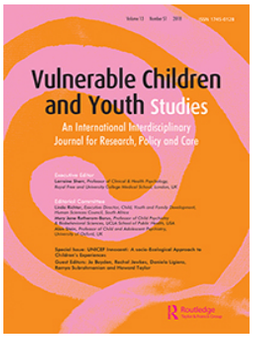

Taylor & Francis
Taylor & Francis Group

Vulnerable Children and Youth Studies

An International Interdisciplinary Journal for Research, Policy and Care

ISSN: 1745-0128 (Print) 1745-0136 (Online) Journal homepage: https://www.tandfonline.com/loi/rvch20

The Multi-Country Study on the Drivers of Violence Affecting Children in Zimbabwe: Using a mixed methods, multi-stakeholder approach to discover what drives violence

Noriko Izumi & Line Baago Rasmussen

To cite this article: Noriko Izumi & Line Baago Rasmussen (2018) The Multi-Country Study on the Drivers of Violence Affecting Children in Zimbabwe: Using a mixed methods, multi-stakeholder approach to discover what drives violence, Vulnerable Children and Youth Studies, 13:sup1, 65-74, DOI: 10.1080/17450128.2018.1478475

To link to this article: https://doi.org/10.1080/17450128.2018.1478475

Published online: 20 Oct 2018.

VULNERABLE CHILDREN AND YOUTH STUDIES
2018, VOL. 13, NO. S1, 65–74
https://doi.org/10.1080/17450128.2018.1478475

Taylor & Francis
Taylor & Francis Group

ARTICLE

The Multi-Country Study on the Drivers of Violence Affecting Children in Zimbabwe: Using a mixed methods, multi-stakeholder approach to discover what drives violence

Noriko Izumi and Line Baago Rasmussen

UNICEF Zimbabwe, Harare, Zimbabwe

ABSTRACT

In 2013, a national survey in Zimbabwe revealed alarmingly high rates of violence affecting children (VAC) throughout the country. These findings led to Zimbabwe joining the *Multi-Country Study on the Drivers of Violence Affecting Children* in 2014 with the aim of understanding the underlying causes of this widespread violence. Drawing on the rich quantitative and qualitative data available, a range of stakeholders from different disciplines came together throughout the Study to co-discover what is driving VAC in Zimbabwe. Now 3 years later, here we present an overview of the Study process – including some of the challenges faced and how these were addressed – and a snapshot of the specific findings which helped stakeholders further their understanding about the drivers of VAC in Zimbabwe and what can be done to address them. We conclude by reflecting on how the Study has contributed to change within Zimbabwe, feeding into further work to target Zimbabwe's most vulnerable children.

ARTICLE HISTORY
Received 20 November 2017
Accepted 11 April 2018

KEYWORDS
Violence against children; social norms; intimate partner violence among adolescents; mixed methods

Introduction

Violence affecting children (VAC) is a major child rights, social justice and public health concern globally. Since 2007, UNICEF's Regional Office for Eastern and Southern Africa, working closely with governments in the region and the U.S. Centers for Disease Control and Prevention (CDC) has conducted numerous national population-based surveys (VACS) on violence against children. For many countries, these were the first large-scale surveys focusing solely on VAC and the results illuminated a high prevalence rate of VAC in each country where it was conducted. In Zimbabwe, where the survey was called the National Baseline Survey on the Life Experiences of Adolescents (NBSLEA), girls were shown to be at particularly high risk of violence, especially sexual violence (Zimbabwe National Statistics Agency [ZimStat], United Nations Children's Fund [UNICEF], & Collaborating Centre for Operational Research and Evaluation [CCORE], 2013). One in three women aged 18–24 years reported experiencing sexual violence before age 18. In comparison, less than 1 in 10 (8.9%) of men aged 18–24 years reported experiencing sexual violence prior to age 18.

CONTACT Noriko Izumi nizumi@unicef.org

This revelation led to action. Around the same time the NBSLEA Study was officially launched in 2013, the *Multi-Country Study on the Drivers of Violence Affecting Children*, led by UNICEF's Office of Research – Innocenti (UNICEF OoR), had launched (see more at: https://www.unicef-irc.org/research/274/). The Study was seen as an opportunity to respond to the NBSLEA findings, and after discussions between UNICEF OoR, UNICEF Zimbabwe and the government, Zimbabwe officially joined the Drivers Study in 2014. The Study was adopted into the recently launched National Action Plan Against Rape and Sexual Abuse – which included an action point on research – and was subsumed within its steering committee, the Inter-Ministerial Committee (IMC). The Ministry of Women's Affairs, Gender and Community Development acted as the lead Ministry in partnership with UNICEF Zimbabwe and national counterparts that included the Women's University in Africa (WUA), Childline, and Africa Community Publishing Development.

As another national initiative responding to the NBSLEA findings, the lead ministry, with support from UNICEF, also developed a first ever Girls and Young Women's Empowerment Framework. The original intention was that findings from the Drivers Study would inform the implementation of the Girls Empowerment Framework. However, a series of spontaneous political events, not uncommon in Zimbabwe, led to an iterative shift in plans. First, the Vice President who launched the National Action Plan Against Rape and Sexual Abuse was replaced in 2015. Without the former Vice President's support, the National Action Plan lost momentum.

Second, the ministry went into a phase of organizational changes as a consequence of the new leadership and research focal points were reassigned. The Study team faced a gap of institutional memory and difficulties reaching decisions at a critical point in the research process – when secondary analyses and the literature review were completed but required analysis including further qualitative inquiry. It was then decided that the Ministry of Public Service, Labour and Social Welfare (MoPSLSW) would step in as the Study lead.

The handover process between the two Ministries lasted 6 months, during which time the new lead Ministry and the IMC decided to expand the focus to social norms underpinning violence against children in general, not limited to girls. The WUA was invited to lead a qualitative study assisted by University of Edinburgh (UoE) as the global technical lead. Important here is the role that the applied research played in maintaining the Government's interest and engagement in the midst of internal Government turnover.

What was known: the Zimbabwean context

As the only low-income country in the Study, with 72 per cent of the population living under the poverty line (ZimStat, 2013), Zimbabwe is also the 'youngest' country, having only attained independence in 1980. With rich natural resources and a temperate climate, Zimbabwe had built a strong infrastructure base and a very high human resource base in the years following independence. Until 2000, Zimbabwe had one of the most developed social protection systems in Africa (Kambarami, 2006). Likewise, its adaptation of the 'barefoot doctors' and development of its system of voluntary health care workers was well-known throughout the continent with its strong focus on prevention at the community level (Waite, 2000). The potential for speedy economic and social development after independence seemed inevitable. However, this has not been the case. Rather, Zimbabwe's

development since independence (or lack thereof) has been a complex mix of macro structural and institutional issues. It is exactly these drivers of violence that in part determine why children in Zimbabwe remain so under-protected.

The human devastation wrought by HIV/AIDS and the adoption of the IMF/World Bank supported Economic Structural Adjustment Programme (ESAP) of 1990–1995 significantly eroded the socioeconomic gains registered in the previous decade, with the strains of poverty contributing to political instability. Combined with a contentious redistribution of land ownership, Zimbabwe slid into an economic meltdown by the turn of the millennium (Masaka, 2011).

The impact on the Zimbabwean family – and therefore millions of Zimbabwean children – has been profound. Throughout the 2000s, Zimbabwe's economy continued to decline, culminating in 2008 when government revenue was only 2 per cent of GDP, having declined from 12 per cent in 2005 (UNICEF & Government of Zimbabwe, 2011). Health, education, and water and sanitation services were unfunded, while nearly half of the population required food assistance. Interruptions in water supply, failing sanitation systems and contaminated drinking water sources caused a deadly cholera outbreak in 2008–2009 (UNICEF, & Government of Zimbabwe, 2011), followed closely by a widespread measles outbreak in 2009 (Mowjee, 2011), symbolizing the breakdown in social service delivery (Ahmed et al., 2011).

The country was able to recover quickly from the crisis due in part to an improved relationship with the international community, which led to the creation of various multi-donor pooled funds coordinated under line ministry leadership. Today, Zimbabwe has a total population of just over 13 million people (ZimStat, 2012) and approximately 68 per cent live in rural areas (World Bank, 2015). This however is rapidly changing as rural-urban and cross-border migration is increasing in the search for better livelihoods (Bray & Dawes, 2016). Although the population has proven resilient to cope, the prolonged economic fragility and political unpredictability has taken a high toll on the country's capacity to deliver, particularly for its children. It is within this context that the Drivers Study was undertaken.

Methods: the twists and turns of studying violence

As described in the Prologue to this edited volume (Maternowska & Fry), the methodological roadmap set out by the technical team at UNICEF OoR and UoE was divided in three key phases: a systematic literature review; secondary data analysis; and mapping of interventions (see Maternowska & Fry, 2015 for the full methodology). As described, the Study followed iterative and human-centred principles. In Zimbabwe, this meant the research team developed a stream of qualitative research to answer queries that the existing NBSLEA study findings and analysis could not answer.

Following the protocol developed for the Study (Maternowska & Fry, 2015), the systematic literature review identified 129 studies published between 2000–2015 which met the inclusion criteria and also met the threshold for quality assurance. The secondary analysis of the NBSLEA, the first ever carried out on the data, played an influential role in guiding the Study. Technical training and assistance was provided by UoE to the Zimbabwe Statistical Agency (ZimStat), who had previously carried out the NBSLEA in 2012. The process of capacity building inspired not only new and different

analyses, but also a team of statisticians and demographers who were free to question the data, infer findings from their own lens of practice and reality, and who, in the end were empowered to help translate the data to policy and improved practice.

A nationally representative household survey using two-stage clustered sampling, the NBSLEA measured three types of VAC: emotional, physical and sexual violence among 2,410 respondents aged 13–24 year olds and gathered information on perpetrators, disclosures and help-seeking behaviour and a number of health outcomes (UNICEF, ZimStat & CCORE, 2013). The survey also asked about children's relationships and environments (such as whether they feel safe in their community or that their family cares a lot about them), school attendance and orphan status. Regression analyses were conducted to determine whether these variables were associated with experiencing the three types of VAC measure (see Chigiji et al., 2018 for more details on the methods).

The findings, presented by ZimStat, helped stakeholders move from assumptions around violence to evidence of both the drivers and risk factors associated with violence. Adapting the socioecological model (Brofenbrenner 1979; Heise, 1998), this Study defines the drivers of violence as factors at the institutional and structural levels of the socio-ecological model that create the conditions in which violence is more or less likely to occur. Risk and protective factors are those factors that reflect the likelihood of violence occurring due to characteristics at the individual, interpersonal and community levels (see Maternowska & Fry in this special issue). Mapping the findings against the child centred and integrated socioecological model helped build an understanding of how these risk factors interact with drivers of violence at the structural and institutional levels (see https://www.unicef-irc.org/research/274/for the full report). Using the Study's age and gender framework to analyze the data also illuminated stark differences between the risk and protective factors among boys and girls.

Such 'digging deeper' efforts unearthed more 'why's' which led UNICEF, WUA, UoE and MoPSLSW to develop a Round Robin (RR) methodology (Fry, Casey, Hodzi, & Nhenga, 2016). The RR process was guided by evidence from the systematic literature review and secondary analyses and driven throughout by the Drivers Study question: what drives violence and what can be done about it? Seven sessions engaging key child protection partners from NGOs and the government in November and December 2016 followed.

The RR methodology was then refined and additional sessions were held with young people, including those with disabilities, in four areas across the country. U-Report, an SMS-based real-time feedback platform developed by UNICEF, was also used as a research tool to unpack social norms and reference networks among Zimbabwean youth by sending preregistered users polls (For more details about the methodology, see: (Fry, Casey, et al., 2016), building on a multi-stakeholder formative workshop to introduce and contextualize social norms theory as it relates to VAC in Zimbabwe (see the resulting field guide: Bicchieri & PennSONG, 2015). The findings from the social norms research were then triangulated with the findings from the literature review and data analyses from the Drivers Study.

What was learned: empirical data about VAC in Zimbabwe

As the Study unfolded, adolescence emerged as a critical period in Zimbabwean children's lives where they are at particular risk for experiencing all forms of violence.

We present two key themes which helped move the Study process forward in Zimbabwe and fed into further work to address adolescents' increased vulnerability.

All relationships matter: understanding how children relate to others and what this means for violence prevention

The NBSLEA results showed how factors at the individual, interpersonal and community levels place both boys and girls at risk for all types of violence (Table 1). Further analysis also revealed how drivers of violence at the structural and institutional levels identified in the literature review may interact with these risk factors to affect children's vulnerability to violence. At the structural level, HIV/AIDS, economic instability and migration have changed family structure and dynamics in Zimbabwe; families have become both sources of risk and protection for children. Absence of biological parents is a risk factor for girls experiencing emotional violence in childhood and for boys, paternal death is a risk factor for emotional violence (Chigiji et al., 2018). Double orphanhood and maternal absence is also a risk factor for girls experiencing sexual violence (Fry, 2016). These findings have led MoPSLSW and UNICEF to engage further with other existing data sources such as the Demographic Health Survey (DHS;

Table 1. Risk and protective factors for violence against children, NBSLEA secondary analysis

	Protective factors		Risk factors	
	Boys	Girls	Boys	Girls
Emotional violence	• Being extremely or quite close with their mother • Feeling safe and secure in their community • Can talk to family about things that are important to them • Feeling that their teachers care about them	• Currently attending school • Feeling that people in their community could be trusted • Can talk to family about things that are important to them • Feeling that their teachers care about them	• Paternal orphanhood before age 13 • Illness of adult in the home	• Physical abuse before age 13 • Age between 15–16 years
Physical violence	• Feeling that people in their community could be trusted • Feeling that their teachers care about them	*None identified*	• Feeling they have friends they can talk to about important things • Lower socioeconomic status	• Emotional abuse before age 13 • Illness of adult in the home • Lower socioeconomic status
Sexual violence	• Having a close relationship with their mother	• Attending school • Feeling they have close friends they can talk to • Feeling safe and secure in the community • Feeling that people in their community could be trusted	• Emotional and physical abuse before age 13	• Emotional and physical abuse before age 13 • Lower socioeconomic status • Maternal absence from family before age 13

ZimStat, & ICF International, 2012), existing evaluation data from the Harmonised Cash Transfer (HSCT) programme and the Multiple Indicator Cluster Survey (MICS; ZimStat, 2015) to disaggregate findings by various family constellations (single parent, granny-headed household, polygamous families, etc.) to better understand the impact of family structure on the drivers and risk and protective factors related to VAC.

The quality of family relationships is also important: lack of family support and severe punishment at home are risk factors for bullying behaviour at school (Ncube, 2013). Conversely close relationships with parents, especially the mother, are protective against boys and girls experiencing different forms of violence (ZimStat, UNICEF & CCORE, 2013). This family dynamic was explored more in depth in the social norms work. Adolescents said that their parents were an important 'reference network' – or were important influencers for a decision or behaviour – for all aspects of adolescent behaviour, but respondents mentioned that they were very rarely engaged until things 'went wrong'; for example, when teenage pregnancy or violence was discovered. This reference network then had incredible power to enact sanctions against the adolescent who engaged in non-normative behaviour (Fry et al., 2016). These findings together reveal a lack of open dialogue about sexual and reproductive health between parents and their adolescent children in Zimbabwe, which has been found to be a common issue throughout the region (Bray & Dawes, 2016).

Intersections between sexual and reproductive health and violence

In the literature review, patriarchal norms were also found to be an important driver of violence, and that these norms are socialized in children from a young age by parents, teachers and religious leaders. Gender inequality at the structural level interacts with community-level risk factors through harmful traditional practices such as *chiramu* in which an elder sister's or aunt's husband can fondle or even rape the young sister or niece (Dube, 2013; Padare, 2014; Safaids, 2011). Child marriage is also common in Zimbabwe and there has been little change in the prevalence of child marriage in the country over the last two to three decades (2014 MICS; ZimStat, 2015): the percentage of women married by 18 has remained at around 30 per cent since 1994 and 25 per cent of girls aged 15–19 years are currently married and/or in a union (ZimStat, 2015). There are also cultural norms around justifying violence particularly by men against women in intimate relationships (ZimStat, UNICEF, & CCORE, 2013). This appears to begin at an early age, as the NBSLEA data showed very high levels of girls experiencing forced sex in adolescent intimate relationships, with 87 per cent of first sexual violence experiences of children in Zimbabwe perpetrated by boyfriends/partners or husbands (ZimStat, UNICEF, & CCORE, 2013), substantially higher than other countries in the region (Fry et al., 2016).

Guided by these findings, the social norms research explored these gender norms more in depth in relation to sexual and reproductive health and its intersections with violence. Table 2 shows how quantitative findings compare to the normative data. The empirical data highlights strong beliefs about gender norms in a relationship, especially about negotiating sex. The social norms research supported this, showing that once they start dating, boys tend to have a strong sense of entitlement to sex, and the element of force creeps in. This was found to be because boys are socialized to be in control, whereas girls are socialized not to challenge and even to perceive violence as a 'normal' part of a relationship. As girls are *not* expected to ever say yes to sex, establishing consent between two parties becomes difficult. These gender norms

Girls 15–19 years account for 25% of all unsafe abortions (ZDHS 2014/15 and MICS 2014)	HIV prevalence among girls aged 15–19 years 4% (ZDHS 2014/15)	20% Births to teenage mothers (under the age of 20) (MICS 2014)	29% of all births to females age 15–19 years are to unmarried mothers (ZDHS 2014/15 and MICS 2014)
Girls can never say YES to sex	**First sex (for girls) has to be "forced"**	**Entitlements: girls expect gifts and boys expect sex**	**Only weak men use condoms**
Girls married before age 18 24% (MICS 2014)	Girls experienced unwanted first sex before 18 years 41% (NBSLEA 2011)	First sexual violence before 18 years perpetrated by a boyfriend 78% (NBSLEA 2011)	Girls who have had sex before 18 years 49% (MICS 2014)

Table 2. Mapping empirical data against the social norms data.

leave very little room for negotiations in a relationship about what they want to do or not do (Fry et al., 2016). Those normative expectations from either gender create profound communication gaps with serious consequences, revealing part of the 'why' behind the country's high prevalence of intimate partner violence.

Prioritising and next steps

Using empirical data as a guide, in-depth qualitative inquiry, drawing on concepts of social norms, effectively carved a pathway that might explain why adolescence is such a heightened time for abuse in the Zimbabwean context. With an increasing number of key factors identified and pathways to violence explored, UNICEF started to ask 'how can we mitigate those risks with existing child protection and social protection programming?' The finding that adolescents place great importance on their parents' opinions in relation to sexual and reproductive health behaviours, but at the same time that there is a lack of parent-adolescent communication about such issues, has led UNICEF and partners to develop and test a parenting intervention with a focus on promoting positive communication skills with their children. To address the gender norms that perpetuate violence among adolescents in intimate partnerships, UNICEF and partners are also implementing Plan International's 'Champions of Child Protection' curriculum which promotes gender equality and encourages open communication about sexuality and relationships between adolescent boys and girls.

These are just two of the outcomes of the Drivers Study (see Figure 1). Other outcomes include challenging fundamental assumptions about the links between cash transfers and child protection outcomes for children. During the process, it was realized that programming to address violence would require a much broader approach than cash alone. The term 'protection plus' emerged as a way to describe the evolving concept of the Harmonized Social Cash Transfer (HSCT) programme. In order to

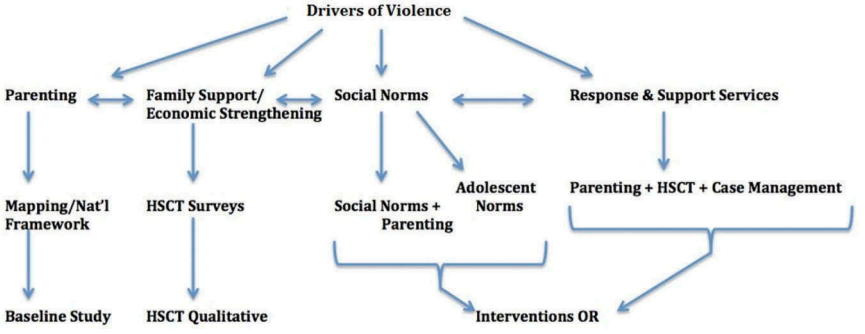

Figure 1. Using the drivers of violence work to inform programming.

achieve child protection outcomes, a bundle of protection interventions – plus cash transfers – would be the thrust of the work (Kang, Fry, Muwoni, & Izumi, 2017; for more about UNICEF Zimbabwe's research and interventions stemming from the Study, see: https://www.unicef.org/zimbabwe/resources_19338.html.).

While the NBSLEA was instrumental in mapping the prevalence of violence in Zimbabwe and significantly contributed to putting VAC on the national agenda, translating the findings into commitment to influence policy and programmes had been challenging. Through the nationally focused approach of the Drivers Study, including reanalyzing data to move beyond incidence and prevalence of violence, coupled with a systematic literature review, Zimbabweans themselves co-discovered and created their own national interpretation of the data – calling on multiple ministries to join their process, initiating debate and discussion about a topic once excluded from the national dialogue. For a country priding itself on its history of liberation and independence, the organic nature of the scientific collaboration was important – tackling VAC needed to be done within national boundaries and understandings against the backdrop of a rich and complicated political history.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by the Child Protection Fund for the National Action Plan for Orphans and other Vulnerable Children– Zimbabwe Phase I [grant number GB-1-202293-101].

References

Ahmed, S., Bardhan, P. K., Iqbal, A., Mazumder, R. N., Khan, A. I., Islam, M. S., … Cravioto, A. (2011). The 2008 Cholera epidemic in Zimbabwe: Experience of the icddr,b team in the field. *Journal of Health, Population and Nutrition*, *29*(5), 541–546.

Bicchieri, C., & Penn Social Norms Training and Consulting Group. (2015). *Why people do what they do?: A social norms manual for Zimbabwe and Swaziland*. Innocenti Toolkit Guide. Florence: UNICEF Office of Research – Innocenti. Retrieved from https://www.unicef-irc.org/research/pdf/429-Social-Norms-Manual-ESARO.pdf

Bray, R., & Dawes, A. (2016). *Parenting, family care and adolescence in East and Southern Africa: An evidence-focused literature review*, Innocenti Discussion Paper 2016-02. Florence: UNICEF Office of Research Innocenti.

Bronfenbrenner, U. (1979). *The ecology of human development: experiments by nature and design*. Cambridge, MA: Harvard University Press.

Chigiji, H., Fry, D., Mwadiwa, T. E., Izumi, N, Baago-Rasmussen, L., & Maternowska, M. C. (2018). The risk factors and health consequences of physical and emotional violence against children in Zimbabwe: A nationally representative survey. *BMJ Global Health*, *3*(3), 1–12. DOI: 10.1136/bmjgh-2017-000533

Dube, R. (2013). *She probably asked for it! A Preliminary Study into Zimbabwean Societal Perceptions of Rape*. Harare: Research and Advocacy Unit

Fry, D. (2016). *Understanding determinants of violence in childhood: A secondary analysis of the national baseline survey of the life experiences of adolescents in Zimbabwe*, (Understanding Violence Against Children in Zimbabwe Series, No. 3). Harare: UNICEF Zimbabwe.

Fry, D., Casey, T., Hodzi, C., & Nhenga, T. (2016). *Exploring determinants of violence in childhood: Methodology of research on social norms and violence prevention in Zimbabwe*, (Understanding Violence Against Children in Zimbabwe Series, No. 4). Harare: UNICEF Zimbabwe.

Fry, D., Hodzi, C., & Nhenga, T. (2016). *Addressing social norms that underpin violence against children in Zimbabwe: Findings and strategic planning document*. Harare: Ministry of Public Services, Labour and Social Welfare.

Heise, L.L. (1998). Violence against women an integrated, ecological framework. *Violence against Women*, *4*(3), 262-290. doi:10.1177/1077801298004003002

Kambarami, M. (2006). *Femininity, sexuality and culture: Patriarchy and female subordination in Zimbabwe*, (Understanding Human Sexuality Seminar Series). Africa Regional Sexuality Resource Centre.

Kang, K., Fry, D., Muwoni, L., & Izumi, N. (2017). *From cash plus to protection plus: The Nyanga process*, Paper presented at the Transfer Project Workshop, 7–9 June 2017, Dakar Senegal. Harare: UNICEF Zimbabwe.

Masaka, D. (2011). Zimbabwe's land contestations and her politico-economic crises: A philosophical dialogue. *Journal of Sustainable Development in Africa*, *13*, 1.

Maternowska, M.C., & Fry, D. (2015). *Understanding the drivers of violence. A step-by-step guide to conducting preliminary research around what drives violence*. Florence: UNICEF Office of Research – Innocenti. Retrieved from https://www.unicef-irc.org/research/pdf/440-TOOLKITstep-by-step_28Sept2016_OK.pdf

Mowjee, T. (2011). *Independent review of the value added of the Central Emergency Response Fund (CERF) in Zimbabwe: Final report*. New York: CERF. Retrieved from https://docs.unocha.org/sites/dms/CERF/1110018%20CERF%20Zimbabwe%20Review%20Final%20Report.pdf

Ncube, N. (2013). The family system as a socio-ecological determinant of bullying among urban high school adolescents in Gweru, Zimbabwe: Implications for intervention. *Asian Social Science*, *9*, 17.

Padare. (2014). *Walking in our Daughter's Shoes Evaluation Report*, Harare: Author.

Safaids. (2011). *Best practices on challenging gender dynamics in cultural context*, Harare: Author

UNICEF, & Government of Zimbabwe. (2011). *A situational analysis on the status of women's and children's rights in Zimbabwe, 2005 – 2010*. Retrieved from UNICEF Zimbabwe website: http://www.unicef.org/zimbabwe/SitAn_2010-FINAL_FINAL_01-02-2011.pdf

Waite, G. (2000). Traditional medicine and the quest for national identity in Zimbabwe. *Zambezia*, *27*(2), 235–268.

World Bank. (2015). *Rural population: Zimbabwe*. Retrieved from World Bank Data Bank website: http://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=ZW

Zimbabwe National Statistics Agency (ZimStat). (2012). *Census 2012: National Report*. Harare: ZimStat.

Zimbabwe National Statistics Agency (ZimStat). (2013). *Poverty and poverty datum line analysis in Zimbabwe 2011/12*. Retrieved from ZimStat website: http://www.ZimStat.co.zw/sites/default/files/img/publications/Finance/Poverty2011.pdf

Zimbabwe National Statistics Agency (ZimStat). (2015). *Zimbabwe Multiple Indicator Cluster Survey 2014, Final Report*. Harare: UNICEF Zimbabwe.

Zimbabwe National Statistics Agency (ZimStat), & ICF International. (2012). *Zimbabwe Demographic and Health Survey 2010-11*. Calverton, Maryland: ZimStat and ICF International Inc.

Zimbabwe National Statistics Agency (ZimStat), United Nations Children's Fund (UNICEF), & Collaborating Centre for Operational Research and Evaluation (CCORE). (2013). *National baseline survey on life experiences of adolescents*. Retrieved from ZimStat website: http://www.ZimStat.co.zw/dmdocuments/NBSLEA.pdf