Addressing School-Related Gender-Based Violence as part of the Keeping Girls in School Initiative in Zambia

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Abstract

School-related gender-based violence (SRGBV) can be a barrier to girls' education and well-being. This study will assess the impact of the Empowerment Pilot, a school-based safe-space program delivered to secondary school students in Zambia. The main question it aims to answer is whether the Empowerment Pilot decreases adolescents' experience of SRGBV, improves attitudes and norms around gender roles and SRGBV, and increases socio-emotional skills and well-being. We use a mixed-methods triangulation design and combined qualitative and quantitative approaches in data collection and analysis to enhance the validity, depth, and relevance of our findings. We aim to understand whether combining training and support for teachers and a safe space for adolescents can change attitudes and social norms around gender and SRGBV, reduce SRGBV and create a safe school environment necessary for adolescents to achieve their educational goals.

1. Introduction

In 2017, Zambia had a Gender Inequality Index value of 0.502, ranking it 121 out of 160 countries, with pronounced gender gaps in educational attainment and income (UNDP, 2018). Adolescent girls are a particularly vulnerable group in Zambia. Educational attainment among girls and young women in Zambia is very low, particularly regarding secondary education and in rural areas, which directly affects their potential to enter the labor market and their economic agency. While there is gender parity at the primary school level, girls drop out of school at double the rate of boys in Grade 7 and triple the rate of boys by Grade 11 (World Bank, 2015). School-related gender-based violence (SRGBV) can also be a barrier to girls' education and well-being. While the evidence linking SRGBV and educational outcomes is limited, studies have found strong correlations between different forms of SRGBV and educational attendance and performance (Dunne et al., 2013; Hallman, 2007; Psaki et al., 2017; Smiley A., 2021).

Recognizing the challenges to girls' education and its importance, the Keeping Girls in School (KGS) initiative was launched by the Government of the Republic of Zambia in 2016 to address inequalities in educational attainment related to gender and poverty and to reduce secondary school drop-out rates among vulnerable adolescent girls. It also seeks to provide adolescent girls with a school environment in which they feel safe and empowered. Beneficiaries of KGS are selected from extremely poor households benefitting from the Social Cash Transfer (SCT) scheme.

KGS then introduced the Empowerment Pilot program informed by qualitative assessments that showed safety concerns and SRGBV as barriers to secondary school education. The Empowerment Pilot is a school-based intervention targeted at teachers and students in secondary schools to increase awareness and change attitudes about SRGBV and promote gender equality. Teachers are targeted and trained to deliver SRGBV-related curricula to boys and girls in space-space groups and engage the wider school community to promote a safe environment at schools.

This study will assess the impact of the Empowerment Pilot, a school-based safe-space program delivered to secondary school students in Zambia, implemented between May and November 2023. The main question it aims to answer is whether the Empowerment Pilot decreases adolescents' experience of SRGBV, improves attitudes and norms around gender roles and SRGBV, and increases socio-emotional skills and well-being. We use a mixed-methods triangulation design and combined qualitative and quantitative approaches in data collection and analysis to enhance the validity, depth, and relevance of our findings (Creswell and Clark 2008; Small 2011; Glewwe and Todd 2022). Data will be collected from approximately 6,000 adolescent girls and boys and their teachers across three districts in Zambia.

The mixed-methods evaluation gives equal importance to both the qualitative and quantitative components, recognizing their complementary nature in providing a holistic and nuanced understanding of the intervention impact. While the quantitative component focuses on measuring changes in the outcomes and the mediators on the causal pathway, the qualitative component aims at understanding the norms around SRGBV in schools, the perception of the intervention and its impact, and the potential mechanisms through which the intervention produces its outcomes. Through accompanying qualitative research, this study aims to shed light on how the Empowerment Pilot has (or hasn't) changed adolescent experiences of schooling, as well as process-oriented information about the implementation of the education grant. The qualitative research will be attentive to factors that might negatively or positively impact their experiences of schooling such as household characteristics, economic factors, beliefs about the value of girls' education, perceptions about safety, distance from school, etc. In addition to exploring outcomes generally, we focus on SRGBV experience, reporting of SRGBV, school climate, and social support in the qualitative component as these pre-specified outcomes are difficult to measure via quantitative surveys alone. Both qualitative and quantitative approaches collected data on intervention uptake and implementation.

This study will contribute to the growing literature on the impact of life skills training, mentoring, and empowerment programs via group- or club-based interventions to create awareness and change attitudes around SRGBV. These groups offer a "safe space" where adolescents can learn various skills and interact with peers and mentors during a critical period in their development. Through training and interactions, girls can gain crucial skills and accumulate social assets such as friendships and self-esteem, which has a positive influence on girls' livelihoods and health (Chakravarty et al., 2017). However, it is inconclusive to what extent these group-based interventions can be replicated and scaled in different settings (Bergstrom and Ozler, 2023). Some studies have aimed to address SRGBV through Girls' Clubs is to change girls' beliefs and attitudes about gender norms and equipping adolescent girls with the necessary skills to confront SRGBV (Daluxolo and Moletsane, 2015; Jewkes et al., 2015). ActionAid's "Stop Violence Against Girls in School" Girls' Club intervention was implemented in Ghana, Kenya, and Mozambique, which included guided discussions, games, debates and drama, visits to other communities, and outreach activities, as well as advocating in nearby communities for girls' rights to education. The study found that girls who were members of the clubs had more knowledge about laws, support organizations, and reporting mechanisms and more gender-equitable attitudes than girls who were not club members in all three countries (Parkes and Heslop, 2013).

We will also contribute to the emerging evidence on engaging other community members, including boys, men, and parents, to strengthen the impact of interventions aimed at empowering girls and women (Jewkes, Flood, and Lang, 2015; Doyle et al., 2018). An evaluation of the Save the Children's Choices program in Nepal that engaged boys in community-based child clubs found positive changes in gender-

equitable attitudes among both boys and girls who participated in the groups (Lundgren et al., 2013). However, studies on other mixed-group interventions have found that boys dominated the group discussions (Mantell et al., 2006). In line with this, a meta-analysis of 30 evaluations of safe spaces interventions found that Girls' Clubs had positive effects on girl-level outcomes that are relatively independent of external factors, but for health-related outcomes that rely on other people and systems, intervention impacts may be more limited (Temin and Heck, 2020). Researchers concluded that safe spaces "should be combined with action to engage girls' social environments and structures" to effectively improve health outcomes such as the experience of gender-based violence (GBV). This is consistent with findings from Ozler et al (2020) which emphasize the need to influence family and community attitudes to boost the impact of safe spaces on girls' risk and exposure to GBV, as well as findings from Andrew et al. (2022) which show that Girls' Clubs plus community engagement led to larger improvement in adolescent girls' mental health compared to just targeting girls alone.

Incorporating a whole-school approach to address violence in schools has shown promising results in some low- and middle-income countries outside Africa. A play-based whole-school approach was used in Pakistan, which included an extensive curriculum aimed at building social and emotional skills, communication skills, and equitable gender norms through play-based learning. The evaluation of this program via a randomized controlled trial found significant reductions in the perpetration and experience of peer violence and reduced corporal punishment at school (Karmaliani et al., 2019). In Afghanistan, an evaluation of a school-based peace education intervention targeting both students and the wider community found significant reductions in various forms of violence at the school level (Corboz et al., 2019). Similarly, in Mexico, a whole-school approach targeting sexual violence resulted in favorable changes in beliefs and attitudes toward sexism and intimate partner violence (Sosa-Rubi et al., 2017).

However, the evidence on effective interventions in Sub-Saharan Africa is very limited. The only exception is the Raising Voice's Good School Toolkit, which aimed to change the operational culture at the school level. The work was led by teachers and students and supported by visits from the implementing NGO and included school-level activities, leadership workshops, and user-friendly tools and materials. The evaluation of this intervention showed that the Toolkit reduced children's risk of experiencing physical violence by school staff by 42 percent over 18 months of implementation, which informed the scale-up of the Toolkit to 23 districts (Devries et al., 2015).

The evidence described above suggests that group-or club-based interventions have mixed effects on adolescent girls' well-being and might be difficult to replicate or scale. However, they are a promising platform to engage and empower adolescent girls, especially when combined with community engagement and tailored to local contexts. Meanwhile, school-based programs that engage teachers, parents, and other stakeholders are necessary to address SRGBV. Still, rigorous evidence on the effectiveness of such interventions is lacking, especially in sub-Saharan Africa.

To fill this evidence gap, this impact evaluation is designed to assess the impact of a school-based intervention that targets SRGBV for average adolesents as well as among the most vulnerable adolescent girls in Zambia. We aim to understand whether combining training and support for teachers and a safe space for adolescents can change attitudes and social norms around gender and SRGBV, reduce SRGBV and create a safe school environment necessary for adolescents to achieve their educational goals.

2. Research Strategy

2.1. Context

Adolescent girls are a particularly vulnerable group in Zambia. Only 27 percent of girls in Zambia manage to complete upper secondary school, and amongst the poorest income quartile, this falls to 3 percent (UNICEF, 2022). While there is gender parity at the primary school level, girls are dropping out of school at double the rate of boys in Grade 7 and triple the rate of boys by Grade 11 (World Bank, 2015). The KGS social protection project by the Ministry of General Education identified SRGBV as a key risk to KGS girls' schooling. The Empowerment Pilot aims to test and strengthen the "cash plus" approach that is central to Zambia's social protection strategy but has a limited evidence base.

This study is intended to inform gender-transformative social programming across relevant Ministries and development partners and contribute to the human capital development and economic empowerment of adolescent girls. The intervention discussed in this study focuses on adolescent girls and boys from grade 8 to 12 in three districts in Zambia and we explore the effect of a school-based intervention targeted at teachers and students in secondary schools to decreased SRGBV experiences and change attitudes about SRGBV and promote gender equality. Teachers are targeted and trained to deliver SRGBV-related curricula to boys and girls in space-space groups and will engage the wider school community to promote a safe environment at schools.

2.2. Intervention

The Empowerment Pilot Toolkit is developed by Health Focus[1] and includes the following main components:

- **Teachers' Curriculum.** This curriculum is designed for Teacher Mentors to provide training to other teaches and will be implemented over a period of 13 weeks, with one 1-hour session per week. The curriculum covers eight modules with one or two sessions per module. The modules cover the following topics: gender; SRGBV; children's rights and policies; corporal punishment and positive discipline; creating a safe and supportive classroom environment; sexual violence, abuse, and exploitation; and responding to SRGBV.
- **Learners' Curriculum**. This curriculum is designed for Teacher Mentors to deliver to student learners and will be implemented over 24 weeks, with one 45-minute session per week. The curriculum will cover seven topics, with different activities developed to address a particular learning objective. Each topic will also include an activity to be implemented at the school level. The topics include the following: gender and equity; gender equality and positive role models; awareness of GBV; a focus on SRGBV; communication skills for respect-based relationships; skills for people who witness violence; and help-seeking and peer support skills. The implementation partner Health Focus will develop a detailed protocol on how to identify, select, and encourage girls to participate in the Empowerment Pilot.
- **Guide for engaging Parent Teacher Committees (PTCs).** This material is for teacher mentors to activate the role of the PTCs to work alongside the Empowerment Pilot in addressing SRGBV. The

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[1] https://www.health-focus.co.za/#about-us

Teacher Mentors will provide an orientation to the PTCs on SRGBV and the Empowerment Pilot and clarify the expected role of the PTCs in the Empowerment Pilot (about 30 minutes). It is up to the PTCs to decide how they will take action to address SRGBV. The teacher mentors are expected to follow up with PTCs by attending all subsequent PTC meetings and allocate 15 minutes to discuss PTC actions and project updates.

Teacher Mentors will facilitate the intervention, supported by KGS district coordinators and the Health Focus team. Teacher Mentors will be responsible for training the teachers and the learners. It is expected that in each school, there will be one girls' club and one boys' club, with approximately 25 girls or boys per club. Two teachers in each school will become Teacher Mentors and train up to 20 teachers per school. The girls' groups will be open to all girls attending secondary school, but priority will be given to KGS girls. The implementing partner will establish a clear protocol describing how girls will be incentivized to participate in the empowerment pilot and how they will be selected.

2.3. Randomization and sampling

At the design stage, we conducted power size calculations using data from the Zambia 2018 DHS. It is important to note that the DHS data have very few questions on attitudes towards GBV and no questions on attitudes towards SRGBV. Based on the DHS data, we constructed a dichotomous variable indicating whether a girl or young woman between 15-23 years of age agrees with at least one of the reasons specified that could justify beating a wife. For the power size calculation, one endline survey, an intra-group correlation of 0.1, autocorrelation of 0.3, and power of 80%. We found that to detect an 11 percentage points (pp) decrease in the likelihood of agreeing with at least one of the reasons specified that could justify beating a wife, we would need 47 secondary schools and 1,296 adolescent girls per arm (accounting for 15% attrition and 80% take-up). Although this is a very rough proxy of the actual attitudes in which we will measure an impact, the magnitude of impact goes in line with what has been found by Lundgren et al. (2013), where a Girls' Club intervention resulted in a 35 pp increase in the gender attitudes score of participants, which is much larger than our MDE.

We used a two-stage sampling approach to obtain our quantitative samples. At the first stage, we used administrative data collected in the beginning of the 2023 school year by the KGS Team at the Ministry of Education of Zambia. This data allowed us to identify all schools located in the Kasama, Mpongwe, Zambezi districts that had more than ten KGS girls enrolled in grade 8 to 11.[2] A total of 90 schools met these criteria. These eligible 90 schools were then randomized to treatment (45) and control (45), stratified by district, school size (above/below median), and school type (boarding or not). Second, we extracted data from class attendance registers to create a list of all students in grade 8 to 11 at baseline as our sample frame. This list included a total of 24,090 students, out of which 2,133 were KGS girls.

For our main research question on "average" students, we randomly drew 25 boys and 25 girls from each study school.[3] Additionally, we included all KGS girls identified in the listing exercise as a separate "KGS girls" sample specifically focused on evaluating the impact of the intervention on KGS girls. This resulted in a total sample size of 6100 students. To create a sample of teachers, we used convenience sampling to select one teacher from each grade between grades 8 to 12, for a total of 450 teachers.

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[2] We restrict to 11th grade as 12th graders would have graduated by the time of the survey.
[3] If a particular school had less than 25 girls or boys in grade 8-11, we selected all girls or boys from that school from grade 8-11.

2.4.   Data Collection

The data collection process follows a sequential design, consisting of two rounds of qualitative data collection conducted during the implementation phase, followed by one round of quantitative surveys three months after the intervention concluded (Table 1). This sequential approach enabled us to leverage the insights gained from the qualitative data to enhance the measures used in the subsequent quantitative surveys. Additionally, the qualitative data played a crucial role in identifying any unintended or unexpected outcomes that should be included in the endline quantitative surveys. Furthermore, based on participants' perceptions of the intervention and topics around SRGBV, we utilized the qualitative data to revise the enumerator instructions and survey questions, ensuring a more comprehensive and accurate data collection process.

Table 1: Data Collection

	2023								2024			
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April
School terms	░	░	░		░	░	░		Delayed opening due to cholera outbreak	░	░	░
Empowerment Pilot Implementation	▓	▓	▓		▓	▓						
Quantitative Data Collection												
Listing exercise & school survey	■	■										
Spot check observations						■						
Student and teacher surveys											■	■
Qualitative Data Collection												
Round 1			■									
Round 2						■						

To measure bystander reporting of SRGBV, which occurs infrequently, we initially created vignettes that represented hypothetical situations and used them in the first round of qualitative data collection. Based on the qualitative data analysis findings, we revised these vignettes to make them more realistic and relatable to the study participants. We also added a vignette experiment to assess how the transactional aspect of sexual relationship would affect bystander reporting, a theme that emerged from the qualitative data. We then used the cognitive interviews method, a qualitative approach (Beatty and Willis 2007; Miller 2003; Collins 2003), to validate these vignette-based quantitative survey questions and examine whether the randomized element of vignettes was salient to study participants.

We collect one round of individual-level survey data at endline to measure the intervention's impact, including a students' survey and a teachers' survey. To measure the intervention's effects on schooling outcomes, we extracted attendance data from school registers for Term 3 of the 2023 school year and verified enrollment status using school registers for Term 1 of the 2024 school year.

To monitor intervention implementation, we extracted data from the Monitoring and Evaluation (M&E) forms developed by the intervention's implementing partner with the support from the research team. These M&E forms were completed by teacher-mentors to record the attendance and topics discussed in

learners' sessions, teachers' sessions, and parent-teacher association meetings. In addition to extracting secondary data from the M&E forms, we also conducted safe space observations to collect information on the overall atmosphere of the club sessions, the teaching methods employed by the teacher-mentors, and the level of participation and engagement among the learners. Trained enumerators were assigned to observe one boys' or girls' safe space session per intervention school using a checklist-style classroom observation tool.

3. Analysis

3.1. Hypotheses

Our primary hypothesis is that the Empowerment Pilot will improve outcomes associated with school-related gender-based violence (SRGBV), socio-emotional well-being, and schooling among secondary school students in Zambia.

Alongside the primary hypothesis, we propose two secondary hypotheses. Firstly, we hypothesize that the Empowerment Pilot will yield differential effects by gender. Secondly, we hypothesize that KGS girls in schools that are offered the Empowerment Pilot will have better outcomes compared to KGS girls in schools that were not offered the Empowerment Pilot.

3.2. Outcomes

We will estimate impacts on the following primary and secondary outcomes, drawing from the survey and administrative data:

Table 2: Primary Outcomes

Primary Outcome	Definition
Experience of SRGBV, past two weeks	A binary variable of self-reported experience of any SRGBV (sexual violence, bullying or corporal punishment) in the past two weeks
Experience of SRGBV, past school term	A binary variable of self-reported experience of any SRGBV (sexual violence, bullying or corporal punishment) in the past school term
Attitudes towards gender roles and SRGBV (adolescents)	A normalized index based on 16 items that measure attitudes towards gender roles, SRGBV, and support to victims
School climate attitudes	A composite score based on 16 statements about aspects of school climate and student-teacher interactions
Socio-emotional well-being	A normalized index based on 3 scales related to subjective well-being: perceived social support; perceived safety; and anxiety

Secondary Outcome	Definition
Knowledge of SRGBV	the fraction of correct responses to 12 questions that ask whether an act is considered violence
School Engagement	
School enrollment	A binary indicator for school enrollment status
School absenteeism	number of days an adolescent missed in the last completed month (self-reported)
Socio-emotional skills	
General self-efficacy	a composite score of 10 items on the General self-efficacy scale.
Assertiveness communication	a composite score of 6 items on the Assertiveness Communication scale
Norms about gender equality	
Gender equitable injunctive norms	A composite score of injunctive norms for gender equality norms, GBV, Corporal punishment, and GBV reporting
Gender equitable descriptive norms	A composite score of descriptive norms for gender equality, GBV, Corporal punishment, and GBV reporting
Attitudes towards gender roles & SRGBV	
Attitudes towards gender roles and norms	a composite score based on 7 items with a likert-scale
Attitudes towards SRGBV	a composite score based on 7 items with a likert-scale
Attitudes towards reporting SRGBV	a composite score based on 2 items with a likert-scale
Bystander reporting	
Bystander reporting	A binary indicator coded to 1 if adolescent reported any case of violence in the past school term (0/1)
Attitudes towards bystander intervention (vignettes)	A score based on 2 questions on attitudes towards bystander intervention in hypothetical situations
Descriptive norms around bystander intervention (vignettes)	A score based on 2 questions on descriptive norms
Injunctive norms around bystander intervention (vignettes)	A score based on 2 questions on injunctive norms
Experience of violence – past school term	
Experience of sexual violence, past school term	composite scores based on the frequency of different types of sexual violence reported by the respondent
Experience of emotional violence, past school term	composite scores based on the frequency of different types of emotional violence reported by the respondent

Experience of physical violence, past school term	composite scores based on the frequency of different types of physical violence reported by the respondent
Experience of violence – past two weeks	
Experience of sexual violence, past two weeks	composite scores based on the frequency of different types of sexual violence reported by the respondent
Experience of emotional violence, past two weeks	composite scores based on the frequency of different types of emotional violence reported by the respondent
Experience of physical violence, past two weeks	composite scores based on the frequency of different types of physical violence reported by the respondent
Aspirations	
Aspiration - education attainment	a variable that indicates the level of formal education the respondent would like to complete
Aspiration for a career	a binary indicator coded to 1 if adolescent aspires for professional career
Aspired age of marriage	a binary indicator coded to 1 if adolescent aspires to marry after the age of 18
Socio-emotional well-being	
Anxiety	a composite score based on 7 items with a likert-scale (Spitzer et al, 1999, translation from Spitzer et al,2006)
Perceived social support	mean score based on the Multidimensional Scale of Perceived Social Support
Perceived safety at school	A composite score of 5 items about whether respondent feels safe at school
Agency	A composite score based on 20 items that measure different aspects of agency, including freedom of movement, voice, behavioral control and decision making, adapted from the Agency Scale from the Global Early Adolescent Study (Zimmerman et al., 2019)
Teachers Outcome Measures	
Teachers' knowledge of SRGBV	the fraction of correct responses to 12 questions that ask whether an act is considered violence
Attitudes towards gender roles and SRGBV (teachers)	A normalized index based on 16 items that measure attitudes towards gender roles, SRGBV, and support to victims
Teachers' assessment of school climate	An index based on 17 items that measure to what extent the school climate is safe for both boys and girls

3.3.   Balancing Checks

Randomization was conducted at the school level and stratified by district, school size (below or above the median), and school type (whether a boarding school). We used data from the school survey at baseline to assess balance on a range of indicators about school infrastructure and resources. We will use t-tests to check if the differences between the intervention and control groups are statistically significant.

3.4.   Treatment Effects

To analyze the impact of the Empowerment Pilot, we used a linear probability model to conduct an intent-to-treat (ITT) analysis. The model is specified as follows:

$$y_{ij} = \alpha + \beta_1 Treat_j + X_i\gamma + S_j\delta + \varepsilon_{ij}$$

In this equation, y_{ij} represents the outcome of interest for student *i* from school *j* at endline. *Treat$_j$* is a binary variable that takes the value of 1 if school *j* is in the treatment group, and *β$_1$* represents the ITT estimator, which captures the effect of being assigned to receive the Empowerment Pilot. **X$_i$** is a vector for individual characteristics such as age, language, religion, head of household, marital status and family asset index and **S$_j$** is a vector for school characteristics. We estimated this model separately for the "all students" sample and the "KGS girls" sample. Standard errors are clustered at the school level.

To examine whether the intervention effects varied by gender, we extended the main model by adding an interaction term:

$$y_{ij} = \alpha + \beta_2 Treat_j + \beta_3 Treat_j \times Female_i + X_i\gamma + S_j\delta + \varepsilon_{ij}$$

In this equation, *Female* is a binary variable that takes the value of 1 if a student is female. The coefficient *β$_3$* represents the differential treatment effects for female students compared to male students.

3.5.   Attrition

We will test for differential attrition between treatment status and baseline school characteristics. If treatment status does not affect survey attrition at the 5% significance level and it is not significantly different across treatment arms, then we will not adjust the estimates for attrition. If treatment status does have a statistically significant effect on survey attrition, we will test the robustness of our results using Lee bounds.

3.6.   Heterogeneous Effects

To test whether treatment effects vary heterogeneously across groups with specific individual level characteristics, we will re-run the empirical specification, interacting with variable of interest for heterogeneity. We will study the following dimensions of heterogeneity as defined in Table 4.

Table 1: Hetergenous Effects

Variable	Description
Household asset	Participant lives in a household where the asset

	score is above the median (1/0); Score measuring assets the household owns: radio, mobile telephone, television, computer, refrigerator, bicycle, motorbike, motor vehicle, and kitchen.
Household vulnerability	1 if head of the household is over 65, or head of the household is female with 3 or more children, or head of the household is a child, or head of the household is chronically ill, or head of the household is physically disabled.
Dosage of to Empowerment Pilot Club Sessions (school level)	1 if more than half of club participants in a school attended all/most/or some of the club sessions, and 0 otherwise.
Education of household head	1 if number of years of education of household head is above the median household head, and 0 otherwise
Remoteness of school	Categorial variable indicating if the school is accessible (Schools below 10KM), rural school (schools between 10- 30 KM), or remote schools (30 km and above)
Teacher pupil ratio	1 if the teacher-pupil ratio of the school is above the median teacher-pupil ratio in the sample of schools

REFERENCE

Andrew, A., Krutikova, S., Smarrelli, G., & Verma, H. (2022). *Gender norms, violence and adolescent girls' trajectories: evidence from a field experiment in India* (No. 22/41). IFS Working Papers.

Beatty, P. C., & Willis, G. B. (2007). Research synthesis: The practice of cognitive interviewing. *Public opinion quarterly*, *71*(2), 287-311.

Bergstrom, K., & Özler, B. (2023). Improving the well-being of adolescent girls in developing countries. *The World Bank Research Observer, 38*(2), 179-212.

Chakravarty, S., Das, S., & Vaillant, J. (2017). Gender and youth employment in Sub-Saharan Africa: A review of constraints and effective interventions. *World Bank Policy Research Working Paper*, (8245).

Clark, V. L. P., & Creswell, J. W. (2008). *The mixed methods reader*. Sage.

Collins, D. (2003). Pretesting survey instruments: an overview of cognitive methods. *Quality of life research*, *12*, 229-238.

Corboz, J., Siddiq, W., Hemat, O., Chirwa, E. D., & Jewkes, R. (2019). What works to prevent violence against children in Afghanistan? Findings of an interrupted time series evaluation of a school-based peace education and community social norms change intervention in Afghanistan. *PLoS One*, *14*(8), e0220614.

Devries, K. M., Knight, L., Child, J. C., Mirembe, A., Nakuti, J., Jones, R., ... & Naker, D. (2015). The Good School Toolkit for reducing physical violence from school staff to primary school students: a cluster-randomised controlled trial in Uganda. *The Lancet Global Health*, *3*(7), e378-e386.

Doyle, K., Levtov, R. G., Barker, G., Bastian, G. G., Bingenheimer, J. B., Kazimbaya, S., ... & Shattuck, D. (2018). Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PloS one*, *13*(4), e0192756.

Dunne, M., Sabates, R., Bosumtwi-Sam, C., & Owusu, A. (2013). Peer relations, violence and school attendance: Analyses of bullying in senior high schools in Ghana. *The Journal of Development Studies*, *49*(2), 285-300.

Glewwe, P., & Todd, P. (2022). *Impact evaluation in international development: theory, methods, and practice*. World Bank Publications.

Hallman, K. (2007). Non-consensual sex, school enrolment and educational outcomes in South Africa: sexuality, reproductive health and HIV/AIDS. *Africa insight*, *37*(3), 454-472.

Jewkes, R., Flood, M., & Lang, J. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations: a conceptual shift in prevention of violence against women and girls. *The Lancet*, *385*(9977), 1580-1589.

Jewkes, R., Morrell, R., Hearn, J., Lundqvist, E., Blackbeard, D., Lindegger, G., ... & Gottzén, L. (2015). Hegemonic masculinity: combining theory and practice in gender interventions. *Culture, health & sexuality*, *17*(sup2), 112-127.

Karmaliani, R., McFarlane, J., Khuwaja, H. M. A., Somani, Y., Bhamani, S. S., Saeed Ali, T., ... & Jewkes, R. (2020). Right To Play's intervention to reduce peer violence among children in public schools in Pakistan: a cluster-randomized controlled trial. *Global health action*, *13*(1), 1836604.

Lundgren, R., Beckman, M., Chaurasiya, S. P., Subhedi, B., & Kerner, B. (2013). Whose turn to do the dishes? Transforming gender attitudes and behaviours among very young adolescents in Nepal. *Gender & Development*, *21*(1), 127-145.

Lundgren, R., Gibbs, S., & Kerner, B. (2020). Does it take a village? Fostering gender equity among early adolescents in Nepal. *International journal of adolescent medicine and health*, *32*(4), 20170164.

Mantell, J. E., Needham, S. L., Smit, J. A., Hoffman, S., Cebekhulu, Q., Adams-Skinner, J., ... & Milford, C. (2009). Gender norms in South Africa: implications for HIV and pregnancy prevention among African and Indian women students at a South African tertiary institution. *Culture, health & sexuality*, *11*(2), 139-157.

Miller, K. (2003). Conducting cognitive interviews to understand question-response limitations. *American Journal of Health Behavior*, *27*(1), S264-S272.

Ngidi, N. D., & Moletsane, R. (2015). Using transformative pedagogies for the prevention of gender-based violence: Reflections from a secondary school-based intervention. *Agenda*, *29*(3), 66-78.

Özler, B., Hallman, K., Guimond, M. F., Kelvin, E. A., Rogers, M., & Karnley, E. (2020). Girl Empower–A gender transformative mentoring and cash transfer intervention to promote adolescent wellbeing: Impact findings from a cluster-randomized controlled trial in Liberia. *SSM-population health*, *10*, 100527.

Parkes, J., Heslop, J., Oando, S., Sabaa, S., Januario, F., & Figue, A. (2013). Conceptualising gender and violence in research: Insights from studies in schools and communities in Kenya, Ghana and Mozambique. *International Journal of Educational Development*, *33*(6), 546-556.

Psaki, S. R., Mensch, B. S., & Soler-Hampejsek, E. (2017). Associations between violence in school and at home and education outcomes in rural Malawi: A longitudinal analysis. *Comparative education review*, *61*(2), 354-390.

Small, M. L. (2011). How to conduct a mixed methods study: Recent trends in a rapidly growing literature. *Annual review of sociology*, *37*, 57-86.

Smiley, A., Moussa, W., Ndamobissi, R., & Menkiti, A. (2021). The negative impact of violence on children's education and well-being: Evidence from Northern Nigeria. *International Journal of Educational Development*, *81*, 102327.

Sosa-Rubi, S. G., Saavedra-Avendano, B., Piras, C., Van Buren, S. J., & Bautista-Arredondo, S. (2017). True love: Effectiveness of a school-based program to reduce dating violence among adolescents in Mexico City. *Prevention science*, *18*, 804-817.

Temin, M., & Heck, C. J. (2020). Close to home: evidence on the impact of community-based girl groups. *Global Health: Science and Practice*, *8*(2), 300-324.