



# POWER TO DECIDE

Accelerating adolescent girls' sexual and reproductive health and rights

## ACKNOWLEDGEMENTS

This report was authored by Chelsea L. Ricker, Kate Matheson and Bekky Ashmore.

We would like to thank all of the girls and young women who generously participated in this research.

The authors want to thank the country research teams for their hard work and invaluable contributions to this analysis:

Malawi: Thoko Lusinje, Hilda Chizule, and Ellena Kambuyake

Zimbabwe: Rachael T. Goba, Privilege Chapwanya, Ruvimbo Manuhwa, Cynthia Matsveru, Beauty Moto, and Elizabeth Ndlovu

A special thanks to Plan International UK colleagues Aoife NicCharthaigh, Kathleen Spencer Chapman, Gabriella Pinto, Laura Adams, Rebecca Weir, Jen Williams and Anna Darling for their expert insights and feedback.

In addition, the authors want to acknowledge and thank the external reviewers for their feedback and guidance on early drafts of this report:

Dr. Elsie Akwara, World Health Organization  
Sarah Green, American Jewish World Service  
Dr. Margaret E. Greene, GreeneWorks LLC  
Ankit Gupta, Independent Consultant  
Stephanie Kimou, PopWorks Africa  
Marisa Viana, RESURJ

This research was supported by funding from the Countdown 2030 Europe Consortium, a consortium of 15 leading SRHR and FP organisations in Europe [www.countdown2030europe.org](http://www.countdown2030europe.org)

**Cover photo:** Plan International: Loveness, 18 and Sharika, 17 in Machinga district, Malawi

**Plan international UK, November 2020**

# CONTENTS

List of acronyms.....	5	<b>Section 3: Discussion</b> .....	<b>41</b>
<b>Section 1: Context and Methods</b> .....	<b>6</b>	Framing a feminist approach to girls’ SRHR.....	43
Introduction and background.....	6	Tackling discrimination and inequality at the roots.....	43
Methodology.....	9	Using an intersectional lens.....	45
Defining agency and empowerment.....	13	Centring agency and human rights.....	47
Defining our feminist approach.....	15	Meaningful partnership and collaboration.....	50
<b>Section 2: Findings</b> .....	<b>16</b>	<b>Section 4: Conclusion and recommendations</b> .....	<b>52</b>
Overview of findings.....	16	Intersectional, feminist girls empowerment: A way forward.....	52
Country case studies.....	19	Recommendations.....	53
Malawi.....	19	Core principles.....	53
Zimbabwe.....	20	<b>Systems and structures</b> .....	<b>54</b>
Key findings: overarching themes.....	23	Social norms.....	54
<b>Fear of and control over girls’ sexuality</b> .....	<b>23</b>	Leaving no one behind.....	54
Mobility.....	23	Funding beyond the power hierarchy ....	54
Violence and risk of violence.....	25	<b>SRHR and Bodily Autonomy</b> .....	<b>55</b>
Backlash and peer pressure.....	27	SRHR integration into universal health care.....	55
<b>Poverty, opportunities and aspirational     decision-making</b> .....	<b>28</b>	Humanitarian Settings.....	56
Child, early, and forced marriage and self-value.....	28	<b>Education</b> .....	<b>57</b>
Role models and mentors.....	29	<b>Meaningful participation and     leadership</b> .....	<b>59</b>
The role of parents, families and guardians.....	31	Listen to and involve adolescent girls.....	59
Gatekeeping and discriminatory behaviours.....	33	Role models.....	59
Educational opportunities.....	34	Endnotes.....	61
Active citizenship and collective action.....	35	Annexes.....	66
Gender-transformative programmes.....	37		

“I’ve seen many young girls, some as young as 13 and 14, become pregnant, and as soon as they were pregnant they had to stop going to school, either because they were denied further access or they were simply bullied until they left. Even at the tender age of 10, I knew that this couldn’t be right. It had to stop!”

**ABEIGEL, 18, YOUTH  
CAMPAIGNER, SIERRA  
LEONE**

GIRLS ADVOCACY ALLIANCE



## LIST OF ACRONYMS

---

<b>CEFM</b>	Child, early, and forced marriage
<b>GAGE</b>	Gender and Adolescence: Global Evidence Study
<b>GEAS</b>	Global Early Adolescence Study
<b>HIV</b>	Human immunodeficiency virus
<b>LGBTQI</b>	Lesbian, gay, bisexual, transgender, queer, and intersex
<b>SDGs</b>	Sustainable Development Goals
<b>SGBV</b>	Sexual and gender-based violence
<b>SRH</b>	Sexual and reproductive health
<b>SRHR</b>	Sexual and reproductive health and rights
<b>STI</b>	Sexually transmitted infection
<b>WHO</b>	World Health Organization

---

# SECTION 1:

# CONTEXT AND METHODS

## INTRODUCTION AND BACKGROUND

Every day, adolescent girls are making decisions about their lives and futures. These decisions are shaped by a wide range of complex and interlinked factors, and impact everything from where they go, who they talk to, and what goals they set for themselves to whether they have sex, when, and with whom. For far too many girls and young people of all genders, social inequalities, the constant stresses of economic and climate insecurity, conflict, and the risk and threat of violence shape their realities and their aspirations. 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.

The importance of the sexual and reproductive health and rights (SRHR) of adolescents and young people has slowly received increased recognition since the landmark International Conference on Population and Development in 1994. While aspects of adolescent health were included in the Millennium Development Goals, it was not until the Sustainable Development Goals (SDGs) in 2015 that the focus grew, most notably through Goal 3 (health), Goal 4 (education) and Goal 5 (gender equality).



PLAN INTERNATIONAL

Doreen, 18 and her young son, Kenya

## EACH YEAR:

Roughly  
**HALF**

of the 9.5 million pregnancies among  
15-19 year olds are unintended<sup>2</sup>

**340,000**

adolescent girls and young women  
are newly infected with HIV<sup>3</sup>

**20 MILLION**

adolescent girls have an unmet  
need for modern contraception<sup>4</sup>

**3.9 MILLION**

adolescent girls have unsafe  
abortions<sup>4</sup>

In recent years, we have developed a clear sense of what works to change the gender and social norms that uphold systems of inequality and how to reach adolescents in all their diversity with information, education, and services that relate to their SRHR.<sup>1</sup>

Despite this attention, overall progress remains too slow for too many girls. Organisational and government efforts remain uncoordinated: unable to address the full spectrum of adolescent girls' needs worldwide, or to create lasting change within systems and structures where gender and other inequalities exist.

This report examines the social determinants of adolescent girls' agency in relation to their SRHR, including an analysis of power dynamics, gender equality, intersectionality, and social and gender norms, to better understand the underlying drivers of SRHR inequalities. There is an urgent need to

understand and counteract the patriarchal power structures that regulate girls' mobility, educational and economic opportunities, and sexual expression, and in particular the use of violence and stigma to maintain systems of gender inequality, in order to ensure girls are able to access health systems for their own SRHR goals.

We seek to examine the influences on an adolescent girl's ability to exercise her agency: the defining moment at which she decides to seek out services, stand up for herself, or express herself to those around her, and what enabling factors build her confidence to do so. In looking at girls' sexual and reproductive health and rights access through an agency lens, we must first acknowledge both the myriad contexts and identities that shape their decision-making, and the shifting ways in which adolescent girls navigate their relationships to power in order to define and realise their opportunities and aspirations.<sup>5</sup>



Like all girls in the Machinga district of Malawi, Loveness and Shakira went to an initiation camp. In their community, this is seen as the official rite of passage from being a child to becoming an adult. They had very different experience as these rituals are now changing, thanks in part to Plan International and partners in the Yes I Do Alliance.

“They told us that if we didn’t have sex we would get dry skin and be so ugly that no man would ever want us as a wife.”

**LOVENESS, 18 (LEFT)**

“We heard that you must be respectful of people who are older than you and that until you have passed your exams, school is the most important thing in your life. We also learned that a girl who has a child does not necessarily have to marry. She can go back to school.”

**SHARIKA, 17 (RIGHT)**

## METHODOLOGY

The research is primarily centred within a global literature review, which feeds into an analysis, through an agency lens, of best practices and emerging trends that are enabling adolescent girls' access to SRHR. In addition, researchers conducted two country case studies to explore first-hand different levers of agency for adolescent girls and young women in two contexts: peri-urban and rural settings in Zimbabwe (Bulawayo and Kwekwe) and rural communities impacted by both long-term climate insecurity and short-term disaster response in southern Malawi (Mulanje and Machinga). The objectives of this work are to:

- 1 Identify factors that enable adolescent girls in diverse settings and of diverse identities to take charge of and control their SRHR outside of the clinic setting.
- 2 Use these factors to identify rights-based, girl-centred programme and policy initiatives and recommendations that Plan International UK can use to support advocacy work and engage with funders, decision-makers, civil society partners, and other actors both within the field of adolescent SRHR and broader health.
- 3 Inform policy and advocacy initiatives focused on girls' empowerment and access to SRHR and develop recommendations for strategies to enact changes to systemic and pervasive gender discrimination and sexism across development sectors.

Building on Plan International's existing body of evidence to support the realisation of girls' rights, including Hear Our Voices (2014),<sup>6</sup> Girls Speak Out (2015),<sup>7</sup> Counting the Invisible (2016),<sup>8</sup> Let Me Decide and Thrive (2017),<sup>9</sup> and the ongoing Real Choices, Real Lives cohort study, this research amplifies the perspectives of girls to identify the policy pathways that enable changes at the individual and collective level to systemic and pervasive harmful gender

norms within their communities. In order to answer the research questions, we have focused the global literature review on the social determinants of adolescent girls' agency and access to SRHR, while using the country case studies to provide additional context on girls' exercise of agency in practice. For a more detailed description of the methodology, including literature review and research ethics, see Annex A.

## COUNTRY CASE STUDIES

For the country case studies, we employed a youth-led research approach which adapted a participatory ethnographic evaluation and research (PEER) methodology.<sup>10</sup> In total we worked with seven young co-researchers in both countries (five young women aged 20-24 in Zimbabwe and two young women aged 20-29 in Malawi) to design focus groups and interview guides that were relevant and suitable to their local contexts, then supported the young co-researchers to conduct focus group discussions and peer interviews within their communities. Our co-researchers reached a total of 230 (approximately 150 in Zimbabwe and 82 in Malawi) adolescent girls aged 10-19 in eight different communities each in both countries. For additional detail on the country case study methodology and PEER review techniques, please see Annexes A and B to this report and the associated country case study reports.

## LIMITATIONS OF THIS RESEARCH

This is not a systematic review of programmes to address girls' agency. We have drawn on existing systematic reviews and collections of evidence on transformative approaches related to girls' agency and empowerment outcomes but have not attempted to recreate them here. There are key programmatic strategies which are paramount to increasing

girls agency, such as comprehensive sexuality education, the delivery of youth-friendly health services, and training young people as youth advocates, that we have chosen not to highlight: not because they are ineffective, but because there is a large base of literature already addressing these topics.

Our country case studies provided a richness of data about influences on girls' agency and decision-making within specific contexts. The detail we captured about individual girls' lives provided deeper insights and understandings that were made possible by a targeted, qualitative approach to the research. The decision to limit our geographical reach and number of participants was deliberate, given the resources available, and while not generalisable, given diverse contexts, we anticipate that the experiences of the girls in this study are not necessarily unique. The case studies provide a window into girls' emotional and mental processes when making decisions about their sexuality, bodies, and reproductive futures, and the

types of levers that the girls talk about – both positive and negative – likely also exist in other contexts. It is our hope that the insight gained from this study can be usefully applied (or tested) in other contexts.

Finally, while we strived for an intersectional approach capable of capturing girls in all of their diversity, we were limited by the lack of literature on key groups of marginalised girls: in particular, LGBTQI girls are largely missing from research on girls' empowerment, and mostly invisible to programmes. Our review of literature included married girls, girls living in displacement or humanitarian settings, girls living with disabilities, girls living with HIV, and other marginalised groups living in low and middle-income countries across all global regions where possible, though the research available on these groups is also inconsistent. Intersectional analysis is still in its infancy in adolescent development research and programming, and while its growth is encouraging, there is a way to go before we have fully reached our goals.

## FRAMEWORK FOR ANALYSIS

For this research, we conducted a basic framework analysis to identify trends, success factors, and emerging issues in programmatic and policy efforts to increase adolescent girls' agency. Findings from the literature 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, as measured by changes in confidence, decision-making, and self-efficacy.

- Gatekeeping and discriminatory behaviours among parents and other key stakeholders influencing adolescent girls.

We have identified these three domains for analysis based on the overwhelming evidence of their effect on girls' access to SRHR information and services<sup>11,12,13,14</sup> in addition to their potential to centre the systematic effects of gender inequalities and discrimination in the lives of adolescent girls across both SRHR and other development sectors, such as health, education, and economic empowerment.

## KEY TERMS AND DEFINITIONS

---

<b>Agency</b>	We centred our research in a traditional social science view of agency as the fundamental capability of an individual to make decisions and then to translate those decisions into actions, free of fear, violence, or retribution. <sup>15,16</sup> For our analysis, we consider the social and emotional factors necessary for adolescents to exercise agency, including a sense of voice and decision-making in their family and communities, access to information and mobility, peer networks, risk and experience of violence, and access to role models, as outlined by the GAGE (Gender and Adolescence: Global Evidence Study) project baseline reports. <sup>17</sup> We use the concepts of confidence and self-efficacy as proxy measurements for changes in girls' agency.
<b>Community</b>	For this analysis, we have chosen to use Benjamin Cislighi's definition of community, <sup>18</sup> which acknowledges the fluidity of location, social interactions, and boundaries of those to whom individuals, including those from marginalised groups, feel a sense of connection. For this work, we are defining community as "groups of people who share three characteristics: (1) imagined membership (people can see themselves as belonging to the community in ways that influence their sense of self); (2) social interactions (people know and meet each other, have a governance system in place – or another decision-making modality such as collective meetings – to which they can contribute, and share social ties); and (3) a shared physical context (people's lives are anchored to and influenced by a given physical space)."
<b>Empowerment</b>	For this research, we have chosen to use an agency-based definition of empowerment, loosely inspired by Amartya Sen's influential work in this area, Development as Freedom. <sup>19</sup> We have defined empowerment as: the process through which people's capacity to own and claim their rights grows. As we explore further in this paper, we acknowledge that empowerment is a deeply subjective and political process, frequently defined by external actors and measured by standards set without the meaningful engagement of the subject meant to be 'empowered'. We also acknowledge the growing criticism of the concept of empowerment as something chosen and 'given' to girls, women, and marginalised groups in low- and middle-income countries by funders and international organisations, rather than as a power located within and activated by individuals themselves.
<b>Gatekeepers</b>	For the purposes of this research, we have defined a broad category of stakeholders and those who hold power and influence in girls' lives as 'gatekeepers'. In our analysis, we look for those who wield power and influence either over individual girls (parents, peers, faith leaders, teachers, and others in girls' direct sphere of influence) or over structures and institutions which have impacts on girls (policymakers, traditional leaders, police or other legal authorities, and media, for example). We define gatekeeping behaviours as those which reinforce established power structures or gender norms or otherwise restrict girls' free expression of agency, or those which restrict girls' access to new information or opportunities.

---

---

**Gender-transformative approaches**

We have used the Plan International definition of gender-transformative approaches as those that go “beyond addressing ‘symptoms’ to explicitly tackle the root causes of gender inequality, particularly unequal gender power relations, discriminatory social norms and systems, structures, policies and practices”.<sup>20</sup> There is a growing consensus that gender-transformative programmes share features that work across the following interdependent and mutually reinforcing domains:

1. Promoting individual and collective agency through critical reflection and awareness of how power inequalities affect relationships and opportunities.
2. Improving equitable interpersonal relationships at the level of the household, community and beyond.
3. Changing the informal and formal rules and practices at the structural and institutional level that reinforce gaps in gender equality.<sup>21</sup>

In order to be truly gender-transformative, approaches must consider a holistic definition of gender that goes beyond physical sex and addresses discrimination and inequalities based on sexual orientation, gender identity and expression, and sex characteristics.

---

**Intersectionality**

We use a definition of intersectionality in this research which is defined by “the recognition that an individual’s lived experience and position in society is simultaneously defined by intersecting hierarchies of power based on race, class, ethnicity, sexual orientation, gender, (dis)ability, and other forms of social inequality”.<sup>22</sup> We posit that adolescent girls’ age and gender create a double burden of social expectations and restrictions, and simultaneously acknowledge that adolescent girls are not a monolith: their lives, opportunities, and experiences of power and marginalisation are shaped by how their gender and age interact with their multiple social identities and compounded vectors of privilege and marginalisation.<sup>23</sup> As described by Kimberlé Crenshaw, widely credited with coining the term, intersectionality is “a lens through which you can see where power comes and collides, where it interlocks and intersects”.<sup>24</sup>

---

**Sexual and Reproductive Health and Rights**

Plan International UK endorses the Lancet-Guttmacher Commission’s definition of SRHR<sup>25</sup>, which expands on the original definition of SRHR agreed at the International Conference on Population and Development in 1994 (ICPD). Specifically recognising that achieving sexual and reproductive health relies on realising sexual and reproductive rights.

---

**Sexuality**

We define sexuality as: “a central aspect of being human throughout life [that] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction... Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors”.<sup>26</sup>

---

**Social and gender norms**

In this research we use the term social and gender norms to delineate a set of shared expectations, informal rules, or common practices defining how a given group of people should behave on the basis of their understood gender.<sup>27</sup> Gender norms are the spoken and unspoken rules that determine what behaviours are acceptable based on individuals’ gender – how they should act, look, think, and feel.<sup>28</sup> Social and gender norms are perpetuated by reference groups: the society and community individuals identify as part of, including families, schools, peers, institutions, and the media. Gender norms are shaping individuals’ attitudes, opportunities, experiences, and behaviours throughout their lives, but are solidified and particularly heavily policed during early adolescence.<sup>29</sup>

---

## DEFINING AGENCY AND EMPOWERMENT



The definitions of agency and, more broadly, empowerment, are difficult and complex. Individuals' decisions are shaped by a myriad of different contexts, economic and social, as well as their identities and relationships to power. In development programmes, empowerment is all too often predefined as having specific outcomes, such as education, delayed childbearing, delayed marriage, or increased employment, under pressure to create objective and quantitative measures. Attempts to deconstruct and measure empowerment must be centred in the knowledge that the material and non-material resources available to girls, women, and other marginalised or disenfranchised groups play a key role in how individuals and communities define what 'being empowered' looks like,<sup>30</sup> and that coercion and violence shape far too many girls' and women's choices and lives. **In particular, our findings brought to the fore the tension between "what is within our grasp" and "what remains outside our power" that defines the space where girls and young women operate and find agency.**<sup>31</sup>

The relationship between empowerment and agency is not guaranteed – one does not necessarily lead to the other – and what it means to be empowered and to have agency can be highly subjective. In our case studies in Zimbabwe and Malawi, for example, we observed that our co-researchers often defined empowerment through the lens of their own experience as peer educators or advocates: focusing on education, HIV testing, and other SRHR outcomes, not on individual choice or agency. This preconceived version of empowerment drawn from their own SRHR trainings rendered invisible the intersections of power that existed in their communities and even among themselves, creating an over-reliance on the idea that 'empowered girls' can achieve different outcomes merely by making different choices or 'standing up for

themselves' without acknowledging the risks or consequences they might face. Furthermore, the projection of empowered girls as role models or stereotyped as strong, outspoken, confident and aggressive "promotes the idea of agency and motivation against all odds, often sidelining the deep structures and hierarchies that determine girls' choices".<sup>32</sup> Girls must be valued and value themselves regardless of how they express themselves. These nuances in what empowerment actually means and looks like for different girls in different contexts is as diverse as girls themselves and is vital to unpack in terms of what the opportunity structures are through which empowerment and agency operate.

Sexual and reproductive health decisions and the role gender plays in making them are inherently relational for girls in that they involve interactions with others, particularly sexual or romantic partners but also extended family members, community members, or institutions such as clinics and hospitals. Agency is experienced by individuals within these relationships.<sup>33</sup> Girls need and rely on greater legal rights, capabilities and power to negotiate successfully for their own life goals. Marriage decisions, in particular, are based on a variety of economic, social and cultural systems, which are also evolving.<sup>34</sup> Understanding these multi-relational vectors, and their influence on how girls understand and exercise their power, is key to creating a new lens on inequality and why it matters, and will require placing girls at the centre of programme and policy decision-making.<sup>35</sup>

We must also ask what policy and programmatic investments are most likely to build not only girls' confidence, but also their resilience to social pressure and community backlash. Social norm change, in particular,

“My dream is to become an actress and to be a positive role model for girls. I want to play strong female characters that will help girls see themselves in a new and different way. ... I've seen a lot of films where girls are portrayed in a positive way, but not African movies. Only recently, there's a Nigerian actress called Regina, where her movies are almost always positive. She will start out feeling really low with lots of suffering, but by the end there is positive justice. Every time. So maybe the other directors in the industry could learn from the directors of her films.”

**KADIATU, 21, SIERRA LEONE**



where the norms sustain a system of gender inequality, is slow and subject to immense resistance. Long-term, sustainable changes in social norms require not only the ability to question and reshape gendered expectations and stereotypes, but also courage, social support, and community-wide shifts in opinions and mindsets. Efforts to expand

access to SRH care and empower individuals to exercise their reproductive rights can benefit from an approach that does not just anticipate what girls and women need, but also takes into consideration that SRH decisions are influenced by gender and understands how it plays out in relationships, including those within healthcare systems.<sup>36</sup>

## 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.<sup>37,38</sup>
- **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.<sup>39</sup>
- **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.<sup>40</sup>
- **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.

In order to determine a vision for gender transformative development focused on girls' agency and decision-making, we have returned to the fundamental questions of power contained in intersectional and gender analysis. The question of what forms of power shape girls' lives, influencing not only their actions but also their emotional well-being and self-conception, is being widely explored through the research of Plan International and other global partners. While research that unpacks questions of power requires both greater investment and more flexible and participatory design, it is imperative that, as a field, we focus on understanding and unpacking the vectors through which girls come into their agency: that is, how adolescent girls understand and exercise ownership over their own lives, bodies, and health in their diverse contexts. We propose a vision of development for adolescent girls that centres the shifting of power over their decisions, goals, and actions into their hands as the end goal for organisations and stakeholders invested in their sexual and reproductive health and rights.

# SECTION 2: FINDINGS

## OVERVIEW OF FINDINGS

These findings draw on emerging themes within literature and evidence around gender norms that align with our intersectional feminist approach, including well-documented, successful and sustainable strategies for social and gender norm change, and their impacts on health and SRHR outcomes for adolescent girls. Our findings identify key enabling factors that are necessary for girls to exercise their agency and autonomy as it pertains to their SRHR. Translated to policy recommendations, these findings intend to inform and support policymakers, donors and civil society on how to make the case for sustained gender norm change that will improve the SRHR of adolescent girls.

There is a strong evidence base not only on the importance of addressing adolescent SRHR<sup>41</sup> from a rights-based framework,<sup>42</sup> but also on what works when it comes to preventing unintended and repeat pregnancy, reducing the risk of HIV and other sexually transmitted infections (STIs),<sup>43</sup> and increasing adolescents' access to quality, comprehensive sexuality education.<sup>44</sup> Funders, programme implementers, researchers, and advocates have invested huge quantities of time, energy, and resources into translating evidence into practice in order to deliver youth-friendly SRH services, improve peer education and peer outreach, and develop meaningful partnerships between young people and the organisations that seek to serve their needs. In particular, the growing body of evidence on the value of longer-term, multi-component programmes that work with girls and their communities to advance a shared development agenda has increased funders' understanding of, and support for, more holistic programming.<sup>45</sup>

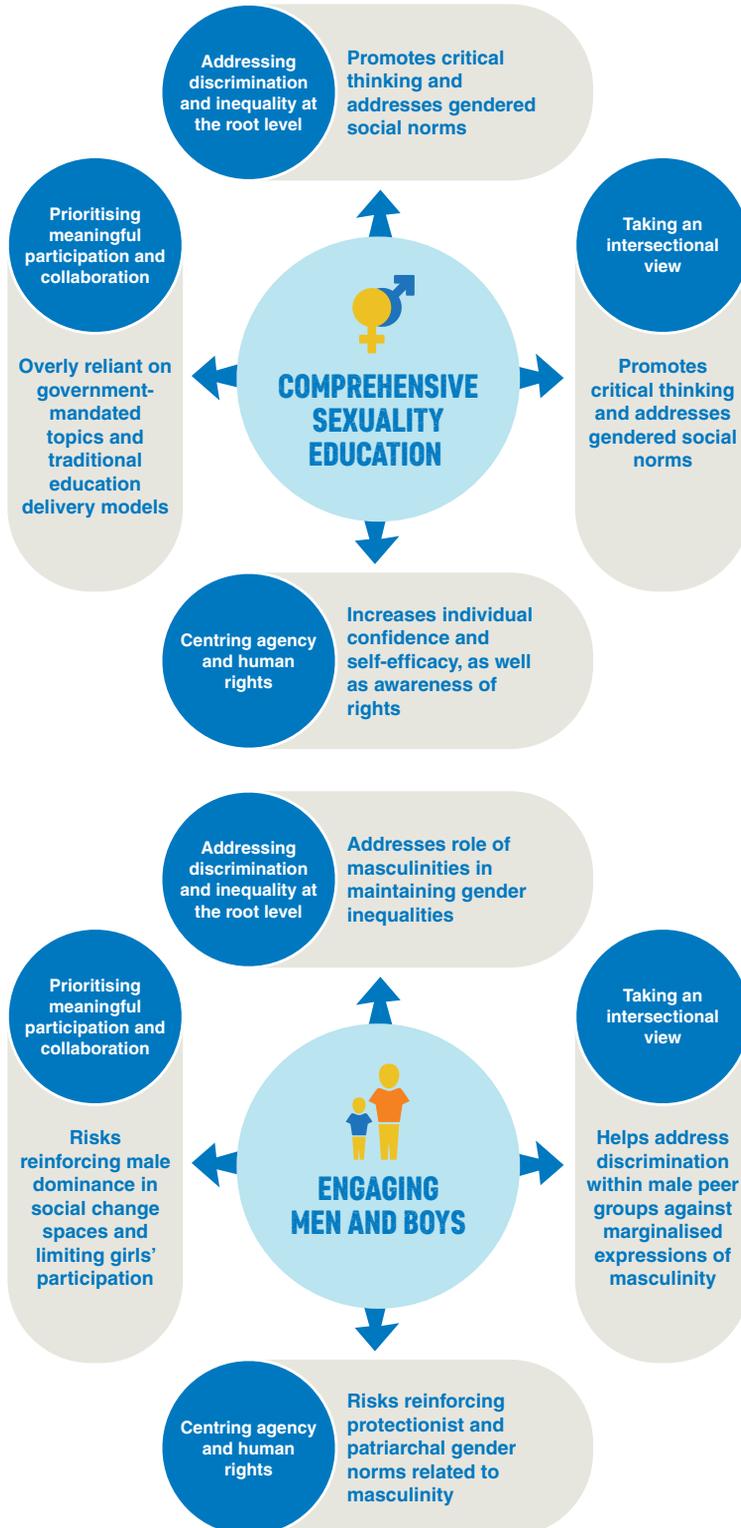
Significant renewed interest and subsequent literature has emerged more recently showing

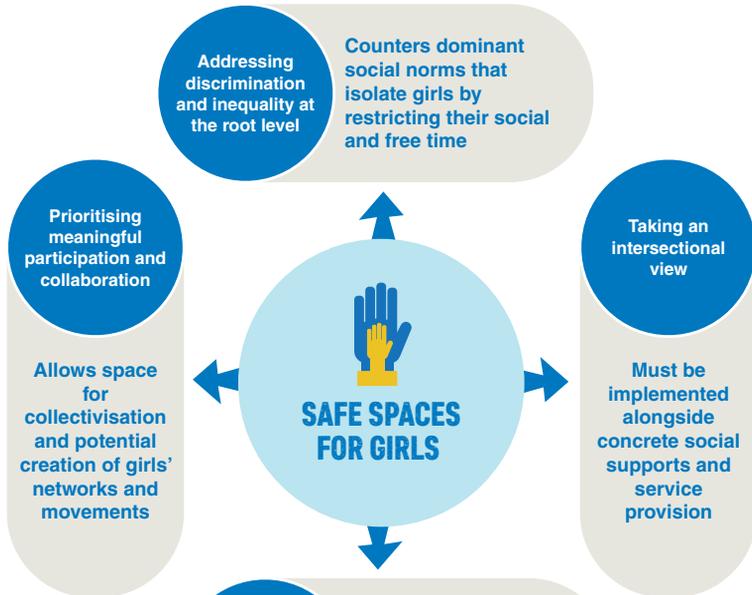
the link between gender inequality and poor health outcomes.<sup>46</sup> The value of investment in approaches that address gender and social norms is especially clear in the global literature on prevention of, and response to, sexual and gender-based violence (SGBV)<sup>47</sup> and harmful traditional practices, in particular child, early, and forced marriage (CEFM).<sup>48</sup> Gender and social norms, especially those focused on controlling and regulating diverse expressions of sexuality, are also a key linkage for programmes and policies seeking to integrate HIV and SRH services and response.<sup>49</sup> This vitality is encouraging, especially as evidence strongly supports the effectiveness of approaches that are participatory, intersectional and feminist when trying to achieve sustainable gender norm change.<sup>50,51</sup> Progressive donors and philanthropists themselves have shifted gears towards these approaches, realising the efficacy in addressing gender norms to achieve a wide range of cross-sectoral outcomes, including reductions in intimate partner and other violence, improvements in basic health and wellness, SRH, education and economic empowerment.<sup>52</sup>

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 SRH outcomes. We posit that shifting to a feminist lens requires a pivot in focus: from an external approach that focuses on service availability and accessibility and towards an internal approach that centres girls' needs, realities, and emotional well-being.<sup>53</sup> By applying our domains for a feminist approach to girls empowerment, we can see how existing programmes and policy initiatives are performing, and shape a new lens towards sustainable social change.

**Figure 1:**

Feminist analysis of common approaches to improving girls' and young people's SRH outcomes





## MALAWI CASE STUDY



The case study in Malawi focused on girls living in cyclone-affected rural communities in southern Malawi, in Mulanje and Machinga districts. Compared to national averages, girls in this region are less likely to have completed their school even through the primary level, are more likely to experience sexual debut at an early age and through coercion, and are more likely to have given birth to at least one child before reaching the age of 18.<sup>54</sup> In particular, the Malawi case study looked at the intersections of marriage, childbearing, and education among girls in crisis-affected communities, and found that for many girls, information campaigns and government policies have contributed to the creation of a perceived conflict between sexuality and education. Girls see themselves as having to choose between education and sex, largely due to policies that require a year-long leave of absence for pregnant girls and that ban married girls from the formal school system. Combined with the lack of economic opportunity available to rural girls and communities, girls saw little value in delaying marriage and childbearing in favour of education.

42%

of girls married before reaching the age of 18



The flooding associated with Cyclone Idai affected over

**868,900**

people in southern Malawi

Economic insecurity and the ongoing climate crisis were key concerns for girls in their SRH decision-making. Girls did not feel like they had many opportunities to exercise agency in their SRH decisions, referring to the lack of access to contraception, social taboos against accessing services, and parental and spousal disapproval of the use of contraception. Programmatically, there is a growing disconnect between community awareness and associated actions or social support for girls' empowerment in these communities: girls' education remains a financial burden on families who see no path out of poverty, while campaigns to delay marriage and annul or cancel pre-existing marriages frequently leave young mothers increasingly dependent on parental support. Services are distant and hard to reach, and girls' decisions to access services increase the risk of stigma from partners and families. This case study made clear the need to further expand our analysis of agency and empowerment and how girls' decision-making functions in resource-constrained settings, as well as the vital importance of girls' access to peer-centred safe spaces and social support.

## ZIMBABWE CASE STUDY



The case study from Zimbabwe explored further the intersection between economic insecurity and girls' agency in determining their SRHR and marital aspirations. In reviewing the findings, a few key themes emerged that relate to adolescent girls' ability to exercise agency in their decisions about their lives, bodies, and SRHR. **Poverty and the risk of violence pose the strongest combined threats to girls' ability to exercise agency, in particular 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.



**1 IN 5**

15-19 year old girls  
experiences pregnancy  
each year



Contributing to an  
average of

**6,000**

pregnancy related  
school drop outs each  
year

While programmatic and policy investments in girls' education in Zimbabwe are beginning to show changes in how girls understand their SRHR, they continue to struggle to translate that knowledge into action. The threat of violence, including through street harassment, and the social consequences of experiencing violence, in particular sexual violence, are shaping 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 girls' and young women's reputations. Girls who are cast in the role of 'naughty' (a term repeatedly used by the girls to encompass cultural expectations about promiscuity, interest in sexuality, and receiving sexual attention) risk not only the loss of an economically advantageous marriage prospect, but also discrimination in employment and education. This intertwining of girls' values with their sexuality, actual or perceived, is front and centre in the mindsets of girls, as they weigh the risks of contravening social and gender norms in search of improved individual opportunity.

Additionally, it is evident from the experiences and voices of girls in both urban and rural communities in Zimbabwe that investments in girls' education are still predicated on their value as a potential wife and disconnected from future employment and economic opportunities. Education for girls still isn't seen as a path to a meaningful career, a perception shaped by social norms about what opportunities are available to women, but also from a young age by girls' vision of the economic markets and lack of employment opportunity in their communities. Furthermore, girls are not encouraged to open

their eyes to the possible opportunities that exist beyond the realms of their known community systems and structures. Visible female role models have an immediate impact on girls' sense of possibility, in particular when those role models are accessible to them on a personal level. The adolescent girls and young women who self-identified as empowered spoke of female mentors in the form of mothers, older sisters, peer educators, sports coaches, and Plan Zimbabwe staff who they had interacted with and, critically, who had provided them with economic or career-focused opportunities and emotional support. In this context, it was clear that girls' agency was both deeply personalised, in the skills and confidence necessary to express emotions and ambitions, and also ingrained in the social networks where they operate. An environment that is conducive to girls' decision-making and agency is one where adults and peers are equipped to listen to and support the girls in their lives.



“When I finish school, I want to be a lawyer because there are many problems in South Sudan. I want to be a judge so that I can fight for the rights of girls.

“When I was 15, I had a very big problem – there was a man who wanted to marry me. This man was our neighbour from Rumbek. He already had two wives but came to Shabelte to speak to my father and uncle.

“So, my father talked to the rest of the family, and they agreed not to marry me off. My uncle was not happy and continued to threaten that he would come and take me by force and marry me off anyway.

“I think the biggest problem facing girls in South Sudan is forced marriage. To overcome this, girls must be allowed to continue their studies. Even though my family was not struggling with food or money, they still wanted to sell me. I have two younger sisters and they are both studying now, but they may one day face the same challenges as me.”

**MONICA, 18, SOUTH SUDAN**



## KEY FINDINGS: OVERARCHING THEMES

### FEAR OF AND CONTROL OVER GIRLS' SEXUALITY

Adolescent girls' ability to exercise agency and control over their SRHR is inhibited largely by social and gender norms that position expressions of their sexuality as dangerous, forbidden, uncontrollable, or contagious. Fear among girls, as well as shame and stigma, limits their use of health services.<sup>55</sup> Unmarried women, HIV-positive women, and sex workers frequently avoid seeking care to escape judgement by health providers, while girls avoid health services to avoid being seen as sexually promiscuous, or as sex workers.<sup>56</sup>

The sexual double standard, most commonly formed around expectations that men and boys practice an aggressive, uncontrolled, and occasionally violent expression of sexual desire while women remain 'virtuous', uninterested in and uneducated on sex and desire, harms adolescents of all genders by maintaining a sense of stigma and taboo around sexuality and romantic desire.<sup>57</sup> The fear of adolescent girls' sexual expression is a primary driver of practices including CEFM,<sup>58,59</sup> contributes to the exclusion of pregnant adolescents and young parents from education and social programmes,<sup>60</sup> and is codified in policies and practices that bar adolescents from information and services related to their SRH.<sup>61</sup>

The fear of adolescent sexuality, or, more accurately, the fear of being accused of promoting or condoning adolescent sexuality, shapes the policy, programme, and research structures through which adolescent girls' empowerment is understood and promoted. Sexuality, and, by association, sexual and reproductive health, are often deliberately side-lined from general development programmes, such as those promoting girls' educational enrolment or economic empowerment.<sup>62</sup>

Girls and adolescents living with disability frequently face violations of their sexual rights in the form of social norms and assumptions that deny their sexuality and romantic desire, presume their incapacity to consent, or present their sexuality as taboo or abnormal.<sup>63</sup> For marginalised girls, in particular for those living with disability or affected by acute crisis, sexuality is seen as an 'add-on' or optional, less pressing priority, despite the increasing body of evidence showing that girls living with disabilities and girls in humanitarian settings are in fact at increased risk of sexual violence, exploitation, and coercion.<sup>64,65</sup> For socially stigmatised and potentially criminalised cohorts of adolescents, in particular for LGBTQI adolescents and adolescents and young people working in the sex industry, research is vulnerable to accusations of bias or controversy-courting, and carries a risk of backlash for both the researchers and the subjects, contributing to the gaps in knowledge, research, and funding for these groups.<sup>66</sup>

### Mobility

There is considerable evidence around the restriction of girls' mobility, including expectations of how they should behave in public, and its causes and effects on their development and health.<sup>67,68,69</sup> As girls age through adolescence, restrictions on their mobility become more severe, while boys experience fewer restrictions on their time and movements.<sup>70</sup> Restrictions on girls' mobility are multifaceted, though we did see correlations in Zimbabwe between the restrictions on girls' physical mobility and their desire to protect their reputation and therefore, their economic value as brides.<sup>71</sup> The control over girls' access to public space, masked in a need to protect them, denies them their freedom to access the safe spaces and time to socialise with peers that is central to adolescent psychosocial well-being.<sup>72,73</sup>



“So many girls in my neighbourhood are becoming pregnant, after which they just stop going to school. When I leave my house in the morning I see them sitting on the pavement and they’ll still be there when I get back. It’s their life; they have children and then they stay at home.

“If some guy has a lot of money, that is often seen as a good reason for a girl to have sex with him, with all the associated consequences,” says Mellicentia. But the huge taboo surrounding sex, and everything to do with it, also plays a role. “In our culture parents don’t talk to their children about sex. Fortunately for me, my parents did. I’m now a proponent of sex education, telling girls that in addition to pleasure it also brings pain, like the repercussions of becoming pregnant when you are very young.”

Not surprisingly, Mellicentia’s activism has elicited resistance. She has even been threatened by individuals who disagree with her or take issue with the way she makes sensitive topics open to discussion. “It’s just part of the course in this line of work,” she says stoically. But despite the resistance she continues to lobby, steadfast in her belief that sooner or later it will pay dividends. In the meantime, she’s still working hard to become a human rights lawyer.

**MELLICENTIA, 17, SIERRA LEONE**

**“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, 10-14 years old,  
Machinga, Malawi

Other identities may additionally exacerbate restrictions on girls’ mobility: there is evidence to indicate that married girls, girls living with physical or mental disabilities, and girls living in refugee camps or displaced by humanitarian crises may face further curtailment of their access to public spaces.<sup>74</sup> In many refugee camps, women and girls report being forbidden from leaving their tents, isolating them from services and increasing their risk of violence.<sup>75</sup> Restrictions on girls’ mobility not only exclude them from participation in the community and development sphere, but also prevent them from developing social networks outside of the household, which in turn curtails their ability to envision a world where they exercise control over their bodies and choices.<sup>76</sup> The continued exclusion of girls’ voices and visible presence from spaces of power within communities and development spaces further absolves those making decisions for girls from challenging their own views, or from being challenged and moving towards a more enabling environment which is supportive of girls’ rights.

The blaming of women and girls for the violence and harassment that they experience in public spaces, and the desire to control their movements in an attempt to protect them from the harmful social repercussions and loss of reputation associated with such harassment, is a well-documented facet of how gender inequality reproduces itself in practice.<sup>77,78,79,80</sup> The increased risk of stigma from being seen seeking contraceptive or HIV-related services, additionally connected with sexuality, keeps

adolescents of all genders from accessing SRH information or care.<sup>81</sup> Curfews, loitering, and other restrictions of public space are further used to stigmatise and criminalise marginalised girls, women, and others. States and state actors have frequently used these laws not only to police women’s mobility, but to harass and penalise sex workers, LGBTQI youth, youth experiencing homelessness, and young couples in public spaces.<sup>82</sup> In addition, the internalisation of these norms, as we saw in both Zimbabwe and Malawi among girls who expressed the need to be seen as ‘good’ and ‘proper’ in their communities, factors into the decisions they make about what risks they are willing to take in pursuit of education, employment, and health services.

### Violence and risk of violence

**“Men are waiting for the girls when they leave school and even in school – the toilets are far away from the school building and men hide in the bushes and under trees to harass us and try to coax us to go with them – when we reject them, they get insulted and angry.”**

Adolescent girl, 10-19 years old,  
Bulawayo, Zimbabwe

The risk, or perceived risk, of violence is a key factor in adolescent girls’ decision-making and sense of agency.<sup>83</sup> In addition to the restrictions placed on their mobility as a protective factor, it is apparent from the direct research we did that the threat of gender-based and sexual violence is a constant presence for girls, exacerbated by their age and compounded by other forms of marginalised identity. Girls’ decisions about who to turn to, when to speak up, how to speak, what questions to ask, where to go, what opportunities are available to them, and who to associate with, are all coloured by the calculations they make about their risk of experiencing potential further violence.<sup>84</sup>

Girls face the spectre of sexual, physical, emotional, and economic violence at every turn throughout their lives: whether through sexual exploitation in exchange for school fees or other economic support, physical discipline at home or in schools,<sup>85</sup> street harassment and sexual assault,<sup>86</sup> sexual coercion and intimate partner violence,<sup>87</sup> increased vulnerability to sexual violence as a result of conflict and displacement,<sup>88</sup> or violence in the form of harmful traditional practices. Displaced adolescents,<sup>89</sup> LGBTQI adolescents,<sup>90</sup> and adolescents living with disability<sup>91</sup> face up to four times the risk and threat of violence as their peers, and girls who live at the intersections of (dis)ability, displacement, sexuality, and other marginalisation find their risks magnified.<sup>92</sup>

There is a growing body of evidence around what works to reduce and prevent sexual and gender-based violence<sup>93</sup> and shift gender and social norms that prop up and encourage systems of violence against girls and adolescents.<sup>94</sup> Yet programmes to prevent and respond to gender-based violence remain fundamentally under-resourced. In humanitarian response, funding for GBV prevention and response accounts for 12 per cent of all assistance funding, despite growing awareness of the use of sexual violence as a tactic of war and the increased prevalence of violence in camp settings.<sup>95</sup>

## Backlash and peer pressure

Recently, researchers and programme implementers have begun to document the risks and experience of backlash for adolescents and advocates working to change social and gender norms. Backlash is “a reaction by those who hold positions of power to attempts to change the status quo by those who are less powerful (usually in the form of punishment). Such punishment may range from ridicule, stigmatisation or verbal abuse, to more serious consequences such as forced withdrawal from school, forced marriage, forced seclusion within the home,

and even to life-threatening punishments such as beatings, physical abuse, rape or other forms of violence.”<sup>96</sup> Backlash is frequently focused not only on adolescents that challenge the status quo, but on their parents, friends, and social groups, as well as the organisations perceived to have ‘introduced’ the controversial topic or encouraged the adolescent to question or challenge the established hierarchy.

Backlash is a risk not only for girls and gender non-conforming adolescents who challenge their assigned gender roles, but also for boys who subvert expectations related to traditional masculinity,<sup>97</sup> for adolescents who resist arranged or forced marriages,<sup>98</sup> for poor or economically disadvantaged adolescents and women seeking economic opportunities,<sup>99</sup> and other marginalised groups. In particular, LGBTQI adolescents are at increased risk of backlash from their communities and families for subverting traditional gender norms and expectations related to their sexuality.<sup>100</sup> Globally, LGBTQI adolescents face violence including rejection from their families, conversion therapies, forced marriage, so-called ‘corrective’ rape, kidnapping, assault, and murder.<sup>101</sup>

We associate backlash with conservative and traditional movements and powerholders, but it is worth thinking through the unseen ways in which peer groups and families practice control over expressions of agency and difference among adolescent girls. Backlash is a common experience faced by adolescent girls for expressing agency or attitudes that differ from traditional gender norms, as well as by community leaders and non-profit organisations working to deliver social and behaviour change.<sup>102</sup> Backlash is directed not only at the girls who are exercising their agency but also at the parents, community workers, and organisations supporting their empowerment.

Among parents and families, the fear of shame and stigma associated with not being

in control of their girls and not marrying them off early has detrimental effects on their public reputation and power status within their own communities, a consequence too much to bear.

**“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, 20-24 years old,  
Bulawayo, Zimbabwe

Parents can also be confused by new behaviours and expectations: research in Uganda shows that change can bring huge friction as adults are confused about their roles and feel they can no longer control their children’s new awareness of their rights.<sup>103</sup> Not complying with norms can also have a negative impact on people’s livelihoods as people who go against local norms can find that others refuse to trade with them, cooperate in labour-sharing arrangements or lend them support in times of crisis. This is more likely in close-knit rural communities, as urban communities are often more mixed and social norms are not so binding.<sup>104</sup>

## **POVERTY, OPPORTUNITIES AND ASPIRATIONAL DECISION-MAKING**

Girls’ ability to imagine their future, and their capacity to develop aspirational goals and perceive opportunities as available and accessible to them,<sup>105</sup> is fundamental to their development, health and well-being. Aspirations can be defined as the hopes, ambitions, and plans we make to achieve our goals and presume that the greater the exposure an individual has to visible opportunities and alternatives around them, the broader their aspirations may be.

**“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, 15-19 years old,  
Mulanje, Malawi

Girls’ goals and aspirations are often tied to their ability to support and help their biological families and make sure their siblings are all educated before they get married. Research focused on girls’ and women’s access to paid work and livelihood opportunities suggests that while being seen as a positive shift towards equality, often it carries a double burden of time pressure as they are still responsible for all the household duties and caring for family members with little decision-making over the use of earnings, which fall into the hands of male family members.<sup>106,107</sup> This time pressure among girls and women alienates them from public life, restricting their ability to access healthcare, enter into the civic space, or engage with their peers and friends, and it can stunt their social development.<sup>108</sup> This withdrawal from public life has dire consequences for girls’ and women’s self-worth, self-efficacy and empowerment, contributing to a lack of agency over their bodies and lives.

### **Child, early, and forced marriage and self-value**

For too many girls, poverty and a lack of viable alternatives, including economic opportunities, places their marriageability as their biggest asset and opportunity in life. In Zimbabwe, girls felt immense pressure to protect their reputations, and therefore their bride prices, as they saw it as their only opportunity to economically contribute to their families.



Nurkaida's mother Dilpuru (45) is extremely worried about the safety of her daughter in their new surroundings.

"I don't allow her to go out alone, because boys will stare at her, and it's not safe here," she says. "No one is familiar to us. I myself go down the hill to collect water, and Nurkaida helps me with the cooking. We don't bathe or use the toilet in the day time, because people are all around us here and they will look at us. So we only get washed at night."

"I would love to go to school, but there is no opportunity here. I stay at home and support my mother," says Nurkaida.

**NURKAIDA, 13, BANGLADESH**

## BRIDE PRICE AND SELF-VALUE IN ZIMBABWE

**“Our parents choose a man that gives money to them. So that they have sugar. Like we are exchanged for groceries, cows!”**

Adolescent girl, 10-19 years old, Kwekwe

**“Parents say ‘I’ll get rich because you’ll get married.’”**

Adolescent girl, 10-19 years old, Kwekwe

**“The girls said that the parents are forcing them to get married because they need money from cows. She shared that a girl in form 1 got pregnant and her parents sent her to the guy and they received worah [bride price] – she said ‘Whether you pass or don’t pass school or get pregnant at a very young age it doesn’t matter, what matters is the parents get their worth.’”**

Co-researcher, 20-24 years old, Bulawayo

It is essential therefore, to engage with the reality that marrying early is attractive to young people in some contexts, while in other contexts marriage may indeed infringe upon girls’ autonomy regardless of their age.<sup>109</sup>

Research also shows us that the surveillance that girls are under by family, neighbours and other community members, alongside a fear of violence, supports their decisions to get married early as a means to end the existing restrictions in their lives.<sup>110,111</sup>

In southern Malawi, where CEFM is the norm,<sup>112</sup> civil society organisations and local government have been working to reduce the prevalence through multiple strategies, including policies designed to encourage girls to leave marriages to return to school, or penalise parents or adults engaging in marrying their children; community education campaigns; and through empowering child protection officers and village chiefs at the local level to cancel or annul marriages. This last strategy, while immensely successful on paper, has frequently failed to centre girls’ agency and decision-making. Girls reported widely divergent experiences with having their marriages cancelled in this way, ranging from relief to fear of rejection from their families,

loss of support for raising children from the now-cancelled marriages, trouble remarrying, and social ostracism. Girls expressed a desire to be consulted and supported in making decisions about their lives and futures, but also said that they were frequently left out of the room when these conversations were taking place.<sup>113</sup> In these cases, child protection officers are reinforcing social norms that dictate that girls and women are excluded from family decision-making, effectively continuing to enforce social inequalities while attempting to empower girls.

### Role models and mentors

The importance of role models, mentors, and supportive older adolescents or adults in girls’ lives has emerged from the empowerment literature<sup>114</sup> and from the direct research we carried out with adolescent girls in Malawi and Zimbabwe. Adolescents can determine their goals and aspirations and learn to value leadership and independence through seeing those characteristics modelled and respected within their communities.<sup>115</sup> Many girls set their aspirations based on the roles they perceive as valued for women within their communities:



“In general the community blames girls if they’re harassed and they speak out about it,” says Nada, a 14-year-old schoolgirl who lives in the slum community of Ezbet Khairallah in Cairo. “If a girl is on a bus and a man touches her, the bystanders will say that he didn’t do anything, that it must have been a mistake and they’ll start blaming the girl. The community blames girls for anything bad that happens to them.”

**NADA, 14, EGYPT**

seeing women succeeding outside the home, taking on leadership in schools, churches, organisations, the media, and politics opens additional possibilities for how they see their own life paths. Many girls also report that when the only path they see available is motherhood, they lose motivation to pursue other goals,<sup>116</sup> while the Plan International Real Choices, Real Lives longitudinal study has found that as girls age through early adolescence they are more likely to conceal behaviours that challenge gender norms from their families and social circles.<sup>117</sup>

The Population Council's extensive work on mentorship programmes for adolescent girls has shown that connecting girls with mentors and role models, and giving girls the opportunity to become mentors and role models themselves, has beneficial effects for the mental health, confidence, agency, and aspirations of the girls engaged.<sup>118,119</sup> In Malawi, girls mentioned friends and peers as their primary source not only of information but also of emotional and social support, while in Zimbabwe, 'empowered' girls (either self-identified or as identified by the youth co-researchers) gave credit for their confidence to a female mentor who had a positive influence on them. For many adolescent girls, the value of being heard or listened to by someone in a position of power over them was fundamental to building their confidence and sense of self-efficacy.<sup>120,121</sup>

**“One of the girl participants said she does not believe that she could be the CEO one day because she comes from a very poor family which cannot even sponsor her education. Hence she believes that having such ambitions can only lead to frustrations.”**

Adolescent girl, 10-14 years, Malawi

Mentorship and leadership programmes for girls and women of all identities and backgrounds who are succeeding visibly in

leadership roles in the community also have an external beneficial effect on reducing restrictive gender and social norms.<sup>122</sup> Mentorship programmes not only increase girls' self-conception, self-efficacy, and confidence in their ability to make autonomous decisions, but also influence rates of girls finishing school and delaying marriage and childbearing, and offer community level impacts such as fewer restrictions on girls' mobility, greater employment of programme graduates, and increased opportunities to participate in community decision-making.<sup>123</sup> Seeing girls succeed, not only as programme beneficiaries, but also as leaders and implementers, has the effect of countering pervasive social norms about women's abilities and roles.<sup>124</sup>

### The role of parents, families and guardians

An overwhelming body of evidence exists to support the engagement of parents, families and guardians as key to creating an enabling environment for young people to advance their SRHR in both development and humanitarian settings.<sup>125,126</sup> Parents play an essential role in shaping the development of their children's knowledge, attitudes and behaviours, yet sex and sexuality are often avoided or deemed inappropriate to discuss, taboo, leaving children in the dark and unable to navigate the significant changes they are experiencing biologically and socially.

Parents occupy the space of two influential spheres of girls' agency – role model and gatekeeper – and therefore have the potential to make the difference between a happy, healthy and empowered girl or one who feels unsupported and engages in activities that may put her health at risk. Mothers, aunts, and female relatives most frequently operate in this dual role: both as instructors in gendered expectations and also as social defenders of girls and go-to sources of taboo information.<sup>127</sup> When parents respect their daughters' rights, engage in open discussions with them and trust them, they are more likely to develop positive, healthy attitudes about

themselves. This came out strongly in our case study research in Zimbabwe, where our co-researchers told us that one of the key barriers to girls feeling empowered was that they did not feel they could talk to their parents about their sexuality, including their romantic relationships and SRHR. Those girls that were empowered and were able to exercise their agency had positive and open discussions with their mothers about all aspects of their lives and felt trusted by them as a result. In Malawi, lack of communication between parents and girls was seen as a primary barrier by girls, not only for their access to SRHR but also in making decisions about continuing education, marriage, and family resources. Girls consistently reported being excluded from decisions about their futures, which were instead negotiated by parents, village elders, and child protection officers without their input.

**“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, Zimbabwe

While it may not seem like young people want to hear from parents and adults about sexuality issues, our case studies give indications that they do. Barriers to communication about sexuality can include a lack of parental knowledge, reliance on schoolteachers, and a perception that talking about sexuality encourages sex. Successful efforts to foster parent-child communication about sexuality have taken many forms, including through comprehensive sexuality education, which is evidenced as most impactful when school-based programmes are complemented with community elements, including parental involvement.<sup>128</sup>

## Gatekeeping and discriminatory behaviours

Questions of control of girls’ sexuality, and corresponding restrictions on their mobility and access to public spaces, and backlash against girls seen to challenge social and gender norms, all align with individual level gatekeeping by parents, peers, and other community members. Institutional gatekeeping, whereby restrictions on girls’ and women’s mobility and opportunities are codified into laws or policies or through systemic discrimination, reinforces those individual power dynamics.<sup>129</sup> In Malawi, for example, a national school reintegration policy dictates that pregnant girls can only return to school twelve months after giving birth and in Zimbabwe, despite the introduction of a school re-entry policy ending expulsion of pregnant learners but only allowing them to return after a three-month leave, the infrastructure is not in place to intentionally protect them and the stigma faced from teachers and other students contributes to the fact that most never return to school.<sup>130</sup>

Men, mothers-in-law, or older family members are often gatekeepers for women’s access to healthcare, and a husband’s consent for the provision of treatment is often required by health providers and is even enshrined in some laws.<sup>131</sup> By contrast, women’s increased decision-making autonomy and access to economic resources is positively associated with their use of healthcare services in many sub-Saharan African countries. Similarly, in Pakistan, a one per cent increase in women’s decision-making power was correlated with a nearly 10 per cent increase in their use of maternal health services.<sup>132</sup>

Individual change agents are working within their own cultural contexts and may be carrying subconscious or unexamined biases and assumptions about their own and others’ roles in their communities. We see this in the ways in which groups are

pitted against each other in competing for resources and opportunities. For example, it is well-documented that adolescent boys often feel sidelined and react poorly to perceived preferences for adolescent girls in development programming, seeing entrepreneurship or livelihood or even safe spaces initiatives for girls as the delivery of opportunities for girls that aren't available for boys.<sup>133</sup> Systemic discrimination is not visible or felt in the same way as individual discrimination for many, and so attempts to correct systemic discrimination are vulnerable to individual backlash.

Likewise, girls are not invulnerable to internalised bias and patriarchal values and can frequently reproduce cultural inequalities through gatekeeping their peers: for example, by judging, rejecting, and stigmatising girls they see as overly sexual, 'naughty', or as having made mistakes or failures in judgement in getting pregnant.<sup>134</sup> One common example of this is the social stigma faced by sex workers, in particular the rejection of sex workers by other women who have internalised narratives of sexual control and 'good' womanhood.<sup>135</sup>

## Educational opportunities

Global evidence shows clearly that investments in educational opportunities for girls pay development dividends: enrolling and keeping girls in schools reduces their risk of early and unintended pregnancy, improves maternal and child health outcomes, reduces rates of household violence and the likelihood of girls being forced into early marriage, increases women's political engagement, contributes to greater economic opportunities for women and promotes the economic growth of the entire country.<sup>136</sup> Beyond these arguments, there is a case to be made that investment in quality education improves girls' agency and decision-making and builds critical skills, such as confidence, self-efficacy, communication, and critical thinking, for positive youth development.<sup>137</sup>

Plan International believes that education that challenges discriminatory social norms and promotes gender equality is the key to unlocking girls' potential, and that every girl has the right to complete a quality education, in a safe school environment that is free from gender discrimination.<sup>138</sup> Unfortunately, in addition to gender biases placing restrictions and barriers on girls' access to education, schools and education programmes are not always safe places for adolescents, who may experience sexual or other violence at or on the way to school,<sup>139</sup> and teachers, school officials, and school curricula can also reinforce negative norms and stereotypes that uphold gender and other inequalities.<sup>140</sup> Girls living with disability, living in poverty, displaced by natural disasters or conflict, pregnant or married girls, or members of ethnic and linguistic minorities are consistently and systematically excluded from or miss out on educational opportunities.<sup>141</sup>

Programmatic work to increase access to education, though, must be matched with corresponding efforts to increase the social value of education, not only among parents and other gatekeepers but also with girls themselves. In focus groups and interviews with adolescent girls in climate-insecure communities in Malawi, the researchers saw consistent trends of conflicts between the value placed on girls' education by community leaders and by girls themselves.<sup>142</sup> Adolescent girls struggled to connect the messages they received from NGOs, parents, and village leadership about the value of education with their economic and future opportunities. Adolescent girls also told researchers that they felt they had to choose between sexual and romantic relationships and education, a dichotomy potentially created and reinforced by both policy and behaviour change campaign messages designed to reduce early and unintended pregnancy. Malawi, like many other countries, bars pregnant adolescents from school and incentivises community leaders and child protection officers to

"I was in class 3 but had to stop going to school. Money was an issue." Tasmin's mother is keen for her two daughters to get married as soon as possible (Tasmin's older sister is 15 years old). She says, "I would like to avoid trouble since my daughters are good looking and draw attention"

**TASMIN, 12, COX'S BAAZAR**



## SEX AND EDUCATION IN MALAWI

**“I have made a decision to break out the cycle of poverty in my family by being educated. I am working hard at school and am abstaining from sexual activities so that I don’t get unwanted pregnancy which has led a lot of girls to early marriage. I want to experience city life in Lilongwe one day.”**

Adolescent girl, 10-14 years old, Machinga

**“Once I have tasted the sweetness of sex, why would I care to finish school?”**

Adolescent girl, 10-14 years old, Mulanje

**“I made a decision to go to school, I also made a decision to breakup with my boyfriend who was forcing me to have sex, now I have made a decision to never ever have sex until I finish my school.”**

Adolescent girl, 15-19 years old, Mulanje

**“She made a decision not to sleep with men. She says men can be a distraction to her life; she better wait until she finishes her education.”**

Adolescent girl, 15-19 years old, Machinga

cancel or invalidate early marriages by requiring adolescents to be unmarried in order to reintegrate into the formal education system.<sup>143</sup> Combined with the lack of access to reliable family planning services for unmarried adolescents, and the social stigma on adolescent girls seeking out contraception, the message that girls receive from policy and programmes is that they have to choose between sex and their education.

### Active citizenship and collective action

Research findings support the transformative power of targeted communications and awareness-raising activities, including among opinion leaders, men and women, and boys and girls, with the aim of changing discriminatory attitudes and practices and achieving consensus around goals for gender justice.<sup>144,145</sup> Increasingly, collective action movements, frequently connected by social media, are showing promise in

improving access to health and accountability mechanisms, as well as in naming and addressing discrimination and stigma.<sup>146</sup> The Lancet, for example, uses evidence from women’s collectivisation to illustrate that community mobilisation processes can change the way women interact with the health system, directly challenge restrictive gender norms and health system hierarchy, and in turn bring positive changes and deeper accountability in the health system at the local level.<sup>147</sup>

Collectives where girls and women can explore ideas together in safe spaces within informal settings can help to shift gender norms, attitudes and practices by increasing girls’ self-confidence, encouraging them to express their views, and giving them access to role models and leaders who inspire and build a much broader movement for change. They are most effective when accompanied by complementary interventions, such as universal education, broader behaviour

Twenty--year-old Jeanette left school when she was 14 and had her first child when she was 16. She joined a youth club for young people who dropped out of school early, which has given her hope for the future.

“I have learned that a girl, no matter what and despite having children, can have a future, can make a plan and take better decisions. I also learned about sexual and reproductive health and how our bodies transform which is so helpful. Before I had no idea about how to prevent pregnancy and didn’t understand that people could use condoms.”

“I share my story with other girls and tell them to not rush, to be patient and satisfied with their lives even if they are poor. Girls now come to my home to learn and get advice from me. I could never think some years back that I would have an impact on other girls. I'm not ashamed of what I've gone through and I'm happy if it can help other girls make better decisions in their lives.”

**JEANETTE, 20 WITH HER YOUNGEST CHILD, SIX-MONTH-OLD FISTAN, RWANDA**



change and rights awareness communications that promote gender-egalitarian values, economic opportunities for educated women, and legal changes to prohibit discriminatory practices.<sup>148</sup> Organisations like Katswe Sistahood in Zimbabwe,<sup>149</sup> and Rahnuma in Pakistan,<sup>150</sup> have been challenging the status quo by taking traditional women's spaces, such as hearths and tea parties, and using them to open cross-generational dialogues between girls and their mothers, mothers-in-law, and sisters to discuss SRHR, life goals, and social and gender norms. These strategies are finding great success in reducing discrimination and intergenerational violence and empowering girls and supporting them to access SRHR and livelihood opportunities, as well as delaying marriage, showing the value of collective action and open discussion.

Collective action also provides young people from marginalised communities with the possibility of constructing new identities, leveraging access or building ties that generate claims to new power structures. Engaging young people with the state and its structures through campaigns against sexual harassment, use of public toilets and sanitation are proving to be important empowerment mechanisms.<sup>151</sup> Collective organising and community participation are also showing dividends for adolescent agency: in Ethiopia, for example, political changes allowing for more opportunities for youth participation in community and national decision-making seemed to allow for a corresponding increase in adolescent agency.<sup>152</sup> As girls become more visible, they gain more power, and their access to and use of power is normalised. For instance, in Zambia, the advocacy actions of a young feminist group started by two young girls gained vital ground to break the silence on menstruation and SRH among thousands of adolescents in Zambian communities, and contributed to the inclusion of sanitary napkins in the 2017 national budget for school-going girls in Zambia.<sup>153</sup>

**“The people around me make me who I am, they show me – sometimes friends and also other peer educators. I’m in a youth group – girls teach us about SRHR – I listen and I learn, I get motivated by others sharing their stories.”**

Adolescent girl aged 10-19, Zimbabwe

Importantly, collectives are valuable beyond advocacy wins – the experience and intimacy of joining a collective – being together in a rights-oriented space, discussing structural inequality and human rights, building treasured friendships – goes a long way towards constructing solidarity for common struggles. Findings from research in India show that “For girls, mobility is physical, emotional and imaginative. Listening to each other and imagining new things is a very important part of the work.”<sup>154</sup> This research also revealed that it takes time and sustained effort to address gender inequality and dismantle harmful gender stereotypes in communities and that the development community needs to better understand the difference between getting girls to attend programmes versus collectivising them to advance their rights.

### Gender-transformative programmes

The development sector has reached a state of relatively universal consensus on the added value and key importance of including analysis of, and strategies to shift, gender and social norms in programmes working across the intersection of gender, health, and education. In a new systematic review of such programmes, however, virtually none were found to be operating at a **structural level** (policy, funding, and systems change): rather, where gender norms are targeted, efforts are usually focused at the individual (education/ awareness building) and interpersonal (safe spaces, mentorship, community engagement) levels. Measurements focused again on changes at the individual (confidence,

“I’m one of the leaders of a girls rights club in Chimborazo which runs workshops with young people where we talk about sexual health and self-esteem.

In my class at school, most girls didn’t receive any sex education. So they’d get pregnant at 13 or 14 and have to leave school because boys would make fun of them for being pregnant. These girls would often get depressed, because the way they were treated affected their self-esteem. Often they ended up not wanting their babies.

Our workshops focus heavily on self-esteem because low self-esteem among girls means they allow themselves to be influenced by negative attitudes. Girls here aren’t supposed to do sports such as volleyball. It’s poorly perceived – people think we should be at home instead, washing clothes or doing the washing up.

When girls wear trousers or shorts, they say we’re being too daring and showing parts of our bodies that should be kept hidden. They call us names and say we’re like men. Many girls don’t go out because of these attitudes.”

**ERIKA, ECUADOR, 18**



self-efficacy) and interpersonal (age at marriage, attitudes about gender equality) levels, which means, crucially, that “most gender-transformative programmes are not designed or evaluated along the dimensions that would be fundamental to achieving lasting gender norm change and gender equality”.<sup>155</sup>

There is evidence, however, for the value of taking a gender-transformative approach to programming to increase adolescents’, and particularly adolescent girls’, access to SRHR.<sup>156</sup> Research has noted that the vast majority of social norms impacting adolescent and youth SRHR are, in fact, gender norms, as “control of women’s and girls’ bodies,

sexuality, and reproduction is at the heart of gender inequality”.<sup>157</sup> Gender-transformative approaches have already shown the capacity to significantly improve SRH outcomes in the short term for adolescents of all genders, changes which lay the groundwork for future shifts in long-term health and well-being.<sup>158</sup> More crucially, to centre adolescent agency, SRHR programmes must include approaches which shift the gender norms and structures which impact girls’ voice, mobility, and independent decision-making.<sup>159</sup> It is therefore only through the integration of gender-transformative approaches that long-term improvements to SRHR can be realised.

## ENGAGING MEN AND BOYS IN GENDER NORM CHANGE

The engagement of boys and men is a critical component of successful gender-transformative approaches to achieve girls’ empowerment and improve their SRHR.<sup>160</sup> By leaving men and boys out these approaches have often failed to effectively challenge the systems and processes that control and limit the SRHR of vulnerable groups and restrict their access to services and information.<sup>161,162</sup> Toxic masculinity, as marked by stoicism, competitiveness, dominance and aggression, is harmful to boys as well as girls and accentuated further in humanitarian settings.<sup>163</sup>

While working with boys and men to transform ideas related to traditional masculinity and femininity in mixed gender spaces can provide new cultures of interaction, it is important to include the principle of accountability to gender equity. This includes taking into account the priorities of women’s rights and other social justice groups, and elevating their voices, particularly those who are active in the field of preventing GBV and are advocating for the rights of sexual and gender minorities.

Accountability to the women’s movement and participation of women’s rights organisations in design and governance of SRHR interventions is essential to ensure that patriarchal norms do not (unconsciously) prevail in programming and that interventions which engage boys and men are not to the detriment of SRHR outcomes for girls and women.<sup>164</sup> Girls need space to determine their own agendas and to experience holding power that comes from their own space, networks and knowledge, new relationships and leadership.<sup>165</sup>



“After being exposed to different projects and activities where children can discuss, participate and share their ideas about issues that children, especially girls have to face, I found a positive strength within myself to stand up and try to make a difference.

“It’s tragic what girls have to face. I want girls to know their rights, so together, we can change our destiny.

“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**

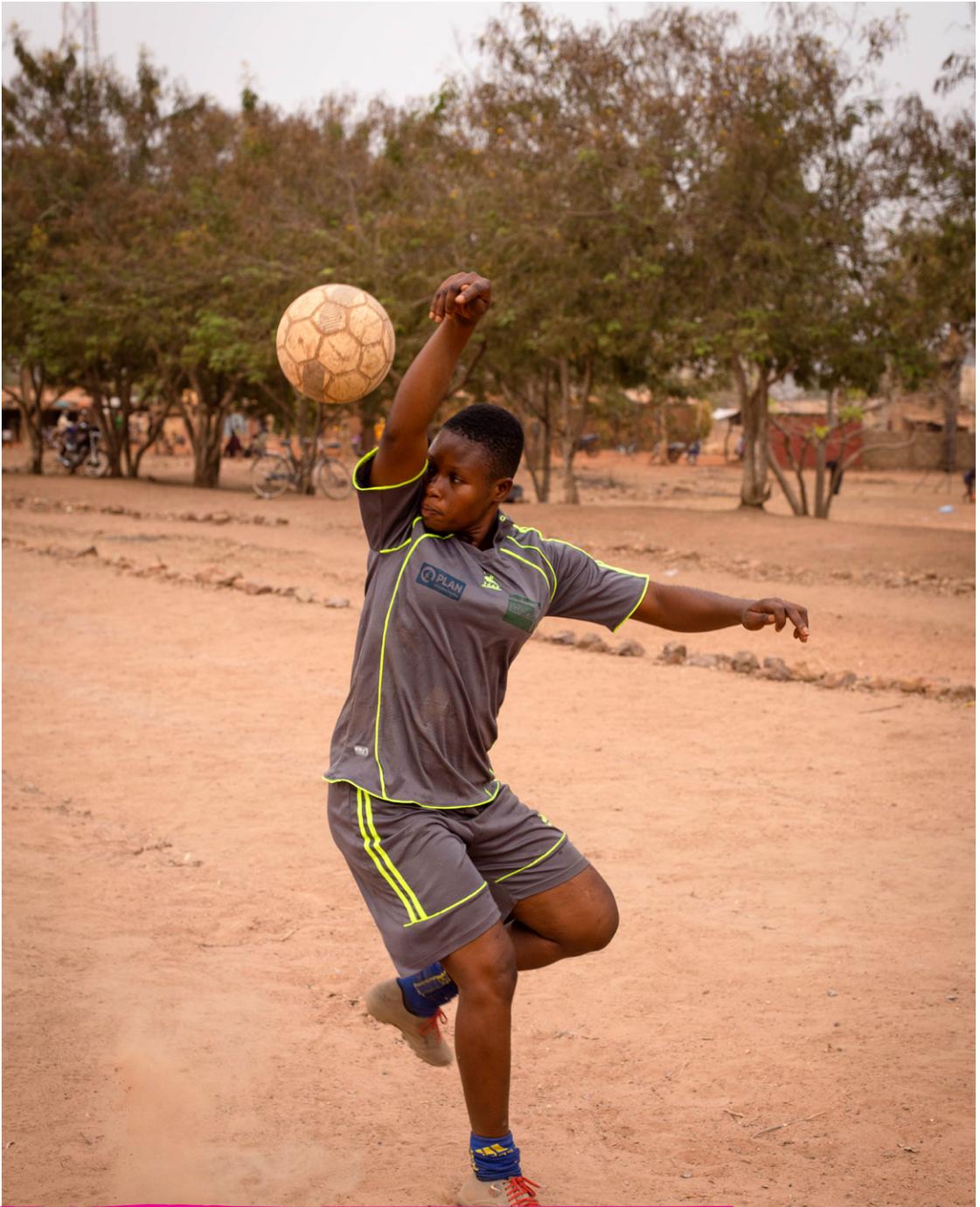
# SECTION 3: DISCUSSION

What becomes apparent, from the trends in findings arising not only from the literature review but also from the case studies in Malawi and Zimbabwe, is that there is no one barrier, one success factor, or one-size-fits-all solution to ensure that girls have the tools and resources they need to take ownership of their SRHR. Plan International and partner organisations have extensively tested and documented varying programme approaches that work to increase service uptake, awareness of gender and social inequalities, knowledge of SRHR, and community support for girls' development. Fieldwide, we have achieved almost universal acknowledgement of the importance of coordination of coherent actions within and across sectors with multiple actors and key stakeholders, and the centring of girls within integrated and holistic programming to advance a broader agenda for girls' health and rights.

**The key element, then, towards advancing girls' agency and empowerment seems to lie not only in what is done but in *how* it is done and *why*.** Girls' empowerment programmes have been criticised for instrumentalising girls, and for over-reliance on positive gender stereotypes that prioritise girls' roles as caretakers and virtuous actors, render girls' responsible for the health and well-being of their families and communities, and presume the desirability of a single,

normative, 'empowered' life path for all girls, regardless of their own individual desires and aspirations. These programmes reflect a development discourse that positions gender equality as 'smart economics', assuming that once empowered, women and girls will contribute significantly to economic growth and 'lift themselves and their communities out of poverty by virtue of making the 'right' choices.<sup>166</sup> This thought process places the emphasis on behaviour change among individuals and on collective behaviours rather than on addressing structural inequality, in turn making 'development' the responsibility of those who are already most vulnerable.<sup>167</sup>

A change will be necessary to shift traditional girls' development towards agency and empowerment in a real and lasting way. Girls need to be engaged in decision-making at all levels of the programme cycle, starting with donors and how funding is allocated. In addition, a move away from language that renders girls as vulnerable, where their voices are merely reiterating the development benefits sought by state actors and international agencies, is also needed.<sup>168</sup> While none of the domains outlined for a feminist approach to girls' empowerment are unfamiliar to implementers and funders operating in the girls' development space, their application to our findings reveal some key recommendations for moving forward.



“What a boy can do, a girl can do too, right? We have the same rights and responsibilities. I want to graduate and become one of the best female football players in the world!” says Martine, 16

**MARTINE, 16, BENIN**

## FRAMING A FEMINIST APPROACH TO GIRLS' SRHR

### TACKLING DISCRIMINATION AND INEQUALITY AT THE ROOTS

Discrimination and inequality are embedded into the gender systems in which we all live. Addressing gender inequalities to create space for adolescent girls to live empowered lives of their choice will require not only shifting the policies and structures that enforce gender bias, but also looking more deeply at the norms that maintain and recreate those structures.<sup>169</sup> Social and gender norms that control, shame, or create fear of girls', women's, and other marginalised groups' sexuality are at the root of gender inequality, yet as a sector we are only just beginning to have open and honest conversations about the central role of sexuality in programming and policy. The control of adolescent girls' sexuality is exacerbated because of their age, by the association of their value with sexual purity, and by their lack of power and agency in traditional and patriarchal structures.<sup>170</sup> The same norms that restrict women's and girls' sexuality frequently underpin the fear of other sexual and gender expressions perceived as dangerous to the status quo, and echo out into every facet of girls' and other adolescents' lives: determining how, where, and what expressions are allowed and what opportunities are available.

**The development discourse must move further towards addressing structural imbalances of power, looking within ourselves, an uncomfortable and risky approach but essential to address gender inequality and place power into the hand of girls and women so that they can exercise their right to make decisions about their own bodies and lives.**

There are multiple proven and successful strategies for creating positive gender and social norms, largely focused on individual and community level dialogues, access to and quality of education, and engaging traditional,

community, and faith leaders and local change-makers as influencers.<sup>171</sup> In particular, our research highlighted the value of engaging boys, parents and other community gatekeepers to stand up to backlash, reduce restrictions on girls' mobility, and change norms about masculinity and sexuality that encourage sexual and gender-based violence. Social and gender norms often restrict girls' exposure to the public realms of society, restricting their access to their peers and to potential role models within community spaces where they could be inspired to achieve more for themselves. A feminist approach to normative change will need a deeper focus on the messages used for norm change, in addition to the analysis of which norms are included in norm change efforts.

The centrality of sexuality in all gender-transformative approaches to empower girls is key, and in particular addressing the fear of and control over girls' and adolescent sexuality.<sup>172</sup> The value placed on young women's sexual purity, connected to their value as a wife and mother, feeds into this fear by associating girls who express any interest in or curiosity about sexuality or romance outside of marriage with the potential loss of value. Girls who are seen by the community as sexualised, a status which frequently has little connection to their actual sexual experience, are isolated and ostracised, deemed capable of infecting other girls through proximity. At the same time, adolescent girls are seen as desirable by men and boys, and their sexuality seen as uncontrollable, leading to the normalisation of sexual harassment, exploitation and violence. The subsequent fear among parents, families and guardians over girls' safety, perceived to be at risk as a result of their sexuality, contributes to policing and controlling of a girl's sexuality by parents and families in order to keep her 'safe' from risk of SGBV and/or preserve her virginity before marriage. The expectation that 'good' girls or women avoid provoking harassment, rather than that boys and men treat women



At school Oumou feels there is gender equality, but less so at home. Girls don't get to participate in family decisions the same way that boys do, but Oumou wants to be heard. "I believe if we raise family awareness and share information, the situation will change. Because men will find out that we have relevant ideas..."

"Boys help with the house chores, but not often," says Oumou. "This situation may change one day, because sometimes my younger brother helps me sweep the house. This did not happen before."

**OUMOU, 19, SENEGAL**

respectfully and without harassing them, perpetuates other norms and assumptions about gender and sexuality that prop up systems of inequality. The adoption of these norms into laws, such as curfews for women or restrictions on public spaces deemed to be unsafe, designed to protect women from the male gaze, rather than ask that men be responsible for their own actions, keep women in a state of perpetual childhood and control and strip them of the potential for agency.<sup>173</sup>

Efforts to integrate violence prevention and culture shifts around violence into SRHR and girls' empowerment initiatives have begun to show similar potential for lasting effects. With the rise of suicide as a leading cause of death for adolescent girls globally, additional research is needed to understand and unpack the impact of emotional and physical violence and the risk of violence on girls' mental health and resilience, and into integrating mental health support into health systems.<sup>174</sup> Additional investments are needed to centre girls and survivors of all genders into response programmes, in particular to further document and address the impact of discrimination against and violence towards survivors by police and communities.<sup>175</sup>

Additionally, our review supports the findings of previous systematic reviews on gender norm change, which highlight the lack of investment in systemic shifts to address the ways in which norms are institutionalised and reproduced through policy and power structures.<sup>176</sup> Gender norms are frequently described as being particularly 'sticky', meaning that they are difficult to change because of the myriad ways in which they are unthinkingly reproduced and recreated through daily interactions<sup>177</sup>.

As our understanding of the formation and function of social norms expands, we increasingly see methods through which gender inequalities become pervasive and self-reinforcing. Despite a growing body of evidence that social norms do change,

and can be changed, many norms remain entrenched, either because they are reinforced by confirmation biases or because they conveniently uphold the status quo. Norms are created and recreated in social interactions, but also through systems of reinforcement operating in social structures, media, and policy. What we have seen emerge from our findings is that this system further marginalises and disenfranchises girls: sexism, racism, classism, and other forms of discrimination and violence shape both their opportunities and their perceptions of their own value. While investments in gender-transformative programmes, access to education and health, and reductions in harmful traditional practices have made improvements for millions of girls worldwide in their individual lives, and successfully shifted some practices towards greater gender equality, widespread systemic changes to the patriarchal power structures are as yet unrealised.

## USING AN INTERSECTIONAL LENS

Norm change programmes additionally need to work more directly with girls and young people facing intersectional discrimination in order to address the intersection of violence and discrimination based on gender, age, sexual orientation, (dis)ability, and other marginalised identities, to better understand and tailor approaches to address the overlapping norms and stereotypes that contribute to multiple marginalisations. A recent review on the evidence base on SRH interventions with health outcome data for young people, including adolescents, in humanitarian settings shows a need for inclusion of young people from sexual minorities or those with disabilities, who are frequently excluded or overlooked in programmes and funding.<sup>178</sup>

This transformation "requires changes that go beyond the level of individuals and extend to institutions, norms, and behaviours".<sup>179</sup> Systemic change will require not only increasing our understanding of how norms



In her neighbourhood there are many girls who become pregnant and drop out of school. “They did not have the opportunity to learn about contraceptive methods and how to prevent diseases,” Camila explains. “We don’t talk to our mothers about these matters. I think that if there was better communication at home on these issues, there would be fewer pregnant girls.”

“I had many taboos in my head, I didn’t talk to my mother about reproductive health. With the information Plan International gave me, everything has changed in my life,” Camila says. Today Camila, who dreams of becoming a lawyer, shares her knowledge with friends and classmates. “I want to have children, but only after finishing school and becoming an adult.”

**CAMILA, 15, BRAZIL**

are replicated and buttressed by policies and power structures, but also a more nuanced analysis of how different norms and stigmas work to increase or counteract gender inequalities. Unlocking the development and individual potential of adolescent girls, in all of their diversity, requires us to increasingly focus our efforts on breaking down the intersectional inequalities which limit them and instead rebuilding new structures of power located in their opportunities and aspirations.

While gender norms frequently shape girls' internalised perceptions of their opportunities, they also experience differences in their conceptions of their own power based on their economic status, ethnic or religious identity, and other statuses, such as migrancy. Funders and implementers looking to improve girls' access to and ownership of their SRHR need a comprehensive understanding of how other identities shape their sexual and reproductive decision-making. Girls' aspirations are framed by their realities and the opportunities that are available to them. Poverty and economic opportunity go hand in hand with girls' aspirations, placing motivation at the forefront of decision-making.

Girls' decisions about sexuality, marriage, and childbearing are shaped by economic considerations and educational opportunities, as we saw in Zimbabwe and Malawi. Girls' assessments of whether it is safe for them to seek out services, to use the contraceptive methods available to them, and about which partners are desirable are shaped by their experience of violence, their faith, and their mobility. **Understanding the complex interactions that shape girls' decisions about when it is worth risking backlash, social disapproval, loss of reputation, and even violence is vital to understanding what allows some girls to challenge stigmas and inequalities and why others choose to stay silent.**

The literature review also highlighted the paucity of evidence and research available on

marginalised and diverse cohorts of adolescent girls. The diversity of girls has been overlooked, as programmes and development partners eager to prioritise their work on gender equality have advocated for a universalist view of all girls and young women, and occasionally young people, as 'vulnerable and marginalised'. This casting of a wide net around vulnerability creates a programming blind spot, curtailing and short-circuiting investments in partnerships with girls and communities to conduct the type of research and analysis needed to see what their vulnerabilities and needs actually are.

Development programmes that focus on social inclusion<sup>180</sup> are a promising practice for addressing individual perceptions and gatekeeping behaviours. There is a growing body of literature and tools for implementing social inclusion in youth development, which necessitates a variety of shifts in practice for implementers, including growing focus on meeting young people where they are with accessibility practices and support for all participants to fully engage. Social inclusion also necessitates deeper analysis of the existing social, economic, physical, and normative barriers and needs faced by all adolescents in the communities and contexts where the programme is hoping to have an effect, and planning in accordance with their needs. It requires understanding the often invisible social identities that shape adolescents' agency, especially at the point of decision-making, and adjusting programmes to ensure not only that they don't reproduce discrimination, but that they work across identities to reduce hierarchies of identity and marginalisation among adolescents.<sup>181</sup>

## **CENTRING AGENCY AND HUMAN RIGHTS**

Centring girls' agency and human rights necessitates not only seeing girls in all of their diversity as individuals capable of understanding and making their own choices, but also investing in the structures around them to support them when they do.

“I was very happy to go back to school this year. When I was married, I did not dare to imagine that one day I could be a student again. But not everyone has been supportive of me getting divorced and enrolling in school because some people in my community still believe girls are only meant to be wives and mothers.”

“Some of the people in my community are advising young girls to marry because they believe school will not open again this year and we will add extra costs to our poor families by remaining at home,” Maria explains.

“Because of the coronavirus, many families in the community will not be able to afford to send their children back to school because many have lost their jobs and are bearing additional costs that come with providing food and sanitation products. Two of my cousins, who are 15, are considering finding a husband who can provide for them during this difficult time. And many older men are starting to make these promises to them,” says Maria.

**MARIA, 14, MOZAMBIQUE**



In many contexts, the concept of adolescents' and children's human rights become more fraught and controversial when the exercise of those rights comes into conflict with parental and protectionist frameworks. Many policies are designed not to empower, but to protect adolescents, girls, women, and other groups perceived as vulnerable. While states have a responsibility to protect vulnerable people and groups, the failure to balance those protection interests with institutional and policy frameworks that uphold and support autonomy can actually lead to a denial of rights. In particular, for adolescents, the desire to protect girls from the real or perceived harm associated with sexuality all too often results in "restrictive forms of protection that deny the young person opportunities for agency or autonomy, with problematic implications for the rights of the child/young adult, and their right to SRH."<sup>182</sup> Taking into account the complexities and myriad of realities that girls live within, to design and implement both effective and acceptable sexual and reproductive health interventions, social norms arising from girls' lived realities and expressed priorities need to be understood. Programmatic and policy goals should be gender-transformative and acknowledge and respect a girl's decision when to marry or if to conceive and be a mother, without stigma and shame, as long as it is informed, consensual and brings no harm to her mental or physical health.

While protective policies that form barriers to adolescent access to SRHR (common examples are age or marital status-based restrictions on access to health services, parental or spousal consent policies, or the criminalisation of non-consensual sexual activity, meaning that if a girl reports being assaulted, she will be punished for engaging in sexual activity) are more well documented,<sup>183</sup> the codification of gender norms into law and policy can be both pervasive and pernicious. Policies that restrict pregnant or married adolescents' participation in formal education, for example, depend on and reinforce social and gender norms

that assume the contagion of adolescent sexuality, and recreate social norms rendering girls solely responsible for early pregnancy. Gender inequality is systematised into political and legal institutions in myriad ways: the silo-ing of anti-violence policies from health and education sectors, maternity leave policies that presume a burden of care on women, differences in the legal age of marriage or sexual consent for men and women, or national service requirements for men or boys only. Policy changes are rarely analysed for their potential effects on gender norms, or evaluated with a gender lens.<sup>184</sup> Without large-scale investments in gender-transformative policy analysis, supported by local change agents working with policymakers to question their assumptions and inherent biases, policy changes to support shifts in gender norms and systems of inequality will remain disconnected and opportunistic.

While empowerment is the framing through which most, if not all, current programming with adolescent girls is seen, there is less direct discussion of what effects these efforts are having on girls' agency. Current work that improves agency-related outcomes, such as confidence, self-efficacy, and decision-making, again needs a more systemic and multi-level view. Centring girls' agency in practice requires not only investments in building their confidence, self-efficacy, and knowledge, but also in the deliberate engagement of those around them. There is substantial evidence on the benefit of working at all levels (with peers, families, in the community, and with structural gatekeepers), though little analysis of the content and quality of these strategies.<sup>185</sup> In addition, investments in emotional and psychosocial support for girls, listening skills, values clarification, and learning to recognise self-bias and gatekeeping behaviours, are all vital for engaging audiences at all levels towards supporting girls' empowerment.

A girl's desire for education is an important driver of gender norm change – girls are

aware that education opens up opportunities for a better life for them and their families, one that includes and goes beyond marriage and motherhood. When this happens – when girls’ visions of their own opportunities and possibilities are widened – educated girls tend to be accepting and supportive of gender equality, develop greater self-confidence, and are able to voice their opinions and influence decisions that affect them. The importance of providing a safe environment in schools and ensuring the quality of content of education is key however, and the pedagogy enshrined in comprehensive sexuality education that enables students to be critical thinkers and examine their own lives and ways of being is crucial to enable a positive experience.

Backlash against girls expressing agency sustains restrictive gender and social norms and must be addressed at all stages of programming for adolescent empowerment. Greater investments in mentorship, girls’ leadership, and intersectional social inclusion are all promising not only for their impact on individual girls’ agency outcomes, but also for their potential to create new visions and norms of who girls can be and how they should be valued in their communities.<sup>186</sup>

In particular, the practice of gender-mainstreaming must be much more critically analysed from an agency and human rights perspective: gender programmes which focus on girls’ inclusion, while a necessary first step, all too frequently create pathways to empowerment which reinforce traditional roles, norms, and stereotypes about girls’ interests and abilities. Livelihood skills investments which focus on skills related to haircare, makeup, or fashion, for example, or policies which protect women from street harassment by controlling their access to public spaces, are solving a symptom rather than a cause of gender inequality. Policy and institutions designed by and for those in power risk remaining blind to their potential impacts on girls and other marginalised groups. In particular, many policies tend to

presume a need for paternalistic or protective actions, often related to controlling girls’ sexuality and reinforcing their roles in families, instead of proactively supporting autonomous decision-making and free choice. While policy change has the transformative potential to embed more equitable norms, it can also reinforce existing power structures and create new harmful norms.

## MEANINGFUL PARTNERSHIP AND COLLABORATION

Centring girls, young women, and marginalised groups in development policies and programmes requires significant additional investment in their advocacy, networks, and organisations. Funding structures frequently reproduce the gender and power hierarchies they seek to combat: the Association for Women’s Rights in Development (AWID) estimates that as much as 99 per cent of gender-related international aid never reaches women’s rights and feminist organisations directly.<sup>187</sup> This lack of access to funding, training, and capacity strengthening support for girls and girl-led organisations keeps their voices from being heard in key decision-making forums. Investments in girl-led programming and advocacy work, conversely, not only contribute to more sustainable social change but also expand the inclusion lens of gender equality work. Funding investments should shift power directly to existing collectives, groups, movements and women’s organisations and acknowledge that their experience, in terms of local knowledge, time, human and material resources, is invaluable. Investments to amplify their voices, protect their rights and provide them with educational, health, protection and employment opportunities will support them to lead the change they want to see.

Working to shift gender norms and their impacts at the structural level will require sustained investment, and a reconceptualisation of funding and investment strategies. When considering the long-term

scalability of proven interventions to change gender and social norms, Goldmann et al.<sup>188</sup> highlight the fundamental power questions at play in integrating gender-transformative approaches to social norm changes: that current models rely on short-term timeframes, project-based, and single-outcome funding models, that assumptions about scalability and sustainability rely on investments and engagement from governments who may have vested interests in maintaining the status quo, and that organisations led by women, girls, and marginalised groups have significantly less access to funding.<sup>189</sup>

The structure of development funding (short-term, restricted, via intermediaries, based on donor interests rather than needs on the ground) creates challenges in supporting youth CSOs, including competition and little long-term planning. There are calls for more flexible and core funding. Building up the evidence base on resourcing of youth civil society, and facilitating better communication and partnership between donors and youth CSOs, could encourage donors to rethink their practices (many are already aware of the need for change).

Recent growth in participatory, flexible grant-making and funding mechanisms focused on adolescents, adolescent girls, and marginalised girls, such as FRIDA: The Young Feminist Fund, the With and For Girls Collective, Oxfam's VOICE and the Girls First Fund, show promise in both their cross-sectoral and intersectional impacts and their reach,<sup>190</sup>

building greater visibility in traditional gender and funding spaces for a rights-based, transformative approach. Yet meaningful partnership and collaboration requires going beyond funding. It means investing in systems and support to allow younger girls, girls with disabilities, rural girls, and others to participate: dedicated staff support, translation support, protection policies, and investments in accompanying adults or caretakers should be expanded. Breaking down policy and decision-making processes so that all girls can understand and influence decisions requires both financial and human resources, and more connections between international, national, and local policy and accountability processes to make them accessible to all advocates, especially girls and young women. While approaches to engaging young people in development and advocacy often focus on ensuring that they are prepared to participate, investments are needed in working with adults and systems to make them more accessible and friendly. This will be necessary to achieve the cultural shift towards centring girls' agency needed to transform the power structures reinforcing gender inequalities.

Investments in social norm change programmes that highlight and privilege the growth of leadership abilities in adolescent girls are also investments in the next generation of policy change advocates, who will drive forward more gender equal and gender-transformative policy regimes towards the ongoing progression of more equal societies.

# SECTION 4: CONCLUSION AND RECOMMENDATIONS

## INTERSECTIONAL, FEMINIST GIRLS' EMPOWERMENT: A WAY FORWARD

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.

**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.

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. In addition, development programming needs to be wary of creating new, virtuous or protective norms that burden girls with the 'saving' of their communities and networks: the perception that investments in girls and women would immediately benefit their households and their wider communities perpetuates stereotypes of women as selfless and altruistic, and places huge – possibly unfair – responsibilities on them.<sup>191</sup>

Addressing girls' empowerment through intersectional, feminist approaches requires naming one of the central tensions present in development funding and programmes:

that despite the hegemonic challenges and patriarchy that frequently function through the same processes and power levers, programmes are best designed, delivered, and led by local community change-makers who are capable of adapting to the resources and strengths of their contexts. Most importantly, this necessitates working in realistic and meaningful ways with girls themselves, as well as with their communities and organisations. Based on the findings of our research 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.

### 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.

## RECOMMENDATIONS

Our recommendations focus on structural and policy changes and their implications for government investments in programmes. Their 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 and supported by an effective enabling environment.

### CORE PRINCIPLES

These principles are for all actors working to advance girls' rights and underpin the recommendations detailed below.

- 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.



## SYSTEMS AND STRUCTURES

Donor governments and international partners should continue to fund programmes that have gender equality as a principle objective with 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. All development actors should work across sectors to collectively address key structural causes of systemic power and gender imbalances:

### Social norms

- Commit to **increasing long-term spending** that takes into account the reality that achieving change in harmful social and gender norms is a slow process and that it takes time for new norms to spread across communities.
- Create or support **cross-sectoral working mechanisms** for ministries investing in programmes and responsible for policies advancing SRHR and GBV progress such as comprehensive sexuality education and gender-based violence prevention and response services.
- **Engage men and boys** in initiatives that address gender and social norms, recognising the role of positive masculinities in changing gender norms and reducing violence and backlash in addition to the positive impact for men and boys themselves.
- Governments and international partners should work with implementers, including girl-led and women's organisations, to create, incorporate, and collect indicators to **measure gender and social norm change and inclusion outcomes** across programmes. This should include consistent analysis of policy and programme initiatives to ensure that they are addressing girls' and other marginalised groups' human rights.

### Leaving no one behind

- Mainstream and create specifically **targeted funding and resources for vulnerable and marginalised girls** across sectors that include participatory design and delivery and meaningful partnerships with vulnerable and marginalised girls themselves.
- Work with adolescent and youth partners to incorporate **outreach to vulnerable and marginalised girls** from their peer groups into programme recruitment and assessment and provide the necessary support to enable their participation.
- Invest in **anti-discrimination and inclusion approaches** and social and emotional learning frameworks to work with adolescents and communities towards eliminating identity- or status-based marginalisation and stigma.
- Invest in approaches which **recognise and celebrate the diversity of adolescents' identities**, including but not limited to migrants, sexual orientation and gender identity, those living with disability, and those from ethnic minorities and indigenous groups, to ensure adherence to a strong evolving capacity framework and rights-based access to health services, including sexual and reproductive health.

### Funding beyond the power hierarchy

- Provide **flexible, participatory and responsive funding** to informal, grassroots girl-led groups and social movements as well as women's rights organisations, with more agile funding and reporting systems, that are accountable to girls and women.
- Establish **protection mechanisms and emergency funding** and protection procedures for girls and young women human rights defenders/advocates.



## SRHR AND BODILY AUTONOMY

- Provide stronger guidance on **evolving capacity and adolescent agency** for legal and health providers working with adolescents.
- Ensure policies on age of consent to sex are designed to **maximise adolescent agency and decision-making** and are not used to restrict access to information and services or to penalise adolescents who report sexual force, coercion, or violence.
- Ensure **age of marriage** policies are built in support of consent and agency:
  - Remove religious and cultural loopholes, including parental and judicial consent, that allow for force or coercion in marriage.
  - Institute criminal or legal penalties for adults engaged in forced marriage of adolescents.
  - Eliminate policies and laws allowing for rapists to escape prosecution by marrying their victims.
  - Automatically grant married adolescents majority status, in particular when it comes to the right to petition the court for divorce or annulment.
- Work towards the political and social elimination of bride price and dowry systems that contribute to the commodification of women's sexuality.
- Remove marital status-based restrictions on consent to sex, consider removing age of sexual consent policies in favour of stronger policies on sexual violence and coercion, or ensuring the existence of close-in-age exemptions to allow for consensual sexual activity between adolescents.
- Remove age or marital status-based restrictions on adolescent access to health information and services, including contraception, safe abortion or post-abortion care, HIV testing and treatment, and mental health care.
- Strengthen efforts to prevent and respond to gender-based violence through implementing violence/gender awareness minimum training standards for all responding agencies across all development sectors.
- Establish accountability mechanisms and zero tolerance policies for police or law enforcement harassment of survivors of sexual violence or adolescents seeking to leave family violence or early and forced marriages.
- Research and develop models of restorative justice and other alternative systems that centre survivors and communities' needs.

### SRHR integration into universal health care

**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.

- Integrate an age and gender-responsive approach into the design of UHC models and implementation. Health systems and services should be available, accessible, acceptable and of good quality. They should be age- and gender-responsive and address gender related barriers to health.
- Invest in dedicated health budgets for adolescent SRHR services including the removal of user-fees and out-of-pocket payments for health services so that SRHR services are accessible and affordable to all adolescents and young people.
- Invest in the **training and support of health workers and professionals** at all levels to improve the quality of and demand for gender-responsive, adolescent-and-youth-friendly services that are provided without stigma or discrimination.
- Remove gendered barriers to access to health resources, including through ensuring that national insurance and health payment plans are gender-aware in their design and include a full range of girls and women's health services available to all ages.
- Support strong accountability frameworks as well as effective monitoring and evaluation mechanisms to guide the development of policies and strategies towards achieving UHC – including SRHR – with the active participation of relevant stakeholders, including local communities.

## Humanitarian Settings

Prioritise humanitarian investments for girls and women to increase agency, reduce violence, and fully realise SRHR outcomes through:

- Fully implementing the Minimum Initial Service Package for reproductive health in crisis settings for adolescents, including ensuring access to SRH supplies and services in disaster response.
- Increasing investments in Sexual and Gender Based Violence prevention and response, including addressing control of girls' and women's mobility and sexuality in camp settings and addressing sexual exploitation and coercion in humanitarian response.
- Integrating investments in girls' education, including comprehensive sexuality education, livelihood skills and economic empowerment, and their meaningful participation, into humanitarian response.
- Increasing coverage of mental and emotional health and social support in humanitarian response, including psychosocial support training for teachers.

---

## EDUCATION



For girls, access to a good quality education, in a safe school environment, which challenges discriminatory social norms and promotes gender equality is a key part of increasing their agency and decision-making power. Invest in and work directly with education sector partners to:

- Ensure inclusion in **educational enrolment**, including through removing financial barriers to primary and secondary education, or establishing financial aid for marginalised and vulnerable children and adolescents. To achieve this:
  - National governments should allocate at least six per cent of GDP and at least 20 per cent of government spend towards education and adopt progressive universalism.
  - Donor governments should continue to invest in gender-responsive secondary education for girls, allocating at least 15 per cent of official development assistance to education.
- **Remove barriers** to education for all girls based on marital status, pregnancy, sexual activity, or other discriminatory barriers, including physical ability, migration status, socio-economic class, religion, or other status.
- Put in place **proactive measures to identify the poorest, most marginalised and excluded girls** and boys and implement targeted measures to remove all barriers to education and reduce inequalities in access, transition through and completion of a quality education.
- Invest in implementation and quality standards for **comprehensive sexuality education** that is rights-based, inclusive, and gender-aware for children, adolescents and young people, both in and out of school. This should include:
  - Investment in training of those delivering comprehensive sexuality education to ensure it is non-discriminatory, inclusive and accessible, non-judgemental, rights-based and gender-transformative.
  - Promoting approaches which engage parents, caregivers, traditional and religious leaders and other gatekeepers to enhance their knowledge and support of the topics covered in comprehensive sexuality education.
- Ensure that formal and non-formal education initiatives directly address gender inequalities, create positive gender norms, and address girls' SRHR.

- Engage communities, stakeholders, and gatekeepers towards increasing the value placed on girls' education and human rights.
- Integrate non-discrimination training and stronger anti-discrimination standards into teacher training, school policies, and other educational outreach initiatives.
- Invest in **non-formal education for all girls**, including vocational training and programmes to support girls' technical, entrepreneurship, leadership and occupational skills-building and support transitions into formal education and employment.
- Eliminate **violence** in schools and non-traditional educational settings, including peer violence and sexual harassment and violence and harassment from teachers and school employees through investment in safe school infrastructure, safety audits on travel to and from school, and gender segregated and well-lit latrines.
- Integrate **mental health education** and social and emotional learning and skills-building into educational settings, national insurance schemes, and general health practices.

---

## MEANINGFUL PARTICIPATION AND LEADERSHIP



### Listen to and involve adolescent girls

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.

- Invest in supporting girl and young advocates with technical support, resources, and funding to elevate their ability to **participate in national, regional, and global decision-making forums.**
- Engage, empower and build individual, community, and collective capacities among women and girls, building upon their knowledge and lived experiences and including initiatives to **promote, support, and safeguard community engagement.**
- Invest in **girls' political participation and youth civic engagement** programmes that reach and support vulnerable and marginalised girls and young people.
- Strengthen girl and young women-led movements working on gender equality and young feminist activists, networks and associations, formal and informal, through increased multiyear flexible funding, and non-financial support, following their own priorities, including responding to unexpected needs.
- Create safe spaces for meaningful dialogue between policymakers, girls, and communities to discuss issues.
- Take measures to address gender-based violence in all settings and ensuring adolescent girls and young women activists are protected in public spaces

### Role models

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

- Increase the number of female teachers and learning assistants – including through recruitment drives and supporting women to access teacher training and support – and improve working environments and ensure fair wages for their work.
- Support local partners to break down barriers to women's effective entry into community leadership and decision-making roles, and support women parliamentarian's leadership and development.
- Support gender and diversity quotas in local and national political decision-making boards and structures.



Mother of one Evelyn\*, 22, defied Kenyan law to have a backstreet abortion when she became pregnant at 15. Three years later, she was pregnant again and felt pressured into having the child this time for fear that she'd not get another chance. Thankfully, unlike most girls who fall pregnant at school in Kenya, her teachers encouraged her to stay in education and she went on to earn a diploma in website management. She hopes to one day open a cyber café.

“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**

# ENDNOTES

- 1 Heymann, J., Levy, J.K., Bose, B., Ríos-Salas, V., Mekonen, Y., Swaminathan, H., Omidakhsh, N., Gadoth, A., Huh, K., Greene, M.E., and Darmstadt, G.L. (2019) Gender Equality, Norms, and Health 3: Improving Health with Programmatic, Legal, and Policy Approaches to Reduce Gender Inequality and Change Restrictive Gender Norms. *The Lancet* 393(10190), pp.2522–2534.
- 2 Every Woman Every Child (2015) *The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)*. Geneva: Every Woman Every Child.
- 3 UNAIDS (2019) *Women and HIV: A Spotlight on Adolescent Girls and Young Women*. Geneva: UNAIDS.
- 4 Guttmacher Institute (2018) *Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents in Developing Regions. Fact Sheet November 2018*. New York: Guttmacher Institute.
- 5 Plan International UK (2019) *Real Choices, Real Lives: Girls Challenging the Gender Rules*. London: Plan International UK.
- 6 Plan International (2014) *Hear Our Voices Technical Report: Do Adolescent Girls' Issues Really Matter?* Woking, Surrey, UK: Plan International.
- 7 Ipsos MORI and Plan International (2015) *Girls Speak Out: A Four-Country Survey of Young Women's Attitudes and Recommendations for Action*. London: Ipsos MORI.
- 8 Plan International (2017a) *Counting the Invisible: Using Data to Transform the Lives of Girls and Women by 2030*. Woking, Surrey, UK: Plan International.
- 9 Plan International (2017b) *Let Me Decide and Thrive: Global Discrimination and Exclusion of Girls and Young Women with Disabilities*. Geneva: Plan International.
- 10 International Planned Parenthood Federation and Rutgers WPF (2013) *Explore Toolkit for Involving Young People as Researchers in Sexual and Reproductive Health Programmes: Rapid PEER Review Handbook*. London: IPPF.
- 11 Buller, A.M., and Schulte, M.C. (2018) Aligning Human Rights and Social Norms for Adolescent Sexual and Reproductive Health and Rights. *Reproductive Health Matters*, 26(52), pp.38–45.
- 12 Harper, C., Jones, N., Ghimire, A., Marcus, R., and Kyomuhendo Bantebya, G. (eds.) (2018) *Empowering Adolescent Girls in Developing Countries: Gender Justice and Norm Change*. New York: Routledge.
- 13 Heise, L., Greene, M.E., Opper, N., Stavropoulou, M., Harper, C., Nascimento, M., and Zewdie, D. (2019) Gender Equality, Norms, and Health 1: Gender Inequality and Restrictive Gender Norms: Framing the Challenges to Health. *The Lancet* 393(10189), pp.2440–2454.
- 14 Stavropoulou, M. (2019) *Gender Norms, Health and Wellbeing*. London: ALIGN Platform.
- 15 Klugman, J., Hanmer, L., Twigg, S., Hasan, T., McCleary-Sills, J., and Santamaria, J. (2014) *Voice and Agency: Empowering Women and Girls for Shared Prosperity*. Washington, DC: World Bank Group.
- 16 Zimmerman, L.A., Li, M., Moreau, C., Wilopo, S., and Blum, R. (2019) Measuring Agency as a Dimension of Empowerment Among Young Adolescents Globally; Findings from the Global Early Adolescent Study. *SSM – Population Health* 8, 100454.
- 17 Jones, N., Baird, S., Hicks, J., Devonald, M., Neumeister, E., Presler-Marshall, E., Yadete, W., and Kebede, M. (2019) *Gender and Regional Inequalities in Adolescent Psychosocial Well-being and Voice and Agency*. Policy Note. London: Gender and Adolescence: Global Evidence.
- 18 Cislighi, B. (2019) *The Potential of a Community-led Approach to Change Harmful Gender Norms in Low- and Middle-income Countries*. London: ALIGN Platform, p.6.
- 19 Sen, A. (1999) *Development as Freedom*. New York: Alfred Knopf.
- 20 Plan International (2018a) *Advancing Children's Rights and Equality for Girls: Our Global Approach to Programme and Influence*. Woking, UK: Plan International, p7.
- 21 Levy, J.K., Darmstadt, G.L., Ashby, C., Quandt, M., Halsey, E., Nagar, A., and Greene, M.E. (2019) Characteristics of Successful Programmes Targeting Gender Inequality and Restrictive Social Norms for the Health and Wellbeing of Children, Adolescents, and Young Adults: A Systematic Review. *The Lancet Global Health* 8, e225–36.
- 22 Darmstadt, G., Heise, L., Rao Gupta, G., Henry, S., Cislighi, B., Greene, M.E., Hawkes, S., Hay, K., Heymann, J., Klugman, J., Levy, J.K., Raj, A., and Weber, A.M. (2019) Comment: Why Now For a Series on Gender Equality, Norms, and Health? *The Lancet* 393(10189), pp.2374–2377.
- 23 Hay, K., McDougal, L., Percival, V., Henry, S., Klugman, J., Wurie, H., Raven, J., Shabalala, F., Fielding-Miller, R., Dey, A., Dehingia, N., Morgan, R., Atmavilas, Y., Saggurti, N., Yore, J., Blokhina, E., Huque, R., Barasa, E., Bhan, N., Kharel, C., Silverman, J.G., and Raj, A. (2019) Gender Equality, Norms, and Health 4: Disrupting Gender Norms in Health Systems: Making the Case for Change. *The Lancet* 393(10190), pp.2535–2549.
- 24 Thompson, L. and Clement, R. (2019) *Defining Feminist Foreign Policy*. Washington, DC: International Centre for Research on Women, p.7.
- 25 Starrs AM, Ezeh AC, Barker G et al., Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission, *The Lancet*, 2018
- 26 World Health Organization (2005) 'Sexual Health' under 'Sexual and Reproductive Health – Gender and Human Rights', [https://www.who.int/reproductivehealth/topics/gender\\_rights/sexual\\_health/en/](https://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/)

- 27 Marcus, R., Harper, C., Brodbeck, S., and Page, E. (2015) *Social Norms, Gender Norms, and Adolescent Girls: A Brief Guide*. London: ODI.
- 28 Weber, A.M., Cislighi, B., Meausoone, V., Abdalla, S., Mejía-Guevara, I., Loftus, P., Hallgren, E., Seff, I., Stark, L., Victoria, C.G., Buffarini, R., Barros, A.J.D., Domingue, B.W., Bhushan, D., Gupta, R., Nagata, J.M., Shakya, H.B., Richter, L.M., Norris, S.A., Ngo, T.D., Chae, S., Haberland, N., McCarthy, K., Cullen, M.R., and Darmstadt, G.L. (2019) Gender Equality, Norms, and Health 2: Gender Norms and Health: Insights from Global Survey Data. *The Lancet* 393(10189), pp.2455–2468.
- 29 Blum, R.W., Mmari, K., and Moreau, C. (2017) It Begins at 10: How Gender Expectations Shape Early Adolescence Around the World. *Journal of Adolescent Health* 61 (4S) S3–S4.
- 30 Oxfam Great Britain (2017) *A 'How To' Guide to Measuring Women's Empowerment: Sharing Experience from Oxfam's Impact Evaluations*. Oxford: Oxfam GB.
- 31 Batsleer, J. (2013) *Youth Working with Girls and Women in Community Settings: A Feminist Perspective*. UK and USA: Ashgate Publishing Company (second edition), p.42.
- 32 Bhog, D. and Mullick, D. (2015) *Collectivising Girls for Social Change: Strategies from India*. New York: American Jewish World Service, p.29.
- 33 UNFPA (2019) *State of World Population 2019. Unfinished Business: The Pursuit of Rights and Choices for All*. New York: UNFPA.
- 34 International Center for Research on Women (2014) *More Power to Her: How Empowering Girls Can Help End Child Marriage*. Washington DC: ICRW.
- 35 UNDP (2019) *Human Development Report 2019: Beyond Income, Beyond Averages, Beyond Today: Inequalities in Human Development in the 21st Century*. New York: UNDP.
- 36 UNFPA 2019.
- 37 Miller, K. and Jones, R. (2019) *Toward a Feminist Funding Infrastructure*. Association for Women's Rights in Development (AWID).
- 38 Thompson and Clement 2019.
- 39 Darmstadt et al. 2019.
- 40 Oxfam International (2019) *Feminist Aid: A Call for G7 Leaders to Beat Inequality*. Oxford: Oxfam International.
- 41 UNFPA 2019.
- 42 UNFPA (2014) *State of World Population 2014. The Power of 1.8 Billion: Adolescents, Youth, and the Transformation of the Future*. New York: UNFPA.
- 43 Fatusi, A. (2016) Young People's Sexual and Reproductive Health Interventions in Developing Countries: Making the Investments Count. *Journal of Adolescent Health* 59 (3S).
- 44 UNESCO (2018) *International Technical Guidance on Sexuality Education: Revised Edition*. Paris: UNESCO.
- 45 Haberland, N., McCarthy, K.J., and Brady, M. (2018) *Insights and Evidence Gaps in Girl-centered Programming: A Systematic Review*. New York: Population Council.
- 46 Stavropoulou 2019.
- 47 Noble, E., Ward, L., French, S., and Falb, K. (2017) State of the Evidence: A Systematic Review of Approaches to Reduce Gender-Based Violence and Support the Empowerment of Adolescent Girls in Humanitarian Settings. *Trauma, Violence and Abuse* 20(3), pp.428–434.
- 48 Greene, M.E., Perlson, S., Hart, J., and Mullinax, M. (2018) *The Centrality of Sexuality for Understanding Child, Early and Forced Marriage*. Washington, DC and New York: GreeneWorks and American Jewish World Service.
- 49 Stackpool-Moore, L., Bajpai, D., Caswell, G., Crone, T., Dewar, F., Gray, G., Kyendikwa, A., Mellin, J., Miller, A., Morgan, F., Orza, L., Stevenson, J., Westerhof, N., Wong, F., Yam, E. and Ziemann, B. (2017) Linking Sexual and Reproductive Health and Rights and HIV Services for Young People: The Link Up Project. *Journal of Adolescent Health* 60(2), S3–6.
- 50 Goldmann, L., Lundgren, R., Welbourn, A., Gillespie, D., Bajenja, E., Muvhango, L., and Michau, L. (2019) On the CUSP: The Politics and Prospects of Scaling Social Norms Change Programming. *Sexual and Reproductive Health Matters* 27(2), pp.51–63.
- 51 Institute for Reproductive Health (2016) *Scaling Up Normative Change Interventions for Adolescent and Youth Sexual and Reproductive Health*. Washington, DC: Institute for Reproductive Health, Georgetown University and Save the Children for the U.S. Agency for International Development (USAID).
- 52 Organization for Economic Cooperation and Development (2019) SIGI 2019 *Global Report: Transforming Challenges into Opportunities*. Paris: OECD.
- 53 Oxfam International 2019.
- 54 Nash, K., O'Malley, G., Geoffroy, E., Schell, E., Bvumbwe, A., and Denno, D.M. (2019) "Our Girls Need to See a Path to the Future" – Perspectives on Sexual and Reproductive Health Information Among Adolescent Girls, Guardians, and Initiation Counselors in Mulanje District, Malawi. *Reproductive Health* 16, article no. 8.
- 55 Health Policy Plus (2016) *Held Back by Fear: How Stigma and Discrimination Keep Adolescents from Accessing Sexual and Reproductive Health Information and Services*. Washington DC: Health Policy Plus.
- 56 Hussein, J., and Ferguson, L. (2019) Eliminating Stigma and Discrimination in Sexual and Reproductive Health Care: A Public Health Imperative" *Sexual and Reproductive Health Matters*, 27:3, pp. 1–5.
- 57 Lorist, J. (2018) *Gender Transformative Approaches: Knowledge File*. Utrecht: Rutgers WPF.
- 58 Greene et al. 2018.
- 59 Plan International Asia Regional Office (2018) *Time to Act! Accelerating Efforts to End Child, Early and Forced Marriage in Asia*. Bangkok: Plan International.
- 60 Center for Reproductive Rights (2019) 'Center for Reproductive Rights and the Legal and Human Rights Centre File a Complaint Challenging the Expulsion and Exclusion of Pregnant School Girls in Tanzania', press release, 17 June 2019. <https://reproductiverights.org/press-room/complaint-challenging-expulsion-of-pregnant-girls-in-tanzania>

- 61 International Planned Parenthood Federation (2014) *Qualitative Research on Legal Barriers to Young People's Access to Sexual and Reproductive Health Services*. London: IPPF and Coram Children's Legal Centre.
- 62 Greene et al. 2018.
- 63 Plan International 2017b.
- 64 International Rescue Committee and Voice (2019) *Where is the Money? How the Humanitarian System is Failing in Commitments to End Violence Against Women and Girls*. New York: IRC.
- 65 Plan International 2017b.
- 66 Arcus Foundation (2019) *Data Collection and Reporting on Violence Perpetrated Against LGBTQI Persons in Botswana, Kenya, Malawi, South Africa, and Uganda*. Johannesburg: Iranti.
- 67 Jones et al. 2019.
- 68 Lehtimäki, S., Schwalbe, N., and Solis, L. (2019) *Adolescent Health: The Missing Population in Universal Health Coverage*. Woking, UK: Plan International UK.
- 69 Plan International UK 2019.
- 70 Zimmerman et al. 2019.
- 71 Plan International UK (2020a forthcoming) *Outside the Clinic: Supporting Adolescent Girls' Sexual and Reproductive Health and Rights. Zimbabwe Country Case Study*. London: Plan International UK.
- 72 Edmeades, J., Hayes, R. and Gaynair, G. (2014) *Improving the Lives of Married Adolescent Girls in Amhara, Ethiopia. A Summary of the Evidence*. Washington, DC: ICRW, quoted in Jones et al. 2019.
- 73 Sewasew, D., Braun-Lewensohn, O. and Kassa, E. (2017) *The Contribution of Guardian Care and Peer Support for Psychological Resilience Among Orphaned Adolescents in Ethiopia*. *Contemporary Social Science* 12(3–4), pp.175–188, quoted in Jones et al. 2019.
- 74 Sommer, M., Munez-Laboy, M., Salamea, E.W., Arp, J., Falb, K.L., Rudahindwa, N., and Stark, L. (2017) How Narratives of Fear Shape Girls' Participation in Community Life in Two Conflict-Affected Populations. *Violence Against Women* 24(5).
- 75 International Rescue Committee and Voice 2019.
- 76 Watson, C., and Harper, C. (2013) *Adolescent Girls and Gender Justice: Understanding Key Capability Domains Across a Variety of Socio-cultural Settings: Lessons Learned and Emerging Issues from Year 1*. London: ODI.
- 77 Meixler, A. (2015) On Street-Side Sexism: Global Awareness for a Global Problem. *Yale Review of International Studies* 5(2), pp.9–10.
- 78 Plan International (2018b) *State of the World's Girls 2018. Unsafe in the City: The Everyday Experiences of Girls and Young Women*. Woking: Plan International.
- 79 Prakash, R., Beattie, T.S., Javalkar, P., Bhattacharjee, P., Ramanaik, S., Thalinja, R., Murthy, R., Davey, C., Gafos, M., Blanchard, J., Watts, C., Collumbien, M., Moses, S., Heise, L., and Isac, S. (2019) The Samata Intervention to Increase Secondary School Completion and Reduce Child Marriage Among Adolescent Girls: Results from a Cluster-randomised Trial in India. *Journal of Global Health* 9(1).
- 80 Stop Street Harassment (2020) 'Statistics: The Prevalence of Street Harassment'. <http://www.stopstreetharassment.org/resources/statistics/statistics-academic-studies/>
- 81 Newton-Levinson, A., Leichter, J.S., and Chandra-Mouli, V. (2016) Sexually Transmitted Infection Services for Adolescents and Youth in Low- and Middle-Income Countries: Perceived and Experienced Barriers to Accessing Care. *Journal of Adolescent Health* 59(1), pp.7–16.
- 82 Amnesty International (2018) *Body Politics: A Primer on Criminalization of Sexuality and Reproduction*. London: Amnesty International.
- 83 Plan International UK (2017) *Real Choices, Real Lives: Violence in Girls' Daily Lives*. London: Plan International UK.
- 84 Plan International UK 2017.
- 85 Together for Girls (2019) 'Digital Fact Sheet: School-Related Gender Based Violence', Washington, DC: Together for Girls. <https://www.togetherforgirls.org/wp-content/uploads/2019-05-31-SRGBV-Fact-Sheet-Digital.pdf>
- 86 Plan International 2018b.
- 87 Ricker, C.L. and Parsons, J. (2018) *Positive Youth Development Approaches to Mitigate Sexual Violence and Coercion among Adolescents: Building Choice, Voice, and Agency for Prevention and Response*. Washington DC: USAID YouthPower Evidence and Evaluation (YouthPower Learning).
- 88 United Nations Office of the Special Representative of the Secretary-General on Violence against Children (UN) (2019) *Keeping the Promise: Ending Violence against Children by 2030*. New York: UN.
- 89 Noble et al. 2017.
- 90 Arcus Foundation 2019.
- 91 Plan International 2017b.
- 92 United Nations Office of the Special Representative of the Secretary-General on Violence against Children 2019.
- 93 Ligiero, D., Hart, C., Fulu, E., Thomas, A., and Radford, L. (2019) *What Works to Prevent Sexual Violence against Children: Evidence Review*. Washington, DC: Together for Girls.
- 94 World Health Organization (2018) *Inspire Handbook: Action for Implementing the Seven Strategies for Ending Violence Against Children*. Geneva: WHO.
- 95 International Rescue Committee and Voice 2019.
- 96 Dasra (2019) *Action Reaction: Understanding and Overcoming Backlash Against Girls' Exercise of Agency in India*. Mumbai: Dasra, and <https://www.alignplatform.org/resources/understanding-and-overcoming-backlash-against-girls-expression-agency-insights>
- 97 Yu, C., Zuo, X., Blum, R.W., Tolman, D.L., Kågesten, A., Mmari, K., De Meyer, S., Michielsen, K., Basu, S., Acharya, R., Lian, Q., and Lou, C. (2017) Marching to a Different Drummer: A Cross-Cultural Comparison of Young Adolescents Who Challenge Gender Norms. *Journal of Adolescent Health* 61(4S), S48–54.
- 98 Dasra 2019.
- 99 Cislighi 2019.

- 100 Arcus Foundation 2019.
- 101 United Nations Free and Equal (2018) 'Factsheet: Violence Against Lesbian, Gay, Bisexual or Transgender People'. <https://www.unfe.org/wp-content/uploads/2018/10/Violence-English.pdf>
- 102 Dasra 2019.
- 103 Bird, N., and Patel, S. (2016) *An Annotated Bibliography of ODI Development Studies in Uganda*. London: ODI.
- 104 Harper, C. (2017) Podcast Series: Transforming the World for Girls. London: ODI.
- 105 Cislaghi 2019.
- 106 Oxfam International (2020) *Time to Care: Unpaid and Underpaid Care Work and the Global Inequality Crisis*. Oxford: Oxfam International.
- 107 Plan International UK (2018) *Real Choices, Real Lives: Girls' Burden of Unpaid Care*. London: Plan International UK.
- 108 International Development Research Centre (2018) *Who Cares: Exploring Solutions to Women's Double Burden*. Ottawa: IDRC.
- 109 Schnaffnit, S.B., Urassa, M., and Lawson, D.W. (2019) 'Child Marriage' in Context: Exploring Local Attitudes Towards Early Marriage in Rural Tanzania. *Sexual and Reproductive Health Matters* 27(1), pp. 93–105.
- 110 Human Rights Watch (2016) "Our Time to Sing and Play": *Child Marriage in Nepal*. New York: HRW.
- 111 Watson, C. (2017) ODI Podcast Series: Four Years of Research on Transforming the Lives of Adolescent Girls. London: ODI. Episode 2
- 112 Nash et al. 2019.
- 113 Plan International UK (2020b forthcoming) *Outside the Clinic: Supporting Adolescent Girls' Sexual and Reproductive Health and Rights. Malawi Country Case Study*. London: Plan International UK.
- 114 Population Council (2018) *Delivering Impact for Adolescent Girls: Emerging Findings from Population Council Research*. New York: The Population Council.
- 115 Population Council (2019) *Making the Most of Mentors: Recruitment, Training, and Support of Mentors in Adolescent Girl Programming*. New York: The Population Council.
- 116 Nash et al. 2019.
- 117 Plan International UK 2019.
- 118 Austrian, K. (2012) *Girls Leadership and Mentoring: A Policy/Programming Review*. New York: The Population Council.
- 119 Catino, J., Battistini, E., and Babchek, A. (2019) *Young People Advancing Sexual and Reproductive Health: Toward a New Normal*. Seattle: YIELD Project.
- 120 Lorist 2018.
- 121 Zimmerman et al. 2019.
- 122 Lorist 2018.
- 123 Girls Not Brides (2016) *Theory of Change Case Studies: Empower Girls. Abriendo Oportunidades*. London: Girls not Brides.
- 124 Austrian 2012.
- 125 Jennings, L., George, A.S., Jacobs, T., Blanchet, K., and Singh, N.S. (2019) A Forgotten Group During Humanitarian Crises: A Systematic Review of Sexual and Reproductive Health Interventions for Young People Including Adolescents in Humanitarian Settings. *Conflict and Health* 13(57).
- 126 Svanemyr, J., Amin, A., Robles, O.J., and Greene, M.E. (2015) Creating an Enabling Environment for Adolescent Sexual and Reproductive Health: A Framework and Promising Approaches. *Journal of Adolescent Health* 56(1S), S7–14.
- 127 Plan International UK 2019.
- 128 UNESCO 2018.
- 129 Human Rights Watch (2018) *Leave No Girl Behind in Africa: Discrimination in Education Against Pregnant Girls and Adolescent Mothers*. New York: Human Rights Watch.
- 130 'More than 6,000 pregnant girls dropped out of school in Zimbabwe in 2018 alone, according to a UNESCO report.' In Mavhinga, D. (2020) 'Zimbabwe Removes Barriers to Education', Human Rights Watch, 18 March 2020. <https://www.hrw.org/news/2020/03/18/zimbabwe-removes-barriers-education>. In Malawi, pregnancy accounted for 27 per cent of cases of girls dropping out of school: see Robertson, S., Cassity, E. and Kunkwenzu, E. (2017) *Girls' Primary and Secondary Education in Malawi: Sector Review: Final Report*. Melbourne: Australian Council for Educational Research (ACER), p.24. UNESCO and UN Girls' Education Initiative (2019) *Global Education Monitoring Report 2019. Gender Report: Building Bridges for Gender Equality*. New York: UNGEI p.25.
- 131 International Planned Parenthood Federation 2014.
- 132 Heise et al. 2019.
- 133 Marcus, R., Stavropoulou, M., and Archer-Gupta, N. (2018) *Programming with Adolescent Boys to Promote Gender Equitable Masculinities: A Rigorous Review*. London: ODI and GAGE.
- 134 Plan International UK 2020a forthcoming.
- 135 Global Network of Sex Work Projects, International Network of People Who Use Drugs, and MPact (2018) *Policy Brief: The Impact of Stigma and Discrimination on Key Populations and their Families*. Edinburgh: NSW.
- 136 Malala Fund (2015) 'Factsheet 1: The World's Best Investment: Girls' Education'. <https://www.malala.org/brookings-report/the-worlds-best-investment-girls-education>
- 137 Gates, S., Lippman, L., Shadowen, N., Burke, H., Diener, O., and Malkin, M. (2016) *Key Soft Skills for Cross-Sectoral Youth Outcomes*. Washington DC: FHI 360 and USAID's YouthPower Action.
- 138 Plan International (2017b) *The Right to Inclusive, Quality Education: Plan International Position Paper*. Woking: Plan International.
- 139 Together for Girls 2019.
- 140 UNESCO and UN Girls' Education Initiative (2019) *Global Education Monitoring Report 2019. Gender Report: Building Bridges for Gender Equality*. New York: UNGEI.
- 141 UNESCO (2019) *Global Education Monitoring Report 2019. Migration, Displacement and Education: Building Bridges, Not Walls*. Paris: UNESCO.

- 142 Plan International UK 2020b forthcoming.
- 143 Human Rights Watch 2018.
- 144 Hay et al. 2019.
- 145 Marcus, R., and Page, E. (2014) *Changing Discriminatory Norms Affecting Adolescent Girls Through Communications Activities: A Review of Evidence*. London: ODI.
- 146 Hay et al. 2019.
- 147 Ibid.
- 148 Overseas Development Institute (2015) *Girls' Clubs and Empowerment Programmes*. London: ODI.
- 149 Interview with Katswe Sistahood in Harare as part of this research.
- 150 International Planned Parenthood Federation (2014) 'Tea parties break down taboos in Pakistan', IPPF blog, 7 March, <https://www.ippf.org/blogs/tea-parties-break-down-taboos-pakistan>
- 151 Bhog and Mullick 2015.
- 152 Jones et al. 2019.
- 153 FRIDA Young Feminist Fund (2020) 'Copper Rose Zambia'. <https://youngfeministfund.org/grantees/copper-rose-zambia/>
- 154 Bhog and Mullick 2015.
- 155 Levy et al. 2019.
- 156 Levy et al. 2019.
- 157 Malhotra, A., Amin, A., and Nanda, P. (2019) Catalyzing Gender Norm Change for Adolescent Sexual and Reproductive Health: Investing in Interventions for Structural Change. *Journal of Adolescent Health* 64(4), S13–S15.
- 158 Kâgestan, A., and Chandra-Mouli, V. (2020) Gender-transformative Programmes: Implications for Research and Action. *Lancet Global Health* 8(2): e159–e160.
- 159 Zimmerman et al. 2019.
- 160 Hook, C., Miller, A., Shand, T., and Stiefvater, E. (2018) *Getting to Equal: Engaging Men and Boys in Sexual and Reproductive Health and Rights and Gender Equality*. Washington, DC: Promundo-US.
- 161 Heilman, B., and Barker, G. (2018) *Masculine Norms and Violence: Making the Connections*. Washington, DC: Promundo-US.
- 162 Lorist 2018.
- 163 Jennings et al. 2019.
- 164 MenEngage (2015) *Men, Masculinities, and Changing Power: A Discussion Paper on Engaging Men in Gender Equality from Beijing 1995 to 2015*. Washington, DC: MenEngage Alliance.
- 165 Bhog and Mullick 2015.
- 166 Potvin, J. (2019) *Governing Adolescent Reproduction in the 'Developing World': Biopower and Governmentality in Plan's 'Because I'm a Girl' Campaign*. *Feminist Review* 122(1).
- 167 Potvin 2019.
- 168 Bhog and Mullick 2015.
- 169 Heise et al. 2019.
- 170 Child, Early, and Forced Marriages and Unions (CEFMU) and Sexuality Working Group (2019) *Tackling the Taboo: Sexuality and Gender Transformative Programmes to End Child, Early, and Forced Marriages and Unions*. New York: American Jewish World Service.
- 171 Levy et al. 2019.
- 172 Amnesty International 2018.
- 173 Phadke, S., Khan, S., and Ranade, S. (2011) *Why Loiter: Women and Risk on Mumbai Streets*. New Delhi: Penguin Books.
- 174 Seff, I., and Stark, L. (2019) A Sex-disaggregated Analysis of How Emotional Violence Relates to Suicide Ideation in Low- and Middle-income Countries. *Child Abuse and Neglect* 93, pp.222–227.
- 175 Van Wormer, K. (2009) Restorative Justice as Social Justice for Victims of Gendered Violence: A Standpoint Feminist Perspective. *Social Work* 54(2), pp.108–116.
- 176 Levy et al. 2019.
- 177 Heise et al. 2019.
- 178 Jennings et al. 2019.
- 179 Oxfam International 2019, p.19.
- 180 World Learning (2018) *TAAP: Transforming Agency, Access, and Power Toolkit*. Washington DC: World Learning.
- 181 Ricker, C.L., and Adames, J. (2020) *Social Inclusion in Positive Youth Development Programs*. Washington DC: YouthPower Learning and Making Cents International.
- 182 International Planned Parenthood Federation 2014, p.5.
- 183 Sexual Rights Initiative (2020) National Sexual Rights Law and Policy Database. <https://sexualrightsdatabase.org/page/welcome>
- 184 Heymann et al. 2019.
- 185 Alvarado, G., Skinner, M., Plaut, D., Moss, C., Kapungu, C., and Reavley, N. (2017) *A Systematic Review of Positive Youth Development Programs in Low-and Middle-Income Countries*. Washington, DC: YouthPower Learning, Making Cents International.
- 186 Austrian 2012.
- 187 Miller and Jones 2019.
- 188 Goldmann et al. 2019.
- 189 Ibid.
- 190 With and For Girls Collective (2019) *Girls, the Agents of Change: Lessons from a Collaborative Funding Approach to Funding With and For Girls*. Freetown: With and For Girls Collective.
- 191 Leon-Himmelstine, C. (2019) 'We Won't Get Women Out of Poverty Until We Leave Behind "One-Size-Fits-All" Interventions', 15 October, part of 'Blog Series: Beijing +25 and the Road Ahead For Gender Parity'. <https://www.odi.org/blogs/10798-we-won-t-get-women-out-poverty-until-we-leave-behind-one-size-fits-all-interventions>

## ANNEX A: METHODOLOGY

The research is primarily centred within a global literature review, which feeds into an analysis of best practices and emerging trends that are enabling adolescent girls' access to SRHR through an agency and empowerment lens. In addition, researchers conducted two country case studies to explore first-hand different levers of agency for adolescent girls and young women in two contexts: peri-urban and rural settings in Zimbabwe (Bulawayo and Kwekwe) and short-term disaster response in rural communities in southern Malawi (Mulanje and Machinga). The objectives of this work are to:

- 1 Identify factors that enable adolescent girls' in diverse settings and of diverse identities to take charge of and control their SRHR outside of the clinic setting;
- 2 Use these factors to identify rights-based, girl-centred programme and policy initiatives and recommendations that Plan International UK can use to support advocacy work and engage with funders, decision-makers, civil society partners, and other actors both within the field of adolescent SRHR and broader health; and
- 3 Inform policy and advocacy initiatives focused on girls' empowerment and access to SRHR and develop recommendations for strategies to enact changes to systemic and pervasive gender discrimination and sexism across development sectors.

Building on Plan International's existing body of evidence to support the realisation of girls' rights, including Hear Our Voices (2014), Girls Speak Out (2015), Counting the Invisible (2016), Let Me Decide and Thrive (2017), and the ongoing Real Lives Real Choices cohort study, this research amplifies the perspectives of girls to identify the policy pathways that enable changes at the individual and collective level to systemic and pervasive harmful

gender norms within their communities. In order to answer the research questions, we have focused the global literature review on the social determinants of adolescent girls' agency and access to SRHR, while using the country case studies to provide additional context on girls' exercise of agency in practice.

### Literature review

We identified recent literature (published within the past five years) 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. Using web and database searches, including Google, Google Scholar, POPLINE, K4Health, the UNESCO Resource Library, and PubMed, and through Plan International UK and partner organizations, we were searching for emerging evidence and literature that centred adolescent girls through a gender-transformative or explicitly feminist approach.

We paid particular attention to recent resources recommended by Plan International, as well as the Overseas Development Institute (ODI), the Advancing Learning and Innovation on Gender Norms (ALIGN) Platform, and the Inter-Agency Working Group on Reproductive Health in Crisis (IAWG), as well as recent issues of the Lancet and the Journal of Adolescent Health on gender and social norms, publications from the Gender and Early Adolescence Survey (GEAS), the Youth Investment, Engagement, and Leadership Development (YIELD) Project, and the Gender and Adolescence: Global Evidence (GAGE) Project. We did additional informal consultations and calls for resources with colleagues from Greenworks, the International Planned Parenthood Federation (IPPF), the International Center for Research on Women (ICRW), the Population Council, With and for Girls, the Global Fund for

Women, the RESURJ Alliance, the World Health Organization (WHO), American Jewish World Service (AJWS), and the United Nations Population Fund (UNFPA).

For our analysis and conceptual framework, we drew from the emerging literatures on feminist and decolonizing approaches to development and humanitarian aid, with particular focus on feminist and youth-led funding and foreign policy movements. We prioritized including systemic reviews of the available evidence on topics relevant to our research, and reviewed findings and programme reports and evaluations related to changes in gender and social norms, gender inequality, girls' agency and decision-making, and access to SRHR information and services. We additionally employed a modified snowball technique to identify new, emerging, and unpublished literature relevant to the research aims.

### **Country case studies**

For the country case studies, we employed a youth-led research approach which adapted a participatory ethnographic evaluation and research (PEER) methodology. In total we worked with 7 young co-researchers in both countries (aged 18-24 in Zimbabwe and 20-29 in Malawi) to design focus group discussions and interview guides that were relevant and suitable to their local contexts, then supported the young co-researchers to conduct focus group discussions and peer interviews within their communities. Co-researchers were drawn from Plan International Country Office staff, volunteers, and peer educators, and conducted research in Zimbabwe within their own communities and in Malawi with girls from communities already familiar with Plan programming.

Our co-researchers reached a total of 235 (approximately 150 in Zimbabwe and 85 in Malawi) adolescent girls aged 10-19 in 8 different communities in both countries. Focus groups in each country employed

tailored research activities designed to allow for adolescent participants to safely and comfortably share their experiences with each other and the researchers. Activities included body mapping and a modified power walk, with questions adapted for 10-14 year old and 15-19 year old age cohorts. The peer interviews with adolescent girls aged 15-19 focused on questions of decision-making, taking action, and social support for SRHR. In addition to the youth-led PEER research, lead researchers supplemented the country case studies with key stakeholder interviews with local decision-makers and adult gatekeepers (including village heads, child protection officers, and women's group leaders).

### **Research ethics**

The country case studies attached to this research were conducted in line with Plan International's Global Policy on Safeguarding Children and Young People, in addition to country-level ethics guidance from the Malawi and Zimbabwe Plan International country offices. The researchers also consulted industry best-practices for the ethical and safe conduct of research with adolescent girls in designing the 3-day training for youth co-researchers and research tools. Co-researchers were trained on issues of confidentiality, privacy, informed consent, and non-judgmental response and given additional resources as needed. Plan International country offices in Malawi and Zimbabwe additionally collected relevant consent from parents, village heads, and other gatekeepers as necessary for all participants. Identifying details for research participants have been kept confidential in accordance with Plan International's guidance on data protection, and no photographs or video recordings of participants were collected in the course of the research.

The researchers focused particular attention on the risks for both youth co-researchers and their research subjects raised by the potential for disclosure of experience of

family or sexual violence during the focus group or interviews. Co-researchers were trained on their duty to report according to national law in the research countries, and given training, tools, and resources for responding to such disclosures based on World Health Organization (WHO) guidance and Plan International country office protocols. Additional psychosocial support was available to the co-researchers in cases of disclosure through the lead researcher team.

### Limitations of this research

This is not a systematic review of programmes to address girls' agency. We have drawn on existing systematic reviews and collections of evidence on transformative approaches related to girls' agency and empowerment outcomes, but have not attempted to recreate them here. Our research is focused on emerging themes in intersectional, feminist analysis of work to improve girls' agency and access to SRHR. There are key programmatic strategies, which are paramount to increasing girls agency, such as comprehensive sexuality education, the delivery of youth-friendly health services, and training young people as youth advocates, that we have chosen not to highlight here: not because they are not effective, but because there is a large base of literature already addressing these topics. Likewise, investments in effective monitoring and evaluation and research are vital to to understand and inform the scaling up of evidence-informed, multisectoral approaches that have proven effective in small-scale pilots. Such research can assist in the implementation of health service delivery that promotes and supports principles of gender equality, human rights, and woman and girl centred care. In addition, while we take a cross-sectoral focus on gender norms and their connections to girls' SRHR, there are other important areas for investment that did not emerge organically in our findings.

Our country case studies provided a richness of data about influences on girls' agency and decision-making within specific contexts. The detail we captured about individual girls' lives provided deeper insights and understandings that were made possible by a targeted, qualitative approach to the research. The decision to limit our geographical reach and number of participants was deliberate, given the resources available, and whilst not generalisable, given diverse contexts, we anticipate that the experiences of the girls in this study are not necessarily unique. The case studies provide a window into girls' emotional and mental processes when making decisions about their sexuality, bodies, and reproductive futures, and the types of levers that the girls talk about - positive and negative - likely also exist in other contexts. It is our hope that the insight gained from this study can be usefully applied (or tested) in other contexts.

Finally, whilst we strived for an intersectional approach capable of capturing girls' in all of their diversity, we are limited by the lack of literature on key groups of marginalized girls: in particular, LGBTQI girls are largely missing from research on girls' empowerment, and mostly invisible to programmes. Our review of literature included married girls, girls living in displacement or humanitarian settings, girls living with disabilities, girls living with HIV, and other marginalized groups living in low and middle-income countries across all global regions where possible, though the research available on these groups is also inconsistent. Intersectional analysis is still in its infancy in adolescent development research and programming, and while its growth is encouraging, there is a way to go before we have fully reached our goals.

## ANNEX B: RESEARCH TOOLS

A number of tools were created with our co-researchers to collect content for the country case studies in Malawi and Zimbabwe, including forms, guides and exercises to inform their research practices. These are detailed below and include: a verbal consent script and recording tool to guide their focus group discussions and interviews and gain consent from research participants; a general interview guide for co-researchers; an interview reporting template; and exercises for the FGDs (Power Walk and Body Mapping).

### VERBAL CONSENT SCRIPT AND RECORDING TOOL

#### Before the Interview or Focus Group Discussion:

Check your physical space:

- Is it easy to find?
- Is it a “normal” place for young people to gather?
- Is it safe to enter and exit?
- Is there visual privacy (can anyone outside the space see you)?
- Is there auditory privacy (can anyone outside listen to the discussion or overhear what you’re saying)?

#### At the Start of an Interview or Focus Group discussion:

**Introduce yourself, the organization, and the purpose of the interview/discussion:** As you meet your respondent or sit down with the focus group, share details about:

- 1 Yourself, your project and the organization.** Introduce yourself, where you come from and your role. Introduce your project/organization, its core values, and its aim. If there are others in the room (i.e. interpreters, chaperones, other researchers) make sure they introduce themselves and share their role in the discussion.
- 2 Purpose of gathering the information, how it will be used, and who will have access to the information.** Share the goals of speaking with the participants, and explain how the information you receive may be used. Be as comprehensive as possible in your explanation so that there are no surprises in the future.
- 3 Voluntary:** Ensure that all participants understand that participation is entirely voluntary and that they can terminate the interview at any point and skip any question that they do not want to answer. Encourage your participants to ask questions. If needed, have a discussion about any potential safety and security risks to the participants: explain that if the interviewee tells you about anything that puts them at physical risk, for example tells you about experiencing violence in their home, you are required to report it to the lead researchers for their own protection.

- 4 Anonymity and confidentiality:** Share that we will protect the participants' identities and confidentiality throughout the research process and in the documentation of the interview or focus group. If conducting a focus group, ask all the participants to keep the same confidentiality and not to reveal the identity or comments of other interview participants with those who are not participating. Explain that none of the interview or focus group participants will be identified by name in any of the research publications.
  
- 5 Informed consent:** Make certain that each respondent clearly understands the content and purpose of the interview, the intended use of the information, their right not to answer questions, their right to terminate the interview at any time, and their right to put restrictions on how the information is used. **If interviewing anyone less than 18 years of age, provide all this information to a parent or guardian and ask for their consent, in addition to the consent of the respondent, before proceeding.**

### Verbal Consent: Script and Recording Tool

Use this to write a script for yourself in how to introduce the research and explain consent to the participants, using the guidance from the previous page.

- 1** Introduce yourself and the organization:

---

- 2** Explain the purpose and use of the information you're gathering:

---

- 3** Explain that participation is voluntary:

---

- 4** Give details about confidentiality, including limits of confidentiality:

---

For focus groups, ask for participants to help keep information confidential:

---



## GENERAL INTERVIEW GUIDE

### Step 1: Introduce the Interview

- Introduce yourself.** Get the name of the person you're interviewing.
- Ask the person's name and age.** Record their first name and age on the consent form.
- Explain the purpose of the research.** For example: "I'm here today to hear your story about a time in your life when you made a positive decision about your own body, your health, or your life, and what helped you turn that decision into action."
- Inform them that their participation in the research is voluntary,** and that they can choose to answer or not answer any question.
- Ask permission to record the interview.** Explain that the recording is for you to be able to refer to later when taking notes, and will not be shared beyond the research team.
- Explain that their information will be kept confidential** by Plan, and that their name will not appear in any published documents from the research.
  - Say:** "The only case where I can't keep what you tell me confidential is if you tell me that you are experiencing physical or sexual violence. In that case, I am required to report that to my supervisor, who can help you."
- Ask** if this is a good place to continue the interview or if they would prefer to go somewhere else.
- Ask if they are interested in and ok to continue with the interview.**
  - If yes, have them **initial the consent form.** Proceed with the interview.

## Step 2: Interview Questions

- What are your personal expectations for your life?
- What do you think are possible challenges that will hinder you from achieving that?
- Who has the greatest influence on decisions that affect you?
- What are their expectations of you in life?
- How do you feel about those expectations? Do you agree with any of them? Which ones? Do you change your behaviour to fit other people's expectations?
- Which expectations for your life do you disagree with? What are the consequences of you doing so?
- How does being a girl affect your ability to make decisions?
- Describe a time when you have you made a positive decisions about your body, life, or wellbeing?
- What was happening in your environment to allow you to make that decision? Who or what helped you make that decision? How?
- Did anyone support you to do what you did? Did anyone oppose what you wanted to do?
- What happened after that? Did you have to trade anything or make any compromises?
- Is your experience the same as or different from other girls in your community?
- Would that decision have been harder for someone else you know? Why? What is different about her?

## INTERVIEW REPORTING TEMPLATE

Details of the person being interviewed (age, background)

What was the most interesting thing that you learned about this person? (Please continue on a separate sheet of paper if there is not enough space here)

What did the person you interviewed say supported her to make her own decisions about her body and her life?

What were the critical moments in their story, where decisions were made or not made that led to the outcome?

How does sexual and reproductive health and rights relate to their empowerment and ability to make their own decisions?

Anything else?

## POWER WALK EXERCISE

### Focus Group Activity Guide: Power Walk

The purpose of this activity is to help facilitators understand the different ways in which the participants experience power and agency in their own lives. Facilitators should observe and note how many participants, if any, take a step forward for each statement and if there are any trends in when people do not step forward.

To do this activity you will need:

- A large empty space where people can move.

#### Steps:

- 1 Ask participants to stand in a line, shoulder to shoulder, facing the facilitator, at one end of a room with a lot of empty space in front of them.
- 2 Explain that you'll be reading a series of statements. After each statement, anyone who thinks that the statement is true for them should step forward.
- 3 Ask participants to close their eyes or put their hands over their eyes. Explain that this activity works best when you're not paying attention to what the people around you are doing.
- 4 Read the statements on the next page that are for the age group you are working with, starting each statement with "Take a step forward if you..."
- 5 After each statement, silently observe how many people took a step forward and how many did not. Notice if there are any similarities in the people who moved or did not move. Make notes to yourself.
- 6 When you have finished reading all of the statements, invite the participants to open their eyes.
- 7 Discuss with participants what it means that different people are in different places. Say: "Not everyone is standing in the same place anymore. How does where you are standing make you feel?"
- 8 Tell participants that this exercise is about seeing and understanding the different ways people have the power to make their own decisions, and that everyone feels power differently, and in different times, based on their own life experiences.
- 9 Ask participants to think if there is anything they could do in their own lives to take more control of their own decisions. Ask if anyone is comfortable sharing an idea with the group.
- 10 If no one wants to share, or when people are done sharing, thank everyone for taking part in the activity.

### **Statements for 15-19 year-olds:**

Take a step forward if you...

- Finished primary school.
- Chose what you would wear today.
- Know where your nearest youth-friendly space is.
- Have been to a youth-friendly clinic.
- Know your HIV status.
- Can make your own choice about when or if you will begin having sex.
- Can make your own choice about when you marry.
- You can say no if something makes you uncomfortable.
- You think women can be CEOs.
- You feel like you could be a CEO.
- Can decide for yourself if you will use condoms.
- Can get family planning for yourself.
- Have the time and money to attend university.
- Can talk to your partner about what kinds of things you like and don't like.
- You believe that someone can stop having sex once they have started.
- Have tried talking to your parent or guardian about sex.

### **Statements for 10-14 year olds:**

Take a step forward if you...

- Finished or will finish primary school.
- Chose what you would wear today.
- Had free time to spend with friends this week.
- Feel safe at school.
- Know where your nearest youth-friendly space is.
- Have been to a youth-friendly clinic.
- Know how to find out your HIV status.
- Will make your own choice about when you marry.
- You feel like you can say no if something makes you uncomfortable.
- You feel like women can be CEOs.
- You feel like you could be a CEO.
- Can decide for yourself if you want to attend university.
- Talk your parents or guardians about what kinds of things you like and don't like.
- Take part in family decisions.
- Know what to do if you get your period.
- Know an older girl or woman that you look up to.

## BODY MAPPING EXERCISE

### Focus Group Activity Guide: Body Mapping

The purpose of this activity is to discuss with participants what influences on their ability to make decisions and do what they want to do. This discussion should help facilitators to understand what forces in the community have either positive or negative effects on adolescent girls' agency: that is, their ability to make decisions and act on those decisions. Facilitators should encourage participants to think about all kinds of decisions and choices that they make in their lives and who or what has helped them or stopped them from taking action.

To do this activity you will need:

- A large piece of paper with the outline of a body drawn on it.
- Different colored markers or different colored post-it notes.
- A large table or space on the floor where everyone can see the body map.

#### Steps:

- 1 Place the paper with the body drawn on it on the floor or table where everyone can see.
- 2 Explain to participants that this activity is called "Body Mapping."
- 3 Say: "To do this activity, we are going to write or draw on the body map some of the things that we want to do and some of the things that influence what we can do. We'll do one body part at a time as a group."  
*Note: if you are using post-it notes instead of markers, say instead that "we will be writing or drawing on post-its and putting them on parts of our body map."*
- 4 Go through the parts of the body asking everyone to discuss, draw, or write their answers to the questions (on the next page) for each body part. If you are using post-its, give people time to write or draw on their post-its and then invite them to take turns sharing what they wrote while placing them on the right part of the body. Give everyone time to discuss each body part before moving to the next.
- 5 Make notes of the conversation and the types of things that people are saying in your notebook, but try to let the conversation happen as much as possible between the participants without you.
- 6 Once participants have finished adding all of their contributions to the body map, discuss it with them. Ask them:
  - a What of these influences come from outside of us? Do any of them come from inside? Which ones?
  - b How do we feel about these influences? Are some of them good? Which ones?
  - c What other forms of support could we add to these influences to help us feel more confident to make our own decisions and to act on them?
- 7 Once you have finished discussing, remind them that everything people said in this room stays in the room. Thank everyone for sharing with you and each other today.

**Arms and Hands:** What kinds of activities are young people involved in? Are there things you would like to do but can't? If so, what are they? What stops you from doing those things?

**Legs and Feet:** Are there any restrictions on how adolescents (people aged 10-19) use their time or move around outside their homes? Is this the same for boys and girls?

**Head:** What are the main things you think about? How do you learn and who do you learn from? Do you think there are differences between boys and girls and how they learn and who they learn from?

**Eyes:** What do adults think about adolescents (people aged 10-19)? Are there differences in thinking about boys and girls? How does what adults think affect what you think about your own life?

**Ears:** How do community members listen to young people? How do young people listen to adults?

**Mouth:** How do adults talk to young people? How do young people talk to each other?

### **Main Body:**

**For 10-14 year olds:** What health issues affect adolescents in your community? Are they protected from different forms of abuse or exploitation? What protects them?

**For 15-19 year olds:** What sexual and reproductive health issues affect young people in your community? Are there differences in how young people are affected? What types of young people have the most ability to make decisions about their sexual and reproductive health? What types of young people have the least ability?

**Heart:** What are some of the feelings that young people have to deal with in your community? Who do you get support from in times of need?



**Plan International UK**  
Finsgate,  
5-7 Cranwood Street,  
London,  
EC1V 9LH

November 2020

[www.plan-uk.org](http://www.plan-uk.org)  
[rebekah.ashmore@plan-uk.org](mailto:rebekah.ashmore@plan-uk.org)  
@PlanUK  
T: 0300 777 9777  
© Plan International UK

Registered charity no: 276035