

Tackling the Taboos: Communicating ASRH in Nepal

An Evidence Review

Communicating about Adolescent Sexual and Reproductive Health (ASRH) could be complicated when there are existing taboos, myths and misconceptions. This evidence review shades light on the communications efforts with regards to educating, advocating and promoting ASRH in Nepal.



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Background

According to the World Health Organisation, adolescents are the young people between the ages of 10 and 19 years who are often thought of as a healthy group. In 2015, almost 1.3 million adolescents died worldwide, mostly from preventable or treatable causes. In 2011, the South-East Asia Region (SEAR) of WHO had almost 350 million adolescents. The main health issues of adolescents include early pregnancy and child birth; HIV; mental health; violence; alcohol and drugs; injuries; malnutrition and obesity; exercise and nutrition and; tobacco use (Adolescents: health risks and solutions, 2016). The behaviour change during the adolescent has an adverse impact throughout their life.

In Nepal, 29 percent teenage girls aged between 15 to 19 and 7% of the teenage boys are in formal marriage according to the Nepal Demographic Health Survey 2011. The report further shows that 55% of girls get married by

Methods and Approaches of Evidence Review

This evidence review was carried out by reviewing the available online sources on ASRH and communications initiatives carried out by various development partners in Nepal.

Based on the available sources – reports, papers, webpages, brochures, briefs and such publications provided online, themes were generated and categorised into various findings.

the age of 18 (Nepal Demographic and Health Survey , 2012). Additionally the Nepal Multiple Indicator Cluster Survey 2014 reveals that the total fertility rate for women aged 15-49 is 2.3 and the age specific fertility rate for women aged 15 – 19 is 71 (Nepal Multiple Cluster Indicator Survey, 2015).

Communicating ASRH in Nepal

In order to meet the ASRH challenges and to improve the ASRH status of the country various organisations in coordination with government, have been implementing various programmes. These programmes have been promoting health awareness by providing information through means of various communications in the last two decades. From 1995-2004, USAID supported the radio communication project with the National Health Education, Information and Communication Centre (NHEICC). It initiated radio drama series disseminating health messages such as *Heri Had Nilau* and the *Sewa Gare Mewa Painchha*. Various radio and television programs were launched by NHEICC, Ministry of Health with the support of USAID, UNICEF and other NGOs and INGOs and to raise awareness, increase use of health services, leading towards behaviour change. Some of the programmes broadcasted in radio were *Janaswasthya Radio Karyakram*, *Sewa Nai Dharma Ho*, *Hamro Swasthya Radio karyakram*, *Sathi Sanga Manka Kura*, *Desh Pradesh and Ek Apaas Ka Kura*, among others. There were also some television programmes such as *Jeevan Chakra* and *Tele-Swasthya karyakram* (Karki, 2008).

Currently in Nepal, the **Health Communication Capacity Collaborative (HC3)** a four-year, 5-million USD project has been focusing on youth, adolescents, migrants, marginalized and disadvantaged groups. The project aims to strengthen the institutional and technical capacity of the NHEICC within the MoH to design, implement and evaluate social and behaviour change and communication (SBCC) programmes for family planning. Youth, Adolescent, Migrants, Marginalized and Disadvantaged Groups (MDAGs) Extension Campaigns is one of the main activity of the project ((HC3), 2016).

Marie Stopes International Nepal has used mobile health technology to create awareness about the safe use of medical abortion (MA) pills (Mhealth). Through this technology, Marie Stopes seeks to assess the uptake of free mobile phone based MA support information to the women; examine the effectiveness of mobile phone-based MA support information on compliance of MA dosing regimen; examine the impact of mobile phone based MA support information on the rate of complications and incomplete MA among women and determine the impact of mobile phone based MA support information on the uptake of Post Abortion Family Planning (PAFP) among women. Considering the high need of raising awareness about family planning, reproductive health, HIV/AIDS as well as sexually transmitted diseases, Marie Stopes has also established 7 Youth Friendly Service Centres (YFSCs) in Banke, Chitwan, Jhapa, Parsa, Nawalparasi, Makwanpur, and Lalitpur with the support of International Planned Parenthood Federation/ Safe Abortion Action Fund (IPPF/SAAF). Local youths were supported to run the centres which is a part of its Sunaulo Paribar Nepal (SPN) (Youth Friendly Service Centre, 2016). Under the SPN, mobile camps and outreach services are also being provided in remote mountain areas in close coordination with district health office and local communities. It has also been running a very popular youth interactive radio programme, *khulduli.com* from 10 pm-11 pm every night via 75 different local FM stations throughout the country.

CARE Nepal had implemented a project named 'Chunauti' which aimed to decrease the harmful practices of child marriage and gender-based violence and strengthen the enabling environment at the national and district levels to combat child marriage and other forms of Gender Based Violence (GBV) through behaviour change communication and social mobilization in three districts of Nepal (Addressing Child Marriage in Nepal through Behavior Change Communication and Social Mobilization, 2015). The project applied Behaviour Change Communication taking a multi-channel communications approach with equal emphasis on mass media, local or other types of media (including traditional and modern communication aids) and inter-personal communication by peer educators. It also provided ongoing support to peer

educators by taking capacity building into account. Peer education was one of the most critical interventions in achieving behaviour change outcomes and sustaining efforts beyond the project life.

The **United Nations Population Fund (UNFPA)** has been supporting the Government of Nepal and local partners to ensure that adolescents have access to accurate sexual and reproductive health information; range of safe and affordable contraceptive methods; sensitive counselling; quality obstetric and antenatal care for all pregnant women and girls; information and services to prevent and manage sexually transmitted infections, including HIV and comprehensive sexuality education (Sexual and Reproductive Health). Further, it is supporting girls who are already married by helping them delay their pregnancies. It is also empowering adolescent girls through 'adolescent girl circles' by providing them with education and social skills.

In September 2014, 'Mobile Health for Adolescent Sexual & Reproductive Health' (mH4ASRH), was launched which aimed to help adolescents have access to information they are curious about but are often too shy to ask (Harnessing mobile technology to improve ASRH knowledge in Nepal, 2014). It is a joint initiative under the leadership of the NHEICC and MoH in collaboration with GIZ, UNFPA and USAID. It was introduced with the motive of ensuring that every adolescent and young person's potential is fulfilled to prevent HIV transmission and unwanted pregnancies as well as to ensure universal access to sexual and reproductive health. This initiative targeted to reach at least 300,000 adolescents. It adopted four different ways to reach the targeted groups:

- Encyclopedia (On-demand information): Using keywords, adolescents have access to an online encyclopedia to get the answers they need.
- Role Model Stories: Role model stories that are tailored to adolescents' specific age and gender, and where they can choose the path of the story.
- Quizzes: The content of the quizzes are based on the encyclopedia and role model stories.

- Hotline: The platform connects adolescents to a hotline where they can talk directly with health workers.

Similarly, with the support of UNFPA, 'Adolescent Friendly Service Centre' was established in 13 places of Saptari in 2015 (ASRH programme reaches 14 UNFPA-supported districts in Nepal , 2015). The centre offered:

- Adolescent sexual and reproductive health counselling on issues like puberty, relationships, genital and menstrual hygiene, nutrition, avoiding early pregnancy, family planning, life-skills, tobacco and alcohol abuse, gender equity and equality
- Information and services: Condom counselling and distribution as well as emergency contraceptives
- Counselling on safe motherhood: Ante-natal care, safe institutional delivery, post-natal care, post-partum family planning, neo-natal care counselling
- Referral to Comprehensive Abortion Care sites for safe abortion service, post-abortion counselling
- Counselling, treatment and referral services for reproductive tract, sexually transmitted infections, HIV and AIDS;
- Prevention and treatment of gender based violence
- Treatment of general health problems, management of menstrual problems
- Health education on healthy pregnancy, safe delivery and new born care, breast feeding
- Information and education about protection of signs of sexual abuse, health education on prevention and control of Sexually Transmitted Infections, HIV and AIDS

To improve the availability and quality of safe abortion and related sexual and reproductive health services for young women **Ipas** worked with the Family Planning Association of Nepal (FPAN) in Kailali (Improving sexual and

reproductive health services for young people in Nepal, 2015). The approaches included:

- Participatory educational events to engage staff from 13 health facilities
- Training female community health volunteers on women's right to access contraceptives and other sexual and reproductive health information, and on the importance of protecting young women's privacy and confidentiality;
- Bringing together health providers, programme managers and young people from the surrounding communities to create action plans for improvement;
- Quality Improvement Teams (composed of health facility staff, youth peer leaders and educators, and representatives of the local Health Facility Operation and Management Committee) meeting monthly to ensure implementation of the action plans.
- Peer educators to provide a link between young people and health facilities, and to conduct activities to reach young people and other community members.

Women Rehabilitation Centre (WOREC Nepal) aims to prevent the trafficking of women from a human rights perspective. It has been running various campaigns for women. It has been advocating and promoting economic, social and cultural rights (ESCR) of women, marginalized and vulnerable communities from the right-based approach from grassroot to national level. The ESCR campaign of WOREC is aimed at ensuring human's economic, social and cultural rights and is focused to make the state accountable to its actions and operating in regard to ESCR from women's perspective (ESCR campaign).

Some of the programmes implemented under ESCR campaign are:

- Bio-Intensive Farming System and Livelihoods
- Women Health Right Program
- Community Health Program
- Safe Migration Programme

It has also been running various campaigns focusing on Violence against Women (VAW). Similarly, **Sancharika Samuha Forum** of women communicators has been promoting the creation of gender equal society by enhancing the capacity of media for promoting equity and equality based development. It aims at building capacity of women in journalism sector (Sancharika Samuha). SAS has been airing a radio and television programme, *Samakon* (Sancharika Radio programme). The programme has focused on finding the issues of gender based violence and bring it to the concerned bodies as well as to create awareness. It has also produced jingles/ public service announcements (PSAs), documentaries and a news portal.

Antenna Foundation Nepal (AFN) has been running media campaigns for the prevention of GBV. AFN has been broadcasting a radio programme every Friday and Saturday on themes related to GBV. The live programme provides the platform to the people to talk openly about the issue. The programme includes cases, reports, interview and opinion of public (Media Campaigns for the Prevention of Gender Based Violence). AFN has also been running other programmes including *Karmayogika Katha* which is a reality based docu-drama and radio magazine promoting rural health workers and services and *Pahal* which is a discussion show on HIV and AIDS (Antenna Foundation). It also runs a mobile radio – *Doko Radio* which has provided a platform for the people living in the remote areas.

BBC Media Action is also working in Nepal to improving the dialogue between the public and concerned bodies in power. *Sajha Sawal* is one such popular programme aired on TV and radio (BBC Media Action, Nepal). Modelled into a

debate format, the programme has become a platform for the public to raise their queries and has 6.5 million audiences.

Working Women Journalists (WWJ) is an organisation of professional women journalists working in various media throughout the nation. It aims to advocate and lobby in various issues beneficial for women journalists, increase their access in decision making level in media, provide learning opportunities to enhance skills among others. It has been organising programs including basic journalism training, workshops on issues related to gender. It has implemented a project entitled 'Strengthening Capacity of Women Journalists working in community radio in Nepal' (Working Women Journalists).

Restless Development is a youth led development agency which has been working for many youth centered issues. Various projects have been run to address various issues. The project 'Towards the abolition of *Chhaupadi* in the far and mid-western regions of Nepal' is said to build and strengthen NGO-led education and advocacy efforts at grassroots level (Towards the Abolition of Chhaupadi in Nepal, 2015). For the implementation of the project a youth-led peer education model was adopted engaging young men and boys, creating an enabling and protective environment for young women through a holistic community based approach. Another strategy was strengthening the capacity of community based civil society organizations and taking a rights-based approach to the problem which ensures the participation of young women.

Similarly, '**Save the Date**' project focused on young people making sexual and reproductive health choices (Save the Date). The project aims to create awareness in gender inequality and SRHR issues. Under this programme facilitators will be trained and youth clubs will be formed or strengthened, awareness raising programs on sports, GBV and SRHR was activated.

To address various problems faced by adolescents in terms of their sexual and reproductive health, there have been various efforts at the governmental and non-governmental level.

Many positive changes have been achieved but there is still a lot that needs to be done. World Bank in its report 'Challenges for Adolescent's Sexual and Reproductive Health within the Context of Universal Health Coverage' has stated that 'there is a lack of access to, demand of, and knowledge about ASRH health services among sexually active married and unmarried adolescent girls.

Major Findings

In the last few decades Nepal has made remarkable progress in the adolescent sexual and reproductive health scenario. Various mediums have been used from the government as well as non-government sector to address the emerging issues of ASRH. Since 1990s various radio and TV programs have been launched to raise awareness, increase use of health services and lead towards behaviour change. Such programmes have been reporting from the ground level and have aimed in drawing attention of the concerned bodies. The Ministry of Health is also being supported by various bodies in designing, implementing and evaluating various family planning programmes. Mobile technologies have been brought into use which has helped the adolescents to talk freely about their problems. Similarly, the youth and adolescents centres have been established in some places which focused in providing counselling on the issues related to ASRH as well as awareness about various sexually transmitted diseases.

The mid-term evaluation of National Adolescent Sexual and Reproductive Health Programme has recommended that the ASRH Programme has to be introduced in all health facilities in a district so that, eventually, the programme is scaled up nationwide (Mid-Term Evaluation of National ASRH Programme, 2013). It has also suggested that refresher trainings and technical trainings should be conducted for health workers as behaviour change needs reinforcement and must be supported with knowledge and skills. Additionally, the evaluation report has pointed that as community awareness is seen as a key factor in facilitating adolescents' access to SRH services, community-based

activities should be undertaken to increase awareness of the importance of adolescents' access to SRH services.

Many health workers have been trained to promote safe abortion as well as health services for various sexual and reproductive health issues. Various campaigns have been launched by many organisations against gender based violence; they have also been promoting the sexual and reproductive health rights. They have been advocating and lobbying for gender equality and further focused on capacity building. Such efforts have also helped in eradicating the tradition of *Chhaupadi* in some areas of the country. It has encouraged adolescent girls to speak up for their rights.

Conclusion and Recommendations

Various efforts have been made from the government and non-government level to promote sexual and reproductive health. The issues related to sexual and reproductive health are still hidden specially in the rural areas. Many programmes and campaigns have helped women speak about their problems but still many hide. It is important to remove such barriers and stigmas. Communication channels must be introduced to generate higher degree awareness and promote health seeking behaviour. The programmes focusing on the sexual and reproductive health usually are brought to one VDC for a limited time. The program is not expanded due to which the social taboo remains high in other areas. More than the short term efforts long term efforts must be focused.

Although positive change has been noticed in many parts of the country there is a lot that needs to be done. Most of the programmes focusing on ASRH have been limited to certain parts of the country which has deprived the rest from the service. Many initiatives are halted once the project is over; there is a need to explore ways through which the public can utilise the service for a long time.

Many campaigns have been organised to advocate and lobby for women rights. Many awareness raising programs are organised but it is equally important to create an environment where the women can freely fight for her rights. Many parts of the country have the male dominant society it is equally important to educate men about the sexual and reproductive rights of female.

Further the health facilities needs to be adolescent friendly to encourage both men and women to receive the services.

Even at the policy level it is very important to inform and aware the practitioners about sexual and reproductive health issues. Health facilities must be improvised and should be adolescent friendly. Necessary services must be made available at all levels. There is a need to prioritise this issue from all levels. Integrating adolescent issue is very important and all the programmes should be adolescent friendly.

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