



Until we are all equal



Plan International

# Sexual and Reproductive Health and Rights

A snapshot of our evidence from 2024



Through our global strategy *All Girls Standing Strong*, Plan International works in over 80 countries and focuses programming in six priority thematic areas, as well as responding to humanitarian emergencies.

At the end of 2024, we reviewed the evidence available from projects and countries working in each thematic area – covering evaluations and results, research and annual reporting metrics. This short snapshot summarises some of the insights from our evidence this year in sexual and reproductive health and rights and what we can learn from it.

For Plan International, our work in sexual and reproductive health and rights centres on ensuring that girls and young women have the right to make their own life decisions - from what happens to their bodies, to when and to whom they marry.

Core focus areas include:

- Positive sexuality education and dialogue
- Quality age-and-gender-responsive, inclusive sexual and reproductive health services
- Child, early and forced marriage and unions and female genital mutilation/cutting (FGM/C)
- Support for adolescent girls and young women most at risk
- HIV and AIDS

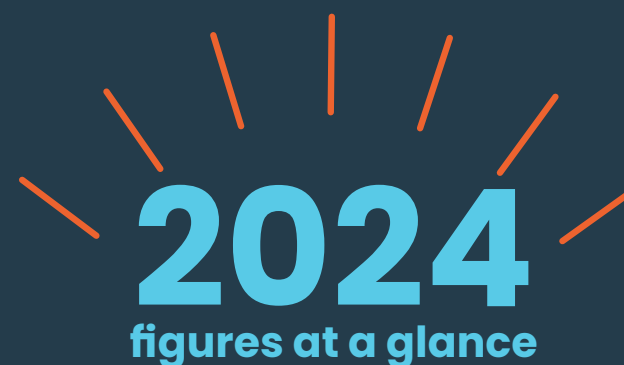
Learn more about our work [here](#).



## Key insights



- **Plan International deeply believes in the right of all girls and women to have control over their own bodies and realise the full extent of their sexual and reproductive health and rights.** We are operating in a global context where there is both promising progress and concerning setbacks and resistance to sexual and reproductive health and rights. The continued importance of programming and advocacy in this area is clear.
- **This year we saw positive outcomes through our work with young people to strengthen knowledge and awareness around sexual and reproductive health and rights.** This included in areas such as child, early and forced marriage and unions and female genital mutilation/cutting. Key enablers included models that combined engagement with young people with work with teachers and peer educators, involving parents and caregivers and the integration of practical support such as linkages to vocational training.
- **We need to continue to advocate for investment in longer term programming.** Sustained engagement in communities is fundamental to shift deep-seated norms and attitudes that act as barriers to girls and young people in all their diversity claiming their rights.
- **To strengthen access to services, multi-pronged strategies are needed to address both the demand and the supply side.** We saw positive trends this year where holistic approaches were used in our programming, but with increasing challenges created by situations of conflict and instability, it's critical that further investment is focused on strengthening access to vital sexual and reproductive health services.
- **Greater efforts are needed in the sexual and reproductive health sector to ensure equitable outcomes.** This requires carefully tailored approaches that respond to the needs and priorities of girls and young people in all of their diversity.



**Young people making informed decisions<sup>1</sup>**

**69%** of the children, adolescents and youth that we spoke to this year feel able to make informed decisions about their sexual and reproductive health, including 72% of girls and young women.



**Our global footprint in sexual and reproductive health and rights<sup>2</sup>**



Improving sexual and reproductive health for **5.8 million girls**



**14 health in emergency programmes**

- including sexual and reproductive health and rights - in emergency programmes across 13 countries.



**32 million children and adults**

reached with Sexual and Reproductive Health and Rights programming.

**Country examples: reducing child marriage or unintended adolescent pregnancy<sup>3</sup>**



A multi-country synthesis report found that, at the midpoint of the project, **1500 girls under 18 had left school due to child marriage and/or pregnancy**, compared to 5705 at the start.



In Ethiopia, one of our projects reported that **35 child marriages had been prevented** during the project, through girls reporting their cases.



In Nepal, one project reported a reduction in recent births to mothers **under 20 that were unplanned pregnancies** from 42.9% to 33.3% over the course of the project.



In Peru, one of our projects reported a **decrease in adolescent birth rate from 47.5 per 1000 girls to 25.9**, based on secondary data from 26 health facilities with which the project worked.

**Advocacy for sexual and reproductive health and rights<sup>4</sup>**

**44 influencing successes** reported in sexual and reproductive health and rights, including:



**19 changes** or developments related to laws, policies, regulations, or guidelines on girls' rights.



**8 commitments** on investment, budget, expenditure, systems or services which will contribute to girls' rights.

**26 influencing successes** reported in relation to our advocacy goal of ending child, early and forced marriage and unions, including 14 changes or developments related to laws, policies, regulations, or guidelines.

<sup>1</sup> Monitoring data from over 19000 participants of 16 projects, in 11 countries

<sup>2</sup> Annual reporting, July 2023 to June 2024

<sup>3</sup> Project evaluation reports

<sup>4</sup> Annual reporting against our Global Advocacy Strategy, July 2023 to June 2024

## What are some of the key issues? Selected findings from research

**Plan International is operating in a global context where there is both promising progress and concerning setbacks in sexual and reproductive health and rights.** Globally, external studies show that progress is being made.<sup>1</sup> For example, there is increased modern contraceptive use, reducing rates of teenage pregnancy, fewer HIV infections and decreases in harmful practices such as child, early and forced marriage and unions and FGM/C.<sup>2</sup> However, despite these advances, there are also setbacks and growing resistance to sexual and reproductive rights and services in some parts of the world, with a concerning trend to control fertility and restrict bodily autonomy and widening inequality. Gender inequality and harmful social norms remain, and challenges are exacerbated for women and girls affected by crises and forced displacement.

**From our own research this year, girls and young women highlighted challenges with the availability and quality of comprehensive sexuality education.** This was reported by girls and young women in a global study *Our Voices for our Tomorrow*, as well as respondents in research on *Adolescent Girls in Crisis* in Ukraine, Poland and Romania. Lack of comprehensive sexuality education was attributed to anti-rights movements and rollbacks in policies, traditional views limiting dialogue on the topic or promoting bias or misinformation, gaps in education curriculums, and difficulties in teaching sensitive topics online. Of those who did receive sexuality education, it was often described as limited, aimed at older age groups, and

“ [In my country], the law on comprehensive sexual education in schools, which was intended to prevent teenage pregnancies [...] was recently vetoed.”

Valentina, 21, Latin America and Caribbean

even containing harmful content such as language blaming survivors of violence. Young people told us how this negatively affects adolescents' health and wellbeing, and how important they believe sexuality education is to achieving gender equality.

**Conflict was prominent as a fundamental barrier to healthcare provision, including girls' and young women's access to quality sexual and reproductive health services.** Key challenges included destruction and damage or resourcing constraints in medical facilities, barriers within supply chains, distance to services including accessible transport and personal safety during the journey, lengthy wait times, as well as costs of services. The rollback of rights at a national level was also mentioned as a key barrier for Ukrainian migrants and refugees accessing services in Poland during the most recent *Adolescent Girls in Crisis* study, while cultural and social barriers were highlighted by adolescent girls in *Impossible Choices, Unheard Voices*, a synthesis of two research studies in the Sahel.

“ The consultation services on SRHR alone cost from 200 PLN. How can I get [a] consultation while we barely have money for our basic needs.”

Maria, 15-19 years old, Poland

Alongside findings of limited access to quality services were those of increased demand for these very resources. Contexts of insecurity have amplified instances of sexual and gender-based violence and exploitation, including increased child, early and forced marriage, sexually transmitted infections, or unintended pregnancies, birth complications and poor menstrual health, making access to quality services ever more necessary.

**The persistence and causes of harmful practices such as child, early and forced marriage and unions and FGM/C was discussed across a number of research studies.** In a global study, *Our Voices for our Tomorrow*, young women and girls linked the perpetuation of these practices to what they considered as 'harmful cultural norms', 'cultural and religious perceptions', 'traditions' and 'customs'. Specific Plan studies on child, early and forced marriage and unions, conducted in diverse country contexts this year, reinforced the multitude of intersecting factors that influence this behaviour:

“ Some tribes still practise early girl child marriage, and females who get pregnant do not get the chance to go further in their education. This is a worry because until this is done, our women's rights will be infringed.”

Yihana, 20, Middle East and North Africa

- In **Cambodia** a variety of factors were considered to drive child, early and forced marriage, including location, poverty, ethnicity, religion, education, lack of awareness, gender inequality, social and cultural norms, adolescent pregnancy, lack of legal enforcement, and the influence of internet and social media.
- In **Burkina-Faso and Mali**, child, early and forced marriage was a perceived way to protect girls from violence or ease economic hardship on families, including related to food insecurity. In Mali, school closure was also listed as a factor.

- In **Nepal**, lack of awareness among parents and children and lack of law enforcement at a community level were highlighted as causes for child, early and forced marriage and unions continuing.
- Finally, a qualitative study in **Zambia** identified poverty and lack of opportunities as contributing causes of child, early and forced marriage and unions rates in the Eastern provinces, with a lack understanding of negative impacts as an influencing factor in the Western provinces. In both areas, education levels and social norms were considered to play an important role, particularly in relation to 'coming of age' traditions.



A member of the school club in Burkina Faso which aims to increase young people's sexual and reproductive health knowledge ©Plan International Tamani Films/Souleymane Drabo

<sup>1</sup>UNFPA 2024 State of the World report “*Interwoven Lives, Threads of Hope*”

<sup>2</sup>United Nations Department of Economic and Social Affairs, Population Division (2022). World Family Planning 2022: Meeting the changing needs for family planning: Contraceptive use by age and method. UN DESA/POP/2022/TR/NO. 4; *Statement of the Executive Director to the Second Regular Session of the Executive Board 2023* (unfpa.org); *Global HIV & AIDS statistics — Fact sheet* | UNAIDS; United Nations Children's Fund, Is an End to Child Marriage within Reach? Latest trends and future prospects. 2023 update. <https://data.unicef.org/resources/is-an-end-to-child-marriage-within-reach/>; *Female Genital Mutilation (FGM) Statistics - UNICEF Data*



## What have we learned? Selected findings from evaluations

**We reviewed evaluations of sexual and reproductive health and rights programming this year, covering 18 countries in four regions. The projects deployed a diverse range of interventions, across our priority focus areas.**

In our work on **strengthening knowledge, attitudes and practices around sexual and reproductive health and rights** among young people through sexuality education and dialogue, positive results are evident in many projects. In particular, good outcomes were seen in projects that implemented models combining direct engagement with young people (including mentoring) with work with teachers

and peer educators. Young people particularly valued involvement in dialogue platforms (through *Champions of Change* and peer-peer discussions, and in one case a digital platform), as well as the integration of practical support – for example, vocational training or support with menstrual health products.

### Positive sexuality education and dialogue with young people:

*what our evaluations this year tell us about enablers to success and areas that need a continued focus*

#### Enablers to success

- **Tailored forums** for adolescents and young people, especially platforms that allow peer-peer sharing
- Involving **parents** in sexual and reproductive health and rights education and dialogue
- Including comprehensive sexuality education in **teaching plans** and school management documents
- **Longer term engagement** in communities
- Diverse **engagement methods and media**

#### Areas to pay attention to

- Engaging closely with **parents to respond to potential sensitivities**
- Monitoring **fidelity to curricula** by teachers and peer educators
- Managing the **investment of time** needed by teachers
- Strengthening focus on **positive masculinities**

When it comes to shifting attitudes about the acceptability of **sexual and gender-based violence**, the evidence was more heterogeneous but the most positive trends were seen in projects that deployed multi-pronged strategies of direct work with young people combined with broader community dialogues and awareness raising and involving community leaders and local structures. For example, in Mali, progress in increasing knowledge of girls and women around sexual and gender-based violence and strengthening the commitment of community members and leaders to creating an environment favourable to gender equality and less accepting of violence was linked to:

- Massive **awareness-raising campaigns**, including through collaboration with local theatre groups, use of video broadcasts and involving radio stations in sharing messages, especially in local languages;

- Work with **community and religious leaders and protection committees**, particularly to reach people in more rural areas;
- Conducting focus groups to **diagnose the problem of sexual and gender-based violence**, including design of contextualised modules and an action plan for violence prevention, with the involvement of girls and women.

The importance of engaging **parents, teachers, and other community power holders** was evident across multiple aspects of our programming in sexual and reproductive health and rights – both as an enabler to success in some projects and as a recommendation for strengthening in activities where this was less of a focus.

## Evidence to action: Listening to girls' voices through Real Choices, Real Lives in Benin

*Real Choices, Real Lives* is a longitudinal and qualitative research study that has been tracking the lives of more than 100 girls in nine countries around the world since their births in 2006.

Evidence from the study directly informs programming and advocacy work in the girls' local communities. Findings from an exploration of *SRHR in adolescence* highlighted that the cohort girls were keen to receive more information about sexual health and wellbeing from their caregivers – however their caregivers were unsure of how to initiate this dialogue. Plan International Benin used evidence from the study to partner with local youth to *co-produce radio shows about Sexual and Reproductive Health and Rights issues* to encourage healthy dialogues between adolescents and their caregivers. The resulting findings and guidance note reveal the value of youth voices in shaping community programming.

**"I feel more confident talking to my daughters"**

Male, 18-25 years old (with child aged 0-4 years old), Benin

**"I've realised that it's important to discuss things with your children"**

Female, 36-45 years old (with children aged 10-14 years old), Benin

**Cielo, 17, is using her advocacy skills to prevent unintended teenage pregnancy in Peru**





There have been good programmatic outcomes this year in terms of strengthening **quality of adolescent and gender-responsive services**, linked to direct work and training (including in-service coaching) with health centre staff and the involvement of other stakeholders, for example from protection and judicial services. More promising trends in young people's access were seen when awareness raising with young people and their families was combined with direct support to strengthening services and referrals, i.e. avoiding creating demand where services cannot respond.

Services were also a focus in some of our programming in **protracted crisis contexts**. For example, in Ethiopia, one of our projects – focused on the needs of internally displaced populations – included a sexual health services component. While at small scale, on average there was a trend for improvement in terms of the provision of quality assured, adolescent friendly and integrated services against most criteria and an overall increase in the degree to which supported facilities provided Essential Health Service Packages for survivors.

We saw progress in some of our **advocacy efforts** this year. Some of the key enablers to success highlighted were linked to leveraging the existing positioning and networks of the partners we work with and maximising synergies of efforts; making strategic use of entry points such as youth groups and working groups; engaging youth to give credibility; and using evidence to underpin influencing efforts. For example:

- **In Timor-Leste**, Plan International has achieved significant progress through its youth-led family planning policy advocacy dialogue with the Ministry of Health. Plan established sexual and reproductive health and rights advocacy networks at the municipality level, involving civil society organisations and diverse youth groups. This initiative has played a critical role in influencing strategic plans, programmes, and policies. By providing a platform for young people to voice their concerns such as harmful practices, girls' rights, and advocate for policy changes to reduce the risks of early marriage and teenage pregnancy, Plan has helped empower youth to actively participate in decision-making processes.

- **In Kenya**, under the African Union Department of Health and Humanitarian Affairs and Social Affairs, Plan contributed to the development of the draft framework for the development of the Model Law on addressing child exploitation and abuse in the digital environment (designed to be implemented by member states of the African Union). Additionally, Plan Kenya contributed to the development of a roadmap for the implementation of the 2nd International Conference on FGM Declaration, with reference to the African Union Harmful Practices Strategies.



A girl leads discussions at her school on the dangers of child marriage, Ethiopia

## Where we need to keep going deeper....

The evidence available this year has informed insights which are relevant for Plan International but also the wider sector, in terms of how investment is targeted and how programmes are designed, to advance sexual and reproductive health and rights:

**We need to continue a focus on differentiated approaches.** While global programming guidance forms a useful reference point and quality standards, it remains critical that strategies are carefully tailored based on the specifics of the target group and context. This includes bespoke approaches to respond to the needs of diverse participants (for example, different age groups, people living with disabilities and LGBTIQ+ groups) and that reflect the other pressures that young people face in their day-to-day lives. This also necessitates the meaningful involvement of young people and communities at design stage.

**We need to continue to advocate for longer term programming, to shift deep-seated norms and attitudes.** Long term changes at community level – beyond knowledge and awareness – require targeted behaviour change interventions. We need to keep an emphasis on evidence-based diagnosis of the drivers of attitudes and behaviours in each context we work in and continue to strengthen how we integrate social norms lenses (including in what we measure and

how). This also includes strengthening the emphasis on work with parents and wider community members around issues related to young people's sexual and reproductive health and wider gender norms – both their own knowledge and attitudes but also their willingness to discuss with their children.

**We need to strengthen how we deploy multi-pronged approaches – addressing both supply and demand – to strengthen utilisation of sexual and reproductive health services.** When it comes to work on access and use of services, more promising trends were seen when work with young people and their families was combined with support to strengthen and link to services, avoiding situations where demand is created but the services cannot respond. This implies longer-term partnerships with broader health systems, breaking down barriers such as stigma and ensuring age-and-gender responsiveness for young people in all their diversity. It also requires a more consistent focus on advocacy with governments and other duty bearers for changes in legislation, policies and budgets to achieve long term change at scale.

**We need to be adaptable. Specific needs and barriers (whether that be in knowledge, attitudes or practices) in the context may only become apparent as a project starts.** To ensure that we design and maintain contextually relevant theories of change, we need to allow, and advocate with donors, for adaptations after formative research or baselines, to respond to new, or previously unknown, gaps and challenges that might emerge.

### Read more from this year:

*Plan International's Policy Position* on the rights of people with diverse sexual orientation, gender identity and expression and sex characteristics.

*Real Choices, Real Lives:* Research Series that has been following the lives of over 100 girls in nine countries around the world from their birth in 2006.

*Adolescent Girls in Crisis:* Research Series capturing the voices and experiences of adolescent girls in protracted crises.

*The Girls' Pact for the Future:* Adolescent girls and young people share their concerns, their vision of a positive future with gender equality at its heart, and recommendations for policy makers.



Until we are all equal

## About Plan International

Plan International is an independent development and humanitarian organization that advances children’s rights and equality for girls. We believe in the power and potential of every child but know this is often suppressed by poverty, violence, exclusion and discrimination. And it is girls who are most affected.

Working together with children, young people, supporters and partners, we strive for a just world, tackling the root causes of the challenges girls and vulnerable children face. We support children’s rights from birth until they reach adulthood and we enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 85 years, we have rallied other determined optimists to transform the lives of all children in more than 80 countries.

## We won’t stop until we are all equal.

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**Cover photo:** Nothando (18), Lorreen (23), and Andile (20) are members of Amplifying Girls’ Voices Through Digital Arts, an organization based in Bulawayo, Zimbabwe. The initiative focuses on sexual health and reproductive rights, empowering girls and young women to express themselves through poetry, podcasts, short films, and journalism.

**Disclaimer:** Images used throughout this report are not of research participants. Consent was received for the use of all images.