



Hesitating at the door



Differences in perceptions between genders and generations on sexual and reproductive health and rights in Kaski, Nepal

Report of a participatory case study of the IPPF Danida-funded A+ project with Family Planning Association of Nepal

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About IPPF

The International Planned Parenthood Federation (IPPF) is a global organisation addressing sexual and reproductive health and rights, with Member Associations providing sexual and reproductive health information, education and services and advocacy for sexual and reproductive rights. Underlying this work are commitments set out in *Sexual Rights: an IPPF declaration*. IPPF regards sexuality as not just a health issue, but as central to identity and physical and psychological wellbeing, and subject to power dynamics, including those related to age, wealth, gender, sex, sexual orientation and identity and ethnicity. IPPF promotes a model of youth programming that has the three pillars of youth-friendly services, advocacy and sexuality education, with an emphasis on youth participation. It also strives to support institutional commitment and to create the conditions for young people to exercise their sexual and reproductive health and rights.

Abbreviations and acronyms

CSE	Comprehensive Sexuality Education ¹
Danida	Danish Development Cooperation Agency
FPAN	Family Planning Association of Nepal
IPPF	International Planned Parenthood Federation
SARO	South Asia Regional Office
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
VDC	Village Development Committee
YFS	Youth-friendly services

¹ The IPPF Framework for Comprehensive Sexuality Education states: 'Comprehensive Sexuality Education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views 'sexuality' holistically and within the context of emotional and social development. It recognises that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values'.

Introduction

Youth sexual and reproductive health and rights and the A+ programme

This case study describes issues of sexual and reproductive health and rights from the perspectives of young people and provides an analysis of the context in which the Family Planning Association of Nepal (FPAN) is providing youth-friendly services and comprehensive sexuality education.

FPAN is an IPPF Member Association and was established in 1959 as a non-profit organisation using information and education to promote family planning. It works in 32 districts across Nepal and has 28 branch offices with associated branch clinics and community clinics. FPAN started its family health education programme in 1981 and its women's empowerment programme in 1984. It started to work on youth-friendly services in 2002. Soon after, it recognised the need to address the lack of comprehensive sexuality education in Nepal and so, in 2008, with funding from the Danish government, FPAN started a programme of work in Kaski.

FPAN was one of 16 IPPF Member Associations that benefited from a three-year grant from the Danish International Development Agency (Danida) called the A+ Programme. The A+ Programme was implemented in 2010 – 2013 and had four main objectives:

- 1 To increase institutional commitment of IPPF Member Associations to young people's sexual rights
- 2 To build a supportive community, environment, and legal framework for young people's SRHR.
- 3 To strengthen and expand existing services for young people, especially the most underserved and vulnerable.
- 4 To increase access to comprehensive, youth-friendly, and gender sensitive sexuality education.

The A+ project was implemented in four mountainous areas of Nepal: Doti, in the far west of Nepal; Dankuta, in the far east; Kaski in the west; and Kavre, in central Nepal close to Kathmandu. These areas were chosen so that there was a cross section of different contexts across Nepal. All were, however, selected in mountainous regions rather than on the terai where there is generally better provision of transport and sexual and reproductive health services.

The A+ project in Nepal has an emphasis on youth-friendly services. Government services are scattered in each of the selected areas so one aspect of the programme has been the provision of services through mobile clinics. There was also training of staff and some service providers in providing youth-friendly services. There has also been an attempt to make clinics more welcoming with information, leaflets and billboards about sexual and reproductive health issues, and separate times when young people can visit clinics without adults also coming for consultations.

A particular focus of the A+ project was on training peer educators to be agents for change. Each peer educator was provided with training and support to run peer groups, with a total of 111 peer groups for the four districts where the project was implemented. There was an emphasis in Nepal to reach more marginalised young people by trying to work with peer educators and peer groups of young people who are 'out of school'. FPAN also has representation of young people on a youth sub-committee that feeds into their central executive committee. Young people feed into decision-making in the executive board at branch as well as central Member Association levels.

The case study is one of four international cases and is part of a fuller assessment that also includes a desk review, survey of all of the Member Associations implementing the A+ programme, and interviews with the global and Regional Offices of IPPF. The main objectives of this in-country and regional research are to:

- Explore understanding of different perspectives, including youth perspectives on sexual and reproductive health and rights
- Understand what it is like to be young and how rights are realised in different contexts, including reviewing how change happens and understanding what mechanisms or strategies in different contexts result in desired outcomes for young women and young men; and
- Consider how the A+ programme has contributed to these desired outcomes.

This research explores the role of comprehensive sexuality education and youth-friendly services in meeting sexual and reproductive health needs and rights in different contexts, and examines how institutional commitment and building stronger communities have been achieved in different case-study contexts.

The report shows the priorities of young people and the complexity of their lives in their local contexts. It also provides additional perspectives from the service providers, service users and peer groups of young people. Some additional analysis from Member Association and Regional Office level is included, and this analysis is also carried through into the main report.

How the different levels from local to regional have connected and communicated is critical to achieving objectives and longer-term impact, as is ongoing attention to youth participation and changing political and social contexts. Particularly important issues to explore at Member Association level have been the institutional capacity to support more youth-friendly services and comprehensive sexuality education and how this fits into an ongoing and developing youth programme. At the regional level, the sustainability of the approaches taken in the A+ programme and the way in which success and value are measured have also been critical to understanding the results and impacts of the A+ project. The case study provides recommendations formulated with young people and then discussed with FPAN and also with the IPPF South Asia Regional Office.

Methodology

The case-study research was carried out over a fortnight in Kaski by the lead researcher for the A+ assessment, Dr Vicky Johnson, with the assistance of a local facilitator, Kamal Tara Bajracharya, the A+ project officer, responsible for the overall coordination of the project for FPAN. An insider-outsider approach to the evaluation was integral. Facilitation in the local language established trust among local stakeholders and an understanding of cultural subtleties, as well as an external view of how the A+ programme had been implemented with new approaches and a fresh perspective on the issues and learning arising from the case-study research.²

The critical story of change has arisen from the research carried out with young peer educators who worked together with the researchers/facilitators in Kaski in Western Nepal.

This assessment has been carried out before the completion of the project so that learning can inform other projects and programmes in the Member Association as well as funding and sustainability strategies. IPPF commissioned Panos London to undertake this assessment of the main achievements and learning, primarily to inform future youth sexual and reproductive health and rights and sexuality education programming. This case study in Nepal is analysed using key assessment themes, alongside the desk review and survey of 16 Member Associations where the A+ programme has been implemented. All the findings fed into the main assessment report.



Youth educators discussing issues with female peer educators needing encouragement to speak out

Kaski was chosen as one of four sites in Nepal on the basis of learning opportunities in the location and logistics. Kaski has urban and rural sites and issues of accessibility in remote rural areas have led to mobile clinics being implemented as part of the A+ project. In the area, out-of-school children and young people carry out manual labour as well as household chores and some are involved in activities associated with tourism including selling drugs and sex work. These issues have been noted by young peer researchers and were thought to be of interest in understanding their research. Young peer educators input as participants in the assessment as well as identifying issues, collecting data, taking photos and conducting interviews, analysing evidence and presenting findings.

The research carried out with young people involved a participatory process with a group of 12 young people associated with the A+ project (aged between 15 and 24 years), of which 10 carried out the field research (nine of whom were peer educators), three young men and seven young women. Most of the peer educators were out of school themselves and could therefore relate to the young people who were in a similar position. Many of the peer educators were female as there is a strong gender preference to send boys to school in Kaski, leaving young women to do most of the chores in the household, as well as doing paid work to contribute to household income. All young people had been trained as peer educators and received support as part of the A+ project to hold peer groups on a regular basis in the different regions where they lived around Pokhara and throughout the district.

The participatory methodology included creating a fun and relaxed atmosphere, while systematically collecting data from the peer educators. Methods included ranking lines, games, drawing, group work and skits.

² See *Learning from our peer educators: A guide for integrating and reflecting participatory youth research in the A+ assessment country case studies*

The young peer educators were also prepared to identify issues of importance when considering the local context, how the A+ project and other local initiatives had influenced youth access to services and education, and their ideas about the way forward. The key research strategy was for young people to identify issues and then create photo stories to illustrate the realities for young people and the strategies that had worked or could work in the local context. Young participants carried out the research and analysis and created presentations for local decision-makers that were then shown and discussed by the lead researcher at the head office of the Member Association and the IPPF Regional Office.

Research was carried out between the workshop days by the lead researcher and co-facilitator, while the young people carried out the field research they had planned in groups. This took the form of semi-structured interviews using the assessment plan questions to delve deeper into changing local sexual and reproductive health and rights and the role of the A+ project.

An ethical protocol was applied throughout the workshop and the field research. It was critical that the young people both gave their consent to be participants in the research, but also that they knew how to obtain consent and conduct research ethically in their new roles as youth researchers.

Central to the A+ assessment and learning is to understand the different contexts in which the project operated and to identify what works, for whom and why, in these varying settings. From this, successes, failures, opportunities and constraints can be the basis for shared learning. In the Member Association and Regional Offices, the lead researcher carried out further investigation, using assessment questions and visual tools designed to aid analysis into the aspects and strategies in the A+ programme that had been effective and those that could be improved in different contexts.

The realities of sexual and reproductive health and rights in Kaski

The changing context

FPAN is working in a context where, at a government level, HIV awareness has grown since the late 1980s and alongside this there has been increasing international attention on population growth.

Despite recognising the need for sexual and reproductive health services in communities, especially in urban areas, it was after the Maoist insurgence, with the formation of the new Constitution in 2000, that the provision of basic social services to poor rural areas, with a focus on marginalised populations and women and children, was initiated. After recognition that unsafe abortions had contributed significantly to maternal mortality, a new law was passed in 2002 to make abortion legal and NGOs and government worked together to ensure rapid implementation of awareness raising and provision of women friendly services. In 2009, progressive legislation relating to citizen status for transsexual, bisexual, lesbian and homosexual people was passed.³

Messages in communities across Nepal have, however, remained quite contradictory to the emerging policy context, with many community adults pushing a message of ‘say no to sex before marriage’ as services are still fairly inaccessible to many rural communities and especially to young people. In communities FPAN noticed the stresses of hard labour for women resulting in, for example, young women menstruating earlier. As women and men have migrated for work and moved around more due to political instability they also noticed there were more reported cases of abuse and more growing concern about sexual and reproductive health.

The reality of being young in Kaski

Many people do not talk openly about sex and sexuality and premarital sex is not accepted or encouraged in both urban and rural communities in Nepal. Early marriage has been practised over the years in certain ethnic groups in the mountainous regions, including in Kaski. It is also now a choice for some young people who want to have sexual relations with their partners and do not feel that they can have a fulfilling emotional and sexual relationship outside marriage.

This support for early marriage among young women and men needs to be seen in a cultural context where it is hard for them to meet and talk together or show emotions openly. Parents often feel they are protecting their children by restricting their interaction with the young people of another sex and this has been taken to another extreme in legislation that has increased the age of consent for marrying from 18 for boys and 16 for girls in 1971 to age 20 years for males and females in the Gender Equality Act (2006). It is also very obvious when an unmarried young woman is talking to a man as the *sindur* (a painted dot on a woman’s forehead) is a physical indication of their marital status. There is therefore very little opportunity for young men and women to talk together, especially the most marginalised young people who do not have the chance to go to school and who are restricted from going outside the home.

³ In Nepal, transsexual and transgender are often referenced as the ‘Third Gender’. In this report, this term was retained when used by participants in the youth-led research or other stakeholders who were interviewed.

Pokhara, the main city in Kaski district, is a tourist destination for many visiting the magnificent Annapurna Range of the Himalayas. This mountainous environment means that scattered government services have to be accessed by many people by foot, having to walk sometimes many miles to reach clinics. Children and young people are often relied upon by households for manual labour to provide income for poor families and there is an acceptance that girls and young women will often be kept out of school to perform household chores.

Cultural and religious beliefs also mean that community members are suspicious about sexual and reproductive health services and the use of family planning. Gender discrimination is widespread and accepted in the culture throughout Nepal and, despite some differences in the realities of how power dynamics are played out, it runs across ethnic groups and castes. Especially amongst poor families and in remote rural areas, there is a gender preference for boy children and to send boys to school. The dowry system reinforces these practices, as when a girl is born the family knows that eventually when she marries, they will have to provide money and gifts to the family of the husband to be.

Gender violence is experienced by women throughout the Kaski district, and was a big concern of both young people and service providers. There are cases of incest in the community; although this is not culturally accepted and rare, it is still part of the picture painted by service providers and peer educators.

Young people in the A+ project in Kaski

The mechanism of peer education is important within the FPAN youth programme and there is an established and recognised path for the progression of peer educators in the organisation. The chairperson of the FPAN executive board, the FPAN A+ project officer and the youth coordinator in the South Asia regional office were all youth volunteers. FPAN prioritises having young people as representatives on governing boards at national and branch levels and this has been extremely important in implementing effective youth programming across the organisation.⁴

Constraints on the programme

The A+ project of realising sexual and reproductive health and rights has been restricted by two main factors. First, there was transformational organisational change, which included major reform of the executive board membership. This has ended up being very positive change that brought about a supportive environment for the project, but nevertheless delayed activities. As such, there was a lull in activities and youth-friendly services in 2011 while the new board was appointed. The programme then recovered with a resurgence of energy and focused support from the IPPF South Asia Regional Office to regain ground in 2012 and there has been agreement for a no-cost extension for six months into 2013.

Second, the rights-based nature of the A+ programme, as it was conceptualised at global level, is restricted by the cultural context. The extent to which staff and peer educators feel that they can explicitly talk about sexual and reproductive health and rights for young people at a community level is limited, despite sexual rights being openly discussed and incorporated in policy and legislation at a national level under the Maoist Coalition Government in Nepal.

⁴ Increased participation of young women and men in MA governance and organisational management is also covered in Section 4 of the main report.

Involvement of men and women

In Kaski, the A+ project has been largely implemented through 10 young peer educators who have set up and run 45 peer groups around the region. IPPF core funding and then A+ funding have supported a youth information centre alongside clinics, mobile clinics and comprehensive sexuality education training. Peer educators are an important mechanism for delivery of the FPAN youth programme so that with training and ongoing support young people can help to motivate peers to access services that have been made more youth-friendly and improve the flow of information and knowledge about sexual and reproductive health and rights in Kaski. The A+ project has provided more funding for peer educators in other programmes: expenses for travel and communication and also a substantial input of training at the beginning of the project.

Young people who participated in the research were peer educators with an additional young man and women at the workshop who were associated with youth work at branch level in FPAN.

In assessing the achievements of A+, young men said that they were pleased to have the opportunity to work in their own villages to understand the situation and to raise awareness with other young people and community members. Most important to these young men was the detailed information about family planning and information they provided to others to improve access to family planning devices for young people. This conflicted with the dominant cultural perspectives about young people not having sex and their feelings that abstinence was the best course choice for young women and men.

Young male educators involved in the research also felt that they had obtained confidence from being given responsibility to run peer groups and to understand more about sexuality and family planning. They discussed how their own behaviour had changed although several of them highlighted the importance of life skills and economic empowerment programmes that they felt would be important so that poor people would have the choices that they currently don't have in their lives.

'This project has supported me to change my own personal behaviour about sexual relationships, have opposite sex friendships and talk to others about life skills and capacity development. It's really interesting and achievable while working in groups with peers.'

Young male peer educator

Young women expressed the importance of young people being able to discuss their feelings about relationships and sexual health with others.

'I am so happy to share feelings between friends. Many youth don't express their inner feelings and selves and in this way they don't get any solutions. By this project I have got the opportunity to help them by understanding their problems.'

Young female peer educator

They also expressed concern that there were still many people in the community, especially those who were not literate, who would need the knowledge and education that they could provide in peer groups. Further work was also needed on attitude change with adults. Awareness among peer educators broadly related to increasing access to youth-friendly services and changing attitudes and behaviour of adults in communities towards young people to allow them to exercise choice with regard to relationships, both in terms of having friendships with people of another sex, and having space to discuss personal issues relating to sex and sexuality.

Both young women and male peer educators ranked the A+ project as having been very positive in achieving the goal of reaching some of the more marginalised out-of-school young people, and that as a result of working in peer groups there had been increased knowledge about sexuality and family planning.

One young male peer educator in education thought that some of the illiterate young people they had been working with had received more comprehensive sexuality education than many of the young people in school. In the remote mountainous areas of Kaski, so many young people are forced to work instead of going to school and some suffer from mental and physical strain due to hard labour, while others are seen as 'helping hands' in their households.

The young peer educators thought the project had provided information and knowledge, rather than working in a more rights-based way with young peers, determining the issues that they wanted to change and becoming activists or advocates in their own communities. As discussions progressed around sustainability, the young people identified the need for more partnerships with different locally-based organisations and local advocacy both within communities and with decision-makers at district level.

Convincing families and the community

Young peer educators felt that they had made a good start on increasing awareness about sexual and reproductive health with their own families. Some family members had been suspicious when they started to work as peer educators, but had gradually accepted the young people's new roles and increased their own understandings of sexuality and safe sex.

Many peer educators were still confronted with conflicts between messages about youth sexual rights in their work with FPAN and the reality of their lives in the communities. The young men felt that parents supported them because they could see their children learning new things and gaining knowledge in creative ways, but the young women thought that the parents themselves were learning more about sexual relationships and sexual and reproductive health. They understood that the work would lead to young people taking better decisions. Families were thought to have changed their attitudes more than the other community members.

'In the community there are various types of people and they have different views – some people accept it, but some people have negative attitudes and they are difficult to convince... So we have to work hard and educate and convince about the sexuality programme and its benefits.'

Young male peer educator

The young peer educators identified how valuable the A+ project had been in building their confidence and helping them to work with the community in a different way. What had been most important to them was to have the space in the peer groups to meet together and discuss personal and emotional issues relating to sexual and reproductive health. This gave them the confidence to talk about relationships, sexual health and sexual and reproductive health choices with their families and to other young people and adults in the communities.

Youth educators having the time and space to discuss issues together gave them confidence to speak out to the wider community



The use of leaflets and billboards also helped them both to direct young people to youth-friendly services, and to raise issues relating to sex, sexuality and health with adults. They want to continue to work with peers and to change adult attitudes and behaviour and, as is apparent in their recommendations, continue to work to influence government and to have more partnerships with other local non-governmental organisations also working on youth rights.

In order to have more effective youth participation in the programme, young people suggested that skills for income generation needed to be delivered alongside education about sexual and reproductive health and rights; without economic empowerment of poor and marginalised young people rights could not be realised and it was confirmed by FPAN branch staff that without this type of empowerment, the programme was less sustainable. FPAN are starting to act and training for youth will be delivered in skills such as mushroom farming and sewing weaving cottons for traditional cloth for tourists, although young people also wanted skills relating to motorcycle mechanics and other small enterprise development. This is re-emphasised in the youth critical story of change told below.

Peer educators supported the idea of having youth information centres with general information about health, including sexual and reproductive health, and other youth activities. Within a context of interacting with young people and service providers, young people could then acquire knowledge and seek services relating to sexual and reproductive health and rights confidentially.

This recommendation is discussed later in this case. It challenges a recent study carried out by academics from the London School of Hygiene and Tropical Medicine in Nepal that suggested that youth centres are not effective in increasing the uptake of sexual and reproductive health services because referral pathways are not direct but complex. It shows that more longitudinal research is needed to show the links between youth empowerment and their uptake of both physical and psychological sexual and reproductive services.

Young people's critical story of change

Young peer educators' research priorities

The young peer educators spent two days discussing their situation, what they meant by sexual and reproductive rights, prioritising the issues that they wanted to research and how they would visually research their issues with interviews, discussion and photos. Their task was to explore: what affects young people's sexual and reproductive health and rights in Kaski; what has been achieved, including in the A+ programme? And what still needs to be done? The peer educators split into three groups and named them after the majestic Himalayan peaks: Machhapuchhare, Annapurna, Ganesh and Dhaulagiri.

The young peer educators identified the following themes for further research and analysis:

- Lack of education, awareness and information
- Gender discrimination and violence
- Early marriage and cultural and religious beliefs
- Discrimination and marginalised populations, including drug users, street children and third gender.⁵

Lack of education and awareness of youth in Kaski

Young people in the Machhapuchhare group presented their stories of adolescent girls forced to do household work instead of attending school and how early marriage affected their lives and their health in the short and long term. This was a recurrent theme, as other research groups also examined gender discrimination. Young people examined cultural beliefs and practices and reasons *why* young people and adults in the remote mountainous areas of Kaski did not access sexual and reproductive health services was selected for further research.

Young people also raised the problem of unsafe abortion being practised due to unwanted teenage pregnancies and unwanted pregnancies in marriage, and the importance of increased access to youth-friendly services.

Annapurna group added the element of violence that is prevalent in young women's lives, particularly the ongoing humiliation that women feel when they give birth to daughters instead of sons. Analysis of the Ganesh group and research responses confirmed that women often suffered in silence as they were treated badly by men in the family, or suffered sexual pressure and harassment from their husbands. Incidence of incest were also discussed and highlighted by service providers, although families tried to hide evidence of any damaging sexual practices, especially towards children within households, as this is not accepted culturally.

The Dhaulagiri group brought attention to the importance of focusing on the most marginalised young people in society. Although the A+ project had achieved this by working with out-of-school youth, they argued that the most marginalised in society were still excluded.

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Author's note: Rather than describing all of the research findings separately in these four groupings I am going to include the young peer educators' analysis that runs across the research groups, as religious and cultural beliefs and adult attitudes towards young people featured strongly in all of the findings. I will also include their more detailed analysis that fed into their prioritisation of issues and presentations and the critical story of change that emerged from their discussions of issues that cross cut the research group findings.

In the Kaski branch of FPAN, mobile clinics are recognised by peer educators as being crucial in reaching more remote communities and providing basic family planning and advice, also referring young people and adults to their clinics, including their branch clinic in Pokhara. Services have been made more youth-friendly by having a day where only young people come. They are able to visit the clinics more confidentially and talk to service providers without adults seeing that they are seeking consultation. FPAN also recognises that in order to make services more youth-friendly, medical practitioners have to be trained to interact respectfully with and understand young people.



Young and old women have to work for the household

The comprehensive sexuality education programme, in which 22 teachers from different schools in Kaski have been trained, is separate from the peer education programme. The training for teachers in Kaski has been given with the support of the branch office and delivered by the FPAN A+ project officer, but has not been delivered through the peer educators. The assessment is therefore more prominent in the Member Association level analysis and in interviews in a local school during the field research in Bharatpokhari.

Although FPAN defines comprehensive sexuality education as being the programme of training with schools, it is defined by the peer educators as being for in and out-of-school young people and for people in the communities. The current programme seems comprehensive and covers important issues of sexual and reproductive health rights, although the project officer of A+ admits the difficulty in the cultural context of addressing sexual rights. Teachers have been given many pedagogical approaches for addressing sensitive and emotional issues relating to sex and sexuality although it has still been a challenge to address rights explicitly.

Gender discrimination and violence



Young people represented women with a picture of a tree bare of leaves – *'silent and humiliated'* in their cultural context in the high hill villages of Kaski. In order to avoid this constant feeling of shame and embarrassment when they give birth to too many daughters, women are compelled to have sex-selective abortions, which are often unsafe, and to get pregnant numerous times in the hope that they may have a son. This situation is perpetuated and reinforced in part by the dowry system. It is expected that when a woman marries, the family will have to provide money and/or gifts to the man's family and the bride will also go to live in his household with her mother-in-law and provide labour for his family. Her family therefore not only has to provide financially, but also loses her labour from their own household.



The different roles expected of girls and boys: The boy ready for school, the girl ready for work

One of the issues young educators raised was that women were so busy doing household work that they do not see any of the financial benefits of having work outside of the household, as do the young men in the family.

Gender discrimination has been practised throughout Nepal, including in Kaski, for as long as anyone can remember and the young researchers summarised women's despair as a total lack of decision-making power, including within sexual relationships in or outside marriage. According to the young women and men, within relationships young women had no say in whether or when they have sex and often felt obliged to keep silent as their husbands were violent towards them and put pressure on them to have sex.

Religious and cultural beliefs

Gender discrimination is often accentuated by different cultural and religious beliefs. There are many religious beliefs and social taboos that lead to suspicion of family planning methods. Peer educators identified the need to change attitudes, behaviour and knowledge, especially among adults in remote rural communities who do not have as much exposure to information about sexual and reproductive health services or clinics. Young people and adults in Kaski hesitated to talk openly about young women and men having friendships, let alone discuss personal issues and sexual relationships.

Stories of beliefs relating to menstruation

When a woman is menstruating she is not allowed to worship and visit temples or religious places. There is a strong belief that she should not get involved in certain tasks or functions in the family or to go anywhere outside the household. In field research, young people talked to women about how their lives had to change when menstruating – they had to sit, eat and even sleep in a different area of the house or even outside the house with the animals. Traditionally there are deeply ingrained suspicions about menstruating women not touching men or the food they eat themselves. Women are also not allowed to touch plants or water them when menstruating, as there is a belief that the plant will then die.

Examples in the field research showed that young women were following ‘improper hygiene practices’ during menstruation, such as an adolescent girl only washing her hair rather than her total body. This might be because of the shortage of private washing areas/facilities, but peer educators highlighted the lack of education related to hygiene during menstruation.

Early marriage

Awareness is increasing on the costs to child health of early marriage and legislation has also led to an increase in the age of marrying. Where the ages of girls marrying used to be as low as nine or 10 years, it is now more common for girls in their early to mid-teens to be thought of as too young to be married. The legal age has now been raised to 20 years. Despite early marriage having been practised more prevalently in some ethnic/caste groups in certain areas of Nepal, in Kaski it was not thought to be ethnicity or caste specific. In this youth-led research, peer educators highlighted examples of older people in the community who suffered the long-term negative effects on their internal organs, such as one elderly woman who had a prolapsed uterus. They also suggested that early marriage and pregnancy resulted in young mothers who had absolutely no idea about baby care.

The research confirmed that there is an assumption that once a woman is married she will not need contraception. Young married women who were informed told peer educators that they would like to access family planning to space their children and address sexual and reproductive health problems that they face. There was also evidence suggesting that women did not have enough rest during pregnancy or after giving birth because of their heavy workloads. Unsafe abortion is being practised when women cannot cope with having yet more children. Peer educators concluded that married women need education about family planning and safe abortion, as well as a safe and confidential space to discuss problems that they are having with their health, sexuality and relationships.



A woman has to sit, eat and sleep separately during menstruation



Adolescent girl washing only her hair during menstruation

A focus on marginalised groups

Young peer educators suggested that a focus was needed on the most marginalised young people who are drug users, girls in danger of trafficking and sex work, street children and transsexuals and transgender people. This would include having more understanding of intersex, transgender, transexuality, lesbianism and homosexuality in young people's lives.

Kaski is a tourist destination and peer educators talked to young people who highlighted the issue of many young men not only using drugs but also supplying drugs. Children and young people act as suppliers of cigarettes, drugs and alcohol and there was an implication, although not fully discussed, that young women are involved in tourism-related sexual abuse.

'...[there is] easily and cheaply available alcohol and intoxicating substances in rural areas ... children are used in transferring tobacco, alcohol and drugs.'

(Group analysis, Santosh and Srijana)



Young man smoking a cigarette and discussing the serious problems of drug abuse in tourist areas



Rose depicting marginalised third gender youth being able to open up and talk about their sexuality

There are many pressures for children and young people to work and peer educators represented the physical and mental suffering through pictures of young people carrying heavy loads and working in hard labour. Despite this pressure, there is still high unemployment amongst young people in Kaski and peer educators re-emphasised the need for economic empowerment. With more emphasis on sexual and reproductive rights and human rights in the youth programme, educated young people could work with more marginalised peers on access to services and increasing knowledge about rights in communities.

Although there is legislation in Nepal relating to non-discrimination toward transsexual, transgender, bisexual, lesbian and homosexual people, peer educators photographed a rose coming out to signify third gender young people not being able to introduce themselves openly or talk freely about their sexuality. Young researchers did not believe that third gender people can seek advice about family planning devices and sexual and reproductive health services.

What is already being done?

The assessment research suggested that there is more access for young people in the areas where they run peer groups, to information about sexual and reproductive health including safe legal abortion and to family planning devices. The mobile clinics help and there is effective information given to young people through dissemination of pamphlets, hoarding boards in public places and door-to-door campaigns. There is also effective dissemination of simple family planning devices, such as condoms. Young people interviewed and peer educators said that the condoms distributed by FPAN, although free, are not of a good quality: they split and have an unpleasant smell.

Peer groups that have been set up in different village development committees are regarded as successful due to the initial training for peer educators, their performance review meetings supported at branch level and the encouragement of monthly peer meetings so that young people can share their problems.

What more could be done to realise sexual and reproductive health and rights?

Peer educators suggested that although there is information on sexual and reproductive health and rights, there needs to be more awareness raising and education on associated issues including:

- Gender discrimination and violence
- Marginalisation and the mental and physical pressures for working children and young people including street children and young people from poor families
- The problems faced by people of the third gender in expressing their sexuality and talking openly about sex; and
- The involvement of young people in alcohol, tobacco and drugs.

They felt that the mechanism of working with peer educators was effective and that sufficient expenses were provided to keep young people on board. They suggested increasing the number of peer groups.

In order to change the situation for children and young people, peer educators requested funding to be trained in street drama and said they would also like to continue to document their achievements and the challenges they faced using photography. All of the research teams raised women's empowerment as a priority in communities, including their economic empowerment.

Those peer educators who were in school felt that the curriculum should be developed to include comprehensive sexuality education. Although the comprehensive sexuality education programme was run quite separately to the peer groups with out-of-school youth, peer educators felt that it should be extended to these young people and to adults in the community. They noted the shyness that is associated with talking about sexual and reproductive health and how teachers and facilitators need the training to help them to talk about these sensitive issues.

Sexuality programmes needed to be run in formal and informal ways and young people recommended that if there were information centres or libraries, where young people could go to see films and use the internet, they would feel less embarrassed about accessing information and services relating to sexual and reproductive health services. Films could relate to drug use, gender relations, discrimination and violence, early marriage, menstruation and sanitation, as well as having some recreational films to create an informal atmosphere.

For increased support in communities and sustainability, peer educators suggested working in collaboration with other organisations. They asked for greater participation in political advocacy work and suggested that they would like more support to advocate for policy formation or at least to understand how existing policies could be implemented. Recognising progress that has been made in working with government services in being more sensitive to women and setting up information and counselling services for women, peer educators felt that continuing to work with government health clinics and the district office is important. The continuation of youth-friendly services through mobile clinics was also felt to be critical to meeting demand for services locally.

Research in Bharatpokhari

The additional research carried out by the lead researcher and co-facilitator in Bharatpokhari reconfirmed many of the key findings in the youth-led research. FPAN has worked in this village development committee for 15 years, although the youth programme has only been active for the last three years under the A+ project. There is a local clinic, far from any government services, which takes referrals from mobile clinics and is supported by the A+ funding (the building was paid for by Japanese funding).

Comprehensive sexuality training has been conducted with teachers from 22 local schools in Kaski, one of which was in the village development committee. The research involved interviews with a head teacher in a local school, a male local community representative who is a teacher, two female service users at the clinic, a service provider who is a clinician, the mother of one of the peer educators and three young women and three young men from the peer group. The peer educator facilitating this group from Bharatpokhari is a young married women, who participated in the workshop and peer-led research.

Young women in the peer group were pleased to have been able to discuss issues about their relationships more openly and obtain information about having a healthy sexual life, safe sex, menstruation, how to use condoms and take pills, for example. Young men found discussions useful, especially about masturbation, using condoms, gender violence and treating young women with respect. They all said that after the project had ended they would still continue to meet and discuss issues. The peer group members felt that they would like the same kind of training as the peer educators on sexual and reproductive health so that they could also go and work. They also suggested that drama would be a good way to spread messages to non-literate adults in the communities. They felt that uneducated people in the community would not allow social interaction between young women and men and confirmed that there needs to be far more education of adults in communities.

The clinician prioritised discussions with young women and men on how to work towards more fulfilling sexual relationships inside and outside marriage and naturally this would be done in the strictest confidence. Young people are seen at the clinic on a separate day from adults so that they can come to the clinic without pressure from adults or embarrassment. The clinician seemed to have gained trust from both adults and young people in the community.



Co-facilitator interviews the mother of one of the peer educators

Key aspects of youth-friendly services that the clinician, service users and the young people in the peer group identified were:

- Young people's consultation on a different day from the adults
- Privacy and confidentiality ensured
- Posters, materials and books accessible with sexual and reproductive health information
- A youth-friendly clinician who is known and trusted by the young people (ideally a male and female clinician)
- Staff who are aware of young people's issues and problems
- Sexual and reproductive health services provided in the context of broader health services; and
- A good referral system, both from mobile clinics and to the district clinic.

Service users interviewed felt that the clinic provided cheap services close to where they lived, and one of the women noticed that young people had started to talk more openly about SRH.

Sexual and reproductive health in schools

Community members, teachers and young people confirmed that teachers were embarrassed to talk about sexuality and sex. The teachers worried about mischievous behaviour from pupils when discussing sensitive personal issues. At the school in Kaski, the comprehensive sexuality education training was appreciated. It was the head teacher who was trained and who felt that it had made a big difference to thinking in the school. Large posters were up in his office and he discussed how to integrate the learning into the school programme.

The training had really helped to provide different methodologies for working with young people on sexual and reproductive health, including using games, visuals and drama techniques. There were no complaints from parents and the young people and teachers appreciated the interaction, although more training was needed. It was noted that the training delivered by the project officer did not really fully address sexual and reproductive rights, as opposed to health needs and services, due to concerns about sensitivity to sex and sexuality in the cultural context.

Recommendations and analysis

The achievements of the A+ project have helped to raise awareness of youth-friendly services, and the learning in the youth programme can help to achieve more of a rights-based approach in the longer term. In order both to go beyond information, addressing sex and sexuality in a non-biological more emotional way, and to analyse and address gender discrimination and power dynamics in the community further, the project would need more time. The A+ project is providing learning to the broader youth programme and feeding into advocacy in both youth-friendly services and comprehensive sexuality education (discussed in the main report for this assessment research). The way in which success in the programme is measured and how to achieve greater sustainability and define value for money are also discussed across the cases in the main report.

The key recommendations formulated with young people for the programme in Kaski have been discussed at branch, Member Association and Regional Office level and highlight the following areas for future consideration:

- The mechanism of delivering youth programming in partnership with young peer educators should be encouraged and peer groups of youth sustained with comprehensive sexuality education training provided to both the educators and groups, ideally with resourcing
- Support and access needs to be extended to more marginalised groups including consideration of inclusion of caste groups, third gender, street children, drug users and sex workers. Peer educators identified the need to do more to engage with marginalised groups who have insufficient access to sexual and reproductive health services and which lack knowledge regarding their sexual rights.
- Youth-friendly services are best provided in the context of broader health services or youth-friendly libraries, raising awareness through the use of a variety of media including video and film. This can help to provide young people with more anonymity and encourage a space where young women and men can interact and discuss emotional and personal issues, as well as accessing information and services more freely and confidentially. This is further discussed in the main report.
- Future interventions need to focus on changing the attitudes and behaviour of adults in communities, including the orientation of religious leaders. Young people and community members felt that an effective way to raise awareness on the broader issues of sexual and reproductive health and rights as opposed to simple health-related messages was to receive training on developing community drama/ theatre and multimedia approaches.
- Information boards about youth-friendly services can continue to be placed in public places as this is seen to be effective and non-controversial, although it does not reach those that are non-literate. The use of logos has been important in helping community members to identify with different services and can be used with other visuals on the boards.
- Mobile clinics are effective in accessing remote rural areas and distributing medicines and simple family planning devices free in mobile clinics, as long as the quality of the devices is maintained, although they need to continue to visit areas regularly with youth-friendly services. The quality of condoms distributed by FPAN needs to be improved as they often split and have an unpleasant smell.

- Comprehensive sexuality education can be extended to community adults and youth as well as in schools. Peer educators found that many of the key barriers to realising rights were firmly held beliefs and long standing cultural practices.
- Advocacy should be supported to continue to include comprehensive sexuality education in the school curriculum with accompanying materials developed. Work with the National Teacher Training College and the Ministry of Education through networks is encouraged. Teachers saw training as essential to provide approaches to address sexual and reproductive health more openly and with confidence. This could also be extended to make the training more rights-based in its application.
- Life skills and economic empowerment programmes for young people could contribute to the sustainability of the programme and should be prioritised. Otherwise there is a continued pressure on young people to migrate for work and therefore a high turnover of peer educators and volunteers especially in rural areas.
- Additional documentation of the project work could contribute to learning and ongoing advocacy work on youth-friendly services and comprehensive sexuality education. Although an impact study is being commissioned as part of the completion of A+ in Nepal in 2013, the assessment process with peer educators could be extended and include providing cameras to peer educators to document their work, learning and achievements.
- Completion and implementation of the planned child protection policy for FPAN as there is room for abuse and the FPAN/IPPF should ensure it protects staff and the young people who it works with
- Continued advocacy about youth-friendly services and comprehensive sexuality education with networks, and the national government, is encouraged, as is ensuring that local partnerships in communities continue to be built upon rather than lost as the funding comes to completion.

Much of the additional analysis at Member Association and Regional Office level that adds to this story of change will be presented in the main report across cases which review and suggest ideas about models for youth participation, institutional journeys in supporting rights-based programming, assessing progress and learning, and messages on sustainability and value for money.

The support from the South Asian Regional Office has also been noted as timely, appropriate and appreciated on the ground in Nepal and has contributed to the successful implementation of the A+ project.