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A report informing approaches to the prevention of school-related gender-based violence in Eastern and Southern Africa

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Acknowledgements

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https://education.unimelb.edu.au/__data/assets/pdf_file/0007/3090922/ESA-Reserach-Report-2019.pdf

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Preface

UNESCO commissioned this desk review to inform the adaptation, trial and delivery of the prevention education resource *Connect with Respect: Preventing gender-based violence within schools* (CWR) within the East and Southern Africa region (ESA). The CWR resource guides teachers in providing gender-based violence-prevention education for secondary school students. It was initially developed for UNESCO Asia and Pacific.

Connect with Respect (2016) is a research-informed education resource which teaches the communication skills for respectful gender relationships. It provides learning activities about gender and equality, the effects of gender-based violence, positive gender role models, peer support skills for people who witness violence, and help-seeking skills for those who experience violence.

According to UNESCO and UN Women (2016), 'teachers need to be more aware of the various dynamics in their classrooms, including gender, power and racial and ethnic dynamics as well as being more aware of their own biases and behaviours' (p. 66).

This desk review aims to inform Ministries of Education in their efforts to take an evidence- informed approach to the prevention of school-related gender-based violence (SRGBV). It does this by bringing together key evidence about the prevalence of SRGBV in the East and Southern Africa region, and by providing a summary of the evidence base about effective approaches to the prevention of gender-based violence in school settings.

Key terms

Corporal punishment: Any punishment in which physical force is used, and is intended to cause some degree of pain or discomfort, however light.

Gender: Refers to the attitudes, feelings, and behaviours associated with a person's assigned sex at birth. Behaviour that is compatible with cultural expectations is referred to as gender- normative, and incompatible behaviour considered gender non-conforming. Such behaviours include things like the way they dress, the things they do and the way they relate to others. Gender roles and expectations are learned, can change over time, and can vary within and among cultures.

Gender-based violence: Gender-based violence is violence that targets individuals or groups on the basis of their gender. Gender-based violence is any act that results in, or is likely to result in, physical, sexual, or psychological harm or suffering against someone, based on gender discrimination, gender role expectations and gender stereotypes.

Positive discipline: Positive discipline refers to behaviour management approaches that develop the values, relationships and skills enabling positive student behaviour, as opposed to those that favour corporal punishment, or the use of punitive, shaming or scare tactics to control student behaviour.

School-related gender-based violence (SRGBV): All forms of violence (explicit and symbolic forms of violence), including fear of violence, that occurs in education contexts (including non- formal and formal contexts such as school premises, on the journey to and from school, and in emergency and conflict settings) which result in, or are likely to result in, physical, sexual or psychological harm of children (female, male, intersex and transgender children and youth of all sexual orientations). SRGBV is based on stereotypes, roles or norms attributed to or expected of children because of their sex or gender identities. It can be compounded by marginalisation and other vulnerabilities. School-related gender-based violence can include physical, psychological, verbal, and sexual violence.

Sexual violence: Refers to any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or are otherwise directed against a person's sexuality using coercion, by any person, regardless of their relationship to the victim, in any setting, including but not limited to home, work and school.

Violence: Refers to the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, neglect or deprivation.

Executive summary

The prevention of gender-based violence is an international priority

The prevention of gender-based violence (GBV) has become an international priority. Over one in three women worldwide have experienced either physical and or sexual violence (World Health Orginisation, 2016). In 2015, the Sustainable Development Goals (SDG) outlined a commitment to target GBV and address gender discrimination and gender-based violence within schools (United Nations, 2015a).

Schools are key settings for prevention efforts

Schools have become key settings for prevention efforts. The term 'school-related gender-based violence' (SRGBV) refers to all forms of violence that occur within educational contexts, including within classrooms, school grounds, cyberspaces, and during travel to and from school. SRGBV may be perpetrated by students or adults.

Research demonstrates that SRGBV negatively impacts student attendance, participation, wellbeing and progression in learning. Young people who are exposed to GBV are more likely to experience depression, are more likely to engage in risk-taking behaviours such as drug and alcohol abuse, and may be more likely to accept or perpetuate the use of violence as they grow to adulthood. Victimisation may also lead to poor school attendance or early dropout.

Promoting the use of classroom-based prevention education
Many countries have national and school-based policies in place to address the challenge of SRGBV. However, education systems often lack the resources, knowledge and skills needed to provide effective interventions and create safe, non-violent spaces. There is thus a need for schools to be provided with well-developed evidence-informed resources for use in classroom prevention education, and for schools to participate in research trials which will help to provide further knowledge about impact and effectiveness.

Prevalence

The prevalence data cited in this report is drawn from a range of studies conducted in the East and Southern Africa region. Studies cited include the UNAIDS Violence against Children Surveys (VACS).

The VACS investigate the frequency, drivers and impacts of violence experienced by 13- 24 year-old males and females. The VACS tools have been used in 14 African countries including Botswana, Rwanda, Uganda, Zambia, Zimbabwe, Malawi, Kenya, Tanzania and Eswatini[1]. The data shows that rates of experience of sexual violence for females before 18 years can range between one in five to one in three girls, ranging from 20% in Zambia (2014) to 32% in Kenya (2012) (Ministry of Youth, Sport and Child Development et al. 2018; UNICEF Kenya et al., 2012). The VACS data also shows low rates of reporting of sexual violence. For example, the VACS data collected in Zimbabwe shows that only just over half of the females (52%) who experienced sexual violence before 18 years of age told someone about the incident (Zimbabwe National Statistics Agency et al., 2013). Across the region, girls cite 'not viewing the abuse as a problem' and fearing that they will get into trouble or be abandoned as key reasons for failing to report following an incident of sexual abuse (Division of Violence Prevention et al., 2009; UNICEF Swaziland & CDC, 2007; Zimbabwe National Statistics Agency et al., 2013).

School-based prevention

This review of the research shows that school-based prevention education programs can increase teacher, student and community awareness of the negative impact of SRGBV, and have a positive and lasting impact on student attitudes and behaviour (Cornelius & Resseguie, 2007; Ellsberg et al., 2015; Flood, 2006; D. J. Whitaker et al., 2006). It highlights the importance of taking a whole-system approach to promoting positive school environments and providing policies, practices and classroom education programs which specifically target the prevention of gender-based violence. Programs that address SRGBV through a social and emotional learning (SEL) framework, can be highly effective, and can support young people to develop the communication and social skills to strengthen and support positive relationships (Newman, 2000, p. 360). However, teachers and school leaders typically need access to training, system support and evidence-informed models if they are to provide evidence-informed programs with fidelity.

Conclusion

This report provides evidence that prevention education can play a key role in the reducing rates of SRGBV. Research shows that when programming efforts are targeted, and adhere to best practice, they can support student wellbeing, educational outcomes and reduce acceptance and perpetuation of gender-based violence within the school and community.

[1] Formerly Swaziland

Introduction

This report provides an outline of the situation of school-related gender-based violence (SRGBV) within Eastern and Southern Africa (ESA). It has been developed to inform the modification, trial and delivery of the *Connect with Respect* curriculum resource within schools in the East and Southern Africa context.

In January 2015, as part of the 2030 Agenda for Sustainable Development (United Nations, 2015b), country commitments were made to address 17 International Priority Areas. This project seeks to forward Sustainable Development Goal 4 (Indicator 4a. to provide gender- sensitive, safe and non-violent learning environments), supporting countries in the ESA region to improve educational parity and eliminate gender-based violence.

This desk review provides an overview of relevant research which investigates the causal drivers of school-related gender-based violence (SRGBV), with particular reference to the Eastern and Southern Africa region. It reports on the prevalence of various forms of SRGBV, including rates of physical, emotional and sexual violence, as well as use of corporal punishment. It summarises the various individual and community outcomes associated with young people's experience of SRGBV.

An overview is provided of research informing best practice in SRGBV prevention education. This review is followed by a mapping and summary of 11 open-access teacher resources available to contribute to a school's capacity to address the prevention of school-related gender-based violence (SRGBV). The eleven guidance manuals selected have been reviewed against a set of evidence-informed criteria.

This review is designed to inform a consultation meeting with participants from the 12 countries of the East and Southern Africa region. It will act as a guiding resource, providing a summary of the evidence base available to inform the cultural and contextual adaptation of the *Connect with Respect* resource and associated training of trainers for countries in the East and Southern Africa region.

Taking a system-level approach to prevention of SRGBV

School-based efforts to reduce GBV are most effective when supported by a system-wide approach to promoting a safe and supportive learning environment within all schools. The UNESCO Global Guidance on Addressing School-related Gender-based Violence (2016) outlines six guiding strategies which can inform a Ministry of Education in its efforts towards a comprehensive approach to the prevention of SRGBV:

1. Leadership: Laws policies and education reform

Governments work at a national level to develop laws to protect children from violence and ensure laws exist to make those responsible for violence accountable for their acts. Governments develop comprehensive, multi-sectoral national policies and action plans to respond to SRGBV, and work to strengthen reporting and communication between the education sector and child protection systems.

2. Environment: Ensuring schools are safe and supportive

Educators are supported in their efforts to ensure that schools are safe and welcoming spaces for students. School policies are in place to support non-tolerance of SRGBV. Schools work with the school community to develop codes of conduct to promote positive behaviour and respectful relationships between all members of the school community.

3. Prevention: Curriculum teaching and learning

Schools are provided with the educational content and resources which enable them to provide classroom education programs designed to prevent violence and promote gender equality. Teachers are provided with access to training, and the necessary tools to help them to prevent and respond to SRGBV.

4. Responses: In and around the school

When SRGBV does occur, clear, safe and accessible procedures and mechanisms are in place to enable staff to report, respond to, and refer to the appropriate authorities. Staff are familiar with reporting protocols and have access to legal and health-related reporting mechanisms and support agencies.

5. Partnerships: Collaborating with and engaging key stakeholders

Key stakeholders are included in efforts to strengthen the school's capacity to provide effective responses. The partners include relevant ministries of education, teacher unions, young people, families, religious leaders, and the wider community and civil society organisations.

6. Evidence: Monitoring and evaluation of SRGBV

Policy and program development is informed by research and prevalence data. Monitoring and evaluation is conducted to track progress of initiatives and to measure impact of programs.
This review makes a contribution to the efforts of Ministries of Education to take an evidence- informed approach to the prevention of SRGBV. It does this by bringing together key evidence about the prevalence of SRGBV in the East and Southern Africa region, and by providing a summary of the evidence base about effective approaches to the prevention of gender-based violence in school settings.

What is school-related gender-based violence

Definitions are important in mobilising collective action in relation to the prevention of gender- based violence. The term 'school-related gender-based violence' (SRGBV) refers to all forms of violence (explicit and symbolic) that occur within formal and non-formal educational contexts which result in, or are likely to result in, educational, physical, sexual or psychological harm of children (UNESCO & UN Women, 2016). Violence may be perpetrated via verbal, physical, sexual, or psychological acts or in relation to matters to do with attendance or participation. It may occur within classrooms, school grounds, during travel to and from school, and in cyberspaces (UNESCO, 2017).

Prevention of gender-based violence is an international priority

Both gender-based violence (GBV) and school-related gender-based violence (SRGBV) affect millions of children, families and communities worldwide. Global estimates indicate that one in three (35%) women worldwide have experienced either physical and or sexual violence in their lifetime (World Health Orginisation, 2016). Prevention of gender-based violence has become an international priority. In 2015, the Sustainable Development Goals (SDG) outlined a commitment to target gender equality and a culture of non-violence within private spaces such as homes, and in public spaces, including schools (United Nations, 2015a). The SDG also highlight the need to address gender discrimination and violence-prevention within schools (United Nations, 2015a).

SUSTAINABLE DEVELOPMENT GOAL 4.7

Target: By 2030 ensure all learners acquire knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non- violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development (United Nations, 2015a).

Prevalence of GBV in East and Southern Africa

Data collected within the East and Southern Africa (ESA) region indicates that young people experience high rates of physical violence, including via corporal punishment in home and school settings. They also experience high rates of physical and sexual violence in and around the school on the part of peers, adults and school personnel (Fry, 2016). Research shows that girls are at greater risk of sexual violence, harassment and exploitation than boys. Boys are more likely to experience frequent and severe physical violence or corporal punishment from adults or peers. Young people who do not fit into traditional gender norms, or who identify as of diverse gender or sexual orientation (LGTBQI) also experience higher rates of SRGBV (UNESCO & UN Women, 2016, p. 21). Boys are more likely to be the perpetrators of SRGBV and are more likely to inflict physical bullying. Girls tend to use verbal or psychological forms of violence, such as exclusion, against other girls. Violent practices are often maintained through social structures, institutions and culturally held beliefs and behaviours which are tolerated or sanctioned within a society (UNESCO & UN Women, 2016, p. 13).

The National School Violence Study investigating South African high school learners found that one in five young people had experienced SRGBV in the year prior (Burton & Leoschut, 2013, p. 6). Violence is also common in family settings. For example 64% of girls and 76% of boys in Zimbabwe reported experiencing physical violence perpetrated by parents, adults, caregivers and authority figures before the age of 18 years (Fry, 2016). A similar study found physical violence to be experienced by 66% of girl and 73% of boys in Kenya (Fry, 2016). In Eswatini 38% of females reported sexual abuse prior to the age of 18 years (Fry, 2016).

Impacts of exposure to SRGBV

A significant body of research exists around the effects of SRGBV indicating negative impact on school attendance and on physical and mental health. Studies demonstrate that the experience of SRGBV is linked to depression, feelings of worthlessness, a higher likelihood of drug and alcohol abuse and increased risk of suicide (Smith, Ward, Dixon, Mitchell, & Hillier, 2014).

School engagement and performance can be negatively impacted when young people experience sexual violence. Muhanguzi (2011) conducted research across 14 secondary schools in Uganda. The interviews with girls from Ugandan secondary schools revealed that many students who experience sexual abuse stop attending school after the abuse occurs (Muhanguzi, 2011, p. 719). The United Nations also reports on the experience of victims of sexual violence upon return to school. Their study analysed violence against children in five settings: the home and family; school and educational settings; the care and justice institutions; the work-place; and the community (United Nations, 2006). The study found that victims of sexual violence within Southern Africa tend to experience hostility and animosity after reporting sexual violence, and often leave school for prolonged periods, change schools, or drop out of schools entirely (United Nations, 2006, p. 130). In contrast, the students and teachers responsible for the violence receive little in the way of repercussions for their actions (United Nations, 2006, p. 130).

The experience of sexual assault can be detrimental to girls receiving a full education, contributing to lack of access to the workforce, and perpetuating a cycle of poverty. Similarly, fear of sexual abuse is often a reason for parents withholding their daughters from school, particularly when there is a high risk of assault occurring within the school grounds and during travel to and from school. According to the United Nations' Secretary-General's Study (2006), concern for the sexual safety of girls is heightened within communities where there is a high prevalence of HIV. The risk of contracting HIV/AIDS or other sexually-transmitted infections increases dramatically for girls who experience sexual violence, and the occurrence of depression and alcohol abuse is also a common consequence (Ameli, Meinck, Munthali, Ushie, & Langhaug, 2017, p. 306). For males, exposure to violence during adolescence contributes to a heightened likelihood of engagement in antisocial and violent behaviour, and increased vulnerability to depression and drug use.

GBV, sexual abuse and vulnerability to HIV/AIDS

The global HIV and AIDS epidemic disproportionately affects women. A study by Gibbs et al. (2012) used a collaboratively-developed framework to assess how women were represented and included within national HIV/AIDS responses across 20 countries in Southern and Eastern Africa. The study found that women represent 52% of those living with HIV globally and in Southern and Eastern Africa, women account for 59% of those living with HIV (Gibbs et al., 2012, p. 1120). UNICEF reports indicate that almost 40 percent of Swazis are HIV positive, the highest rate of HIV/AIDS in the world (UNICEF, 2008). In Zimbabwe 16.7% of adults are reported to be HIV positive (UNICEF, 2016b). For those who experience sexual violence, the risk of contracting HIV/AIDS increases dramatically.

Research into HIV in the region suggests a strong link between gender inequality and the prevalence of HIV in women. Shannon et al (2012) used survey data and interviews with 2049 individuals across Sub-Saharan Africa to examine how gender inequity norms, sexual risk-taking behaviour and HIV prevalence intersect, based on gender (Shannon et al., 2012). This study found that in spaces where behaviours such as male sexual dominance, sexual risk-taking and perpetration of rape are prevalent, women are placed at an increased risk of contracting HIV, alongside other sexual diseases (Shannon et al., 2012, p. 6). In fact, unequal gender power relations were seen to be the dominant force contributing to disproportionate rates of HIV prevalence between men and women (Shannon et al., 2012, p. 6).

According to a study by Gibbs et al. into HIV in ESA in 2012, gender inequality also compromises women's ability to negotiate safe sex practices such as the use of condoms. It also often results in increased prevalence of sexual violence, rape and transactional sex, including by older men against younger women (Gibbs et al., 2012, p. 1120).

Gender norms also contribute to low uptake of HIV-related services among men and boys. Although it is difficult to generalize among the diversity of men across social settings, geographic areas, cultures and income levels, a large body of data strongly suggest that, compared with women, male lifestyles and health behaviours on aggregate put them at greater risk for poor health and premature death. Despite their many social and economic advantages, men are less likely than women to seek out health care, to take an HIV test or to initiate and adhere to HIV treatment (UNAIDS, 2017).

Policy reform as a driver in school efforts to prevent GBV

Policy reform is central to addressing SRGBV. Policies and laws need to be in place at a national, and system level to protect children from violence within the school.

Most education systems in East and Southern Africa have already developed policies which address gender-based violence. UNESCO conducted a regional consultation on SRGBV in March 2017.

Participants from 12 countries in the East and Southern Africa region were able to identify laws and policies in place to support initiatives targeting SRGBV within their country. The information supplied by country representatives during this exercise indicates that laws, policies and structures exist within all countries to address SRGBV at national, local and school-wide levels. However, in general, there is a gap between the presence of government policy and familiarity and robust uptake in schools.

Key tools for investigating the prevalence of SRGBV

Historically there has been a lack of data available about the prevalence and patterns of SRGBV. However, in recent years a number of tools have been used to collect data about gender-based violence and other key risk factors for young people in the ESA region. This section provides an overview of the key data sources available to inform countries in their strategic response.

The key studies which have been conducted measuring the prevalence, impact and drivers of GBV and SRGBV in the ESA region include: the UNICEF Violence Against Children Survey, and the WHO Global School-based Student Health Survey.

The Violence Against Children Survey (VACS) is a cross-sectional national household survey which to date has been conducted in 14 countries including:

- Botswana (Ministry of Local Government and Rural Development et al., 2019)
- Zambia (Ministry of Youth, Sport and Child Development et al., 2018)
- Uganda (Ministry of Gender, Labour and Social Development, 2015)
- Rwanda (Ministry of Health, 2017)
- Zimbabwe (Zimbabwe National Statistics Agency et al., 2013);
- Malawi (Ministry of Gender et al., 2013);
- Kenya (UNICEF Kenya Country Office et al., 2012);
- Tanzania (Division of Violence Prevention et al., 2009); and
- Eswatini (UNICEF Swaziland & the Centers for Disease Control and Prevention, 2007).

The VACS investigate the frequency, drivers and impacts of violence experienced by 13-24 year old males and females. The survey also investigates who is responsible for the perpetration of violence. The reports show rates of experience of sexual violence before the ages of 18 years. In general, this data shows that females are more likely than males to experience sexual violence, and rates of experience of sexual violence for females before 18 can be between 22% (Malawi) and 32% (Kenya) (Division of Violence Prevention et al., 2009; Ministry of Gender et al., 2013; UNICEF Kenya Country Office et al., 2012).

The VACS studies also investigate whether young people have access to, and seek help from services as a response to experience of violence.

Within these surveys, young people are asked:

- Whether they reported their experiences of sexual violence to anyone;
- If they did report, who they reported to;
- Whether they sought services for their abuse;
- What services they received;
- Whether they would have liked additional services (Division of Violence Prevention et al., 2009).

The results highlight some similar trends demonstrating low rates of help-seeking patterns in young people. In Malawi, Kenya and Tanzania, young people indicated that not realising that the violence was a problem was the most common reason for failing to report experience of violence (Division of Violence Prevention et al., 2009; Ministry of Gender et al., 2013; UNICEF Kenya et al., 2012). Similarly, the VACS study reports show that young people rarely access professional services following an experience of violence.

This is evident in the data below:

- **Kenya:** 66% of females and 73% of males reported an experience of physical violence during childhood, while only 10% received professional help (UNICEF Kenya et al., 2012);
- **Malawi:** two thirds of males and two in five females reported an experience of physical violence during childhood. While two thirds of young people who experienced the violence did attempt to seek help, professional help services were provided for only 11% of young people (Ministry of Gender et al., 2013);
- **Tanzania:** 75% of males and females experienced physical violence during childhood. While the VACS study does not report on help-seeking behaviours of young people who experience physical violence, of those who experience sexual violence (30% of females and 13% of males), 13% females and 5% males received professional help following violence (Division of Violence Prevention et al., 2009);
- **Eswatini:** of the 25% of females under 18 years who reported experiencing physical violence, only 20% of these girls received professional help, despite the fact that one in four cases were serious enough to consult a doctor (UNICEF Swaziland & CDC, 2007).

The World Health Organisation (WHO) Global School-based Student Health Survey collects data on risk and protective factors for 13 to 17 year olds across 10 key areas including: alcohol and drug use; sexual behaviours that contribute to HIV; STI and unintended pregnancy; unintentional injuries and violence; mental health; and protective factors in adolescents. The survey employs a quantitative, two-stage cluster design. The self-administered WHO Global School-based Student Health Survey asks a number of questions about physical and mental health. It includes questions about injuries that result from violence (Centers for Disease Control and Prevention (CDC) & World Health Organization (WHO), 2009).

The data generated within studies employing these and other tools provides a snapshot of the prevalence of different types of gender-based violence occurring in and around schools. Whilst not comprehensive of all types of GBV, the range of studies, taken together, provide a strong imperative to invest in prevention.

Global School-based Student Health Surveys have been administered in:

- Kenya (CDC & WHO, 2003);
- Malawi (CDC & WHO, 2009);
- Mozambique (CDC & WHO, 2015);
- Namibia (CDC & WHO, 2013a);
- Eswatini (CDC & WHO, 2013b);
- Tanzania (CDC & WHO, 2014);
- Uganda (CDC & WHO, 2003a);
- Zambia (CDC & WHO, 2004);
- Zimbabwe (CDC & WHO, 2003b).

Drivers of gender-based violence

Rates of gender-based violence tend to be higher in countries where there are also higher rates of acceptance of gender inequity, and where other violence-endorsing attitudes persist (Fulu et al., 2013). Many structural factors, social norms and traditional beliefs and behaviours contribute to unequal gender relations within the school and community (UNESCO & UN Women, 2016, p. 27).

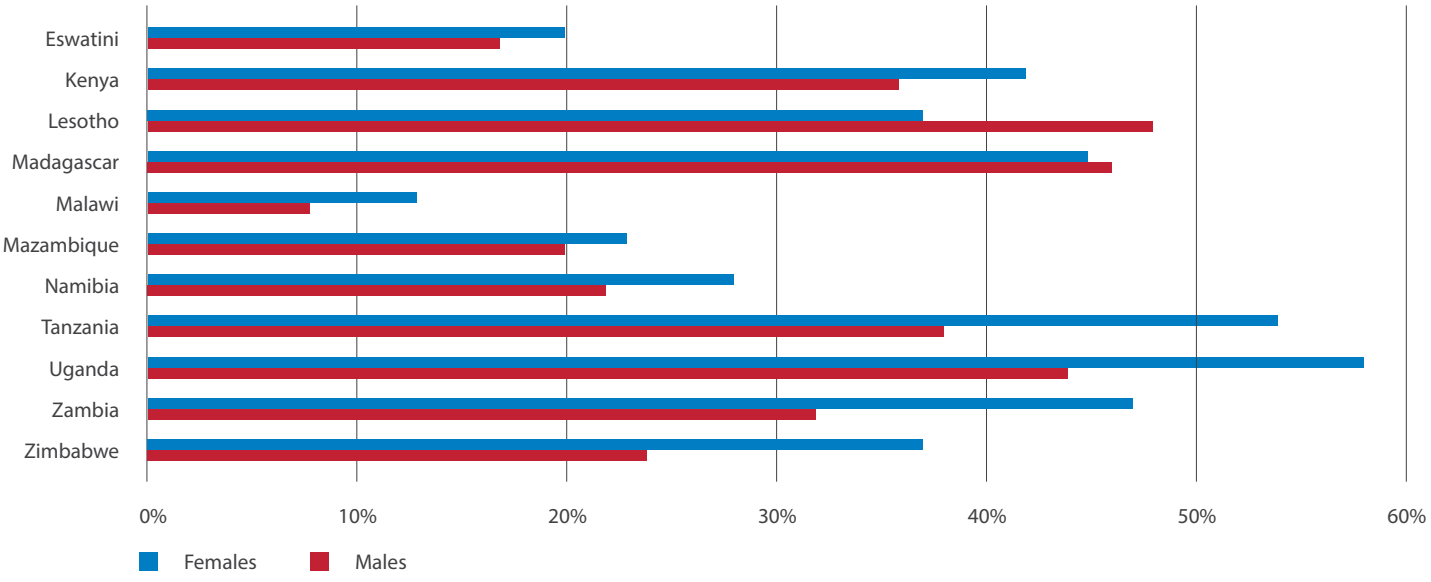
When violence is gendered, it is commonly understood to be a result of gendered expectations, perpetrated by underlying social norms which persist in society. Institutions such as the school, the family, religious institutions and informal social groups all play a part in the creation and reproduction of prevailing gender stereotypes. For males, social norms may result in the tolerance of violence, while women and girls may be subject to pressure to display typically female attributes such as submissiveness and passivity (Fry, 2016). These societal expectations, which shape the way in which gender is enacted can reinforce negative stereotypes, and contribute to the prevalence of SRGBV and more broadly, GBV within the community.

An inter-country study by Fulu et al. (2013) found that attitudes towards gender equality are associated with the prevalence of gender-based violence. This multi-country study collected data about male perpetration of, and attitudes towards violence against women (Fulu et al., 2013, p. 1). The study took a mixed methods approach, surveying and interviewing over 10,000 males and 3,000 females aged 18-49 from Bangladesh, Cambodia, China, Indonesia, Papua New Guinea and Sri Lanka (Fulu et al., 2013, p. 21).

The study showed different rates of GBV in the different countries. It found that 'the most important factors in explaining men's perpetration of both intimate partner violence and non-partner rape are related to gender norms and sexual or relationship practices' (Fulu et al., 2013, p. 87). Fulu et al., also found that social stress, loss of power and control, experience of child abuse, disadvantage, drug and alcohol abuse and cultural understanding of masculinity all contribute to shaping attitudes and prevalence of GBV (2013).

Attitudes towards the acceptability of spousal gender-based violence also differ from country to country, and within a country between males and females. Data collected in the UNICEF State of the World's Children, sourced from Multiple Indicator Cluster Survey (MICS) and Demographic and Health Survey (DHS) (UNICEF, 2016b) reports on young people's attitudes towards wife beating (see Figure 1). Data from countries across the region demonstrates that whilst attitudes vary significantly between countries, more adolescent females than males believe that it is justifiable for a man to beat his wife in particular circumstances. (See the table below.) This data indicates that inequitable gender norms are internalised for girls, and that violence prevention education should address the acceptability of violence. In 2016, the Research Triangle Institute (RTI) conducted a global review of literature to inform efforts to prevent SRGBV. Within this review, RTI reviewed 59 studies, databases and pieces of literature specifically relating to the African context. Within this review, RTI provided an overview of some of the structural, contextual and cultural risk factors which may contribute to SRGBV (2016).

Figure 1: Percentage of boys and girls (aged 15–19) who believe it justifiable for a husband to hit his wife for one or more specified reasons (UNICEF 2016b)



Indicator: *Justification of wife-beating – Percentage of women and men 15–49 years old who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons, i.e., if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations.*

This review of drivers of SRGBV found that:

- Cultural and social norms which position men and women unequally promote acceptance of violence – a factor linked to perpetration;
- Experience of sexual abuse, substance abuse and frequent consumption of pornography are risk factors that may place an individual at a heightened risk of inflicting sexual violence as well as engaging in other sexual risk-taking behaviours;
- For young people in rural areas, factors such as long travel distances between home and school increase the risk of exposure to sexual violence;
- Family poverty may increase the likelihood of young people being vulnerable to or engaging in sexual violence perpetration;
- Beliefs supporting the use of violence within the school, and acceptance of violence within the school yard increases the likelihood of young people being exposed to and involved in SRGBV;
- Class, race and negative gender relations within a school environment can increase the prevalence of SRGBV;
- Belonging to a marginalised, lower status group, being female, gender non-normative, or ethically or culturally diverse, may act as an additional risk factor for victimisation (RTI, 2016).

The influence of traditional gender norms

Traditional gendered stereotypes in many cultures hold that females are expected to be gentle and compliant, while males are expected be dominant, aggressive and to assert control. A 2011 study across 14 secondary schools in Uganda conducted by Muhanguzi (2011) looked at how girls' experiences of social interactions shaped their gendered understandings. Muhanguzi found that students experience and construct complex gendered relations of domination and subordination which work to position boys and girls differently, with greater gender inequalities and sexual vulnerability impacting on girls (Muhanguzi, 2011, p. 713). The study finds that hegemonic expressions of male power are prevalent within schools and that this works to normalise the victimisation and subordination of young women (Muhanguzi, 2011, p. 713).

Gender disparities in domestic work

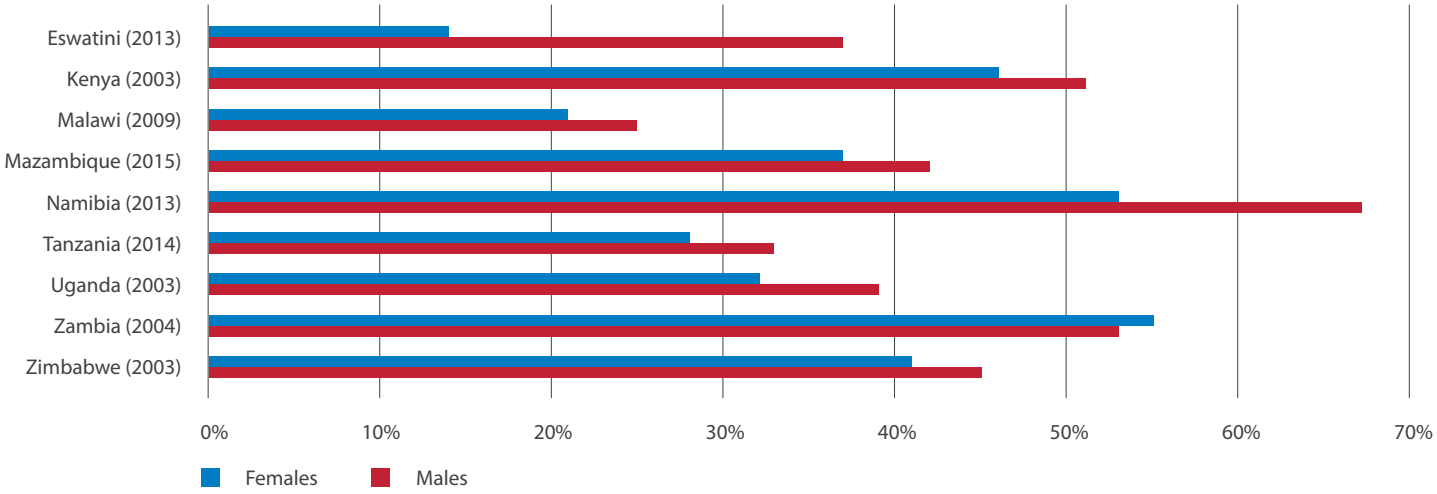
Traditional gendered stereotypes in many cultures hold that females are expected to be gentle and compliant, while males are expected be dominant, aggressive and to assert control. A 2011 study across 14 secondary schools in Uganda conducted by Muhanguzi (2011) looked at how girls' experiences of social interactions shaped their gendered understandings. Muhanguzi found that students experience and construct complex gendered relations of domination and subordination which work to position boys and girls differently, with greater gender inequalities and sexual vulnerability impacting on girls (Muhanguzi, 2011, p. 713). The study finds that hegemonic expressions of male power are prevalent within schools and that this works to normalise the victimisation and subordination of young women (Muhanguzi, 2011, p. 713).

Prevalence of physical violence in school settings

One way in which SRGBV is experienced in the school is through physical violence and fighting. The Global School-based Student Health Survey reports on the prevalence of students who have engaged in a physical fight in the past year.

This data shows higher rates of involvement in physical fights for males than for females, but with differing rates from country to country. Some countries show close to half of students involved in physical fighting, whilst others show rates of closer to a quarter of students involved in a physical fight across the last year. (See Figure 2 below).

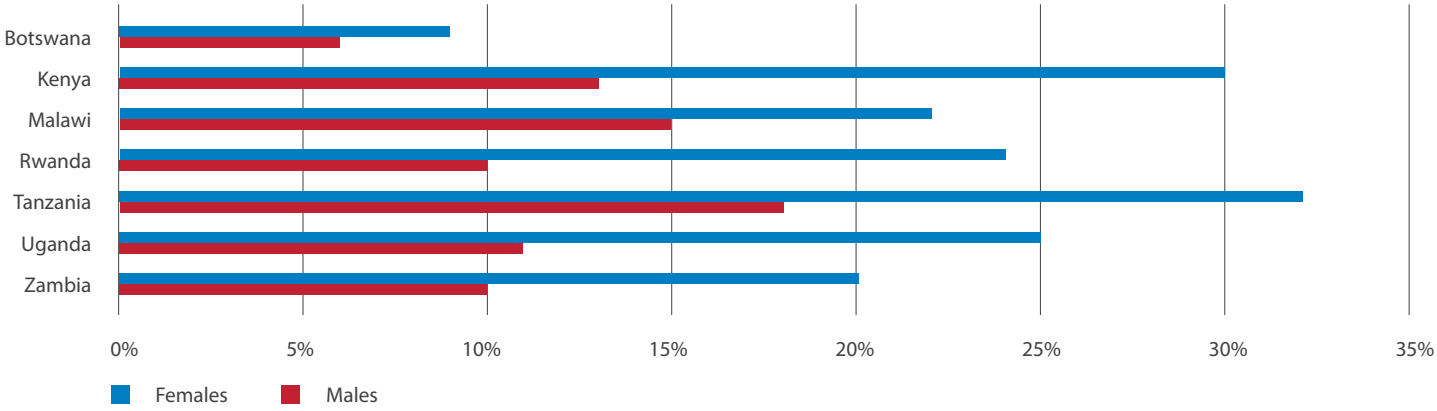
Figure 2: Percentage of students, aged 13-15, who were in a physical fight one or more times during the past 12 months[2]



Indicator: *Students (aged 13-15) who report being in a physical fight defined as 'percentage (%) of students who were in a physical fight on or more times during the past 12 months'.*

Sexual abuse and sexual harassment

Figure 3: Percentage (%) of males and females aged 18-24 who report experiencing sexual abuse prior to 18 years[3]



Indicator: *Reported experience of sexual violence defined as 'percentage (%) of males and females aged 18-24 who reported experiencing any sexual abuse prior to the age of 18'.*

[2] Data reported in this figure was compiled from the Global School-based Student Health Surveys in: Kenya (CDC & WHO, 2003); Malawi (CDC & WHO, 2009); Mozambique (CDC & WHO, 2015); Namibia (CDC & WHO, 2013a); Swaziland (CDC & WHO, 2013b); Tanzania (CDC & WHO, 2014); Uganda (CDC & WHO, 2003a); Zambia (CDC & WHO, 2004); and Zimbabwe (CDC & WHO, 2003b)

Sexual abuse is a particularly harmful type of gender-based violence. UNICEF reports that 30- 40% of girls in the region under the age of 18 have experienced sexual violence (UNICEF, 2016a). VACS studies in seven countries show rates of reported experience of sexual violence for girls before the ages of 18 years to range from 9% to 32% (see Figure 3). These studies show that females are more likely than males to experience sexual violence.

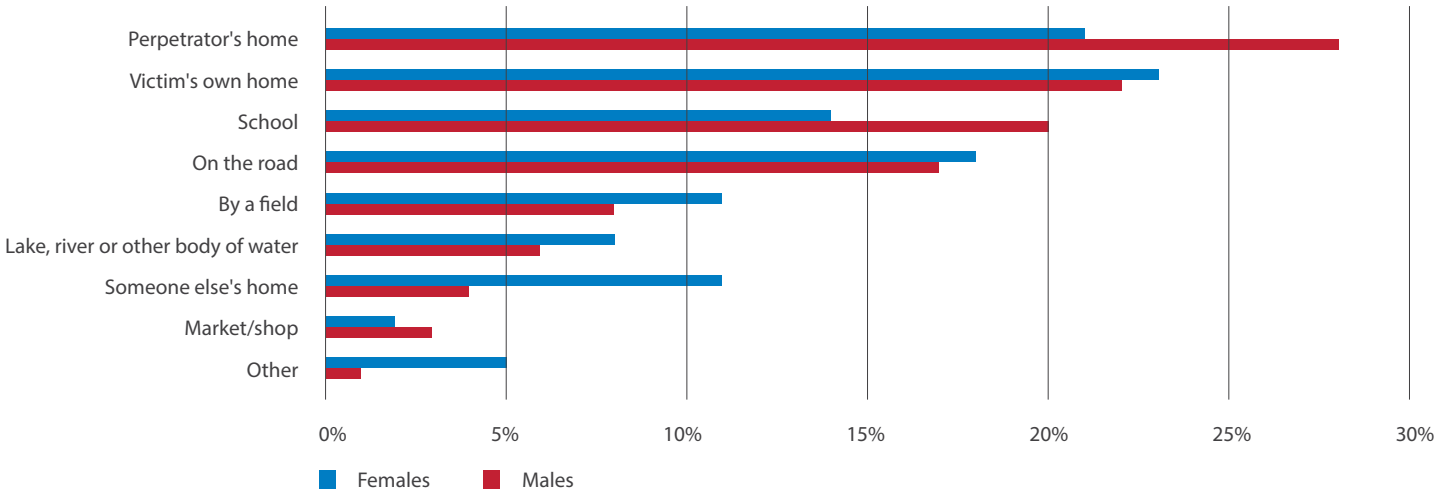
The VACS country reports demonstrate that young people experience abuse in a range of locations including in private spaces such as the home; in various outdoor spaces including beside rivers, fields, lakes; in public spaces such as the market place; and in schools. Whilst the school is a site of risk for many young people, the data collected in Malawi, Eswatini and Tanzania shows that the first instance of sexual abuse for females and males is more likely to happen in homes than in schools. (See Figure 4, 5 and 6). (Some countries do not collect data about male victims of sexual abuse.)

Relevant risk and protective factors affecting young people

In 2005, Blum and Mmari conducted a report investigating the risk and protective factors affecting the wellbeing and reproductive health of adolescents in developing countries (Blum & Mmari, 2005). An understanding of the risk and protective factors influencing wellbeing and learning is important for those addressing the prevention of gender-based violence. Those factors deemed to be 'risk factors' increase the likelihood of negative and antisocial behaviours, and work against positive behaviours that might prevent them (Blum & Mmari, 2005, p. 351).

Risk factors tend to accumulate, such that those who are at risk in one area of wellbeing tend to be at greater risk in other areas. Those factors deemed to be 'protective' in nature are central to creating safe, supportive environments which contribute to positive adolescent health outcomes. By definition, protective factors increase the likelihood of positive health outcomes and work to reduce or prevent engagement with behaviours associated with negative health (Blum & Mmari, 2005, p. 351).

Figure 4: Malawi: Percentage (%) of 18-24 year olds who report experiencing sexual abuse prior to 18 years, by location of first sexual abuse[4]



Indicator: *Malawi, location of sexual abuse defined as 'location (%) where first incident of sexual abuse occurred: 18-24 year olds experiencing sexual abuse prior to 18 years of age'*

[3] Data reported in this figure was compiled from the VACS studies in: Kenya (UNICEF Kenya et al, 2012); Malawi (Ministry of Gender et al., 2013); Tanzania (Division of Violence Prevention et al., 2009); Zambia (Ministry of Youth, Sport and Child Development et al., 2018); Uganda (Ministry of Gender, Labour and Social Development, 2015) and Rwanda (Ministry of Health, 2017)

Figure 5: Eswatini: Location where first incident of sexual abuse occurred prior to 18 years, as reported by 18-24 year old females[5]

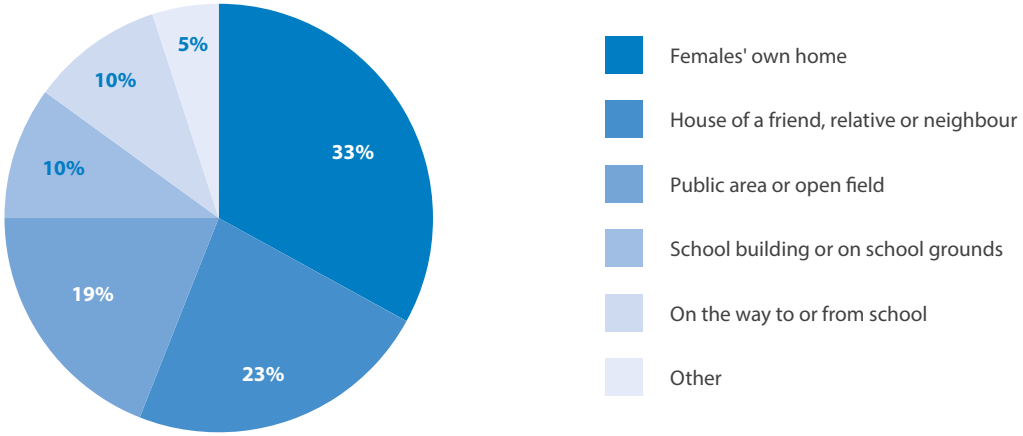
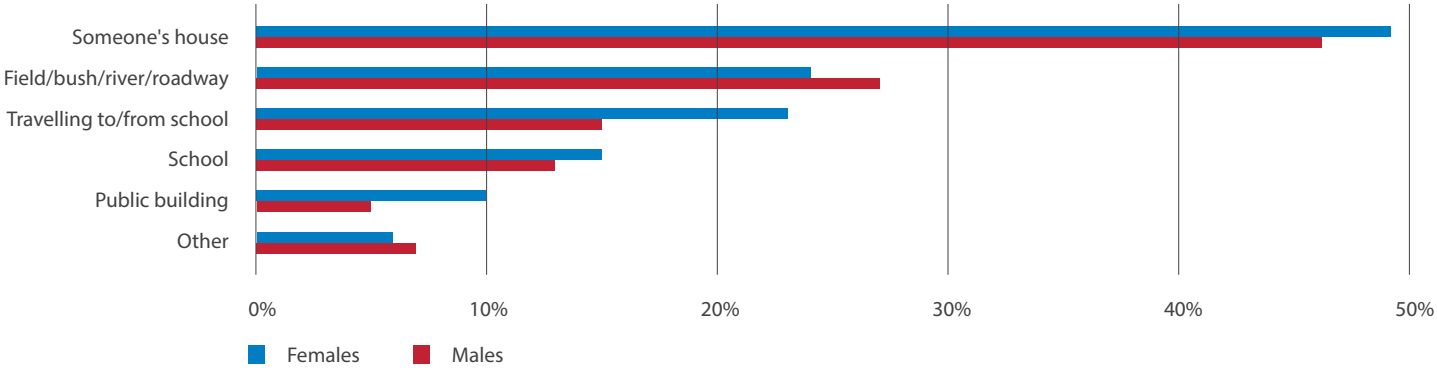


Figure 6: Tanzania: Location (%) where incidents of childhood sexual violence occurred among females and males, as reported by 13 to 24 year olds who experienced childhood sexual violence[6]



Indicator: *Tanzania, location of sexual abuse defined as 'location (%) where first incident of sexual abuse occurred: 13-24 year olds'*

Positive relationships and safe environments

The World Report on Violence and Health (World Health Organisation, 2002) is a collaborative report describing the international impact and prevalence of violence. The report explores key risk and protective factors for young people. Its findings show that adolescent engagement in a supportive relationship with a positive adult role model, can be protective to the young person (WHO, 2002, p. 42). Furthermore, the existence of such a relationship can prevent school dropout, drug use and can help to improve relationships with parents and peers (WHO, 2002, p. 42).

According to the report findings, when young people have adult figures in their lives who model positive behaviour and supportive relationships, they may be less likely to engage in violence and more likely to pursue respectful, caring relationships with others (WHO, 2002, p. 42). A review of data and literature conducted by the Research Triangle Institute (RTI) (2016) also identifies that the provision of a safe and supportive family environment can protect against the negative health outcomes of SRGBV, and can be instrumental in the reporting of physical, sexual and emotional abuse (RTI, 2016, p. 14).

[4] Ministry of Gender et al., 2013
[5] UNICEF Swaziland, 2007
[6] Division of Violence Prevention et al., 2009, please note that percentages in the figure will be greater than 100% because a single respondent could have experienced multiple incidents of sexual violence at multiple locations.

Teachers can also make an important contribution to the wellbeing of young people. When teachers work towards building a school climate that fosters non-acceptance of violence and develops positive disciplinary alternatives within the school, young people can be protected against the experience of SRGBV (RTI, 2016, p. 17). Similarly, if teachers are approachable, positive adult influences and foster supportive relationships with students, they can help to protect against student risk-taking and antisocial behaviour (RTI, 2016, p. 17). Teachers can also provide educational interventions which provide further ways to protect young people against SRGBV. When young people are exposed to education around what constitutes violent behaviour, they become more equipped to identify and report. Similarly, the existence of strong parent-school relationships, with clear guidelines outlining reporting protocols and pathways, can act as a highly protective factor for young people, reducing the prevalence and increasing the accountability of those responsible for violence perpetration (RTI, 2016, p. 19).

Mental health

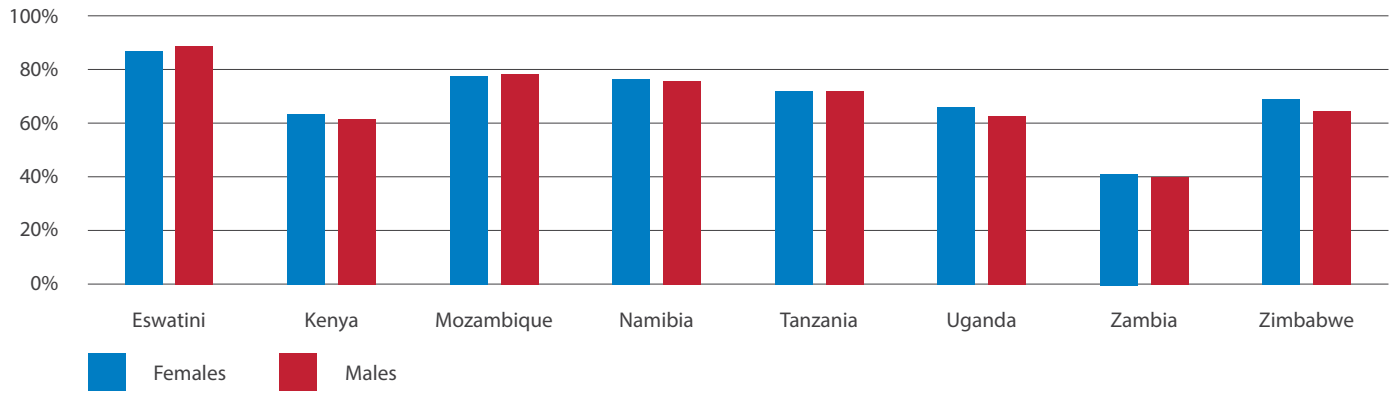
Mental health vulnerabilities are both a risk factor for perpetration and an outcome of experiences of gender-based violence. The WHO Global School-based Student Health Survey collects data on factors which have been demonstrated to be protective towards positive learning and health outcomes for young people. It collects data on a range of protective factors, including school attendance. A sense of high connectedness to school has been identified as one of the most significant protective factors for young people (Resnick et al., 1997).

Attendance is also important in academic success. An insight into school connectedness is provided via data collected in eight countries in the East and Southern Africa region. These studies measured the percentage of students who have not missed class or school without permission in the past 30 days. The studies show that in most of these countries, girls were less likely to miss school without permission than boys of the same age (see Figure 7).

SRGBV and peer bullying can negatively impact the engagement and performance of young people at school and may contribute to poor mental health outcomes. The WHO Global School- Based Student Health Survey measures the mental health of young people in some countries in the region. Loneliness is an indicator of poor peer connection. Data on the percentage of students who felt lonely most or all of the time in the last 12 months was collected in Uganda, Zambia and Zimbabwe respectively (see Figure 8). Analysis shows rates of loneliness are quite similar for boys and girls, though with rates varying between countries.

These studies also collect data about those experiencing high levels of mental health distress. This data is captured in suicide ideation data, and data demonstrating rates of attempted suicide. Suicide ideation data presented below indicates females are often at higher risk of seriously contemplating suicide, as shown in Kenya, Malawi, Mozambique, Eswatini, Uganda and Zimbabwe respectively (see Figure 9).

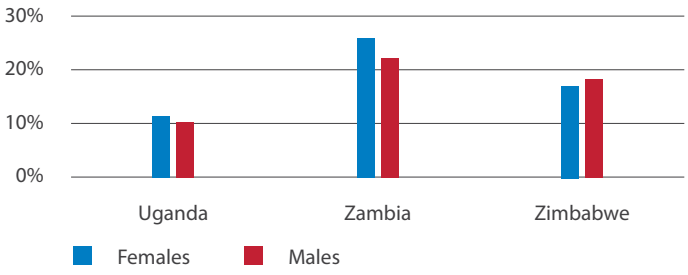
Figure 7: Students, aged 13-15, who did not miss school without permission in the last 30 days, by gender[7]



Indicator: *Students who did not miss school without permission defined as the 'percentage of students (13-15 years) who did not miss class or school without permission on one or more of the past 30 days'*

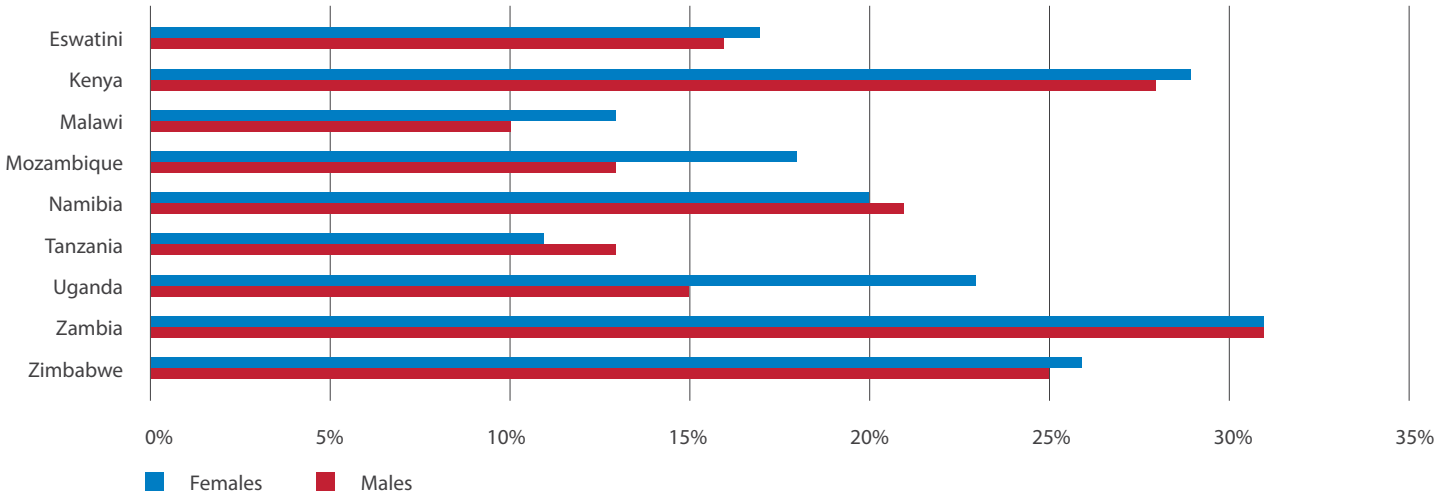
[7] Data reported in this figure was compiled from the Global School-based Student Health Survey in: Kenya (CDC & WHO, 2003); Mozambique (CDC & WHO, 2015); Namibia (CDC & WHO, 2013a); Swaziland (CDC & WHO, 2013b); Uganda (CDC & WHO, 2003a); Zambia (CDC & WHO, 2004); Zimbabwe (CDC & WHO, 2003b)

Figure 8: Social Risk factors for mental health problems: loneliness[8]



Indicator: *Loneliness reported by males and females (aged 13-15) defined as the 'percentage of students who felt lonely most of the time or always over the past 12 months.'*

Figure 9: Percentage of students, aged 13-15, who ever seriously considered suicide in the past 12 months, by gender[9]

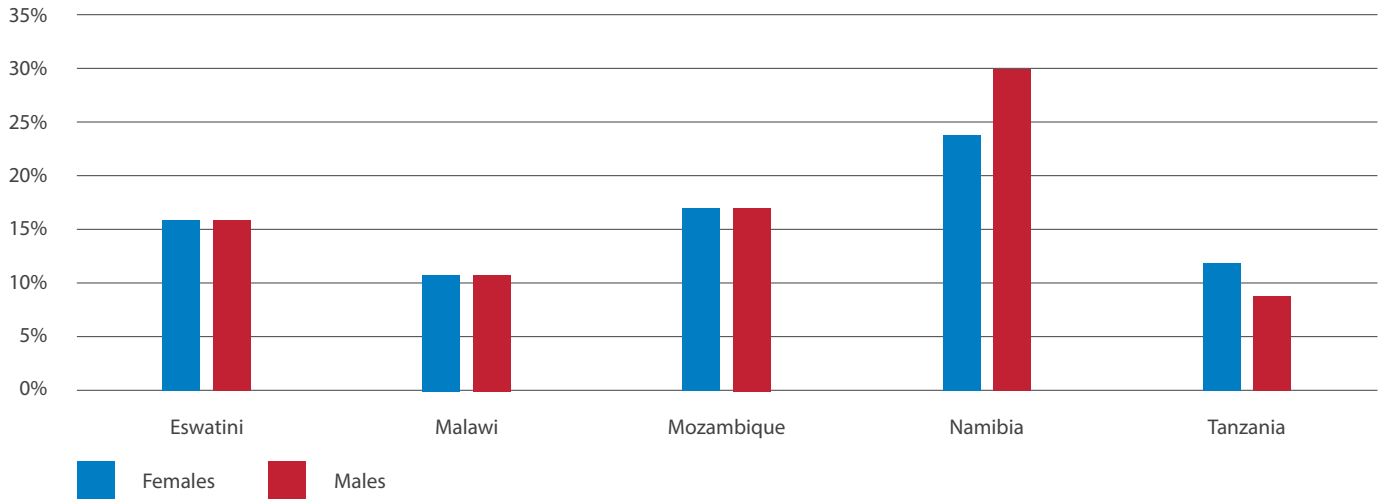


Indicator: *Students who seriously considered attempting suicide during the past year defined as 'percentage of students who ever seriously considered attempting suicide during the past 12 months'.*

[8] Data reported in this figure was compiled from the Global School-based Student Health Survey in: Tanzania (CDC & WHO, 2014); Uganda (CDC & WHO, 2003a); Zambia (CDC & WHO, 2004); and Zimbabwe (Centers for Disease Control and Prevention (CDC) & World Health Organization (WHO), 2003b)

[9] Data reported in this figure was compiled from the Global School-based Student Health Survey in: Kenya (CDC & WHO, 2003); Malawi (CDC & WHO, 2009); Mozambique (CDC & WHO, 2015); Namibia (CDC & WHO, 2013a); Swaziland (CDC & WHO, 2013b); Tanzania (CDC & WHO, 2014); Uganda (CDC & WHO, 2003a); Zambia (CDC & WHO, 2004); and Zimbabwe (CDC & WHO, 2003b)

Figure 10: Percentage of students, aged 13-15, who attempted suicide in the past year, by gender[10]



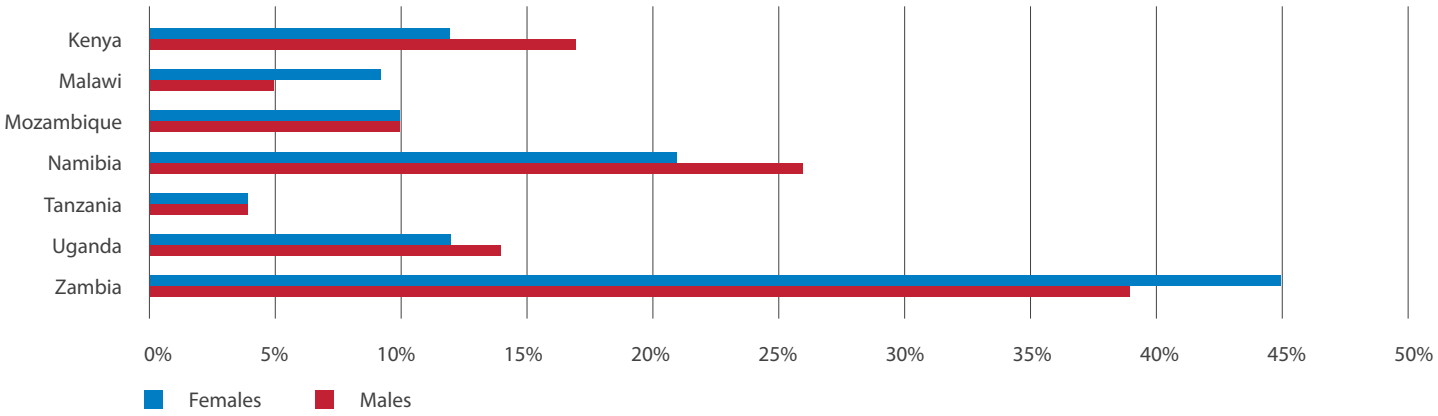
Indicator: *Students (aged 13-15) who attempted suicide during the past year defined as the 'percentage of students who actually attempted suicide one or more times during the past 12 months'.*

The data collected about attempted suicides during the past year shows similar rates of attempted suicide for boys and girls in some countries (Malawi, Mozambique and Eswatini), however Tanzania shows higher rates for girls, whilst Namibia shows higher rates of attempted suicide for boys (see Figure 10).

Drug and alcohol use

Questions about drug and alcohol use are included in the data sets. The alcohol use data from seven countries shows that in most of the countries males are more likely to consume alcohol than females. (See Figure 11).

Figure 11: Percentage of 13-15 year olds who had consumed at least one alcoholic drink during the past 30 days, by gender[11]



Indicator: *Alcohol consumption (aged 13-15) defined as the 'percentage of 13-15 year olds who had consumed at least one alcoholic drink on at least one day during the 30 days before the survey'.*

[10] Data reported in this figure was compiled from the Global School-based Student Health Survey in: Malawi (CDC & WHO, 2009); Mozambique (CDC & WHO, 2015); Namibia (Centers for Disease Control and Prevention (CDC) & World Health Organization (WHO), 2013a); Swaziland (CDC & WHO, 2013b) and Tanzania (CDC & WHO, 2014)

[11] Data reported in this figure was compiled from the Global School-based Student Health Survey in: Kenya (CDC & WHO, 2003); Malawi (CDC & WHO, 2009); Mozambique (CDC & WHO, 2015); Namibia (CDC & WHO, 2013a); Tanzania (CDC & WHO, 2014); Uganda (CDC & WHO, 2003a); Zambia (CDC & WHO, 2004); Zimbabwe (CDC & WHO, 2003b)

School-related gender-based violence

School-related gender-based violence occurs in a broader context of GBV and other forms of structural and social vulnerability. Certain groups of women and girls are more vulnerable to gender-based violence than others. This is because other forms of social and structural disadvantage intersect with gender – such that those who live in poverty, or with disability, or who are members of marginalised ethnic or religious groups, are more likely to be subjected to violence. The term 'intersectionality' is used to describe this pattern, which is seen worldwide, and should be understood in relation the school environment. It is rare that available data is disaggregated to show which sub-groups are more vulnerable to gender-based violence in schools, however this phenomenon should be borne in mind when engaging with data and when planning intervention strategies, so as to ensure they reach those most in need.

Bullying in schools

Bullying is common within schools. The Eswatini Global School-based Student Health Survey showed that 33% of males and 31% of females aged 13-15 reported being bullied one or more times in the last 30 days, and 27% of male and 14% of female students reported being in a physical fight one or more times during the past 12 months (CDC & WHO, 2013b). In their 2017 study investigating adolescent experiences of violence in Malawi, Ameli and colleagues interviewed 561 school students and conducted a logistic regression analysis on gender- stratified data to determine the prevalence of exposure to violence among adolescents (Ameli et al., 2017, p. 305). Findings showed a high prevalence of experiences of physical violence at school (42.4% of females and 36.4% of males), as well as many young people experiencing peer-to-peer violence and bullying while at school (33.8% females and 39.6% males) (Ameli et al., 2017, p. 305). This study also showed that 28.1% of females and 30.4% of males experienced violence at home. While not all violence and bullying is a form of gendered violence, it is important to consider the ways in which bullying may be gendered within the school, including in patterns of male-to-male violence, as well as in patterns of male-to-female violence.

Peer-to-peer sexual harassment in the school grounds

In 2015, Moma conducted and qualitative ethnographic study of girls' experiences of the school yard within South African Schools. This research found the school playground to be a key space in which sexual violence occurs between students. Argued to be the 'most gendered site of the school,' the playground presented opportunities for boys and girls to play out gendered positions, re-enacting power dynamics witnessed in their sociocultural worlds (Moma, 2015, p. 44). Moma (2015) found that the playground is often a less supervised space, thus providing increased opportunity for violence perpetration. Through her questioning of 12-13 year-old girls about their school yard experiences, Moma identified the occurrence of sexual assault by peers within the school yard including 'ridiculing remarks, verbal taunts and coercive talk especially about girls' bodies' (Moma, 2015, p. 48). Moma's findings also indicate that girls were expected to be, and understood themselves as, submissive and compliant – an identity which according to Moma, is closely tied to gender inequality and can work to legitimate sexual violence (Moma, 2015, p. 46).

Despite girls reporting higher rates of sexual abuse by peers and teachers in the school setting, boys too can be vulnerable. Leach's 2008 report shows that while boys are less commonly sexually abused by peers, abuse does still occur, and boys are subject to teacher misconduct, including requests to perform sexual acts (Leach, 2006, p. 1123).

Vulnerability to sexual violence during travel to and from school

Fear of sexual abuse during travel to and from school can be a contributing factor to parents' reluctance to send their daughters to school. A study by Porter et al., in 2011 investigated student journeys to school in Ghana, Malawi and South Africa. The study took a mixed-methods, ethnographic approach, conducting interviews with young people as they travelled to school, as well as collecting survey data from parents, to determine how mobility can impact access to education. Almost all students surveyed identified walking as their main mode of transport to and from school. In Ghana 98% of students travelled by foot, in Malawi 99% of students, and in South Africa 86% of students, with most students making the journey unaccompanied (Porter et al., 2012, p. 65). This study found that the quality of the experience of travel to and from school was highly gendered, an important factor in understanding the disparity between male and female participation in formal education (Porter et al., 2012, p. 62). Girls in these countries faced the very real threat of rape, a danger which was frequently cited by those girls interviewed, including a 17 year old female student:

'I fear people who hide in the bush (waiting) for us. They wait for us in the bush and as we walk, especially when you are alone, they grab your school bag and all the belongings that you have with you… The bush is bad, you cannot see people hiding or seeking you… It is even worse to cross the bush at night. There are so many rapists there at night and a lot of drunk people' (Porter et al., 2012, p. 72).

This concern was mirrored by the parent respondents, and found to be a contributing factor to girls being withheld from or dropping out of school.

Perpetration of sexual abuse in the school setting

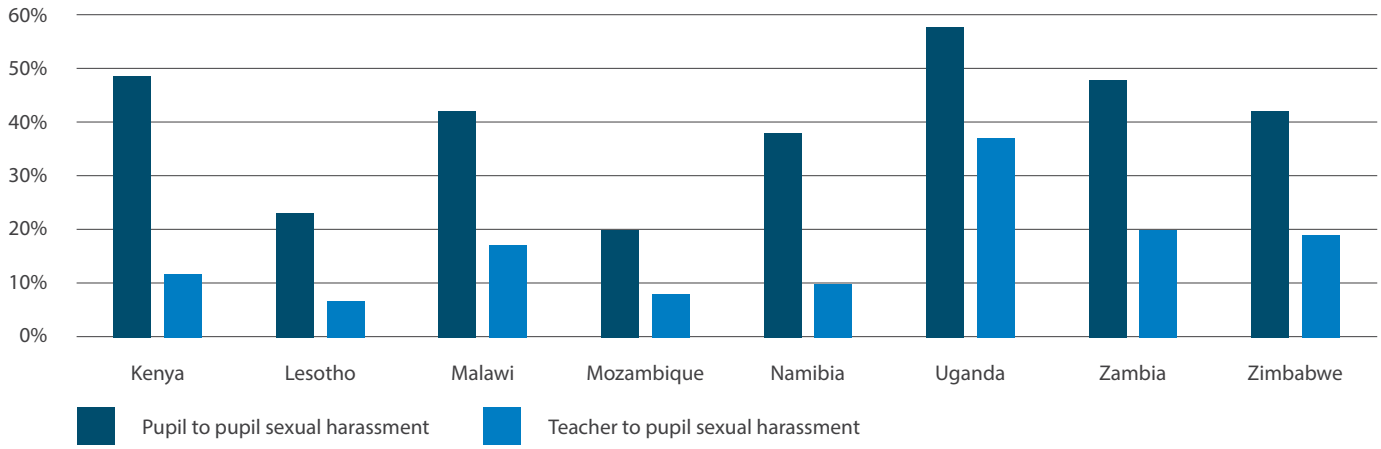
Many girls are exposed to the risk of sexual violence from peers and adults in the school environment. Policy paper 17 (2015), released by UNESCO and UNGEI points to the prevalence of sexual harassment in schools across the region. The report contains data collected from principals who were asked to report whether sexual harassment from teacher to student, and from student to student occurs 'often' or 'sometimes' within their schools (UNESCO & United Nations Girls' Education Initiative, 2015). This data from eight countries in the region shows that sexual harassment on the part of students is common. While teacher to student harassment is less common, it is still significantly prevalence, particularly in some countries. The various country estimates of the occurrence of teacher to pupil sexual harassment range between 7% and 37% (see Figure 12).

Studies have found that school principals often take little or no action to address teacher sexual misconduct. Leach (2006) interviewed adolescent girls in Zimbabwe, Malawi and Ghana, investigating the occurrence of sexual abuse within the school. Leach found that it was not unusual for this this misconduct to be perpetrated by the school head themselves (Leach, 2006, p. 1132). A similar finding was outlined in Moma's ethnographic study in South Africa looking at the experience of 12-13 year-old girls within the school yard. This study found that sexual violence against girls at school is 'shrouded in muffled voices, unseen practices, and unheard stories of young girls that fall outside policy and interventions' (Moma, 2015, p. 50).

Leach's 2006 study into SRGBV in Zimbabwe, Malawi and Ghana, took a qualitative approach using open-ended interviews and participatory workshops to explore girls' experience of violence within the school (Leach, 2006, p. 1129). This study highlighted the prevalence of abuse, particularly from older males and adults, within the school community. Girls reported offers of money and gifts, the promise of good marks being made to students in exchange for sex within the school (Leach, 2006, p. 1131). Leach found that it was commonplace within the schools to dismiss and trivialise violence as inherent to male-female relations, and that this acceptance worked to normalise male aggressive behaviour as an inevitable part of the school system (Leach, 2006, p. 1131).

A study in Zimbabwe conducted by Chiroro and colleagues in 2014 surveyed 1216 female high school and college students about the prevalence and nature of sexual abuse (Chiroro, Viki, Frodi, Muromo, & Tsigah, 2006, p. 17). The study found that 41% of females surveyed had experienced sexual abuse (Chiroro et al., 2006, p. 17). Of these sexual abuse reports 13% of respondents reported that the abuse was perpetrated by a teacher, headmaster or principal. A further 27% named a relative as responsible, whilst the majority (72%) reported a non-relative as responsible (Chiroro et al., 2006, p. 24).

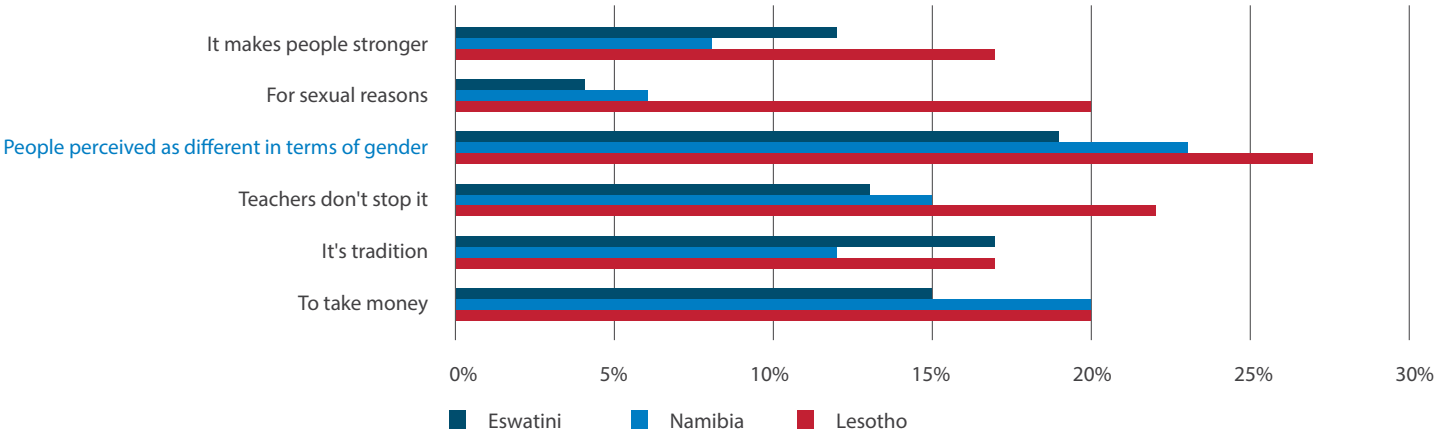
Figure 12: Principal reports of sexual harassment occurring from teacher to student, and from student to student[12]



Indicator: *Principal reports of sexual harassment defined as the 'percentage of school principals who report that sexual harassment occurs 'often' or 'sometimes' in their schools, by perpetrator and country, 2007'*

Gender diversity and experiences of violence

Figure 13: Perceived causes for school violence by students in Lesotho, Namibia and Eswatini[13]



Indicator: *Perceived causes for school violence defined as 'victims of school violence and bullying, as perceived by respondents'.*

Fixed sociocultural understandings of gender result in lack of tolerance towards those students who do not conform to conventional gender stereotypes, placing them at greater risk of experiencing SRGBV. Despite the limited body of literature investigating LGTBI students and school experiences within the African context, studies indicate that these students have both an increased susceptibility to GBV, and are at greater risk of school dropout, substance abuse and suicide than their straight peers (Graziano 2004; Sears 2005; Richardson 2006; Nixon 2010; cited in Msibi, 2012, p. 517; UNESCO, 2018).

In a 2012 study, Msibi investigated how queer students experience homophobia within South Africa township schools. The sample consisted of 14 teachers, pre-service teachers and school learners, and comprised both males and females who identified as heterosexual, homosexual and questioning. Msibi found a prevalence of violent masculinities within the school which worked to 'exclusively support and uphold compulsory sexuality' (Msibi, 2012, p. 516). Students who identify as or who were a presumed to be Lesbian, Gay, Transgender, Bisexual or Intersex (LGTBQI) experienced heightened rates of violence from teachers and students.

[12] UNESCO & UNGEI, 2015, original data from SACMEQ 2007
[13] UNESCO, 2018

Bhana's 2012 study within South African secondary schools also investigated teachers' views about the ways in which gay and lesbian students were positioned by teachers (Bhana, 2012).
Bhana found that not only was homosexuality silenced by teachers, but teachers as well as learners played a role in ridicule and derogatory comments targeting LGTBI learners and contributed to homophobia, either through the direct perpetration of homophobic harassment or by excusing or ignoring reports of violence against LGTBQI students (Bhana, 2012, p. 309).

A regional study was conducted on gender, diversity and violence within schools in Botswana, Lesotho, Namibia, South Africa and Eswatini. This study, commissioned by UNESCO, was implemented by Gay and Lesbian Memory Archives (GALA) (UNESCO, 2018).
The study involved a review of literature; interviews and focus groups with teachers, learners, out-of-school youth, parents/guardians, school management teams, government educational officials, civil society representatives and social workers; and the collection of survey data from teachers and students (UNESCO, 2018, p. 6). In all countries included in the study violence was prevalent within schools, with gender non-conforming learners experiencing an increased vulnerability to SRGBV. Survey respondents attributed 'people perceived as different in terms of gender' as the most likely reason for violence in three out of the four countries where this data was collected. This data is presented in Figure 13.

Findings show that SRGBV was more often experienced verbally than physically, with older boys being the most common perpetrators of violence (UNESCO, 2018, p. 7). Older boys were identified as the primary perpetrators of violence by at least 64% of students surveyed within the study. The data for Lesotho, Namibia and Eswatini is presented in Figure 14.

The report identifies poor understanding and tolerance of gender diversity as a contributing factor to SRGBV, with 'cultural tradition' and 'teacher failure to intervene' identified as central to the continuation of violence within the school. Findings also suggest that educators are often unprepared to prevent, address and report SRGBV, and violence education is often under- addressed in the school curriculum.

The report noted that lack of clear definitions of SRGBV and policy to address violent behaviour also makes it difficult for schools and educational systems to address violence, including violence against LGBTIQ students (UNESCO, 2018, p. 6). It provides a number of key actions to support educational stakeholders to improve school responses to SRGBV and address sexual or gender-related school violence. These actions aim to develop comprehensive school-wide approaches to prevent, respond and address SRGBV within the region.

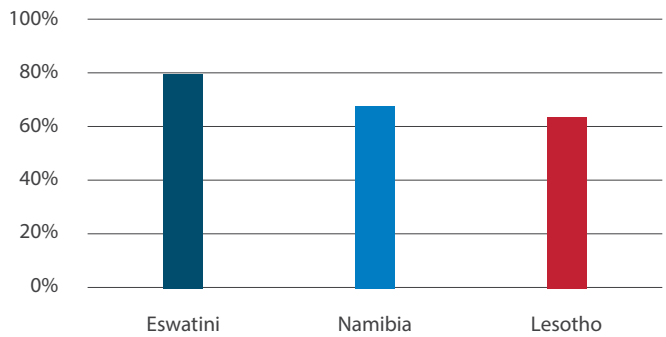
These recommendations include:

- **Policy development:** To develop and monitor policy and legal frameworks supporting schools to address sexual or gender-related school violence and bullying;
- **Capacity building of school staff:** To develop guidelines for school staff to support the prevention, identification and response to SRGBV, and to provide teachers with training on SRGBV and positive discipline approaches;
- **Curriculum approaches:** To review curriculum and to develop teaching and learning materials to engage learners with issues of SRGBV;
- **Strengthening reporting systems and support services:** To support schools to develop clear, consistent and confidential reporting and referral systems to enable victims of SRGBV to safely report (UNESCO, 2018, p. 38).

Barriers to the reporting of sexual violence

Research indicates that sexual abuse often goes unreported. The National Baseline Survey on Life Experiences of Adolescents VACS (ZIMSTAT et al., 2013) reported that in Zimbabwe, of those 13-24 year olds who experienced sexual violence prior to age 18 years, only just over half of the females (51.8%), and just under half of the males (45%) told someone about the incident of sexual abuse (ZIMSTAT et al., 2013, p. 55).

Figure 14: Students who identified older boys as responsible for school violence[14]



Indicator: *Perpetrators of school violence defined as 'perpetrators of school violence, as perceived by respondents'.*

[14] UNESCO, 2018

Sexual violence against children and young people is often perpetrated by someone close to the victim, and this can present particular barriers to reporting as victims can fear negative repercussions for themselves, their families and even for perpetrators (United Nations, 2016, p. 141). Chiroro and colleagues measure the nature and prevalence of sexual abuse in female Zimbabwean high school and college students. Of the 1059 students studied, Chiroro et al., found that 41% had experienced sexual abuse prior to 16 years of age, with the majority of cases (93%) perpetrated by members of the family, or someone known to the victim (Chiroro et al., 2006, p. 18). Chiroro argues that the reluctance to report is associated with a belief that domestic matters should be resolved quietly by the families concerned, and that this may be done with little or no input from the victimised children (Chiroro et al., 2006, p. 18).

The underreporting of sexual abuse is reflected in other countries across the region. In Kenya, the VACS study reported that only 10% of those under 18 years of age who experience sexual, physical or emotional abuse actually received professional help (UNICEF Kenya et al., 2012).

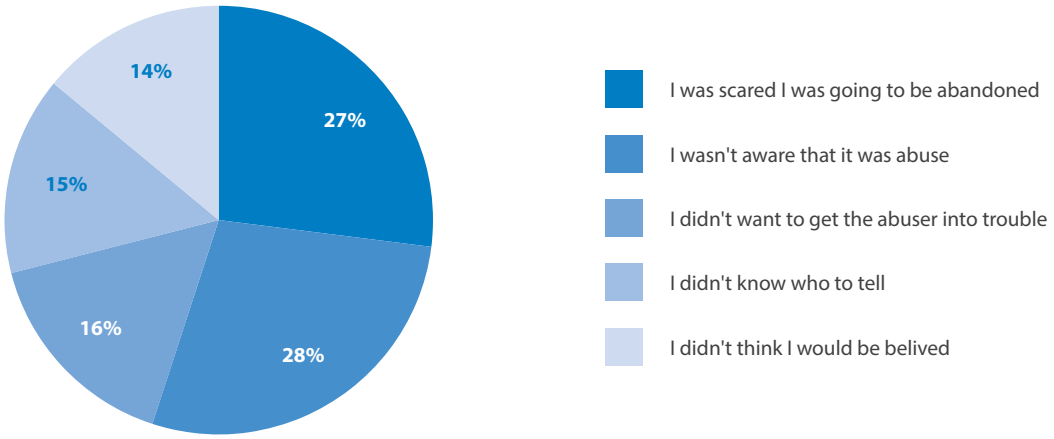
The Violence Against Children Survey (VACS) reports on reasons why adolescents do not seek services, and why adolescents fail to report following an incident of sexual violence (Division of Violence Prevention et al., 2009; Swaziland UNICEF et al., 2007; ZIMSTAT et al., 2013). Data is available for Zimbabwe (Table 1), Eswatini (Figure 15 and 16), and Tanzania (Table 2).

Table 1: Zimbabwe: Reasons for not seeking services for incident/s of sexual violence (males and females' experiences prior to the age of 18 years)*

Reason	Females aged 13-24	Males aged 13-24
Afraid of getting into trouble	25%	9%
Embarrassed for self or family	19%	20%
Did not want abuser to get into trouble	24%	0%
Too far to services	9%	0%
Afraid of being abandoned	<1%	0%
Did not think it was a problem	32%	72%
Could not afford transport	<1%	0%
Could not afford service fee	0%	0%
Did not need/ want services	9%	9%
Other reason	10%	10%

***Indicator:** *Zimbabwe, reasons for not seeking services following incident/s of sexual violence defined as 'percentage of males and females aged 18-24 who reported various reasons why they did not try and seek services for incidents of sexual violence prior to the age of 18' (ZIMSTAT et al., 2013)*

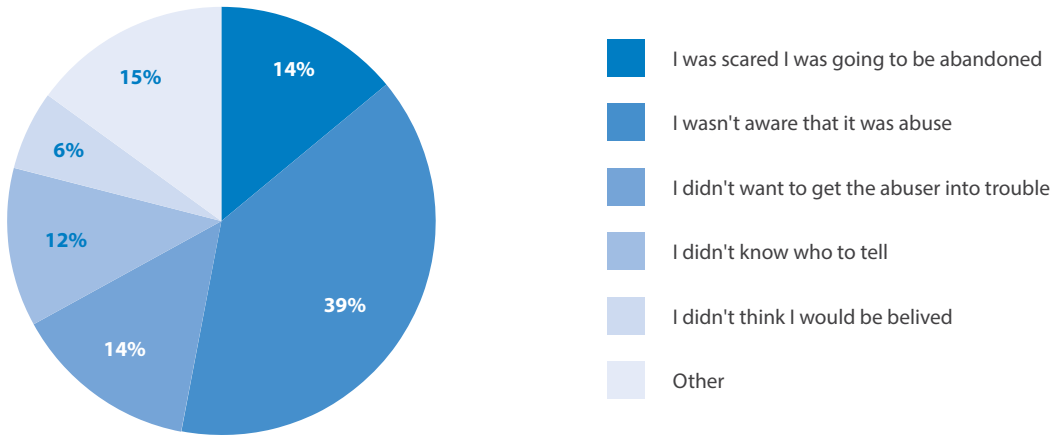
Figure 15: Eswatini: reasons for not reporting incidents of sexual violence experienced by females aged 13-18[15]



Indicator: *Reasons for not reporting incidents of sexual violence defined as 'primary reason for not reporting sexual violence among those who did not report, aged 13-18, when the incident occurred'.*

[15] Swaziland UNICEF & CDC, 2007

Figure 16: Eswatini: reasons for not reporting incidents of sexual violence experienced by females aged 18-24[16]



Indicator: *Reasons for not reporting incidents of sexual violence defined as 'primary reason for not reporting sexual violence among those who did not report, aged 18-24, when the incident occurred'.*

Table 2: Tanzania: reasons for not reporting incidents of sexual violence experienced by females and males (aged 13-24)*

Reason	Female	Male
Fear of abandonment or separation	34%	16%
Did not want to embarrass their family	9%	18%
Did not know who to tell	7%	No data
Did not think people would believe them	7%	13%
Did not view it as a problem	5%	28%
Believed it was no one else's business	9%	15%
Thought they were strong enough to deal with it them self	6%	14%
Not wanting to get the perpetrator in trouble	7%	13%
Threats by the perpetrator	<1%	No data

***Indicator:** *Reasons for not reporting incidents of sexual violence defined as 'reasons given for not telling anyone about experiences of sexual violence, as reported by 13-24 year olds who experience childhood sexual violence and did not disclose (Division of Violence Prevention et al., 2009)*

Corporal punishment in schools and homes

Corporal punishment is another form of violence that occurs within schools and homes. Corporal punishment and the use of violence to manage behaviour is often a culturally and socially entrenched practice, and can be entwined with beliefs and attitudes about status and respect (Gershoff 2002; Ameli et al., 2017). UNICEF reports that 88% of children in Eswatini and 63% of children in Zimbabwe between 2-14 years old experience some form of violent discipline (either via physical or psychological abuse) (UNICEF, 2016b). Many parents continue to use corporal punishment at home and support its use within the school.

Despite policy shifts away from corporal punishment, many teachers remain unconvinced or unsure about alternative methods, having themselves been raised within cultural norms which sanction the use of violence to control behaviour.

The Violence Against Children Survey (VACS) (2016) reports on the prevalence of violence affecting adolescents in countries within East and Southern Africa. This report includes data about those children and young people who have experienced corporal punishment by the time they are 18 years of age, executed by parents, adults, care givers or authority figures. Data from a multi-country analysis is reported in Fry's secondary analysis (See Figure 17). In most of the countries providing data, males are more likely than females to have experienced corporal punishment from parents, caregivers and authority figures.

Harmful impacts of corporal punishment

Research identifies a link between exposure to adult use of violence and child aggression. The use of violence by parents, carers and teachers helps to normalise violence as a method through which to assert control. The negative impacts of corporal punishment are presented in research conducted by Gershoff (2002) who conducted meta-analyses research studies investigating the association between parental corporal punishment and child behaviour and experiences. Gershoff's findings indicated a correlation between corporal punishment and levels of child aggression, mental health problems, reductions in confidence, assertiveness and trust of adult figures amongst affected children (Gershoff, 2002, p. 341). Based on this research, Gershoff argues that if corporal punishment is a frequent practice, it is increasingly difficult to protect children from SRGBV in general, as the likelihood of young people having the ability to negotiate relationships assertively, or seek help from adult figures is diminished (Gershoff, 2002, p. 341).

'When children witness adults employing violence as a means of control, this can work to legitimise violence as an appropriate behaviour, particularly in the context of romantic relationships later in life' (Gershoff, 2002, p. 539).

Thus a key step in promoting non-violence and achieving gender equality is working to combat negative social and culturally-held beliefs that deem violence to be an acceptable and inevitable part of the school and community (Ameli et al., 2017, p. 306).

Positive teacher-student relationships are protective for students

Whilst use of corporal punishment diminishes wellbeing, positive relationships with teachers are associated with improved wellbeing and learning outcomes for students. Students appreciate it when their teachers are firm in their class management, whilst also demonstrating a friendly, fair and respectful manner (van Uden, Ritzen, & Pieters, 2014). Feeling valued by and connected to their school environment can act as a highly protective factor for young people and can reduce school absenteeism, violence, risk-taking and emotional distress. A meta-analysis of 99 research studies found that positive teacher-student relationships were linked to increased cognitive, behavioural and emotional engagement in learning, whereas negative teacher-student relationships were connected to poorer student achievement and engagement (Roorda, Koomen, Spilt, & Oort, 2011).

A literature review by Cahill and colleagues (2017) investigates current research into promoting student wellbeing and resilience, to inform educational approaches to Social and Emotional Learning (SEL) and Respectful Relationships. Current research suggests that a key factor contributing to school connectedness is the existence of positive teacher-student and peer-to-peer relationships as 'children and young people who feel cared for by people at their school and feel connected to learning are more likely to be motivated, show improved academic outcomes and academic self-efficacy (Cahill et al., 2017, p. 2).

Research also demonstrates that teacher interpersonal behaviour also has a significant effect on students' willingness to seek help from their teachers. A Swedish study measured the attitudes of 1,540 students aged 12 years, towards their school, teachers and peers. Findings show that young people who have positive relationships with their teachers are more likely to approach them when they need help within their relationships, academic work, or are experiencing bullying and harassment (Holfve-Sabel, 2014, p. 1538).

The importance of creating safe spaces for learners is also demonstrated in an South African intervention study involving 16 peer educators and 200 secondary school learners (Ngidi & Moletsane, 2015). The study employed a transformative pedagogy design to create safe spaces in education for young female and other marginalised learners. It demonstrated that those who are at a heightened risk of exposure to SRGBV, such as girls and LGTBI students, can be protected through the creation of safe learning environments which do not tolerate violence or abuse (Ngidi & Moletsane, 2015, p. 67).

Positive discipline as an alternative to corporal punishment

Research attention has been given to the responses of teachers to the introduction of policy directing the use of positive discipline, rather than corporal punishment. Positive discipline is an approach to behaviour management which focuses on strengthening positive behaviour and promoting student responsibility for positive relationships and behavioural regulation. A whole school positive behaviour management strategy can result in a sense of 'collective responsibility' providing benefit for both teachers and students within the school community (Rogers, 2000, p. 12).

School Wide Positive Behaviour Support is an evidence-based approach which has developed a substantial body of research demonstrating its effectiveness in improving student behaviour. The School Wide Positive Behaviour approach presumes that behavioural expectations must be defined and taught, and based on shared clarification of values and of the purpose of schooling (Sugai & Horner, 2006). It emphasises that standards must be clearly defined and that consequences for misbehaviour must be defined and that consistent effort be made to reward appropriate behaviour with positive attention rather than just to attend to negative behaviour. Positive approaches identify the importance of providing positive behavioural feedback when students are on track (Sugai & Horner, 2006).

Best practice programs should also include a logical hierarchy of consequences for different types of misdemeanor[17]. Positive discipline programs need to provide explicit strategies for teachers implementing positive discipline practices within the classroom. (Rogers, 2011). Sanctions for negative behaviour are applied to help children learn, rather than to inflict suffering humiliation or fear (Rogers 2009, cited in Cahill & Beadle, 2013).

In addition to equipping the teacher with tools to manage behaviour, positive discipline can be effective in teaching young people positive social behaviour. This has been explored within Cahill and Beadle's 2013 Research Report Safe and strong schools: Supporting schools in Papua Indonesia in their efforts to reduce violence. The project reports on a research and development project in Papua Province, Indonesia. The multi-sectorial project demonstrates how an explicit curriculum, focusing on social and emotional learning, can be used to enhance a sense of responsibility and respect for the rights of fellow students and teachers (Cahill & Beadle, 2013, p. 7). Such curriculum helps students to develop social and emotional skills, including skills aimed at engaging empathetically with others and to resolve conflicts through non-violent means (Cahill & Beadle, 2013, p. 7). Social and Emotional Learning (SEL) programs are one way to 'teach the behaviours you want to see'. Positive behaviour management can lead to reductions in behavioural referrals, suspensions and general improvement in student behaviour (Curtis, Van Horne, Robertson, & Karvonen, 2010). Curtis et al., also found that establishing positive relationships and building mutual codes of conduct between students can act as a preventative intervention, reducing risk factors which contribute to negative classroom and schoolyard behaviour (Curtis et al., 2010).

A research study seeking children's experiences of corporal punishment interviewed children in South Africa who had experienced physical, disciplinary punishment. Breen, Daniels, and Tomlinson (2015) described not only the feelings of fear, anxiety and anger that manifested in children who had experienced physical punishment, but proceeded to report that in several cases, physical punishment was the first thing that came to mind for children when asked to describe their relationships with adults in their lives (p. 10).

School challenges in uptake of positive discipline

One key barrier to uptake of positive discipline is the belief that violence is necessary for the maintenance of control and associated success in learning. Making the shift from a tradition of corporal punishment to use of positive discipline can be very challenging for some teachers. In their research in South Africa, Bechuke and Debelia (2012) found that positive discipline strategies can both be feared, as leading to loss of control over challenging behaviour, or be seen as a viable and optimistic alternative to the existence of current behaviour challenges (Bechuke & Debeila, 2012, p. 240). They note that many teachers believe that what makes a 'good' classroom includes having control of the class and the absence of 'challenging behaviour' (Bechuke & Debeila, 2012, p. 243).

For many teachers, this results in a lack of willingness to pass some control and responsibility to the students, a necessary part of implementing a positive behaviour management approach (Bechuke & Debeila, 2012, p. 243).
A case study research into positive discipline practices in Zimbabwean schools by Sibanda and Mpofu (2017) investigated factors which inhibit the adoption of positive discipline in secondary schools. Sibanda and Mpofu (2017) found that because corporal punishment of children is not confined to the school and readily occurs both in both home and community, many teachers continue to hold the belief that corporal punishment is the most effective disciplinary practice (Sibanda & Mpofu, 2017, p. 117).

A research study conducted in Zimbabwe by Mugabe, Maposa, Campus (2013) surveyed 150 teachers and interviewed 10 school principals. The study investigated how misconduct was being managed within schools, the associated challenges of behaviour management and the effect that these practices had on the school community. It found that while Zimbabwean schools did have preventative procedures in place to guide behaviour and corrective practices such as use of a reward system for positive behaviour, 35% of teachers who were involved in the study deemed corporal punishment a necessary practice (Mugabe et al., 2013, p. 118). In line with Sibanda and Mpofu's (2017) research into positive discipline within Zimbabwean schools, Mugabe and colleagues found that staff lack the education about how to effectively implement positive disciplinary strategies, and that teachers commonly felt unsupported by parents when taking this approach to behaviour management as it was in conflict with practices used within the home (Mugabe et al., 2013, p. 115). A qualitative study by Maphosa and Shumba (2010) exploring discipline in South African schools following the ban of corporal punishment also found that teachers had little knowledge of alternative behaviour management strategies. They note the importance of providing teachers with comprehensive professional development, including the provision of research-informed education and strategies to assist them to implement more cooperative disciplinary measures (Maphosa & Shumba, 2010).

Practical barriers can also work against the move towards positive discipline. Some of these factors are explored in a study by Mugabe and colleagues which explored the strategies being used to manage misconduct within schools and the associated challenges of behaviour management (Mugabe et al., 2013). They found that large class sizes often present an additional layer of difficulty for teachers in managing the classroom, increasing teacher desire to maintain class control via corporal punishment (Mugabe et al., 2013, p. 118).

Positive behaviour management – benefits for the teacher

Staff who are part of a positive, school-wide behaviour management strategy can also be seen to benefit. When staff share knowledge of how to manage behaviour and the reasons for doing so, their ability to collaboratively support one another and consistently manage behaviour is improved.

[17] Further information about school wide positive behaviour can be found via **https://www.pbis.org/school/swpbis-for-beginners**

In addition to strengthening teachers' ability to manage behaviour, a supported approach can improve staff morale, reduce teacher anxiety and can support the development of positive relationships between teachers and parents within the school community (Rogers, 2000, p. 17). In addition to strengthening the school community as a whole, research suggests a link between improved student academic achievement and the use of positive behaviour management practices (Luiselli, Putnam, Handler, & Feinberg, 2005, p. 192). A review of the literature investigating the use of positive school wide behaviour support within schools by Sugai and Horner (2006) found that teachers who implement positive disciplinary methods are able to spend more time teaching concepts and less time managing behaviour (Sugai & Horner, 2006). According to Luiselli and colleagues' 2005 research into whole-school positive behavioural support in the USA, evidence suggests that schools implementing such an approach experience a reduction in both office referrals and student suspensions resulting from an improvement in overall classroom behaviour (Luiselli et al., 2005, p. 192). Not only can positive discipline help improve behavioural outcomes, it can advance a rights- based student-centred approach to learning, which is consistent with a focus on the prevention of SRGBV. According to the 2016 UN report, a 'rights-based, child-centred approach requires that there be codes of conduct accepted by all members of the school community, establishing moral and social reference points and emphasising the values that underpin them' (United Nations, 2016, p. 148). When children are involved in developing their own classroom programs, policies and procedures they are more likely to regulate their behaviour, feel that they have a central role in their learning environment and feel that their concerns and needs will be listened to (United Nations, 2016, p. 145). In addition, young people who experience violence within a supportive and positive learning environment are more likely to report, holding the belief that their concerns will be taken seriously (United Nations, 2016, p. 148).

An age-appropriate, culturally specific, rights-based approach to teaching the expected behaviours can contribute to the uptake of positive discipline. In their 2012 qualitative study, Bechuke and Debeila investigate challenging behaviour within South African schools and the possible use of positive disciplinary strategies. Their findings show that when students are aware of their own rights and the rights others have to feel safe and supported, and are involved in collectively setting respectful codes of conduct, behaviour is likely to be more positive, with young people exhibiting greater levels of self-confidence, self-esteem and cognition (Bechuke & Debeila, 2012).The importance of using a rights-based approach is outlined within the Global Guidance on SRGBV (2016) which states that 'programs that take a positive approach to acknowledging and embracing difference – such as peace education, tolerance education and civics education – are important for promoting tolerance, peace and acceptance of diversity (UNESCO & UN Women, 2016, p. 24). When young people are encouraged to enhance pro-social attitudes and lessons take a human rights approach to GBV, students can be encouraged to reject inequality within their environment and to respect the rights of others. In addition, inclusion of a rights-based, respectful relationships curriculum in the school program can also benefit the teacher, helping to positively manage student behaviour – a finding reflected in Sugai and Horner's review of research into school-wide positive behaviour support (2006). According to Sugai and Horner, in schools that foster respectful relationships rather than practices such as corporal punishment, teachers as well as students are sustained and supported by a positive environment (2006).

Prevention education programs can reduce rates of SRGBV

Use of Positive Discipline and the development of positive teacher-student relationships contributes to prevention of SRGBV by improving the general relational environment of the school, improving student engagement in learning and connectedness to school, setting and enforcing clear norms and standards, and providing non-violent adult role models.

A significant additional contribution to the prevention of school-related gender-based violence can be accomplished when schools also provide prevention education programs as part of the school curriculum. There is a range of research available to inform the development of effective approaches to the provision of classroom programs addressing the prevention of gender-based violence. This includes work in the area of gender education, social and emotional learning, bullying prevention, and comprehensive sexuality education. The following summary of research literature provides key pointers about the ways in which evidence-based social and emotional learning and specific GBV prevention-education programs can contribute to the reduction of SRGBV.

Social and emotional learning programs help build respectful gender relationships

Social and emotional learning programs can make a major contribution towards promoting pro- social behaviour and reducing rates of gender-based violence and other forms of anti-social behaviour. Social and Emotional Learning (SEL) programs are designed to develop the knowledge, attitudes and skills associated with the core areas of social and emotional competence. They include a focus on students learning to understand, manage and communicate about their own emotions; feel and demonstrate empathy for others; establish and sustain positive relationships; identify and work towards their goals; draw on positive self- regulation and coping strategies; problem-solve, and think critically about how their choices may be influenced by others and their environment (CASEL, 2013; Hromek & Roffey, 2009). They are sometimes referred to as 'life skills' programs. Social and emotional learning programs develop students' abilities to name and express their emotions, to have empathy for others, and to problem-solve in a non-violent way. Development of language and skills is closely related to the capacity and confidence needed for young people to seek help from others (Newman, 2000, p. 360). Similarly, young people's ability to control their language and express their needs effectively can support communication within a social situation, strengthening respectful and supportive personal relationships (Newman, 2000, p. 360).

Meta-analyses of evidence-based SEL programs show that students who participate in well- taught and well-designed evidence-informed programs which explicitly teach social and emotional learning show more positive social behaviour and less risky and disruptive behaviour (Ashdown & Bernard, 2012; CASEL, 2013; Durlak, Weissberg, & Pachan, 2010; Espelage, Rose, & Polanin, 2015; Frydenberg, 2010; Payton et al., 2008). Espelage and colleagues (2015) conducted a study involving 3651 students in 36 US schools that explored whether SEL reduced gendered forms of bullying, including homophobic teasing and sexual harassment perpetrations, as well as whether changes in identified delinquent behaviours, including cheating, trespassing and damaging school property. They found that SEL reduces cyberbullying, homophobic teasing and sexual harassment perpetration (D. Espelage et al., 2015, p. 475).

As well as increased rates of pro-social behaviour, students who participate in SEL interventions are consistently less likely to demonstrate antisocial behaviour than students who do not (Durlak et al., 2011; Roger P. Weissberg et al., 2015). Social and emotional competencies are a key change mechanism in student behaviour, providing students with the tools necessary to make behavioural changes (Domitrovich, Durlak, Staley, & Weissberg, 2017; Dymnicki, Weissberg, & Henry, 2011; Ngwe, Liu, Flay, & Segawa, 2004). These effects are found across studies that include a follow up measure – on average nearly 2 years after the SEL intervention was implemented (Taylor et al., 2017). A meta-analysis comparing the effects of interventions aimed at reducing disruptive student behaviour, found that SEL was more effective than relationship- or behaviour-focused intervention equivalents in achieving positive results (Kopershoek, Harms, de Boer, van Kuijk, & Doolaard, 2016). Taught universally, students who present the most frequent antisocial behaviours at the beginning of the intervention generally show the most improvement (Puerta et al., 2016).

The 2015 OECD report Skills for Social Progress: The Power of Social and Emotional Skills has brought international attention to the importance of school provision of explicit SEL programs, arguing for the need for education systems to foster efforts to develop a 'whole child' with a balanced set of cognitive, social and emotional skills. The OECD's (2015) comprehensive meta- analysis of the SEL evidence base found that social and emotional skills are generally more important than the corresponding impact of cognitive skills in terms of improving physical health, mental health, behavioural issues, bullying and feelings of victimisation. Following reviews of the research, both the OECD (2015) and the World Bank (2016) advocate that all schools provide social and emotional learning.

A longitudinal meta-analysis conducted in 2017, examined whether the effects of SEL were long-lasting. Taylor and colleagues (2017) reviewed the follow up effects from 82 school-based, universal SEL interventions involving 97,406 students from the US, Europe and the Asia-Pacific. Students were studied at 6 and again at 18 months after participating in SEL. At 18-months after the interventions, the students continued to demonstrate social and emotional competencies, attitudes and other indicators of wellbeing and behaviour at rates significantly higher than students in control groups. This meta-analysis found that SEL can produce significant long-term effects in urban or rural/remote settings, in racially homogenous or diverse settings, and notwithstanding family or guardian income (Taylor et al., 2017).
SEL programs can also assist in reducing bullying and gender-based harassment, particularly for adolescents and older students. A study involving 3651 students in 36 US schools explored whether SEL reduced gendered forms of bullying, including homophobic teasing and sexual harassment perpetrations, as well as other delinquent behaviours, including cheating, trespassing and damaging school property. The study found that SEL reduces cyberbullying, homophobic teasing and sexual harassment perpetration (D. Espelage et al., 2015, p. 475).

Gender-based violence prevention education contributes to reduction of SRGBV

Effective programs addressing the prevention of school-related gender-based violence include social and emotional learning as part of the intervention design, and provide students with opportunities to rehearse and apply skills (Foshee et al., 2004). They also include learning activities which assist students to examine gender roles and stereotypes and the ways in which certain gender norms can lead to limiting or harmful practices, for both males and females. They engage students in consideration of the negative effects of gender-based violence within society, and develop the skills and capacities young people need to resist participation in violence or participation in excusing or endorsement of discriminatory or violent practices (Cahill, Coffey, Wyn, & Beadle, 2015).

The UNESCO Global Guidance on prevention of SRGBV education argues that interventions should assist young people to recognise violence and abusive behaviour and encourage them to challenge traditional, negative gender stereotypes (UNESCO & UN Women, 2016, p. 62). This approach is supported within Ngidi and Moletsane's 2015 study into pedagogical approaches to promote positive learning environments in South African schools. Ngidi and Moletsane (2015) argue that learning activities should 'endeavour to create a sense of consciousness where an individual is able to understand their position in the world that undervalues marginalised groups and how an individual can use such knowledge to transform society' (p. 68).
Research demonstrates that Gender Education programs provided in schools which take a school-wide approach to gender equity can achieve positive and lasting impacts on student attitudes and behaviour (Cornelius & Resseguie, 2007; Ellsberg et al., 2015; Flood, 2006; D. J. Whitaker et al., 2006).

A meta-analysis of gender-based violence interventions found that participating students had a better knowledge of gender-based violence, attitudes less tolerant of gender-based violence, and reported lower rates of violence perpetration and victimisation than students in control schools (De La Rue, Polanin, Espelage, & Pigott, 2014). Those interventions that achieved lasting results employed rights-based approaches, informed by feminist theory. They used collaborative learning activities which engaged students in critical thinking about the micro and macro influences on gender relations (Kearney, Leung, Joyce, Ollis, & Green, 2016; Ollis, 2011). These approaches include a focus on power relations, structural and institutional conditions, and examination of the ways in which values and social norms affect attitudes, behaviour and wellbeing (Gleeson, Kearney, Leung, & Brislane, 2015; D. Whitaker et al., 2006).

A study that reviewed evidence of effectiveness for respectful relationships education in secondary schools found of that those that used active pedagogies to explore different perspectives and rehearse conflict resolution skills were more effective than those than standalone interventions on dating, or content heavy, instructional interventions (Ball, 2013).

DeGue and colleagues (2014) at the Division of Violence Prevention, Centres for Disease Control and Prevention in the US, completed a systematic review of preventative approaches to gender-based violence and found that three key strategies achieved significant effects. Two of these were school-based gender-based violence programs that used interactive, student- centred pedagogies for skill rehearsal (DeGue et al., 2014). Lasting effects were most significant when students were able to rehearse the skills involved in relationships, as well as unpack concepts and attitudes (De La Rue et al., 2014).
Gender education is also addressed in best practice in comprehensive sexual and reproductive health education programs (Kirby, Laris, & Rolleri, 2007). The UNESCO International Technical Guidance notes on Sexuality Education provide an overview of the evidence base about effective approaches, along with a schema to guide provision across age groups (2009). A gender-aware literature review into best practice sexual and reproductive health programs was conducted by Haberland and Rogow (2015). Haberland (2015) found that sexuality education interventions that included an empowerment focus on gender and power were five times more likely to be effective than those which did not include this focus (Haberland, 2015).

Collaborative learning strategies are key to program effectiveness

Effective approaches to gender-based violence prevention education, and social and emotional learning more broadly, employ the use of collaborative learning strategies (J. Zins, Bloodworth, Weissberg, & Walberg, 2007; J Zins & Elias, 2006). Collaborative learning strategies are important because they involve students in peer to peer interaction and provide them with the opportunity to practice the social and critical thinking skills associated with respectful relationships (Cahill, 2013). Rehearsal of these skills also builds the personal confidence and capacity of young people, developing critical skills which may enable them to assist peers in need (Cahill and Coffey, 2013).

Equally important is the ability of the program to foster peer to peer relationships through use of collaborative learning (Cahill, 2016). Through use of such pedagogy, students are given time to debate and discuss possible scenarios and alternatives and to assess possible paths of action. In addition to enhancing communication and collaboration skills, when students are included and encouraged to participate in developing solutions to address SRGBV they can be motivated to take action against SRGBV (UNESCO & UN Women, 2016, p. 33).

Despite their importance, studies have shown that use of collaborative or peer-to-peer learning strategies tends to be the exception rather than the norm in general teaching practice (Natvig, Albrektsen, & Qvarnstrom, 2003). They can be intimidating for teachers to manage when they are not familiar with them, do not understand the education rationale behind their design, or are worried about maintaining control of student behaviour (Cahill et al., 2013).

Omission of these strategies is problematic as research studies show that when collaborative learning activities are omitted from evidence-informed programs, these programs do not generate the same positive results (Reyes, Elias, Parker, & Rosenblatt, 2013). This is consistent with findings about barriers to the uptake of effective approaches to sexuality and HIV education (Herbert & Lohrmann, 2011; James, Reddy, Ruiter, McCauley, & Van Den Borne, 2006; Kirby et al., 2007).

Effective implementation programs provide detailed models to guide teachers to deliver the learning activities. They also provide professional learning for teachers and leadership development to ensure local support for changes in teacher practices (Askell-Williams, Dix, Lawson, & Slee, 2013; Castro-Olivo et al., 2013).

Factors impacting teacher motivation and support

Committed teachers who feel supported by schools and educational systems are critical to the delivery of effective classroom interventions. In 2017, a report on Teacher Support and Motivation Framework for Africa was released by UNESCO and the International Institute for Capacity Building in Africa (IICBA). This review highlights the key challenges that impact teacher motivation and ability to deliver quality education within the region. This document also proposes an analytical framework to inform the development of enabling policies for teachers in the region.

The review identifies that teachers are central to achieving quality and inclusive education for young people in Africa. However the literature finds that a range of factors limit teachers' ability to provide consistent standards of education, and contribute to teacher dissatisfaction (UNESCO & IICBA, 2017). A shortage of teachers has been reported within the continent with many teachers 'dropping out, simply not turning up for work, or teaching unenthusiastically in ways that do not advance learning' (UNESCO & IICBA, 2017, p. 13).

The research reviewed shows that underlying reasons for low levels of teacher motivation are complex and diverse. At a school level, teachers often experience low pay rates, large class sizes, classrooms and buildings which are overrun and in poor condition, and inadequate support from leadership (UNESCO & IICBA, 2017, p. 12). This places considerable strain on teachers as the majority of their time is spent disciplining learners, rather than delivering quality education (UNESCO & IICBA, 2017, p. 36). For those teachers located in rural areas, these factors are often heightened by long commutes to work and poor living conditions (UNESCO & IICBA, 2017, p. 12).

In addition, teachers are often directly or indirectly affected by HIV/AIDS. Many school staff are unable to work as they are affected by HIV themselves, or are required to care for others (UNESCO & IICBA, 2017, p. 36). This places additional strain on those who remain in the classroom, increasing already high teacher-student ratios. With many students orphaned due to HIV/AIDS, teachers also experience demanding and stressful working environments in which they are required to provide additional care for these students in order to help them achieve. While teachers may be sensitive to the additional needs of these students, many lack the skills needed to deal with traumatized or grieving young people, or simply are constrained by time and class-size and as such are unable to provide affected students with sufficient support (UNESCO & IICBA, 2017, p. 36).

Implications for Professional Learning

While attempts have been made to transform schools and the profession, the research suggests that traditionally, additional resources have been needed to build teacher capacity, make changes to the curriculum and reform teaching practice (UNESCO & IICBA, 2017, p. 12). However some change initiatives provide extra challenge for teachers, without the necessary support, and this often adds to the stressors already experienced by teachers (UNESCO & IICBA, 2017, p. 12). UNESCO and IICBA (2017) have proposed a framework to assist educational systems to address teacher motivation and support.

This framework identifies five key approaches to increase teacher motivation and support within the African region, including:

- Social dialogue
- Remuneration and incentives
- Teacher professional development and support
- Appraisal and evaluation as part of professional development
- School improvement and community involvement (UNESCO & IICBA, 2017)

The UNESCO review of teacher motivation recommends that the challenges faced by teachers are considered when providing professional learning for teachers. For change to be sustainable and to develop teacher motivation and develop agency, professional learning should not only develop teacher capabilities through acquisition of knowledge and skills but should also support collegiality, enhance classroom authority and equip teachers to address the physical, emotional and psychological needs of students (UNESCO & IICBA, 2017, p. 52). (UNESCO & IICBA2017, p. 52).

Conclusion

The UNESCO Global Guidance on Addressing School-related Gender-based Violence (2016) argues that education is both central to violence prevention, and plays an important role in the social, emotional and psychological development of young people (UNESCO & UN Women, 2016, p. 14).

Where rates of SRGBV are high, strategic approaches towards prevention are particularly important. In many countries laws and policies already exist to protect gender rights or promote gender equality and the protection of children from abuse and violence. However, the challenge of bringing policy to practice remains. To address violence in and around schools, teachers require access to professional learning and resources to assist them in their classroom teaching and school responses.

Research demonstrates that rights-based, violence-prevention education programs can be effective tools to reduce violence and violence-condoning attitudes within schools (Cahill et al., 2016). Teaching interventions which promote and help to foster respectful relationships and positive behaviour management within schools can help to improve educational outcomes, educational parity and the wellbeing of students, helping to prevent gender-based violence within the school.

References

Ameli, V., Meinck, F., Munthali, A., Ushie, B., & Langhaug, L. (2017). Associations between adolescent experiences of violence in Malawi and gender-based attitudes, internalizing, and externalizing behaviors. *Child Abuse & Neglect*, 67, 305-314.

Ashdown, D., & Bernard, M. (2012). Can Explicit Instruction in Social and Emotional Learning Skills Benefit the Social-Emotional Development, Well-being, and Academic Achievement of Young Children? *Early Childhood Education Journal*, 39, 397–405.

Askell-Williams, H., Dix, K., Lawson, M., & Slee, P. (2013). Quality of implementation of a school mental health initiative and changes over time in students' social and emotional competencies. *School effectiveness and school development*, 29(3), 357-381.

Ball, J. (2013). *Effectiveness of relationship education programmes in schools for Years 7-13*. Wellington, NZ: Families Commission, Kōmihana ā Whānuau.

Bechuke, A., & Debeila, J. (2012). Applying Choice Theory in Fostering Discipline: Managing and Modifying Challenging Learners Behaviours in South African Schools. *International Journal of Humanities and Social Sciences*, 2(22), 240-255.

Bhana, D. (2012). Understanding and addressing homophobia in schools: A view from teachers. *South African Journal of Education*, 32(3), 307-318.

Blum, R., & Mmari, K. (2005). *Risk and Protective Factors Affecting Adolescent Reproductive Health in Developing Countries*. Washington: Department of Child and Adolescent Health and Development, World Health Organisation.

Breen, A., Daniels, K., & Tomlinson, M. (2015). Children's experiences of corporal punishment: a qualitative study in an urban township of South Africa. *Child Abuse & Neglect*, 48, 131-139.

Burton, P., & Leoschut, L. (2013). *School Violence in South Africa: Results of the 2012 National School Violence Study*. Cape Town: Centre for Justice and Crime Prevention.

Cahill, H. (2013). Drama for Health and Human Relationships Education: aligning purpose and design. In M. Anderson & J. Dunn (Eds.), *How Drama Activates Learning: Contemporary Research and Practice* (pp. 176-190). London: Bloomsbury.

Cahill, H. (2016). Playing at being another we: using drama as a pedagogical tool within a gender rights and sexuality education program. In M. Finneran & K. Freebody (Eds.), *Drama and Social Justice: Theory, Research and Practice in International Contexts* (pp. 155-167). New York: Routledge.

Cahill, H., & Beadle, S. (2013). *Safe and Strong: Supporting schools in Papua, Indonesia in their efforts to reduce violence*. Melbourne: Youth Research Centre, the University of Melbourne.

Cahill, H., Beadle, S., Davis, M., & Farrelly, A. (2016). *Connect with Respect: preventing gender-based violence in schools*. France: UNESCO and UN Women.

Cahill, H., Coffey, J., Lester, L., Midford, R., Ramsden, R., & Venning, L. (2013). Influences on teachers' use of participatory learning strategies within health education classes. *Health Education Journal*, 73(6), 702-713.

Cahill, H., Coffey, J., Wyn, J., & Beadle, S. (2015). The challenge of addressing continuity in gendered patterns in Asia and the Pacific. *Youth of Applied Youth Studies*, 1(1), 42-57.

Cahill, H., Meakin, C., Smih, K., Beadle, S., Farrelly, A., Higham, L., & Crofts, J. (2016). Resilience, Rights and Respectful Relationships. Melbourne: State of Victoria, Department of Education and Training.

Cahill, H., Walter-Cruickshank, E., Smith, C., Romei, K., Farrelly, A., Gowing, A., & Smith, K. (2017). *Building Resilience: A literature review to inform school approaches to advancing Social and Emotional Learning, and Respectful Relationships.* Melbourne, Youth Research Centre, the University of Melbourne.

CASEL. (2013). *What Is Social and Emotional Learning?* Retrieved from http://www.casel.org/social- and-emotional-learning/

Castro-Olivo, S., Tran, O., Begum, G., Arellano, E., Garcia, N., & Tung, C. (2013). A Comprehensive Model for Promoting Resiliency and Preventing Violence in Schools. *Contemporary School Psychology*, 17, 23-35.

Centers for Disease Control and Prevention (CDC), & World Health Organization (WHO). (2003a). Global School-Based Student Health Survey: Uganda. Retrieved from: http://www.who.int/chp/gshs/factsheets/en/

Centers for Disease Control and Prevention (CDC), & World Health Organization (WHO). (2003b). Global School-Based Student Health Survey: Zimbabwe (Harare). Retrieved from: http://www.who.int/chp/gshs/factsheets/en/

Centers for Disease Control and Prevention (CDC), & World Health Organization (WHO). (2004). Global School-Based Student Health Survey: Zambia. Retrieved from: http://www.who.int/chp/gshs/factsheets/en/

Centers for Disease Control and Prevention (CDC), & World Health Organization (WHO). (2009). Global School-Based Student Health Survey: Malawi. Retrieved from: http://www.who.int/chp/gshs/factsheets/en/

Centers for Disease Control and Prevention (CDC), & World Health Organization (WHO). (2013a). Global School-Based Student Health Survey: Namibia. Retrieved from: http://www.who.int/chp/gshs/factsheets/en/

Centers for Disease Control and Prevention (CDC), & World Health Organization (WHO). (2013b). Global School-Based Student Health Survey: Swaziland. Retrieved from: http://www.who.int/chp/gshs/factsheets/en/

Centers for Disease Control and Prevention (CDC), & World Health Organization (WHO). (2014). Global School-Based Student Health Survey: Tanzania. Retrieved from: http://www.who.int/chp/gshs/factsheets/en/

Centers for Disease Control and Prevention (CDC), & World Health Organization (WHO). (2015). Global School-Based Student Health Survey: Mozambique. Retrieved from: http://www.who.int/chp/gshs/factsheets/en/

Centre for Disease Control and Prevention (CDC), & World Health Organisation (WHO). (2003). Global School-based Student Health Survey: Kenya. Retrieved from: http://www.who.int/chp/gshs/factsheets/en/

Centre for Justice and Crime Prevention, & Department of Basic Education. (2012). *Positive Discipline and Classroom Management. Pretoria, South Africa*: Centre for Justice and Crime Prevention.

Chiroro, P., Viki, T. G., Frodi, A., Muromo, T., & Tsigah, A. (2006). Nature and prevalence of childhood sexual abuse among high school girls and college students in Zimbabwe. *Journal of Psychology in Africa*, 16(1), 17-26.

Cornelius, T. L., & Resseguie, N. (2007). Primary and Secondary Prevention Programs for Dating Violence: A Review of the Literature. *Aggression and Violent Behavior*, 12(3), 364-375.

Curtis, R., Van Horne, J., Robertson, P., & Karvonen, M. (2010). Outcomes of a school-wide positive behavioural support program. *Professional School Counselling*, 13(3), 159-164.

De La Rue, L., Polanin, J. R., Espelage, D. L., & Pigott, T. D. (2014). *School-based interventions to reduce dating and sexual violence: A systematic review.* Campbell Systematic Reviews.

DeGue, S., Valle, L. A., Holt, M. K., Massetti, G. M., Matjakso, J. L., & Tharp, A. T. (2014). A systematic review of primary prevention strategies for sexual violence perpetration. Aggression and Violent Behavior, 19, 346-362.

Department of Basic Education, UNICEF & Tshwaranang Legal Advocacy Centre and MIET Africa. (2015). *Opening Our Eyes: Addressing Gender-Based Violence in South African Schools - A Manual for Educators.* Pretoria, South Africa: Department of Basic Education.

Division of Violence Prevention, National Centre for Injury Prevention and Control, UNICEF and U.S. Centers for Disease Control and Prevention, & Muhimbili University of Health and Allied Sciences. (2009). *Violence Against Children in Tanzania Findings form a National Survey 2009, Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experienced in Childhood.* Dar es Salaam: UNICEF.

Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology*, 45(3-4), 294-309.

Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: what does the evidence say? *The Lancet*, 385(9977), 1555-1566.

Espelage, D. L., Rose, C. A., & Polanin, J. R. (2015). Social-Emotional Learning Program to Reduce Bullying, Fighting, and Victimization among Middle School Students with Disabilities. *Remedial and Special Education*, 36(5), 299-311.

Flood, M. (2006). Changing men: Best practice in sexual violence education. *Women Against Violence: An Australian Feminist Journal*, (18), 26-36.

Foshee, V., Bauman, K., Ennett, S. T., Linder, F., Benefield, T., & Suchinran, C. (2004). Assessing the long-term effects of the Safe Dates programand a booster in preventing and reducing adolescent dating violence victimisation and perpetration. *American Journal of Public Health*, 94(4), 619-624.

Fry, D. (2016). *Understanding Determinates of Violence in Childhood: A Secondary analysis of the National Baseline Survey of the Life Experiences of Adolescents in Zimbabwe VACS*. (Vol. 3). Mbabane: The Swaziland Deputy Prime Ministers Office, The University of Edinburgh, UNICEF Swaziland.

Frydenberg, E. (2010). T*hink positively! A course for developing coping skills in adolescents*. London: Continuum International Publishing Group.

Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T., & Lang, J. (2013). *Why do some men use violence against women and how can we prevent it?* Quantitative Findings from the United Nations Multi-country Study on Men and Violence in Asia and the Pacific. Bangkok: UNDP, UNFPA, UN Women and UNV.

Gershoff, E. T. (2002). Corporal punishment by parents and associated child behaviors and experiences: a meta-analytic and theoretical review. *Psychological Bulletin*, 128(4), 539.

Gibbs, A., Crone, E. T., Willan, S., & Mannell, J. (2012). The inclusion of women, girls and gender equality in National Strategic Plans for HIV and AIDS in southern and eastern Africa. *Global Public Health*, 7(10), 1120-1144.

Gleeson, C., Kearney, S., Leung, L., & Brislane, J. (2015). *Respectful relationships education in schools: Evidence paper.* Melbourne, Victoria: Our Watch.

Haberland, N. (2015). The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health*, 41(1), 31-53.

Herbert, P. C., & Lohrmann, D. K. (2011). It's All in the Delivery! An Analysis of Instructional Strategies From Effective Health Education Curricula. *Journal of School Health*, 81(5), 258- 264.

Holfve-Sabel, M. (2014). Learning, interaction and relationships as components of student well- being: differences between classes from student and teacher perspective. *Social Indicators Research*, 119(3), 1535-1555.

Hromek, R., & Roffey, S. (2009). Promoting Social and Emotional Learning With Games: "It's Fun and We Learn Things". *Simulation & Gaming*, 40(5), 626-644.

James, S., Reddy, P., Ruiter, R., McCauley, A., & Van Den Borne, B. (2006). The Impact of an HIV and Life Skills Program on Secondary School Students in Kwazulu-Natal, South Africa. *AIDS Education and Prevention*, 18(4), 281-294.

Kearney, S., Leung, L., Joyce, A., Ollis, D., & Green, C. (2016). Applying systems theory to the evaluation of a whole school approach to violence prevention. *Health Promotion Journal of Australia*, 27(3), 230-235.

Kirby, D., Laris, B. A., & Rolleri, L. (2007). Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World. *Journal of Adolescent Health*, 40(3), 206- 217.

Leach, F. (2006). Researching gender violence in schools: Methodological and ethical considerations. *World Development*, 20(5), 527-540.

Luiselli, J., Putnam, R., Handler, M., & Feinberg, A. (2005). Whole-school positive behaviour support: effects on student discipline problems and academic performance. *Educational Psychology*, 25 (2-3), 183-198.

Maphosa, C., & Shumba, A. (2010). Educators' disciplinary capabilities after the banning of corporal punishment in South African schools. *South African Journal of Education*, 30(3), 387-399.

Ministry of Gender, Labour and Social Development (2015). *Violence against Children in Uganda: Findings from a National Survey, 2015*. Kampala, Uganda: UNICEF.

Ministry of Gender, Children, Disability and Social Welfare of the Republic of Malawi, UNICEF, The Centre for Social Research at the University of Malawi, & The Centers for Disease Control and Prevention. (2013). *Violence against Children and Young Women in Malawi: Findings from a National Survey*. Lilongwe, Malawi.

Ministry of Health (2017). Violence Against Children and Youth: findings from National Survey, 2015-16. Kigali, Rwanda.

Ministry of Local Government and Rural Development, Statistics Botswana, UNICEF and United States Centers for Disease Control and Prevention (2019). Report on Violence Against Children Survey (VACS)/ National Survey on Life Experiences and Risk of HIV Infection Among 13-24 Year Old Males and Females in Botswana, Botswana: Ministry of Local Government and Rural Development

Ministry of Youth, Sport and Child Development, Ministry of Community Development and Social Services, University of Zambia, UNICEF, Save the Children International, United States Centers for Disease Control and Prevention (2018). *Violence against Children in Zambia: Findings from a national survey, 2014*. Lusaka, Zambia, Ministry of Youth, Sport and Child Development.

Moma, A. K. (2015). Informing school-led intervention and prevention of sexual violence against girls at school: Voices from the school playground. Agenda, 29(3), 42-52.

Msibi, T. (2012). 'I'm used to it now': experiences of homophobia among queer youth in South African township schools. *Gender and Education*, 24(5), 515-533.

Mugabe, M., Maposa, A., & Campus, M. (2013). Methods of curbing learner misconduct in Zimbabwean secondary schools. *International Journal on New Trends in Education and their Implications*, 4(4), 111-122.

Muhanguzi, F. K. (2011). Gender and sexual vulnerability of young women in Africa: experiences of young girls in secondary schools in Uganda. *Culture, Health & Sexuality*, 13(06), 713-725.

Naker, D., & Sekitoleko, D. (2009). Good schools Toolkit. Kampala, Uganda: Raising Voices.

Natvig, G. K., Albrektsen, G., & Qvarnstrom, U. (2003). Methods of Teaching and Class Participation in Relation to Perceived Social Support and Stress: Modifiable Factors for Improving Health and Wellbeing among Students. *Educational Psychology: An International Journal of Experimental Educational Psychology*, 23(3), 261-274.

Newman, R. S. (2000). Social influences on the development of children's adaptive help seeking: The role of parents, teachers, and peers. *Developmental Review*, 20(3), 350-404.

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.

Ollis, D. (2011). A 'Respectful Relationships' approach: Could it be the answer to gender-based violence? Paper presented at the White Ribbon Everyday Conference, Brisbane, QLD.

Organisation for Economic Co-operation and Development (OECD). (2015). Skills for Social Progress: The Power of Social and Emotional Skills. In OECD Skills Studies. Retrieved from http://www.oecd.org/edu/skills-for-social-progress-9789264226159-en.htm

Organisation, W. H. (2002). T*he World Report on Violence and Health* (E. Krug, J. Mercy, L. Dahlberg, & A. Zwi Eds.). Geneva: World Health Organisation.

Payton, J. W., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2008). *The positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews.* Chicago: Collaborative for Academic, Social, and Emotional Learning.

Porter, G., Hampshire, K., Abane, A., Munthali, A., Robson, E., Mashiri, M., & Dube, S. (2012). Ghild Porterage and Africa's Transport Gap: Evidence from Ghana, Malawi and South Africa. *World Development*, 40(10), 2136-2154.

Promundo, Instituto Papai, Salud y Genero, & ECOS. (2002). Program H: Working with Young Men Series. Rio de Janeiro, Brazil and Washington DC, USA: Promundo.

Promundo, Instituto Papai, Salud y Genero, & ECOS. (2006). Program M: Working with Young Women: Empowerment, Rights and Health. Rio de Janeiro, Brazil and Washington DC, USA: Promundo.

Research Triangle Institute. (2016). Literature Review on School-Related Gender-Based Violence: How it is Defined and Studied. Washington, DC: U.S. Agency for International Development.

Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J., & Udry, R. (1997). Protecting adolescents from harm: findings from the National Longitudinal Study on Adolescent Health. *Jama*, 278(10), 823-832.

Reyes, J. A., Elias, M. J., Parker, S. J., & Rosenblatt, J. L. (2013). *Promoting Educational Equity in Disadvantaged Youth: The Role of Resilience and Social-Emotional Learning.* Boston, MA: Springer

Rogers, B. (2000). *Behaviour management: A whole-school approach*. London: Sage.

Rogers, B. (2011). *Classroom behaviour: a practical guide to effective teaching, behaviour management and colleague support*. London: Sage.

Roorda, D., Koomen, H., Spilt, J., & Oort, F. (2011). The Influence of Affective Teacher-Student Relationships on Students' School Engagement and Achievement: A Meta-Analytic Approach. *Review of Educational Research*, 81(4), 493-529.

SAfAIDS, & Sonke Gender Justice. (2016). *Youth Changing the River's Flow: A Facilitator's Guide*. Zimbabwe: SAfAIDS and Sonke Gender Justice.

Safe Schools Program. (2009). Doorways Training Manual Washington DC: United States Agency for International Development Office of Women in Development.

Shannon, K., Leiter, K., Phaladze, N., Hlanze, Z., Tsai, A. C., Heisler, M., Weiser, S. D. (2012). Gender inequity norms are associated with increased male-perpetrated rape and sexual risks for HIV infection in Botswana and Swaziland. *PloS one*, 7(1), 1-8.

Sibanda, L., & Mpofu, M. (2017). Positive Discipline Practices in Schools: A Case of Mzilikazi District Secondary Schools in Zimbabwe. *Journal of Educational and Social Research*, 7(3), 117-125.

Smith, E., Ward, T., Dixon, J., Mitchell, A., & Hillier, L. (2014). From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia Retrieved from: http://safeschoolscoalitionvictoria.org.au/wp-content/uploads/2014/09/From- Blues-to-Rainbows-Report-2014.pdf

Sugai, G., & Horner, R. (2006). A Promising Approach for Expanding and Sustaining School-Wide Positive Behavior Support. *School Psychology Review*, 35(2), 245-259.

UNAIDS. (2017). Reaching Out to Men and Boys: *Addressing a blind spot in response to HIV*. Geneva, Switzerland: UNAIDS

UNICEF Swaziland & the Centers for Disease Control and Prevention. (2007). *A National Study on Violence Against Children and Young Women in Swaziland*: UNICEF Swaziland, the Centers for Disease Control and Prevention.

UNESCO. (2009). *International Technical Guidance on Sexuality Education. Volume 1: An evidence- informed approach for schools, teachers and health educators*. Paris, France: UNESCO.

UNESCO. (2017). 'Let's decide how to measure school violence.' Global Education Monitoring Report. Paris, France: UNESCO.

UNESCO. (2018). Regional Study on Gender, Diversity and Violence in Schools in Southern Africa: Botswana, Lesotho, Namibia, South Africa and Swaziland. UNESCO.

UNESCO, & International Institute for Capacity Building in Africa. (2017). Teacher Support and Motivation Framework for Africa: Emerging Patterns Addis Ababa, Ethiopia: UNESCO and IICBA, Retrieved from http://unesdoc.unesco.org/images/0025/002599/259935e.pdf

UNESCO, & UN Women. (2016). *Global Guidance on Addressing School-related Gender-based Violence*. Paris, France: UNESCO Publishing.

UNESCO, & United Nations Girls' Education Initiative. (2015). School-related gender-based violence is preventing the achievement of quality education for all: Education for All Global Monitoring Report. New York City: UNESCO Publishing.

UNICEF. (2008). *The Situation for Children in Swaziland*. Retrieved from https://www.unicef.org/swaziland/children.html

UNICEF. (2016a). *Harnessing the Power of Data for Girls: Taking stock and looking ahead to 2030*. New York: UNICEF, Data and Analytics Section, Division of Data, Research and Policy.

UNICEF. (2016b). *The State of the World's Children: A Fair Chance for Every Child*. New York: UNICEF, Division of Communication.

United Nations. (2015a). 'Sustainable Development Goals,' Sustainable Development Knowledge Platform. Retrieved from https://sustainabledevelopment.un.org/

United Nations. (2015b). *Transforming Our World: The 2030 Agenda for Sustainable Development*, Retrieved from https://sustainabledevelopment.un.org/post2015/transformingourworld

United Nations. (2016). U*nited Nation Secretary-General's Study: World Report on Violence Against Children*. Geneva, Switzerland: United Nations

United Nations, (2006). *World Report on Violence Against Children' Secretary-General's Study on Violence Against Children*. Geneva, Switzerland: United Nations.

UNICEF Kenya Country Office, Division of Violence Prevention, National Centre for Injury Prevention and Control, US Centers for Disease Control and Prevention, & Kenya National Bureau of Statistics. (2012). *Violence against Children in Kenya: Findings from a 2010 National Survey. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood*. Nairobi, Kenya: UNICEF Kenya Country Office.

van Uden, J. M., Ritzen, H., & Pieters, J. M. (2014). Engaging students: The role of teacher beliefs and interpersonal teacher behavior in fostering student engagement in vocational education. *Teaching and Teacher Education*, 37, 21-32.

Whitaker, D., Morrison, S., Lindquist, C., Hawkins, S., O'Neil, J., Nesius, A., & Reese, L. R. (2006). A critical review of interventions for the primary prevention of perpetration of partner violence. *Aggression and Violent Behavior*, 11, 151-166.

Whitaker, D. J., Morrison, S., Lindquist, C., Hawkins, S. R., O'Neil, J. A., Nesius, A. M., & Reese, L. R. (2006). A critical review of interventions for the primary prevention of perpetration of partner violence. *Aggression and Violent Behavior*, 11(2), 151-166.

World Health Orginisation. (2016). Violence Against Women: Intimate partner and sexual violence against women. Fact Sheet. Retrieved from http://www.who.int/mediacentre/factsheet/fs239/en/

Zimbabwe National Statistics Agency, UNICEF, & Collaborating Centre for Operational Research and Evaluation. (2013). National Baseline Survey on Life Experiences of Adolescents, 2011. Harare: ZIMSTAT.

Zins, J., Bloodworth, M., Weissberg, R., & Walberg, H. (2007). The Scientific Base Linking Social and Emotional Learning to School Success. *Journal of Educational & Psychological Consultation*, 17(2/3), 191-210.

Zins, J., & Elias, M. J. (2006). Social and emotional learning. In G. Bear & K. Minke (Eds.), *Children's needs III: development, prevention, and intervention* (pp. 1-13). Washington DC: National Association of School Psychologists.

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