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# Adolescent pregnancy and social norms in Zambia

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**ABSTRACT**

Early pregnancy occurs frequently in Zambia and is considered a public health issue. The aim of this study was to improve understanding of how gendered sexual norms make young unmarried girls vulnerable to unintended pregnancies in a specific context. It combined individual interviews and focus group discussions with girls and boys aged 13–18 years and the parents of other young people of this same age, with peer interviews with girls aged 13–20 years at four sites in the southern province of Zambia. For girls, sexual relationships and early pregnancies were at odds with dominant norms and were consistently met with disapproval because they led to economic difficulties for young women and their parents, school dropouts and health problems for the young woman and her baby. Lack of resources and insufficient knowledge about sexuality and reproduction, together with gender norms governing sexual behaviour and contraceptive use, combine to place adolescent girls in a vulnerable position with respect to unintended pregnancy.

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## Introduction

Becoming pregnant constitutes a threat to young girls' health, as they are at increased risk of pregnancy and birth-related complications compared to adult women (Nove et al. 2014; Raj et al. 2010; Santhya 2011; United Nations Population Fund 2013). Globally, although there has been a significant decline in the number of deaths due to complications in pregnancy and childbirth among adolescents since 2000, pregnancy and childbirth complications were the leading causes of death of 15–19-year-old girls in 2016 (World Health Organization 2016). Pregnancy at low age has been found to be associated with increased risks of low birthweight, pre-term delivery and severe neonatal conditions (Ganchimeg et al. 2014). Pregnancies among young people are often unintended pregnancies leading to unsafe abortions, which account for approximately one in ten of all maternal deaths in sub-Saharan Africa (Say et al. 2014; Sedgh et al. 2016).

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According to Demographic and Health Survey (DHS) data, the percentage of women aged 20–24 in Zambia who gave birth before the age of 18 decreased only slightly from 35% in 2001–2002 to 31% in 2013–2014 (UNICEF n.d.). As in low-income countries in general, adolescent birth rates in Zambia are higher among those in rural areas, with lower levels of education and poorer households, and lower among those in urban areas, with higher levels of education and wealthier households (Doyle et al. 2012).

It has been estimated that, across sub-Saharan Africa, less than one-third of pregnancies in 15–19-year-old girls are unintended, indicating that most of them were occurring in ongoing relationships (Hubacher, Mavranezouli and McGinn 2008). Child marriage, however, has declined substantially in the last couple of decades (Koski, Clark and Nandi 2017). In Zambia, DHS data show that child marriage declined from 41.6% in 2007 to 31.4% to 2015 among women aged 20–24 who reported being married before they were 18 years old (Population Council, UNFPA and Government of the Republic of Zambia 2017). The number of girls marrying very early, before the age of 15, has also declined (Chata and Wodon 2016). Although marriage among girls before the age of 18 in Zambia today is much less common than it was a decade or two ago, the level of adolescent pregnancy has remained stable during the same period.

Several factors are associated with the high rates of pregnancy before the age of 18 years. Some key findings are consistent across sub-Saharan Africa: contraception use is not seen as important, and access to contraception for young people is poor; condoms have a bad reputation and are not often used; there is a low level of knowledge about the risks of pregnancy and sexually transmitted infections (STIs); married girls are expected to become pregnant within a year after marriage; and young women rely on, and are to a large extent expected to engage in, transactional sex to cover basic material needs (Mmari and Sabherwal 2013; Sommer and Mmari 2015; Stoebenau et al. 2016; Wellings et al. 2006). Similar findings have been reported from Zambia (Heslop and Banda 2013; Koster-Oyekan 1998; Warenius et al. 2007). Low knowledge levels and unmet need for contraception are related to young people's low utilisation of reproductive health services and poor sexuality education both in and out of school (Chung, Kim and Lee 2018).

Most interventions in sub-Saharan Africa aiming to protect the sexual and reproductive health (SRH) of young people and to prevent HIV-transmission and early pregnancies have targeted individuals. Such approaches have consistently failed to produce long-term behavioural change or a significant improvements in terms of specific biological outcomes (Michielsen et al. 2010; Wamoyi et al. 2014; Wellings et al. 2006). Efforts to address factors at a community level (e.g. parents' knowledge and support, quality of health services, community distribution of condoms and contraceptives) have not had much more success in terms of reducing the incidence of HIV and unintended pregnancy (Phillips and Mbizvo 2016).

In recent years, greater attention has been paid to the need to address social norms that may have a negative impact on young people's health (Pulerwitz et al. 2019). The gender norms that regulate the behaviour of women and girls and which frame their lives make them particularly vulnerable to sexual and reproductive ill-health and practices such as early pregnancy, child marriage and sexual violence.

Gender norms also lead boys and men to engage in risky and unsafe behaviour, undermining healthy social norms and prevention (Fleming, Diclemente and Barrington 2016; Hardee et al. 2014; Selikow et al. 2009; Sommer, Likindikoki and Kaaya 2015). Norms regulating young people's sexual behaviour can be contradictory in that they are both restrictive and permissive. Some norms may suggest that adolescents are expected to be sexually active, whereas others indicate that they should practise abstinence (Sommer, Likindikoki and Kaaya 2015; Wight et al. 2006).

The aim of this study therefore was to contribute to the understanding of how gendered sexual norms make girls vulnerable to unintended pregnancy in a specific context. The main objective was to explore what dominant norms were related to adolescent sexuality and pregnancy, and how these influence the sexual and reproductive behaviour of young women in rural Zambian settings. This study applies a distinction between *descriptive norms* (the perceived prevalence of a behaviour amongst peers; doing what others do) and *injunctive norms* (perceived peer approval; doing what others think one should do) (Cislaghi and Shakya 2018; Fearon et al. 2015; Mackie et al. 2014). This distinction can help acquire a more precise understanding of the norms that must be addressed in order to enable young people to protect their SRH.

## Methods

This qualitative study is part of the Research Initiative to Support the Empowerment of Girls (RISE), being implemented by the University of Zambia and the University of Bergen, in collaboration with Chr. Michelsen Institute (CMI) and Norwegian School of Economics (NHH) (Sandøy et al. 2016).

RISE is a randomised controlled trial, aiming to measure the effect on early childbearing rates in a rural Zambian context. One intervention arm offers economic support to girls and their families. The second arm features both economic support and a community intervention that includes community meetings for parents, as well as a youth club that offers SRH education. In 2016, girls who attended grade 7 and received economic support in the trial, together with boys who also attended grade 7 in the randomly selected schools, were invited to participate in a youth club every fortnight during school term (Sandøy et al. 2016).

Research has found that young people's reporting of their own sexual behaviour can be highly unreliable (Plummer et al. 2004). In an effort to confront these challenges, we applied a triangulation of methods that combined individual interviews with young people and parents, focus group discussions (FGD) with groups of adolescent girls and adolescent boys, and interviews conducted by peer educators. We did not ask about participants' own sexual history or experiences but rather focused on the norms and perceptions surrounding sex and pregnancy among youth. Nevertheless, many participants were shy and clearly not used to talking openly about such issues.

The author (a white European man) conducted the interviews and FGDs and was assisted by a young Zambian female translator and research assistant recruited from among young women who had been trained by the RISE Initiative to assist in the

facilitation of the youth clubs. Individual interviews were conducted in English, where possible, or with simultaneous translation by the research assistant. To enhance free discussion, group discussions were conducted in the local language (Tonga) with only partial simultaneous translation by the research assistant. A native Tonga speaker later translated recordings of the discussions. We used a semi-structured interview guide that had been developed from a literature review and social norms theory. The guide for the individual interviews contained similar questions for the girls, boys and parents, and focused on their ideas about the sort of romantic and sexual behaviour that is common and approved of, or disapproved of, in their communities, including opinions about and reactions to teenage pregnancy. Young people were also asked about their knowledge of contraception and what they had learned in school concerning SRH.

I PEER (Participatory Ethnographic Evaluation and Research) methodology was also utilised, which consists of training young people to conduct qualitative interviews of friends or acquaintances within their community (Price and Hawkins 2002). The approach has been applied in order to collect data on young people's SRH in various settings, including in Zambia (Brown, Grellier and Hawkins 2016; Hawkins, Price and Mussá 2009; Heslop and Banda 2013). In this study, young women aged between 18 and 20 years were given training in qualitative interviewing and research ethics and practised interviewing each other under the supervision of the author. Each peer researcher conducted three interviews on a limited number of questions related to social norms concerning youth sexuality and early pregnancy, presented the findings and discussed them with the other peer researchers and the author.

The bulk of the interviews were conducted at two intervention sites in the southern province of Zambia. One site was in a small community where most of the households have one or two adults in paid employment – for example, working as a paramilitary, police, teacher, nurse or bus driver. The local population consisted of a mix of those originating from the region and those who have migrated from other parts of the country. The second site was a small rural village where the majority were small-scale farmers with a small number of cattle and crops such as maize, tomatoes, groundnuts etc., produced mostly for their own consumption. For comparison, group discussions with girls were organised in two other sites: one site in the middle of some sugar plantations and the other in a fishing village.

Fieldwork was conducted in two stages in 2017. We mainly recruited participants for the study from among young people taking part in the second intervention arm and their parents. In addition, however, we recruited eight young women who had given birth before they were 18 years old, but who were not part of the RISE intervention. These were identified by the research assistants and the teachers. In total, we conducted 23 individual interviews with girls (including eight girls or young women who had a baby), three individual interviews with boys, and 14 interviews with parents (13 mothers and four fathers, 11 with individuals and three with couples). Six FGDs with six participants in each group were conducted with girls, and two with boys. Most of the girls and boys were aged between 13 and 16 years old, but a few were 17 or 18. The peer researchers conducted a total of 18 individual interviews with girls aged between 13 and 20 who had also not participated in the RISE intervention.

All participants were asked to provide oral consent to the interview and were informed of their right to withdraw from the interview or to not answer a question without consequences. No monetary or other compensation was offered, but most interviewees received a soft drink. Interviews were recorded on an MP3 player without the use of names or other information that would allow the identification of the interviewees. Recordings and transcripts were stored on a password-secured computer. Ethical approval was provided by the University of Zambia Biomedical Research Ethics Committee (UNZABREC) and by the Regional Ethical Committee of Western Norway (REK-West). A waiver was obtained for the involvement of participants younger than 18 years. All parents were informed about the RISE study (including interviews) and consented to the participation of their children.

### *Analysis*

Preliminary analysis began during the fieldwork when interviews and observations were discussed with research assistants, and notes and interview guides were revised. All transcripts in MS Word document format were exported into NVivo 11.0 software for qualitative analysis. The author carried out the coding. A deductive approach with coding based on pre-established themes was combined with an inductive approach based on grounded theory techniques (Strauss and Corbin 1998). Pre-established themes included 'community opinions and reactions to early pregnancy', 'what causes early pregnancy', 'dating and sex – reasons and motives', 'dating – communication with friends', 'dating – parents' position and opinion' and 'dating – opinions in the community'. The inductive approach enabled the identification of emerging subthemes, which included 'dating because of peer pressure', 'dating because of peer influence', 'dating for financial reasons', 'blaming the parents', 'consequences of adolescent pregnancy' and 'negative opinions about young people's use of contraception'. Memos were written on the themes that emerged during the coding process. The quality of the data was assessed by comparing findings from the different categories of informants and methods, and through discussions with research assistants and other team members.

## Results

Findings can be categorised under three major themes: (1) dominant norms for adolescent sexual behaviour and early pregnancy; (2) the belief that adolescent pregnancy results from poverty and lack of control; and (3) the belief that norms for sexual behaviour make it difficult for girls to protect themselves against pregnancy.

### *Norms for adolescent sexual behaviour and early pregnancy*

In terms of injunctive norms, for girls, having sexual relationships is at odds with what they think others think one should do. Girls in this study reported that both peers and parents would react negatively if it became known that they had a boyfriend (all the names are pseudonyms).

Interviewer: Do you talk to your mother about having a boyfriend?

Beverly: She says I should not have boyfriends.

Interviewer: OK, so what would happen if she discovered that you have a boyfriend?

Beverly: She would shout at me and even beat me. (interview 3-1)

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

Alice: People say that they are prostitutes. Mostly girls – they call them prostitutes. They say they don't obey their parents. (PEER interview)

Girls mostly advised each other not to date boys and not to have sexual relationships, but, at the same time, quite a few claimed that girls can feel under pressure to have a boyfriend.

Sometimes, my friends may have boyfriends, and as a result of that peer pressure, I can also end up with a boyfriend. (FGD 4-2)

According to participants, pressure from peers is generally not directly about dating boys and having sex, but rather about accessing certain commodities that boyfriends can pay for. These include basic things, such as snacks to bring to school, lotions or washing powder for clothes, or more rarely, expensive items, such as mobile phones or fashionable clothes.

Some get into relationships and marriages because they do not have money to buy things like lotions and other stuff like soap that girls use. Even at school, when they see their friends buying food stuff like fritters, they envy them and may also resort to getting into relationships, especially if their friends are not willing to share. (FGD 1-1)

Reactions among friends, parents and other community members to cases of early pregnancy are informative of how norms for sexual conduct and childbearing operate. These reactions were, without exception, negative and served to communicate and uphold negative injunctive norms related to premarital sex among young people. Daniel, one of the young men, said that people in his community

… say that most of the girls get pregnant just because they want a boy to get money, and then they get pregnant. Normally they [community members] say bad things about them [the pregnant girls]. (Daniel, interview 10-1)

When asked whether a pregnant girl or a girl with a baby brings shame to her family, some agreed, although others did not. Those who felt that an early pregnancy was shameful for the family explained that it indicated that the girl's parents have not supported or guided her. However, this concept of shame did not seem to relate primarily to morality. Only a very few young people said it was a sin to have sex before marriage. Instead, people considered it a 'shame' if a girl gets pregnant, because she is likely too young to take care of her baby; she will have to leave school, which may cause economic problems for her family; and she may experience health problems and difficulties finding a husband. Roberta who was the mother of a young girl pointed out:

> It is very shameful because the parents expect her to go to school, and they have a dream for the child and expect that child to realise that dream. And if the child gets pregnant before that, it is a shame for her. (Roberta, mother, interview 19-2)

The most common reactions to early pregnancy relate to the consequences: 'When a girl gets pregnant, they raise concerns that she might die or that she may cause harm to the baby. The baby might also die during the birth' (Lynn, girl, interview 15-2). Another girl said: 'People say bad words. Others ask if she is able to take care of the baby, as she may be from a very poor family' (PEER interview). Daniel claimed that: 'Normally they say it is not a good thing to get a baby early. If her parents are not working, it can be difficult to take care of the baby' (interview 10-1). The challenges of an unintended early pregnancy were at times formulated in quite dramatic terms. Both girls and boys stated that getting pregnant or making a girl pregnant could 'destroy their future'.

For the eight participating girls who had had a baby, one particularly negative consequence resulting from social disapproval of dating and early pregnancy was the loss of friendships. They said that their friends no longer came to see them, avoided their company and some laughed at them. Other participants confirmed that pregnant girls were sometimes laughed at and that adults told them to stop associating with girls who were pregnant or who had a baby. According to the PEER researchers, parents were afraid that girls with sexual experience will inspire their own children to try sex themselves, even though everyone talks about the dangers of getting pregnant.

> They will tell her don't go to that girl for they will think that she will teach you how she got pregnant. She will be teaching you those ways and at one point, you may also get pregnant. (PEER researcher)

In terms of descriptive norms (what people think others do), both young people and parents reported that it was not common for girls to have a boyfriend, although a few mothers claimed, 'it is common'. The girls who do date boys were typically referred to as a minority – 'some do it'. With the exception of those who had had a baby, none of the participating girls admitted ever having dated a boy. This may reflect, at least to some extent, a lack of openness about such relationships rather than the real situation. The girls in one of the FGDs said that they had friends who were dating a boy or a man, but normally they try to keep it a secret:

> Interviewer: Is this [dating] something you talk about among yourselves? Do you talk about that?
>
> FGD participant: No.
>
> Translator: Some talk about it.
>
> Interviewer: But do you know who has a boyfriend and who doesn't have a boyfriend?
>
> Several: Mhm (no)
>
> Interviewer: It's secret?
>
> Several: Yes.

Translator: Most of them hide.

The need to keep relationships with boys a secret suggests that the injunctive norms concerning girls' sexual activity are quite strong.

Norms for sexual behaviour are strongly gendered, and the social sanctions against pregnant girls are stronger than against the men and boys who make them pregnant. Unlike girls, boys may boast about their relationships with girls among friends: 'Others only have girlfriends so that they can boast about it, so they can say they have a girlfriend and also so that their other friends should follow suit' (participant in FGD 5-2, boys). Nevertheless, even if, according to informants, people do not blame boys for adolescent pregnancies or refer to their attitudes and behaviour as a causal factor, boys risk being held economically responsible and taken out of school: 'Parents can stop supporting your education and start supporting the girl you have impregnated by buying things for the baby' (participant in FGD 3-2, boys). Some parents claimed they would also beat their son if they caught him dating a girl, because of the economic challenges that may follow if he gets a girl pregnant. In many reported cases, the boy/man either denies responsibility or disappears when he learns about the pregnancy of a girlfriend.

### *Beliefs about why girls get pregnant*

When asked about the reasons why girls in their communities get pregnant, informants referred to norms of 'being under pressure from friends', or 'being influenced by friends'. Others pointed to other factors that may be seen as explanations for why some young women do not follow injunctive norms: they are looking for economic support; they have not been brought up raised by their parents; and they do not listen to their parents.

Opinions varied regarding whether girls themselves or their parents had the main responsibility for this: 'some blame the girls, some blame the parents' (PEER interview). When the blame is placed on girls themselves, participants reported that people in their communities think some girls get pregnant because they are 'playful', or that they have boyfriends just for fun and entertainment, which is again met with disapproval. Other girls are said to be 'jumpy', or change partners frequently or have several concurrent relationships. We asked one of the girls what community members had said about one of her friends who got pregnant: 'People talked about that girl, that she was kind of jumpy, she was following men, that's why she got pregnant' (Hellen, interview 1-1).

When the community holds the parents responsible, it may be because people believe the parents do not give their children sufficient support to buy school food or clothes.

Interviewer: What do people say about girls who get pregnant before they are married?

Fridah: The community would say she was not content with what her parents were providing for her. And she was trying to look for more out there, and she would end up being pregnant. (PEER interview)

Participants recognised that girls who look for economic support may come from poor families that cannot afford to cover basic needs – 'they have hunger at home', as

Roberta put it (interview 19-2). Several girls interviewed who had had a baby, and some of the other girls that participants talked about, lived with only one of their biological parents or with a grandmother with very limited resources. In other cases, they came from households with a high level of conflict. Some said stepmothers or stepfathers treated them badly and that they sought a boyfriend for comfort and help. There were also parents who tell their girls to find a man, but not with the intention of finding a husband: 'Some people say that these girls are being sent by their parents to go and have sex with men for money, and they end up getting pregnant' (PEER interview).

In other cases, there was the belief that the parents do not give their girls proper guidance about avoiding boys and sex. One girl gave this answer to the same question about what people say about pregnant girls: 'They can be a disgrace to their parents, who look like they don't control their children' (PEER interview).

No participants mentioned boys pressuring girls for sex or the use of violence as contributing factors, but at least two of the eight girls with a baby had become pregnant because of forced sex. Salma said her 19-year-old cousin forced her to have sex with him, while another said that a 44-year-old man she had only met a couple of times 'forced me to do what he wanted' (interview 6-2).

### *Norms' influence on contraceptive use*

In response to an open question about why girls become pregnant, not one participant responded that this occurred because young people do not use contraception or because they have insufficient knowledge about the risks of having unprotected sex. Importantly, injunctive norms consistently indicate that unmarried girls should not use contraception. Young people themselves said that they cannot ask for contraception because that would mean revealing that they were having sex. Parents interviewed registered strong opposition to the idea that their girls could use contraception to avoid unwanted pregnancies. Even just talking about contraception and condoms could encourage girls to 'experiment' or to become 'prostitutes', which meant having many partners or going after men for money. In addition, it was commonly believed that hormonal contraception could be harmful to young women and might result in infertility, disabled babies or even cancer. The accounts of young mothers show that a lack of contraception and insufficient knowledge about their reproductive systems were important factors behind their pregnancies. None of them had considered starting to use hormonal contraception like pills or injections. Two of them reported inconsistent condom use.

## Discussion

Study findings add to knowledge of how norms for sexual relationships and pregnancy among adolescent girls are perceived and articulated in rural areas in southern Zambia, and how they make girls vulnerable to unintended pregnancies. The distinction between injunctive and descriptive norms allows us to be more precise about

which norms are influencing young people's behaviour and which need to be addressed.

In terms of injunctive norms, both teenagers and the parents of teenagers expressed that they and others in their communities view sexual relationships and early pregnancies as unwanted, risky and dangerous because they can lead to health problems, school dropout and economic difficulties. Many believed that, when an unmarried girl becomes pregnant it is a source of shame for her family as it indicates that her parents are not willing or able to give the girl economic support and moral guidance. Importantly, these norms make it difficult for girls to avoid pregnancy because sexual relationships must be kept secret and girls are discouraged from using contraception. Girls who lack the support of their families, and who accept proposals from male peers or adult men to compensate for this, find themselves in a particularly vulnerable position. Young unmarried mothers experience negative reactions because pregnancy is thought to result from irresponsible behaviour and disobedience.

In terms of descriptive norms, the secrecy surrounding sexual relationships makes it difficult to assess exactly how common it is for girls to have a boyfriend. To some extent participants expressed contradictory opinions. Whereas a few said it is common, others claimed that only 'some' girls have boyfriends. If having a boyfriend was a descriptive norm (high perceived prevalence) one would expect girls to try to find a boyfriend just to 'do what others do', but no one claimed that this was the case.

According to participants, girls who become pregnant do so because of poverty, pressure and the influence of peers. This influence and pressure, however, is not a matter of showing off boyfriends or boasting about sexual experiences. Rather, it relates to the support a boyfriend can provide in terms of basic necessities. In that sense, one may say that girls follow descriptive norms on how to access such necessities. They are doing what they observe or believe others to do, even if this conflicts with injunctive norms for sexual behaviour. Some informants claimed that girls also have relationships with boys just for 'fun' and 'entertainment', which may indicate that the dominant norms that prescribe abstinence for young girls are contested, at least by some sub-groups. Heslop and Banda found in their study in eastern Zambia 'contradictions within the cultural discourse, that simultaneously encourages girls to make themselves sexually desirable and available, desiring and assertive but also sexually passive and chaste' (Heslop and Banda 2013, 228). Study findings suggest that for girls there is a double set of norms: some norms tell them that it is not acceptable to show they are 'sexually desirable and available', whereas other norms tell them this is how to access goods that will improve their status and make life more comfortable.

One might expect that, in communities where the great majority declare themselves to be practising Christians, pregnant unmarried girls would be the subject of moral condemnation because they behave in conflict with norms anchored in religious beliefs. However, in general, pregnant young women are not judged for not respecting the religion or for having committed a sin, but for the burden they put on their families and the consequences in terms of discontinued education and future possibilities. The absence of moral condemnation may be seen in the light of a pragmatic relationship to religious teaching. As reported by Heslop and Banda, although people may find religious teachings difficult to follow, they still affect their relationships: 'The

religious discourse, emphasising a moral agenda, did influence young men and women – not necessarily to avoid sex but to keep it secret' (Heslop and Banda 2013, 228; see also Warenius et al. 2007). Similarly, Price and Hawkins (2002, 1330) found that in Lusaka, the capital of Zambia, 'in young people's narratives being a church-goer does not preclude being a member of groups whose behaviours are described as immoral, bad or un-Christian, such as drunkards, thieves and prostitutes'.

As also reported by Heslop and Banda (2013), sexual relationships among young people in Zambia often take place in a secretive way, with little time or space for privacy or communication. If such relationships are revealed, girls risk social sanctions and severe reactions from their parents. The paradox, however, is that the secrecy and lack of open and judgement-free communication with friends and parents about sexual matters, together with the fear of negative reactions, jointly create a situation where adolescents cannot admit to others that they are sexually active. Thus, there is little room for protective measures such as contraception or discussions about how to avoid pregnancies beyond the message of abstinence. In comparison, in a recent qualitative study in northern Ghana never-pregnant girls said they can be open about their relationships with boys, can talk about sexuality with their mothers and are able to plan for safe sex, whereas young women with a pregnancy experience indicated that they did not talk about sex at home because they were afraid of becoming an object of scorn, or being beaten or because it was embarrassing (Krugu et al. 2016, 2017).

Sedgh et al. (2015, 228) have claimed that, in developing countries, where 'norms often include early age at marriage and early start of childbearing, a larger proportion of pregnancies to adolescents are likely to be intended than in developed countries'. This study indicates that early marriage and early pregnancies are in conflict with both injunctive and descriptive norms. The emphasis on the education of girls and the tendency to postpone marriage means that pregnancies among young girls are increasingly likely to be unintended and met with social disapproval.

### *Limitations*

Several study limitations should be noted. The sites studied are certainly not representative of all of Zambia. Nonetheless, the triangulation of methods with consistent findings across methods and sites suggests that the study findings are relatively robust (Korstjens and Moser 2018).

Some social desirability effects may be present. Interviewees were mostly recruited from among participants in the RISE Initiative, and the researchers were associated with the project. This may have led interviewees to answer in line with what they thought people involved with the project would like to hear. Importantly, the research assistants believed the participants felt too shy to talk freely about the issues we were addressing.

Triangulation of data collection methods was undertaken as part of an effort to compensate, at least in part, for biased responses and the principal investigator's gender, age and ethnic origin. The opinions expressed in peer interviews and FGDs

conducted in the local language did not differ in any significant way from those expressed in interviews with the principal investigator.

## Conclusion

Few studies have examined risks and protective factors related to adolescent sexual and reproductive health at the community or neighbourhood level in developing countries (Mmari and Sabherwal 2013). This study helps fill this gap by showing how norms operating at the community level affect young women's sexual and reproductive behaviour. Gender norms for sexual behaviour and contraceptive use align with poverty and poor knowledge about sexuality and reproduction to place girls in general, and those from households with the least resources in particular, in a vulnerable position. This situation calls for more efforts to develop and implement sensitive programmatic approaches. Lessons from intervention research indicate that to change social norms and to help young people realize their sexual and reproductive health requires working on multiple levels: with adolescents, families, communities and at the societal level (Svanemyr et al. 2015).

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## Conflicts of interest

There are no conflicts of interest to declare.

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