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EXEMPLARS IN GLOBAL HEALTH

Policy Brief

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The Improvement in Adolescent Sexual and Reproductive Health and Rights in Nepal

KEY MESSAGES

- **Legislative reforms, including the legalization of safe abortion and the Safe Motherhood and Reproductive Health Rights Act, reflect a strong political commitment to enhancing ASRHR.**
- **Establishment of adolescent-friendly health services and national family planning programs has improved access to reproductive health services, resulting in increased satisfaction among young women.**
- **Community engagement programs and media interventions have empowered adolescents, particularly girls, to challenge harmful practices such as child marriage and promote gender equality.**

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INTRODUCTION

Nepal's economic context presents a complex landscape for sexual and reproductive health and rights (SRHR) expenditure, marked by both challenges and opportunities. With a GDP per capita of $1,336, a Human Development Index of 0.60, and a Country Fragility Index of 80.2, the nation grapples with significant developmental hurdles despite a relatively low poverty ratio of 8.2%. The total population of 30.5 million includes female adolescents, who represent 18% of this demographic. The legal framework supports reproductive health, with a legal marriage age set at 20 for both genders and an age of consent of 16, while the abortion legality index reached 100 in 2019. Nonetheless, approximately 30% of pregnancies among adolescents aged 15-19 are unintended, with nearly half resulting in induced abortions.

Current trends show that the proportion of married adolescents has outpaced those who have begun childbearing, suggesting early marriage drives adolescent fertility. However, there is a gradual shift towards delayed entry into sexual activity and marriage, as evidenced by an increase in the median age at first sex (from 16.7 years in 2001 to 18.3 years in 2022) and at first marriage and birth. Although overall health expenditure has increased, largely driven by GDP growth, reproductive health spending has shown steady growth primarily due to maternal health initiatives, while investment in family planning has stagnated.

Recognising these advancements, Nepal was highlighted as one of six countries in the Adolescent Sexual and Reproductive Health and Rights Exemplars (ASHER) project. The project identified LMICs that have outperformed in reducing high levels of pregnancies among those aged 15- relative to the other countries and secular trends. From these countries (positive outliers or exemplars), the project documented lessons and best practices that have been applied to improve SRHR outcomes, including preventing and managing unintended pregnancy. This policy brief highlights the main findings and provides targeted recommendations to inform policy decisions and further strengthen adolescent health outcomes for Nepal.

Methodology

The study employed a concurrent mixed-methods cross-sectional approach comprising stakeholder mapping, a rapid systematic literature review, qualitative and quantitative data analyses and an analysis of ASRHR programs, policies, and interventions with findings triangulated from various components. For our qualitative analysis, we reviewed literature on ASRHR-related policies and programs in Nepal from 2000 – 2022 and conducted key informant interviews with senior policymakers, ASRHR program managers, representatives from Civil Society Organizations (CSOs), and community leaders and focus groups with adolescent girls. For quantitative insights, we conducted descriptive and

multivariate regression analyses using national-level secondary data, including health surveys and abortion data, an Oaxaca-Blinder decomposition, and a cohort analysis.

KEY DRIVERS OF ASRHR PROGRESS

1. Increase in Access to Family Planning

Nepal made significant strides in advancing ASRHR through strong political will and policy action. The 2015 Constitution recognised health and gender equity as fundamental human rights, establishing a robust framework for various legislative acts and strategic initiatives aimed at enhancing SRHR for women and girls. Key interventions, such as the national family planning program and the legalization of safe abortion, were instrumental in this progress. The integration of SRHR into the Nepal Health Sector Program II and III emphasised the government's commitment to improving health outcomes through comprehensive service delivery models. Significant legislative reforms, including the amendment of the Muluki Ain (Penal Code, 2002) and the enactment of the Safe Motherhood and Reproductive Health Rights Act (2018), reinforced women's autonomy over reproductive choices. The SMRHR Act ensured that reproductive health services were adequately budgeted and provided at no cost within government facilities, marking a critical advancement in mitigating adolescent fertility rates nationwide.

2. Health Systems Strengthening

Nepal significantly strengthened its health systems by establishing adolescent-friendly health services (AFHS), forming the backbone for key sexual and reproductive health (SRH) initiatives like the National Family Planning Services (NFPS) and the National Adolescent Sexual and Reproductive Health programs. The NFPS provided a comprehensive range of services, particularly targeting adolescents aged 15-49, including access to long acting reversible contraception, voluntary surgical contraception, and essential family planning services. It successfully raised awareness of married adolescents' rights and needs, especially among low income and illiterate girls aged 10 to 19, by engaging communities and families. These programs aimed to improve health literacy and service accessibility while creating a supportive environment tailored to adolescents. Vital services such as contraception, STI/HIV testing, maternal health care, and safe abortion were offered, achieving a 96% satisfaction rate among young women. Peer education initiatives such as the Didi/Dai project, played a crucial role in enhancing access to SRH information and legal abortion awareness among youth.

However, since 2015, Nepal has seen a decline in the percentage of healthcare facilities with staff recently trained in family planning (FP) and HIV services, with training and guidelines being more accessible in hospitals compared to basic health care centers (e.g., health posts, urban health centers, community health units). Although standalone HIV testing and counseling (HTC) facilities exhibit higher quality of care due to better-trained staff and available guidelines, they provide fewer testing services than hospitals. Between 2015 and 2021, there was an increase in the percentage of facilities offering intrauterine devices (IUDs), implants, and sterilisation. Notably, the proportion of adolescent mothers receiving assistance from skilled providers during delivery surged from 17.1% in 2001 to 79.0% in 2022, and those with atleast four antenatal care visits rose from 16.7% to 77.4% during the same period. Despite these advancements, engagement with nonusers remains low, with a slight decrease in the percentage of adolescents (ages 15-19) visited by field workers or health facility staff discussing family planning, from 4.0% and 4.3% in 2001 to 3.8% and 2.1% in 2022, respectively. Importantly, the availability of modern FP methods remains consistent at 97.7%, with 98.5% of facilities providing services five days a week as of 2021.

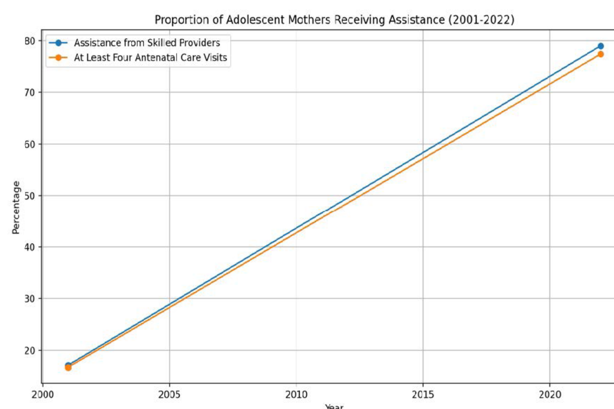

Figure 1: The proportion of adolescent mothers receiving assistance from skilled providers (DHS)

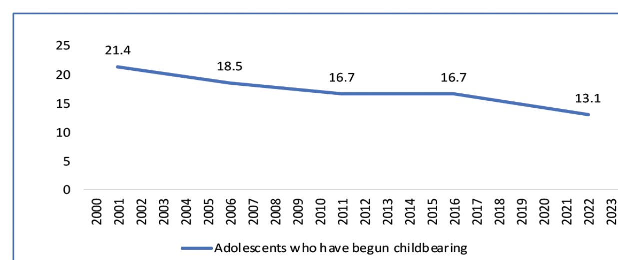

Figure 2: Percentage of adolescents aged 15-19 who have begun childbearing (DHS)

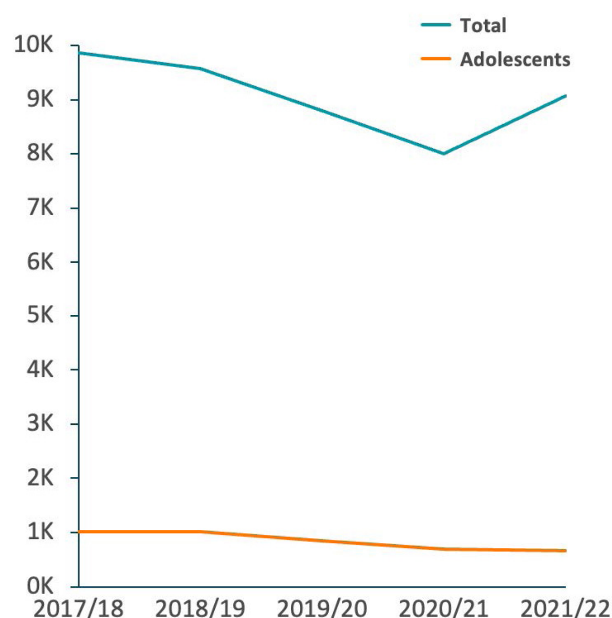

Figure 3: Safe abortion service utilisation in Nepal (2017-2022), DHS

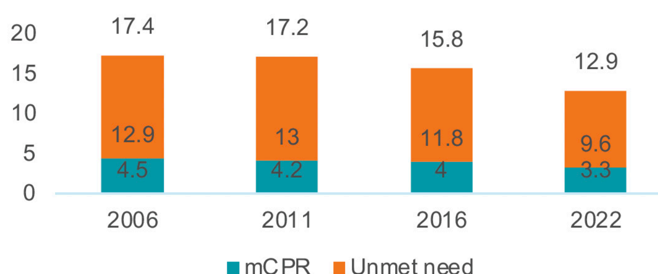

Figure 4: Total demand for modern methods of contraception, ages 15-19 (DHS)

3. Comprehensive Sexuality Education

Comprehensive Sexuality Education (CSE) emerged as a pivotal intervention in reducing adolescent fertility in Nepal by addressing critical topics such as sexual and reproductive health, sexual rights, violence, diversity, and relationships. Integrated into various subjects within the national curriculum since its introduction in 2003, CSE initially targeted grades 9 and 10 but expanded to encompass grades 4 to 12 by 2013 following extensive advocacy efforts.

The program trained over 700 schoolteachers and 500 peer educators through the Education Training Centre of the Education Ministry, and established Adolescent-Friendly Information Corners (AFIC) in 193 public schools. However, reaching out-of-school adolescents remained challenging; while the Flexible School Programs (FSP) aimed to reintegrate primary school dropouts aged 8–14 into the formal education system, the sexual education component was limited primarily.

4. Progress in General Education

From 2001 to 2022, Nepal made significant strides in its education sector, reflecting a strong commitment to expanding access and improving quality. Key initiatives, such as the "Education for All" program and the School Sector Reform Program, established free and compulsory education up to the secondary level, particularly targeting marginalised communities. These efforts resulted in enhanced educational quality through curriculum reforms and teacher training, contributing to a notable decline in adolescent pregnancy rates, as reported by the Institute for Health Metrics and Evaluation (IHME). During this period, the median years of education for female adolescents increased from 5.5 to 8.5 years, while gross secondary school attendance rates nearly doubled for both genders, with female attendance rising from 42.6% in 2001 to 81.3% in 2022 and male attendance increasing from 57.5% to 84.6%, highlighting the positive impact of these educational reforms.

5. Preventation of Child Marriage

Nepal established various strategies to eradicate child marriage by 2030, addressing underlying factors such as poverty, dowry, and school dropout rates among girls. The 2011 Nepal Marriage Bill set the minimum marriage age at 20 for both genders, aligning with international standards to enhance adolescent health. Complementing this legal framework, initiatives such as the girls' affirmative action program aimed to retain girls in school, while the Decentralized Action for Children and Women (DACAW) formed paralegal committees that achieved an 80% resolution rate for child protection cases. Community empowerment efforts, including workshops by trained young women and the establishment of Girls Support Committees, facilitated discussions on child marriage and enabled adolescent girls to engage in local governance. As a result, the median age at first marriage among women aged 20-49 increased from 17.2 to 18.5 years between 2006 and 2022, indicating a positive shift in societal norms.

6. Economic Empowerment

The availability of resources significantly influenced the improvement. Between 2000 and 2021, Nepal achieved significant advancements in gender equality, reducing the Gender Inequality Index from 0.66 to 0.45 and increasing the Labor Force Participation Rate Gender Ratio from 36.3% to 53.9%. Despite these improvements, challenges remained, particularly in youth engagement, with the share of youth Not in Education, Employment, or Training (NEET) rising from 23.1% in 2008 to 34.8% in 2017. While modern contraceptive prevalence rates (mCPR) and unmet needs for contraception decreased between 2006 and 2016, there was a concerning shift towards traditional methods. Physical violence against adolescent girls increased, outpacing sexual violence, and gaps in health data, particularly regarding STIs and HIV, highlighted ongoing issues. In response, the Rupantaran program was launched to empower girls aged 0-19, addressing caste-based discrimination, child marriage, and sexual violence. By 2024, around 1.5 million adolescents had completed this program, which included 15 modules on essential topics. Complementary initiatives like YouthSave and the Prime Minister's Employment Program further supported adolescent livelihoods.

The ARHUs effectively provided family planning services, with an average of 74% of adolescents utilising these services. The user-friendly nature of ARHUs facilitated access to reproductive health services, as most were offered free of charge, thereby eliminating financial barriers for adolescents and young people. These efforts collectively contributed to enhancing ASRHR outcomes in Cameroon.

7. Socio-Behaviour Change Comunication

Nepal utilised socio-behavior change communication through media interventions to promote SRHR among adolescents. Key initiatives included radio programs like "Saathi Sanga Manka Kura" (SSMK), which reached over 8 million listeners with vital information on puberty, SRH, and education. The program fostered significant community engagement, receiving over 40,000 responses highlighting positive socio-behavioral changes, such as reduced child marriage and dowry practices. Additionally, 91% of Nepali youth were familiar with the program, with three-quarters of boys and over two-thirds of girls aged 15-19 having actively listened to it.

Recommendations

Nepal made significant improvements in adolescent SRHR and has reduced adolescent fertility in the past two decades by addressing policy, intervention, and implementation. Given this progress, the Nepalese government should implement the following measures for continued adolescent SRHR expansion:

- Expand Comprehensive Sexuality Education (CSE): Make CSE mandatory across all grades and develop evidence-based learning materials, both online and offline, to enhance accessibility and relevance for adolescents.
- Enhance Adolescent Empowerment and Service Access: Invest in age-responsive information and services that empower adolescents and youth to make informed decisions about their sexual and reproductive health, ensuring timely and quality support.
- Decriminalise abortion: Complete decriminalisation of abortion to allow for safe abortion access within the rights-based framework and the removal of regulatory mechanisms to facilitate safe abortion services through self-managed abortions and telemedicine.
- Strengthen Support Systems and Address Norms: Target harmful socio-cultural practices, and engage local stakeholders to promote gender equality, ensure girls' education, and support economic empowerment initiatives.
- Foster Inter-Sectoral Coordination and Youth Participation: Improve collaboration among ministries and organizations for comprehensive ASRHR improvement while ensuring adolescent participation in program design and implementaion