

“She Cannot Just Sit Around Waiting to Turn Twenty”

Understanding Why Child Marriage Persists in Zambia

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Introduction

Choosing whether, when and who to marry is one of the most important, personal decisions that one can make. Yet, in many places around the world, girls and boys are forced into marriage before they're ready, a practice known as “child marriage”. Around the world, an estimated 15 million girls are married each year before they turn 18, and UNICEF estimates that 720 million women alive today were married as children. The harmful consequences of child marriage have been well documented. Child marriage often means the end of a girls' formal education, limited economic prospects, constrained social engagement, increased health risks and heightened risk of physical, emotional and sexual violence. Considerable research to understand the determinants of child marriage has been conducted in South Asia; however, despite increased attention to the issue in recent years, the evidence base on the experience of child marriage in diverse contexts in sub-Saharan Africa remains limited. To fill this evidence gap and to provide information that can inform programmatic and policy actions, the International Center for Research on Women (ICRW), in partnership with Plan International Zambia and Kisumu Medical Education Trust (KMET), conducted intensive qualitative research in Zambia and Kenya.

This brief presents the findings specific to Zambia.

Our objectives were to:

- 1) Explore and document the contextual factors that both promote and prevent child marriage; and
- 2) Understand the process by which adolescent girls get married.

Funded by the David & Lucile Packard Foundation, this research was carried out in Zambia with Plan International Zambia and independent research consultants, and in Kisumu, Kenya with Kisumu Medical Education Trust (KMET).

The findings from this study offer insight into the pathways to child marriage in these two countries and to how contextual factors, including gender inequity and economic insecurity, affect the life course of girls.

Research locations

In both Kenya and Zambia, data were collected in rural and peri-urban areas in order to account for how migration and urbanization could affect the process of child marriage in these diverse settings.

In Zambia, research was conducted in two sites in Central Province, where the median age for first sexual intercourse for women is 17 years, where 29.9 percent of 15 to 19 year old women have begun childbearing, and where 41.3 percent of married women ages 15 to 49 are using a modern contraceptive.¹ ICRW partnered with Plan International Zambia, which works to help children in the country to access their rights to education, health and economic empowerment. Plan International Zambia operates many projects targeting youth. One project, *No I Don't*, empowers girls to make meaningful choices about their own lives by creating safe spaces for girls to freely express themselves among peers without interference from adults, by enhancing their access to sexual and reproductive health information, and by facilitating an enabling legal and policy environment to protect girls from child marriages. Another project, the *18+ Ending Child Marriages in Southern Africa Programme*, builds on key principles and priorities that are scalable and supported by Plan International's Child-Centered Community Development strategy to mobilize girls at risk of child marriage, transform gender norms and practices, and facilitate an enabling legal and policy environment to protect girls from child marriage.

The two research sites in Central Province were Makululu (in Kabwe District) and Chibombo (Chibombo District). Makululu is a densely-populated, peri-urban community outside of the city of Kabwe. Makululu is considered a shantytown, with the primary economic activity being seasonal fishing. Chibombo is a rural community further outside the city of Kabwe, where the primary economic activity is farming. As was the case in Kenya, despite differences between the areas, the information shared by the respondents did not differ. This could be due to the close geographic proximity and potential for intermingling between the two communities.

A statistical profile of Zambia is presented in Table 1. In Zambia, the legal minimum age of marriage is 18, though girls can marry as young as age 16 with parental consent. Trends in the median ages of first marriage, sex, and first childbirth show that sexual debut comes first, at a median age of 17.7 years, followed by first childbirth at a median age of 19.3 years and lastly marriage at a median age of 19.9 years. Just 16.7 percent of girls in Zambia complete secondary school. Overall, this shows that educational attainment is low and that girls continue to experience early sexual debut, birth and marriage in Zambia.

Study methods

This study was reviewed and approved by the Institutional Review Board (IRB) of ICRW, the University of Zambia Biomedical Research Ethics Committee and the National Health Research Authority of Zambia.

A total of 28 **in-depth interviews (IDIs)** were conducted across both urban and rural sites. In-depth interviews were conducted with unmarried adolescent girls ages 15 to 17 who were in school (N = 6) or out of school (N = 6), married women ages 20 to 30 who were married before 18 (N = 6) or after 18 (N = 6), and married men ages 20-30 (N = 4). A total of 8 **participatory focus group discussions (PFGDs)** were conducted in the rural site only. Focus group discussions were conducted with unmarried adolescent girls ages 15 to 17 (N = 2), unmarried adolescent boys ages 15 to 17 (N = 2), adult mothers of adolescents aged 12 to 17 (N = 2), and adult fathers of adolescents aged 12 to 17 (N = 2). Finally, a total of 8 **key-informant interviews (KIIs)** were conducted in both peri-urban and rural sites. The types of respondents we spoke with included community elders, teachers, religious leaders and traditional leaders.

Key findings

Ultimately, what emerged were two direct precursors to child marriage across the study communities: school dropout and pregnancy. Each of these drivers stemmed from a much broader context in which the lives of girls in Zambia are embedded. Additionally, we documented an ongoing process of social change regarding the recognition of adolescence as a distinct life stage and the related tensions involved in the negotiation of the rights and expectations of adolescents at both the familial and community levels.

TABLE 1. STATISTICAL SNAPSHOT ZAMBIA

Marriage	
Legal minimum age of marriage (years) ²	18
Legal minimum age of marriage with parental consent (years) ²	16
Percent of women 20-24 married before age 15	5.9
Percent of women 20-24 married before age 18	31.4
Median age of women 20-24 at first marriage (years)*	19.9
Sexual activity	
Percent of women 20-24 who were sexually active by age 15	11.7
Percent of women 20-24 who were sexually active by age 18	54.4
Median age of women 20-24 at first sex (years)	17.7
Use of modern contraception	
Rate of use among currently married women ages 20-24 (%)	44.1
Rate of use among sexually active, unmarried women ages 20-24 (%)	47.0
Pregnancy	
Percent of women 20-24 having first birth before age 15	2.8
Percent of women 20-24 having first birth before age 18	30.7
Median age of women 20-24 at first birth (years)**	19.3
Educational attainment	
Women 20-24 who completed form 4 at the secondary level (%)	16.7
Median years of school completed among women 20-24	7.9

Source: Zambia Demographic and Health Survey (2013-14) except where noted.

Access to secondary education

The adolescent girls participating in this study expressed universally high aspirations for their personal education—all 12 desired to complete university degrees. The most popular profession girls desired was a medical career as a doctor or nurse; other professions girls mentioned included teaching and journalism. The aspirations expressed by these girls stand in sharp contrast to the realities of educational attainment in Zambia. According to the most recent Demographic and Health Survey (DHS) data, the percentage of women who have completed higher than a secondary education peaks at 8.6 percent among women ages 30-34 in Zambia.¹

There are differing viewpoints on why girls drop out of school, but the most prominent barrier to education seems to be the precarious nature of financial support for school fees:

I went to Ndola to stay at my uncle's place so he gave me fake promises that when I go to Ndola he will be paying for my school... But when I went there he changed his mind and said that he had a lot of people he was paying for so I couldn't start school and I told him that I will go back to my mother's place, that's how I came back here. When I came back I found that my father was in hospital; he had injured himself at his work place. He was admitted to the hospital and he was there for a very long time. That's how I just saw the situation; my mother

was not working and suffering with my father in hospital; I just thought life will be difficult now.

— Woman 20-30 married before 18, IDI, rural Zambia

In Zambia, several adult respondents reported that parents exert additional pressure on daughters to drop out and marry in order to alleviate their family's poverty. They explained that marriage benefits parents financially through the receipt of the bride wealth payment and the transfer of responsibility for financially supporting their daughter from her parents to her husband. The following is an example from Zambia of how respondents linked financial concerns to parents' pressure on girls to drop out of school and marry:

We hear the parents get tired of paying school fees, so when they don't have money they just say you better just get married. And not just school fees, sometimes the reasons are that they want the child to supplement their efforts for what is lacking in a home as a child gets married.

— Deputy head teacher, KII, rural Zambia

Once girls are out of school, they face multiple pressures to marry—social pressure from their family and community, and financial pressure, due to the lack of alternate means to support themselves. Describing reasons for parental and community pressure on girls to marry, one girl in urban Zambia who was not currently attending school said:

When they see that a girl is grown and is not in school and she is not doing anything, they can suggest that she gets married and her parents agree.

— Unmarried, out of school girl age 15-17, IDI, urban Zambia

In addition to social pressure to marry, out-of-school girls also experience financial pressure to marry due to the absence of economic and social opportunities that would otherwise allow them to support themselves, independent of families or partners. Sometimes this dependency led directly to marriage as a way to ensure the girls' financial needs were met. In other cases, women's low social and economic status and the lack of opportunities to earn an income as compared to men drove adolescent girls to engage in sexual relationships in exchange for money or goods, often resulting in pregnancy, an indirect pathway to marriage (as discussed in-depth later in the report):

What is causing child marriage here in Makululu is poverty. Life is hard; most of the people here are unemployed. All they do is fishing, [the men] go to camp out [at the lake] for three to four months to bring food on the table; the men don't even know what is going on back at home. As such, the woman could even be forced to send the girl child to sell sex so they could have food in the home, and the results are either diseases or pregnancy.

— Community elder, KII, urban Zambia

The two main reasons girls remained unable to financially support themselves, according to respondents, were a lack of vocational schools or employment opportunities for out-of-school girls and gender norms that, while shifting slightly, still primarily reinforced traditional gender roles that precluded women from working in the formal economy, or that forced them to do so while still meeting all of the demands of their traditional household role.



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Girls who were pregnant, parenting and/or married faced significant challenges to remaining in, or returning to, school. Respondents reported that though laws forbidding pregnant or parenting girls from returning to school had been repealed, stigma, gender norms affecting household responsibilities of married girls and financial constraints still prevented most pregnant, parenting or married girls from returning to school.

Pregnancy

Discussing issues related to sexuality and sexual and reproductive health remains taboo in many parts of the world, particularly among adolescents. The situation was no different in the context of our study, where extremely limited access to information about sexuality and to sexual and reproductive health and rights meant that many girls and community members did not understand their rights to determine whether, when and with whom to have sex, or their right to access information and services that could meet their sexual and reproductive health needs, including contraception.

Indeed, while in every interview and discussion, pregnancy was associated with early marriage, sexuality was mentioned only once, and the topic of contraception arose only in the context of discussions about misperceptions or disapproval of its use. Only married men and women were asked about family planning and only in relation to household decision-making; no adolescents were asked direct questions about access to or use of family planning to prevent pregnancy. Participants who did mention contraception shared their belief that it promotes early sex and can lead to fertility problems, as in the quote below.

A child is supposed to be told that this is wrong and she should not do it, not taking her for injections. It means you are showing her the way to sleeping with men and also destroying [her] fertility.

— Mother, PFGD, rural Zambia

Parents did not mention having any experience in discussing family planning or sexuality with their children, and only one respondent, a teacher from Zambia, recommended that such discussions might help to prevent child marriage.

I feel as parents we are not doing enough. I feel at local level as mothers and fathers we are not talking to our children on sexual matters, we still feel, when I mention sex to my child she will feel out of place. Then we are missing it out because immediately I don't tell my children the truth, the child learns it from another person and she/he feels what they have learnt from another person is the truth.

– Deputy head teacher, KII, rural Zambia

Despite these contextual factors increasing girls' risk of pregnancy, girls themselves were often blamed and expected to shoulder the full consequences of their pregnancy. Interviews with participants revealed the presence of a “sexual double standard,” which is defined as males being allowed to engage in sexual behavior while women are censured for it.^{3,4} Although most participants recognized the nuanced circumstances in which adolescent girls got pregnant, including the financial motivations for sexual activity and the lack of sexual and reproductive health knowledge and services in their community, they still held the girls solely responsible for having out-of-wedlock pregnancies.

There are so many reasons; I don't know what is causing these young girls to have children at an early stage, I don't have a specific reason for that, I don't know whether it's just being naughty, they don't listen to their parents when they try to advise them. We girls are very naughty; forget about what our parents advise us not to do. We still do things behind our parents back and when we get home we act innocent. I came across one mother, she really cried about what her daughter did. Parents are really complaining about their girl children, one parent even complained that she wished she never had girl children. Boys are better.

– Woman 20-30 married after 18, IDI, urban Zambia

Respondents articulated both direct and indirect pathways between pregnancy and early marriage. Indirectly, pregnancy was said to lead to child marriage through school dropout. As noted above, once girls are out of school, they face both social and financial pressure to marry and significant barriers to returning to school.

Often, though, the pathway from pregnancy to child marriage was direct. Once pregnant, few participants mentioned girls staying with their parents. Instead, responsibility for the pregnancy fell almost completely on the shoulders of the girl. Most frequently, girls who became pregnant were expected to leave the home and get married.

Yes, you will find someone who is 15 is pregnant like my cousin. She has been taken to her marital home. She got pregnant at 16, if not 15, and they took her to the man.

– Woman 20-30 married before 18, IDI, rural Zambia

Changing roles, influences, and support structures for adolescents

It has long been recognized that the phase of adolescence and what it means to be an adolescent vary based upon the surrounding cultural, historical and political contexts.⁵⁻⁷ As societies have shifted from agricultural to post-industrial economies, so have the definitions of

adolescence. In societies where the primary economic activity was agricultural production, children were often seen as an economic resource, with no authority over decision-making.⁸ For girls, this meant that there was often no gap between when they were seen as children and when they became wives. Instead, childhood “ended suddenly with early marriage.”⁹

However in contemporary industrial societies, including the communities in which this study was conducted, there is increasing acknowledgement of adolescence as a distinct phase of life, occurring between childhood and adulthood. As adolescence becomes recognized within a community, community members also implicitly or explicitly establish expectations for the rights and responsibilities of adolescents. As our data show, these expectations can create tension between adults and adolescents, who may have differing views on who should have decision-making power over key life events, including marriage.

In addition to social tension surrounding the negotiation of adolescents' role in their communities, the growing literature on adolescent development shows that this phase is also a time of rapid physiological, biological and psychological change. Before young adulthood, when they are better able to establish self-control and hone their ability to visualize and plan for the future, adolescents move through a period of identity formation in which they are more likely to be influenced by their peers, are less likely to perceive risks and may have difficulty thinking concretely about the future.¹⁰ The choices they make during this phase are highly sensitive to their school and family environment.¹⁰ To a large degree, the nature and quality of adolescents' future and their aspirations depend on how successfully “they are able to negotiate through this critical period.”¹¹ The tension implicit in the challenge of defining the rights and expectations of adolescents in these communities was evident in our discussions.

Parents shared feelings that adolescent girls defy their parents' wishes and can be difficult and rebellious.

Sometimes you can be telling your child, ‘listen go to school and get an education or you won't be anything in society’ but she does not listen. She will tell you she does not want school but wants to get married so what can you do? And when she is telling you that, she is already pregnant. Now you as a parent what can you do? But now when the pregnancy is visible that's when she remembers what you used to tell her and wishes she listened.

– Mother, PFGD, rural Zambia

Our research found that peers also influenced adolescents' desire to engage in relationships and/or marriage. Key informants and some parents felt that the increasing influence of peers in adolescent girls' decision-making processes could lead girls to early pregnancy. Usually, this was discussed as “peer pressure,” but in most descriptions it does not appear that the girls were actually being pushed or encouraged to do things by their peers. Rather, it appears that adolescents see peers marry or having relationships and emulate their choices or behavior.

Oh yes some other reasons are that the girls themselves, they sometimes get inspired in a very bad way, because my neighbor is married, maybe if I get married also A,B,C,D.

– Deputy head teacher, KII, rural Zambia



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Interviews with key informants as well as focus groups with parents indicated that adolescents’ increasing awareness of laws and rights protecting them is encouraging them to have a greater role in making individual choices and decisions, particularly around marriage practices. These laws, combined with a persistent lack of communication between parents and adolescents, are perceived to challenge parents’ authority. In addition, teachers were blamed for further reinforcing children’s rights.

This perceived erosion of parental control over children and the gaining of children’s individual autonomy were, at the same time, seen as contributing to a change in children’s behavior and parents’ ability to discipline their children.

Sometimes it’s because of this human right thing, you find that you just slap your child and she reports you to the police. So we are scared to even discipline them even when they are misbehaving. A long time ago it used to be known as police force but now it’s called police service so even the police are afraid to hit a person for fear of being accused of assault. Even our children now know their rights and they know that if my mother beats me I can report her to the police. And the police will not even ask any question but will get the mother arrested you see, but you were just controlling the child in the right direction. A long time ago we did not know about these rights and just used to listen to our parents but now even in nursery school they teach them about these rights. They tell them that if your mother or anybody beats you, you can take them to the police.

– Mother, PFGD, rural Zambia

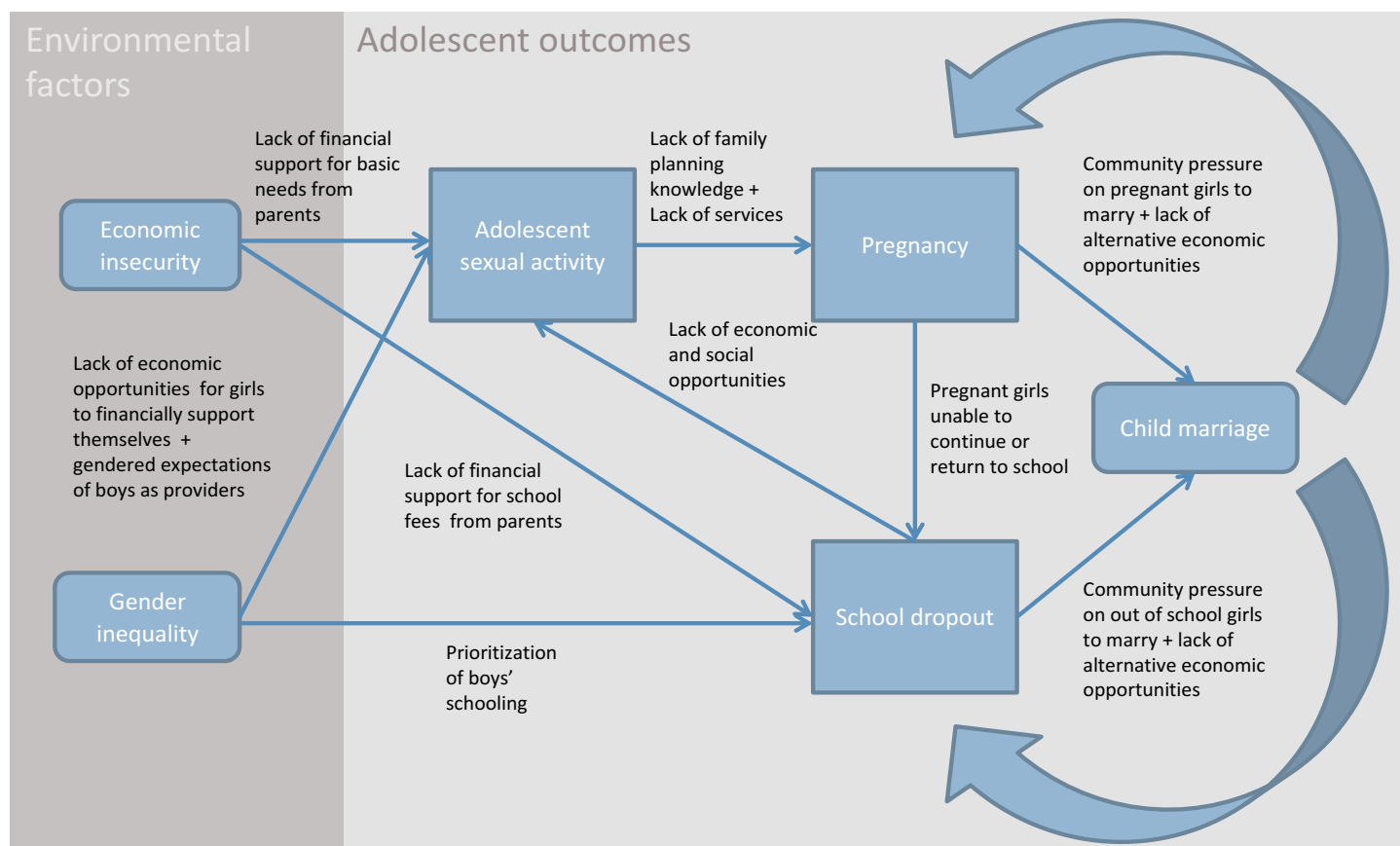
Discussion

Our findings demonstrate that the two direct precursors to child marriage in our study sites are pregnancy and school dropout, but also that both of these factors stem from the socioeconomic environment in which girls’ lives are embedded. Additionally, we find that adolescents are in the midst of navigating a changing social landscape and a disruption of traditional marriage practices, as well as changing relationships with their parents, communities and peers.

A testament to the increasing awareness about and action to end child marriage in sub-Saharan Africa is the evident sensitization of the communities and individuals we spoke with for this study. Respondents used terms like “the girl child” and demonstrated familiarity with both previous and ongoing campaigns by local community-based organizations, as well as larger international non-governmental organizations working on the issue of child marriage. They demonstrated acute awareness that, ideally, girls should marry at later ages and after completing secondary school. They could also name many consequences of child marriage, including disruption of girls’ education, trickle-down effects on the education of the children of child brides, the fact that early childbirth presents health risks to both the mother and child, that early marriage perpetuates cycles of economic insecurity and a greater likelihood of child brides experiencing domestic violence and having lower decision-making power.

Parents and community members also reported increased action in their communities to prevent and respond to child marriages, mainly through increased reporting by neighbors and teachers and through the use of

FIGURE 1. PATHWAYS TO CHILD MARRIAGE IN ZAMBIA



formal policing and legal services. This sensitization may, in part, explain why some respondents felt that child marriage was increasing in their community, despite quantitative evidence from the DHS showing it has actually decreased in Zambia (41.6 percent of women 20-24 married before 18 in the 2007 DHS compared to 31.4 in the 2013-14 DHS).

At the same time, as part of our objective to understand the process of marriage, we included questions to girls about their aspirations related to marriage. In total, 12 unmarried girls ages 15 to 17 were interviewed individually in Zambia. Every girl was asked whether or not she wanted to marry someday. In Zambia, girls' desired age of marriage ranged from 20 to 35, with a median age of 25 years.

The marriage aspirations expressed by these girls stand in sharp contrast to the realities of marriage in Zambia. According to the most recent DHS data, the percentage of women 25 to 29 married by the exact age of 25 is 84.7 percent in Zambia. This means that, more likely than not, the girls interviewed will marry earlier than they desire.

Our study demonstrates that community members don't want girls to marry early, parents don't want girls to marry early, and girls themselves don't want to marry early, so why does child marriage persist?

Adults directed much responsibility toward the girls themselves. They blamed girls for dropping out of school, for having boyfriends, for

getting pregnant and for getting married. They expressed helplessness and a lack of control over girls' decisions. At the same time, girls themselves also expressed these very feelings of helplessness and a lack of control over their life choices.

If no one feels they are in control, what is driving child marriage, and who is capable of stopping it? In the next section, we synthesize our findings into a model of pathways to child marriage in our study communities (Figure 1).

Pathways to child marriage

Based on our analysis, the two direct precursors to child marriage in the study sites are pregnancy and school dropout, but the trajectories leading to child marriage start in the socioeconomic environment. Our figure shows how, on the left, two environmental factors, economic insecurity and gender inequality, set adolescent girls on a path leading to child marriage. Each arrow represents one step along the pathway, as well as a potential point of intervention to disrupt this process. In the diagram, most arrows represent either the mediating actions of adolescent girls' parents or community-level norms and attributes, or both. This means that if we wish to address child marriage, our focus must be on the environmental factors and the mediating power of community norms, services and parental support.

Recommendations

Our findings demonstrate that adolescent girls in the study sites in Zambia face tremendous barriers to achieving their aspirations and avoiding early marriage, and in many cases have very little support from their parents and community.

Every arrow in Figure 1 represents a pathway that can be disrupted by effective programming, reducing the drivers of child marriage and enabling girls to pursue other life aspirations and opportunities. To address child marriage and its precursors in these settings, both additional research and pilot programmatic interventions are needed to further understand and begin to address the issues explored in this study. In addition, larger and more robust programs and policies are needed to address some of the clear and well-established issues faced by adolescent girls that result in child marriage in these settings.

For each of the recommendations below, the following principles (originally designed for programs that address adolescent pregnancy) apply: 1) Take a rights-based approach and respect girls' rights; 2) Include men and adolescent boys, as they are part of the solution and are also affected by harmful gender norms; and 3) Include adolescents in the development and implementation of programs.¹²

Improve intergenerational communication and support by parents and families

Findings from this study draw attention to the poor communication and lack of support experienced by both girls and their parents. Parents shared stories about challenges they face in guiding their adolescent children. This finding is not surprising or unusual, since puberty is a time when young men and women want to become independent of their parents, and conflicts arise.¹³ However, parents expressed difficulties in communicating with their children, indicating a need for more effective strategies to help them navigate this process.

Specifically, programs to assist parents in better supporting their sons and daughters as they transition into adulthood are needed. Such programs should involve parents in developing ways of coping with conflict and improving communication in order to develop and maintain good relationships with their children. This must include strategies designed to help parents understand and meet the needs of adolescents for both independence and support. It must also help parents identify the gender norms and resulting inequities their children may face and how to address them. An example of an effective, evidence-based program implemented in Kenya that could be adapted to respond to the specific communication challenges identified in this study is the *Family Matters! Program*, which focused on promoting positive parenting and parent-child communication about sexual risk reduction.¹⁴

Address barriers to adolescent sexual and reproductive health and family planning access

Few respondents mentioned anything about preventing pregnancies, despite pregnancy being cited frequently as a primary pathway to child marriage. The few times family planning was mentioned, it was described as something dangerous that encourages promiscuity. On the contrary, the evidence shows that ensuring adolescents have

correct information about reproductive health and family planning is vital to adolescent health and well-being. Based on our findings, access to such information, as well as youth-friendly reproductive health services, would prevent child marriages by preventing the early pregnancies that lead girls to marry.

Programs are needed in schools, in communities and for parents and guardians, to ensure that adolescents have access to correct information about sexuality, risky sexual behaviors and to comprehensive sexual and reproductive health education and services. As outlined by the WHO, “adolescent friendly health services need to be accessible, equitable, acceptable, appropriate, comprehensive, effective and efficient” and require several components, including adolescent and community involvement, to ensure adolescents have the information and support necessary to access services.¹⁵ Furthermore, parents and community members need programs to address myths, misconceptions and stigma associated with family planning use overall and, in particular, among adolescents.

Overcome barriers to accessing education

Access to secondary school must be ensured if the economic and health outcomes of young men and women in these contexts are to be improved.^{16,17} Studies have shown that staying in school reduces early pregnancy and early marriage, and contributes to a range of other positive outcomes.¹⁸

School fees repeatedly came up as a reason that adolescents do not complete secondary school. For boys this often meant leaving school to find work, while for girls this often meant having to find financial support outside her household, often resulting in early marriage. Free secondary education, vouchers, cash transfers and support for transportation and essential school supplies, such as stationery, uniforms and books can all help to overcome financial barriers to education. In addition, given that respondents frequently mentioned that girls engage in sexual relationships with men in order to obtain basic hygiene products such as sanitary napkins and underwear, programs and policies that provide support for sanitary napkins, underwear and hygienic facilities should be implemented.

Policies enabling pregnant and parenting girls to remain in or return to school are also important ways to lower barriers to education.

Provide opportunities for out-of-school girls to support themselves financially

The findings show that out-of-school girls are, by and large, unable to support themselves financially, forcing them to rely on support first from their family, and then from boyfriends or husbands. As shown in Figure 1, this is one reason girls become sexually active, and are then exposed to the risk of pregnancy. Providing alternate opportunities for girls to independently support themselves would remove an incentive to engage in sexual activity, thereby reducing the likelihood of adolescent pregnancy and, ultimately, child marriage. As also shown in Figure 1, alternate economic opportunities for girls could break the progression from pregnancy or school dropout to marriage by providing girls with an alternate means of supporting themselves outside their familial home, even after they have become pregnant or left school.

Addressing inequitable gender norms

Ameliorating inequitable gender norms could reduce child marriage, as shown in Figure 1. Adolescents, their parents and their communities need gender-transformative programs to enhance the value of girls and women. This could include open conversations about girls’ aspirations and how inequitable gender norms prevent girls from reaching their goals. Gender-transformative programs are needed in schools to address inequitable attitudes by teachers and administrators, as well as by the students themselves. An example of an effective evidence-based program from India that could be adapted to these settings is the Gender Equity Movement in Schools (GEMS) program, which has been evaluated to show shifts in gender norms and improvements in relationships among girls and boys.¹⁹ In addition, the SASA! program, implemented and evaluated among adults in communities in Uganda, could be adapted to address gender norms at the community level in Zambia that perpetuate child marriage.²⁰

Conclusion

The findings presented here confirm that adolescent girls in diverse communities in Zambia face many of the same challenges as girls in areas where more evidence about child marriage exists, in deciding when and whom to marry, in achieving their aspirations and in feeling supported by their parents and communities.

However, the pathways to child marriage, and therefore the types of interventions that could be used to interrupt those pathways, are contextually-specific. Innovation and adaptation of existing programs will be necessary to meet the unique needs of adolescent girls, their families and communities in Zambia. Furthermore, our findings echo the importance of the Lancet Commission on Adolescent Health and Wellbeing’s recommendation to guarantee and support “access to free, quality secondary education” as the “single best investment for health and wellbeing” for all adolescents, as well as addressing barriers to access to health care, and in particularly, family planning information and methods.¹⁰

While the information shared by respondents provided, in many cases, a fraught picture of life for young girls in these communities, the common understanding that child marriage is not desirable for girls, or for their communities, provides a platform for engagement, adaptation of existing programs and developing new, contextually-relevant programs to address these determinants of early marriage.

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