

A young girl with short dark hair, wearing an orange jacket over a red and white striped shirt, is looking directly at the camera. She is holding a blue jacket by the collar with her right hand. The background is slightly blurred, showing a thatched roof and some white fabric.

POWER TO DECIDE

Accelerating adolescent girls' sexual
and reproductive health and rights

COUNTRY CASE STUDY REPORT
ZIMBABWE

November 2020

Increased attention to the needs of adolescents in the Sustainable Development Goals, in particular the needs of adolescent girls and girls from vulnerable and marginalised communities, has translated to increases in donor interest and programme investments towards girls' empowerment. As investments have grown, so too has the global evidence base on what works to change the gender and social norms that support systems of inequality, reduce or eliminate harmful traditional practices such as child, early, and forced marriage (CEFM), and reach adolescents with information, education, and services that relate to their sexual and reproductive health and rights (SRHR).

Even with all this attention, progress remains slow for girls and organisational and government efforts remain siloed: unable to address the full spectrum of adolescent girls' needs worldwide. In particular, a better understanding of how adolescent girls access and exercise agency over their bodies, their sexuality, and their goals and aspirations, is paramount for institutions working on girls' empowerment and gender equality.

Plan International UK has identified the need to focus new research on how and why girls exercise agency in their access to SRHR, including an analysis of power, intersectionality, and social and gender norms, in order to better understand the underlying drivers of SRHR inequalities. The research consists of a global literature review and two in-depth country case studies, exploring different levers of agency for adolescent girls and young women in two contexts: peri-urban and rural settings in Zimbabwe and long-term disaster response in Malawi. The objectives of this work are to:

- 1) Identify factors that enable adolescent girls' in multiple settings and of diverse identities to take charge of and control their SRHR;

- 2) Use these factors of success to identify rights-based, girl-centred recommendations that Plan International UK can use to support advocacy work and engage with decision-makers, civil society partners, and other actors both within the field of adolescent SRHR and broader health; and
- 3) Inform policy and advocacy strategies focused on girls' empowerment and access to SRHR in order to enact changes to systemic and pervasive gender discrimination and sexism across development sectors.

This case study informs the global literature review on the social determinants of adolescent girls' agency and access to SRHR. Building on Plan International's existing body of evidence to support the realisation of girls' rights, including the longitudinal Real Lives, Real Choices study, alongside annual reviews on topics related to girls empowerment, this research captures the voices of girls regarding their SRHR to help identify the policy pathways that enable changes at the individual and collective level to systemic and pervasive harmful gender norms within their communities.



Siphwe, 19 with her baby and mother-in-law pumping water from the well

METHODOLOGY

In September 2019, Plan International UK and independent consultants (the ‘researchers’, hereafter) conducted a primary research study in Zimbabwe with adolescent girls and young women aged 10-24 years. The aim of the study was to explore the factors that enable adolescent girls and young women to realise and exercise their agency regarding their bodily autonomy and SRHR.

Adopting a girl-centred approach and using a modified Participatory Ethnographic Evaluation and Research (PEER) methodology¹ the researchers recruited and trained five young women, aged 20-24 years, as co-researchers to conduct interviews and focus group discussions (FGD) with adolescent girls, aged 10-19 years, in the cities of Bulawayo and Kwekwe. The co-researchers were Plan International Zimbabwe volunteers, peer educators and one intern (all were residents and members of the communities included in the research) who reached approximately 150 adolescent girls, aged 10-19 years, through a combination of focus groups and interviews² to discuss how their identities and experiences shape their ability to exercise agency in relation to their SRHR. The adolescent girls they engaged with represented diverse



communities, including in- and out-of-school girls, very young adolescents (10-14 years old), girls who have experienced violence, orphans, girls living in urban slums and in mining communities, girls who have dropped out of school and adolescent mothers. We have included stories and quotes from the FGDs and interviews throughout this case study without identifying characteristics in order to maintain the confidentiality and privacy of the research participants. Many of the girls’ stories are retold by the co-researchers.

Following their conversations and interviews with the participants, and after discussing their own experiences, the co-researchers developed recommendations to create a more enabling environment for girls to exercise their agency and fulfil their SRHR.

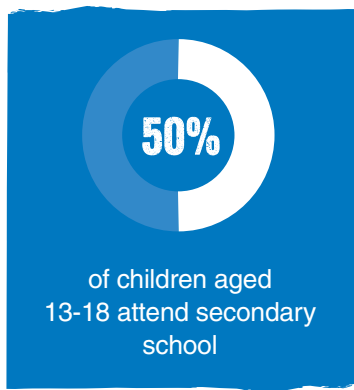
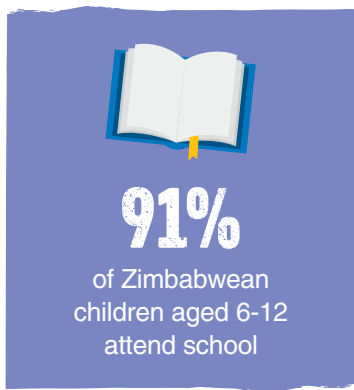
ZIMBABWE COUNTRY CONTEXT

In Zimbabwe, adolescent girls face multiple intersecting challenges, including early and unplanned pregnancies, maternal mortality, HIV infections, gender-based violence and CEFM. National studies indicate that rates of adolescent pregnancy and HIV are increasing, coinciding with declining rates of knowledge related to sexual and reproductive health.³ Abortion is criminalised in Zimbabwe, with narrow exceptions.⁴ Unsafe abortion is estimated to account for 20 per cent of maternal deaths in Zimbabwe, the majority of which are among adolescent girls and young women.⁵ Driving all of these challenges faced by adolescent girls are harmful religious, cultural and social norms and beliefs, which limit their access to political, social, health, educational and economic opportunities and spheres.

Zimbabwe's declining economy exacerbates the problems faced by adolescent girls and the increasing prevalence of adolescent pregnancy is linked to high rates of CEFM, barriers to education, including challenges paying school fees, and geographic and economic inequalities. Estimates of Zimbabwean girls aged 15-19 are currently married or in unions similar to marriage range from 22 percent to 40 percent, with higher rates in rural areas.^{6,7} Pregnancy rates

among girls in rural areas are three times higher than among their urban counterparts, are more than five times higher among girls in poverty (than in the wealthiest quintile) and twice as high among those with only primary education.⁸ Data shows a sharp decline in school attendance rates between primary and secondary school: while 91 per cent of Zimbabwean children aged 6-12 attend school, only 50 per cent of children aged 13-18 attend secondary school, with the decline being significantly more rapid among girls from the age of 16.⁹ Despite a limited School Re-entry Policy, to 'protect' pregnant learners,¹⁰ the stigma faced by pregnant schoolgirls from teachers and other students, as well as an inability to afford school fees, means that most never return to school. According to UNESCO estimates, one out five 15-19 year old girls experiences pregnancy each year, contributing to an average of 6000 pregnancy-related school drop-outs each year.

Recent research in Zimbabwe has found that girls 'lack agency in making sexual decisions' and 'fear rejection by boys,' contributing to a normative structure that negatively impacts girls' ability to use contraception. Gender stereotypes and stigma related to female adolescent sexuality result in high rates of





relationship violence and negative notions of masculinity ‘in which a real man does not use protection.’¹¹ Sexual violence and coercion against adolescent girls are unacceptably common: 41 per cent of girls’ and 7 per cent of boys’ first sexual experiences were forced or coerced. The experience of sexual violence in adolescence contributes to unintended pregnancy and poor mental health outcomes including thoughts of suicide, and remains underreported: only 52 per cent of girls in Zimbabwe who experience sexual violence before the age of 18 tell someone, and only 4 per cent seek out services.¹²

Despite the development of policies aimed at improving the sexual and reproductive health of adolescents and young people, including the National Adolescent and Youth Sexual and Reproductive Health (ASRH) Strategy II (2016-2020), the School Health Policy and a new guidance and counselling curriculum, there remains a lack of commitment within the government towards their implementation. There is scarce information available for adolescents on SRHR and public messaging tends towards abstinence and stigmatisation of adolescent sexuality, including pre-marital sex and adolescent pregnancy.¹³ The 2016 National Adolescent Fertility Study raises “[n]egative attitudes regarding sexual activity before marriage” as contributing to the lack of knowledge of contraceptives among young women,¹⁴ while the ASRH Strategy II (2016-2020)

emphasises the importance of increasing adolescents’ knowledge of their sexual and reproductive health and rights as a pathway to reducing harmful religious, cultural and social norms and associated health risks. However, the National Gender Policy 2013-2017 fails to make any substantive reference to addressing patriarchy, cultural norms or stereotyping, which underlie Zimbabwe’s profound gender inequality.

Comprehensive sexuality education is not provided in schools and whilst the guidance and counselling curriculum provides some SRH and life skills content, key elements, including contraception, have been omitted or placed under the discretion of teachers, who are poorly supported with few resources for training on these topics. Furthermore, inconsistencies in laws and policies cause confusion around the age of consent to access sexual health services,¹⁵ undermining adolescents’ access to the information and services they need to protect their health.

This research explores the social norms that influence access to SRH services and information and, ultimately, a girl’s ability to exercise agency over her body and choices. By engaging with girls from different backgrounds and intersections about their lives and experiences, this research shows that despite all the odds, girls continue to survive, subvert and rebel against the systems they live within.

KEY FINDINGS

INDIVIDUAL ASPIRATIONS AND DECISION-MAKING

The adolescent girls' and young women engaged in this research unanimously described a gap between knowing their rights and knowing how or when to take action to put these rights into practice. Norms within the communities studied are not conducive to independent decision-making, in particular for young women, who feel immense pressure to conform to social expectations related to being 'good' or 'well-behaved' girls, pressure which only increases as girls age past puberty and into older adolescence. The drivers of this pressure are outlined in the following sections, in addition to analysis of the more structural barriers to girls' agency and SRHR. For this research,

we focused on a subset of participants whom our co-researchers classified as 'empowered'. These are adolescent girls and young women who describe having confidence and self-efficacy in their decision-making about their education, romantic or sexual lives, and futures. With these girls, we pursued questions about how they made decisions independently, how they converted decisions into action, and who or what supported them in taking action on these decisions, to identify the key levers for increasing girls' agency, defined here as **the fundamental capability of an individual to make decisions and then to translate those decisions into actions, free of fear, violence, or retribution.**¹⁶

FAMILY AND COMMUNITY

PARENTS

By far the biggest influence on a girls' ability to make empowered choices for herself is her family, specifically her parents. Unfortunately, not all parents were supportive of their daughters' rights and those girls who felt least able to exercise agency were actively constrained and controlled by their parents, due primarily to financial motivations to protect girls' bride price or ability to earn an income in the future. Many girls shared that they didn't see the point in going to school if they were soon to be married and felt that they were seen as nothing more than 'cattle' by their parents. Despite their frustrations with this, girls in unsupportive family environments did not feel able to speak up for themselves with their parents, referring to social norms and expectations that they accept and make the best of the lives their parents chose for them.

“They just think that they need to listen to their parents and no one else. They say ‘No our parents want this for us’ so only do what their parents want – they believe no one else has power over their lives but their parents – only they have the right to tell them what to do and what not to do.”

Co-researcher aged 20-24 years, Bulawayo

“The girls we spoke to said ‘Talk to our parents, we need support to sit down with the elders as we don’t want what they are doing to us.’ They say they have no power to change things, to do this themselves.”

Co-researcher aged 20-24 years, Kwekwe

There remains a strong sense of taboo among adults around topics related to romantic interest, sexuality, and even marital goals. The majority of girls felt that they could not talk to their parents about their SRHR and that parents feared their daughters may step outside of the established social norms, in particular that they would either choose not to marry or that they would get pregnant before marriage. Research participants consistently shared that they felt they could not speak to their parents about sex or romance, that they would be beaten or punished if they tried. The majority of the research participants expressed either that their parents would never and could never be open to talking to them about sexuality and romance, or that their parents might be open but it would be up to the girls to bring up the topic, and that they would need to be patient and strategic in doing so.

“Parents get angry the first time you try to talk to them; that is every parent’s greatest fear, that you’re engaging in sex. But maybe the following day she will be calm and talk to you about that. That’s what I’ve been through.”

Co-researcher aged 20-24 years, Bulawayo

When asked who supported them to make their own decisions or who they could turn to for information on topics other than sex and sexuality, many girls and young women named their parents. Of particular interest, the girls who self-identified as empowered credited supportive home or family environments, and in particular parents who defended them from social disapproval or community discrimination. Girls with parents who are supportive of their rights and independence were better able to exercise agency in their lives, specifically with regard to their education, SRHR and life aspirations.

“My father is the one who inspired me to be the woman I am today, he made a deal with the headmaster so I could afford to go to school by collecting wood for the school so that he wouldn’t have to pay my school fees. He has encouraged me to find my own road. I want to give my community a different name, to help girls be educated on SRHR and not drop out of school.”

Co-researcher aged 20-24 years, Kwekwe

Other ways that parents supported girls to make and act on their own decisions included financial support, such as assistance with school fees, modelling gender equity in their treatment of girls and their brothers, standing up to social pressure placed on their daughters, and being open to conversations about girls’ interests in dating or marriage.

“Girls are limited in the way they make their decisions; many things are limiting girls’ expectations for their lives in their communities. Our parents and the community need to trust us and believe we are strong and we can do things for ourselves.”

Adolescent girl, aged 10-19 years, Kwekwe

“Parents need to be inspired too to see women as religious leaders, doctors... they need to be seeing what the kid is seeing so that they understand and want that for their children.”

Co-researcher aged 20-24 years, Bulawayo

SOCIAL NETWORKS

Discussions with the girls suggest that parents, as much as their children, may be constrained and even blinded by their social context, and that they too need support to understand the importance of gender equality and SRHR and the possibility of an alternative life for their children. The girls are conditioned and pressured to step into the socially expected gender and domestic roles that are assigned to them by their parents, reinforced by their community and their parents' social networks. Aside from the economic gain of their daughters being married off early due to bride price, parents are as much subject to peer pressure within their communities as their daughters, and are fearful of drawing public shame or humiliation upon themselves, should their daughter defy the status quo by getting pregnant early and outside marriage, or garner a reputation as 'naughty' by being seen outside the home on her own or outside of sanctioned tasks, which would interfere with her ability to draw a larger bride price.

“Parents are afraid to be called failures by the community, they are afraid to be shamed and don't care about their kids but only their honour. We need parents to stand up to other parents in the community, defend their children.”

Co-researcher aged 20-24 years, Bulawayo

Clearly, systemic change cannot be the sole responsibility of girls. They live within a family and need the support of their parents and other adults in their community to exercise their rights and agency, live out their aspirations and mitigate any backlash against their empowerment. Social influences shape girls' decision-making and aspirations, as well as contributing to and reinforcing their fears of violence and community disapproval. Being seen by the community as too independent was associated with being 'naughty' by many girls, and with increased risk of sexual harassment and violence. Discussions with the co-researchers about this revealed that collective peer engagement was a key strength for them in terms of feeling empowered and being able to talk openly in safe spaces about the issues that affect them:

“The people around me make me who I am, they show me – sometimes friends and also other peer educators. I'm in a youth group – girls teach us about SRHR – I listen and I learn, I get motivated by others sharing their stories.”

Adolescent girl aged 10-19, Bulawayo

FAITH LEADERS AND COMMUNITY INFLUENCE

The role of religious and faith leaders, both in curtailing and supporting girl's agency and decision-making, came out strongly from the girls. In particular, the association of sexual activity or even sexual violence with the loss of purity, which many girls felt should be addressed in more positive ways by churches and faith leaders, who could have an enormous influence on the norms that contribute to the victim-blaming and sexualisation of girls who experience sexual and gender-based violence.

"She told us in her church girls wear different uniforms if they are a virgin, and if they have had sex, they wear red. Red is always danger. The red one is naughty and the white uniform for the virgin is pure. This would kill my self-esteem. If this happened to me I would really feel less of myself. Churches completely deny that young people are dating and having sex – and teachers actually play a huge role – they don't talk about anything. But it's happening – we cannot deny the fact that girls and boys are starting to date at earlier stages than before and are engaging into sex. But those communities and institutions like churches are denying these rights instead of offering us support and telling us what we should be doing to be safe. They are denying us."

Co-researcher, aged 20-24 years.
Kwekwe

"In terms of that, I would say they are actually promoting early pregnancy,

diseases and being promiscuous because we are not free to talk about our sexuality. If nobody is judging anyone, I would be free to tell you about what is happening in my life – I tell my friends and we give each other advice. If communities were like that it would be a safe space – because with churches not talking about SRHR, it makes it unsafe and promotes bad health and behaviours."

Co-researcher, aged 20-24 years,
Kwekwe

"Our Catholic religion told us not to use contraception. I came from a family of 10! It took me so long to start to use it and this came with more information around it."

Adolescent girl, aged 10-19, Bulawayo

Whilst most girls identified issues with religious leaders ignoring or even perpetuating stigma against girls, they also expressed a strong desire for their pastors and faith leaders to do more to support girls' rights, engage parents, prevent violence and disinformation, and help adolescents build skills to better communicate with their parents. It is clear that not only is more work needed to engage faith leaders and faith communities to support girls and move away from harmful and stigmatising attitudes towards their sexuality, but also that girls want and need churches to be spaces of safety and support for them.

INSTITUTIONS AND SYSTEMS

EDUCATION

Education is a key influencer towards enabling a girl's agency because it provides them with choices in life, which was regarded as extremely important by the girls. However, not all girls value education for the same reasons – some saw education as a route to achieving their dreams, and others as something they have to do to get to the point of marriage. For girls living in poverty or in communities facing economic or geographic constraints, education was more likely to be seen as a pathway to increase bride price, as opportunities for employment are minimal and boys are given preference. For many girls facing economic hardship, which is exacerbated in crisis, early marriage is the only perceived path, and family investments in girls' education are only seen as valuable insofar as they increase a girls' marriage prospects and associated bride price.

“Whether you pass or don't pass exams, it doesn't matter because we don't get to pursue beyond that – either you get married or you become a maid.”

Adolescent girl age 10-19, Kwekwe

Many girls valued education as a pathway to positive change for them and their families, and felt and exercised great determination to attend school, often against the will of their parents and beyond what they could afford. Their motivation to get an education often came from a desire to help others, as well as themselves, whether it be their younger siblings or to make a change in their communities and lead other girls towards a better life for themselves.

“I became empowered because I needed to look after my younger siblings as my mother and father fought a lot. I had to

stand up and work hard to be the woman I want to be. I work hard to go to school and to prove myself to my siblings and show them that we really have to work hard for a better life. I asked my father and mother for school fee money – I needed extra money for school fees because I couldn't concentrate at all but needed to pass – but they didn't have any. I tried everything – eventually I found an organisation that agreed to pay for my school fees. I'm behind for my age, but I am determined to go to college – I want to study journalism and do social work after.”

Co-researcher aged 20-24 years,
Bulawayo

As well as the need to invest in girls' attendance and retention in schools, significant gaps exist in the quality and content of girls' educational experiences. Many girls experience discrimination and harassment from their teachers who perpetuate social norms that discriminate against poor or marginalised girls, or girls who are perceived to be or are sexually active.

A closer look within the education system revealed discriminatory practices among teachers, head teachers, and other school authorities against less privileged, marginalised, and pregnant girls. For example, more recently, with a new policy in place, it has been acceptable for pregnant girls to return back to school after they have had a child but this is very much down to the discretion of the head teachers and more often than not, girls do not return to the same school for fear of stigma and discrimination. Furthermore, tensions between teachers and students, as well as among students themselves, were affecting the positive development of many girls. Teachers were seen to incite or ignore bullying behaviour, as

well as reward the more privileged children, who were the prefects and had scholarships – none were the poorer children, visible by their uniform’s appearance. By reproducing social stigmas and not only condoning, but contributing to classroom bullying and discrimination, teachers were seen to reinforce losses in confidence, self-esteem, and agency among marginalised adolescents.

“I think staff within the school is a big problem and I witnessed it with my own eyes in one of the FGDs – I notice at schools they discriminate – if you are poor you will never be a prefect, for example. If you are poor, you won’t get the top grade. When we asked to reduce the size of the FGD to 15, the teacher did not even hesitate to take the poor girls out, they were not dressed the same as most of the class – I imagine myself in that situation as a little girl, if I was chosen to go out of the class – they are killing your self-esteem. If we are creating children to have no self-esteem those children will not have the power to make decisions for themselves: I always say if a person has no self-esteem, that person does not have any sort of power over her body. For example if a girl who experienced the same as those girls I witnessed, she has no self-esteem... if she is to ever find a guy who pretends to love her, she will just let him do anything because she is desperate for love, she will just take in whatever is available.”

Co-researcher aged 20-24 years,
Bulawayo

“There was an orphan girl being bullied by the other children but one girl stood up for her – she said when she noticed the other girls hated this girl she wanted to help her. She said she was inspired by her parents to be a leader and wants to help people – her behaviour came from inside her family.”

Co-researcher aged 20-24 years, Bulawayo

The co-researchers discussed possible solutions to the problems that young people were experiencing in the schools and felt strongly that the inclusion of subjects related to girls’ rights and gender equality would greatly support girls’ empowerment and ability to exercise agency with regard to their SRHR. In addition, girls wanted teachers to be trained on discrimination and adolescent SRHR, and peer educators to be brought into the schools to provide SRHR information and services and lead participatory sessions.

“We should be having more of specific subjects for girls that teach them about SRHR, empowerment and agency – something vibrant that the schools are doing similar to Skills Education Training Authority. Science programmes have gained ground in schools – SRHR should also gain ground like this, to have campaigns each year – make it something that is known – because we might educate our girls. They have that information but they don’t know how to use it/implement it, so we need to focus more on the public schools, make it a viral thing, make it something common to talk about in school – then from one school it goes to the next and you get changes.”

Co-researcher aged 20-24 years,
Bulawayo

HEALTH

Most of the girls are aware of their rights and have some basic knowledge of their SRHR but lack the confidence and agency to know what actions to take in order to make positive decisions for themselves. As a result, girls perceive that they themselves cannot change the status quo and therefore do not challenge it. The girls discussed a lack of acceptance within the community around girls' sexuality, the idea that contraception was a boys' domain, and that girls were correspondingly highly stigmatised by service providers if they tried to access contraception.¹⁷ Stigma around loss of virginity is pervasive and fear of public humiliation around early pregnancy seemed to shape girls' thinking about sexuality. Girls could garner a reputation as 'naughty' through an incredibly broad range of actions, including through expressing interest in sex or dating, by being out of their homes in the evenings or outside of sanctioned activities, being aggressive in sports, or even through actions taken against them, such as sexual harassment and assault. In addition, one girls' reputation as 'naughty' could spread to include her siblings and friends and put them at greater risk for harassment. The social stigma attached to 'naughtiness', coupled with restrictions on girls' mobility and access to spaces to congregate, contributed to a silencing of girls' ability and willingness to discuss SRHR issues among themselves or with teachers, parents, service providers or other adults. This has consequences for girls, particularly for those who are engaging in sexual activity and lack accurate SRHR knowledge and agency to negotiate contraceptive use. One example of this was shared during an interview:

"I have a friend who was crying and I asked her what was wrong, she was so upset all day. She opened up to me that she was three months pregnant. I asked her 'What does your boyfriend say?' She said he denied the pregnancy. She said 'What is hurting me the most is he was my first boyfriend and I really trusted him with my body'. I was like, that's an SRH problem – something was not really done right here – she was trusting someone who was saying 'Everyone's having sex, what's the worst that could happen?' She wasn't well informed."

Co-researcher aged 20-24 years,
Bulawayo

Contrary to the stigma around sexuality and access to contraception and safe abortion, girls from both age groups were very aware of HIV prevention and care and felt comfortable openly discussing the issue. Their knowledge of and ability to discuss HIV openly appeared to be a source of empowerment for the girls, influencing their confidence in their ability to take positive steps to ensure prevention. A co-researcher shared a story from an interview:

"A girl I interviewed did an HIV test. What made her eager to know her status? She was taught about being infected by being born or sharing sharp objects – she uses people's razors so she wanted to know. She was supported by a friend and they went together. She made a promise to herself once she knew she was negative never to engage in risky behaviour ahead and will ask a future partner to get tested so she knows their status – she was empowered."

Co-researcher aged 20-24 years,
Bulawayo

STRUCTURAL VIOLENCE AND GIRLS' MOBILITY

The fear of violence, including street harassment, assault, and sexual violence, was a major factor in girls decision-making. Girls in Zimbabwe are tightly controlled in their movements: even the most confident and empowered girls engaged in the research did not feel like they had the ability to move freely about their communities. Parents exercise immense control over when, where, and with whom girls travel, and frequently girls are restricted in both time and space, often travelling far to and from school and then confined to the home to do the majority of the household chores. Many girls are further confined by their responsibility to look after their younger siblings, with many parents absent due to separation and/or their need to work away from their communities to make an income. Many are not allowed to leave the home without permission for fear of their safety, as they are perceived by their parents to be at risk of street harassment or sexual violence, which is seen as the inevitable result of being around 'misbehaving' boys and men.

"Men are waiting for the girls when they leave school and even in school: the toilets are far away from the school

building and men hide in the bushes and under trees to harass us and try to coax us to go with them. When we reject them, they get insulted and angry."

Adolescent girl aged 10-19, Bulawayo

Girls are held responsible for the social and reputational risks of experiencing harassment: they are blamed for being available to be harassed, while men and boys are excused or not held accountable for how they treat women. Yet even when travelling on sanctioned tasks at allowed times, girls are harassed. Many girls expressed that they didn't feel safe in the school environment, fearful of harassment and bullying from other students and from those outside the school walls. The fear of violence and harassment is not alleviated by attending school, which is not seen as a protected or safe space by many girls. Violence against girls and women is an accepted part of life for many girls in Zimbabwe, and is reinforced by social norms and a culture that holds women responsible for the violence conducted against them. Girls are expected to control the risk of violence by not going out, and going out while knowing the risk is not seen as brave but as 'naughty'.



PLAN INTERNATIONAL

Maria, 18 missed two months of school after Cyclone Idai to do small jobs to bring in more income for her family. She's now back at school but still struggles to attend full time.

BRIDE PRICE

Poverty is both a cause and consequence of child early and forced marriage²⁰ and in Zimbabwe, despite a High Court ruling outlawing any marriage below the age of 18,²¹ the government has still not amended the law. The economic valuation of girls is seen most clearly in the ongoing expectations of 'roora', 'lobola' or bride price. As Zimbabwe's economic crisis has deepened, girls have more explicitly come to see their value to their families, and the economic value of their education, in how much bride price they can attract. The need to marry well, or to attract a high bride price, is linked to girls' educational aspirations and mobility. For many families, bride price can be equivalent to half or all of a year's income, causing both the parents and the girls themselves to feel immense pressure to protect the girls' reputation and therefore their earning potential.

“Parents say ‘I’ll get rich because you’ll get married.’”

Adolescent girl, aged 10-19, Kwekwe

“The girls said that the parents are forcing them to get married because they need money from cows. She shared that a girl in Form 1 got pregnant and her parents sent her to the guy and they received ‘worah’. She said ‘Whether you pass or don’t pass school or get pregnant at a very young age it doesn’t matter, what matters is the parents get their worth.’”

Co-researcher, aged 20-24 years, Bulawayo

“Our parents choose a man that gives money to them. So that they have sugar. Like we are exchanged for groceries, cows!”

Adolescent girl, aged 10-19. Kwekwe

When asked about their goals and aspirations, girls were highly motivated by the desire to be economically capable

of helping or supporting their families. Girls have a deep and abiding interest in growing their abilities to support and help their families, and many of the older girls have developed entrepreneurial or even risky strategies in order to do so. Economic instability can increase girls' risks of violence and sexual exploitation, as older men are frequently available and willing to provide school fees, cell phones, monetary and other gifts to younger women and adolescent girls in exchange for sex. Many of the girls spoke of the easy availability of such men, known as 'blessers,' even while acknowledging the risks they present to their health and reputation.

“They were ok with their situation – all they seemed to care about was their family getting rich. They know they are limited and there is little else they can do as they cannot get jobs except as maids and sitting around. Finding someone with money is a better life, you can survive, eat. They can’t see an alternative... mining jobs are only for men to get rich.”

Co-researcher, aged 20-24 years, Kwekwe

POVERTY AND ECONOMIC OPPORTUNITY

“For me, independence is being financially and emotionally independent. Having self-esteem. I don’t need validation from anyone.”

Co-researcher aged 20-24 years, Bulawayo

Poverty and economic instability is the other key factor influencing girls’ agency and aspirations in Zimbabwe. Girls are aware from a young age of the economic circumstances of their families and communities and feel an immense sense of responsibility to the family to provide what help they can. Economic instability also shapes the girls’ sense of what is possible: girls from economically disadvantaged, rural, and mining communities told us that they didn’t see opportunities for themselves around them, that all of the jobs were for the boys in their towns. While many girls spoke of the value of seeing professional and empowered women through the media, they set their own economic aspirations based on what they could see was available in their own community.

“There is a Shona saying ‘Mbucki inapurira payakasungirinda’ – the opportunities you seize are the opportunities you live around. If we limit the poor to a poor environment, they will only have poor opportunities in life.”

Co-researcher aged 20-24 years, Bulawayo

When asked about their goals and aspirations, girls were highly motivated by the desire to be economically capable of helping or supporting their families. Girls have a deep and abiding interest in growing their abilities to support and help their families, and many of the older girls have developed entrepreneurial or even risky strategies in order to do so. Economic instability can increase girls’ risks of violence and sexual exploitation, as older men are frequently available and willing to provide school fees, cell phones, monetary and other gifts to younger women and adolescent girls in exchange for sex. Many of the girls spoke of the easy availability of such men, known as ‘blessers,’ even while acknowledging the risks they present to their health and reputation.

“They were ok with their situation – all they seemed to care about was their family getting rich. They know they are limited and there is little else they can do as they cannot get jobs except as maids and sitting around. Finding someone with money is a better life, you can survive, eat. They can’t see an alternative... mining jobs are only for men to get rich.”

Co-researcher aged 20-24 years, Kwekwe

DISCUSSION

In reviewing the findings from this research in Zimbabwe, a few key themes emerged that relate to adolescent girls' ability to exercise agency over their bodies and SRHR. While issues related to the risk of sexual and gender based violence, the impacts of poverty and access to education are far from new to programme implementers working to empower adolescent girls, it is clear from this research that the mental and emotional impact of these on girls and young women's sense of self have not been fully considered.

Poverty and the risk, or perceived risk, of violence pose the strongest combined threats to girls' ability to exercise agency, in particular when it comes to their sexual and reproductive health. It is evident from the experiences and voices of girls at the local level that investments in girls' education are still predicated on their value as potential wives and disconnected from future employment and economic opportunities. Education for girls is still not seen as a path to a meaningful career, a perception shaped by social norms about what opportunities are available to women, but also by girls' understanding of the economic markets and lack of employment opportunity in their communities. Furthermore, girls are not encouraged to open their eyes to the possible opportunities that exist beyond the realms of their known community systems and structures.

Female role models and mentors are fundamental to girls' sense of possibility, in particular when those role models are accessible to them on a personal level. One key factor distinguishing 'empowered' girls, or girls who expressed confidence in their rights and their decision-making and the self-efficacy to act on that knowledge, was the existence of a mentor, supportive friend, parent, sports coach or peer educator in

their lives with whom they had interacted and, critically, who had provided them with economic or career-focused opportunities and emotional support. Here again, building trust is key, as girls expressed the need to have a safe space, either physically or emotionally, in their social environment to discuss their concerns.

In addition, it is increasingly apparent that the threat of violence, including through street harassment, and the social consequences of experiencing violence, in particular sexual violence, are shaping girls' sense of agency and willingness to make independent decisions. Girls' mobility, social lives, and even how they dress are heavily shaped by a need to 'protect' them from risk of harassment, violence, and sexualisation, which is inextricably linked to the economic value placed on girls' and young women's reputations. Girls who are cast in the role of 'naughty' (a term repeatedly used by the girls) risk not only the loss of an economically advantageous marriage prospect, but also discrimination in education and employment. **This intertwining of girls' values with their sexuality, actual or perceived, is front and centre in the mindsets of girls, as they weigh the risks of contravening social and gender norms in search of improved individual opportunity.**

While Zimbabwe has a relatively progressive policy environment when it comes to adolescents' access to family planning services and HIV testing, treatment and care, girls remain unwilling to seek out services, largely for fear of stigma (both inside and outside the clinic) and a corresponding increase in their risk of violence. The legal and policy environment for responding to sexual and gender-based violence (SGBV), in particular the training of law enforcement



Melissa, 17, centre and friends in Kwekwe district

and service providers to appropriately and empathetically care for survivors of SGBV, lags woefully behind the availability of other youth-friendly health services. SGBV response not only remains siloed from SRH services but is focused on tracking and response of incidents without sufficient understanding of, or investment in, prevention – changing public attitudes towards violence and those who experience it.

Furthermore, the crucial gap in girls' ability to exercise their agency was how to act upon their knowledge and understanding of SRHR. Over and over again, we heard that girls had a sense of being treated unfairly, or may have heard public messages about their rights, or the importance of standing up for themselves, but that they didn't know how to

act on these messages. Either because they felt unheard, disrespected, feared the family or social consequences of standing up for themselves, or because their decision-making and mobility was so controlled by their parents and families, girls across all segments of the research felt like they couldn't take the actions they knew they should to protect their own health without inviting retribution or stigma.

Finally, the concept of trust came through repeatedly: what seems to make a clear difference in terms of building girls' confidence and self-efficacy is how their parents and communities react to them when they express themselves. Girls who felt like their parents trusted them to know their own minds and to make 'good' choices felt supported to continue to pursue their ambitions.

CONCLUSION

By centring our analysis of girls' access to SRHR in questions of their agency and decision-making, we were able to unpack the fundamentals deemed necessary for them to exercise ownership over their own lives, bodies, and health. Our findings with girls in Zimbabwe support the need for an intergenerational and intersectional response that centres the shifting of power over adolescent girls' decisions, goals, and actions into their own hands as the end goal for organisations and stakeholders invested in their sexual and reproductive health and rights.

Even more so, the findings support the need for a feminist approach to girls' empowerment, which:

- **Tackles discrimination and inequality at the root level**, including through naming and analysing the power structures and imbalances that shape girls' experiences, and addressing and transforming the economic, legal, and social systems that underpin and prop up patriarchal institutions and power structures.
- **Takes an intersectional view** of how gender influences individuals' experiences and access to power and opportunities alongside identities such as age, race, class, ethnicity, migration status, marital status, sexual orientation, dis(ability), and others.
- **Centres agency and human rights**, including valuing girls' expressions of their individual agency and rights, and recognises the diversity of identities and choices available to women and girls.
- **Prioritises meaningful collaboration and participation** with girls', women, and marginalised groups through thoughtful and supported inclusion in all aspects of programme design and delivery, policy decision-making, and research.

The girls included in this research were highly motivated to take on greater responsibility and agency in their lives, including through pursuing further education, achieving economic independence, and choosing if, when and whom they marry. Furthermore, being able to compare their experiences to those of other girls and young women allowed for girls to identify patterns of inequity and strengthened their resolve to work towards the elimination of inequity for others in their lives. The girls we worked with were deeply invested in their families and communities, wanted to be positive role models for their young siblings and other girls in their social networks, and to improve conditions and reduce violence and inequalities for others around them. Organisations interested in improving adolescent girls' agency and empowerment are well-situated to invest in these desires through creating a conducive environment for girls to grow, which requires investments not only in the girls themselves, including their mental wellbeing, safety and protection but in the communities, families and power structures within which they live.

Although the girls shared similar challenges, including poverty, violence, fear of violence, limited mobility and lack of resources, their aspirations and goals, their sense of what empowerment means for them and their life experiences are unique and therefore any response to support them requires a deeper understanding of these nuances. Whilst restrictions on the girls' agency and actions were largely internal, in their



Kudzaishe, 14 preparing grains for her family

ability to conceptualise different life paths and think independently about their future planning, as well as individual, in the skills and confidence needed to express emotions and ambitions, they were also external and ingrained within their social networks and how their parents, peers, and communities reacted to any expression of difference or independence. Improving individual agency is not enough for girls to find ways to challenge and change unequal norms – the burden of change cannot rest solely in their hands to achieve. Girls want and need to be listened to and trusted but also nurtured and supported by their families, communities,

teachers, mentors and role models to take action and make positive change. Whilst many of the struggles faced by the girls are intergenerational, they face new problems, have different perspectives and must be given space to find new solutions, be inspired and take charge of their rights.

Targeting structural inequality, whereby unequal social norms exist, such as within health and education systems, policies and institutions, is vital to ensure girls are able to access the quality education and sexual and reproductive health information and services necessary for their health and wellbeing.

RECOMMENDATIONS

Through their conversations and interviews with the participants, the co-researchers identified five key areas for investment in order to create a more enabling environment for girls to exercise their agency: access to education about their rights; social support networks; role models and mentors; prevention of violence; and adult responses to adolescent agency. A validation workshop was conducted with the co-researchers to discuss the findings of the interviews and FGDs, culminating in the development of recommendations to support their needs. The recommendations are targeted to national decision-makers and program implementers are organised within the key investment areas as follows.

ACCESS TO AND QUALITY OF EDUCATION ON RIGHTS



- Ensure access to free or subsidised education.
- Provide better school transportation for adolescents or greater availability of education in rural areas.
- Invest in provision of free or subsidized youth-friendly SRHR services and information.
- Invest in alternative education and vocational training for those unable to access traditional school.
- Invest in training for teachers on non-discrimination and SRHR, including gender-based violence, bullying and gender equality.
- Provide quality SRHR education which is linked to health services for all ages.
- Invest in subsidised school transportation for adolescents such as community bicycle programmes.
- Incorporate girls' rights into the standard curriculum.
- Support less privileged and marginalised adolescents to remain in school.
- Provide active support for teenage mothers to return to school.

SOCIAL SUPPORT NETWORKS



- Promote social support and inclusion for marginalised and vulnerable groups.
- Ensure that government educational or micro-loan programmes prioritise poor and marginalised girls.
- Ensure greater integration with youth economic empowerment projects.
- Provide safe spaces for girls to meet and discuss their concerns.
- Connect girls from different backgrounds with each other.
- Provide more out- of-school, community-based opportunities.
- Introduce more youth centres and recreational spaces so that young people have more opportunities to meet and support each other.

ROLE MODELS AND MENTORS



- Invest in and promote female mentors/role models.
- Provide community skill-building and entrepreneurial projects for youth.
- Engage adolescents and young people in creating youth-led policies.
- Ensure government accountability for implementing youth and gender policies.
- Recruit and train more peer educators to provide SRHR information and services outside the clinic.
- Engage more with girls as leaders.

PREVENTION OF VIOLENCE



- Enact criminal penalties for perpetrators of sexual and gender-based violence and social protections for survivors.
- Invest in social norm change to reduce incidents of violence and street harassment against girls and women.
- Implement and operationalise existing policies on violence against women.
- Provide gender-aware and youth-friendly training for police and law enforcement.
- Stop child, early, and forced marriages.
- Ensure training on the provision of non-judgemental youth-friendly services.
- Ensure strong standards for confidentiality and privacy without age biases in health, law enforcement, and child protection services.



ENGAGING ADULTS FOR ADOLESCENT AGENCY

- Conduct outreach to parents, including SRHR education to parents, men and boys, and community leaders to raise awareness of girls' SRHR.
- Provide outreach and evening programmes for parents on girls' rights and supportive communication.
- Support young people to stand up for their SRHR.
- Ensure access to training for pastors on girls' rights, incorporate messages about girls' rights and parental support for girls into sermons.
- Educate communities on rights (girls and children's rights).
- Conduct research focused on parents' knowledge of SRHR and gender norms.
- Engage parents in comprehensive sexuality education and other SRHR-initiatives designed for young people so that they receive the same information and can be supported to talk to and listen to their children.

ENDNOTES

- 1 For more information on the PEER methodology see Power to Decide global report, annex 1.
- 2 Researchers conducted eight focus groups with an average of 15 participants each, including two focus groups with very young adolescents aged 10-14, and additional individual interviews with 15 girls aged 15-19. Focus group questions were modified for groups with very young adolescents to remove questions about sexual activity and focus more on decision-making and goal-setting.
- 3 Zimbabwe National Statistics Agency (2016) *Zimbabwe Demographic and Health Survey 2015: Final Report*. Harare: ZimStat.
- 4 Guttmacher Institute (2018) *Induced Abortion and Postabortion Care in Zimbabwe*. Updated June 2019. New York: Guttmacher Institute. <https://www.guttmacher.org/factsheet/abortion-zimbabwe>
- 5 www.newsday.co.zw/2017/02/16/20-maternal-deaths-due-abortion-among-young-women-girls/ Persistent barriers to safe abortion have also been highlighted in the context of the 2014 Supreme Court judgment M. Mapingure vs. Minister of Home Affairs and Others, HC455/07 Case by Zimbabwe Women Lawyers Association; see Chingore, N. (2014) 'Judgment in Mapingure v The State: A Step Forward for Women's Rights or a Token Gesture', Southern African Litigation Centre (SALC), 8 April.
- 6 Girls Not Brides. *Zimbabwe Fact Sheet*. <https://www.girlsnotbrides.org/child-marriage/zimbabwe/>
- 7 Zimbabwe National Statistics Agency (2016) *Zimbabwe Demographic and Health Survey 2015: Final Report*. Harare: ZimStat.
- 8 Zimbabwe National Statistics Agency (2016) *Zimbabwe Demographic and Health Survey 2015: Final Report*. Harare: ZimStat, Table 5.11, p.93.
- 9 Zimbabwe National Statistics Agency (2016) *Zimbabwe Demographic and Health Survey 2015: Final Report*. Harare: ZimStat, Tables 2.14 and 2.15, pp.33-34.
- 10 The policy stipulates that "a pregnant girl must drop out of school and re-apply after two years" and that "re-enrolment is made subject to availability of space", leaving in place effective social and cultural barriers to school re-enrollment and allowing for discrimination at the school level. Is there a reference/link for this? I might be confusing different amendments/laws etc, or reading stuff that is out of date, in which case I'm sorry for adding confusion, but this 2020 Human Rights Watch article implies that girls can return after three months: <https://www.hrw.org/news/2020/03/18/zimbabwe-removes-barriers-education> Also, does the law now protect girls who are pregnant from being expelled? If so, I'd mention that: <https://zimfact.org/factsheet-corporal-punishment-pregnancy-and-the-new-education-bill/> from June 2019 says: 'Clause 68D of the amendment Bill inserts a new provision stating that girls shall not be expelled from school for falling pregnant. It says: "No pupil shall be excluded from school for non-payment of school fees or on the basis of pregnancy." Is this now the law?
- 11 Fry, D., Hodzi, C., and Nhenga, T. (2016) *Addressing Social Norms that Underpin Violence Against Children in Zimbabwe: Findings and Strategic Planning Document*. Harare: Ministry of Public Services, Labour and Social Welfare, p.19.
- 12 Together for Girls (2018) Zimbabwe Fact Sheet. Washington DC: Together for Girls. <https://www.togetherforgirls.org/wp-content/uploads/2018-8-1-TFG-Zimbabwe.pdf>
- 13 Amnesty International (2018) *Lost Without Knowledge: Barriers to Sexual and Reproductive Health in Zimbabwe*. London: Amnesty International.
- 14 Ministry of Health and Child Care (2016) *Zimbabwe National Adolescent Fertility Study*, Harare: MoHCC.
- 15 Under Zimbabwean law, the age of consent for sexual intercourse is 16. However, the government's delay in raising the legal age of marriage to 18, in line with the constitution, has fueled confusion in a context of entrenched taboos surrounding pre-marital sex.
- 16 Klugman, J., Hanmer, L., Twigg, S., Hasan, T., McCleary-Sills, J., and Santamaria, J. (2014) *Voice and Agency: Empowering Women and Girls for Shared Prosperity*. Washington, DC: World Bank Group. (P.1)
- 17 Although Zimbabwe has one of the highest rates of contraceptive use in southern Africa, unmarried adolescents wanting to prevent pregnancies are not able to access the contraceptives they need, due to a widespread misperception that only girls who are already pregnant or married can access contraception and HIV services. There is confusion regarding the legal age of consent to access SRH services among both adolescents and providers which, alongside stigma around girls' sexuality, prevents girls from accessing the services they need. Section 35 of the 2018 Public Health Act has been read to provide that children – defined as persons under the age of 18 – require parental or adult consent to access medical health services. The National HIV Testing Guidelines of 2014 state that a child under the age of 16 is unable to consent to HIV testing and counselling (HTC) and stipulates that the "consent of a parent or caregiver is required before performing an HIV test on a child who is below 16 years of age" (p.14).
- 18 UNICEF (2014) *Ending Child Marriage - Progress and Prospects*. New York, UNICEF. http://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR.pdf
- 19 Plan International (2016) 'Law Passed to End Child Marriage in Zimbabwe', 21 January, <https://plan-international.org/news/2016-01-21-law-passed-end-child-marriage-zimbabwe>
- 20 IPPF and Rutgers (2013) *Explore: Toolkit for Involving Young People as Researchers in SRH Programmes: Rapid PEER Review Handbook*. London: IPPF.
- 21 Projects include a focus on SRHR, education (including second chance education for out-of-school girls), child protection, safer cities and civil society strengthening (working on violence against children).
- 22 Informed by Amnesty International (2018) *Lost Without Knowledge: Barriers to SRH Information in Zimbabwe*. London: Amnesty International; and Justice for Children (2019) *Age of Consent, Sexual Intercourse With Young Persons and Access to SRH Healthcare in Zimbabwe*, Harare: Justice for Children.
- 23 The Public Health Act (1924) recognised children aged 16 and above as capable of consenting to medical treatment.
- 24 Loveness Mudzuru and Another v. Minister of Justice and Others (2016)
- 25 CRC Committee (2016) Concluding Observations on the Second Periodic Report of Zimbabwe, Paras 60 (c) and 61 (c).
- 26 Justice for Children (2019) *Age of Consent, Sexual Intercourse With Young Persons and Access to SRH Healthcare in Zimbabwe*, Harare: Justice for Children, p20.



Authored by Kate Matheson, Chelsea L. Ricker, and Rachael T. Goba for Plan International UK. The authors would like to acknowledge the additional invaluable contributions of Bekky Ashmore, Privilege Chapwanya, Elizabeth Ndlovu, Cynthia Matsveru, Beauty Moto, and Ruvimbo Manuhwa. Special thanks also to Tanaka Nazare for her valuable feedback and contributing to country context.

This research was supported by funding from the Countdown 2030 Europe Consortium, a consortium of 15 leading SRHR and FP organisations in Europe. www.countdown2030europe.org

Cover Photo: Plan International: Melissa, 17 lives with her aunt, uncle and seven cousins in Kwekwe district

November 2020

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