Living under lockdown girls and COVID-19
EXECUTIVE SUMMARY

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COVID-19 and the efforts to suppress it will have an alarming impact on the lives of all children. We know from our earlier research,2 that the lives and rights of girls and young women will be particularly affected. Already treated as second class citizens in many countries, they are least likely to return to school or find a new job, and most likely to suffer abuse and violence at home when the protective umbrella of education and care systems are no longer in place. At the end of March 2020, some 743 million3 girls are out of school and all over the world reports of domestic violence are already on the rise. Teenage pregnancies are also likely to increase as adolescent girls are sexually exploited and are forced to turn to risky strategies to feed themselves and their families.4

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With at least half the world’s population kept at home by school closures, movement restrictions and isolation measures to protect public health, the economic, social and psychological impact on all of us, but particularly on those already vulnerable, will be huge. Many may never recover. Without a concerted effort from us all, chief among these will be girls.

WHAT WE ALREADY KNOW

To aid our understanding of the impact of COVID-19 on girls and young women, as well as talking to girls in lockdown, Plan International has re-examined four previous studies of crises4 to try and get a clearer picture of the insecurity and vulnerability facing girls now. We have drawn specific lessons from our study of the Ebola crisis of 2014-2015 in West Africa where school closures and other measures to limit movement had damaging long-term effects on children and particularly girls.

School closures in all crises have impacts beyond the direct loss of education: the loss of social contact, of the support of peers and teachers, of the opportunity to build networks for the future and the lack of access to sexual and reproductive health and rights information, all have negative effects on girls.

“Many people do not have access to mass media, internet and other sources of information in the camp, so that they do not have enough information about COVID-19. As a result, false rumours are spreading which is causing confusions in the community and having a negative impact on the life of everybody in the camp.” Habiba, 24, Bangladesh, 2020

“What we already know

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We face a huge risk of increased child marriage and unwanted pregnancy. In Sierra Leone there was a 65% increase in teenage pregnancy due to girls being out of school during the Ebola crisis.

Being forced to be at home makes children vulnerable to violence and abuse or makes them witness to the domestic violence that we know is increasing.

In our Ebola study 88% of adults and children said they faced economic hardships, including lack of food. Girls were often forced into risky behaviour in order to put food on the table.

Women and girls experienced heightened exposure to the virus due to their traditional roles as caregivers, looking after sick relatives and younger children.

By learning from the past, and listening to girls now, we can help protect them as this crisis unfolds and ease its long-term impacts. Authorities must support a multi-sectoral, integrated and comprehensive approach to the pandemic, including:

- Working with teachers and mobile phone companies to make distance education affordable and accessible to all.
- Giving girls and young women continued access to sexual and reproductive health information and services.
- Protecting families from hunger by providing direct support to vulnerable households.
- Tackling gender-based violence and providing helplines and refuges for girls and women.

The pictures are not of any research participant. The girls have consented to their images and names being used.

Top: Raghdad, 12, was forced to flee her home to take refuge in Lebanon after conflict engulfed Syria © Plan International / Sima Diab

Cover: Internally displaced in Nigeria, Fatima, 15, has not been able to attend school because of the school closures © Plan International
Many countries are still struggling to flatten the COVID-19 curve, as the world’s confirmed cases are now almost three million, yet the outbreak of this virus will have implications that reach far beyond the direct impact on peoples’ health.

There has been swift action by many governments to respond to the crisis. These have included lockdowns, which range from self-isolation to mandatory quarantine with regulated exceptions; closure of international and internal travel; bans on social gatherings; closure of bars and restaurants; schools shut; suspension of religious gatherings; financial loan packages for businesses; financial support for individuals; reduction in transport and retail services and the suspension of non-essential businesses from building companies to leisure centres.

Within all this activity, it is vital that global, regional and national authorities recognise that disease outbreaks affect girls and boys, women and men differently. They must also make sure that policies and interventions to prepare for and respond to the outbreak are gender-transformative, protective of human rights, and inclusive of the poorest and most vulnerable people in society.

The containment measures put in place to save lives now will protect the general public and slow down and prevent the spread of the disease. However, the consequences of these measures will fundamentally affect the world in which young people grow up: they will shape the lives of communities, families and children, especially girls, far into the future:

- **Suspension of education**: heightens the risk of girls not returning to school due to economic hardship, pregnancy or child marriage
- **Loss of livelihoods**: food prices increase as family income plummets with harsh consequences for families who depend on industrial, agricultural and service sector incomes
- **Psycho-social effects**: abuse, bereavement, grief and isolation will affect mental health and wellbeing for years ahead
- **Girls and women find themselves more vulnerable**: they are the carers of the sick, and poverty and isolation further limits their access to vital health care services
- **The increase in gender-based violence**: confinement, financial concerns and insecurity are leading to violence by partners and family members.

In China at the height of the quarantine, there was a threefold increase in calls to women’s shelters regarding violence at home and Refuge UK reported a 700% increase in calls to its helpline in a single day.

The gendered impacts of COVID-19, while not in the forefront of discussions on the response, are clearly recognised by those studying the disease, and calls for policy measures to respond to gender equality imperatives are gaining traction.

This report by Plan International hopes to amplify the voices of girls, scientists and policy makers in calling for a more gendered analysis of the challenges facing us all.

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“Any health and scientific organisation or government that does not act by respecting and promoting gender equity (even in this difficult moment) is abandoning the noble purpose to improve the human health.”

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Left: Girls’ club members in Guinea are working in their community to inform people about the danger of COVID-19 © Plan International
For over a decade Plan International has undertaken numerous multi-country studies that examine the experiences and perceptions of adolescent girls and boys. And, over the past five years, it has sought to ground its response to many of the world’s most harrowing humanitarian crises in evidence from children themselves, especially girls.

This report reflects on the findings from:

1. **A study in Sierra Leone and Liberia that examined the indirect consequences of the Ebola outbreak for children and families**: on their rights and access to education, food, livelihoods, child protection, and health. While COVID-19 has no relation to the Ebola virus from a medical perspective, the international and government policy response to the disease has many similarities to the steps put in place during the Ebola outbreak in West Africa in 2014-2015.

2. **Adolescent Girls in Crisis, a research series centred on the voices and experiences of girls**.
Four studies (2017-2019) were undertaken in South Sudan, the Lake Chad Basin (Chad, Niger and Cameroon), Beirut, Lebanon, and the Rohingya refugee camps in Bangladesh.

Both these pieces of research have information that is relevant to the COVID-19 crisis. They illustrate how crises increase existing inequalities and place the most marginalised people at greatest risk: both immediately and in the longer term.

### Girls Out Loud
Currently running in five countries and expanding to a dozen more, Girls out Loud uses social media platforms to give girls a safe space to openly discuss issues relevant to them. As the current pandemic gathered pace the project has been focusing on girls’ experiences of COVID-19, and their discussions have contributed to this report. They give policy makers an immediate insight into the situation for girls as it unfolds. Throughout the project girls’ ideas and perceptions are used to find solutions to the challenges they face and they are supported to bring about change in their communities and beyond. Girls taking part in Colombia describe the project as:

- A place where we express our feelings and rights, a place where we are not afraid of being judged.
- A place where we are made aware of our rights and we learn that we don’t have to stay silent when we face inequalities.
- A place where we get support when we have problems.
WHAT WE HAVE LEARNED

Despite differences in locations, populations, governments and historical context between the five studies, the experiences of crisis, and of the particular impact on girls and young women, have many elements in common.

EDUCATION

In the current crisis 191 nations have school closures and some 1.5 billion pupils are out of school.\(^\text{16}\)

The Ebola Crisis
All schools, colleges, and other places of learning closed in Liberia, Sierra Leone and Guinea in July 2014, and only began to re-open in February 2015. An estimated 5 million children were out of school in Liberia, Sierra Leone and Guinea for almost one year.\(^\text{17}\)

When asked about this, younger children talked about the loss of contact with friends and their confinement at home. Older children were worried about missing their exams which would determine their entry into higher education or employment. School closures removed children from daily contact with friends and severely affected their ability to play or socialise outside of school.

“Since this Ebola outbreak in our country, my school has closed. I do not have the freedom anymore to be with my friends as I did in the past due to the fear of this sickness. This sickness has brought a total change in my life that makes me to feel sad daily.”
Girl, Guie Town, Liberia, 2015

Only a minority of the children who participated in the research said that studying was taking place at home. It is significant that in Sierra Leone only 15% of the girls’ focus groups mentioned participating in home study, compared to 40% of the boys’ groups. Whilst not explained in the research results, there are indications which point to girls being expected to do domestic chores, care for siblings and earn money to support the household: indications that are backed up by evidence from the four Girls in Crisis studies.

In Liberia and Sierra Leone, lessons were broadcast through community radio from mid-September 2014. But almost half the children’s groups in Sierra Leone said that the radio programmes were not useful. They gave several reasons for this: their parents did not have a radio, or could not afford batteries; they could not gather to listen at another household because of the restrictions on contact; and the radio-teacher went too fast.

“Most parents cannot read or write so they cannot help their children at home and at the same time they don’t let other people come to their houses to conduct lessons, or let their children out for even 30 minutes.” Community leader, Saclapea, Liberia, 2015

Lack of access at home to expertise, television, radio or the internet has a massive impact on children’s resilience and ability to bounce back, both educationally and psychologically, after any crisis: in times of lockdown, these disadvantages are magnified.

An estimated 3.6 billion people are completely offline, mainly in the least developed countries.\(^\text{18}\)
Girls in crisis

Across all four crisis studies, adolescent girls identified a lack of access to education as a major concern in their lives. They value education and wanted to continue to learn.

“I want to be educated but cannot. This is the biggest interruption/barrier in my life. I have a desire to establish myself by studying.” Rohingya girl, 14, Bangladesh, 2018

In Bangladesh, girls expressed a wish to study and return to school. Some said that they would be better able to help their community and family if they secured a good education.

In South Sudan, education was highlighted as one of the main areas of security for adolescent girls. When asked about their hopes for the future, the majority of respondents discussed areas of study they would like to pursue as well as future careers. Education was also seen as providing other means of support through contact with teachers and peer networks and as a way to build girls’ resilience, empowerment and support networks.

In Lake Chad, adolescent girls repeatedly identified access to education as a major protective mechanism in their lives and noted it offered a safe space to develop networks outside of the family.

In Beirut, girls emphasised the importance of social interaction with their friends as well as opportunities for learning.

“I like learning English here. But I also like leaving the house and seeing my friends.” Syrian girl, 18, Beirut, 2019

In many societies, adolescent girls are automatically expected to take on domestic chores and care for siblings. As schools close, relatives fall ill and recovering patients come home for respite, there is no reason to expect this to be different during COVID-19. And it will limit girls’ ability to study at home and to return to schools when they reopen.

In South Sudan, the most common reason given for not attending school was the burden of household responsibilities, with 25% of non-attendees saying that housework and duties at home stopped them going to school.

Adolescent girls in Lake Chad commented that household responsibilities limited their access to potential sources of resilience such as education.

“Yes, I do most of the house chores e.g. cooking, sweeping and washing and it is different from the boys.” Adolescent girl, 13, Nigeria, 2018

Once adolescent girls drop out of school it is generally very difficult to return.

The long-term loss of access to education in Cox’s Bazar mega-camp in Bangladesh meant that when education was finally available to older adolescent girls, they needed additional support in order to access it: support which was not forthcoming.
POVERTY AND HUNGER

“...of my sister’s condition [Ebola suspect]. Since then things have gone from bad to worse, you can’t go to another family member to help you because everyone is affected one way or the other. My mother can’t do petty trade because she doesn’t have money.” Girl, Mount Barclay, Liberia, 2015

A key finding from the research in Sierra Leone and Liberia was that the loss of livelihoods and household income as a result of the Ebola outbreak was widespread and substantial. The COVID-19 pandemic risks even greater deprivation and food shortages.

Up to 25 million jobs will be lost because of the COVID-19 pandemic.¹⁹

As farms and businesses shut in the lockdown, the World Food Programme²⁰ has already announced a 30% reduction in relief food distributions for refugees and asylum seekers, due to a shortfall in funding. Families already struggle to put food on the table with girls and women, in the main, bearing the burden of securing food for the family. We know from earlier research that, faced with food shortages, they could be forced to take on high risk work for survival or be forced into early marriages.

Over 740 million women around the world work in the informal sector and as low-wage workers.²¹

Girls in crisis: Going hungry

In Bangladesh, Rohingya girls said not having enough to eat was their biggest worry. It was especially the case among unaccompanied adolescent girls or those not living with their immediate family.

“I slept with an empty stomach after coming here. We are a large family. The provided foods were not sufficient for us. We had to starve.” Girl, 10, Bangladesh, 2018

In the Lake Chad Basin livelihoods and agricultural activities were disrupted by insecurity, displacement and the closure of markets. Over two-thirds of girls worried that their household did not have enough food. Adolescent girls in Nigeria highlighted hunger and malnutrition as their main concern.

“Younger ones eat, older ones drink water and go to bed.” Adolescent girl, 18, Nigeria, 2018

In South Sudan, almost all adolescent girls in focus group discussions spoke of having to go to bed hungry. Parents, the girls themselves and other community members also spoke of the use of child marriage as a coping mechanism for crisis: marrying off girls who they could no longer afford to feed.

The impact of poverty on girls’ lives is multi-faceted. Bad enough before COVID-19, it will get worse and will last a long time. If the economic downturn is as severe as predicted, families may no longer be able to afford school, particularly for the girls, and may prefer them to explore income-earning activities.

“If there is money, we further their education but if there is none then we marry them out.” Community Leader, Nigeria, 2018
PROTECTION

Most of the children’s groups interviewed in Sierra Leone felt that the risks to children had increased because of Ebola: involvement in crime, child labour and the sexual exploitation of girls were their primary concerns. The focus group respondents also described a greater risk of teenage pregnancy. In Liberia, where people were confined to their houses, there was much less emphasis on the risks of child labour, teenage pregnancy and sexual exploitation by the research participants.

Home itself is, of course, not always safe. Evidence emerging from the current lockdown suggests that, with people spending so much more time at home, there is a heightened risk of intimate partner violence.

In France, reports of domestic violence have increased by 30% since the lockdown and in Singapore helplines have registered increased calls of 33%.22

This evidence aligns with what adolescent girls across the Girls in Crisis research series, living in cramped quarters in refugee camps, have previously testified:

- In Beirut, violence inside the home was commonplace and consistently reported.
- In the Lake Chad Basin, over a fifth of girls surveyed said that they had experienced hitting or beating in the last month, with 60% of these incidents occurring within the household.
- In South Sudan, girls not living with immediate family members reported high levels of physical violence in the home.
- “[I know] children being mistreated because the mother is far away.” Adolescent girl, 15-19 years South Sudan, 2018

Sexual exploitation

In Sierra Leone during the Ebola outbreak, communities were concerned about the fact that girls were not in school, linking this to the need for them to go out and find work, and the consequent increase in pregnancy and the sexual exploitation of girls.

“The petty trading that they are doing from place to place has caused these girls to become pregnant as they come across so many men who are trying to convince them to have sex every day … We blame these girls but really, it is not their fault, it is because they are no more going to school, and we no more provide for them their needs. … Because of poverty and hardship at home, people give their daughters in marriage in order to get money.” Men, Makeni Town, Sierra Leone, 2015

Although our study did not provide conclusive evidence of the correlation between sexual exploitation and teenage pregnancies, subsequent research has shown that in Sierra Leone recorded cases of the sexual abuse of underage girls and of domestic violence were higher in 2014 than in previous years. In communities across the region these increases were attributed to the outbreak of Ebola.23 Further research also found that teenage pregnancy increased by up to 65% in some communities due to the socio-economic conditions imposed by the Ebola outbreak.24

What did emerge from our discussions with girls in Sierra Leone on selling or exchanging sex with older men, points to a potential risk of sexual exploitation during the COVID-19 outbreak. They, and the adult respondents, consistently expressed the view that it was economic factors causing the change in girls’ behaviour: girls were forced to look for food and money in exchange for sex.

“Girls get pregnant because they are not going to school and some because they want money … Prostitution is rampant, girls don’t eat unless they go and sleep with older men for money … Now, we girls do have sex with our father’s age group, because we need money and men don’t give money for nothing.” Selection of quotes from a girls’ group, Mile 47, Sierra Leone, 2015
The closure of schools was seen as playing a key role in teenage pregnancy. Schools and teachers were regarded as an important source of contraception and sexual health education. Specifically, in Sierra Leone, girls described how they were no longer receiving contraceptive pills through the school-based programme run by the NGO Marie Stopes International.

“Marie Stopes used to go to schools to distribute preventives to girls, but now, there is no school, no Marie Stopes, so we experience more pregnancies and less marriages.” Girl, Mile 47, Sierra Leone, 2015

There is a lesson here for the current pandemic and serious concerns have been expressed that: ‘global responses to the coronavirus disease 2019 (COVID-19) pandemic are converging with pervasive, existing sexual and reproductive health and justice inequities to disproportionately impact the health, wellbeing, and economic stability of women, girls, and vulnerable populations.’

“This is Getting Our Children Traumatised”
The psychological implications of crisis situations cannot be underestimated. One mother from Liberia told us clearly in 2015 that death and disruption were “getting our children traumatised.” In all the research we have conducted, children, and particularly girls and young women, talked about loneliness, isolation and fear.

Although children have a low risk of serious illness in the current pandemic, the unprecedented disruption of daily life for all families can affect them greatly. The isolation and fear that many children are experiencing could have significant and far-reaching consequences.

“I am afraid that health workers might not find the cure for COVID-19 and the world will continue to be locked down.” Praise, 13, Liberia, 2020

Top: Medical worker puts on protective equipment during the Ebola outbreak in 2014, Sierra Leone © Plan / Neil Brandvold
Moving Forward

The “whole-of-government, whole-of-society approach” to COVID-19 advocated by World Health Organization Director-General Tedros Adhanom Ghebreyesus is clearly the correct one. But within that this must involve an understanding of the different impacts of gender, age, poverty, diversity and vulnerability that govern people’s experiences of the pandemic. It must also take on board how far-reaching the effects of the pandemic may be, both in terms of its extending into the years ahead and of the multiple ways it will change people’s lives: their health, incomes, opportunities and inner security.

The impact of the loss of education, of increased poverty and of rising levels of gender-based violence are all areas that need to be addressed if the force of the current pandemic is not to be unequally felt by girls and young women, destroying both their present and their future.

Consultation is key: and this includes strengthening the participation of girls and young women in decision-making arenas to make sure they are heard, their rights are respected and their needs are met.

Photo: 18-year-old Barbara from Timor-Leste talks about how her life has been badly affected by the COVID-19 outbreak. © Plan International
Protecting girls’ rights and lives: CALLS TO ACTION

Education

- Policy makers must make sure that girls are not discouraged from returning to school by being flexible in their approach to education and schooling and adapting future admissions procedures to the particular challenges they face. This must include making it easy for pregnant girls and young mothers, who often face stigma and discriminatory school re-entry laws, to return to school.
- Governments need to work closely with teachers, school staff and communities to ensure that distance learning is fully accessible to all. Regular information and help for caregivers are crucial to make sure children, especially girls, are motivated and families are encouraged to invest in girls learning.
- In places, and for families, where digital solutions are not accessible, including in humanitarian crises, governments must invest in distance learning approaches that are low-tech and gender-responsive. This includes sending reading and writing materials to families and using radio and television broadcasts.
- In countries where most people access the internet by mobile phone, governments and civil society should demand free or cheap access for those who can’t afford it – whether in the form of lower data bundle costs; the waiving of caps and additional fees on data usage; or zero-rating important websites, such as those with key educational content.

Economic support

- Governments must protect families from the financial impact of COVID-19, particularly the poorest and those in the most affected areas, with direct material support and by expanding current social protection measures, including child benefits and family grants. Poverty is dangerous and can increase child labour and put girls and young women at greater risk of sexual exploitation.
- Financial support packages must include targeted measures to protect and support young women’s economic empowerment, and these should pay close attention to the unequal distribution of unpaid care and domestic work.

Child protection and gender-based violence

- Governments and local authorities must prioritise child protection in all policies, information and guidance throughout the pandemic response.
- They must rigorously safeguard all children, adolescent girls and women and those who identify as LGBTIQ+ from the heightened risks of gender-based violence. These risks must be monitored and responded to in all lockdown situations. Lifesaving activities for survivors of gender-based violence, including dedicated staff, helplines, refuges and psychosocial support, must all be in place and fully funded.

Sexual and Reproductive Health and Rights

- Girls’ and women’s sexual and reproductive health and rights must continue to be prioritised, funded and recognised as life-saving and must include: access to modern contraception, menstrual health and hygiene management, antenatal and postnatal care, clean and safe delivery, access to safe abortion (where legal) and post-abortion care, and provisions for the clinical management of rape.
- With the disruption of schools, routine health services and community-level centres, new ways of providing information and support to adolescents and young people, need to be established, including the use of social media and tele-health.
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About Plan International
We strive to advance children’s rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it’s girls who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children’s rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.