

OPEN PLAN

Research & Evaluation
Volume 8 | Issue 1 | May 2023



Bringing hearts and minds
together for children



EDITORIAL



Laughing girls, primary school. Plan International Cambodia.
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This edition of OPENPlan explores three recently published studies from APAC and MEESA in relation to Sexual and Reproductive Health and Rights (SRHR) and Protection from Violence (PfV). The studies demonstrate examples of good methodological practice, including ethical standards in relation to conducting MERL initiatives on sensitive topics, and importantly provide a wealth of recommendations and learnings that may prove useful for colleagues across Plan International.

The first report, *'End-Project Evaluation on the Integration of Sexual and Reproductive Health and Rights in Technical and Vocational Education and Training (TVET) Program'*, was a final evaluation of a five-year programme implemented by Plan International Cambodia in three provinces; Siem Reap, Ratanakiri, and Tboung Khmum. The evaluation used a mixed-methods approach including a Knowledge, Attitude, and Practice (KAP) quantitative survey, and qualitative Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), intending to assess the project progress in relation to the indicators in the project results framework; assess the progress of the project against the OECD/DAC criteria, including relevance, effectiveness, efficiency, impact, and sustainability; and draw conclusions and provide recommendations for future project designs and implementation.

The second report, *'Child, Early and Forced Marriage- The Power of Norms that Force Girls to be Brides Early'*, was a research study conducted by Plan International Vietnam. The study aimed to fill a knowledge gap around social and gender norms and CEFM in Vietnam. It used a mixed methods approach for primary data collection including In Depth Interviews (IDIs) and Focus Groups Discussions (FGDs), as well as a questionnaire survey. The findings were intended to make a number of recommendations to improve future programming.

The third report, *'Our Voices, Our Future: Understanding Child Marriage in Food-Insecure Communities in Chiredzi District, Zimbabwe'*, was a research study which aimed to establish an evidence base on the drivers of child marriage in humanitarian settings with food insecurity and document the needs and priorities of adolescent girls. It also intended to understand the systems of support required to prevent and mitigate risks of child, early or forced marriage. This study used a mixed-methods approach for primary data collection which included participant-led storytelling via SenseMaker®, a mixed-methods research and analytics tool, and Key Informant Interviews (KIIs).

We hope you find this issue of OPENPlan insightful! Please see our noticeboard on page 24 for details on the Research and Evaluation Agenda Package and Ethics and Safeguarding in MERL.

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P9 Child, Early and Forced Marriage – The Power of Norms that Force Girls to be Brides Early

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Young women opens beauty salon after Technical and Vocational Education and Training (TVET) from Plan International. Plan International Vietnam.

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END-PROJECT EVALUATION 'INTEGRATION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET) PROGRAMME'

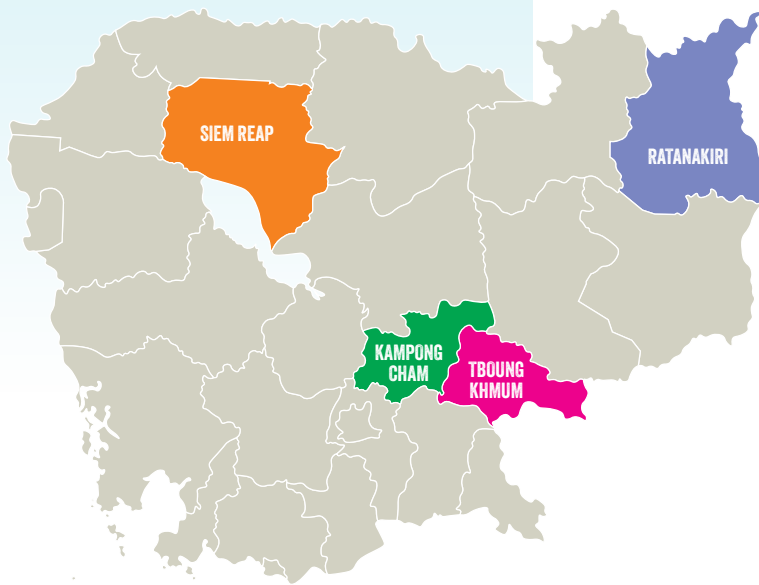
Full report written by Dr Ramji Dhakal, Team Leader from SBK Research and Development, for Plan International Cambodia.

BACKGROUND/CONTEXT

In the Cambodian provinces of Siem Reap, Ratanakiri, Kampong Cham and Tboung Khmum, teenage pregnancy and motherhood, and anaemia rates, are reported at higher levels than that of the national average. Links between low educational attainment, lower knowledge of SRHR, are shown to contribute to higher rates of early pregnancy. Whilst high rates of anaemia, and lack of nutritious food intake, are shown to have particular impacts on physical capacity, cognitive improvement, and development for young women impacting, amongst other things, girls' access to and performance in school and vocational training.

Young people living in poor households are amongst the most vulnerable in Cambodian society. Children from poor households who migrate to work are increasingly exposed to violence and abuse, to Sexual and Reproductive Health (SRH) problems such as unwanted pregnancy, Sexually Transmitted Infections (STI), HIV infection, unsafe abortion, and micronutrient deficiency such as anaemia, believed to be exacerbated by a lack of knowledge and information of SRH including accessible health services.

Technical and Vocational Education and Training (TVET) is often seen as a valued solution to a range of issues from youth unemployment to labour market-related structural change. The programme *'Integration of sexual and reproductive health and rights in technical and vocational education and training (TVET)'* was a five-year programme implemented from January 2016 in three provinces of Cambodia; Siem Reap (SRP), Ratanakiri (RTK), and Tboung Khmum (TBK).



PURPOSE

Programme Purpose

The programme, funded by GlaxoSmithKline (GKS), was implemented through provincial and regional technical and vocational education and training centres (TVETC) in the three aforementioned provinces. The programme was intended to build on existing TVET programmes of Plan International Cambodia, whilst also addressing needs relating to adolescent sexual and reproductive health and rights (ASRHR), and nutrition.

Project Objectives

- Youth from different communities learning at targeted Regional or Provincial Training Centres (R/PTCs) are more aware of SRHR, and nutrition; and exhibit positive changes in their attitude and behaviour on SRHR and nutrition
- R/PTCs have capacity to deliver quality and comprehensive SRH and nutrition knowledge, and to enhance positive informed choices, and access and utilise SRH services.
- Targeted public health facilities and capacity are improved to provide quality ASRH and youth-friendly services

Final Evaluation Purpose

The end-project evaluation intended to collect sufficient data against the project's results matrix. The overall objectives included:

- Assess the project progress towards indicators of objective and outcome levels as per the project results framework.
- Assess the progress of the project against the OECD/DAC criteria, including relevance, effectiveness, efficiency, impact, and sustainability.
- Draw conclusions and provide recommendations for future project designs and implementation.

“Technical and Vocational Education and Training (TVET) is often seen as a valued solution to a range of issues from youth unemployment to labour market-related structural change.”

METHODOLOGY, ETHICS AND LIMITATIONS

Methodology

The endline evaluation utilised a mixed-methods approach including a Knowledge, Attitude, and Practice (KAP) quantitative survey, and qualitative Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). The participants included youth aged 15-24 years old engaged in TVET programmes at centres or collaborative private enterprises, TVET soft skills trainers, TVET managers, health care staff, and Operational District (OD) chiefs located near TVET centres in Dambe, Ponhea Krek in Tboung Khmum province, Banlung in Ratanakiri province, and SRP Operation Districts in Siem Reap province.

For the quantitative KAP survey, a systematic random sampling approach was employed from the total number of students at the 3 targeted TVET centres who were engaged in TVET programmes between 2019, 2020, and 2021. There was a total of 590 endline survey participants, of these 544 participants were enrolled in 3 TVET centres and 46 participants participated in other vocational training centres/schools at community level and received short courses on SRH and nutrition training. The majority (59.8%) were aged 18-25 years old, and female (61.9%). Between the three provinces the participants were predominantly from Siem Reap (52.2%), followed by Tboung Khmum (32%), and Ratanakiri (15.7%). The students/trainees in the 3 TVET R/PTCs were enrolled in different kinds of technical and occupational related skills training for example ranging from; electricians, IT, tailoring, mechanics, equipment maintenance, beauticians, cooking, accountancy, business etc.

A total of five FGDs were conducted with adolescents and young people aged 15-24 years old, who were learning at TVET centres or collaborative private enterprises. The FGDs were mixed gender with 6-8 participants, and lasted approximately 1.5 hours. The focus of the discussion was on knowledge, attitude and practice from TVET training on ASRH and nutrition, including availability and accessibility of services for adolescents and youth.

A total of eighteen KIIs were conducted with TVET soft skill trainers, TVET managers, health centre staff, and OD chiefs. The focus of the interviews was to understand their perspective on quality TVET courses and the respective impact on students lives. The KIIs also discussed perspectives on the projects relevance, effectiveness, efficiency, impact and sustainability.

Table 1: Number of respondents who participated in qualitative FGDs and KIIs

Participants	Tool	Number	Notes
TVET Students	FGD	4	6-8 participants per FGD
TVET Soft Skill Trainers	KII	6	2 staff per province
TVET Director	KII	3	1 per province
HC Chiefs	KII	5	1 in RTK, 2 in SRP, 2 in TBK
OD Focal Points	KII	4	OD Banlung, Ponheakraek, Suong, and Siem Reap

The quantitative KAP survey data was collected via interviews (CAPI) using Kobo software. SPSS software was used for data entry and analysis and was disaggregated by location, gender, age groups, educational status, and knowledge about SRHR.

The qualitative data collected from KIIs and FGDs were analysed manually using a thematic approach that focused on examining themes and patterns of meaning.

The report compared key indicators in relation to baseline findings. Results have been presented in comparison to the survey data on the same topics though narrative description of the FGD findings. The report has also addressed OECD/DAC criteria to assess the project progress towards indicators of objective and outcome levels as per the project result framework including relevance, effectiveness, efficiency, impact, and sustainability.

Ethics

Ethics approval was sought from Plan International's Ethics Review Team (ERT) prior to data collection activities, ensuring the study was in line with Plan International's [MERL Policy](#), [MERL Standards](#), the [Global Safeguarding Policy](#), as well as key ethical principles as outlined in the [Framework for Ethical MER](#).

The data collection team underwent a four-day training on the objectives and methodology of the evaluation including mock exercises to test and pilot the data collection tools. The training also covered Plan International's ethical MERL principles, including protecting and respecting the rights of participants, the global policy on safeguarding, code of conduct, and how to guarantee confidentiality and anonymity of study participants. Informed and voluntary consent was gained from all participants before data collection activities, which included an overview of the survey objects, how confidentiality would be ensured, and voluntary participation and withdrawal. Finally, a MER safeguarding risk assessment was completed and signed by appropriate staff.

Limitations

The study outlined the below key limitations for the study:

- **Covid-19 pandemic:** Regular classes from TVET centres were interrupted for several months without any clear plan and time frame for reopening. In some cases, TVET teachers needed to develop online study plans and procedures. The online classes were not easy for students to attend for example lack of data bundles, lack of WIFI, connectivity problems etc. This may have caused some adverse effects to the students learning skill as well as teachers ability to teach effectively.

- **Timing of the endline evaluation and comparability of evaluation data:** The program's baseline was conducted after some programme activities were implemented; however, the baseline levels of the indicators may not have accurately reflected the situation before the project started. This may have limited the comparability of data before and after the intervention (between baseline and endline). For example, the characteristics of the endline sample and baseline were different in terms of the course duration (short term or longer-term courses). Between short- and longer-term courses there are different levels of study engagement in the courses, as well as different entry levels for basic education requirements, which could impact students ability to complete the SRH and nutrition skills training.
- **Sampling:** The list of students in each TVET centre were not complete and updated. This posed challenges for sampling. Some students had already completed their course in 2019 and others were enrolled in 2020 and 2021. In Tboung Khmum a higher number of surveyed participants attended only short community level TVET training. This meant there was limited uniformity in terms of level and duration of TVET course completed by the surveyed population. This may have affected the endline result in terms of lower performance in some of the indicator areas.
- **Data collection:** Due to difficulty in identifying sampled students' locations, almost 45% of students in KAP surveys in all three provinces were conducted online rather than face to face. The online survey may have caused some problems for students to clearly understand the questions, time limitations to some students while they were still in their workplace, and problems with internet connectivity. This may have affected to the completeness and adequacy of the data collected.
- **Bias of respondents in their workplace:** For the health centre staff and P/R/RTC staff, data was collected from their workplace. This may have created bias, through participants feeling inclined to speak more positively of the practices.
- **Lack of control group:** The evaluation was designed without a control group so there is reduced ability to provide evidence of whether changes from end-line are the result of the programme or external factors.



A 20-year-old from Cambodia uses her her tailoring skills to earn an income for her and her baby daughter.

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KEY FINDINGS

The findings are presented below against the objectives and outcome level indicators from the project results framework. The below summary includes only a selection of key findings, for all results please see the full report.

1 Youth (aged 15-24) learning at targeted R/PTC to empower informed sexual and reproductive health and nutrition decisions

Youth enrolled in R/PTCs that reported access to quality SRH services including counselling, testing, and treatment

The study found that only 19.5% of respondents reported having accessed SRH services for information, counselling, testing or treatment within the past 6 months (compared to the baseline: 28.4%). The percentage was slightly higher for females than males, and notably higher in Ratanakiri at 36.6% than the other two provinces (TBK 16.9% and SRP 15.9%).

Youth enrolled in R/PTCs that practice cooking nutritious food at least twice per week

Based on the reported results from the FGDs with youth participants from R/PTCs only 15% mentioned that they had the opportunity to attend practical sessions twice per week for preparation and cooking nutritious food while they were in the course. One of the reasons for this was due to the participants enrolled in short term courses, as many of them participated in less than 7 sessions. COVID-19 also impacted ability to attend physical classes. The practical training was facilitated by R/PTC trainers to make students aware of the relationship between nutritious foods and adolescents need to maintain physical and mental health. The trainers also taught how to get nutritious food for reasonable costs, and how to know which food items are nutritious, and where such foods are available.

Youth enrolled in R/PTCs that reported applying SRH protection measures to prevent HIV and STI transmission

Overall, the study reported, 92.2% of the respondents reported applying at least one of the following SRH protection measures such as; using condoms; being faithful to one partner; their partner getting tested for HIV and STIs; or limiting number of sexual partners to prevent HIV and STI transmission. This was higher among females than males.

29% of the participants reported having a sexual partner in the past 6 months. Among those who reported having had a partner, 29.8% discussed HIV/AIDS or STIs with them, and 7.3% reported using HIV testing and counselling services in the past 6 months (an increase of 1.1% from the baseline).

2 Youths from different communities learning at targeted R/PTCs to become more aware of Sexual Reproductive Health and Right (SRHR), and nutrition, and exhibit positive changes in their attitude and behaviour on SRH and nutrition

Youth who learned at R/PTCs that were able to describe at least three modern contraceptive methods suitable for youth

The majority of participants (89.3%) were reported to be aware of the three contraception methods that the project considered most suitable for youth (the pill, condom and injection), compared to 56.9% at the baseline. Survey participants reported being aware of a mean of 3.5 contraception methods, whilst FGD participants from all three provinces were reported to mention that their overall knowledge on contraception was between medium to high. They mentioned condom, pills, injection, IUDs among common methods of contraception.

Students' knowledge on all three topics: contraception, HIV/AIDS & STIs, and SRH services was reported to be higher in the endline evaluation than compared to the baseline values. In terms of knowledge about contraceptives, 54.1% reported some knowledge (compared to 40.6% at baseline), 55.6% reported some knowledge on HIV/AIDS and STI protection (compared to 40.6% at baseline), and knowledge about access to SRH services also increased to 51.2% (compared to 30.2% at baseline).

Youth who learned at R/PTCs who could describe at least three ways of HIV transmission and two ways to prevent HIV infection

Only 21.9% of youth were reported to be able to describe three ways, considered by the project, in which HIV could be transmitted. 60.7% reported knowing two ways for HIV prevention, which included; avoiding sex with more than one partner; and using a latex condom during sex. A slightly higher percentage of females responded correctly on three ways of HIV transmission than males (24.4% vs.17.8%).

Youth who learnt at R/PTCs who could list three clinical types of STIs and two ways to prevent STIs

The study found that 86.6% of youth who learnt at R/PTCs were able to list three clinical types of STIs, of these 84.4% were able to mention two ways, considered by the programme, to prevent STIs, this was an increase from the baseline value of 56.1%. Female participants had slightly higher levels of awareness of prevention methods (85.5%) compared to male (82.7%). In the FGDs, the study reported that 75% of students in all 6 FGDs were aware of names and symptoms of STIs, as well how STIs could be transmitted.



A Cambodian girl rowing a boat on Tonle Sap, Siem Reap, Cambodia.
(Photo: iStock)

Youth who learnt at R/PTCs and could list two maternal and child health (MCH) consequences due to early pregnancy

Overall, 92.3% of youth were reportedly able to list two maternal and child health consequences of early pregnancy. Female youth participants were slightly more aware than that of male youth participants (94.3% vs. 89.1%).

Youth who learnt at R/PTCs and were able to list three health problems related to anaemia for adolescents

The study found that 61.1% correctly identified what the project considered as the three main consequences of anaemia for adolescents. A 'decrease in physical strength' was the main consequence identified by the participants (30.9%), followed by 'low concentration when learning' (17.4%) and 'being more susceptible to other diseases' (13.3%). The majority of students who participated in the FGDs were reported to understand what anaemia was and its cause, as well as how to prevent it. Almost all of students were reported to be aware of eating balanced foods such as fish, meat, vegetable and fruits that could prevent anaemia. Students were also reported to be able to identify places such as health centre, private clinic or pharmacy, where they could find Iron Folic Acid if they wanted to obtain it.

Youth who learnt at R/PTCs and were aware of health services available for them when needed

The majority (90.5%) of youth who learnt at R/PTCs were reported to be aware of SRH services (e.g. testing for common STIs, HIV testing, contraception methods) and availability for them when needed.

The highest proportions of youth from Ratanakiri (98.9%) said they were aware of available services compared to Siem Reap (89.0%) and Tboung Khmum (88.9%). Slightly higher proportions of female participants (91.8%) agreed to this statement compared to male participants (88.4%).

With the objectives of sustained knowledge and skills of the students, as well as transferring such knowledge to the next generation, students were asked whether they also shared any knowledge and skill on ASRHR and nutrition with their peers in their community and workplaces. The majority (78.5%) were reported to share knowledge with their peers, this primarily included friends (72.1%), as well as family.

3 R/PTCs have capacity to deliver quality and comprehensive ASRHR and nutrition knowledge and skills for adolescents attending TVET programmes and to enhance positive informed choices, and access and utilise SRH services

R/PTCs trainers who believed they have the capacity to deliver quality CSE and nutrition training to youth

All 11 trained trainers were reported to believe that they had the capacity to deliver quality and comprehensive sexuality education and nutrition training to youth learners. However, when asked to rate their training skills they rated their actual skills in between 60-70% only.

4 Enhanced capacity of targeted public health centres, with improved provision of quality ASRH and youth friendly services

Targeted health centres that reported providing youth friendly SRH services

All 5 targeted health centres were reported, in the study, to provide youth friendly services to adolescent girls and boys. However, the youth raised concern for confidentiality and proper counselling services. Health centre chiefs stated youth are only able to visit health centres partially without parental or spouse's consent, because as youth they still need to discuss with their parents or spouse before they visit health facilities for any services.

Youth from R/PTC centres that reported access to SRH services

The study found that in the last 6 months 19.5% of adolescents from R/PTCs reported access to SRH services. The services include maternal and child health services, family planning, antenatal and postnatal services, HIV and STI counselling and treatment.

Youth who reported their satisfaction with the provision of youth friendly SRH services at health centre level

The majority of youth (90.5%) who utilised SRH services were reported to be satisfied with the provision of youth friendly services provided through health centres (compared to the baseline 34.2%). Female participants expressed their satisfaction in higher proportion (93.25%) compared to male participants (86.25%).

Health personnel working in selected health centres who were trained on ASRH and counselling, and youth friendly health services (YFHS)

Only 45.2% of health personnel working in 5 selected health centres (HCs) were reported to be trained on ASRH and counselling and youth friendly health services (YFHS) for adolescents. Whereas, all HCs reported that youth friendly health services were provided from their health facilities. General medical services including HIV/ AIDS counselling and testing services, STI treatment, education/information services were reported to be available for adolescent populations at all times.



A Cambodian girl in a village near Siem Reap, Cambodia.
(Photo: iStock)

RECOMMENDATIONS

The programme was considered by the evaluation to be highly effective through improved project indicators in most areas. Increased levels of awareness and skill among students in SRH and nutrition subjects, and their application in real life situations, as well as gaining employment, were considered evidence of the programmes success. This was enabled, amongst other reasons, through the increased capacity of the trainers in both planning and implementing courses, as well as strengthened technical knowledge.

Overall, the activities implemented were evaluated as successful as it achieved the objectives and targets as planned. The cost involved in implementing the programme were believed to be transparent and cost-effective and there were no issues in financial management. The project was believed to show tremendous impact on trainers' skills in teaching and learner's learning capacity. In terms of sustainability, the R/PTC staff and trainers were confident that the majority of the activities would continue, as this is a priority programme for the government and the system is in place with trained human resources.

A Cambodian girl riding her bicycle in a village near Siem Reap, Cambodia.

(Photo: iStock)



The following recommendations were made to ensure quality and sustained success of SRH and nutrition training through TVT centres in the 3 provinces:

- To sustain, and upgrade, their newly acquired skill refresher training with focus on need based subjects (e.g. micronutrient, STI) areas.
- Need-based focused refresher training to improve skill. For long run TVET centres more training on SRH and nutrition, and recruiting more technically competent and younger generation trainers with teaching experiences is recommended.
- Though all five target health centres in three provinces were equipped with separate counselling rooms they still lack appropriate IEC materials and youth friendly environments for adolescents which can assure confidence and confidentiality during consultation. It is recommended that all health facilities should have such provision with adequate trained human resources on youth friendly health services to cater the needs of youth population.
- Short and long-term courses should be organised in classroom with face to face teaching and demonstration of cooking practices.
- TVET policy and decision makers at the Ministry of Labour and Vocational Training, TVET managers at provincial level, health service managers and providers e.g. Operational District and health centre staff should critically assess the existing infrastructure in the training centres, capacity assessment of the trainers and further revision of curriculum to make it more suitable and adolescent friendly.
- Integration of SRH and nutrition programmes into TVET curriculums was considered to show tremendous success in increasing knowledge of students in these subjects, and capacity of the training centres. It is recommended that this approach is replicated to other TVET centres applying lessons learned from these three pilot centres.



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For any questions in relation to this article, or to find out more information on how the findings have been used, please contact

BUNTHA SUN

**Monitoring Evaluation, Research and Learning (MERL) Manager,
Plan International Cambodia**

Buntha.sun@plan-international.org



CHILD, EARLY AND FORCED MARRIAGE

THE POWER OF NORMS THAT FORCE GIRLS TO BE BRIDES EARLY

Full report written by Chi T.T. PHAM, MBA, Principal Consultant, TDI Consulting Company, and Tram H.T. BUI, Ph.D, Deputy Marriage and Family Department, Institute for Family and Gender Studies (IFGS), Vietnam Academy of Social Sciences (VASS), for Plan International Vietnam.

Girl leader from Kon Tum Province, Vietnam.

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BACKGROUND/ CONTEXT

Statistics suggest that 1 in 3 girls in developing countries are married before the age of 18, and 1 in 9 are married before the age of 15.¹ The International Women's Health Coalition estimate that if the present trends continue, more than 140 million girls will be married before the age of 18 in the next decade. Child marriage exposes girls to increased health problems and violence, denies them access to social networks and support systems, and perpetuates a cycle of poverty and gender inequality.

Child, early, or forced marriage (CEFM) persists within Vietnam. Ten percent of women aged 20-24 years in 2014 were found to be married or in a union before their 18th birthday in Vietnam. Some regions, however, experience higher rates of CEFM including Northern (19%), Central (16%), and Mekong Delta (14%) regions. Importantly, within regions there are also differences in prevalence within provinces and among ethnic groups. Some ethnic groups, for example, have higher levels of CEFM prevalence reported; among the H'Mong 59.7%, Brau and Ro Mam 50%, Ga Rai 42%, and Dzao 37.8%.

Social and gender norms and the negative power structures they exert on child marriage have been recognised as important factors influencing girls, families, and communities in making decisions vital to the lives of girls. Although there is extensive Vietnam-focused research on CEFM, the report identifies a lack of evidence specifically on social and gender norms and CEFM in Vietnam.

A 19-year-old young woman gathers nutritious greens with her mother-in-law (Vietnam).

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PURPOSE

Plan International Vietnam (PIV) conducted research on gender norms in the Ha Giang Province and among ethnic minority groups, H'Mong and Dzao, that aimed to:

- Provide a Vietnamese case study that contributes to Plan International Asia Pacific Regional Hub's (APAC) regional level to understand and address the issue of CEFM;
- Inform programming for the achievement of the strategic objectives of the country strategy for 2020 - 2025;
- Gain insight into the complex issue of CEFM from cultural, social, and gender norms perspectives to develop actions that address the issues through changing norms, attitudes, and behaviours of families, communities, and civil society.

Research Questions

- ? What social and gender norms perpetuate CEFM in H'Mong and Dzao communities?
- ? What formal and informal power structures and systems persist due to the deeply entrenched negative social and gender norms that further exacerbate CEFM in H'Mong and Dzao communities?
- ? How can a gender-transformative approach be applied to increase the effectiveness and sustainability of programmes and interventions to prevent and eliminate CEFM in Vietnam?



1. UNICEF, *Child marriage around the world*, March 2020, <https://www.unicef.org/stories/child-marriage-around-world>

METHODOLOGY, ETHICS AND LIMITATIONS

Methodology

Study Location

Mau Long commune (Yen Minh district, Ha Giang province) was selected as the study location due to the areas CEFM rate and number of indigenous H'Mong and Dzao people. Two villages were selected for field visits, Lau Kham village with a large population of Dzao people and Mua Lenh village, home to H'Mong people.

Mau Long commune has a mountainous and fragmented terrain and challenging transport infrastructure, especially in the rainy season. The commune has 12 ethnic groups living in 18 villages, of which, the H'Mong ethnic group accounts for 60%, Dzao ethnic group accounts for 30%, and the remaining population are other ethnic groups such as Giay, Tay, Clao. The commune's main economic activities are corn and rice cultivation. People are hardly exposed to trading activities outside their commune. The proportion of poor households remains high. In 2021, the poverty rate of the commune was 75.8%.

Theoretical Framework

The research was designed and analysed using two theoretical frameworks. The first being, Preferences, Options, and Beliefs (UNICEF 2014) and the second, Theory of Normative Spectrum (TNS) (GPH, 2019).

The Preferences, Options, and Beliefs, framework is based on insights into how individuals make decisions. The framework highlights the important aspects of people's behaviours: that it is often influenced by their (self-regarding and other-regarding) preferences, their analysis of the options, and their belief in the options for their decision. Their beliefs concerning the outcomes of each option are influenced by what others do and think should be done. When behaviour is influenced in that manner, it is called a social norm (Bicchieri, 2014). The study used this framework to cluster explanations of individual behaviours (child marriage) into two types of parental preferences (self-regarding and other-regarding preferences) and explore and recommend incorporating (the changes) in social norms in PIV's measures to eliminate CEFM.

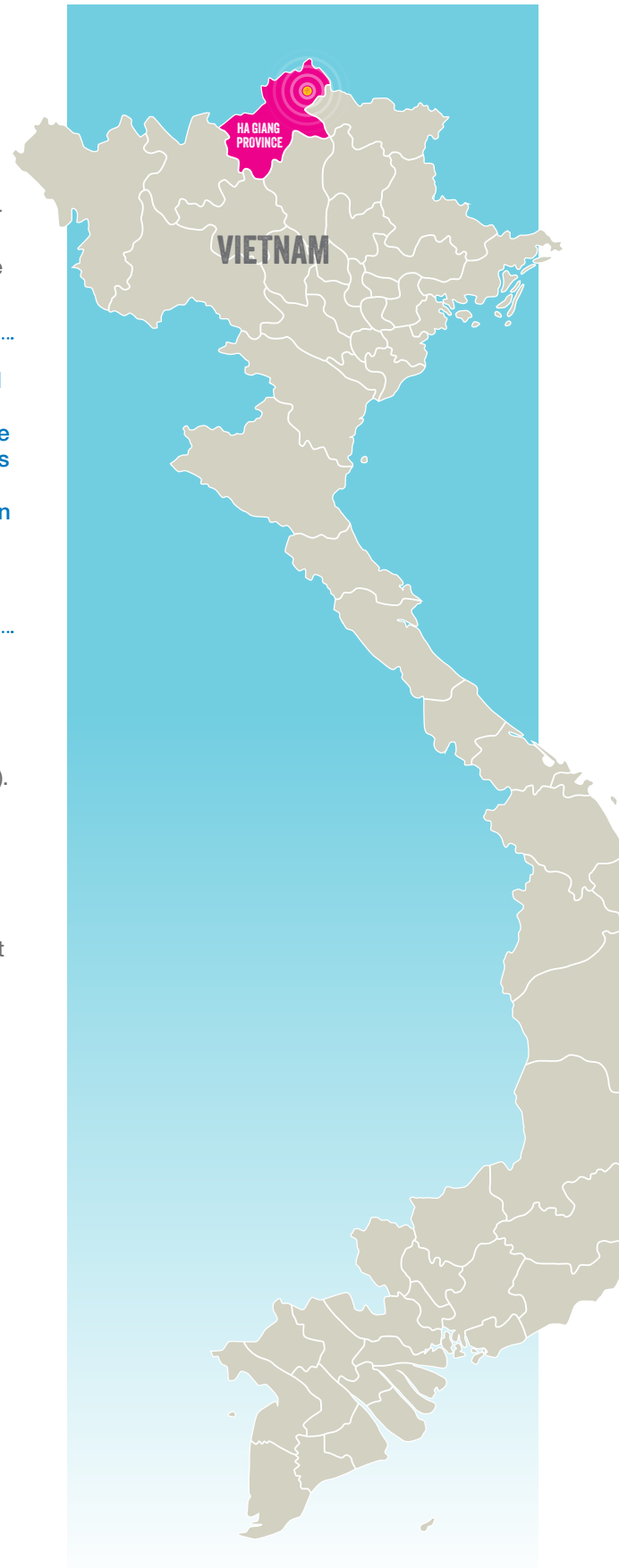
TNS examines further the characteristics of a norm that affects a given practice (such as child marriage), including (1) detectability, (2) likelihood of sanctions, (3) cognitive distance between the norm and the practice, and (4) interdependence of the practice. In the study, the theory of normative spectrum was applied to explore the level of influence of each social norm CEFM in the two (H'Mong and Dzao) communities, and therefore what strategies would effectively address each social norm and help eliminate the practice of CEFM in different ethnic minorities in Vietnam.

Data collection tools and sample

The study used a mixed methods approach for primary data collection including In Depth Interviews (IDIs) and Focus Groups Discussions (FGDs), as well as a questionnaire survey.

A total of 26 IDIs were conducted with men and women aged from 18-30, who had either married before 18, or were parents or decision-makers in child marriages, or respected people in the community. Seven FGDs were conducted, two with women and girls aged 15-24, two with boys aged 15-24, two with women aged 25 and over, two with men aged 25 and over, and one with representatives of local commune authorities and mass organisations.

All participants also completed a survey questionnaire.



Ethics

Ethics approval was sought from Plan International's Ethics Review Team (ERT) prior to data collection activities, ensuring the study was in line with Plan International's [MERL Policy](#), [MERL Standards](#), the [Global safeguarding policy](#), as well as key ethical principles as outlined in the [Framework for Ethical MER](#).

The interviews and group discussions were conducted in safe and quiet places where participants felt comfortable sharing their ideas and thoughts. Information about the study, study procedures, rights of participants, risks and benefits of participating in the study, and contact details of researchers were provided to all respondents. The participation of respondents was voluntary, and the interviews were only conducted when they agreed to do so. The interviews with children, adolescents and youth (CAYs) were only conducted after obtaining the consent of their parents as well. All interviews were recorded and transcribed with the consent of the participants.

No names of participants in IDs and FGDs were recorded. Instead, the researchers used participant codes in numbers and pseudonyms for identification to ensure confidentiality and anonymity. Audio records, and transcripts containing personal information were handed over and saved as per the Data Protection Policy of Plan International Vietnam.

The researchers, youth, and adult participants of the study received training on the child safety policy to ensure appropriate attitudes and behaviours during data collection in the field. In addition, they were informed how to make a referral to counselling services and how to handle situations in which there were concerns about possible child abuse and issues related to CEFM. Apart from considering referring the respondent to counselling services and the national child protection hotline, the participants were expected to report their concerns to Plan International Vietnam focal points on child safeguarding for further guidance and advice. The contact details of the focal points were shared with all participants during the training.

Limitations

Due to the limited sample size of the survey, these findings are not statistically significant. Many of the H'Mong participants did not speak Vietnamese meaning additional time was needed to facilitate translation.

KEY FINDINGS

Article 8, Law on Marriage and Family (2014) stipulates that the minimum age of marriage for men is 20 and for women 18.

In the villages visited, most interviewees or FGD participants were reported to confirm their awareness of the legal minimum age for marriage. The dissemination of this information in the ethnic language is carried out regularly by local actors, including the Commune Government, socio-political organisations such as the Women's Union, the village heads, and village party secretaries.



A 20-year-old sits in doorway of her home with her baby daughter (Vietnam).

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Summary of key findings

- Gender norms were believed to strongly influence CEFM due to the aim of marriage protecting the virginity of girls. Sexual relationships before marriage were reported to be taboo in both ethnic groups.
- Marriage was associated with the responsibility of having children, particularly giving birth to a son- ensuring the male family lineage and patriarchal structure. The boy's parents were reported to expect the care responsibility to be shifted to them when they are old. The bride is expected to care for her parents-in-law in the future as there is no social safety net or social protection for them.
- Marriage was shown as a way for families with farms to generate more labour.
- The 'good boy' and 'good girl' role models were considered to define the role of girls in a very traditional way that reflects gender norms and gender discrimination.
- The beliefs and traditional practices of individuals, families and communities in both ethnic groups were believed to rely on the oral transfer of knowledge and culture to the next generations as neither ethnic group have written scripts to record it.
- Girls and boys in the H'Mong ethnic group were reported to have more freedom to choose their future marriage partners, while a Dzao marriage is more likely to be arranged by the parents. Religious leaders and fortune tellers also play an important role in the marriage of young people.
- External influencing factors are reported to be changing community perception. For example, it is now widely regarded that hard-working women can marry or re-marry in their "old age." Parents are also investing in girl's education to enable their daughters to have access to non-agriculture jobs outside their communities.
- Social norms concerning marriage remain strong and render statutory law, e.g., the Law on Marriage and Family 2014, ineffective in these ethnic minority communities.
- Apart from girls in the H'Mong ethnic group, who have more freedom in choosing marriage partners, no significant difference in social and gender norms was found by the study in the two ethnic groups selected.

1 Social and gender norms maintaining child marriage

Social norms on the role of marriage and family honour intersect with the gender roles of boys and girls within the family

The study found that marriage played an important role in both H'Mong and Dzao communities. The communities were reported to believe that marriage helps individuals achieve perfection in life. A person is considered an adult only when they get married. Therefore, marriage at an early age is commonly accepted, and sometimes an honoured, practice. If a child is unmarried, it may be considered that the parents have not fulfilled their responsibilities. This social norm is reported to lead to gender norms – the rules of the “good” girl and the “good” son. In Dzao communities, the “good” girl must get married according to the decisions of her parents. In H'Mong culture the “good” boy is one whose family owns a lot of land and has the strength to work. The “good” girl is the one who listens, loves the family, and knows how to take care of everyone in the family.

The research found an important driver for CEFM is that families will have more labour capacity. The agricultural life of the H'Mong and Dzao people plays an important role in maintaining social norms related to early marriage as it brings economic benefits to the groom's family, such as more labour for farming, as well as housework.

Lack of social protection or social welfare for elderly people was shown to create dependency on their children. This was reported as an important reason as to why CEFM in the H'Mong and Dzao communities continues. The lack of aged care services and income security for the elderly in rural areas was also believed to strengthen young men's motivation to get married early. The study cited that the reason many young men enter into early marriage was that their parents needed to be taken care of (by their wives) in old age.

Gender norms restrict girl's mobility

Stemming from the conception of “good girl”, families with a “good girl” were shown to limit their daughter's movements to ensure their safety from sexual harassment or violence. In addition, some families restricted their daughter's schooling for fear that she might fall in love early and get pregnant, meaning she would not be able to marry.

The results of the quantitative study were reported to show that most people agree with the statement that “parents should restrict mobility of children to ensure they are safe from sexual harassment or violence”.

Marriage is associated with the responsibility of having children, particularly giving birth to a son

The lives of married H'Mong and Dzao women were shown to be defined by the birth of children, which is a specific expression of gender norms related to femininity. Girls were expected to have children shortly after marrying and continue to get pregnant until the birth of at least one son. Many girls shared this sentiment in their stories captured by the study; that they needed to have a baby straight after marriage to prove that they were capable of giving birth and that their children were their husband's blood. *“If I give birth to my third child and it is a daughter, I will take a break for maybe one or two years and then keep having children until I get a son. The H'Mong people are like that. My husband told me that I could stop giving birth only after I have had a son” (IDI, woman married before age 18, Lau Kham village).*

If the couple does not have a baby, the woman will be blamed. The study reported this as an important illustration of the gender norms which compels women to give birth to a son to maintain the family within the patriarchal system. A woman, who is unable to give birth, is not loved by her husband's family, and called the “daughter-in-law of the Stone Ghost” (Vietnamese: “Con dau cua ma da”).

The H'Mong and Dzao people share the concept that “adolescents should have children in the first year of marriage” 43.6% of respondents were reported to agree with this statement.

2 Access to resources through marriage

Girls have little access to resources related to economic development and education

The study found that poverty is often closely related to social norms regarding the status of boys and girls. Boys are expected to be the family's main earners and will take care of their parents when they are old. Conversely, girls are destined to become a member of a husband's family, both physically and spiritually. Therefore, CEFM is considered a means of ensuring livelihoods and the future for girls.

The boy's family pays a sum of money to the girl's family (“lễ nạp”) to compensate for the girl's family losing a worker. The inheritance is given to boys to continue the family's lineage, wealth and pride because their parents inherited the land from their ancestors. Girls can access, but not control, these resources through marriage.

The participants in FGDs described the common characteristic of the child bride as follows: ‘her family is poor, has a bunch of children, they do not have enough money to send her to school, she dropped out of school/did not go to school, she works in the fields’. Study participants had a relatively unanimous opinion that the family often prioritised male children's attendance of school. In contrast, girls would drop out of school early to help their parents.

The social norm of girls having to work hard was reported as very important in both the Dzao and H'Mong communities. Hard work was an important criteria for girls eligibility for marriage.

Boys' inheritance from their parents - practices underpinned by gender norms

The study found that boys are considered the heirs to their lineage as they support their parents in old age. A daughter who gets married becomes someone else's child, so she is not allowed to receive an inheritance.

Inequality between boys' and girls' access to resources was highlighted in the report. These factors constrain girls' life choices. When a girl gets married early, each stage of her life is tied to social and gender norms. When they live with their birth parents, girls are expected to be “good” daughters and accede to their parents' marriage decisions. Before marriage, they are expected to be a good girl characterised by willingness to be a caregiver, and not pursuing higher education. When they get married, they are expected to have children immediately and produce a son. If a woman gets divorced, she is expected to leave her son with the husband's family. Girls not only receive fewer resources (limited access to education, job opportunities, inheritance) than boys but also have a heavy burden of social norms such as being hardworking, marriage-related obligations, and post-marriage obligations (limited custody of children in divorce).

3 Participation in decision-making

Social norms around the expected obedience to elders aggravate gender norms that hinder girls' voice and agency

The report highlights that similar to other ethnic groups, the H'Mong and Dzao, in order to retain their culture and accumulated indigenous knowledge, beliefs and practices of previous generations must be closely followed and obeyed. As a result, differing opinions and options are not welcome. Early marriage used to be a normal belief and practice of previous generations, and as such there is pressure from older generations that younger generations should continue the practice as part of their culture.

Social norms on agreeing with older people about marriage are changing

However, according to participants in the study the number of parents arranging their children's marriages was believed to have significantly decreased. A main reason cited was that although parents arrange marriages on the basis of matching (related to age, the way of life of the family), couples still split up because after living together they find they do not get along. Another reason mentioned is the popularity of mobile phones which expand the connectivity opportunities of young people. Previously, when there were no phones, parents found a spouse for their children, however young people now have a phone to connect with others, so they are able to find their own partners.

Those who have power in perpetuating the practice of early marriage

At a family level, in both ethnic communities, parents were shown to hold the key power in perpetuating the practice of CEFM.

At a community level, the report found that although members of the community have little direct influence on CEFM decisions made by families, the social norms they share have a great influence on the harmful practices of child marriage. Many collective sanctions were discussed by the participants, which strengthen the influence of these norms. Some sanctions included: other families not inviting daughters who are pregnant out of wedlock to attend weddings or funerals; families with daughters pregnant out of wedlock finding it difficult to interact with other villagers who will not talk, greet, or help them during peak times of agricultural production; girls who refuse to have children early (by using contraception) after marriage are condemned by their husband's family and ridiculed by friends; and girls with a high level of education are often teased that it will be difficult for her to get married.

A 21-year-old mother with her youngest daughter in the Ha Giang province, Vietnam.

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RECOMMENDATIONS

The study makes a number of recommendations intended to improve future programming on CEFM:

- **PIV need to strengthen child protection and build schools into community-based child protection mechanisms. This approach will ensure girls and boys are well protected and reassure parents by engaging them more in school life.** H'Mong and Dzao communities' value and protect the virginity of girls, and they care/protect their daughters from interacting with people they do not know. Attending school is therefore a risk, especially for girls staying in boarding school.
- **Efforts to change the behaviours of individuals and families have to coincide with the change in the norms of large communities.** Some critical misperceptions must be addressed in order to advocate for change: (i) The misperception about physical and mental maturity for marriage; (ii) Victim-blaming culture [young girls are often seen as at fault during an unwanted pregnancy and when they are the victim of sexual assault].
- **Feminist movements should be established at a local level** to counter the influence held by the patriarchal system and gender norms that define roles of girls in such a conservative way that they lack any consideration of the external factors.
- **Economic empowerment of girls and youth** should be focused on to help them integrate into the local market and adapt to an open society that will influence them and their communities to change norms. In addition, this measure will help to mitigate the drivers of self-preference or other preferences of family members (parents) that influence decisions about child marriage
- **Investment in Sexual Reproductive Health Right programmes.** The current service delivery gaps and barriers to service access need to be filled to minimize the negative health effects on young mothers and babies due to early marriage. The limitations explicitly identified by this study that could be addressed early on include:
 - access to maternal nutritional care during pregnancy
 - healthcare during pregnancy for young mothers
 - healthcare for infants, especially infants born prematurely or to mothers at a young age
 - access to emergency contraception for women who have unprotected sex or are victims of sexual assault.
- **Youth activism** is a means of changing norms. Role models initiated by youth will help ethnic minority young people to diversify their social activities. Many cost-effective entertainment initiatives, such as **establishing and operating sports clubs**, can be implemented to change norms among young people.
- **Career counselling programmes** should be implemented for youth after completing lower secondary education.
- Consider working with religious leaders to change norms.

USE OF FINDINGS'

- The final report was shared at a regional and country level for sharing and learning purposes, for example, regional online training on CEFM toolkits for practitioners, regional meetings, country meetings, and program staff meetings to be aware of the report and key findings.
- Key findings of the research were used to develop related proposals on CEFM, sexual reproductive health rights, child protection, and school dropout. Currently, there are two approved proposals using research findings and recommendations to prevent and end CEFM and improve the quality and accessibility of child protection and SRHR services in the Ha Giang Province.
- The findings were also used to create communication messages on CEFM, youth activism, and related topics in ethnic minority communities. These communication events were organised at schools and communities to break gender norms and harmful practices of CEFM.

CLICK HERE TO READ THE FULL REPORT.

CHILD, EARLY AND FORCED MARRIAGE – THE POWER OF NORMS THAT FORCE GIRLS TO BE BRIDES EARLY

ON T.T. Plain, Thanh Hoá
April 2022

For any questions in relation to this article, please contact:

TRUONG VU TRUNG
Monitoring & Evaluation
Team Leader, Plan
International Vietnam
trung.truongvu@plan-international.org

OUR VOICES, OUR FUTURE

UNDERSTANDING CHILD MARRIAGE IN FOOD-INSECURE COMMUNITIES IN CHIREDDZI DISTRICT, ZIMBABWE

Full report written by Dr. Abel Blessing Matsika, an independent research consultant, Katherine Gambir of Women's Refugee Council (WRC), and Clare Lofthouse, Child Marriage Technical Adviser, Plan International.



A 16-year-old girl collects firewood at her home in Zimbabwe.

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BACKGROUND/CONTEXT

Child, early or forced marriage (CEFM) is a form of gender-based violence and underpinned by gender inequality. In Zimbabwe, over 1 million girls today were married as children; with 34% of young women aged 20–24 years having been married before age 18, and 5% married before the age of 15. Child marriage is prohibited by Zimbabwe's constitution; however enforcement of this law is weak and the practice continues without fear of legal or penal repercussions. Poverty, lack of policy enforcement, religion, and cultural practice, are thought to be the main drivers for CEFM in Zimbabwe. Literature suggests that food insecurity is both a driver and a consequence of child marriage. Due to the worsening impact of climate change the study location, Chiredzi District, is one of the most chronically food insecure districts in the country.



PURPOSE

The study aimed to establish an evidence base on the drivers of child marriage in humanitarian settings with food insecurity, such as Chiredzi, and systematically document the needs and priorities of adolescent girls and the system of support required to prevent and mitigate risks of child marriage, and help them live healthy lives free of violence. The research intended to offer key learnings for practitioners to develop more tailored approaches, keeping girls and communities at the centre of this work.

Research Questions

- ? What are the needs and priorities of adolescent girls living in Chiredzi?**
- ? What are the key drivers of child marriage in Chiredzi?**
- ? What assets and adaptive capacities of adolescents and the community promote risk mitigation and positive health outcomes for girls?**
- ? What resources and adaptive capacities exist within families, communities, and systems to support, care for, and protect adolescent girls from child marriage in Chiredzi?**
- ? How do existing programmes and services in Chiredzi respond to the needs of adolescent girls? And what are the key barriers preventing adolescent girls from accessing and using them?**
- ? How has COVID-19 impacted child marriage practices in Chiredzi, including child marriage decision-making pathways within households?**

METHODOLOGY, ETHICS, LIMITATIONS

Methodology

This study used a mixed-method, participatory girl-centred, community-based approach. Methods included a desk review, participant-led storytelling via SenseMaker®, and key informant interviews (KIIs).

What does a participatory, girl-centred, community-based approach look like?

This means that adolescent girls and adult community members were involved in research tool design, data collection activities, data analysis, and solutions. Participatory methods were selected to amplify the voices of adolescents, to better understand their experience, needs and potential solutions.

A desk review was conducted to help contextualize the research questions and methods.

KIIs were used to focus on the needs and priorities of adolescents, child marriage practices, and barriers and facilitators to accessing existing services and programming in the study sites. Seventeen KIIs were conducted with twenty-two individuals from Harare and Chiredzi, from the following groups;

- Seven with national nongovernmental organisation (NGO) and community-based organisation (CBO) staff
- Four with government ministry staff
- Four with international nongovernmental organisation (INGO) staff
- One with a health service provider
- One with United Nation (UN) actors

Due to COVID-19 restrictions, KIIs were facilitated online rather than in person, lasting between one to two hours in length. The KIIs were audio-recorded and transcribed verbatim in Shona or English. Shona transcriptions were translated into English before analysis. Thematic content analysis was conducted using Nvivo software.

SenseMaker® was used to understand the needs and priorities of adolescent girls, the drivers of child marriage, and the adaptive capacities of adolescents, their families, and communities to care for and protect adolescent girls. SenseMaker® is a mixed-method research and analysis tool that enables participants to record short, open-ended stories about their lived experiences, as well as to interpret or give meaning to their own story. The study tool used through SenseMaker® was co-designed with adolescent girls and adult community members. Male and female adolescents aged 10 to 19 years old; parents and guardians of adolescents; community gatekeepers (e.g., traditional and community leaders), and local government officials (e.g., councillors) participated in SenseMaker data collection.

After the data was cleaned, key patterns were identified from the SenseMaker dataset and compiled into “storybooks” based on meta-data pattern analysis. Themes were defined in relation to the research questions, with a strong focus on the voices of adolescent girls.

In line with the participatory approach, co-analysis exercises were also facilitated between the research team and stakeholders which aimed to identify key themes and emergent questions to be explored in the participatory co-analysis workshops.

The participatory co-analysis workshops were conducted in Chiredzi Urban and Chiredzi Peri-Urban. In both areas, eight adult community stakeholders (e.g., caregivers, community leaders), four unmarried adolescent girls aged 10–18 years, and four married girls aged 13–19 years participated. During the workshops, participants were asked to read selected stories and to share their own group interpretations, as well as discussing “insight to action” ideas around what might make things better in the context of the stories they were reading.

Table 2: Summary of SenseMaker Respondents by Ward, Age, and Gender

Chiredzi-Urban	10-12	13-14	15-17	18-19	20-22	23-25	26-29	30-39	40-49	50	Total
Men/boys	0	12	52	14	10	1	2	2	1	2	96
Woman/girls	2	27	59	19	18	27	21	39	20	9	241
Chiredzi Peri-Urban	10-12	13-14	15-17	18-19	20-22	23-25	26-29	30-39	40-49	50	Total
Men/boys	16	38	100	66	41	37	17	37	57	65	474
Woman/girls	38	74	133	64	55	53	54	142	116	128	857

Total number of SenseMaker participants: 1,668



A 14-year-old girl does the washing up at her home.

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Ethics

The study gained ethics approval from the Medical Research Council of Zimbabwe (MRCZ) and the Research Council of Zimbabwe (reference no: MRCZ/A/2594), and Allendale Investigational Review Board (reference no: IRB-WRC0001). The study procedures were approved by the Ministry of Public Service, Labour and Social Welfare (reference no: SW 8/26).

Informed consent and assent was gained prior to all data collection activities. Information sheets were provided to each participant, which outlined the research team and Plan Zimbabwe’s contact information, and directions for anonymous reporting channels as per safeguarding policies. Names and other identifying information used for recruitment were recorded in a separate document from study data and this document was shredded immediately following data collection. Activities were audio recorded with the respondents’ consent.

Limitations

- The researchers experienced challenges in identifying married adolescents, especially young married adolescent girls (10–14 years) and married boys (10–19 years). The study did not therefore reach its target sample size for married adolescent boys and girls per method.
- Enumerators reported challenges in determining the exact age of participants. Due to social desirability bias, the study expects that married adolescent girls reported being older than 18 years; therefore, it is likely that the study reached more married adolescent girls than those who self-reported as being married.
- Given the small sample size of adolescents self-reporting as married or having been married, meaningful pattern extraction and comparison specifically for that group was not possible using SenseMaker data.
- The study did not reach its target sample size of at least 10–15 percent of the total sample for people with disabilities.

People receive cash transfers in drought prone district in Zimbabwe.

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KEY FINDINGS

The findings are presented in relation to key themes that emerged from the primary data and are grouped into the following areas; key concerns facing adolescent girls, key concerns of married girls, drivers of child marriage, impact of COVID-19 on child marriage practices, existing eco-system for adolescent girls, barriers to reaching adolescent girls, and gaps in programming that are accessible to adolescent girls.

Overall, the findings indicate that the key concerns of adolescent girls act as both drivers and consequences of child marriage in Chiredzi. Gender inequality, socio-economic inequality, sociocultural norms and practices, and COVID-19 containment measures were found to limit adolescent girls' access to resources. Extreme and recurrent food insecurity exacerbate pre-existing drivers while also adding complexities and nuances to the risks that adolescents – in particular girls – face, as a result of increased household economic hardship.

Seven key drivers of child marriage were identified in Chiredzi, which manifested differently in Urban compared to Peri-Urban areas:

- 01 poverty and lack of basic needs including access to food;
- 02 low value placed on girls' education, their lack of access to it, school dropout, and lack of alternative opportunities for girls;
- 03 male dominance over adolescent girls' decision-making and sexuality;
- 04 sexual violence against adolescent girls;
- 05 adolescent pregnancy;
- 06 girls' misconceptions about marriage; and
- 07 harmful cultural practices e.g., lobola, Khomba, musengabere.

Findings also highlighted the importance of existing ecosystems of support including people, community resources, programming, services, and institutions which have the potential to protect, care for, and support adolescent girls.

A selection of findings are explored below, please see the full report for full details.

KEY CONCERNS FACING ADOLESCENT GIRLS

The study found that the key concerns facing adolescents included; child marriage, poverty and unmet basic needs, child-headed households and parental migration, food insecurity, limited access to education, adolescent pregnancy and unmet ASRHR (adolescent sexual and reproductive health and rights) needs, child protection concerns (e.g., child abuse, physical and sexual violence, and abandonment by parents), and lack of peer support.

These issues were discussed by participants in relation to how they increased adolescent girls' risks and/or were consequences of marriage within the broader context of socio-economic inequality and gender inequity. Summaries of these issues are explored below.

Child Marriage

Despite increasing awareness that child marriage is illegal, the study found that it is perceived as a common practice among communities in Chiredzi. Adolescent girls were described as more likely to be married before reaching 18 years of age, than adolescent boys. Child marriage covered different types of unions. The most common type of child marriage included cohabitation, where no legal registration or payment of lobola (bride price) had been made.

Of the SenseMaker dataset, 59 percent of the participants who responded to the question of marriage age were married as adolescents.

Poverty and unmet basic needs

The study found in participatory community analysis workshops and SenseMaker stories that unmet basic needs and poverty were identified as major drivers of marriage. Some findings from SenseMaker stories and KIIs depicted how poverty can elevate adolescent girls' risk of sexual violence and exploitation. Some examples suggested that sexual violence was described as perpetrated by older, wealthier men. Findings from KIIs also highlighted lack of access to menstrual products as a key issue for adolescent girls.

Food Insecurity

SenseMaker data suggested that lack of food was a key concern in the lives of adolescents and more broadly within communities. Not having enough food was found to be the most common story among adolescents. KII data found the issue of food insecurity discussed indirectly in relation to consequences of poverty, such as adolescent girls being forced into sexual exploitation in the context of selling or exchanging sex to "put food on the table".

Limited access to education

The study found from data across methods that access to education was a key concern for adolescents, with affording school fees being one of the most significant barriers. Data from KIIs suggested that adolescent girls are more likely to drop out of school, and do so at earlier ages compared to boys, due to the value parents place on male siblings education due to social norms. In turn, out of school girls are then placed at potential risk of entering or being forced into child marriage, experiencing sexual violence, and early pregnancy. The findings are indicative of the complex interplay between education, gender inequality, and child marriage.

Parental migration and child-headed households

Across the data parental migration and child-headed households emerged as key interrelated themes. Child-headed households were mostly discussed as a result of parents migrating for extended periods to South Africa for work. Adults and adolescent girls who participated in the community analysis workshops discussed the effect of this, increasing the chance of child marriage and depriving adolescents of guidance and supervision. In many of the examples shared relating to parental migration, sexual violence and exploitation against adolescent girls were associated with child-headed households.

Adolescent pregnancy and unmet ASRH needs

Data from KIIs suggested a lack of ASRH programmes, evidenced by high rates of adolescent pregnancy and sexually transmitted infections (STIs). While StoryMaker data did not explicitly call out lack of ASRH information and services adolescent pregnancy as well as sexual violence were dominant themes cited in stories. Contraception, including emergency contraceptive pills, and clinical management of rape and intimate partner violence services were not mentioned.

Sexual violence against adolescents

Findings across the data collection methods highlighted sexual violence against adolescents, particularly, girls as a significant concern. Child abuse, including emotion abuse, was often discussed together with sexual violence. The data suggested that the home environment for many adolescent girls living in Chiredzi was often unsafe due to sexual violence as well as other forms of violence, such as economic and emotional abuse. Seven KIIs reported that adolescent girls living with disabilities, particularly cognitive disabilities, face a heightened risk of sexual violence. Two KIIs revealed that adolescent boys in Chiredzi also face sexual violence.

Sexual exploitation

Sexual violence was also discussed in the findings in relation to adolescents selling or exchanging sex. Four KIIs indicated sex work and sexual exploitation as a key concern highlighting that some adolescent girls in Chiredzi Urban were at risk of sexual exploitation due to being recruited for prostitution or even child trafficking, especially girls who migrate from rural areas.

Lack of peer support

The study highlighted that lack of peer support was a key concern from the SenseMaker data.

Among respondents who participated in community analysis peer relationships were discussed as negative, for example rather than being sources of help or comfort instead being potential negative influences – some stories depicting pressure for adolescent girls to engage in relationships with men, some of which led to child marriage.



DRIVERS OF CHILD MARRIAGE

As highlighted above, the study identified the following seven key drivers of child marriage among food-insecure communities in Chiredzi: poverty, unmet basic needs, and lack of income-generating opportunities; the low value placed on girls' education, their lack of access to it, school dropout, and lack of alternative opportunities for girls; male dominance over adolescent decision-making and sexuality; sexual violence against children, including child abuse, sexual assault, and abduction; adolescent pregnancy; misconceptions about marriage; and harmful cultural practices. These will be explored below.

Poverty, unmet basic needs, and lack of income-generating opportunities

Data from all methods were reported in the study to identify poverty as a pervasive driver of child marriage. Poverty was described to push parents to migrate for work; motivate families to marry off their daughters in anticipation of lobola (bride price); and force adolescent girls to seek out exploitative relationships or marriage as a way out of poverty. Some data suggested that some families may view child marriage as a chance to reduce the economic burden of caregiving for their daughter, and believe it offers better opportunities for girls. Girls education is often deprioritised in times of economic hardship and lack of livelihood.

The low value placed on girls' education, their lack of access to it, school dropout, and lack of alternative opportunities for girls

As described in the section above, adolescent girls were reported to face heightened barriers to accessing education due to gender and economic inequality. KII data in the study indicated that many of the girls who drop out of school end up getting married due to the lack of alternative opportunities to marriage, due to economic hardship and violence in the home. Few economic opportunities were described by the girls, the types that were related to domestic work which was associated with sexual exploitation among girls including pathway to child marriage. Lack of economic opportunities also seemed to have a negative effect on adolescent girls value on education, which was discussed by adolescent girls in the peri-urban community participatory group, as well as KII data.

CONCERNS OF MARRIED GIRLS

The study reported devastating consequences of child marriage to the development of married girls including; cyclical poverty, various forms of violence including intimate partner violence (IPV) and abuse from in-laws, school dropout, and negative impacts on health and wellbeing. Findings in relation to these consequences are summarised below.

Cyclical Poverty

Findings from the study illustrated the cycle of poverty caused by child marriage, with married girls often experiencing heightened economic hardship. Due to economic hardship and care-giving or domestic responsibilities, the data suggested married girls are less likely than unmarried girls to attend school. They may also have limited labour opportunities, some data also indicated that due to this some girls experience sexual violence, including sexual exploitation, in the context of selling or exchanging sex to provide for them and their children.

Intimate Partner Violence (IPV)

The data was reported to show a high incidence of IPV against adolescent girls by husbands. SenseMaker stories depicted a broader range of types of violence perpetrated by husbands including sexual and psychological violence, and the denial of resources and opportunities. Abandonment also emerged as a dominant trend in SenseMaker stories. While data from KIIs discussed IPV in terms of physical and emotional violence (i.e., abandonment, infidelity).

Abuse from In-Laws

SenseMaker story data highlighted the experience of gender-based violence (GBV) and other abuses faced by adolescent girls from in-laws, or their wider family unit. Many stories documented abuses that took place as a result of the power imbalance between the wife and her new relatives, often related to the mother-in-law.

School dropouts as both a precursor and consequence of child marriage

School dropout were suggested through the data to be both a consequence and precursor to child marriage. Some KIIs discussed school drop out of adolescent girls after marriage, and others describe that adolescent boys are more likely to continue their education after marriage.

Adverse health and wellbeing outcomes

The study reported data across methods as outlining detrimental effects of child marriage on adolescent girls' overall health and wellbeing, including adverse mental health and psychosocial outcomes. Stories shared in SenseMaker illustrated how the combination of child marriage with the lack of SRH services can affect health, including complications in childbirth.



Students attending a football tournament learnt about the consequences of child marriage (Zimbabwe).
© Plan International

Male dominance over adolescent decision-making and sexuality

Although there are exceptions, such as marriage by eloping, in general the findings suggest that adolescent girls have limited decision-making power in relation to when and whom to marry. Instead, the data shows these decisions are heavily influenced by fathers, and also some brothers. Data from the study suggested that fathers may force daughters to marry to uphold socio-cultural norms that prohibit “deviant” behaviours associated with family shame such as girls engaging in sex or intimate relationships, or being seen in the company of a boy or young man, or becoming pregnant before marriage. Several SenseMaker stories described girls being chased from home by their fathers and in some of the stories the fathers’ actions were based on information received from the girls’ brothers.

Community-led gender transformative programming to advance gender equity in the household and community is recommended in the report to engage not only parents, but also young men, including brothers. Data provided by community member participants suggested intergenerational workshops and dialogues among parents and children to encourage trust and understanding, and to increase communication on issues facing adolescents. This recommendation is further supported by data indicating that the ability to return home post-pregnancy or marriage has a potential to increase girls’ wellbeing by widening the options available to them.

Sexual violence against children, including child abuse, sexual assault, and abduction

Child abuse was identified as a driver of child marriages in some of the Sensemaker stories and in some KILs. The study findings showed how various forms of sexual violence against children and adolescents, such as sexual exploitation and abduction, drive child marriages in Chiredzi. For example, different types of violence perpetrated by guardians or relatives were mentioned in the data as reasons for why adolescent girls seek out marriage as an escape. Findings also show that adolescent girls become trapped into marriage as a result of experiencing sexual violence, particularly when it results in pregnancy.

Adolescent pregnancy

Findings across methods highlighted pregnancy as a basis for marriage, with unplanned pregnancy being a significant factor for entering into marriage. Pressure exists to elope or marry the would-be father. The study emphasises the need for adolescent-friendly SRHR information and services.

Harmful Cultural Practices

Findings suggest that cultural practices, such as Khomba (initiation event), lobola (bride price), and musengabere (the practice of abducting girls to force marriage) increase girls’ risk of child marriage. Data indicated that these practices are rooted in and perpetuate deeply entrenched gender norms that discriminate against girls, impede their access to opportunities, and violate their rights.

Data suggests that child marriage offers an opportunity to increase household income through Loloba, and simultaneously reduce expenditure. Some stories suggest traditional lobola practices and payments may not commonly be made, which increase the vulnerability of the wife being abandoned by her husband since the proper formalisation of marriage has not occurred.

Study data in relation to abduction in Chiredzi was not comprehensive, however the report suggests that initiatives addressing GBV should include focus on ensuring that musengabere (abduction practices) are abolished.

RECOMMENDATIONS

The report presents a comprehensive set of recommendations targeted to three areas; policy and advocacy, research, and programmatic recommendations. A selection of recommendations which relate to the findings included above are summarised below. For full details, please refer to the full report.

Programmatic Recommendations

- Consider **increasing adolescent girls' access to safe spaces** in their communities, where they can safely interact, play, build their peer networks, learn, and access information and services that are tailored to their needs.
- Programming for **female caregivers and adult women** should focus on elevating female decision-making power to support, protect, and care for their daughters and other adolescent girls amidst gender inequity in the household.
- **Nutrition and FSL actors should better coordinate and integrate their programming with other sectors**, especially CP, GBV, education, and SRHR, to ensure that child marriage risks associated to food insecurity and household poverty are lessened and prevention actions strengthened.
- Fill gaps in **programmes and services for married and pregnant adolescent girls, adolescent caregivers, and adolescents living in child-headed households**. For example, provide direct assistance and support services to facilitate married girls' access to essential services such as CP and GBV services, including safe shelter, safe spaces, education, food security and livelihoods, and health care.

Policy and Advocacy Recommendations

- Key government ministries, youth led organisations, and CSOs should coordinate with feminist organisations to ensure **child marriage policy and advocacy drive equitable economic and social change**. Advocacy should be inclusive of married and out-of-school adolescents, as well as adolescents living in child-headed households and food-insecure regions.
- Government authorities and CSOs should engage married girls, families, traditional leaders, and the broader community to lead the design, implementation, and **monitoring of accountability mechanisms to ensure that laws aimed at protecting, supporting, and caring for adolescents are context specific and relevant to the needs and priorities of adolescents in all their diversity, including pregnant and married girls, as well as girls who are heads of households**.
- Given the study's strong theme of adolescent and unplanned pregnancy and its intrinsic link with child marriage, **ASRHR laws and policies should be strengthened to ensure adolescents' ASRHR needs are met**.

Research Recommendations

- Researchers, communities, and feminist organisations should conduct **rigorous evaluations of community-led child marriage programmes to build an evidence base on what works** (and what does not) to end child marriage and respond to the needs of married girls in crises.
- This study affirmed that school dropout is both a precursor and consequence of child marriage; however, there is a dearth of evidence on effective approaches to keeping married and pregnant adolescent girls in school in crisis settings. Therefore, **formative action research is needed to understand sustainable solutions for pregnant and married girls to continue their education**.
- **Additional formative research is needed to better understand the lived experiences of adolescent boys and male youth, including their child protection risks; SRHR, MHPSS, education, and livelihood needs; barriers and facilitators to services and available programming in their country of migration; and decision-making pathways to marriage**.

USE OF FINDINGS

Staff knowledge and capacity

- Enhancing staff knowledge and capacity on the drivers and risks to child marriage in the country, in particular in communities affected by food insecurity where the connections and impacts of child marriage are complex and were previously unclear.
- In addition, the research strengthened capacity among the team on participatory research methods and adolescent responsive designs which is already benefitting future research studies and assessments.

Programming

- The findings of the research have been utilised in formulating project activities and project designs. For example, a proposal was recently developed to tackle child marriage in a food insecure province in Zimbabwe. This project takes an integrated approach as recommended by the research, to tackle the complex unmet needs and risks facing adolescents to address key concerns such as parental economic migration, food insecurity, limited access to education among others.
- This research, together with the sister study in the Philippines, and the research conducted with Save the Children in Jordan and Uganda, has developed an ongoing partnership with Save the Children to develop programming guidance and resources to support the design and implementation of projects on child marriage in crisis and displacement settings.

Further research

- This research has been captured in a number of other research studies and syntheses, including: Girls Not brides, 2023 Evidence review: Child marriage interventions and research from 2020 to 2022; and the CP AOR and Plan International Child Protection and Food Security An Evidence Review of the Linkages in Humanitarian Settings.
- The knowledge and methodologies from this study have been used to inform the development of a Child Marriage Context Analysis Toolkit in collaboration with UNHCR which we pilot testing in Niger, Bangladesh and Indonesia.

Advocacy and communications

- This research has been presented at a range of international external events including, the Sexual Violence Research Initiative's 7th global conference in Mexico, September 2022; the Call to Action on Protection from Gender Based Violence in emergencies Annual Meeting in June 2022; at the Child Marriage Research to Action Network in September 2021; as part of UNHCR's annual GBV Unit Conference in September 2020; and as part of the as part of donor engagement with the Dutch Ministry of Foreign Affairs in December 2022; the Norwegian Ministry of Foreign Affairs and NORAD in April 2023; and as part of a Learning session on child marriage for the Foreign, Commonwealth and Development Office of the UK; among others.



[CLICK HERE TO READ THE FULL REPORT.](#)

For any questions in relation to this article, or in relation to the use of findings, please contact:

CLARE LOFTHOUSE
Child Marriage Technical Adviser,
Plan International Global Hub
clare.lofthouse@plan-international.org



NOTICEBOARD

ETHICS AND SAFEGUARDING

As a global child-rights organisation we are strongly committed to keeping all participants, and especially children and young people, safe during their participation in Monitoring, Evaluation and Research (MER) initiatives.

In order to support all offices in integrating ethics into their MER initiatives, we have a package of guidelines, templates and trainings available in English, French and Spanish that can be accessed via our [Ethics and Safeguarding Planet Page](#). We are in the process of developing a MERL Ethics and Safeguarding Plan Academy module which will be launched in English, French and Spanish in July 2023.

Plan International's Ethics Review Team (ERT) supports offices in gaining ethics approval for their MER initiatives and are also available to help answer any questions you might have or offer guidance and advice.

Plan International's ERT is excited to announce that they have recently gained Institutional Review Board (IRB) status.

Institution: **Plan International Global Hub**
Expires: **04/23/2026**

Approved for use through June 30, 2025

U.S. Department of Health and Human Services (HHS) Registration of an Institutional Review Board (IRB)

What is an IRB?

An Institutional Review Board (IRB) is a committee that reviews and approves research involving human subjects to ensure that data collection processes are conducted ethically and in accordance with required regulations.

What is the benefit of IRB status?

- This means that ethical approval by the ERT can now be recognised both inside and outside of Plan International.
- IRBs ensure the protection of human subjects involved in research, meaning the participants are engaged in an ethically responsible manner, protecting their wellbeing, rights, dignity and safety. This benefits and helps safeguard our participants, and everyone involved in the data collection process.
- Registered IRBs have enhanced reputations for being ethical and responsible organisations. This reputational benefit may be useful when talking to partners or donor organisations.
- Increased quality of ethical research (or in Plan's case MER initiatives). Review of ethics applications helps identify potential problems early on before the data collection phase of a study. This means that initiatives can be revised and improved offering the best possible chance for robust study findings, and positive experiences for those involved in the data collection process by ensuring the highest standard of ethics and safeguarding principles.
- Finally, IRB approval provides legal protection to institutions and researchers, as it evidences that all steps were taken to ensure that research was conducted in accordance with required regulations and ethical standards.

If you have any questions in relation to openplan, the research and evaluation agenda package or ethics and safeguarding in merl, please contact us at research@plan-international.org.

PUBLISHED BY: THE GLOBAL MONITORING, EVALUATION, RESEARCH AND LEARNING TEAM AT PLAN INTERNATIONAL

EDITORS OF THIS ISSUE: AISLING CORR AND JACQUELINE GALLINETTI

EMAIL: AISLING.CORR@PLAN-INTERNATIONAL.ORG OR JACQUELINE.GALLINETTI@PLAN-INTERNATIONAL.ORG