POLICY BRIEF

Strengthening Adolescent Girls' Agency for Sexual and Reproductive Health Rights in and through School Education in Nepal

ECHIDNA GLOBAL SCHOLARS PROGRAM

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Executive Summary

In the past three decades, a variety of policies and programs have been created and implemented globally to promote Sexual and Reproductive Health Rights (SRHR). However, millions of adolescent girls in low- and middle-income countries (LMICs) are unable to fully exercise their SRHR, becoming victim to early marriage, teenage pregnancy, and maternal mortality. Education can serve as a key solution to addressing this issue by strengthening adolescent girls' agency to make informed decisions about their bodies and access their rights.

This policy brief presents findings from a participatory action research (PAR) study on SRHR conducted in Nepal from June to December 2024 with adolescent girls aged 12 to 15 from public schools. The study highlights several barriers to SRHR access, including pervasive misinformation about menstruation, contraception, and abortion, compounded by sociocultural stigma that discourages open discussion of sexual and reproductive health. Teacher-centered pedagogies further limit critical engagement with SRHR topics and reinforce misconceptions. Additionally, the absence of safe spaces within educational, community, and family settings restricts girls' ability to seek reliable information and support.

Through creative PAR activities such as art, poetry, and storytelling, adolescent girls found their voices and strengthened their agency to challenge existing norms through school-based activities. The participatory activities fostered awareness, dialogue, and collective advocacy, ultimately empowering adolescent girls to take on the role of change agents for their SRHR. Following their participation in the study, they actively campaigned for SRHR within their schools and communities.

Based on these findings, we provide recommendations for how policymakers, educators, and communities can more effectively integrate SRHR into school curricula, promote participatory learning approaches, and expand leadership opportunities for adolescent girls. Fostering participatory pedagogies will require the active involvement of teachers and families to create supportive and safe learning environments to discuss SRHR issues. Recognizing adolescent girls as key agents of change is crucial for building an inclusive and rights-based SRHR education system in Nepal.

I. Introduction

Sexual and Reproductive Health Rights (SRHRs)–defined broadly as the rights to physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction (ICPD, 1994)–are key to building empowering, inclusive, and just societies for women. As key aspects of human rights, they encompass the right to make decisions governing one's body as well as to access services in support of that (WHO, 2006a, 2010; Starrs et al. 2018). For over three decades, various policies and programs have been implemented globally to promote SRHR (Berro Pizzarossa, 2018). Despite these efforts, tens of millions of adolescent girls in low- and middle-income countries (LMICs) are still deprived of their SRHRs (UNICEF, 2023). This results in many adolescent girls being forced into marriage at an early age and facing heightened risks of pregnancy- and childbirth-related mortality (WHO, 2024).

Much of this can be attributed to the exclusion of adolescent girls' agency from the creation and implementation of SRHR (Ricker & Ashmore, 2020; Peter & Bijlmakers, 2024). Understood as "the ability and power to act on issues impacting one's life" (Harris & Dobson, 2015, p. 146), in the context of SRHR, agency refers to the ability to make informed choices about one's own body and exercise sexual rights despite structural discrimination (see Box 1). Agency is essential for girls to reclaim their SRHRs and promote gender equality (Vanwesenbeeck et al. 2021).

BOX 1
Components of agency in relation to SRHR

This study focuses on strengthening adolescent girls' agency in relation to SRHR within the context of Nepal, considering awareness, dialogue, and action as key components of agency.

AWARENESS
provides the foundation of understanding, allowing girls to recognize their SRHRs and the barriers they face.

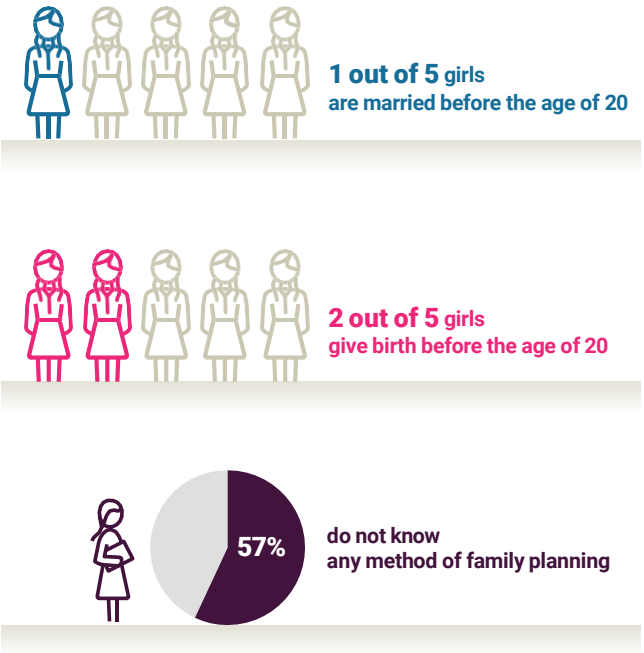
DIALOGUE
enables them to engage openly, share experiences, and advocate for their rights, which in turn motivates them to take action.

ACTION
involves their participation in SRHR activities both inside and outside of school settings.

Together, these elements form a holistic approach to enhancing adolescent girls' SRHR agency.

In Nepal, SRHR is recognized as a national policy priority and enshrined in the 2015 Constitution, which guarantees that "every woman shall have the right to safe motherhood and reproductive health" (Article 38, Section 2). However, recent data shows that only 24% of girls aged 15 to 19 who are married or in a union can make informed decisions about sexual relations, contraceptive use, and reproductive health (Nepal et al. 2023). Similarly, national statistics on marriage, teenage pregnancy, family planning, and violence toward women and girls provide evidence of the violation of SRHR (Figure 1). Despite the country legalizing abortion in 2002, only 42% of women in Nepal are aware of abortion laws (Dhakal et al. 2022; Ministry of Health and Population 2023), and over half of abortion cases remain unsafe (Ghimire et al. 2024). The persistent gaps between legal provisions and community realities reveal a disconnect between the intentions and implementation of SRHR policies. Bridging these gaps is essential to translating legal rights to lived realities for all, including for adolescent girls.

Figure 1. Challenges to girls' SRHR in Nepal (NDHS, 2022)



Source: Nepal Demographic and Health Survey 2022, Ministry of Health and Population, 2023

Education is the conduit for accessing information and making decisions regarding SRHR (Hsu et al. 2010), and early SRHR education has been shown to lower the likelihood of premature sexual activity, marriage, and pregnancy in adolescents (Fantaye et al. 2020). An evaluation of a Comprehensive Sexuality Education (CSE) initiative for adolescents in public schools in Mexico found that students who received SRHR education were 4.7 times more likely to delay sexual initiation than those who did not receive SRHR education (Ramírez-Villalobos et al. 2021). Adolescents who receive CSE are also significantly less likely to report teen pregnancy than those who receive no formal sexuality education (Bordogna et al. 2022; Kohler et al. 2008).

Effective SRHR education is crucial to the physical health and well-being of girls in adolescence and into adulthood (Marsh et al. 2024). Specifically, school-based SRHR education empowers adolescent girls to make informed choices and advocate for health initiatives and social change related to SRHR (Thirugnanasampanthar et al. 2023). In Nepal, sexual and reproductive health education is mandatory for grades 6 to 8 but lacks a holistic and rights-based approach to SRHR (Uprety et al. 2020). This, along with pedagogy that centers teachers instead of student participation, limits the effectiveness of SRHR education—and, consequently, girls' ability to exercise those rights.

The path to improving school-based education on SRHR is threefold: First, we must better understand adolescent girls' lived experiences and preexisting notions of their SRHRs. Secondly, we must identify the barriers preventing them from exercising their SRHRs at school and at home. Lastly, we must hear from adolescent girls themselves what they believe would make their SRHR education more effective (Khalesi et al. 2022).

This policy brief aims to show that involving students in participatory activities strengthens their agency in relation to SRHR. Through participatory action research (PAR), this study explores issues with existing school-based SRHR education and seeks to model school-based, pedagogy that centers the voices of Nepali adolescent girls, thus yielding more informed decision making in relation to their SRHR. This brief is divided into four parts: the first part discusses the context of the study—namely Nepal's current national policies on SRHR, school education, and girls' agency. The second part details the research methodology, followed by the findings, and finally, the recommendations based on the findings.

A group of girls working together on one of the PAR activities at school.

II. Context

To understand the current state of SRHR education in Nepal, we must look at the country's national health policies, school practices, and cultural attitudes toward the agency of adolescent girls. Exploring these areas reveals the challenges and opportunities in advancing the SRHR education and agency of girls.

NATIONAL SRHR POLICIES AND PROGRAMS IN NEPAL

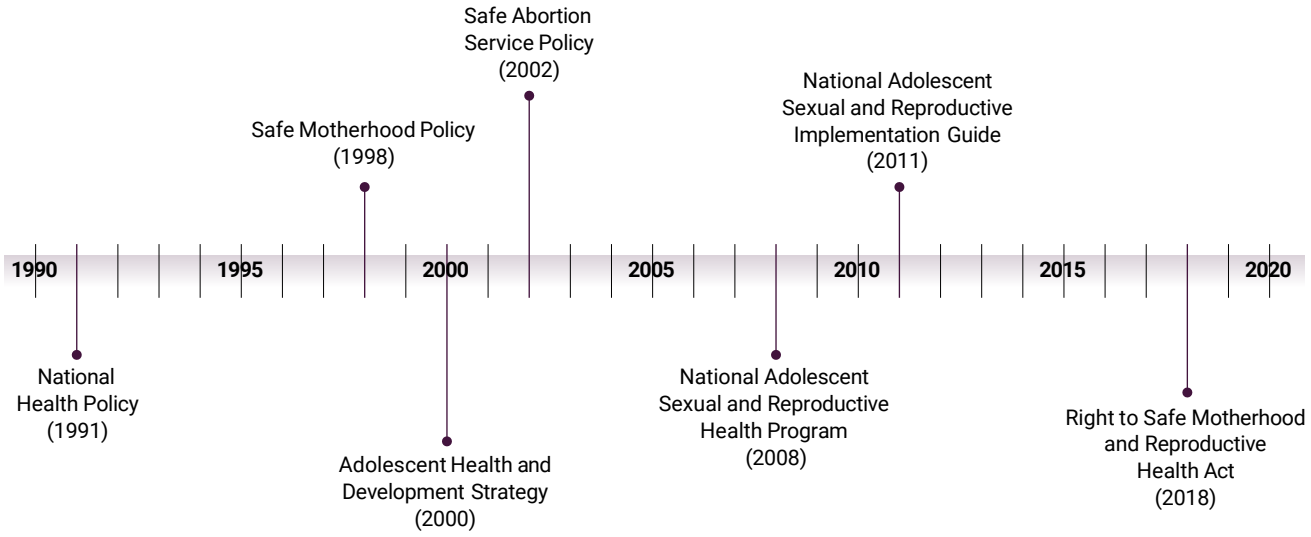
Nepal's health care system has evolved significantly over the past 70 years, beginning in 1956 with the introduction of a general health plan as part of a five-year development strategy (Dumka et al. 2024). Early efforts focused on communicable diseases and preventive health care. This included addressing population growth and maternal health through the Family Planning Program in 1966, which became the Family Planning and Maternal Child Health Board in 1968. In subsequent years, the government began integrating sexual and reproductive health (SRH) services into national health care policies. The Health Policy of 1991, for example, was instituted to expand health care services to rural areas and strengthen primary health care (PHC). While the policy included maternal health care, child health care, and family planning in its PHC goals (Rai et al. 2021), it contained no mention of issues specific to adolescent health care.

Improving school-based SRHR education requires three steps: understanding girls' experiences, identifying barriers, and listening to their perspectives.

More recently, Nepal has developed multiple national policies to promote adolescent SRH (Figure 2). Many of these were in response to the International Conference on Population and Development (ICPD) Program of Action in 1994 (Roadmap, ICPD30). The ICPD's agenda emphasized comprehensive SRH services, advocacy for SRHR, gender equality, and sustainable development. The Nepali government's commitment to these changes led to the development of the National Reproductive Health Strategy in 1998, which prioritized adolescent sexual and reproductive health. In 2000, it introduced the National Adolescent Health and Development Strategy (NAHDS), which focused on SRH for adolescents. However, it was not until 2007 that the government developed the Adolescent Sexual and Reproductive Health (ASRH) guideline (Adhikari, 2016) to implement the strategies.

In 2008, a draft national program based on the ASRH guideline was developed and successfully piloted a year later in 26 public health facilities and counting. In 2018, the NAHDS was revised to include mental health, gender-based violence, and non-communicable diseases, in accordance with the Sustainable Development Goals (SDGs). At this time, the government also added The Adolescent-Friendly Health Services (AFHS) program to the NAHDS. This was done with the aim of providing accessible and confidential sexual and reproductive health care to adolescents. As of 2023, however, fewer than 10% of the 14,313 health facilities (HFs) in Nepal currently meet AFHS standards, and only 2% are certified adolescent-friendly (Sharma et al. 2023). Besides lacking coverage, HFs have tended to focus their efforts on operational matters, like health worker training and AFHS certification.

Figure 2. Timeline of national adolescent SRHR policies and programs in Nepal



Passed in the same year, the Safe Motherhood and Reproductive Health Rights Act of 2018 (see Box 2) was enacted in Nepal with the aim of improving maternal health, promoting reproductive rights, and ensuring safer childbirth for all women. While the Act is a positive step toward addressing maternal health issues and reproductive rights, it does not adequately address the specific needs of adolescent girls—i.e., early pregnancy, sexual violence, and access to reproductive health services.

In sum, SRHR for adolescents is a priority program under the Ministry of Health and Population in Nepal (MoHP). However, there are still significant gaps in providing comprehensive education, health care services, and support systems that address the unique needs of adolescents—particularly in rural and underserved areas.

BOX 2
Safe Motherhood and Reproductive Health Rights Act, 2018, Nepal

1. Each woman and adolescent shall have the right to obtain education, information, counseling, and service relating to sexual and reproductive health.
2. Each person shall have the right to obtain service, counseling, and information relating to reproductive health.
3. Each woman shall have the right to safe motherhood and reproductive health. Each woman shall have the right to determine the number or spacing of children.
4. Each person shall have the right to contraceptive information and usage.
5. Each woman shall have the right to obtain abortion services, in accordance with this Act.
6. Each woman shall have the right to a nutritious, balanced diet and physical rest during the antenatal, postnatal, and reproductive health morbidity.
7. Each woman shall have the right to essential counseling, obstetric care, and postpartum contraceptive services from a birth attendant.
8. Each woman shall have the right to obtain emergency obstetric care, basic emergency obstetric care, comprehensive emergency obstetric care, newborn essential care, and newborn emergency care.
9. Each person shall have the right to affordable, acceptable, and safe reproductive health services as needed during different stages of their lifecycle.
10. Every person shall have the right to reproductive health services of their choice.

Source: Translation of Nepali law available at www.reproductiverights.org

SRHR SCHOOL EDUCATION POLICIES AND PRACTICES

The integration of SRH education into formal school curricula began in earnest with the launch of Nepal's first N ational A dolescent H ealth a nd Development Strategy in 2000, at the initiative of the Ministry of Health and Population (MoHP) and the Ministry of Education (MoE). Following UNESCO guidelines, the Curriculum Development Centre (CDC) within the MoE integrated SRH content into the Health, Population, and Environment curriculum for grades six through ten. This included pubertal changes, anatomy and physiology of male and female reproductive systems, family planning methods, abortion, sexually transmitted infections (STIs), and menstruation (Acharya et al. 2018; ARROW, 2017; Pokharel & Adhikari, 2021). However, the curriculum focused on the biological aspects of SRH and did not address concepts such as sexual rights, sexual violence, healthy relationships, and societal taboos surrounding sexuality (Acharya et al. 2018).

In 2019, the curriculum was revised, incorporating components of Comprehensive Sexuality Education (CSE) into Health, Physical Education, and Creative Arts (HPEC), a required class for grades six through eight, or ages 11 through 13. HPEC is the only class in Nepal schools that covers SRH, and concerns regarding the narrow scope of the curriculum have persisted (ARROW, 2017; UNESCO, 2023). In addition, because HPEC is not mandatory at the secondary level, many adolescents aged 14 through 19 were no longer receiving SRHR education. This has created a gap in SRHR education: while the government has included SRHR in national policy and signed SRHR agreements, many adolescents are not receiving comprehensive SRHR knowledge from schools, which remain the primary source of SRHR education (Vongxay et al. 2019)

When it comes to teaching SRHR classes, most schools in Nepal take a traditional approach—the teacher assumes the role of an active agent providing knowledge that students are meant to passively receive.

Even with a curriculum that includes SRHR and dealing with the changes of puberty, many teachers still struggle to address these issues effectively. This is especially in rural communities where societal taboos surrounding the subject persist (Gautam, 2016). Teachers have reported feeling uncomfortable teaching SRHR to students of the opposite sex, and students have said they are more comfortable learning SRHR from teachers of the same sex (Rivenes Lafontan et al. 2024). Since there is only one teacher to teach HPEC at a given school, it is difficult for students of all genders to ask questions and actively participate. This mutual discomfort results in teachers relying on less engaging teaching methods, like lecture-based lessons and self-study assignments (Ghimire, 2018).

When it comes to teaching SRHR classes, most schools in Nepal take a traditional approach—the teacher assumes the role of an active agent providing knowledge that students are meant to passively receive. This teacher-centered pedagogy—along with inadequate knowledge and training on the teachers' part (Rivenes Lafontan et al. 2024)—has posed a challenge to effective SRHR education. It is not conducive to the kinds of critical discussions necessary for understanding SRHR (Acharya et al. 2018). Rather, it discourages students from asking questions and sharing personal experiences (Ghimire, 2018). Students, especially adolescent girls, then miss out on valuable SRHR education that could strengthen their agency in all areas of life (UNESCO, 2023). Fostering adolescent agency around SRHR via education, however, would better equip students with the knowledge and confidence to make informed decisions about their sexual and reproductive health.

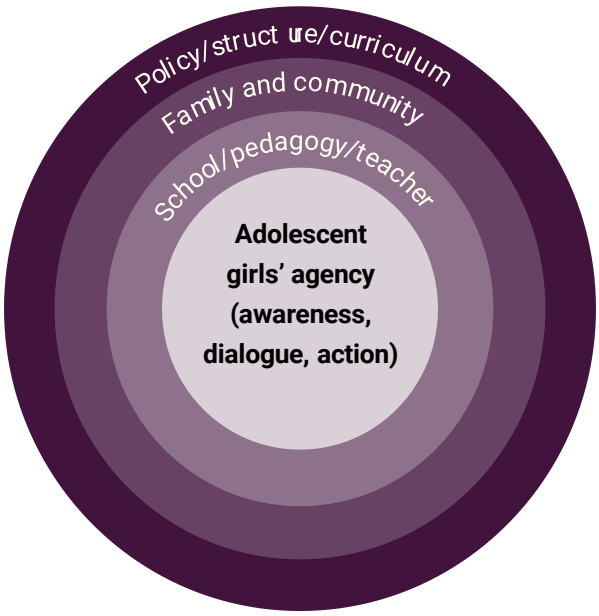
SRHR AGENCY OF ADOLESCENT GIRLS IN NEPAL

Agency is crucial to confront social taboos and promote healthy choices (WHO, 2017). Focusing SRHR education on strengthening agency helps adolescent girls challenge the systemic, gender-based inequalities, patriarchy, and stereotypes that hinder their ability to exercise their rights (Vanwesenbeeck et al. 2021). Furthermore, it empowers girls to negotiate social norms around marriage and reproductive choices, as well as stand up to gender-based violence and discrimination (Peters, 2024).

A socio-ecological model for understanding the agency of adolescent girls (See Figure 3) defines agency as the combination of awareness, dialogue, and action (Gorlin & Békés, 2021; Potestades et al. 2024). With regard to sexual and reproductive health rights, this policy brief defines agency as the combination of awareness, dialogue, and action oriented toward SRHR. Awareness refers to adolescent girls' critical understanding of the social, legal, and educational dimensions to their sexual and reproductive rights. Dialogue refers to their capacities to advocate for and freely engage in conversations about SRHR. Action refers to their involvement in participatory SRHR activities inside and outside schools.

This socio-ecological model also shows how the agency of girls is influenced by and operates within layers of context (the individual, family, community, and societal levels). This underscores the interplay between personal agency and the broader social, cultural, and structural factors shaping SRHR outcomes for adolescent girls.

Figure 3. Conceptual framework of girls' agency based on socio-ecological model



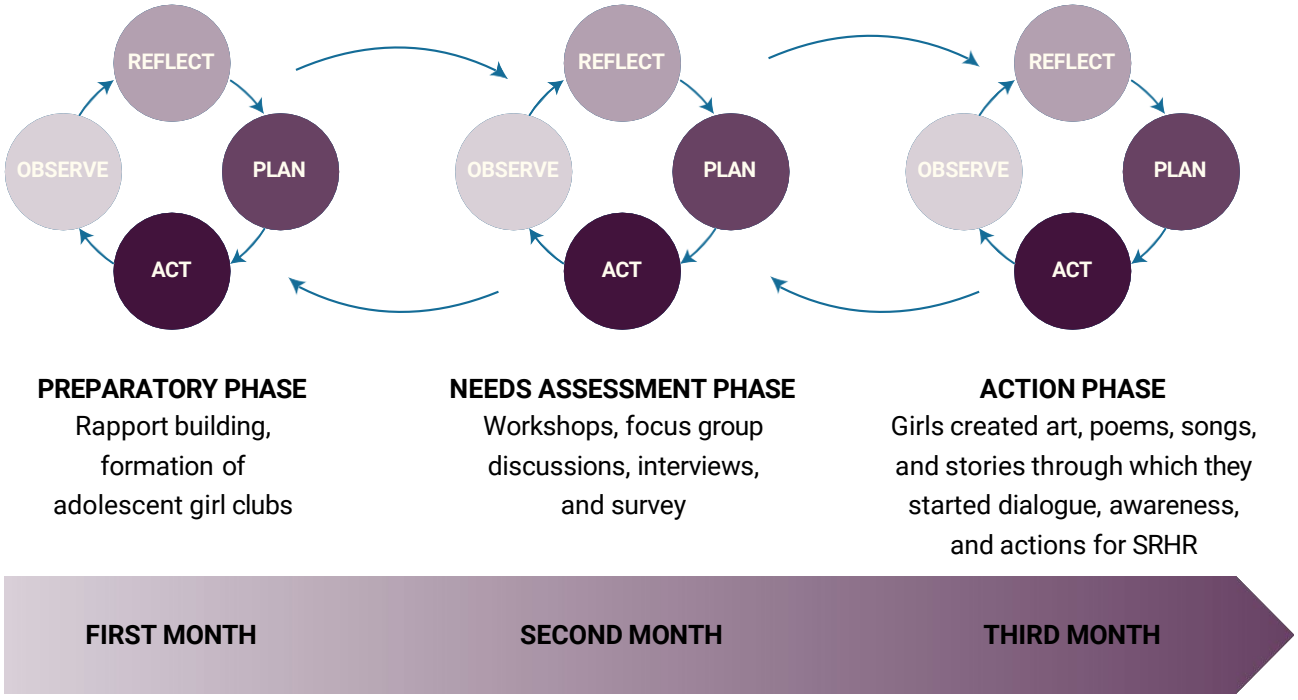
Organizations have sought to promote SRHR education programs in Nepal that center the agency of adolescent girls. Among them are CARE Nepal, Plan International Nepal, Save the Children, UNESCO, and UNFPA. However, these were scattered initiatives directed toward project sites in specific regions. To strengthen the agency of all adolescent girls in Nepal, changes to SRHR education programs must be incorporated into national policy and implemented on a national scale. These changes include addressing gaps in SRHR knowledge and the barriers to agency, and the way to address them is by raising SRHR awareness, dialogue, and action.

III. PAR as a Tool to Strengthen Adolescent Girls' Agency

The study underpinning this policy brief aimed to strengthen adolescent girls' agency in relation to SRHR in and through school-based SRHR education. Using a multi-phased, cyclical Participatory Action Research (PAR) approach, girls were engaged in planning, implementing, and reflecting on collaborative SRHR activities (see Figure 4). The research was conducted from June to December 2024 with 20 public school students in two public schools —all adolescent girls aged 12 through 15 from low-income, multi-ethnic communities in Nepal. Half were from Lalitpur and half from Kathmandu, and both schools serve marginalized Indigenous populations.

A needs assessment survey was initially conducted with 170 participants—girls aged 12 through 15 from both schools. Data from this needs assessment was used to inform participatory dialogues with the 20 girls in the study. Interviews were also conducted during this phase with school personnel, officers from the Ministry of Health, Ministry of Education and Science Technology, NGO staff, and local government. These interviews helped in understanding the barriers to SRHR among adolescent girls. Data from these sources were triangulated during analysis (for details on data collection and analysis techniques, refer to appendix A).

Figure 4. PAR cycles implemented with adolescent girls



IV. Findings

When seeking to improve school-based SRHR education, we must understand three things: girls' own awareness of their SRHRs, the barriers to exercising SRHRs (at school and at home), and the importance of centering their agency in SRHR education. As such, the findings are presented in three sections: first, the awareness of SRHR among adolescent girls; second, the barriers they face; and third, their agency in addressing SRHR issues.

AWARENESS OF SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

» Widespread Misunderstanding of Sexual and Reproductive Health Rights

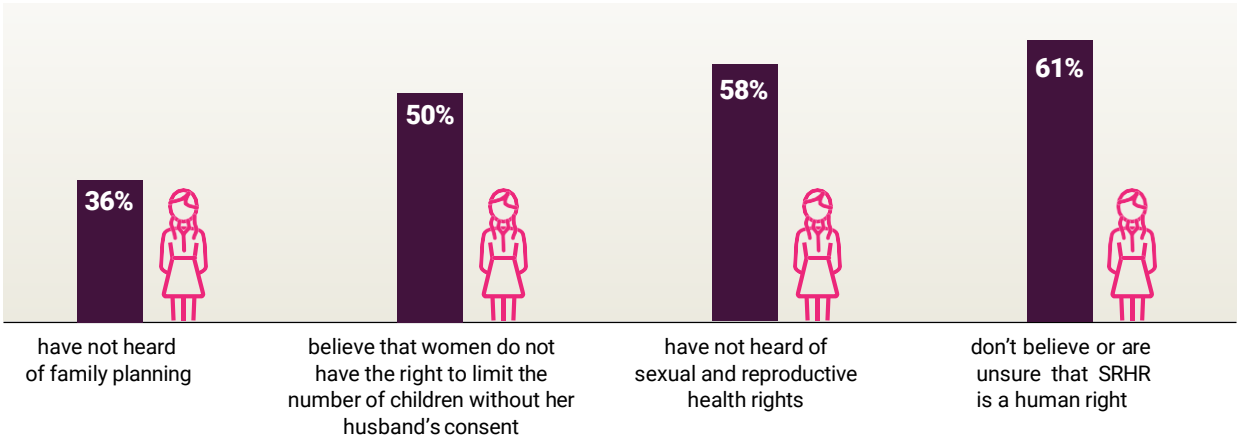
Three out of five adolescents surveyed for this study were unfamiliar with the term "sexual and reproductive health rights," and only 40% recognized it as a human right (see Figure 5). Though about two-thirds of the girls had heard of family planning, only a quarter believed that women have the right to limit the number of children. Similarly, despite abortion having been legal in Nepal for 20 years, three-quarters of the girls surveyed were unaware of this legal provision.

In focus group discussions, girls noted that sexual and reproductive rights were new concepts to them. Their comments revealed limited and incorrect knowledge of reproduction and pregnancy, as evidenced by one ninth grader who did not know how pregnancy occurred.

> *I read that when girls get pregnant, their menstruation stops. So, when my period stopped for two months, I panicked, thinking I might be pregnant, even though I hadn't done anything. I'd heard that using a boy's toilet during menstruation could cause pregnancy, and since I had, I became very stressed. I couldn't talk to my mom or teacher. My mom even asked, "Have you done something wrong?" I was too scared to tell anyone. When my period returned after three months, I was relieved. (Grade 9)*

While they had some understanding of family planning devices as tools to prevent childbirth, most believed these devices were only for adults to use after marriage. While they had heard of condoms and Depo-Provera, none of the girls surveyed said they had ever seen these or any other contraceptive devices.

Figure 5. Awareness of SRHR among adolescent students



I've also heard people say that taking contraceptive pills can cause complications like the hormones accumulating in the stomach and making it harder to get pregnant. That's why they say we should use these tablets only after marriage. (Grade 8)

Given the strong correlation between early marriage and early childbearing, this research also explored girls' experiences and awareness of marriage (Choe, Thapa, & Mishra, 2005). Despite knowing the legal age of marriage, most adolescents in the study did not seem to understand why the law was necessary. Because of this, they felt unable to advocate for themselves against parental pressure toward early marriage. Adolescent girls in the study seemed to recognize the importance of being educated about early marriages but were not aware of the severe physical and mental health consequences of being in one. One teacher reported that some parents force their daughters into child marriages, unaware of the health consequences, and that some girls elope before reaching the legal age.

» Discomfort and stigma: Adolescent's girls' understanding of bodily changes, menstruation, and abortion

When it came to bodily changes (i.e., menstruation, breast development, weight gain, increased height, and mood swings), adolescent girls recognized them as part of puberty, but still found them uncomfortable, difficult to accept, and reported feeling uneasy about their bodies, sexual rights, and changes in their reproductive organs. Most girls knew of menstruation as something that happens to every girl but often held socially stigmatized views. One girl described the anxiety she has about having her period and buying sanitary pads.

Menstruation is the dirty bleeding from the organ where you urinate. I've heard from my aunt that menstruation purifies our body. If we have an irregular period, we will have more impure blood in our body, and we will get pimples. My period is not regular, I am always worried about it. When I need to buy pads, I make sure the shopkeeper is female. (Grade 7)

One NGO professional interviewed for this study maintained that the discomfort discussing sexuality and menstruation along with menstrual stigma and isolation, undermines girls' dignity, self-worth, openness, interactions, and personal development.

When discussing abortion, adolescent girls understood it as a response to sexual relations or rape. They also thought of abortion as a means to "hide" a pregnancy or select for a particular sex, favoring male babies. These discussions reveal how culturally stigmatized abortion is in parts of Nepal. Girls are made to think of abortion as a shameful secret instead of as a medical reproductive health right. Moreover, an internalized bias against female children is evident in conversations with adolescent girls about sex-selective abortion. These findings show that the information on abortion that does reach adolescent girls is not only incomplete but rooted in cultural stigma and gender bias. This can be attributed to gaps in SRHR education and limited access to unbiased SRHR information.

While they had some understanding of family planning devices as tools to prevent childbirth, most [girls] believed these devices were only for adults to use after marriage.

BARRIERS TO GIRLS' EXERCISE OF SRHR

It is important to understand the barriers to exercising their SRHRs that girls in Nepal face as an interplay of multiple factors. For example, cultural norms, gendered expectations, and an inadequate educational framework all limit girls' access to SRHR information and resources. A lack of safe spaces, trusted people, and comfortable contexts for girls to engage in open dialogues about SRHR also create a barrier. The current state of school-based education on the subject in Nepal is also a barrier to girls exercising their SRHRs due to gaps in the curricula, teacher-centered pedagogy, and the misinformation that both factors perpetuate.

» Sociocultural barriers and gendered expectations shaping adolescent girls' self-perception and Autonomy

Adolescent girls described the various physical and mental restrictions placed on them by adults in their communities. Parents, they reported, often instilled them with the idea that girls were unsafe in society and placed the burden on them to avoid harm and maintain family honor. According to the girls in the study, this meant restrictions on their mobility, safety, and social interactions.

> *I used to play with all my friends when I was in 4th or 5th grade. But as I grew up, I stopped playing because I often got scolded for it. My mom says that as a daughter, I need to focus on my work, and since I'm older now, it's not the right age to play, especially with boys. (Grade 8)*

Creating the gendered expectation that girls shouldn't go out and engage with their peers only reinforces the social conditions that put them in danger in the first place. Moreover, it breeds a sense of inferiority. Comments like "growing girls shouldn't speak loudly," or "girls must walk properly" are common in their communities and have the same effect, as does the social norm of families favoring sons and limiting growth opportunities for daughters. All these factors send the message to adolescent girls that they are not free to make their own choices or speak their own minds—especially when it comes to their sexual and reproductive health.

Girls also cited bullying, body shaming, and societal beauty standards as barriers to building confidence and autonomy. This is because they all stem from the importance the culture places on marriage and securing a husband. One girl said:

> *I am very much worried about my body; I feel I am gaining weight, and my mom always says that "if [you] keep on growing it might be difficult to get married." And she is always concerned about my body. I got a blessing from my "aunt" in Dashain that I need to lose some weight to get a good husband. I feel bad about this. (Grade 8)*

All these factors send the message to adolescent girls that they are not free to make their own choices or speak their own minds—especially when it comes to their sexual and reproductive health.

» Lack of support, trust, and safe spaces to discuss SRHR leaves girls uninformed, confused, and uncomfortable

While adolescents reported feeling comfortable discussing general health with family, they described feeling awkward and confused about who to approach with reproductive health concerns. Adolescent girls said they are often dismissed and fear judgment when asking about their bodies and sexual rights. Responses from parents and teachers included "Dehrai janne paltina haina" ("don't act like you know too much") and "Badhata bolne haina" ("don't speak too boldly"). At school, they don't feel there are any private spaces with trusted people with whom to discuss sexual and reproductive health—only other peers.

> *It's difficult to maintain privacy in school, we don't have any safe place where we can talk about ourselves in school. We end up talking and sharing our thoughts with friends either in corners of the playground or in the toilets. (Grade 6)*

Although one of the schools had a complaint box to report gender-based violence and discrimination, the head teacher reported that no student had submitted one for the past two years. This speaks to adolescent girls' distrust in—or unawareness of—the complaint process and outcomes. One girl shared a personal experience:

> *Last week, during class, the bottom of my shirt tore, and part of my breast was exposed. Two boys from my class started staring at me, which made me very uncomfortable. I was angry but didn't know where to report it or even if I should report it. (Grade 7)*

The issue of unawareness extends to government provisions for adolescent-friendly health services (i.e., family planning, sexually transmitted infections (STIs) diagnosis, and safe abortion services). A representative from the Ministry of Health reported that schools do not inform students about these services, nor are they included in textbooks. SRHR issues remain largely untouched in classrooms due to taboos surrounding the subject. This avoidance of the issue leads to discomfort for teachers and students during SRHR lessons.

» Theory-based SRHR curricula and teacher-centered pedagogy reinforce misinformation and limit girls' ability to make informed decisions

Interviews with educators and policymakers echoed previous concerns raised about the SRHR curriculum and pedagogy currently in use in schools in Nepal (see Context section). A representative from the Curriculum Development Center (CDC) reported that the content related to SRHR in the current curriculum is overly technical and theory-oriented, with limited practical impact and inadequate treatment of the social issues shaping dominant views about SRHR. He further added that the curriculum mainly covers the biological aspects of SRH, omitting crucial subjects like sexual rights, sexual violence, healthy relationships, and how societal taboos affect SRHR goals, which is a major gap in the curriculum.

Additionally, an officer from the Center for Education and Human Resource Development (CEHRD), the government body responsible for training teachers and educational personnel, shared that the current school curriculum remains teacher-centered and lecture-based, hindering students' access to vital information about their sexual and reproductive health. As described above, this traditional approach is inadequate for promoting open discussion and critical thinking, which are essential for addressing the emotional, social, and biological aspects of sexual and reproductive health. Moreover, there is still a lack of specialized teachers for health subjects in many schools, as well as insufficient instructional materials and supplies, hindering effective delivery of SRHR content.

Discussing sex and reproductive-related things is not easy in class, like discussing math equations, English essays, and Nepali poems. Teaching about the heart, and lungs is easy but not the vagina and penis. Discussing about pneumonia and fever is easy, not STDs and HIV AIDS. (Schoolteacher)

Finally, access to SRHR instruction has declined in recent years. A health teacher at a public school in Lalitpur district commented that in the past health had been a compulsory subject up to grade 10, ensuring consistent instruction on reproductive health. However, it has now become optional after grade 8 (around age 14), which she felt has resulted in content overload for younger students and little or no instruction on critical SRHR issues for older students. As one adolescent girl shared:

I am in grade 10 and have always liked the health subject. Some topics felt awkward before to ask in front of teacher, but now I understand they are important. I first learned about family planning from books, but I feel like I need to know more. However, health is no longer taught in our school. This is the right age to learn about these things, but since it is not in our classes anymore, we miss out on important knowledge.

STRENGTHENING THE SRHR AGENCY OF ADOLESCENT GIRLS VIA PARTICIPATORY ACTION RESEARCH

Adolescent girls in the study expressed their feelings and experiences pertaining to SRHR through art, poetry, songs, and stories—i.e., PAR activities. During PAR activities, they gained the confidence to speak up about topics they did not feel free to before. Girls asked important questions about their SRHRs and voiced concerns about inadequate SRHR education. This section examines how a participatory, girl-centered educational model strengthened the agency of adolescents in relation to SRHR by promoting dialogue, awareness, and action.

» Dialogue: Elevating girls' voices to challenge social norms

As they moved through the PAR activities, girls gradually started sharing experiences and asking questions. One student highlighted how having a safe and non-judgmental environment encouraged her to take the first step in critical dialogue:

We feel comfortable with you [researcher] because you don't judge us based on the questions we ask. Often, in the classroom, we are judged or evaluated based on the questions we ask. Similarly, what we are discussing here is directly related to our life—nothing like the textbook things we need to study for exams. (Grade 7)

The workshop gave [one eighth-grade girl] a chance to engage in dialogue about her personal experience and connect it with a larger social issue. In doing so, she felt empowered to raise awareness in her village about how harmful the dowry system is and take action against it.

Adolescent girls started examining the inadequacy of SRHR rights enforcement and textbook content in their schools. They reflected on how social and cultural beliefs impact their and their friends' lives and, in doing so, saw the power of their voices in SRHR discussions.

One eighth-grade girl shared a story about her sister's experience with the dowry system and highlighted its role in perpetuating domestic violence.

> *My sister got married at the age of 17, and we needed to give a large amount of money as it was a demand of the groom's side. We could not say anything. Now I think we need to talk about this. (Grade 8)*

The workshop gave her a chance to engage in dialogue about her personal experience and connect it with a larger social issue. In doing so, she felt empowered to raise awareness in her village about how harmful the dowry system is and take action against it.

Another girl emphasized the need to change how women are viewed in her community, where girls are seen as "weak," "less capable," and "more dependent." That she recognizes how deeply entrenched gender stereotypes are in her community shows an understanding of women's marginalization under a patriarchal system. This awareness of one's own marginalization is the first step to strengthen girls' agency in SRHR. As one girl stated, the PAR activities empowered them to advocate for SRHR:

> *From the discussion, I came to know that irst, we need to understand ourselves and need to develop confidence. Understanding one's own power is important for improving our lives. If we are good and con ident then people will believe in us. When we start raising our voices, then people will have to listen to us. (Grade 9)*

›› Art as SRHR awareness and advocacy

Through the PAR activities, adolescent girls found their voices and began expressing their thoughts, ideas, and knowledge about SRHR through creative outlets (i.e., art, poetry, and song). This is evidence of growing SRHR awareness and advocacy.

The artwork in Figure 6, for example, depicts hands reaching toward a woman's uterus, symbolizing the societal forces like patriarchy, cultural norms, and other limitations imposed on women's bodies. The yellow body in the image shows the internal suffering of women—particularly those impacted by and consequently blamed for sexual violence. The hands call for women's rights, while the chain symbolizes the barriers preventing women from fully enjoying their freedoms.

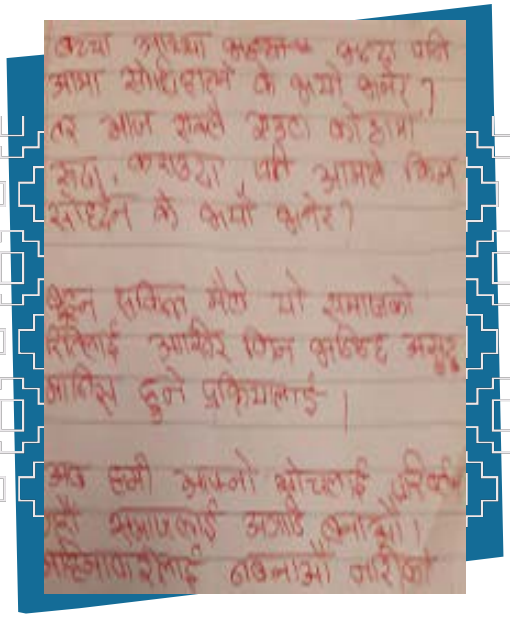
Through this powerful illustration of women's injustices, the artist (a grade 9 student) addresses issues of sexual violence and abuse. The piece itself challenges oppressive systems and amplifies her voice, demonstrating how art can help turn SRHR awareness into advocacy.

Figure 6. Reproductive Justice for All

Figure 7 shows a poem in Nepali by a seventh-grade girl about the restrictions imposed on her by cultural taboos surrounding menstruation. She reflects on how, as a child, she received care and attention but now feels isolated and neglected while menstruating. The poem questions why women are considered "impure" during this time and calls for societal change to normalize menstruation. Through her writing, she questions societal norms, turning her personal experience into a powerful critique. By writing the poem, she is no longer a passive subject, but an agent of change.

Figure 7. Poem about menstruation

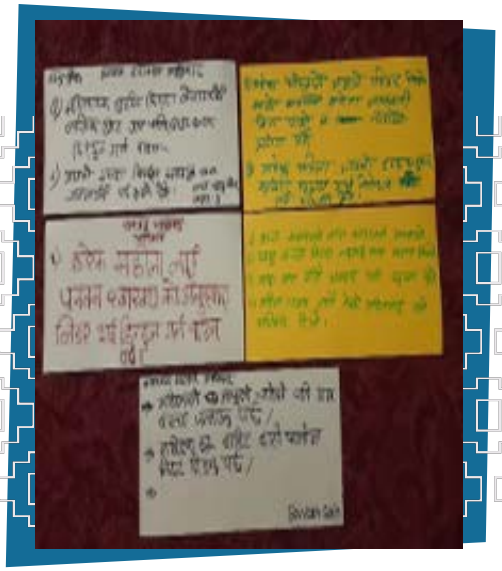
When I was a child, my mother would ask,
"What's wrong, my dear?" with a loving task.
But now I'm locked away in silent gloom,
Tears fall quietly in this empty room.
I can't grasp the rules of this strange society,
Why is menstruation seen as impurity?
It limits women's lives in so many ways,
We must change our thoughts and break these old chains.
Let's lift the silence and honor our flow,
Embrace our bodies, let understanding grow.
Together we'll stand, no more hidden pain,
For every woman deserves to remain unchained.



The adolescent girls in this study developed a personal agency-focused understanding of SRHR far beyond what they were taught in textbooks. During a PAR workshop, the girls wrote a list of key points about SRHRs that they'd identified and articulated themselves (see Figure 8). They assert that girls should be able to walk without fear and that women should be able to decide how many children they have. They also emphasized the need for accessible family planning resources, and that buying condoms and sanitary pads should not carry social stigma.

Figure 8. SRHRs identified by adolescent girls

- *Girls should be able to walk confidently in front of boys outside the home.*
- *It's not necessary to have children if you don't want to.*
- *Every girl has the right to sexual and reproductive health.*
- *Every girl has the right to know about family planning methods and to use them.*
- *Every woman/girl has the right to safe motherhood and delivery.*
- *Sexual minorities/LGBTQ+ individuals also have equal rights.*



Action: Adolescent girls as champions of SRHR

Through their participation in PAR activities, the adolescent girls in this study have become agents of SRHR change. Sharing the experience of SRHR education has fostered a sense of collective identity that reassures them they are not alone in facing these issues. These collaborative activities empowered them to initiate action and challenge the status quo. As a result of the PAR project, students have started planning initiatives to raise SRHR awareness and improve SRHR education.

Many are taking leadership roles in designing and facilitating activities aimed toward this goal (see Appendix A for more detail). So far, students have succeeded in revising the school calendar to include SRHR-related initiatives, extra-, and co-curricular activities. They are also engaging in dialogue with teachers and delegating responsibilities to their peers to ensure the improvements are implemented effectively.

V. Policy Recommendations

Ensuring adolescent girls' SRHR in Nepal requires an approach that centers their agency in and through school-based education. This policy brief argues that actively engaging adolescent girls in SRHR discussions, fostering their sense of awareness, and empowering them to take action, can significantly improve SRHR outcomes and gender equality. This study revealed barriers to SRHR, such as sociocultural norms, gender stereotypes, a lack of safe spaces, and insufficient support from teachers and parents. It also highlighted the power of agency as girls engaged in dialogue, created art for advocacy, and took on roles to spearhead change in their communities.

Addressing these barriers means implementing effective, school-based SRHR education. Effective SRHR education is education that develops critical awareness and strengthens SRHR agency among adolescent students. Achieving this will require changes at the national, local (i.e., community and school), and classroom levels, including: 1) incorporating SRHR as a cross-cutting issue across subjects and educational spaces; 2) promoting student-centered, participatory pedagogies with creative, collaborative, and experiential approaches; 3) creating leadership opportunities for young people to affect change; and 3) actively engaging teachers and families to create supportive, empowering environments for adolescents to learn about and exercise their SRHRs—in school and beyond (see Figure 9 for more detail).

An effective SRHR education is one that protects the rights of adolescent girls while strengthening their agency to advocate for their own health and well-being. Enacting the changes discussed in this brief will move Nepal toward that reality. Reproductive health should be taught through a holistic, comprehensive, integrated, and inclusive approach. Most importantly, there must be a shift from viewing adolescent girls as beneficiaries of the SRHR education to seeing them as active agents of change.

Figure 9. Policy recommendations for efferctive school-based SRHR education in Nepal

POLICY LEVEL
Revise the National Curriculum Framework: The current curriculum excludes SRHR topics at the secondary level, depriving adolescents of comprehensive knowledge of SRHR issues. Include SRHR at the secondary level. Incorporate the concept of agency-strengthening as a core element within both the secondary school curriculum and teacher training programs. This should include content that empowers adolescent girls by addressing issues of bodily autonomy, decision making, and leadership.
Incorporate SRHR as a Cross-cutting Issue in the school curriculum: SRHR content should be incorporated as a cross-cutting issue in all subjects, not limited to health classes. This would promote comfort among students and teachers in discussing these topics.
Center adolescent girls' voice and leadership in SRHR policy: Local governments should develop community-based SRHR programs led by adolescent girl leaders to ensure that their voices are central to discussions on SRHR policies and practices.
SCHOOL/COMMUNITY LEVEL
Incorporate SRHR in Extra and co-curricular Activities: SRHR content should be integrated into school-based, extra-curricular, and co-curricular activities (e.g., quiz competitions, debate programs, drama, and music), fostering a safe and supportive environment for open discussions.
Engage families in SRHR Education: Schools should collaborate with parents and community members via educational programs to address societal and family norms that affect adolescent girls' reproductive health. This could include adult/parental SRHR education.
CLASSROOM LEVEL
Improve Teacher Training: There is a need for teacher training and capacity-building to effectively deliver SRHR content using innovative, participatory pedagogical approaches. For example, the pedagogical innovations used in this study—e.g., giving students space to share experiences and knowledge through poems, art, and scripts—should be incorporated into teacher training programs, with a greater focus on Participatory Action Research (PAR).

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Appendix A

METHODOLOGY

Using a multi-phased cyclic model of PAR, I worked with adolescent girl students in two public schools in the municipalities of Lalitpur and Kathmandu. Both schools are in low-income, multilingual, multi-ethnic communities that serve disadvantaged and marginalized Indigenous communities. I adopted a dialogic and iterative process to engage participants in planning, implementing, and reflecting on a series of collaborative activities related to SRHR. Here, dialogic processes emphasized mutual learning, shared decision making, and two-way communication with the adolescent girls to engage in meaningful conversations. The communication was not merely question-and-answer-based; rather, it focused on creating space for open discussion along with time for reflection. Adolescent girls were free to share their thoughts, problems, and feelings related to SRHR. The PAR study followed three different phases and different cycles in each phase

Preparatory phase: This phase started with rapport- and trust-building with staff, teachers, and students. Informal discussion and continued field engagement helped to better understand the context and school environment. The major activities in this phase were PAR group formation, which the adolescent girls named "Kurakani Group" ("Gossiping Group") in one school, and "Kishori Club" ("Adolescent Girls' Club") in another. In each group, there were 10 girls aged12 to 15. The students for PAR were selected based on voluntary participation; however, more focus was given to the girls from marginalized, disadvantaged, and Indigenous families. Girls were involved in dialogical engagement through workshops, meetings, and informal interactions to discuss and understand SRHR. The girls were involved in the participatory workshops and later took on leadership roles as agents of change.

Needs assessment phase: This phase began with the planning and facilitating of a series of ten workshops (one each week in both schools), two focus group discussions (FGDs—one in each school; nine participants in each), five interviews, and 170 surveys. The survey included both boys and girls, but FGD and interviews were done only with girls from grades 6 to 10. Girls from the adolescent groups administered the survey along with the researcher. In the beginning of the study, the girls felt awkward discussing the topic; they showed their eagerness to participate but could not discuss it openly. At this stage, after special consideration, researchers switched to participatory, game-based activities and storytelling with puppets to help the girls more openly discuss their perceptions and experiences related to SRHR.

In addition to the PAR, I also interviewed schoolteachers, a curriculum development center officer, a family health division officer, Center for Education and Human Resource Development (CEHRD), Family Planning Association Nepal (FPAN), Curriculum Development Center (CDC) subject committee heads, education officers from the local governments, members of the school management committee, and head teachers to better understand the barriers to SRHR among adolescent girls.

Action phase: This phase included open discussion about SRHR. First, ten workshops (one each week in both schools) were conducted with students from the PAR group. In the workshops, students were encouraged to discuss and learn from each other as well as engage with the workshop material itself. In this stage, adolescent girls were encouraged to seek out available resources (some resources were provided based on girls' needs and interests). They were also encouraged to express their understanding and knowledge of SRHR in whichever ways they felt

comfortable, and chose to write poems, songs, drama, or create art. The students were given opportunities to explain the work they had done and collaborated on plans for sharing their knowledge and voices with other students, as well as teach them to lead SRHR discussions at their own schools. These actions are ongoing.

Currently, the students are working on including SRHR content in both extracurricular and co-curricular activities and have initiated conversations with the school administration to this end. One such activity they are planning to organize is a school exhibition for parents, other students, local leaders, and school management committee members to participate in SRHR education. They are also planning to publish a booklet of their poems, stories, and artwork to keep in the school library for other students to learn from.

Data analysis

The PAR data were analyzed using semiotic analysis, where meaning-making was based on the art, poems, and scripts written by students. Further information from interviews, FGDs, and workshops was coded and triangulated using thematic analysis. All the data from the PAR and interviews were triangulated based on themes generated using an Excel spreadsheet with codes.

Limitations

This study was limited to adolescent girls from two schools, with plans to scale up to five additional schools.

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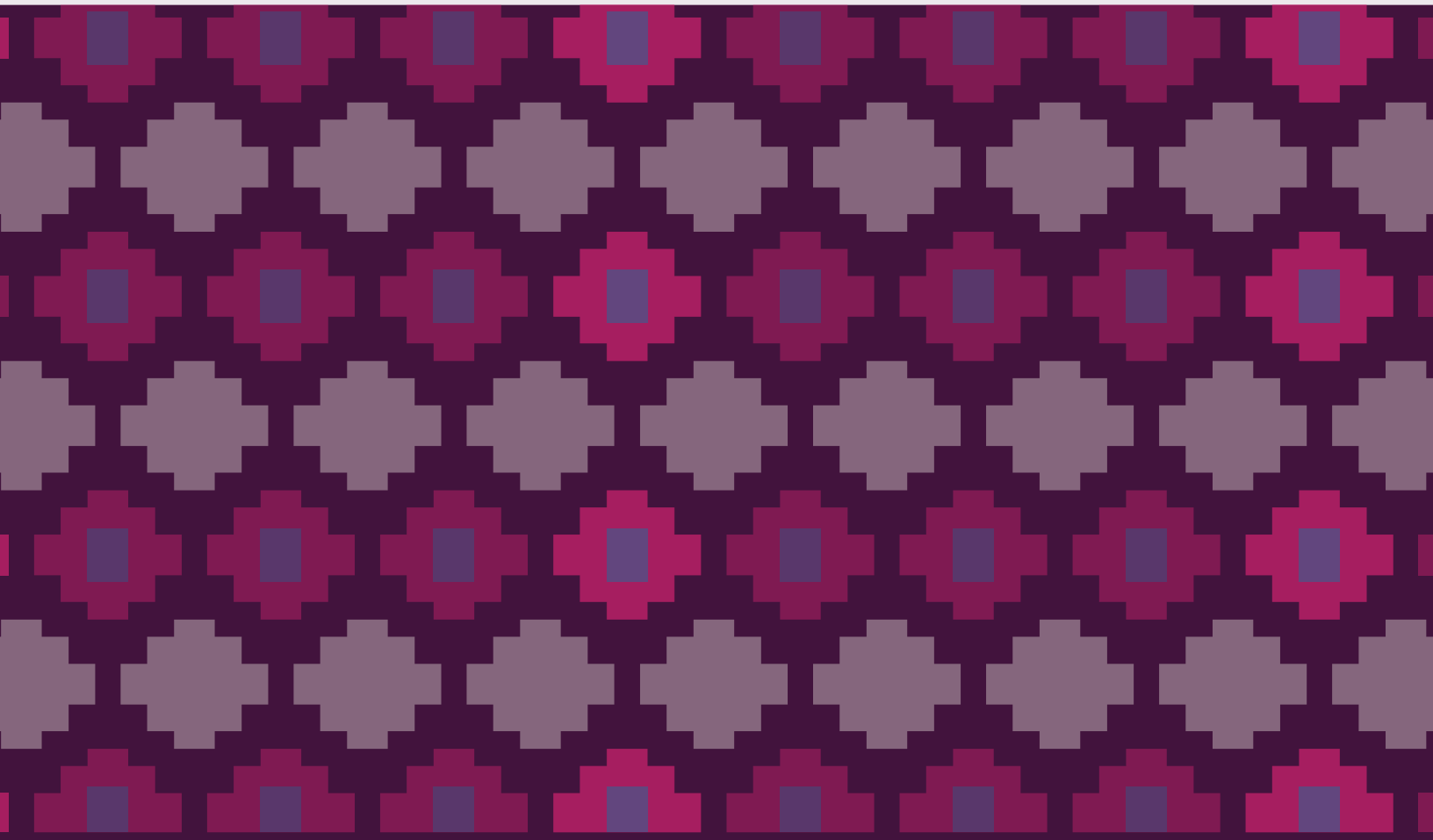
ABOUT THE ECHIDNA GLOBAL SCHOLARS PROGRAM

The Echidna Global Scholars Program at the Center for Universal Education (CUE) at Brookings seeks to catalyze and amplify the impact of local leaders working to advance gender equality in and through education across the Global South.

During a six-month fellowship, Echidna Global Scholars conduct individual research focused on improving learning opportunities and life outcomes for girls, young women, and gender non-conforming people, develop their leadership and evidence-based policy skills, build substantive knowledge on gender and global education issues, and expand their pathways for impact. Upon completion of the fellowship, scholars transition to the Echidna Alumni Network, a growing community of practice aimed at promoting their significant, sustained, and collective influence on gender-transformative education globally and locally.



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