



PLAN
INTERNATIONAL

Real Choices,

Real Lives

Final Report:

**Findings from 18 Years of a Global Study
with Girls from Birth to Adulthood**



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Members of the health club in a primary school in Uganda © Plan International

Acronyms and Abbreviations

CEFMU	Child, early and forced marriages and unions	SDGs	Sustainable Development Goals
CSE	Comprehensive sexuality education	SDH	Social determinates of health
FGM/C	Female genital mutilation/cutting	SEA	Southeast Asia
GBV	Gender-based violence	SGBV	Sexual and gender-based violence
GII	Gender Inequalities Index	SRH	Sexual and reproductive health
HDI	Human Development Index	SRHR	Sexual and reproductive health and rights
IPV	Intimate partner violence	STI	Sexually transmitted infection
IRB	Institutional Review Board	TFGBV	Technology-facilitated gender-based violence
LAC	Latin America and the Caribbean	WASH	Water, sanitation and hygiene
ODA	Official development assistance		

Preface

The voices of girls are at the heart of the Real Choices, Real Lives study. Below, their words remind us that participation in the study was not only about answering questions, it was about expressing themselves, being heard, reflecting on the world around them, and contributing to conversations that shape progress toward gender equality.

“I’m happy to participate [in Real Choices, Real Lives] because before, I couldn’t express myself but by answering your questions, now I can speak in front of a grown-up.”

Thea, age 17 (2023), Benin

“As the years go by, I have gained more knowledge. And I’m letting go of my shyness. My participation in this study also gives Plan Togo the opportunity to hear from me.”

Nini Rike, age 17 (2024), Togo

“This [Real Choices, Real Lives] interview always broadens my thinking. Sometimes, even the things I could not imagine thinking, it draws me to it.”

Amelia, age 17 (2024), Uganda

“I think it’s great that you could hear my opinions on some things about society and everything. I like to participate in this study.”

Juliana, age 17 (2023), Brazil

“I’ve learned many different things [from Real Choices, Real Lives] ... about the stories of many girls from different places.”

Griselda, age 18 (2024), Dominican Republic

“Ever since I can remember, I’ve always liked participating in [Real Choices, Real Lives], I love it.”

Stephany, age 17 (2024), El Salvador

“I am happy with this study because I have an opportunity to speak what I have never said before.”

Kannitha, age 17 (2023), Cambodia

“I’m happy because [Real Choices, Real Lives] checks on me, asking what’s going on with me, and checking if I’m okay.”

Melanie, age 17 (2023), the Philippines

“I feel very happy because I can share many things with [Real Choices, Real Lives] and my sharing can help in child protection.”

Sen, age 18 (2024), Vietnam

Foreword

Reena Ghelani
Chief Executive Officer
Plan International

Over the past two decades the world has seen progress in many areas. Extreme poverty has more than halved in a single generation, and the global gender gap in education has narrowed significantly, with girls' enrolment in primary and lower secondary school now approaching parity in most regions.

However, this progression is not equally spread. In many places girls have not benefited and things are getting worse. It's a challenging landscape, but we know that listening to girls over their lifetimes provides the answers.

For eighteen years, the girls at the heart of the Real Choices, Real Lives report have trusted us with their stories. They have shared their hopes, their dreams and challenges. They have also shared what support helps them move forward. This report reflects what we have learned from them across every part of their lives. It shows the real changes they have experienced, and the remarkable gains compared with the generations before them. It also introduces a cohort of girls who are pushing against long-standing beliefs about what girls should or should not do and who are insisting that their voices matter.

Yet the forces shaping girls' lives remain stubborn. Gender norms continue to limit opportunities for girls. Public systems meant to protect and support girls are stretched and under-resourced. And the progress made so far is fragile. Anti-rights movements are growing stronger at the same time as communities face rising economic pressure, increasing conflicts and worsening climate impacts.

This report shares the stories of girls who are challenging the ideas that limit their opportunities and insisting that their voices are heard. When girls have the right support, they thrive. We owe it to them – and to every girl who will come after them – to act now. To safeguard hard-won gains, confront emerging threats, and create a world where every girl can realise her rights and shape her own future.



1. Introduction

“It is good to be heard. To know people care about girls.”

Bianca^a, age 17 (2023), Brazil

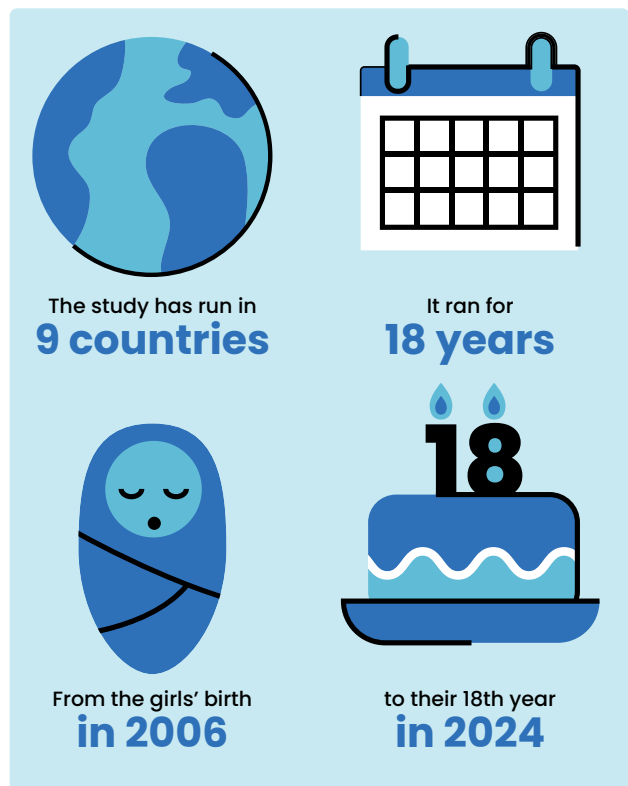
Real Choices, Real Lives is a Plan International research study that has been following the lives of 142 girls^b in nine countries around the world (Benin, Brazil, Cambodia, Dominican Republic, El Salvador, the Philippines, Togo, Uganda and Vietnam) from their birth in 2006 until they turned 18 in 2024.

As a longitudinal and qualitative study, *Real Choices, Real Lives* has provided rare access to girls’ daily realities, opportunities, and challenges; their experiences of gender and social norms over the course of their childhood and adolescence; their opinions; and their aspirations for the future in their own words.

Very few studies have traced the lives of the same group of children for so many years - and *Real Choices, Real Lives* is the only one of its kind that has focussed solely on the lives and experiences of girls^c.

The study has conducted interviews with the girls’ caregivers each year since the girls were born, and with the girls themselves from the age of five onwards. By hearing from girls directly, *Real Choices, Real Lives* has ensured that girls’ real lives, voices, experiences and recommendations for change are centred in work to advance equality for girls around the world.

In this report, we share findings from **18 years of research with girls around the world**. What does it mean to be a girl growing up in some of the poorest communities globally? How are gender and social norms introduced to and internalised by girls as they grow up, and what impact does this have on their



beliefs, values, expectations and behaviours? How do gender norms intersect with issues of education, climate change, health, violence, agency, and aspirations to shape girls’ opportunities? How are girls navigating and resisting gender norms as they move through childhood and adolescence, and - critically - how best can we support them to claim their rights and achieve equality?

Since 2006 when the *Real Choices, Real Lives* study first began, a great deal of progress has been made for girls and women around the world. Rates of child, early and forced marriages and unions have decreased¹ and the adolescent birth rate has reduced by nearly a third.² Girls are significantly more likely to complete both primary and secondary school,³ women’s labour force participation has increased,⁴ and women’s political participation has improved globally.⁵

a All of the cohort girls’ names have been changed to protect their privacy.

b Over the course of the study, some participants chose to withdraw, migrated away from the study area, or, sadly, passed away during childhood. In addition, there have been changes to the geographical scope covered by Plan International’s Country Offices, which has also affected the continuity of participation.

c We recognise gender as 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. However, for the purposes of this study, “girls” and is used as an umbrella term to refer to the cohort participants.

Yet the *Real Choices, Real Lives* cohort girls have come of age in a global context of growing backlash against gender equality and inclusion, risking erosion and reversal of hard-won rights for girls around the world. Sharp declines in official development assistance (ODA) in recent years have been characterised by a well-coordinated transnational assault on girls' and women's rights through restricting the flow of funds for work to advance gender equality.⁶ Increasing polarisation around the world, including the rise of nationalist, populist and anti-democracy governments bring with them a systematic dismantling of laws, policies and investments in girls and women's health, education, political participation and human rights.

- Globally, one billion girls and women live in countries where gender equality has stagnated or declined.⁷
- Anti-rights actors are seeking to undermine the legitimacy of gender equality and women's rights norms.⁸
- A third of the world live in countries with closed civic space, restricting their ability to peacefully assemble and their freedom of expression.⁹
- From 2024 to 2025, the ODA budget reduced by \$60bn dollars; money that is not likely to be made up for by other philanthropic actors.¹⁰
 - Gender equality is already chronically underfunded, with only 4 per cent of development assistance principally spent on gender equality.¹¹
- Interconnected crises are putting girls and women at risk, reversing progress made so far on girls',

In their own words

In this report, we share the findings of 18 years of research with girls around the world. This report explores the girls' experiences, opportunities, challenges, attitudes and beliefs relating to a number of key themes that have influenced and shaped their lives - findings which are complemented by insights shared by their caregivers too. This report is structured thematically, while recognising that these themes and topics are often intimately intertwined and interdependent. It explores education across the girls' lives; the impact of climate change and food insecurity on their lives; health and wellbeing, sexual and reproductive health and rights (SRHR); child, early and forced marriage and unions (CEFMU); the girls' experiences of and attitudes about violence

women's and human rights.

- 80 per cent of people displaced by climate change are girls and women¹²
- 614 million girls and women are living in conflict-affected countries¹³
- Girls and women are most impacted by food insecurity¹⁴

This rollback of rights threatens to undermine important and hard-won progress that has been made for girls and women in recent decades - making it harder for girls to complete their education, access healthcare, exercise bodily autonomy, live free from violence, access decent work opportunities, and have a say in decisions that affect their lives.

In this context, it is critical that we shine a light on the considerable progress that has been made for girls and its benefits to ensure that these gains are protected, as well as highlight the gaps, stagnation and backsliding that must be urgently addressed. By reflecting on the experiences of the *Real Choices, Real Lives* cohort girls over the course of their childhood and adolescence, this report takes stock of how the situation for girls has improved, stagnated or declined over the last 18 years. We demonstrate evidence of progress and the impacts for girls and highlight areas that need urgent and concerted action to protect the gains made.

Evidence across the *Real Choices, Real Lives* cohort shows that change is possible - and we must galvanise efforts to ensure that all girls around the world can realise their rights and fulfil their potential.

and protection; how girls have resisted against gender norms over the years; the impact of unpaid care work; girls' agency, participation and decision-making; and girls' aspirations for the future and pathways to decent work.

This report draws together 18 years of evidence and findings, synthesising previously published data and offering new analysis and insights. Through *Real Choices, Real Lives* we are afforded the privilege of hearing from girls in their own words; their voices, experiences, and recommendations for change provide unique insight on what it means to be a girl growing up in different contexts around the world, and how life has changed for them over the last 18 years.

2. Girls around the World

When the *Real Choices, Real Lives* research study began, the cohort girls were recruited for participation on the basis of their year of birth (2006), that they lived in communities in which Plan International already had an active presence (and were therefore logistically able to conduct the study), and that they came from the lowest socio-economic backgrounds. As part of Plan International’s commitment to feminist research principles, not only was the study concerned with centring the voices of girls around the world, but it was also dedicated to learning about the lives of girls who had been most marginalised and underrepresented, namely, girls living in poverty.



142
girls participated in the study, and 92 remained when the study ended in 2024.

65%
of girls were completing or had completed secondary education by 2024.

9%
were attending university.

13%
of cohort girls were married/ in unions by 18.

Girls spent an average
5hrs 15 minutes
a day on unpaid care work.

91%
of cohort girls reported experiencing violence by the age of 11.

At a glance: the *Real Choices, Real Lives* Focal Countries

Benin	Togo	Uganda
<p>At a glance</p> <p>11% of the population in Benin is made up of girls aged 10-19 years old.</p> <p>44% of girls complete primary education, 13% complete lower secondary, and just 5% complete upper secondary.</p> <p>24% of seats in the Beninese parliament are reserved for women, and there are currently 28 women elected.</p>	<p>At a glance</p> <p>11% of Togo's total population is made up of adolescent girls.</p> <p>76% of girls complete primary education, 39% complete lower secondary, and 12% complete upper secondary.</p> <p>19.8% of Togolese women participate in political life, making it one of the highest rates in the region.</p>	<p>At a glance</p> <p>12% of Uganda's total population is made up of adolescent girls.</p> <p>43% of girls in Uganda complete primary education, 23% complete lower secondary, and 15% complete upper secondary.</p> <p>33.8% of parliamentary seats in Uganda are held by women.</p>
<p>The Cohort</p> <p>The cohort girls in Benin come from rural areas surrounding Couffo, located in the southwest of the country.</p> <p>A total of 15 girls participated in <i>Real Choices, Real Lives</i>, with 10 girls remaining in the study until it ended in 2024.</p> <p>Over the years, the girls in Benin have expressed a passion for and commitment to their education. They have expressed a belief that education is their pathway to a brighter future, independence, and an ability to lift their families out of politics.</p> <p>As of 2024, 1 of the cohort girls had graduated school, 6 were completing their secondary education, and 1 had started an apprenticeship.</p>	<p>The Cohort</p> <p>The girls in Togo come from rural family communities outside of Sokodé, the country's second largest city, located in the Centrale Region.</p> <p>26 girls in Togo participated in <i>Real Choices, Real Lives</i> over the years, with nine remaining in the study when it concluded in 2024.</p> <p>A number of girls in the Togolese cohort come from polygamous households, raised by their birth mothers and their co-wives.</p> <p>Although the prevalence of female genital mutilation/cutting (FGM/C) is high in the Centrale Region (at 17.4 per cent), nearly all of the cohort girls' caregivers.</p>	<p>The Cohort</p> <p>The girls in the Uganda cohort come from villages surrounding Kamuli, a district of over 540,000 people in the Eastern Region of Uganda.</p> <p>15 girls participated in <i>Real Choices, Real Lives</i> over the years, and 12 remained in the cohort until the end of study in 2024.</p> <p>All of the girls come from rural communities that depend on farming as a source of food and income. The girls spend seven hours per day on unpaid care work, including collecting water and firewood.</p> <p>As of 2024, seven of the cohort girls were completing their secondary school education and one was studying an apprenticeship.</p>
<p><i>"My hopes for tomorrow are to continue my studies, to have diplomas, to have a job and a better future."</i></p> <p>Catherine, age 16, 2023</p>	<p><i>"If I do well at school, I can become a midwife, that's my dream."</i></p> <p>Fezire, age 17, 2023</p>	<p><i>"My life is going to be different from that of my mother because I have studied and reached where my mother did not reach"</i></p> <p>Nimisha, age 11, 2017</p>

Brazil

At a glance

75% of girls in Brazil complete upper secondary education (compared with 65% of boys)

99% of youth in Brazil are literate.

89% of the legal frameworks required to protect women and girls' rights to be free from violence have been implemented in Brazil.

The Cohort

The girls in Brazil come from São Luís and Codó, two cities in the Maranhão province. The cohort girls in Brazil are the only ones who live in urban areas.

15 girls participated in Real Choices, Real Lives over the years, and eight remained in the cohort until the end of study in 2024.

All of the cohort girls in Brazil have access to schools and live close by. At the time of the last data collection in 2024, six of the girls were in secondary school and two had graduated.

Over the years, the girls in the Brazilian cohort have been outspoken about injustices and inequalities that they observe in society.

"Parents want their daughters to get married early so she can have a good life, but I don't think like that. I want to finish my education, work so I don't need to depend on a man for anything."

Juliana, age 17, 2024

Dominican Republic

At a glance

71% of girls in the Dominican Republic complete upper secondary school (compared with 51% of boys) and 96% of girls complete primary education.

9% of the total population of Dominican Republic are adolescent girls.

89% of the legal frameworks necessary to promote equal rights for girls and women to participate in the economy have been implemented in the Dominican Republic.

The Cohort

The girls in the cohort come from the Azua and San Juan provinces of the Dominican Republic.

12 girls participated in Real Choices, Real Lives, and all remained in the study until it ended in 2024.

By 2024, seven girls had graduated from secondary school, and five had progressed to university.

Many of the girls' mothers were teenagers when they entered their marriages and had their daughters. In 2024, five of the cohort girls in the Dominican Republic were married or in unions and two had become mothers themselves.

"[Girls are] the ones who know what they want to do with their lives and how they're going to do it."

Rebeca, age 18, 2024

El Salvador

At a glance

100% legal coverage for the rights of girls and women in public life, marriage and in the family has been achieved in El Salvador.

79% of girls in El Salvador complete lower secondary school, and 65% complete upper secondary.

27.4% of parliamentary seats in El Salvador are held by women.

The Cohort

All of the cohort girls in El Salvador live in the Department of La Libertad. Many of the girls live in remote rural communities in mountainous areas.

2614 girls participated in Real Choices, Real Lives over the years, with 12 remaining in the study when it concluded in 2024.

The area that the girls live in is prone to trafficking, commercial sexual exploitation and gang violence. For the girls' caregivers, one of their main priorities as the girls were growing up has been to protect them from harm and violence.

All of the cohort girls' mothers gave birth as teenagers, and the girls have grown up with a keen sense that they need to have information about sexual and reproductive health and rights so that they can make informed decisions about their bodies.

"I think that all adults, they know more [about SRHR] so they should teach young people. They should teach girls as well as boys to look after themselves so they don't get pregnant." "I think that all adults, they know more [about SRHR] so they should teach young people. They should teach girls as well as boys to look after themselves so they don't get pregnant."

Karen, age 14, 2021

Cambodia

At a glance

9% of Cambodia's population is made up of adolescent girls.

20% of girls in Cambodia complete upper secondary school (the same rate as boys) and 39% complete lower secondary education.

88% of women report being able to participate in household decision-making in Cambodia.

The Cohort

The cohort girls in Cambodia come from the Tboung Khmum and Siem Reap provinces.

15 girls participated in *Real Choices, Real Lives*, and seven remained in the cohort when the study ended in 2024.

All of the girls come from farming communities, and most of their families are dependent on agriculture for their livelihoods. By 2024 a number of the girls had taken on farming work to earn their own incomes.

In 2024, five of the girls were completing their secondary school education, and one had graduated and enrolled in university.

"Boys and girls can do the same work as they wish to. I think I can be what I want to be, and I have to study hard."
Mony, age 12, 2019

Philippines

At a glance

100% of legal coverage for the economic participation rights of girls and women has been achieved in the Philippines.

83% of girls in the Philippines complete upper secondary education (compared with 74% of boys).

27.3% of parliamentary seats in the Philippines are held by women.

The Cohort

The girls in the Philippines come from Northern Samar and Masbate Island. The girls live in coastal areas and most come from fishing and agricultural families.

16 girls participated in the study over the years, with 14 remaining in the cohort until it ended in 2024.

The regions that the girls live in are extremely vulnerable to the impacts of climate change, and often experience extreme weather events and shocks including typhoons, landslides, flooding, droughts, and tsunamis.

The girls are passionate about climate action and have called for greater government efforts to improve climate resilience.

"I want to see more females doing tasks males are doing because girls can do it. They shouldn't just rely on men." -
Darna, age 15, 2021

Vietnam

At a glance

68.5% of women in Vietnam are participating in the labour force, compared with 77.8% of men.

97% of girls complete primary school education, 87% complete lower secondary, and 61% complete upper secondary.

30% of national parliamentary seats in Vietnam are held by women.

The Cohort

The girls in the Vietnam cohort come from the Quảng Ngãi (South Central Coast) and Thái Nguyên (Northeast region) provinces.

20 girls participated in *Real Choices, Real Lives* over the years, with eight girls remaining as participants in 2024.^d

All of the cohort girls in Vietnam come from rural areas, and their families are dependent on agriculture for their income and food.

All eight girls who remained in the study in 2024 were completing their secondary school education and had ambitious dreams for their futures.

"I see that [freedom] is for both girls and boys. Everyone has that right. Everyone's life is determined by them, which is freedom."
Ly, age 18 (2024), Vietnam

^d Plan International Vietnam exited from Thái Nguyên in 2023 and as a result, *Real Choices, Real Lives* was not able to maintain contact with the cohort girls in this province.



Study beginnings: the context at birth

When the study began in 2006, all of the cohort girls (apart from those in Brazil^e) came from low or lower-middle income countries.¹⁵ As low income and lower-middle income countries, the contexts that the girls were born into were characterised by low GDP per capita, higher unemployment rates, reduced life expectancy, poor social protections, lower education completion rates, and gender inequalities. There have been myriad ways in which being born into poverty has shaped the girls' daily realities, challenges they have faced, and opportunities open to them.

Traditional definitions of poverty describe it as a condition related to low income and wealth, with people in poverty unable to meet their minimum needs and therefore suffering from forms of deprivation.¹⁶ However, more recent understandings have broadened this definition beyond a lack of material resources, recognising that poverty is correlated closely with all aspects of a person's life.¹⁷ Poverty impacts children before they are even born, influencing their mothers' nutritional status and access to antenatal care.¹⁸ Exposure to poverty is associated with a range of implications for **infant health**,^{19,20} and children born into poverty are more likely to face barriers in their access to safe water, sanitation and hygiene (**WASH**)²¹ with poor WASH conditions contributing to the spread of infectious diseases and malnutrition.²²

Poverty is also a critical **social determinant of health**. It influences individuals' access to healthcare, including hospital fees, costs of treatments and medications, and transport to and from clinics.²³ It also affects the resourcing of health facilities - such as the number of qualified staff they can recruit, the supplies and equipment they can purchase, and their ability to afford reliable electricity and safe water supplies.²⁴ Poverty shapes education levels and access to information, which are key attributes for community health-seeking behaviours.²⁵

There are administrative hurdles associated with poverty which can place children at a disadvantage from birth. Around the world, one in five children in low- and middle-income countries are not **registered at birth**, with some of most common reasons for this stemming from poverty^{f,26,27} and gender biases. In many contexts, mothers do not have the same rights as men to register births; they may be unable to register a child without the father acknowledging paternity or being physically present, they may be prevented from registering a birth if they do not have a marriage certificate, or they may be unable to legally register a child without providing proof of their own identity.²⁸ The impact of children not being registered at birth is that they are typically not eligible for social security protections and benefits,

e At the time that the study began, Brazil was classified as an upper-middle income country.

f Common reasons include a lack of access to administrative centres in rural areas and an inability to afford transport costs, and a lack of information or limited understanding about the value of birth registration.

such as public healthcare,²⁹ education and social security. Further down the line, unregistered people find it more difficult to prove their identities, which can restrict their ability to participate in the formal economy, register to vote, open a bank account, migrate and many others.³⁰

Children born into poverty are therefore more likely to be malnourished and suffer from poor health, and are less likely to have access to sanitation, healthcare, education and social security. They are also more vulnerable to conflict and climate change.³¹ Understanding the conditions of poverty that the cohort girls were born is therefore fundamental to understanding the challenges and opportunities that they faced, as well as to understanding the contexts in which they, their families and their communities navigated gender and social norms over 18 years.

Across the global cohort, 46 per cent of girls were born to mothers who only had a primary level education^g and 16 per cent had mothers who had no education. While their fathers were slightly more likely to have progressed to secondary school, nearly a third of the global cohort were born into families in which both caregivers had only received some level of primary education. For ten girls (all in Benin and Togo), neither of their parents had received any formal education.

Just over half of the girls worldwide (51 per cent) came from farming families for whom agriculture or fishing was their main source of food and income; other occupations given by the caregivers at the time that the cohort girls were born were market traders/retailers, tailors, drivers (men only), labourers (men only) and cleaners (women only). The vast majority of caregivers were employed in the informal sector, which is characterised by low wages, poor regulation, a lack of access to social protections, insecurity, and poverty.³²

A lack of means meant that many of the girls were born into households without basic sanitation: only 23 per cent had access to a private toilet, while a third relied on pit latrines and 36 per cent resorted to open defecation. Only 14 families across the global cohort had piped water to their homes in 2007, while 69 per cent relied on wells, pumps and boreholes

which - for the most part - were untreated water sources. A lack of adequate clean drinking water and access to sanitation meant that from a young age the cohort girls were exposed to an increased risk of disease and infection.

In contrast to general statistics, the vast majority of the cohort girls were registered at birth - and particularly those born in Brazil, Cambodia, the Philippines and Vietnam. The girls in the Dominican Republic and El Salvador were the least likely to be registered at birth. While all girls in Uganda were registered eventually, a number were not registered until they were around five years old and their parents realised that they were unable to enrol them in school without a birth certificate.^h In the Dominican Republic, the most significant barrier to the girls' registration was that their mothers did not have any form of identification, or that the mother did not know the birth father's details (both are requirements for birth registration). In El Salvador, cost was a prohibitive barrier: a number of caregivers reported that they did not have the means to travel to town to register the birth.

“No, Valerie doesn't have a [birth certificate]. I gave birth at home without any doctor but my neighbour who helped me. So, we haven't been in the town to register her... The problem is that to do that we need money to go to town and the truth is that if we have some spare money, we are not going to spend it on the certificate.”

Valerie's mother, 2010, Dominican Republic

The *Real Choices, Real Lives* girls came from different contexts and backgrounds, yet common across the cohort was that the girls were born to caregivers who envisaged a bright future for their daughters. When the girls were young, the caregivers shared their aspirations for them, and their hopes for what the world would look like for girls. Most were extremely committed to education for the cohort girls - and stated that they would do everything in their power to make sure their daughters were able to attend school and become financially secure in the future.

g Includes mother who completed one or more years of primary school.

h Notably, caregivers in Uganda and Togo were the most likely to report that the cohort girl was registered and had a birth certificate, but her siblings did not. This perhaps highlights a unique feature of *Real Choices, Real Lives*, in that the influence of Plan International on the families' lives - and particularly on the choices that they made regarding the cohort girls' upbringing - was unavoidable. Knowing that the Plan International interviewers would return each year and would follow up with caregivers asking whether the cohort girl had been registered (and later, had been enrolled in school, was still in school etc.) unquestionably had an impact on the choices that caregivers made. While in traditional research this might be considered demand characteristics or social desirability bias, *Real Choices, Real Lives* is ultimately committed to advancing the rights of children and equality for girls, and therefore has used such cases to advance Plan International's understanding of the effectiveness of different interventions in improving circumstances for girls.

“I hope she will be able to finish her studies [...] As long as we are alive, she can continue studying.”

Kyla’s mother, 2010, the Philippines

“I hope the world becomes a better place, full of opportunities for my daughter.”

Juliana’s mother, 2012, Brazil

“They say that by educating a girl, you educate a nation. I agree; if I had had more schooling I would be a professional today. I hope that my daughter is able to complete her education in my place in order to overcome this challenge.”

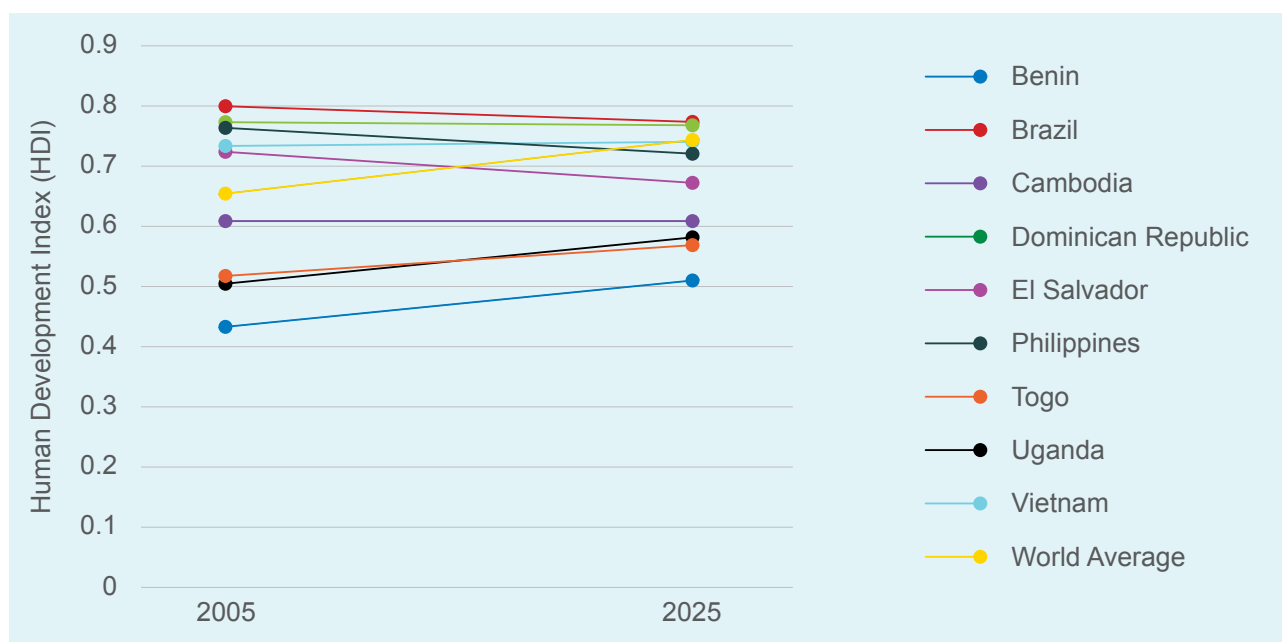
Catherine’s mother, 2010, Benin

Local insights into global progress

The *Real Choices, Real Lives* girls were born into an exciting time for girls worldwide, where progress on girls’ rights began to move at rapid pace compared with previous generations. The experiences of cohort girls provide a compelling snapshot of how socio-economic progress in lower-income and lower-middle income countries drives improvements in development outcomes for girls.

Over the course of 18 years, many of the focal countries saw positive increases in their Human Development Index (HDI) scores - a composite measure that reflects progress in health, education, and standard of living - indicating improvements in standards of living, education, health and life expectancy.

Figure 1: Human Development Index (HDI) in *Real Choices, Real Lives* focal countries, in 2005 and 2025³³

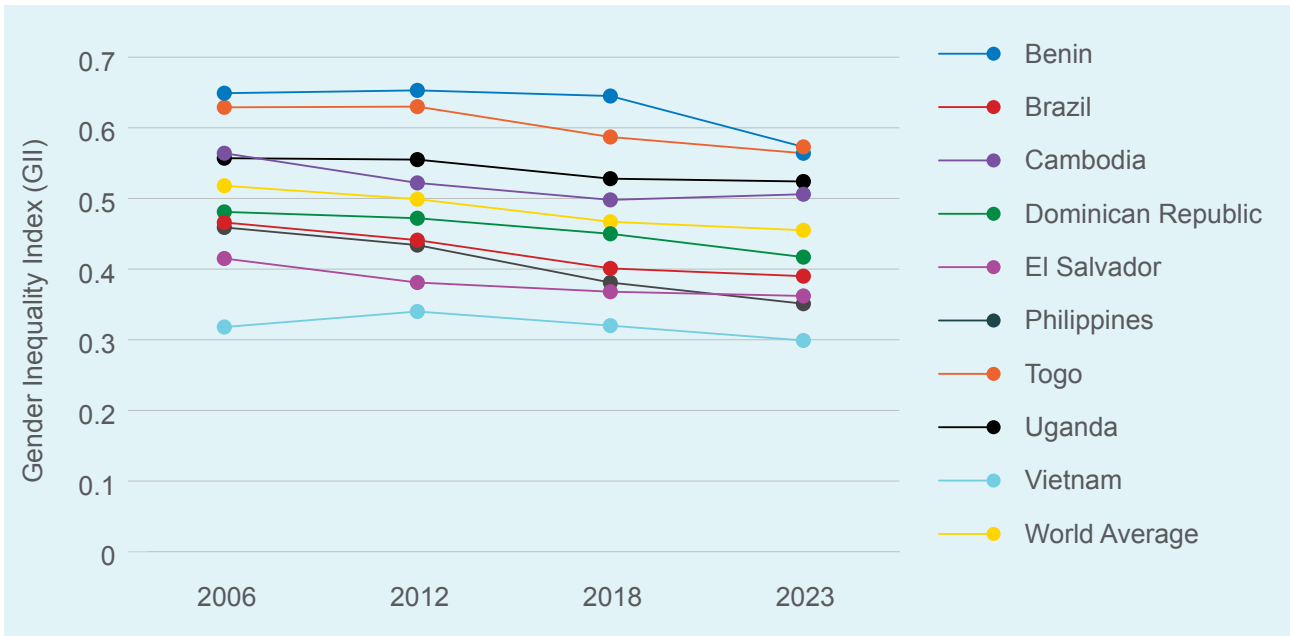


Real Choices, Real Lives has a distinct commitment to understanding the root causes of gender inequality by asking questions about beliefs, values, and expectations which aim to uncover how gendered social norms and behaviours are created and sustained or shift over time. A key feature of the study over the years has been exploring how girls have challenged and resisted gender norms in their daily lives. From questioning why they are expected to do more unpaid care work than boys, to advocating for their right to education and

challenging practices like child marriage and gender-based violence (GBV), over the years the *Real Choices, Real Lives* cohort girls have increasingly resisted against gender norms and demanded equality.

Their experiences reflect national and global trends. At national levels, the last 18 years have also seen positive reductions across the cohort focal countries in Gender Inequalities Index (GII) scores, a measure of gender inequality based on reproductive health, empowerment and the labour market.

Figure 2: Gender Inequalities Index (GII) in *Real Choices*, *Real Lives* focal countries, from 2006–2023 (most recent data)³⁴



Changes in the HDI and GII across most of the focal countries indicate positive improvements for girls' opportunities and rights over the last 18 years. Through the cohort girls' interviews, *Real Choices*, *Real Lives* explores how this global and national

level progress filters (or does not filter) to the community and household levels providing unique insight into the life cycle of girls and the choices, decisions and realities that shape their lives.



3. 18 Years of Research

As a qualitative, longitudinal study, *Real Choices, Real Lives* has tracked the experiences of girls and their families around the world from their births in 2006 until they turned 18 in 2024. The study aimed to document the social, economic, cultural and institutional variables that influence girls' lives and their life chances, through the perspectives of girls in their own words. Through longitudinal analysis of an 18-year dataset, *Real Choices, Real Lives* data provides a rare and insightful evidence base for exploring girls' everyday realities and how gender norms and other factors have influenced changes and trends in their lives across their childhood and adolescence.

Longitudinal Cohort Studies

Longitudinal research follows participants over a certain time period and collects data at specific intervals. This type of research measures change in the participants over time, rather than comparing groups of participants against one another.

Longitudinal cohort studies follow a group of participants who all share a common experience or demographic trait - for example, the year of their birth. They aim to follow all participants from this 'starting point' forward to see how their trajectories do or do not differ over time - and to understand the impact of different variables on their life courses, from gender norms to the changing climate.

How we collected information about the cohort

The core *Real Choices, Real Lives* research methodology was based on in-depth, semi-structured interviews with girls and their caregivers, conducted annually. From when the girls were born in 2006 until they turned seven in 2013, interviews were conducted solely with one of the girls' parents/caregivers - often their mother, but in some cases the father, grandmother, an aunt, or other family



Girl, 15, from Cambodia teaches young people about menstrual health © Plan International

member who shared the same household with the girl and was responsible for her care.

From 2013, interviews and participatory and age-appropriate activities were also conducted with the girls - including **drawing exercises and interactive play activities**. For example, in 2016 (when the girls were nine and ten years old), the girls were asked to draw maps of their communities. As they drew their communities, the girls were asked to describe their pictures to the interviews, including places that they visited, places boys went but girls weren't allowed to go, locations where decisions were made and who was permitted to participate in decision-making. These interactive activities provide rich insights into the contexts in which the girls were growing up, as well as their attitudes and beliefs about the world around them.

Another example was in 2019, when the girls (at age 12 and 13) were asked to draw flowers and label each petal with the name of a person in their life who they turned to for support and comfort. Through this **social mapping activity**, the study was able to explore girls' social networks and key influences in their lives. In 2020, a **body mapping tool** was shared with the girls. In this, the girls were asked to draw an outline of a girl, and then were asked questions according to different body parts and what they represent for girls' lives and development (for example, feet prompt questions about where girls can go, ears prompt questions about who listens to girls).

Figure 3 (left): Community drawing by Rebecca (Uganda, 2016);
 Figure 4 (right): Social network flower drawing by Hang (Vietnam, 2019)



Real Choices, Real Lives also employed the use of **vignettes** to engage with the cohort girls, using stories and language that reflected their development stage and maturity level. Through these vignettes, the interviews would tell the cohort girls a story of a girl and ask her to respond with her reactions of how she felt about the story. This provided significant insight into the girls' attitudes and beliefs and helped us to address sensitive

topics with respondents without asking them to share personal experiences. In practice, follow-up questions to vignettes often naturally draw out personal attitudes and experiences and in this way can act as an icebreaker to certain topics. For example, a vignette activity would highlight critical nuances in the ways that girls might support the idea of a girl challenging gender norms in her community but feel unable to do the same in their own lives.

Figure 5: Excerpt of interview transcript (sports vignette) with Bianca (Brazil, 2021)

Interviewer:
 Andrea is 15 years old and lives in a community, in a city in Brazil. She likes to play, to play football, but the boys in her community do not let her play with them. She knows that... she knows that other girls in her community also like to play football, but many adults in the community do not find it safe for girls to play in the field, because it's dark, it's far away, boys play there, men pass by all the time, and crimes happen there. Andrea doesn't think it's fair that boys can play football, but girls can't. She decides to speak to the adults in her community about this problem. She talks to her parents, to her teacher and to Raimundo, who's the community leader, and suggests that the community needs a safe space for girls to play football. Other girls in the community hear Andrea's suggestion ... at school, online, by word of mouth, and tell their parents they agree with her. Soon the whole community is discussing the need for a safe space for girls to play football, and Raimundo, who's the leader of the community, decides... he decides to create a new space.

So now I'm going to ask you questions related to this story. Bianca, what do you think about this story that we told you? How does it make you feel?

Bianca: *She encourages me, you know, because it was a very courageous thing that she, that she did.*

Interviewer: What do you think of this girl? How is she like?

Bianca: *She is brave, because maybe other girls in her place would not have done what she did.*

Interviewer: She ... did her behaviour surprise you?

Bianca: *Very much.*

Interviewer: Why?

Bianca: *Because it was beautiful, the gesture of courage she did, so she could do what she likes.*

Interviewer: Do you know any girls who have done something similar here in your community?

Bianca: *No.*

i The image has been edited to redact the girls' real name which was printed on the drawing.

Over the years, *Real Choices, Real Lives* also used Likert scale **attitude assessment** tools to provide a snapshot of dominant attitudes across the cohort in given years. For each statement, the participants were asked to provide a response of strongly agree, agree, disagree or strongly disagree, and were prompted with follow-up questions to learn more about their thought processes. By using these tools in multiple years, this has allowed us to compare responses over time, measuring changes in attitudes, rationale behind attitudes, and broader analysis of the gender socialisation process.

Figure 6: Likert scale attitudinal assessment used in 2019 data collection

1. Women can lead a country
2. It is better if financial decisions for the family are made by men
3. I expect my daughter to look after me in old age
4. Boys should talk about their feelings
5. Girls are better behaved than boys
6. It is worse for a girl to have a child outside of marriage than for a boy
7. Boys should have more freedoms than girls
8. Boys and girls should have the same household responsibilities
9. Girls are more at risk of violence than boys

Semi-structured interviews were the primary method we employed for each year of the study, and with both girls and caregivers. Conducted conversationally with one respondent at a time, this method uses a mixture of open and closed questions, accompanied by follow-up prompts to encourage the respondent to expand on their answers. Semi-structured interviews also allow for participants to bypass sensitive questions or topics if they feel uncomfortable, which has allowed *Real Choices, Real Lives* to prioritise the wellbeing and comfort of the cohort girls. For the purposes of longitudinal analysis, *Real Choices, Real Lives* regularly used similar data collection tools covering the same themes and topics. This repetition allowed the study to compare the girls' and caregivers' answers over the years and analyse for change over time. Themes that were regularly explored included education; household composition;

sexual and reproductive health and rights (SRHR); girls' time use - including household responsibilities, leisure time and social networks; gender norms; violence and safety; and girls' aspirations for the future. However, the flexibility inherent in the qualitative approach means that the study has also been able to explore new lines of enquiry in each round of data collection, reflecting and building on issues present in girls' lives as they grew up and encountered new experiences, challenges, and influences of gendered social norms.

In addition to interviews, the study has also used a **household inventory tool** to capture information about household composition, income, illnesses, and changes over times; and an **observation tool** which captured the interviewer's reflections on family dynamics, the girl's demeanour, and important environmental and contextual information about the girl's daily life.

In 2011 and 2012, *Real Choices, Real Lives* conducted dedicated Father and Mother Interviews, which explored the caregivers' childhoods, experiences as adolescents, and their reflections on marriage and parenthood. In the Mother Interviews, we were able to learn about the mothers' experiences of menstruation and the SRHR information that they had received, and in both the Mother and Father Interviews the caregivers' education, career history, attitudes about gender norms, and their aspirations for the cohort girls were explored. Through these dedicated interviews, *Real Choices, Real Lives* was able to measure intergenerational changes over time - by comparing the experiences and attitudes of the cohort girls' caregivers as children and adolescents with those of the cohort girls, we are provided with greater insight into how things have changed and progressed over time.



Girls water their community garden in Brazil © Plan International

Our ethical commitments

In all cases, the interviews were conducted in the girls' and caregivers' local languages, and by interviewers from the same region or area as the families to ensure their familiarity with local customs and context, and to help the participants to feel comfortable and at ease with researchers more familiar to them. Where possible, *Real Choices*, *Real Lives* tried to ensure that the same interviewers were engaged each year to promote trust and familiarity.

Plan International received external ethical approval for the *Real Choices*, *Real Lives* research study from a certified Institutional Review Board (IRB), and from national ethics boards in relevant focal countries. All research activities for the study were undertaken in line with Plan International's ethics, safeguarding

and data privacy policies and procedures. Principles of confidentiality, anonymity, beneficence, justice and informed consent were always applied, with parents/guardians asked for consent on an annual basis and girls asked to give their assent. All of the cohort girls' identities are anonymised - the girls were each assigned a pseudonym, and information about their locations and other identifying information was removed from the dataset.

Real Choices, *Real Lives* is grounded in feminist research principles and has developed a strong participatory approach - meaning that girls' recommendations for change and justice are centred and amplified in not only the work of the study, but the work of Plan International more broadly.



4. Education

The area of girls' education is one where international efforts have generated real progress to equalise educational completion rates across genders. In fact, as the cohort girls started out their education journey, their caregivers were supportive and valued their education - as did the girls themselves as they grew up. But as time goes on, we found competing enablers and barriers that determined whether girls could continue

in school, leading to many cohort girls leaving school prior to completing secondary education.

“My hopes for tomorrow are to continue my studies, to have diplomas, to have a job and a better future.”

Catherine, age 16 (2023), Benin

Key Findings

- Most girls surpassed their mother's education levels, showing positive progress across generations. The cohort girls' **high rate of secondary education completion** is indicative of a number of factors that enabled their education over time: positive caregiver attitudes, minimising disruptions to their education, and quality and accessible education where possible.
- Yet, challenges persist. Girls and caregivers reported under-resourced schools, poorly trained teachers, and instances of corporal punishment, impacting the **quality of education**.
- Travel was a notable influence on girls' ability to safely attend school itself. In the early years, some parents could not sacrifice working hours and responsibilities to accompany their daughters to school, and as girls got older they reported **dangerous travel conditions** - such as traffic and extreme weather - frequently hindered their journey to school.
- **Household duties** and **financial constraints** were major barriers; while some caregivers reduced girls' chores to support studying, a number of girls dropped out due to costs and the need to support the family at home.
- Several girls left school due to unplanned pregnancy and subsequently entered early marriages, often with the recognition that they could not return due to **stigma** and lack of **childcare support**.

Recommendations

Based on following girls' education journeys over the life course, the following recommendations serve to address the key barriers that hinder girls' education and promote, safe, inclusive learning environments:

- **Make schools safe learning environments for all:** Governments, NGOs and CSOs should provide schools with the resources and financial support they need to create safe and inclusive environments to serve the diverse needs of all girls and children. This includes training teachers to use learner-centred and non-violent approaches, offering emotional and mental health support. School management and teaching staff should foster an environment where girls can value education for its own sake, while also promoting a commitment to shifting social norms around how girls' education, participation, and leadership are valued.
- **Strengthen school entry and re-entry pathways:** Local authorities should expand quality alternative education options and promoting community-led learning initiatives. Girls must be supported to re-enter education after leaving due to caregiving, financial pressures, or stigma following early marriage.

- **Fund journeys to school:** Governments and local authorities should prioritise investments in school infrastructure and safe access routes, including roads, traffic systems, and school transport systems, to protect girls' education from extreme weather and dangerous journeys. Support initiatives that mitigate lost learning due to weather impacts or other disruptions.
- **Support families:** Governments must provide school supplies and financial grants to help girls and their families in underserved communities access education. Norms change programming should be offered to communities to challenge the idea of prioritising boys' education over a girls' within a family.

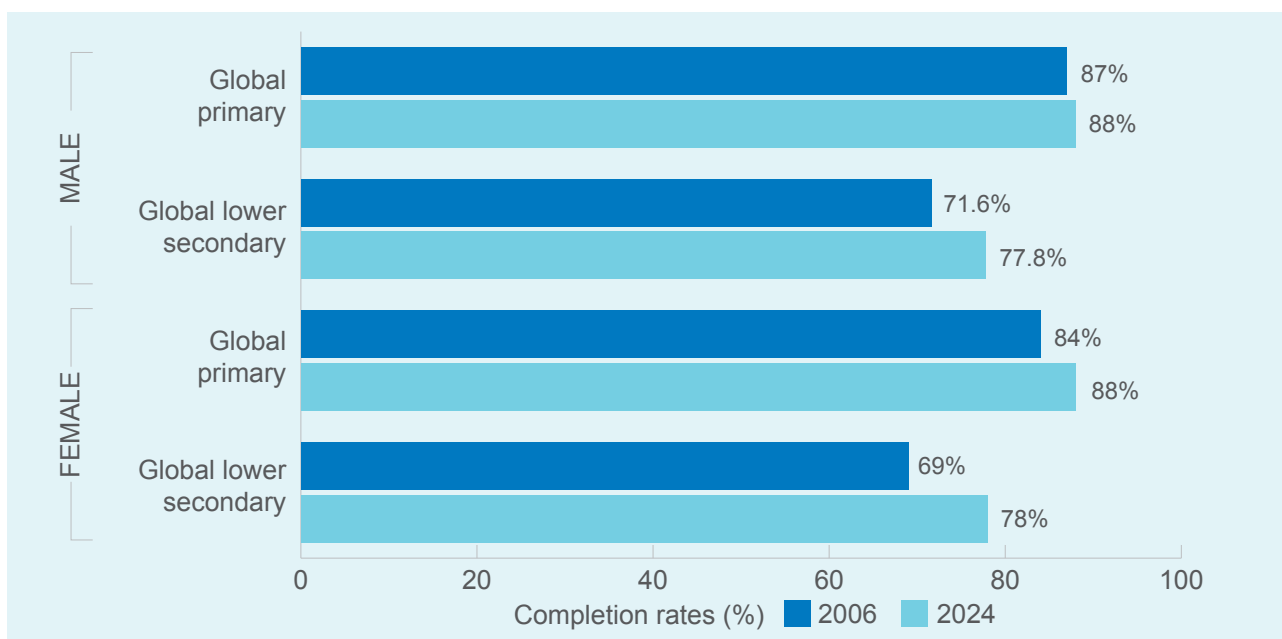
“I think boys and girls should all go to school. If someone prevents me from going to school, I will be angry. Boys and girls should attend school because we have equal rights.”
Lina, age 11 (2018), Cambodia

Setting the Scene: Education

Great progress has been made in terms of access to education and towards achieving gender parity in completion at primary and secondary levels.

Over the duration of the study, girls' primary and secondary completion rates have increased to match boys' completion rates.

Figure 7: Global primary and lower secondary completion rates (%) by gender, in 2006 and 2024³⁵



Yet, inequalities remain. Girls continue to face deeply entrenched, restrictive social and gender norms and cultural attitudes and practices which, alongside factors of poverty and social exclusion, mean their access and completion of education through to secondary school is gravely hindered.³⁶

These challenges risk remaining unaddressed amid a global shortfall in education financing. Long-term trends show a decline of ODA financing to support

education; in 2010 education made up a ten per cent share of sector-allocable ODA, and by 2023, this fell to 8.4 per cent. This trends has significant implications: the funding gap to achieve the Global Goal on Education (SDG 4) for low- and lower-middle-income countries is expected to reach nearly \$100bn every year between 2023 and 2030, meaning many girls and children will continue to be left behind.

Gender norms and schooling

Gender bias and discrimination, as well as harmful norms about girls' worth, expected behaviours and roles in society, mean that to be an educated girl is often not the idealised path in many communities; priority is given to the domestic sphere and their roles as future wives and mothers.

Where girls are living under strong norms that dictate the gendered distribution of labour, their ability to succeed at school is at risk. Many girls are expected to take on a larger proportion of household chores than their male siblings. They are likely to miss lessons, study time, or be removed entirely as to keep up with these expectations.

As well, it is recognised that early, unplanned pregnancy and child marriages are key drivers of girls' school dropout and school exclusion. Girls often face stigma to return to school, policies that prevent their return, or face a lack of flexible education opportunities, meaning they are unable to find support for new (gendered) childcare and household responsibilities on top of school attendance. Notably, marriage and pregnancy are also a consequence, rather than solely a reason leading to, girls dropping out of school and not re-enrolling.³⁷

Parents' attitudes about education are dependent on their own educational attainment: when parents have not been educated and feel they have little use for education, they can be initially supportive of girls' education - for the benefits it may bring - and be able to actively involved in children's learning. As children reach adolescence, some parents with lower educational levels might feel less confident or knowledgeable about how to support their child with school; a factor that can influence education to become less important for parents over time, when facing competing pressures.³⁸

Travel to school

Across the world, children must go to incredible lengths to physically reach school. Limited investment in remote or impoverished communities means fewer available schools and trained teachers. Poor roads and unsafe infrastructure further endanger children, who often have no option but to travel long distances on foot.³⁹ Where caregivers cannot guarantee the safety of their children to physically reach school - or where children themselves feel fear to attend - then it is an understandable deterrent. It is another way that poverty, particularly impoverished, remote,



and excluded areas, impede the ability to attend and complete education.⁴⁰ For children living with physical disabilities, these access issues are further compounded. As time goes on, it is likely that these journeys will become more challenging and inaccessible, as the direct impacts of climate change-driven weather changes worsen on girls' communities.

Non-inclusive schools

As a consequence of chronic underfunding and resourcing of education, many schools are ill-equipped to support children with diverse needs and disabilities. Globally, it is recognised that many schools' teaching staff are not adequately qualified or trained to meet the diverse needs of the students, to encourage them to participate, ask questions and to think critically. Learning resources and quality equipment are also limited.⁴¹ Many teachers cannot use quality assessment processes to meaningfully measure student performance and respond to difficulties in a way that can encourage their learning, meaning children with particular learning needs are left further behind. If children are not well taught, they are more likely to fail, repeat and drop out.⁴²

Over the course of the study, we identified ten girls^j who reported to have either official diagnoses of disability or described symptoms or conditions that indicated they were living with a disability.

Financial costs

Girls that are living in poverty have their education affected in multiple ways, as *push* and *pull* factors.

Poverty acts as a push factor when parents cannot afford school fees (the potential income lost as a result of a child attending school), or additional costs despite free schooling like transportation, uniforms, materials, or exam fees in some cases. These costs likely mean children do not begin to enrol in school at an appropriate age. Poverty also acts as a pull factor, especially as girls get older. They may leave school when they are needed by parents to help with

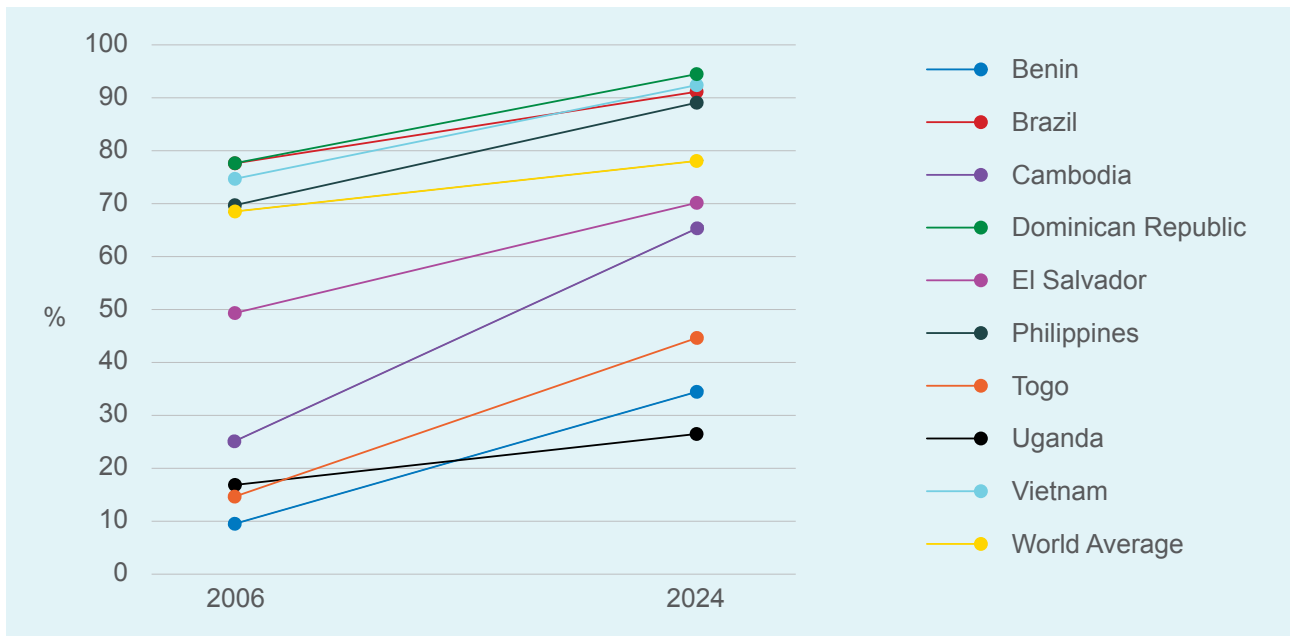
domestic chores or for support with caretaking needs, to help with income generation. Other girls may remain in school but their progress is compromised because they have to work and so have limited time and energy to dedicate to their studies.⁴³

If less value is placed on girls' education, so they are more likely to be pulled out of school than boys during economic shocks. In the poorest households, there may be pressure on families to sacrifice the longer-term benefits of educating girls for the shorter-term economic benefit of earning an income or caretaking so a caregiver can work more.⁴⁴

Ultimately, schooling is highly inaccessible for those in poverty, and it is worsened when there is little financial support to mitigate it. And so, girls in poverty are likely to leave schooling early, and/or with lower learning outcomes; they are less able to acquire decent and well-paid work and remain continuing the cycle of poverty.⁴⁵

Setting the Scene: Education in *Real Choices, Real Lives* countries

Figure 8: Girls' completion of lower secondary school (%) in *Real Choices, Real Lives* focal countries, in 2006 and 2024⁴⁶

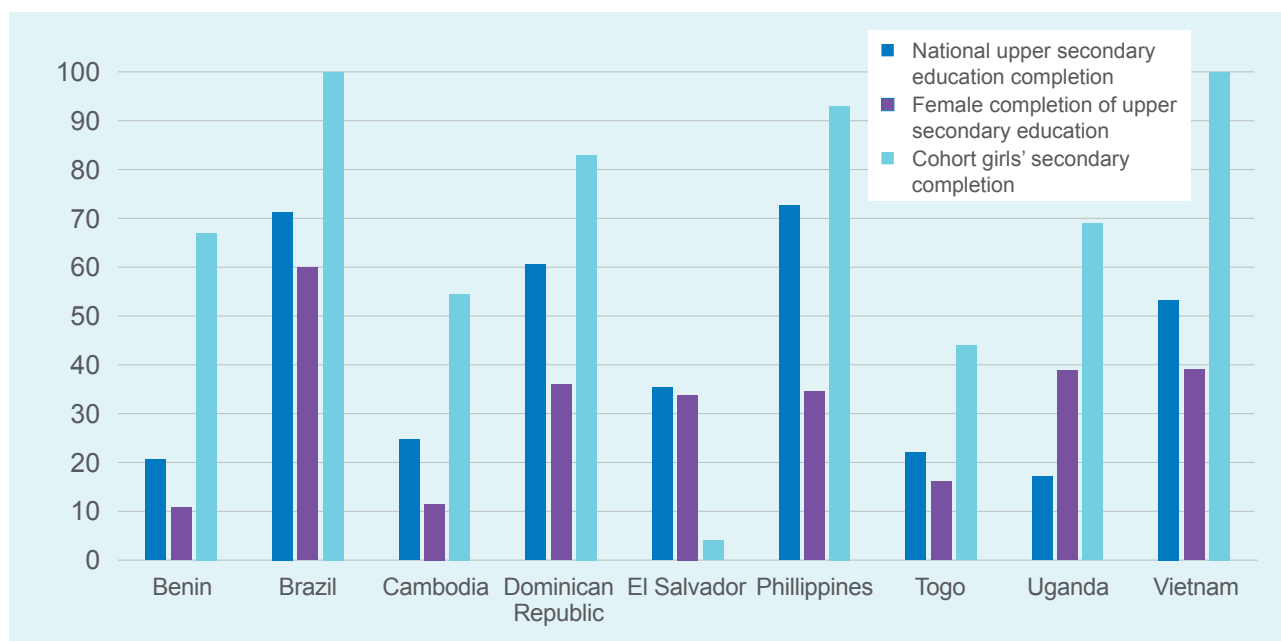


^j Given that this represents only seven per cent of the cohort, it is highly likely that conditions have been underreported and/or underdiagnosed.

Across some focal countries, there has been clear progress in girls' completion of lower secondary education since the start of the study. However, a significant gap emerges between lower and upper secondary completion. In every country, upper secondary completion rates are markedly lower, signalling that this stage is a critical point where many girls drop out of school. This pattern highlights the need to identify and address periods of heightened vulnerability in a girl's life course. Without doing so, we risk becoming complacent about the progress achieved so far and overlooking the persistent challenges faced by girls today and in the future.



Figure 9: Upper secondary completion rates (%) in *Real Choices, Real Lives* focal countries (2024), by national rates, female population, and among cohort girls^{47 48}



Cohort girls have attained substantially higher levels of education than both their female peers and the general population completing secondary school in their respective countries. In all focal countries except Uganda, the proportion of females completing secondary education is below the national average. This gap underscores persistent gender disparities in education and highlights that, despite progress within the cohort, systemic barriers continue to limit educational opportunities for girls more broadly.

Our Findings

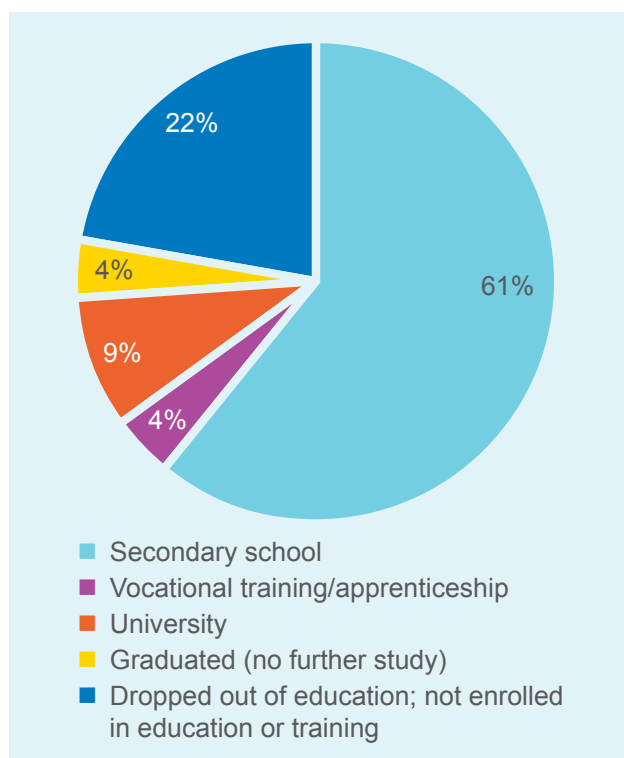
Generational success in education

“I study full-time. I study every morning and six sessions per week. Besides, I have extra classes. I take extra classes throughout the week [...] maybe every day I have two extra lessons, each lasting one hour and 20 minutes.”

Yen, age 18 (2024), Vietnam

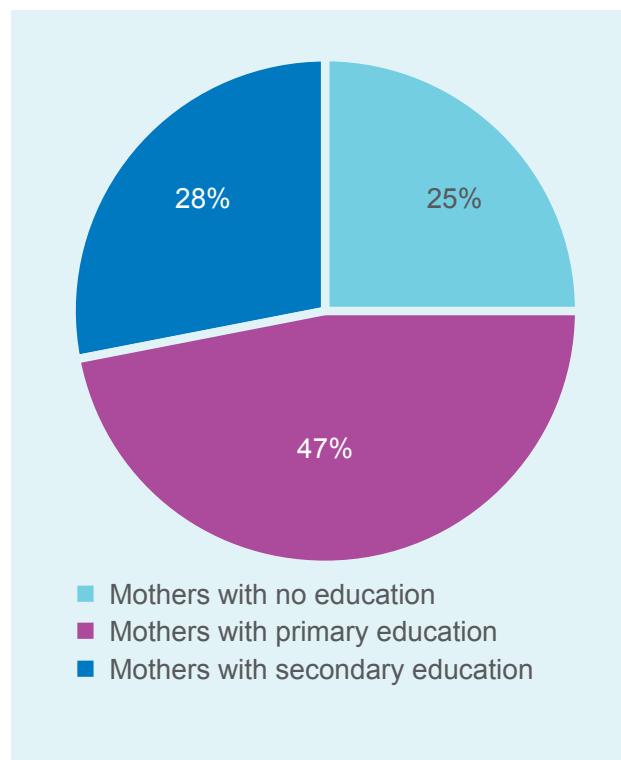
At the final year data collection, among the 92 remaining in the cohort, **56 girls were in secondary school** and completing their education (61 per cent), and a further **12 girls had graduated** (13 per cent). 22 per cent of girls were no longer in education or training; they did not complete their education but many of these girls reported that they hoped to either return to education or enrol in training.

Figure 10: Cohort girls' education status at the end of the study



The cohort girls as a collective surpassed their mothers' education levels, showing the progress made in girls' educational attainment across the generations.

Figure 11: The education levels of cohort girls' mothers



This achievement is a testament to the interplay of a positive enabling environment (including parental support), physical and financial accessibility, and pushing back against gender norms that impede girls' education.

Positive education attitudes

Education was recognised to be highly important across almost every interviewed caregiver in the early years of the girls' lives. A number of mothers and fathers specifically wished for girls to finish secondary school or go onto university, especially as the mothers saw education as something they couldn't get themselves.

Where half of the cohort girls' mothers had no education or only primary education, many viewed their daughters' schooling as a way to achieve the opportunities they themselves never had. Many caregivers spoke about education as a means to escape the financial constraints that they currently live in.

“I want them to study, so they don't end up like me, knowing nothing about studying. I want them to be professionals and have a good life.”

Nicol's father, 2009, Dominican Republic

“Katerin's only opportunity is study. That's the only thing that will allow her improve her circumstances.”

Katerin's mother, 2009, Dominican Republic

Yet, many caregivers shared their concerns that their daughters would not finish their education due to poverty or needing to help the families with income generating activities.

Most caregivers and girls recognised education, and being educated, as a proud achievement and a respectable path in life that would lead them to a secure income. However, some caregivers spoke about the advantages of girls' education in an alternative way, one that in actuality reinforces traditional gender roles for girls as prioritising obedience and care work towards their family. For Darna's mother, it was to avoid manual and domestic labour, which she recognised as highly gendered.

“It is more important for girls to finish [school] than for boys because they cannot work on the farm or in construction. So, if they are not educated, they end up doing domestic work where they can easily be exploited.”

Darna's mother, 2009, the Philippines

Multiple caregivers supported girls' education not as a goal in itself, but as a way to prepare them with the skills needed to care for their families in the future. In Uganda, Amelia's family said that “a girl that studies well will care for their family” (2009), and similarly Justine's [caregiver] believed “boys who are educated don't care for their family, [we] hope that Justine will help us” (2009). In Cambodia, Davy's parents believed that her education would help them with the home and with earning. Larba's mother expressed a notable view in 2014: “our wish is for her to finish her studies till she decides to do something else but if she adopts a bad habit which does not favour her education, we will be forced to get her married.” Education is important, up until the point that Larba presumably would have an unplanned early pregnancy, and then the priority is to be married; protecting girls' sexuality and honour are upheld over her continuing her education.

Despite these few cases, it was possible to see how caregivers' positive attitudes were passed onto the girls themselves. As they grew up, many of the girls felt as though their education was valued as equally as boys. Despite a lifetime of interrelating, competing pressures that hinder their attendance or threaten to pull them out completely, girls stayed headstrong in recognising the value of education. Essohana in Togo said that girls' education is valued highly in her community because their parents did not study and people want to see girls attend school and have secure futures.

“Girls' education is useful because girls also have the right to learn and find work in the future, and as our parents didn't go to school, we have to go.”

Essohana, age 17 (2023), Togo

Essohana's statement is one example of the determination that many girls across countries felt to pursue their right to learn and achieve what their parents did not have the chance to.

Caregivers making accommodations to support their daughter's education

Over the course of the study, a number of caregivers shared their pride at seeing their daughters excel in school. In the early years, this was characterised by their pride over the girls participating in activities and even wearing uniform, further demonstrating their enthusiasm for girls' education. In Cambodia, Nakry's mother shared that she was happy to see her daughter singing a song learnt at school and that, despite having little money and no transportation to send Nakry to school (she walks), it is worth sending her to school (2011).

A number of caregivers believed their daughters to be studious. In Togo in 2012, for example, Azia and Folami were described as such, and Essohana's school reportedly had good facilities to support her. Fezire's mother told us she was pleased with her education, her progression and that she has a good relationship with Fezire's teacher. Similarly, Nicol and Sharina's (Dominican Republic) caregivers both described their happiness that their respective daughters' schools and teachers are good, and they support their daughters to be studious. Girls told us about what they found encouraging about studying. In 2014, when we asked Rebeca (Dominican Republic) to take her to her favourite place in the community, she replied: “I like going to school, to learn and to study.” In Brazil, we learnt



Girls in the Dominican Republic enjoy learning about menstrual health during peer-led education session © Plan International

that Gabriela, Sofia, and Patricia all enjoy school, and Bianca’s teacher is regarded as ‘excellent’ by her mother. By 2015 we hear that *Bianca “is a very intelligent, special child. She pays attention to what the teachers say. She notices everything and tells me [her mother] what happened at school”* (Bianca’s mother, 2015). In the following years, Bianca progressed well through school, balancing household chores (2015) and completing home assignments with Covid-19 closures (2021).

In the later years, we see the ways that parents made accommodations to ensure that girls remained in school and had adequate time to study. Some mothers and fathers were taking on all household responsibilities themselves and discouraging their daughters from taking on paid work in order to focus solely on their education. In 2014, Annabelle’s mother (Benin) told us that she minimises Annabelle’s chores so she can do homework. And from 2023, we recurrently heard how some parents - including Annabelle’s mother - were taking on all household responsibilities themselves as to support their girls’ studies.

Across the years we heard how parents were either closely tutoring the girls themselves or paying for tutors - a practice that was also taken up by the pastoral cohort families with lower education. Lelem in Togo did her homework at home with her twin sister with help from their aunts (2014). Alice’s father (Benin) told us that he hired a tutor to support Alice’s

learning following a teacher’s strike (2016), Margaret (Benin) was tutored over 2018 to avoid failing classes, Djoumai (Togo) was tutored after a period of being ill and then struggling to catch up (2019). Similarly, Sylvia (Uganda) was in private school; which wasn’t the closest school, though she has missed some days due to missed fees. In Justine’s (Uganda) case, she convinced her father to continue her enrolment in a boarding school, demonstrating that girls themselves would be key actors in ensuring parents prioritise their daughter’s schooling.

Although both cohort experiences and global data show progress in girls’ education, the reality remains complex. Girls and their caregivers in the Real Choices, Real Lives cohort described numerous barriers they faced in completing school, including the challenges that meant many girls were unable to complete their education.

Negative attitudes to education

Not all guardians were fully supportive of girls attending school, including in the early years. In Benin, a number of parents had concerns about girls’ behaviours growing up whilst attending school: that with the greater freedoms afforded to educated girls they will not give adults the respect they expect.

With lesser value attributed to a girl being educated, we could see how caregivers - and eventually girls’ themselves - felt that school was not worth the time and resources. In 2010, Rebecca’s father (Uganda) felt she was too young (then aged 4) to take to school: *“Who can waste resources on that one?... She can only go there and cry of hunger.”* Rebecca’s mother, however, noted that Rebecca was a bright child that was keen to attend, especially upon seeing her friends go to school – and she began school around seven years old. As girls got older, we heard from parents who would worry that the money and effort isn’t worth it if the girl is unable to excel in her schoolwork, like Puthea’s mother (Cambodia) who said, *“she always goes to school but she is not smart”* (2012).

Financial difficulties

Across the girls’ life course we learnt about the financial pressures that came with girls’ schooling; the most discussed barrier across the nine countries. Amelia (Uganda) was briefly financially supported by her uncle, so they considered moving her to a cheaper school so he would not have to fund her.

Despite going to a cheaper school, over 2014, 2015, 2016 and in 2020 we learnt that Amelia would miss days of school for being sent home over unpaid school fees, an impact of poor crop yield shrinking the family's income. Dembe (2014) and Jane (2016) - also in Uganda - were also sent home for missed fees, and both girls are described as high achieving and studious.

A recurring key theme across the study is that caregivers were worried about paying for education; they may be able to keep their head above water for now, but they feared having to pull their girls out of school in the future.

“I think she is expected to leave school at grade six or seven because I cannot support her further education. If I can afford it, I will support her to pursue higher education.”

Davy's mother, Cambodia, 2015

“I cannot afford all my children's education because I have no extra income, I just work as labourer, and do farming. In case of having no money, I ask them to skip class.”

Nakry's mother, Cambodia, 2014

“I don't have enough money to support my children's education. I tell them to spend economically, and pack rice and water to eat and drink at school to cut down daily expense.”

Sokanha's mother, Cambodia, 2015

In 2016, Maricel's mother (Philippines) talked about the ways she managed school fees for her children according to age; high school-aged children were prioritised, and then the younger children. She said in 2023 that the families' reduced income means that they struggle to buy what the children need for school.

Jacqueline in Benin told us she *“repeated the 8th grade because I didn't have the documents I needed to study. My parents can't afford them”* (2024). And so, we can learn of yet another way that financial difficulties hinder girls' schooling.

Food scarcity - brought on by financial precarity - often affected cohort families, and we found a close relationship between food scarcity and girls' ability to participate in schooling. In 2015, Jane and her family in Uganda experienced a poor harvest following a dry season. This meant that the children could sometimes not take any food to school to eat during

the break times. Girls in 2023 told us about how their families' financial difficulties and food scarcity meant they may struggle with their mental health and be occupied with worries about their families and their next meals:

“Because I'm studying. I can't focus because my mind is on my family and if they're okay. I'm also thinking about our daily meals.”

Christine, age 17 (2023), Philippines

In later years, girls questioned whether working in a trade would be more valuable. In Benin, Alice's father worried about her grades, and had planned for her to work in a trade instead of pursuing further education, despite her then-hopes to become a singer and a physics and chemistry teacher in the future. It is not only parents who hold this view - some of the *Real Choices, Real Lives* girls in Benin also questioned the usefulness of education.

In Togo, both Djoumai and Nini-Rike dropped out of school due to financial pressures. Djoumai dropped out in 2022 because she was not getting good grades and her family was struggling to afford her school lunch and other costs associated with her schooling. Nini-Rike was also glad that she dropped out of school, because her family could not afford the cost, and was later enjoying her training to become a seamstress. Nini-Rike believed that her decision of not going to school positively impacted her household:

“My parents are no longer paying my school fees. So, the burden of expenses has fallen for my parents... now that I've mastered sewing, my parents no longer spend money on sewing khakis for my little brothers and sister.”

Nini-Rike, age 16 (2023), Togo

Across these girls there was a shared idea that it is better to learn a trade than stay in school in order to make money and become financially secure.

Girls were also expected to supplement the family income, with this being seen as a more economically productive use of their time than attending school. In El Salvador, most of the girls have taken on paid work to contribute to the household income - however in some cases girls are taken out of school entirely in order to support their family's livelihood. Reaksme in Cambodia told us she was absent for a month working in the field and was told she could not progress to grade ten but stay in grade 9, so she left (2024). Prior, in 2023, she told us:

“I have a responsibility to earn money to support my family after my father passed away... I feel so sad because I want to study like other girls.”

Reaksmey, age 15 (2023), Cambodia

Larba felt as though she didn't have enough time to learn outside school hours because at weekends she worked in the field and she could only study in the nighttime. Jasmine (Philippines) and Lina (Cambodia) both reported that their education suffered due to work they had taken on; Jasmine was busy helping her mother plant vegetables for the harvest, and Lina worked several days a month and missed school on those days.

School dropouts over financial difficulties appeared to be a gendered phenomenon in many communities. In her community in Togo, Essohana said that boys don't miss school and drop out, it is girls who drop out when their parents are worried about the cost of education.

Alleviated financial pressures

There were, however, some instances where financial pressures were alleviated for some cohort families. Girls in the Philippines cohort were able to benefit from receiving 4Ps (conditional cash transfer Pantawid Pamilyang Pilipino Program) every two months to use the money to pay for the monthly fee for their transportation rental / pool to school. Maricel's family told us they were only able to buy for the children's school needs when they receive the government subsidy. In 2012, Reyna's parents sought a loan from a microfinance institution, CARD, to pay for their children's studies. For emergencies, they borrow from a microfinance institution (2010).

Travel challenges over the course of the study

In the early years, caregivers had a number of difficulties around getting girls' to school in the first place. We see across countries the differences around at what age girls start nursery/preschool or primary school, and how this is often based on accessibility and travel. In 2010, most caregivers in Togo felt the daycare was too far, and preferred waiting until primary school. Not being able to accompany the girl to school was a common issue

across the cohort, where the girl being so young did not justify the length of the journey for her caregivers.

As costs of living rose over the course of the study, many families found transport prices unaffordable and girls would walk long journeys to school instead. In the Philippines, Jasmine said that her family's increasing poverty meant she could no longer afford to take public transportation to school. However, her walk was very long and tiring, meaning that Jasmine occasionally needed to take some days off school in order to rest.

Across the *Real Choices, Real Lives* regions, we saw over time the way that girls' journeys to school would change - and so too would the accompanying limits this would bring. As the study progressed, we heard from both girls and their caregivers about the dangers of travelling to school in general.

In El Salvador, Hilary said she was forced to drop out of school when she was only 12, because her walk to secondary school would have been more than an hour and she would have had to walk this alone because no other children in her area would be travelling in that direction. Paying for transportation was not an option.

We recurrently heard about traffic and dangerous motorbike driving in the Southeast Asia region, though we also heard concerns about threats of gang violence across regions. The mothers of Davy, Kannitha (Cambodia, 2014), Kim (Vietnam, 2014) and Reaksmey (2015) all told us that they worry about motorbikes on the girls' journeys to school. By 2023, we heard girls' worries about this too. In Vietnam, Huong reported that she would see accidents “quite frequently” on her journey to school, before she dropped out. Likewise, in the Philippines, Christine said that the muddy roads make it difficult to take the motorbike to schools during typhoons, which resulted in falls and injuries; on one occasion she was forced to take a week off school to recover. Also in the Philippines, Mahalia, Rubylyn and Dolores reported seeing many road accidents and Rubylyn said, “there are times when it floods and there is a small landslide on the way [to school].” Girls in Cambodia faced similar hazards, with most also travelling to school by motorbike: Davy, Leakhana and Nakry all reported having been in an accident on their way to school.



Girl on her way to school in Brazil © Plan International

Weather-related barriers

Over the years we heard the way that intense weather halts girls' ability to go to school, including that their schools frequently closed due the destruction following extreme weather events. Katerin (2014, Dominican Republic), Hang and Nhi (Vietnam, 2016), Rebecca (2018, El Salvador) and Maricel (2018, the Philippines) all told us that rain would make roads unusable, girls would need to be accompanied by an adult to safely travel but their caregiver is unavailable, schools close, or girls would fall ill.

Ladi (in Togo) said she would sometimes fall behind on her studies because nothing was in place to support girls who must miss classes due to rain. Another key weather disruption noted by participants (particularly in Cambodia and Vietnam) is rising temperatures. In Cambodia, intense heat made it uncomfortable to walk to and from school, with Bopha, Lina and Nakry all reporting that many people fainted in the heat.

Kim in Vietnam and Azia in Togo both told us that the time taken for repairs to school infrastructure in the aftermath of extreme weather events further disrupted their schooling.

Girls in the Philippines seem to have experienced less disruption to their education. While their schools were still affected by severe flooding, the teachers introduced adaptations to ensure that children do not fall behind on their studies. Dolores said that says that schools will close during floods and storms, but teachers would send out class assignments to students through their cell phones. In Kyla's case, teachers would organise an extra "supplementary class" on a Saturday to make up for time lost in the classroom.

Negative experiences at school

Caregivers shared with us some criticisms of the girls' schools, such as the schools generally not being well equipped (various caregivers in Vietnam, 2011). Sharina's (Dominican Republic) parents didn't like her school in 2012; she described it as rowdy and with poor classrooms and unsanitary facilities, in which Sharina would often not go to the toilet until she got home. Juliana's grandmother (Brazil) said in 2014 that they complained to the school about the teacher's attitude, including instances

where the teacher doesn't allow Juliana to use the bathroom, causing her pain. This continued in 2015, where Juliana's grandmother said that the school is disorganised and had no discipline, so they moved schools.

Though there is minimal evidence in the cohort on the difficulties experienced by girls living with disabilities, we can see how schools and teachers are ill-equipped to meaningfully support students with disabilities. Rebeca, from El Salvador, was not supported by the mainstream school system and was asked to leave at age 13. Although she completed 1st grade, she was denied entry into 2nd grade because of her age. With no dedicated special educational needs school available in her area, Rebeca was left out of education entirely.

Across countries, we heard about girls fearing corporal punishment and we found a clear link between corporal violence and a waning interest or negative attitude towards schooling as the years have progressed.

■ *The teacher sometimes beats me and that makes me sick.*

Ladi, age seven (2013), Togo

In 2015, in the Philippines, both Reyna and Rosamie had been physically hit by their teachers. Though Rebecca in Uganda enjoyed *“performing well in class, getting so many ticks in my book, and when I am promoted to another class”* in 2014, she feared a beating by the teacher, as did Amelia (also Uganda). By 2017, Rebecca was not doing as well at school - she was behind other children in her age group (she was in grade two when she should be in grade five) and she missed classes because she didn't want to go anymore. In 2017, there were 77 reports of violence at school experienced by cohort girls - 65 inflicted by peers, 12 by adults, with the peer-to-peer violence reported to be mostly boys against girls.

Though it is widely recognised that schools are often ill-equipped or resourced to support girls with their menstrual health and hygiene, leading to girls either facing discomfort and pain whilst at school or missing school entirely whilst on their periods. These barriers were not discussed at length across the cohort, suggesting that - unless actively prompted, there is still a difficulty in voicing this experience. We did hear, however, from Patricia's mother (Brazil) that Patricia would *“come back dirty”* on days she was having her period at school in 2016.

Teachers' strikes

Across countries and over the years we have heard about teachers' strikes causing girls to miss schooling. In 2023, all girls in Brazil were affected by strikes brought on in response to spiking costs of living. The strikes caused some girls to worry about their education, particularly whether they would be able to pass their exams and graduate. Bianca was upset about the strikes because they prevented her from attending school regularly, while Larissa worried that her education was being compromised.

■ *She has repeated two times the school [2nd grade], because this school is a chaos. Last year the school was closed for four months due to problems with the teachers and now it has been 15 days without classes, and that's why she has had to repeat the grade and therefore has fallen behind.”*

Katerin's mother, 2015, Dominican Republic

As costs of living continue to rise globally, governments must consider paying teachers accordingly to prevent children's lost learning.

Impacts of Covid-19 school closures

Across all nine countries we heard about girls' lives during the Covid-19 pandemic, beginning in 2020 when the girls were about 13/14. Girls told us the ways they would try to recuperate lost classroom learning and experiences of schooling from home. A lot of girls were able to take classes online. Fernanda (Brazil), Davy (Cambodia), Bessy and Gladys (El Salvador) are a few of the girls who told us about their online classes taken via a phone (including through WhatsApp), saying they would have preferred learning in school and found it difficult. Though Covid-19 made for an unexpected halt to girls' education worldwide, lessons can be learned from the *Real Choices, Real Lives* cohort to anticipate future emergencies: the need for greater accessibility to remote technologies and action plans to recuperate and mitigate lost learning.

Household duties

Some of the girls observed that boys' education is valued more than girls' is. In Vietnam, Uyen said that parents would prefer to take their daughters out of school over their sons, because girls are more able to help with chores; Uyen felt that this is *“unfair”* and *“unreasonable.”*

By the later years, time spent on household duties and care work became a key hindrance for girls' ability to study and attend school. Jane in Uganda missed school over 2019 a lot when caring for her elder sister (whom she stays with near school) was sick and suffering from Malaria; an example of how gendered care responsibilities can be a barrier for girls' ability to participate in education.

Margaret in Benin left school, because:

“ I don't find time at home to learn my lessons. When I come back from school, my aunt gives me too much housework to do; she tells me to fetch water, cook, that's why I decided to drop out of school. I want to learn sewing [in an apprenticeship].”
Margaret, age 16 (2022), Benin

By 2024, Margaret sold cosmetics and works in the field.

Unplanned pregnancy and early marriage

In the early years we learnt how caregivers would fear their daughters becoming pregnant early, and having to drop out of education. In Uganda, Sylvia's mother expressed a sentiment shared by a number of other parents in the region; that education leads girls to mixing with boys and thereby are at a higher risk of an unplanned early pregnancy:

“ Many think that girls can easily be tempted and deceived by boys and they end up leaving school which makes parents not to want to invest in their education in fear of being disappointed.”
Sylvia's mother, 2010, Uganda

Here, we can see the norm to protect girls' sexuality is prioritised over girls' education.

As time went on, school dropout rates were particularly high in the Togo cohort, with Ayomide, Ala-Woni, and Folami all leaving school due to unplanned early pregnancies (and subsequent marriages). Melanie in the Philippines was sad that she dropped out of school in grade ten after becoming pregnant; she told us in 2023 that she wanted to return, but by 2024 she still could not return due to her childcare responsibilities, *“I should have been in college by now.”* In El Salvador, Doris had no interest in returning to school. Doris left school after becoming pregnant with her daughter. Although she valued education and hoped her

daughter's future would be different from her own, she said the school schedule was too demanding to balance with her responsibilities as a mother. Lack of accessible childcare, norms that govern girls to prioritise motherhood, and the stigma of returning to school are key issues for ensuring the educational attainment of girls who experience early pregnancies.

By 2024, 12 girls were married or in unions and seven were pregnant or already mothers - with some of these being the same girls. Notably, a couple of the girls in the Dominican Republic reported that their schools had progressive and inclusive attitudes towards girls' pregnancies while in school. Valerie (married) and Griselda (married with a son), both in the Dominican Republic, were the only married girls in the whole cohort who were continuing education, demonstrating the value of the Prepara programme which allows schooling on weekends.

Rebeca said that her school gives girls leave for childbirth, and they can then return to school afterwards (providing they have someone at home who can help take care of the baby):

“ [The school will] give them 15- or 20-days leave. And if it is a caesarean section, they give them a month and 15 days.”
Rebeca, age 17 (2023), Dominican Republic

Sharina also added that while some girls do drop out when they become pregnant, many return to school the following year.

Across the lives of these girls, numerous barriers persist. Their ongoing struggles to access and complete education reflect deeply rooted gender norms, which are compounded by poverty and social exclusion. The cohort members who did not finish secondary school and remain out of education, employment, or training (NEET) highlight the need for continued efforts to tackle these enduring challenges - from traditional norms and financial insecurity to inaccessible learning environments.

The progress made is fragile and vulnerable to reversal. It is urgent that we do not become complacent in our efforts to ensure quality, inclusive and safe education for girls.

Real Girls, Real Stories: Folami's education journey

Folami grew up in a multi-generational household in rural Togo, living with her father's extended family. Her parents and other adults earned a living through farming and animal husbandry, with most of the family's food coming directly from the farm. Folami's family consistently faced financial difficulties, and the family often relied on social assistance or borrowed from neighbours when money was tight. Folami was in primary school by 2007 and by 2014 she was attending school regularly and making good progress. During this time, their economic situation worsened and had little to spend on food to supplement their produce from the farm.

In 2015, aged nine, Folami contributed to household chores but still found time to study in the evenings. School was free, but a small fee (1.40 USD) was required as an expected contribution. She attended regularly, missing only a few days due to illness. By 2016, although the family's income hadn't changed, the cost of living had increased significantly. Still, Folami remained in school.

In 2017, the family faced hunger and had to borrow money to pay school fees. Folami helped with weeding and harvesting in the fields. Despite these challenges, her family prioritised her education, ensuring she and her cousins continued attending school. The following year, Folami took on more domestic responsibilities and frequent illness caused Folami to miss some school, but she remained committed. Her mother continued her emphasis on ensuring Folami would complete her studies and Folami reported that her mother wanted her to be a minister.

“I am going to fight to educate her so she has a better life, that's my contribution.”

Folami's mother, 2018, Togo

By 2019, Folami continued helping at home and socializing with friends. She had to retake a class but was progressing well. Her mother reiterated that education was crucial for her future.

“It's important for girls to go to school so they can succeed in life.”

Folami, aged 13 (2019), Togo

In 2020, Folami's life changed dramatically when she became pregnant. To avoid community stigma, she moved temporarily to her mother's village to live with her extended maternal side of the family. Folami initially attended school during this time and expressed a strong desire to become a midwife.

However, financial pressures and societal expectations soon led Folami to leave school that same year. Like many girls in her community, she attributed dropping out to economic hardship. In 2021, Folami gave birth to a baby boy. Her days were filled with childcare, housework, and field labour.

“I feel nervous and sad; if I hadn't got pregnant, I would be at the same level as my friends and would still be going to school.”

Folami, aged 15 (2021), Togo

“I'm not going to school now because I've had a baby... It was my decision because I was ashamed of my pregnancy.”

Folami, aged 17, (2023), Togo

For the remainder of the study, she had no plan to return to school because she did not have the means and her friends were ahead of her. Instead, she wanted to learn a trade that could be economically productive. She later clarified that she hopes to enrol in a sewing apprenticeship to become a weaver.

Folami's story shows how multiple key factors interplay to threaten, and eventually halt, a girl's education journey: looming and growing financial pressures, juggling household responsibilities that increase with age, and then social stigma and lack of support to re-enter school following early pregnancy. With financial difficulties a constant in Folami's life, it is no wonder that she potentially felt education would not address her family's financial situation as directly as learning a trade could.

5. Resisting Gender Norms

Global awareness of gender equality and girls' and women's rights has influenced the lives of girls across the cohort. Yet, many girls were still taught to uphold gender expectations. These norms evolved throughout their childhood and adolescence and applied to a multitude of areas of girls' lives: play and friendships; safety and mobility; unpaid care work; behaviour and appearance; agency and wellbeing; education; and many more.

As they grew older, some girls became more accepting of restrictions placed on them, while others began to question, challenge, or resist these norms. The

Real Choices, Real Lives research shows that this resistance is rarely outspoken or highly visible; instead, many girls find creative, subtle ways to negotiate restrictive gender norms. Yet, girls face serious risks when resisting gender norms, particularly amid increasing hostility towards gender equality and towards girls' and women's rights.

"She says I shouldn't be around boys. And when they come to play with us, I'm supposed to quit playing."

Juliana, age 11 (2018), Brazil

Key Findings

- Both girls and their mothers wished for the girls' life to follow a **different trajectory to their mothers'**, by being educated and avoiding early marriage. Girls believed in 'equality' between girls and boys, particularly equal rights to education and careers.
- Many girls resisted the expectations of being a 'good girl' and femininity, including around **playing sports**, whilst a few girls reported **behaving and dressing in 'masculine' ways**.
- Over **a third of girls had a secret friendship with a boy**, despite caregivers forbidding mixed-sex friendships. Girls, however, felt it was unsafe to defy the restrictions on their movement in public spaces at night, due to threat of violence.
- Girls' resistance to gender norms was not consistent or linear over the duration of the study. Some girls became more compliant with age, while others sought creative ways to gain more independence and freedom in their lives. Several **girls resisted in secret** - such as taking on paid work or forming romantic relationships - against their caregivers' wishes.

Recommendations

The following recommendations aim to ensure that girls and their communities are aware of gender inequality, that they are equipped with the skills to identify it, and can access the resources and safe environment to act and engage in resistance in the forms they choose.

- **Strengthen and enforce legal frameworks that challenge gender norms and promote equality:** Governments and authorities should
- **Centre girls' needs in public services:** Local authorities should support initiatives led by girls and ensure public services are accessible and

responsive to their needs. They should create spaces where girls can share their ideas and help shape decisions in their communities, ensuring their voices are heard and valued. In addition, they should work with caregivers and employers to reduce girls' unpaid care burden.

- **Work with caregivers and community members to raise awareness about gender norms:** NGOs and civil society actors should encourage communities to adopt positive deviant behaviours to challenge them. Invest in programmes which work with parents/carers and teachers to develop disciplinary methods which are not violent and promote positive intergenerational community dialogues, including female caregivers, about the links between gendered norms and gender-based violence, to facilitate girls' safe mobility in public spaces.
- **Make schools gender-inclusive:** Schools should create safe spaces for girls, ensure policies reflect the different needs of students

of all ages and genders, provide staff training and curricula that supports everyone, and foster an inclusive environment where mixed-gender activities are respectful and girls can take on leadership roles. Ensure their education equips them with the life skills for them to succeed in their livelihood and employment opportunities.

“It isn't fair that women don't seem to be involved in decision-making. Most of the leaders are men. It's not fair.”

Jasmine, age 18 (2024), Philippines

Setting the Scene: Resisting Gender Norms

Social norms are the perceptions, expectations or informal 'rules' that a group of people hold which define what attitudes, beliefs and behaviours are considered appropriate or typical. Gender norms describe the expected behaviours associated with the way that individuals and others identify their gender. Gender and social norms carry social implications: individuals are rewarded with acceptance, praise and inclusion for their compliance, and punished with sanctions when they deviate or resist. Gendered social norms underpin and reproduce inequitable practices that ultimately result in girls and women having different and unequal access to resources, opportunities and outcomes compared with boys and men. Gendered expectations of behaviour can also restrict the development of an individual's identity, forcing them to follow rules that determine which activities they can and cannot take part in, how they express themselves, and what they should look like.

Gender socialisation sees the reproduction of 'acceptable' feminine/masculine behaviours, or gendered social norms, via interaction between various individual, social and structural influences.⁴⁹ Judith Butler, among others, argues that there can be 'slippage' in the reproduction of gendered social norms, wherein these 'acceptable' behaviours are exposed as social constructions, which are made-up

rules that are subject to change, rather than being biological truths.⁵⁰ Indeed, studies have shown that individuals behave differently when faced with the same set of expectations, sanctions and rewards.⁵¹ This is dependent on individual, social and structural factors, including: a person's own values and beliefs; their social status and family values; and the availability of resources and opportunities.⁵² These influences are often two-way, with structural changes affecting individual attitudes and behaviours, and individual-level changes also influencing wider social dynamics.⁵³

Resistance to social norms can be both individual or collective, as well as spanning from proactive and overt opposition to questioning and objecting.⁵⁴ It can thus involve speaking out or behaving symbolically in opposition to expectations, such as in choices of hairstyle or clothing. Often, social norms do not change 'cleanly', but often go through processes of contestation, which can be either slow or relatively rapid.⁵⁵ A girl may privately question gender norms, but is unable to overtly challenge these norms through behavioural resistance due to pressures or expectations from their families or communities. In some cases, it can even be unsafe for girls to outwardly challenge norms. Resisting gender norms, therefore, is often dependent on the resources that a person has available to them.⁵⁶ This

is a key challenge and barrier to positive behaviour change and highlights the importance of whole-of-community approaches that work with parents, men

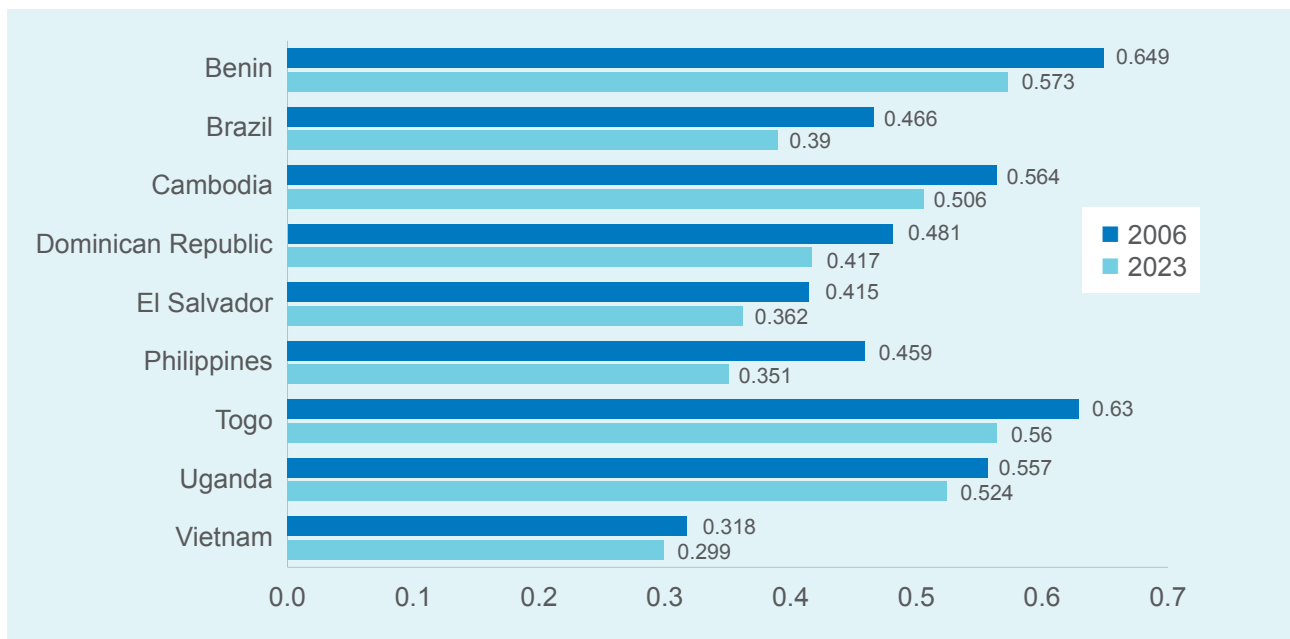
and boys, and communities to bring about gender transformative change.

Setting the Scene: Resisting Gender Norms in *Real Choices, Real Lives* countries

Gender inequality is widespread across the majority of the *Real Choices, Real Lives* focal countries. Only one of the *Real Choices, Real Lives* focal countries scored among the top 50 per cent of the world's most gender-equal countries: Vietnam. The remaining countries all scored poorly on the Gender Inequality Index (GII), with Benin, Togo and Uganda all among the 30 most gender-unequal countries in the world in 2023.

However, all of the focal countries have seen an improvement over time in their gender inequality index, which measures gender-based disadvantage in three dimensions - reproductive health, empowerment and the labour market. Among the focal countries, the Philippines, Brazil and Benin have all saw the biggest improvements in GII during the cohort girls' lifetime (between 2006-2023), perhaps indicating a progressively more enabling context for girls in these countries to negotiate gender rules as they grew up.

Figure 12: Gender Inequalities Index (GII) in *Real Choices, Real Lives* focal countries, in 2006 and 2023 (most recent data)⁵⁷



These improvements are translating into real-world resistance across the focal countries, where there are numerous examples of women and girl-led groups, collectives, feminist campaigns, and movements. These resistance groups worked across a range of themes on local and national levels - from land rights to opposing political regimes - and many sought change through intersectional approaches that address gender, class and racial injustice in conjunction.^k

Geopolitical shifts threaten to erode national-level progress on gender equality and local feminist action. As anti-rights movements gain political influence and funding for gender equality declines, communities will be less receptive to girls' challenging of gender norms. Ultimately, rising conservatism threatens girls' ability to speak out or resist.

^k For more information on girls' and women's rights and resistance in each focal country, see Annex 3 of the *Girls' Everyday Resistance* report.

Our Findings

Over the course of the study, we found that half of the girls showed at least one instance of openly disobeying expected behaviours or refusing roles assigned to girls in their communities. Although the ways girls challenged and resisted gender norms varied across the three regions, this indicates that gender socialisation could be disrupted and norms transformed.

Resisting expectations for the future

Our findings showed that household and community-level factors had the strongest influence on girls' ability to challenge gender norms. Since the girls spent most of their time at home with adult women, mothers, grandmothers, and other female carers played a central role in shaping gender socialisation as they grew up. However, girls across all regions often referred to their mothers' adolescent pregnancies as examples of what *not* to do. A recurring theme in discussions about their future was their desire to live differently from their mothers.

“*To be honest, I think it was very wrong for her... to have me at 15...she didn't even finish her studies, she didn't go to university. I think she should have finished her studies and gone to university before having a relationship.*”

Juliana, age 12 (2018), Brazil

“*I don't want to have as many children as my mother has; I can see my mother's [life] is so hard.*”

Trinh, age 12 (2018), Vietnam



Girls in Vietnam taking part in a team building activity to improve leadership skills
© Plan International

Girls wanted to do 'something different' from their mothers, including the type of work they aspired to do in the future. Girls were critically reflecting on their mothers' situation and thinking about how not to replicate the situation for themselves - a form of negative motivation.

A common sentiment expressed by the cohort mothers was the hope that their daughters will not do manual work but will do something requiring training or qualifications, which the cohort girls themselves reiterated.

“*Well, my dream is for her to become a professional, not to let anyone humiliate her, to have a job so that she improves herself in many ways, so that she doesn't have to depend on anyone.*”

Katerin's mother, 2018, Dominican Republic

Whilst the cohort girls also expressed strong attitudes about the importance of education, studying at university, and career prospects, the 'rights' and 'equality' language as a structural level factor also demonstrates girls' resistance to gender norms. The girls and their caregivers across the cohort strongly advocated girls' and boys' right to education. As the cohort girls got older and closer to the critical age between lower and upper secondary education - where many of their peers drop out of school and remain out of any form of education, employment, or training - many girls emphasised the importance of education as it was viewed as a sure way for them to realise their ambitions:

“*It's important for girls to go to school because it can be useful [for] them in the future; they can get university degrees, be police officers, lawyers, soldiers or study generally and apply for work anywhere they like.*”

Gabriela, age 12 (2018), El Salvador

In the SEA cohort, in Vietnam and Cambodia especially, the use of 'equality' and 'rights' language relating to access to education and opportunities was especially prominent:

“*All children should learn the same things because we have equal rights*”

Reaksmei, age 12 (2017), Cambodia

“This is the era of equality. Boys and girls can both go to school. There is no discrimination like in the past that boys could go to school while girls couldn’t.”

Hang, age 12 (2017), Vietnam

Resisting gender norms in the home

For most girls across the cohort, domestic responsibilities increased every year of the study, and our data indicates that the burden of domestic work was perpetuating gender inequality by limiting girls’ opportunities at school, as well as their economic and social empowerment (see Chapter 6: Unpaid Care Work).

The burden of domestic tasks is therefore the dominant area where the cohort girls challenged gendered norms. Overall, 15 per cent of girls, at some point in their lives, either questioned the division of chores or openly refused to do their chores. Some girls expressed that the different types and amounts of work felt unfair. Others pointed out a contradiction in their households: girls were often required to do both ‘female’ and ‘male’ tasks, while boys were not expected to do the same.

“My parents prefer the boys to concentrate on field work and the girls on household tasks. I don’t find this fair: the boys could also do some housework as we girls have to go to the fields to help with the planting and the harvest.”

Essohana, age ten (2016), Togo

For other girls, by the time they reached adolescence, they would directly call for chores to be evenly distributed. At age 13, Griselda said that “boys should have the same duties as girls... [they don’t] because they’re lazy” (2019).

We saw more overt resistance to this gender norm when girls were older. In Uganda, several of the girls supported the idea of not always doing what they were told by their parents, especially if they felt the required chores were unfair. For example, the most overt form of resistance came from Amelia, who stated in 2023 (aged 16) when asked if she had undertaken any paid work that year, “No but just that my brothers usually ask me to do laundry for them yet I am busy. So, if any of them wants to engage me, they must pay for my service [laughs].”

Structural level influences also impact girls’ aspirations and the way they challenge gender norms. For instance, in Africa, the influence of female representation in public life provides, at the structural level, not only aspirational objectives for the girls, but in some cases, leads to attitudinal shifts in their family members with regard to ‘what is possible’ for girls and challenging traditional gender roles.

“My role model is the Rt. Hon. Kadega! I admire her because she has a lot of money and she knows English.”

Nimisha, age 11 (2017), Uganda

“If you have a woman minister, should you wait for her to come back from her work to cook for you? No! You can’t wait for your minister wife to come home and cook. Everything that men do, women can also do and vice versa.”

Alice’s father, 2017, Benin

Unchallenged norms: Girls’ movement and access to spaces

The role of real and perceived risks of violence against women and girls in restricting girls’ freedoms is prevalent in all of the *Real Choices*, *Real Lives* data and is increasing as the girls get older. While many of the Cohort girls noticed a difference in their sphere of movement and access to spaces compared with that of their male peers, few actively challenged these norms, demonstrating instead an awareness of the dangers this would represent.

“It is the responsibility of a girl to protect themselves by avoiding to move alone at night.”

Mirembe, age 17 (2024), Uganda

In this way, violence against girls represents a two-fold trap: the gendered norms which restrict their freedoms are (often) intended to protect them but also perpetuate norms which bind women and girls to the household sphere, and normalise the association of males with violence, without addressing the root causes of this violence.

For more on the impact of gendered protection responsibilities, see Chapter 10: Violence and Protection.

¹ In 2011, Rebecca Kadaga was the first female Speaker elected at the Parliament of Uganda.



Our longitudinal findings reveal that, as the girls grew older, social norms around ‘femininity’ and ‘masculinity’ became more entrenched and led to increasingly restrictive expectations about how girls should behave. A dominant gendered norm in the SSA and SEA cohort countries was that girls should be better behaved than boys, with the definition of a ‘good girl’ for most cohort parents revolving around how obedient and deferent a girl is. However, whilst most cohort girls recognised the importance of being respectful, some challenge this norm by seeing obedience as a lesser priority.

“I don’t do anything [my parents ask me] against my heart and can’t be forced to do things I don’t want to; whatever I do, it’s my decision.”

Justine, age ten (2017), Uganda

Expectations of behaviours also included particular games, sports, clothes, and behaviours that are reserved for males, and girls across all cohort countries challenged these norms.

“They [my school friends] make fun of me, they say I’m a tomboy, that I’m always playing ball, all the time, with the boys... [...] Then I tell them that this is sexist, because a girl can play ball just like a boy”

Juliana, age 12 (2018), Brazil

“Sometimes I play powerful games, I also think that I am a boy. I have a friend. She always thinks that she is a boy. She also plays the powerful games like me with boys.”

Huong, age ten (2016), Vietnam

Additionally, across the SEA and LAC cohorts, the harmful norms labelling boys as strong and girls as weak led girls to take on those harmful behaviours associated with ‘masculinity’ to protect themselves:

“[It is important for girls to be fit and strong] because when a boy hits me, I can hit him back.”

Katerin, age 12 (2018), Dominican Republic

As a result of the social expectations of both ‘femininity’ and ‘masculinity’, an increasing concern raised by the girls’ caregivers in all nine countries was the dangers of girls’ interactions with boys as they enter adolescence. While GBV and femicide were particularly prevalent in the LAC countries, it is an issue which exists in all nine contexts, and indeed globally. However, whilst the cohort girls showed awareness of the need to stay safe, many also questioned the requirement to stay away from boys and challenged gender expectations of behaviour by continuing their friendships with boys.

“[When] I grow up more, I [will] still make friends with [boys] because they are good to me.”

Roumany, age ten (2016), Cambodia

“...my parents and big brothers don’t like me playing with boys, they tell me off and sometimes smack me if I do... So, at school, I like playing with my friends who are boys but not at home.”

Essohana, age 11 (2017), Togo

Many parents in the cohort began to worry about mixed-sex friendships as the girls approached adolescence. Notably, 38 per cent of girls had a secret friendship with a boy at some point during

the study, be it playing together in the early years or socialising in adolescence. This demonstrates that girls were challenging gender norms in ways that go unnoticed by their caregivers.

Charting resistance to gender norms as girls age

Data from *Real Choices, Real Lives* demonstrates that for gender norm change and gender equality to be achieved, challenging social expectations of both 'femininity' and 'masculinity' is necessary. Additionally, our findings showed that although physical and emotional development at age 11–12 varied across countries and regions, the onset of adolescence had clear impacts in all nine contexts. These included growing pressure to conform to gendered expectations and a heightened awareness of those expectations among the girls. Although the cohort girls described how these restrictions had an increasing impact on their lives, this was often accompanied by attitudes and, at times, behaviours that challenge these norms. Early adolescence thus represents a critical moment when norms have not been completely established or have not yet become ingrained: it is a 'tipping' point where norms can be challenged before they crystallise and become deeply internalised.

Across the cohort girls in Africa, and in some cases in the SEA, gender norms were yet to be fully enforced by family and community. Whilst family members often indicated that this was because the girls would still be regarded as children, they suggested the situation to change as they get older.

■ ■ *When Rebecca goes beyond this age, I will not permit it at all to play among groups of boys."*

Rebecca's father, 2017, Uganda

In contrast, many cohort girls in LAC were seen as young adults. Some had started romantic relationships and were expected to do household tasks like women. For girls who once challenged norms but now accepted them as inevitable, the opportunities to shape different outcomes were less apparent.

■ ■ *"And your brother doesn't do chores?" "No." "Do you think it is fair?" "Well, both should do the same thing... Because we both have the same rights."*

Leyla, age 11 (2017), Dominican Republic

■ ■ *[My brother] doesn't do anything at home and he is always out... Thing is, we girls have to do chores because we are girls, the boys can't do that much..."*

Leyla, age 12 (2018), Dominican Republic

This ultimately shows that while early adolescence represents an important period for the disruption of gendered norms, this process is not linear. Girls may conform to gender norms, begin to challenge them, and then return to conformity due to the lack of support at the social and structural levels.

Girls' resistance to gender norms is not uniform across the cohort. Where some girls returned to conformity as they got older, we found other girls were seeking out ways to gain more freedom and independence. Several girls were secretly going against their caregivers' wishes to have secret jobs or secret romantic relationships.

A number of caregivers expressed concerns about, or a strong dislike of, their daughters earning money and they shared a variety of reasons: the negative impact on their schoolwork, a preference for girls to do domestic work, or for fear that getting a job would expose the girl to sexual violence. However, many girls found forms of work regardless. This emerged as a particularly strong finding in Benin and Uganda, where a total of nine out of 23 girls were engaged in earning money at some point in their adolescence without their parents' knowledge. The girls who secretly work told us they enjoyed being able to earn extra money and gain new skills.

We have identified 24 girls^m - from all countries excluding Togo - in the cohort who at some point during the study had a secret relationship or romantic feeling. This is a form of resistance as most caregivers would forbid the girl from having friends who are boys, or they strongly disapprove of mixed-sex friendships, let alone be in romantic relationships or express desire.

Girls were showing a strong amount of agency and resistance in having a secret relationship in the face of conservative rules on their behaviour and sexuality. Yet, as the girls were seeking to gain a bit more independence and freedom, we should recognise that they were exposed to serious risks in doing so: physical punishment from caregivers and health risks from early unions, including unplanned pregnancies.

^m This could be an underestimate. Girls were not specifically asked about secret relationships, and we have had to deduce this by contrasting girls' and caregivers' responses.

As an additional risk to girls' resistance of gender norms, around the world we are seeing increased hostility towards the resistance of gender norms and girls using their voice to speak out. By reflecting on this context and with girls' stories in

mind, we highlight the need for girls to grow up in environments where they can safely challenge norms with support from adults.

Real Girls, Real Stories: Ly's story of navigating gender norms

Ly lived alone with her mother in a village in Quang Ngai Province on the South-Central Coast of Vietnam. Ly's father died before she was born, and her mother carried out both economic (mainly agricultural) and domestic activities for the household. In 2017, Ly's mother described her situation as being *"both a mother and a father. I am alone, so I feel [it is] very difficult."* Ly's mother's most stable source of income came from farming, and over the years, she had taken on various forms of secondary income-generating activities such as brickmaking and bundling wool.

In 2018, when Ly was in grade seven, her mother described her as somewhat *"lazy"* with studying over the years. However, Ly appeared to value her education as she grew up and wanted to study well to go to university. Ly's mother dropped out of school in grade six and was committed to supporting Ly to stay in education *"until she can't anymore"* (2017) so that her life turns out differently to her own: *"[Ly] will do what she wants providing that she is not a farmer"* (2017).

Despite living in an all-female house, Ly was aware of the gendered division of labour in her community. Yet despite this awareness, Ly explained this inequality in terms of gender norms - citing the fact that girls are expected to be agreeable and compliant. This lack of critical consciousness highlights the importance of empowerment programming or girls to support them to unpack and challenge what informs social expectations.

■ Boys do not have to do housework. They just go to play. They play skipping, football... I feel tired and I find it unfair. Girls must do more because girls are obedient"
Ly, age eight (2014), Vietnam

Her mother also stated that this was the case in other homes, *"[the] wife must do housework and [the] husband goes to earn money"* (2015). Since she did not have a husband, Ly's mother was unsure whether this was fair as she carried out most of the household work. However, from 2015 onwards, Ly seemed to challenge the norm regarding unpaid care work: Ly's mother consistently reported issues in receiving help from Ly, who expected to be paid by her mother to carry out her assigned chores. Furthermore, at school, Ly was a team leader and said that she uses her position to get boys to carry out the chores allocated to her: *"[I should] clean up, but I never do. I asked some boys to clean up for me... I request them [to] do [it] and they must follow"* (Ly, 2018).

Ly and her mother both described having a strained relationship because Ly rarely obeyed her mother. Her mother described Ly as *"stubborn"* and *"not docile"* - characteristics which diverge from expectations of girls in the community. In 2018, Ly described herself as *"aggressive," "more manly,"* and *"like a boy"* and her mother reported being less worried about Ly at school, because she knew that the boys fear her. It appears that rather than challenging harmful behaviours associated with 'masculinity', Ly adopted these behaviours in order to protect herself. While this is a form of resistance, Ly effectively (and likely unconsciously) reproduced power hierarchies. In the absence of positive role models of what healthy and equitable relationships can look like, Ly challenged the gender rules but then replicated harmful dynamics. This demonstrates the importance of gender transformative programming in supporting girls to challenge and resist gender norms in healthy and empowering ways.

6. Unpaid Care Work

Evidence from *Real Choices, Real Lives* demonstrates that gender norms play a crucial role in inducting girls to unpaid care responsibilities as they grow up. Through observing their parents' dynamics, imitating their mothers, and 'playing house', girls adopted these expectations of behaviour to prepare for their future as wives and mothers. While unpaid care work has immeasurable value for both the beneficiaries and providers of care, an unequal gendered division of this labour means that adolescent girls around the world are

suffering from time poverty, which has serious implications for their educational achievements, their aspirations, and their well-being. It is a gender norm which, as both the global statistics and our interviews illustrate, is proving hard to challenge.

"Instead of just studying, my time is divided between my chores at home."

Michelle, age 16 (2023),
the Philippines

Key Findings

- Girls performed a disproportionate amount of unpaid care work such as cooking, cleaning and caring for their siblings.
- Entrenched gender norms dictate that care work is a woman's domain, which perpetuates the unequal distribution of household responsibilities.
- Girls were socialised into gender roles from a young age and grew up believing this division of care labour is 'natural'.
- Poverty, poor infrastructure and household composition are multipliers of girls' care work, as are child marriage and early pregnancy.
- Girls' time poverty, brought on by their care work responsibilities, affected their educational outcomes, thereby having long-term economic consequences.
- High levels of unpaid care have a significant impact on girls' wellbeing: they reported higher levels of stress, fewer hours of sleep, and loneliness and isolation caused by time poverty.
- Unequal division of labour within households reinforces stereotypes that limit girls' aspirations.

Recommendations

From the experiences shared by the cohort the girls around the world, we have found that girls need support to exercise their autonomy and agency in making decisions about their time use – so that they can prioritise their interests, education, goals for the future, and wellbeing. To make this possible, governments, communities, schools, and other decision-makers must recognise, reduce and redistribute unpaid care work, which includes the need to represent girls and women's voices in policy

and decision-making that impacts their lives and their time use.⁵⁸

- Recognise the care work performed by girls: All actors should act to recognise the value of these contributions to their households and communities. In particular, governments must include measures of unpaid care work in national statistics and evaluate social protection strategies and employers should invest in the professionalisation of the care sector.

- **Reduce the amount of care work that girls must perform:** Governments and international agencies should provide communities with time- and labour-saving devices, technology and services.
 - **Redistribute care work within households and communities:** Governments and local authorities must champion gender-transformative education, policies, and initiatives that address gendered social norms and promote men and boys' greater involvement in care.
 - **Represent girls' voices in decision-making:** All actors should ensure that the voices of girls are embedded in all levels of decision-making to ensure that their needs and interests are represented in policy design and implementation.
- “I want to have no labour division between male and female work. I want boys to help do female tasks such as cooking rice, and girls and women should wash dishes and help do male work.”
Thearika, age ten (2016), Cambodia

Setting the Scene: Unpaid Care Work

Unpaid care workⁿ includes the time that individuals spend performing housework such as cooking, cleaning, collecting water and fuel;⁵⁹ caring for other people such as children, ill family members, and older people;⁶⁰ as well as voluntary community work for friends, neighbours or the community at large.^{61,62} Gender norms around roles for girls and boys (and women and men) are reproduced and reinforced at the household level, with girls taught from a young age that domestic chores are an inevitable part of being a girl. These norms dictate how household responsibilities are assigned and divided between girls and boys, and the rationale that family members use to explain why certain roles and tasks are more closely aligned with ideas of ‘femininity’ and ‘masculinity’.⁶³

Key Facts

- Globally, girls aged five to 14 years spend 550 million hours every day on domestic care work, with 14-year-old girls spending an average of nine hours per week on care.⁶⁴
- Girls aged five to nine years spend 30 per cent more time on chores than boys of the same age, which increases to 50 per cent more time when girls reach ten to 14 years.⁶⁵
- By the age of 19, girls spend between three and four hours a day on domestic and caring work.⁶⁶
- The most common tasks performed by girls include helping with cooking or cleaning the house, shopping for the household, fetching water or firewood, washing clothes, and caring for other children in the household.⁶⁷

The issue of unpaid care work as a ‘burden’ therefore stems less from the nature of the work itself, but from the *amount* of this work and its *unequal gendered division*. This inequality has a strong impact on girls’ and women’s ability to spend time on other pursuits: education, economic empowerment, civic participation and leadership, and rest and leisure. For instance, heavy care workloads can cause girls to miss school and repeat grades, which can lead to even poorer attendance and sometimes to girls dropping out of school altogether. An unequal gendered distribution of chores can also reinforce gender norms and socialise girls into believing that domestic duties are the only roles that girls and women are suited for. Ultimately, when girls observe unequal divisions of labour in the home and spend a larger portion of their own time on unpaid care responsibilities compared with their brothers, this can lower their self-esteem and narrow their ambitions.⁶⁸

Whilst care work is essential for individual, community and societal wellbeing and benefits the recipient, the provider, and society at large, the work that girls perform in the home is often not recognised as care or labour. Instead, it tends to be described as ‘help’, which undermines the value of girls’ contributions,^{69,70} and leads them not to recognise the labour they perform in the home as ‘work’.⁷¹ This, in turn, reinforces a deeply entrenched gendered norm that care work is the domain of women.

ⁿ The terms ‘unpaid care work’, ‘unpaid care’, ‘domestic work’ and ‘unpaid care and domestic work’ are sometimes used interchangeably in the literature to refer the services provided within a household or community for its members.

Setting the Scene: Unpaid Care Work in *Real Choices, Real Lives* countries

Among the *Real Choices, Real Lives* focal countries,⁷² there are different pictures of how and why girls spend their time in a particular way. Where national-level data is available, this provides us with useful context for understanding the experiences of the cohort girls.

Unpaid care work performed by women and girls has an impact on their education and employment prospects. In Benin, for instance, girls have less time available for education - they have a lower secondary school completion rate than boys (as of 2023) and report having less time for homework (2015). This impacts their employment prospects: as of 2024, more than 23 per cent of female youth aged 15-24 years are not in employment, vocational training or education, compared with only 11 per cent of male youth. Similarly, in Togo, information about girls' education rates⁷³ and economic participation⁷⁴ seems to suggest that men are spending more time in education before entering the workforce. On the other hand, more Togolese women are dropping out of school early to work, before the unpaid care demands of marriage and motherhood require them to spend less time in paid work. Interestingly, in Cambodia, where one of the greatest gender gaps in unpaid care work in the world is observed,⁷⁵ women report that the gendered division of unpaid care levels is not influenced by employment status: almost 30 per cent of employed women reported that their partners did not provide additional assistance in the home.⁷⁶

There is also a correlation between the peak of unpaid care work and statistics on reproduction in El Salvador and the Dominican Republic. In El Salvador, the adolescent birth rate among girls 15-19 is one of the highest rates in LAC (i.e., 69.7 per 1,000 women⁷⁷)⁷⁸ and a 2023 study found that childcare represents the majority of the caring activities performed by girls aged 15-24 years.⁷⁹ The Dominican Republic has a similarly high rate of adolescent pregnancy, with a 2022 study reporting that over 58 per cent of mothers in the country had their first child before the age of 20.⁸⁰ Data from Uganda also suggests that childcare is an important part of the work performed by girls and women. Whilst girls and women spend substantially more time on simultaneous activities than boys and men,⁸¹ there is also a marked difference in the gendered division of chores, with boys spending more time

collecting fuel or water, while girls spend more time on food preparation and childcare.⁸²

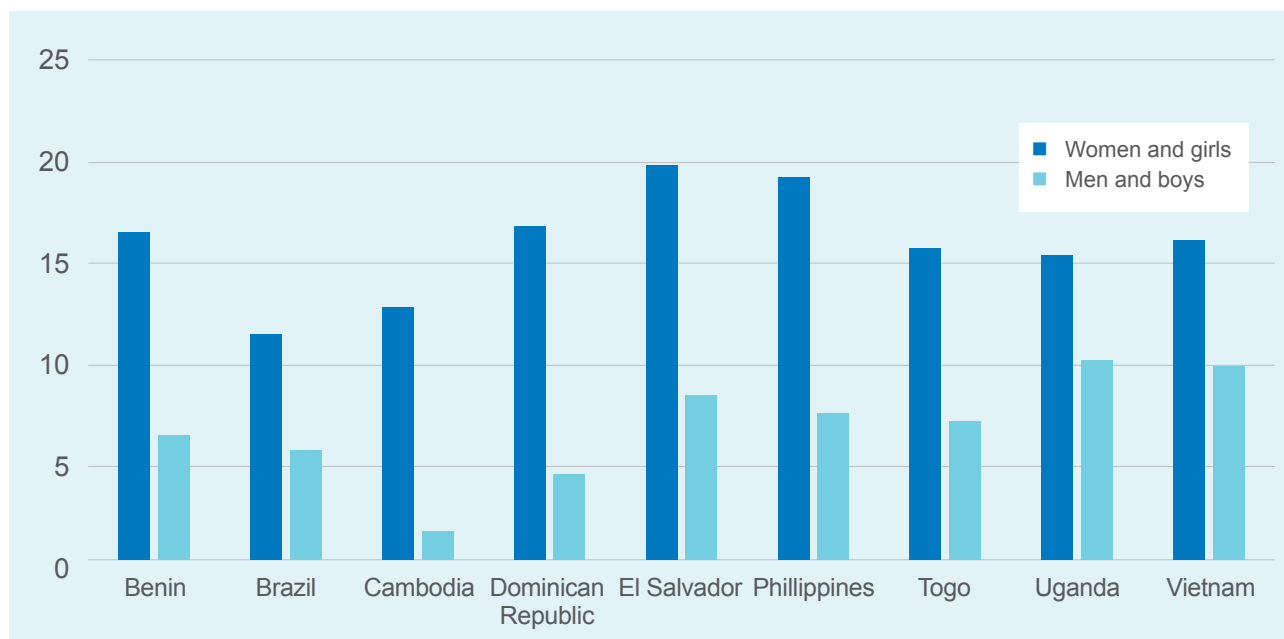
Whilst women in El Salvador and the Philippines report the greatest proportion of time spent on unpaid care work and the most unequal gendered divisions of labour between women and men,⁸³ other countries, such as Uganda and Vietnam, seem to share unpaid care work more evenly.^{84,85} There is no clear indication regarding the factors contributing to more equal labour division in these two countries; however, the case of Brazil provides insights on how women can spend less time on unpaid care. Among the *Real Choices, Real Lives* focal countries in LAC, women in Brazil perform the fewest hours of unpaid care work per day - yet, interestingly, this does not appear to be because men perform a greater share of the work.⁸⁵ Instead, the fewer hours of care work performed by women in Brazil could be explained by greater access to time- and labour-saving devices, services and infrastructure.⁸⁶



Girl, 16, in Togo says she now has the strength to choose her own path in life © Plan International

o According to a 2023 survey that compared countries globally.

Figure 13: Time spent on unpaid care activities as a proportion of a 24-hour day by gender, in *Real Choices*, *Real Lives* focal countries (age 15+), in 2024⁸⁷



Our Findings

While unpaid care work is significant in its own right, it does not exist in isolation. It is deeply interconnected with other challenges highlighted throughout the report, including poverty, CEFMU, education, and entrenched gender norms. Addressing unpaid care work effectively requires a holistic approach that considers these interconnections.

Across the global cohort, 95 per cent of the girls reported doing unpaid care work as part of their usual daily activities. The average time they spent on this work was around five hours and 15 minutes per day. Whilst the *Real Choices*, *Real Lives* girls had a higher average care load than their peers around the world, they, on average, also spent slightly more time on care work than the number of hours spent by adult women globally (4 hours 18 minutes).

Findings from *Real Choices Real Lives* reveal that gender norms reproduced and reinforced at the household level play a crucial role in inducting girls into unpaid care responsibilities as they grow up. Girls spending time with their mothers in their early years was a common way that they observe, absorb and internalise information about the roles and behaviours considered to be expected for women and men, girls and boys. Whilst ‘playing house’ is a common way that girls internalised gender norms about the roles for girls and women, chores-as-play transform into chores as training for their futures as wives and mothers as the girls get older.

“ [This is] normal because it’s a way for preparing them to be good wives and mothers and know how to keep their own home.”

Thea’s mother, 2015, Benin

“ I do the laundry, wash the dishes, and clean the house. It’s okay with me because of course I’m the woman so I’m obliged to do the housework.”

Chesa, age 15 (2022), the Philippines

Additionally, our findings suggest that when there are opportunities for the girls’ mothers to participate in paid work or work outside the house in other areas, such as supporting the family’s agricultural harvest, the girls are often expected to help care for younger siblings or run the household.

“ As a girl, I have to cook, especially if mom has gone to the garden and left me home. I have to keep the home clean so that she returns when the place is neat, and food has been prepared. I also do laundry for her.”

Sylvia, age 16 (2023), Uganda

Despite the amount of work they performed for their household, a common way the cohort girls and their parents described girls’ responsibilities in the home was in terms of ‘help’ or ‘assistance’ to their

mothers. Describing the work that girls perform in the home in these terms minimises the value of girls' contributions to the household⁸⁸ and ultimately led girls themselves to not recognise the labour they perform in the home as 'work'.⁸⁹

■ ■ *[Gladys] helps me clean the house and helps her little brother [...] they help me with the cleaning, they help me to sweep, to wash their dishes, make their beds, pick up their stuff, put their things away.*
Gladys's mother, 2018, El Salvador

■ ■ *When I get up, I go to help my mum do some housework, if she is washing, I help her hang out the clothes she is washing [...] After that, after doing the chores... we have breakfast [...] Then I help her make the cheese.*
Gladys, age 13 (2020), El Salvador

The time poverty experienced by girls because of their unpaid care activities differs from that of their brothers and other male peers. From a young age, the cohort girls noticed this **gendered division of labour** in their homes and observed that their brothers and other males in the household have far fewer responsibilities than they do. This norm, which informs gendered time use, also informs the construction of normative ideas surrounding masculinity, and attaches shame and stigma to boys and men deviating from these gender rules by engaging in "feminine tasks."

■ ■ *Boys spend less time on their chores and girls spend more time on the chores.*
Sheila, age 13 (2019), Uganda

■ ■ *While the girls are just inside the house sweeping, arranging things, cleaning the dishes, and things like that. Boys just collect water.*
Melanie, age 11 (2017), the Philippines

■ ■ *It would be shameful for a man to be seen sweeping the courtyard"*
Nini-Rike's mother, 2017, Togo

Gender norms also intersect with **household composition** to inform girls' time use. Girls in the cohort who were the oldest daughters tend to perform the greatest amount of direct and indirect

care over the years, particularly when there are babies and small children in the house. Additionally, whilst some girls with sisters or in households with multiple women reported feeling less time-poor, other girls in the cohort highlighted that having more girls in the household does not necessarily mean less work. In fact, in some cases, it guaranteed that the men and boys will do no housework.

■ ■ *My brother doesn't do the housework because there are so many of us girls in the house.*
Alice, age 17 (2024), Benin

In addition, there is a clear link between **poverty** and girls' time use. Poverty contributes to excessive time spent on unpaid care work due to a lack of access to infrastructure, and an inability to afford time- and labour-saving equipment and services. As a result, nearly half of the cohort girls reported spending time each day collecting firewood, water or both, with some doing these jobs multiple times per day.

■ ■ *Here in the village, we use firewood to cook food and normally [Justine] goes and collects them and brings at home without even being asked to do so. She can also use our bicycle to fetch water from the borehole and brings it home without being asked.*
Justine's mother, 2024, Uganda

The reality of fitting education and schooling around household work and care responsibilities means that the girls' time to learn is seriously compromised. As the girls got older, high levels of unpaid care work would cause girls to miss school, be unable to complete their homework, fall behind in their lessons and perform poorly on tests, and ultimately drop out of school.^p

■ ■ *I used to have more time but now I have more household responsibilities because my brother and sister aren't living here. I am always late for school as is evident because I had to retake my class.*
Anti-Yara, age 15 (2021), Togo

■ ■ *I ended up being expelled by the Headmistress because I couldn't keep up"*
Eleanor, age 17 (2024), Benin

^p Amongst the 92 girls who remained part of the study until 2023, 56 were in secondary school (61%) and 12 had graduated (13%). The average time spent on their education per day is around nine hours per day. The girls spend a little under seven hours per day at school, and an additional two hours and ten minutes on homework in an average day.

Intersecting effects of CEFMU, early pregnancy and unpaid care

Shockingly, the care load for the cohort girls who are married or in a union and have one or more children^q is nearly 1.5 times that of girls who are single mothers (around 14 and a half hours), and the amount of care work performed by single mothers is the same as married girls with no dependents (eight hours each).

Additionally, our findings suggest that the unpaid care work associated with marriage and motherhood has a significant impact on educational attainment.

“I want to study but there’s no one to take care of my child. I really want to finish senior high.”

Melanie, age 17 (2024), the Philippines

The experiences of the girls also highlight the impact of unpaid care work on the time that girls have available to develop vocational skills and plan for their futures. Whilst many girls shared that they do not have time to undertake income-generating activities, other girls feel that their time spent on their pursuits is compromised because they are balancing other responsibilities.

“I want to spend less time on housework and more time on my workshop [because I want] to master sewing.”

Nini-Rike, age 17 (2024), Togo

Girls’ career aspirations are also often influenced by their experience in the household. At one time or another, most of the cohort girls had aspired to a career in a care profession, including nursing, midwifery, or teaching. The time they have spent on care activities throughout their childhood has influenced their perception of what is an appropriate and achievable career path for a woman.

“I would like to be a teacher (as my aunty) to share knowledge with the younger generation. She can teach extra classes at night from 5 pm to 6 pm for grade two to six students.”

Nakry, age 14 (2021), Cambodia

Girls’ care responsibilities also have broader impacts on their well-being, as many cohort girls appear to be sacrificing their hobbies, socialising with friends and family.

“It’s a big change compared to previous years. Right now, I can’t walk around and talk to my friends. I’m busy now with my school assignments and taking care of my nieces and nephews.”

Reyna, age 16 (2023), the Philippines

“I no longer have any friends. I don’t have enough time to make friends.”

Layla, age 17 (2024), Benin

Equally as important as friendships is girls’ ability to participate in community activities and contribute to civic life. Through this participation, not only do girls develop friendships and social networks, but they also establish important relationships and contacts that serve them as they build their careers. Participating in society also establishes the foundations for girls to contribute to decision-making and to become leaders in their communities.

“She doesn’t have enough time for those as she is spending time almost for the studying at school and at home also at the weekend she never goes anywhere far from house and as well as no information to join the social development activities.”

Leakhena’s mother, 2024, Cambodia

Despite conforming to the role social norms have imposed on them, a common refrain among the cohort girls is that they wish they had more time to rest. Many girls have also expressed their frustration about the way that unpaid care work is divided in their households over the years.

“I don’t think it’s right because if we girls do them [chores], the boys should do them too”

Raisa, age 12 (2018), Dominican Republic

“They still don’t do any housework which they say is for girls. This annoys me sometimes; mummy tells them to do it, but they refuse.”

Fezire, age 15 (2021), Togo

For some girls, this sense of injustice has even inspired them to directly challenge the status quo.

“My brothers usually ask me to do laundry for them, yet I am busy. So, if any of them wants to engage me, they must pay for my service [she laughs].”

Amelia, age 16 (2023), Uganda

^q Across the *Real Choices, Real Lives* cohort, seven girls were mothers in 2023.

Real Girls, Real Stories: Margaret's story of unpaid care

Margaret grew up in Couffo, a department in the central south region of Benin, living with her paternal aunt, uncle and her cousin. Whilst Margaret was inducted into chores from an early age, she demonstrated some level of resistance to gender norms and unpaid care at the age of 10, when she was still living with her parents and brothers.

"I am not allowed to play as much as my brothers. I should be allowed to play as much as my brothers but my mother always finds things for me to do to keep me busy. Boys are often allowed to play more than girls... I'm not happy about this."

Margaret, age ten (2016) Benin

However, by the time Margaret was 13 years old, her aunt shared that she made Margaret do household chores, including cooking and cleaning, to ensure that she would be a **"good wife for later on"** (2019). This statement from Margaret's aunt illustrates that as girls grow up, chores become a training for their futures as wives and mothers. Ultimately, by assigning household chores, this mindset was passed on to Margaret from her aunt and led to Margaret internalising norms around unpaid care.

Three years later, Margaret had evidently internalised this norm and reported that she dropped out of school *"because I don't find time at home to learn my lessons"* (2022) due to the high level of chores she was asked to perform in the household:

"When I come back from school, my aunt gives me too much housework to do; she tells me to fetch water, cook, that's why I decided to drop out of school."

Margaret, age 16 (2022), Benin

At the age of 18, Margaret expressed the fact that she wanted to return to enrol in a dressmaking apprenticeship. However, because of the norms she internalised throughout her childhood and adolescence, Margaret also explained that *"it won't do any good"* (2024) to plan for her future. Instead of pursuing her dream and learn sewing, like many other girls in the cohort who are working,^r Margaret was engaged in unremunerated work, supporting her aunt's business and in the field:

"I didn't do any work that made me any money myself - I just helped my aunt sell her cosmetics... I go out two or three times every five days from 7am to midday to sell the cosmetics. I also go to the field and do the weeding with my aunt and cousin."

Margaret, age 18 (2024), Benin

Like many other girls in the cohort, Margaret's story illustrates the trajectory of girls' time use and time poverty throughout their childhood and the impact that norms may have on their opportunities and aspirations as young adults. Her story shows the complex ways in which social demands and obligations, including unpaid care work, coupled with gender norms around girls' time use and agency, dictate the opportunities that are available to girls and which aspirations are perceived as attainable.

^r In 2023, 14 girls in the cohort were engaged in unremunerated work. For the most part, the girls' jobs include retail (as shop assistants or working at market stalls), farm work including harvesting and digging, hospitality (as kitchen assistants and waitresses) and working in a family member's business.

7. Health and Wellbeing

The availability of vaccinations, and some public health improvements have seen progress over the 18 years of the research. Our analysis over the years shows that, despite the adoption of positive practices, social determinates of health have continued to play a critical role in shaping girls' ability to access timely and quality healthcare.

Throughout their lives, many girls in the *Real Choices, Real Lives* cohort have experienced serious health conditions

- such as malaria, tuberculosis, dengue fever, undernutrition, and anaemia - that could have been prevented or treated earlier and more effectively.

"The clinic is pretty far, it's about two-hour walk from here. We have to carry the children, and if people are really sick we carry them in a hammock."

Hillary's mother, 2013, El Salvador

Key Findings

- **Long distances to healthcare facilities and high costs of treatments** have been key barriers to the cohort girls' timely access to healthcare. In some cases, this led to girls suffering long-term complications, experiencing disability, and - tragically -resulted in the death of at least two of the cohort girls.
- **Poor quality of care, a lack of medical resources, and limited health education and information** have all acted as deterrents to proactive health-seeking behaviour. In some cases, families resorted to or preferred traditional remedies over attending health centres.
- Deeply-rooted **gender biases** significantly limited girls' access to quality healthcare. There was a common perception that girls require more healthcare than boys, and gendered decision-making about health-seeking and health expenditure was seen in many households.
- For the most part, caregivers were invested in providing the best possible healthcare for the cohort girls. **Positive and preventive health-seeking behaviours** were supported by awareness campaigns.

Recommendations

Gender equality, quality education, safe environments, and sustainable livelihoods are all foundational to ensuring that every girl not only survives but thrives. Based on the experiences of girls and their caregivers, which spoke to issues of healthcare access and lack of knowledge and resources, the following recommendations are made to governments and national and local authorities:

- **Take a cross-sector approach to healthcare and health access:** Governments must coordinate across health, education, social protection, and climate adaptation sectors to address the root causes of poor health outcomes.
- **Invest in additional healthcare sites:** Governments must ensure financial and geographic accessibility of healthcare sites in underserved areas and fund health systems so they are appropriately staffed and resourced. Investments should also prioritise integrating water, sanitation and hygiene (WASH), nutrition, and maternal health services within community health systems to reduce preventable deaths among girls and children under five.
- **Address knowledge gaps and health-seeking behaviours:** Governments must fund and implement awareness initiatives to support

families and communities to develop safe and informed health-seeking behaviours. Initiatives should raise awareness and challenge existing gender biases, and aim towards health promotion/disease prevention practices, early detection and home care of common illnesses, and safe Infant and Young Child Feeding (IYCF) practices.

- **Deliver quality, adequately resourced health education programming:** Local and national health authorities to co-design health education programmes with caregivers, community leaders, and young people to ensure that content reflects local realities and builds trust in formal health systems. Information must be age-appropriate, culturally relevant, and accessible to families with low literacy.
- **Strengthen community-level monitoring:** Local and national health authorities should strengthen local data systems and explore digital platforms for health promotion, monitoring, and accountability, particularly to track child nutrition, early childhood health outcomes, and service coverage. Community-level monitoring can increase transparency, improve responsiveness,



Nurse prepares immunisation at the Village Health Centre in Uganda
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and strengthen linkages between health facilities and households.

“There is no difference between what we spend on the girls and boys health because they are all our children and have the same rights.”

Annabelle’s mother, 2017, Benin

Setting the Scene: Health and Wellbeing

Social determinates of health (SDH) are individuals’ non-medical circumstances that shape their health outcomes. These are the conditions in which people are born, grow, live, work and age - and include factors such as poverty, housing, environment, education, gender and sex, race and ethnicity, and social resources.⁹⁰ In other words, SDH are societal systems that control, allocate and withhold resources, which either enable or prevent people from having good health. Deeply rooted in power dynamics, SDH constrain individuals’ preventive health behaviours, reduce their health-seeking behaviour, and create complex barriers to health access through policy and practice. **These conditions are unfair and avoidable.**⁹¹

There are clear links between social determinants and health outcomes. The lower the socioeconomic position, the less power and fewer resources that an individual has. This makes them more likely to experience poor health. For example, if climate change causes crops in a community to fail, meaning there is a lack of availability of fresh fruits and vegetables, and a community also has limited transportation and financial means to import food, then people are less likely to eat fresh produce -

contributing to nutritional deficiencies. In this way, social factors can outweigh genetics in terms of influencing health.⁹²

Gender is a core SDH and contributes to health inequalities. Gender shapes health outcomes for girls and women in a number of ways:

- Girls and women are more likely to have poorer housing conditions, and a smaller share of food consumption in a household, exposing them to health risks.⁹³
- They tend to have less education, and lower earning potential which limits their health-seeking behaviours and resources.
- Harmful gender norms mean that girls and women often have less decision-making autonomy and ability to independently access and pay for health services. Gender bias in health systems can also act as a deterrent to positive health-seeking behaviour.⁹⁴

Setting the Scene: Health and Wellbeing in *Real Choices, Real Lives* countries

Under-5 mortality

Mortality rates among young children are a key indicator for child health and wellbeing. It reflects the access that children have to basic health interventions, such as vaccinations, medical treatments, preventive healthcare, and nutrition.⁹⁵ Globally, the leading causes of deaths under 5s include infectious diseases (such as malaria and pneumonia) and pre-term birth complications. Nutrition-related factors also contribute to around 45 per cent of deaths in children under five years old, with persistent inequities in low-income settings.⁹⁶ Most under-5 deaths remain preventable through equitable access to primary healthcare, essential nutrition, and maternal education. Persistent gender and poverty disparities continue to put young girls at higher risk of delayed treatment and undernutrition.

Tragically, seven of the cohort girls who originally enrolled in the study in 2006 died in childhood (six before the age of five): they were from Benin, the Philippines, Togo and Uganda - which largely reflects national trends in under-five mortality rates across the cohort countries.⁹⁷ All of these heartbreaking losses were due to preventable or treatable illnesses and accidents.

Early nutrition and care

Poverty amplifies the risk of malnutrition; people living in poverty are more likely to be affected

Malaria

Malaria is a life-threatening disease, endangering the lives of 3.2 billion people around the world.¹⁰¹ It is preventable by avoiding mosquito bites and taking medicines - however these measures are costly and require resources that are not always available to impoverished families, especially those in rural settings. Children under five years old account for 76 per cent of all malaria deaths in Africa,¹⁰² and malaria is a leading cause of death among children in the three focal African focal countries.^{103,104,105}

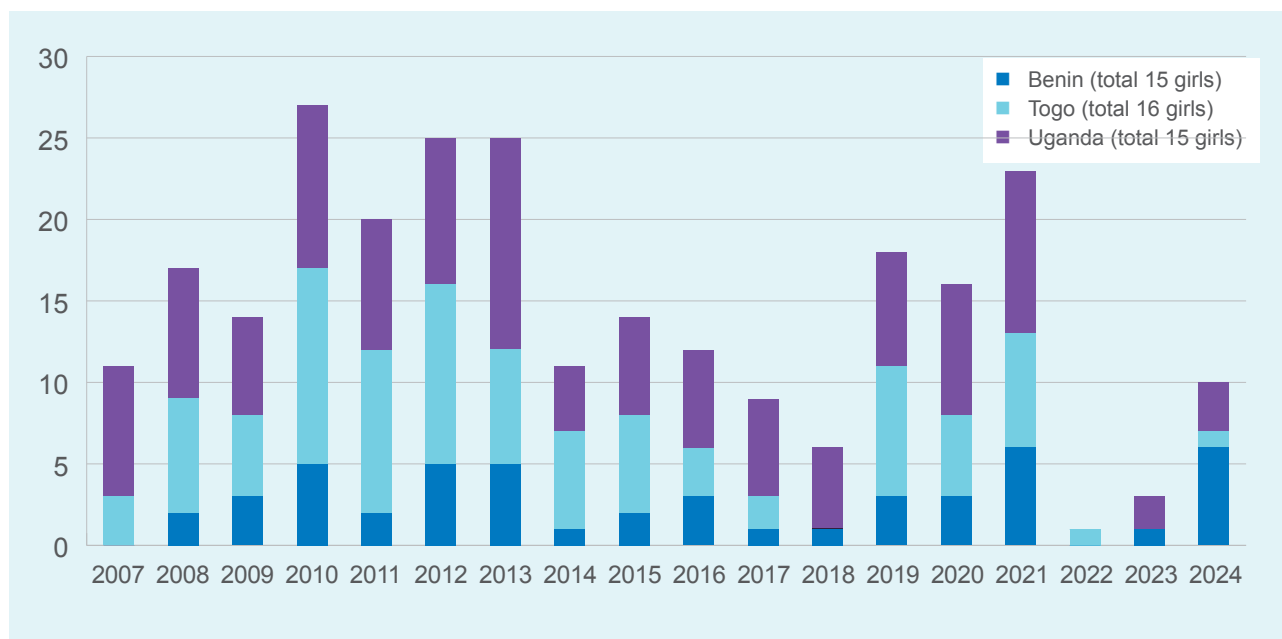
by different forms of malnutrition including undernutrition, micronutrient deficiencies, and obesity.⁹⁸ Undernutrition, stunting and wasting^s can have severe long-term effects, including increased morbidity and mortality, poor childhood development and learning capacity, impaired cognition and educational performance, and increased risk of infections and diseases.⁹⁹

For many of the girls who participated in *Real Choices, Real Lives*, optimal early nutrition and care was a serious concern in the early years of life, with symptoms of undernutrition including persistent poor health, fatigue and low energy levels, and failure to thrive. By the time the cohort girls were three years old, a number were reported as exhibiting signs of stunting and wasting as a result of chronic or recurrent undernutrition.¹⁰⁰ Evidence of stunting and wasting among the *Real Choices, Real Lives* girls was seen in nearly all cohort countries, but with the greatest number of cases in Vietnam, El Salvador and the Philippines.

Ensuring adequate nutrition in the first 1,000 days from pregnancy to age two is critical to lifelong health and development, supported by infant and young child feeding (IYCF), responsive caregiving, social protection, and WASH interventions. Yet across cohort communities, food insecurity, limited caregiver knowledge, and gendered food distribution often compromised early nutrition.

The illness has been a common feature of life among the cohort girls in the three countries: among the 57 girls from the African cohort who participated in the study for at least one year, there were 264 cases of malaria - for an average of 4.6 cases of malaria per girl between birth and age 18. Among the focal countries, Uganda had the highest number of cases per cohort girl - 9.3 cases, with Figure 14 (below) illustrating the number of cases of malaria per year and per country across the cohort.

s Stunting is low weight for age, while wasting is low weight for height.

Figure 14: Cases of malaria among *Real Choices, Real Lives* cohort girls, from 2007–2024

Other communicable & neglected tropical diseases

Across the cohort the girls suffered from a range of other communicable diseases - also known as infectious or transmissible diseases.^t In addition to malaria, other communicable disease suffered by the cohort girls included tuberculosis (TB), hepatitis, pneumonia, and neglected tropical diseases (NTDs).^u NTDs suffered by the girls included dengue fever, chikungunya virus (known by the cohort families as 'chiku'), typhoid, yellow fever and scabies.

Disability

An estimated 1.3 billion people globally experience significant disability, representing 16 per cent of the world's population.¹⁰⁶ UNICEF estimates that the number of children living with disabilities is 150 million, however this is likely an underestimate due to challenges that low-income countries face in identifying cases of disability.¹⁰⁷ The social model of disability views disability not as a matter of impairment, but rather recognises that disability is created by systemic, structural and environmental conditions that serve as barriers to individuals' full social inclusion.¹⁰⁸ This model recognises that

individuals' experiences of disability are often shaped by social determinants of health.^{109,110}

Over the course of *Real Choices, Real Lives*, ten of cohort girls^v were reported to have either official diagnoses of disability or described symptoms or conditions that suggested they were experiencing impairments or developmental delays.

Mental health

Globally, one in six people live with mental health conditions, which include mental disorders, psychological disabilities, or other states of mental distress or impairment.¹¹¹ Exposure to risk factors such as violence, poverty, child marriage, unintended adolescent pregnancy, chronic illness, discrimination, humanitarian situations, and dysfunctional family and peer relationships can have profound and long-lasting impacts on adolescents' mental health.¹¹²

Reports of mental health concerns increased as the cohort girls entered adolescence, with reports across all nine focal countries. In the final year of the study, 11 girls reported symptoms of poor mental health and wellbeing, representing one in eight girls interviewed for the study that year.

t Communicable diseases are caused by bacteria, viruses or fungi, and can be spread both directly (via bodily fluids or blood products) and indirectly (via insect bites, contact with contaminated surfaces, through the air) from person to person.

u NTDs are a diverse group of conditions caused by a variety of pathogens and are mainly prevalent among impoverished communities in tropical areas.

v Given that this represents only seven per cent of the cohort, it is highly likely that conditions have been underreported and/or underdiagnosed.

Our Findings

Across the cohort there were a number of common barriers to the families' access of quality, timely and affordable healthcare for the *Real Choices, Real Lives* girls and their family members.

Distance to nearest health facility

Over the course of the study, cohort families consistently reported that they had limited access to healthcare due to a lack of health facilities in their communities.

“There are the hospitals in town about 35 km from home.”

Sokanha's mother, 2009, Cambodia

In Cambodia, 14 out of the 15 families in the study reported that there was no community health clinic, and in Togo roughly half of the caregivers were forced to travel 10-15 kilometres either by walking or bicycle in order for the cohort girls to receive regular check-ups as infants. In El Salvador the majority of families were forced to travel an hour or more on public transport to reach their nearest health centre.

“...she hasn't gotten seriously ill, [so] I don't take her [to the clinic] because it is so far away, and also because I don't have the money to buy them food at the clinic or pay for transportation.”

Hillary's mother, 2015, El Salvador

“[The nearest clinic is] about two hours away. When there is an emergency, [we travel there] in a pick-up truck, when it's something else, by bus.”

Gladys's mother, 2016, El Salvador

Some families reported that there were health clinics nearby, but poor quality of care or limited services provided forced them to travel long distances in order to access comprehensive care at hospitals or larger clinics. For example, in Vietnam, Quynh was diagnosed with a developmental disability in infancy and while the local health clinic was suitable for treating colds and minor injuries, her father reported that it was not equipped to support the management of her disability. As a result, the family was forced to regularly travel to a hospital in a major city some distance away.

Tragically, in some cases distances to health facilities has proved fatal. Four girls in the cohort - Nasiche in Uganda, Izegbe and Isoka in Togo, and Omalara in Benin - sadly died of malaria in early childhood. Izegbe and Isoka's parents both explained that the main reason for their daughters' deaths were that health clinics were too far away to be able to seek help in time.^w

Cost of healthcare

A significant barrier to caregivers accessing healthcare for the cohort girls was the cost of healthcare. Around the world, more than 100 million people are pushed below the poverty line by healthcare expenses, and many more do not seek care because they lack the necessary funds for upfront payments.¹¹³ In many cases in the cohort, it was apparent that an inability to afford upfront costs for an initial health complaint contributed to girls experiencing further health complications. A common example seen in the cohort was cases of undernutrition and stunting - affecting 14 per cent of the cohort girls in early childhood. In many of these cases, the families were not able to afford treatment in the early years, and so the girls suffered long-



Doctor gives a baby immunisations
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^w The risk of death from malaria is greatest within the first day of infection, making timely diagnosis and appropriate treatment urgent: the WHO recommends that treatment should occur within one day of symptoms. A lack of access to healthcare facilities is therefore life-threatening in malaria-prone areas.

term health consequences of undernutrition in later childhood and adolescence. As a result, the lifetime rate of illness among girls reported as stunted or underweight in infancy was greater than among the rest of the cohort.

Girls who exhibited symptoms of undernutrition and stunting during early childhood reported illnesses an average of 10.65 times per girl in 18 years, while girls in the rest of the cohort reported an illnesses an average of 8.26 times per girl in 18 years.

In just one example, Christine in the Philippines was exhibiting signs of stunting by age four. She later developed a kidney disease,^x however her family was unable to afford ongoing care and management of her illness, leading to further complications. In 2022, Christine described a scary incident in which she fainted and lost consciousness for two hours;^y her family did not take her to hospital as they could not afford the transportation costs.

Christine: *“I fainted [...] My chest tightened. I did my laundry at 11:00 am and I finished at 2 pm. After that, I took a bath. That night, I fainted...I looked like I’m dead. I was cold and pale. Papa was scared and he was supposed to go to my grandmother to ask for money so they could take me to the city hospital, [but] I wasn’t taken [because] the city is far from here”*

Interviewer: *“Did you have a check-up after the incident?”*

Christine: *“No, because there is no money.”*

Christine, age 16 (2022), the Philippines

Costs also played a role in contributing to disability for some girls. In the Philippines, Maricel acquired a disability in 2023 when her legs became numb spontaneously and she lost the ability to walk. Her mother described the situation:

“It happened suddenly. Suddenly [Maricel] couldn’t walk. Her foot hurt and she falls after walking a few steps. She falls when she stands for a long time.”

Maricel’s mother, 2023, the Philippines

As a result of her condition, Maricel was unable to continue going to school, as her classroom was on the second floor and she had no way of climbing

the stairs; Maricel was incredibly distressed by the situation. Yet when Maricel was asked if her family had sought medical help for her condition, she explained:

“We don’t have money to get checked up... we’re just waiting for money so I can get a check-up.”

Maricel, age 16 (2023), the Philippines

The cost of medications was also particular barrier for many of the cohort families, and this was frequently reported by the caregivers in Uganda. Although medication for conditions like malaria are free if provided by public hospitals and clinics, nine of the 15 families in the Uganda cohort reported that these facilities were often out of stock, forcing patients to have to buy these themselves from pharmacies or go without.

“In most cases there are no medicines in the hospital after you have queued since morning to midday and then they tell you no medicine. So maybe you even don’t have enough or no money, so you have to go look for money to be able to afford to buy medication.”

Amelia’s mother, 2018, Uganda

This is a critical barrier to healthcare in a community where every single cohort girl suffered from malaria during childhood and adolescence. On average, each girl contracted the illness nine times in their first 18 years of life and - concerningly, ten girls have suffered from malaria more than once by the age of five - including cases of convulsive malaria.^z

Prohibitive costs of healthcare have forced some families to resort to traditional medicines and home remedies. This was particularly common in the Benin cohort, with a number of the girls’ mothers speaking about herbal teas that they have prepared for the girls in order to cure them of fevers and other illnesses.

“I’m not in the habit of taking my children to the hospital as it is costly [and] I know what herbs are needed to treat them.”

Eleanor’s mother, 2016, Benin

x Undernutrition is known to affect the function of several organs and can lead to reduced kidney function.

y Kidney disease can lead to fatigue, dizziness and fainting.

z Convulsions are a common symptom of cerebral malaria, but can also occur in other forms of severe malaria.

Weak quality of care and lack of medical resources

Poor quality of care is another barrier to health access. In Brazil, a key issue reported was that the public health system is severely over-subscribed, meaning that patients wait hours or even days in order to receive the care they need. At age 11, Bianca was taken to hospital by her mother while suffering a fever and lung infection and they waited for hours in the emergency room before being seen. Bianca's mother shared that it was only when Bianca passed out that she ended up being admitted for care.

■ ■ *The health structure here is really precarious, very bad... [Bianca] had a fever that day, her lungs were infected, I spent two days there with her. They only took care of her because she passed out.*

Bianca's mother, 2017, Brazil

In low-income settings, many clinics lack basic supplies and resources including trained staff, hygiene and infection control services, and medical equipment.^{114,115} Also in Brazil, Tatiana's mother commented on how overburdened the hospitals were, saying *"if you need to go there, you'll die in your bed waiting for some medicine"* (2017). In the following year Natalia's mother (also Brazil) reported that the health centre was *"awful"* and, often, *"the doctor has to send us back home because there isn't any medicine, there isn't a band-aid for a dressing."* Poor health service coverage in rural areas meant that a number of the cohort girls' caregivers reported that clinics were short-staffed because clinicians had to rotate between facilities across the district.

A lack of resources at clinics and hospitals - such as staff, gloves, IV bags, gauze, medications and blood products - was reported across the global cohort. Shortages of blood have been particularly concerning in the African focal countries, given the very high rates of malaria and anaemia.^{116,aa} Five girls in the Africa cohort were diagnosed with anaemia during childhood and, in most cases, the condition persisted for many years. In Togo, the treatment for Larba's anaemia was frequently compromised by shortages of blood at her local clinic, meaning she was unable to receive transfusions. As a result, she often missed school because she was too ill, and her younger sister tragically died of anaemia in infancy as she was unable to receive transfusions.

Many caregivers also commented on the negative experiences that they had with healthcare staff due to a lack of training or skills. In the Dominican Republic, Leyla's grandmother shared in 2009 that the local clinic was only ever staffed by trainees, while in El Salvador, Stephany's mother said in 2017 that her daughter *"got a lot worse"* after receiving poor care at their local clinic. Others shared that they felt deterred from seeking institutional healthcare due to negative experiences caused by healthcare staff. In Benin, Annabelle's father said that health workers *"act as if we are there to annoy them"* (2018), while in Uganda, Jane's mother said in 2012 that health workers do not explain the diagnosis or the type of treatment being provided, leaving parents feeling powerless and ignorant about their children's health. This kind of treatment often acted as a deterrent to health-seeking, promoting a mistrust of institutional healthcare.

Social norms and a lack of accurate health information

Limited health information and education can be seen to have played a role in reducing health-seeking among the cohort families - and particularly as their children got older. In Cambodia, multiple caregivers spoke about proactively seeking out healthcare for the cohort girls in the early years - particularly for routine check-ups and vaccinations. But by the time the girls were five years old, most caregivers didn't seek out routine care for the girls because they felt this wasn't 'required'.

■ ■ *I never bring her for medical check up [...] as now she is over age for vaccination*
Mealea's father, 2012, Cambodia

There was also a tendency for caregivers to minimise the seriousness of common conditions as children got older, which could be due to a lack of information about the potentially fatal consequences of illnesses like malaria if prompt care is not sought. In the Uganda and Togo in particular, while most caregivers promptly sought healthcare for the cohort girls when they had malaria as infants, by the time the girls were four years old, they became more likely to dismiss cases as 'not serious' or 'mild malaria' and thus not seek care.

aa Anaemia is a common complication of malaria and is particularly seen in young children.

“*She suffered from slight malaria. We didn't take her to the hospital. She got traditional care because it was not that serious.*”

- Melyah's step-mother,^{ab} 2011, Togo

A combination of misinformation and social norms played a role in influencing health-seeking behaviour. In Uganda, Sheila's mother spoke about how they took Sheila to the nearby health clinic for treatment when she fell ill with yellow fever, and they paid for treatment which included an injection (they did not know what the injection contained). They were later advised by other people in the community that “yellow fever is only treated with local herbs and not injections” and as a result they “never took back the girl to the clinic” (2009). This approach continued throughout Sheila's life: even though she suffered from malaria eight times in childhood and was described by her mother in 2015 as “always sick,” she was rarely ever taken to a health centre.

Lack of health education - and particularly poor awareness of mental health conditions - also led some caregivers to interpret symptoms as signs of ‘traditional sicknesses’ or demonic attacks, prompting them to seek help from traditional healers instead of healthcare professionals. From the age of 13, for a number of years, Shifa (Uganda) would be “seriously sick” for long periods. Her mother recurrently explained Shifa “was being attacked by demons”, describing severe symptoms that would suggest Shifa required mental health support. In line with what is commonly practiced, her mother took her to a traditional healer, rather than to a hospital.

The common practice of seeking traditional health care methods was also visible among families in the Philippines, El Salvador and Benin. In the Philippines, Reyna's father treated her ulcer with porridge and Miloac (2012), Dolores's flu was treated with “water therapy” (2012), and later with guava leaves (2017), and Rosamie and Rubylyn's caregivers sought care from traditional healers for nearly all of their daughter's ailments.

While some sought traditional healthcare due to costs of clinic visits, others' health-seeking behaviours were influenced by fear or mistrust of institutional healthcare. In Togo, Nana Adja's father complained that whenever they took Nana Adja to a health centre, the medications or treatments that they prescribed wouldn't work, so they preferred to seek traditional care.

“*When we would see there is no improvement, we take her to a traditional healer by bike not far from our house.*”

Nana Adja's father, 2011, Togo

Poor prevention practices

A number of the health conditions suffered by the cohort girls over the years are preventable, but lack of support to overcome personal and social barriers continue to hinder health-seeking behaviours. Malaria, dengue fever and chiku are all mosquito-borne diseases that can be prevented through insect repellent, wearing protective clothing and sleeping under mosquito nets. Yet the majority of families in Cambodia reported poor access to mosquito nets and, as a result, 12 of the 15 girls in the Cambodia cohort reported suffering from dengue fever as children. Bopha contracted dengue fever in 2016, 2017, 2018 and 2019 - and each time the treatment cost the family more than half of their monthly earnings. Despite this, the family had not purchased mosquito nets as they did not know where these were available.

“*Bopha had dengue fever two times [in 2017], and her younger sister has it too. Mostly that have dengue fever a few times each... I spent 270,000 riels for Channy's treatment. Last year, we had a financial hardship, especially when Bopha was sick [with dengue fever], and I couldn't afford her treatment.*”

Bopha's mother, 2017, Cambodia

Similarly, typhoid and many diarrheal diseases are preventable through safe food and water practices and good hygiene. There were 15 cases of typhoid among ten cohort girls (all in the Africa and Southeast Asia focal countries), and in all cases the families reported sourcing water from untreated wells and pumps, and many did not report boiling the water before use. Furthermore, in the early years of the study, 56 of the cohort families (across all nine focal countries) reported the practice of open defecation,^{ad} which can lead to contamination of water and food sources, causing typhoid.

These conditions are the consequence of unavailable information sources, normalisation of unsafe practices (like open defecation), and the lack of means within the household to boil water before use (related to fuel, storage, time).

ab Melyah comes from a polygamous household, and one of Melyah's mother's co-wives took part in the interview in 2011.

ac A chocolate flavoured malted powder mixed with milk or hot water.

ad Open defecation is the practice of defecating without the use of any kind of toilet facility, including a pit latrine.

Gendered attitudes & behaviours

Deeply-rooted gender biases can act as a barrier to girls' and women's access to quality healthcare. The majority of caregivers stated definitively that healthcare access for girls and boys was equal, and that they invested the same amount of money in health services and treatments for all of their children irrespective of gender.

■ *Whenever they are sick, we look after all children regardless of sons or daughters, and we don't care about spending, just to make them better."*

Mealea's father, 2017, Cambodia

However, this was not universal, and in some cases, it was reported that male heads of household invested money in health insurance for themselves but not for their wives and children. Stephany's grandmother (El Salvador) shared that her husband had registered his own details for health insurance but hadn't insured her or Stephany. This meant that the family had to pay for treatment out of pocket - which not only risked Stephany and her grandmother's health but also has the potential to create a perception that women and children's health is a greater financial burden on a household as it becomes associated with financial shocks rather than ongoing planned expenditure.

Indeed, across many of the focal countries, caregivers held a perception that girls are more 'sickly' than boys, meaning they require more frequent healthcare and greater amounts of money to be spent on them.

■ *Women are really different from men, women are different, they are more fragile."*

Bianca's mother, 2018, Brazil

■ *Girls are ill more often than boys, so we spend more on the girls."*

Tene's mother, 2017, Togo

Caregivers particularly felt that the beginning of adolescence was a costly time for girls' health, as menstruation came with its own health problems. In the Philippines, Chesa's mother explained that girls have "many needs for her body," often relating to "menstrual problems." Boys, on the other hand, "just need to eat when going through puberty" and were

therefore cheaper to care for (2019). Yet despite this perception among caregivers, there was no recorded uptick in health-seeking behaviour or health costs among the cohort girls around the beginning of puberty.^{ae} Taken together, this evidence gives a picture that girls' health is often considered a burden.

Across the cohort there were also gendered attitudes relating to health decision-making. In some countries there were perceptions that decisions about health-seeking and spending rested solely with either the girls' mother or father. In Cambodia, Uganda and Brazil, the assumption was very much that this responsibility for identifying when girls required healthcare, taking them to clinics, and acquiring and administering treatment would rest with mothers.

■ *I am the one to decide to send her to hospital as my husband is carefree - [he] just sleeps and gets up late."*

Sokanha's mother, 2018, Cambodia

In Cambodia it was particularly assumed that healthcare costs would be covered by the mother's income. In 2012, Kannitha's father reported that the previous year Kannitha had been admitted to a private clinic suffering from typhoid. The treatment was expensive, and Kannitha's father specified that he took the funds for the medical fee from his wife's salary rather than his own.

Conversely, in Benin and Togo, health decision-making appeared to have been the responsibility of the girls' fathers. Mothers were only expected to contribute to the costs if the father did not have the requisite funds.

■ *My husband makes most of the decisions concerning the children's health. Sometimes I will contribute some money if my husband hasn't got any."*

Isabelle's mother, 2017, Benin

Positive health-seeking and preventive healthcare

Yet despite numerous barriers to healthcare, across the cohort there were numerous examples of caregivers and girls expressing a desire for more health information, proactively seeking healthcare, and making use of preventative measures to reduce the girls' risk of common illnesses. Many of the cohort caregivers clearly articulated that their

^{ae} Each year, *Real Choices, Real Lives* has asked the girls' caregivers about their income, expenses and health-seeking behaviours. By analysing this data over the years, we can see that costs relating to girls' health did not increase upon the beginning of menstruation – rather, investments in girls' health tended to (on average) gradually decline after infancy.

children's health was a priority. In Cambodia, Davy's father explained that he would "ask for a loan or borrow money for their treatment" if he lacked funds to pay for his children's healthcare (2017), while in Brazil Natalia's mother shared that despite the stress of sudden and unexpected health expenses it was always "worth investing" in her children's health (2021).

Others spoke of the value of awareness raising initiatives that had helped them to understand about the value of preventative healthcare. In LAC, initiatives taught the importance of boiling water, and particularly in the Dominican Republic and El Salvador we learnt that health officers visited homes and schools to discuss dengue and chiku prevention.

Yes, in school they gave talks and put up signs about how to prevent chiku, not having any empty tires or containers or barrels with mosquito larva, not having any standing water around, that's where the mosquitoes come from."

Gabriela's mother, 2015, El Salvador

As well, caregivers in the Dominican Republic and Vietnam were informed about vaccine schedules and ensured routine check-ups for their children.

When [Saidy] was small, I boiled her water, I kept the food hygienically, I didn't reuse the bottle, I didn't give her a bottle without boiling it so that she wouldn't get sick, and she is six."

Saidy's grandfather, 2012, Dominican Republic

I also take the children to have test frequently, have regular check-ups three times in a year in the Military Hospital."

Sen's mother, 2015, Vietnam

Awareness campaigns also improved health-seeking behaviour. In Benin, Alice's mother shared that Alice's father had initially been very resistant to institutional healthcare, explaining that "according to [Alice's] father, we shouldn't take people with sickness to hospital" (2012). However, Alice's father attended a community workshop that helped to raise awareness about the benefits of healthcare for children, and from that point on actively sought healthcare for his children. Alice was treated for malaria at either the hospital or local clinic in 2016, 2019, 2021 and 2024. Prior to 2012, she was only ever treated at home when she contracted the disease.

Plan International's commitment to girls' health

Plan International's approach to child health and wellbeing prioritises equitable access to quality, gender-responsive health and nutrition services from birth through adolescence, addressing the root causes of health inequities through a social determinants lens. From 18 years of research with girls and their families, *Real Choices, Real Lives* evidence includes countless stories of how Plan International has supported the cohort girls to achieve good health outcomes. From public awareness-raising campaigns and health sensitisation workshops for caregivers, to supporting clean water access, livelihoods, and ensuring that children have enough to eat, Plan International is with girls, families and communities for long term change and in the everyday.

Last time [that Shifa was ill] we went to the Plan offices [in Kamuli] ... They told me that they will take us to hospital."

Shifa's mother, 2020, Uganda

[There is a] lack of youth-friendly health services at the hospitals but [Plan] is changing that."

Nimisha's mother, 2020, Uganda

Sometimes [Namazzi] needs to go to hospital which is about eight km away, then I have to carry Namazzi and walk to the hospital or borrow a bicycle to get there. If she is [sick] during the day, then Plan office can give a referral letter and then the treatment is free."

Namazzi's mother, 2009, Uganda

These findings reinforce Plan International's commitment to investing in girls' health from the earliest years through community health outreach, parent education, nutrition-sensitive livelihoods, and gender-transformative health systems that ensure no child is left behind.

8. Sexual and Reproductive Health

Although adolescent birth rates have declined worldwide over recent decades, they remain high due to unmet needs for contraception and limited SRHR information.

As the cohort girls grew up and entered puberty and adolescence, caregivers shared concerns about the maintenance of virginity, avoidance of adolescent pregnancy, and the risk of sexual harassment and assault. Many caregivers felt that the cohort girls were “*too young*” to learn about SRHR topics, or felt that their own knowledge was inadequate to allow them to have such conversations. This misaligned with the cohort girls’ wishes that they consistently expressed over

the years. They shared a desire for more information about menstruation, contraception, pregnancy and sexual and reproductive health. Our evidence shows that a critical barrier to girls accessing this information is a lack of caregiver-adolescent dialogue.

“[My mother told me] that you have to take care of yourself very much, very much when you get your period ... [that] we have to be careful with our body because of the drunk men.”

Valeria, age 11 (2017), El Salvador

Key Findings

- The beginning of menstruation was seen as an abrupt shift from girlhood to womanhood. Caregivers recognised a need to provide girls’ with SRHR information, though most felt **ill-informed and ill-equipped** to have conversations with their daughters about these topics.
- Pervasive social norms that stigmatise pre-marital sex and adolescent pregnancy meant that caregivers prioritised **fear-based messaging** as a means to avoid the perceived negative consequences of sex.
- As a result of limited intergenerational dialogue and poor mainstreaming of comprehensive sexuality education (CSE), many girls reported feeling that they **did not have enough information** about SRHR topics and expressed an urgent desire for greater knowledge.
- Caregivers and girls recommended workshops and seminars to **promote positive and open intergenerational dialogue** about SRHR.

Recommendations

In order to address gaps in adolescent girls' SRHR education, following recommendations are made - based on calls to action from the *Real Choices, Real Lives* girls and their caregivers.

- **Strengthen CSE and ensure adequate funding of formal and non-formal CSE:** Governments should integrate CSE into curriculum across a broad range of disciplines and including it in the early years of schooling to respond to the age and stage of learners using a sex-positive approach that challenges harmful norms and taboos about sexuality. The delivery of non-formal CSE should be sub-contracted to civil society organisations and other providers. In times of crisis and/or where there are school closures, ensure CSE is included in online and offline distance learning measures, including information on how to access SRHR information and services. This information should be developed in simple and accessible language and formats.
- **Fully resource and fund the delivery of CSE:** Schools should ensure those delivering CSE are trained, equipped and supported to deliver CSE that is scientifically accurate, incremental, age- and developmentally responsive, curriculum-based, comprehensive, based on gender equality and a human-rights approach, culturally relevant, transformative and develops the life skills needed to support healthy choices.
- **Engage caregivers with CSE programmes:** Schools should include activities as part of CSE

programmes to educate caregivers about the content and goals of CSE to build their support, improve their knowledge of the topics and increase their confidence to have conversations on sexuality and relationships with their children.

- **Build community knowledge:** NGOs, CSOs and local health clinics should implement workshops and seminars (for adolescent girls, for caregivers, and for both groups together) to complement formal CSE in schools, build caregiver knowledge, confidence and skills, and enable intergenerational dialogue in safe and facilitated spaces.
- **Engage fathers and male caregivers in SRHR:** All actors should promote gender equitable attitudes that aim to improve SRHR outcomes and foster positive relationships, support conversations between fathers and daughters, and address normative views of masculinity that place responsibility for caring for a girl's sexual and reproductive health solely with women.

“I am afraid that someone notices [my period]. I am afraid of being chased away by boys. I often heard that the first vaginal bleeding can cause a tree to die. Girls were advised not to dry their clothes outdoors, or they are cast with spell. Then, I dare not dry my clothes outdoors, even at day or nighttime.”

Nakry, age 12 (2018), Cambodia

Setting the Scene: Sexual and Reproductive Health

Sexual and reproductive health (SRH) is defined as a state of complete physical, emotional, mental and social wellbeing in all matters relating to sexuality and the reproductive system; it is not merely the absence of disease, infirmity or dysfunction. **Sexual rights** are human rights to sexual autonomy free from discrimination, violence and exploitation. They include the right to sexuality, sexual orientation, and sexual pleasure; and **reproductive rights** recognise the rights of all individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so. They also include rights around fertility and to make decisions concerning reproduction, free from discrimination, coercion and violence.^{117,118}

Sexual development begins from birth and the foundations for developing a positive sense of our bodies, our sexuality, and forming healthy relationships begin in early childhood and continue throughout adolescence into early adulthood. Progress towards positive SRHR outcomes for girls requires urgent action: many countries have not taken the necessary steps in narrowing health and gender gaps that could reduce risks of adverse SRHR outcomes.¹¹⁹ As a result, many girls and adolescent girls grow up and become sexually active without access to timely, appropriate, gender-responsive, quality SRHR information and services.

A key barrier to girls' access to SRHR information and services is harmful social norms and deeply entrenched gender inequalities that deny girls



In El Salvador, young actors from Plan-supported youth drama group perform play about gender-based violence © Plan International

and women the autonomy or knowledge to make informed decisions. Norms surrounding SRHR are often rooted in unequal gender roles and based on heteronormative expectations of sexuality.¹²⁰ These norms are underpinned by a patriarchal desire to control female sexuality and construct the primary role for girls and women as being wives and mothers. This has the effect of attaching stigma with sex and pregnancy outside of marriage, lowering girls' and women's value relative to men's, restricting their mobility and freedom, and causing girls and women to experience discrimination and restricted access to SRHR information and services.¹²¹ This is particularly acute for women who live in poverty, or in humanitarian or conflict-affected settings.

Setting the Scene: Sexual and Reproductive Health in *Real Choices, Real Lives* countries

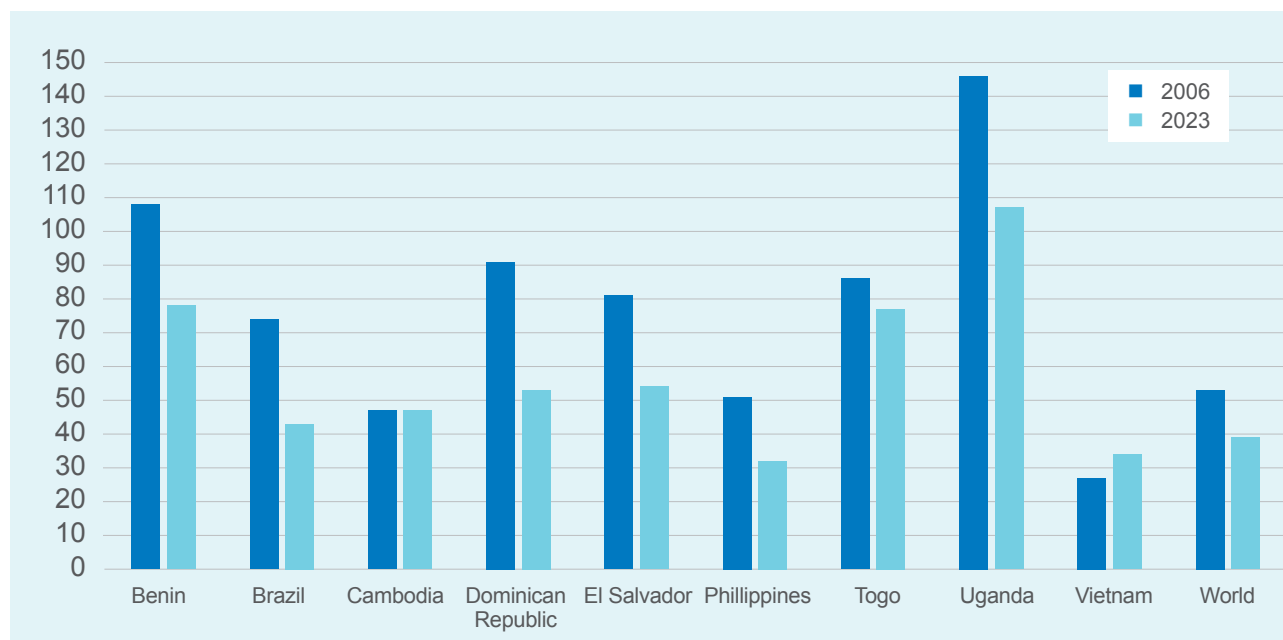
Across the nine focal countries of *Real Choices, Real Lives*, many adolescent girls are unable to exercise sexual and reproductive autonomy by making freely informed decisions about their own SRHR. In Benin, only 12 per cent of adolescent girls reported being able to make their own informed decisions, with many unable to access (or even decide to access) SRH services, decide on use or non-use of contraceptives, or say no to sex with partners.¹²⁵

Access to comprehensive sexuality education (CSE) is critical dimension to ensure that children, adolescents and young people have the appropriate knowledge, skills and ability to make autonomous, and healthy decisions about their bodies, sexual activity and relationships, understand consent and can challenge taboos and harmful myths and norms.¹²² CSE aims to empower children and young people to realise their health, wellbeing and dignity; develop respectful social and sexual relationships; make informed choices that consider their own wellbeing and the wellbeing of others; and understand their SRH rights.¹²³

Caregivers also play a central role in shaping the attitudes and perspectives of young adolescents, including the gender norms that they learn and internalise in childhood and adolescence. Their experiences, particularly around early marriage and pregnancy, often influence how they engage with their children on SRHR matters. Yet while caregivers' engagement in open and positive dialogue with adolescent girls on SRHR can be a powerful means for challenging or entrenching social and gender norms,¹²⁴ research with the *Real Choices, Real Lives* participants has found that there is a hesitance among caregivers to have such conversations. Instead, caregivers have tended to take a protective approach - enforcing gender and social norms on girls through monitoring their behaviours and applying social sanctions of shame and abuse when girls transgress these expectations. This puts the onus on girls to guard themselves from pregnancy and gender-based violence (GBV), further perpetrating harmful norms. As a result of a lack of meaningful dialogue about SRHR, girls are left uninformed and ill-equipped to make important decisions about their SRHR, leaving them vulnerable to unintended adolescent pregnancy, early marriages and unions, and GBV.

Globally, the adolescent birth rate has nearly halved in many countries over the past 30 years, however still nearly 12 million adolescent girls give birth each year.¹²⁶ Over the course of the study, adolescent birth rates across most study countries remained higher than the global average – particularly so in Uganda, Togo and Benin.

Figure 15: Adolescent birth rate in Real Choices, Real Lives focal countries (births per 1,000 women ages 15–19), in 2006 and 2023¹²⁷



A significant driver of high adolescent birth rates in many countries is an unmet need for contraception.^{af} In 2024, the final year we interviewed the girls, six of the *Real Choices, Real Lives* focal countries had an unmet need for contraception that was greater than the global average of 21.8 per cent - with two focal countries in Africa (Benin, Togo and Uganda) having more than double the global unmet need.^{128,129}

Adolescent pregnancy and childbirth can have severe consequences, including poor health outcomes and high rates of maternal mortality.¹³⁰ The risks of maternal mortality are highest in areas with the greatest inequalities in health services, where health system failures and social determinates of health (including harmful gender norms that deprioritise the health rights of girls and women) mean that girls and women give birth without the assistance of skilled health professionals and without essential and lifesaving medical supplies.¹³¹ Four of the *Real Choices, Real Lives* focal countries (Benin, Togo, Uganda and Cambodia) have maternal mortality ratios greater than the world average¹³² - and Benin has the 13th highest ratio in the world. Adolescent girls - and especially those in early adolescence - are particularly vulnerable to the health risks and are more seriously affected by complications relating to pregnancy and childbirth. Indeed, pregnancy and childbirth complications are the greatest cause of death among girls aged 15-19 years.¹³³

Beyond health outcomes, adolescent pregnancy can also profoundly disrupt girls' education, causing them to drop of school (often due to restrictive and discriminatory school policies) and curtailing their economic independence. Adolescent pregnancy and childbearing can also have severe negative social consequences for adolescence girls - especially for those who are unmarried - leading to rejection and violence by family members as well as early and forced marriage due to the perceived shame of pregnant outside of marriage.¹³⁴

The rise of global conservatism is already translating into more restrictive policies on SRHR, threatening to reverse hard-won progress on adolescent sexual health. When girls and women become the focus of anti-rights actors, girls' sexual health rights cannot be guaranteed, which we are already seeing with significant aid cuts.¹³⁵ These trends highlight a dangerous backslide in global progress that risks leaving a generation being denied essential information and healthcare and without the knowledge and services they need to make informed choices about their bodies and futures.

af An unmet need for contraception is defined as when a person wishes to prevent, postpone or otherwise dictate pregnancy timings and yet is not using any method of contraception.

Our Findings

Across the global cohort, the start of puberty and adolescence - and specifically, the beginning of menstruation - was seen by caregivers as the cohort girls' abrupt shift from girlhood to womanhood. However, dominant attitudes and norms about what is deemed 'appropriate' and 'inappropriate' meant that many of the caregivers had not discussed puberty or other SRHR topics with the cohort girls in childhood or early adolescence, claiming they were still "too young" to learn. Many caregivers felt it was only appropriate to discuss such topics once the girls had actually started menstruating, rather than prepare them in advance.

There were also cases where girls had their first menstruation and still didn't receive any information from their caregivers. In the Dominican Republic, Griselda's father mentioned "I think they teach them about it at her school, they are teaching them there" (2019) and assumed that his older daughter had talked with Griselda about menstruation. The following year, he repeated the same reflection, "these days these young girls know a lot of stuff, even from the phone, more than before, they don't need to be told any more" (2020).

Girls were experiencing what their own mothers had experienced at the same stage in life. Many of the cohort mothers reflected that they had felt

ill-informed - and, in some cases, frightened - by the beginning of menstruation due to a lack of information.

“I remember, I was 14 years old, and it was very scary, and no one had ever taught me about menstruation before.”

Sofia's mother, 2012, Brazil

Yet despite their own negative experiences of feeling poorly-prepared for puberty, prevailing social norms meant that many mothers still did not consider discussions of menstruation relevant or appropriate until their daughters actually had their first period. Instead, most caregivers reported only sharing such information with the cohort girls after they had begun menstruating. For some girls, this left them feeling embarrassed and distressed.

Menstruation often serves as the key entry point for starting conversations about sexuality and relationships. For many caregivers across the global cohort, rigid gender and social norms led them to prioritise fear-based messaging to prevent the perceived negative consequences of sex. Many of the girls reported that their SRHR education was focused on a need to avoid contact with men and boys to protect themselves from harm; sexuality has been framed as something to be controlled and minimised. Similarly, caregivers explained that they were focused on risk mitigation - putting the onus on girls to protect themselves from unintended pregnancies and even rape and other forms of sexual violence.

“I told Nakry, 'You are mature, so you have to look after your body'. I tell her to wear bra, but she can't. I told her not to be childish anymore. Local villagers tell their daughters to wear bra, too. I am afraid that Nakry will be raped.”

Nakry's mother, 2017, Cambodia

Preventing adolescent pregnancy was also a key theme among caregivers. In four countries - Benin, Brazil, Uganda and El Salvador, all or the majority of the girls' mothers first gave birth before the age of 18, with some as young as 13. In most cases, the cohort mothers wanted to ensure that their daughters did not have the same experience as them, and, as a result, placed a strong emphasis on abstinence in the messages that they passed on to the girls.



Three generations of women in Togo © Plan International

“I always tell her that at her age and now that her body has started to develop, she should not be involved with boys or men because she can get easily get pregnant. I also tell her that although breasts are becoming large and her body changing, she should focus on her studies because being involved in sexual affairs is for grown-up adults.”

Jane’s mother, 2021, Uganda

Real Choices, Real Lives research also demonstrates the strong association between menarche and the enforcement of gender norms on girls. Both the girls and their caregivers referred to the beginning of menstruation as a pivotal and immediate shift into womanhood, and with this came new social expectations of how the girls should act and behave. Caregivers often expressed a belief that as the girls entered adolescence, they needed to strictly manage their sexuality and behaviour.

This prioritisation of risk mitigation can be seen to have reproduced harmful and 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.

“I am quite worried because Doris is very ... how can I say this ... wherever she sees boys, she gets restless, so I don’t know if it’s the same thing that she is interested in boys, so I am scared that she will mess things up too soon.”

Doris’s mother, 2018, El Salvador

Many girls demonstrate having deeply internalised these harmful norms and echoed the harmful norms and social pressures of their caregivers, saying that they shouldn’t play with boys anymore, that they should act like ladies, and that they should abandon childish games and pursuits. Some girls demonstrated that they had started to change and police their own behaviour in order to conform with social expectations transmitted to them by their caregivers.

“I’ve grown and bit and my breasts are starting to develop. I started my periods a year ago... My mother told me [...] to keep away from boys... I think these changes are good, they prove that I’m growing up.”

Fezire, age 15 (2021), Togo

These intergenerational discussions almost exclusively occurred between girls and their mothers, or other female relatives. Across the cohort, parents reported that it was considered shameful for fathers to speak with their daughters about sex and puberty - meaning the responsibility for talking to girls about menstruation, reproduction and contraception has universally rested on girls’ mothers or other female caregivers.

“I have never talked [about sex and puberty]. It is shameful.”

Mony’s father, 2024, Cambodia

However, across all nine countries, the girls’ mothers expressed their hesitation and discomfort with having such conversations. While mothers generally felt that access to SRHR information was very important for girls, most mothers in the cohort had received no formal SRHR education - and only ten per cent had received CSE. As a result, many felt uncomfortable or ill-equipped to provide this education (beyond abstinence only messages) due to the gaps in their own knowledge.

“Most parents are shy when it comes to those things and other parents themselves have less information to share with their daughters [...] we are less informed about such issues.”

Justine’s mother, 2021, Uganda

“To be honest, I am a mother, but I do not know about that as much as the kids nowadays - they know more”

Nguyet’s mother, 2018, Vietnam

Because of this caregiver reticence - as well as a lack of mainstreaming of CSE in schools - many girls reported poor confidence in their SRHR knowledge. Many girls explained that they felt that they don’t yet have enough information, particularly about contraception, family planning, and preventing STIs.

“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, age 15 (2021), Benin

“I feel that my knowledge about this is not enough. [I want to learn] about sex [...] How to prevent childbirth. How a baby is developed in the womb.”

Kyla, age 17 (2024), the Philippines

“Sometimes the teachers don't explain it well, because they feel awkward. The methods for each pregnancy - sometimes they don't explain the methods for when you have to be careful in order to get pregnant”

Stephany, age 15 (2021), El Salvador

In most of the focal countries, the girls expressed an urgent desire to have greater knowledge about preventing pregnancy, with numerous girls sharing stories about their peers who had become pregnant at an early age due to a lack of information.

A number of girls across the cohort were also concerned with learning how they could avoid being “tricked” by boys who may wish to lead them astray, and girls whose mothers had given birth to them as teenagers often wanted to learn how they could ensure that their lives were different from the generation before. Girls in the cohort who had given birth as adolescents wanted to learn how to control the timing and spacing of future pregnancies.

The girls' mothers and the girls themselves provided recommendations for what they thought could help them have frank conversations with their daughters about SRHR. These included workshops and

seminars for parents to better inform them about SRHR so that they would be able to pass on this information to their daughters, or joint workshops for caregivers and girls to learn about these subjects together, which would promote more open dialogue.

“I'd like someone who knows about that to come to explain to us what it is so we know what to tell our daughters, what we shouldn't do, I'd like to have more knowledge about this issue.”

Karen's mother, 2021, El Salvador

“I'd like us to set up a group in my community called 'the girls' club' to learn about good practices for avoiding pregnancy from mothers who know.”

Alice, age 17 (2024), Benin

Through long-term engagement with girls and their caregivers, *Real Choices, Real Lives* has provided nuanced and unique insights into how sexual health norms play out in an intergenerational household. We can see how girls' views and demands for better have developed as they grow up, whilst we are able to understand how caregivers' parenting has been shaped by their own experiences and attitudes.

Turning evidence on SRHR into practice

Real Choices, Real Lives evidence demonstrated that girls are keen to receive more information about their bodies and healthy relationships from their caregivers, however, many caregivers felt unsure about how to bring up these topics - and lacked confidence in their own knowledge of SRHR. In 2023, we partnered with Cardiff University to use evidence of girls' real-world experiences, opinions and recommendations about sexual health and wellbeing to design and broadcast radio programming to promote positive dialogue between girls and their caregivers about adolescent SRHR.

The Benin SRHR Project designed and broadcast radio programming in two communities in the Kouffo Department in Benin exploring topics of sexual health, wellbeing and healthy relationships. This pilot project brought together two layers of youth voice: first, the evidence collected from the girls participating in *Real Choices, Real Lives* was used to identify critical areas of SRHR that adolescent girls want to learn more about and secondly, we partnered with nine young people from the two communities to use that evidence to develop

radio scripts that would spark dialogue between adolescents and their caregivers.

The radio programme, aimed at a family audience, started with a brief introduction on the nature of the programme. This included the intention for parents to discuss topics with youth to “enable our young people and teenagers to have responsible sexual and reproductive education.” This was followed by two sketches, written by the youth partners. The radio host also invited listeners to call in to discuss the topic on air.

Based on this pilot programme, *Real Choices, Real Lives* gathered learnings from participants and listener feedback to inform future similar initiatives designed to promote healthy and positive intergenerational dialogue about SRHR. These learnings are shared in our [Guidance Note](#).

“I now have a better understanding of hygiene during menstruation.”

Female workshop participant, aged 14 (2023), Benin

9. Child, Early and Forced Marriages & Unions

Child, early and forced marriages and unions (CEFMU) are a grave violation of girls' rights, affecting more than 12 million girls around the world every year. Many of the cohort girls were born to mothers who had been married as children, and by the age of 18, 13 per cent of girls in the Real Choices, Real Lives cohort had married or entered an informal union. By comparing the experiences of the cohort girls and their mothers, we can gain an intergenerational perspective on the profound impacts of CEFMU on girls' and women's education, sexual

and reproductive health, unpaid care responsibilities, agency and aspirations.

"Some of them [get married] with a kid their own age, but some also enter into unions with much older men. No, no one does anything, their mums try to get help ... the police say that if she went of her own free will, they can't do anything, even if she's under-age."

Gladys, age 15 (2021), El Salvador

Key Findings

- The rates of CEFMU among the cohort girls was much lower than their mothers - but **12 girls** still entered marriages or unions before the age of 18 (13 per cent of the cohort).
- Many of the cohort girls' mothers shared that they wanted a different life for their daughters and hoped they would finish education before marrying.
- Despite global progress, it is still not reaching these girls. Key drivers of the girls' early marriages included a desire to leave **difficult home circumstances** and **adolescent pregnancy**. All of the girls appeared to have chosen their own partners, and married for love.
- Girls' education is critically impacted by CEFMU - two-thirds of the girls who married as children **abandoned their education** early.
- Impacts of CEFMU as evidenced in the cohort girls' experiences included adolescent pregnancy, high levels of **unpaid care work**, loneliness and isolation, and unequal power dynamics between them and their partners.

Recommendations

Though great generational change has been made within the Real Choices, Real Lives cohort and in the wider world, some girls were still left behind. The following recommendations align with our [End Child Marriage campaign](#), born out of the [2025 State of the World's Girls research](#) on girls' experiences of living through child marriage. Across Plan International we call for targeted support for the most marginalised and hardest to reach married girls, including girls living in extreme poverty.

- **Implement and resourcing legal frameworks:** Governments must adopt national legislation setting the minimum age of marriage at 18 for any party to a marriage without exception and regardless of parental, judicial or religious consent. National legislation should also override any conflicting customary or religious laws. Justice must be accessible to girls.
- **Listen to girls' experiences:** All actors working

to end CEFMU must meaningfully partner with young people, particularly girls and young women, to ensure that policies, programmes and interventions focussed on tackling CEFMU centre the voices, needs and experiences of girls and young women.

- **Deliver holistic community programmes:** Governments, donors and development actors should fund and implement programmes that tackle the root causes of CEFMU, including patriarchal norms and control over girls' sexuality and child protection systems. Programmes should provide psychosocial support, awareness and training to prevent gender-based violence, and positive parenting.
- **Ensure education access, including to**

comprehensive sexuality education (CSE): Governments must ensure universal access to CSE and protect girls' right to complete primary and secondary education, including married and pregnant girls and girls who are mothers.

- **Integrate CEFMU in humanitarian response:** Humanitarian actors must recognise CEFMU as a critical issue to be included in plans and responses and invest in child protection systems in emergency contexts.

■ *It's a very big mistake [to marry your daughter at age 14], because a person getting married at 14 years old... is practically ending their life."*

**Bianca's mother, 2021, Brazil
(entered a union age 14)**

Setting the Scene: Child, Early and Forced Marriages & Unions

1 in five girls around the world experience CEFMU.¹³⁶ CEFMU is defined as any marriage or informal union - whether entered into under civil, religious or customary law, with or without registration - where either one of both spouses are under the age of 18, and/or where the full and free informed consent of one or both of the parties had not been obtained.^{137,ag} Globally, an estimated 640 million girls and women alive today were married in childhood,¹³⁸ with devastating and long-lasting impacts on girls' rights, health, education and opportunities.

Drivers of CEFMU

- Deeply rooted in patriarchy and harmful social norms, **control of adolescent girls' sexuality** is a key driver of child marriage. In many contexts, the beginning on menstruation is considered to signify that a girl is ready to, and should, enter into a marriage in order to prevent her from engaging in sexual activity outside of marriage which could compromise her family's honour.¹³⁹
- **Poverty** is a significant driver of child marriage, with 40 per cent of girls in the world's poorest countries married as children - twice the global average.¹⁴⁰ Socio-economic conditions often drive families to marry off their daughters in order to obtain a dowry or to reduce the number

of dependents within the household;¹⁴¹ for girls, early marriage can present an opportunity to gain financial security.¹⁴²

- Child marriage is driven by practices of **violence**, including trafficking and exploitation. It may follow instances of sexual violence as a means to 'protect' either the girl or the perpetrator from social stigma or legal action. Girls who experience violence in the family home may turn to marriage to escape or they may be forced to marry as a result of psychological violence.
- **Conflict, climate shocks, hunger and displacement** exacerbate child marriage. CEFMU is used as a negative coping mechanism for families facing economic hardship and hunger, and is sometimes seen by caregivers as a way to protect girls from sexual violence during conflict situations.¹⁴³ During humanitarian crises, a breakdown of education and protection systems can leave girls vulnerable to child marriage.¹⁴⁴

Impacts for girls and women

Child marriage is a violation of girls' human rights and a form of sexual and gender-based violence (SGBV);¹⁴⁵ it robs girls of their agency and bodily autonomy, and its impacts are wide-ranging, affecting girls and women in every area of their lives. It can

ag In this report, the term 'child marriage' is used interchangeably with CEFMU. Unless otherwise specified, in all cases where the term 'child marriage' is used, this refers to child, early and forced marriages and unions.

lead to girls having sex before they are physically and emotionally ready, and when they have not yet learned about their sexual and reproductive health and rights. This can increase their risk of contracting sexually transmitted infections (STIs) and HIV,¹⁴⁶ and makes it more likely that they will begin childbearing earlier than their unmarried peers, with 90 per cent of births to adolescents taking place within the context of marriage.¹⁴⁷ Early pregnancy puts girls at a greater risk of complications relating to pregnancy and childbirth, including maternal mortality.¹⁴⁸

CEFMU is an act of violence in and of itself, but it also puts girls at higher risk of intimate partner violence, sexual violence and coerced sex¹⁴⁹ due to power imbalances that manifest as a result of large age gaps between spouses. With limited legal support or access to justice for girls, the cycle of violence is likely to continue. As children, girls

are often less able to negotiate their relationship and make independent decisions about their lives. Furthermore, in contexts where female genital mutilation/cutting is practiced as a pre-condition of marriage, CEFMU places girls at increased risk of undergoing this harmful practice which can have impacts throughout the rest of their lives, including severe impacts on their mental wellbeing.¹⁵⁰

Marriage can often mean an end of a girl's education, whether by choice, due to school policy, or because of expectations of her husband or in-laws that she should focus on domestic responsibilities. Up to 30 per cent of girls dropping out of school can be attributed to early marriage.¹⁵¹ This has a significant impact on girls' opportunities, ability to build leadership skills and form social networks, earning potential and future economic independence.

Setting the Scene: Child, Early and Forced Marriages & Unions in *Real Choices, Real Lives* countries

Across the cohort countries, there are very different pictures of CEFMU prevalence, the drivers of the practice, and trends and changes over time.

Benin	Togo	Uganda
<p>Prevalence</p> <ul style="list-style-type: none"> 28% of girls marry before age 18, and 6% before age 15¹⁵² 	<p>Prevalence</p> <ul style="list-style-type: none"> 25% of girls in Togo marry before the age of 18. 6% marry by age 15.¹⁵⁵ 	<p>Prevalence</p> <ul style="list-style-type: none"> 34% of girls in Uganda marry by age 18, and 7% by age 15.¹⁵⁸ The rate in the Eastern Region of Uganda^{ah} is one of the highest in the country - at 49%.¹⁵⁹
<p>Trends</p> <ul style="list-style-type: none"> CEFMU prevalence has decreased since the cohort girls were one year old - when it was 35%.¹⁵³ The prevalence in Benin is lower than the average for West Africa.¹⁵⁴ 	<p>Trends & Drivers</p> <ul style="list-style-type: none"> The CEFMU rate in Togo is lower than the West Africa average of 32%.¹⁵⁶ The prevalence rate has not changed in the last 18 years.¹⁵⁷ 	<p>Trends & Drivers</p> <ul style="list-style-type: none"> The national prevalence rate is slightly higher than the East Africa average of 32%.¹⁶⁰ CEFMU prevalence has reduced by 12 percentage points in 18 years.¹⁶¹
<p>The cohort</p> <ul style="list-style-type: none"> Cohort mothers: majority were married as teenagers. In many cases, the girls' mothers did not know the age of their partner when they married -only that he was older than them. Cohort girls: None were married before the age of 18. 	<p>The cohort</p> <ul style="list-style-type: none"> Cohort mothers: The average age of marriage was 20, however a quarter did not know how old they were when they married. Cohort girls: One was married by the age of 15 and is now in a polygamous marriage. 	<p>The cohort</p> <ul style="list-style-type: none"> Cohort mothers: 63% were married before age 18; the youngest were 16. Cohort girls: Two of the cohort girls married before the age of 18.

ah The cohort girls live in the Kamuli District, located in the Eastern Region of Uganda.

Brazil
Prevalence
<ul style="list-style-type: none"> 26% of girls marry before the age of 18, and 6% by age 15.¹⁶²
Trends
<ul style="list-style-type: none"> National prevalence data from Brazil has not been collected since 2006, the year the cohort girls were born. In 2006, Brazil had one of the highest rates of CEFMU in South America.¹⁶³
The cohort
<ul style="list-style-type: none"> Cohort mothers: The average age of marriage was 17; the youngest was 14 and her partner was 33. Cohort girls: None were married or in a union by age 18.

Dominican Republic
Prevalence
<ul style="list-style-type: none"> 32% of girls marry or enter a union before the age of 18. 9% before the age of 15.¹⁶⁴
Trends
<ul style="list-style-type: none"> Dominican Republic has the highest CEFMU rate in LAC.¹⁶⁵ Informal unions are very common in the Dominican Republic. CEFMU rates have decreased from 38% 16 years ago.¹⁶⁶
The cohort
<ul style="list-style-type: none"> Cohort mothers: All were married or in a union by age 18; the median age was 14. The average age gap between the girls' mothers and their first partner was 9.3 years. Cohort girls: Five were married or in a union by age 18.

El Salvador
Prevalence
<ul style="list-style-type: none"> 20% of girls marry or enter a union before the age of 18. 4% marry before the age of 15.¹⁶⁷ The rate in La Libertadⁱⁱ is higher at 25% married by 18.¹⁶⁸
Trends
<ul style="list-style-type: none"> The prevalence rate is slightly lower than the average for Central America.¹⁶⁹ In the last 18 years, the prevalence of CEFMU has decreased from 29%.¹⁷⁰
The cohort
<ul style="list-style-type: none"> Cohort mothers: All were married or in a union before the age of 18 - the youngest was just 13. Cohort girls: One girl was in a union by age 15.

Cambodia
Prevalence
<ul style="list-style-type: none"> 18% of girls in Cambodia marry before the age of 18. Only 2% marry before age 15.¹⁷¹
Trends
<ul style="list-style-type: none"> The prevalence rate is slightly higher than the average for Southeast Asia (15%).¹⁷² In the last 18 years, the rate has only decreased by two percentage points.¹⁷³
The cohort
<ul style="list-style-type: none"> Cohort mothers: Only one was married before the age of 18. Cohort girls: One girl was married by the time she was 18.

Philippines
Prevalence
<ul style="list-style-type: none"> 9% of girls are married by the age of 18, and just 2% are married before age 15.¹⁷⁴
Trends
<ul style="list-style-type: none"> The prevalence rate is lower than the average for Southeast Asia.¹⁷⁵ The CEFMU rate in the Philippines has reduced from 15% in 2007.
The cohort
<ul style="list-style-type: none"> Cohort mothers: Nearly half were married before the age of 18; one was married at 15. Many of the mothers' marriages were arranged. Cohort girls: Two girls were married before they were 18.

Vietnam
Prevalence
<ul style="list-style-type: none"> 15% of girls are married by age 18, and only 1% are married before they are 15.¹⁷⁶ Prevalence is highest in the north of Vietnam,^{aj} at 19%.
Trends
<ul style="list-style-type: none"> The prevalence rate is the same as the Southeast Asia average.¹⁷⁷ The rate of CEFMU has increased over the last 18 years, from 10% in 2006.¹⁷⁸
The cohort
<ul style="list-style-type: none"> Cohort mothers: Only one was reportedly under 18 when she married, however two did not know their ages when they married Cohort girls: None of the cohort girls were married before the age of 18.

ai La Libertad is the department of El Salvador where the cohort girls live.

aj Half of the cohort girls live in Thái Nguyên, located in the northeast of the country.

Our Findings

Mothers' experiences of child marriage

Through *Real Choices, Real Lives* we can explore intergenerational changes in attitudes and in the practice of CEFMU. 46 per cent of the cohort girls' mothers were married or in unions before the age of 18,^{ak} with the practice affecting the girls' mothers across all nine focal countries. All of the mothers in the Dominican Republic and El Salvador were married as children, as were more than half of the mothers in Brazil and Uganda. In Togo, four of the girl's mothers reported that they did not know their exact age at the time of marriage except that they were young.

“ I don't know what was my age... Given that he divorced from first wife he wanted to hurry, and he filed the dowry in loincloth and the marriage took place in silence without drums.”

Nana Adja's mother, 2012, Togo (age of marriage unknown)

Eight cohort mothers were married before the age of 15 - all of whom came from the LAC cohort countries. Among these early marriages, there were significant age gaps between spouses - for an average of 13.6 years. A number of the girls' mothers were motivated to marry due to difficult home life circumstances.

“ I was still an adolescent and didn't know anything, I was 14. I think it was something crazy, to get married. I can't say what I liked about him. ... He decided to marry me because of the suffering he saw in me. He was very sorry for me, for my childhood, he saw how much I suffered, working to survive [...] I think this is why he wanted to live with me.”

Bianca's mother, 2012, Brazil (entered a union at age 14)

Less than a quarter of the girl's mothers who married as children appear to have initiated the marriages or unions themselves; a far greater number reported that their marriages has been arranged or, in a few cases, coerced or forced.

“ [I married my husband] because my mother and brother wanted him for me. They told me if I didn't take him [as my husband], and I turned out marrying someone they didn't like, they would throw the pans at me. So, I got scared.”

Christine's mother, 2012, the Philippines (married age 17)

Another driver of the mothers' marriages was premarital sex and early pregnancy. In an awful case shared by Reaksmey's mother in Cambodia, her marriage followed being raped, demonstrating the common role of child marriage as a 'solution' to 'restore honour' rather than address the failure to protect girls.

“ At first my husband raped me when I was on my way selling vegetable. Then I had to get the informal wedding.”

Reaksmey's mother, 2012, Cambodia (married age 17^{al})

Over the years, the girls' mothers described the impacts of their marriages on their lives. Often, they had quickly become pregnant which had either ended or disrupted their education. Many reported that the demands of being a wife and mother left them with little time opportunity to continue or return to their studies. This indicates how factors of lack of support, money, responsibilities, school policies all interplay to hinder their studies.

“ I stopped studying because I got married and had to look after my husband and child. I don't think about going back to school.”

Gabriela's mother, 2012, Brazil (entered a union age 16)

Some expressed regrets about marrying young and the impact that this had on their lives. In these reflections, the girls' mothers tended to reflect on the opportunities that they lost by not completing their education, and the career paths that they wished they could have taken.

“ When I got pregnant with Gladys my first daughter, my life changed... I wanted to study cosmetology or nursing and pregnancy ended my dreams.”

Gladys's mother, 2012, El Salvador (entered a union age 16)

ak Of the girls' mothers who took part in the dedicated 'Mother Interview' in 2012, and of the respondents who knew or could remember their age at the time of their marriage or entering into a union.

al It is understood from interviews with Reaksmey's mother that she remained married to this man until he died in 2020 ; it is believed that he is Reaksmey's father.



Caregivers' perspectives on child marriage

Over the years, many of the girls' caregivers spoke against the practice of child marriage, and their mothers tended to be the most forceful and outspoken in their opposition. They often cited their own experiences as reasons for why they hoped for different futures for the cohort girls.

■ ■ *If [Margaret] hurries into a marriage without finding a job first, she will suffer enormously...Her life will be different from mine, I don't want her to suffer as I do.*
Margaret's mother, 2020, Benin (age of marriage not disclosed)

■ ■ *I had my first daughter when I was about 13 ... He must have been 50-something because when I got together with him, he had like eight children... I wouldn't want her [Valerie] to have the same experience, no, because the reality is that you suffer, you have a tough time.*
Valerie's mother, 2018, Dominican Republic, (married age 17)

When asked what threats they felt might prevent their daughters from achieving happiness in the future, many mothers raised their fears that CEFMU might cause their daughters to abandon their education and lose out on career opportunities, as well as being at risk of social exclusion.

■ ■ *What I wouldn't like is for her to get involved with someone and to [enter a union], but to have more education and to be a nurse.*
Doris's mother, 2018, El Salvador (married age 15)

However, caregivers' opposition to child, early and forced marriages and unions was most strongly expressed in response to vignettes posed to them over the years. Caregivers would be read a fictional story about a girl whose parents wished for her to marry in childhood as a negative coping mechanism in response to financial hardship. Across the cohort, caregivers universally expressed vocal opposition to the parents' actions and many shared outrage and dismay at the idea. Namazzi's mother (Uganda) described it as an "act of torture," (2021) and Chantal's mother (Dominican Republic) called the girl's father a "madman" (2021) for contemplating

such a decision. A number of caregivers also called for the girls' parents to be arrested.

In Benin, Togo and Uganda, caregivers held particularly nuanced and complex views about early marriage. They often responded to the vignette by saying that such practices no longer take place in their communities, or that they had never heard of such a thing occurring. Notably, some of the caregivers who stated that they had never heard of any cases of CEFMU were mothers who had themselves been married as children, in unions agreed by their parents. Caregivers in these countries also tended to view early marriage as a new phenomenon that resulted from girls' own behaviour and choices, often driven by "sexual wandering," and reflecting an abandonment of tradition and morality.

■ *These days' girls of 13 are married unlike before where girls were kept well until the right age for marriage. At school all are participating. The changes are bad most especially children have become unruly.*
Joy's mother, 2012, Uganda (married age 18)

However, despite professing that early marriage was a new and girl-initiated phenomenon, or something that they had never heard of being practiced in their communities, some caregivers in Togo, Benin and Uganda simultaneously appeared to have misgivings about an abandonment of CEFMU. While they saw a delayed age of marriage as a positive thing for girls, they also linked this with moral decline.

■ *Young people never used to refuse to obey their parents. Girls did not choose their husbands and they didn't attend school. The opportunities are that girls now go to school and they are free to choose their husband [but] they are no longer disciplined.*
Margaret's mother, 2009, Benin (age of marriage not disclosed)

Girls' perspectives

Like their caregivers, the cohort girls had complex views on CEFMU. The girls were read similar vignettes to their caregivers, and they were universally critical of the fictional parents who would force their daughter to abandon her education and marry while still a child.

■ *If [the vignette girl] follows her parents' words, she will not have the freedom to shape her future... Legally, it will be against the law. In addition, if [she] gets married at the age of 17, it can affect her psychology and lead to many consequences behind the scenes.*
Yen, age 17 (2024), Vietnam

■ *[Its] horrible. Marrying [the vignette girl] to a man with money just to get out of trouble is not a solution... She should be supported rather than married off. They should have supported their daughter. She wants to study and become a working student. They should have supported it.*
Reyna, age 17 (2024), the Philippines

However, some of the girls who were married themselves or in unions appeared to experience a disconnect in response to the vignette. While they opposed to the situation in theory, they did not relate the scenario to their own circumstances. Reaksmey (Cambodia) dropped out of school in grade ten after her father died and she needed to take on paid work selling mangos "to help my family for income." By the age of 16, Reaksmey was married to her now-husband, and at age 17 she was pregnant and had abandoned her plans to return to school, saying "I feel lazy now." In response to the vignette, Reaksmey said:

■ *Before getting married, the girls should finish her studying first... The girl is only 17 so she is not old enough to get married yet.*
Reaksmey, age 17 (2024), Cambodia (married age 16)

While her circumstances differed in some ways from the vignette girl's, it is notable that Reaksmey did not reflect on the fact that she herself was married at an age she felt was "not old enough." This disconnect may reflect the normalisation of CEFMU in Reaksmey's context (given her mother's situation described above) and the limited choices and support for alternative options.

Over the years, the cohort girls shared their dreams and visions of the future. Among the girls who had been born to mothers married as children, most professed a wish to follow a different trajectory than their mothers. Reflecting on difficulties that their mothers had experienced, many shared that wishes framed by greater freedoms, safety and the ability

to make choices: they hoped to finish school and get good jobs and felt that early marriage would undermine these plans.

“I think my life will be different [from my mother’s] because I won’t start dating soon, I don’t think so.”

Fernanda, age ten (2017), Brazil

“I mean, not to end up like she did – she only studied until Grade 8; unlike her I want a career, a good life, etc.”

Leyla, age 11 (2018), Dominican Republic

Girls’ experiences

By the middle of 2024 - when the cohort girls were 17 and 18 years old, 12 cohort girls were married or in unions.^{am} The girls came from six of the nine focal countries, with five of the twelve coming from the

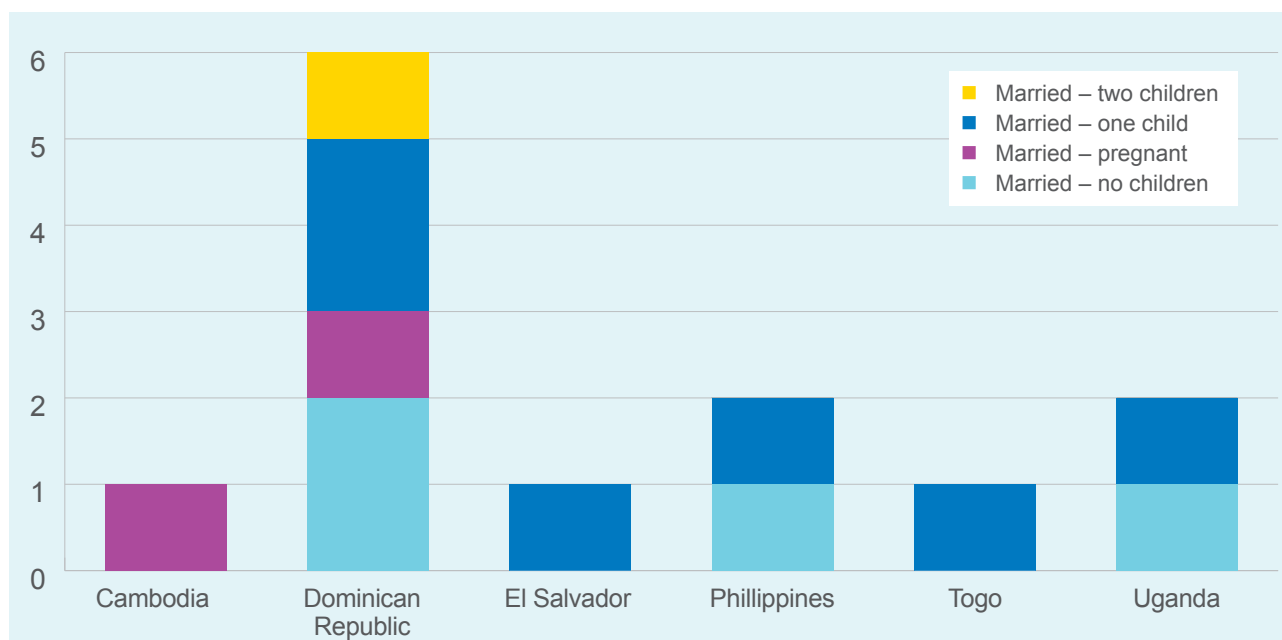
Dominican Republic. Griselda (Dominican Republic) and Hillary (El Salvador) were the youngest to enter unions, at the age of 13 which is recognised to be an extremely vulnerable age to experience CEFMU. By the age of 14, Hillary had entered her second union and married her partner by age 15.

Seven of the girls had become mothers, with one girl - Katerin (Dominican Republic) - having had two children by 2024, and an additional two girls reported being pregnant that same year. This underscores the close relationship between CEFMU and early pregnancy.

“People say that their children were a mistake, but my children weren’t a mistake [...] As long as my children have everything, I don’t have anything to worry about.”

Katerin, age 18 (2024), Dominican Republic (married age 15)

Figure 16: Married girls across the cohort, including number of children



^{am} 12 of 93 girls. 92 girls participated in data collection in 2024, and an additional girl was unable to be reached but her caregivers provided an informal update to the Plan International focal country team informed them that their daughter had entered a union and was living with her partner. It is possible that additional girls of the total 155 who participated at some point over the 18 years could also have married before the age of 18, however once girls migrated or we lost contact with them, we no longer were able to collect information about their life circumstances.

Eight of the twelve married girls were born to mothers who had been married as children,^{an} demonstrating a strong intergenerational pattern. The drivers of the girls' marriages were varied - however all had selected their partners themselves and most described loving them. But in most cases, there appeared to be other influences that shaped their decisions. In the Dominican Republic, Leyla was left as the primary caregiver for her younger brothers (aged five and seven) when her mother began spending Monday to Friday in the city working, returning home only on weekends. Leyla married later that year and moved in with her husband. She still returned to her family's home each day to provide care for her siblings but expressed relief that she no longer had as much responsibility as before. In 2024, Leyla's mother was very upset when she reflected on her daughter's decision to marry at the age of 17, and wondering if the situation could have been averted had Leyla not been left in the role of carer.

“I find that if I had been here maybe she wouldn't have married here so quickly, because being here alone... I find that she, if she had any support from me being here, she wouldn't have done it.”

Leyla's mother, 2024, Dominican Republic (married age 14)

After living back and forth between different relatives' homes over the years, Joy in Uganda reportedly ran away at age 15 to live with her boyfriend and subsequently entered a union. Her grandmother said in 2021 that she thought that Joy had run away with him because she wanted a better life.

Adolescent pregnancy was also a driver of early marriages. Melanie (Philippines), Katerin and Griselda (both in Dominican Republic) married their husbands after becoming pregnant. Griselda was 13 when she got married. In late 2019, she met a man on social media through a friend and began dating him without her family's knowledge. In January 2020, Griselda discovered she was pregnant with the couple's son and secretly married her now-husband, indicating safeguarding mechanisms were not present to protect Griselda. The legal age of consent in the Dominican Republic is 18, so marriage and pregnancy at this age is considered an act of sexual violence and a consequence of grooming and power-imbalance.



Girl, 19, in the Dominican Republic left school early due to pregnancy and now works at a hotel after a participating in a work training programme © Plan International

Her older sister reported:

“She left secretly, after everybody had gone to bed, she left the house and went off with him... we found out later, we went out looking for her and we found out that she'd got married.”

Griselda's sister, 2021, Dominican Republic

Not only was adolescent pregnancy a driver of girls' early marriage, it also appeared to be a consequence of marriage. Ayomide (Togo), Reaksme (Cambodia), Leyla (Dominican Republic), Hillary (El Salvador) and Namazzi (Uganda) all became pregnant within their first year of entering a union or marriage.

There were a number of other impacts of early marriage on the cohort girls, including disruption to their education. Of the 12 girls who married as children, only four continued their education after getting married. Notably, three of the four did not

^{an} For three of the 12 girls, the age that their mother married was not disclosed. The remaining four girls' mothers were married between the age of 18 and 20.

have children, and the fourth - Griselda (Dominican Republic) - only managed to return to education with the aid of remote learning which helped her to balance studying with her childcare responsibilities.

■ ■ *I don't want to fall behind, I want to get ahead, to make something of my life. That's my concern, I want to get ahead.*
Griselda, age 15 (2021), Dominican Republic (entered a union age 13)

Many of the other girls expressed regret about abandoning their education but felt there were too many barriers to returning to school. Hillary (El Salvador) said it was too difficult to return to school because she was breastfeeding her son, asking rhetorically, *"How am I going to do it?."* Similarly, Melanie (Philippines) expressed a wish to return to school but cited childcare as a challenge.

■ ■ *I really want to study but there's no one to take care of my child. I really want to finish senior high.*
Melanie, age 17 (2024), the Philippines (married age 16)

High levels of unpaid care work were mentioned by a number of the married girls. They shared that they were not only responsible for the care of their children (for those who were mothers), but their husbands and in-laws expected them to perform the majority of the cooking and cleaning in the home. In 2024, Katerin (Dominican Republic) reported spending every waking hour of her day on unpaid care work. When asked if her husband also did household chores, Katerin said he did not, *"because he's working."* At the time that the *Real Choices, Real Lives* interviewers visited Katerin in 2024, Katerin's mother explained that Katerin had left her husband for a temporary break because *"[Katerin] says she's tired of doing the housework."* Katerin's mother shared that it was tiring and *"very stressful"* for Katerin, because *"there is no day off for mothers."*

Like Katerin, Ayomide (Togo) also reported a sense of isolation and stress that came with early marriage. At age 15, Ayomide moved in with her boyfriend whom she married before her 16th birthday. The couple had a baby within the year, and shortly afterwards her husband took a second wife who gave birth to a baby in early 2024. Ayomide's

decision to leave home to marry her husband was not supported by her family, and in 2024 she shared that she felt lonely and that she was no longer able to rely on her family for support. She also shared her frustrations and dissatisfaction with her life: she had hoped that her husband would support her to return to school or to enrol in an apprenticeship, but the arrival of a second wife meant that he did not have the funds. Instead, she said she was left *"doing nothing."*

■ ■ *After the birth, I was supposed to be looking for something to do but nothing, I'm here doing nothing. That's what makes me think [...] All my friends are learning trades and I'm here.*
Ayomide, age 18 (2024), Togo

Another significant concern relating to early marriages is the inherent power imbalance present in relationships where one party is adult and the other is a child; legally recognised to be an act of sexual violence against the child too. In the Dominican Republic, Valerie moved in with her partner in 2023, when she was 17; he was eight years older than her.^{ao} In 2024, Valerie's partner joined the Family Interview unbidden,^{ap} during which he shared that he often left Valerie alone in the house when he was away. Although Valerie shared that she felt lonely and isolated when left by herself - especially following a miscarriage in early 2024 - she said, *"I almost never go out"* because her partner preferred her to stay in the house when he was away. Valerie's partner also reported that he monitored Valerie's internet use and checked her phone and instructed her on how to dress. While *Real Choices, Real Lives* was only able to see a glimpse of Valerie's relationship dynamic through the 2024 interviews, there are indications of a power imbalance between Valerie and her partner that enable him to exert influence over her movements and behaviours.

Across girls' stories of early marriage, we can see how their relationships are characterised by stark gendered power imbalances - often linked to significant age gaps - which manifest through coercive control, intimate partner violence, and psychological abuse. These dynamics represent serious violations of girls' rights.

ao Seven of the married cohort girls had age gaps of four or more years. The average age gap between the cohort girls and their partners was 7.25 years; Hillary (El Salvador) had the largest age gap - 13 years, and Reaksmeiy was the only cohort girl who was older than her husband when they married.

ap When the *Real Choices, Real Lives* interviewers explained to Valerie's partner the purpose of the study and that they were there to interview Valerie's caregiver about Valerie and her life, Valerie's partner insisted on staying and ended up dominating the interview by talking mostly about himself and his life.

Real Girls, Real Stories: Breaking the cycle of child marriage

In El Salvador, Stephany's mother was 13 when she entered into a union. When her daughter was 15, she explained that she did not do the same thing for her daughter - and instead tried to encourage her to remain in school, and to avoid getting a boyfriend too young.

“As far as I'm concerned, I say no [to Stephany having a boyfriend], because she's too young, for now I tell her that my greatest wish is for her to study. Because as I explain to her, I also entered into a union at the age of 13, so I make it clear to her that I don't want that for her. I want her to study for as long as we can support her education, but she can't have a boyfriend yet, she's too young.”

Stephany's mother, 2021, El Salvador (entered a union age 13)

As a result of her concerns about Stephany's future, her mother has been proactive in ensuring that Stephany had access to SRHR information to ensure that she did not become pregnant at an early age. She explained different forms of contraception to her daughter to demystify SRHR topics, and encouraged Stephany to join a community project that supported girls to learn about SRHR.

At age 14, Stephany responded to the vignette about child marriage saying that the vignette girl was “too young” to be married at age 14, stating strongly that it was as though the parents were “selling their daughter” by arranging an early marriage for economic purposes. A few years later, Stephany explained that she was focussed on her studies and, had she been faced with a similar problem to the vignette girl she would have fought to stay in school.

“Well, if I were in [the vignette girl's] shoes, I would tell them I don't want to get married, I don't want to [...] I mean, what I am focused on right now is to continue studying. 'No, I don't want to get married', that would be my answer.”

Stephany, age 17 (2024), El Salvador

By the middle of 2024, Stephany was 17 and had graduated from secondary school and was awaiting the outcome of her scholarship application to study business administration at university. She explained that she was grateful that her parents supported her dreams for the future.

“My parents have never told me, look, marry him because he has money. No, they have never told me that. What they tell me is to keep going, to keep fighting, [they said] you know what you want, you are too young right now to get married or to be with someone. [...] I want a better future.”

Stephany, age 17 (2024), El Salvador

Positive caregiving is a powerful protective factor against child marriage. Stephany's story illustrates the importance and power of caregiver support in breaking intergenerational cycles of child, early and forced marriages and unions.

10. Violence and Protection

Violence is a key issue impacting girls' lives globally. Evidence from the *Real Choices, Real Lives* cohort shows that girls experienced gendered violence in almost all aspects of their lives. Over their adolescence, their attitudes on violence evolved, and the girls shared their encounters with online violence as an emerging threat. The girls indicated how harmful gender norms

about violence and protection had serious implications for their mobility, self-esteem, agency, participation, and decision-making.

"We have the right to speak out and we have reason enough to speak."

Davy, age 17 (2024), Cambodia

Key Findings

- Over the course of the study, we heard from girls about their experience of violence in the home, school, and the community. As they grew older, they began to experience online violence in the digital space and threats of sexual violence.
- From an early age, **the majority of girls (68 per cent) internalised harmful beliefs**, including the idea that male violence is 'natural' or inevitable.
- In early adolescence, 57 per cent of girls believed that it is their own responsibility to protect themselves from violence and abuse. This belief strengthened to 67 per cent by the end of adolescence, underscoring **the urgency of challenging harmful norms before they become more deeply entrenched**.
- But, towards the end of the study, **some girls rejected the belief that violence is inevitable and call for equal freedoms and rights**. As they entered adulthood, 89 per cent of the cohort firmly believed that parents should teach boys not to be violent or aggressive.
- Girls spoke out against inequality and demanding that adults and institutions listen and act.

Recommendations

To effectively dismantle entrenched beliefs about violence and protection, we must urgently invest in long-term, multi-layered strategies that challenge the social norms legitimising male dominance and violence. Building on contributions from the cohort girls themselves, the recommendations below outline Plan International's roadmap for change towards a world free from GBV.

- **Counter the rollback on girls' rights:** Governments must act by enshrining gender equality and human rights in legislative and executive policy, ensuring legislation is fully aligned with global and regional human rights frameworks. States must accelerate efforts to meet all SDGs.
- **Deliver social norms change and intergenerational programming:** NGOs and CSOs should address the internalisation of harmful social norms with girls through unpacking gender and social norms, shifting the blame/burden of protection and the promotion of greater awareness of GBV. Recognising the role of boys and men in violence prevention, INGOs and CSOs should design and deliver programmes and initiatives that target male involvement in caregiving and engage boys and men in prevention initiatives.

- **Empower young girls and boys to be active voices and agents of change:** Community leaders should provide safe spaces for children and youth to discuss issues of violence, protection, safety and gender equality.

“ [Girls] can't do it on their own but need support from the parents, local leaders, police and non-government organisations to protect the girls from the perpetrators of violence.”
Sheila, age 15 (2021), Uganda

Setting the Scene: Violence and Protection

Gender-based violence (GBV) is one of the most pervasive human rights violations in the world. Globally, a girl or woman is killed by a man every ten minutes,¹⁷⁹ and one in three girls and women has experienced some form of violence in their lifetime.¹⁸⁰ This amounts to more than one billion victims and survivors, or one in eight people on the planet.^{aq}

What is GBV?

GBV is an umbrella term for any act perpetrated against a person's will and is based on socially ascribed differences in gender. It includes acts that cause physical, mental and/or sexual harm or suffering, threats of such acts, coercion, and other

deprivations of liberty. Examples include intimate partner violence (IPV); child, early and forced marriages and unions (CEFMU); female genital mutilation/cutting (FGM/C); forced pregnancy; trafficking for sexual exploitation; and sexual violence.¹⁸¹

Plan International strongly condemns all forms of GBV and opposes the patriarchal systems that reinforce gender inequality and seek to control the lives and sexuality of girls and women through socially defined norms.¹⁸² Plan International believes that the acceptance of violence is a harmful social norm that must be urgently addressed by tackling the root causes of gender inequalities.

Key Terms

- **Intimate partner violence:** IPV is a behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.¹⁸³ It includes physical violence, sexual violence, stalking and psychological aggression (such as coercive control). It may be perpetrated by a current or former intimate partner.¹⁸⁴
 - Globally, **over a quarter** of girls and women have experienced IPV.¹⁸⁵
- **Female genital mutilation:** FGM/C comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.¹⁸⁶ The practice differs from community to community, with different types performed and many reasons given as to why it is performed;^{ar} however harmful gender norms and a preoccupation with the control of girls' and women's virginity and sexuality are among the most commonly cited reasons.
 - 230 million women have undergone FGM/C worldwide¹⁸⁷
 - Although the practice progressively (but slowly) declined between 1990 and 2019,¹⁸⁸ there has been a dramatic 15 per cent increase in recent years¹⁸⁹
 - 4 million girls are now at risk of FGM/C every year.¹⁹⁰
- **Online violence:** During the girls' lifetime, more than half the world's population came online. Yet this came with high risk. Online violence is a constantly evolving and deeply concerning new form of GBV that includes acts of abuse that are committed, assisted or aggravated in part or fully by the use of information communication technologies (ICT). It includes online harassment, cyberbullying and technology-facilitated GBV (TFGBV).¹⁹¹

aq Plan International uses the term 'survivor' to refer to individuals who have experienced violence, recognising the agency of the survivor and shifting the focus from their victimisation to their strength and resilience. The term 'victim' is used to refer to individuals who have died as a result of the assault they experienced. Throughout this report, where the cohort girls or other sources use the term 'victim' this is faithfully retained.

ar Broadly, these reasons given fall into four categories: religious requirement; sexuality; socio-cultural tradition; and hygiene and health. These categories are deeply entwined and mutually reinforcing.

Violence & adolescent girls

While violence impacts girls at all ages, adolescent girls stand at a critical intersection of vulnerabilities to violence - they experience violence based on their vulnerabilities as children, and experience gendered violence based on their status as girls and young women. They are also vulnerable to specific forms of violence:

- By 19, 1 in four ever-partnered^{as} adolescent girls have already been physically, sexually or psychologically abused by a partner.¹⁹²
- Globally, 230 million women have undergone female genital mutilation/cutting (FGM/C), which is in many contexts performed as a rite of passage as girls enter adolescence.
- Adolescent girls are highly vulnerable to technology-facilitated gender-based violence (TFGBV), with 58 per cent having experienced online harassment in digital spaces.¹⁹³

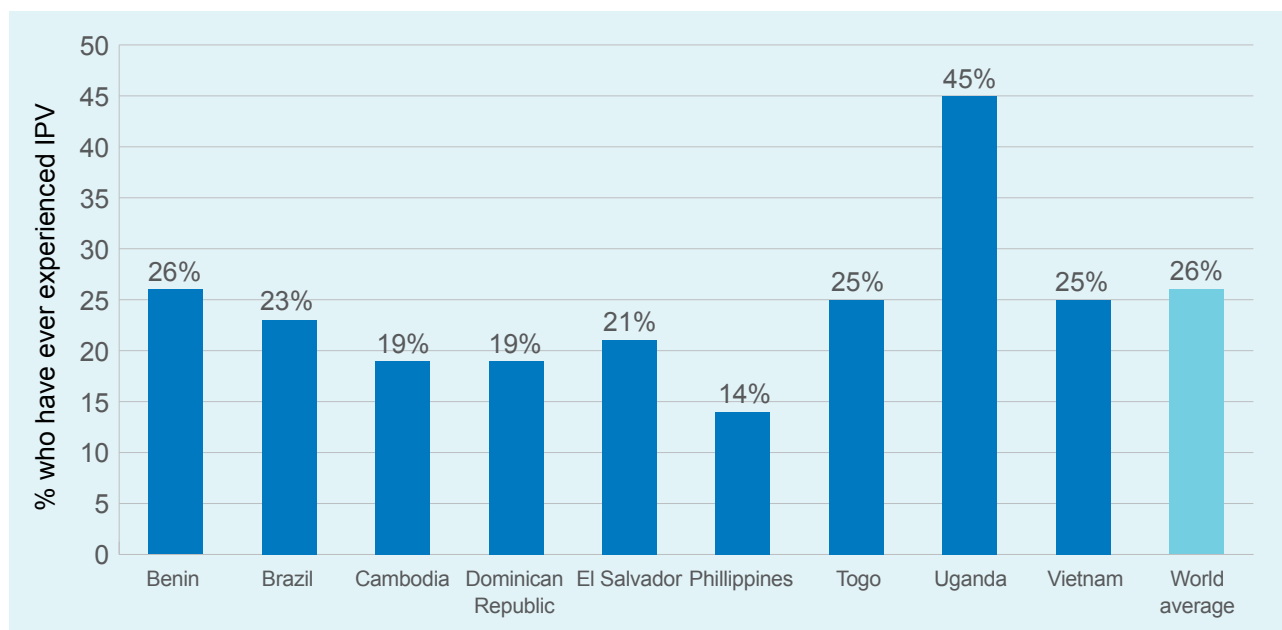
Adolescence is also a key age range in which social norms cement what gendered roles are socially accepted and expected for children, with these rules sometimes becoming enforced using violence.^{at} These social norms shape girls' and women's expectations and behaviour, and can make them more likely to believe they are the cause of the violence they experience¹⁹⁴ and reduce their likelihood of seeking reporting abuse.¹⁹⁵ There is a direct relationship between the internalisation of social norms and experiences of violence: girls and women who believe that men should be permitted to beat their wives in some circumstances, or who think that men should be dominant over women, are more likely to experience IPV.^{196,197} Adolescence therefore offers a crucial window for preventing GBV against girls and women, to ensure that cycles of intergenerational transmissions of harmful social norms can be broken.^{198,199}

Setting the Scene: Violence and Protection in *Real Choices, Real Lives* countries

Globally, 26 per cent of ever-partnered women (aged 15-49) had experienced IPV at some point in their lives. Across the *Real Choices, Real Lives* cohort countries, Benin and Uganda had greater rates of

IPV than the global average, while Togo, Vietnam and Brazil had rates of IPV only slightly lower than the global average.

Figure 17: Percentage of ever-partnered women (15-49) who have ever experienced IPV in *Real Choices, Real Lives* focal countries, in 2018 (most recently available data)²⁰⁰



as 'Ever-married' refers to girls and women who have been married or in an informal union at any point in their life (currently or previously).

at While gender norms and expectations are introduced in the early years and reinforced throughout childhood, adolescence is a time when these beliefs are particularly enforced on and internalised – especially for girls.

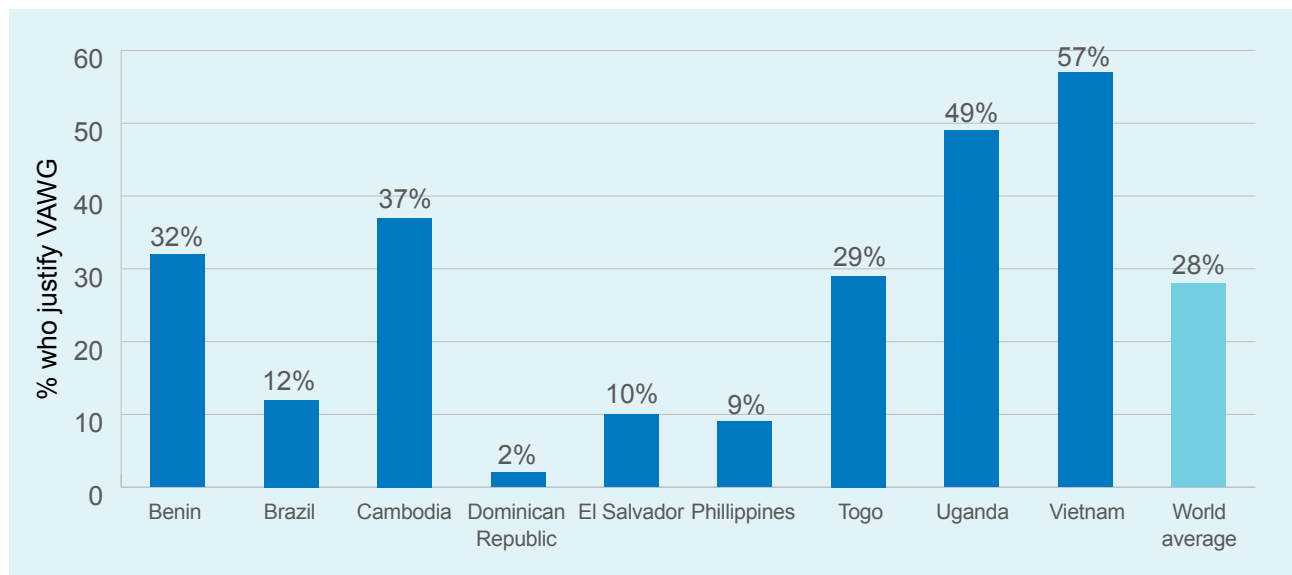


Girls in El Salvador play football as part of the Champions of Change project © Plan International

A similar rate of women globally (28 per cent) agree that a husband/partner is justified in beating his wife/partner under certain circumstances.²⁰¹ However, five of the focal countries (Benin, Cambodia, the

Philippines, Vietnam and Uganda) had higher than the global average rates of women who believed that domestic violence was justified, with Togo only slightly below the global average.

Figure 18: Percentage of women who agree that a husband/partner is justified in beating his wife/partner under certain circumstances in *Real Choices, Real Lives* focal countries - most recent data (2018-2023) ^{202,203}



Then and now: FGM/C

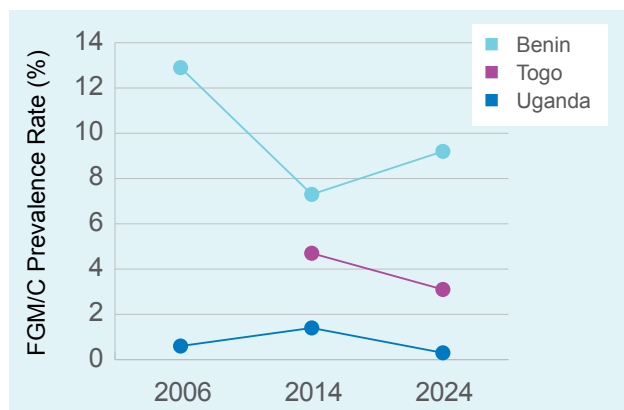
Among the cohort countries, girls in Benin, Togo and Uganda are most at risk of FGM/C - with prevalence rates of 9, 3 and 0.3 per cent respectively.²⁰⁴

However, national figures disguise regional disparities: in Benin, rates of FGM/C are as high as 38 per cent - however the cohort girls live in the

Couffo region where the prevalence is 0 per cent.²⁰⁵ Conversely, the cohort girls in Togo and Uganda both live in areas with FGM/C prevalence rates higher than the national average - at 17 per cent and two per cent respectively.^{206,207}

Over the course of the cohort girls' lives, FGM/C prevalence rates in the three countries have reduced, but progress has not always been linear.

Figure 19: FGM/C prevalence rate (%) in *Real Choices, Real Lives* African cohort countries, from 2006–2024²⁰⁸



Online Violence

Although TFGBV is as old as the internet itself, it has historically been an under-researched and documented area with limited global data on girls and women’s experiences of online violence and the impacts on their lives. 54 per cent of girls and young women around the world have experienced online abuse or harassment,²⁰⁹ with a varying picture at national level.

Our Findings

Experiences of violence

The threat of violence has been a prominent theme in the cohort girls’ lives over the years: 91 per cent of *Real Choices, Real Lives* cohort girls report experiencing violence by the age of 11. Girls experienced violence in a range of settings, including at home, school, in the community. When they were young, the most common place that the girls reported experiencing violence was at school - accounting for 42 per cent of reports in 2017. While some cases involved teachers or other adults, for the most part the girls reported violence from their peers - typically boys. When they were ten and 11 years old, the girls shared stories of boys pushing open the bathroom door when they were on the toilet, or using mirrors to look up their skirts. This led to many girls becoming wary of boys and limiting their interactions with them to reduce the risk of violence.

“ I have no male friends because they are stupid and like rolling up a girl’s skirt. I won’t make male friends as I feel nervous and afraid of them.”
Nakry, age 11 (2016), Cambodia

- In **Uganda**, 49 per cent of woman reported that they had experienced cyber harassment, and a shocking nine in ten women who used social media said they had been harassed on these sites.²¹⁰
- In **Brazil**, 77 per cent of girls and young women had experienced harassment on social media - and were particularly targeted with unwanted and repeated messages and sexually explicit images.²¹¹
- In **Vietnam**, educators expressed concerns that widespread depictions of sexual violence and exposure to hardcore pornography were normalising GBV and perpetuating sexual violence among youth.²¹²
- In the **Philippines**, the most pervasive form of online violence was thought to be sexist and misogynistic comments.²¹³
- A study in Central America (including **El Salvador**) found that women with a public profile were most likely to be systematically targeted with TFGBV to limit their freedom of expression and deter them from speaking publicly.²¹⁴

“ Boys start fights much more than the girls.”
Barbara, age 14 (2021), Benin

Violence in the home accounted for 28 per cent of cases reported by the girls at 11, and - at age 12 - 19 per cent reported that they felt unsafe at home. This violence was often gendered: while their brothers and other male relatives are allowed the freedom to choose their own friends and play in communities, girls shared that they were harshly punished for playing with boys or venturing outside the family property. Their caregivers tended to justify the punishment on the basis that it was intended to protect girls from perceived dangers outside the home environment - particularly the risk of rape.

“ We do not accept that girls and boys play together in our community; it is at school that I have fun with my boy friends but not at home, because if mom sees me having fun with the boys she beats me saying: ‘Have you ever seen the girls playing with boys?’”
Essohana, age ten (2015), Togo

The era of the decline of FGM/C

Some of the *Real Choices, Real Lives* girls - particularly those in Togo - have also been at risk of FGM/C as they grew up. While the prevalence has decreased over the last 30 years, and some of the fathers and grandfathers acknowledged the importance of abandoning FGM/C, there were caregivers who expressed regret that the practice was declining and concern that this would impact the social order.

"Excision [FGM/C] is now forbidden and the standard of girls' lives has improved. There is no forced marriage. Girls now enjoy their rights more fully than ever. [But] with the practice of excision girls had good manners, but since this practice is now abandoned because of emancipation, the girls freely enjoy life as they want and they do no more pay attention to the traditions."

Adjoa's father, Togo, 2009

This illustrates that despite legislative efforts to end the practice, FGM/C continued to be perceived as a way to control girls' behaviours and maintain gender norms.

Changing threats as girls grow up

Whilst the girls reported feeling unsafe at school and at home, we also heard about girls' feeling at risk of sexual violence in the community throughout their time with the study.

"When I was little, in grade three or 4, I went to a private class, and I came home alone [...] It was in the daytime. I went to a bridge and a man came. He got off his motorbike and talked to me in a caddish voice, 'Get on my motorbike and I will take you home.' When he got off his motorbike, I ran quickly to home... So, [now] I rarely walk alone."

Sen, age 15 (2021), Vietnam

The longitudinal findings revealed the threat of sexual violence in the community is highlighted as an increased risk as the girls get older. Sexual violence in the community began to be referred to more frequently by the cohort girls as they entered adolescence

"You're not safe walking alone, as in many cases. A young, female professional was raped and killed, you see... Here in [my community] I think, yes, not even a week ago... There are a lot of cases happening here right now, raping and then killing them."

Nicol, age 18 (2024), Dominican Republic

Attitudes about violence and protection

Over the years, exposure to GBV - together with pervasive social norms - have led the majority of the cohort girls to internalise a belief that it is their own responsibility to protect themselves from violence and abuse. When they were 14 and 15 years old, 57 per cent of the cohort girls believed that that girls were responsible for keeping themselves safe from violence and abuse. Troublingly, this belief solidified and entrenched over time, and by the time the girls were 17 and 18 years old 67 per cent believed that their protection was their own responsibility. This indicates how harmful gender norms can become deeply rooted and internalised by girls.

"If a girl doesn't protect herself from violence and abuse, she will get into problems"

Sylvia, age 15 (2021), Uganda

When social norms about violence are internalised, they lead to victim-blaming, where the fault is shifted from the perpetrator of the offence to the victim. As a result, the girls believed that they must restrict their movements (particularly at night), travel in groups or with a companion, dress conservatively, or avoid boys and men altogether.

"Girls should control where they go and learn how to conduct themselves to avoid becoming victims of violence."

Alice, age 14 (2021), Benin

Findings from *Real Choices, Real Lives* also demonstrate that some girls appeared to believe that access to societal protections was contingent on their adherence to gender and social norms. These girls often expressed that if a girl violated traditional gender roles or displayed 'risky' behaviour, their experiences of sexual violence would be justifiable, and they would no longer be entitled to help or support.

"If she stormed out in a temper at 11pm and something happened to her, the council would deny any responsibility towards her."

Thea, age 17 (2024), Benin

Across the cohort, fears about the risk of GBV against girls were often bolstered by a lack of justice and protection mechanisms for girls. Our research indicates that some girls expressed feeling let down by the institutions that were supposed to protect them.

“Girls that have experienced violence do not receive justice. The rights of children in this community are not protected.”

Dembe, age 15 (2021), Uganda

“Of course she’s the one who has to protect herself, because if she doesn’t protect herself, nobody else will.”

Katerin, age 15 (2021), Dominican Republic

New types of violence

Online violence has been an emerging issue in girls’ lives as they have gotten older and gained access to social media. Across the global cohort, many girls have encountered content online that they found distressing, and which can have long-lasting impacts on their mental and physical health, wellbeing and development. This has included pornography and misogynistic content, and a great number of the cohort girls have been digitally harassed by men sending them sexually suggestive messages, propositioning them for sex, or sharing explicit pictures or videos.

“There is a male stranger [who] chatted to me and used a rude word [...] and sent a bad picture to me. I felt angry.”

Lina, age 14 (2021), Cambodia

Many girls appear to have internalised shame and victim-blaming rhetoric relating to online harassment that they have experienced, which has made them less likely to report incidents, and more likely to recommend that girls “stop using the internet” altogether (Chantal, 2021, Dominican Republic) in order to keep themselves safe from harm. Notably, the girls were preoccupied with how girls can change their online behaviour to avoid harassment rather than focussing on accountability for online abusers.

Impacts on girls’ lives

Whilst the threat of violence enforces strict gender and social norms on girls by conditioning their behaviour to ensure their safety, these deeply-held beliefs about violence and protection have broader implications on girls’ lives. Over time, they became more likely to believe that boys should have more freedom than them and that girls shouldn’t make their own decisions due to the greater risks of violence and assault they face in their communities.

This has serious implications for girls’ mobility, self-esteem, agency and participation, and decision-making.

“If a girl takes a decision but it goes wrong and she has to go and talk to her father, he could say that he is not responsible for the situation as she took the decision alone.”

Barbara, age 14 (2021), Benin

Despite many girls having internalised harmful social norms, the *Real Choices, Real Lives* cohort girls demonstrate that some gender and social norms about violence and protection can shift positively over adolescence. Over time, many girls became more likely to believe violence is a socialised behaviour that can be unlearned. They referenced boys’ upbringing in socialising them into believing that violence and aggression are acceptable, as some highlighted the power of socialising nonviolence through positive examples.

“Because the way parents treat their children influences their thinking, the way they act, the way they think, how they can develop during their childhood and throughout their lives.”

Gabriela, age 17 (2024), El Salvador

As they grew up, the cohort girls also came to believe that a more gender-equal future is possible by highlighting that they must have the same degree of freedom as boys and demanding the same right to mobility and access to public space as boys.

“Since they say we’re all equal, we all have the same rights, and so we can feel safer when we go outside.”

Rebeca, age 18, Dominican Republic (2024)

Finally, as girls push back against gendered inequalities, some have developed clear and strong views about their rights and are demanding to be heard. Around a third of the cohort girls made it clear that they are refusing to be overlooked in their decisions and some remained optimistic that change was possible.

“In olden times, boys were listened to much more than girls, with the notion that boys had the power to build families but right now, even girls have proven to be that strong. So, they are listened to.”

Beti, age 17 (2024), Uganda

Real Girls, Real Stories: Gabriela's call for equal rights

Growing up in the city of Codó, Brazil, crime and violence were a regular feature in Gabriela's life, with high rates of robberies, gang violence and murders.

When she was 6, Gabriela's mother shared that she tried to keep her children sheltered from danger by keeping them at home as much as possible with the front gate locked. Gabriela was not allowed to walk to school alone due to the risk of *"irresponsible boys"* who might harm her; her mother's greatest concern was sexual abuse and felt that this was something that girls and women were *"always at risk of."*

Yet despite her fears, Gabriela's mother was the only parent among the *Real Choices, Real Lives* caregivers in Brazil to state that girls should not be responsible for their own protection. While other parents placed the onus on girls to modify their behaviour and restrict their movements in order to keep safe, Gabriela's mother argued that society at large was responsible for girls' protection.

**“I think everyone is responsible [for girls' protection].”
Gabriela's mother, 2021, Brazil**

This view reflected Gabriela's mother's broader attitude about gender equality: over the years, she expressed beliefs that boys and girls should have the same rights to inheritance, quality education and opportunities. Although her partner demonstrated some controlling tendencies at times, Gabriela's mother never let herself be walked over, stating *"I always stand by my decisions"* (2016).

Like her mother, Gabriela was aware of safety risks facing girls in her community. When she was 14, she noted that men often *"want to abuse [girls]"* - and suggested that male violence was deeply rooted in a 'natural' tendency of men to be domineering and commanding over women. However, her mother's belief in gender equality and her refusal to blame girls for the violence they experienced also appeared to have had a powerful impact on Gabriela, who felt strongly that everyone in the community was responsible for protecting girls from harm.

By age 18, Gabriela was staunchly pushing back against gendered social norms about violence and protection. She strongly rejected the notion that boys naturally prone to violence and aggression, saying instead that boys *"are taught to be that way"* and was outspoken against victim-blaming rhetoric that shifted accountability from offenders to girls and women.

Gabriela also challenged other harmful norms the limited girls' rights and opportunities. She expressed frustration that boys had greater freedom of movement than girls, saying that - unlike girls - boys *"[can] go everywhere, because they say that they're men, nothing will happen, whatever, so they go."* Instead of accepting the status quo, Gabriela spoke out for equal rights, demanding that girls and boys have the same opportunities, saying: *"we have to have equal rights, and if [boys] can do something, so can we."* (2024)

**“Girls have to live their lives the way they want to, not because someone wants them to live a certain way.”
Gabriela, age 18 (2024), Brazil**

Supported by her mother, Gabriela was determined to attend university and make a bright future for herself. She felt glad that her mother listened to her and supported her decisions and thought that all girls deserved the same thing: to be listened to and respected by adults on all issues that affected their lives.

Gabriela's story illustrates the strength of her mother's influence in helping her to question dominant discourses. Her mother's progressive views appear to have been critical in supporting Gabriela to challenge victim-blaming discourse about girls' protection responsibility and become an outspoken proponent of gender equality. Whilst the internalisation of these gendered social norms can have serious implications for girls' mobility, agency and decision-making, Gabriela's personal journey demonstrates that girls can be supported to challenge prevailing gender and social norms.

11. Climate Change and Food Insecurity

Climate change and food insecurity have had profound impacts on girls globally. Over the years of the study, girls and their families reported increasing climate change impacts and in a way that was not present in previous generations, suggesting the growing urgency to address the issue. Evidence from the *Real Choices, Real Lives* cohort girls has found that climate change and food insecurity have disrupted girls' education, undermined their health and wellbeing, and increased their exposure to violence.

"We're supposed to harvest but due to the heavy rains lately, the rice we got it empty. We're losing money because the fertiliser is expensive. It's sad ... We are trying. Of course, it's hard when there is no money to pay for the needs, whatever you do and that's it. The only important thing is to have something to eat."

**Rosamie, age 16 (2022),
the Philippines**

Key Findings

- **Girls were missing school because of direct impacts of climate change:** their schools were damaged by extreme weather events, closed for repairs in the aftermath, or inaccessible due to damaged or obstructed roads and pathways.
- Climate change and food insecurity impact on girls' access to education as **livelihoods were lost and deprivation worsened**. Family incomes were consistently falling, and food prices were increasing as unpredictable weather patterns made earning a living particularly difficult in the girls' agricultural and fishing communities. As climate change was taking a severe toll on livelihoods, the girls reported that their parents struggled to pay for their school fees or for their travel to and from school.
- **Education and information**, whatever its source, is key to the girls' climate change adaptation efforts. Where schools had a strong climate change curriculum, the girls demonstrated more knowledge about climate change, **greater confidence in applying adaptation strategies**, and could provide more detailed recommendations.
- **Climate curricula must be strengthened**. Many girls reported that what they were learning was 'not enough'.
- Many girls used the **green skills** that they learned in school so far - such as recycling and participating in youth collective action groups. Girls were **exercising leadership** in their everyday lives because they were keen to do what they can to combat climate change.

Recommendations

Girls spoke to the impacts of climate change on their food security and family livelihoods and a wish for greater knowledge on climate adaptation. Out of

these findings, the following recommendations are made to governments and schools:

- **Make schools safe:** Governments must support communities to repair infrastructure damage as quickly as possible and having robust gender- and age-aware disaster planning in place to minimise disruption to learning by having continuity plans for lesson delivery.
- **Improve climate change curricula:** Schools should embed gender-transformative climate change education into school curricula and improving the knowledge and teaching skills of the staff who deliver it.
- **Create better conditions for climate change adaptation and education:** Governments must

provide financial support for families whose incomes have been affected by climate change, to ensure that increased poverty does not threaten girls' education. And ensure the voices of adolescent girls are heard in climate change decision-making at all levels.

“I don't think I am prepared enough for the extreme changes weather as I lack knowledge about this issue.”

Leakhena, age 16 (2023), Cambodia

Setting the Scene: Climate Change and Food Insecurity

Globally, approximately one billion children are extremely susceptible to the impacts of the climate crisis.²¹⁵ Children and women - particularly adolescent girls - are among those most affected by the impacts of climate change.²¹⁶ They constitute the majority of the world's poor²¹⁷ and often have less access to knowledge and education necessary to build their own resilience and overcome the challenges created by the climate crisis and weather shocks.²¹⁸ Food insecurity, closely linked to and driven by climate change (as well as other factors, including conflict, adverse economic conditions and poverty), is equally gendered:

- Girls and women experience higher rates of hunger around the world than men, in which there are 64 million more female adults who are food insecure.²¹⁹
- Although girls and women make up 43 per cent of the world's agricultural workers²²⁰ and are often dependent on natural resources for their livelihoods,²²¹ they are less likely to have control over land rights and often have greater difficulty in accessing natural resources, such as clean water.²²²
- In some contexts, social segregation based on gender prevents girls and women from engaging in market activities.²²³
- As a result, girls and women are more likely to already be experiencing food insecurity before a climate shock,²²⁴ making them more vulnerable to its impacts, and after a shock girls are frequently the last to eat.

Gender norms mean that girls and women are less likely to be involved in decision-making at the household, community and national levels,²²⁵ meaning that their specific needs are often not accounted for in disaster risk reduction plans. One such barrier is that girls and women tend to be less mobile during an emergency, as they are often responsible for the care of others or have limited means to fund or support their evacuation.²²⁶ Girls and women are often the worst affected by food insecurity due to gender-based discrimination: in some contexts, girls and women receive less food than boys and men based on their lower social status and - in extreme cases - food deprivation is used as a form of femicide in cultures with a strong preference for male children.²²⁷

Girls and women also face specific gendered impacts of climate change and food insecurity. Rates of gender-based violence (GBV) spike during and after extreme weather events, and the displacement caused by climate change can lead to sex trafficking.²²⁸ Displacement and food insecurity can also lead to families adopting negative coping mechanisms such as child, early and forced marriage and unions (CEFMU). Access to support services is disrupted by crises, and evidence also suggests that girls and women experience sexual abuse and violence when trying to access emergency relief services following a climate shock.²²⁹

Setting the Scene: Climate Change and Food Insecurity in *Real Choices, Real Lives* countries

The impacts of climate change are being felt across the *Real Choices, Real Lives* focal countries with shifting weather patterns, increases in extreme weather, drought and flooding, and limited livelihood and subsistence opportunities. Six of the nine countries are rated as being exposed to ‘extremely high’ levels of environmental shocks and stress,^{au} with the Philippines ranked third globally.²³⁰ UNICEF’s Children’s Climate Risk Index rates three focal countries - Benin, the Philippines and Togo - as having a “very high” exposure to climate and environmental hazards.^{av} This rating measures children’s exposure to climate shocks and stresses, together with their underlying vulnerabilities - including health and nutrition status, poverty and other indicators.²³¹

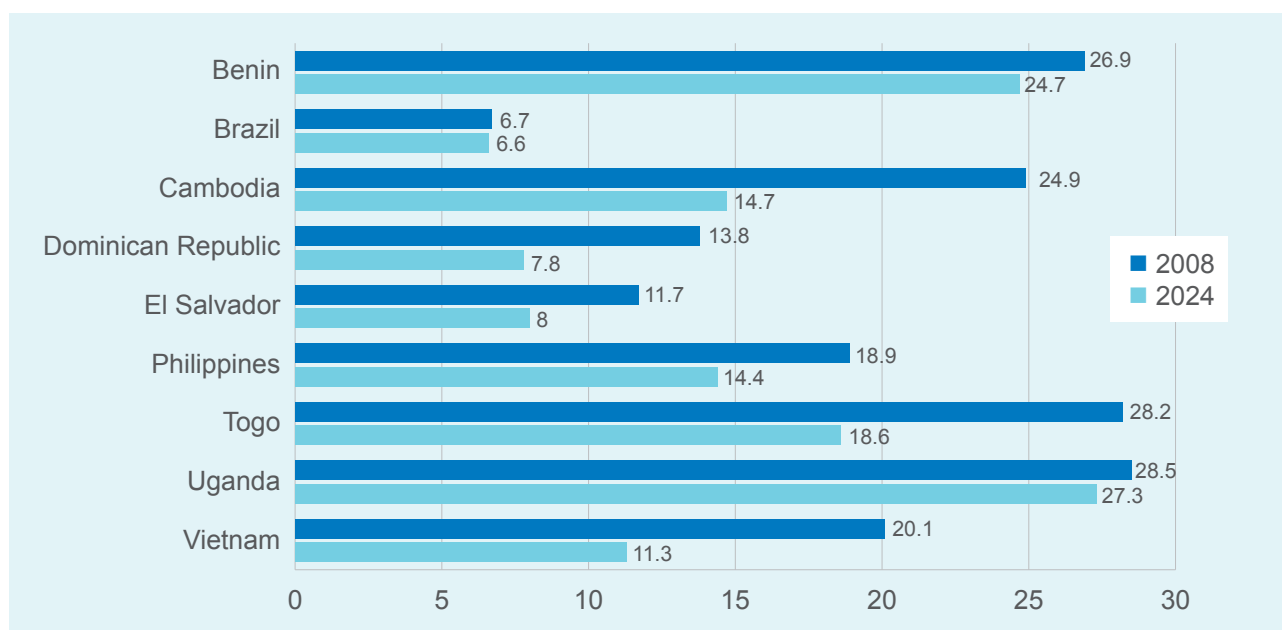
Looking back across the girls’ childhoods, in all nine focal countries there has been a reduction in the Global Hunger Index (GHI), which tracks a number

of indicators relating to hunger and nutrition (high scores indicate serious or alarming levels of hunger, low scores indicate low or moderate levels).

In 2008, when the girls were two years old, five of the focal countries were rated as having “serious” levels of hunger - Benin, Cambodia, Togo, Uganda and Vietnam, with GHI scores greater than 20.0.²³² By 2024, when the girls were 18, only two countries (Benin and Uganda) recorded serious levels of hunger, and rates in Dominican Republic and Vietnam reducing by almost half.

While it is positive to see reducing levels of hunger over time in the focal countries, undernourishment at a young age has severe and long-lasting impacts on children’s development. This means that some of the cohort girls may have experienced conditions when they were young that have critically impeded their ability to grow and thrive.

Figure 20: Global Hunger Index in *Real Choices, Real Lives* focal countries, in 2008 and 2024²³³



Evidence demonstrates that adaptation to climate change is associated with general education levels more broadly.^{234, 235, 236} Specifically, countries that have focused on girls’ equal access to education have suffered far fewer losses from drought and floods than countries with lower levels of education.²³⁷ Climate-specific education further builds adaptation capacities of communities. Despite

long-term resilience to climate change requiring critical investments in strengthening children’s skills and knowledge through education and access to information, there is limited evidence that climate change modules have been comprehensively integrated and mainstreamed into the curriculum across the *Real Choices, Real Lives* focal countries - except for the Philippines.²³⁸

au Benin, Brazil Cambodia, the Philippines, Togo and Vietnam.
av “Very high” is the most severe rating on the index.



Our Findings

Impacts of climate change and food insecurity

Across the global cohort, the girls observed and commented on climate change and its many impacts on their lives and livelihoods. Many had noticed unseasonable weather, prolonged rainy seasons or extended drought, and increases in extreme weather events.

“Crop failures are more frequent now. We grow crops but they don’t produce well.”
Fezire, age 17 (2023), Togo

“Before, we used to get moderate rainfall, the harvest was good and reliable unlike now.”
Amelia’s mother, 2023, Uganda

Climate change has had a profound impact on the girls globally across the cohort - including on their education. Infrastructure is one of the first casualties of climate change: floods and storms destroy roads, make journeys to school more hazardous and take their toll on school buildings. As noted in Chapter 4: Education, these conditions were causing girls

worldwide to miss school because their classrooms were damaged by extreme weather events or had become inaccessible due to flooding and obstructed roads.

“There are children who sometimes have to cross rivers, when the river is overflowing, this is, they can’t cross because of the current...”
Stephany, age 16 (2023), El Salvador

“The changing weather affects my studies. It’s always raining... we missed a lot of lessons.”
Darna, age 17 (2023), the Philippines

“The roofs of the classrooms were damaged by the wind. This meant that the classrooms had to be twinned in order to repair the damage.”
Azia, age 16 (2023), Togo

While some girls reported that their schools had taken positive steps to adapt to climate change - such as sending out class assignments to



Girl, 17, in the Philippines learning the importance of biodiversity in the defence against climate change © Plan International

students through their mobile phones or organising additional classes on weekends to make up for lost sessions - for the most part, the girls reported regular disruptions to their education due to extreme weather events.

■ ■ *When the weather forecast announces a storm or flood, the school will notify the students and then send a message to the parents, the school will announce the absence. After the flood, we all go to school and clean up. This is, after each flood, the whole class is assigned to clean up, and then all the students go to school the next day to do it.*

Kim, age 16 (2023), Vietnam

■ ■ *If there is a heavy rain and I am at home, it is difficult for me to go to school because the rainwater degrades the road... When it rains and there are a lot of absentees in class, the teachers redo the lessons because they know the track is not in good condition to be used by the students when it rains.*

Alice, age 16, Benin

Climate change has caused livelihood losses and deepened deprivation for families that rely on farming and fisheries for their primary income. Families reported damage or destruction of crops in Benin, Togo and Uganda due to dry, hot weather and drought, while in the Philippines and Cambodia, girls and caregivers described how rice harvests were significantly reduced due to flooding. Unfortunately, due to the climate crisis, the droughts and floods were getting worse and more frequent with drought-to-flood transition significantly increasing from regular rains.

■ ■ *It is hard for people who rely on land... For those who rely on water, it is hard to fish... if they have money, that is non problem as they can buy at the market but if we don't have much money, it is hard for them to find food on their own because it is so hot.*

Leakhena, age 16 (2023), Cambodia

■ ■ *As we lost a lot [of crops], sometimes we didn't have enough to sell or for them [family consumption] so we had to buy it.*

Susana, age 16 (2023), El Salvador

■ ■ *We're supposed to harvest but due to the heavy rains lately, the rice we got it empty. We're losing money because the fertiliser is expensive. It's sad ... We are trying. Of course, its hard when there is no money to pay for the needs, whatever you do and that's it. The only important thing is to have something to eat.*

Rosamie, age 16 (2022), the Philippines

Climate-related food shortages caused prices to rise, putting further strain on households and leading to increased rates of poverty and hunger. Food insecurity across the global cohort has been exacerbated by other factors too - many of the cohort families reported devastating impacts of COVID-19 lockdowns and restrictions. In Cambodia, girls reported experiencing food scarcity after their mothers lost their jobs during the pandemic, while in Benin, many of the girls' female caregivers work as traders and experienced a severe decline in income as they were unable to travel to buy and sell due to COVID-19 restrictions. Across the cohort, many families relied on remittances sent from family members working in cities and abroad. However, when these family members also lost their income due to COVID-19 restrictions, girls and their families were left without this safety net.

“Before the arrival of COVID-19, I used to sell porridge but with the restrictions, people no longer came out to eat and drink; everybody stayed at home and business dropped. We are now struggling to feed the family.”

Nini-Rike’s mother, 2021, Togo

As a result of livelihood losses and food shortages, the cohort girls reported that their parents have struggled to pay for school fees or for their travel to and from school. Some girls missed days or weeks of school, had to drop down to part-time so that they can get jobs to help support their families, or had been forced to abandon their education altogether.

“Mum used to grow [many] beans and I take [them] to school where I study as part of my school payments but due to the poor yield this has not been possible and as a result could be asked to go back home and pick school fees balance.”

Beti, age 17 (2023), Uganda

Our findings show that while climate impacts affect both girls and boys, they also create gender-specific challenges that disproportionately hinder girls’ education. A particularly gendered barrier to girls’ education that the cohort girls noted was unpaid care responsibilities. In the face of livelihood losses, some of the girls’ mothers had taken on additional work outside the home to supplement the family income; as a result, the cohort girls were expected to deputise for their mothers and take on more caring responsibilities in the home. Many of the girls commented that conventional gender attitudes mean that boys would not be similarly expected to take on unpaid care duties at the expense of their education.

“I don’t think parents will ask their boys to drop school because usually boys can’t be like girls, boys can’t take care of their family as much as girls.”

Uyen, age 16 (2023), Vietnam

Climate change is also linked with higher rates of child, early and forced marriage and unions (CEFMU).²³⁹ Some of the cohort girls reported cases of families resorting to CEFMU as a negative coping mechanism, threatening their ongoing education.²⁴⁰ Conversely, education is widely recognised as a protective factor against CEFMU early pregnancy,²⁴¹ and so when girls are forced to drop out of school

due to livelihood losses brought about by climate change, their risk of CEFMU increases.

“Girls face forced marriage. Parents take money from men in exchange for their daughters.”

Margaret, age 17 (2023), Benin

An additional gendered impact of climate change reported by the cohort girls is sexual exploitation and adolescent pregnancy. Some of the cohort girls reported knowing of peers who had resorted to selling or exchanging sex for money or food in the face of severe hunger, while others had seen their peers miss school due to financial hardship, only to become pregnant and drop out altogether.

“Sometimes, in order to find food, girls give themselves over to boys and the taste for adventure leads girls to drop out of school.”

Reine, age 17 (2023), Togo

For girls who remained in school, there were also significant barriers to their education caused by food shortages. Girls in Benin, Togo, the Philippines and Uganda reported a decline in their mental health due to a lack of food and anxiety about the difficulties that their families were facing, and higher levels of hunger impact children’s concentration levels and ability to learn while in school.

“No fun, no rests and not enough food – I become frustrated, I shut down, scowl and I am not happy.”

Annabelle, age 14 (2021), Benin

“She was affected because learning on an empty stomach may cause the child not to concentrate.”

Nimisha’s mother, 2021, Uganda

Education as the key to climate change adaptation efforts

Real Choices, Real Lives evidence also found that education is key to the cohort girls’ climate change adaptation efforts. Where schools had a strong climate change curriculum, the girls demonstrated more knowledge about climate change, greater confidence in applying adaptation strategies in their households and communities, and could provide more detailed recommendations for change than girls who live in countries where the climate change curriculum is limited. Notably, the girls in Uganda, where climate

change content has been embedded in the lower secondary school curriculum since 2012, had greater knowledge than their peers in many of the other focal countries. Amelia (Uganda), for example, had learned in school that changes to the climate “are attributed to the activities of man” (2023).

Many of the girls were using the skills that they learned in school - such as recycling, planting trees, joining youth collective action groups and spreading awareness. These activities demonstrate that girls were exercising leadership and using their initiative in their everyday lives because they were keen to do what they can to combat climate change.

■ *Climate change means environmental changes, erratic weather, earthquakes, and natural disasters in general. I have heard this word for the last half year. There are many things that affect the climate.*
Kim, age 16 (2023), Vietnam

■ *I like to recycle the old car tires as well as reuse my water bottle for several times. I sometimes plant the trees at school with my friends too. I usually take the left-over water from dish washing and washing up to water our crop. I save money to pay for my English class every month too. I save energy everyday by limiting the time of using electricity and I always tell my family and friends to take care of themselves during the weather change too.*
Davy, age 16 (2023), Cambodia

■ *Preparing in time and knowing about the weather forecast can help because it will not be abrupt when it is shining or raining - you will always be prepared.*
Justine, age 17 (2023), Uganda

Despite what they were doing and what they had learned, several of the girls express dissatisfaction with the level of climate change education they were receiving, saying that it was “not enough” to prepare them to adapt to climate change. They wanted to learn more about the causes of climate change, ways to protect their environment, and how to apply adaptive strategies in their households and communities.

■ *It's not enough. I want us to learn about the damage that can be done and also about many of the things that climate change creates, but we don't go into them in depth in school lessons.*
Annabelle, age 17 (2023), Benin

■ *What we are learning is not enough and I think we need more information about climate change.*
Larba, age 17 (2023), Togo

The girls also recognised that while there are adaptive measures that they could take at their community level, they could not meet the challenges of climate change and food insecurity alone.

■ *My actions alone can't solve [climate change].*
Juliana, age 16 (2023), Brazil

Real Girls, Real Stories: Reyna's experiences of climate change

Reyna grew up in a farming family in a coastal area of the Philippines. Over the years, the family struggled with the harvest due to increasingly extreme and unpredictable weather patterns. A year of drought could leave the harvest ruined and the family struggling with water scarcity, while the next year flooding would devastate the crops and bring food insecurity. Reyna's father spoke about the crippling impact of unseasonable and unpredictable weather patterns:

■ *When the months of June to December enter, that's the rainy season, but now it's not. It's very hot and when it's summer season, it turns into the rainy season. This means that climate change is severe, and it has a big impact on farmers like us here in the barangay.^{aw}*
Reyna's father, 2023, the Philippines

Continued...

aw A barangay is the smallest/lowest level of political administration in the Philippines, equivalent to a village or suburb.

Extreme weather events further impacted Reyna's family and community, increasingly pushing people into precarity and poverty. Reyna described the impacts of a typhoon in 2022 that had devastated her barangay:

“Many houses and our crops were destroyed. Many fishermen's boats were also destroyed. Our life was very difficult.”

Reyna, age 16 (2023), the Philippines

Livelihood losses led to food scarcity, and Reyna reported that her family were regularly only able to eat canned food during the dry seasons because there was no fresh produce.

“Sometimes, I cannot eat because the product is damaged due to bad weather.”

Reyna, age 16 (2023), the Philippines

Reyna also reported negative impacts of climate change on education for children in her community. Regular flooding and typhoons meant that students often cannot access the school - and Reyna shared that schools were sometimes closed for up to two weeks at a time due to flooding. In Reyna's community, many families have become unable to afford school expenses due to livelihood losses and have been forced to drop out of school.

For her part, Reyna's education was disrupted due to livelihood losses caused by crop failure, and said, “I know how it is when the product [crops] is at a loss because I had to miss my classes” (2023). Her education has also been disrupted by a heavy unpaid care load. With her parents taking on additional work to compensate for reduced income, Reyna was left responsible for her five young nephews and for cooking and cleaning the house. Balancing this with school left Reyna tired and stressed - with limited time to study. She worried about her school performance and wished that she had more time to socialise and relax.

Climate change had formed part of the curriculum at her school, and Reyna would come home and discuss what she had learned with her parents, helping to apply adaptation strategies in their home. Despite this, Reyna - like other girls in the cohort - felt that her climate change education was “not enough” and wanted to be taught more about how to prepare for extreme weather events and adapt to climate change.

“It should be taught in school how to adapt to the current situation. For example, during the dry season, there should be technologies that can help people know the appropriate method to not be affected by bad weather.”

Reyna, age 16 (2023), the Philippines

Reyna observed that a lack of financial security was a key barrier to families like hers being able to adapt to climate change and recover from shocks. However, Reyna noted that saving money was impossible for many in her community due to their difficult circumstances, saying that her family “don't even have enough for household expenses and needs,” let alone enough to save money for a safety net.

“I think the best solution right now to better prevent crop failures is to have money. Because if there is money, there is more fertiliser, there is more irrigation and there are enough funds to supply the needs at home and at school while waiting for the harvest.”

Reyna, age 16 (2023), the Philippines

Reyna was outspoken in her insistence that the government must do more to support poor farmers to adapt to climate change and called upon community leaders to support her “to be the voice of the poor, fight for their needs, and to reach those in charge in the government.”

12. Agency, Leadership and Participation

Globally, political leadership and representation remain heavily male-dominated. The *Real Choices, Real Lives* cohort girls highlighted how these structural barriers affected their opportunities for participation and leadership. Girls' priorities and perspectives were often excluded from the institutions shaping their lives due to discriminatory social norms, limited self-efficacy and inaccessible decision-making platforms. Despite these challenges, many girls were determined to make their voices heard. They articulated powerful demands for change on

issues that directly impact them and remain steadfast in their desire to be included in decision-making processes.

“When I know I’m right, I don’t cry. I also learned from my parents because if you cry, you will be repeatedly oppressed, and you should have the courage to defend yourself to other people.”

Christine, age 16 (2022),
the Philippines

Key Findings

- Few cohort girls had experience with formal political processes. However, many demonstrated political engagement through **interest in current affairs**, community action, and aspirations to vote and lead.
- Girls showed great agency in influencing decision-making and community action around them. Many cohort girls engaged in **community-level activities**, such as environmental action, youth groups, and church or sports clubs. They shared the value of these spaces where they developed leadership skills and observed **female role models**.
- Over the years, we observed parents expressing views that reinforced women’s limited political representation. While many girls challenged these beliefs, they also felt constrained by them.
- However, girls shared their feelings of low political efficacy and the barriers they faced in formal political participation, including age-based exclusion, gender norms that saw public decision-making bodies as male-centric, opaque political systems, and fear of harassment.
- Some girls expressed an interest in pursuing leadership to achieve social impact in their communities. Other girls shared their concerns about seeing themselves in leadership roles. Girls felt they **lack confidence, knowledge or skills** to be effective leaders, as well as fearing the double standards set for women politicians.

Recommendations

Despite their strong interest in driving change within their communities, *Real Choices, Real Lives* girls report facing significant barriers: limited access to decision-making spaces, low political efficacy, and

a lack of confidence, knowledge, and skills. These factors inhibit their ability to lead or participate fully in community life. The following recommendations outline key steps to embed girls’ voices in policy and

service delivery, safeguard their civic freedoms, and expand their opportunities to lead.

- **Challenge prevailing gender norms:** Governments should adopt policies and fund public campaigns in partnership with civil society organisations that challenge gender and social norms and that promote gender equality and the value of girls, boys and all young people's voices and actions in public and political affairs.
- **Embed girls' voices in public service delivery and interventions:** Governments at all levels should consult and include girls and women in the design of social service and community service policies to ensure that gender considerations are factored in their design, implementation, and monitoring. INGOs, international bodies like the UN and civil society organisations should foster inclusive spaces for girls to participate in decision-making, particularly to centre their voices on age-specific interventions. They must make accommodations to ensure unpaid carers can engage too.

- **Encourage and promote girls' active citizenship:** Governments and civil society actors should ensure legal and policy frameworks do not obstruct their civic freedoms and right to engage in activism.
- **Promote girls' leadership in schools:** Schools should provide opportunities for girls to develop their leadership skills through after school clubs, debating teams, and the provision of culturally appropriate and gender responsive civic education. Schools consult adolescent girls on what support they need to manage their education and other competing responsibilities and activities.

“ They think we're too young to talk about it, that we don't know anything... because it's a girl talking, and they'll think it's not a priority.”

Gabriela, age 15 (2021), Brazil

Setting the Scene: Agency, Leadership and Participation

Agency, leadership and political participation are three distinct, although closely related, overlapping and frequently conflated concepts. Agency is a broad and over-arching umbrella, and while it is often the prerequisite for leadership and political participation, these are by no means the only ways in which girls can and do exercise their agency. It is therefore critical to understand each of these terms both separately and in relation to one another.

Agency for girls and young women is the capacity to make decisions, shape their own life trajectories and influence the environment around them²⁴² without fear of violence, retribution, or fear.²⁴³ Agency is dynamic across the life course and a recognised key indicator of girls' empowerment - which refers to both an individual and social change transformative whereby girls and young women gain more power and autonomy to bring about change at an individual and collective level.²⁴⁴ Girls' agency is comprised of the ability to make daily decisions without adult supervision, the ability to move freely within the environment, and the use of voice to freely articulate oneself.²⁴⁵ But beyond these elements that rely on external validation, girls' agency is also characterised by an internal change process whereby a girl builds the confidence and empowerment to make

autonomous decisions even if she is not supported by her family or community. Girls can be agentic by questioning gender inequalities or identifying people and behaviours that are barriers to girls accessing their rights.²⁴⁶

Agency is manifested at the individual level but can also be practiced collectively towards the broader endeavour to transform the systemic reproduction of social and gender inequality, through **political participation**.²⁴⁷ Levels of participation of women in political office and in positions of political leadership have been shown to have positive implications for public policy choices, especially with regard to education and health.²⁴⁸ Women's political representation has been shown to have a positive ripple-effect, with their public visibility inspiring and enabling even greater women's political representation as other girls and young women are influencing to participate in politics.²⁴⁹ Since the adoption of the United Nations Convention on the Rights of the Child, there has been an increasing policy focus on the rights of young people to participate in civic and political life. Political participation of children and young people is important not only because it paves the way for their future political participation as adults but also



Girls in a children's club in Vietnam © Plan International

in order to ensure that their voices and interests are heard, as current rights holders and political actors.

Yet political participation through formal institutions is not the only avenue in which girls can be and are political and agentic. It is widely recognised that many young people remain active in informal and civic forms of participation, as well as pursuing alternative forms of participation differently to older generations and are employing. Furthermore, in many cases, girls are not able to be openly engaged in formal or informal political processes, or be involved in decision-making on issues they care about, and attempting to do so comes with the threat of physical violence. Therefore, girls can also exercise agency through carefully considered (in) action; sometimes, even silence can be agentic and political.²⁵⁰

Girls' and women's political efficacy (i.e. belief in their own ability to influence the course of politics) has been found by various studies to be lower than boys' and men's, a finding attributed to gendered

socialisation but also linked in part to lower levels of representation of women in political leadership.²⁵¹

As for age, there is a common tendency to dismiss the value of young people's opinions and contributions because of their age. Social norms and discriminatory beliefs linked to age and gender thereby influence the opportunities available for girls and young women to participate in politics, and the challenges faced by those who do. These discriminatory norms are often held in legislature, too. In many countries, young people are legally barred from running for political office. In 69 per cent of countries, the minimum legal age to hold parliamentary office is higher than the minimum voting age - a gap which both hinders young people from running for office and being represented in parliament but also sends signals to potential candidates that politics is not a 'business for young people'.²⁵²

Finally, **girls' leadership** is a distinct but also closely related concept. Generally, leadership has been defined as a process involving individuals influencing or directing 'followers,' and discursively constructed as being associated with 'masculine' characteristics.²⁵³ This has historically excluded girls and women from positions of power, as gender norms and stereotypes in many contexts dictate that girls and women are expected to be submissive, agreeable and compliant. The concept of feminist leadership takes a different approach, prioritising collective power and decision-making, collaboration, and relationship-building over competitiveness and hierarchical authority.²⁵⁴ Feminist leadership interrogates the gendered nature of power, and highlights the ways that this has served to exclude girls and women from authority and leadership.²⁵⁵

Through this lens, we can understand the girls enact leadership in numerous ways. They may exercise leadership in formal avenues, such as through civic and political participation, public activism, or via institutional or organised structures (for example, through student government or community youth groups). Or they may exercise leadership through informal and non-traditional ways, either individually or collectively, by using their power, resources and skills in non-oppressive, inclusive structures and processes to mobilise others around a shared agenda of social, cultural, economic and political transformation for equality and rights.²⁵⁶

Through Real Choices, Real Lives evidence we see the ways that girls exercise leadership by challenging gender norms, aspiring for the future, and exercising their agency and decision-making autonomy.

Setting the Scene: Agency, Leadership and Participation in *Real Choices, Real Lives* countries

Globally, political leadership and representation have remained heavily male-dominated, despite some progress since the start of the study. In 2006, women’s representation in national parliaments and cabinets was lower than today. By 2025, there are 26 women heads of state, with 22.9 per cent of women represented as cabinet members heading ministries and 27.2 per cent of women represented parliamentarians in single or lower houses.^{257,258}

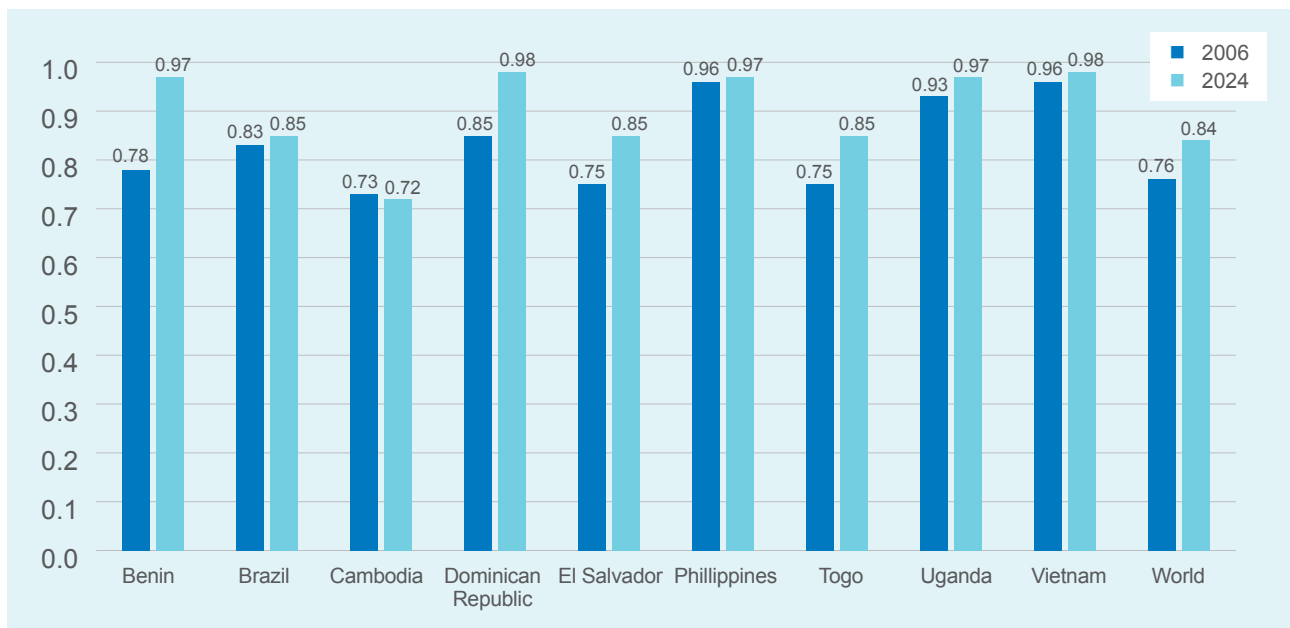
Progress has stalled: women’s representation peaked in 2015, and since 2023, fewer countries have female leaders or gender-balanced cabinets.²⁵⁹

None of the focal countries have female heads of state or government.²⁶⁰ Of the *Real Choices, Real Lives* cohort countries, four (Benin, Togo, Brazil

and Cambodia) have women’s representation rates below the global average; the lowest rate is seen in Cambodia with women making up only 13.6 per cent of the national parliament. Legislated candidate quotas serve to improve women’s representation in formal political, with half of the countries of the world today use some type of electoral quota for their parliament.^{261 262}

Across the other focal countries, women’s political participation has generally improved from 2006 to 2024, as reflected in the Women’s Participation Index (ranging from 0 to 1, with 1 indicating full equality), which tracks progress in legislative representation and political power.

Figure 21: Women’s political participation index in *Real Choices, Real Lives* cohort countries, in 2006 and 2024²⁶³

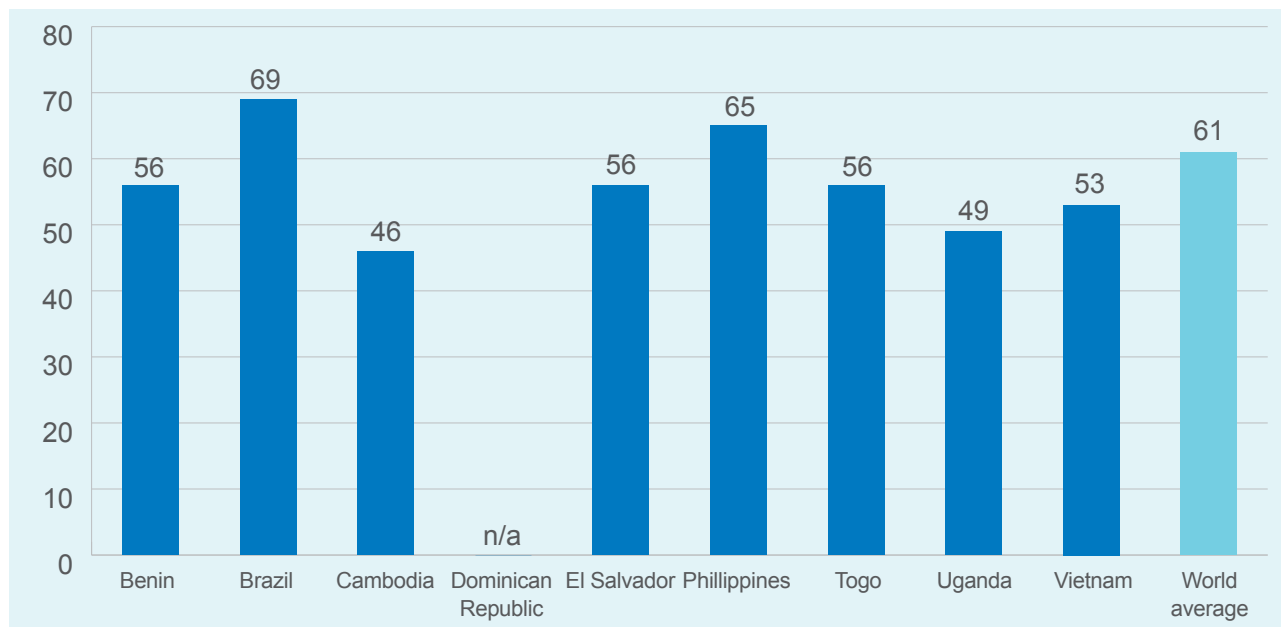


Youth are also poorly represented in formal political processes. Only 2.8 per cent of the world’s parliamentarians are aged under 30²⁶⁴ – meaning that the voices of young people are too often excluded from decision-making. Notably, there does not seem to be a correlation between countries’ exclusion of women and exclusion of young people from formal political processes: in Brazil, women make up only 18.1 per cent of parliamentarians,²⁶⁵ and yet the country has a Global Youth Participation

Index^{ax 266} (GYPI) score of 69 out of 100 (greater than the global average of 61) – indicating that young people are highly engaged in the country’s civic and political affairs. We also see the inverse in Uganda – where women make up more than a third of the national parliament, yet the country has a GYPI score of only 49.

ax A comparative index measuring youth participation globally. It measures how young people (ages 15-30) engage across four dimensions: Socio-Economic dimension, Civic Space dimension, Political Affairs dimension, and Elections dimension.

Figure 22: Global Youth Participation Index (score from 0 (low) to 100 (high) in *Real Choices, Real Lives* cohort countries, in 2024267



Young women sit at the intersection of gender and age discriminations and barriers to political participation, and as a result are even further underrepresented. Just two-fifths of the world's youth parliamentarians (those aged 18-30) are women. Plan's 2022 survey of 29,000 girls and women aged 15-24, from 29 countries, found that respondents face significant barriers - social and gender norms that discourage girls' political participation; not being listened to or taken

seriously; fear of violence, harassment, or abuse; and restricted civic space - when taking part in political activities and feel poorly represented by the politicians elected to serve them.²⁶⁸

In recent years, growing global repression - including restrictive laws, distortion of human rights language, and targeted violence - creates fear and forces many young activists, especially girls, to self-censor and silence their voices and engagement with the political sphere.

Our Findings

Global trends indicate that the majority of girls do not participate in formal political processes, in part because there are very few outlets to do so, and in part because of mistrust of formal institutions - including a learned expectation that their voices will not be listened to and included. Findings from *Real Choices, Real Lives* are consistent with this trend: very few of the cohort girls had experience of participating in formal political processes. Despite this, many girls were very political - particularly in later adolescence. They engaged in current affairs, took part in community-level action, expressed their intention to vote and have their voice heard, and expressed political leadership aspirations. They also reported 'doing' politics in their everyday lives in the ways that they negotiated and resisted gender norms at the individual, household and community levels (see Chapter 5: Resisting Gender Norms for more information).

Engagement with current affairs

Many of the girls reported that they engaged in current affairs, such as by reading about political issues online, following discussions and debates in the news, and providing their commentary and opinions on unfolding events.

“I watched [online] what's going on in our country, political issues about who's the strong contender for the presidency, what 's the status of COVID-19, weather updates if there's a typhoon coming, and what's going on in the war in Russia and Ukraine.”
Chesa, age 16 (2022), the Philippines

Almost all of the cohort girls expressed their intention to vote when they turned 18 in 2024, demonstrating their interest in and desire to engage in political processes. Some girls spoke about the importance of the character of political representatives in deciding who to vote for: in Benin, Thea said that she would “*choose the person I trust*” when voting, and in El Salvador, Stephany said that citizens should use their vote to elect a “*good*” person.” A number of girls in Togo spoke about their vote as being linked to the progress and development of their country - indicating a communitarian view of politics - while in Vietnam and the Philippines, the girls emphasised the importance of being able to choose their leaders, signalling beliefs in democracy. Some girls also reflected on voting as a responsibility, including Gladys (El Salvador) who indicated that her main motivation to vote was out of concern for how other people use their vote, demonstrating an awareness of the potential impact that abstaining from voting can have on a country’s governance. Across these examples, it is evident that the cohort girls saw a future in which they would be actively participating in formal political processes and will have the agency to determine their decision-makers.

Community-level action and participation

Community level participation was also evident amongst the cohort girls, giving an insight into the way that youth-inclusive groups support girls’ agency to participate in their communities. Some girls reported having participated in community action on environmental issues. Saidy (Dominican Republic) and Kieu (Vietnam), both aged 16, said they had taken part in community clean-up activities, while Rosamie (Philippines) reported that she had participated in a campaign to protect her local environment. Community participation was a common feature of life for the cohort girls in Vietnam, and in many ways, it appeared that this was expected of the girls as part of their citizenship, rather than extraordinary demonstration of leadership. Most girls were involved in their local Youth Unions, and many shared that they had played roles in their community’s COVID-19 pandemic responses in 2020 and 2021. In just one example of many, Hang (16, Vietnam) reported that she was Secretary of her Youth Union and a core cadre of her local Schoolgirl Club, which organised capacity building and advocacy activities for girls from ethnic minorities. She described how her participation in her Schoolgirl Club, made her feel “*very happy and excited.*”

The cohort girls in Brazil also reported high levels of community engagement. Sofia was involved with a youth group in her church, and Fernanda and Larissa were both members of local football clubs. Through their involvement in community groups and activities, the cohort girls reported being exposed to female role models in their local areas, who inspired them and expanded their ideas of what is possible for girls and women. In 2024, Fernanda said that it was “*cool*” to see women leading community activities and making decisions, because “*we usually see more men participating in these groups, right?*” Like Fernanda, Camila and Bianca’s participation in community groups had inspired them and prompted them to reflect on gender norms about leadership and political participation. Camila shared that she thought it importance for girls and women to get involved in community activities “*because men already have more opportunities than women*” (2024), while Bianca stated that more women needed to take on community leadership roles to make sure that they were “*in the middle of important decisions*” (2024). Based on her exposure to positive role models in her community, Bianca has been inspired to imagine a powerful future for herself, saying:

“*I’d like to be a strong, determined person, who doesn’t give up on her dreams, who persists until she gets what she wants.*”
Bianca, age 17 (2024), Brazil

Some girls expressed an awareness of how they could influence decision-makers in their communities. What these girls appeared to have in common was knowledge and awareness of their rights, and seeing themselves as rights-holders; this appeared to increase their feelings of political efficacy. In Benin, Thea reported that she had learned about her rights at school and knew how she could effect change in her community.

“*Yes, at school we were taught that we also have rights. So, I can go to the delegate to give my opinion on a decision we have to take. I can write a letter to the district chief and the mayor. If I go to the delegate and he has not listened to me, I can look for my fellow students who have the same worries as me and we will go together to the head of the district.*”
Thea, age 16 (2022), Benin

By contrast, girls who believed they lacked rights expressed lower feelings of efficacy. Michelle (the Philippines) believed because she was young, she had no rights and therefore could not attempt to influence those in power. Age as a barrier to community participation and decision-making was spoken about by other cohort girls, who often referred to politics as being for adults. Larba and Anti-Yara (both in Togo) said in 2022 they would face active criticism or discouragement due to their age if they tried to take part in community decision-making. The cohort girls also reported that political systems were structured in ways which limit their ability to voice their opinions and demands, which in turn affects their sense of political efficacy. Girls suggested that the mechanisms through which girls can have influence were opaque and inaccessible to young people - with many girls in the LAC cohort specifically saying they did not know how to go about influencing their local leaders.

Gender norms were described as another key barrier to their participation. A number of girls described community decision-making as 'male business' or felt that there were distinct spheres of influence for women and men in community politics - split along gendered lines. While women could participate in decisions relating to household expenses and rising costs of living, men were seen to dominate all other areas of decision-making. As a result, some girls had the perception that men were more active in their communities - which shaped their view of their future ability to participate in community politics.

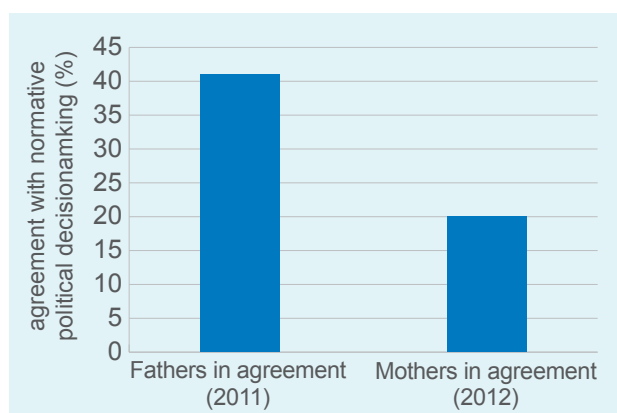
■ *Men are the ones I see active when it comes to political matters here in our area.*
Mahalia, age 15 (2022), the Philippines

Fear of violence, harassment and intimidation against girls specifically was also raised by some of the *Real Choices, Real Lives* girls; Ladi (16) and Fezire (16) in Togo raised concerns that girls may be subject to violence for raising issues with authorities in their community.

Girls' political aspirations

We can track the course of girls' interest in politics to their caregiver's views when the girls were in their early years. We asked caregivers on their agreement with the following statement: "It is not crucial to have the same number of men and women leading the government". Agreement with the statement would indicate normative views on decision-making that favour male over-representation and maintain women's limited political representation.

Figure 23: Caregivers' agreement with the statement: "It is not crucial to have the same number of men and women leading the government", by gender



We can see how, growing up in households where almost half of all fathers and a fifth of all mothers, girls' political aspirations could be limited.

In 2022, the *Real Choices, Real Lives* cohort girls were asked about whether they could see themselves as formal political leaders in the future; most girls said no. For the girls who were interested in being a leader, their aspirations to participate in formal decision-making in the future is a key indicator of girls' agency to pursue leadership. However, leadership extends far beyond the confines of formal politics, and a number of the cohort girls appear to recognise this and highlight other ways they believe that they can exercise leadership in their communities.

Of the girls in Togo who said that they would like to become political leaders, they generally linked this to the benefits that they would be able to bring to their families, communities, or countries from being in a position of power. This is notable given Togo has amongst the highest number of female heads of government globally. Anti-Yara told shared that she wanted to be an advisor to the president, "to better advise him to fix the roads of Togo and to build baits in the markets" (2022). This would contend with her father's view in 2021 that indicated women should only be involved in decision-making that relates to women's issues. Anti-Yara's leadership ambitions appeared to have simmered by the following year, when she stated: "my hope for the future is to find a job, earn lots of money and build a big house for my parents" (2023). Anti-Yara's change of heart perhaps reflects her awareness of the reality that formal politics is a very narrow and limited pathway, and girls' agency to engage in political leadership is heavily shaped by what is (or is not) shown to be accessible for them.

Contributing to progress or to the evolution of the country was often a key motivation for girls stating that they wanted to become political leaders. For Essohana (Togo) who wished to be a local councillor, a woman leader's contributions were particularly important:

“To help my community and to make my country evolve; and because when a woman takes the lead in something, it always works out well and it's good to know, she is valued and respected.”

Essohana, age 16 (2022), Togo

Here, Essohana is considering both altruistic impacts of being a leader and her own individual status. Like Anti-Yara's father, Essohana's mother believed that women should only be involved in decision-making around women's matters - and like Anti-Yara, Essohana went against this view.

Rubylyn (Philippines) shared a vision of her future leadership that was driven by altruism and a desire to improve the lives of people in her community.

“I want to become a leader in our barangay in the future when I'm of the right age to be elected. I want to be able to provide the needs of the people and help those who are sick. I will implement giving free medicine to those who are sick.”

Rubylyn, age 16 (2022), the Philippines

Other girls - particularly those in El Salvador, the Dominican Republic and the Philippines - expressed their interest in becoming leaders in the future in order to solve specific community issues such as lack of housing and healthcare.

Despite their aspirations, many girls felt that they did not have the required skills or knowledge to take on political leadership roles. Many girls in the

Philippines mentioned that girls' lack of confidence was a key barrier, sharing that they were too shy or embarrassed to speak with those in positions of leadership or power:

“I'm embarrassed. I might not be heard.”

Michelle, age 15 (2022), the Philippines

In the Philippines, girls said that knowledge of key legislation was necessary to be able to fight for their rights, while cohort girls in Vietnam highlighted the need to have knowledge on a broad range of political issues and felt insecurity about their abilities, using examples of their roles in student government and their perceived underperformance in these roles.

“Because I find out that when I am a leader, I make a lot of mistakes. Comparing with other [school] monitors, I think they are doing much better than I am.”

Trinh, age 16 (2022), Vietnam

This lack of self-confidence appeared to be closely linked with gender norms, as well as an awareness of the unfair and much higher standard to which women politicians are held in comparison to men. Gabriela (Brazil) said that she is not interested in becoming a political leader “because other women have tried, and they were not successful, so the same thing would happen [to me], I wouldn't succeed” (2022). Hang (Vietnam) also shared her fear of failure, and underlined the double standards set for men and women, saying:

“If a male leader and female leader make the same mistake, the female leader will be blamed more.”

Hang, age 16 (2022), Vietnam

Real Girls, Real Stories: Girls in Cambodia leading climate action

The girls who shared political leadership aspirations were the exceptions in the *Real Choices, Real Lives* cohort; the majority did not share political aspirations, yet this did not mean that they did not see themselves as leaders. Many of the cohort girls had **a broader vision of leadership** - recognising their transformative power to mobilise others and influence change beyond formal political pathways towards exhibiting leadership in community action and reflection.

In 2023, we talked with girls in Cambodia about climate change, and a number of those girls showed a great deal of agency and leadership addressing the impacts of climate change and support their community's adaptation efforts.

Continued...

Firstly, Davy reported she was concerned about hot weather, rain in the dry season and other such climate impacts; she was keen to be part of solving the problem. She described a number of actions she was undertaking that she learnt about at school:

“I like to recycle the old car tyres to [often plants herbs] as well as reuse my water bottle for several times. I sometimes plant the trees at school with my friends too. I usually take the left-over water from dish washing and washing up to water our crop. I save money to pay for my English class every month too. I save energy everyday by limit the time of using electricity and I always tell my family and friends to take care themselves during the weather change too.”

Davy, aged 16 (2023), Cambodia

When we asked Davy about her hopes for the environment, she spoke to her individual responsibilities and ability to participate in solving the issues:

“I want to be a part of solving the above problem, so I should save the environment, reduce plastic, plant trees, and I should not [burn] the plastic.”

Davy, age 16 (2023), Cambodia

Leakhena reported that she and her peers participated in their school’s climate adaptation plan by cleaning the school and spreading absorbent soil on the floor to prevent flooding. Mony similarly said that she formed an environmental team at her school in Cambodia to clean up classrooms after floods. However, she believed that schools should “provide more detail about climate change issues” (aged 16).

A number of girls in Cambodia expressed their dissatisfaction with the level of climate change education they received at school. Girls were thereby reflecting on what their needs were and recognising that the education they received was not meeting those needs – it’s an assessment of the resources they need to expand the options available to them. Kannitha expressed a wish to study more on climate change in grade 12 because she felt she was not well equipped with knowledge on how to prepare and cope with extreme weather events. Others shared Kannitha’s feeling of being ill-prepared:

“I am not sure if I am prepared enough or not.”

Davy, age 16 (2023), Cambodia

“I don’t think I am prepared enough for the extreme changes in weather as I am lacked of knowledge about this issue.”

Leakhena, age 16 (2023), Cambodia

Girls made suggestions on how schools were a platform for young people to participate in community climate action. For example, Reaksmey said schools should “encourage students to grow more trees and save water.” Kannitha was concerned that students at her school did not have the opportunity to participate in developing plans to prepare for, avoid and respond to the impacts of extreme weather events. Kannitha suggested that “the school should form the student group to join the discussion” to ensure that youth voices are included.

Despite concerns about schools, Girls in Cambodia spoke strongly about the importance of the community in stopping deforestation, indicating their interest and engagement in civic action. Bopha felt strongly that more needs to be done to stop deforestation, and she felt comfortable telling people herself that they should not cut down trees and to instead plant more trees. Bopha shared that her community leaders were active in spreading awareness about climate change and encouraging the community to act. Bopha said, “the monks, District Chief, the Commune Chief and Village Chief ask all the students to plant the tree” (2023). Kannitha, Lina, Mony and Reaksmey all shared similar opinions that their government should “encourage people to plant more trees and stop deforestation” (Mony, 2023).

13. Aspirations and Pathways to Decent Work

The Real Choices, Real Lives girls dream big: many wish to be leaders in their communities - including as doctors and teachers; have families and homes of their own; and have fulfilling careers as tailors, scientists or politicians. Despite challenging circumstances, their ambitions show what's at stake: that if we continue to hold girls back, we lose a generation of leaders and changemakers. The cost to society is staggering –

gender inequality is costing the global economy \$10tn²⁶⁹ - but the personal cost of unrealised dreams is incalculable.

“[I'll be] working, I'll have graduated, [but] I don't know yet [what I'm studying]... Only that I want to be a football player too.”

Fernanda, age 15 (2021), Brazil

Key Findings

- The cohort girls aspired to a range of different futures, including 39 per cent having aspired to go into STEM^{ay}-related careers. Many wish to bring about **positive change** in their communities.
- The pathways to girls achieving their aspirations and accessing decent work were influenced by role models, time use, **enabling environments**, and caregiver support. Girls who were supported by their parents to prioritise their education and ambitions were able to spend more time working towards their stating goals.
- Key barriers to girls' capacity to aspire included having high levels of **unpaid care** responsibilities and a lack of parental support or investment in their dreams for the future.
- Marking girls' aspirations in the Real Choices, Real Lives study is key to understanding how **changing factors over time shape their aspirations** and tells us what we stand to lose if we do not support girls to achieve their dreams.

Recommendations

Across girls' stories, we found that for girls to believe that their aspirations are feasible and achievable, they must be supported to prioritise their education; have female role models around them who demonstrate what is possible for girls and women to achieve; and have the ability to make purposeful decisions about how they spend their time.

- **Invest in parent care programmes:** Governments should fund and implement both community- and school-based programmes to strengthen relationships between young girls and their caregivers.^{az}

ay Science, Technology, Engineering, and Mathematics

az Research shows that parental aspirations often outweigh socioeconomic status in influencing a young person's ambitions, and these formed aspirations strongly drive future achievement. For example, a study in Australia revealed that, Australian adolescents whose parents want them to go to university are *four times more likely* to complete Year 12 and *eleven times more likely* to aim for university than peers without such parental support.

- **Continue efforts towards gender transformative action to eliminate gendered barriers:** Governments, NGOs and CSOs should ensure women's economic participation and support their aspirations and the actualisation of their ambitions. Further investments should be made to provide services that redistribute care work and lessen the burden that young women bear in homes. This can include strengthening the care sector by making it better paying, providing services such as washing machines and similar machines that lessen the load that young women bear.
- **Celebrate female role models:** Ensure role models are investing in role modelling programs and exposure for girls and young women,

especially those that are in marginalised and hard to reach locations. This can take the form of career guidance sessions, mentorship, industry visits and coaching. These programs should be built into the existing school curriculum and should start when the children are very young so that they should grow up seeing and knowing that opportunities are available beyond the traditional care jobs for women such as nursing and teaching.

“ I think leaders have a high salary and good job. I would have staff respect me. Because my mother is a leader, I want to be the same as her.”

Thi, age 15 (2022), Vietnam

Setting the Scene: Aspirations and Pathways to Decent Work

Aspirations

Young people's aspirations give insight into a crucial period for deciding one's future, but also to establish the society that young people want to live in in the future. Aspirations are influenced by individuals' own beliefs about what they can feasibly achieve with effort and within their structural constraints. Girlhoods are generally shaped and influenced by structural constraints of gender and social norms and the study participants are located in particularly low socio-economic regions of LMICs. These realities shape the girls' choices that they make today, and influence their perception of the opportunities available to them in the future.²⁷⁰

Girls' aspirations concern an interplay of concepts around feasibility, current constraints, and future projections. Girls' perception of achievability of their aspirations is in itself a productive act of agency. As girls imagine a future for themselves where their aspirations are possible, they begin to discursively and actively produce this reality, even against the backdrop of their constrained environments.²⁷¹

Factors that affect aspirations

Youth aspirations are shaped by multiple influences: parental support, location, local infrastructure, quality of public services, and community stability. Youth adjust their aspirations in accordance with their realities.²⁷² In other words – young people who are

currently enrolled in school, who have a higher level of education, and who are surrounded by a community which validates their aspirations as being feasible and attainable, are more likely to have higher aspirations than those who are out of school, have lower levels of education, or whose communities believe their aspirations to be unrealistic.

Decent work

Girls' capacity to aspire is thereby shaped by the experiences of work they have been exposed to growing up and the opportunities structured by their environment and available to them. Decent work encompasses opportunities for work that are productive and deliver a fair income; security in the workplace; social protection for families; better prospects for personal development and social integration; freedom for people to express their concerns, organise and participate in the decisions that affect their lives; and equality of opportunity and treatment for all women and men. Its fundamental premise is founded on workers' rights, with gender equality cutting across all pillars of decent work.²⁷³

Role models

The presence or recognition of role models - named individuals or collective groups of older people that are both within and beyond the immediate social environment of the girl (Wamoyi et al., 2021) - can support an individuals' perception of feasibility in

terms of demonstrating a trajectory or a road map to achieve a particular aspiration within similar constraints.

The relationship between time use, aspirations & agency

Time poverty results in adolescent girls being less able to participate fully in social and political activities; undermining children’s ability to construct and determine their own social lives, and to exercise their rights to participation and autonomy.

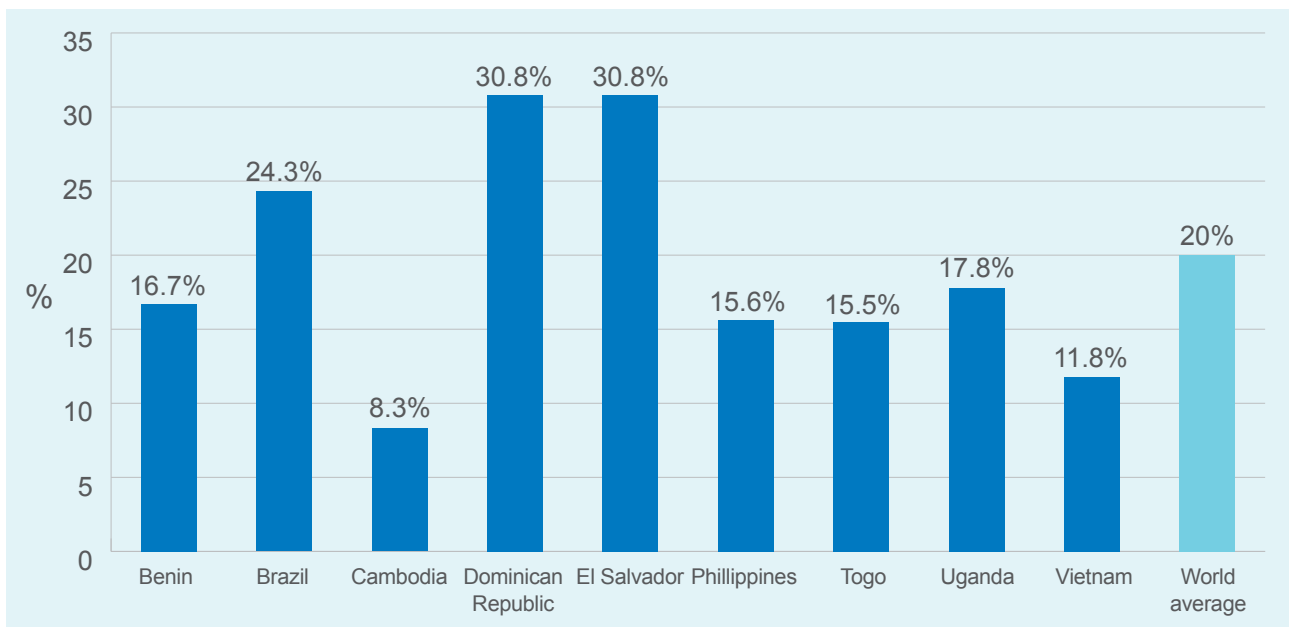
Aspirations, agency and girls’ time use are intimately connected and have a circular relationship. The way that an individual spends their time can dictate their perception of the options that are available to them for their future. This determination of what is feasible in turn shapes individuals’ aspirations, as people tend only to aspire to things that they consider to be attainable based on their circumstances and

resources.²⁷⁴This influences time use, as individuals make choices about the activities that they undertake in pursuit of achieving their goals²⁷⁵ Time poverty can therefore restrict girls’ aspirations, as it denies them the opportunity to invest time in pursuit of their goals and limits their perception of what options are available to them.²⁷⁶

An unequal gendered distribution of chores can reinforce gender norms and socialise girls into believing that domestic duties are the only roles that girls and women are suited for. Studies show that these perceptions of what are considered ‘masculine’ and ‘feminine’ career paths are formed at an early age²⁷⁷ - meaning that when girls are observe unequal divisions of labour in the home and spend a larger portion of their own time on unpaid care responsibilities compared with their brothers, this can lower their self-esteem and narrow their ambitions.²⁷⁸

Setting the Scene: Aspirations and Pathways to Decent Work in Real Choices, Real Lives countries

Figure 24: Share of female youth not in education, employment or training (% of female youth population) in *Real Choices, Real Lives* focal countries – most recent data (2021-2024)²⁷⁹



Decent work opportunities in Benin are low for girls and young women in Benin, due to discriminatory gender norms, low skilled young female workforce, and lack of childcare services.²⁸⁰ This is also the case in Uganda - where women with the same education

level earn less than men and women are mostly in the lower-skilled manufacturing jobs.²⁸¹ In Togo, women are not protected by the Labour Code - which established equal pay in the formal sector only²⁸² - as 93.9 per cent women workers are in the informal sector.²⁸³

A girls' football project in Benin promotes safe spaces for girls to participate in sport © Plan International



Girls and young women in the LAC region are particularly shut out in their respective nations' labour markets compared to male counterparts. In Brazil, women have higher rates of higher educational attainment than men, the wage gap increases with educatedness.²⁸⁴ In the Dominican Republic and El Salvador, women are more likely to experience unemployment, work vulnerable jobs, and earn less than men.^{285,286}

In Cambodia, despite women's relatively high labour force participation, this encompasses their high share of the informal sector, with 58 per cent of women in vulnerable employment.²⁸⁷ In Vietnam, as in Cambodia, it was found that low higher educational attainment makes female informal workers encounter greater disadvantages than men in terms of income, social benefits, and working conditions.²⁸⁸ In the Philippines, women who work are mostly concentrated in low skill positions (due to economic necessity, care responsibilities, and norms) or high skill occupations (because of high rates of education) yet remain facing wage gaps.²⁸⁹

Our Findings

Understanding the range of girls' aspirations

Girls indicated they could imagine themselves in careers that are typically not women-dominated. 13 per cent of girls talked about being business owners, accountants or studying economics. Several girls wanted to be police officers or go into criminology, Dolores (Philippines) wanted to become a firefighter, and Kannitha (Cambodia) and Beti (Uganda) both wanted to be lawyers. 39 per cent of girls shared aspirations of going into STEM-related careers, including six medical doctors.^{ba}

A snapshot of girls' dream jobs:

- Nhi (2022) from Vietnam wanted to be a photographer, and hopes that she "will have a stable job... I will be able to become a leader and be praised by many people."
- Gabriela in El Salvador wanted to study International Relations and English so that she can become a translator or work in foreign relations.
- Azia from Togo wanted to be the Minister of Health, "[I wish] to help and care for people in my community and country" (2022).

Real Choices, Real Lives cohort girls told us how their aspirations are shaped by role models, which can also expand what they see represented by other women. For example, in Cambodia, Nakry (2021) demonstrated an in-depth awareness of her aunt's responsibilities and duties as a teacher, and would like to follow in her footsteps. Community role models demonstrate achievability and a 'roadmap' for how to gain the same success.

Various cohort girls' aspirations were shaped by a need to be an altruistic influence on their communities. For example, in Brazil, Bianca's educational and career aspirations show her hopes for her own future and how she wanted to help others:

“ [In five years, I would be] working, going to university, living with my mum... having a bike, a better house... The fact that I want to major in psychology...for a while now I've had this dream of helping people [who] have a problem with self-esteem, anxiety...”
Bianca, age 15 (2021), Brazil

Bianca was imagining a future that improves upon her current context, and by 2023 Bianca specified a degree as the pathway towards achieving this

ba 40 per cent of the global STEM workforce is filled by women, too. (ILO, 2023)

dream. *“I wasn’t sure before, but now I think about studying Psychology.”* Longitudinal data gives way for showing how a girl has an initial interest in a topic, and over time establishes the means to achieve her goal. Over time, Bianca refined her aspirations, based on specific decision making that has taken into account the resources available to her and what options (a psychology degree) can achieve her goal (to help people).

Over the years of the study, Azia from Togo was often discussing her future ambitions, which were strongly tied to the healthcare situation in her country and to resemble a figure in her community, the district nurse. Azia initially explained that she intended to be a nurse to contribute to her family and community health: *“[I want to] look after sick people and look after my family”* (2021). By 2022, this had developed into an aspiration to improve healthcare on a national level by becoming a Minister of Health, *“[I wish] to help and care for people in my community and country”* (2022). The nuance of Azia’s agency is clear through her expression of why she aspires to work in this sector: firstly, to care for her family, community and country, and secondly in the development of her ambition. She changed her mind on how she would like to address the healthcare situation, exploring multiple options and strategies - to have and actively explore these alternative futures is in itself an indicator of agency and going beyond what she currently has.

Pathways to achieving aspirations and decent work

Some girls’ daily routines were highly influenced by their desire to develop knowledge and skills they feel that they need for their futures. These girls reported being able to dedicate time to develop skills, undertake vocational training, and take on remunerated work that supports their economic independence.

In Uganda, Justine was determined to complete her education; she lived at boarding school and spent nine hours in classes and then did a further seven hours of study and revision every day. Justine did not do any remunerated or unremunerated work or have any care responsibilities during the school term. Justine said that she decided for herself how she spends her time and does this because she is *“preparing for my future.”* Justine aspired to graduate from school, go to university and become a medical doctor. She said that her role model is Doctor Specioza Kazibwe, the first female Vice President of Uganda, indicating how a role model can support a girl to aspire outside of traditional gender role too:

“She inspires me, and I look up to her because she was a woman who became the first female vice president in Uganda, and she was a great surgeon doctor too.”
Justine, age 17 (2024), Uganda

In Cambodia, Bopha, Kannitha, Mony and Nakry (all in Cambodia) also said that they have learned financial and time management skills from taking on part time jobs and balancing this with their education. In Togo, Djoumai dropped out of school two years ago (at age 15) because she *“wanted to learn a trade”* (2024) - and she is now enrolled in a fashion design course and seamstress apprenticeship.

A number of the cohort girls in LAC also reported having time to plan for their futures and take concrete steps towards developing the skills they need. In El Salvador, Gabriela developed a clear roadmap for her future. For the last two years of the study she had been studying hard at school and doing more homework than in the past so that she could go to university; she wanted to study International Relations and English so that she could become a translator or work in foreign relations.

Enabling environments & caregiver support

In Benin, Annabelle can similarly be seen to have demonstrated agency in the pursuit of her aspirations. At the age of 11 Annabelle said that her parents hoped for her to be a *“great doctor”* (2018) or a midwife - a dream that she also shared. Over the years, Annabelle’s parents supported their goals and created an enabling environment for her to aspire to further studies and a career. By 2020, at age 13, Annabelle was being supported by her parents to scale back her unpaid care responsibilities - and only did chores on the weekend.

“I have too many subjects to study to be able to do housework. I don’t do any housework; I do my studies.”
Annabelle, age 16 (2023), Benin

Now living with her sister in Cotonou and enrolled in her midwifery course fulltime, we can see that the time that Annabelle dedicated to her studies over the years supported the achievement of her goals. When asked to reflect on her busy schedule over the years, Annabelle said, *“as my goal was achieved, I’m happy with my results and I don’t remember all the difficulties I went through”* (2024).

Across girls’ stories, they highlight the important function that roles models play in setting examples

for girls of what career paths are available to them, the need for parental support to create an enabling environment for girls to prioritise their education and skills development, and the necessity for girls to have agency to make decisions about their time use.

Barriers for girls' capacity to aspire and access decent work opportunities

Time use

Other girls in the cohort, however, felt that they did not have sufficient time to take on paid work or to develop skills for their futures. Nini-Rike in Togo spent seven hours per day at her tailoring workshop to learn sewing through an apprenticeship, but also had to balance this with working in the fields during the harvest season to fund her apprenticeship and contribute to the household income.

■ I want to spend less time on housework and more time on my workshop [because I want] to master sewing."

Nini-Rike, age 17 (2024), Togo

Similarly, Namazzi in Uganda was concerned that she could not dedicate enough time to building her tailoring skills. Namazzi's care work involved cooking for her family, cleaning, and taking care of her 4-year-old niece. Although she tried to practice tailoring privately, Namazzi said that she feels "bad" that her tailoring skills are not developing faster, saying:

■ I feel bad because sometimes my customers need something like a design that I have no idea about but if I was at school I could be able to learn about it."

Namazzi, age 17 (2024), Uganda

Girls who were forced to leave school or struggled to focus on their education because of heavy unpaid care responsibilities often lowered their ambitions, adjusting them to what they believe is realistically possible. Some of the girls who were mothers reported that their unpaid care responsibilities prevented them from taking on paid work - like Katerin (Dominican Republic) - which indicates time use as a key barrier for girls' equal economic participation.

Lack of caregiver support

Unfortunately, not all girls were provided with the support they needed to achieve their aspirations. In Uganda, Rebecca (18) dropped out of school at the

beginning of 2024 due to an inability to afford the school fees; and her mother had been encouraging her to drop out since 2021. After she left school, Rebecca had initially enrolled in a hairdressing course - but again was forced to drop out of this training programme because she couldn't afford the monthly fees. Her situation of poverty interplayed with a lack of caregiver support, which led to her leaving school.

In 2024, Rebecca's mother, kept her daughter close to home over a fear of an unintended pregnancy from mixing with boys. Rebecca spent around 11 hours of her day on simultaneous unpaid care tasks, with her day dictated by "both my parents [...] they decide for me how my day should be like" (2024). When we last spoke with her, Rebecca still hoped to one day open her own hair salon and said that she practiced plaiting her relatives' hair. As a child, Rebecca's aspirations were to be a nurse (at age 11), and then later to be a lawyer (age 15). Through Rebecca's experience we can again see the complex ways in which social demands and obligations, such as unpaid care work, coupled with gender norms around girls' time use and agency, dictate the opportunities that are available to girls and thus which aspirations are perceived as attainable.

Supporting girls to attain their aspirations and access decent work

From the *Real Choices, Real Lives* cohort girls we are provided with an insight into the support that girls need as they navigate their transition from childhood to adulthood, and from school to employment. Firstly, girls must have the agency to define their own time use and make autonomous decisions about how to best allocate the time they need for activities that will support their future pathways. Secondly, parental support is essential in creating an enabling environment for girls to prioritise their education and skills development. And thirdly, having role models around them who have the same resources and opportunities available to them is important for girls to create a sense of feasibility and achievability, and thus support their aspirations.

Finally, we can see a relationship between girls' time use and the aspirations that they have for their futures. Evidence from the *Real Choices, Real Lives* cohort demonstrates that girls who can make agentic decisions about their time use in support of achieving their goals tend to have higher ambitions for their futures; key enablers for these aspirations also include the presence of role models in their lives and an enabling and supportive environment provided by their parents and caregivers.

Girls whose time is dominated by unpaid care responsibilities and who have limited autonomy to choose how they spend their time tend to have reduced the scale of their ambitions over the years to align with their perceptions of what is achievable. Girls' aspirations therefore provide us with an insight not only into how they imagine the future and their roles within it, but also into their discernments on what future paths are feasible given their time use, and the opportunities available to them.

If we continue to hold girls back and fail to protect their rights, their ambitions will remain out of reach. The consequences are real. Girls will be forced to drop out of school, limiting their future opportunities. Many will face time poverty as they shoulder unpaid care work, and others will be pushed into unfair, exploitative jobs to make ends meet. The girls themselves told us how their dream jobs were to bring benefits for their communities or to push for what is possible for women in male-dominated fields. So, when girls are denied the chance to learn, lead, and thrive, we will all lose out on their incredible achievements.

Real Girls, Real Stories: Dariana's growing ambitions

Dariana in the Dominican Republic had high hopes for her future since a young age. In 2013, at age 7, Dariana aspired to be a doctor, and at the age of nine, she explained *"I wanna be a doctor because I like to care for people that are sick"* (2015). By 2022, at age 16, Dariana's goal had changed - and she aimed to become a chemical engineer. In 2024, Dariana reflected on the origins of this goal, saying:

"Well, I became interested in chemistry because I realised that I liked inventing chemical things [...] I always liked inventing so-called facials with the creams, mixing them together with other products, etc."

Dariana, age 18 (2024), Dominican Republic

Dariana had been introduced to chemical engineering by her aunt (her father's cousin) who studied chemical engineering and specialised in developing cleaning products. Dariana called her aunt her role model because she studied at university *"without her parents' help"* (2024) and made her own career - and Dariana admires her independence. At 18 years old, Dariana graduated from secondary school and moved in with this aunt in Santo Domingo. When we last spoke with Dariana, she was undertaking an English immersion course while waiting for bureaucratic processes relating to her national identification card to be resolved so that she could enrol in a chemical engineering degree. Dariana's story demonstrates the importance of role models in influencing what career paths and aspirations appear feasible; however, a notable difference in Dariana's experience is that she has not conformed to gendered norms about careers for women.

Over the years, we can also see the positive influence of Dariana's environment that enabled her to prioritise her education and believe that her goals for the future were achievable. In 2017, Dariana's mother reported that she did not expect Dariana - then aged 11 - to do housework after school and instead could spend time doing her homework or resting; she was only expected to do chores on the weekend. Later, in 2019, her mother spoke about her hopes for Dariana's future, saying:

"She has to try to improve herself, she sees how we live, what our situation is, I want to see an improvement, I want her to study, I want her to succeed, I want her to become a professional."

Dariana's mother, 2019, Dominican Republic

In 2023, Dariana said that her father supported her goal to study chemical engineering, reporting that *"[he] says that if I like it and if that's what I want to study, I should study that."*

Over the years, Dariana made agentic decisions about her time use as to support her ambitions: she devoted more time to her studies, spent less time on chores, chose to live with her role model, and persisted with pursuing her chosen university course in the face of administrative obstacles. We can also see how Dariana's environment - namely, the support of her parents, and the presence of a woman in her life who has inspired her - have contributed to Dariana's belief that her aspirations are feasible. In turn, this sense of achievability about her ambitions reinforced and reproduced Dariana's agentic decisions about her time-use.



Girl, 15, with her friends at school in Cambodia © Plan International

14. Unique Value of Longitudinal Research

By following girls over nearly two decades, we have been able to track how early barriers - particularly poverty, chronically underfunded services, and restrictive gender norms - compound over time, shaping health, education, and life opportunities.

Lack of access to healthcare in the early years meant the window for timely treatment was often lost, commonly causing undernutrition and stunting across the cohort. We tracked how girls like Christine in the Philippines who exhibited signs of stunting by age four experienced long-term consequences, facing higher illness rates throughout their lives.

We heard from girls who were married or in unions before 18, gaining unique insights into how early marriage can set off a chain of events that limit education, economic opportunities, and social support. This was the case for Ayomide in Togo, who left school, married, and then later could not have option to return to her studies.

Tracking girls' views over years reveals how harmful beliefs - such as the idea that girls alone are responsible for protecting themselves from violence - become more entrenched during adolescence. In early adolescence, 57 per cent of girls believe that it is their own responsibility to protect themselves from violence and abuse. This belief strengthens to 67 per cent by the end of adolescence. Yet at the same time, longitudinal research reveals how, for girls like Gabriela in Brazil, having a caregiver that consistently challenges gender norms meant she did not follow this trend.

Longitudinal research also reveals how sustained support and positive role models can empower girls to challenge gender norms, envision what is possible, and persist toward their goals. While girls often start with ambitious aspirations, whether these endure depends on a complex interplay of poverty, gender norms, family support, and access to opportunities. Over time, we can see how cumulative experiences - such as defying gender norms and witnessing improved political representation - shape a desire to influence decision-making, even as structural barriers continue to exclude them.

We observed how caregivers' perspectives shifted over time, often reflecting broader intergenerational changes that improved girls' lives, including better education, declining child marriage rates and demands for accessible SRHR information. These long-term gains unfolded as climate change impacts emerged and worsened.

Real Choices, Real Lives sets the example that longitudinal evidence is key to shape interventions that address the compounding barriers girls face throughout their lives and also recognise the positive factors that need reinforcing. We call for more research initiatives and investment into research to listen to girls over their lifetime, so that we can know what is needed to meet the challenges of girls in these uncertain times.

15. What's Next? The Case for Investing in Girls

We've come so far...

Plan International is proud to stand with girls for the long-haul and the *Real Choices, Real Lives* study is prime evidence of our commitment to girls. There has been much change in our organisation and the sector since the start of the study in 2006. With more focus towards meaningfully engaging with girls and discourses towards addressing imbalanced global power dynamics, we have seen a shift of development **for** girls towards development **with** girls. By listening to girls throughout their lifetimes, *Real Choices, Real Lives* has brought nuance to how girls are represented on the global stage, in a way that preceded and helped to inform this shift. We know girls' lives and attitudes are complicated; cohort girls were simultaneously calling for the importance of girls' education but believed boys and girls shouldn't play together; or wished for greater female leadership in their communities but thought that women are obliged to do housework. These contradictions are to be expected when navigating ever-changing gender norms. We are thrilled that the cohort girls have set an important example for girls around the world: to share their opinions and experiences, to prevail in difficult circumstances and to drive change in their households and communities wherever they can.

The *Real Choices, Real Lives* cohort were born at a significant time for girls. They entered the world a decade after the Beijing Platform for Action

committed to advancing women's rights, and just six years after the inclusion of a specific gender equality goal in Millennium Development Goals (MDGs) put a powerful spotlight on the inextricable link between gender equality and development. They journeyed through childhood and adolescence at a time when huge global progress has been made on girls' rights and socioeconomic development: when two-thirds of all countries have achieved gender equality in education,²⁹⁰ when 25 million child marriages have been averted²⁹¹, and when nearly every country in the world has introduced measures to prevent and respond to gender-based violence.²⁹²

The *Real Choices, Real Lives* study is a testament to giving a platform for girls to speak about their experiences and needs throughout their lifetimes. We have learnt how the recent wins for girls' rights and progress worldwide translate into change for the cohort girls, particularly their education levels and the reduced number of girls entering early marriages compared with their mothers. Yet, consistently across the findings we see how gender norms and poverty are the recurring challenges across the themes discussed in this report.

... but have so far to go

The *Real Choices, Real Lives* study reveals that, despite global progress, girls are still being left behind. This report provides a snapshot of where we stand today on the journey toward girls' rights. Across the world, girls continue to sit at the intersection of poverty and gender norms across the different domains of their lives. Throughout the girls' lives, it is clear that gender norms are hard to shift and continue to curtail girls' rights and opportunities. With the right support in place, we have seen what can enable girls to push against these challenges and ensure their progress is not lost.

Girls have exceeded their mothers' education levels, marking significant intergenerational progress: 74 per cent of girls have completed or are completing secondary education, compared to just 28 per cent of their mothers. However, despite this progress, girls still face major barriers to completing quality secondary education. Chronic underfunding in their communities means many attend poorly resourced schools and face unsafe travel conditions, putting their education at risk.

Climate change is a key threat to progress for girls and we are already seeing how it is increasingly affecting girls' daily lives. Findings from the research indicate that climate change-induced weather events are often causing schools to close, but girls' school resources are too limited to recuperate their lost learnings. Across countries, girls wanted to learn how to adapt to unpredictable weather patterns as they watched their family's livelihood dwindle each season, but they were not getting the education they have long demanded for in school.

Our findings tell a long-known story: in face of dwindling livelihoods, girls shoulder even more household responsibilities - often from a very young age, unlike their male relatives. This unequal burden leaves girls with little time for schoolwork, until her education no longer seems worth the costs to the family and she leaves school. With 95 per cent of girls doing an average of over five hours daily unpaid care work, they are clearly held back compared to male peers. But this time, girls are still being left behind when we know what can help them complete school.

Only 13 per cent of girls in the cohort were married or in a union by age 18 - compared to 46 per cent of their mothers at the same age. This shows major progress across generations, but it's still not enough: it means girls' rights to education and freedom from violence are not guaranteed for all. Among those married before 18, CEFMU was either a cause or a consequence of school dropout. Seven girls were also mothers, and we found how they were shut out of returning to school because of the same reasons: a lack of childcare, limited alternative learning options, and social stigma.

Over the course of the study, serious health issues were common among the girls: 14 percent experienced undernutrition and stunting, 264 cases of malaria, 15 cases of typhoid, and in the last year we interviewed the girls, 11 reported poor mental health (around one in eight). These problems stemmed largely from avoidable factors: limited access to timely healthcare due to physical and financial barriers, and girls' health needs being deprioritised compared to male relatives. While global health has improved and some caregivers adopted positive behaviours, poverty, social norms, gender, and age continue to significantly undermine girls' health.

It's a similar story around their sexual health too: a lack of accessible services and attitudes informed by restrictive gender norms. Girls told us they want more information on sexual health and don't know where to find information on sexual health in the community. Caregivers, who often believe it's too

early to discuss these topics and feel poorly informed themselves, cannot provide guidance. Instead, girls are taught that protecting themselves from violence and abuse is solely their responsibility. Violence against women and girls casts a long shadow - over 90 per cent of girls experience violence before age 11. Too often it is fears for their safety that holds girls in the study back: parents worry about girls' mobility in public, meaning girls are fearful of going out when they reach puberty, and many end up isolated.

Girls want to be involved in community politics and organising, but there were few opportunities to engage in decision-making and girls are often not listened to. Girls are keen to change the gender norms they live under, and they are resisting in diverse ways: almost half resisted gender norms in some way. Yet, growing hostility toward girls' rights puts them at real risk. Their desire to speak out is tempered by fear - with being too visible, they could be targeted both in the community and online.

With over a third of girls wanting to go into a STEM related career, *Real Choices, Real Lives* girls shared their remarkable career ambitions, despite coming from challenging socioeconomic backgrounds with prevailing gender norms. It indicates what we all stand to lose if we cannot fully support that girls to achieve their dreams. The research finds that for other girls, gender expectations and unpaid care work are curtailing what they can see is feasible to achieve. Caregivers are crucial support system to ensure they encouraged to continue their studies towards decent work.

Real Choices, Real Lives has shown us how a lifetime of social exclusion, strained public services, and gender norms interplay to limit the opportunities and resources that girls need to achieve their aspirations. Despite significant intergenerational progress - such as improved educational attainment and reduced child marriage - and other positive strides - including girls' efforts to raise their voices, take climate action, and pursue ambitious careers - girls' rights remain fragile and uneven. Research shows that systemic gaps in services throughout girls' lives are leaving many behind. Most critically, these gains are vulnerable to reversal. Rising economic pressures, escalating climate shocks, and a global shift toward conservatism are reducing both funding and political will to protect girls' rights, while also shrinking the civic space for speaking out against these threats. While girls demonstrate resilience and ambition, the *Real Choices, Real Lives* cohort - and future generations - face real barriers to securing their rights.

It means our work is more important than ever.

Plan International is committed to safeguarding girls' rights and freedoms, with a holistic approach to support girls to complete their education, access healthcare, exercise bodily autonomy, live free from violence, access decent work opportunities, and have a say in decisions that affect their lives.

Moving forward

As we have done consistently over the course of the study, we amplify the girls' demands for change to reach the actors that need to hear it. Across our recommendations we call for governments and local authorities, international agencies, NGOs and civil society actors to create platforms and spaces to listen to girls' voices and to act on what girls need to meet their needs. Girls were calling for intergenerational dialogues on SRHR, stronger climate change education, and opportunities to engage in community activities with peers, showing they are keen to make change in their communities. We call for a multi-pronged approach, through holistic investment, policy change and programming that must be made across sectors to address the ingrained challenges that hold girls back.

Our retrospective on the findings of *Real Choices, Real Lives* comes at a crucial time. We are already seeing across governments and the global stage that the freedoms and rights of girls are being curtailed. Plan International is committed to mitigating these impacts on girls at the local level, while urgently calling for immediate and sustained action at the global level in the following ways:

1. States should uphold and respect International Human Rights law and recognise children, particularly girls, rights as human rights in every context, including in crises. Governments must be held accountable for their commitments to international standards and agreements such as the Convention on the Rights of the Child and the Beijing Declaration and Platform for Action, that aim to improve the lives of girls everywhere.
2. Governments, global institutions, and civil society must create safe, inclusive, and well-resourced spaces where girls, young women, and their groups can meaningfully engage and influence decisions at every level. Global leaders and international systems, such as the United Nations, should prioritise girls' unique needs and perspectives, amplify their voices, and champion their leadership in policies and programs. At the same time, investing in girls' education and advocacy, while countering

harmful narratives and anti-rights movements, is essential to building stronger communities and a more equitable world for all.

3. We want to secure donor and government policy commitments to providing multi-year, flexible funding and accompanying support to girl and youth-centred groups and movements, resulting in new and additional resourcing, whilst advocating for improved policies and procedures that will enable youth organisations to access existing funding streams.

We recognise that these calls to action are most effective when grounded in the lived realities of girls, revealed through meaningful, long-term research. Therefore, we urge all actors to:

4. Invest in and undertake future longitudinal research initiatives with girls as to ensure their voices are genuinely heard and that findings directly shape policy and programming at every level.

We are honoured that the 142 girls in nine countries participated in our study. In return, we are committed to safeguarding the progress made in their communities and ensuring their voices and experiences shape our future work, leaving a lasting legacy.



Girls in the Philippines hold hands in the street © Plan International

16. Imagining the Future

Benin

Alice is completing her secondary school education. She aspires to be a nurse and have a family. Alice has been outspoken about gender equality since she was young.

Annabelle has graduated from school and is studying midwifery at university, which is something she has dreamed of since she was a child. She lives in Cotonou with her sister.

Barbara was completing her secondary education in 2024. She aspires to be a nurse and to build her own house. Barbara enjoys tap-dancing and playing football.

Catherine was in her penultimate year of secondary school in 2024. She plans to go to university to study accountancy. Catherine enjoys singing in church.

Eleanor has left school and is now studying an apprenticeship in fashion and tailoring. Eleanor aspires to have her own tailoring workshop in the future.

Isabelle was completing secondary school in 2024. She hopes to attend university and wants to become like her aunt who is a strong and confident woman.

Jacqueline was completing her secondary school education in 2024 and enjoying her studies, especially Spanish lessons. Jacqueline aspires to become a midwife.

“I’ll be happy when I’ve successfully finished my studies and opened my own [midwifery] practice” Jacqueline, age 12, 2019

Layla has left school and now lives with a woman in a neighbouring village and works for her on her business. Layla plans to be a businesswoman in the future.

Margaret has left school and is currently working with her aunt selling cosmetics. Margaret loves clothes and hopes to enrol in a dressmaking apprenticeship.

Thea was completing her secondary school education in 2024. She aspires to become a stylist when she has finished school.

Togo

Anti-Yara was completing secondary school in 2024 and is very driven and passionate about her education. She aspires to train as a nurse.

Ayomide lives with her husband, her baby daughter and her extended family. She left school when she became pregnant but hopes to return to finish her education and also learn sewing.

Azia was in secondary school in 2024. She hopes to attend university to study nursing, and to have a family of her own in the future.

Djoumai has left school and is learning a trade in sewing. She aspires to become a fashion designer and live abroad.

“My life will be different from my mother’s because I will have my own shop which I will manage [...] I will get married like my mother, but I won’t have lots of children like her.” Djoumai, age 11, 2017

Essohana left school due to lack of fees but is determined to return to finish her education. Essohana hopes to be a leader in her community, like her mother.

Fezire left school to learn a trade in tailoring; she aspires to have her own workshop in the future. Fezire thinks girls should have the right to do everything that boys can do.

Folami left school due to an inability to afford the fees. She hopes to enrol in a sewing apprenticeship and become a weaver.

Nini-Rike left school to learn a trade. She is training as an apprentice in sewing and hopes to be a great dressmaker one day with her own workshop.

Reine was completing her secondary school education as of 2024. Reine is determined to graduate from school and hopes to become a midwife in future.

Uganda

Amelia is completing her secondary school education and participates in a number of school clubs. Amelia aspires to become a doctor in the future.

Beti has been entrepreneurial since she was young, investing her income from her various business ventures. Beti is determined to complete her education and hopes to be a lawyer or a pilot in the future.

Dembe and Rebecca are half sisters. Dembe left school due to lack of fees, however she would like to enrol in a hairdressing course and open her own salon one day.

Jane left school because of an inability to afford the fees, and now does farm work for her income. Jane hopes to study tailoring or hair dressing.

Justine is completing her secondary school education and is very committed to her studies. She aspires to go to medical school and become a paediatrician.

“My goals for the future haven’t changed, I have always wanted to be a doctor from childhood and I still dream of the same... I would like to become a paediatrician.” Justine, age 17, 2024

Miremba was completing her schooling in 2024, and she participates in the church choir. Miremba aspires to become a nurse when she finishes her education.

Namazzi has left school and is undertaking vocational training in tailoring. She enjoys learning new skills and patterns and hopes to build up a successful business.

Nimisha is completing her secondary school education. Nimisha crochets table clothes to earn her own income and aspires to go to university to study medicine.

Rebecca and Dembe are half-sisters. Rebecca has left school and is currently working on her aunt’s farm. She hopes to train as a hairdresser and open her own salon and retail business.

Sheila left school because of an inability to afford the fees. She went to work in a relative’s boutique store in Kampala, but her goal is to return to school to complete her education.

Shifa was completing her secondary education in 2024. She plans to study to become a teacher because she admires the role that teachers play in her community.

Sylvia was completing her education in 2024. She hopes to be a teacher when she leaves school, and enjoys spending her free time weaving baskets.

Brazil

Bianca has graduated from secondary school and plans to attend university to study physiotherapy. Bianca is passionate about gender equality.

“I’d like to be a strong, determined person, who doesn’t give up on her dreams, who persists until she gets what she wants.” Bianca, age 17, 2024

Camila was finishing school in 2024 and wants to attend university; she makes time to write her dreams in her notebook and plan for her future.

Fernanda has graduated from secondary school, and lives with her grandmother. Fernanda is an avid football player. Her mother says she is a strong woman.

Gabriela was in her final year of secondary school in 2024 and wants to become a veterinarian because she wants to take care of animals.

Juliana grew up with her grandparents, and as of 2024 was completing secondary school. Juliana hopes to go to university to study criminology and loves playing football.

Larissa was finishing secondary school in 2024. She plans to attend university to study law and hopes to have a career in law enforcement.

Natália was completing her secondary school education in 2024; she wants to become a physiotherapist and earn enough money to buy her mother a better house.

Sofia was in secondary school and hopes to attend university. She enjoys participating in a local church youth group and playing guitar.

Dominican Republic

Chantal was completing her secondary school education in 2024 and hopes to work in a hair salon specialising in curly hair.

Dariana has graduated from school and hopes to enrol in university to study chemical engineering; she has a keen interest in using chemistry to invent her own skincare products.

Griselda is enrolled in Prepara, a university foundation course, and working in bank. She lives with her partner, and they have a young son.

Katerin is married and lives with her husband and their two children. Katerin hopes to enrol in Prepara and would like to move to Mexico someday.

Leyla is married and lives with her husband. Leyla has left school but hopes to resume her education and have a career in healthcare - either as a nurse or a doctor.

Madelin is studying medicine at university and hopes to become a paediatrician. Madelin has had this goal since she was young - as a child she made hundreds of drawings of herself as a doctor.

Nicol was completing her final year of secondary school in 2024. She hopes to go to university and study bioanalysis. Nicol thinks that parents should support their daughters' career aspirations.

Raisa is at university studying electromechanical engineering, specialising in electrical engineering. Raisa hopes to have a career in renewable energy.

Rebeca is at university doing a foundational course and is considering doing a degree in physical education. Her favourite sport is volleyball.

Saidy is enrolled in university studying educational psychology and hopes to have a career as a psychologist. Saidy enjoys spending time with her grandmother.

“ I want to be a psychologist, because I do, I like it. They say that its like talking to people about their problems... that makes me happy.” Saidy, age 15, 2021

Sharina was awarded a full scholarship to university, specialising in civil engineering. Sharina a member of an extra-curricular club learning sign language.

Valerie is married and lives with her husband. She is enrolled in Prepara and would like to do a beautician course to learn how to be a nail technician.

El Salvador

Bessy has left school and works with her mother selling fruit and enjoys going to the beach. Bessy hopes to become a flight attendant in the future.

Doris lives with her mother and grandmother, and her baby daughter. Doris would like to return to school when she has finished breastfeeding and hopes to create a bright future for her daughter.

Gabriela is completing her secondary school education and taking English lessons on the weekends. Gabriela aspires to go to university to study languages and foreign relations.

“ Maybe, God willing, I'll be studying for a degree, a career with a lot of opportunities that's also well paid. [What would you like to study?] It's called ... foreign relations.” Gabriela, age 14, 2021

Gladys was in secondary school as of 2024. She hopes to attend university to study business and plans to open a business with her mother in the future.

Hillary lives with her husband, her 2-year-old son, and her in-laws. Hillary would like to enrol in a cosmetology course, learn to sew, and study English.

Karen is completing her secondary school education and working part-time as a cook on weekends. She aspires to study veterinarian nursing at university.

Mariel has graduated from secondary school and is considering a career in cosmetology. Mariel aspires to one day own her own beauty business.

Raquel was completing her secondary education in 2024 and spending an additional two hours per day learning English. She aspires to be a flight attendant.

Rebecca has a developmental disability and has left school. She enjoys spending time with her nieces and nephews, going to church, and going on walks.

Stephany has graduated from secondary school and as of 2024 and has applied for a university scholarship to study business administration. Stephany loves cooking.

Susana is completing her high school education. She aspires to go to university and study medicine. Susana enjoys playing with her siblings and going to the beach.

Valeria has left school and currently sells snacks on the beach. She aspires to join the police force. Valeria likes playing football and spending time at the beach.

Cambodia

Bopha was in her final year of secondary school in 2024 and is a member of a youth group. She aspires to join the police force when she leaves school.

Davy was completing her secondary school education in 2024. When she leaves school, Davy hopes to have a career in agriculture.

Kannitha was in her final year of school in 2024. Kannitha aspires to be a brave and strong woman, and is considering a career in the army.

Leakhena was completing her final year of school in 2024 and was dedicated to her classes. She hopes to be a teacher or police officer when she leaves school.

Mony has graduated from secondary school and is now attending university studying Khmer Literature. She aspires to be a Khmer teacher in the future.

Nakry was in her penultimate year of school in 2024. In the future she would like to be a primary school teacher or open her own coffee shop.

**“ I would like to be a teacher (as my aunty) to share knowledge with the younger generation.”
Nakry, age 14, 2021**

Reaksmey left school to help support her family's income; she hopes to one day open her own grocery shop. Reaksmey is married, and - as of 2024 - was pregnant with her first child.

Philippines

Chesa was in her final year of school in 2024. She enjoys being challenged by her education and hopes to attend university to study criminology.

Christine was completing her secondary education in 2024 and wants to attend college. Christine participates in a youth savings club learning how to save money.

Darna was finished her education in 2024, and lives with her brother in a boarding house. She hopes to go to college and study hotel and restaurant management.

Dolores was completing school in 2024. She enjoys playing volleyball and participating in a local youth group. Dolores hopes to attend college and become a firefighter.

Jasmine was in her final year of school in 2024. She aspires to attend university to study criminology. Jasmine enjoys travelling and seeing new places.

“ I want to be a nurse [...] to be able to help other people.” Jasmine, age 14, 2020

Jocelyn was completed her final year of education in 2024 and balanced this with a work experience programme. Jocelyn hopes to become a nurse in the future.

Kyla was in her final year of secondary school in 2024 and aspires to become an accountant. Kyla enjoys painting and learning guitar.

Mahalia was in her final year of studies in 2024 and is driven to complete her education. Mahalia is passionate about gender equality and wants men and women to be treated the same.

Philippines (cont.)

Maricel was completing her final year of secondary school in 2024. She hopes to attend college to study hotel and restaurant management.

Melanie is married and has a baby son. Melanie left school when she became pregnant but hopes to complete her education and become a teacher in the future.

Michelle was in her final year of school in 2024 and enjoys competing in singing competitions. Michelle would like to attend college and get a good job.

Reyna was completing the final year of her education in 2024 and hopes to go to college and get a good job. Reyna is passionate about addressing climate change.

Rosamie was in her last year of school in 2024 and aspires to have a successful business in the future. Rosamie is a member of her church choir and participates in coastal clean-ups.

Rubylyn was in her penultimate year of secondary school in 2024 and hopes to go to college when she graduates. She is a member of a local youth group.

Vietnam

Huong was completing her secondary school education in 2024. She hopes to become a primary school teacher and is determined to achieve her dreams.

Kim was in her final year of school in 2024. She hopes to attend university to study economics, and is single-minded in her pursuit of excellence in her education.

“*I want to continue my education [...] I chose the Da Nang University of Economics.*”
Kim, age 17, 2024

Ly was in her final year secondary education in 2024. Ly is considering her options for her future and is interested in nursing or the police force.

Quynh was in her last year of school in 2024 and was receiving excellent grades. She aspires to attend university and hopes to study communications.

Sen was completing school in 2024 and hopes to study economics at university. Sen aspires to be a successful businesswoman and be a leader in her community.

Tan was in her final year of school in 2024 and participated in school activities including a health club and football. Tan hopes to become a teacher.

Tien was finishing secondary school in 2024. Her goal is to study medicine or pharmacy at university, and she wants to do charity work in her community.

Yen was completing her secondary schooling in 2024 and aspires to attend university. Yen enjoys drawing, painting and playing video games.

Glossary

Agency	Agency is the capacity to have the power and resources to make decisions, shape their own life trajectories and influence the environment around them without fear of violence, retribution, or fear. It can be individual or collective. ²⁹³
Adolescence	The phase of life between childhood and adulthood, defined by the World Health Organisation as the age range 10-19 years.
Child, early and forced marriage and unions	CEFMU encompasses any marriage or informal union, whether under civil, religious or customary law, with or without formal registration, where either one or both spouses are under the age of 18 and/or where the full and free informed consent of one or both of the parties has not been obtained. ²⁹⁴
Decent work	Decent work is productive employment that provides fair income, security, equality, social protection, opportunities for development, and freedom for workers to express concerns and organise, all within conditions of dignity and safety. ²⁹⁵
Female genital mutilation/cutting	FGM/C comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. ²⁹⁶
Gender-based violence	GBV is an umbrella term for any act perpetrated against a person's will and is based on socially ascribed differences in gender. It includes acts that cause physical, mental and/or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty. Examples include IPV, sexual exploitation and abuse, CEFMU, FGM/C, forced pregnancy, trafficking for sexual exploitation, and sexual violence. ²⁹⁷
Gender norms	Gender norms are a subset of social norms. They describe how we are expected to behave as a result of the way we or others identify our gender.
Social norms	Social norms are perceptions about which behaviours are appropriate and typical within a given group of people. They are mainly informal rules, often unspoken or unwritten, that most people absorb, accept, and follow. They carry social implications - i.e. rewards when followed and sanctions when not followed.
Sexual and reproductive health	(SRH) is defined as a state of complete physical, emotional, mental and social wellbeing in all matters relating to sexuality and the reproductive system; it is not merely the absence of disease, infirmity or dysfunction. Sexual rights are human rights to sexual autonomy free from discrimination, violence and exploitation. They include the right to sexuality, sexual orientation, and sexual pleasure; and reproductive rights recognise the rights of all individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so. They also include rights around fertility and to make decisions concerning reproduction, free from discrimination, coercion and violence. ^{298,299}

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Until we are all equal

About Plan International

Plan International is an independent development and humanitarian organisation 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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