ORIGINAL RESEARCH ARTICLE

Socio-cultural drivers and barriers to addressing repeat teenage pregnancies and early child /forced marriages in Central and Eastern Uganda

DOI: 10.29063/ajrh2024/v28i12.16

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Abstract

With 25% of teenagers pregnant by age of 19 and about half of these married before their 18th birth day, Uganda exhibits one of the highest rates of teenage pregnancy and child marriage globally. Comprehensive data on the drivers and barriers to addressing repeat teenage pregnancies and early child marriages remains limited. Using the narrative inquiry approach, the paper explores the key socio-cultural drivers and barriers to addressing repeat teenage pregnancies and early/forced marriages among stakeholders in the districts of Mbale, Kween, Namayingo and Kalangala. Guided by purposive sampling, a total of 125 qualitative interviews (80 key informant interviews (KIIs) and 45 focus group discussions (FGDs) were conducted. Data analysis was done using deductive thematic analysis in Atlas ti software. The drives of repeat teenage pregnancy (RPT) include the distorted community understanding of repeat teenage pregnancy; poverty at the household; norms, traditions and beliefs; cultural and traditional practices; lack of comprehensive sex education, school dropout, Peer pressure and influence, and vulnerable populations. The results point to a strong relationship between teenage pregnancy, early child/forced marriage and repeat teenage pregnancy across all the four districts and to poverty as the driving force. *(Afr J Reprod Health 2024; 28 [12]: 148-164).*

Keywords: Repeat Teenage Pregnancy; Social Cultural drivers of teenage repeat pregnancies; Barriers to addressing repeat teenage pregnancies

Résumé

Avec 25 % des adolescentes enceintes avant l'âge de 19 ans et environ la moitié d'entre elles mariées avant leur 18e jour de naissance, l'Ouganda présente l'un des taux de grossesses et de mariages d'enfants les plus élevés au monde. Les données complètes sur les facteurs déterminants et les obstacles à la lutte contre les grossesses répétées chez les adolescentes et les mariages précoces d'enfants restent limitées. En utilisant l'approche d'enquête narrative, l'article explore les principaux facteurs socioculturels et les obstacles à la lutte contre les grossesses répétées chez les adolescentes et les mariages précoces/forcés parmi les parties prenantes des districts de Mbale, Kween, Namayingo et Kalangala. Guidés par un échantillonnage raisonné, un total de 125 entretiens qualitatifs (80 entretiens avec des informateurs clés (KII) et 45 discussions de groupe (FGD) ont été menés. L'analyse des données a été effectuée à l'aide d'une analyse thématique déductive dans le logiciel Atlas ti. Les motivations des grossesses répétées chez les adolescentes (RPT) comprennent la compréhension déformée par la communauté des grossesses répétées chez les adolescentes ; la pauvreté au sein des ménages ; le manque d'éducation sexuelle complète, l'abandon scolaire et la pression des pairs ; et d'influence, ainsi que les populations vulnérables. Les résultats mettent en évidence une relation étroite entre les grossesses précoces, les mariages précoces/forcés et les grossesses répétées chez les adolescentes dans les quatre districts, ainsi que la pauvreté comme force motrice.. *(Afr J Reprod Health 2024; 28 [9]: 148-164).*

Mots-clés: grossesses répétées chez les adolescentes, facteurs sociaux et culturels des grossesses répétées chez les adolescentes, obstacles à la lutte contre les grossesses répétées chez les adolescents

Introduction

Teenage pregnancy and early/forced marriage remain a significant public health and socio-economic challenges in many parts of the world to date[1,2]. Globally, an estimated 21 million girls aged 15 to 19 years become pregnant each year, with approximately 12 million giving birth[2,3,4]. In sub-Saharan Africa, the prevalence of teenage pregnancy is notably high, with 101 births per 1,000 girls aged 15-19[4,5]. Uganda has one of the highest rates of teenage pregnancy and sixteenth highest prevalence of child marriage in the world. According to the Uganda Demographic and Health Survey (UDHS

2022), approximately 25% of girls aged 15-19 years have begun childbearing, and many of these pregnancies are repeat occurrences [5]. In addition, 35% of the girls in Uganda are married before the age of 18 years and 7.3% before the age of 15[5]. The eastern and central region of Uganda have been indicated to have the highest rates of teenage pregnancy and early child marriages. In 2022, the rate of teenage pregnancy was 35% in Eastern Uganda and almost 50% of teenage girls in Kalangala district in central Uganda, were mothers[6]. Girls living in the rural areas, and the less educated and those from low income households bear the biggest burden of teenage pregnancy and early marriage.

Teenage pregnancy and early child marriage are intertwined issues with complex relationships and shared root causes[2, 5]. Teenage pregnancy refers to pregnancies that occur in girls aged 10-19 years, while early child marriage involves the union of individuals below the age of 18, predominantly affecting girls[2,7]. The relationship between child marriage and teenage pregnancy is complex and on many fronts. In some instances, child marriage leads to teenage pregnancy, while in others, teenage pregnancy may result in child marriage[2, 8]. These issues have significant impacts on the health, education, economic opportunities, and decision-making abilities of young women and girls. Adolescent mothers face higher risks of complications from pregnancy and childbirth, which are a leading cause of death among girls aged 15-19 in low- and middle-income countries[9, 10]. Babies born to mothers under 20 have higher rates of low birth weight, preterm delivery, and severe neonatal conditions. Child marriage also increases the risk of contracting sexually transmitted infections, including HIV, and exposes girls to intimate partner violence. Additionally, pregnancy among unmarried girls is increasingly recognized as a reason for suicide in some cultures, while child brides often experience post-partum depression[11,12]. Furthermore, 22.3% of the school dropouts among girls 14 to 18 years of age in Uganda are due to pregnancy[13], perpetuating cycles of poverty and dependency and reinforcing gender inequality, stigma, social exclusion and mental health issues. Despite these consequences, there is limited comprehensive data on the drivers and barriers to addressing repeat teenage pregnancies and early child marriage in Uganda.

Several studies have been done around teenage pregnancy and early marriage in African settings, however, a focus on the underlying social-cultural drivers is still lacking. Moreover, efforts to address repeat teenage pregnancies and early child marriages should target social and cultural norms, empower girls and women, improve access to sexual and reproductive health services, and advocate for policy changes related to sexual and reproductive health rights [2]. Therefore, understanding the complexities and shared drivers of repeat teenage pregnancy and early child marriage in the high burden districts of Mbale, Kween, Namayingo in Eastern Uganda and Kalangala in central Uganda especially in the hot spot areas is crucial for developing effective strategies to mitigate their adverse effects on the well-being of adolescents.

Methods

Study design

In this study, we adopted the narrative inquiry approach, a qualitative methodology that emphasizes exploring participants' perspectives through their stories and experiences. This approach was deemed the most suitable for our research, as it investigates human experiences using narrative interviews, biographies, and other narrative methods[15-17]. By employing narrative inquiry, we aimed to gather comprehensive data from stakeholders about the drivers of teenage pregnancy and early/forced marriage. This method allows us to answer the what, when, where, and how questions related to the research problem, providing rich insights into the views and experiences of the participants[15-17].

Study population

The study population included representatives from the various district health teams, selected schools based on their engagement in comprehensive sex education and healthcare facilities as well as

community leaders, influencers of teenage pregnancies (that are mainly male for example motorcycle taxi riders, musicians, Disco Jokers, Media personalities), local organizations and groups and senior members of the communities, survivors of sexual gender-based violence (SGBV), teenage mothers, old men and women, curriculum facilitators (Program-Y, Sinovuyo, Family Health, and Journeys Plus), Persons with Disability, youth groups, and cultural groups.

Study area

The study was carried out in four (04) districts in Uganda. Mbale and Kween districts in the Bugisu region, Namayingo district in Busoga region and Kalangala district in South-Central. Mbale District is situated in the eastern part of Uganda, bordered by Sironko district to the north, Bududa district to the northeast, Manafwa district to the east, Tororo district to the southeast, Butaleja district to the south, and Namutumba district to the west. Kween district is situated in the Eastern region of Uganda. It shares borders with Kenya to the east, Amudat district to the northwest, Bukwo district to the north, and Kapchorwa district to the southwest. Namayingo district is situated in south-eastern Uganda in the Busoga sub-region. It is bordered by Bugiri district to the north, Busia district to the east, and Lake Victoria to the south and west. The district's location along the lake gives it a significant portion of Uganda's waterfront. Kalangala District comprises 84 islands, collectively known as the Ssese Islands, located in Lake Victoria. The district is bordered by water on all sides, with its closest land neighbor being Masaka district to the northwest.

Sampling procedures

Purposive sampling was used to select the study districts, sub-counties, health facilities and schools. The criteria for selection included the higher rates of teenage repeat pregnancies/hot spots, in addition to considering rural and urban health facilities and schools. The four districts are also regarded as high-burden districts in terms of repeat teenage pregnancies and early child/forced marriages. The study team engaged the regional, district, community, and individual stakeholders with a direct link to youth programmes to guide the selection of the sub-counties and schools. In each of the districts, two Sub-counties were selected. In each of the two sub-counties, two health facilities and two schools were selected because of their engaged in comprehensive sex education.

Sample Size

A total of 125 qualitative interviews were conducted across the four districts. These included 80 key informant interviews (KIIs) and 45 focus group discussions (FGDs). Of the KIIs, 16 were conducted at the district leadership level (4 in each of the 4 districts) with the district health officers, district community development officers, probation officers, cultural leaders and religious leaders, youth and women leaders; 8 were conducted in schools (2 schools per district) and 8 in healthcare facilities (2 healthcare facilities per district). KIIs at health facilities were done with in-charges or mid-wives, while head teachers and senior woman/man teacher were engaged in schools. Additionally, 48 KIIs were conducted at community level with community leaders. Up to 12 KIIs were conducted in each of the 4 districts with members of the local council one leaders, village champions, community-based organizations, village health teams and men and women boys and girls directly affected by repeat teenage pregnancies. For the FGDs, 13 were conducted in Mbale district, 12 in Kween and 10 in each of Namayingo and Kalangala districts. The appendix provides the detailed sample size.

Data collection methods

Data was collected using key informant interviews and participatory focus group discussions. Key informant interviews were conducted with duty bearers and key stakeholders using a key informant guide, while focus group discussions were conducted with the primary targets of the study, social influencers and community members. The interviews were moderated by a team of 3 well-trained research assistants where one did the interviewing and the other took the notes. The interviews were also audio recorded with the consent

of the participants. The KIIs lasted about 25 minutes while the FGDs went up to one hour each. The Key informant interviews provided expert information on the socio-cultural drivers/barriers to addressing repeated teenage pregnancies and early child/forced marriages. Key Informants also discussed interventions that have been put in place to address cases of teenage pregnancy and early child/forced marriages and stipulated key recommendations to address the problem. FGDs were used to gather data on the perceptions and attitudes towards teenage pregnancies and early child/forced marriages amongst survivors of sexual gender-based violence (SGBV), social influencers (e.g. boda-boda riders, musicians, Disco Jokers, Media personalities, etc), teenage mothers, old men and women, curriculum facilitators for community programs (Program-Y, Sinovuyo, Family Health, and Journeys Plus), People with Disabilities, and youth groups, across all the four districts.

Data quality control and assurance

Well qualified and experienced research assistants were recruited to conduct this study. The research assistants then underwent a 2-day training to equip them with the necessary skills and knowledge to collect accurate, reliable, and high-quality data. We ensured to familiarize RAs with the study's goals, research questions, and data collection methods, enhance RAs' understanding of the ethical considerations in qualitative research and data collection, ensure RAs are proficient in using data collection instruments, enable RAs to handle unforeseen challenges and maintain data integrity throughout the study and develop effective interpersonal skills to establish rapport with study participants. The training programme was delivered using the blended approach which entailed a combination of theoretical sessions and practical exercises (role plays) to pre-test and revise the tools where found necessary. The RAs were deployed to the field when deemed ready and were closely supervised. At the end of each day, field teams cleaned the data by examining notes for completeness, consistency, and correctness. A debrief meeting was held daily with RAs and the mobilizing team, to share the perceptions on the data collected as well as review any challenges encountered during the interviews. Challenges experienced were shared during debriefs and addressed.

Data management and analysis

Data was collected through recording of interviews and direct note taking. All recorded interviews were transcribed by the RAs before submitting them to the Field Team Leaders for quality checks before the eventual submission to the Co-Principal Investigator. Transcribed data was imported into Atlas. ti, read several times. Deductive thematic analysis was used and the findings were summarized and presented in themes and sub-themes format.

Ethical considerations

Ethical approval for the protocol was obtained from The AIDS Support Organization (TASO) Research and Ethics Committee (REC). the protocol was also registered with the Uganda National Council for Science and Technology (UNCST). Informed consent was obtained from every respondent in this assignment, explaining to them the purpose of the study, risks and mitigation, potential benefits, extent of confidentiality, and voluntary participation. Special effort to secure the well-being of respondents were undertaken to ensure no harm while maximizing possible benefits arising out of this study. All information obtained was kept confidential.

Limitations and relevance of the study

This study used qualitative methods, therefore, there is limited generalizability. The study did not also cover whole districts but however picked ideas from a representative geographical portion of the districts to ensure representation. The findings can however be used to draw meaningful conclusions about the problem of repeat teenage pregnancies and early child/forced marriages within the respective study districts. The data can be a foundation for hypotheses that can be tested using rigorous

quantitative methods. The data can also be used to develop multifaceted interventions with clear outputs which may later be evaluated to measure impact. The study provides valuable insight into repeated teenage pregnancies and early child/forced marriages which is a chronic public health problem.

Results

This section covers findings for the thematic areas including drivers of repeat teenage pregnancies and child marriages and barriers to addressing these challenges in the four study districts in Uganda.

THE DRIVERS OF REPEAT TEENAGE PREGNANCY

Through the analysis, the drivers of teenage and repeat teenage pregnancy included; the community understanding of repeat teenage pregnancy; poverty at the household; norms, traditions and beliefs; cultural and traditional practices; lack of comprehensive sex education, school dropout, Peer pressure and influence, and vulnerable populations as elaborated below.

1. The community understanding of repeat teenage pregnancy (RTP)

The findings indicate a tendency to confuse teenage pregnancy (TP) with RTP among the respondents. However, the common understanding was that RTP referred to occurrence of multiple pregnancies among teenagers (willingly or unwillingly) before they reach adulthood which was conceived as 18 years. Teenage pregnancy is defined as "being pregnant or giving birth to a child while a girl is between the ages of 10 and 19 years" meaning that the respondents were not well aware of the age bracket for teenage pregnancy.

"Occurrence of multiple pregnancies in teenagers before they reach adulthood (willingly or unwillingly)" (FGD, Mbale).

"Those are pregnancies among multiple teenagers before they reach adulthood, like numerous teenagers being pregnant" (FGD Kalangala).

2. Poverty at the household level

The KIIs and FGDs revealed that high poverty levels at the household were responsible for RTPs. This was noted across all the districts. Poverty was linked with transactional sex which increases the vulnerability of teenage girls to pregnancies. Those who got pregnant while in school, the majority do not return to complete their education, as they are often abandoned by family and are not able to meet key school requirements like school fees, scholastic materials, and basic needs like clothing, food, and medical care. Transactional and intergenerational sex were more pronounced in Kalangala and Namayingo districts, being fishing communities with high commercial activities and in Mbale because of the social life. The voices from the FGDs with the teenage mothers and the influencers of teenage pregnancies reflected the following:

"Some of the girls end up getting the second pregnancy because they are out of school, and need to meet the basics of the first child and their own needs. They end up with getting another boy/man because the first boy/man who impregnated her could have abandoned her" (FGD, Kalangala).

"Because of poverty, the girl may seek to find better things from a man and in the process, the girl gets pregnant. She can't get support from the man since he has another woman at home he may deny the pregnancy, since there is no evidence. So, the girl and her baby become a burden to the guardians, who can even be an aging grand parent or relative" (FGD, Mbale).

"These girls are always hungry. They tell us when we offer them a ride. She asks you to give her some money, we shall see when she's coming back from school.

Table 1: Sample description by level

Key Stakeholder	**Region**	**Target**	**Sample size**	**Method of Consultation**
Amref	Regional Level	Youth Engagement Officer and Social Worker	02	Key Informant Interviews
Ministry of Education and Sports	Kampala	Member of the Advisory Committee	01	Key Informant Interview
		District Level		
Mbale	Bugisu	DCDO/ Probation Officers, DEO, Cultural Leader, Religious Leaders	04	Key Informant Interviews
Kween		DCDO/ Probation Officers, DEO, Cultural Leader, Religious Leaders	04	Key Informant Interviews
Namayingo	Busoga	DCDO/ Probation Officers, DEO, Cultural Leader, Religious Leaders	04	Key Informant Interviews
Kalangala	Central	DCDO/ Probation Officers, DEO, Cultural Leader, Religious Leaders	04	Key Informant Interviews
Sub-total			16	
Health Facility				
Mbale	Bugisu	Bukiende HC III, Namatala Health Centre IV (Health Facility In-charge/Midwife)	02	Key Informant Interviews
Kween		Kaproron Health Centre IV, Kwanyiy Health Centre III (Health Facility In-charge/Midwife)	02	Key Informant Interviews
Namayingo	Busoga	Shanyonja Health Centre III, Sigulu Health Centre III (Health Facility In-charge/Midwife)	02	Key Informant Interviews
Kalangala	Central	Kalangala Health Centre IV, Mazinga Health Centre III (Health Facility In-charge/Midwife)	02	Key Informant Interviews
School Level				
Mbale	Bugisu	Namatala Primary School, Kolony Primary School (Headteacher and Senior Woman/Man Teacher)	02	Key Informant Interviews
Kween		Binyiny Primary School, Chemwania Primary School (Headteacher and Senior Woman/Man Teacher)	02	Key Informant Interviews
Namayingo	Busoga	Mutumba Primary School, Syabalubi Primary School (Headteacher and Senior Woman/Man Teacher)	02	Key Informant Interviews
Kalangala	Central	Kaganda Centre Primary School, Bufumira Primary School (Headteacher and Senior Woman/Man Teacher)	02	Key Informant Interviews
Sub-total			16	
Community Level				
Mbale		SGBV survivors Influencers (Boda Bodas, Salon operators, media personalities) Teenage mothers Old Women Old Men	13	Participatory FGD

		Shikongo[1] in Mbale (Program-Y; Sinaviyo; Family Health; Journeys+		
Kween		SGBV survivors Influencers (Boda Bodas) Teenage mothers Old Women Old Men FGM Practitioners	12	Participatory FGD
Namayingo	Busoga	SGBV survivors Influencers (Motor cycle riders - Boda Bodas) Teenage mothers Old Women Old Men	10	Participatory FGD
Kalangala	Central	SGBV survivors Influencers (Boda Bodas) Teenage mothers Old Women Old Men	10	Participatory FGD
Sub-total			45	
Mbale		LC1s (02) Curricular Facilitators (02) Champions (02) CBOs (02) Men Engage (02) VHT (02)	12	Key Informant Interviews
Kween		LC1s (02) Curricular Facilitators (02) Champions (02) CBOs (02) Men Engage (02) VHT (02)	12	Key Informant Interviews
Namayingo		LC1s (02) Curricular Facilitators (02) Champions (02) CBOs (02) Men Engage (02) VHT (02)	12	Key Informant Interviews
Kalangala		LC1s (02) Curricular Facilitators (02) Champions (02) CBOs (02) Men Engage (02) VHT (02)	12	Key Informant Interviews
Sub-total			48	
Grand Total			125	

The Shikongo rituals are initiation practices to prepare young girls for future gender roles. During the Shikongo rituals, the most recent *Imbalu* graduates can have sex with any Shikongo graduates

Many of them have ended up being used by us boda-bodas (motorcycle riders in the transportation business). She offers sex even before you ask because it is the only thing, she can give you and she knows that you want. Sometimes we exchange the girls amongst ourselves as riders. She ends up producing for three of us" (FGD, Motor cycle riders, Kween District)

3. Norms, traditions, and beliefs

The results show that some drivers of the reproductive health challenges are rooted in gender inequalities and social norms that encourage large families, early child marriage, and teenage pregnancy and limit access to youth-responsive reproductive health services. Additionally, existing norms favour male children over girls throughout the life cycle, potentially having adverse impacts on access to adequate amenities. Some of the beliefs included; overstaying at home without getting married makes one not to withstand its difficulties in future; starting menstruation periods means one is ready for marriage; teenage pregnancy is the end of a girl's future, nothing better that she hopes for; a boy who is circumcised irrespective of the age is considered an adult and ready to marry and produce; child mothers are perceived as already adults and therefore, are not given an opportunity to wait until they reach the adult age to be married off.

"… because they say if a girl here overstays at home without going into marriage, then she is likely not to withstand it" (KII Namayingo).

"Here, when a girl child starts her menstruation, she does not sleep in her parents' house – they must construct a hut outside the house for her. Even in the villages, at times they used to make a feast like a party to make this child get out of the big house of the parents to her small hut. So, while the parents are asleep, she is free to bring any boyfriend. At times it might be a poor family which cannot afford to construct a hut and since that girl must not stay in that house with the parents when she is menstruating, they can take that girl even to the neighbours to keep her until they get the money to construct a small hut outside their house, then the girl comes back– and you see menstruation these days even 9 year olds can start their periods" (KII Namayingo).

4. Cultural and traditional practices

The unique cultural practices highlighted were community dancing ceremonies during male circumcision in Mbale and Kween districts; vigil in respect of the dead in Namayingo district and female genital mutilation (FGM) in Kween and Kapchorwa districts.

"There are many cases of teenage pregnancies and early child/forced marriages in this community. We normally witness this during the circumcision period. Since it involves dancing during night, many of them engage in unprotected sexual activity and they end up pregnant. This forces them to get married. Many girls usually don't come back to school after the season" (KII, Mbale).

"Haa, here night vigils are real parties. The teenagers pray for such. Some of them can even disappear from home until the burial takes place. She/he only comes back to change clothes. Many of them get pregnant over this period" (FGD, Old Men, Kween).

"We have another one called 'Olungaanyu', when they have done the last funeral rites of the deceased and it is always there after 40 days – they do Olungaanyu – okwabya'olumbe! So, when they do that, they brew 'Malwa', a local potent drink and of course they will have music and traditional drums…They will come and play local music; in doing so, these teenage girls get involved and many things happen from day to night and you find that other girls end up being raped while others have sex voluntarily with boys and some conceive. When they conceive, the parents will say 'Aha you go with your husband and get us dowry" (KII, Namayingo).

"Yes, FGM is still a problem. When a girl is mutilated, she becomes a woman. When the

community does not see her pregnant, they will say she has a problem. Can you imagine! We are talking about a girl of say 13, 14, 15 years. (KII, Kween District).

5. Lack of comprehensive sex education

Discussions with KIs and FGD participants, show a general agreement across the four districts that lack of comprehensive education on SRHR was a major driver of RTP. The emphasis was that access to accurate and age-appropriate information about sexuality and reproductive health contributes to positive behaviour among the teenagers, yet, this continues to be a real challenge.

"The children themselves have no information on sexual reproductive health. The parents are also ignorant" (KII, Kween).

6. School dropout

It was established through that lack of sanitary pads by school going girls was a contributor to dropout which exacerbates vulnerability to teenage pregnancies and the repeats as well as early marriage. A lack of support for girls who drop out of school because of the first pregnancy so that they resume school was also highlighted.

"There are families that will say, 'after all, I do not have the money to educate this girl up to a higher level. Why is she here? She is grown up, and for them, they always believe that when a girl starts developing the breasts, they are ready for marriage" (FGD Namayingo).

"When a girl gets pregnant, while in school, it's quite shameful, so she drops out and she is forced to go and marry at that age whether she is 12, 13, she must get married. So, when she is in marriage, she must continue giving birth within that age bracket" (KII Namayingo).

Peer pressure and influence

Peer pressure as a leading cause of multiple sexual relationships that usually result in RTP.

"Peer pressure in and out of school youth, girls look at their friends with pocket money and such children with enough money may not even eat posho and beans daily, they can afford to buy food or any other eats they want from the canteen. The other girls may end up looking for money too, so they may buy some other food. If parents don't have that money the girls copy and also get it from men, and consequently end up sleeping with them" (KII, Kalangala).

7. Vulnerable populations

The respondents identified children with disabilities (PWDs) as being more vulnerable to teenage pregnancies.

"We have a girl and I think she stays over there, she got pregnant and gave birth but the boy responsible for the pregnancy died. She is there with the baby and being disabled, the situation is not good, and she cannot take care of her fellow child thus a very big problem" (KII Namayingo).

"Recently there is one girl I saw in Buhemba village who had a mental problem. She would leave home going to her sister's place, but she would get lost and end up at another route. We ended up seeing her pregnant and she gave birth but no one knows who impregnated her. When she gave birth, the baby died instantly and from that time, she never got better until when she also died recently" (FGD Namayingo).

BARRIERS TO THE FIGHT AGAINST RTP.

The participants discussed various barriers that continue to hinder the fight against RTP. These include drug or alcohol abuse by both parents and children; GBV and divorce/separation of parents; child labour (girls working in bars, lodges, markets, landing sites); community expectations of receiving monetary incentives for attending sensitization meetings; ignorance of the community about the dangers of repeated teenage pregnancy; inadequate skilled human and financial resources to fully engage communities; inadequate transport for

emergency duties, especially in hard-to-reach areas like islands and Kween; interference with the law or withdrawal of reported police cases; lack of privacy, with parents sharing bedrooms with children (especially in Kalangala), thereby exposing them to sexual activities; negative cultural and religious beliefs towards some interventions (family planning, medical); resistance from the community; insecurity of victims (fear of being attacked by the accused); exposure to sexual content in the media; and multiple sexual partners as leading drivers of RTPs

"Young girls and boys are employed in bars and lodges which expose them to sex with different sexual partners" (FGD, Kalangala).

"Poor parenting and leaving children to whom it may concern, this leaves children with no guidance. At times children are left on their own and the mother's source of livelihood is prostitution. Children see what their mothers do and may follow suit" (KII, Kalangala).

"The social setting of the communities in Kalangala and the way the temporary houses are built and very crowded, is a barrier to addressing teenage marriage" (FGD Kalangala).

"Many parents don't want to engage in court or pursue police cases, they prefer settling the matters out of court because of compensation" (FGD Kalangala).

"One of the most common barriers is escaping of perpetrators from arrest. Some of them connive with community people who hide them or advise them to relocate to other islands" (FGD, Kalangala).

"Some of the teenagers and their family members prefer to sort their matter out of court and the cases end up being dropped" (FGD Kalangala).

THE DRIVERS OF EARLY CHILD/FORCED MARRIAGES

Early child and forced marriages are driven by a complex interplay of factors that may vary across different regions and communities as discussed below.

1. The Community perception of early child/forced marriage.

The perceptions enlisted included the following:

"Getting married at an early age" (FGD, Kalangala).
"Getting married before completing school or education" (FGD, Mbale).
"Getting married before the age of 18 (forcefully or willingly) (KII, Kween).
"Child marriage is marriage between boys and girls who are below the age of 18 years. Anyone who engages in marriage when he or she is below 18 years is looked at as someone in child marriage. One or both partners may be below 18 years" (KII, Mbale).
"Children getting married at a tender age which is below 17 years, because for us we recommend 18 years and above at least, that one is now fit for marriage 18 years I mean, but now from 17 downwards it is child marriage" (KII, Namayingo).
Figure 4 illustrates the variation and magnitude of the responses regarding the understanding of child marriage among the respondents.

2. Community perception about the appropriate and legal age for marriage

Varied opinions came up regarding the appropriate age for marriage in Uganda. What stood out was that whereas the legal age is 18 years, they all considered it not appropriate because of education demands, arguing that a girl of 18 years is still young to take on the responsibilities of marriage. But they pointed to the cultural and environmental factors that are making many children get married. The Penal Code Act (CAP 120) 2007, set the legal age of marriage or engagement in sexual acts at 18 years. The results from the discussions and key informant interviews showed marked variations in opinion across the different respondents, the majority not being aware of the legal age of consent of 18 years. Even then most of the respondents did not consider the fact that

even at 18 years, girls are still undertaking their education.

"In my view at least, a boy should be above 25 years. Because that person understands, is responsible and independent from his parents and may be doing his own things. The girl 18 years is ok. Yes, she is still young but at least at this age the bones can manage the pressure while giving birth" (KII, Namayingo).
"The appropriate age is 18 years and above because the reproductive sex organs are ready for reproduction. In addition, someone can reason and contain challenges-social and economic" (KI, Kween).

"In Uganda, the legal age is 18 but I don't agree with it because the child is in high school" (KII, Kalangala).
"I am not aware of the legal age but I only know the consent age and that is if somebody becomes 18 years, that person can decide on his/her own" (FGD Namayingo).
"I am not aware of the legal age of getting married in Uganda. The Constitution talks of 18 years and above, but this is not appropriate, because someone of 18 years is still a teenager" (KII Kween).

3. Poverty

In each of the FGDs and KIIs held across the four districts, participants noted that poverty at the household level increases the vulnerability of girls getting married early. The struggle to provide for family members the basic needs such as food, clothing, treatment, education, among others makes some parents to arrange marriages to get rid of the girl but also to get dowry to improve their livelihood.

"We have such cases in our community because there is a lot of poverty. Most parents, when their daughters get pregnant, they marry them off to get some money out of them, hence repeat pregnancy" (FGD Namayingo).
"Poor families in a bid to reduce the number of children they are looking after; they marry off the girls when still young" (FGD Kween).

"Parents also force their girls to marry to get income. The girls also have no money, no employment no income the only alternative is to get married young and depend on someone" (KII, Kween).

4. Teenage pregnancy

The respondents across the four districts revealed that teenage pregnancy was one of the key reasons for girls getting into early and forced marriages. They noted that once a girl is found pregnant, the parents will force her to get married to the boy/man responsible. In addition, there is a strong relationship between teenage pregnancy, early forced marriage and repeat teenage pregnancies.
"A girl gets pregnant while 15 years, she is forced to get married because parents fear shame, she goes into marriage with the boy/man and gets pregnant again at 17 years" (FGD Namayingo).

5. Family pressure / parental influence to get married.

The study also established from the respondents that family pressure involving parents' influence over the girls/boys also accounted for early/forced marriages, below are some expressions from the interviewees.

"Recently, I also had of a case, one child was sent from school because of school fees arrears, so she went home, and the parent told the girl that 'ahh, why are you bothering me? Why don't you just get married?' After some three months, that girl got married. She married and then the things did not go well so she came back to the parents' home and she was already pregnant. She gave birth. I heard that she is pregnant again" (FGD, Kween District).
"Parents force their boys to marry, promising them to give them land if they do. You find a man telling his son that; 'do you want me to die without grandchildren". Thus, young boys marry because of pressure from their parents" (FGD Kalangala).

6. Gender based violence (GBV) among parents.

Family dynamics emerged as a key driver, as strained relationships, inadequate communication, and lack of parental guidance contributed to a heightened risk of early child/ forced marriages.

"Some families experience a lot of gender-based violence which end up forcing the teenagers in early marriage. Alcoholism was one of the major factors contributing to violence, some parents after getting drunk [intoxicated with alcohol], they lose control and become violent" (FGD Kalangala).

"In most cases parents are fighting hence the women leaves and also the man decides to go to the lake to do fishing thus leaving the home just like that with no responsible person yet there are young girls there" (FGD Namayingo).
"Gender based violence – because when your mother goes away from the family the father will instead be convinced by others and they give you away in marriage" (KII Namayingo)

7. Limited access to education and peer pressure

Limited access to education especially for girls limits their opportunities for empowerment and agency which results in early child marriage. This is also reinforced by negative peer pressure and influence across all the communities in the four study districts.

"I think it is because of illiteracy. You come to realize that if you compare two families, the family with literate children and the one with illiterate children, the family with children who continue in school up to university level don't experience those cases of early and forced marriages but these other homes where children don't go to school, you find girls getting pregnant while young and eventually getting married" (KII, Kween).

"Girls are lured into marriage because of peer pressure, seeing their age mates getting married and thinking it's the trend and if they wait, they will become old" (KII Kalangala).

"Peer pressure is real, you see your friends getting married and you also just go and get married to fit among your friends even when you are not ready" (FGD, Kalangala).

8. Cultural beliefs, norms, values, and traditions

Discussions across the four districts revealed that cultural beliefs, norms, values, and traditions, often rooted in gender inequalities and power dynamics, contribute to the continuation of early child, and forced marriages. The view of girls as a source of wealth; that a woman's permanent home is her place of marriage; that starting menstruation periods and a girl developing breasts was a gate opener to getting married; that teenage marriage reduces risks of contracting HIV and other STIs.

"The community believes a woman's permanent home is her place of marriage. This alone influences families and teenagers themselves to engage in early marriage as they seek to have their permanent homes" (KII Kalangala).

"The influencing factor by the community is that, once a girl starts menstruation periods, she becomes a woman and is ready for marriage" (KII Kalangala.

"In our culture, someone becomes a woman, if she has developed breasts, so a girl is ready for marriage as soon as breasts come, then a male who has undertaken circumcision is considered a man" (KII Kween).

"Even in some homes, when a girl child starts menstruating, the parents believe that she is now mature, and they force her to get married" (FGD Mbale).
"Men have got a belief that teenage girls are safe from HIV and other sexual transmitted diseases" (FGD Kalangala).

9. Child labour

Focus group discussions and key informant interviews revealed that child labour, including sending girls to sell items in the market, and landing sites, and using girls in bars as bait to attract male customers, was a contributing factor to early child marriage.

"Engaging in child labour at landing site, bars, selling silver fish (mukene) puts teenagers at high risk to get partners, engage in sex and consequently marriage with men around, who lure them with money" (KII Kalangala).

"… there is a lot of child labour in this community. You find children who are of school going age, working to earn a living for their households. Everyone in the home does something to contribute to the livelihood of the household" (KII Mbale).

BARRIERS TO ADDRESSING EARLY CHILD MARRIAGES IN THE COMMUNITIES

The respondents decried the attitude of the community members who usually expect monetary incentives for attending sensitisation meetings rather than being empowered with information to curb cases of early child/forced marriages. Parents also usually do not cooperate, report cases of teenage pregnancies to the authorities as they prefer settling the cases outside the established legal redress since it is an opportunity to make money by marrying off their girls. In addition, some of the parent's bribe police officers to withdraw cases. These barriers are compounded by the negative cultural and religious beliefs towards some interventions especially family planning. The following key informant interviews explain the variation in responses and magnitude of each response regarding the barriers to addressing early marriage is indicated in the figure below.

"Parents, instead of going to report such a case, they instead go and negotiate on how to pay dowry yet it's not the right time" (KII, Kween).

"Ignorance is key, they see it as a normal thing, and they don't see the aspect of the age. People are ignorant about early child marriages" (KII, Kween).

"We get resistance from parents, who connive with the perpetuators because of material gains" (KII, Kalangala).

"As police we always mobilize and move out to community for community policing. In most cases we use our own money to fuel the vehicle to reach these communities. Some of the people report cases but due to lack of money for fuel, we fail to follow up. Some of the leaders end up discouraging the complainants like for example not to come to police. For example, if your daughter is defiled or impregnated by someone's son the leaders like LC1 chairman they come and tell you not to go to police because we (police) will eat their money and even take them to court, so the advice to them to negotiate as parents" (KII, Police, Kween).

"Many islands are not reached because of transport challenges and the police does not have its own standby boat to execute the emergency duties which come from far off islands. This has led many cases to be dropped" (KII, Police, Kalangala).

"There are some religions and cultures here that do not believe in any medical intervention like family planning and vaccination this hinders community sensitization" (KII Mbale)..

Discussion

Repeat teenage pregnancy

Several social-cultural drivers of repeat teenage pregnancy and early/forced marriage were reported by the study respondents across the four districts. They included the community understanding of repeat teenage pregnancy; poverty at the household; norms, traditions and beliefs; cultural and traditional practices; lack of comprehensive sex education, school dropout, Peer pressure and influence, and vulnerable populations.

The findings revealed confusion among respondents regarding the definition of repeat teenage pregnancy, often conflating it with teenage pregnancy (TP). This lack of clear understanding can blind the community towards the true magnitude of the problem and prevent interventions and support strategies to address the challenge. The findings also indicate the likelihood that community members do not understand or appreciate the unique challenges of repeat pregnancies during teenage years. The conflation can lead to insufficient allocation of time, efforts and financial resources or support to programs aimed at preventing repeat occurrences of teenage pregnancies. Although there are limited studies exploring this phenomenon, public health initiatives must include comprehensive education to clarify definitions and highlight the specific risks associated with teenage and repeat teenage pregnancies.

Poverty emerged as the main driver of repeat teenage pregnancy in Ghana[18] which corroborates the findings. Poverty is linked to transactional sex and school dropout rates, both of which force many girls into relationships that lead to repeated pregnancies[19]. Poverty drives parents to forfeit their role and instead of providing a safe space and essential needs for their children, they instead value them as sources of income to meet their own needs. Moreover, school drop outs and a lack of comprehensive sex education have equally been identified in the current study as key driver of RTP. This therefore indicates a need for integration of public health strategies that offer economic support programs, education, and empowerment initiatives to teenagers and teenage mothers to break the cycle of poverty and reduce the incidence of RTP.

Gender inequalities and social norms, cultural beliefs and practices that support on one hand the exposure of young girls to compromising environments and on another condoning the practice of early marriage contribute to RTP. Beliefs that menstruation marks readiness for marriage and practices like female genital mutilation (FGM) and male circumcision ceremonies are believed to usher teenagers into adulthood create environments that increase the risk of RTP. These findings are similar to those of studies conducted in South African informal settlements[28] and in Uganda[20], where social norms influenced early motherhood. This indicates an urgent need for gender-sensitive education and community dialogues to shift harmful norms, beliefs and traditional practices and promote the benefits of delaying marriage and childbearing.

Peer pressure drives multiple sexual relationships[21,22], resulting in RTP. Adolescents often emulate peers who engage in risky behaviours for material gain, given that those who engage in such behaviours may often have some disposable income to acquire necessities such as snacks at school and therefore seen to live a good life. The current study similarly revealed that peer pressure is a key driver of RTP, signifying the need for campaigns and peer education programs that promote positive role models and highlight the benefits of safe sexual practices.

Conversely, the barriers to addressing repeat teenage pregnancies such as substance abuse, gender-based violence, child labour, and inadequate community engagement were identified. These barriers complicate efforts to combat RTP by creating a challenging environment for intervention and support. Substance abuse impairs judgment and increases risky behaviours, while GBV creates trauma and stigma, deterring victims from seeking help.

Child labour limits access to education and exposes teenagers to exploitation, and inadequate community engagement hampers awareness and cooperation necessary for effective program implementation. The interconnectedness of these challenges necessitates the design of multidimensional approaches that include targeted socio-economic support, access to family planning services, awareness raising on the dangers of repeat teenage pregnancies and community involvement to effectively combat repeat teenage pregnancies.

Early child/forced marriages

The drivers of early child and forced marriages are deeply rooted in societal norms and economic conditions. Key ones include poverty at household level, teenage pregnancy, family pressure, gender-

based violence, limited access to education, peer pressure, and cultural beliefs. Poverty significantly increases the vulnerability of girls to early sex and marriages as families fail to provide their essential needs, seek dowries or reduce the number of dependents in the household. Teenage pregnancies also often lead to early marriage as families seek to avoid social stigma and to ensure financial support for the child. Economic desperation pushes parents to marry off their daughters (pregnant or not) at a young age, exacerbating the cycle of poverty and limiting the girls' future opportunities. This kind of arrangement in poor households has also been reported in other poor settings in Bangladesh, Iran and Kenya [23-25].

Deep-rooted cultural norms, practices, and beliefs significantly contribute to early marriages. These include viewing menstruation or the development of secondary sexual characteristics as indicators of readiness for marriage. Additionally, cultural expectations and the desire to uphold family honour often lead parents to marry off their children at a young age. These factors create a societal framework where early marriages are not only accepted but expected, making it challenging to implement interventions that delay marriage age. These findings were also reported in studies in Cameroon and Ghana[26,27]. The findings indicate a necessity for culturally sensitive interventions that challenge these harmful norms and beliefs. Community education programs that work within the cultural context to shift attitudes and practices can play a crucial role in reducing the prevalence of early marriages.

Several barriers impede efforts to address early child marriages. Community commitment and expectations for monetary incentives during sensitization meetings create dependency, reduce genuine commitment and engagement. Substance abuse exacerbates domestic instability, increasing the vulnerability of children to early marriage. Gender-based violence (GBV) and child labour further entrench the problem by normalizing the exploitation of young girls. Inadequate community engagement limits the reach and effectiveness of awareness campaigns, while a lack of awareness about the dangers of child marriage perpetuates the cycle. Logistical challenges, such as inadequate transport for law enforcement, hinder timely intervention and enforcement of laws designed to protect children. Settling crimes related to teenage pregnancies out of court for the family to get monetary benefits, but also as a protection on the cohesiveness of the community frustrates legal progresses and prevents publicly naming and shaming and punishing of the abusers and hence maintains the vice.

These barriers collectively complicate efforts to combat early child marriages by creating an environment where harmful practices are sustained and interventions are less effective. Overcoming these barriers requires multiple efforts intentional to community education, infrastructure development and resources for health and social services, and addressing social determinants such as substance abuse and GBV. Enhancing community engagement and cooperation, along with legal reforms and strict enforcement can act as deterrents to teenage pregnancies as well as repeat pregnancies and early marriages.

Conclusion

The study points to the existence of a complex interplay between individual experiences and the broader societal context including societal norms, community beliefs and expectations which often perpetuate a cycle of RTPs and early marriage.

Socio-cultural drivers/barriers, deeply rooted in the communities continue to perpetuate these harmful practices and contribute to their persistence over time with their attendant negative results. Traditional and cultural norms related to poverty at household level such as female genital mutilation, male circumcision, peer pressure bride price and dowry customs, contribute to early child marriages in the different communities. The practice of giving or receiving money, livestock, or goods as part of marriage arrangements often prompts families to marry off their young daughters to older men to secure economic advantages or maintain societal norms. The findings indicate a strong inter-play between the factors that contribute to teenage pregnancies and early child/forced marriages across

the regions (teenage pregnancies, leading to early/forced marriages and then repeat pregnancies). The study also notes that poverty is a leading cause of teenage girls engaging in intergenerational and transactional sex, a trend that increases their vulnerability to teenage pregnancies and forced marriages.

The weak mechanisms for implementing the law in the context of easy access to social influencers such as motor cycle taxi riders and musicians, weak decisions about sexual partners, inadequate sex education, and limited access to SRH services are among the leading factors that increase the vulnerability of the girls to repeat teenage pregnancies. Therefore, to combat RTP requires multi-dimensional approaches. Especially so because it will contribute to the realization of the realization of the Uganda national strategy to end child marriage and teenage pregnancy 2022– 2027 [2] and target 5.3 of the Sustainable Development Goals (SDGs)[14].

Contribution of authors

Michael Muyonga was the lead project lead. Patrick Kagurusi, Maureen Nankanja and Irene Ayanga provided technical guidance in relation to the conceptualization, design, implementation and writing of the study report. Pamela Kampire led the Data Collection, analysis and writing of study report. Arnold Tigaiza participated in the writing of the manuscript with Mary S. Nabacwa who is also the corresponding author. All authors mentioned approved the manuscript.

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