

## **Norms and sexual relations among adolescents in the context of an intervention trial in rural Zambia.**

### **ABSTRACT**

High levels of adolescent pregnancy and child marriage rates in low- and middle-income countries is an issue of concern to many stakeholders, including in Zambia where almost one third of women give birth before age 18. The aim of this paper is to explore and analyse social norms concerning adolescents' sexual behaviour within the context of an intervention trial in rural communities in southern Zambia. It is based on a qualitative study applying individual interviews, focus group discussions and participatory research methods. We apply the distinction between injunctive and descriptive norms to demonstrate that adolescent girls are caught between conflicting norms. Injunctive norms express that premarital sex, contraceptive use, and discussions about sex between adults and youths is socially condemned. At the same time poor girls are reported to feel pressure towards having sexual relations for the economic benefits such relations can bring, and this practice is considered so common that it amounts to a descriptive norm. Norms and structural conditions combine to create a disabling and disempowering environment for adolescent sexual and reproductive health, which limits girls' agency and exposes them to unwanted pregnancies.

Key words: social norms, adolescents, sexual behaviour, sexual and reproductive health, Zambia

### **Introduction**

High levels of adolescent pregnancy and child marriage rates in low- and middle-income countries is an issue of concern to many stakeholders since maternal conditions and pregnancy

related complications are the main causes of death globally among women 15-19 years old (World Health Organization, 2016). Early pregnancy curbs many girls' possibility to complete their education and to get involved in income generating activities or otherwise contribute to the development of the communities where they live. According to data from the Demographic and Health Survey (DHS) conducted in Zambia in 2018, 31% of women aged 20-24 years reported giving birth before age 18. Among those aged 18, 42% had given birth or were pregnant with their first child (Zambia Statistics Agency, Ministry of Health (MOH) Zambia and ICF, 2019). Adolescent pregnancy rates are globally closely associated with child marriage rates, but in Southern Africa most girls who get pregnant are not married (Odimegwu and Mkwanaenzi, 2016). In Zambia child marriage is rather a common response to pregnancy (Mann et al., 2015; Menon et al., 2018).

Despite many studies showing that complex sets of factors at sociocultural and environmental levels influence adolescent sexual behaviour (Yakubu and Salisu, 2018), approaches to solve problems of poor sexual and reproductive health (SRH) among young people have predominantly targeted the individual level (Frye and Trinitapoli, 2015; Rankin et al., 2016). The last decade both operational agencies and researchers have increasingly brought attention to *social norms* as a factor that we need to address and understand better in order to improve adolescent SRH (Bingenheimer, 2019). Social norms theory is focusing on behavioural rules that are constructed and shared by a group, which makes them different from individually held beliefs or attitudes (Cislaghi and Heise, 2018). Even though many studies refer to 'norms', there is still a dearth of research that aims to identify, measure and monitor social norms in a way that more closely follows social norms theory (Cislaghi and Shakya, 2018). We have quite limited knowledge about how best to incorporate a norms focus into programs on adolescent health and

how to demonstrate effectiveness of interventions aiming to change norms (Nguyen et al., 2019). The existence and effect of norms cannot be fully understood without considering how they relate to individual, family and community level factors, as suggested by the ecological model (Pulerwitz et al., 2019), and to structural drivers, including legal and policy frameworks, markets, health and education services (Malhotra et al., 2019).

While it is common to use social norms as synonymous with unwritten rules for appropriate social behaviour, there are many definitions of the concept of norms and confusion regarding the meaning of the term (Bingenheimer, 2019; Pulerwitz et al., 2019). The present study was informed by the distinction between *injunctive* and *descriptive* norms as it facilitates a more precise identification and explanation for socially informed ideas and perceptions that influence young peoples' behaviour. While descriptive norms refer to one's beliefs about what most others do, that is what is seen as normal, injunctive norms refer to one's beliefs about which behaviour most others approve and disapprove of, that is, what is seen as appropriate (Cialdini, 2007; Cislighi and Shakya, 2018). Van de Bongardt et al. (2014) argue that there is in addition a third type of norms, which they term direct peer pressure. Their review of quantitative studies on the relation between norms and adolescent sexual behaviour showed that such studies have mostly tried to measure the effect of only one of these norms, and that the great majority have been realized in the USA. Recently a few qualitative studies have been published using this framework to examine norms related to child marriage (Cislighi et al., 2019; Taylor et al., 2019) but this is among the first of its kind to use it to explore adolescent sexual behaviour and adolescent pregnancies in a low/middle-income country.

The study is part of the Research Initiative to Support the Empowerment of Girls (RISE) project, a cluster randomized controlled trial to test the effect of economic support, community meetings

and youth clubs about SRH on early childbearing, child marriage and school retention (Sandøy et al., 2016). This article presents findings from a sub-study that aimed to explore norms regarding adolescent sexual relations and early premarital pregnancy in communities receiving all the mentioned interventions, and how these norms relate to other economic and structural factors. One of the hypotheses of the trial is that community norms influence girls' opportunities to make choices, and that norms around early childbearing, child marriage, sexuality and contraceptive use may change if girls and their guardians are provided with economic support in combination with community dialogue meetings and comprehensive sexuality education (Sandøy et al., 2016). The trial did not consider the differentiation between injunctive and descriptive norm from the outset, and this sub-study sought to bring more nuance to the conceptualisation and understanding of norms in the intervention sites.

## **Methods**

### ***Study context***

The participants in the RISE trial were girls who were enrolled in grade 7 in 2016 in selected rural basic schools. The average age was 14, but there was considerable variation as pupils enrol in school at different ages and some are forced to repeat a grade. Most of the guardians of the participants were subsistence farmers, and the poverty level in the study communities is high. The trial had three arms, and this study was conducted in schools randomized to the combined intervention arm being offered youth club meetings, community meetings and economic support. The interventions organized by RISE started in September 2016 and ended in November 2018. The teachers and community health workers who delivered SRH and life skills education in the youth clubs and facilitated community meetings were trained for five days by the project before

the intervention started and received a refreshment training after a year for three days. The youth club meetings took place every two weeks and in total 36 meetings were held over the two-year period, whereas there were two community meetings per school term, i.e. 14 in total. The clubs included interactive discussions on education, early marriage, the risks of early pregnancy, gender roles, and sexual and reproductive health, including myths around modern contraceptives. The intention of the community meetings was to facilitate dialogues promoting supportive community norms around education for girls and postponement of early marriage and early childbearing. Three of the community meetings focused on early marriage and childbearing and what parents could do to reduce early pregnancy, but contraception was not explicitly mentioned in the manual for the community meetings. The community meetings were open to other community members than the parents of the adolescents involved in RISE but very few others came. The girls participating in the combined intervention arm also received economic support in the form of a small monthly cash transfer (ZMW 30 or about USD 3), while their parents were offered an annual grant (ZMW350 or about 35 USD), and the girls' secondary school fees in 2017 and 2018 were paid by the project (Sandøy et al., 2016).

### ***Data collection and analysis***

This qualitative study has used a combination of individual interviews, group discussions and participatory research. The data collection was carried out in three phases in 2017 and 2018, each lasting three to four weeks. At the time of data collection the study participants had been exposed to the intervention for between six and 18 months.

The interviews were mostly done at three RISE intervention schools in the Southern province of Zambia. We held group discussions with girls in two additional RISE locations in the same

province to obtain data from a wider variety of sites. The first author, a white male European, conducted the individual interviews and participated in the discussions accompanied by a locally recruited young female research assistant. The first author has extensive prior experience in interviewing women and girls about sensitive SRH issues in similar contexts. We conducted interviews with 23 RISE participants (adolescent girls) who received economic support, were in school and attended the youth club; seven adolescent boys who were in 7<sup>th</sup> or 8<sup>th</sup> grade and had attended the youth club; 11 young mothers who were out-of-school and were not enrolled in RISE; and 16 guardians of RISE participants. The latter had received economic support from RISE and had participated in the community meetings. The girls/young women who had become pregnant before the age of 18 (but who were not participating in the RISE study) were included to get the perspectives of girls who had experienced a premarital pregnancy. Eight group discussions were held with girls and four with boys. The adolescents were recruited by teachers, and parents were recruited by teachers and research assistants. Individual interviews were conducted in English with simultaneous translation to Tonga when necessary whereas focus group discussions (FGDs) were led by the female assistants and mostly conducted in Tonga with only partial translation to English in order to allow the first author to appreciate which topic was being discussed and indicate issues to follow up.

Adolescent sexuality is commonly surrounded by silence and shame (Bastien et al., 2011; Kamangu et al., 2017), which makes it challenging to have open and free conversations about the topic. To limit this bias, we avoided personal questions and asked questions about the participants' *perceptions* of beliefs, attitudes, and social expectations in their communities related to adolescents' sexual relations. We used an interview guide informed by theories of social norms, which included questions that focused on eliciting the informants' views on which

practices, opinions and attitudes they believe are common or not in their community, and on how community members react to adolescent sexual relations, adolescent pregnancies, adolescents' use or non-use of contraception, and so forth. Examples of questions asked were: How common is it for girls to have a boyfriend in your community? Do any of your friends have a boyfriend? What do people in your community think about girls and boys who are dating? How did people react when [a person she/he knows] got pregnant? This way of questioning corresponds to what Stark (2020) terms 'third-person elicitation' in which people are not asked directly about their sexual activities, but are asked about what other people in their neighbourhood say or believe.

To further reduce response bias and to collect comparable data, we applied a participatory research method inspired by the Participatory Ethnographic Evaluation Research (PEER) approach, which involves ordinary members of the community in generating data. The method has been used in reproductive health research in similar settings (Hawkins et al., 2009; Heslop and Banda, 2013; Price and Hawkins, 2002). Three young women aged 18-20 were recruited in each of the three communities, trained to do short interviews using an interview guide with a limited number of questions and informed about basic research ethics. Answers were noted on paper and discussed with researchers when interviews were completed.

Individual interviews were transcribed by the first author whereas the FGDs conducted in Tonga were translated and transcribed into English by a native Tonga speaker. The transcriptions were then coded with NVivo software for qualitative analysis. The first author did thematic coding with a mix of pre-established codes and categories as well as codes and categories that emerged from the material.

### ***Ethical considerations***

Ethical approval for the trial and the process evaluation was provided by the University of Zambia Biomedical Research Ethics Committee (UNZABREC) and by the Regional Ethical Committee of Western Norway (REK-West). All guardians were informed about the RISE study (including qualitative interviews) and consented to the participation of their children, and all underage participants assented. Adult participants consented to taking part in the study. No names or other information about participants' identities was recorded, and audio recordings and transcripts were saved in a password secured computer.

## **Findings**

The findings are organized according to categories established during the analysis. We first present what participants described as the dominant opinions and attitudes concerning adolescent sexual relationships and why adolescent sexual relations are disapproved (injunctive norms), then move on to describe how peers influence girls to have sexual relations, poverty as the main structural factor affecting girls' choices (descriptive norms), perceptions about how common it is for adolescents to have sexual relations (descriptive norms), the lack of communication about sexuality related matters, and how people talk about adolescents' use of contraception (both injunctive and descriptive norms). Opinions and attitudes to contraception and communication about sexuality illustrate how norms operate as barriers to effective protection against unwanted pregnancies.

### ***Injunctive norms concerning adolescent sexual relations***

The informants consistently reported that adults think it is not acceptable for adolescents, and girls in particular, to be sexually active. One of the girls put it this way when asked how people



in her community react to girls and boys who are dating: “The community is not happy about it. They say they are too young for that. They portray bad behavior” (School girl, int. 12).

Repeatedly, sexually active girls were said to be disobedient, to lack respect for their parents.

Some said it is shameful for the parents if people in the community believe their children have a sexual relationship, let alone get pregnant. It is a sign that the parents do not give the child proper guidance, they do not teach them how to behave. Boys are also told by parents not to have girlfriends, and they fear the reactions and consequences of making a girl pregnant. The adolescents said girls risk being beaten by their parents if they appear to have a boyfriend. Some of the boys said that they also risk being beaten, and some of the parents confirmed that they may beat a daughter or son caught dating a boy/girl. The interviewed girls mentioned that for a girl, having several boyfriends (one after the other or concurrently) creates a risk of being labelled a ‘prostitute’ by the community, which does not mean that they believe she is a sex worker but that she gets a reputation of having bad morals and being promiscuous.

The implication of the seemingly near universal public disapproval of premarital sexual relations is that such relationships, whatever the motives for them are must be kept secret.

I: Those who have boyfriends, do they talk about it or do they try to hide it?

A: They don’t bring it out, they don’t share. They are shy or they are afraid they will be laughed at. [...] Sometimes it is difficult to know that our friends have a relation. We just know that she has a relationship when she gets pregnant. (School girl, age 17, int. 1, 2017).

The normative idea that girls and boys should avoid relations with the opposite sex, practice abstinence and focus on school appeared to have been reinforced by the RISE intervention

because it was a point that had been stressed by teachers leading the youth clubs and community meetings. Girls in a FGD said the most important thing they had learned from the youth club was “The importance of delaying sex”, “How young people can avoid sex”, and “The importance of education” (FGD with schoolgirls, 2018).

### ***Why sexual relations are disapproved***

When explaining why adolescent sex was not found to be acceptable, study participants referred mainly to a range of negative consequences. Girls run a risk of early pregnancy, which may lead to school dropout, economic difficulties, and health complications.

A: What do people say about girls and boys who are dating?

I: They say it’s wrong for them to be dating because it would destroy them and their education.

A: What do people say about girls and boys who have a sexual relationship?

I: Young children should not find themselves doing that because it might lead to unwanted pregnancy, which they did not plan for. (girl, PEER int., 2017)

Teachers seemed to have emphasized the potential dangers of sexual relationships. One may note that this was in line with the manual provided by RISE. A girl interviewed in 2018 said:

A: Before the youth club meetings, we never used to learn that if you get pregnant it is possible that you can die giving birth. Now we learn that having a boyfriend at an early age is not good because we can get pregnant, there are a lot of diseases, you can get sick. We never used to learn that until we got the youth club meetings. (School girl, age 18, int. 18, 2018).

Although people in Zambia commonly consider themselves as very religious and Zambia has been declared a Christian nation by the government, very few were referring to Christian normative values of premarital sex as a sin: “Most say they should not be dating boys because they may get pregnant and have to stop school and all this. Very few say they should not do it because it is a sin”. (Mother and father, int 18, 2017). Even the son of a protestant priest claimed that his father, rather than focusing on premarital sex as a sin, tells him “you can destroy your future” if he has a relationship with a girl.

### ***Peers influence girls to have sexual relationship***

Although some informants admitted that girls may engage in relationships with boys due to sexual desires, love and to have fun, the most frequent answer when asked why adolescents are having sexual relations or getting pregnant by far was that girls do it for money and gifts: “...because of love for money. And snacks like biscuits and fritters. And maybe because of clothes and fashion”. (School girl, age 15, int. 10, 2017). This was perceived to be due to two factors that are interwoven: articulated peer pressure (friends telling them to do like them) or more subtle peer influence (envying, admiring, and copying others who benefit from such relations), and poverty. Both the articulated and subtle pressure was described as explicitly related to material needs and wishes.

“Some become envious of the things their friends have and when told how to access such nice things by their friends they also decide to join in having relationships with guys. Also, if your parents are poor and you have well-to-do neighbour, you start envying things from the neighbour.” (FGD with school girls, 2017).

However, most of the adolescent girls, including the teenage mothers, said that they personally had not experienced direct articulated pressure. Only a few girls said that one or a few friends have tried to convince them to follow their example. One girl said that “Some of my friends tell they have boyfriends, having a boyfriend is nice because men give money” (School girl, int. 2) and another said that there are girls who “encourage me to accept the proposals because they [boys] may buy lotion or maybe food for me” (School girl, age 16, int. 4).

According to the informants having a boyfriend is not something a girl would boast about to her friends to elevate her status and get admiration. For boys there is more pressure from peers towards having sexual experience. They risk being teased and laughed at if they have never been with a girl, and nobody mentioned that boys risk getting a negative reputation by having girlfriends.

### ***The impact of poverty beyond peer pressure.***

Evidently, economic deprivation can push people to behave in ways they know are not socially approved. Participants pointed out that some of the girls who have or want a partner for economic reasons, lack support from home. Some believed that poor parents encourage their daughters to seek sexual partners to obtain economic support. The encouragement may not be explicit, but implicit in a request to seek ways to find food:

“Some parents send their children to men so as to get money to buy food stuffs at home such as kapenta (sardines). Some parents agree to let their children get into relationships because of the many gifts they receive from the man” (FGD with school girls, 2017).

A girl from a household that does not have resources to provide her with the most basic goods, would usually not claim that peers and community members think she *ought to* look for a man to help her. Still, her poverty makes others understand that she has few other alternatives since there are limited opportunities for girls to make an income on their own. Boys, on the other hand, have better opportunities to earn cash.

I: What do people say about girls who are going out with men to get money or things?

A: Those girls are not being looked after by their parents. By their parents they are not given the support that they need as in terms of money for buying snacks for themselves when they are at school or anywhere. So they are lacking support from their parents. (girl, PEER int., 2017).

Interestingly, both girls and boys individually and in FGDs claimed that the cash transfers the RISE participants received from RISE enabled girls to stay away from boys. One of the boys said:

I have seen a lot of change in the girls. Girls would have boyfriends before so that they can have money to buy snack at break time. Now because of the money they receive they don't need relationships, they have money to buy snacks. But a few of them have not changed. Most have changed (School boy, age 16, int. 12, 2018).

However, we did not come across any indications that the economic support had made poverty a less acceptable reason for having a boyfriend.

### ***Perceived prevalence of adolescent sexual relationships (descriptive norms)***

Adolescents and parents seemed to agree that most 14-16-year-old girls do not have a boyfriend.

However, some said it is 'common', which indicates that even if it is not the case for the

majority, an important number of girls do have sexual relations as evidenced by the number of early pregnancies occurring in the communities. Statements about how common it is must be interpreted cautiously as it may vary what people put into words such as ‘many’, ‘most’, ‘common’ and who they are referring to. A girl who first stated that most of her friends have a boyfriend later specified that she knows of many girls who have a boyfriend, but that most of her own friends do not have one (School girl, age 16, int. 3, 2017). Some girls pointed out that it is more common among girls who are out of school or ‘girls in the community’ to have a boyfriend than what is the case among girls in their own class. Importantly, none expressed that they felt pressure to find a boyfriend just for fear of being (seen as) different from the “majority”.

### ***Disapproval of communication about sex (injunctive norms)***

Neither girls nor boys felt they could talk to adults such as parents, teachers or health personnel to share sexual or romantic feelings or experiences or ask for advice. To initiate such a discussion carried a risk of severe sanctions.

I: So what would happen to you if you said ‘mama I have got a boyfriend, I want your advice?’ (lots of giggling, several talk)

Girl 1: My mum can tie me up with a rope.

I: You cannot ask her about that boy or how to protect yourself? (lots of giggling)

Girl 2: They can’t tell us how to protect yourself. Not even telling to continue with this boy. They will beat you up and sit you down and tell you having a boyfriend is not good and give you the reasons. (FGD with school girls, 2017)

The only message from parents to both girls and boys but with more emphasis for schoolgirls, was to stay away from the opposite sex and concentrate on school. Parents confirmed that they

did not talk to their children about sexuality, contraception or romantic relations. Some parents thought that any talk about sex would only serve to encourage adolescents to experiment sexually.

Sexuality, contraception, romantic relations and communication with parents were included in the youth club curriculum and covered in the community meetings, but the interviews we did in 2018 did not indicate that this had changed parents' opinions or ability to talk about these topics with their children. We asked one of the mothers whether she had discussed with her daughter how to avoid pregnancy. She answered: "I don't talk to her about contraceptives, but I have told her to avoid boys. But I have not talked about how to avoid pregnancy" (mother, int 16, 2018).

Among peers the amount and substance of communication about SRH seemed to vary. Some said girls talk and share experiences, others said they do not. Those who did tell friends about their boyfriends, including the girls who had got a baby, would only talk to one or two of their closest friends about it and would not share intimate details.

### ***Disapproval of contraception (injunctive norms)***

With only a few exceptions among the girls, all informants opposed the idea that adolescents could use hormonal contraception to avoid pregnancy. Adult informants claimed that if girls could have sex without risking pregnancy, they might feel safe and free to 'experiment' and even become 'prostitutes'. Both adolescents and parents frequently stated that hormonal contraception can be harmful for young women and lead to sterility, disabled babies, and cancer. Parents tended to dislike that teachers talked about contraception. A mother who was told that the

adolescents in the RISE youth club were going to learn to avoid pregnancy both through abstinence and how contraception is working, disapproved and claimed it would be “encouraging children to have sex [...] They will start experimenting and [think] ‘let me try, I will use condom, I will use pills’, so to avoid pregnancy” (mother, int. 7, 2017). She insisted it was only appropriate to teach the adolescents about abstinence. Only a few parents admitted that contraception could be a better alternative for girls who could not be convinced to stay away from boyfriends: “It is better to use contraception for those children who like having sex but for those who do not indulge themselves it is not” (mother, int. 19, 2017).

None of the adolescent or parent participants said they had ever received or given advice to a teenage girl to use contraception to avoid pregnancy. The teachers, including those who had been trained by RISE to teach and facilitate discussions about contraception, were reported by the adolescents to focus on abstinence as the best way to avoid pregnancy.

Girl 1: They taught us that it is good to use these things like condoms

Girl 2: They also taught us that we shouldn’t indulge in such activities in the first place.

Girl 3: They said that these things are good but we should avoid them (FGD with school girls, 2018)

A girl claimed her teacher had said “It is not good to use condoms because they can have holes” (School girl, age 18, int. 18, 2018). Another girl from another study site, interviewed after her group had the session on contraceptives, said she liked the youth clubs because “They learned that dating boys is not good. You should continue your education,” and she believed that “Sometimes using contraceptives can have an effect on your stomach [reproductive organs] and



the baby born later on may have a disability“ (int. 1, 2018). Yet another girl from the same school claimed “The teacher said that if you use contraceptives you can have clots in your stomach [uterus]” and that “you can prevent an early pregnancy by rejecting the boys” (School girl, age 16, int. 5, 2018).

Our material does not indicate that there were any clear norms regarding condom use. When boys and girls and boys were asked what they would think of a girl who was found to carry condoms or contraceptives in her bag, several responded that she would risk being suspected of prostitution. Nobody claimed that it would be taken as a positive sign that she was protecting herself.

## **Discussion**

In the study context in southern Zambia sexual relations among adolescents are disapproved of in various ways. It is clearly a dominant injunctive norm that it is not acceptable to date and have sex when you are a young unmarried girl attending school. Girls in particular risk meeting severe sanction from parents and to be labelled ‘prostitutes’ among peers and community members if they are found to be dating boys or men. As reported also by Heslop & Banda (2013), sexual relations among youth in Zambia are mostly short term and often occur spontaneously due to the need to hide and keep them secret. Nonetheless, for girls coming from poor families, dating men for money and gifts is occasionally encouraged by peers, and even some parents, and is in that sense an injunctive norm. These apparent contrasts show how norms are interwoven with structural issues and in particular poverty and economic deprivation.

Most participants seemed to agree that most girls attending 7th to 9th grade do not have sexual relationships, and none of the girls attending school expressed that they felt there is a pressure to date a boy just to follow the majority. It did moreover not seem to be acceptable for girls to boast about sexual experiences and it would not improve a girl's status among her peers like it may do among boys. However, as reported frequently from sub-Saharan Africa (Stoebenau et al., 2016), having sex for economic reasons was considered a widespread practice, and as such amounts to a descriptive norm. This is symptomatic for a double standard and conflicting norms: girls are to some extent expected to date boys to get economic support but cannot talk about having sex. Still, some girls were reported to show off gifts they received from lovers or to push friends to have sex just as themselves. When a girl challenges injunctive norms and acts against family members who seek to constrain her relationships and guard her sexuality, it corresponds to what Murphy-Graham and Leal (quoted in Taylor et al., 2019) termed as 'oppositional agency'. The conflicting norms may reflect a dynamic relationship between the descriptive and injunctive norms where girls who have sex for economic reasons (or for love and desire) potentially are pushing the injunctive norms in a direction of being more flexible and expanding the space for acceptable adolescent sexuality. It raises an interesting question about how descriptive norms become injunctive norms and vice versa.

One of the hypotheses studied in the RISE trial is that poverty reducing measures combined with community dialogue and sexuality education may change social norms regarding sexual behavior and pregnancy prevention. The cash support provided by RISE was reported to have reduced dating between girls and boys and unintended pregnancies (see also Banda et al., 2019). The effect of economic incentives on norms is not much studied but our findings suggest that the

economic support enabled the girls to behave more in line with dominant injunctive norms, and by that had an effect on beliefs about how common it was for girls participating in the trial to have a boyfriend, i.e. the descriptive norm.

The negative injunctive norms are largely anchored in and legitimized by the potential negative consequences of sexual relations, in particular early pregnancy, HIV transmission and school drop-out. The social and economic implications of unintended pregnancies are emphasized far more than religiously grounded norms and associations of sin of premarital sex (cf. also Svanemyr, 2020). Heslop & Banda (2013) interpreted the lack of religiously anchored moral condemnation of premarital sex as an expression of Zambians' pragmatic relationship to religious prescriptions. A similar kind of pragmatism has been observed concerning the offer and use of induced abortion services in Zambia (Haaland et al., 2020). However, an important difference is that religious arguments against abortion are much more prominent than in the case of premarital sex and pregnancy.

The injunctive norm that adolescent unmarried girls should not have sex, is logically followed by the injunctive norm that it is not acceptable for adolescents to use contraceptives such as pills and injections. Suggestive questions from the interviewers about the possibility of teaching young people that they can avoid pregnancy by using contraception were met with spontaneous and very negative reactions. Similar to reports from many other studies from Africa (Blackstone et al., 2017; Gunawardena et al., 2019), participants claimed that contraception can be harmful to the girls' health. It would also allow them to experiment sexually, which allegedly will make them loose focus and concentration in school. Since informants provided similar answers in 2018

– after the youth clubs and the community meetings organized by RISE had been running for 18 months – they did not appear to correct informants’ misconceptions about contraceptives, nor did they transform their views on adolescents’ use of contraception. The youth club teachers’ emphasis on abstinence and encouragement to girls to focus on school seemed to have reinforced rather than challenged injunctive community norms for appropriate behaviour for girls. The interviews with guardians indicated that even if the youth club had been successful in correcting some misconceptions and changing attitudes among trial participants, they would continue to be under influence of both injunctive and descriptive norms around sexuality prevailing in the communities. Many interventions that claim to include normative change activities primarily seek to improve SRH knowledge and attitudes and do not address beliefs about which practices are common or socially approved or not (Cislaghi and Heise, 2018).

As we have also reported elsewhere (Chirwa-Kambole et al., 2020), even though pupils and teachers in general accepted the content covered in the youth clubs, certain topics were sometimes excluded as teachers did not find it compatible with their cultural and religious attitudes and norms. Teachers were reported to discourage adolescents from having sex like they have been found to do in many countries (Francis and DePalma, 2014; Keogh et al., 2018; Zulu et al., 2019). This indicates that the training of SRHE facilitators needs a much stronger focus on value clarification and on building knowledge and awareness about the limitations of the abstinence approach and the need to go beyond promoting it. More prolonged training than 5+ 3 days might better equip facilitators with the necessary knowledge and skills to engage with parents to challenge their ideas and perceptions. (Bastien et al., 2011; Kamangu et al., 2017). Lessons from girl empowerment programs suggest that involving parents in designing

and planning the program and including extensive community dialogues help to create enabling environments that expand the opportunities for girls (Marcus et al., 2017; Svanemyr et al., 2015). However, changing deep-rooted norms may require a higher number and more frequent meetings than what was organized in RISE.

Another aspect that stands out strongly is the lack of open and judgement-free communication about sexual matters between adults and adolescents, which has also been reported from other studies in Africa (Kamangu et al., 2017). Thus, *not* talking about sex or any related issue emerges as both a descriptive and injunctive norm: no one does it and it would be condemnable to try. The RISE intervention aimed at improving communication between adolescents and their parents, but our findings suggest there were few signs that these normative patterns had been modified in the study sites by mid-2018. Studies from other countries in sub-Saharan Africa have found that adolescents who have no open discussion or communication on SRH issues with their parents are much more likely to start childbearing (Kassa et al., 2018). This evidence implies a need to develop additional strategies to encourage and facilitate more constructive and supportive parent-child communication in ways and forms that are adapted to the context

Studies from low- and middle income countries have revealed that peer pressure is among the factors that increase the likelihood of adolescent pregnancy (Chung et al., 2018). This study indicates that the mechanisms through which peer pressure works merit further exploration. Some research suggests that adolescent sexual activity is more strongly associated with descriptive norms than with injunctive norms, and that adolescent sexual activity is more strongly related to perceived sexual activity of close friends than that of school peers (van de

Bongardt et al., 2014). A review of studies from sub-Saharan Africa, however, found that the influence of perceived peer behaviours on young people's sexual behaviour were inconsistent. There were also mixed associations between sexual behaviours and peer approval norms and peer connectedness (Fearon et al., 2015).

Behaviour may not change even if attitudes and knowledge improve if injunctive and/or descriptive norms for sexual behaviour and contraceptive use are more influential. In the context of small villages where this study was conducted, dating carries a high risk of being discovered and incurring heavy sanctions, and one might assume it is under stronger influence of injunctive than descriptive norms. Adolescents have what others have termed 'ambiguous agency', and girls' "actual choices remain heavily constrained by poverty and by restrictive gender norms" (Crivello, Boyden, & Pankhurst, 2019: p. 10). This study indicates that injunctive norms that limit adolescents access to contraception and precludes open communication about sexual matters are the norms that more precisely limit girls' agency. Our findings along with others suggest that changing injunctive norms requires targeting larger parts of the communities including health workers, community leaders and parents over a longer period, i.e., extending both dose and intensity of the intervention. This would provide better opportunities to address and challenge more in depth ideas about what is acceptable or not. It could also enable discussions about how descriptive norms may counteract injunctive norms. Interventions targeting injunctive norms need to help people realize the influence such norms have on behaviour, and to correct misconceptions about what 'most people' do (i.e., descriptive norms). If more people are involved in activities such as community dialogues, a collective understanding might be established that possibly will create room for contraceptive use and

intergenerational SRH communication, which in turn can lead to changes in descriptive norms and later in injunctive norms.

### ***Limitations***

Interviews were done mostly with school going adolescents and their parents. The experiences and perspectives of out-of-school youth are likely to be different. The study was conducted in the Southern Province and in villages that were close to the main corridor between Lusaka and Zimbabwe. Places that are more remote and less exposed both to movements of people and programmatic interventions may have different patterns of behaviour and norms. Nevertheless, findings from similar studies conducted in other parts of Zambia and countries in the region indicate that the findings are transferable. Participants' shyness and not being used to talk about sensitive issues to strangers made it challenging to have them speak freely and honestly about topics related to adolescent sexuality. The principal investigator's position as a white middle-aged male conducting the interviews in English appeared to be a barrier for obtaining trust. However, local researchers of both genders meet with similar challenges (Plummer et al., 2004). We believe that the triangulation of methods including FGDs where participants could speak their own language and participatory peer interviews make the findings reliable.

This study was not designed to document the effect of the studied intervention package and interviews were mostly done before the project was half-way. The findings reported concerning the impact of the project should be considered as preliminary, and it is also likely that there will be variations and nuances between the 63 communities included in the combined trial arm.

Parallel and subsequent studies, however, in general confirm the findings of this study.

## **Conclusion**

The study, which is among the first to apply the distinction between injunctive and descriptive norms to study norms for adolescent sexual behaviour, shows that the distinction helps us to explore and understand the different and sometimes contradictory norms that frame young people's sexual behaviour and their ideas about what is acceptable or not. The youth clubs and community meetings offered by the RISE project did not appear to have affected injunctive norms for adolescent sexual conduct and contraceptive use but had reinforced the notion that girls should abstain from sexual relationships to be able to concentrate on school and avoid early pregnancy. Efforts to address norms concerning sexual risk-taking and early pregnancies should consider exploiting contradictions between injunctive and descriptive norms, and how norms interact with structural, social and individual factors in context specific ways. How interventions potentially can tap into conflict and agreement in the descriptive and injunctive norms to promote and establish more enabling norms merits further attention.

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