Characterizing Male Sexual Partners of Adolescent Girls and Young Women in Mozambique

Findings from Focus Group Discussions in Xai-Xai, Beira, and Quelimane Districts

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MEASURE Evaluation

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Cover photo: Courtesy of Maren Vespia/Pathfinder International

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ABBREVIATIONS

AGYW	adolescent girls and young women
CIOMS	Council for International Organizations of Medical Sciences
FGD	focus group discussion
KII	key informant interview
IDS	Inquéritio Demográfico e de Saúde
INE	Instituto Nacional de Estatística
INS	Instituto Nacional de Saúde
MISAU	Ministério da Saúde
PEPFAR	United States President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

HIV prevalence in Mozambique is greater among women than men, especially when comparing rates among adolescent and young adult females and males. Consider the following:

- About 7 percent of females ages 15–19 years are HIV-positive, compared with only 2 percent of males in the same age group.
- About 13 percent of women ages 20–24 years are HIV-positive, compared with only 5 percent of males in the same age group (Government of Mozambique, 2015).
- Adolescent girls and young women (AGYW) in Mozambique are at heightened risk of acquiring HIV/AIDS for many reasons, such as: early sexual debut, cross-generational relationships with older male sexual partners, low condom use, and early childhood marriage.

While a considerable amount of information is available on the factors that contribute to AGYW's HIV risk in Mozambique, little is known about the characteristics of boys and men with whom AGYW engage in sexual activity and how AGYW form sexual partnerships. This knowledge is critical for targeting HIV services to this group of boys and men, and ultimately to reduce the spread of HIV and AIDS among AGYW. To address this knowledge gap, we undertook a study to answer the following research questions:

- Who are the sexual partners of AGYW?
- Is sexual risk-taking behavior (namely partner concurrency and unprotected sex) among AGYW and their male partners associated with certain sexual partner characteristics (such as age, education, employment, and income)?

We conducted a total of 15 focus group discussions (FGDs) with 102 AGWY ages 15–24 years in three Mozambique locations: Quelimane, Beira, and Xai-Xai Districts. Each FGD averages six to eight participants; one had only four.

We sampled AGYW with diverse demographic characteristics (such as in-school/out-of-school, married/single, and mother/childless). Our study team convened a committee in each district to devise a recruitment strategy in each location. Local PEPFAR implementing partner organizations recruited study participants from health clinics, schools, and other locations in the community.

The FGD participants described AGYW partners ranging widely by age, education level, and socioeconomic status. The AGYW spoke of male partner(s) young and old, rich and poor, employed and unemployed, educated and uneducated, married and single, and circumcised and uncircumcised. Participants spoke of casual and serious relationships with a boyfriend or older male, or a husband living at home or far away. Because of this wide diversity of AGYW partners, we were not able to characterize them in specific predominant demographic groups. However, FGDs with school-age respondents consistently mentioned secondary school teachers as sexual partners. Also, we learned that some AGYW prefer older men as boyfriends, perceiving them as being better off financially, having the economic means to support AGYW who become pregnant, and able to provide other material benefits for the AGYW, their families, or their children.

Study participants said AGYW's male sexual partners are reticent to discuss HIV testing and never share test results with their female partners. Findings on circumcision status of male partners varied by region, with FGD participants in Quelimane and Xai-Xai reporting that many of their partners were circumcised. Interestingly, most AGYW in Beira reported not knowing about male circumcision.

In all FGDs, participants commonly described both AGYW and their male sexual partners as having relationships with multiple partners, whether married or single. Thus, a specific profile of male sexual partners of AGYW defined by partner concurrency did not emerge.

Married women agreed that condom use with their husbands is rare; condom use with boyfriends or casual partners is more common, but not consistent. Single AGYW described using condoms, but not necessarily consistently. Condom use practices differ somewhat depending on the male partner's age; FGD participants said condom use is more common with boyfriends their age than it is with older and/or married sexual partners.

Respondents agreed that generally, men—regardless of age, economic status, and other characteristics—had more power and authority to decide whether to have sex and whether to use a condom. The role of male sexual partners as breadwinners and economic providers appears to transcend sexual relationships. AGYW described male sexual partners as "bosses" or "masters" in charge of their households and the women in their lives. Married AGYW highlighted their inability to insist on condom use with their husbands, or to control their husbands' extramarital relationships.

Throughout the FGDs, participants raised the role of pregnancy in sexual relationships, and how important it is for men to "assume" responsibility for any pregnancies, by providing support for the women and children involved. Pregnant women without male partners to "claim" their children were described as very likely to engage in sexually risky behavior.

Based on these findings, we recommend that HIV prevention programs address men of all ages and characteristics, encouraging them to use condoms consistently with girlfriends, to get circumcised, and to get tested and discuss their HIV status with their partners. We also encourage behavior-change campaigns targeting males of all ages and characteristics with positive messages about being faithful.

Further, we encourage the Mozambique's Ministry of Health, Ministry of Education, and Ministry of Justice work together to address and prevent sexual relations and sexual harassment between teachers and students at a national level. We recommend that service providers urgently target male secondary school teachers with HIV prevention and testing interventions and use secondary schools as platforms for information, education, and communication campaigns around HIV and AIDS. We encourage the use of anonymous or protected reporting mechanisms, where students can report sexual harassment and abuse occurring in their schools, such as Linha Fala Criança—a helpline for children experiencing abuse already in place in Mozambique.

To reach out-of-school youth, and to reduce the vulnerability of AGYW owing to unintended pregnancy, we encourage the expansion of youth-friendly, integrated family planning/HIV health services (such as Mozambique's *Serviço Amigo do Adolescente e Jovem* [SAAJs]) both within and outside of health facilities that target women and men.

Adolescent girls and young women also need economic resources to reduce their motivations for engaging in sexually risky relationships. Savings groups targeted towards AGYW are currently rolling out in Mozambique; we recommend strengthening and expanding them geographically. The government and partners should also consider conditional cash transfers for AGYW. Other social protection initiatives should seek especially to reach single pregnant women and young mothers, because of their vulnerability.

We further recommend more joint discussion and programming between HIV prevention efforts and family planning programs together with campaigns to reduce early childhood marriage in Mozambique.

We recognize that oral pre-exposure prophylaxis (PrEP) policy is still in development by the Government of Mozambique; we strongly advocate the eventual integration of PrEP in HIV prevention strategies for AGYW.

INTRODUCTION

HIV Prevalence and Risk among Adolescent Girls and Young Women in Mozambique

According to the 2015 Survey on Immunization, Malaria and HIV/AIDS in Mozambique (known as IMASIDA 2015), Mozambique's national HIV prevalence is 13% among men and women ages 15–49 years (MISAU, INE, & ICF International, 2015). The HIV epidemic in Mozambique disproportionately impacts some regions. The Southern part of Mozambique (Maputo Province, Gaza, and Inhambane provinces) has the highest HIV prevalence, followed by the Center (Sofala, Manica, and Tete provinces), and the North (Zambézia, Nampula, Cabo Delgado, and Niassa provinces).

The HIV prevalence rate in Mozambique is much greater among women. Prevalence among women ages 15-49 years is 15 percent, while prevalence among men in the same age category is 10 percent. The difference between genders is much starker among adolescents and young adults: 7 percent of women and girls 15–19 are HIV-positive, compared with 2 percent of men and boys in the same age group; 13 percent of women ages 20–24 years are HIV-positive, compared to only 5 percent of men in the same age group (Government of Mozambique, 2015).

Key factors that contribute to Mozambican AGYW's heightened risk of acquiring HIV/AIDS are the following:

- **Sexual debut occurs at a young age**. One quarter (25%) of women and girls 15–24 years report sexual debut before 15 years. Over two-thirds (77%) of females in the same age group report that their first sexual experience was before the age of 18 (Government of Mozambique, 2015).
- **AGYW and their partners are sexually active.** About 39 percent of females and 35 percent of males ages 15–19 years report sexual activity within the past four weeks. More than half of females (56%) and three in four males (71%) ages 20–24 years report similarly recent sex (Government of Mozambique, 2015).
- **Intergenerational sex is widely reported.** About 7 percent of girls ages 15–17 years and 13 percent of young women ages 18–19 years report sex with a man 10 or more years older (Government of Mozambique, 2015). The 2009 AIDS Indicator Survey (known as INSIDA 2009) found that HIV prevalence is higher among AGYW ages 15–24 years who report ever having had sex with a man 10 years their senior (17% compared to 12% among AGYW who report not having had sex with an older man) (Government of Mozambique, 2010).
- **It is common, particularly for men, to have multiple sexual partners.** Four times as many 15- to 19-year-old males (12%) as females (3%) report having had two or more sexual partners in the previous year. The difference is more pronounced between young men ages 20–24 years (24%) and women of the same age (4%). Among men in older age groups, over one fifth had two or more sexual partners in the past 12 months: 29 percent of 25- to 29-year-olds and 23 percent of 30- to 39-year-olds, and 18 percent of 40- to 49-year-olds (Government of Mozambique, 2015).

  Most females ages 15–19 and 20–24 years who had two or more sexual partners in the previous year had concurrent partners (69% and 71%, respectively). This is also the case for men ages 15–24 years. More than two-thirds (70%) of men in this age group who reported two or more partners in the past year also said they were concurrent. The percentage of men in this category increases with age, rising to a maximum of 89 percent among men ages 40–49 years (Government of Mozambique, 2015).

- **Condom use among unmarried AGYW and their partners is low.** Only half (52%) of sexually active unmarried AGYW ages 15–19 years reported using a condom during their last sexual encounter. Older

AGYW demonstrated greater condom use: over half (62%) of those who had premarital sex in the past 12 months reported using a condom during their most recent sexual encounter. Knowledge about condom use and HIV is lower among AGYW than among their male peers, and lower among women than men of all ages. More than half (55%) of AGYW ages 15–24 years reported knowing that condoms prevent HIV, as compared with 65 percent of males in the same age group. Knowledge of condom use and other means of HIV prevention increases with higher education and income quintiles among both sexes (Government of Mozambique, 2015.

- **Mozambique has one of the highest rates of child marriage in the world** (UNICEF, 2014). About 15 percent of girls are married by age 15, and half (49%) are married by age 18. This contrasts sharply with boys in Mozambique: Just 14% of males marry before they turn 18 years and none before they turn 15. This suggests that most females who marry by age 18 are marrying older men (Government of Mozambique, 2015).
- **Married women and girls are not empowered to make economic and health decisions.** According to the 2011 Demographic and Health Survey (known as IDS, 2011), almost a third (30%) of married women and girls ages 15–19 years, and nearly one-fourth (23%) of married women ages 20–24 years, report that their husbands decide how the money they earn will be used. Furthermore, one fifth (21%) of married women 15–49 report that they are not involved in decision making regarding their own health; such decisions are made by their husbands (Government of Mozambique, 2015).
- **Gender-based violence and sexual assault are prevalent.** One fourth of all AGYW ages 15–24 years believe that it is justified for a husband to beat his wife. Indeed, more than one in five (22%) AGYW ages 15–19 years and 38 percent of women ages 20–24 years have suffered some physical violence since the age of 15. Most females (70%) who have experienced violence said the perpetrator of this violence was their current husband (Government of Mozambique, 2012).

  About 9 percent of AGYW ages 15–19 years and 18 percent of women ages 20–24 reported having experienced sexual assault. Nearly three-fourths (73%) of those who reported sexual violence named their current husband or ex-husband as the perpetrator. Almost half of women who described themselves as victims of physical violence and 59 percent of women who reported experiencing sexual violence said they never asked for help or told anyone about the violence (Government of Mozambique, 2012).

- **Many AGYW and their male partners do not know their HIV status.** Even though most men and women (80% and 84% respectively) reported knowing where to get an HIV test, testing rates are low both for men and women of all ages in Mozambique. Just 38 percent of men ages 15–49 years have ever been tested for HIV and have received their results. Testing rates are higher for women: 61 percent of women 15-49 have ever been tested and received their results. Among AGYW who were sexually active in the past 12 months, 34 percent of those ages 15–19 years and 41 percent ages 20–24 report being tested for HIV and receiving the results (Government of Mozambique, 2015).
- **Male circumcision rates are relatively low in some areas.** Nearly two-thirds of all males ages 15–49 years in Mozambique are circumcised (63%), but the practice varies by geographic region. Circumcision rates are higher in urban areas (69%) and among Muslim men (93%). In Zambézia province, 48 percent of men ages 15–49 years are circumcised, while 46 percent of men in the same age group in Gaza province are circumcised, and only 20 percent in Sofala province (Government of Mozambique, 2015).

Sexual Partners of AGYW in Sub-Saharan Africa

There has been a great deal of research on cross-generational sex and transactional sex among AGYW and older male partners in South and East Africa, and the role these behaviors play in driving HIV epidemics (Gregson, et al., 2002; Pettifor, Macphail, Rees, & Cohen, et al., 2008; Dellar, Dlamini, & Karim, 2015; Tawfik & Watkins, 2007; Maganja, Maman, Grovers, & Mbwambo, 2007; Hawkins, Price, & Mussa 2009). However, much less

research has focused on the key characteristics and motivations of men who seek out and engage in these relationships and how to target them for HIV prevention services (Conly, 2016; Shefer & Strebel, 2013).

Several studies carried out in Sub-Saharan Africa provide evidence that men are proud of being able to "conquer" women and they believe that having multiple partners is important to demonstrate their masculinity (Shefer & Strebel, 2013; Lindegger and Maxwell, 2007; Pattman and Chege, 2003; Ratele, 2006). Studies also show that men prefer extramarital relationships with younger women and girls because of the perception that they are "cleaner" or less likely to have HIV or other sexually transmitted infections (Laga, Schwartlander, Pisani, Sow, & Caraél, 2001; Silberschmidt & Rasch, 2001; Nyanzi, Pool, & Kinsman, 2000; Stavrou & Kaufman, 2000).

From the little we do know about characteristics of male sexual partners of AGYW, the evidence suggests that men who engage in transactional sex are more violent and controlling than other male partners (Jewkes, Dunkle, Nduna, & Nwabisa, 2012). Other studies found that "sugar daddies" are at higher risk of acquiring HIV (Luke, 2002; Morris, Wawer, Makumbi, Zavisca, & Sewankambo, 2000). Evidence also suggests that "sugar daddies" are more likely to have extra-marital sexual relationships with AGYW (Luke & Kurz, 2002). Research also has shown that school teachers who regularly interact with adolescent girls, frequently engage in forced or coerced sex with their students (Nyanzi et al., 2000, Mpangile, Leshabari, & Kihwele, 1993).

RESEARCH QUESTIONS

The research questions that guided this study are:

1) Who are the sexual partners of AGYW?

    - How do AGYW characterize their sexual partners in terms of such factors as demographics, location of residence, and occupation? Does this vary by type of partner and, if so, how?
    - Do male partner profiles differ among different sub-groups of AGYW? If so, how?

2) Is sexual risk-taking behavior (namely partner concurrency and unprotected sex) among AGYW and their male partners associated with certain sexual partner characteristics (such as age, education, employment, income, or other factors)?

    - Does the type of relationship affect sexual risk taking?
    - Is sexual risk taking associated with power imbalances within relationships measured in terms of partner differences in age, education, employment, and other factors?

METHODS

Setting

Our study was conducted in three districts in Mozambique: Cidade de Quelimane, Cidade de Beira, and Xai-Xai. They represent three of the five districts selected by USAID/Mozambique to be included in the DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe) initiative to reduce new HIV infections among AGYW. This study was funded through DREAMS.

The three study districts were selected to ensure representation of the three regions of the country and the differing epidemics and socio-cultural dynamics in each.

Sampling and Recruitment

In each study district, we conducted five focus groups discussions (FGDs) averaging six to eight[1] AGYW. Groups included specific segments of the target population selected by USAID/Mozambique for DREAMS programming[2]:

1. In-school, ages 15–17 years
2. Out-of-school, ages 18–19 years and not pregnant, postpartum, or breastfeeding
3. Out-of-school, ages 15–19 years, married and pregnant, postpartum, or breastfeeding
4. Ages 20–24 years and not pregnant, postpartum, or breastfeeding
5. Ages 20–24 years and pregnant, postpartum, or breastfeeding

To support recruitment and general stakeholder engagement, the study team convened a study committee in each district. These committees included local implementing partners, and PEPFAR-funded DREAMS initiative implementing partners. In Beira, provincial government representatives also attended from the Provincial Health Directorate and the National AIDS Council. The committees determined the optimal recruitment strategy in each district, and members volunteered to lead recruitment for one or more of the groups. Recruitment involved reaching out to leaders of girls' clubs, health centers, and schools. The study team sent out formal communications to such leaders, and community leaders, to inform them about the study and seek their support and buy-in for the FGD recruitment process. We also formally presented details of the study to provincial health authorities.

In some cases, recruitment was done directly following a DREAMS program intervention, such as after a girls' club meeting. In other cases, respondents were recruited by a local group member several days in advance of the FGD. This was case for FGDs with in-school minors, whose participation first required parental/guardian informed consent.

Committee members located eligible participants for the FGDs and ensured that the AGYW arrived at the FGD location on the agreed-upon date and time.

Data Collection

MEASURE Evaluation (MEval) hired Verde Azul, a local data collection firm, to conduct data collection in May 2017.

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[1] One FGD had only four participants.
[2] These divisions were determined by USAID and are based on Mozambique-specific DREAMS guidance.

Recruiting in both Beira and Quelimane was managed by World Education and its local partners. When the data collection team arrived at the FGD sites in these locations, there was an insufficient number of AGYW to participate. As a result, the data collection team in both locations conducted recruitment for in-school girls at nearby schools, or (in Quelimane) at the school where the FGDs were held. The data collection team called teachers to recruit girls, called and spoke to parents to obtain their consent for the additional participants, and followed up later to obtain written consent.

In Beira, FGDs were held at a local partner facility; in Quelimane they were held at a secondary school.

In Xai-Xai district, the FGD participants were recruited by the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), an implementing partner. The FGD participants were available when the data collection team arrived on site at a local primary school.

The teams in each location consisted of the FGD facilitator, a note taker, and a fieldwork coordinator. The facilitator followed the same semi-structured guide for all FGDs (provided in Portuguese in the Appendix). The facilitator encouraged participants to discuss a range of topics, such as characteristics of male sexual partners, preferences in male sexual partners, condom use in sexual partnerships, and other sexual risk-taking behaviors. The FGD guide was developed in English and translated into Portuguese. The translation was validated by the study team during pilot testing. Key terms were translated into local languages.

In Xai-Xai and Beira, data collectors spoke or had a good understanding of the local languages (Changana and Sena). Discussions were held in a mix of Portuguese and the local language without an additional translator. In Quelimane, the study team recruited a local woman the same age as participants, to translate. She spoke both Chuwabe and Portuguese and translated the bi-lingual discussion for the participants and study team.

Before collecting any information, data collectors sought and documented informed consent from each participant. Each FGD recruit provided documented informed consent prior to data collection, consenting to both participation and audio recording. For the FGDs involving un-emancipated minors, we first sought informed consent from guardians through school awareness sessions, and then obtained informed assent from participants themselves. Completed hard-copy questionnaires and focus group notes were stored separately from consent forms and the questionnaires and notes were destroyed after they were entered electronically, leaving no possible link between consent forms and data.

Prior to beginning each FGD, but after informed consent was documented, participants worked with one of the members of the study team to complete a written demographic questionnaire about themselves. This questionnaire included six questions on age, current school attendance, level of completed schooling, marital status, number of children, and whether the AGYW was currently pregnant, postpartum, or breastfeeding.

The length of the FGDs ranged from 90–131 minutes. The AGYW who participated in the FGDs received 100 Mozambique Meticais (MZN) and refreshments during the discussion. All discussions were audio recorded using digital recorders.

Research Ethics

This study adheres strictly to U.S. and international research ethical guidelines, including 45CFR46 and Council for International Organizations of Medical Sciences (CIOMS). We received IRB review and approval in Mozambique from the *Comitê Nacional de Bioética para a Sáude* (CNBS) and in the U.S. through Health Media Labs, Inc.

Data Analysis

All FGD recordings were transcribed in Portuguese and expanded with field notes by the study team qualitative specialist and note takers. All identifying information was redacted and kept confidential to protect participants' privacy. The primary language of analysis was Portuguese. The tools used for analysis were Microsoft Word and Excel.

The qualitative analysts followed the five interrelated steps for the data analysis: reading, coding, displaying, reducing, and interpreting (Miles & Huberman, 1994; Ulin, Robinson, & Tolley, 2005). The study team developed an initial analysis guide and draft codebook with themes based on the two study research questions. After reading the transcripts, the primary qualitative analyst revised the initial codebook, taking into account emerging themes identified during a first review of the transcripts. The revised codebook was then reviewed and approved by a second qualitative analyst.

The primary qualitative analyst then proceeded with coding all transcripts, noting additional emergent codes (codes developed based on new concepts and ideas not directly linked to the interview questions). A final series of code summaries were produced for each focus group; the two qualitative analysts reviewed the codes by theme, noting relationships. During the fifth and final step of analysis, members of the wider study team reviewed the draft written analysis and recommended synthesizing the findings.

Completed demographic questionnaires were entered in Excel and simple frequency counts were conducted using the same software.

RESULTS

Participant Demographics

A total of 102 AGYW participated in 15 FGDs across three study locations. Table 1 shows five distinct types of focus groups assembled in each district, and the number of participants in each group and location (averaging six to eight per FGD). One type focused on young women still in school, the others focused on participants who were not currently attending school, divided by age group, and those who are married and pregnant, postpartum, or breastfeeding, and those who are not pregnant, postpartum, or breastfeeding.

Table 1. Numbers of participants by focus group

Focus Group Type	Xai-Xai[3]	Beira	Quelimane	Total
AGYW ages 15–17 years attending school	8	7	6	21
AGYW ages 18–19 who are out of school and not pregnant, postpartum, or breastfeeding	4[4]	6	8	18
AGYW ages 15–19 years who are married and pregnant, postpartum, or breastfeeding	6	6	7	19
AGYW ages 20–24 years who are not pregnant, postpartum, or breastfeeding	8	7	8	23
AGYW ages 20–24 years who are pregnant, postpartum, or breastfeeding	7	8	6	21
Total	**33**	**34**	**35**	**102**

We sampled by age group, so we had a fairly uniform distribution of participants based on age. Thirty percent of all participants were ages 15–17 years, 26 percent were ages 18–19 years, and 42 percent were ages 20–24 years. The age distribution of participants is presented in Table 2.

Table 2. Age of FGD participants

Participants' Age	Xai-Xai	Beira	Quelimane	Total N (%)
15–17 years	12	10	9	31 (30)
18–19 years	6	9	12	27 (26)
20–24 years	15	15	14	44 (43)
Total	**33**	**34**	**35**	**102**

The educational levels and other characteristics of the FGD participants (pregnant/ postpartum/ breastfeeding) are presented in Table 3. Most participants had completed some secondary school (51%); however, almost one-third (31%) had not completed primary school. Twenty-two participants (22%) were

[3] In Xai-Xai district, while this was not the intention of the study team, several of these respondents were community health workers (known in Mozambique as "*activistas*") who had received training on HIV prevention and other topics related to DREAMS programming.

[4] When the data collection team arrived on-site in Xai-Xai, the local partner responsible for recruitment had not been successful in locating any girls with the characteristics required for this FGD. The data collection team then attempted, unsuccessfuly, to recruit girls with similar characteristics in the nearby neighbourhood. The team then travelled to a poorer and more isolated neighborhood to recruit the girls, as advised by a peer educator working for the local partner. In this community the local partner contact reached out to community leaders to seek their support in recruiting girls. They were able to recruit six girls, but only four arrived at the designated location for the FGD with parental consent.

pregnant. Twenty-five participants (25%) were up to six months postpartum, and/or breastfeeding, meaning they had infants in their care.

Table 3. Other demographic characteristics of FGD participants

Education	Xai-Xai	Beira	Quelimane	Total N (%)
Never attended school	3	0	4	7 (7)
Primary school not completed	5	10	9	24 (24)
Primary school completed	2	7	5	14 (14)
Secondary education not completed	21	14	17	52 (51)
Secondary school completed	0	1	0	1 (1)
Technical education	1	1	0	2 (2)
Post-secondary education not completed	1	1	0	2 (2)
All participants	33	34	35	102 (100)
Currently attending school	19	8	6	33 (32)
Pregnant, postpartum, or breastfeeding	**Xai-Xai**	**Beira**	**Quelimane**	**Total N (%)**
Pregnant	8	7	7	22 (22)
Postpartum and/or breastfeeding	9	8	8	25 (25)
Neither pregnant nor postpartum nor breastfeeding	16	19	20	55 (54)
Total	**33**	**34**	**35**	**102 (100)**

Table 4 presents the marital status of the FGD participants. More than three-quarters (76%) of participants said they had a steady partner (husband or boyfriend or living with a partner) at the time of the study.

Table 4. Reported marital status of FGD participants

Marital/civil status	Xai-Xai	Beira	Quelimane	Total N (%)
Married	12	15	20	47 (46)
Living with a partner	1	0	0	1 (1)
Steady boyfriend	10	10	8	28 (27)
One or more occasional boyfriends	4	3	1	8 (8)
Not married, no steady boyfriend or occasional boyfriend	6	6	6	18 (18)
Total	**33**	**34**	**35**	**102**

Characteristics of Male Sexual Partners of AGYW

Participants across all focus groups described relationships with a myriad of male sexual partners diversified by age, educational attainment, marital status, and employment. The AGYW described dating boys and men their age, and older men; having relationships with single and married men; and men of all income levels, occupations and skill levels. While respondents most commonly talked about relationships with men who live in the same neighborhood or district, they also described male sexual partners who live far away in South Africa and other parts of Mozambique, and men of other nationalities who live nearby.

Below we present our analysis on the specific characteristics of male sexual partners of AGYW, by characteristic: age, marital status, education, occupation, co-location and mobility, circumcision, and HIV testing behavior. Differences in AGYW are also noted, by region, as well as AGYW age, educational status (in/out of school), marital status, and childbearing status (postpartum and/or breastfeeding), where relevant.

Age

Participants noted that AGYW have sexual relationships with men of all ages. Few commonalities or trends emerged. A teen respondent in Beira explained it this way: "It is all mixed … there are those who like to date boys younger than them … and there are girls who are 18 but date men who are 23, 25, 30 years old."

Participants said it was "normal" to have a partner one's own age, but also reported knowing young women/girls their age who have older sexual partners who are over 30 or over 50 (from a 20- to 24-year-old in Quelimane, and a 15- to 17-year-old in Beira). Indeed, participants in all FGDs explained that AGYW of all ages have sexual relationships with older men. One 18- to 19-year-old nonstudent in Quelimane said, "Relationships with older men happen at all ages."

What participants defined as "older" varies by age. Teens said girls date men who are slightly older (in their early 20s or in their 30s). A 15- to 17-year-old student in Xai-Xai said her peers dated men "our father's age, 30, 36 years" and in some cases, even significantly older (in their 40s, 50s, and 60s). Young women ages 20–24 years also described dating slightly older men (in their late 20s and early 30s), and significantly older men, in their 40s, 50s, or 60s.

Dating older men was discussed in all FGDs. While age on its own was not singled out as an important factor for AGYW's choice of sexual partners, participants in all groups expressed a strong preference for men who could offer material and economic security and men who will take responsibility for pregnancy. Respondents typically associated these traits with older men. One 15- to 17-year-old respondent in Beira described a friend who is dating an older Mozambican businessman working in South Africa: "He brings back 8,000, 9,000 – I've seen the money … he is married … and I would say he is around 40 years old and she is 16." An 18- to 19-year-old nonstudent in Quelimane described why, ultimately, she prefers to be with an older man because of the monetary support he can provide to her, as opposed to a boyfriend her age:

> "I am with my boyfriend and I find an older man who can give me everything – he buys me hair pieces, clothes, you do not even know how much. So, I am with that man, because he is able to satisfy all of my wants, because I am with him for his money …. He will always be buying me expensive phones. So, when you see that [that this man can provide], and the fact that your boyfriend cannot give you any money at all, pretty soon you are running to the older man."

Marital Status

Respondents explained that AGYW have sexual relationships with both married and single men. Younger and single AGYW participants noted a preference to date married men, because this relationship would

provide them with material goods and not lead to a long-term commitment. AGYW described these relationships as "just for fun." Single AGYW also said that they dated single boys and young men their age.

On the other hand, participants noted that single women ages 20–24 years are more often looking for a serious relationship that could lead to marriage; therefore, they are less interested in married men. A few married respondents described monogamous, loyal relationships, but it was more common for married participants to explain that they, and their married friends, have a boyfriend and a husband. Married women also noted that husbands tend to have relationships with other women. (For more details, see the section on Sexual Risk-Taking Behavior.)

Educational Attainment

Respondents noted that AGYW have male sexual partners with all levels of education, ranging from no education, to primary, secondary and university education. Educational levels of male sexual partners of AGYW were reported to be mixed among almost all participants, regardless of age, marital status, and whether the AGYW were pregnant, postpartum, and/or breastfeeding. A 20- to 24-year-old nonstudent in Beira (pregnant, postpartum, or breastfeeding) described the variations in educational levels among the sexual partners in the following way:

"There are other men who did not study, some who are studying, there are others … who are low-lifes (*marginais*) that never went to school. Not even first grade …, who only have money because they trade products."

The only exception was in FGDs with young women ages 20–24 years, who were pregnant, postpartum, and/or breastfeeding. Across the three regions they described sexual partners with either no education, minimal education or no more than secondary education. No one mentioned partners with a university-level education.

Occupation

The FGD participants said their AGYW peers have male sexual partners with both skilled and low-skilled work. Commonly cited examples of skilled occupations are teachers and professors, policemen, mechanics, government workers, businessmen and business employees. Low-skilled work involves men who do odd jobs, thieves, dock workers or stevedores, miners, truck drivers, and bus/minivan drivers (*chapas*).

The AGYW indicated they value male sexual partners with high-skilled employment. One 18- to 19-year-old nonstudent in Xai-Xai explained the high value she and her peers place on men who work for the State. She recalled hearing a girl her age bragging about her boyfriend's employment:

> "I know a girl [who dates a professor], and so when she is out with friends she says, 'I go out with someone who works for the State'. I don't know if she is really mostly interested in dating someone who works for the State, I don't know if that man says that he wants nothing to do with her when he

> goes out with friends. That would make her more humble, since she says she dates someone who works for the State. I really want nothing to do with her."

A 20- to 24-year-old respondent from Beira explained what she thinks about men working in low-skilled jobs, which she does not value: "[Some men are employed] carrying bags [stevedores], other men work for China [in Chinese companies], so what? That is not work!"

Younger FGD participants (students and nonstudents) across all regions said that sexual relationships between girls and school teachers are very common. These relationships were described as coercive – since teachers typically promise good grades or other benefits in exchange for sex. One 15- to 17-year-old in Quelimane said:

"Other girls here, even in this school, go out with teachers. They even say, 'If you want to pass you have to go out with him.' So, why spend the whole school year working hard to get good grades, if he will fail you at the end of the year? ... This school is full of teachers who hook up with their students."

The FGD participants described sex between students and teachers in a matter-of-fact way, indicating that this is a normal part of life for school-age females. They also said they are often disappointed by their teachers when they do not fulfill their promises to pass them or give them good grades (after they had sex with them). The AGYW told stories about how teachers use their power to coerce them into engaging in sexual relationships, and then openly announce their conquests, even embarrassing them in front of the class. One 18- to 19-year-old nonstudent in Xai-Xai said:

> "These professors, when they arrive in class, they are there to seduce you. When you are at recess, they ask for your number. They take you to their car around the corner. And what happens there … is they have sex with you. Then when the next day comes, the professor says [in front of the class], 'You who was with me yesterday, you with the green underwear, come to the front of the classroom.' And can you imagine, how us as women feel?!"

There are some regional differences in AGYW partner employment. Respondents in Beira and Quelimane noted that AGYW have sexual relationships with men who do not work. This was not mentioned by any respondents in Xai-Xai. Respondents in Xai-Xai generally described male sexual partners in occupations requiring a higher skillset, as compared to those in Beira with lower-skilled jobs or opportunities (such as unstable work, truck drivers, dock workers, thieves. (There were no conclusive findings from the FGDs in Quelimane.) Sexual partners with rural work, including farming and shepherding, were only mentioned by participants ages 15–19 in Xai-Xai district.

Co-location and Mobility

Though many AGYW mentioned sexual partners living in their neighborhoods, they also said they know of peers with husbands or boyfriends living in South Africa and other regions of Mozambique. For example, male truck drivers or bus drivers may spend long periods of time away from their partners' district. A few also noted

that some AGYW have partners who are foreign nationals (from China, Malawi, or Zimbabwe) living in Mozambique.

Circumcision

Responses regarding the circumcision status of male sexual partners of AGYW varied by type of focus group across all three districts, with few clear patterns. This was not a topic of conversation among their peers, so they could only discuss their own personal experiences.

Respondents in Xai-Xai ages 15–17 years and in school reported that most of their partners are not circumcised. In contrast, respondents in the same age group in Quelimane said most of their partners are circumcised. Respondents in Beira indicated they are not familiar with circumcision at all. Among FGDs with young women ages 18–19 years in Xai-Xai and Quelimane, participants said some of their partners are circumcised, but in Beira women reported not knowing about circumcision. In groups with AGYW ages 15–19 years who were married, postpartum and/or breastfeeding, those in Beira and Xai-Xai did not know about circumcision, but those in Quelimane were clear on the term and said some of their partners are circumcised. The AGYW ages 20–24 years in Xai-Xai said that partners are mostly circumcised, but the same age group in Quelimane and Beira reported that their partners are not circumcised.

HIV Testing Status

Most FGD participants across the three districts seemed to have a good understanding of HIV and how it is contracted. Nevertheless, a minority were not well informed. For example, a student ages 15–17 years thought that HIV could be contracted from animals and another respondent ages 20–24 years in Quelimane thought she could acquire HIV by using a condom.

Though most respondents understood how HIV is contracted, they did not know about the HIV status of their male sexual partners, which places them at risk of acquiring HIV. However, some in-school adolescent females ages 15–17 years in Quelimane and Xai-Xai reported knowing the HIV status of their male sexual partners.

When discussing HIV testing, participants who were married or in a "serious relationship" described how difficult it is to talk to their partners about HIV testing. An 18- to 19-year-old nonstudent in Beira described her experience trying to learn the HIV status of her partner: "I tried to ask, and he told me, 'Yes, I have done it.' The men of today always just say, 'I have done it' when they really have not done it [had an HIV test]."

A 15- to 19-year-old married and pregnant/postpartum/breastfeeding participant in Xai-Xai explained how dismissive her partner is when she tries to discuss HIV testing: "I normally talk to my partner [about getting an HIV test] and he will say 'If you think you have AIDS, go take a test.'"

Young women (ages 18–19 years) in Xai-Xai said that older male sexual partners do not want to talk to them about their HIV status. These AGYW assumed this means the men are likely HIV-positive: "[Older men] want nothing to do with this [discussions about HIV testing]. [They say] 'I am in good health, I do not need to do a test, I'm good, I'm not sick.'"

While most participants described the difficulties in talking about HIV and testing with their partners, several explained that testing is a way for sexual partners to prove their love. For example, one 18- to 19-year-old in Xai-Xai said, "With men, when they really love you they will take you to get tested together."

This topic is so sensitive that AGYW do not discuss it with their peers. Hence, they could not say what the HIV status of their friends' partners might be.

Association between AGYW Sexual Risk-Taking Behavior and Partner Characteristics

Participants described engaging in risky sexual behavior (such as partner concurrency and unprotected sex) with all types of male sexual partners. They commonly described both AGYW and their male sexual partners having relationships with multiple partners, whether they are married or single. Respondents said that they never use condoms with their husbands, and infrequently use them with boyfriends or casual partners. The determination of whether to use a condom was almost always described as driven by the male partner, regardless of age, education, employment, or income.

In this section we describe the dynamics of various factors that augment HIV risk for AGYW.

Partner Concurrency and Partner Marital Status, Age, and Mobility

In all FGDs, participants commonly described both AGYW and their male sexual partners as having relationships with multiple partners, whether married or single. Thus, a specific profile of male sexual partners of AGYW defined by partner concurrency did not emerge.

The AGYW across regions explained how men who are married to AGYW and older women continue to date and have sexual relations with other women. This has implications for AGYW who are married and AGYW who may become the girlfriend to a married man. One young woman in Quelimane, ages 20–24 years and pregnant, postpartum and/or breastfeeding, described her husband's extramarital relationships: "My husband has lots of women. Each woman has her own home, and they are boyfriend and girlfriend."

Another woman in Beira, ages 20–25 years and pregnant, postpartum, and/or breastfeeding, described the prototype of a married man who has extramarital relationships: "[He has] a woman at home … but he wants to go out, because his fun has not stopped, he just wants to go out and have fun …. That is why he hooks up with this girl and leaves her, hooks up with that girl, and leaves her, and he gets all of them pregnant."

Some FGD participants, particularly those AGYW ages 20–24 years, seemed resigned to accepting the infidelity of male partners on whom they rely for economic security. One young woman in Quelimane, ages 20–24 years and pregnant/postpartum/breastfeeding, said: "… I do not have parents anymore … I have to tolerate it [his infidelity] at home."

Participants also said that multiple, concurrent partnerships are common for AGYW, whether they are married or single. One Beira participant, ages 18–19 years, said, "This happens a lot. I have a friend who has a husband, but she also has three boyfriends."

The FGD participants said that married women are motivated to have relationships with other men in part for economic reasons, if their husband is not providing for them. One 18- to 19-year-old in Quelimane said: "They [other women] have to find a boyfriend to give them money."

Participants also noted that extramarital relations are more common when husbands work far away from the home. One nonstudent in Quelimane, ages 18–19 years, said: "the husband works … far away in Beira, Maputo. So, the wife stays home and has other boyfriends, she will take a boyfriend and put him in her house."

Many of the stories of husbands and boyfriends living far away are tinged with disappointment and heartbreak. A teenage nonstudent from Quelimane said her relationship with her husband had deteriorated since he moved to Beira: "My husband lives far way, and I am here; if he is unfaithful, I don't see it. If I am unfaithful, my man doesn't see it. Last year he went to Beira ... and stopped sending me money. He just calls every once in a while, ... without the same hope that he used to have that we will be together."

Multiple concurrent sexual partners were also cited among unmarried sexually active women, across all groups. A 20- to 24-year-old respondent in Quelimane said: "…they date three men. They do not have a permanent boyfriend. They just date in this uncontrolled way."

Stable, monogamous relationships were mentioned, though less common, across the FGDs, and several 15- to 17-year-olds said they and their close peers are not yet sexually active.

Condom Use, Relationship Type, and Age of Partner

Married women agreed that condom use with their husbands is rare, but that condom use with boyfriends or casual partners is more common, but not consistent. Single AGYW described using condoms, but not necessarily consistently. Across all the FGDs, participants explained that men are the primary decision makers regarding condom use and that most men do not like to use condoms because they say condoms reduce sexual pleasure. Younger AGYW described older boyfriends promising gifts and other material possessions if they do not use condoms. Women and girls in all age groups, married and single, worried that if they insist on using a condom, their partner would reject them or go find another woman. Participants themselves expressed openness to using condoms and understand their role in preventing sexually transmitted diseases, including HIV.

Condom Use with Husbands

Older FGD participants, particularly married women, described their male partner as the "boss" at home, including regarding when to have sex and whether to use a condom. A 20- to 24-year-old participant in Beira, who was pregnant/postpartum/breastfeeding, said: "I have to follow his lead – he is the one in charge at home."

A 20- to 24-year-old woman in Quelimane said of her husband: "He'll leave me at home suffering and will go find another woman [if I insist on using a condom]… I will offend him [if I insist on using a condom] because he's in charge. The men of today don't want to be bossed around."

Married respondents said if a woman asks her husband to use a condom he would suspect her of infidelity or of having HIV or another sexually transmitted infection. A 20- to 24-year-old woman in Beira said: "For me to use it [a condom], it has to be him who broaches the subject; the boss/head of household has to say, 'let's use it.' I know that he will get suspicious [if I suggest using a condom]… 'Why today are you talking about us using this?' He'll get suspicious; 'She must be sick.'"

Only a few FGD participants expressed a desire to stand up to their husbands and insist on using condoms. One 20- to 24-year-old pregnant/postpartum/breastfeeding woman in Xai-Xai said:

> "Sometimes [my partner] goes out and hooks up with other women who are sick and could contaminate me, so I say that we should use a condom …. My husband is out of the country, so when he comes back, I am going to have to tell him that we should use them."

Nevertheless, the women in our FGDs shared no stories of women being successful in insisting on condom use with husbands or long-term partners.

Condom Use with Boyfriends

The AGYW also expressed feeling powerless about persuading boyfriends and casual partners to use condoms, fearing the partners might leave them. One 18- to 19-year-old nonstudent in Xai-Xai said:

> "I arrive in the home of my boyfriend and he doesn't have a condom, and I also don't have one.[5] So, I don't know if it is fear or embarrassment … but always when my boyfriend says that there isn't a condom, the girl always shuts up and has sex without a condom …. It's rare that my boyfriend actually says, 'No, no, let's do it without a condom.' He will always threaten me: 'If you love me, we have to have sex without a condom.' We always give in … we have to prove we love him. … We shut up. We have this fear, like, 'I will lose him, I have to accept to do it how he wants it.'"

A few younger girls in each region said that condom use is more common with boyfriends their age and that they themselves use condoms. One 18- to 19-year-old nonstudent in Beira said: "[Condoms also] prevent illness, unwanted pregnancy …. For us, this age, it is normal [to use them]."

Younger participants in Xai-Xai said that younger men (often their serious boyfriends) were much more open to the idea of using condoms, and much better informed. One 18- to 19-year-old nonstudent AGYW said: "…at school there are always lectures [on condoms] …). So, they [men their age] pay attention."

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[5] Despite this comment, all of the FGD participants across the regions said that condoms are easy to acquire and they know where to find them (for free and for sale).

However, some participants described how older boyfriends with means offer gifts to encourage AGYW to not use condoms. One 18- to 19-year-old nonstudent in Quelimane said: "[Men say] I'll give you a phone, I'll give you everything that you want today [if we can have sex without a condom]."

Similarly, a 15- to 17-year-old AGYW in Xai-Xai described the coercive dimension of not using condoms when men, particularly older men, have sex with younger girls and exchange material goods:

> "Us girls ... we have sex without prevention, we forget about condoms, we only have sex in the way the man wants it, a man who is the age of our fathers, or even with boys our age … [and] they could be infected with HIV. But we want the material goods he has, we don't want love, and we hurry to date him. Afterwards we have sex without a condom, we don't use prevention methods. And then we get HIV without realizing it, and girls die without knowing what's killing them."

Still, some AGYW said that the inverse can also be true: older, married men may be more likely to use condoms. One 15- to 19-year-old married and pregnant/postpartum/breastfeeding AGYW in Xai-Xai said: "Married men might not want to get someone pregnant; others want to avoid getting sick."

AGYW Sexual Risk-Taking Behavior and Power Imbalances within Relationships

Below we describe the role of sexual influence and coercion in AGYW sexual relationships and how economic and material interests may affect AGYW sexual risk-taking behavior.

Sexual Influence and Coercion

The FGD participants agreed that men (regardless of age and socioeconomic status) have more power and authority in deciding whether to have sex. One 20- to 24-year-old woman in Quelimane said: "It's the man who decides. Because, me, a woman, I can decide but the man might not like my decision … it's the man who decides when to have sex."

The AGYW widely expressed the belief that if they say "no" to sex, their partner would be unhappy, and there could be consequences. One nonstudent teen ages 18–19 in Beira said: "… we are afraid to say no…. Either your partner will leave you or will end the relationship."

Participants also mentioned men using physical coercion to have sex. A nonstudent in Beira, ages 18–19, said: "[Men decide], they give you the date, and the time too! At the time that works for him, that's how it is. Some, use force. If you say no they will start to have sex with you by force."

This unequal power dynamic was echoed in many comments from participants who described older men pressuring AGYW for sex by promising material goods and marriage and claiming they will take responsibility in case of pregnancy. Some AGYW called this being "tricked" into having sex.

Nevertheless, some participants in Beira and Quelimane said that women have some power in deciding when to first have sex with a partner. A Beira nonstudent ages 18–19 said: "… having sex – that's the girls' choice."

A few older participants said younger girls may have the ability to choose when to first have sex with a partner, but the decision is more around timing, and it is still couched within the language of receiving associated material benefits. A woman ages 20–24 in Quelimane said: "… that girl who is dating a person who is 50 or older – she decides what time she wants money [that is, when to sleep with this partner]."

Influence of Economic Security and Material Goods

Study participants of all ages described economic factors influencing their decisions to engage in sex, especially with older, married men.

Older AGYW (ages 18–24 years) acknowledged that choosing male sexual partners who can provide economic support for women and their children gives the men more power in the relationship. In Xai-Xai, a 20- to 24-year-old pregnant/postpartum/breastfeeding woman said: "It's the men [who decide when to have sex], because they bankroll the women, therefore they think they are in power, that they can do whatever they want."

Young women interested in serious relationships described how the promise of material goods (a sign of commitment) influenced their decision to have sex with a potential partner. An 18- to 19-year-old nonstudent in Xai-Xai said one man gained her trust by giving her a smartphone:

> "Yes, there are those men who come back from South Africa and when they arrive here they say to you, 'I love you, I love you…Do you like me or not?' So, I say, 'I like you. But I need a man who will marry me ....' He says, 'OK, I accept that, I will marry you, here is a smartphone.' When … he gives you the smartphone, you believe what he says. Then he goes back to South Africa … and he stops calling, because he's not interested in me anymore. Yes, he gave me this phone but then he left, and he doesn't call me anymore."

Cross-Cutting Themes

Throughout the FGDs, participants repeatedly raised the role of pregnancy in sexual relationships, and how important it is for men to "assume" responsibility for any pregnancies by providing support for the women and children involved. Another cross-cutting theme is the role of peers and family in influencing AGYW's decisions to engage in sexual relationships with men, particularly older men. These themes are discussed below.

Role of Pregnancy in Sexual Relationships

Study participants discussed fears about becoming pregnant by a man who will not admit paternity and provide economic support. Many of the younger participants (ages 15-17 years) said that male partners of girls their age and older often do not take care of the babies involved. This seriously jeopardizes the young women's socioeconomic status, leaving them helpless. One 15- to 17-year-old in Beira said:

"They are in the street … when they get pregnant [the men] can't admit it [that they are the father] or they will say that you are pregnant, but the baby is not mine."

A 15- to 19-year-old married and postpartum/breastfeeding AGYW in Quelimane said: "Men sometimes are scared of pregnancy. They see pregnancy as a responsibility for them, so they run away. Then a person is left, without anyone, pregnant, alone… a pregnancy without a master."

Women in all FGDs noted that men's verbalized commitment to support them in pregnancy often never materializes. One 15- to 19-year-old nonstudent in Quelimane said:

> "He will come with this sweet talk – 'I like you. I want to be your boyfriend'. So then after some time you also start to like him …. First you don't have any sex … sometimes we can't tell when a person is just trying to use us, because we like them. So, after some time they [male partners] wear us down … we let everything happen [we have sex]. Then once he's reached his goal he becomes a bit distant. Then she gets pregnant, and he doesn't take responsibility for the pregnancy, even though he said he would [at the beginning of the relationship]. These are the kinds of things that happen [to girls our age]."

In some FGDs, women said that a single, pregnant woman left without any support would sometimes engage in riskier sexual behavior (not using condoms, sleeping with many men) in an effort to find a partner who could take care of her. A 15- to 19-year-old married and pregnant/postpartum/breastfeeding AGYW in Quelimane said: "They [pregnant single women] go after truck drivers, those people with money, they go after them to get what their child needs. If the father doesn't take on his role to take care of the child."

A 15- to 17-year-old in Quelimane said: "You have a child with him, but he denies it [that he is the father]. You don't have a way to sustain your child. You'll have to go find a man to get you some money, so you can buy Omo [detergent] for your child. Because children pee every day, and you have to always be cleaning [their clothes], and you need Omo to wash them."

Peer Pressure and Familial Pressure

Study participants in Quelimane and Xai-Xai also described peer pressure to engage in sex, particularly from female friends a little older than them. This pressure was related to friends' desires to go out and have fun; they know that they can get money and goods for entertainment by engaging in sex. Thus, sex is seen as a means to enable a social life and a higher social status. One 15- to 17-year-old in Xai-Xai said: "I had sex and I got 1,000 meticais. I have brand-name shoes ... I have a phone cover right here."

Another AGYW in the same age group in Quelimane described how her peers look for older men and engage in sexual activity with them when they want to go out on the weekends: "Saturday, they say there is a concert, they [young girls] want to go … they will go find an older man to give them 700 [meticais] so they can pay for the ticket."

Study participants noted that many of their friends had already engages in sex with older men. They said peers who had not yet done this are young and immature "babies." One 15- to 17-year-old in Xai-Xai said:

> "We girls have this habit … I have a friend, and I tell her 'someone is seducing me'… and so she says, 'does he have money?' I tell her 'yes'. She says to me, 'Go have sex with him today, how about it? Then we will go out?' I tell her 'no, we are still getting to know each other.' So, then she will say to me, 'You are old-fashioned, show me this man and I will go show you how it is done'. … Sometimes I can ask, 'where did you buy those shoes?' She'll say, 'Aaaah little girl, you don't know? You're just a baby, aren't you? He can give you everything.'"

Participants also noted that AGYW sometimes engage in sex because they are jealous of the material goods other girls have. A young pregnant/postpartum/breastfeeding woman in Quelimane, ages 20-24, said: "They need money … they covet [things their friends have]…[they think] 'my friend bought some pants, I also want some pants.'"

Teens ages 15–17 years in Quelimane and Beira also described the role that family pressure can play in influencing their decision whether to engage in sexual relationships. A 15- to 17-year-old in Quelimane said her unmarried and childless peers are pressured by family members to engage in sex with older men to help sustain their families: "They are obliged to have sex, they have to find a rich man, only so they can support the family."

On the other hand, a study participant in Beira in the same age group said families actively prohibit teens from having sex before marriage. "Who does this is the grandmothers, they control/watch out for girls, [they say that] women should be married as virgins."

Participants in Xai-Xai did not discuss familial pressure related to sexual relationships.

Limitations

We encountered several key limitations to this study related to generalizability, selection bias, response bias, and challenges in translating key concepts from Portuguese to local languages and vice-versa.

Generalizability. Findings cannot be generalized to all of Mozambique because FGDs were only conducted in three purposively-selected districts.

Selection Bias. Participants were selected with support from partners implementing USAID-funded projects; a large proportion of the selected participants came from registries of these projects in the study locations. As a result, they may not reflect the typical adolescent girls and young woman in their community.

Self-Selection Bias. There could also be some self-selection bias, since the opinions of those who previously participated in USAID programming may not accurately reflect the experiences of all AGYW in their age group. For example, these program participants may be more informed and motivated to seek out health, education, and community services. In Xai-Xai, several participants were "*activistas*" (community case

workers) working with the USAID-funded project there; data collectors said these participants' thoughts and opinions may have been influenced by their *activista* training.

Moreover, in several groups, AGYW made a point of distinguishing between their own behavior and those of other AGYW their age, sometimes disparaging others in their age group as "loose" or immoral. This attitude and these types of comments may be linked to the selection and self-selection bias described above.

Response Bias. The FGD participants selected from USAID-funded projects may have altered their perceptions of what sexual partnerships are appropriate for AGYW (indeed, that is the intent of those projects' programming). This could have led to response bias, as participants may have been able to anticipate the types of responses that the facilitator was anticipating. Thus, these participants' perceptions could have led them to exaggerate the riskiness of the sexual behavior of AGYW their age. For example, while our study participants described a widespread culture of AGYW having multiple sexual partners, the most recent Demographic Health Survey in Mozambique found that only 3 percent of AGYW ages 15–24 had two or more sexual partners in the previous year (Government of Mozambique, 2012).

Additionally, FGD facilitators asked respondents to answer the questions reflecting on their understanding of girls and young women in their peer group generally, rather than sharing their own personal experiences. However, in certain instances it was difficult for FGD participants to respond in this general way. For example, AGYW were asked if their peers' male sexual partners were circumcised. Most AGYW do not discuss this information with their peers so it would be difficult for the FGD participants to speculate about their peers' sexual partners in this regard. In these cases, FGD participants described their own personal experiences concerning partner circumcision. In many cases in the discussions, personal experiences diverged greatly from how "other girls'" experiences were represented. To avoid the response bias that may be inherent on this question, when there was a divergence in responses between personal experiences and the experiences of peers, we prioritized responses that described other AGYW in participants' age groups, rather than participants' personal experiences.

Translations. Topic guides were in Portuguese, and discussion was held in both Portuguese and the local languages. However, it is possible that some terms or concepts were not adequately translated or understood by the participants or the facilitator, even with an interpreter on hand to support them.

CONCLUSIONS

How Do AGYW Characterize Their Sexual Partners in Terms of Such Factors as Demographics, Location of Residence, and Occupation?

Participants across the three study districts and demographic groups described a diversity of male sexual partners: young and old, rich and poor, employed and unemployed, educated and uneducated, married and single, circumcised and uncircumcised. They described having boyfriends (both casual and serious), husbands who live with them and who are far away, and casual sexual relationships with other men. Therefore, characterizing male partners of AGYW in prevalent demographic categories is impossible.

However, one group of men—school teachers—was described across FGDs with school age girls as sexual partners of AGYW. This is not a new finding; it has been previously documented in other sub-Saharan African contexts by Dedy, 2010; Burton & Leoschut, 2013: Nyanzi, et al., 2000; and Mpangile, et al., 1993, among others. Commonly reported sex with school teachers underscores the importance of targeting male teachers, especially in secondary schools, with HIV prevention messages and interventions. This is particularly crucial since much previous research emphasizes that preventing AGYW from dropping out of school has been found to protect them from HIV (De Neve, Fink, Subramanian, Moyo, & Bor, 2015; Bärnighausen, Hosegood, Timaeus, & Newell, 2007; Fylkesnes, et al., 2001; Hargreaves, et al., 2008).

We also found that many AGYW prefer older men as partners because of the material benefits they offer and the potential economic support they could provide if the relationship results in a pregnancy. Perceived material benefits range from status goods (mobile phones and clothes) for younger AGYW to necessities related to child care and household upkeep for older AGYW with children. These findings echo much of the literature on cross-generational, transactional relationships, which have shown that AGYW perceive older men as good sexual partners (Nyanzi, et al., 2000; Gorgen, Yansane, Marx, & Millimounou, 1998; Nnko & Pool, 1997; Meekers & Calves, 1999).

Categorizing male sexual partners' HIV testing status is challenging. Most participants reported not knowing whether partners have been tested. Study participants described their partners as reluctant to discuss whether they have been tested for HIV or to share any results. Our findings coincide with evidence from the most recent available population-level data for Mozambique, which found that less than half of men ages 15–49 (38%) have ever been tested for HIV and received their results (Government of Mozambique, 2015).

Our findings on circumcision status of male partners are too varied to draw conclusions. Participants in Quelimane reported that their partners are mostly circumcised. This coincides with provincial level data on circumcision, given that almost half (48%) of men in the province are circumcised, and Quelimane is an urban area where one can expect rates of circumcision to be higher (Government of Mozambique, 2012). However, our findings from Xai-Xai are mixed. Older AGYW have male partners who are more likely to be circumcised, while younger AGYW (ages 15–17 years) said none of their partners are circumcised. Circumcision rates in Gaza province, where Xai-Xai district is located, are very similar to Quelimane (46% of men are circumcised), except, as in our study, the youngest age group reported that their sexual partners are not circumcised (Government of Mozambique, 2012). Our participants from Beira overwhelmingly said they

are not familiar with circumcision, which is an interesting finding, in itself. Perhaps this can be explained by the low circumcision rates in the province where Beira is located (Sofala), where only 20 percent of men are circumcised, according to provincial level data (Government of Mozambique, 2012).

Is Sexual Risk-Taking Behavior among AGYW and Their Male Partners Associated with Certain Sexual Partner Characteristics?

Our findings suggest that social norms accepting male dominance permeate relationships between AGYW and men of all types. Other partner characteristics are secondary in terms of importance with regards to sexual risk-taking behavior. Respondents agreed that for the most part, men (regardless of age, economic status, and other characteristics) have more power and authority in deciding whether to have sex and whether to use a condom. However, men with economic status had greater material means to pressure or encourage AGYW not to use a condom. Married participants, in particular, highlighted their inability to encourage condom use with their husbands, and to control their husbands' extramarital relationships. Extramarital relationships and partner concurrency were more commonly reported by AGYW in relationships with partners who worked in other regions of the country or outside of the country.

We also found that sexual relationships are influenced by the role of male partners as breadwinners and economic providers. Study participants described their male partners as "bosses" in charge of their households and the women in their lives. This was particularly pronounced among married women, who reported little agency in sexual decision making, regardless of the characteristics of their male partner/provider. This is not a new narrative in southern Africa (Hendricks, et al, 2010; Mfecane, 2008; Morrell, 2007).

By contrast, some single AGYWs did report some agency in deciding when to have sex. However, for younger AGYW, in particular, men (often married, older men), encourage or coerce them into sexual relationships with the promise of material goods. The literature is mixed on how to classify these cross-generational, transactional relationships. Some research finds they are exploitative (Dunkle, et al., 2007; Kaufman & Stavros, 2004; Ragnarsson, Townsend, Thorson, Chopra, & Ekstrol, 2009; Steffenson, Pettifor, Seage, Rees, & Cleary, 2011). Other studies show these couplings may be empowering for AGYW who acquire social status and more decision-making power through them (Hunter, 2010; Maganja, et al., 2007; Masvawure, 2010; Wamoyi, Wight, Plummer, Mshana, & Ross, 2010; Nkosasana & Rosenthal, 2007).

We found some differences in reported condom use practices with younger and older boyfriends, with participants citing that condom use was more common with boyfriends their age, rather than older, often married boyfriends. This is consistent with the most recent demographic health survey, which found that the percentage of men who had two or more partners in the previous 12 months and who used a condom during the last sex act decreased significantly with older men, ranging from 41 percent for 15- to 24-year-old males to just 8 percent for those ages 40–49 years (Government of Mozambique, 2012).

The FGD participants were clear on the role of condom use, male circumcision, and HIV testing in reducing their own risk of HIV transmission and pregnancy. They also showed an openness to using condoms and described trying to discuss HIV testing with their partners.

RECOMMENDATIONS

Given the power dynamics described by AGYW, in the **short term, HIV prevention programs need to target men of all ages and characteristics**, encouraging them to use condoms consistently with girlfriends, to get circumcised, and to get tested and discuss their HIV status with their partners. We also encourage behavior change campaigns targeting males of all ages and characteristics with positive messages about being faithful.

Male secondary school teachers should be urgently prioritized for HIV prevention programming. Teachers must be appropriately trained and screened, and there should be a widespread information campaign in schools to discourage teachers from engaging in sexual relationships with students. Mechanisms must be created through school and government authorities to punish teachers for having sex with students, especially minors. In addition, support services should be developed to care for AGYW affected. We recommend that the Ministry of Health, Ministry of Education, and Ministry of Justice work closely together to develop a plan to combat sex and sexual harassment between teachers and students at a national level addressing prevention, support and protection, investigation and justice. This plan could be localized to specific districts, including the development of local task forces to respond to cases of sexual harassment and abuse, and other sexual relationships between teachers and students.

Our results showed that AGYW who had relationships with younger men in school were more likely to use a condom. **In-school HIV prevention and testing programming** has been studied and shown to be effective in improving knowledge and attitudes around HIV and increased HIV testing (Michielsen et al., 2010; Harrison et al., 2010; Napierala, Doyle & Ross, 2011; Gallant, Maticka-Tyndale, 2004; Paul-Ebhohimhen, Poobalan & van Teijlingen, 2008). Such programming could be an effective strategy to reach school age male sexual partners of AGYW. We recommend extending in-school HIV prevention and testing programming, to include teachers and other school administrators, as well as parents. We also recommend including discussions of school-based sexual harassment and abuse in the school community as part of these curricula.

We encourage the **use of anonymous or protected reporting mechanisms**, where students can report sexual harassment and abuse occurring in their schools, such as Linha Fala Criança – a helpline for children experiencing abuse already in place in Mozambique. Cases reported on Linha Fala Criança and other reporting channels could be addressed through the independent body as described above.

To reach out of school youth, as well as to reduce the vulnerability of AGYW, in particular those who are married or in a serious relationship, we encourage the **expansion of youth-friendly, integrated family planning/HIV health services both in and outside of health facilities.** Mozambique already has youth-friendly sections of health facilities referred to as Serviço Amigo do Adolescente e Jovem – SAAJs. There is evidence that clinics can become "friendlier" through training clinicians and minor infrastructure improvements services (Dick et al., 2006), and also that youth may be better serviced by family planning/HIV services outside of the health facility (Denno, Chandra-Mouli & Osman, 2012). Specific efforts should be made to attract male clients, who are much less likely to participate in sexual health and HIV services compared to women (Cornell & McIntyre, 2011).

Furthermore, while not a solution to upending widespread gender norms, **improving the economic situation of AGYW** so they do not have to rely financially on male partners or feel pressure to engage in sex because of economic necessity, is an important means of shifting the power imbalance AGYW experience in commencing sexual relationships with men. Savings groups targeted towards AGYW are currently underway in Mozambique. We recommend expanding these groups and creating conditional cash transfers for AGYW to incentivize safe sexual practices. Evidence has shown that these transfers are effective in reducing HIV infection, sexually risky behavior and women's choices around marriage and fertility (Bastagli, et al., 2017; Bjo¨rkman-Nyqvist, et al., 2013; Baird, et al., 2012). Such social protection initiatives should seek to reach single, pregnant women / young mothers as a particularly vulnerable group.

We further recommend more **joint discussion and programming between HIV prevention efforts and family planning programs to reduce early childhood marriage** – which is also called for in Mozambique's National Strategy for the Prevention and Combating of Early Marriage (2015-2019). Given the preponderance of unprotected sex among married couples, and the lack of power to negotiate sex within marriage, we recommend better engagement between efforts that focus on reducing early childhood marriage and family planning and HIV testing interventions targeted towards families and communities, so that AGYW get married later, and therefore are better equipped to negotiate family planning and condom use with their husbands.

Finally, we recognize that an **oral Pre-Exposure Prophylaxis (PrEP)** policy is still in development by the Government of Mozambique. However, we strongly advocate for the integration of PrEP in HIV prevention strategies, due to its demonstrated efficacy in preventing HIV among men and women (Murnane, Celum, Mugo, et al., 2013). This HIV prevention strategy is not predicated on longer term behavioral change in partner concurrency or condom use, and therefore can have an immediate impact on HIV transmission. PrEP is a tool that AGYW can employ right now to reduce their risks in sexual relationships.

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APPPENDIX

Focus Group Discussion Guide for AGYW

Dados de Identificação de Grupo Focal

<table>
<tr><td colspan="2">Código do Grupo Focal:</td><td>Facilitador do Grupo Focal:</td><td>Local:</td></tr>
<tr><td colspan="2">Data:</td><td>Hora de início:</td><td>Hora de Término:</td></tr>
<tr><td colspan="4">Dados Demográficos do Participante de Grupo Focal</td></tr>
<tr><td colspan="4">Após o consentimento informado, peça a cada participante para preencher este formulário, quer através de respostas escritas ou verbais.</td></tr>
<tr><td colspan="2">Quantos anos fez no seu último aniversário?</td><td rowspan="2">Você frequenta escola?

Sim

Não</td><td rowspan="2">

Qual é o seu nível de escolaridade?

Nunca foi á escola

Ensino primário não concluído

Ensino primário completo

Ensino secundário não concluído

Ensino secundário completo

Nível pós-secundário não concluído

Nível pós-secundário completo.

Ensino técnico</td></tr>
<tr><td>15

16

17

18

19</td><td>20

21

22

23

24</td></tr>
</table>

Actualmente, qual é a situação em termos de relacionamentos afectivo? Casada A viver com um parceiro Vive com um homem que tem mais de uma mulher Namorado fixo A namorar (tem um ou mais namorados ocasionais) Nenhuma das situações anteriores / sem marido ou namorado fixo ou namorado ocasional.	Quantos filhos tem? o 0 o 1 o 2 o 3 o 4 o 5 ou mais	Assinale todas as situações que lhe dizem respeito: Estou grávida Tive um bebé há 3 meses ou menos Tive um bebé há mais de 3 meses Estou a amamentar Nenhuma das situações anteriores

Apresentação aos Participantes do Grupo Focal

Bem-vinda. Obrigado por estar aqui. Meu nome é _____ e eu trabalho com _____

Como explicamos durante o processo de obtenção do consentimento informado, estamos a tentar entender o que pensam e sentem as meninas e mulheres jovens, suas atitudes e experiências em termos das relações que têm com rapazes e homens. Em particular, estamos interessados nos tipos de parceiros sexuais que as meninas e as mulheres jovens têm, o que elas procuram num parceiro e como são as suas relações. As informações que der serão usadas para desenvolver programas de saúde para meninas e mulheres jovens e seus parceiros homens. Não vamos usar os vossos nomes, nem vamos chama-las pelo nome no estudo e nos relatórios com os resultados da nossa conversa de hoje.

Regras Básicas

Encorajamos a participação de todos, sabendo que não há respostas certas ou erradas. Falem abertamente se concordam ou não com o que alguém disse, uma vez que queremos compreender as experiências e as opiniões de todos. Todos nesta sala concordaram em manter a conversa em segredo, mas pedimos para que não contem nenhuma coisa pessoal do que se vai passar aqui. Vamos gravar esta conversa para ajudar-nos a lembrar de tudo o que precisamos para este estudo, mas não vamos dizer quem é a ninguém. Esta conversa deve levar mais ou menos uma hora. Têm alguma pergunta antes de começarmos?

"Quebra-gelo"

Agora vamos fazer um jogo: gostaríamos que pensassem em flores. Se fossem uma flor que flor gostariam de ser? Vamos conversar sobre isso e depois cada uma fica a chamar-se com o nome da flor que escolher durante o tempo desta conversa.

PERGUNTAS DO GRUPO FOCAL INTRODUÇÃO:

Na nossa discussão de hoje gostaria que pensassem nas vossas relações com rapazes e homens - e nas relações que as vossas amigas têm. Estou mais interessada nas vossas amigas que têm entre 15 – 24 anos. E também estou interessada em falar com vocês sobre os rapazes e homens com os quais as vossas amigas têm relações sexuais.

1. Quais são os tipos de relação com estes rapazes e homens?

1.1. São maridos? Namorados fixos? Namorados ocasionais? Ou…?

1.2. Que tipo de parceiro é mais comum terem?

1.3. Acham que as meninas mais novas (com idade entre 15-19) têm diferentes tipos de parceiros / relacionamentos do que as mulheres mais velhas (com idade entre 20-24)? Se assim for, em que é que eles são diferentes uns dos outros?

1.4. Quais são as idades desses parceiros? Quantos anos é que eles são mais velhos ou mais novos do que a menina / mulher? Será que isso varia com o tipo de relação que têm com o homem? Com a idade da menina/mulher? Qual é a idade "ideal" (ou idades ideais) de um parceiro.

1.5. Qual o grau de escolaridade que os parceiros devem ter em relação às meninas / mulheres?

1.6. Estes rapazes e homens trabalham? Qual é o tipo de trabalho? Se sim, que tipo de emprego têm? Estudam? Se for sim, aonde (local)?

1.7. Aonde é que eles vivem? Na mesma comunidade/ bairro? Vêm de zonas vizinhas? Vivem longe? Vivem ou passam tempo noutros países? Se sim, onde?

2. Onde é que estes rapazes e homens passam tempo ou se divertem? Se quiséssemos falar com eles, onde os encontraríamos? [Tranquilize-as que não saberão que nos enviaram]

2.1. Aonde é que ficam esses lugares (nomes)?

2.2. Em que dias da semana e horas é que eles normalmente estão lá?

2.3. Os casados e namorados passam tempos livres em lugares diferentes? Se sim, onde?

3. Como é que os parceiros se conhecem pela primeira vez? Como é que vocês e a vossas amigas das vossas idades "conheceram" os seus namorados? Maridos?

3.1. Vocês escolhem ou eles é que as escolhem? Como é?

3.2. A idade é importante? Preferem namorados da vossa idade? Mais velhos? Mais novos?

3.3 Qual a diferença de idade entre vocês e eles é precisa para as pessoas dizerem "ele é muito novo para ela" ou "ele é muito velho para ela". Qual a diferença de idades que acham que é a melhor? Vocês acham que isso da diferença de idades varia quando é só namorado, quando é alguém com quem só estão de vez enquanto, ou só encontram uma vez, ou quando é marido??

3.4. Porque motivo vocês ou as meninas/mulheres da vossa idade decidem ter sexo com um rapaz/homem? Quem é que decide? Vocês ou eles? Será que é diferente conforme o tipo de relação (isto é, namorado sério, namoradinho, marido)? Se assim for, como é? A vossa idade ou a idade do vosso parceiro é que explica quem toma a decisão de manter relações sexuais? Se assim for, como é?

3.5. O que é que vocês e as vossas amigas procuram num namorado ou num marido? O que que é torna os rapazes ou os homens atraentes? Há certos tipos de rapazes/homens que gostam mais do que outros para ter relações sexuais? Se for sim, que tipos de rapazes/homens gostam? Como são? [é importante a quantidade de dinheiro que um homem tem? O emprego que ele tem? Um carro/bicicleta/motorizada/etc.? A sua aparência / características físicas? A forma como ele trata uma mulher?]

Que tipo de coisas as mulheres jovens NÃO querem num marido? Num namorado?

3.6. As vossas preferências mudam à medida que a idade vai aumentando, digamos, quando passa dos 16 para os 22 anos? Como? *Se tiverem dificuldades em responder coloque as perguntas nos seguintes termos*: Qual é a diferença entre os vossos namorados ou parceiros neste momento e os rapazes que namoraram há 2-3 anos? As meninas mais novas namoram diferentes "tipos" de homens do que as meninas mais velhas? Se assim for, falem um pouco mais sobre estas diferenças.

3.7. É mais fácil para as meninas s/mulheres das vossas idades terem relações sexuais com homens ou rapazes que oferecem dinheiro, telemóveis ou outras coisas? Por quê ou por que não? Será esta uma prática habitual das vossas amigas? De todas as idades?

4. Algumas meninas mulheres mais novas têm relações sexuais quando são novas, algumas esperam até quando forem mais velhas. Algumas têm apenas um parceiro com o qual mantêm relações sexuais, enquanto outras podem ter relações sexuais com muitos parceiros diferentes dentro de um curto período de tempo ou têm muitos namorados ao mesmo tempo. Qual é a situação em que se encontram vocês e as vossas s amigas

4.1. O que é que faz terem muitos homens ou só um? Será que estar grávida ou ter filhos muda o tipo de parceiro que se tem e a quantidade de vezes que se tem relações sexuais? Como?

4.2. Vocês e suas amigas usam preservativo quando mantêm relações sexuais? Usam mais com um certo tipo de homem do que com outros?? Se for sim, com quem usam? Quem toma a decisão de usar preservativo? E se vocês quiserem usar preservativo e ele não? E se ele quiser usar preservativo e vocês não? É mais fácil uma rapariga mais velha convencer um homem a usar preservativo? Quando / por quê / como é que as mulheres novas decidem não usar preservativo?

Os parceiros falam acerca de preservativos ou apenas acontece ao acaso? Normalmente, alguma coisa deve acontecer primeiro, isto é, decidem só ter sexo com uma mulher? Fazendo um teste de HIV? Qualquer outra coisa?

4.3. Alguém que vocês conhecem alguma vez teve dificuldade em conseguir preservativos, seja porque não tinha dinheiro para compra-los, ou porque não encontrou?

4.4. Vocês sabem algo acerca da circuncisão masculina? [*Caso não, explique*]. Os rapazes e os homens com os quais vocês e a as vossas suas amigas têm relações sexuais são circuncisados? Sabem disso??

4.5. O que as mulheres pensam acerca da circuncisão? Acham que é boa ideia os homens serem circuncisados? Por quê? Ou por que não?

Têm conhecimento sobre HIV e SIDA? Vocês e as vossas amigas falam sobre HIV e SIDA com os vossos parceiros sexuais?

De que tipo de coisas vocês falam?

Vocês falam sobre o teste de HIV? Falam mais sobre o teste de HIV com certos tipos de parceiros? Se sim, quem são?

Você e suas amigas geralmente sabem se os rapazes ou homens com os quais vocês têm relações sexuais fazem testes ou têm HIV? Será que eles perguntam se vocês fazem o teste ou têm HIV? É mais fácil saber se alguns tipos de parceiros (por exemplo, namorados sérios ou seu marido) fazem o teste ou têm HIV em comparação com os parceiros (por exemplo, namoradinhos ou aqueles com quem só estão poucas vezes, ou só uma vez ou que acabaram de conhecer)?

Acham que os rapazes e homens de que temos estado a falar sabem onde fazer teste de HIV? Será que sabem onde conseguir a prevenção e os cuidados de HIV e SIDA? Vocês têm conhecimento desses lugares? Ficam vizinhos? Há lá um bom atendimento?

Chegamos ao fim das perguntas. Mas antes de acabar vamos voltar à lista dos locais onde vocês disseram que os rapazes e homens se vão divertir e pedimos a vossa ajuda para nos ajudarem a encontrar onde ficam. Vamos escrever para não nos enganarmos.

Alguém de vocês tem alguma coisa mais que gostaria de discutir?

Encerramento

Muito obrigado pelo vosso tempo e por partilharem seus conhecimentos e opiniões. As informações que deram ajudarão as pessoas aqui na sua comunidade e em todo o Moçambique a desenvolver e a melhorar os programas, que procuram acabar com a propagação do HIV e ajudar os que precisam de serviços a terem esses serviços. Voltamos a repetir que não vamos mostrar as gravações das discussões com nenhuma pessoa que não faça parte da equipa de estudo e que vocês não serão identificadas em nenhum resultado que mostramos a outras pessoas. Muito obrigado por terem vindo e colaborado na discussão de hoje.

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