



*Lessons learned with promoting Sexual and Reproductive Health and Rights (SRHR) of Adolescents and Youth in Nepal*

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# National Expert Seminar - Summary

The information in this handout is based on the collective sharing of knowledge and experience of Nepali experts working in sexual and reproductive health and rights (SRHR) during the “National Expert Seminar: History, Present and Mystery - Learning from the past to improve sexual and reproductive health of young people in Nepal and moving towards the future”. This seminar was held on 7<sup>th</sup> and 8<sup>th</sup> September 2008 under the auspices of the Family Health Division, Population Division of the Ministry of Health and Population, Family Planning Association Nepal and GTZ. The information was generated using world cafe methodology with experts from government, non-governmental organizations, youth organizations, external development partners and freelance consultants. This handout documents the seminar key findings regarding the SRHR of young people in Nepal.

## **Purpose of the national expert seminar**

The Family Health Division, Population Division (MoHP), Family Planning Association and GTZ jointly organized the national expert seminar on sexual and reproductive health rights (SRHR) of young people. The seminar was part of a two year joint work plan to strengthen the SRHR of young people in Nepal. Experts from governmental and non-governmental organizations, external development partners, youth organizations and research institutes were invited. The seminar provided a common platform for stakeholders in the country to discuss and debate issues to enhance understanding and promote the agenda. The objective of the seminar was:

- To carry out a stock taking of the lessons learned with different youth-friendly approaches to promote sexual and reproductive health and to

prevent HIV among young people (10 – 24 years) in Nepal

- To bring together experts in youth health in Nepal to discuss opportunities and bottlenecks for implementing youth friendly services and approaches through governmental and non-governmental structures
- To draft an advocacy strategy to promote SRHR for young people with a view to informing future policy and action in particular with a view to the future programming of NHSP II (2010 – 2015)

The four approaches that were particularly discussed during the seminar were:

- 1) Using peer education to reach young people.
- 2) Providing Sex education in schools
- 3) Implementing youth information centers (YIC) and
- 4) Delivering youth-friendly services (YFS) was key focus of the seminar.



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## Nepal's effort to address SRHR for young people

In this session, participants, grouped into four were asked to reflect on the efforts undertaken between 1990 – 2007 in the areas of SRHR of young people. Along with the efforts they were also asked to identify the weaknesses that have hampered the effective implementation of SRHR program and activities.

According to the experts, considerable efforts have been made by the public and private sectors to carry forward and translate health policies and programs into action. Specifically from 1998 onwards, significant SRH programs focusing on the need of young people have emerged and are on the rise. INGOs/NGOs have been implementing SRHR pilot projects in various districts of the country. Different interventions and approaches have been used to address SRH of young population.

Experts listed that youth information centers, national AIDS center, adolescent friendly clinic, Adolescent Sexual Reproductive Health(ASRH) committee, thematic task team and youth council have been established by different actors in various parts of the country for information co-ordination and service delivery on SRH for young people. For sensitization and awareness of the general public, dissemination of SRH information through various media, advocacy and campaigns, training and seminar on SRHR have been the common activities of various organizations working in the area of SRHR. Recognition and involvement of the youths in SRH program and activities through peer education and programs like school health has widened the opportunity for young people to understand their SRH issues better.

The experts agreed that the initiative to introduce comprehensive sex education in school curriculum and non formal education program is another effort

towards addressing the rights of young people. Coalition building and networking to provide multisectoral support, researches, counseling, development of IEC/BCC programs, training manuals and best practices on ASRH, safe abortion service and development of service delivery guidelines on ASRH, VCT are some of the useful interventions while addressing SRHR as stated by the experts. The launching of several youth focused SRH projects and programs including RHIYA (2003-2006) has been instrumental in promoting the SRHR of young people in Nepal.

Although significant attempts have been made to address the SRH issues, the level of awareness on SRH and rights is still very low among young people. Many young people are not accessing SRH services and on top of that the services provided are limited. There exists a huge gap between information and services as well as knowledge and practices regarding SRH among urban and rural youths. Fear of stigma, superstitions and religious misconceptions prevail at large. Incidences of gender-based violence (GBV) are highly prevalent. There are several instances of miscarriages and deaths due to violent sexual abuses within and outside marriages.

The experts voiced that many teachers find it difficult to address sex education in today's multicultural environment. Sex education tends to be limited to the biological facts and limited to information on the prevention of STIs and HIV and AIDS. Feelings, respect, equal relationships and sexual orientation are the topics that are often left out. Additionally, health service providers are not adequately skilled in SRHR and adolescent health services in health facilities are mostly focused on medical services that are not gender responsive. The need of trained teachers and health service providers is another important part, which needs more focus.

The experts also pointed out that there is a lack of proper monitoring and evaluation mechanism in SRHR programs. As a signatory of the international charters that includes the ICPD program of Action, the national and community leadership has yet to translate commitments into action to address SRH issues. The health sector related strategies such as NAHD 2000 have been endorsed but relevant indicators for SRH programs are not established. The programs run by civil society and international donor organizations are scattered and are not as effective as they should be for various reasons including youth potential being ignored. Youth involvement at all stages – planning, programming and decision making – is essential for the success of any SRH program. Because of ineffective coordination and communication between organizations (GOs, NGOs, INGOs, CBOs and community groups) resources are wasted as a lot of the programs get duplicated. On the other hand, the budget allocated for SRH is inadequate to fulfill the needs of the young population since there is a huge gap between demand and supply of services.

The experts stressed that a lack of quality SRH services can lead to high infant and maternal mortality rates, an increase in the spread of STIs – including HIV/AIDS, – an increase in unwanted pregnancies and unsafe abortions and increased premature women's mortality and morbidity rates. SRHR of young people should be respected, their sexuality recognized and their needs and warnings heard and taken seriously. They must have access to necessary information, support and services. Expansion and access to family planning and youth friendly services, youth information centers, sex education through school system and peer education are some of the key aspects that need vital attention in order to promote SRHR of young people. Similarly, harmful traditional practices such as early marriage, isolation



of women during menstruation and other forms of GBV should be eliminated. Effective implementation of existing national and international policy/guidelines is another fundamental aspect that needs tremendous focus.

### What still needs to be done?

Using world café method, participants were asked to sit in small different groups, in which they discussed what still needs to be done to promote the SRHR of young people.

The experts stressed that the efforts to address SRH of young people have so far been patchy and are somewhat ad-hoc, isolated and fragmented. There have been efforts to raise awareness of community, teachers, service providers, youths and other stakeholders but there are limited systematic and planned interventions that address SRH of young people. According to the experts following areas need profound groundwork.

#### 1. Capacity building of service providers:

There is a need for intensive capacity building and training at all levels including teachers, health service providers, peer educators, community and other stakeholders to ensure quality care and response to SRHR of young people.

#### 2. Strengthen/Build Partnerships:

Adolescent Sexual Reproductive Health (ASRH) Committee was formed in 2002 to strengthen collaboration with multiple stakeholder addressing SRH related issues. However, to date the committee is not functional. Hence, there is an urgent need to reactivate the network and sustain greater collaboration to build collaborative interventions on SRH and HIV/AIDS for increased access and coverage of services concerning young people.

#### 3. Limited coordinated effort

among agencies for prevention of and response to SRH of young people: This generally requires longer term, multisectoral and coordinated efforts focusing on the economic, health, legal, psychosocial and security concerns of young population. Additionally the social realities of young people especially that of women from different caste and ethnic groups require specific components to address the additional constraints they face. Community participation and support is critical for program effectiveness and sustainability.

#### 4. Adequate support and service delivery mechanisms:

The socio-economic and medical support required by young people to address immediate and long-term needs is very inadequate. Only a limited number of young people access the facilities which can provide such support. Even for those who manage to reach, it is a struggle for local organizations and government health service providers to address their needs comprehensively. Most of the health facility centers are poorly equipped and staffs are not trained. There are only a few trained counselors and service providers to provide services to the young population. Health services for youth should not only address the medical aspects of reproductive health but also focus on issues related to relationships and values.

#### 5. Integration of services:

Combining different SRH approaches with other community activities facilitates meeting various needs of young people. For e.g., just peer education alone cannot meet all the needs; it must be part of a larger, comprehensive effort. Integration of and building linkages through

YFS, YIC, peer education and sex education activities can complement each other in addressing the needs of young people.

#### 6. Limited IEC/BCC materials:

A very few training manuals and materials have been produced to raise awareness on SRH and importance of sexuality education for young people. There's a lack of rigorously, tested materials to support training and activities of SRH approaches, especially peer education.

#### 7. Youth Involvement

is critical for retention, motivation and productivity of SRH programs and approaches. Involving youth in planning, designing, monitoring and in as many facets of the program as possible helps in achieving the desired goal.

#### 8. Inadequate laws on SRH and poor implementation:

Legal constraints exist as laws to address SRH of young people are either not in place or not effectively enforced.

#### 9. Advocacy:

In places where school attendance rates are low, governments need to find alternative routes for relaying health information to young people. It is important to reach young people by using mass media campaigns that emphasize the importance of contraceptive options, delayed marriage, delaying first births, benefits of a small family and consequences of risky sexual behaviors. Massive advocacy through mass-media, health journalist, youths, students, teachers, donors and organizations working to promote SRH of young population is essential to make general public aware about the importance of SRH and education for young people. Separate sensitization programs for community



leaders, parents and policy makers is also needed to raise awareness about the SRH issues of young people.

Many other issues related to SRH and sexuality too require much more attention than what they are receiving at the moment e.g. impact of sex selective abortions, lack of policies/ protocols/code of conduct related to sexual violence at work place, non-contact forms of sexual violence (pornography and sexual harassment/offence), marital rape, sexual violence in private/corporate sector, sexual violence among gay/lesbians and incest.

### **Next Steps and Conclusion:**

The ability of young people in Nepal to ensure their SRH is influenced greatly by cultural, societal and religious norms and values that pervade and dictate both community expectations, family communication and national policy making. The national seminar in this context concluded that SRH of young people should be addressed by accelerating responses, by expanding partnerships, broadening the scope of advocacy for policy reform and involving young people in policy design and implementation. In other words, the seminar identified the urgent need to

responded to the changing demographics, internal and external migration and the need of the young people. Activities such as sensitizing teachers, policy makers, parents and young people should also be scaled-up. Moreover, facilitating communication among the family and adolescents, between peers, promoting gender equity, expanding access to information and services and conducting further research are vital.

There are numerous challenges and yet the challenges are not new. The challenges must be addressed to improve the SRH of young people of the present and future generations. For this, a commitment and accountability from all concerned was collected.

The following commitments were expressed by the different stakeholder groups present at the national expert seminar:

### **The government is committed and accountable for:**

- Respecting and safeguarding the SRHR and health needs of young people.
- Developing policies that ensure SRHR is promoted, understood and exercised by all young people.

- Ensuring that SRHR is understood by young people regardless of religious, cultural and political beliefs.

### **Non-governmental organizations serving young people are committed and accountable for:**

- Informing, sensitizing and educating youths, communities, political leaders and parents about the importance of SRHR of young people, and advocating at different levels.
- Assist in mobilizing communities to advocate SRHR of young people.
- Developing a working relationship with young people to ensure that their needs are met and that they are empowered to advocate for themselves.
- Providing health services within a youth-friendly environment.

### **Young people are committed and accountable for:**

- Respecting their own SRHR.
- Informing and educating other young people about their SRHR.
- Advocating within their communities for SRHR and health needs.

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