditions of social vulnerability. Through qualitative interviews, the aspects of vulnerability are examined through the perceptions and explanations of adolescent girls participating in the Action for Adolescent Girls program in Maputo City. Moreover, the study explores how sociocultural norms influence these perceptions, and how participation in the program might impact these perceptions.

Key words: social vulnerability, sexual and reproductive health, gender inequalities, adolescents

Word count: 14166



The field work for this study carried out through the Field Study Scholarship (MFS) program. The MFS Scholarship Programme gives Swedish university students the opportunity to carry out fieldwork in low- and middle income countries in relation to their Bachelor's or Master's thesis. Sida's main purpose of the Scholarship is to stimulate the students interest in, as well as increasing their knowledge and understanding of development issues. The Minor Field Studies provide the students with practical experience of fieldwork in developing settings. A further aim of Sida is to strengthen the cooperation between Swedish university departments and institutes and organisations in these countries.

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Abbreviations

AAG	Action for Adolescent Girls
ASRH	Adolescent Sexual and Reproductive Health
CSO	Civil Society Organisation
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organisation
PESS	Plano Estratégico do Sector da Saúde
PGB	Programa Geração Biz
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
YFS	Youth Friendly Services

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1 Introduction

The sexual and reproductive health of adolescent girls and young women in sub-Saharan Africa is a widely recognized development issue which places a high burden on women as well as the region's development as a whole. More than 50% of women in sub-Saharan Africa give birth before the age of 20 and the birth rate per 1000 adolescent girls in the region is 143, compared to the global average of 65.3 (Sommer and Mmari 2015:1978). Early pregnancy can result in a wide range of adverse health consequences that are closely linked to illnesses such as malaria, STIs, including HIV, post-partum haemorrhage and obstetric fistula (Birungi et al. 2015:4). Adolescent pregnancies also have a huge impact on the social lives of girls as they are less likely to continue school, at risk for unsafe abortion and are more likely to become young mothers again (Phillips and Mbizvo 2016:1). In addition to this, it is estimated that up to 6000 young people are infected with HIV every day and the vast majority reside in sub-Saharan Africa and approximately 75% of those becoming infected are females (Sommer and Mmari 2015:1973).

This is a particularly urgent issue in Mozambique which has a population of 25.1 million and approximately 45% the population is under age 15 (UNFPA 2014a). Adolescent girls' sexual and reproductive health constitute a major public health issue in Mozambique and the causes are complex and highly influenced by social, economic and cultural factors. Subsequently, SRH issues need to be understood in a broad context as sexual relations are influenced and reinforced by a variety of factors (Hawkins et al. 2007). This encompasses family relations, peer pressure, gender inequalities as well as entrenched societal norms and values that render Mozambican adolescent girls vulnerable to poor SRH.

This study examines the aspects of vulnerability to SRH issues among adolescent girls in Mozambique through the perceptions and explanations of adolescent girls participating in the Action for Adolescent Girls program in Maputo City. It explores how sociocultural norms influence these perceptions and explanations, and how participation in the program might impact these perceptions.

1.1 Objective and research questions

Vulnerability is a central concept within the context of adolescents' SRH in sub-Saharan Africa. However, this vulnerability is rarely outlined and can encompass a wide range of factors. Consequently, the meaning, and conditions of vulnerability can be difficult to grasp. Much of the conditions of vulnerability are relational factors that are manifested differently in different contexts and reinforce each other. These are important to understand through the perspectives of adolescents and the context that they live in as they shape practices associated with risk and protection. Furthermore, public health interventions by international development agencies have been numerous in Mozambique, and this have impacted health behaviours and attitudes in society.

The purpose of this study is to examine the perceptions of SRH vulnerabilities among adolescent girls in Maputo and how sociocultural norms influence these. Furthermore, the purpose is also to examine the impact of the SRH program Action for Adolescent Girls in relation to these perceptions. Within the framework of this study, early pregnancy and HIV transmission constitute the two central aspects of SRH that are being explored.

- *How do sociocultural norms influence perceptions and explanations of adolescent girls' sexual and reproductive health vulnerabilities?*
- *How do interventions like Action for Adolescent Girls impact these explanations and perceptions?*

1.2 Thesis outline

The first chapter presented this study's objective and research questions. Following this, the second chapter will provide a literature review of SRH and social vulnerability in sub-Saharan Africa as well as a contextualisation of SRH and social vulnerability Mozambique. This chapter also includes an overview of SRH-interventions in sub-Saharan Africa and Mozambique. Chapter three introduces Bourdieu's Theory of Practice and the concept of social vulnerability. The fourth chapter presents the methodological framework, including site description of where the data was collected and limitations of the study. This is followed by results and analysis in chapter five which presents empirical findings and an analysis based on the theoretical and conceptual framework. Finally, chapter six concludes with a discussion and suggestions for future research.

2 Contextualisation

This chapter provides a contextual overview with a literature review of research on adolescent pregnancy and HIV transmission among girls and young women and vulnerability in sub-Saharan Africa. The literature review presents the themes that appears most frequently in the research on SRH and vulnerabilities in terms of social, economic and cultural factors in sub-Saharan Africa. Furthermore, the situation of SRH and vulnerabilities in Mozambique will be presented to provide an understanding of the context of the study. Finally, intervention approaches in sub-Saharan Africa and Mozambique are outlined, including Action for Adolescent Girls (AAG).

2.1 SRH and vulnerability sub-Saharan Africa

In research on SRH in sub-Saharan Africa, much attention has been directed to linkages between gender, sexuality and poverty, especially in the analysis of vulnerability. Sommer and Mmari (2015:1978) observe that many structural and environmental factors likely can explain the prevailing SRH issues in sub-Saharan Africa. Bhana and Anderson (2013:26) argue that vulnerability is increased by issues such as poverty and unemployment, but also by the way

gender roles are inscribed within heterosexual relationships. Particularly, power relations in sexual negotiations are considered as major determinants of vulnerability. Girls' subordinated status to boys in intimate relationships contributes to male sexual domination and leaves girls with little negotiating power regarding the timing and nature of sexual encounters (Moore et al. 2007:63).

A growing body of literature also focuses on informal sexual exchange, and transactional sex is a reoccurring theme in the literature on adolescent girls' and young women's SRH in sub-Saharan Africa (Stoebenau et al. 2016:186-7). The risks of getting pregnant or contracting HIV or other STIs are generally considered to be higher in transactional relationships as girls who engage in transactional sex with older partners often lack negotiating power regarding the use of condom. Furthermore, evidence shows that transactional sex is also consistent with risk behaviours such as alcohol use and sexual and/or physical violence (Sommer and Mmari 2015:1978).

In these contexts, girls are many times portrayed as vulnerable victims and with little opportunities, leaving them no other choice but to exchange sex for basic needs such as food, school fees or other material support (Silberschmidt and Rasch 2001). While examining transactional relationships in South Africa Leclerc-Madlala (2008:20) found that girls also attached other values than material gains to relationships with older men. To be able to attract and maintain a relationship with an older man was perceived as self-assertive and a feature of a "modern sexually liberated woman". Leclerc-Madlala (2008:20-23) argues that poverty might be a too simplistic explanation to why these relationships are so commonly occurring as women and girls who are better off financially might also engage in relationships with older men to meet other than financial needs. Moreover, a relationship with a well-known and respected public figure was valued high and provided access to certain resources typical for a "modern young woman" as depicted in media images (Leclerc-Madlala 2008:20).

Some studies have emphasised social isolation and limited networks as a source of vulnerability as social norms generate a culture of silence which inhibits girls from obtaining information, discussing their experiences and share their worries about SRH issues (Svanemyr et al. 2015:9; Mabala 2006:415). This is especially an issue when it comes to communication within the family or communities, and girls have little opportunities to express themselves without judgement and few places to seek support (Svanemyr et al 2015:9).

Weiss et al. (2000:241) observe that young women's vulnerability can partly be attributed to family and societal concepts of masculinity and femininity communicated during childhood and adolescence which ultimately influence sexual relationships and household dynamics. Furthermore, girls are more concerned about potential negative social consequences of adopting preventive behaviour than the adverse health outcomes of not doing so (Weiss et al. 2000:241). Studies demonstrate that gender norms in relationships also influence girls and young women to make more decisions based on fear of losing a boyfriend rather than their emotional or sexual wellbeing. One example is that condom use sometimes is dominated by men because a request to use condom might be interpreted by a man as lack of trust or an admission of infidelity by the woman (Harrison et al 2015:208).

2.2 SRH and social vulnerability in Mozambique

A national survey from 2015 estimates that 46% of adolescent girls aged 15-19 in Mozambique were mothers or pregnant for the first time at the time of the survey (INE 2015a). Furthermore, Mozambique has a high maternal mortality rate which is estimated to be 489 per 100.000 births and 48% of these deaths occur among adolescent girls and young women aged 15-24 (WHO 2015). Some reasons for these issues include accessibility of modern contraceptives, or unavailability of any kind of contraceptives in rural areas. Lack of youth friendly health workers and suitable clinics for adolescents to attend are also barriers for improvements in SRH (INE 2015a).

The country also has a one of the highest HIV-prevalence in the world at 13,2%. Around 6,9% of Mozambican adolescents and youth aged 15-24 are living with HIV. Within this cohort, adolescent girls and young women are significantly overrepresented with an 11.1% prevalence rate, three times higher compared to their male counterparts where the prevalence rate is 3.7, HIV transmission and early pregnancy are highly influenced, and exacerbated, by social, economic and cultural factors such as poverty, gender inequality as well as deeply entrenched societal norms and values (Capurchande et al. 2016:1).

Mozambique has the world's 10th highest rate of child marriages which is particularly prevalent in rural areas and one of the main contributing factors to the vulnerability of adolescents. Even

though the Mozambican family law regulates child marriage, child marriage and adolescent parenthood continue to be a social problem, mainly in rural areas (Capurchande et al. 2016:2). Educational level and being out of school are also associated with early childbearing in Mozambique (Arnaldo and Cau 2016) and statistics indicate that the percentage of adolescents between 15-19 whom ever become pregnant is twice as high among uneducated women (64%), compared to women with secondary schooling (31%)” (INE 2015a). Secondary enrolment in, and completion of school are only 46% among girls in Mozambique (UNFPA 2016:10).

Norms, values and sexual practices that positions women in a subordinate position are highly influential in relationships in Mozambique. Machel (2001) examines the socioeconomic and gender dimensions of SRH vulnerability and reasons why young women in Maputo engage in risky sexual behaviour. It was observed that safe sex, particularly condom use, was not experienced as something that that young women and girls ultimately could control and something they had to negotiate with a, many times older, partner of whom they felt unequal to (Machel 2001:88)

Many studies emphasise the vulnerability of Mozambican girls and young women, but others have highlighted that more liberal sexual norms can result in agency for women to negotiate sexual practices. Research indicate that practices such as transactional sex not always are motivated by absolute poverty but that these types of relationships are used as a measure for girls to exercise agency and establish independence (Parkes et al 2016;Karlyn 2006) Consequently, a more complex picture of young women’s sexual and gender positioning in modernised contexts has emerged (Hawkins et al 2009:170).

2.3 SRH interventions in sub-Saharan Africa

Interventions aiming to improve sexual and reproductive health among adolescents and youth have been developed to tackle a multitude of driving factors of SRH in Sub-Saharan Africa. Some of these relate more to the structural side of the issue such as education, income inequalities and access to youth friendly services. Other relate to behavioural aspects such risky behaviour, multiple and concurrent partners, age-disparate relationships and perceptions of risk.

Peer-education is a popular method that has been used extensively in SRH interventions. However, Chandra-Mouli et al (2015a:335) observe that this has shown little effect in changing SRH knowledge, attitudes, beliefs and behaviours, despite this it continues to be a popular approach among program implementers. Peer education, have proven to work well in terms of spreading and sharing SRH information, however they have little effect on healthy behaviours and improving the health outcomes among the target group. These programs have demonstrated more effect on the actual peer educators rather than the beneficiaries (Chandra-Mouli et al 2015a:335)

Economic empowerment and poverty reduction have been the focus of several interventions as poverty and lack of resources are identified as key factors in adolescent girls' vulnerability to poor SRH outcomes (Svanemyr et al. 2015:9). Interventions focusing on cash transfer programs have demonstrated positive results in some aspects, such as keeping girls in school. The assumption is that remaining in school longer would have empowering effects on girls' sexual choices and behaviours, this showed significant reduction in HIV-prevalence and unintended pregnancies, however, it did not increase condom use (Svanemyr et al. 2015:9).

The "safe space model", is a relative new approach and has also been used as a method of gender empowerment. A "safe space" usually refers to a girl-only space (UNFPA 2016) because public spaces are often occupied mostly by men. This model includes offering a physical space where girls can meet regularly and receive support through an older peer or mentor. The support usually includes SRH information, negotiation skills as well as literacy training and/or vocational skills training. Some programs also include financial literacy and microfinance aspects (Wamoyi et al. 2014:10). Safe space interventions have been implemented in various countries in sub-Saharan Africa but have not been properly evaluated yet as they are either ongoing or have been implemented as pilot projects. Furthermore, it is difficult to assess their impact as many effects might be long term and not seen until years later. However, some studies have evaluated specific outcomes which have shown improved literacy as well as health knowledge and "expanded life goals among girls" (Wamoyi et al. 2014:10).

2.4 National policies and SRH interventions in Mozambique

The Geração Biz programme (PGB) is a national, multisectoral SRH initiative and the main mechanism through which SRH programs are implemented in Mozambique. PGB evolved following the 1994 International Conference on Population and Development as the Mozambican government, civil society and various NGOs worked together and developed a national strategy to address the needs of adolescents. The program was implemented in 1999 by the Ministry of Health, the Ministry of Youth and Sports, and the Ministry of Education with financial and technical support from UNFPA (Matsinhe 2011). PGB's objective is "to improve ASRH, including a reduction in the incidence of early or unwanted pregnancy, STIs and HIV, through activities that equip young people with the knowledge, skills, and services needed for positive behaviour change" (Sanchez et al 2012:16). A big part of the program is built on peer education and works with interventions at three levels: in schools, with "health corners", in communities with youth centres and in health facilities with youth friendly services (YFS) (Sanchez et al 2012).

Mozambique have several political documents governing the protection of adolescents SRH and several national strategic plans on HIV/AIDS which have been successively implemented. In 2013, Mozambique approved the National Youth Policy which in its implementation strategy reinforces the need to guarantee the implementation of actions to promote adolescent SRH (UNFPA 2013a:6). Furthermore, adolescents, especially girls are identified as key population and priority group in the national HIV-plan (PEN IV 2015-2019).

The Mozambican Health Sector Strategic Plan (PESS 2014-2019) focuses mainly on improving the access and quality of SRH services for adolescents and young people. This includes a strong emphasis on delivering YFS in the form of counselling and contraceptives, as well as integrating HIV-positive adolescents in the YFS (MISAU 2013). Furthermore, the strategy emphasises sexuality education and communication through partnerships with CSOs and NGOs. The PESS states that that SRH interventions in Mozambique have shown variable progress. Considering the adolescent fertility rates, prevalence of early marriages and HIV among adolescents, it is recognized that that the coverage and impact of SRH programs is still far below the desirable (MISAU 2013).

2.4.1 Action for Adolescent Girls

Mozambique was one of the 12 countries selected for Action for Adolescent Girls (AAG). This initiative was developed by the UNFPA headquarters with the objective to “protect adolescent girls’ rights, in particular delay age at marriage and childbearing, and empower the most marginalized girls” (UNFPA 2014b:1). AAG is a safe-space program and the implementation is adapted to the various country contexts. In Mozambique, the program was first implemented in 2014 and targeted girls and young women aged 10-19 in the provinces of Maputo City, Pemba, Nampula and Zambezia (Interview with Ana Ndlove, January 24 2017, Coordinator AAG). The intervention emphasis for AAG in Mozambique is the safe space model where girls meet and are mentored. (UNFPA 2016).

Mentors are young women, generally a few years older than the beneficiaries, recruited by the program staff and trained mainly in content related to SRH but also economic empowerment and vocational training (Coalizão 2015). Following this, the mentors recruit beneficiaries in their own communities whom they identify as needing support. Recruitment of beneficiaries is based on the vulnerabilities of the girls which encompasses a wide range of conditions such as being an orphan, lack of resources to enrol in school, being out of school, HIV infection, young mothers or girls who are at risk of marrying early (Interview with Ana Ndlove January 24, 2017, Coordinator AAG).

Education and school is highly emphasised within the program and seen as the main foundation for developing capacities and competencies and AAG supports the girls financially with school material, uniforms and enrolment. The program also provides general support to enrol the girls in school. As of 2016, AAG was operating in the provinces of Maputo City and Pemba¹ (Interview with Ana Ndlove January 24 2017, coordinator AAG). In Maputo City, AAG is implemented in 7 different barrios with safe spaces where groups of around 10-15 girls meet with a mentor once a week. The location of the safe spaces varies from youth friendly clinics, community halls and youth centres (Coalizão 2015).

¹ In 2016, the program expanded and took a more holistic approach in the provinces of Nampula and Zambezia.

2.4.1.1 Coalizão

AAG is implemented through the mechanisms of PGB and subsequently in partnership with the Ministries of Health, Education, and Youth and Sports. UNFPA are the main financiers of the program while the youth organisation Associação Coalizão da Juventude (Coalizão) is the main implementer of the program activities (UNFPA 2016:27). Coalizão is a Mozambican registered non-profit NGO established in 2005 and based in Maputo City (Coalizão 2017). The organization's mission is to "promote the exercise of sexual and reproductive rights to adolescents and youths, young girls and boys through information, education and quality service provision in appropriate delivery points and/or in partnership with the public sector and the civil society" (UNFPA 2013b:30). As of 2013, Coalizão had a network of more than 500 peer-educators in the provinces of Maputo City, Maputo province, Gaza, Sofala and Nampula. The organisation's main activities includes training of peer-educators, setting up counselling corners in schools and disseminating SRH information through various activities such as sport, health fairs and STI/HIV campaigns (UNFPA 2013:30). Coalizão is a partner in PGB and UNFPA's main implementing partner of programs and projects regarding youth and adolescent SRH in Mozambique (UNFPA 2013b:30).

3 Theoretical and conceptual framework

The theoretical and conceptual framework for this study is built on Bourdieu's theory of practice and social vulnerability as developed by Stern (2005). To understand the sociocultural influences on explanations and perceptions of vulnerability to pregnancy and HIV, Bourdieu's Theory of Practice will be used. This theory is especially suitable to understand the relationship between structure and agency which in this case refers to individuals' relationship to SRH vulnerabilities. To understand vulnerability conditions and how these interact with individuals' perceptions of adolescent pregnancy and HIV transmission among adolescent girls Stern's (2005) concept of social vulnerability is the most suitable here. This concept is mainly related contextual factors such as socioeconomic conditions and cannot be used on its own to analyse individuals' perceptions or attitudes. However, it is important since it provides framework for

what is considered to constitute vulnerability and how this vulnerability can be connected to individuals' behaviours as well as perceptions and attitudes.

3.1 Bourdieu's theory of practice

In short terms, one can describe Bourdieu's Theory of Practice (1977) as a way to make sense of the relationship between structure and agency, meaning how social structures relate to individuals' own actions (Webb et al. 2002:1). Bourdieu rejected theories such as structuralism since he believed that individuals were not only "simple bearers of structure", at the same time, he did not believe that individuals were entirely free from structural constraints in their actions (Mottier 2002:348). The Theory of Practice is built on the main concepts of habitus, fields and capital. The concepts most relevant for the analysis in this thesis are habitus and to some degree fields, and these two will be outlined in the coming sections.

3.1.1 Habitus

Bourdieu stresses that social practices should be understood as habitual and routinized action that are pre-reflexive and "informed by practical knowledge and an implicit practical sense" (Sakdapolrak 2014:22). The concept of habitus is built on internalised behaviours, perceptions and beliefs that are deeply inscribed in individuals. These are sometimes referred to as a set of dispositions and are translated into social practices and the way we interact with each other (Costa and Murphy 2015:3-4). Costa and Murphy (2015:3-4) observe that habitus is more than collected experiences, it is a complex social process where "individual and collective ever-structuring dispositions develop in practice to justify individuals' perspectives, values, actions and social positions". In this sense habitus is a way of "being, seeing, acting and thinking" and a "schema of perceptions, conceptions and action" (Sakdapolrak 2014:22).

The dispositions that make up the habitus are acquired through social conditioning and "position within social space" which generate practices, perceptions and attitudes (Mottier 2002:349). Habitus does not plan actions, but rather orients them and social practices are then enacted through habitus (Costa and Murphy 2015:4). Subsequently, the system of dispositions is both objective and subjective (Mottier 2002:349). Habitus is seen as an evolving product of socialisation in the sense that it both structures and shapes social practices (Costa and Murphy

2015:4). In this sense, actions and inclinations are not strictly determined by the habitus and Bourdieu usually uses the metaphor “rules of the game”, meaning that habitus is a practical sense of what is suitable and not in various social contexts (Bourdieu 1977:72).

3.1.2 Fields

Bourdieu interprets society in terms of several different semi-autonomous fields such as the academic field, religious field or field of education (Mottier 2002:349). Web et al. (2002:21-22) define fields as “a series of institutions, rules, rituals, conventions, categories, designations, appointments and titles which constitute an objective hierarchy”. Moore and Prescott (2013:199) note that fields are relational, meaning that it is here that structure and agency interact and our agency is shaped by our position in the field. Dumais (2002:46) describes habitus as generated by an individual’s place within a social structure and individuals internalize their relative position. Subsequently, habitus and field interact, and relation and interaction between fields and habitus play a large role in shaping individuals’ perceptions, attitudes, beliefs, attitudes, etc. McDermott (2011:14) notes that the unconsciousness of habitus is central as the specific interactions allows for fields where inequality is structured social positions to continue without resistance.

3.1.3 Capital

In each field, there are specific regulative principles and individuals struggle over various types of capital that position and place in the social structure that is the field (Costa and Murphy 2015:7). Capital can manifest itself in various forms beyond economic capital such as cultural capital usually exemplified by educational qualifications or symbolic capital which could include prestige or honour (Greener 2002:689).

3.2 Social Vulnerability

Stern (2005) argues that there are certain social factors that help to explain why adolescent pregnancies are a lot more prevalent in certain social groups than in others and illustrates this through a study on adolescent pregnancy in Mexico and the different sociocultural contexts and the girls living in them. Furthermore, Stern (2005:235) suggests that social vulnerability is a

more useful concept than poverty to understand the different levels, meanings and implications of adolescent pregnancy. Conceptualising social vulnerability allows to move beyond the empirical relationship between indicators of poverty and adolescent pregnancy, and instead to understand the processes behind the issue (Stern 2005:235).

Delor and Hubert (2000) argue that vulnerability of young people to HIV is determined by complex interconnected mutually reinforcing factors, depending on the different individuals and groups in different situations. The social aspect of vulnerability can be understood on three levels: the social trajectory, the interaction and the social context that influences the moments, stakes and forms of encounters between different trajectories. A similar approach is employed by Ayres et al. (2006:1339) whom argues that the different situations of social vulnerability can be identified through three interconnected components; the individual, the social and the programmatic or institutional.

The conceptual modelling as suggested by Stern (Figure 1) identifies elements of social vulnerability. In this model, poverty is conceptualised as an independent variable. The “proximate determinants” include the biological and behavioural factors that operate to affect fertility (Bongaarts et al. 1984:515) and is introduced here as proximate variables, in this study the behavioural factors are more interesting than the biological. Finally, the elements that suggest social vulnerability are conceptualised as the intervening variables that are mediating between poverty and adolescent pregnancy (Stern 2005:266). There are various levels of social vulnerability and the dimensions of this this concept do not operate independently but rather through their interaction and accumulation (Stern 2005:268).

It should be stressed this model does not claim to be universal or that the intervening variables (seen in Figure 1) of social vulnerability are constant and applicable to any context with high incidence of early pregnancies. These are derived from Stern’s (2005:267) work and presented as were manifested in this context. As propensity for adolescent pregnancies varies between sociocultural contexts, this variability is associated with certain characteristics of individuals’ social contexts. Essentially, and put very simply, the concept of social vulnerability assumes that there are certain social factors contribute to explain why adolescent pregnancy is so much more prevalent in certain social groups than in others (2005:234). Finally, this conceptual model and the variables of social vulnerability presented are suitable for this case as it relates to the

contextual or structural factors of where the study takes place, furthermore many of the factors presented in this model are influential factors in sub-Saharan Africa and Mozambique.

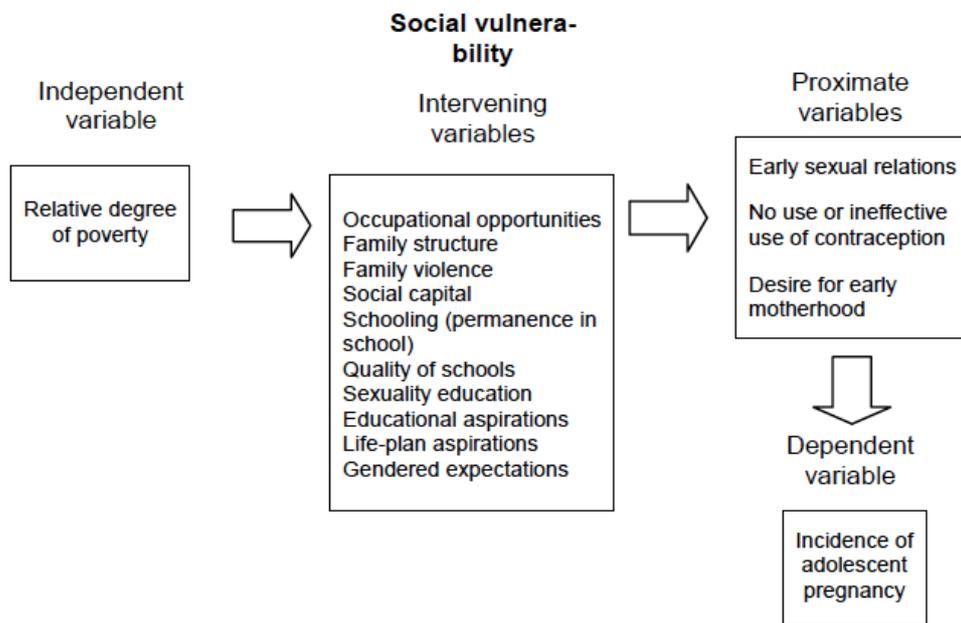


Figure 1. Conceptual modelling social vulnerability (Source: Stern 2005:267)

Many definitions of vulnerability usually include the concept resilience, this is the aspect that relates to individuals' and communities' capacities to respond to, cope with, and adapt to adverse circumstances (Stern 2005:233). Within the concept of social vulnerability, the term resilience relates to individual responses to social vulnerability and resilience can "designate the protective factors operating at the individual level" (Stern 2005:233). Subsequently, resilience can operate so that certain members of the same community can resist, manage, adapt to, and emerge from adverse conditions of the social vulnerability prevailing in their community or social context (Stern 2005:233).

3.3 Linking Habitus and Social Vulnerability

In order to understand how individuals' perceptions of vulnerability may lead to actual social vulnerability to pregnancies and HIV, the concepts of habitus and social vulnerability need to be linked. As stated, Bourdieu's habitus designates individuals' social practices such as perceptions, values and actions. Based on this, there should be a notion of vulnerability

inscribed in, or attached to young women's and adolescent girls' habitus shaping their social actions and the way they perceive this vulnerability. In this context, it is assumed that various intervening variables (see figure 1) would partly shape the respondents' habitus as well as the way they perceive others' vulnerability towards pregnancy and HIV.

3.4 Operationalization of theories

The concept of habitus and fields will be operationalized to analyse how social and cultural norms influence adolescent girls' and young women's' perceptions and attitudes towards pregnancies and HIV. Habitus and fields are relevant because fields relate to the structures of the social spaces where the respondents interact, and through the interaction with fields certain distinguishing features of the habitus can manifest themselves. The concept of capital will not be applied in the analysis as this relates more to perceptions of behaviour and less on assets. The concept social vulnerability is employed to analyse the various conditions that are perceived to increase the likelihood of getting pregnant or contract HIV. Together these concepts will complement each other and be used to analyse the relationship between individual perceptions relation to structural factors.

4 Methodology

The following chapter will present the overall research design and strategy, including some reflections on epistemology and ontology. Moreover, the process of the data collection such as sampling strategy will be presented, this also includes a brief description of the site where the fieldwork was carried out to gain an understanding in what type of context the respondents live. Finally, potential limitations and biases encountered during the research process are discussed including reflections on the data.

4.1 Research strategy and design

A qualitative research strategy is employed in this study since the aim is to examine and analyse individuals' own understandings and meanings of certain issues (Creswell 2009:178). As Creswell (2009:178) observes, qualitative research takes an interpretative form and aims to develop a complex picture of the issue and involves reporting multiple perspectives. Yin (2003:13) observes that "a case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident". This design was chosen as the approach for this research as it aims to understand the complexity and different features of a phenomenon being studied as well as the context of where this occurs (Bryman 2012:66; Creswell 2007:73).

4.2 Ontology and epistemology

This research takes a constructivist position to ontology. The constructivist approach assumes that people participate in the creation of social phenomena and social science seeks to identify socially constructed patterns and regularities (Moses and Knutsen 2012:199). This is not a rejection of the real world in a naturalist sense, but it assumes that we have no way of knowing anything about the real world. What we can know is that our perceptions are related to the real world and this relationship is highly complex (Moses and Knutsen 2012:177). Creswell (2009:8) observes that constructivism is the notion that individuals have their own subjective understanding of the world we live in, and we develop different subjective meanings of our experiences of the world. This approach to research relies on the research participants' interpretations of the situation that is being studied (Creswell 2009:8).

The epistemological assumptions in this research take an interpretivist approach. In contrast to positivism, interpretivists assume that the social world needs to be studied differently than the natural world. As the subject of study in social sciences is fundamentally different from the subject in natural science, a different strategy of research procedure is needed; one that "reflects the distinctiveness of humans as against the natural order" (Bryman 2012:28). Similar to the constructivist approach, the epistemological interpretivist research approach is concerned with

understanding the social world through examining the participants' interpretation of the world (Bryman 2012:380)

4.3 Data collection

This study was conducted in Maputo City and the selection of site was partly based on accessibility and time constraints which are further outlined under the limitations section. However, limitations set aside, I found it interesting to explore these issues in an urban setting as many of the programs in Mozambique frequently target rural adolescent girls and SRH vulnerabilities of urban girls are rarely identified in programs. Subsequently, this it could be interesting to examining the processes of SRH vulnerabilities in urban areas.

4.3.1 Site description

Maputo City is the capital of Mozambique and has approximately 1,2 million inhabitants. The city is divided into seven municipal districts and 60 neighbourhoods known as “barrios” (Conselho Municipal de Maputo 2012). Maputo City has a developed central area surrounded by densely inhabited informally placed shantytown areas where the poor population of the city reside. At 10%, Maputo City has the country's lowest poverty rate of all provinces in Mozambique (Baez and Olinto 2016:4) However, there are significant differences in income and expenditure between the wealthier and the poor in Maputo. The highest quintile has a per capita income of 4315 metical (approx. 70 USD), whereas the lowest quintile has a per capita income of 388 metical (approx. 6 USD) (Tvedten et al. 2013:2). The urban economy is mainly built on informal activities, and 60% of the city's workforce is estimated to belong to the informal sector (Baptista 2013:12).

In terms of sexual and reproductive health, Maputo City is the province that has the lowest adolescent pregnancy rates with 18%, this can be compared to the province of Cabo Delegado where the rate is 65% (INE 2015a) However, Maputo City is one of the provinces with the highest HIV prevalence at 16%, with almost twice as many women infected compared to men (21.7% and 11%) (INE 2015b). The HIV prevalence among youth (aged 15-24) in Maputo City is estimated to 7%. Also, here there are significant disparities between the genders with 11, 1% of women infected compared to 2,4% of the men.

4.3.2 Sampling strategy

Together with the local NGO Coalizão who are the main implementers of the programme Action for Adolescent Girls (AAG), beneficiaries of this programme were identified as suitable research participants. It is worth mentioning that in the initial stage of the study the aim was not to find research participants belonging to a particular programme and examine this in relation to the research problem. However, the aim was to access a sample of young women and girls that, due to different circumstances, would be considered vulnerable to poor SRH. In this sense the beneficiaries of AAG are relevant to the research topic. Thus, the sampling technique for this study can be considered as purposive snowball sampling (Bryman 2012:202) as the respondents were selected based on this, with the purpose to gain an understanding of the issue that is being studied (Creswell 2007:126).

The interviews for this study were conducted in the barrios Polana Caniço and Maxaquene, which are both located in the district of KaMaxakeni. Approximately 222.756 people reside in KaMaxakeni and it is divided into eight barrios (Conselho Municipal de Maputo 2012). Districts such as KaMaxakeni are located outside the colonial core of the city and where the majority of the population of Maputo City reside. These areas are usually referred to as the “subúrbios” or peri-urban areas and compared to the centre colonial parts of the city, areas such as KaMaxakeni have limited infrastructure and are largely informally planned and developed (Baptista 2013:12).

All the respondents were females between the ages of 15-20 living in different barrios of KaMaxakeni, furthermore all respondents attended secondary school and were current beneficiaries of AAG. Three mentors were also interviewed with the purpose of getting an overall perspective of the mentoring and how issues are approached and discussed in the safe spaces. Key-informant interviews were conducted to gain context related information and perspective on girls’ SRH in Mozambique and in Maputo, as well as further information on AAG. In total four key-informant interviews were conducted, two of them with the staff members from Coalizão working with the AAG-program and two interviews with program analysts from UNFPA working with questions related to gender and youth.

Subsequently, the respondents are divided into three categories; 1) beneficiaries of AAG, 2) mentors involved in the AAG and 3) key-informants involved with SRH program in Mozambique

	Respondent	Number of interviews
1	Beneficiaries of AAG	11
2	Mentors in AAG	3
3	Key informants	4
	Total	18

Table 1. Descriptions of data

4.3.3 Interviews

This study is based on individual qualitative interviews as primary source of data. According to Hammett et al. (2015:141) qualitative interviews are used to acquire subjective understandings by exploring participants' knowledge, memories and perceptions regarding a certain issue or phenomena. All interviews were of the character semi-structured. In order to maintain focus and make sure all subjects were covered, an interview guide was prepared. The interview guide was designed to leave room for follow up questions and changes. After a couple of interviews, it was observed that participants perceived some questions difficult to answer and flexibility in the interviewing process was essential. The interview guide was revised and restructured for questions to be changed and rephrased to generate more thoughts and reflections from the participants.

All interviews with the beneficiaries of AAG was conducted in the “safe spaces” in the barrios of Polana Caniço and Maxaquene. Safe space refers to the location where the mentoring sessions take place and the beneficiaries meet each other and their mentor on a regular basis. All interviews, except one key informant interview in English, were conducted in Portuguese which is the official language in Mozambique and spoken by the majority of the people living in Maputo. I speak Portuguese fluently and this facilitated the interviewing process as I believed

a translator would have created a distance between me and the respondents and generate less spontaneous discussions.

4.4 Data analysis

The interviews were recorded and complemented with field notes. The field notes were gathered in conjunction with the interviews and included small reflections that arose during or immediately after the interviews. This was done to facilitate the process of organizing the data for the analysis, also it allowed for reflection in the interview guide and possibly adjust certain questions and approaches. The data was transcribed and translated, and following this the qualitative data analysis software program NVivo was used to code the transcripts. The data was divided into different preliminary categories and sub-categories based on the emerging themes that could be distinguished guided by my conceptual framework (Creswell 2007:151). Following this, these themes and categories were narrowed down further and to maintain some structure to the analysis I found the easiest way to do this was to divide it by the research questions.

4.5 Limitations and potential biases

There are several factors that created limitations and potential biases that need to be addressed here. Time constraints, budget and external circumstances beyond my control limited the scope of the fieldwork significantly. This resulted in a smaller sample size and the data to be less comprehensive and smaller than what was initially planned for this study. The initial plan for the study was to conduct research in Mozambican communities bordering to South Africa and examining young women's experiences and vulnerability to mainly HIV in migration contexts. However, as this study was to be undertaken during my internship at the UNFPA, the UN security protocol would not allow me to travel to these areas. Subsequently, this prevented me from carrying out my initial plans and much had to be changed just days before starting the actual data collection. Another factor that made the field work difficult was that it was carried out during the holiday season and many Mozambican NGO and UN employees are on vacation during December and January.

Due to above mentioned circumstances, the methods were also limited to only individual interviews and intended focus groups were never made possible. Triangulation, or using multiple sources for collecting qualitative data is often emphasized to ensure validity and reliability (Bryman 2012:392). Even though, it is not certain whether triangulation would have generated a more accurate result or richer findings, focus groups could have helped enrich the research in terms of a deeper understanding and more consistent interpretation of the data collected (Tracy 2010:843).

4.5.1 Validity and reliability

In regards to the validity and respondents' trustworthiness, there are some aspects regarding the data that need to be addressed. Validity and reliability are important because it includes establishing whether the findings are corresponding to the standpoint of the researcher and whether there is a consistency in results based on the research method employed (Creswell 2009:191). To ensure validity and reliability some measures were taken. Field notes were collected during and after the interviews in order to reflect and evaluate the research process, this included identifying patterns that appeared and theories that emerged (Shenton 2006:68). As, suggested by (Shenton 2006:69) I also examined previous research findings from similar past studies in the same settings in sub-Saharan Africa and Mozambique to see whether they correspond with these findings.

Due to above mentioned limitations, the sample of respondents did not turn out as varied as I would have wished for a study on social vulnerability. This aspect should be highlighted as the fact that all respondents are beneficiaries of AAG which could create a potential bias. During the interview process, I realised that the respondents were very aware of SRH issues and existing vulnerabilities which obviously was because they had been part of the mentorship programme some time and were thereby exposed to, and used to discuss topics such as contraceptive use, condom use, HIV, and pregnancies. Thus, I am aware that this could be a potential bias as a sample from another area or non-participants would generate a broader understanding of these issues.

Hammett et al (2015:147) observes that problem in research can occur when respondents tend to provide the answer that they think the researcher wants to hear or that is "correct". This was

something that I came across several times, and I believe this is a limitation trying to convey the respondents' experiences and perceptions. As I noticed this pattern throughout the interviews I made some adjustments to the interview guide which I believe made the questions a bit more "challenging" for the respondents and thus generated more spontaneous answers. However, as these tendencies were persistent throughout the interviews I decided to incorporate this in the analysis part of the AAG-program.

4.5.1.1 Comments on interview data

During the interview process, I discovered that vulnerability to HIV was a topic that was quite hard to discuss with the respondents. This was not so much due to sensitivity or potential stigma of the disease, but rather because it did not seem to be something the respondents reflected upon as much as I would expect it to be. This could be because pregnancy makes a visible impact on an adolescent girl's life whereas HIV and STIs could go unnoticed for very long. As adolescent pregnancy is highly prevalent in Mozambique, this something that the respondents witness frequently among their peers which I believe contribute to the fact that this topic generated more reflections. Subsequently, it should be emphasised that much of the interview data primarily concerns vulnerabilities to early pregnancies and secondarily issues regarding HIV.

Another aspect that should be emphasised is that this study deals with the perceptions the respondents have of "other girls" or their peers' behaviour in relation to SRH. This approach is partly taken due to the previous mentioned limitations. During the interviews respondents rarely referred to themselves as exhibiting any of these behaviours or being exposed to risks and vulnerabilities in relation to SRH and mainly referred to their peers in explaining and expressing their beliefs as to why young women and adolescent girls are facing so many risks in relation to their SRH. Had more time been available, individual behaviours and vulnerabilities would have been explored further, however, this would require more time to build up a certain rapport for respondents to be comfortable to discuss their personal lives and issues. Considering the ethics of development research, I did not feel it was appropriate to be too inquisitive about the respondents' personal issues and hardships unless they initiated such conversation.

Lastly, this study is built on examining the perception of others, through the eyes of the respondents and this could lead to some potential biases that I am aware of. In consideration of this, the analysis of the data analysis should be understood as interpretations of the respondents' explanations and perceptions based on my perspective and the theoretical and conceptual framework.

4.6 Ethical considerations

Hammett et al. (2015:94) argue that even if research includes vulnerable or marginalized groups, which in this case adolescents can be considered as, this should not prevent researchers from carrying such studies, but it requires more reflection on how to approach ethical concerns. This was considered and reflected upon ahead of the interviews and some measures were taken to make the respondents feel comfortable and not as they were being put on "the spot" and were obliged to answer questions. The fact that interviews took place in the same safe spaces where the mentoring sessions were held I believed contributed to making respondents feel more comfortable in the interviews. I also talked to their mentors ahead who had informed them about me, my research and the reason why I found it interesting discussing these topics with them.

4.6.1 Informed consent and confidentiality

To protect respondents, anonymity and confidentiality has been of particular importance throughout the research process. As advised by Hammet et al. (2014:94), a document outlining the purpose, intended use and confidentiality of the study in a simple language was prepared before the interviews and given to each respondent to sign. In efforts to ensure full informed consent and to avoid any deception (Bryman 2012:147), I asked the mentors available to read the consent form with the participants or went through the document with the participants before starting the interview.

4.6.2 Positionality and reflexivity

England (1994:248) argues that all field research will, in one way or another, be influenced by the researcher's subjectivity and stresses the importance of accepting responsibility for the research. Accepting responsibility refers to recognizing that all field research is intrusive and

the researcher should not pretend as they can fully represent the informants of the study (England 1994:250). Considering this, I am aware of the limitations in presenting the informants fully, as I am influenced by my own background in terms of understandings, beliefs and attitude towards issues such as gender inequality and vulnerability.

Being aware of this, it is important to reflect upon my positioning and representation during the research process (Sultana 2007:376). Moses and Knutsen (2012:200) argue that knowledge is inherently connected to power and the one who produces the knowledge has the power. This also makes it essential to maintain a critical approach to knowledge and reflect on who, for whom and in what context knowledge is produced (Moses and Knutsen 2012:200). Another important aspect to pay attention to, especially while conducting research relating to women in sub-Saharan Africa, is the fact that women in development countries often are depicted as vulnerable victims and much research in the past have produced this stereotype (Mohanty 1984:333).

5 Results and analysis

This chapter will present the empirical findings from the data collection and an analysis based on the theoretical and conceptual framework. Firstly, some general characteristics of the respondents' socioeconomic conditions will be presented to contextualize the analysis further. Secondly, perceptions and explanations of adolescent pregnancy and HIV will be examined, focusing social vulnerability and sociocultural norms influence over this. The third part of the analysis focuses on the impact of the AAG program as well as the how the presence of SRH interventions in Maputo might influence held perceptions and attitudes towards vulnerability to pregnancy and HIV.

5.1 Socioeconomic characteristics of respondents

All the respondents lived with their parents or other family such as older siblings or grandparents. Many respondents stated that their family struggled to support them financially in terms of money for transport, school fees, uniforms and sometimes even meals. Family

members usually managed to provide for them, however they had to struggle a great deal and cut back on certain basic things to be able to afford another.

The respondents' parents or family members had low paying jobs, such as driver or brick layer and many times informal employment such as domestic maid or street vender. Furthermore, it was common that respondents had one parent that did not work or worked far away from home. In general, it appeared that at least one parent spent much time away from home having little involvement in their daughters' lives. The respondents were very dependent on their parents' or family members' to be able to go to school and their living conditions sometimes resulted in insecurities. Some struggled to be able to attend school, much due to household dynamics. This was exemplified by one of the respondents as follows:

“My parents were fighting and my mother left. I am going to school on Monday and don't have anything, no uniform, no books. My dad does not manage to give me money, but for other relatives, like his brothers he manages. My dad never registered me for school, it was only my mother who took me and my mother who payed” (Carolina, beneficiary, Polana Caniço).

All respondents attended secondary school from grade 9 to 11. In Mozambique, secondary school is divided into two cycles and lower secondary consists of grades 8 – 10 and the official age for this cycle is 13-15 years old. Upper secondary consists of grades 11 and 12 with the official age of 16-17 years old (EPCD 2014). As can be seen in the methodology section, the age of the respondents ranged from 15 to 20 and it should be noted that the grades which the respondents were in did often not correspond with the official age for the school cycles. For example, one 20-yearold respondent was in 9th grade while another 16-yearold was in 10th grade, and a 15-yearold was in 11th grade. This indicates, that some respondents dropped out of school at some point or repeated several years. In contrast to primary school, secondary school requires students to pay enrolment and tuition fee (UNESCO 2010:14). Furthermore, additional expenditures for transport, books and uniforms are needed to attend school, and as seen in the quotes above some of the respondents struggled to pay for this.

Program staff described Polana Caniço and Maxaquene as troubled barrios, and that many girls in these areas do not finish school and early pregnancy appeared to be common:

“When you go there (Maxaquene and Polana Caniço), you will see girls that are 19 years old with two kids already. Because the conditions and the environment are not very good. Many girls spend a lot of time in the street without anything to do and their parents often leave their children alone because they have to go out and look for work” (Tijarra Tembe, assistant coordinator AAG)

Another aspect of the respondents living situation was security and many reported that they did not feel safe in their community. Robberies and assaults appeared to be frequent especially at night and the barrios are generally characterized by insecurity in terms of crime but also environmental hazards such as flooding during rain as described by one respondent:

“(…) every day there is something happening. Violence, robberies etc. I go with a chapa (public transport minibus), so sometimes it is unsafe at night and very risky. They already stole my books and my folder that is for school” (Felicia, beneficiary, Polana Caniço).

It seemed as the actual poverty or lack of resources as well as the family and community relations were what created some type of insecurity in the lives of the respondents. Much of what was described by respondents and program staff reflected aspects of urban poverty, especially in regards to the fact that the respondents and their family rely heavily on cash income and on insecure social relationships (Tvedten et al. 2013:2).

5.2 Perceptions of vulnerabilities to pregnancy and HIV

5.2.1 School, friends and family

Many of the respondents described social relations outside school and friendships as something that led to negative consequences and an irresponsible way of living. A cautious attitude towards friendships and socializing with peers was expressed. Many also stated that they themselves had few friends and the negative influences from friends was often attributed to not attending school. Two examples of these perceptions were put forward by Carolina and Ana:

“I have one best girlfriend. I think the ones who have many different friends are the ones who don’t go to school, who smokes and drinks and do whatever they want they don’t listen to their parents “(Carolina, beneficiary, Polana Caniço).

“The girls that stay at home think “oh I don’t want to go I don’t need school, it won’t help me with anything and they put that into their head, and she ends up not going to school. They are influenced by their friends” (Ana, beneficiary, Polana Caniço).

Bourdieu argues that the educational field has a fundamental role in the construction of habitus and this is also where individuals can transform themselves and their habitus based on qualifications and achievements rather than social status or heritage (Moi 1991:1023). The respondents accounts correspond to this as they reflected a strong motivation of being able to be independent and to provide for themselves, and school was where these opportunities were located and seemed to be a way avoiding some of the negative situations that some of their peer finds themselves in. Furthermore, this also corresponds to the observations of Osorio et al. (2008), in their study on adolescent sexuality and gender in Maputo. Osorio et al. (2008:201) observe that there was a “duty to study” among many of the respondents, despite their parents’ socioeconomic and academic background. Furthermore, they argue that many families have a “mobilizing discourse” regarding girls’ school attendance of girls which is based on economic independence and the value of work and school was perceived as a key place for class and gender transition and inclusion in modernity.

In regards to friendships and socialising with large groups of peers, this was also linked to negative outcomes in relation to education. Influence of friends and peer-pressure was perceived to be connected to risky sexual behaviours such as having unprotected sex, engaging with older men and transactional sex. One respondent explained that she believed girls are aware of consequences of unprotected sex, and have SRH information, however they are more influenced by peer-pressure and curiosity to experiment:

“For example, your friend might have done something that is not “according to the rules” and she tells her friend “I did this and that”. And then she, in an attempt to experiment with the same thing, she ends up doing up doing the same thing so I think they influence each other” (Alexia, beneficiary, Maxaquene)

As mentioned in the first section, the barrios of Polana Caniço and Maxaquene were described as places where many young people and adolescents don't go to school and have little opportunities for employment and thus spend much time on the streets without much to do but "hanging around" and sometimes begging for money. Consequently, it seemed important for the respondents to not associate themselves or interact with big groups of friends and distance themselves from the youth in their community who spend time in the street and establishing boundaries and remain focus on school.

The role of family, especially the mother's presence, in adolescent girls' lives was expressed as something important among many of the respondents. Some believed that girls end up suffering from early pregnancy or HIV because they do not have parents there to guide them in their decisions in life. It seemed as many of the respondents' families played a role and that the habitus generated within the family might be acting to protect the girls from social vulnerability. When asked about what they believed made a girl vulnerable or why girls may have unprotected sex and put the self at risk many referred to family relations to explain this:

"They are those girls that maybe lost their mother or that doesn't have a person saying "don't do this don't do that". To counsel them or give them advice" (Amanda, beneficiary, Maxaquene)

"I think it starts at home, it starts with our moms she has to help us, when we have our first period the mother has to sit down and talk with her and say "today we have many methods to prevent this" and talk about the methods available to prevent pregnancy I think that the mother should do this. The mother could take the daughter to do family planning" (Catarina, beneficiary, Maxaquene)

In regards to social vulnerability Stern (2005:268) argue that existence of family support and community support nets are important in reducing vulnerability of adolescent girls to become pregnant. For girls living in an unstable environment family and support networks play a large role in overcoming issues such as death, violence or abandonment as these factors can work to reinforce vulnerability for individuals living in poverty or under other challenging conditions. Michelsen et al (2014:55) observe that young people in general feel the need of belonging to a group and are concerned by group loyalty. In a context where parents are not present, approval of peers exercise an important influence and consequently young people may have sexual

relations because of peer pressure. Adolescents carry with them experiences that shapes their perceptions and beliefs, and during the transition from family to school to groups of friends, the dispositions that generated the habitus are altered and reconstructed (Osório et al. 2008:257). Thus, adolescents might be influenced by peers, as the respondents mention. However, as habitus is internalized through the family context (Edgerton et al 2012:305), certain dispositions might work as a protective factor for the respondents which prevents them from risk behaviours such as unprotected sex or alcohol consumption. The family generated dispositions may also work in affecting the way they perceive other young people's actions and establish boundaries to the field of peers and large groups of friends that they observe in their community.

5.2.2 Gender and social vulnerability

Gender inequality in terms of social and economic conditions was not perceived as an issue to most of the respondents. Most of them expressed that society was equal in terms of job opportunities, education and economy. And in regards to themselves the respondents did not reflect any experiences of being valued less than men in terms of educational achievements or job opportunities. At the same time, almost all accounts of risks and vulnerabilities that girls face in Mozambique were related to men in the public and private sphere. Teachers, uncles, boyfriends or random men on the street were described as a risk or danger to girls and women in general. There was a frequent perception that many men are perpetrators of physical and sexual violence and girls and women are highly vulnerable to this. For example, when asking a respondent whether she thinks her community is safe:

“For girls? No, no, no! These days there are even fathers, brothers or uncles that violate girls, and I don't think it is safe no. It is insecure”. (Carolina, beneficiary, Polana Caniço)

Or when asking whether girls are at more risk than boys in general:

“Yes, I think girls are more at risk than boys. Like sexual abuse, it happens, even in their own house. Could be a father, uncle, grandparents”. (Sandra, beneficiary, Maxaquene)

The accounts given relating to gender and vulnerability demonstrate that there is an awareness to patriarchal structures, especially in relation to sexual and physical violence against women

and girls. Thus, gender inequalities that render girls vulnerable did not go unnoticed and appeared as something that was present in the lives of the respondents. The type of violence described by the respondents is the more “apparent” violence that women are subjected to and perhaps this is more visible at a community level rather than inequality in terms of social and economic conditions. Bourdieu argue that gender inequality is reproduced in the same way as cultural inequality, such as class and describes this as a ‘sexually characterized’ or gendered habitus which refers to inscribed gendered norms which translates into the ways we think, feel and respond to others (Powell 2008:177). Furthermore, the gendered habitus is played out at the level of practice, through perceptions, attitudes and beliefs, and these are not necessarily immediately responsive to self-reflection and change. Subsequently, the respondents might not perceive certain aspects of society as unequal as the way society is structured is perceived as “normal” or “natural” (Bourdieu 2001:95)

However, change in habitus and consciousness can be a response to change in social structures (Chambers 2005:334). The awareness of the violence could be related to the AAG and the fact that such issues are discussed among the beneficiaries and the mentors. At the same time, as this is a common issue in Mozambican society its probable that the girls have witnessed violence themselves or have friends and relatives whom experienced physical and sexual violence. Furthermore, structures are changing in Mozambique, especially in urban areas, and gender based violence is no longer socially acceptable.

The association between vulnerability, gender roles and how men treat women was exemplified by different accounts of boyfriends’ influence on girlfriends in relationships. Respondents exemplified this by describing what seem to be very common scenarios in relationships. Many described a situation where the girl is “easily fooled” or taken advantage of by her boyfriend who pressures her into having unsafe sex and leaves her if she becomes pregnant or contracts HIV. Two respondents from Maxaquene explained as follows:

“/.../for example if she (the girlfriend) becomes pregnant, she is easily conquered. If she wants to continue school the man will say “no I will marry you, you can live in my house”. If she wants to work he will say “no you don’t need to work I will take care of you and our children”. And in the end, it ends up not being anything like that. She can also get HIV and afterwards he will tell her “you did not get that that disease from me”. Then, he wants to separate and you already

lost your education, and work. If you get married and then you separate you have lost your work, family, friends already” (Sandra, beneficiary, Maxaquene).

“I am not putting the blame on the man...but when it the moment arrives and people are going to have sex they don’t accept to use condom, because they say they that with condom they don’t feel that same pleasure and end up making a girl pregnant” (Catarina, beneficiary, Maxaquene).

Power relations between men and women and morality ascribed to genders in various degrees can translate into social vulnerability (Stern 2005:174). The above quotes illustrate a perception of vulnerability in regards to gender relations and that girls have little agency in relationships. The gendered habitus is unconscious and individuals are seldom aware of their generated habitus or the position they take within certain social contexts (Bourdieu 2001). Thus, many times the gendered habitus of adolescent girls and disposition to comply with their partners might surpass the risk of becoming pregnant or contracting HIV. Gender inequalities do exercise a strong influence on the reproductive health of girls and young women and the respondents expressed this as something they are aware of, and almost as it was common knowledge that boys take advantage or use girls for sexual purposes.

It is worth highlighting that the accounts of the respondents seem to indicate that girls are “easily fooled” and are subjected to this vulnerability because they don’t know better and are naïve in the sense that they trust their partner and give in to his wishes to not use protection. This corresponds to Bourdieu’s explanation that there are limits for agents to reflect upon and transform their gendered ways of being as this transpires at a pre-reflexive level and the gendered structure of a certain field may go unnoticed (Powell 2008:177). In this sense, girls are depicted as victims to their own weaknesses of giving in to a man, and the responsibility ultimately falls on the girl to say no, or not engage with men. The explanations are of a gendered nature as they seem to place more emphasis on the girls’ behaviour than the prevailing gender norms and it is ultimately the girl’s individual responsibility to protect herself.

5.2.3 Perceptions of other girls’ choices and transactional sex

Sexual relations as a strategy to access material gains was a common explanation among the respondents as to why some girls are more vulnerable in relation to pregnancy and HIV. These material gains were not always described as being motivated by poverty in the sense that the

girl need food or similar, but other things such as a smart phone or just money for things that her parents can provide. The girls who engage these relationships were not described as “poor girls” in desperate need of money, but as ambitious girls that used relationships as a strategy to get things such as cell phones or clothes. This was described by two respondents as follows:

“Sometimes girls want money, and does not have the money to buy certain things... sometimes they want new clothes. There are some very ambitious girls that want to have what others have, but what they don’t know is that other people have the conditions to have this and she does not. And then she looks for the easiest way to get these things” (Alexandra, beneficiary, Polana Caniço).

“Every woman is vulnerable. But it depends, there are some girls that are ambitious. For example, he says: “I have a smart phone and I stay at the guest house, if you spend a night with me you will leave with the phone”. They don’t think about the consequences or the risks or anything, they just want to leave with the phone in their hand. And then there are the type of girls that say no, I can grow up, work and buy my own phone” (Sandra, beneficiary, Maxaquene).

The dominant perception among the respondents was that women are active agents whom should be financially independent from men through education and hard work. The importance of this independency as a woman was emphasised frequently. The described “ambitiousness” was indeed perceived as a negative behaviour and frowned upon. Transactional sex was explained as a strategy for “ambitious” girls to achieve certain things, while the respondents’ strategy was the responsible one which involved studying to achieve independence and financial security. Transactional sex was not described as being associated with vulnerability but rather to irresponsible behaviour and as a dishonest strategy to get what you want.

Osório et al. (2008:257) observes that young women and girls in Mozambique negotiate their position in society in relation to existing traditional norms and practices and the processes linked to modernisation and their own future opportunities. In such context, many young women and girls might not perceive their future opportunities in terms of education and career and as Stern (2005) notes, level of education and aspirations can constitute a situation of social vulnerability where at the collective level the occupations held by women of a certain social sector or class serves as an indicator of the opportunities available for girls belonging to the same social sector. In this sense, transactional sex may constitute a strategy towards gaining

access to things people from poorer sections of society might never have. Furthermore, the context of Maputo City need to be considered here. As Tvedten et al (2013:2) observe, there are highly visible differences in lifestyles in for example housing, clothing and commercial outlets in Maputo and these serve as constant reminders to the poorer urban population about their own situation. In this context, consumerism and globalisation are highly influential in the life young people and transactional is an easy strategy for young women and girls to gain access to certain things that they want.

Consequently, this strategy might in some ways be another way for girls to acquire independency or achieve certain things. As gender roles are transforming, an “ambitious” girl might position herself as a more liberal or “modern” woman and can use this as a strategy to obtain certain material things. Bourdieu claims that as women move from social fields of work and public life that previously were confined to men, this might encourage dispositions of the habitus that do not conform to traditional norms of femininity and dispositions may be transferred to other fields of interaction such as sexual relationships (Powell 2008:177).

However, as Karlyn (2006:287) observes, sexual experience enhances men’s status while it takes moral value from women and this attitude is still prevailing in Mozambican society and “the struggle for moral status is centred on control over women’s reputation as good girl versus bad girl” (Karlyn 2006:287). This is also reflected among the respondents’ perceptions which corresponds to the morality of the issue and how a girl is “supposed” to behave rather than discussions of agency and empowerment. The vulnerability perceived among the respondents was still characterized by gendered descriptions where there was an emphasis on that girls’ behaviour were wrong and they needed to change.

5.3 AAG’s impact on perceptions and attitudes towards SRH

5.3.1 Sexual and reproductive health discourse in Mozambique

During the interviews with beneficiaries there was a pattern of very similar answers that appeared in relation to questions regarding adolescent girls’ risk in terms of pregnancies and HIV. These answers were characterized by a certain “correctness”. For example, when asked

about risks and if girls are vulnerable to HIV infection and pregnancy, many respondents instantly replied: “there is family planning available, such as the pill, injections and implants that you can use to avoid pregnancy”. Moreover, when asked to give explanations or thoughts on why there are so many young mothers and adolescents that are pregnant in their communities, one answer that was frequently given was: “because they don’t use family planning”.

Being aware of the methodological limitations, such as framing of questions and relations between interviewer and respondents, this tendency among the respondents’ approach to SRH issues are noteworthy. It seemed as the they many times answered what they had learned is the “right” answer to questions regarding SRH. Meanwhile, other explanations as to why girls may end up pregnant or HIV positive were not something that seemed to be reflected upon except when asked more “challenging” questions. In fact, one key informant mentioned these tendencies among young people, and its implications for SRH program implementations especially in urban areas:

“We have had HIV intervention programs in Maputo City for 15 years, but the young people here have developed a very nice language and explanations about the vulnerabilities and the situation, but that is not the real life that they live/.../ There is a dichotomy between attitudes and behaviours, and the rhetoric of young people in Maputo. /.../. We (UN-agencies and NGOs) have developed these skills of young people, and they can give you the exact response you want to hear. When we talk about adolescent SRH with urban youth they know what to say, this has probably happened in many cities in Southern Africa which have received a lot of money during the past 15 years” (Debora Nandja, Program Analyst, UNFPA).

Groes-Green (2009b:664) argue that many NGOs, researchers and health institutions have a discourse where sexuality is approached as a health problem which aims at regulating people’s behaviour, and discourses about sexuality tend to be rationalized into medicine and science. The urgency of the HIV epidemic on the international development agenda have resulted in many resources going to HIV prevention in countries such as Mozambique. Many of these interventions have emphasised individual behaviour such as number of sexual partners and condom use as oppose to contextual factors (Price and Hawkins 2007:27).

The tendencies to focus on individual behaviour and responsibilities were common throughout these explanations and perceptions of adolescents' vulnerability in regards to their SRH. While discussing pregnancy and HIV, social vulnerability was referred to, this was rather phrased in terms of individual behaviour and the importance of responsibility and prevention as opposed to other factors such as gender inequality, poverty or education which could constrain adolescent girls' control over their sexual and reproductive health.

5.3.2 Attitudes towards health and aspirations

Many of the respondents seem to have a general belief that girls that become pregnant just don't care about the consequences, and sometimes even want to be pregnant despite their young age. The common perception among respondents was that many adolescents and youth have an attitude that is very indifferent towards their health and thus also their future in terms education and employment. One of the respondents described this as follows:

“Today, many people think that “a vida nao e nada” (life is nothing), I think they think that way because there are many girls that are pregnant, but it is not because methods to prevent doesn't exist. I think it is because they want it really”. (Felicia, beneficiary, Polana Caniço)

This perception of “not caring” or “not thinking” appeared throughout all the interviews and was the most frequent explanation as to why adolescent girls end up pregnant or infected by HIV. Girls affected by early pregnancy and HIV were largely perceived as ignorant and irresponsible by the respondents and something they could prevent through individual responsibility and control. Furthermore, most explanations as to why one should adopt a behaviour to avoid pregnancy was associated with education and aspirations in life. Pregnancy would disrupt and endanger their plans of finishing school and getting employment and neither the girls themselves nor their families could afford taking care of child at such young age. One respondent explained her opinion on early pregnancy and people's lack of thinking as follows;

“You can be with somebody and become pregnant and everything stops. He will continue to go to school but not you. You are not allowed to go to school with a big stomach they don't accept that. He gets you pregnant, goes to school, graduates and forget that you exist. If you don't study you will not know anything”. (Carolina, beneficiary, Polana Caniço)

In a study among male secondary school youth in Maputo, Groes-Green (2009a:235) observes similar tendencies in relation male students' aspirations and whether they had "something to live for" in regards to career opportunities and personal investments in health and future. Students from the lower socioeconomic strata explained the lack of protection as they already had little opportunity to live up to and thus they might as well "enjoy life" and "live in the moment" because life might end soon anyway and there was no need for individual effort to avoid pregnancy or HIV (Groes-Green 2009a:235).

According to Dumais (2002:46), individuals internalize their relative position and determine their possibilities in relation to social structures and subsequently adapt their ambitions and expectations in line with perceived opportunities. The social structure in which many adolescents live in Mozambique is one that provides for little opportunities in terms of education and employment, subsequently the accounts of this attitude can be seen as a reflection of a habitus emerged from this social context. Such, habitus, one that is generated from living under precarious conditions in Mozambican society, may generate an attitude of indifference to potential health issues such as HIV and early pregnancies. Furthermore, one's relationship between personal perspectives and structures within society may generate a sense of "helplessness" and that these factors are beyond individual's control. Lynam and Cowley (2007:144) observe that issues such as poverty and gender can intersect in a way that make individuals question their own value and transform their habitus to "play within the rules".

Thus, adolescent girls might not view opportunities in terms of education, employment and other general life aspirations to be within their reach due to their position in the context that they live. This in turn generate this attitude of "not caring" or "thinking" as described by the respondents. It is clear that the respondents in this study have aspirations towards education and employment which indicates that the program have a positive effect in terms of empowerment and working as a protective factor in regards to vulnerability. However, the respondents' perceptions also reflected a superior attitude towards girls ending up pregnant and HIV positive. These accounts may reflect a broader structure of inequality including the way sexuality and sexual behaviour is viewed upon in Mozambican society.

Accounts regarding SRH and sexual relations were rarely described as positive, but rather something associated with lack of responsibility, lack of education and ignorance. This was

also reflected in certain accounts that tended to portray girls as victims to their “own weaknesses” or a that they lack control:

“Today, the way girls dress is different and the way they behave also. Yes...she does not protect herself...doesn’t control herself” (Catarina, beneficiary, Maxaquene).

“Because some people think: “oh I heard about this and that, I want to try and experiment as well”, they fall for temptation” (Ana, beneficiary, Polana Caniço).

The quotes above indicate that sexuality was perceived to be something that should be regulated and controlled which, again, is something that is reflected in the study by Groes-Green (2009a) who observe that such tendencies towards sexuality mirrors the ideology of the ruling party since independence, FRELIMO which officially condemned uncontrolled sexual behaviour. Furthermore, the political elite and the economically privileged class in Mozambique is constructed around intellectual superiority which sets the modern progressive and educate elite aside from a “population seen as ignorant, primitive and superstitious” (Groes-Green 2009a:236).

5.3.3 Potential impact on behaviour and individual perceptions

Another aspect that is worth highlighting is in relation to the potential influences the AAG might have on perceptions of vulnerability, is the mentors’ perceptions and attitudes to SRH issues. Their answers did not differentiate much from the beneficiaries’ perceptions and explanations in regards to the underlying causes of HIV and early pregnancy. Issues of “getting through” with SRH information and information about risks of certain behaviours were also mentioned in regards to why adolescents end up pregnant or contract HIV:

“There are these girls that are stubborn, they listen but they don’t take it seriously. I can tell you to always protect yourself, but then you say “no because of this and that” and come with many excuses, for example because your boyfriend “puts in your head” that you don’t need to use protection” (Erika, mentor, Polana Caniço).

As AAG is implemented through the mechanism of Programa Geração Biz and by Coalizão, the approaches to SRH information and behavioural change are probably similar to the general

characteristics of the PGB. Based on this assumption, some of the accounts of the respondents and the above excerpt from a mentor corresponds to some of the issues mentioned in evaluations and reviews of PGB. Various evaluations of the program have concluded that exposure to the programme resulted in increased SRH knowledge but this did not seem to translate into behavioural changes in the same extent (Chandra-Mouli et al. 2015b). This relates to factors such as delay of sexual debut, use of modern contraceptives and especially condom use (Sanchez et al. 2012). Furthermore, concerns have been raised regarding gender equality, and Chandra-Mouli et al. (2015b:10) argue that the program's inadequacy in gender sensitivity may have contributed to the limited effect that PGB has had on preventing unprotected sexual activities among girls.

All respondents stated that they had a positive experience from the program and that they enjoyed the mentoring sessions. In regards to what parts of the program they found most helpful and positive this was the economic assistance for school fees, uniforms, transport etc. When discussing the effects of the program with another mentor she mentioned that she had seen change in beneficiaries, mainly because many of them were not in school when starting the program and could enrol after financial assistance. Also, she mentioned a better confidence among beneficiaries:

“/.../it is like we are the same family and you can see the way they change in the way they talk. What I maybe can't answer is whether they act like this at home as well” (Maria, mentor, Maxaquene)

The above quote indicate that AAG could have a positive influence on adolescent girls' habitus in terms of dispositions which allows them to exercise agency as a result of improved confidence by connecting with their mentor and other girls they meet in the safe spaces. However, it is difficult to say whether this agency is transferred into other fields such as family or school. In addition to this, the fact that the beneficiaries receive financial support could work as a strong protective factor as many of them would not be able to go to school at all without this support. As Stern (2005) observes, the notion of social vulnerability is important as it identifies certain variables of vulnerability, and based on this, social safety nets could be established, which in this case constitute financial support for education.

6 Discussion and conclusion

The purpose of this study was to understand how social and cultural norms influence young women and girls' explanations and perceptions of vulnerability to pregnancy and HIV. Furthermore, the purpose was also to examine how interventions such as Action for Adolescent Girls impact these explanations and perceptions. Subsequently, in this section the research questions will be revisited and discussed based on the analysis.

6.1 Concluding remarks

In relation to influencing factors, school, peers and family seemed to have a big influence in the respondents' perceptions of others, and perhaps also in their own perceived vulnerability. Family was regarded as particularly important in the context of adolescent girls' lives, and the reflections on family were the ones least characterised by notions of individual responsibility. Family seemed to work as a protective factor in the respondents' community context which might otherwise predispose some of them to risky behaviour such as unprotected sex.

The understandings of SRH and vulnerability was closely associated with gendered structures of society, gender roles and norms and values. Traditional norms and values of how a girl should behave seem to influence the perceptions of social vulnerability to pregnancy and HIV, as they were not really perceived as vulnerabilities but something that relates to individual behaviour. At the same time, modern views on women as independent and the importance of not relying on a man financially dominated. Personal perceptions regarding SRH and avoiding negative outcomes such as pregnancy and HIV was associated with deciding how you want to lead your life and focusing on education and independency. This seemed to be connected to a certain mind-set that is needed to "succeed" in society.

Linking this back to social vulnerability and habitus, much of the perceptions emphasised individual responsibility and there seemed to be certain limitations too reflect upon structures in society that potentially generate social vulnerability. This included the gendered structures of society and the restrictions these might impose on adolescent girls' control over their reproductive health.

Furthermore, a health discourse shaped by the political system and international development priorities seem to some extent to be reproduced in the values and norms transmitted through programs such as Action for Adolescent Girls. However, this is also connected to a structure of inequalities in society and the education system and these issues need to be considered in a broader context which was not possible within the scope of this study.

Lastly, it appears as the program have especially positive impact on the respondents in terms of aspirations. The safe spaces and mentoring seem to have a potential impact on habitus and its dispositions as it allowed participants to reflect upon their own agency and perceived opportunities especially in relation to education. Realisation and actualisation of aspirations seem to work as a protective factor for the respondents' as they have something to strive for in life which is worth more than taking the risk of getting pregnant or contracting HIV.

6.2 Suggestions for future research

While exploring young women's and adolescent girls' issues related to SRH and vulnerability, some areas where additional research might be needed, including the implications for future interventions, were considered. Firstly, as SRH programs targeting adolescents does not appear to be able to affect behaviour change efficiently, a suggestion for future research is to focus on sexuality education and how factors such as culture, socioeconomic situation and gender influence adolescents' response to sexuality education and what factors motivate change. Secondly, as the majority of urban residents are dependent on cash income, poorer urban girls live under highly insecure socioeconomic conditions. Urban girls are also exceedingly impacted by transformations in society through influences such as globalisation and market liberalisation. This also results in conflicting gender values and norms, which in some aspects are deeply traditional and entrenched, while at the same time are being transformed through external influences. Subsequently, further research on SRH issues and vulnerabilities in urban areas could potentially help to inform policies and implementation of SRH programs directed towards reducing vulnerability among adolescent girls.

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Appendix 1. List of respondents

Action for Adolescent Girls Beneficiaries

Respondent	Age	Location	Date
Ana	15	Polana Caniço, Maputo	January 21 st 2017
Carolina	16	Polana Caniço, Maputo	January 21 st 2017
Felicia	18	Polana Caniço Maputo	January 21 st 2017
Alexandra	15	Polana Caniço Maputo	January 21 st 2017
Amanda	15	Maxaquene, Maputo	January 25 th 2017
Sandra	19	Maxaquene, Maputo	January 25 th 2017
Ivete	16	Maxaquene, Maputo	February 2 nd 2017
Ana-Carolina	20	Maxaquene, Maputo	February 2 nd 2017
Rebeca	16	Maxaquene, Maputo	February 2 nd 2017
Alexia	20	Maxaquene, Maputo	February 3 rd 2017
Catarina	19	Maxaquene, Maputo	February 3 rd 2017

Action for Adolescent Girls Mentors

Mentor	Age	Location	Date
Maria	25	Maxaquene, Maputo	January 27 th 2017
Fernanda	26	Polana Caniço Maputo	January 16 th 2017
Erika	21	Maxaquene, Maputo	February 2 nd 2017

Key Informants

Name	Title	Organization	Location	Date
Ana Ndove	Coordinator, Action for Adolescent Girls	Coalizão	Maputo	January 24 th 2017
Tijarra Tembe	Assistant coordinator, Action for Adolescent Girls	Coalizão	Maputo	January 24 th 2017
Agueda Nhantumbo	Gender Programme Officer	UNFPA	Maputo	February 6 th 2017
Debora Nandja	Program Analyst Adolescent and Youth	UNFPA	Maputo	January 26 th 2017