

ARE THE CALLS TO TRANSFORM GIRLS' LIVES JUST EMPTY TALK?

THE CASE OF NEPAL

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Image source: Alex Saurel_Flicker

The 11th of October every year is commemorated as the International Day of the Girl. It celebrates girls' everywhere, and focuses global attention on their lives. The theme of the Day this year is 'Girls' vision for the future': <https://www.un.org/en/observances/girl-child-day>

A UNICEF data and policy brief points to a list of challenges that 'deny girls' rights, restrict their choices, and limit their futures'. It then lists a depressing set of facts and figures that we have all become familiar with: unacceptably high levels of child marriage, sexual/physical abuse, HIV infection, anaemia, and girls outside education, employment, and training: <https://www.unicef.org/gender-equality/international-day-girl> UNICEF notes that it is possible to change this situation with five proven solutions for and with girls: <https://www.unicef.org/documents/five-game-changing-solutions-and-adolescent-girls> It stresses that with the right support, resources and opportunities, the potential of the world's more than 1.1 billion girls is limitless: <https://www.unicef.org/documents/adolescent-girls-investment-case>

Is this just empty talk Certainly not, as Nepal has shown!



Nepal is a small country sandwiched between China and India. In addition to being buffeted by the tensions between these two South Asian giants, it has struggled with political turmoil, economic hardships, and climate crises. Despite these challenges, Nepal has made impressive progress on a number of fronts.

The focus of this piece is on adolescent girls (those aged 10-19 years). A girl in today's Nepal is less likely to be a child bride, to begin sexual activity as an early adolescent, and to be an adolescent mother, than her peers of 20 years ago. She is also more likely to be in school and - to a lesser extent - to find gainful employment. (The World Bank notes that Nepal's real Gross Domestic Product growth accelerated to 3.9 percent in the financial year 24, up from 2 percent in financial year 23:

<https://www.worldbank.org/en/country/nepal/overview>). Just as importantly, she has access to sexual and reproductive health services that her peers did not - comprehensive sexuality education (CSE) in school and in the community, access to contraceptives without age, marital status or other restrictions, and access to legal and safe abortion care free of charge at public health facilities (something that her peers would have been thrown in jail for). Notably, she is able to participate in decision making about contraceptive use with her partner or husband).



¹Photo, UNICEF Nepal.

This is not a fairy tale. It is all really true!

As Lawn and others have noted, Nepal made impressive progress in maternal and childhood mortality reduction, in the Millennium Development Goals era: <https://link.springer.com/article/10.1007/s10995-020-02899-2> While this continues in the Sustainable Development Goals era, Nepal is transforming the lives of its girls.

Between 2001 and 2022 (based on Demographic and Health Studies: <https://dhsprogram.com/pubs/pdf/FR379/FR379.pdf>), Nepal has seen dramatic declines in the levels of marriage at a young age (with corresponding increases in the age of first sexual activity), and in levels of adolescent fertility. There have been huge increases in mean years of education in girls, and impressive declines in illiteracy. There have also been increases in primary and secondary school enrolment in girls.

In addition, persistent inequities deserve greater attention. Nepal has shown only some progress in lowering adolescent fertility rate in segments of the population with low levels of education and rural residence.

LEVEL OF CHILD MARRIAGE



The percentage of young women aged 15-19 who are married or are living in union declined from **40% to 21%**.

MEDIAN AGE OF FIRST SEX



The median age of first sex for women aged 20-49 years rose from **16.9 to 18.5 years**.

MEDIAN AGE OF FIRST BIRTH



The median age at first birth increased from **19.9 years to 20.6 years**.

ADOLESCENT FERTILITY RATE



The adolescent fertility rate declined from 110 to 71 **per 1,000 girls aged 15-19 years**

LEVELS OF LITERACY AND SCHOOLING



The illiteracy rate in girls aged 15-19 year declined from **48% to 11%**. The median years of education in the same group rose from **5.5 to 8.5 years**. The net secondary school attendance rate for all women rose from **26% to 49%**.

SAFE ABORTION CARE



The induced abortion use rate per 1000 women aged **15-19** in the preceding three year **was 3%**.

ADOLESCENT FRIENDLY HEALTH SERVICES



There are **1331** Adolescent Friendly certified health facilities in the country offering sexual and reproductive health, mental health, nutrition, and substance use/abuse counselling and services. This is around **25%** of the country in terms of coverage.

FAMILY PLANNING



The percentage of young women aged 15-19 whose demand for family planning was satisfied rose from **20% to 24%**.

DECISION MAKING



The percentage of young married women aged 15-19 years who make decisions on contraceptive use either by themselves or jointly with their husbands was **85%**, but for health care overall was **44%**.

COMPREHENSIVE SEXUALITY EDUCATION (CSE)



CSE was integrated into the national curriculum in 2003 for grade 9 and 10 and was extended to grades **4-12 in 2013**, and both in-school and out-of-school CSE were strengthened. Over 700 school teachers and 500 peer educators were trained on CSE, and information corners established in 193 public schools.

Mission accomplished? Not quite.

There is still a great deal to do across the board, and especially in marginalized communities. That needs to be a key area of focus going forward.

There is much that needs to be done for all adolescents. The expansion of the CSE programme is hindered by a shortage of capable and committed teachers. While family planning and safe abortion services are available to adolescents both access and quality are a constraint, and levels of usage are low and have risen only slightly.

Despite the decline in child marriage rates, Nepal has the second highest prevalence of child marriage in South Asia: <https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/regions-and-countries/south-asia/> Despite the legal minimum age for marriage being set at 20 for both women and men, child marriage continues to occur in marginalized and remote rural communities because of patriarchal social norms and limited access to educational and economic opportunities. These factors also restrict girls' abilities to negotiate safe sex and contraceptive use, and to delay and space their children. Further, although there are no legal restrictions to obtaining contraceptives and safe abortion care, service providers sometimes refuse these services to girls from marginalized communities who are unable to assert themselves.

In Nepal, as in other South Asian countries, high levels of child marriage and early/repeated childbearing are moving from a widespread phenomenon to one that affects girls in pockets where social, cultural and economic factors come together to accentuate their vulnerabilities. This will require concerted multi-level and multisectoral interventions tailored to local realities: <https://link.springer.com/article/10.1057/s41287-021-00440-x>

What lessons can we learn from Nepal ?

Image source: Alex Saurel_Flicker

- 01 Progress in improving girls' lives is in fact taking place in resource-constrained and conservative contexts. Although progress is slow and uneven, it is occurring.
- 02 Critical to progress is political and governmental leadership and commitment to make and follow through on difficult decisions, especially on those relating to sensitive issues such as adolescent sexuality, reproduction and rights.
- 03 Progress is more likely to occur when governments, nongovernment organizations and other civil society bodies, and development partners work in collaboration. It is also more likely to occur when there is an open discussion about what is working and what is not, and a shared commitment to do better.
- 04 Even when overall progress occurs, those who are marginalized tend to get left behind. Concerted efforts are needed to identify those who are being left behind, to understand the reasons for this, and to reach them with interventions tailored and delivered taking into account their needs and preferences.
- 05 Progress requires commitment and investment over time. (Investments in education, and health and social welfare programmes put in place by the Government of Nepal with strong support from bilateral and multilateral agencies, and nongovernment organizations contributed to the results.) But it can be achieved with the resources available while the astronomical sums that Prevention for Maternal Newborn and Child Health and others are calling for materialize: <https://pmnch.who.int/resources/publications/m/item/adolescents-in-a-changing-world-the-case-for-urgent-investment-report>

(Extract from an Exemplars in Global Health case study developed by the Center for Research on Environment, Health and Population Activities CREHPA, Nepal and the African Institute for Development Policy, AFIDEP, Malawi: <https://www.exemplars.health/topics/adolescent-sexual-and-reproductive-health-and-rights>).

More than anything, the world needs a 'YES WE CAN' mindset. While we must openly and honestly speak to the many prevailing problems – low levels of visibility of girls, limited levels of investment, data gaps, poorly designed programmes, and weak capacity, as Rumble and others have done: <https://pubmed.ncbi.nlm.nih.gov/38103566/>, we must not get consumed by deficit framing <https://friday.us/asset-framing-for-nonprofits-writing-toward-hope/> and an exclusive focus on problems: <https://ifadkmcentre.weebly.com/appreciative-inquiry.html>

While the glass is not full, neither is it empty. We need to identify and celebrate successes, because success stories like Nepal show that – despite all the gaps and shortcomings – girls' lives have improved and are continuing to improve. They challenge us all to do better, quicker, and more.

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