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Beyond Beijing Committee Nepal (BBC) is a human rights feminist National Network organization. It has been advocating and working continuously on the Beijing Platform for Action aftermath of the Fourth World Conference on Women in Beijing since 1995. It commits to achieving gender equality, women's human rights, and sustainable development. BBC aims to work towards the civil, political, economic and social empowerment of women and girls to achieve substantive gender equality, women's human rights and sustainable development in Nepal. BBC has been actively engaging in CEDAW monitoring, ICPD Monitoring, UPR reporting, and MDGs' implementation and currently the Agenda 2030 for Sustainable Development and Sustainable Development Goals (SDGs).

Key words: Young People's Sexual and Reproductive Health and Rights, Comprehensive Sexuality Education, Menstrual Hygiene Management, Safe abortion.

Introduction

1. The total population of Nepal is 31 million, women consist of 51.5% of the total population, men consist of 48.5% and the youth consist of 24% of the total population[1]. Nepal is a diverse country, consisting of 125 caste/ethnic groups with 123 languages spoken as mother tongue, Nepali language being the most commonly used with 44.6% of the total population[2]. Overall literacy rate (for population aged 5 years and above) has increased from 54.1% in 2001 to 65.9% in 2011. Male literacy rate is 75.1% compared to female (57.4%)[3]. Nepal's HDI value for 2018 is 0.579— which puts Nepal in the medium human development category— positioning it at 147 out of 189 countries and territories. The Human inequality coefficient for Nepal is equal to 24.9 percent. Nepal has a GII value of 0.476, ranking it 115 out of 162 countries in the 2018 index[4].

2. The median age at first marriage among women and men has increased by 1 year over the past decade. The modern contraceptive prevalence rate (CPR) has remained stagnant since 2006 (44.0% in 2006, 43.0% in 2011 and 43.0% in 2016). More than half of the pregnancies were unintended. Comprehensive knowledge about HIV is not widespread among either woman (20%) or men (28%). The total desired fertility rate is 1.7 children per woman, while the actual total fertility rate is 2.3 children per woman. The adolescent birth rate has increased from 81 from 2011 to 88 in 2016. The maternal mortality ratio for the period 2009-2016 was 239 deaths per 100,000 live births.

3. In the second UPR cycle of Nepal, in regards to Right to Health, Haiti, Singapore, Maldives, Thailand, Sri Lanka, Israel, New Zealand and China made recommendation on addressing reducing maternal mortality and infant mortality, accesses to affordable quality health care and implementation of policies and directives which was all supported by the Government of Nepal (GoN)[5].

4. Therefore, this report focuses on three different issues focusing on Sexual and Reproductive Health and Rights (SRHR): (1) Comprehensive Sexuality Education; (2) Menstrual Hygiene Management and (3) Safe abortion and provides recommendation on each issue to the government of Nepal. The identified issues impact and influence young women's and girls' SRHR, not in isolation. These issues should be seen as intersecting throughout the lifecycle. Secondary resources have also been used to address the issue.

Priority issue i: Comprehensive Sexuality Education (CSE)

5. Nepal did not receive any recommendation regarding CSE in second UPR review on Nepal's 6th reporting period on the Committee on the Elimination of Discrimination of Women (CEDAW) the committee recommended to incorporate age-appropriate and gender sensitive CSE, including information on sexual and reproductive health and rights and train teachers to deliver those trainings[6].
6. There is no specific policy or law that ensures the implementation of CSE but was incorporated as a strategic priority in the Ministry of Education's National School Sector Development Plan (SSDP) from FY 2016/17 to 2022/23 [7]. In 2014 Ministry of Education conducted a review on the status of CSE in Nepal against the six standards set out in the International Technical Guidelines on Sexuality Education (ITGSE)[8] which found that

though CSE topics were included in the school curriculum those subjects were taught by teachers who had no formal trainings on CSE. In 2018, CSE training package for teachers was introduced next.

7. Despite clear and compelling evidence that CSE enables children and young people to develop: accurate and age-appropriate knowledge, attitudes and skills; positive values, including respect for human rights, gender equality and diversity, and, attitudes and skills that contribute to safe, healthy, positive relationships, only few receive preparation for their lives[9].
8. In Nepal, the components of CSE are found to be integrated in different subjects for different grades but they are not as comprehensive as recommended by the ITGSE. Most of the information is included in Environment, Health and Population (EHP), which does not cover all the components of CSE as defined by IPPF and UNFPA10. Additionally, EHP is an optional course for the students of grade 9 & 10 in 2018, especially when the status of ASRHR in Nepal is of a concern, many young people are deprived of the basic knowledge regarding their sexual and reproductive health, family planning, negotiation and decision-making power etc.
9. Additionally, lack of trained teachers for teaching the limited available content of CSE in schools deprived the adolescent and young people from developing skills that empowers them to make informed choices and advocate for their rights[11]. The implementation of CSE is not effective, mostly because the teachers are not comfortable discussing the issues that are sensitive which prevents the young people from gaining comprehensive and inclusive sexual and reproductive health education, clouding their informed decision-making capacity.

Recommendations on Comprehensive Sexuality Education:

10. Ensure CSE is incorporated with age-appropriate, gender-sensitive, rights-based and evidence based into current school curriculum framework.
11. Ensure CSE as a mandatory subject and assign trained teachers to take CSE classes for effectively delivery of all components.
12. Repeal the decision of making the subject Environment Population and Health as an optional subject for Grade 9 and 10 and make it mandatory to all the classes.

Priority issue ii: Menstrual Hygiene Management (MHM)

13. Nepal did not receive any recommendation on MHM during the previous UPR reporting review.
14. Existing laws and policies on Menstrual health: in a 2005 judgment, the Supreme Court declared the practice of *Chhaupadi* to be a violation of women's rights and directed the government to take action to combat the practice. In response, the Ministry of Women developed a "*Chhaupadi* Practice Elimination" Directive in 2007[12]. Practicing or imposing *Chhaupadi* or any form of discriminatory behavior towards menstruating women is subjected to a jail sentence of three-months or 3,000 rupee (USD $30) fine or both, as per article 168 of the Criminal Code of Nepal 2017[13].
15. In low income countries like Nepal, basic information of menstrual cycle and hygiene management, access to basic facilities such as: menstrual products, clean water and sanitation, safe, convenient changing room and disposal facility, along with other essentials during menstruation is still a challenge[14]. Unavailability of such basic sanitary products and facilities with lack of complete and accurate information perpetuates the pre-existing socio-cultural practices which impacts the practice of good menstrual hygiene among young

girls[15].

16. Concerned teachers do not provide adequate and accurate information on menstruation or sexual and reproductive health or do not teach the topic or only provide superficial information which somehow do not address all their concerns[16]. This leads to mother or other female family members being the main source of information on menstruation[17,18]. Thus, the perception of the source, having inadequate information themselves, often driven by the prevailing negative socio-cultural practices thus establishes a base for similar behavior and practice[19]. This existing gap between knowledge and practice compromises women and girl's health and safety while reinforcing gender inequalities and exclusion.
17. Reportedly, practical and logistical struggles at schools like shortage of water, sanitary products, sanitation and disposal facilities frequently prevent girls from attending schools while menstruating[20]. Although about 78% of schools in Nepal claims to have access to water supply facilities, 82% to basic sanitation facilities and 69% to separate toilets for girls[21], however, the functionality of these acclaimed facilities is very low, the water quality is poor and sanitation and management are unsustainable[22]. This not only has an adverse impact on their health, but also affects their education and learning opportunities, resulting in increased school drop-outs which undermines gender equality and empowerment.
18. The federal government has allocated budget for distribution of free sanitary pads in community schools since 2019[23] [24], however, the program only focuses on supplying sanitary products failing to address the aspects of menstrual hygiene management such as, well-maintained girl-friendly toilets with ample supply of water, disposable facility and privacy of changing rooms for young girls[25] [26]. The government's inability in addressing these priority issues not only compromises the health of young girls but also restricts their freedom and choices, limits their participation at school and at community level and impacts their education, depriving them from attaining quality of life.

Recommendations on Menstrual Hygiene Management:

19. Strengthen the provision of proper hygiene and sanitation facilities along with gender-friendly and facilitated toilets in schools to ensure no obstruction in education and learning opportunities for women and girls.
20. Develop a provision and strategy for proper execution of free pad distribution program to reach all the targeted schools and focus on the aspect of menstrual hygiene management facilities in schools.
21. Ensure proper delivery of adequate and accurate information by the concerned teacher on menstrual hygiene management and sexual and reproductive health in schools.
22. Adopt multi-sectoral approach to address MHM as one of the priority issues and integrate MHM in ASRH.

Priority Issue iii: Safe Abortion:

23. Nepal did not receive any recommendation on safe abortion on the second UPR reporting but on Nepal's 6th reporting period on the Committee on the Elimination of Discrimination of Women (CEDAW) the committee recommended to decriminalize abortion in all cases *and* allocate sufficient resources to raise awareness on safe abortion clinics and services [27].
24. Nepal legalized abortion in 2002 and formulated Safe Abortion policy in 2003[28]. Nepal provided safe abortion service free of cost from public health facilities since 2016[29, 30.] The Constitution of Nepal promulgated in 2015 in its article 38(b) states that "every woman shall have the right to safe motherhood and reproductive health"[31]. The GoN has formulated Right to Safe Motherhood and Reproductive Health act in 2018[32]. Nevertheless, the

government has not amended the act of fully decriminalization of safe abortion.

25. Despite these progressive laws and developments, more than half of those pregnancies is unwanted and more than 50% of abortion is conducted through clandestine procedure[33] .Even after 18 years of legalization of abortion, 59% of the women aged 15-49 are still not aware of the legalization of abortion[34] . Abortion is the third leading direct cause of maternal mortality in Nepal in 2008/09[35]. Abortion is still included in the Criminal Code of conduct with exception to the conditions implying that abortion is not fully considered as women's fundamental rights.
26. There is a shortage of the trained health service providers, especially in the remote and rural areas. The indirect costs such as the cost of travel, meal and accommodation, and time away from work or studies, limit the access to safe abortion services despite SAS is freely provide from government health facilities[36]. Additionally, abortion stigma act as one of the major challenges for the women to continue or discontinue their pregnancies especially for the young and unmarried women[37]. The regulation and directives which are the official executive order for the implementation of the right to safe motherhood and Reproductive health act, 2018 has not been formulated yet posing major challenge especially in the situation of devolution of the governmental structures[38] [39]. Likewise, the anecdotal evidence abortion has been the least prioritized issue for the budget allocation at the local and provincial level of government. The current situation of COVID-19 has worsened the situation. The lack of transportation and restriction in the mobility has created more barriers to safe abortion service during lock down period.

Recommendations on access to safe abortion:

27. Formulate regulations and directives for the effective implementation of the Right to safe motherhood and reproductive health act 2018 to ensure the accessibility of safe abortion service for all women irrespective of the marital status, age, gender as well as economic status.
28. Decriminalize abortion by removing abortion from the criminal code and mentioning it in the civil code to ensure the right to safe abortion for all women.
29. Raise awareness on complete and correct information on abortion to reduce abortion stigma and increase access to safe abortion service for law.
30. Include Value Clarification and Attitude Transformation training in the pre-service and in-service training curriculum of the health service providers to reduce the stigma among themselves thereby provide the service without any judgmental and prejudice.

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