

# DECIDE

## Sexual and reproductive health and rights: summary







## OUR GOAL

**Children, adolescents and young people in all their diversity have control of their lives and bodies, and can make decisions about their sexuality, free from discrimination, coercion or violence. This includes whether, when and with whom to have sex, marry and have a child.**

## THE ISSUES AT STAKE

Around the world many children, adolescents and young people<sup>1</sup> grow up and become sexually active without access to quality, gender responsive information, education and services regarding their sexual and reproductive health and rights (SRHR).

Girls and young women are disproportionately affected by and vulnerable to SRHR violations – particularly during adolescence. Each year, millions are forced into early marriage or unions, bearing children too young, and being subjected to sexual violence. A chronic failure to treat adolescents as a unique group with specific needs is compounding this vulnerability – as the statistics confirm.

- Approximately 16 million adolescent girls aged 15 to 19 and 2.5 million girls aged 12 to 15 give birth each year<sup>2</sup> – nine in ten births by adolescents occur within marriage or a union.<sup>3</sup>
- Every day, an average of 33,000 girls are forced into child marriage.<sup>4</sup>
- Complications during pregnancy and childbirth are the leading cause of death for 15- to 19-year-old girls globally,<sup>5</sup> and three in five of all maternal deaths take place in humanitarian and fragile contexts.<sup>6</sup>
- 3.2 million adolescent girls aged 15 to 19 in low income countries undergo unsafe abortions each year.<sup>7</sup>
- Globally, about 120 million girls have been raped or subjected to other forced sexual acts during their lives,<sup>8</sup> and many at the hands of their partners.
- At least 200 million girls and women alive today have been subjected to female genital mutilation/cutting (FGM/C).<sup>9</sup>
- Three in every five new HIV infections among young people are among young women.<sup>10</sup>
- More than 220 million women and girls, mostly in the poorest countries and most of whom wish to use contraception, still do not have access to modern contraceptive methods.<sup>11</sup> Unmet need for contraception is highest among adolescents.<sup>12</sup>

1. In this document, “children, adolescents and young people” refers to girls, boys, young women, young men and a full spectrum of gender identities and sexual characteristics including transgender, intersex and questioning. Sexual and reproductive health and rights (SRHR) are relevant for all children from birth, as well as for youth up to the age of 24, all of whom are important targets for our SRHR work.
2. World Health Organization (WHO) (2018). “Adolescent pregnancy factsheet” [online] [www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy](http://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy), Geneva: WHO
3. Vogel, J.P., Pileggi-Castro, C., Chandra-Mouli, V., Pileggi, V.N., Souza, J.P., Chou, D., Say, L. (2015). “Millennium Development Goal 5 and adolescents: looking back, moving forward”, *Arch Dis Child*. 2015 Feb;100 Suppl 1:S43-7. doi: 10.1136/archdischild-2013-305514.
4. United Nations Children’s Fund (UNICEF) (2019). UNICEF Data: Child Marriage [online], New York: UNICEF
5. WHO (2018). op. cit.
6. United Nations Population Fund (UNFPA) (2015). *Maternal mortality in humanitarian crises and fragile settings* [online], New York: UNFPA
7. UNFPA (2013). *The State of the World Population, Motherhood in Childhood. Facing the challenge of adolescent pregnancy*. [online] [www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013.pdf)
8. UNICEF (2014). A statistical snapshot of violence against adolescent girls, New York: UNICEF
9. UNICEF (2016). “FGM: A Global Concern”, <https://data.unicef.org/resources/female-genital-mutilationcutting-global-concern/>, New York: UNICEF
10. UNAIDS (2019). *Women and HIV: A spotlight on adolescent girls and young women*, [online]
11. Inter-Agency Working Group (IAWG) (2018). 2018 Inter-Agency Field Manual on Reproductive Health in Crisis, <http://iawg.net/iafm/>
12. UNFPA (2015). *Facing the fact: Adolescent girls and contraception* [online], New York: UNFPA

## WHY DOES ALL THIS MATTER?

Sexual and reproductive health and rights for children, adolescents and young people are stipulated and affirmed by multiple international and regional human rights instruments, and political consensus documents. Yet regressive, conservative and populist policies are putting these rights at risk. Adolescent girls and young women stand to suffer the most, as their life chances are impaired through harmful norms and practices, like child, early, and forced marriage and unions (CEFMU) and other forms of gender-based violence.

When children and young people are informed about SRHR – such as through comprehensive sexuality education (CSE) – they have the attitudes, confidence and skills to make autonomous and healthy decisions about their sexuality, bodies and relationships. When they receive positive support from parents, caregivers, teachers and community leaders, they can grow up ready for consensual and pleasurable experiences, free from shame and pain related to sexuality. They also know about and are willing to use SRHR and HIV services.

## ROOT CAUSES AND DRIVERS

- **Norms and expectations** deeply influence how people experience sexuality. Adolescent girls' lives in particular are ruled by a perceived need to control their sexuality – through virginity, chastity, submission, practices like FGM/C and CEFMU and in married life – often by “gatekeepers” such as parents, husbands, in-laws, religious and community leaders.
- **Gendered power dynamics**, including norms about boys' behaviour, lead to unequal decision-making in sexual partnerships, and sexual coercion and violence.
- **Talking about sex is taboo** and may even be considered obscene. In particular, sexual pleasure and satisfaction are taboo topics in many contexts, particularly for girls and women. Such contexts can deter young people from seeking SRHR services.
- **Children, adolescents and youth are often considered too young for accurate information and access to SRH services.** Those living with disabilities are also often disempowered and infantilised regarding their sexuality.
- **Poorer girls and young women with less education** are more likely to experience adolescent pregnancy, which further compounds their disadvantage by disrupting or prematurely ending school attendance and limiting future livelihood opportunities.
- **Conflict and disasters exacerbate poor SRHR outcomes** for adolescents, particularly girls and young women. Such crises amplify risks of gender-based violence (including CEFMU), sexually transmitted infections (including HIV), unintended pregnancy, maternal morbidity and mortality.
- **Lesbian, gay, bisexual, transgender, intersex, questioning (LGBTIQ) adolescents and youth** are prevented from expressing their sexuality and accessing SRHR services by **discriminatory laws and lack of expertise** among service providers.
- **National laws often reflect harmful norms** prevalent in society and among decision makers, instead of protecting young people's SRHR. Laws may actively discriminate based on age, marital status or gender identity, cause harm by expressly permitting or being silent on harmful practices such as CEFMU or FGM/C and other forms of gender-based violence, criminalising consensual adolescent sexual behaviour, or restricting access to SRHR services, information and education.





# OUR KEY INVESTMENT AREAS



## 1. Support positive sexuality education and dialogue:

- Work towards placing a positive approach to sexuality at the heart of our programming in order to contribute to truly gender transformative and sustainable change.
- Enable delivery of CSE through schools as part of a gender transformative education, from early childhood to young adulthood.
- Provide CSE in communities and non-formal settings both in order to reach out-of-school children, and to complement schools-based programmes.
- Continue work with Ministries of Education and Health to lobby for and enable quality CSE in schools at scale.
- Strengthen understanding of sexuality among parents, caregivers and communities, and support community dialogues to shift negative social norms on SRHR and harmful practices.
- Build positive social norms on sexuality through community-wide strategies and supported intergenerational dialogue.



## 2. Strengthen quality adolescent and gender responsive SRHR services:

- For all Plan International SRHR programmes, ensure a critical assessment of quality services within a given geographical area, and work to ensure a smooth referrals pathway for all children, adolescents and young people.
- Strengthen quality, gender responsive and inclusive facility, community and mobile health systems for adolescents, with a priority focus on strengthening services most critical to prevent early and unintended pregnancy.
- Support adolescent engagement with service planning, delivery, monitoring and advocacy, and build family and community support for services.
- Deliver training and continuous support for health workers, underpinned by values transformation on adolescent sexuality.
- In humanitarian settings, influence donors and humanitarian actors to prioritise and fund SRHR services as a life-saving intervention and upscale the implementation of the Minimum Initial Service Package (MISP).





## OUR KEY INVESTMENT AREAS (CONT.)



### 3. Strengthen support for adolescent girls and young women most at risk:

*“At risk” is defined in line with the local context but is expected to target girls and young women who are married, pregnant and / or mothers, including those in crisis settings.*

- Create safe spaces with role model and mentor support for girls at risk to strengthen their agency, social networks and assets.
- Support community dialogues and increased public discourse, and explore communication campaigns and initiatives to reduce SRHR-related stigma and exclusion experienced by girls and young women, particularly unmarried mothers.
- Continue fostering community dialogues and increasing public discourse to raise awareness and understanding of the harm caused by CEFMU and FGM/C, while promoting the value of girls in society.
- Engage boys and young men, considering them as rights holders, as well as understanding their positive roles in supporting girls and young women.
- Ensure SRHR and gender-based violence services are linked to protection structures, psychosocial support, education and economic empowerment activities for positive life options.
- Seek out and use better and more inclusive data for key target groups in our programming and influencing work, ensuring vulnerable and excluded girls and young women are targeted with great sensitivity, with no further harm, including stigmatisation.

## OUR GENDER TRANSFORMATIVE APPROACH TO SRHR

All societies have strong social and gender norms relating to SRHR, particularly related to girls’ and young women’s sexuality. We need to overcome and discard gender stereotypes and harmful gender norms that devalue girls and seek to control their sexuality. Our gender transformative approach to SRHR involves the following actions:

- We engage with children and young people, families, communities, leaders, schools and health facilities to identify harmful practices, such as CEFMU, and help to construct alternatives. We identify and address harmful norms or expectations (including for boys and young men) that prevent children and young people from enjoying their sexual and reproductive rights safely; and we support them to build collectively new, positive ones.
- We safely challenge SRHR-related discrimination in the community, particularly against pregnant girls, unmarried mothers or against young people who are LGBTIQ. We invest in and work with civil society and the media to promote non-stereotypical and non-discriminatory roles and expectations related to young people’s SRHR.



- We strengthen young people's, particularly girls', understanding of their sexual and reproductive rights, build confidence for their bodily autonomy and for making conscious choices about their sexual and reproductive health, wellbeing and lives.
- We work with boys and young men to embrace positive masculinities with regards to relationships, sexual and reproductive health and non-violence, and to support girls and young women in claiming their sexual and reproductive rights.
- We support financial and organisational strengthening for local CSOs working on SRHR for young people, particularly youth-led, feminist and LGBTIQ groups. We work with families, communities and CSOs to develop and support social protection schemes and mechanisms, and financial support for vulnerable families.
- We advocate for law and policy reform in favour of SRHR for children, adolescents and young people while tackling root causes of gender inequality. We support safe, meaningful and age-responsive child and youth engagement in the design, implementation and evaluation of SRHR programmes, policies and advocacy.
- We work with education and health actors to influence CSE quality in terms of delivery and content from early childhood and throughout learners' educational careers; and with different actors to expand access to CSE in non-formal settings.
- We influence donors and other financial, health and humanitarian actors so that resource allocation is gender-responsive and equitable, prioritising expansion of services for vulnerable and excluded adolescents, including girls in conflict and crisis situations.

## OUR GLOBAL INFLUENCING APPROACH TO SRHR

Plan International's global influencing priority for SRHR is focused on reducing unwanted and unintended adolescent pregnancy.

We will seek to achieve this through consistent advocacy at all levels targeted at governments, donors, service providers, civil society, humanitarian and other relevant actors to:

- Strengthen delivery of quality, comprehensive sexuality education, and adolescent- and gender-responsive SRHR services
- Recognise, respond and prioritise the SRHR needs of younger adolescent girls (aged 10-14 years) and increase research and data tracking efforts around this cohort;
- Ensure girls and young women can live free from sexual violence and harmful practices such as CEFMU and FGM/C;
- Challenge and reject harmful gender norms that seek to control female sexuality; and
- Prioritise and fund SRHR interventions in humanitarian settings.

Plan International will also leverage its global Girls Get Equal campaign to advocate for girls' meaningful engagement and leadership in all decision-making spaces relating to their SRHR. This includes policy formulation, government planning, budgeting and accountability processes, as well as strategies and programmes for implementing, monitoring and evaluating SRHR services.

We will underscore this work by pushing for young people to have a seat at the table in national, regional and global decision-making processes, and a direct platform and voice at key moments such as ICPD+25 and Beijing+25. By supporting existing movements of young, and particularly female, advocates, activists and campaigners, our work will be driven by the agenda of those for whom political, legal, financial and social norm change matters most.





To learn more about Plan International's SRHR position, see  
<https://plan-international.org/publications/sexual-reproductive-health-rights>

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