EXECUTIVE SUMMARY

POWER TO DECIDE

Accelerating adolescent girls’ sexual and reproductive health and rights
INTRODUCTION

Every day, adolescent girls make decisions about their lives and futures, which are shaped by a wide range of complex and interlinked factors. These factors impact where they go, who they talk to, and what goals they set for themselves to whether they have sex, when, and with whom. The realities and aspirations of too many girls and young people of all genders are shaped by economic and climate insecurity, conflict, social inequalities and the risk and threat of violence. Access to good information and services, freedom to move within their community, supportive friends and family, and policy and social environments that support gender and social equality are all vital to creating a world where not only girls, but all people, are able to exercise their agency to shape healthy, happy, and fulfilling futures for themselves.

Even if excellent, quality youth-friendly services are available, there are often obstacles preventing girls from accessing them, even when aware of their rights. It is important to empower girls individually, but to bring about transformative change, it is critical to change the systems and structures that surround every aspect of their lives. Governments, donors and partners therefore need to focus more on systems and structures, as well as on rights and empowerment.

“Girls are limited in the way they make their decisions; many things are limiting girls’ expectations for their lives in their communities. Our parents and the community need to trust us and believe we are strong and we can do things for ourselves.”
Adolescent girl, aged 10-19 years, Kwekwe, Zimbabwe

“Empowering ourselves economically can also be one of the greatest ways to achieve control of our own decisions! We are sometimes forced to give up on various decisions about our lives, like when we have sex and if we have children, because we are looking for money from boys and men to solve our problems.”
Adolescent girl aged 15-19, Mulanje, Malawi
Complications during pregnancy and childbirth remain the leading cause of death of 15-19-year-old girls globally and each year:

- **20 MILLION**
  adolescent girls have an unmet need for modern contraception

- **ROUGHLY HALF**
  of the 9.5 million pregnancies among 15-19 year olds are unintended

- **3.9 MILLION**
  adolescent girls have unsafe abortions

- **340,000**
  adolescent girls and young women are newly infected with HIV

Over the past decade, sustainable development efforts have increasingly focused on gender inequality. Progress has been made in many areas: girls are more likely to enjoy an education and have more freedom to choose if, when and whom to marry. Huge steps have been made to ensure good quality health services that are accessible and available to all. While the world is dealing with the COVID-19 pandemic, the recognition and urgency for resilient health systems has never been stronger.

Ensuring girls and young women have access to comprehensive sexual and reproductive health services and are able to claim their rights is a fundamental part of achieving both gender equality and good health.

“The most important reforms are those that promote gender equality and give women and girls greater control over their bodies and lives. Giving women the ability to make informed choices about their fertility is a key step for their own health and empowerment, but it’s also a vital step towards fairer communities and societies.”

Dr Tedros Adhanom Ghebreyesus, WHO Director General and Dr Natalia Kanem, Executive Director of UNFPA, May 2018

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1 Defining sexual and reproductive health and rights for all, Ghebreyesus and Kanem, The Lancet, May 2018
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30901-2/fulltext#articleInformation
However, progress remains too slow and too many, especially adolescent girls, are being left behind. Organisational and government efforts remain insufficiently coordinated to address the full spectrum of adolescent girls’ needs worldwide, or to create lasting change. And the impacts of Covid-19 have exacerbated many of the challenges faced by girls and young women, decreasing their access to essential services, removing the protective environment of school, and increasing the risks they face due to increased poverty and violence against women and girls.

ACCELERATING PROGRESS

In the past decade there has been a welcome increase in interventions based on empowering girls to fully equip them to make decisions about their SRHR. There have also been effective policies and practice that improve youth-friendly and widely-available SRH service provision for adolescents.

However, while girls’ empowerment and increased service provision are valuable and necessary elements of change, in practice these measures have often not translated into girls having power and choice over their own bodies. In order for girls to access health systems for their own SRHR goals, there is an urgent need to understand and counteract the patriarchal power structures that regulate girls’ mobility, educational and economic opportunities, sexual expression, and the use of violence and stigma to maintain systems of gender inequality. A huge chasm often exists between an adolescent girl who knows her rights, youth-friendly health services being available, and her being able to access these services. Even when such services are available, often girls cannot access them because there is no enabling environment in place.

To address this problem and enable girls to exercise agency, three factors are needed:

- A girl needs to be empowered to know her rights and confident about making her own decisions; she also needs to have clear information about SRH and know where and how to access services.

- Good quality youth-friendly services need to be widely available and easily accessible in terms of location, cost, opening times, etc.

“While statistics indicate that women and girls are at lower risk from the Covid-19 virus itself, they are suffering because of the redirection of health funding and services. It is simply counter-productive, for example, to deprioritize maternal and reproductive health services. Maternal mortality fell by nearly 40 per cent between 2000 and 2017; we cannot backtrack now, but there are signs that rates are rising again due to the pandemic, particularly in countries in crisis. Governments have a responsibility to make sure women and girls can access these services, even during a crisis.”

António Guterres, UN Secretary General, August 2020

Secretary General’s speech at Town Hall with Young Women from Civil Society Organisations, 31 August 2020
• A supportive enabling environment needs to be in place for a girl to be able to access services in practice.

These factors are inter-related and need to be concurrent rather than sequential. While all three of these elements are essential, recommendations in this report focus on the third, but with the understanding that the other two need to be in place too.

The report aims to build collective understanding of the changes needed in systems and structures – the supportive enabling environment - to ensure that policy and practice can bridge this gap between empowerment and effective service provision. This is essential to bring about the transformation needed to achieve the Sustainable Development Goals (SDGs) and make the Beijing and ICPD agendas a reality. To explore how this can happen, this report asks:

• **How can we develop our understanding?**

  – What influences an adolescent girl’s ability to exercise her rights – what factors lead up to and are required for the defining moment at which she decides to seek out services, stand up for herself or express herself to those around her?

  – In particular, what is the influence and impact of social and gender norms on restricting girls’ ability to exercise their rights and to access SRH services?

  – How do the power structures operate that regulate girls’ mobility, sexuality, educational and economic opportunities, and the use of violence and stigma to maintain systems of gender inequality?

• **What changes are needed?**

  – What are the changes needed in the structures and systems within girls’ lives – in their families and communities, and the wider social context – what needs to be reformed to support adolescent girls to claim their rights?

  – What are the enabling factors that are necessary, outside the health clinic, to empower girls and enable their access to sexual and reproductive health systems?

• **What should policy makers and practitioners do?**

Based on our findings regarding these questions, we propose recommended actions for policy makers and practitioners. These are based on our findings about what works, in practice and beyond the clinic itself, to support girls’ agency and decision making in regard to their ability to access essential sexual and reproductive health services.
THE REPORT’S APPROACH & HOW THE RESEARCH WAS DONE

We examine the questions above taking a new, feminist approach in which girls’ agency and decision making is at the centre of our analysis. The report conducts analyses of best practice and emerging trends that are enabling girls to access SRHR through an agency lens via a global literature review that is complemented by two country case studies exploring first-hand experiences of adolescent girls. These case studies were conducted using a youth-led research approach using an adapted participatory ethnographic evaluation and research methodology in peri-urban and rural settings in Zimbabwe, and rural communities impacted by long-term climate insecurity and short-term disaster response in southern Malawi.

DEFINING OUR FEMINIST APPROACH

By centering our analysis in questions of girls’ agency and decision-making, we are defining an explicitly feminist approach to understanding their needs when it comes to SRHR information and services. Drawing on the growing literature about feminist development, funding, and foreign policy, we further define our feminist approach to girls’ empowerment as one that:

• **Tackles discrimination and inequality at the root level**, including through naming and analysing the power structures and imbalances that shape girls’ experiences, and addressing and transforming the economic, legal, and social systems that underpin and prop up patriarchal institutions and power structures.

• **Takes an intersectional view** of how gender influences individuals’ experiences and access to power and opportunities alongside identities such as age, race, class, ethnicity, migration status, marital status, sexual orientation, dis(ability), and others.

• **Centres agency and human rights**, including valuing girls’ expressions of their individual agency and rights, and recognises the diversity of identities and choices available to women and girls.

• **Prioritises meaningful collaboration and participation** with girls, women, and marginalised groups through thoughtful and supported inclusion in all aspects of programme design and delivery, policy decision-making, and research.
FINDINGS

Our research found that it is not enough to provide services and assume that informed, empowered girls will be able to access them. In fact, even where SRH services are available, too many girls still do not have the opportunity to exercise agency in their decisions about their own lives, their bodies, and their SRHR.

In Zimbabwe, we found that programmatic and policy investments in girls’ education are beginning to show changes in how girls understand their SRHR. However, the lack of a supportive environment means that many continue to struggle to translate that knowledge into action. The ever-present threat of violence and the social consequences of experiencing violence, in particular sexual violence, constrains girls’ sense of agency and makes independent decision-making high risk.

One of the key barriers is the risk, and the perceived risk, of sexual, physical, emotional, and economic violence. This is particularly the case for LGBTQI adolescents, displaced adolescents, and adolescents living with disability. Other significant barriers are fear of and a desire to control girls’ sexuality; backlash and peer pressure; poverty; lack of opportunities and low aspirations; discriminatory social norms, systems and attitudes; lack of communication between parents and girls; decision-making power being held by a girl’s family with girls being excluded from decisions about their own future; and mobility restrictions placed upon girls.

The report also considers the supportive enabling environment that means a girl is more likely to be able to access services. These include engaged and supportive parents; open discussions about SRHR, education and marriage; positive role models and mentors; financial security; education that challenges discriminatory social norms and promotes gender equality; and targeted communications and awareness-raising activities in communities to change discriminatory attitudes.

We identified recent literature on girls’ empowerment, adolescent sexual and reproductive health and rights, and social and gender norms focused on low and middle-income countries from all global regions. Findings from this review were mapped according to different identities held by adolescent girls and analysed for their potential for impact on gender and social norm change; adolescent girls’ agency (measured by changes in confidence, decision-making, and self-efficacy); and gate-keeping and discriminatory behaviours among parents and other key stakeholders influencing adolescent girls.

From the literature review, it is clear that there is a strong body of evidence about what programmatic approaches work or show promise towards improving girls’ and young people’s SRHR outcomes. However, the literature review also highlighted the paucity of evidence and research available on marginalised and diverse cohorts of adolescent girls.
MALAWI

In Malawi, girls told us they did not feel like they had opportunities to exercise agency in decisions about their sexual and reproductive health. They referred to the lack of access to contraception, social taboos against accessing services, and parental and spousal disapproval of the use of contraception. Economic insecurity, related to both the ongoing climate crisis and its effects on gender norms, was also a key concern for girls in their SRH decision-making. In particular, the Malawi case study looked at the intersections of marriage, child-bearing, and education among girls in climate-affected communities, and found that for many girls, information campaigns and government policies contributed to the creation of a perceived conflict between sexuality and education. Girls see themselves as having to choose between education and sex.

“For security purposes we are restricted from moving during evening hours because girls are weak compared to boys and they can easily be raped by men. Cases of rape have been so common in our area that parents make these restrictions for us.”
Adolescent girl aged 10-14, Machinga, Malawi

ZIMBABWE

Our research in Zimbabwe explored the intersection between economic insecurity and girls’ agency in determining their SRHR and marital aspirations. Poverty and the risk of violence, in particular, pose the strongest combined threats to girls’ ability to exercise agency, as it relates to their sexual and reproductive health. Girls all too frequently struggle to access education and information when it comes to their rights. The threat of violence shapes both girls’ sense of agency and the risk of making independent decisions. Girls’ movements, social lives, and even how they dress are heavily shaped by the need to ‘protect’ them from the risk of harassment, violence, and sexualisation, which is inextricably linked with the economic value connected to their reputations. This intertwining of girls’ value with their sexuality constrains them, as they weigh up the risks of contravening social and gender norms in search of improved individual opportunity.

“Parents are afraid to be called failures by the community, they are afraid to be shamed and don’t care about their kids but only their honour. We need parents to stand up to other parents in the community, defend their children.”
Co-researcher aged 20-24 years, Bulawayo, Zimbabwe
CONCLUSIONS

Respecting adolescent girls’ sexual and reproductive rights and their decisions about their bodies and their lives, is still often seen as controversial or too difficult to tackle.

Based on our findings we call for urgent and focused attention on addressing the layers of social and gender norms that still surround adolescent girls’ sexual and reproductive rights in each country and community, preventing them from putting their knowledge of these rights into practice.

A one-size-fits-all approach cannot achieve lasting change for girls and young women, and within every group there are diversities that need to be celebrated, understood and embraced. An intersectional, feminist approach is needed which transforms the systems and power structures that shape girls’ lives outside of health services. Girl’s empowerment must be transformed into power – the power of inclusion in all aspects of society, to have complete control over one’s own sexuality, to access equitable and safe systems of education, health and justice, to have a voice and be listened to, and contribute to global policies and decisions. It is essential that an enabling environment is created which will bridge the existing gap between girls’ empowerment and understanding of their SRH rights, and their ability to access this in practice.

NOW MORE THAN EVER

The Covid-19 pandemic has impacted nearly every community in the world and while disasters affect everyone, inequality is exacerbated during a crisis. Girls are exposed to specific risks due to their age and gender – their voices often the least heard and their rights and needs left unmet. The additional impact of Covid-19 on their already difficult lives has the potential to be devastating and reverse fragile progress in advancing girls’ rights.

As governments and donors look to the future and recover from the Covid-19 pandemic, we must take the opportunity to build back better and create more inclusive, sustainable and equal societies for all, including adolescent girls.
**HEADLINE RECOMMENDATIONS**

We outline a set of core principles which underpin recommendations on systems and structures; SRHR and bodily autonomy; education; meaningful participation and leadership. Detailed recommendations are available in the full report.

The recommendations’ intended audience is national governments, those working with national governments to develop and implement policies, donors and civil society. These actors increasingly need to look towards gender-transformative changes in the systems and power structures that shape girls’ lives, made possible by/supported by an effective enabling environment.

**CORE PRINCIPLES**

- Promote the **meaningful participation** of adolescent girls in all aspects of decision-making in their lives through the establishment of strong standards for their engagement and the elimination of age-based discrimination and hierarchies.

- Ensure that programmes, policy, and outreach include clear **analysis of the diversity** of adolescent girls and the vulnerabilities they face and are designed to respond to the intersectional needs of individual girls.

- Invest in programmes that centre **adolescent sexuality, agency, and bodily autonomy**.

- Mainstream **gender and intersectional feminist principles within organisational systems and structures and challenge existing assumptions**, including culture, values, and policies, to ensure gender equality is at the core of all sectors within development work.

- **Mitigate backlash** by supporting girls’ and marginalised groups to take on leadership roles within community structures to change social norms and create new social norms based on existing community values on gender, equity, fairness and non-discrimination.

- Ensure that adolescent girls **can live free from violence** by prioritising services which work towards preventing, mitigating and responding to all forms of violence. These services should be responsive to the needs of girls in all their diversity through specific and targeted services and be prioritised during fragile and conflict settings.
We highlight key areas, covered in the full recommendations, which should be addressed to make urgent progress on adolescent girls’ power to decide and have full access to their sexual and reproductive health and rights.

SYSTEMS AND STRUCTURES

Donor governments and international partners should continue to fund programmes that have gender equality as a principle objective, including programmes which work on violence against women and girls, education, economic empowerment, SRHR and political empowerment. These should have an increased focus on approaches based on personal autonomy in decision-making, informed consent, respect of privacy and confidentiality, freedom from violence, abuse, and coercive practices, and meaningful engagement with women and girls.

Priority should be given to programmes that focus on:

- **Social norms**: work across sectors to collectively address key structural causes of systemic power and gender imbalances, including committing to increasing long-term investments recognising that this work takes time.

- **Leave no one behind**: ensuring that vulnerable and marginalised girls are included and that the diversity of adolescents’ identities recognised and celebrated.

- Provide flexible, **participatory and responsive funding** that extends beyond the power hierarchy, prioritising girl and women led organisations.

MEANINGFUL PARTICIPATION AND LEADERSHIP

Girls are the experts and thought leaders of their own problems and have creative, intelligent solutions – their voices must be at the front and centre of policy and programming decisions, goals and actions.

The goals and aspirations of girls are shaped and positively impacted by the female role models in their lives – it is important that girls see opportunities beyond motherhood.

“By working together, we can unlock the power of girls and we will not stop until all girls are seen, listened to and valued.”

SABINA, 19, NEPAL
BODILY AUTONOMY AND SRHR

Urgent and focused attention must be given to addressing the layers of social and gender norms that still surround adolescent girls’ sexual and reproductive rights in each country and community, preventing them from putting their knowledge of these rights into practice.

Adolescent SRHR services need to be an integral part of universal health coverage (UHC) core packages and a comprehensive national health system, included in all relevant health policies, strategies and programmes. Such services need to be responsive to the needs of all adolescents, in particular the needs of younger adolescent girls, who are often overlooked.

Humanitarian contexts exacerbate existing inequalities and often multiply the risks that adolescent girls face such as an increase in gender-based violence and child, early and forced marriage. In parallel, they experience decreased access to essential services and disruption of normal support structures. SRHR needs of adolescents and young people must be prioritised as a critical and life-saving intervention.

EDUCATION

Access to good quality education for girls, in a safe school environment, which challenges discriminatory social norms and promotes gender equality is fundamental to supporting progress for girls. Inclusion of rights-based and gender-transformative comprehensive sexuality education for all children and young people both within school and in out-of-school settings is key to increasing girls’ agency and decision-making power.

“In our schools we’re not taught about safe sex. There’s a lot of pressure from other girls to have sex but all the teachers say is that sex is bad. It would make such a big difference if our curriculum taught young people about sex. Contraception is good – I’d have been pregnant for a third time by now without it.”

EVEYLN, 22, KENYA
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