ADDRESSING SOCIAL NORMS THAT UNDERPIN VIOLENCE AGAINST CHILDREN IN ZIMBABWE

Findings and strategic planning document

Ministry of Public service, Labour and Social Welfare

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ZimStat
Zimbabwe National Statistics Agency

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THE UNIVERSITY of EDINBURGH

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Executive summary

This report highlights key findings from a social norms study conducted in Zimbabwe to understand the drivers of violence affecting children. Many drivers of violence against children may not be social in nature and instead are related to structural or interpersonal risk factors. However, many drivers of violence are normative in nature. In order to prevent the root causes of these manifestations of violence, we need to understand the elements of what makes a belief a social norm.

Several theorists have written about what defines a social norm and how best to measure social norms. Many agree there are four key tenants: (1) measuring one's beliefs about others, (2) their social expectations, (3) who they believe the reference group is – or those people important for the decision or behaviour in question – and, (4) the anticipated reaction of others to following or not following the social norm in the form of possible sanctions.

This document describes the social norms findings from the study across four areas:
1. Child marriage
2. Intersections of violence and adolescent sexual and reproductive health
3. Adolescent relationship violence
4. Violence in educational settings focusing specifically on corporal punishment in schools and violence in 'bush boarding' or informal school accommodation arrangements.

Particular attention is paid to the intersections of age, gender and disability and, based on the data, theories of change are proposed. These theories represent a comprehensive description and illustration of how and why a desired change to social norms is expected to happen in a particular context for the issues identified.

Key findings

There are several normative beliefs and expectations that are common across topic areas. By unpacking these similarities and differences, programming can be enhanced to achieve more effective results with limited resources.

Belief about others

Across the findings, we see that there are clear beliefs that most social norm behaviours are more common than they really are. The adage 'everyone is doing it' aptly describes this phenomenon. We see this across several behaviours as described by young people including the age at which young people are having sex or getting married, how many young people are pregnant or have given birth and the use of corporal punishment in schools.

Why is this important? Social norms theory highlights that beliefs about other's behaviours is a central component underpinning a phenomenon as a social norm. Dispelling these myths about other's behaviours is central to tackling some of these issues.

Social expectations

Expectations about behaviours are the second central tenant of social norms theory. Two normative expectations stand out across the thematic areas of child marriage, teenage pregnancy and adolescent relationship violence:
- Sex is/should be transactional in nature among adolescents
- Girls say no when they mean yes to sex

These normative expectations are also reflected in quantitative data and help explain why Zimbabwe has the highest proportion of sexual violence perpetrated within adolescent relationships among all the countries that have conducted Violence Against Children (VACS) surveys.

Regarding corporal punishment, many believe it is the most effective means to correct pupils' behaviour in school, and teachers have used it to manage their classrooms. This expectation is not unique to Zimbabwe and exists globally. Challenging teacher's expectations about the effectiveness of violent forms of discipline and implementing other strategies (such as positive discipline) have been found to help tackle these norms in other settings.

Reference networks

What is clearly emerging from the data is that the most frequently mentioned reference networks across the thematic areas are peers (including intimate partners), followed by parents. Parents, especially the mother, were mentioned as important reference networks for all aspects of adolescent behaviour, from advice on when to have sex to the importance of parent's opinions about who to marry. While mothers were an important reference network, respondents mentioned that they were very rarely engaged until things 'went wrong'.

Mentioned far less were community and religious leaders, and yet, programming for these thematic areas often targets these groups first.

Reaction of others

Peers are the reference network through which beliefs and social expectations are enforced. Peers can also levy sanctions, ranging from exclusion to violence, in reaction to non-conformity to accepted socially normative behaviours. Parents were mentioned most frequently when 'things went wrong'. For example, when there was a teenage pregnancy or violence was discovered. This reference network then had incredible power to enact sanctions against the adolescent who engaged in the non-normative behaviour.

Non-normative issues

Not all thematic areas featured social norms. In particular, the issue of violence within bush boarding was found to have very few social norms elements, with the pathways to violence focusing more heavily on structural and institutional risk factors. This is an important lesson for programming in that not all violence issues relate to social norms. For those that do, understanding the four main elements (beliefs about others, social expectations, reference networks and reactions of others via sanctions) are crucial for developing evidence-based programming.

Contents

List of boxes, figures tables and theories of change

List of figures

List of tables

List of boxes

List of theories of change

Abbreviations

CDC	Centre for Disease Control
MICS	Multiple Indicators Cluster Survey
MoPSLSW	Ministry of Public Services, Labour and Social Welfare
NBSLEA	National Baseline Survey of the Life Experiences of Adolescents
NGO	non-governmental organization
UNICEF	United Nations Children's Fund
UoE	University of Edinburgh
VACS	Violence Against Children Surveys
WHO	World Health Organization
WUA	Women's University of Africa
ZDHS	Zimbabwe Demographic and Health Survey

Zimbabwe, 2006
Boys share a lesson book in an outdoor classroom at a settlement in the village of Nyamukwara.

1. Introduction

Violence against children is a major child rights issue and a public health concern in Zimbabwe. Violence – sexual, physical and emotional – occurs in the homes, schools and communities of children throughout the country. Confronted with growing global evidence on the incidence and prevalence of violence, governments and policy makers are asking: What drives violence affecting children and what can be done to address it? Identifying and analysing how social norms interact with structural determinants – the social, cultural, economic, legal, organizational and policy responses – to affect violence against children helps identify causal pathways to better inform national strategies and interventions for violence prevention. The goal of the study was to translate social norms research and use it more effectively in policy, practice guidelines and implementation throughout Zimbabwe.

In light of the above, Zimbabwe was one of the four countries selected (alongside Italy, Peru and Viet Nam) for the global study on the Drivers of Violence Affecting Children (Social Determinants Study). As part of the study, University of Edinburgh (UoE) and Women's University in Africa (WUA) developed unique methodologies and tools for analysing 'Drivers Pathways to Violence against Children'. The tools were used to explore the social norms – or beliefs, expectations and key reference networks – among young adults in Zimbabwe based on their childhood experiences around several key areas, which include sexual debut, sexual and reproductive health, experiences of intimate relationships and experiences of violence in educational settings. On the basis of this research, an evidence-based strategic toolkit has been developed (described herein) to assist programmers in the Government of Zimbabwe. This study was led by the Ministry of Public Services, Labour and Social Welfare (MoPSLSW) with support from the United Nations Children's Fund (UNICEF) in order to engage a wide range of stakeholders to be more effective and focused on preventive interventions.

2. Methodology

The abovementioned social determinants of violence against children study employed a mixed methods approach that allowed data to be unpacked to determine the normative components and contexts around the drivers of violence against children. This approach consists of two main components: participatory focus group discussions (called Round Robin sessions), in-depth interviews and complementary quantitative 'polls'.

2.1 Qualitative participatory focus group discussions (called Round Robin sessions) and in-depth interviews

Qualitative participatory focus group discussions (called Round Robin sessions) were held with 136 participants across Zimbabwe. The discussions focused on social norms that allowed violence to occur and perpetuate. This helped researchers understand the social determinants of violence against children in Zimbabwe from the viewpoint of youth aged 18–24 years.

2.1.1 Round Robin format

The Round Robin sessions consisted of a three-day event held with young people aged 18–24 years. The sessions included a number of participatory activities exploring conceptualizations of childhood, pathways to violence, social norms and recommendations for responses. The University of Edinburgh (UoE), the Women's University in Africa (WUA) and UNICEF developed this Round Robin methodology specifically to explore the drivers of violence affecting children. The focus group discussion approach contains rigorously tested participatory activities with elements that have been proven to be effective in measuring social norms, such as vignette discussions (Mackie et al. 2015).

The Round Robin sessions were designed to elicit objective responses that drill down on the multiple dimensions of violence against children. This format relies on an iterative process, soliciting consecutive contributions from each participant. It also has the distinct advantage of encouraging contributions from all participants in the group, allowing each participant an equal opportunity to voice their thoughts, and a space to present their ideas without undue influence by potentially overly assertive individuals. Participants moved through a series of "table topics" facilitated by WUA-trained facilitators. These topics included violence in bush boarding, child marriage, adolescent relationship violence and corporal punishment. These topics were chosen because existing literature suggests that these behaviours might be normative.

2.1.2 Activities of the Round Robin Sessions

The Round Robin sessions comprised five interrelated qualitative participatory research activities:

1. Age and gender timelines - Participants started by creating a timeline, describing their understanding of the physical, emotional and social changes in a boy's and girl's life from childhood into adolescence, focusing especially on changes through 5 to 18 years of age.
2. Listing and ranking activity - This activity involved brainstorming and listing the causes of different types of violence and responding to questions as a group. After responding to questions, participants grouped similar answers. At the end, each participant provided a vote on her or his personal top three responses.
3. Drivers Pathways - The 'Drivers Pathway' was developed specifically for this study. It shifts the emphasis from proximal causes to more distal ones, such as the social and structural determinants ('the causes of the causes') in order to more effectively think about prevention of violence.
4. Social norms vignettes – Participants were given vignettes to consider. For each vignette, participants were asked questions about possible pre-story scenarios. After participants discussed the possible pre-stories, they engaged in discussions about different actors and their expectations. Participants then explored potential alternative endings to the story and engaged in discussions about these alternative endings.
5. Response and prevention mapping - This activity used the same Round Robin table topics that were explored during the Drivers Pathway and the vignettes, focusing on gathering participants' thoughts and beliefs about violence prevention.

One Round Robin session on young people living with disabilities was organized in Harare. The ambition to fully mainstreaming this topic in all sites had not been successful.

All the activities from the three-day event were transcribed, translated and analysed thematically.

2.1.3 Round Robin sample of participants

The Round Robin sessions were conducted with 136 young people aged 18 to 24 years old who answered all questions about their experiences in childhood (when they were 18 years old or younger). Participants were identified through purposive sampling. The researchers worked with local community-based organizations to identify women and men aged 18 to 24 years old from the selected site who met a range of key attributes including diversity in age, religion, ethnicity, orphanhood status, parenthood, marital status and disability. Forms with demographic-oriented questions were distributed to identify participants.

Demographic information requested included age, sex, religion, ethnicity and level of education. Please see the accompanying methodology briefing paper for more details of sampling.

In order to ensure a good geographic coverage and a diverse representation of interviewees, a sampling frame with specified composition was developed. The sampling frame ensured gender and ethnic balances.

Female participants comprised 51 per cent of the group. Of the participants, 15 per cent were living with disabilities and 12 per cent of the participants were HIV positive and freely disclosed their status. Single orphan consisted of 30 per cent and double orphans' were 10 per cent. The following charts and tables outline the composition of the participants:

Figure 1: Age composition of sample

- 18 years old — 13%
- 19 years old — 12%
- 20 years old — 17%
- 21 years old — 8%
- 22 years old — 16%
- 23 years old — 24%
- 24 years old — 10%
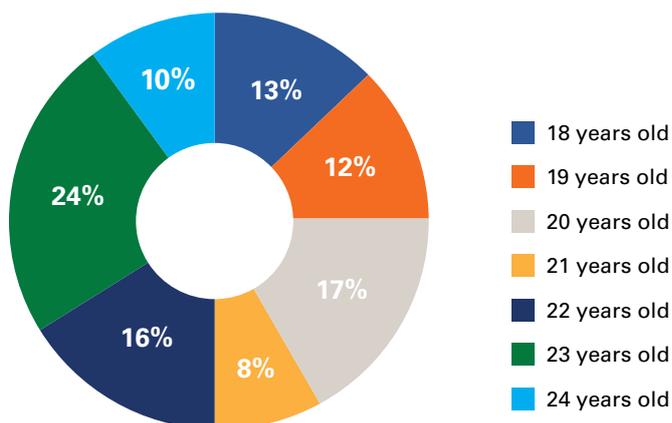
Figure 2: Religious composition of sample

- Apostolic faith — 14.14%
- Charismatic Pentecostal — 47.47%
- Traditional churches — 37.37%
- Traditionalist — 2.2%
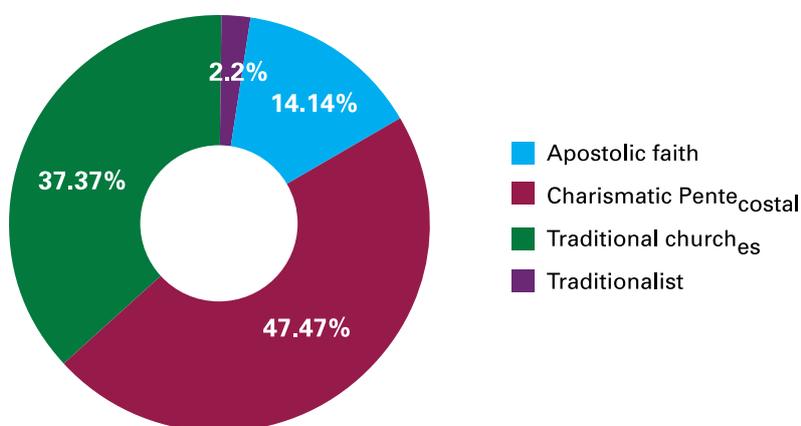
Figure 3: Educational attainment for sample

- Dropped out — 6%
- Grade 7 — 5%
- O level — 45%
- Vocational education — 7%
- Still attending secondary — 9%
- A level — 20%
- Bachelor's degree — 7%
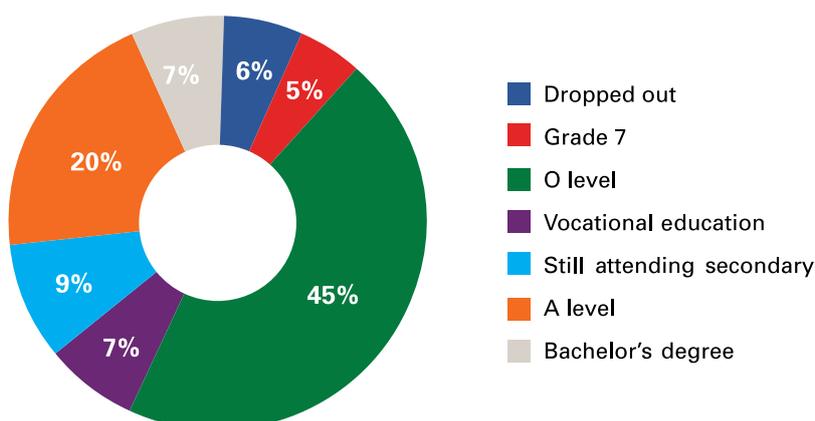
Figure 4: Ethnicities represented in the study

Ethnicity	Percentage
Zezuru	27%
Tonga	24%
Manyika	14%
Ndebele	9%
Kore kore	8%
Venda	7%
Karanga	7%
Other	4%
Ndau	3%
Nambya	1%
Kalanga	1%
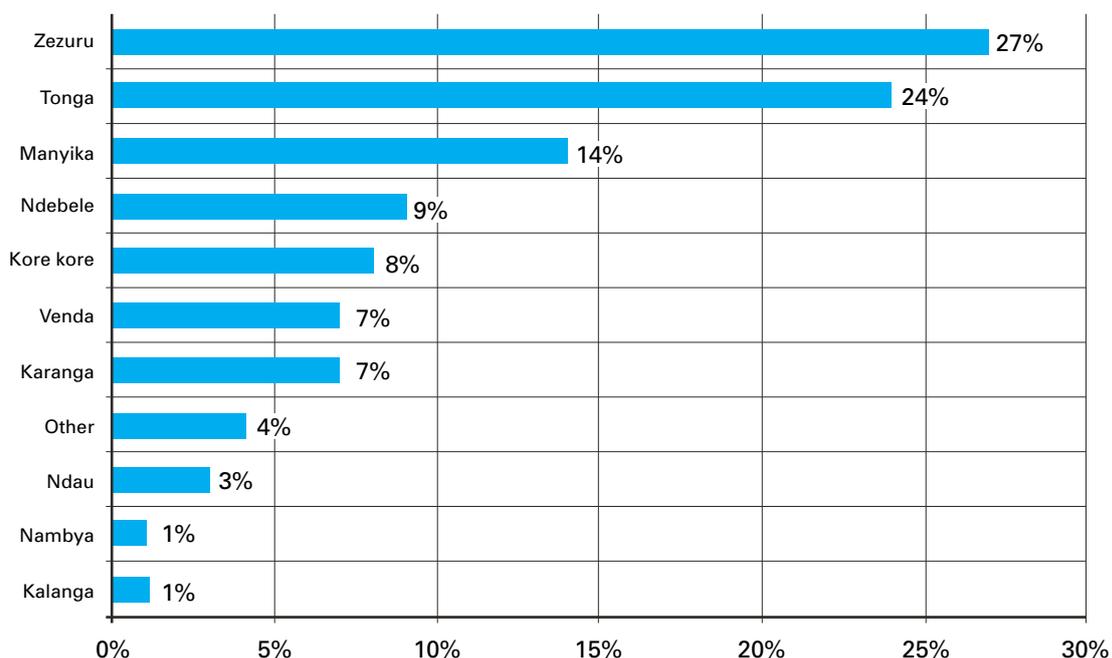
Marital and parenthood status were important to note. This helped discover the age participants got married or became parents, as well as the age of their partners, and this could be a determinant of some issues surfacing from the discussion. Among the participants, 70 per cent had never been married and 30 per cent who had been married were now divorced/separated or co-habitating. Table 1 shows the parenthood status of the sample.

Table 1: Parenthood status of sample respondents

Gender	Never a mother/father	Mother/father before 16	Mother or father between 16 and 18	Mother or father after 18
Girls	30%	7%	25%	38%
Boys	70%	0%	7%	23%

2.1.4 Round Robin sites

The social determinants of violence against children study took place in four districts of the country: Harare, Binga, Chipinge and Beitbridge. The selected districts ensured a diversity of ethnicities and allowed representation from rural, urban, peri-urban, farming communities and border town populations, which provided diverse perspectives across Zimbabwe.

- **Binga** is located in Matebeleland North, where the BaTonga people live. Because of Binga's remoteness, many BaTonga people have been excluded from development processes. Additionally, anecdotal reports suggest that 'bush boarding' in Binga led to different forms of violence against children. According to the 2014 Multiple Indicator Cluster Survey (MICS), 71 per cent of the Matebeleland North population believed children need physical discipline – the highest in the country (ZimStat 2015). Moreover, the Descriptive Child and Youth Equity Atlas report there is also a high prevalence of teenage pregnancies and low levels of child marriage (UNICEF Zimbabwe & ZimStat 2015). Combined, these characteristics make Binga a unique location to study violence against children.

- **Chipinge** is in Manicaland Province. According to the Descriptive Child and Youth Equity Atlas, Chipinge is among the 10 districts in Zimbabwe evaluated to have performed poorly in education equity: At least 5 per cent of children have never been in school (UNICEF Zimbabwe and ZimStat 2015). Mapuranga (2010) reports that the marriage and reproduction of women – essentially the marriage and reproduction of female children is central to Chipinge's social norms.

- **Beitbridge** is a border town. According to the Descriptive Child and Youth Equity Atlas, the rural part of Beitbridge falls in the country's worst quartile of poverty (UNICEF Zimbabwe & ZimStat 2015).

- **Harare** is the capital of Zimbabwe. Harare urban and peri-urban regions were selected to pre-test the methodology.

2.1.5 In-depth interviews

Research facilitators carried out in-depth interviews with a few participants from the Round Robin sessions. The in-depth interview was designed to elicit a vivid picture of the participant's perspective on the topic. The facilitators used an approach called the Critical Incident Technique (Flanagan 1954) to explore two specific examples among the topics discussed during the Round Robin session. A critical incident may be described as an event that makes a contribution – either positively or negatively – to an activity or phenomenon. Critical incidents can be gathered in various ways, but typically respondents are asked to tell a story about an experience they have had.

2.2 Complementary quantitative 'polls' – U-Report

The research also used complimentary quantitative polls called the U-Report, complementary through an SMS-based platform. The U-Report is a social messaging tool developed by UNICEF allowing anyone from any community, anywhere in the world, to respond to polls, report issues, support child rights and work as positive agents of change on behalf of people in their country.

Ten U-Report polls of five to six questions each were sent to 15,000 pre-registered respondents, aged between 18 and 24 years. Respondents were asked about empirical expectations (beliefs about others' behaviours) and normative expectations (beliefs about what others think they should do). The U-Report also asked about key reference networks and the reactions of others to behaviours, such as possible sanctions to breaking six key social norms related to violence against children. The following represents the overall sample size for each of the 10 polls with response rates ranging from 3 to 19 per cent for individual polls (individual questions within each poll had differing sample sizes, noted throughout this report):

1. Child marriage: Belief about others' behaviours, n=2,739
2. Child marriage: Social expectations, reference networks and sanctions, n=739
3. Pressurized sex: Belief about others' behaviours, n=519
4. Pressurized sex: Social expectations, reference networks and sanctions, n=1,126
5. Bush boarding: Belief about others' behaviours, n=1,238
6. Bush boarding: Social expectations, reference networks and sanctions, n=1,265
7. Corporal punishment: Belief about others' behaviours, n=502
8. Corporal punishment: Social expectations, reference networks and sanctions, n=511
9. Teenage pregnancy, belief about others' behaviours, n=593
10. Teenage pregnancy, social expectations, reference networks and sanctions, n=798

The data collected through the mixed methods outlined above were then analysed with existing evidence from the NBSLEA secondary analysis, MICS data and the literature to develop a series of data briefings on four key areas: (1) Growing Up in Zimbabwe, (2) child marriage, (3) adolescent relationship violence and (4) corporal punishment to help inform the Social Norms Strategy development.

3. Introduction to social norms

Beliefs about what others do and what others think we should do are maintained by the social approval and disapproval of people important to us. These beliefs often guide a person's behaviours (Fry 2016). Furthermore, the collective practice of certain behaviours is a cluster of individual behaviours, so that, if we want to understand it, we have to understand why individuals behave in certain ways (Bicchieri 2006; Bicchieri and Mercier 2014). Not all collective behaviours are classified as social norms, but if a harmful practice is social in nature, programmes that only concentrate on the education of the individual may not be enough to change the social practice (Mackie et al. 2015). In these cases, programmes may be more effective if they support the revision of social expectations or the promotion of positive social norms throughout the community (Mackie et al. 2015).

Positive social norms prevent violence by changing social beliefs and expectations that condone violence. Types of norms particularly relevant to preventing violence against children include:

• Gender norms that define appropriate behaviours and how males and females should be referred to and valued in society and through cultural practices;
• Norms on the status of children; and
• Norms about parenting disciplinary practices (Mercy et al. 2015; WHO 2010; Fry 2016).

Key social norms concepts

Several theorists have written about what defines a social norm and how best to measure social norms. Overall, many agree that there are four key tenants: (1) measuring one's beliefs about others, (2) their social expectations, (3) who they belief the reference group is – or those important for the decision or behaviour in question – and (4) the anticipated reaction of others to following or not following the social norm in the form of possible sanctions (see Mackie et al. 2015 for a good description on the history and differences between various social norms theories).

This document describes the social norms found from the study across four areas in Zimbabwe, paying particular attention to the intersections of age, gender and disability and, based on the data, proposes a theory of change. The theory of change provides a comprehensive description and illustration of how and why a desired change to social norms is expected to happen in a particular context for the issues identified. These theories of change identify the assumptions underpinning various interventions to address both the normative and non-normative elements of the four thematic areas studied and how these lead to desired outcomes being achieved.

The theories of change take the data found in the social norms study analysed against other national data with evidence on 'what works' for prevention. The following evidence underpins these theories of change:

1. Social Norms Study: Findings from qualitative data with 136 young people in four sites in Zimbabwe utilizing a mix of tools including listing and ranking activities, gender timelines, social norms vignettes, drivers pathways, and prevention and response tables to discuss social norms related to child marriage, teenage pregnancy, other sexual and reproductive health issues, adolescent relationship violence and violence within educational settings
2. A secondary analysis of the NBSLEA and triangulation of the MICS, NBSLEA, the Census and the Zimbabwe Demographic and Health Survey (ZDHS) on the key thematic areas
3. A review of other studies published in Zimbabwe from 2000 to 2016 as part of the Social Determinants of Violence Study

These theories of change highlight the key elements of the normative and empirical data, as well as the interventions and outcomes needed, to translate this evidence into impact. These interventions are categorized according to the seven strategies identified by UNICEF, the World Health Organization (WHO) and the Centre for Disease Control (CDC) and other development partners that are proven or highly likely to be effective in preventing violence against children, called the INSPIRE Framework (WHO et al. 2016). These strategies are:

1. Implementation and enforcement of laws
2. Norms and values
3. Safe environments
4. Parent and caregiver support
5. Income and economic strengthening
6. Response and support services
7. Education and life skills

Each pathway is underpinned by evidence and key assumptions in the theory of change are highlighted by thematic area. Together, the social norms findings alongside the theories of change, will provide policy makers and programmers with tools to help plan evidence-based solutions in order to address the underpinning social norms behaviours that negatively impact child marriage, adolescent sexual and reproductive health, adolescent relationship violence and violence within educational settings.

4. Child marriage

Child marriage is globally recognized as a violation of the rights of the child and a risk factor for violence against children. Girls who are married as children are more likely to be out of school, suffer gender-based violence, contract HIV/AIDS and die due to complications during pregnancy and childbirth. Child marriage also hurts economies and leads to intergenerational cycles of poverty (ZimStat, UNICEF and CCORE 2013; UNICEF 2014).

In 2016, the full bench of the Constitutional Court of Zimbabwe declared the practice of child marriage to be unconstitutional. The implementation of this new legislation is an important first step, but it also requires enforcement and changing of social norms, including parenting expectations and practices highlighted in this section, to ensure effective prevention of child marriage.

4.1 Child marriage data: The situation in Zimbabwe

Child marriage is common in Zimbabwe. ZDHS data show very little decline since 1988 (ZimStat and ICF International 2012, *see Figure 5*), whereas MICS data show a slow increase for child marriage before the age of 18 (ZimStat 2015). A quarter of all girls aged 15–19 years are currently married and or in union (ZimStat 2015). Census data also shows that 22 per cent of females compared to 2 per cent of males in the 15–19 years age group were married or in union at the time of the census.

The MICS 2014 data also show substantial differences between urban and rural areas in relation to child marriage – 18 and 43 per cent, respectively.

4.1.1 Poverty alone does not drive child marriage

An analysis of MICS data shows that child marriage is common across all wealth groupings. Often called wealth quintiles, these groupings are a proxy for a household's cumulative living standard. It is based on the data for dwelling characteristics, source of drinking water, toilet facilities and other characteristics related to the socioeconomic status of households. The standard numeration of the wealth index quintiles goes from 1 (poorest) to 5 (richest). However, the value for the richest quintile shows the lowest proportion of child marriage (*see Figure 6*).

Figure 5: Percentage of women who were first married by age 18 in Zimbabwe, 1988-2010
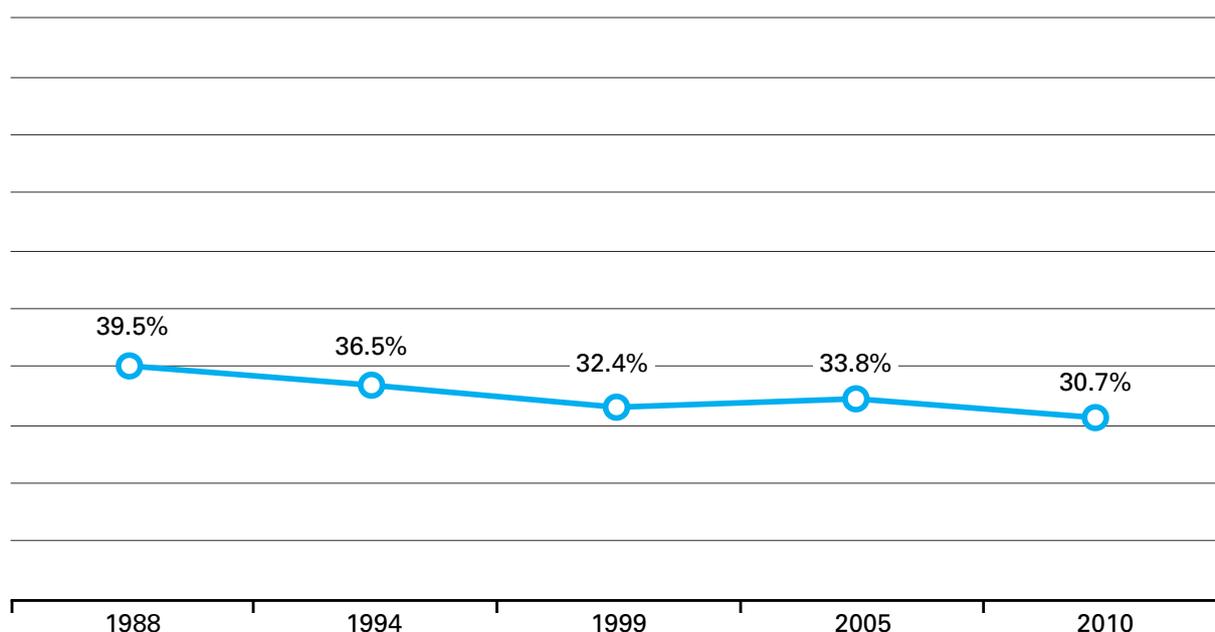
Source: ZDHS Statcompiler; ZDHS surveys.

Figure 6: Child marriage by household wealth quintiles, MICS 2014 data

Wealth quintiles
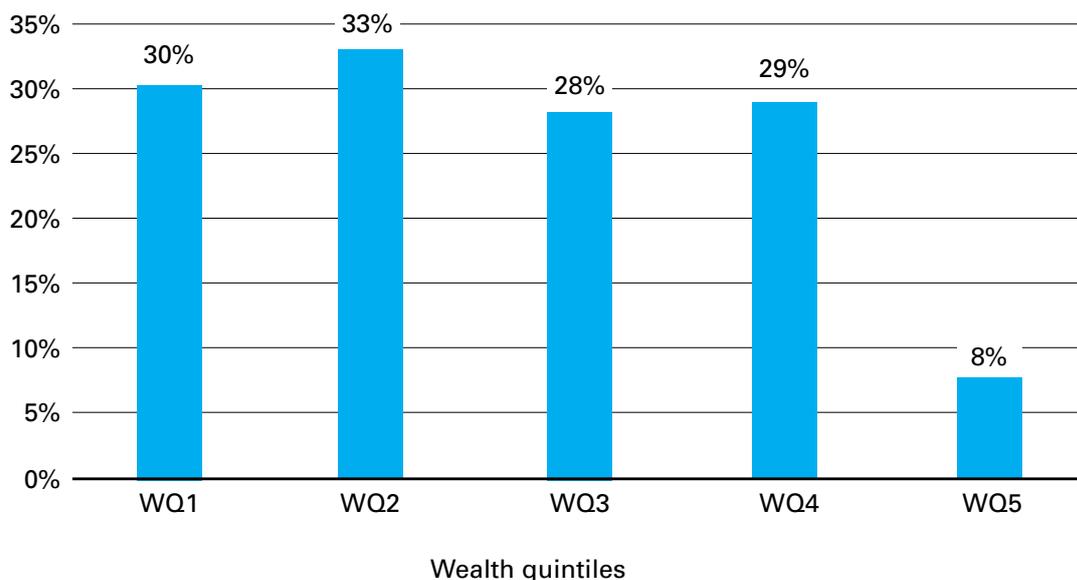
In addition, the poorest province in terms of deprivation and income poverty, Matabeleland North, has one of the lowest rates of child marriage (*see Figure 7*). This highlights that poverty may not be the main cause of child marriage.

Figure 7: Percentage of 20–24 old females married by the age of 18 by province, ZDHS 2010/11 data

National average 31%

Mashonaland Central 50
Mashonaland West 42
Harare 19
Mashonaland East 36
Matabeleland North 27
Midlands 31
Manicaland 30
Bulawayo 10
Matabeleland South 18
Masvingo 39

Less than 20.0
20.0 - 39.9
40.0 - 59.9
60.0 and above
Data not available
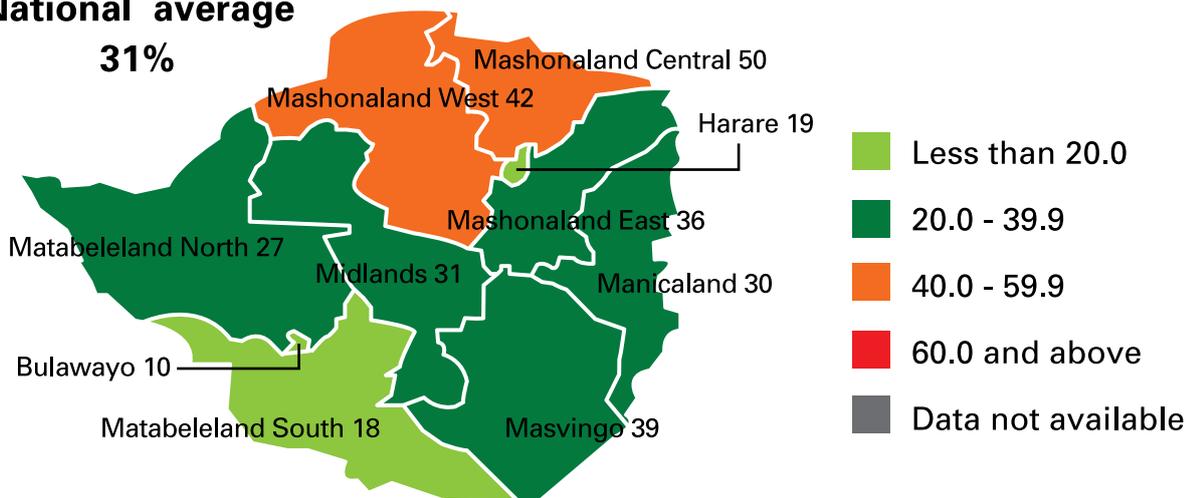
4.1.2 Child marriage and educational attainment

Figure 8 shows that 15 per cent of all female teenagers age 15–19 years have finished primary school. Data from MICS show that 35 per cent of married adolescents and 20 per cent of never-married ones in the same age group have attained below a secondary education. This indicates that more married children do not complete secondary education compared to their peers who were not married as children.

Figure 8: Female adolescents with below secondary education (includes those with no education and those with only primary education) by marital status, MICS 2014 data
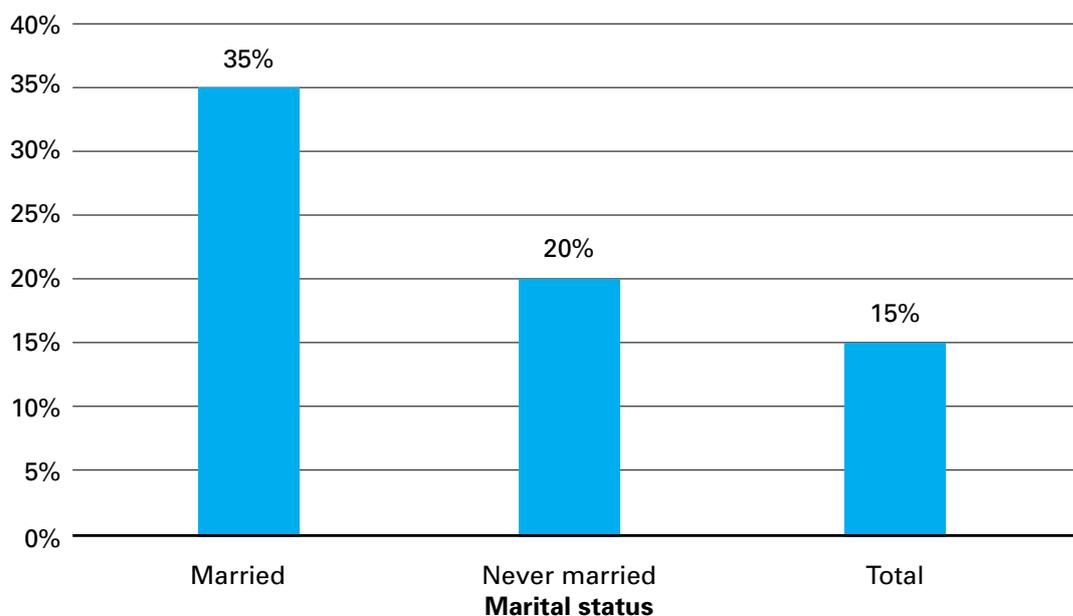
4.2 Pathways to child marriage

Two main drivers of child marriage were identified: These were teenage pregnancy and social norms promoting child marriage without pregnancy involved.

4.2.1 Teenage pregnancy as a driver of child marriage

Young people in the study identified teenage pregnancy as the main driver of child marriage. Several key elements underpin this pathway:

1. **Early sexual debut:** Young people reported that the earlier peers had sex, the more likely they were to have a teenage pregnancy. Young people cited a variety of factors influencing early sexual debut. The most frequently cited were peer pressure from friends, access to pornographic materials or early exposure to sexual activity through sleeping in the same room with parents, and lack of skills to handle the sexual urges of puberty.

2. **Lack of access to contraceptives for adolescents:** Participants identified several causes. One cause was reluctance from sexual and reproductive health service providers and parents to accept the sexual activity of adolescents, which resulted in restricted and sanctioned access to contraceptives. Participants also reported that access to contraceptives was inhibited by confusion around the age of sexual consent (16 years). Service providers (according to the young people involved in the study) who gave a contraceptive to this age group or younger would be perceived as "accepting rape" and this would prove problematic with parents/guardians if the parents/guardians found out about a service provider providing contraception to these age groups. Lastly, participants identified a lack of contraceptive supply in rural areas, especially for adolescents. Given that 22 per cent of girls sexually debuted by age 16, the lack of access to contraceptives in general, especially for teenagers below 16 years of age, poses a challenge to prevent teenage pregnancies.

3. **Risky behaviours linked with unprotected sex** among adolescents: Participants identified several reasons for risky sexual behaviours: sexual experimentation and a social belief that condoms are not sexually satisfying or that one does not need to use condoms for her/his first sexual encounter; the use of drugs and alcohol, especially at parties, that may facilitate risky sexual behaviours; watching and emulating pornographic material; and too much leisure time (identified through the qualitative data as too much free time, not enough to do and 'idleness'). Regarding the latter reason, the participants identified too much leisure time with not being in school.

4. **Normative beliefs around upholding a girl's 'honour':** Participants identified this as a key reason for leading to child marriage. Parents may strongly insist that a girl gets married if she becomes pregnant. (This will be explored further in the social norms findings within this chapter).

4.2.2 Cultural, religious and normative beliefs as a driver of child marriage

In some districts, teenage pregnancy did not necessarily lead to child marriage. In fact, according to the ZDHS, 29 per cent of all births to females aged 15–19 are to unmarried mothers (ZimStat & ICF International 2012). Thus, it was necessary to examine drivers of child marriage where there is no pregnancy. Drivers identified to include cultural, religious and normative beliefs.

1. **Cultural beliefs:** In Binga and Chipinge, participants identified appeasing spirits for wrongs done by a family member (ngozi) or as a replacement for a dead sister (sara pavana) as a driver for child marriage, despite no pregnancy involved.

2. **Religious beliefs:** Participants identified religious teachings espousing the importance of childbearing ('be fruitful and multiply'). Respondents also identified specific religious groups that may explicitly condone child marriage, such as the apostolic sect. However, empirical data also highlights that child marriage is common across all religions (*see Figure 9*).

Figure 9: Percentage distribution of child mothers and child marriage by religion of head of household, MICS 2014 data
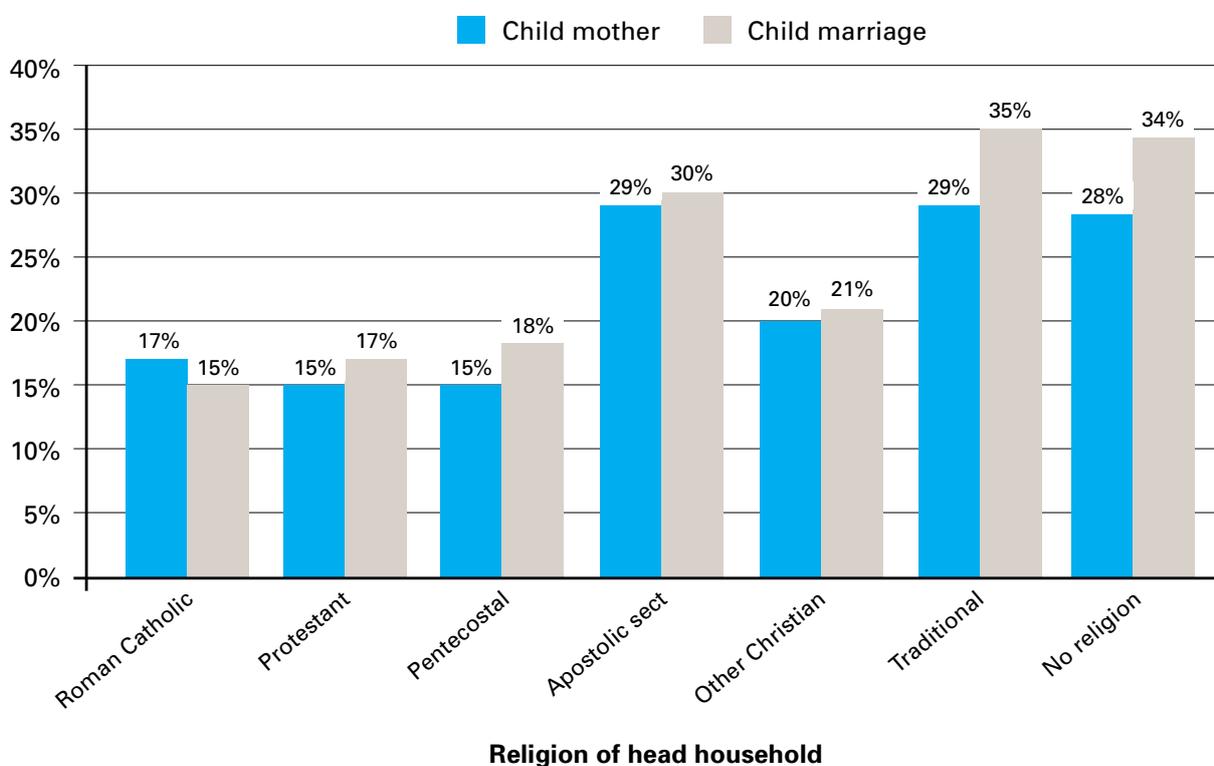
3. **Normative beliefs:** As we will highlight in the findings below, normative beliefs leading to child marriage (and not linked with teenage pregnancy) centred on the perceived lack of value for girls. The findings revealed that girls would be married as children because they are perceived as a burden on their family, (i.e. a girl child will eventually leave and get married anyway); a girl's primary role is to bear children and raise a family; girls have low self esteem; and certain forms of disobedience would result in being married off. These disobediences included arriving home late, being seen walking with a boy and losing one's virginity even in the absence of a pregnancy.

4.3 Child marriage: Beliefs about others

From the timeline activity, it is clear that the participants believe young people are having sex more often than they are, when compared to actual statistics. Additionally, they believe both boys and girls are having sex younger than statistics show.

Participants believed that girls debut sexually between ages 12 to 14, and that by 15 years of age, many girls will have had sex. For boys, they believed the sexual debut age range spanned 13 to 15 years of age, with most having sex by 15-years-old.

Moreover, girls, but not boys, felt most of their peers in their communities are married before the age of 18. The data from the timeline activity, which included qualitative data from 136 young people, show that girls believed other young people in their community were getting married before the age of 18-years-old, with some mentioning boys getting married between 15 to 17 years of age and some girls even younger. U-Report data from over a thousand respondents also present this finding. Figure 9 highlights the percentage of females from the U-Report data according to their belief on how frequently child marriage happens among both their friends and others in he community. From this data, it is clear to see that females believe their peers in the community are getting married as children.

Figure 10: Percentage of U-Report female respondents according to their beliefs on the frequency that friends versus people in the community got married before 18 years of age, n=1090
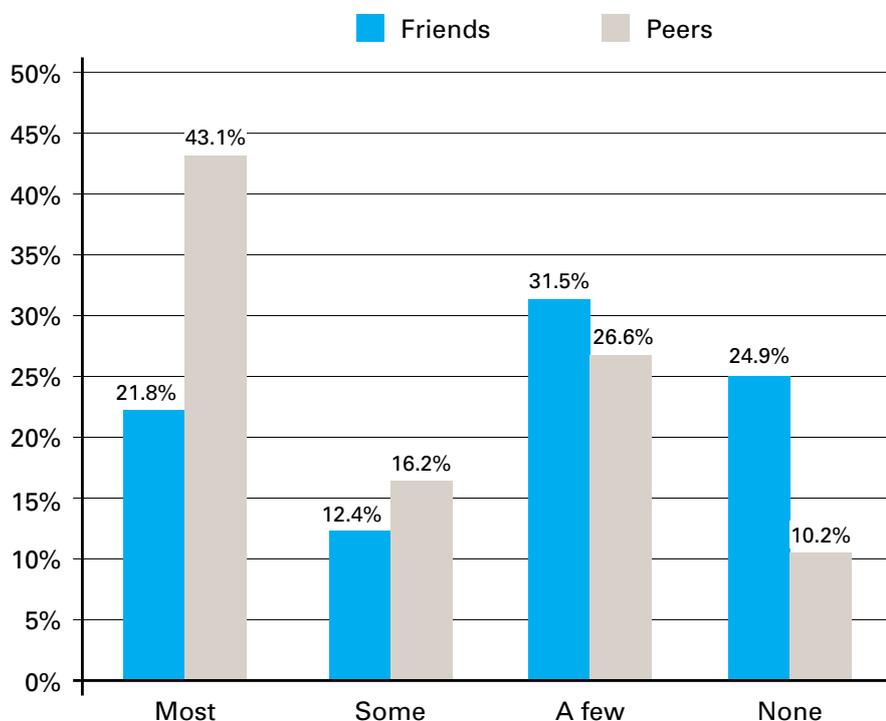
Figure 11 shows how many males believe their peers in the community and how many of their friends got married before the age of 18. With males, we see that they believe only a few or none of their peers and friends got married before the age of 18.

Figure 11: Percentage of U-Report male respondents according to their beliefs on the frequency that friends versus people in the community got married before the age of 18, n=1,097
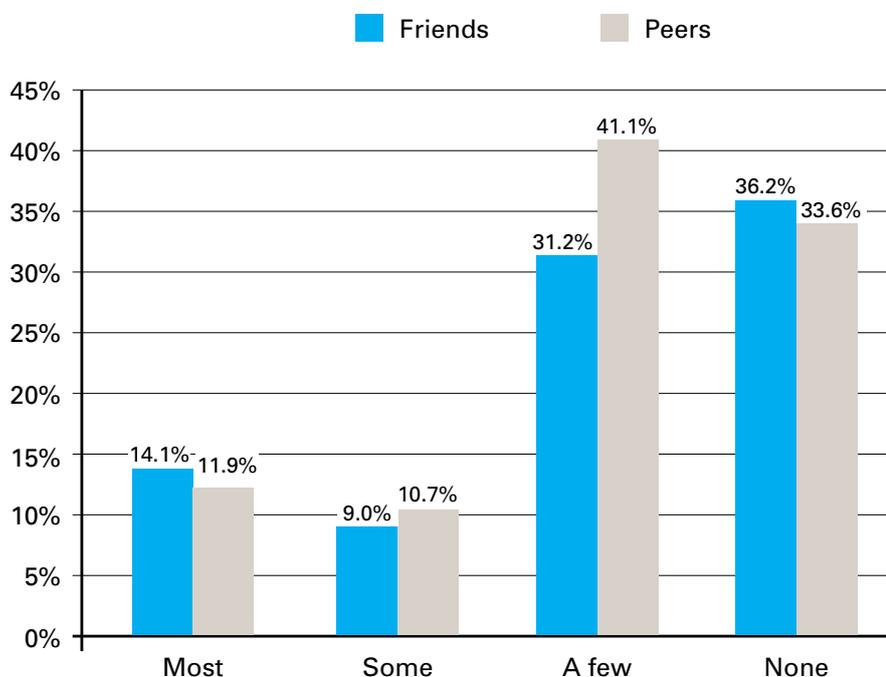
4.4 Child marriage: Social expectations

Proximal drivers of child marriage are deeply embedded in normative expectations, especially those related to the family's honour. At times, the family would marry off a girl so they do not face backlash from the community for failing to reprimand the child. These behaviours are seemingly centred on the need to control and regulate the behaviour of the girl child to ensure she remains "pure" for her future husband. Participants said these control mechanisms neatly tied in the issue of bride price, or lobola/roora. Participants said the purity of the girl centred on how much the family would benefit from the roora. As such, any seemingly unorthodox behaviour needed to be sanctioned, as it had reputational and economic implications for the family.

4.5 Child marriage: Reference networks

A variety of people are important for influencing decisions around child marriage. These people differ in significance for boys and girls.

For girls, the most influential figures were parents, stepparents and other guardian figures. In particular, fathers were mentioned most frequently as the decision-makers around child marriage for girls. Almost equally, boyfriends were mentioned as influential for driving child marriage, especially in cases of an unplanned pregnancy. Less important were friends, but participants noted girls might feel the need to be married because their friends are.

For boys, a different cast emerges. The key influencers are likely to be community members who want to make sure the boy is following the rules and expectations of the community, such as leading figures from church. Friends are also important in a similar way to that of girls' friends. Less frequently mentioned were the parents of the boy, although they are still influential in decisions regarding child marriage.

Figure 12: The percentage distrubtion of whom young people talk to about important issues in their relationships, n=1,953
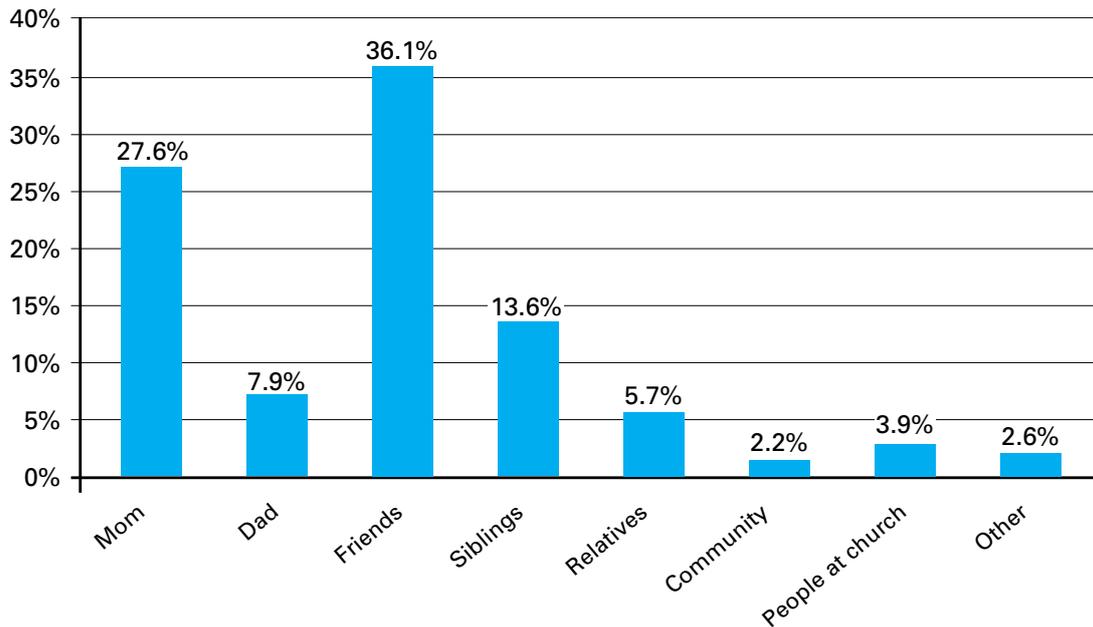
Figure 12 highlights whom young people talk to about important issues in their relationships, with the two most influential reference groups being friends and the mother.

Figure 13 highlights whose opinions about marriage matters to the young people. In this graph, the mother, father and church pastor are highlighted as the key reference networks for marriage among young people.

Figure 13: Percentage agreement that what the following people think about when they should marry is important to the U-Report respondents, n=699
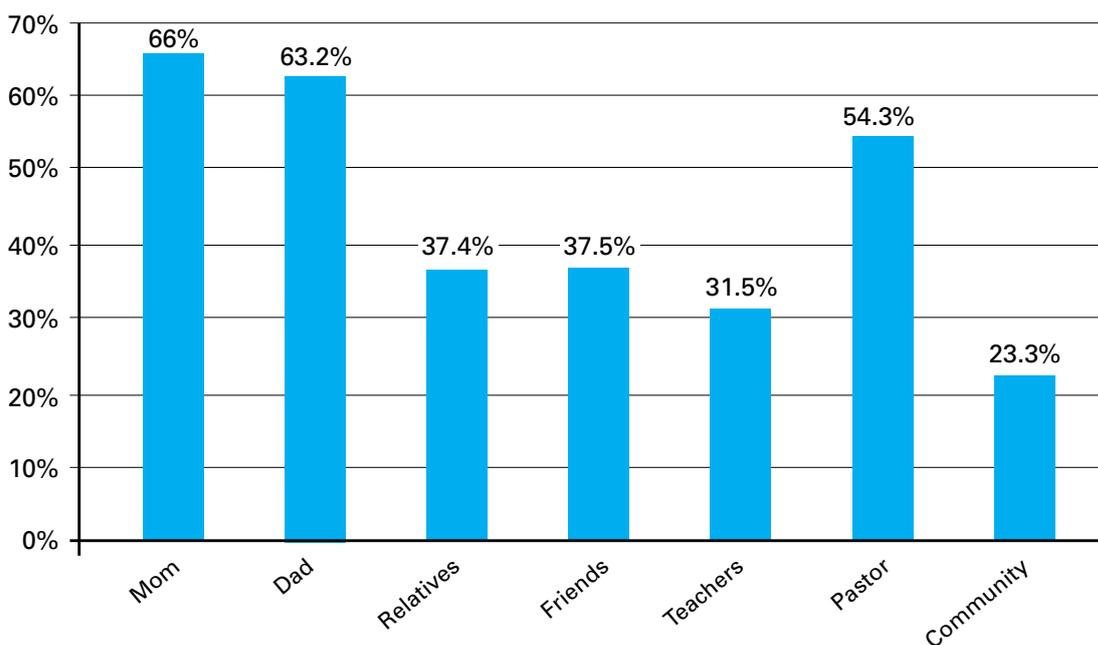
4.6 Child marriage: Reaction of others

When young people were asked whether the people they admire and respect support child marriage, the vast majority (90 per cent) said no (*see Figure 14*). This highlights that most people within young people's reference networks do not support child marriage.

Where the situation changes is when there is a teenage pregnancy, as the normative expectation then mandate the girl get married. Teenage pregnancy is therefore an unacceptable event, a 'mistake', which results in sanctions from the parents, caregivers and other extended family members. In some cases, this led to unsafe abortions. Respondents mentioned how hangers, herbs and other alternative non-clinical methods were deployed to avoid the sanctions of child marriage and becoming an outcast. The story of Tate (see Box 1) is a real life example from one respondents of how pressurized sex, links with unprotected sex and a teenage pregnancy resulted in a child marriage.

Figure 14: Percentage of U-Report respondents who agree with the statement: "Most people I would respect or admire agree with getting married before the age of 18?", n=933
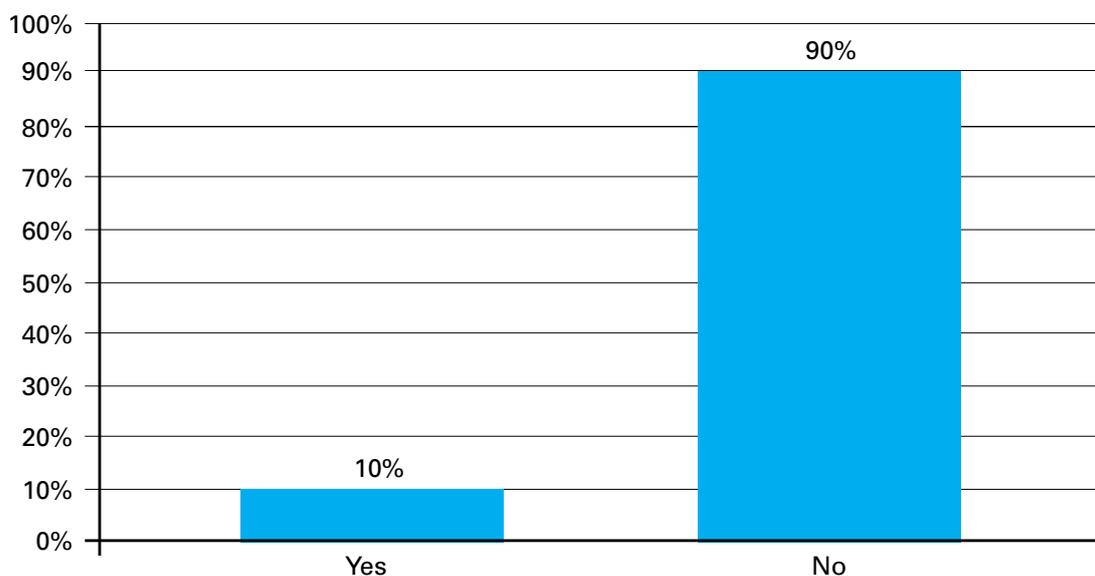
Box 1. Tate's story

I was in Form 1 (12-years-old) and met a boy in Form 4 (He was 18-years-old). He said he loved me and wanted to meet my parents and vice versa. He gave me a day in which I could meet his parents. We went to the house and I discovered he had tricked me. He locked the door and expressed his desire to sleep with me. He forced himself on me. We then began being intimate at that time. I was 16 when I became pregnant with his child. I just noticed that I had missed my period. I had no clue! I went to the clinic after 4 months because I was worried. My mother and grandmother escorted me to his home where I was welcomed. It was the "normal thing to do" as I was pregnant so it meant getting married. I do have regrets though and I sometimes think that if I had had an abortion then I would have been allowed to continue with my education.

Tate (pseudonym; 18-year-old research participant)

4.7 Child marriage: Theory of change

ToC 1. Theory of change: Ending child marriage in Zimbabwe

Existing evidence	Evidence-based strategy	Interventions	Outcomes	Impact
Qualitative data suggests that marriage is being used as a 'coping mechanism' for teens and their parents to address the pregnancies of teenage girls.	**Review, Implementation and Enforcement of Laws**	Review and revise existing laws related to contraceptive access, including emergency contracpeption, for girls under the age of 16 as well as existing national laws allowing for child marriage	Improved accessibility of contraceptives for all adolescents	Prevention of child marriage in Zimbabwe as a result of teenage pregnancy
33% of women aged 20-49 said they were married by 18 (MICS 2014)		Mapping of availability of contraceptives and related counselling for adolescents, especially in rural areas and follow-up on shortages/lack of availability	Reduction in unsafe abortions among adolescent girls	
Lack of knowledge on sexual reproductive health and lack of access to contraceptives amongst adolescents was found in the qualitative data.	**Promoting Education and Life Skills**	Comprehensive sexual and reproductive health education available to all adolescents that covers topics of contraceptives, teenage pregnancy and marriage	Increased life skills and agency of sexually active adolescents to have safe sex and to engage in healthy, supportive relationships	
52% of currently married girls age 15-19 years have a child (ZDHS 2010/11)		Additional materials developed to assist teachers and other adults to effectively deliver SRH education		
35% of married female teenagers and 15% of unmarried ones in the same age group had attained below secondary education (MICS, 2014)		Resource and referral map for adolescents on where they can access confidential SRH services including contraceptives	Increasing number of girls stay in secondary education and go onto tertiary education	
The qualitative data showed that boys sometime deny a pregnancy	**Parent and Caregiver Support**	Awareness raising and support for families and girls to complete secondary education		
24.5 % of girls and 1.7% of boys aged 15-19 years are currently married or in union (MICS 2014)		Materials and training for parents to talk with their adolescents about sex, healthy relationships and pregnancy	Increased confidence and skills of both mothers and fathers to address issues related to sex and relationships with their adolescents	
Significant gender differences: Girls are more affected than boys by child marriage		Community mobilisation intervention combined with parent training to transform normative beliefs surrounding girl's honour in relation to teenage pregnancy	Increased knowledge and skills of both mothers and fathers in developing positive gender norms for girls and challenging negative gender norms related to girl's honour, pregnancy and child marriage	Prevention of child marriage as a result of beliefs and norms
Girls aged 15-19 years account for 25% of all unsafe abortions (ZDHS and MICS)				
Abortion (often unsafe) was mentioned as another significant coping mechanism in the qualitative data	**Addressing Norms and Values**	Intervention with faith leaders to address any misinterpretations of the bible that promote child marriage	Increased skills of faith leaders in the community to challenge incorrect harmfulbeliefs related to child marriage	
Qualitative data that shows that both boys and girls believe that girls mean 'yes' when they say 'no' to sex.		Community mobilisation strategy with young people to address the gendered norms around power and control in intimate relationships. In particular in respect to communication and behaviour between adolescent girls and boys	Decrease in forced sex, uprotected sex, and teenage pregnancies	
Poverty was not identified as a main cause of child marriage from either quant or qual data. More emphasis was put on religious beliefs and misinterpretations of the bible.		Intervention with traditional leaders to transform the values and beliefs in ngozi and sara pavana from harmful to child-friendly	Increased skills of traditional and opinion leaders in the community to challenge harmful cultural beliefs related to child marriage	
30.3% of adolescent girls knew where to seek services, only 2.7% tried to seek professional help	**Response and Support Services**	Peer support groups for adolescent girls to discuss impact of child marriage, teenage pregnancies, relationship issues and responses to relationship violence	Increased capacity of girls to respond and protect themselves against child marriage, relationship violence and early pregnancy	Prevention of child marriage as a result of peer pressure
Peer pressure and wanting to be like ones peers was mentioned as a significant factor for girls in respect to risky behaviour i.e. child marriage or unprotected sex				
Of girls not married, just 22% have educational level below secondary, while it is 33% for married girls. There is a positive correlation between the highest level of education attained and teenage marriage. (UNICEF EQUITY ATLAS 2015)	**Income and Economic Strengthening**	Scholarships for adolescent girls and social cash transfers targeting households with adolescent girls	More girls completing secondary school	Prevention of child marriage as a result of school drop out

Children's Rights Framework (UNCRC)   Government and NGO work on preventing child marriage   INSPIRE Framework for Effective Prevention

Box 2. What works to prevent child marriage?

Research from both Africa and Asia has shown that keeping girls in school is associated with delayed marriage (Lee-Rife et al. 2012). An evaluation of the Zomba Cash Transfer programme in Malawi showed sustained effects among girls who had already dropped out of school at the beginning of the programme. Five years after the programme started, girls who received conditional cash transfers to re-enrol in school were 10 per cent less likely to have ever been married compared to girls in the control group (Baird et al. 2015). Another rigorously evaluated programme in Ethiopia, Berhane Hewan, used a multifaceted approach to increase the age of marriage, including providing incentives to staying in school and offering economic support for families to send girls to school. Adolescent girls in the experimental site were 90 per cent less likely to be married two years after the programme started and were three times more likely to be in school compared to girls in the control site (Erulkar and Muthengi 2009).

A recent global systematic review on effective interventions highlighted that economic strengthening and support programmes have been proven effective (Kalamar et al. 2016). For example, a programme in Zimbabwe paying school fees and providing school uniforms, books and other school supplies for orphans with a five-year follow-up period was successful in reducing child marriage (Hallfors et al. 2015).

Two of the pathways in the theory of change highlight larger community mobilization efforts specifically to change the social norms related to beliefs around a girl's honour and specific cultural beliefs. Community mobilization efforts are one of the more evidence-based social norms change strategies. The robustly evaluated interventions on the African subcontinent have included SASA! in Uganda, which focused on gender-norm changes related to gender-based violence. Using a community-based approach, including training community activists such as police officers, healthcare providers and local government and cultural leaders, the programme saw a reduction in the social acceptance of intimate partner violence and gender inequality among both men and women (Abramsky et al. 2014). The other evaluated intervention is Soul City in South Africa – a multi-pronged domestic violence community mobilization prevention initiative which showed that attitudes about domestic violence shifted and awareness about community response services increased (Usdin et al. 2005). In relation to child marriage, fewer evaluated interventions exist in Africa related to gender norms change. However, ample evidence exists from other global regions including South Asia (see for example, Daniel and Nanda 2012; Gandhi and Krijnen 2006). These pathways related to community mobilization interventions present an opportunity for Zimbabwe to help produce the evidence-base for the region as a whole.

5. Intersections of violence with sexual and reproductive health

During the Round Robin sessions, two main subtopics were discussed under the thematic area of sexual and reproductive health. Intersections of violence with reference to these two were then discussed. The main subtopics were teenage pregnancy and early sexual debut. Pressurized sex was cross cutting in all these areas including in child marriage and adolescent relationship violence.

5.1 Teenage pregnancy

According to MICS 2014, approximately 19 per cent of women aged 15–19 years had live births. There is a very close relationship to child marriage and teenage pregnancy: 80 per cent of married female teenagers had begun childbearing (62 per cent with child and 18 per cent pregnant) compared to 8 per cent of unmarried female teenagers who had begun childbearing. Almost 30 per cent of babies are born to unmarried mothers (ZimStat & ICF International 2012).

According to MICS 2014 data, teenage pregnancy among 15–19 year olds was higher in rural areas (29 per cent) than urban areas (14 per cent). Teenage pregnancy for unmarried girls ages 15–19 years old was highest in Matabeleland North (21 per cent) followed by Matabeleland South (19 per cent).

Figure 15: Percentage of teenage pregnancies by rural and urban areas, MICS 2014 data
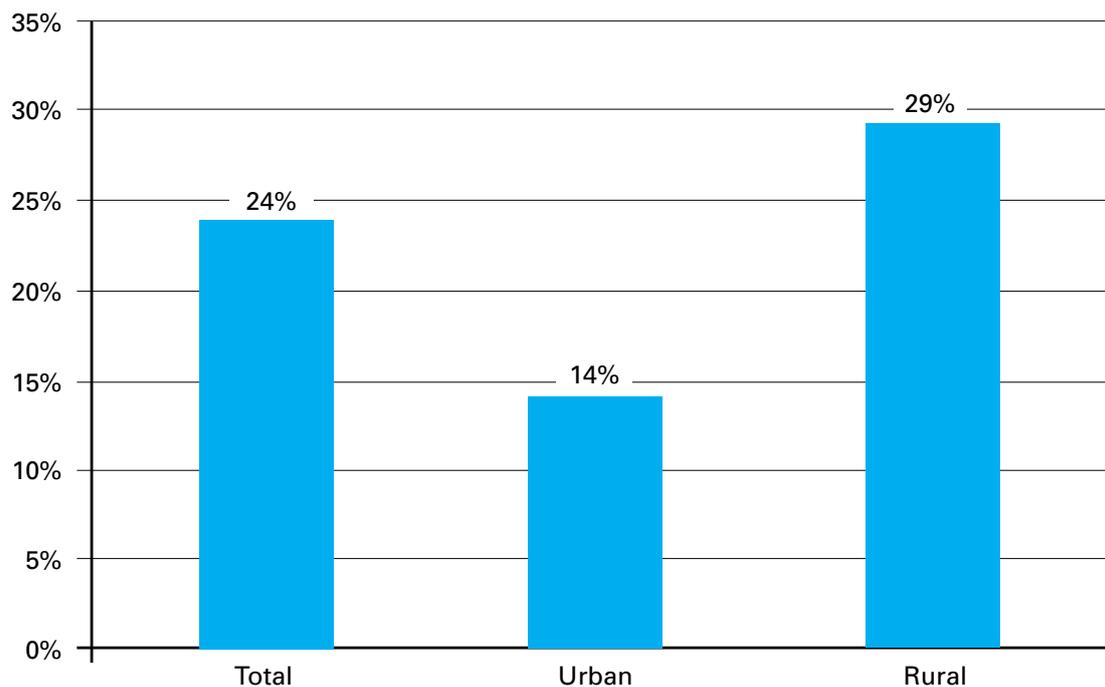
Figure 16 shows teenage pregnancy percentages were higher among girls aged 15–19 years who had only a primary education (44 per cent) compared with those with secondary education (19 per cent). According to this data, achieving secondary education may be a protective factor against teenage pregnancies.

Figure 16: Percentage of teenage pregnancy among girls aged 15–19 years by completed education level, MICS 2014 data

- Primary
- Secondary
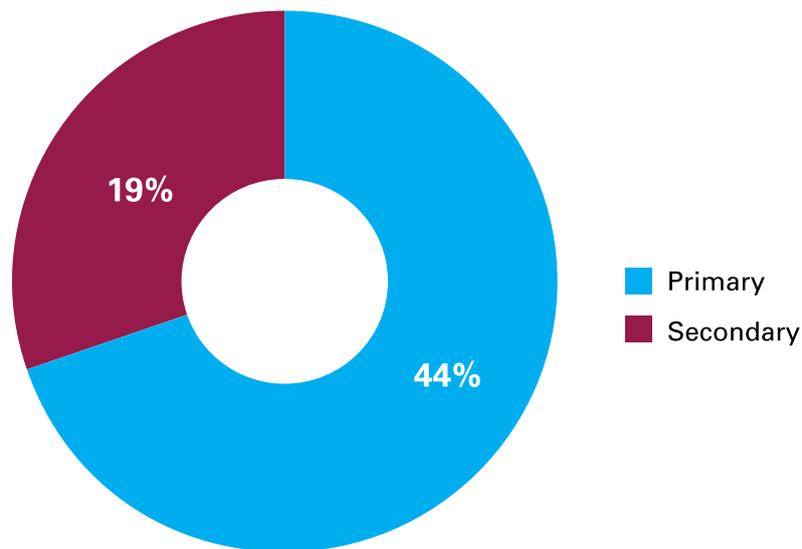
Figure 17 highlights that teenage pregnancy fluctuates between 26 and 34 per cent in the four bottom wealth quintiles, but decreases drastically for those in the richest quintile. The reason for this is unclear. However, greater access to contraceptive methods among these adolescents, among other reasons, may explain this discrepancy.

Figure 17: Teenage pregnancy among 15-to 19-year-olds and wealth quintiles, MICS 2014 data

Wealth quintile
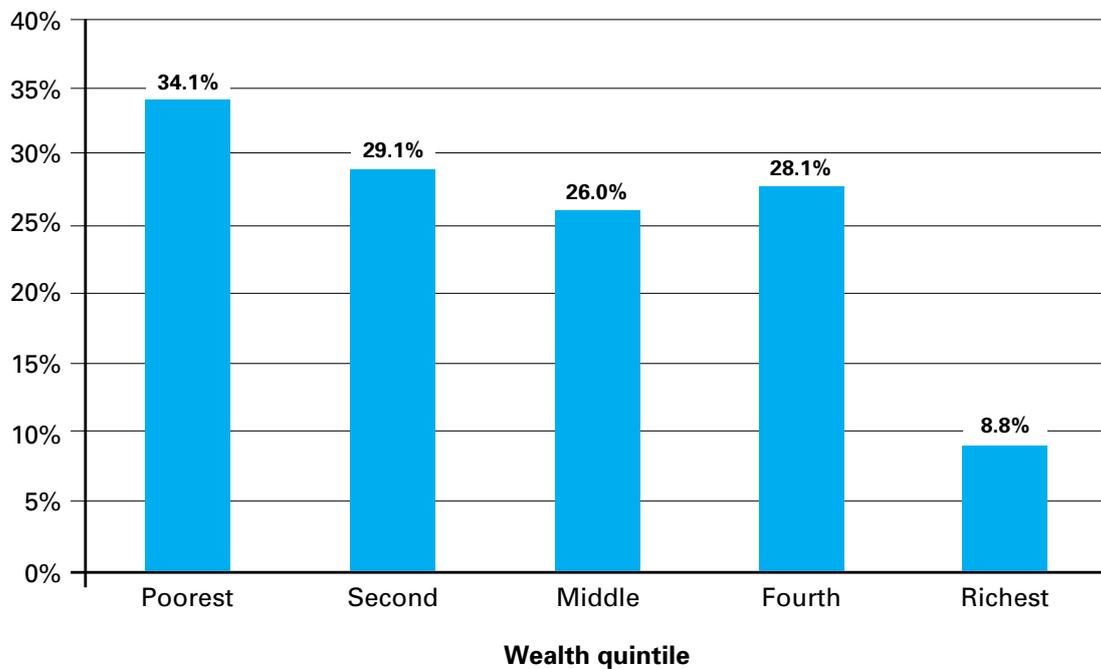
If we explore teenage pregnancy or childbearing by age (*see Figure 18*), we see the largest proportional increase between ages 15 and 16 during 2010 and 2014, when data were collected. Teenage pregnancy increased nearly three-fold between the ages of 15- and 16-years-old and doubled between the ages of 16- and 17-years-old. The largest numbers of teenage pregnancies began to peak at age 19, with over half of all girls (54 per cent) reported to be pregnant at that age. This data indicates programmes should intervene early, especially between the ages of 15 and 16-years-old, when teenage pregnancies begin to exponentially rise.

Figure 18: Percentage of teenage pregnancy by age across time, ZDHS and MICS data

Percentage of teenage pregnancies by age
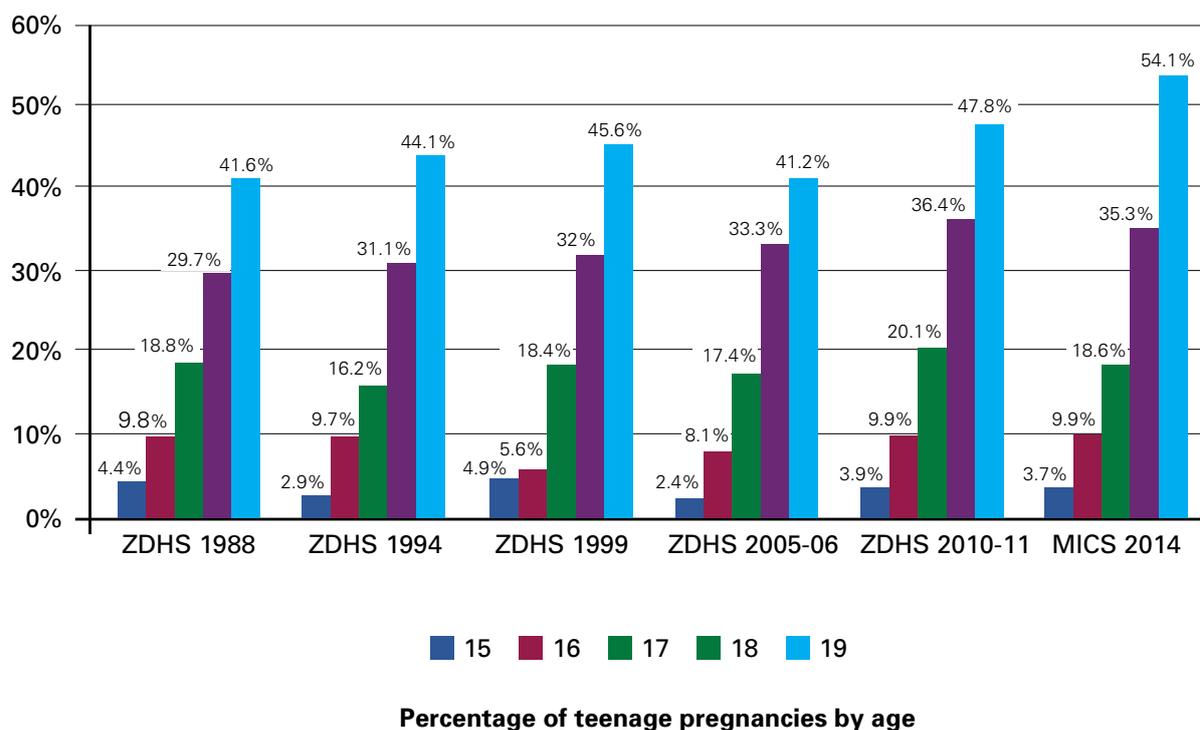
Teenage pregnancies can also be the result of violence. Data from the 2011 NBSLEA highlight that one in three females who reported being raped during childhood became pregnant as a result (ZimStat, UNICEF & CCORE 2013).

5.1.1 Pathways to Teenage Pregnancy

From the qualitative social norms data, several pathways to teenage pregnancy emerged.

1. **Lack of knowledge, use and access to contraceptive methods:** Throughout the qualitative data, young people spoke at length about the difficulties and barriers accessing contraceptives. The young people highlighted that the ethos of sexual and reproductive health services was based on a social and legal norms that children have no business engaging in sex. Constraints for access and use of contraceptives identified included:

- Condoms not being available
- Condoms being of substandard quality
- Other forms of contraceptive methods not being available

    In addition, specific misconceptions about contraceptive use were also seen to influence behaviour. For example, some adolescents reported that other young people would reuse condoms. Since adolescents do not necessarily have proper information on condom use, the condoms may be reused or not applied properly.

2. **Gender norms in relation to decision-making on sexual matters:** Participants highlighted gender norms as a reason why boys and girls did not use contraceptives. For boys, gender norms dictating masculinity, in which a real man does not use protection, influenced contraceptive use; peers reinforced this norm. For girls, the gender norm

that girls lack agency in making sexual decisions influenced contraception use. Respondents also cited a fear of rejection by boys (relating to gender norms, in that boys dictate what happens) may lead to girls accepting having sex without a condom, which heightens her risk of pregnancy and sexually transmitted infections significantly.

3. **Peer pressure:** Peer pressure was also a significant driver for risky sexual behaviour for both boys and girls. The young people talked about the consumption of pornographic material due to easy access via the Internet and social media. Adolescents in the Round Robin sessions discussed how pornographic material may influence ideas around condom usage during sex, as well as what

types of behaviours are sexually desirable by a partner. Respondents mentioned how the control and guidance mechanisms from parents influence one's exposure to adult content.

4. **Early sexual debut:** Participants noted that the earlier adolescents had sex, the chances that they would become pregnant under the age of 18 increased. This relationship between sexual activity and pregnancy is highlighted in both ZDHS and MICS data: Nearly two-thirds of sexually active girls have also begun child bearing. The other drivers stated above, especially the lack of access and/or use of contraceptive methods, may contribute to these figures.

Figure 19: Sexual activity and pregnancy among girls ages 15-19, ZDHS and MICS data

Bar chart data:

	ZDHS 1988	ZDHS 1994	ZDHS 1999	ZDHS 2005-06	ZDHS 2010-11	MICS 2014
% ever had sex	32.5%	29.7%	32.3%	32.1%	34%	35.8%
% begun child bearing	20.7%	19.7%	20.5%	21.2%	23.5%	24.2%
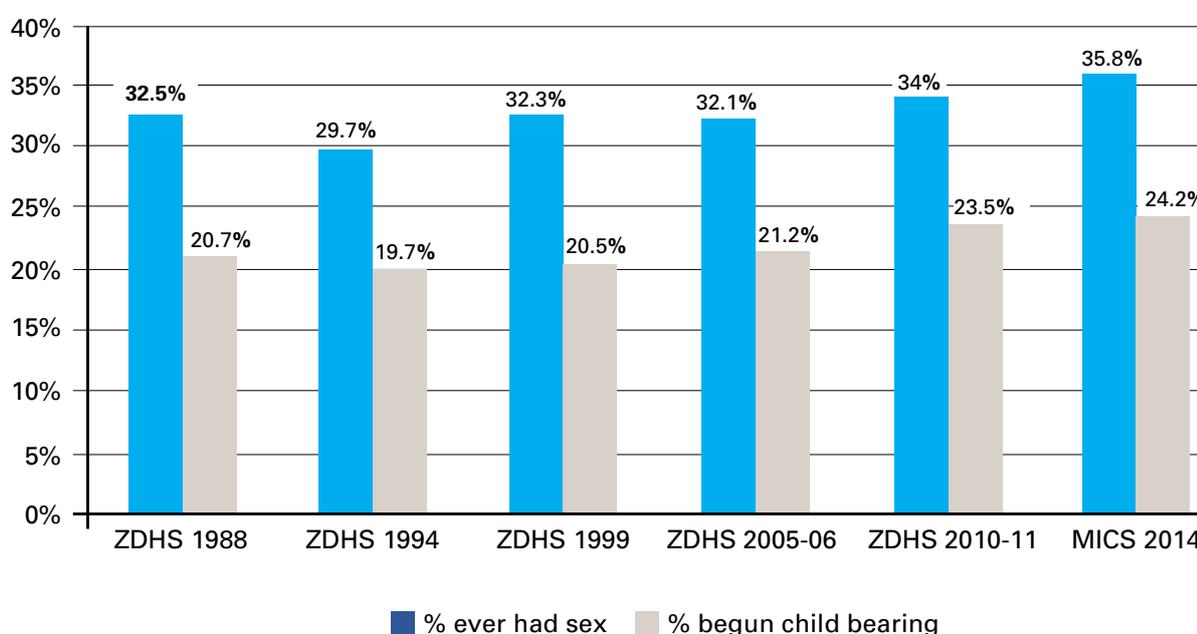
5.1.2 Teenage pregnancy: Beliefs about others

Over 580 young people aged 18 to 24 years answered U-Report questions about teenage pregnancy. When asked "How many girls do you think get pregnant (or boys get a girl pregnant) before the age of 18?", over three-quarters of respondents felt that girls became pregnant before the age of 18 (*see Figure 20*).

Contrastingly, only 42 per cent of boys in Zimbabwe impregnate a girl before the age of 18. These findings were also replicated in the timeline activity during the Round Robin sessions. During the Round Robin session, participants frequently included pregnancy in the girls' childhood timeline but not always the boys' timelines.

Figure 20: How many girls do you think get pregnant (or boys get a girl pregnant) before the age of 18? Data from U-Report, n=593
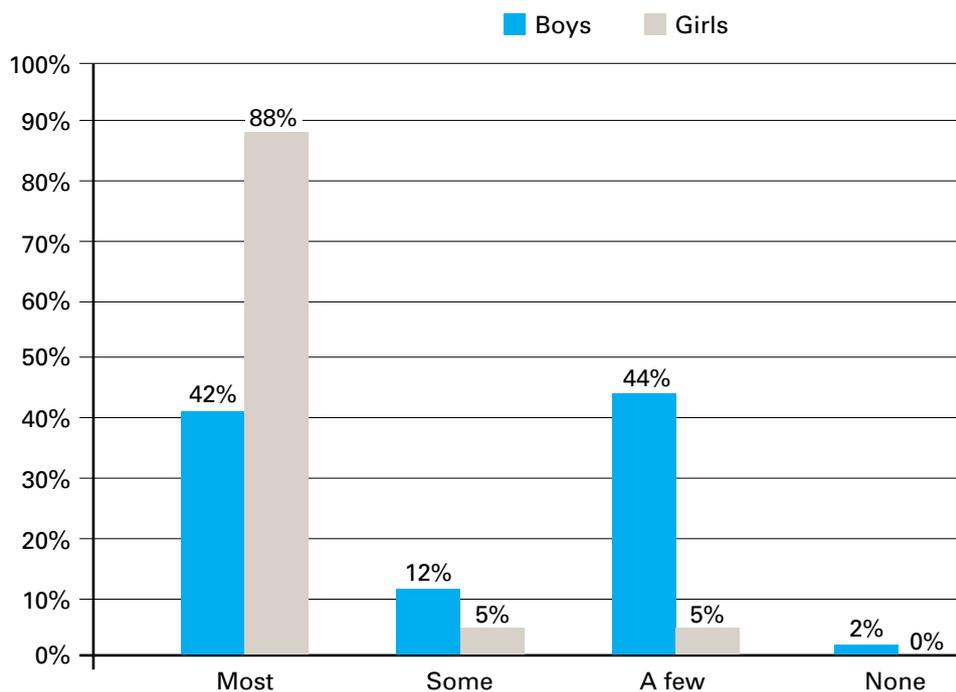
5.1.3 Teenage pregnancy: Social expectations

Young people spoke about conflicting social expectations. While they experienced a strong pressure from friends to sexually experiment, they were also expected, mostly from adults (their parents, religious leaders and extended family), to not have sex – especially not to get pregnant. These conflicting social expectations also led to inconsistent messaging from people in the young adults' lives.

Important to note is also a lack of parental guidance. With parents, discussing sexual issues was taboo, and one young adult actually stated that growing up, all he knew was that his parents were good at two things: sending him on errands and beating him when he did something wrong. The adolescents fear sanctions from their parents, and therefore they will not go to them with questions or challenges.

5.1.4 Teenage pregnancy: Reference networks

From the U-Report data, it is clear that adolescents lack a strong reference network influencing them to become pregnant before the age of 18. In fact, 85 per cent of respondents said that their reference networks would not approve of teenage pregnancy (*see Figure 21*). This implies teenage pregnancy is most likely driven by other behaviours (early sexual debuts, risky sexual behaviours), which have stronger social expectations and reinforcement from reference networks. Therefore, if other drivers of teenage pregnancy can be tackled, it is likely teenage pregnancy can decrease significantly, since it is not propelled by strong social expectations from reference networks.

Figure 21: People who are important to me believe that it is OK to get pregnant before the age of 18 as long as you are married, n=798

- Agree
- Disagree

15%

85%
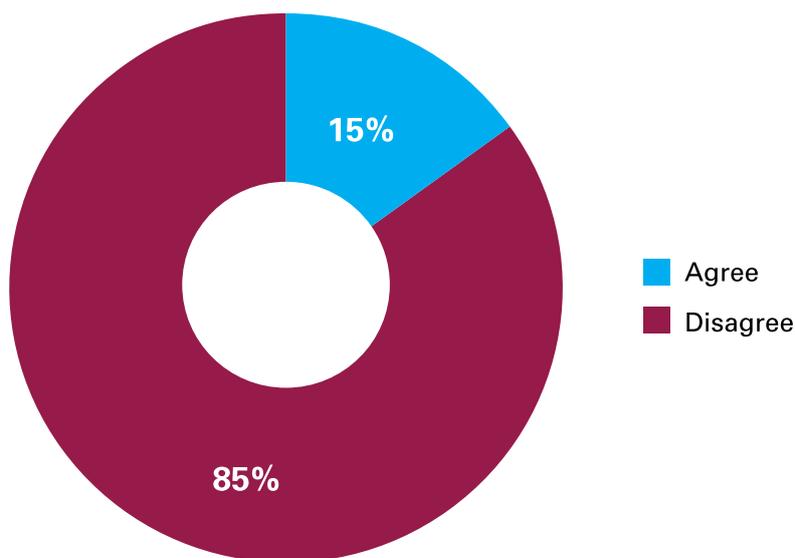
5.1.5 Teenage pregnancy: Reaction of others

While the social expectations and reference networks that reinforce teenage pregnancy have been found in this study to be weak, the sanctions and reactions of others to teenage pregnancy are strong, especially for girls. Over three-quarters of respondents agreed that girls who became pregnant as a teenager would be seen as 'damaged goods' compared to only 21 per cent of respondents who agreed that boys impregnating a girl would be seen as 'damaged goods' (*see Figure 22*). Participants noted this reaction impacted the girl's future, which includes her marriage prospects, support from her family and the larger community's perception of her.

Figure 22: Percentage of U-Report Respondents that Agreed that a Girl Who Got Pregnant or a Boy Who Impregnated a Girl as a Teenager Would be Seen to be 'Damaged Goods', n=479 (girl question), n=468 (boy question)
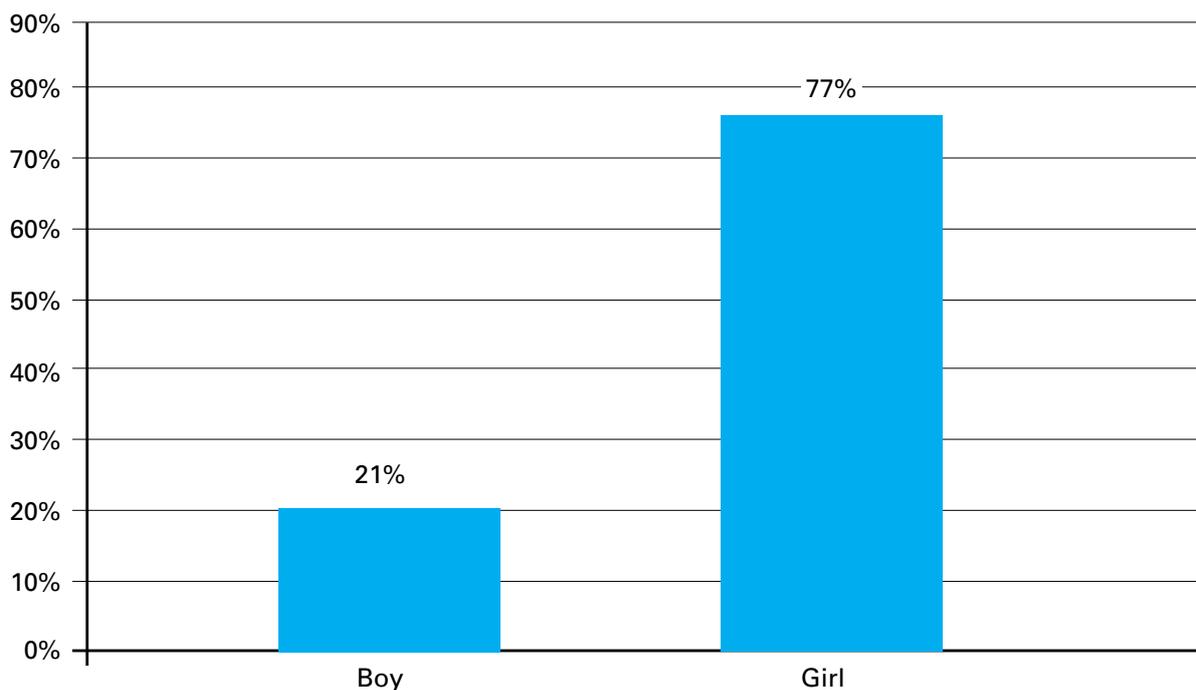
5.2 Early sexual debut

Early sexual debut is often defined as sex before the age of legal consent – in this case 16-years-old in Zimbabwe. According to ZDHS and MICS 2014, one in five girls, and even fewer boys, engage in early sexual debut.

5.2.1 Early sexual debut: Beliefs about others

While the actual numbers of teens engaging in sex early are relatively low, the belief among young people that their peers are already engaging in sex is quite high (*see Figures 23 and 24*). For example, from U-Report data, respondents believe that 82 per cent of girls and 58 per cent of boys in their community are already having sex by the age of 16.

This finding was also replicated in the Round Robin sessions – especially in the timeline activity – where there was a belief that both boys and girls would start engaging in sex earlier than was indicated in nationally representative statistics.

Figure 23: Percentage of sexually active girls by age, ZDHS and MICS data
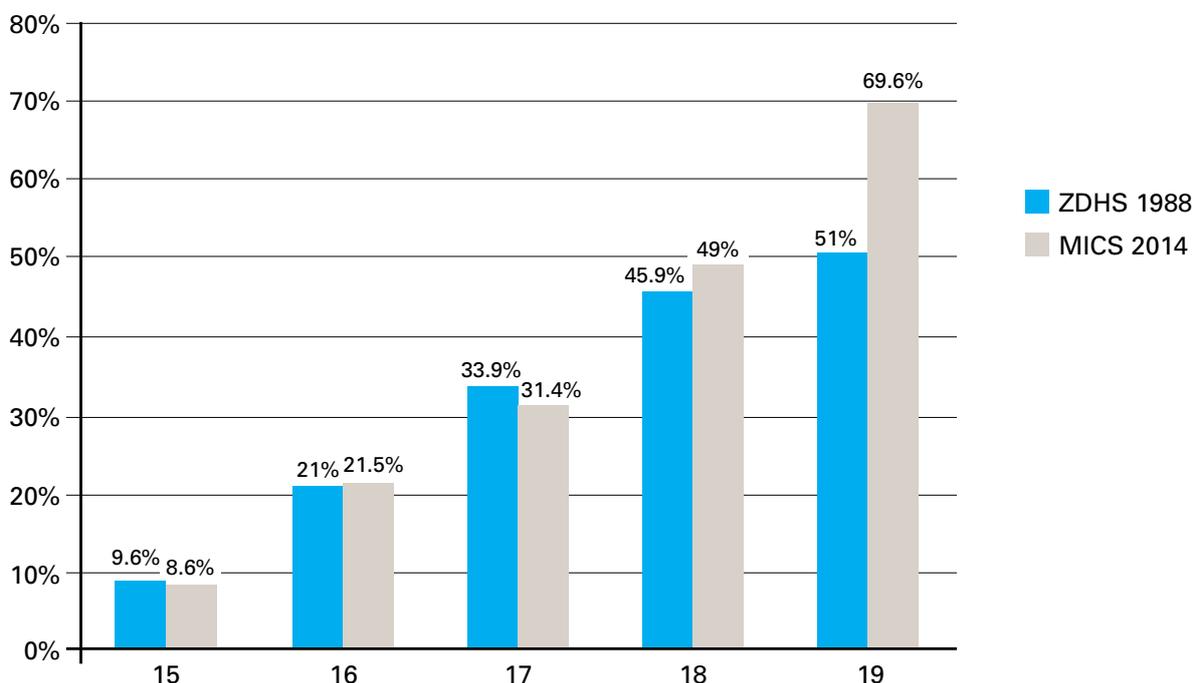
Figure 24: Age at which U-Report respondents think their peers have sex, n=446 (girl question) and n=428 (boy question)

Age at which respondents think their peers first have sex
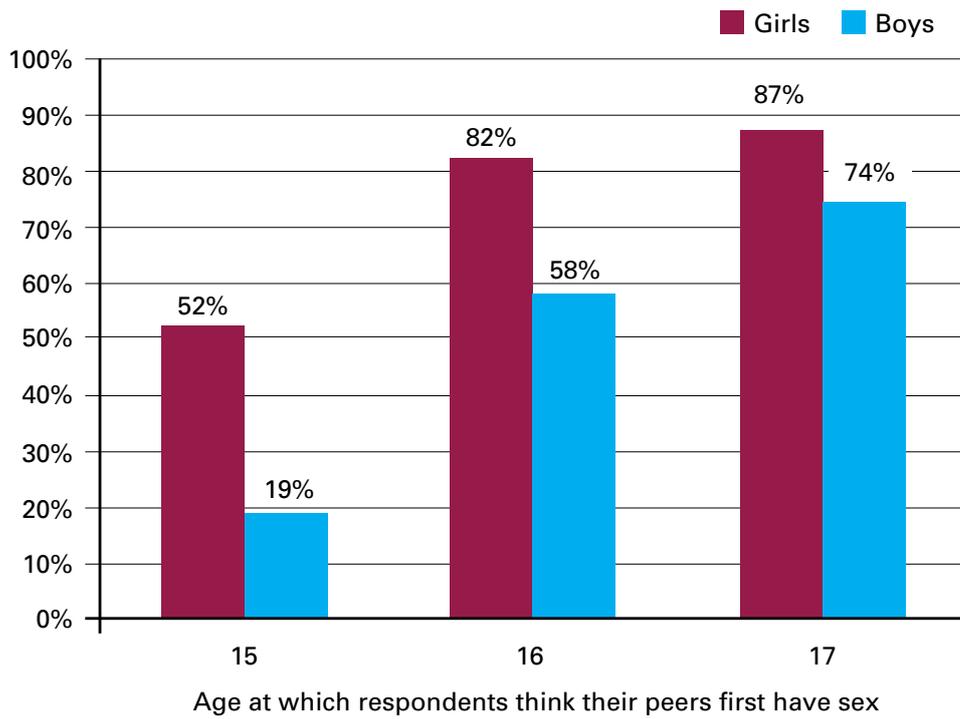
Figure 25: Amount of pressure reported from friends for adolescents to have sex after they start dating, U-Report data, n=203 (boy question) and n=190 (girl question)

Amount of pressure from friends for adolescents to have sex after they start dating
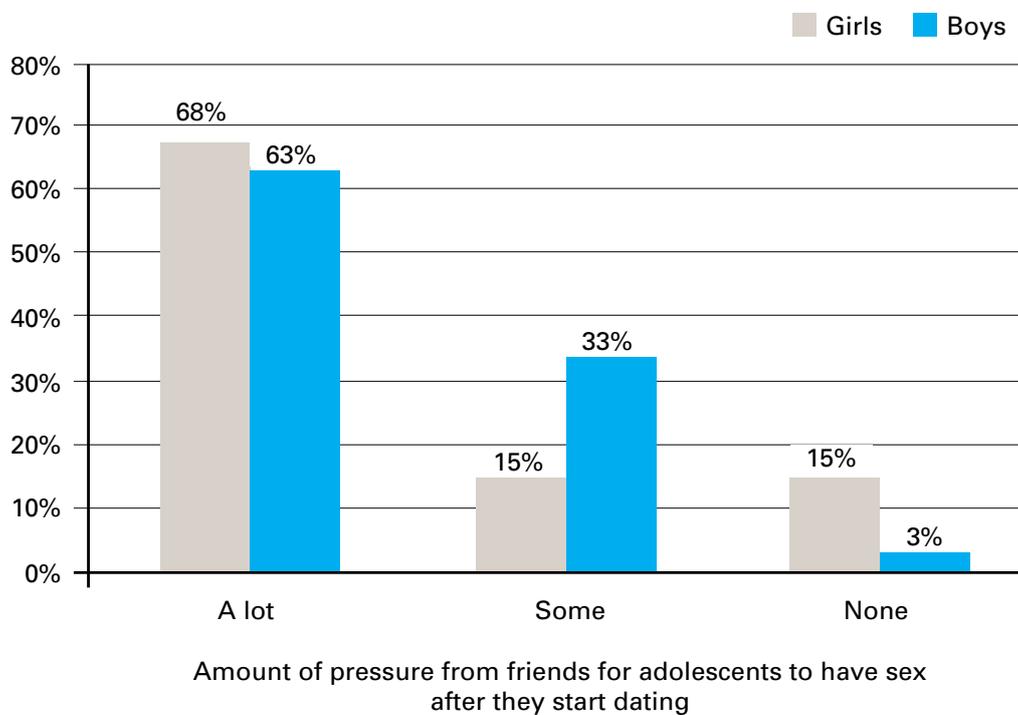
5.2.2 Early sexual debut: Social expectation

There are strong social expectations, mostly in the form of peer pressure, for adolescents to have sex. U-Report respondents agreed overwhelmingly with the statement that there is 'a lot' of peer pressure from friends for adolescents to have sex after they start dating (*see Figure 25*). The social expectation for this peer pressure existed 'a lot' for both boys and girls.

5.2.3 Early sexual debut: Reference networks

The reference networks for early sexual debut were quite strongly coming from partners and peers. Over a third of U-Report respondents felt that their friends believed they should have sex if they started dating someone and 29 per cent felt that their boyfriend or girlfriend was trying to exert influence over the timing of when to have sex (*see Figure 26*).

5.2.4 Early sexual debut: Reaction of others

While partners and peers were the strongest reference networks for driving sexual behaviour, the strongest sanctions or reactions important to teens came from their mothers. Nearly 40 per cent of respondents said their mother's opinions about when they had sex were important to them (*see Figure 27*).

Figure 26: When you were younger than 18 years old, how many of the following people strongly believed that you should have sex if you were dating someone? n=948
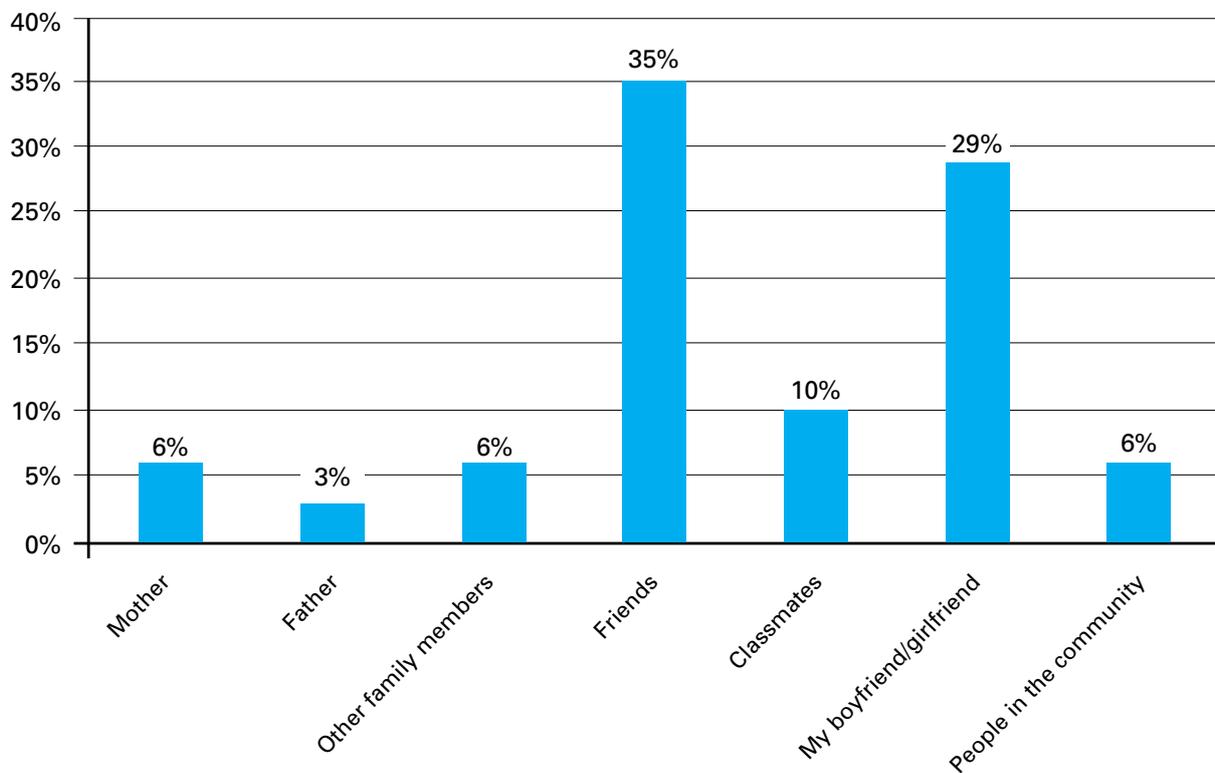
Figure 27: Percentage of respondents who report which person's opinions are most important to them in relation to when they have sex, n=1,126
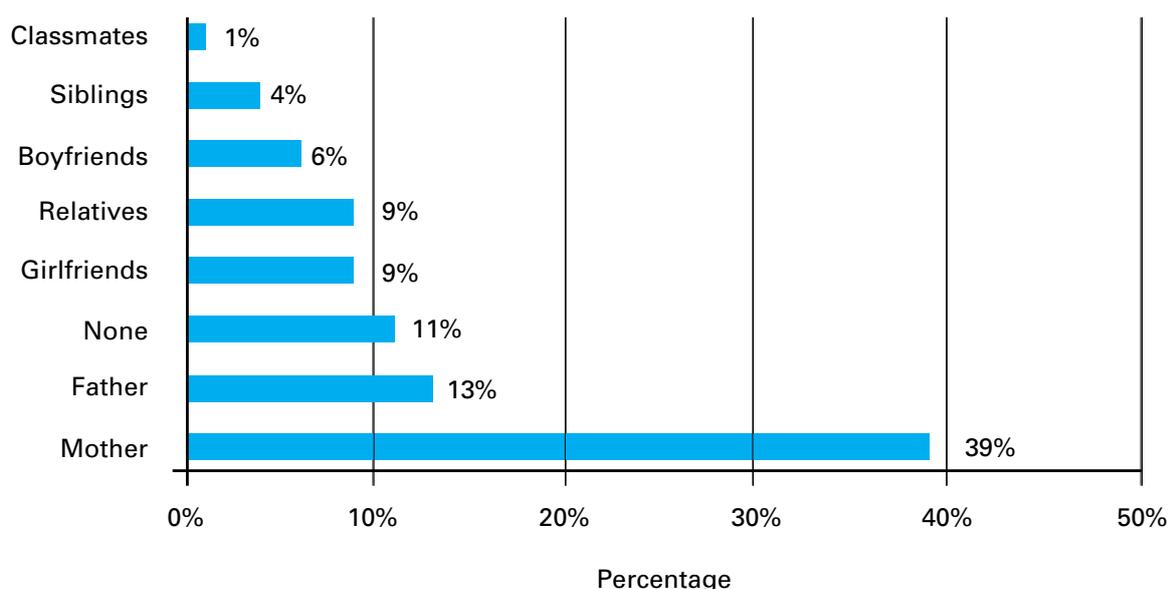
Box 3. What works to prevent teenage pregnancy?

The WHO conducted a comprehensive global systematic review and subsequently developed the "Guidelines for Preventing Early Pregnancy and Poor Reproductive Outcomes Among adolescents in Development Countries" (WHO 2011). The review strongly recommended undertaking efforts with political leaders and planners to formulate laws and policies to increase adolescent access to contraceptive information and services, including emergency contraceptives and that allow adolescents access to safe abortion services (WHO 2011).

While these types of legal interventions are usually not evaluated using the same methods as other community- or school-based interventions, the WHO panel observed that limitations to access that are stipulated in laws and policies most often relate to marital status and age. Therefore, it noted that the existence of laws and policies that mandate adolescent access to contraceptive information and services irrespective of their age or marital status could improve contraceptive use by adolescents and reduce teenage pregnancies (WHO 2011).

Informing and empowering both adolescent boys and girls is important from rights-based, public health and child protection perspectives. There are several evaluation studies from Africa that highlight these outcomes (see Pande et al. 2006; Erulkar and Muthengi 2009; Duflo et al. 2007). WHO recommends that adolescent empowerment interventions must be combined with interventions that target families and communities. This creates a supportive environment (especially for adolescent girls) that enables adolescents to act on information that they receive and express their empowerment (WHO 2011). WHO's evidence, collected from across the globe, also noted that these interventions may encounter resistance in some communities, as they challenge existing norms.

Evidence also exists for curriculum-based sexuality education delivered both in and out of school settings. Findings from the global systematic review highlight several areas of good practice in relation to curriculum-based sexuality education targeted at reducing teenage pregnancies:
- It is important to provide contraceptives in addition to education interventions.
- Policy barriers and other obstacles to implementation must be overcome if these interventions are to succeed.
- Since most pregnancy prevention studies focus on in-school populations, there is a need for research on interventions for out-of-school adolescents.
- Building life skills (such as negotiation) is a critical component of sexuality education programmes.
- Research should explore the role of parents (especially mothers) in influencing the behaviour of adolescent girls (WHO 2011).

6. Adolescent relationship violence

6.1 Data on adolescent relationship violence in Zimbabwe

The social norms surrounding adolescent relationships, and particularly violence within those relationships, was explored through this social norms study.

Representative data from the NBSLEA highlight that the top perpetrator of sexual violence against girls is a boyfriend or husband (ZimStat, UNICEF and CCORE 2013). This adolescent relationship violence in the form of sexual violence is also the highest in Zimbabwe when compared to other countries that have undertaken similar surveys. Figure 28 highlights that nearly all the sexual violence reported by females under the age of 18 in Zimbabwe are perpetrated within an intimate relationship.

Figure 28: Percentage of females reporting first sexual violence incident prior to age 18 that was perpetrated by a boyfriend, partner or husband, VACS data
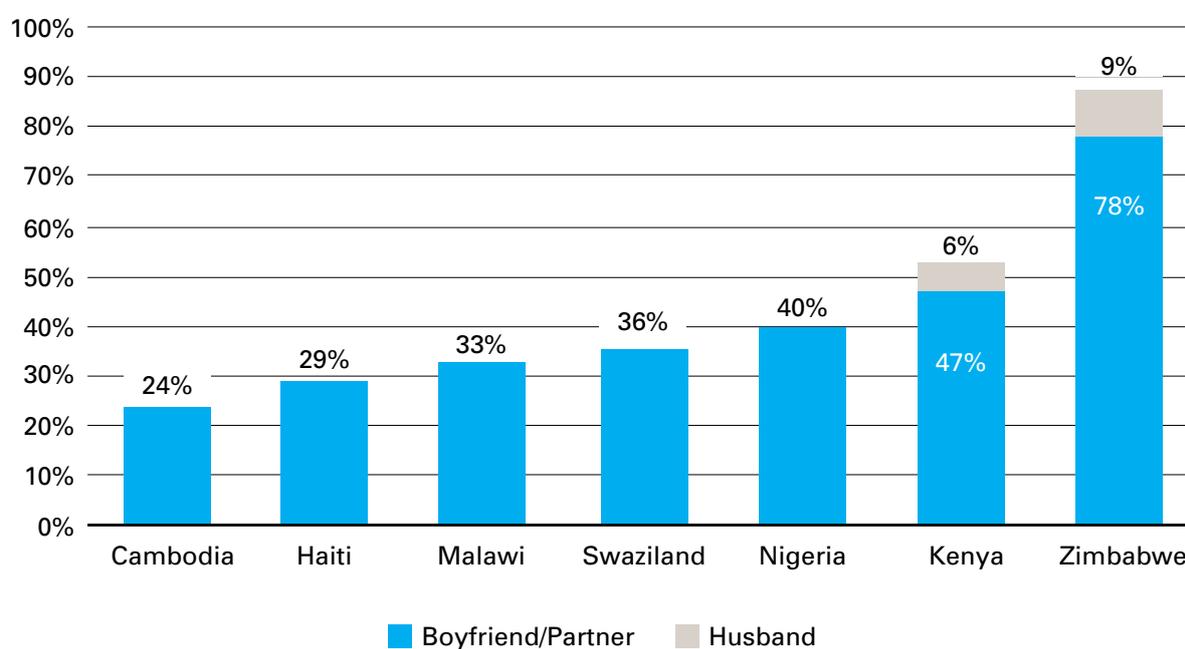
Source: CDC, 2015.

Furthermore, data from NBSLEA show boyfriends or husbands perpetrate:

- 94 per cent of physically forced sex against girls;
- 79 per cent of girls' experiences of pressured sex;
- 75 per cent of girls' experiences of unwanted sexual touching; and
- 74 per cent of unwanted attempted sex against girls (ZimStat, UNICEF and CCORE 2013).

In addition, 43 per cent of girls and 4 per cent of boys aged 13 to 17 years report that their first experience of sex was unwanted (ZimStat, UNICEF and CCORE 2013).

6.2 Adolescent relationship violence: Pathways

In the Round Robin sessions, the young people spent time exploring the various pathways that they felt led to adolescent relationship violence (*see Figure 29*). They highlighted five main drivers:

1. Engaging in multiple relationships: Within the discussions, boys highlighted how they viewed having multiple relationships as a way of improving their social status and popularity to boost their self-esteem and confidence. Girls, on the other hand, viewed multiple relationships as an opportunity to fulfil material desires (e.g., get gifts from multiple boyfriends). However, both highlighted how having multiple relationships could lead to relationship violence once the other partner finds out.

2. Gender norms: Underpinning many of the discussions on adolescent relationship violence was the need for power and control by one (or both) partners over the other. These discussions often followed traditional gender norms, with the boy expecting to have power and control in the relationship. Where this was challenged (through, for example, a girl having multiple relationships or doing better in school than the boy), adolescent relationship violence would result, including physical violence, sexual violence and emotionally controlling behaviours. The qualitative findings also highlighted the agency of girls within these relationships. They negotiated for material goods and other desired things through the relationship. Some beliefs around gender norms supporting this driver of violence included:

- Wealth is associated with power.
- Boys are perceived to be powerful and it is taken as natural.
- Girls perceive and desire boys that are strong and powerful for protection.
- Boys need the power to protect their territory (the girl).
- Brothers also protect their sisters so that they are not 'damaged goods'.

Adolescent relationship violence is thus tied to gender stereotypes that have become scripts for being a 'real adolescent' in a relationship.

3. Betrayal by one partner: In the qualitative discussions, young people spoke of 'betrayal' as a driver of adolescent relationship violence. From their perspective, betrayal included being dishonest with a partner around engagement in other relationships and breaking the presumptive expectations of the relationship, particularly breaking gender norms. This was highlighted by respondents who mentioned girls getting better grades and progressing to A levels while their boyfriends did not do well in school. This could make the boyfriend feel 'betrayed' lead to violence against the girl. This is closely related to the previous driver on gender norms: the desire for power and control in relationships.

4. One partner refusing to have sex: Participants spoke about the transactional nature of adolescent relationships, with the boy giving the girl presents and other material gifts in exchange for her engaging in sex. When the girl refused to have sex (which could occur for a variety of reasons, such as the girl not perceiving the relationship as serious, her fear of contracting HIV, her fear of getting pregnant or a lack of material benefit for her), participants noted she would be at risk of experiencing violence from the boy.

5. Peer pressure: Participants in the Round Robin sessions also highlighted peer pressure as a potential driver of adolescent relationship violence. Participants mentioned they wanted to avoid being laughed and ridiculed by friends because they lacked control in the relationship. Participants also mentioned that they wanted to imitate or compete with their friends. The pressure was further compounded by social media, to which many adolescents have access, and through these channels, peers could monitor how the relationship progressed and use this information to exert more pressure.

6.3 Adolescent relationship violence: Social expectations

Participants mentioned a strong social expectation that if a girl says 'no', they mean 'yes'. Boys in the qualitative study mentioned how they, in turn, are socially expected to push and use force when the girls say no because they know she will never say yes. If a girl says yes, she is regarded loose and immoral. Both girls and boys in the qualitative discussions discussed how they actually expected some pressure and the use of force.

One man notes:

"Every first sexual experience with a girl requires force; no girl gives into sex easily."

–Round Robin participant

Similar comments emerged throughout the qualitative study. For example, participants in Chipinge and Beitbridge stated:

" When a girl comes to my house and she sees there is no one and then proceeds to my bedroom, wearing a mini-skirt or tight jeans, then you kiss and even unbutton her top. Later on she say no, that is a yes. Because what did she think I was doing? Sight-seeing? "

–Round Robin participants

This social norm is reinforced by findings from the NBSLEA data, which show high levels of physically forced sex among girls, nearly all of which is perpetrated by a boyfriend or husband.

Data from U-Report respondents also confirm this social expectation around 'no' meaning 'yes'. Three-quarters of all respondents said they believed girls say no to sex even when they want to have sex (*see Figure 29*).

Figure 29: Pathway analysis for adolescent relationship violence
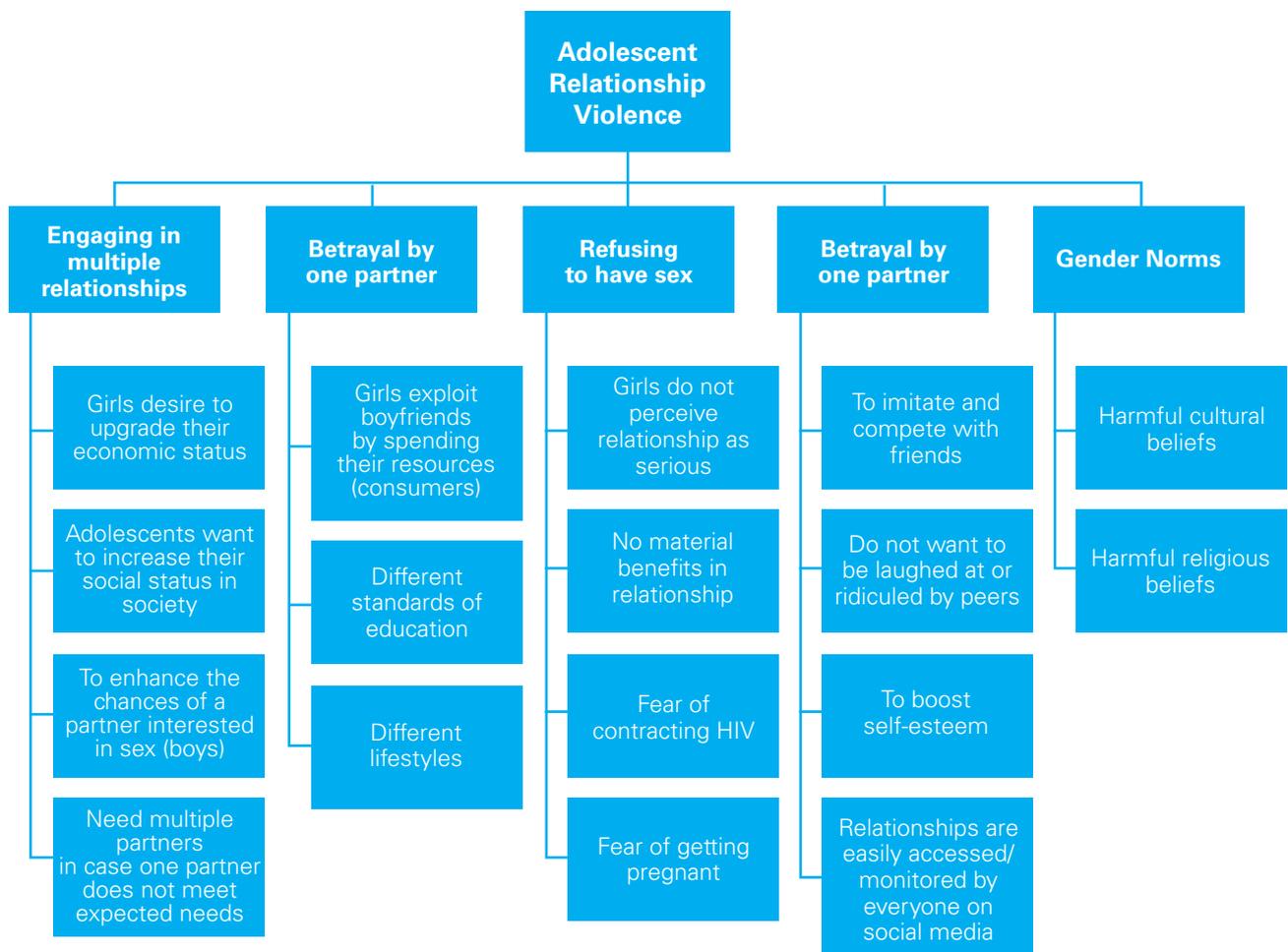
Figure 30: Percentage of U-Report respondents who believe girls say no to sex even when they want to have sex, n=380
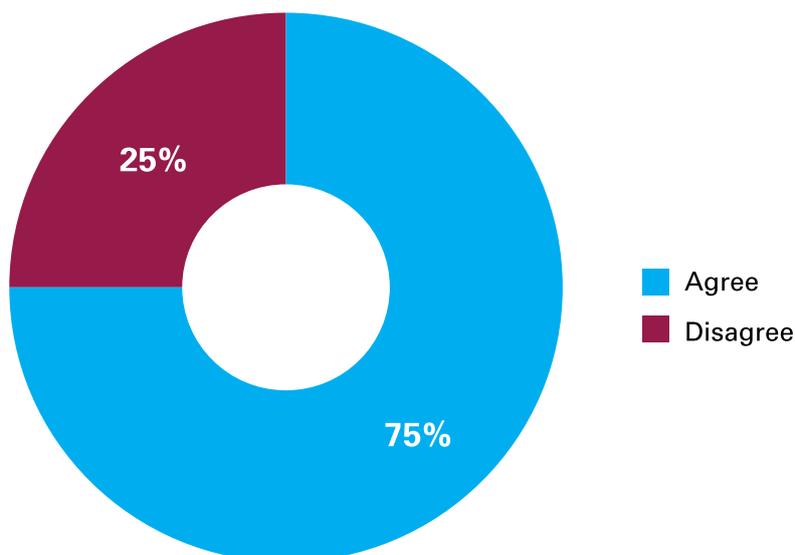
Adolescents in both urban and rural areas also expected transactional relationships. When these relationships did not meet these expectations, young people in the Round Robin sessions noted that there would be an increased risk of relationship violence. The young people revealed two 'types' of adolescents – adolescents with agency to achieve what they want and adolescents with less agency who are lured into risky behaviour. Young people noted both groups were strongly influenced by peer pressure. For example, girls with agency may decide to engage in transactional sex in order get money. This allows them to have nice clothes and makeup like peers they admire or to impress boys. For the girls seen as having less agency, the young people said that these girls would engage in sex because they fear standing out or being rejected by boys. Less frequently mentioned in the Round Robin sessions, but present, was gay transactional sex as well as 'golden girls' (older women) who engage in transactional sex with teenage boys.

There are different levels of transactional sex and transactional relationships. There are what young people call 'blessers', a term similar to that of sugar mommy and sugar daddy. Participants mentioned young boys entered into these relationships to finance relationships they had with girls of their age whom they called 'high maintenance'. Since they were not

working, they engaged in these intergenerational relationships to sustain an image of masculinity in their relationship with a girl their own age. Boys are socially expected to look after the girl, take her out and 'spoil her'. Boys see relationships with 'blessers' as a way to accomplish this. They also indulged in such relationships so that they could gain sexual experience from older women; this allowed them to show younger girls they possessed sexual prowess.

Finally, data show that both male and female adolescent endorse negative sexual expectations. For example, men need more sex and women who carry condoms are 'loose' (*see Figure 31*).

Figure 31: Proportion of adolescents who endorse negative sexual beliefs, NBSLEA 2011 data
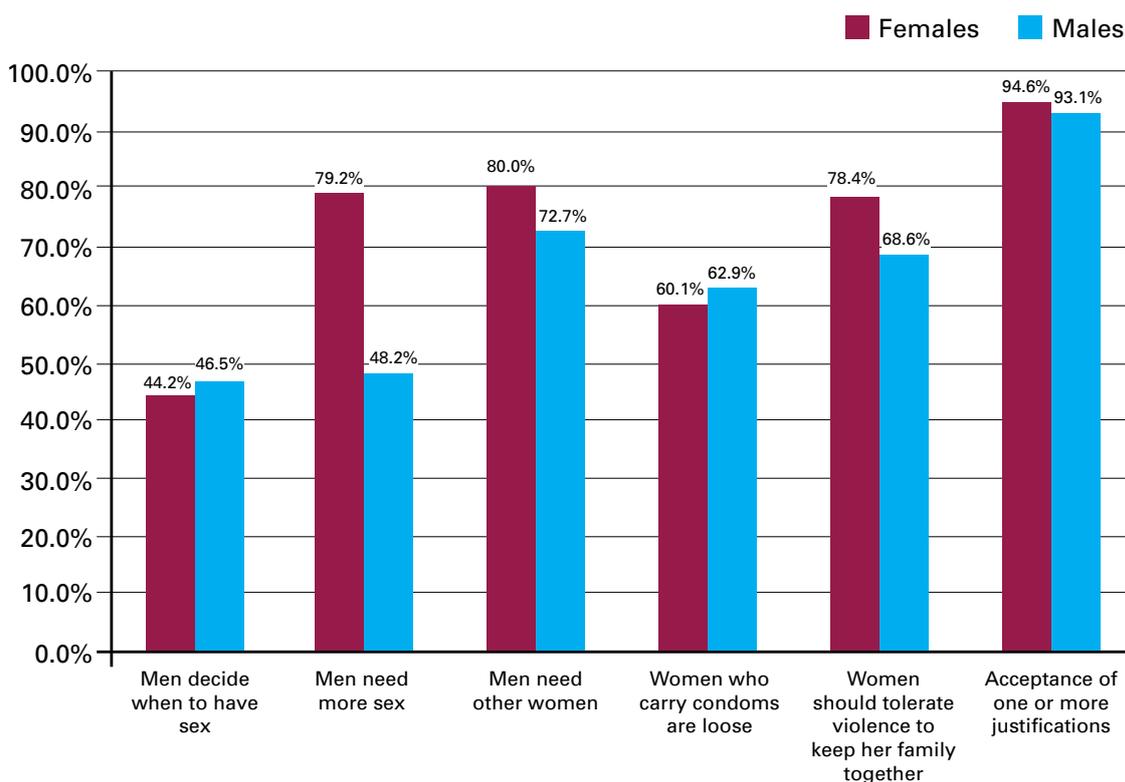
6.4 Adolescent relationship violence: Reference networks

For intimate relationships, both adolescent girls and boys cite friends as primarily influencers on their behaviours. For example, participants highlighted that boys need to affirm their social status with their friends by having sex. They also noted that boys desired control over their relationship with girls; they feared being ridiculed by other boys.

For girls, participants noted that girls want to imitate friends who receive gifts after having sex with their boyfriends. They also stated that after seeing friends' lifestyles seemingly improve, girls were particularly interested in finding a partner who can provide material benefits.

Participants also mentioned adolescents were not confident enough to make decisions contrary to their peers' expectations. They did not want to be ridiculed by peers for being different.

6.5 Adolescent relationship violence: Reaction of others

Participants in the Round Robin sessions highlighted the missing role of parents in talking with their children about relationships, stating that because young people feared sanctions for their actions (having sex, becoming pregnant or being a violent relationship) they would not go to their parents with their problems. Often, they will turn to their peers instead or tell no one.

6.6 Adolescent relationship violence: Theory of change

ToC 2. Theory of change: Adolescent relationship violence

Existing evidence	Evidence-based strategy	Interventions	Outcomes	Impact
Qualitative data that shows that both boys and girls believe that girls mean 'yes' when they say 'no' to sex.	Addressing Norms and Values	Community mobilisation strategy with young people to address the gendered norms around power and control in intimate relationships. In particular in respect to communication and behaviour between adolescent girls and boys	Less normative acceptance among young people of gendered narratives of inequitable power and control in relationships	Adolescents in Zimbabwe engage in healthy, respectful and non-violent intimate relationships
Among girls aged 18-24 years who experienced sexual violence prior to age 18 years, boyfriends, 78%, were the main perpetrator of the first incident (NBSLEA, 2011)		School- and community-based programming that includes mentoring, skill-building activities and communications strategies with adolescents around healthy relationships	Increased skills among adolescents around communication and handling conflicts within intimate relationships	
NBSLEA data that shows Zimbabwe has the highest percentage of physically forced sex from intimate partners compared to other countries	Promoting Education and Life Skills	Comprehensive and curriculum-based sexual and reproductive health education available to all adolescents that covers topics of consent and healthy relationships	Increased life skills and agency of adolescents to engage in healthy, equitable and supportive intimate relationships	
53.5% of boys aged 13-17 years believed men decide when to have sex. 56.6% believe men need more sex and 64.3% men need other women. 62.5% believed women who carry condoms are loose and 73.8% said women should tolerate violence to keep her family together (NBSLEA, 2011)		Materials and training developed to assist teachers and other adults to effectively deliver education around consent and healthy relationships		
	Income and Economic Strengthening	Vocational, educational and income strengthening training and opportunities for young women		
7.4 % of girls age 15-19 who have ever been pregnant experienced physical violence during pregnancy (ZDHS,2010/11)	Implement and Enforce Policies and Legislation	Training and guidance to schools, churches and other institutions in creating a zero tolerance policy and referral network for relationship violence	All institutions including schools have zero tolerance policies towards peer-to-peer relational violence and have trained staff who can respond appropriately to cases of adolescent relationship violence	Adults, including service providers and duty bearers, are able to prevent and respond to adolescent relationship violence
		All school policies reviewed to incorporate expectations around student behaviour and responses to relationship violence instances		
20.1% of females and 12.4% of males who experienced any sexual violence as a child wanted to receive other services that were not available. Of these, 63.4% of females and 75.5% of males said they would have liked to receive counselling services.(NBSLEA, 2011)	Response and Support Services	Implement screening for adolescent relationship violence at SRH clinics	Screening and counselling services both respond to cases of adolescent relationship violence but also identify risky and violent relationships early on and provide guidance and support for prevention	
		Confidential counselling services available for both boys and girls to discuss relationship issues including violence and controlling behaviours		
Normative data that shows adolescents are learning about and talking about sex with peers not parents	Parent and Caregiver Support	Materials and training for parents to talk with their adolescents about sex, healthy relationships and pregnancy	Increased confidence and skills of both mothers and fathers to address issues related to sex and relationships with their adolescents	

Children's Rights Framework (UNCRC)   Government and NGO work on GBV   INSPIRE Framework for Effective Prevention

Box 4. What works for ending adolescent relationship violence?

Though much of evidence on this topic comes from high-income countries, there is enough to suggest that community- and school-level interventions, as well as interventions that primarily target men and boys, can be effective in reducing partner violence in low- and middle-income countries. In communities where both men and women participated in SASA!, a community mobilization intervention in Uganda, women experienced 52 per cent less physical intimate partner violence. There were also reductions in experiencing sexual intimate partner violence, as well as a decreased social acceptance of intimate partner violence and gender inequality (Abramsky et al. 2014). A number of school-based interventions that incorporate education on teen dating violence have also found reductions in partner violence. One example is Safe Dates in the United States, which involved a student theatre production on dating violence, 10 sessions on dating violence taught by health educators and a poster contest based on this curriculum. Four years after the programme, adolescents who participated reported significantly less violence perpetration and victimization compared to those who did not (Foshee et al. 2004). Finally, the Coaching Boys into Men programme, implemented in South Africa, India and the United States, is a coach-delivered training intervention to prevent dating violence perpetration among male athletes. Coaches were trained and given a 'Coaches Kit', which includes strategies to have conversations with athletes about violence against women, as well as training cards to lead short weekly discussions about respect and dating violence prevention throughout the season. An evaluation of the programme one year after it started showed that athletes who participated in the programme were less likely to perpetrate dating violence in the previous three months compared to those who had not participated. Participating athletes also demonstrated lower levels of negative bystander behaviours, such as laughing at their peers' abusive behaviours compared to the control group (Miller et al. 2012).

7. Violence in education settings

This study explored violence in education settings under two main themes: corporal punishment and bush boarding. The listing and ranking exercises were used to explore corporal punishment and the Drivers Pathway and vignettes activities were used to explore violence in bush boarding.

7.1 Corporal punishment

The NBSLEA survey asked 18- to 24-year-olds about their experiences of physical violence from authority figures when they were under 18 years of age. Overall, 47 per cent of females and 54 per cent of males stated that they had experienced physical violence from a teacher during childhood. A much smaller percentage (less than 2 per cent of females and about 6 per

cent of males) experienced physical violence from a head teacher during childhood (ZimStat, UNICEF and CCORE 2013, *see Figure 32*). Overwhelmingly, school figures were the most common sources of physical violence, excluding family members (ZimStat, UNICEF & CCORE 2013).

7.1.1 Corporal punishment: Beliefs about others

Findings from the U-Report show that young adult respondents overwhelmingly believe that the majority of teachers (71 per cent) use corporal punishment on students in Zimbabwe (*see Figure 33*). This corresponds to the NBSLEA data showing that corporal punishment in schools is still prevalent, despite strict policies about its use.

Figure 32: Percentage of 18- to 24-year-olds who reported experiencing physical violence from teachers and head teachers when they were under 18-years-old, 2011 NBSLEA data
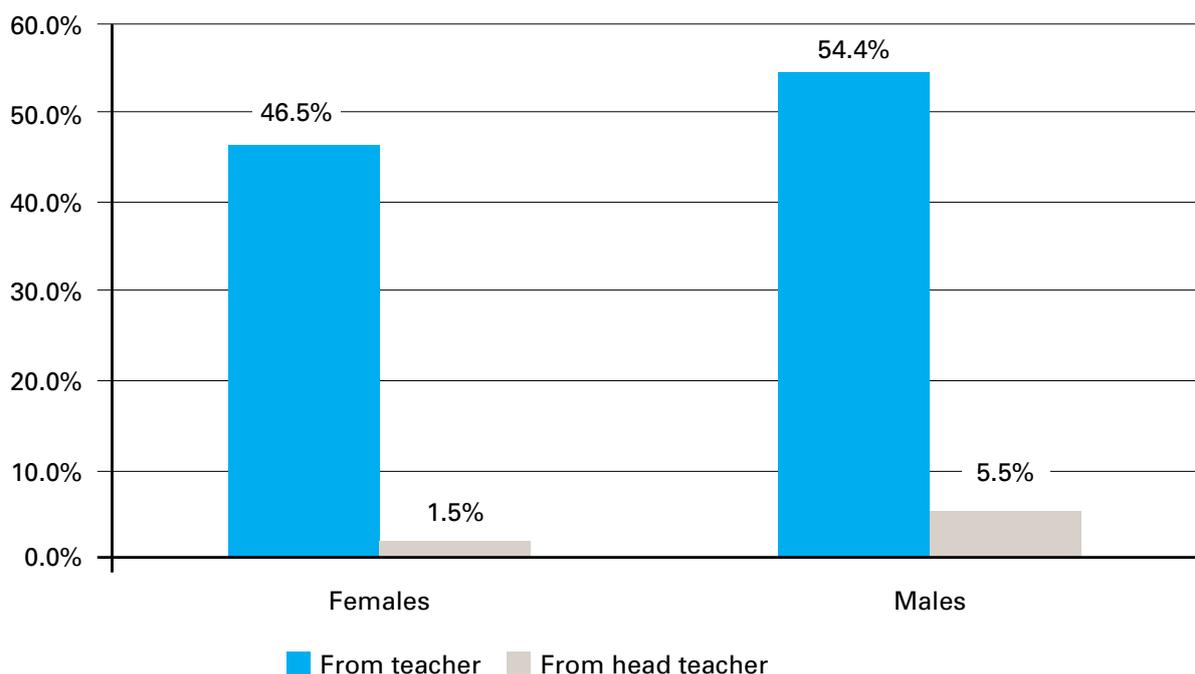
Figure 33: In Zimbabwe, how many teachers use corporal punishment on students? n=457
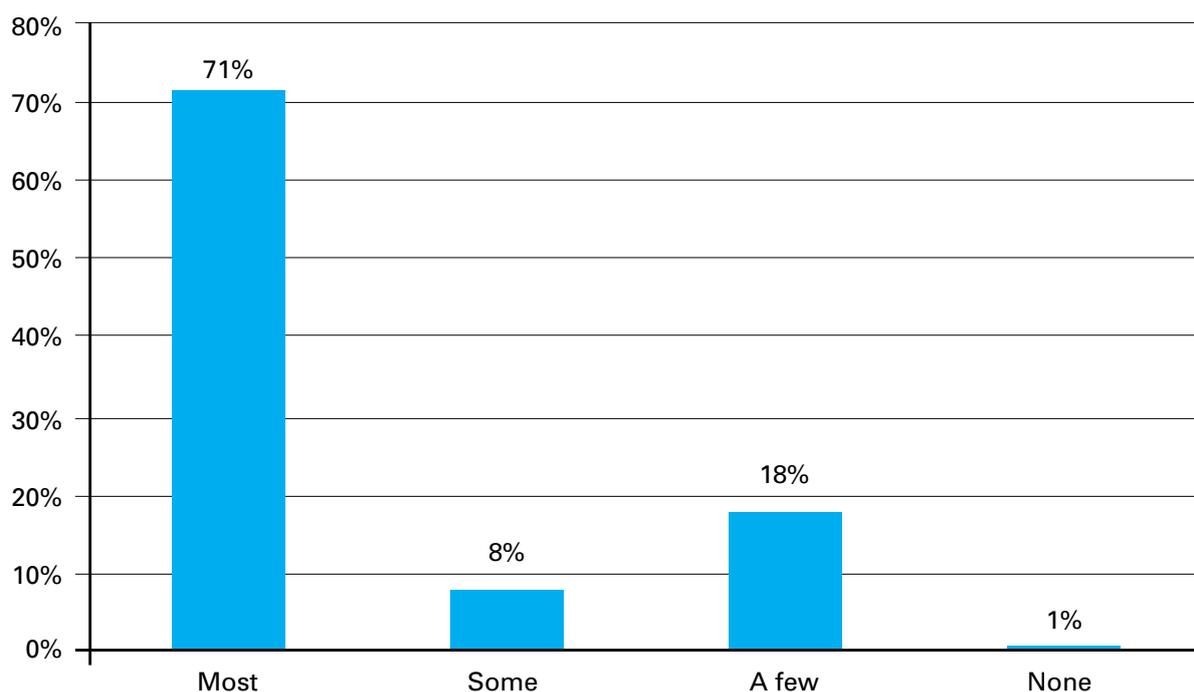
7.1.2 Corporal punishment: Social expectations

Participants in the Round Robin sessions were asked to list all the causes of corporal punishment in schools and then to independently rank the top three causes.

These independently ranked causes were then collated and the top three causes per group (there were a total of nine group discussions on corporal punishment) were compiled. These are presented in Table 2.

Table 2. Listing and ranking of causes of corporal punishment in school settings

Top ranked reasons for corporal punishment			
Boys		**Girls**	
1	Misbehaving/not following rules	1	Refusal to be in a love relationship with the teacher
2	Substance abuse of drugs or alcohol at school	2	Misbehaving/not following rules
3	Teacher frustration (primarily economic frustration)	3	Having a boyfriend if it is not allowed by the school rules

Top ranked reasons for corporal punishment in school among children living with disabilities*	
1	Teachers not giving a chance to children with writing and speech impediment, thereby discriminating against them, ranking them according to ability and beating up those who are slow
2	Nurses and care givers in schools who are underpaid and are violent towards them
3	Parents not believing their children and fearing their expulsion

*One Round Robin session was held with children living with disabilities. Findings from this session are highlighted throughout this paper and a separate data brief goes more in-depth on these qualitative findings.

For boys, corporal punishment is largely related to expectations around misbehaving and corrective discipline. Participants mentioned this frequently in the gender timeline where they felt that boys did not like being told what to do, and they are generally mischievous and unruly at home or at school. It is also important to note that the fourth-ranked reason for corporal punishment of boys as when a boy dated a girl the teacher liked.

When we asked the same question to U-Report respondents across the country, similar findings emerged in that the number one reason that respondents believe that teachers used corporal punishment was to change bad behaviours (37 per cent), followed closely by teaching morals/values (22 per cent) and being an effective way to control the classroom (21 per cent, *see Figure 34*). Interestingly, the number one reason that mentioned in the Round Robin sessions for girls (e.g., a girl refusing the teacher's sexual advances) was mentioned by only 3 per cent of respondents as the top reason. However, a boy dating a girl that the teacher liked was ranked as the fourth most common response by 12 per cent of the U-Reporters.

This highlights the social expectations around corporal punishment being an effective means of discipline, which is replicated in international research. Uniquely, this data also points to social expectations related to sexual relations between pupils and teachers – these potentially normative findings should be explored in further research to understand the scope and prevalence of such expectations.

Figure 34: Number one reason why teachers use corporal punishment? n=429
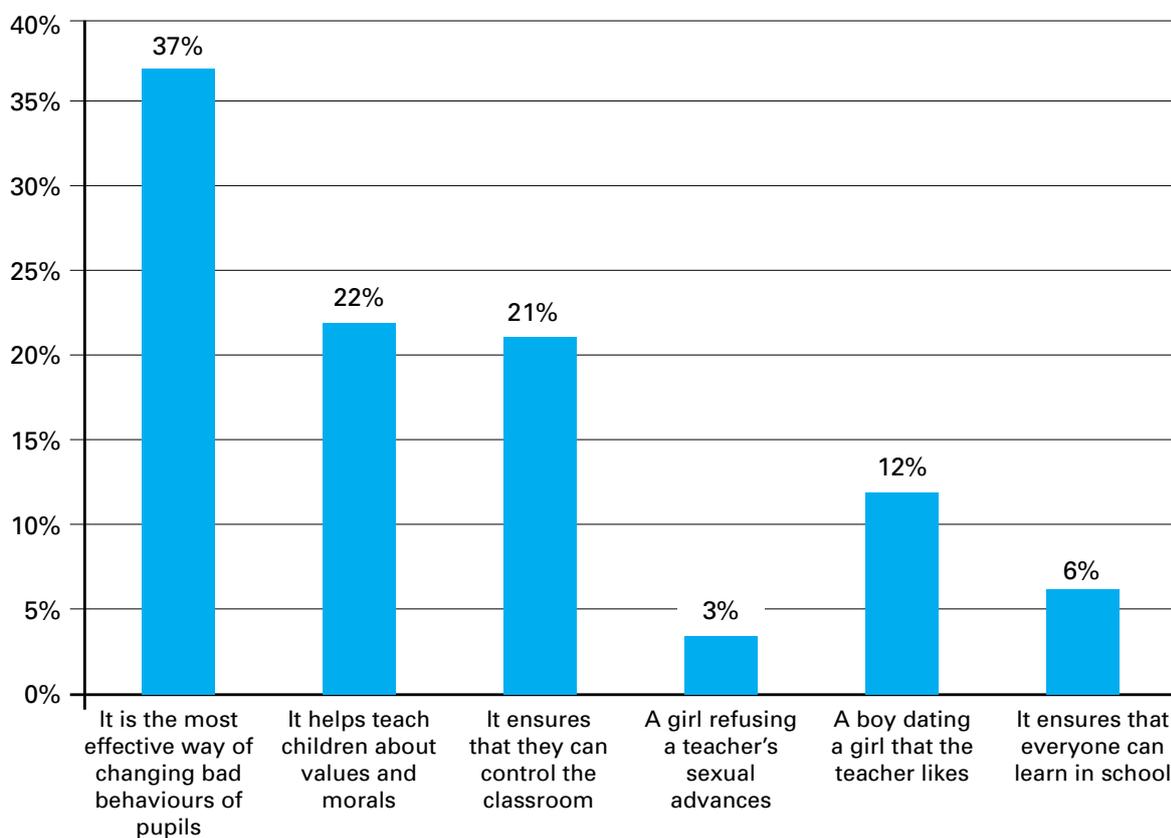
7.1.3 Corporal punishment: Reference networks

The main reference networks for corporal punishment in schools are teachers. Participants from the Round Robin sessions stated they reinforced the use of corporal punishment through accepting the use of corporal punishment by other teachers in school settings. According to U-Report data, the main reference networks for corporal punishment in the home are parents' own parents (e.g., grandparents) followed by other women in the family for corporal punishment of girls (aunties and grandmothers) and other male relatives (uncles and grandfathers) for boys. The reference networks for corporal punishment in the home were seen to also reinforce teacher's use of corporal punishment in schools.

7.1.4 Corporal punishment: Reaction of others

U-Report respondents who reported having children were also asked about corporal punishment of their children in school (n = 511, *see Figure 35)*. The vast majority of parents (72 per cent) said that teachers expected them to agree with their ways of disciplining their children during school. It is important to note that when asked about the use of corporal punishment in the home, 77 per cent reported they thought it was commonly used in Zimbabwe. According to the MICS 2014 survey, 63 per cent of Zimbabwean children under 14 years of age experienced any violent discipline including, psychological aggression; 31 per cent experienced physical punishment; and 5 per cent experienced severe physical punishment in the home (ZimStat 2015). This survey also found that 35 to 40 per cent of parents and other adult members of the household said they believed physical punishment was a necessary disciplinary tool in child rearing (ZimStat 2015). These beliefs may also extend to the school setting, as demonstrated in the U-Report data.

Figure 35: Teachers expect me to agree with their ways of disciplining my children during school, n=511

- 27%
- 72%
- Agree
- Disagree
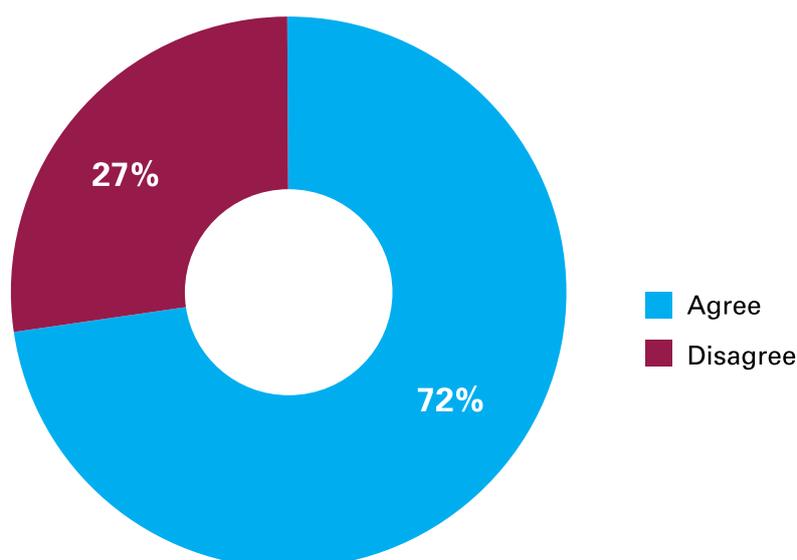
Box 5. What works for ending corporal punishment?

Few interventions on reducing corporal punishment by teachers and school staff are evaluated in the global literature. The most rigorous evidence comes from the Good School Toolkit in Uganda, a school-wide behavioural intervention designed by a Ugandan NGO, Raising Voices, with the aim of reducing physical violence from school staff to primary school children. The toolkit includes six steps, each of which contains a number of activities that involve staff, students and administration. Techniques to create behavioural changes include setting school-wide goals, training on non-violent discipline and creating a better school environment through efforts like painting wall murals or hanging codes of conduct in visible places. Achieved goals are rewarded by school celebrations. The programme was designed to be flexible, as schools were able to choose which activities to participate in. After a follow-up 18 months later, the prevalence of physical violence was lower in intervention schools (31 per cent) compared to control schools (49 per cent). Among the intervention schools, there was a 42 per cent reduction in risk of physical violence from staff. Students reported improved feelings of well-being and safety at school, suggesting the toolkit is effective in changing the school environment (Devries et al. 2015).

7.2 'Bush boarding'

Bush boarding refers to informal boarding arrangements where children who live far from school stay, mostly found in rural areas. This phenomenon was especially pertinent in the Binga and Chipinge Round Robin sessions.

According to the qualitative research, bush boarding occurs in two main ways:
1. **At school:** Children stay at the schools in classrooms or in structures built on the school grounds. Schools provide supervision to the extent possible.
2. **Outside school grounds:** Children stay in structures located outside the school grounds with no supervision from school authorities.

The pathway to violence via bush boarding is largely due to the exacerbation of risk factors also applicable to general school-going children. Unsafe structures and a lack of supervision exacerbate the risk of violence in these settings.

The extent of bush boarding in Zimbabwe is unknown, as these informal boarding structures fall outside government purview and data collection. When asked if participants knew any children in bush boarding arrangements, nearly one third of U-Report respondents out of a total of 1,238 respondents said 'yes' (*see Figure 36*).

Figure 36: Do you know any children in bush boarding? n=1,238

Yes — 31%
No — 69%
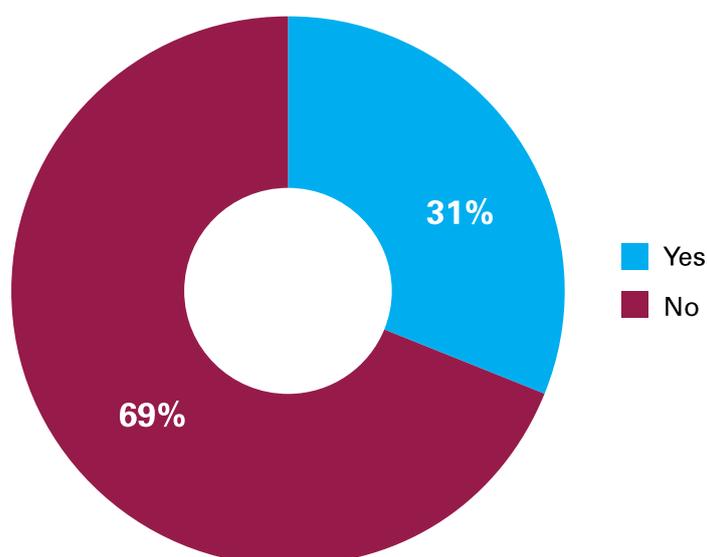
The following were some of the forms of violence that were found as pervasive in these setups according to the Round Robin sessions:

Sexual violence: Sexual violence was particularly prevalent for girls. Participants stated males in positions of power – law enforcement, teachers and other male adults who have access to bush boarders' rooms – often perpetrated sexual violence against girls. They noted the lack of security in these informal accommodations formed the main pathway for sexual violence.

Physical violence: Participants mentioned this was more common for boys in bush boarding. Participants stated this is often perpetrated by older males from the villages and communities against bush boarders and is often due to competition over girls. Teachers (male) also administer corporal punishment against bush boarding boys over clashes around a girl (see the previous section on corporal punishment for more data on this phenomenon). Furthermore, issues of theft among bush boarders can lead to physical violence (fights). Alcohol and substance abuse among bush boarding boys also leads to increased aggression and subsequent violence among the boys.

Discussions from the Round Robin sessions highlighted that the majority of the pathways for violence in bush boarding stem from structural causes. Any social norms elements were secondary issues (usually, negative gender norms were exacerbated due to the living conditions/arrangements of bush boarders). These then combined to put the bush boarding child at a higher risk of experiencing violence.

7.2.1 Bush boarding: Beliefs about others

While it is impossible to determine the actual scope of bush boarding in Zimbabwe due to the lack of systematic data collection, it is clear that respondents believe it is common; U-Report respondents said that up to one in every two boys and one in every three girls stayed in some sort of informal or bush boarding accommodation (*see Figure 37*).

7.2.2 Bush boarding: Social expectation

There are also very strong social expectations that bush boarding is not a safe option for either boys or girls (*see Figure 38*). Socially, it is expected that violence will happen against girls and boys who are residing in these informal accommodation arrangements.

Figure 37: In Zimbabwe, how many girls and boys do you think stay in bush boarding while they are going to school?, n=1,139 (girls question) and n=1,056 (boys question)
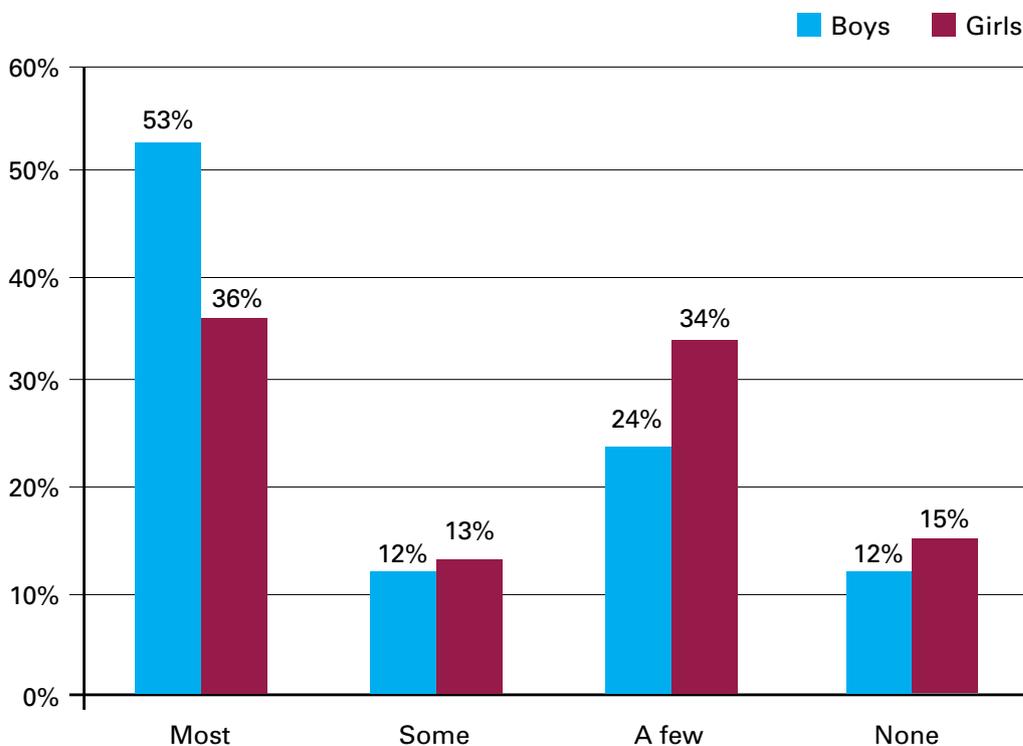
Figure 38: Is bush boarding a safe option for girls and boys: n=858 (girls question) and n=772 (boys question)
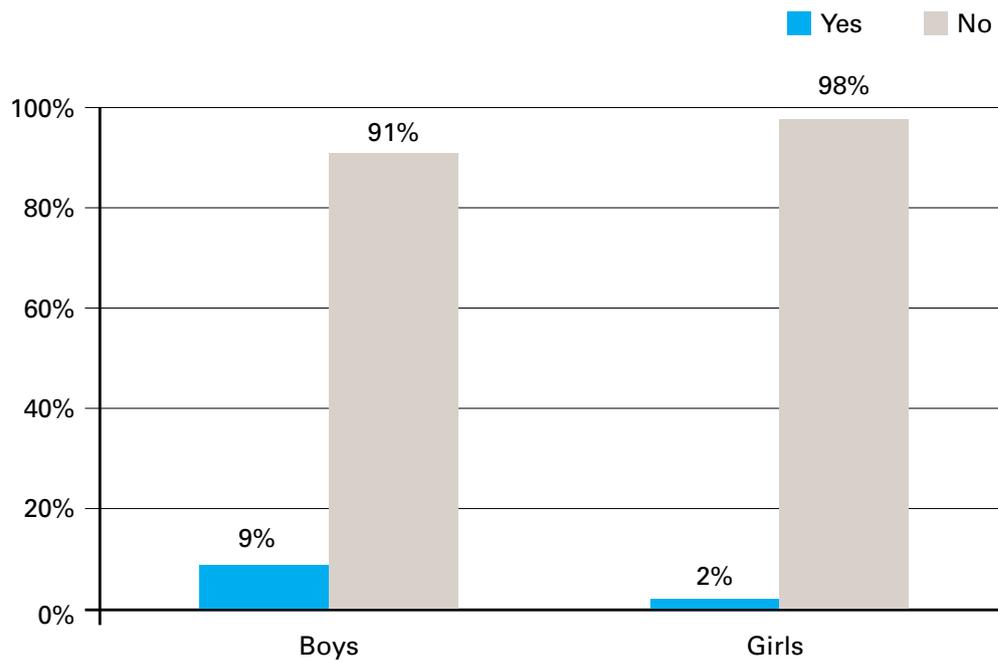
7.2.3 Bush boarding: Reaction of others

The Round Robin sessions highlighted that those who benefit from these informal boarding arrangements (e.g., landlords) may want to keep the status quo. Community members may be reticent to tackle the issue since the children are from outside the community. Yet, the majority of respondents highlighted very practical solutions that could tackle the main driver of violence in bush boarding, which was a lack of security for boarders.

7.2.4 Preventing violence in educational settings: Theory of change

ToC 3. Theory of change: Preventing violence in educational settings (with a focus on corporal punishment and violence in bush boarding)

Existing evidence	→	Evidence-based strategy	→	Interventions	→	Outcomes	→	Impact
62 percent of children aged 1-14 years experienced psychological aggression or physical punishment during the last 1 month (MICS 2014)		**Addressing Norms and Values**		Initial teacher education and comprehensive training for short-term teaching post holders on the damaging effects of corporal punishment, the use of alternative measures/positive discipline and expected relationship between teacher and pupil		Teachers do not use corporal punishment and do not engage in inappropriate relationships with pupils		Children are able to attend safe schools that also provide secure accomodation such that children can learn in safe, non-violence educational settings
98.6% of females and 94.8% of males aged 18-24 experienced physical violence by a teacher before the age of 18 (NBSLEA, 2011)	Evidence to impact			Whole school approaches to skill building, training, and guidance provided to teachers to utilise non-violent methods of managing classrooms and pupil behaviour		Increased skills among teaching staff on the use of positive disciplinary approaches		
Normative data shows that corporal punishment of girls is linked to sexual behaviour or refusal thereof. For boys, corporal punishment is largely related to misbehaving.		**Promoting Education and Life Skills**						
		Response and Support Services		Pupils provided with confidential resources such as Childline for reporting abuses by teachers or in informal or formal accommodation		Increased referral and reporting among pupils who experience violence in school settings		
Qualitative data shows that the risk factors for violence in bush boarding settings are the same as found among other children except that they may be more exacerbated and frequent.		**Implement and Enforce Policies and Legislation**		Review of legislation on legalised exceptions to the use of corporal punishment in schools		End of any legalised exception to violence against children in school settings		
		Create Safe Environments		Review formal and informal boarding accommodation and regulate providers to ensure secure accommodation facilities		All pupils have access to safe an ssecure accomodation while attending school		
37.6 % mothers and 33.8 % fathers and 39.9 % with other relation to a child believes a child needs to be physically punished (MICS 2014)		**Parent and Caregiver Support**		Parenting orientation on the damaging effects of corporal punishment and positive parenting		Parents do not use corporal punishment and expect that teachers do not use corporal punishment against children		

Children's Rights Framework (UNCRC)	Government and NGO work on Safe Schools	INSPIRE Framework for Effective Prevention

8. Social norms similarities and differences and their importance for programming

There are several normative beliefs and expectations common across topic areas. By unpacking these similarities and differences, programming can be enhanced to achieve more effective results with limited resources.

8.1 Belief about others

Across the findings, we see clear beliefs that most of the social norm behaviours are more common than they really are. The adage, 'everyone is doing it' aptly describes this phenomenon. We see this across several behaviours as described by young people:

- Early sexual debut: The majority of respondents highlighted that all adolescents have sex before the age of 18, with girls having sex often around the age of 14 and boys around 16. When this normative belief and expectation is compared against nationally-representative data, we find that this is not the case. Indeed, it could be argued that according to MICS and ZDHS data, that the vast majority of young people are not having sex until they are older adolescents.
- Child marriage: A common risk factor for marriage identified by young people was their belief that their peers were getting married. Data from U-Report show that 89 per cent of respondents say they know someone under the age of 18 who is married, whereas MICS data show that the actual proportion of marriages before the age of 18 are relatively low, with 25 per cent of females getting married before 19 years of age.
- Teenage pregnancy: Similarly, young people feel that more than three out of every four girls gets pregnant before the age of 18, whereas according to nationally representative data, only 19 per cent of females become pregnant by the age of 19.
- Use of corporal punishment: 77 per cent of young people believe that teachers use corporal punishment in schools, while NBSLEA data show that 46 to 54 per cent of students experience physical punishment and violence from teachers.

Why is this important? Social norms theory highlights that beliefs about other's behaviours is a central component underpinning a phenomenon as a social norm. Dispelling these myths about other's behaviours is central to tackling some of these issues.

8.2 Social expectations

Expectations about behaviours are the second central tenant of social norms theory. Two normative expectations stand out across the thematic areas of child marriage, teenage pregnancy and adolescent relationship violence:

1. Sex is, and should be, transactional in nature among adolescents.
2. Girls say 'no' when 'they' mean yes to sex.

These normative expectations are also reflected in quantitative data, helping to explain why Zimbabwe has the highest proportion of sexual violence perpetrated within adolescent relationships among all the countries that have conducted Violence Against Children (VACS) surveys.

There is also a specific expectation that is unique to corporal punishment: It is the most effective means of correcting behaviour in schools and teachers will use it to manage their classrooms. This expectation is not unique to Zimbabwe and has been found to exist globally. Challenging teacher's expectations about the effectiveness of violent forms of discipline, when coupled with implementing other strategies such as positive discipline, have been found to tackle these norms in other settings (Devries et al. 2015; Portela and Pells 2015).

8.3 Reference networks

Most clearly from the data is that the most frequently mentioned reference networks across the thematic areas are peers (including intimate partners), who are then followed by parents. Parents, especially the mother, were mentioned as important reference networks for all aspects of adolescent behaviour, from advice on when to have sex and who to marry. While being an important reference network, respondents mentioned that they were very rarely engaged until things 'went wrong'.

Mentioned far less were community and religious leaders. Yet, programming for these thematic areas often targets these groups first.

8.4 Reaction of others

Peers are the reference network through which beliefs and social expectations are enforced and peers are enforced and peers also levy sanctions, which range from exclusion to violence, in reaction to behaviours not conforming to social norms. Parents were mentioned most frequently when 'things went wrong'; for example, when teenage pregnancy or violence was discovered. This reference network then had incredible power to enact sanctions against the adolescent who engaged in non-normative behaviour.

8.5 Social norm differences for children with disabilities

Many social beliefs and expectations are different for children with disabilities compared to their non-disabled peers. For example, participants noted that children with disabilities were negatively labelled, impacting their opportunities to engage in the same activities as their peers (for example attending school). The Round Robin group that was held with children with disabilities particularly highlighted the negative beliefs and expectations that came primarily from adults in their lives – including parents, carers and teachers.

There was discussion among participants that the amount of discrimination for a boy may be more than that of the girl child, because of gender norms surrounding notions of masculinity that a male child with a disability will not be able to be the head of the family. Participants also discussed gender norm narratives surrounding 'real men' having sons who have no physical, mental or cognitive impairments. The most important reference network for these negative gender norms surrounding disability were extended family members and the neighbours in the community.

8.6 Non-normative issues

Not all thematic areas featured social norms. In particular, violence within bush boarding was found to have very few social norms elements. Instead, structural and institutional risk factors play a large role in creating pathways to violence. This is an important lesson for programming in that not all violence against children issues relate to social norms. For those that do, understanding the four main elements: beliefs about others, social expectations, reference networks and reactions of others (sanctions) are crucial for developing evidence-based programming.

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