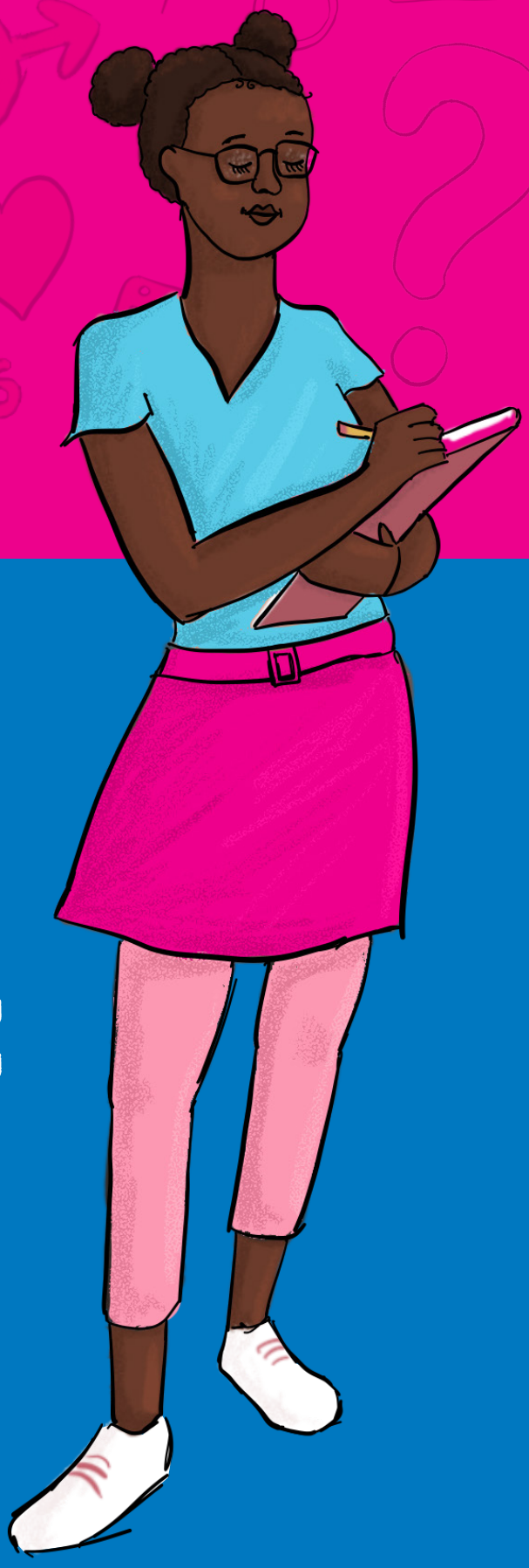
PLAN INTERNATIONAL

Executive Summary

SRHR IN ADOLESCENCE:

INSIGHTS FROM THE REAL CHOICES, REAL LIVES COHORT STUDY



PLEASE NOTE: NONE OF THE PHOTOGRAPHS USED IN THIS REPORT ARE OF THE GIRLS WHO TOOK PART IN THE STUDY.

THIS IS THE EXECUTIVE SUMMARY FOR THE REPORT: *SRHR IN ADOLESCENCE: INSIGHTS FROM THE REAL CHOICES, REAL LIVES COHORT STUDY.* THE FULL REPORT CAN BE FOUND HERE.

BACKGROUND

Since 2007, the longitudinal and qualitative *"Real Choices, Real Lives"* (RCRL) study has been tracking the lives of girls and their families in nine countries[1]. In 2021, 118 girls[2] and their families were participating in the study which has followed the girls since their births in 2006.

The study will collect data until December 2024 when the girls reach the age of 18. It aims to document the social, economic, cultural and institutional factors that influence girls' lives and life chances, through the perspectives of girls and their families by asking questions about beliefs, values and expectations. It aims to uncover how gendered social norms and behaviours are created and sustained or shift over time.

Data on the study has now been gathered for 14 years, offering a unique insight into the life cycle of girls and the choices, decisions and realities that shape their lives. The girls in the study are now entering late adolescence. For girls across the world, adolescence is a particularly vulnerable time where gendered expectations become more pronounced.

Girls riding their bicycles to school in Cambodia.
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> "I'd like more information on sexuality, it would help me when I start to go out with boys. I would know how to avoid pregnancy and sexually transmitted diseases."
>
> **THEA, 15, BENIN, 2021**

1. Brazil, El Salvador, Dominican Republic, Benin, Togo, Uganda, Cambodia, the Philippines and Vietnam.
2. We recognise that gender is a multidimensional concept which influences people's identities and expressions in many ways and that gender identity goes beyond a binary field of male and female (though for the purposes of this study "girls" is used as an umbrella term). In this sense, all participants in the study were assigned female at birth, basing this on their sex characteristics.

KEY FINDINGS

A GIRL'S AGE AND MENARCHE ARE KEY ENTRY POINTS FOR SRHR DIALOGUE WITH CAREGIVERS

Throughout the girls' childhood and early adolescence, caregivers say that they are still "too young" to learn about sexual and reproductive health and rights (SRHR), either because they think it is not yet relevant, or because they think it is not appropriate for them. Menarche – the first menstrual cycle – continues to be a key turning point for caregivers to begin to communicate on SRHR, but it also marks a moment when caregivers believe they have to strictly manage girls' sexuality and behaviour.

Menarche is seen by caregivers as marking an immediate shift from girl to woman. Adolescence is rarely recognised as a unique transition period in itself. With this irrevocable change come new social expectations for girls to adhere to behaviours regarded as acceptable as an adult woman, and to stop certain activities they used to enjoy.

RISK MITIGATION IS PRIORITISED OVER SEXUAL WELLBEING

Rigid cultural and gender norms prioritise SRHR education as solely a means to avoid negative consequences from sex. Even as the cohort girls enter later adolescence it is still deemed taboo to talk about sex. The norms that regulate adolescent girls' sexuality combine with conservative attitudes that oppose girls becoming sexually active before marriage.[3] A high value is placed on abstinence, which is generally spoken of in terms of being for girls' protection. The key advice from caregivers is for girls to avoid boys and not to allow anyone to "touch" them; this puts the onus on the girl to protect herself from unintended pregnancies, and even rape and other forms of sexual violence.

SOCIAL AND GENDER NORMS INFLUENCE CAREGIVER DIALOGUE AROUND SRHR AND GBV

All our research took place in poor rural or semi-rural communities. It was apparent that many of the hardships the girls faced reflect the combined effects of poverty and inequitable gendered norms. Unequal gendered dynamics operate both at home and in communities. Important similarities across contexts exist among attitudes, norms and practices in relation to gender, age and sexuality. These allow damaging gender norms that control girls' sexuality and uphold harmful ideals of womanhood to prevail across the cohort communities, becoming more rigid as girls progress through adolescence. Norms are actively enforced by monitoring girls' expected behaviours and imposing social sanctions of shame and taboo when girls transgress. The norms give rise to stigma and gender-based violence (GBV), which significantly impacted the lives of the girls in the study.

Beliefs and attitudes of caregivers around SRHR are often echoed by the girls themselves. They begin to monitor their own behaviour as well as that of their peers, repeating dialogues about how a girl should behave, thus ensuring that cycles of stigma and shame continue for girls who transgress societal expectations.

Clear gender roles are in place between male and female caregivers in relation to talking to girls about SRHR. Fathers participating in the study generally defer to the girls' mothers when asked about SRHR and indicate the tie to traditional gender roles by stating that this topic is a "women's issue"; this demonstrates that norms dictate what is "acceptable" for men and women to address and limit father–adolescent communication on SRHR.

Damaging gender norms around violence and harassment were reinforced by girls and caregivers. In many instances, people seemed to think that harassment and sometimes even violence was something that girls allowed to happen. There was also evidence of a culture of damaging attitudes towards girls which often conflated sexual violence with early pregnancy (by choice), blamed the girl for a perpetrator's actions and ended by shaming the girl.

3. Buller, A.M., Schulte, M.C. (2018) "Aligning human rights and social norms for adolescent sexual and reproductive health and rights", *Reproductive Health Matters*, 26(52), 38-45, DOI: 10.1080/09688080.2018.1542914

CAREGIVERS AND GIRLS FEEL ILL-EQUIPPED TO TALK ABOUT SRHR

It is clear that while there are distinct policy and cultural contexts and prevalent norms across the nine cohort countries, caregivers also experience common challenges when it comes to communicating about SRHR with their daughters. Both the girls and their caregivers consider SRHR as an important part of adolescence to be navigated – but many experience a lack of access to SRHR information. Sexual education curriculums are poor or non-existent. This leaves the girls (and caregivers) uninformed and ill-equipped to deal with their SRHR needs.

INTERGENERATIONAL EXPERIENCES ARE A KEY INFLUENCE FOR CAREGIVERS

For many female caregivers, the priority is ensuring that girls do not repeat the negative experiences that they themselves encountered as adolescents and young adults, particularly in relation to child, early and forced marriage or unions (CEFMU) and unintended pregnancies. This outlook seemed to influence their protective approach to their daughters in terms of contact with males. Caregivers perceived relationships with males as a risk, thus perpetuating gendered norms by monitoring their daughters' behaviours and curtailing their movements.

Many of the female caregivers also shared past experiences of sexual violence and abuse, where the experience of unequal gender norms and exposure to violence as a child seemed to perpetuate intergenerational transmission of violence later in their lives. Yet caregivers' own negative experiences and fears for their daughters around adolescent pregnancy, CEFMU and GBV rarely translated into open discussion with the girls about fostering positive intimate relationships, sex or contraception.

A small number of female caregivers do, however, discuss more positive approaches to communicating with girls about SRHR, often tied to a desire to break the generational cycle of negative experiences.

A young girl and her sister carry water back to their home in Benin.

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> "I was naïve, I didn't go to school and that's why I got married very quickly. I want Essohana to go far in her studies before she becomes a wife."
>
> **ESSOHANA'S MOTHER, TOGO, 2018**

RECOMMENDATIONS

Firstly, it should be noted that the contexts across the RCRL study vary vastly, and every recommendation needs to be tailored and applied according to the various settings both across and within countries.

From the findings, it is clear that girls want more information from their caregivers on SRHR and most caregivers want more support to be able to communicate effectively on SRHR with adolescent girls. A starting point for improving adolescent girls' SRHR is an enabling policy environment, but this needs to coincide with normalising open and honest discussions about sexual and reproductive health both in the formal and non-formal education settings and in community discourse.

NATIONAL GOVERNMENTS SHOULD:

- **Ensure** access to quality and affordable gender and adolescent responsive SRHR services including those which prevent and respond to GBV. These should be developed and implemented in consultation with adolescent girls, including those who are survivors of sexual violence and girls who are married and/or parenting. Services should include improved contraception access for adolescents in rural settings.
- **Develop, implement and monitor** policies that create a supportive environment for adolescent mothers. This should include both removing policies which implicitly or explicitly exclude girls from school, as well as providing timely and adolescent-responsive support for girls who are pregnant or parenting, where they can learn in a safe space that is flexible for their needs.
- **Strengthen** prevention and response to GBV and harmful practices, including CEFMU, embedding a rights-based and gender-transformative approach that recognises both adolescents' agency and the need to transform harmful norms and practices that drive different forms of violence.
- **Strengthen** comprehensive sexuality education (CSE) and include it in the early years of schooling to respond to the age and stage of learners using a sex-positive approach that promotes understanding of gender including diverse sexual orientations, gender identities, gender expressions and/or sex characteristics (SOGIESC).[4] It should include a phased approach which is adaptable and recognises the specific contextual and community norms present so that governments or education ministries can work to overcome the challenges that arise with CSE delivery in each setting.
- **Encourage** a "whole school approach" to CSE. CSE programmes should include activities to inform caregivers about the goals and content of CSE and build their support.

NGOS AND CSOS SHOULD:

- **Support** caregivers to actively engage with their children's SRHR by building knowledge and backing efforts to improve child–caregiver communication around GBV and sexuality including socialisation on diverse SOGIESC. Young people look first to their caregivers for support and information and need to feel that they can ask for help without embarrassment or confusion from either side. This entails providing opportunities for dialogue between and within generations to discuss experiences around SRHR.

4. Plan International (2021) Translating CSE commitments into action. Available here: https://plan-international.org/publications/translating-cse-commitments-into-action/, accessed 23 May 2022

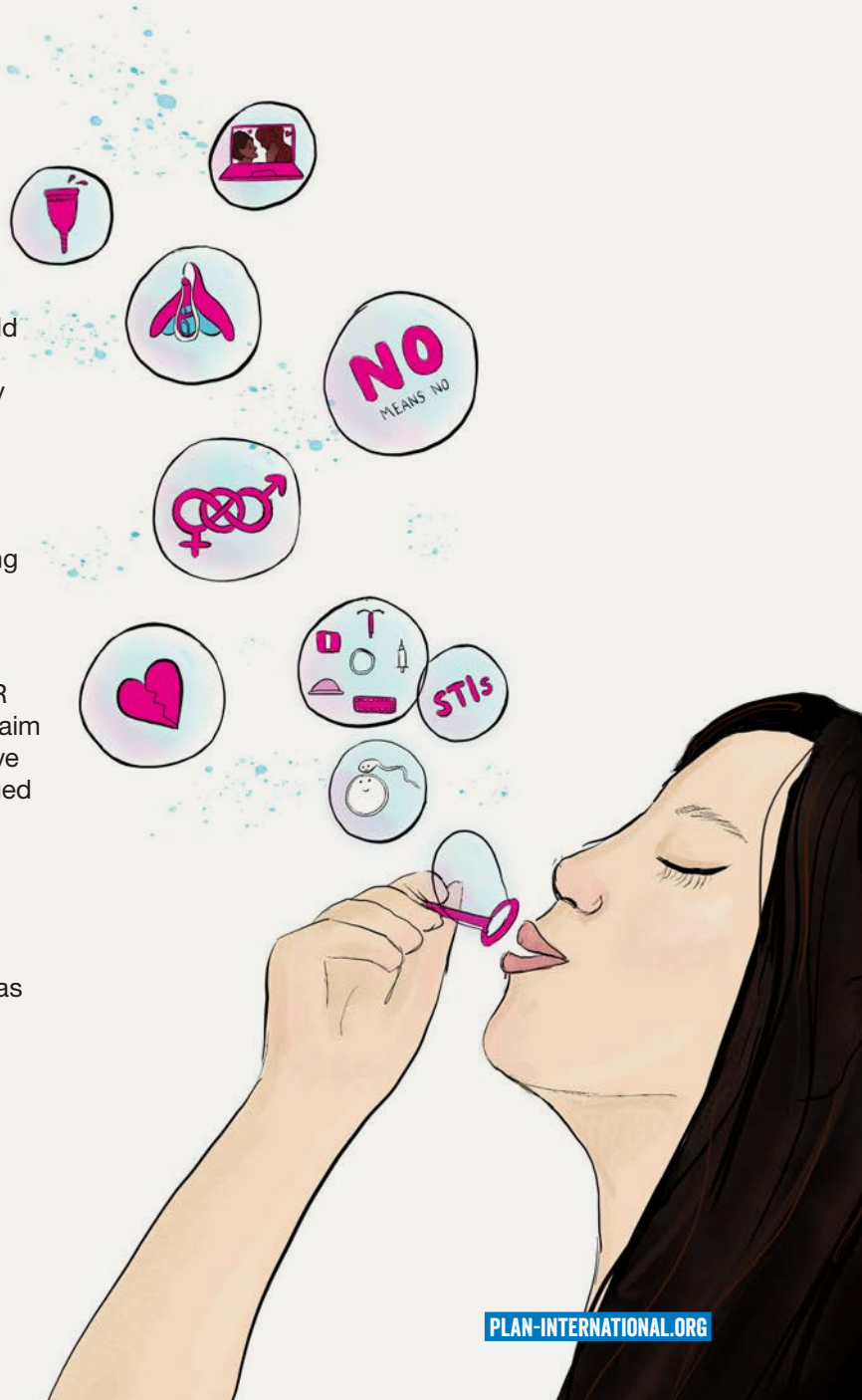
Norms and values that reduce stigma around SRHR must be promoted to improve health outcomes. Social and gender norms are entrenched across the RCRL communities and continue to influence caregivers' approaches around SRHR in relation to expected behaviours around relationships and sexual activity. Norms around GBV demonstrate that while policies might exist to prevent and respond to GBV, these are not always adequately enforced or monitored in a gender and age responsive way. All actors must share the responsibility of challenging social and gender norms.

DONORS SHOULD:

- **Ensure** that long term cross-sectoral investment is focused on efforts to shift gender norms that centre adolescent sexuality, agency and bodily autonomy in relation to critical SRHR issues that are affecting adolescent girls, including GBV and CEFMU.

NGOS AND CSOS SHOULD:

- **Enable** intergenerational dialogues that focus on transforming negative social and gender norms while building new positive ones; challenging myths and taboos around menstruation, intimate relationships and gender identity and sexuality; normalising discussions around sex, contraception and sexual wellbeing; and challenging norms that stigmatise the use of contraception and solely promote abstinence. Awareness should be strengthened around the links between CEFMU, GBV, adolescent sexuality and early pregnancy, and how harmful social norms perpetuate these.
- **Implement** interventions at school and in communities that aim to reduce stigma and discrimination against pregnant and parenting girls and survivors of sexual violence, which will help them to access SRH services with empathy and support.
- **Engage** fathers and male peers in girls' SRHR by promoting gender equitable attitudes that aim to improve SRHR outcomes and foster positive relationships. Men and boys should be engaged to critically assess norms around traditional views of masculinity and femininity that place responsibility for caring for a girl's sexual and reproductive health solely with women.
- **Foster** norm change through a mix of interventions including the use of media, as well as providing a range of information sources on SRHR for young people to access.



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About Plan International

We strive to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood, and 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 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

Plan International
International Headquarters
Dukes Court, Duke Street, Woking,
Surrey GU21 5BH, United Kingdom

Tel: +44 (0) 1483 755155
Fax: +44 (0) 1483 756505
E-mail: info@plan-international.org

plan-international.org

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