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## Research Brief: Baseline Study

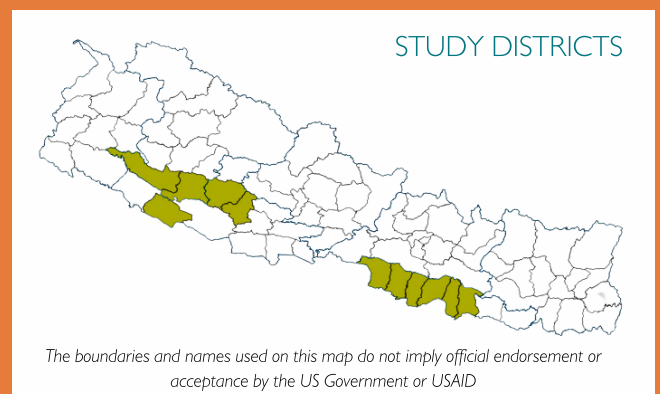
### INTRODUCTION

USAID Adolescent Reproductive Health (ARH) is a youth-led initiative to empower girls and boys of 10-19 years, including the most marginalized, to attain their reproductive health (RH) rights. The goal of the program is to support Nepali adolescents to reach their full potential by choosing and practicing healthy reproductive behaviors together with the support of their community members.

The baseline study aims to assess the current situation of adolescents' sexual and reproductive health in USAID ARH working areas (11 districts and 60 municipalities), with specific objectives:

- to identify family planning (FP) and reproductive health (RH) knowledge and practices among adolescents,
- exploring mass media exposure and preference among adolescents,
- assess menstrual hygiene practices among adolescents,
- identify factors affecting the age at marriage, and
- identify gender and social norms related to adolescent SRH issues in the community.

Disclaimer: This research brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents of this research brief are the sole responsibility of USAID ARH and do not necessarily reflect the views of USAID or the United States Government.



### METHODOLOGY

Study design: A sequential mixed method design

Study Areas: The study was conducted in 3 provinces (Madhesh, Lumbini and Karnali), 11 districts; Bara, Mahottari, Dhanusha, Parsa, Rautahat, Sarlahi, Banke, Ropla, Pyuthan, Salyan and Surkhet.

Adolescent: 5,670

Parents/caregivers: 1,512 (25% of the parents of the adolescents)

Key Informant Interviews (KIIs): 33

Focus group discussions (FGDs): 20

Analysis: Quantitative data were analyzed using descriptive statistics; univariate and bivariate analyses. The qualitative data were thematically analyzed.

# METHODOLOGY

Study Design

Sampling

Study Tools

Sample

Data Analysis

Sequential Mixed Method Design

Quantitative

Non-purposive Systematic Sampling

21 PSU

123 Wards

HH-systematic random sampling

KISH Grid

Semi-structured questionnaire

Adolescent (10-19 years)=5670  
Parents=1512

Univariate, bivariate and multivariate

Adolescent Female: 3402  
Male: 2268

Thematic Analysis

Qualitative

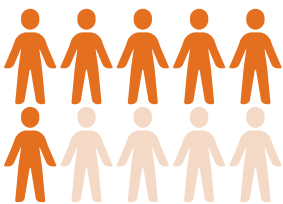
Purposive sampling

FGD and KII guides

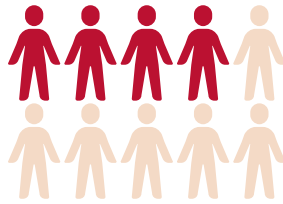
FGDs- 20/ KII- 33

## KEY FINDINGS

### SOCIODEMOGRAPHIC CHARACTERISTICS



10-14 years



15-19 years

More than half of the adolescents (54%) were aged 10-14 years, and more than two-fifths (46%) were aged 15-19

Over one-fourth (26%) of the adolescents belonged to Madhesi and other castes

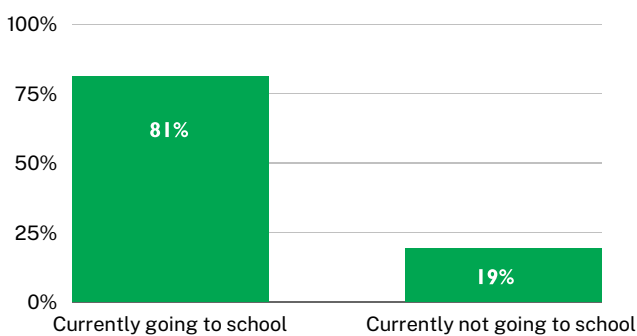
Most of the adolescents were Hindu (92%)

### DISABILITY STATUS



8% of the adolescents had some difficulty, and 2% had a lot of difficulty in at least one of the six disability types (difficulty seeing, difficulty hearing, difficulty walking or climbing steps, difficulty remembering or concentrating, difficulty with self-care, difficulty communicating)

### EDUCATIONAL STATUS



### REASONS FOR DROPOUT

3 out of 5 adolescents revealed that they discontinued going to school due to a financial crisis in the family and

43% due to a lack of interest in going to school

92%

EVER ATTENDED SCHOOL/FORMAL EDUCATION

14%

SCHOOL DROPOUT AMONG THOSE EVER ENROLLED IN SCHOOL

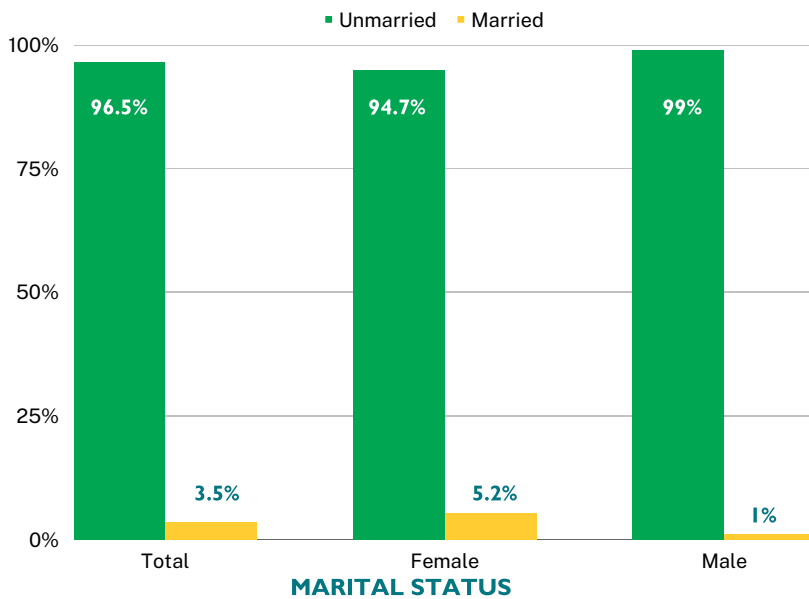
28%

WANTS TO REJOIN SCHOOL

Most married adolescent girls do not attend classes as they are shy to attend classes after their marriage and are also obliged to do the household chores.

In the qualitative interviews, enrollment among girls is higher than boys, but they are not regular and only attend exams. Most married adolescent girls do not attend classes as they are shy to attend classes after their marriage and are also obliged to do the household chores.

## MARRIAGE AND PREGNANCY



MARITAL STATUS

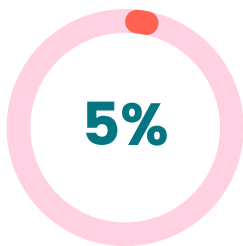
The median age at first marriage was 16 years; (17.5 years for boys and 16 years for girls).

### REASONS FOR EARLY MARRIAGE

- Poor socioeconomic condition
- Development of body structure of female (noticeable change in body structure after the onset of puberty)
- Education status of adolescent females (after graduating from grade 10)
- Parents not wanting to miss a perfect match for their daughters were other reasons for early marriage

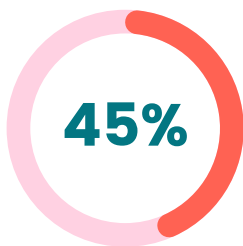
### AGE AT FIRST SEX

The median age at first sex was the same for both males and females: (16 years)



5%

### ENGAGED IN SEXUAL ACTIVITY



45%

### MARRIED AND SEXUALLY ACTIVE FEMALE ADOLESCENTS OR WIFE OF THE MALE ADOLESCENT HAD BEEN PREGNANT AT LEAST ONCE

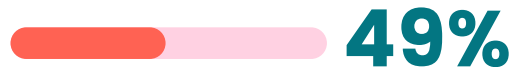
12.5% had given birth with at least 33 months of birth spacing

More than three-fourths (77%) of recent births were delivered in health facilities, while 24% of the deliveries took place at home.

Among the adolescent female who received ANC for their most recent delivery, only 12% were counseled regarding post-partum family planning

## KNOWLEDGE AND UTILIZATION OF FP/RH SERVICES

KNOWLEDGE OF THE LEGAL AGE AT MARRIAGE FOR GIRLS

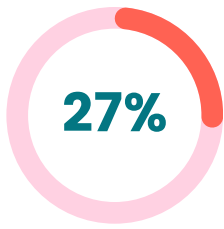


49%

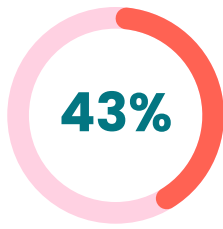
KNOWLEDGE OF THE LEGAL AGE AT MARRIAGE FOR BOYS



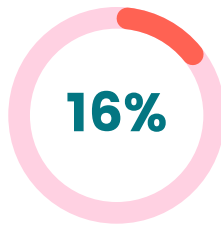
36%



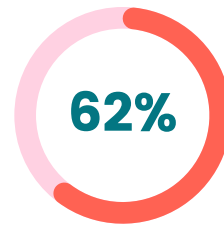
**CORRECT KNOWLEDGE ON BIRTH SPACING**



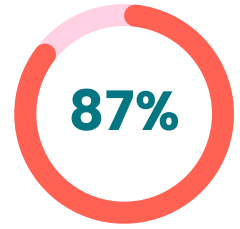
**AWARE OF THE MENSTRUAL CYCLE OF WOMEN**



**CORRECT KNOWLEDGE ABOUT THE FERTILE PERIOD**



**CURRENT SCHOOL-GOING ADOLESCENTS WITH SCHOOLS PROVIDING MENSTRUAL PADS**



**AVAILABILITY OF SEPARATE TOILETS FOR MALES AND FEMALES AT THEIR SCHOOLS**

## FAMILY PLANNING

ADOLESCENT HEARD ABOUT FAMILY PLANNING

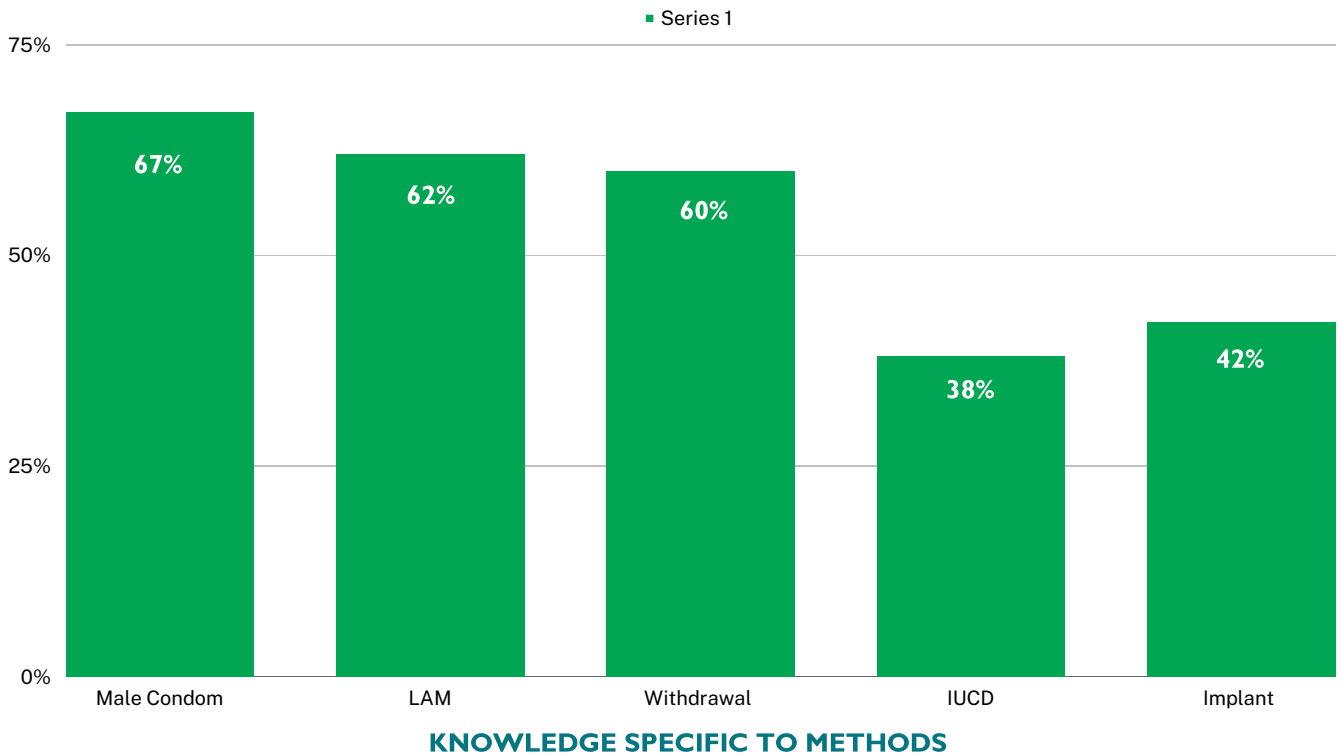


AWARE OF 3 OR MORE FAMILY PLANNING METHODS

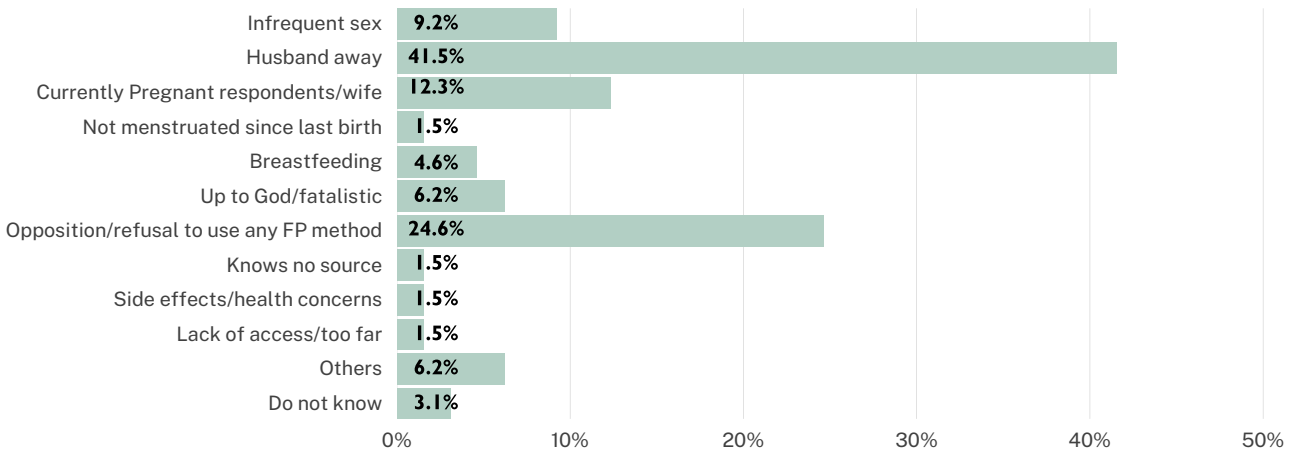
AWARE OF THE USE OF 3 OR MORE METHODS OF FAMILY PLANNING



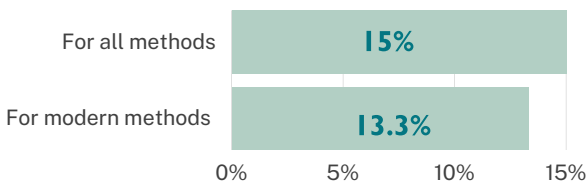
ADOLESCENT EVER USED FAMILY PLANNING METHODS AMONG THOSE WHO HAD EVER SEXUAL INTERCOURSE



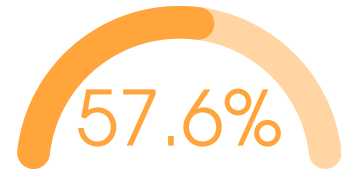
### REASON FOR NOT USING CONTRACEPTION



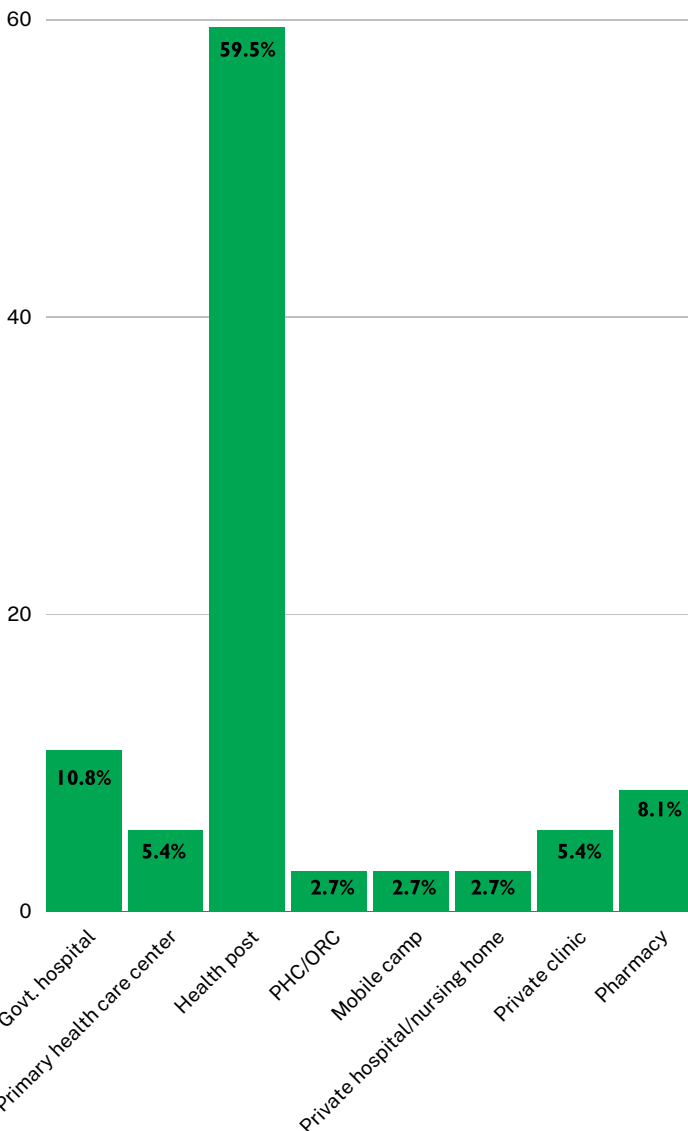
### CONTRACEPTIVE PREVALENCE RATE AMONG ADOLESCENT



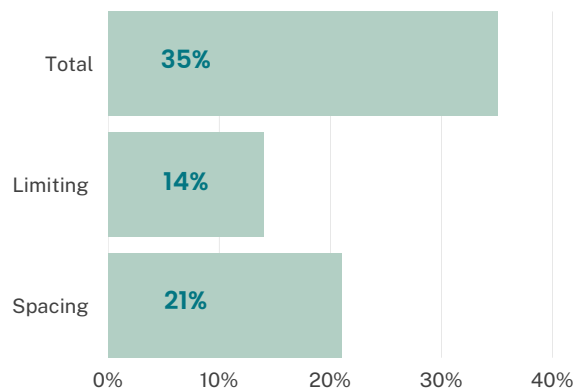
### CURRENTLY MARRIED GIRLS 15-19 YEARS MAKING FP DECISIONS JOINTLY WITH THEIR HUSBAND OR BY THEMSELVES



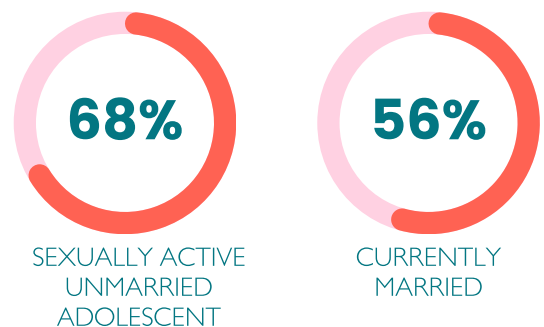
### PREFERRED PLACE FOR RECEIVING FP SERVICES



### UNMET NEED FOR FAMILY PLANNING



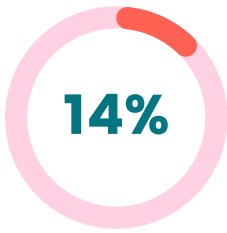
### EVER USE OF FP METHODS



Misconceptions about the use of FP methods among females are that it would decrease their fertility and increase bleeding during menstruation.

## ADOLESCENT FRIENDLY SERVICES

### AWARENESS ON PLACE OF ADOLESCENT FRIENDLY SERVICES



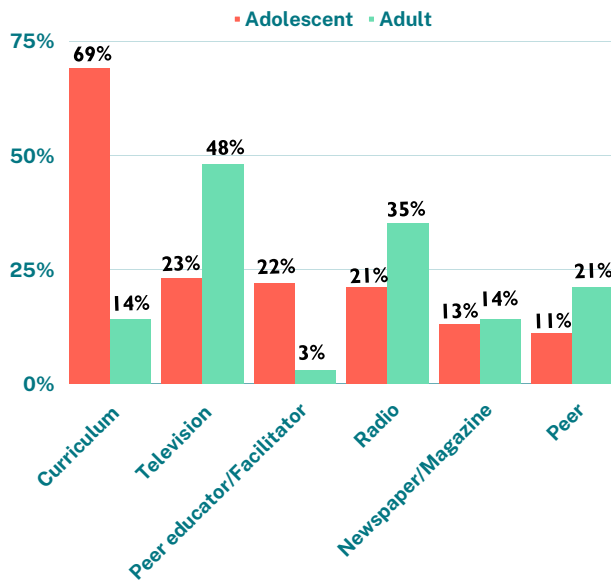
- 7 percent of the adolescents (10% male, only 5% female) who were aware of the AFS had ever sought the service.
- Most sought services were counseling on contraceptive use/safer sex (57%), followed by 'received contraceptive device' (44%), 'received emergency contraceptive' (39%), and 'received services for RH problems' (28%)

## EXPOSURE TO FP/RH INFORMATION

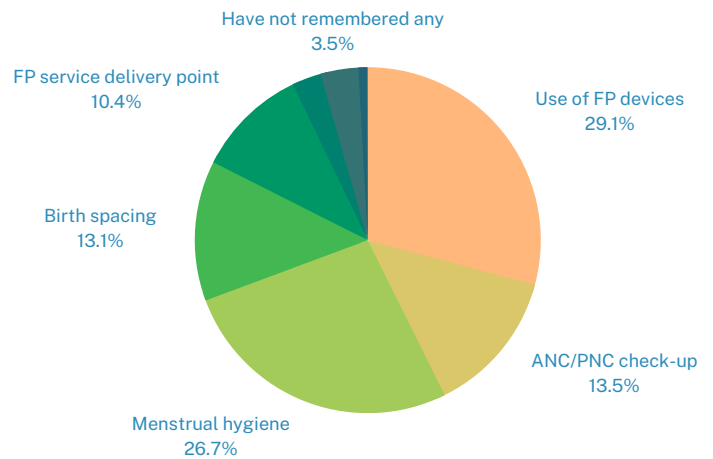


Heard/read about the family planning/RH messages in the last six months

### SOURCE OF INFORMATION



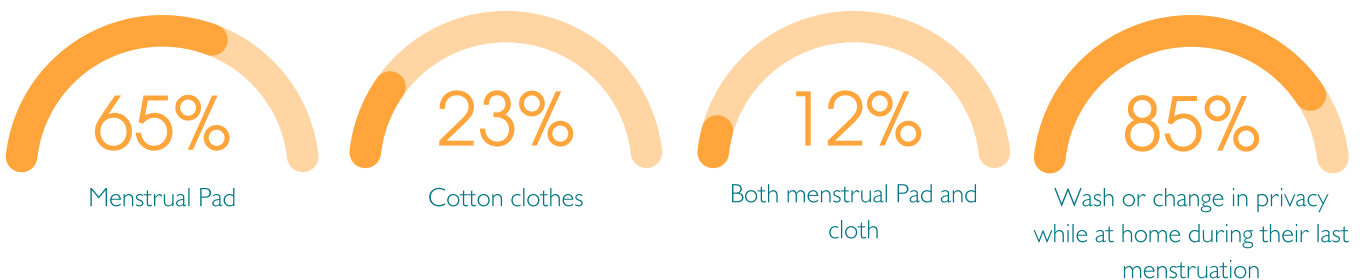
### RECALL HEARING/SEEING MESSAGES



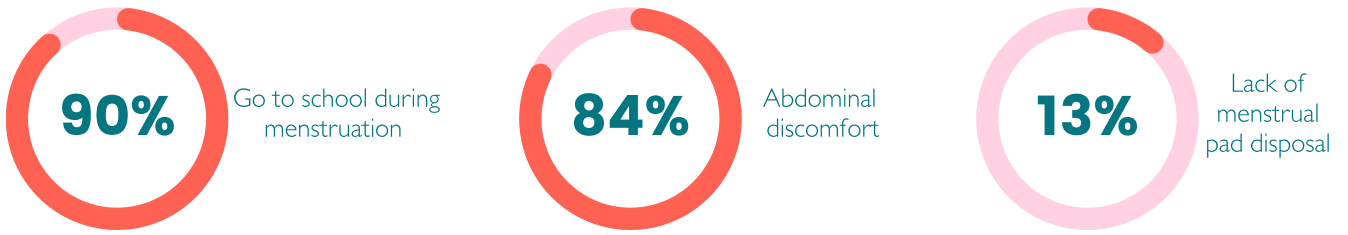
## MENSTRUAL HYGIENE PRACTICE

The mean and median age of the adolescents at their first menstruation were 12.7 years and 13 years, respectively

### ABSORBENT USED DURING MENSTRUATION



## REASON FOR NOT GOING TO SCHOOL DURING PERIODS



## DIGITAL TECHNOLOGY

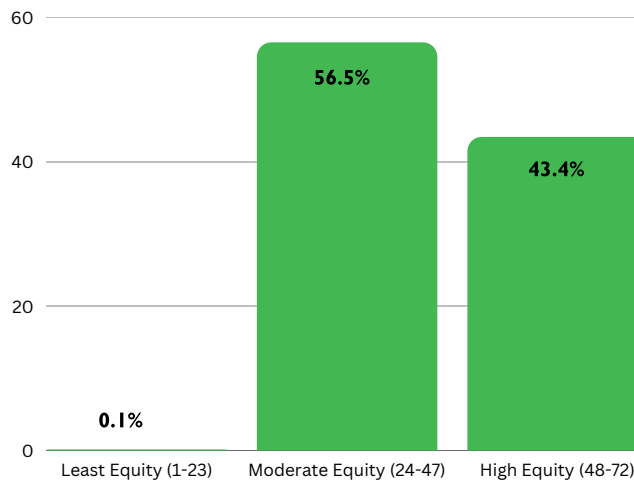
- 23% of the adolescents had their own mobile phone.
- Among those who don't have phone, 30% stated using the phone of their mother/mother-in-law, followed by father/father-in-law (13%).
- 41% reported using the internet or data and 31% of the adolescents reported that they use the internet/data for educational purposes, like half (46%) stated that accessing the internet/data for online classes/courses, followed by to gain knowledge in other subjects (math/science/social science) (19%).
- 21% of adolescents reported playing digital games and 64% of the adolescents who played digital games wanted to get information (academic/non-academic) through games, and 58 percent expressed their desire to learn FP/RH topics through games.

## SOCIAL NORM FOR FP/RH BEHAVIOR

Almost two-thirds of the community members (65%) were found to demonstrate a moderate level of positive social norms, 16 percent demonstrated a high level of positive social norms, while 19 percent demonstrated a low level of positive social norms for RH behavior.

## GENDER EQUITABLE ATTITUDES TOWARD SOCIAL NORMS (GENDER-EQUITABLE MEN SCALE)

Of the total parents (community people), 56.5 percent demonstrated moderate equity, 43.4 percent demonstrated high equity, and 0.1 percent demonstrated low equity in regard to gender-equitable attitudes towards social norms.



Percent of community members who reported gender equitable attitudes towards social norms



## KEY TAKEAWAYS

- The majority of adolescents are in school; however, school dropout is still prevalent among a substantial proportion of adolescent girls and boys, especially among adolescents aged 15-19 and in Madhesh province.
- Early pregnancy was prevalent among married adolescents, especially in Madhesh Province.
- Although the ANC visit was high among pregnant adolescents, very few adolescents received family planning counseling during their last ANC visit and there was a low proportion of postpartum family planning adoption among the adolescents.
- There was limited knowledge among the adolescents (married and unmarried) who had knowledge about family planning and reproductive health including healthy timing and spacing.
- Married and sexually unmarried adolescents had substantially higher unmet needs for family planning services and lower demand satisfaction, indicating a gap in the utilization of family planning services among adolescents.
- The exposure to FP/RH Information was low among adolescents and their parents/caregivers and most of the adolescents received information on FP/RH from school/textbooks.
- A considerable proportion of adolescents do not have access to mobile phones, and only a sizeable proportion of them play mobile games, more likely among adolescent boys.
- Parents/caregivers/community members expressed a low level of agreement towards positive social norms for RH behavior, indicating the requirement of community-level awareness regarding various reproductive health issues to form a more acceptable and RH-friendly society.

## OPPORTUNITIES FOR ACTION

1. Most of the adolescents have received FP/RH information from school either from teachers or textbooks. It is therefore imperative to have school-based interventions to inform adolescents about FP and RH either through textbooks or through the mobilization of schoolteachers.
2. School dropouts are still prevalent in the program areas, especially among Madhesh province and among 15-19-year-olds. UDAAN sessions envisioned in the program should be conducted in those pocket areas with high dropouts to reach the most vulnerable adolescents
3. Among the various social norms for RH behavior, some of the social norms showing a low level of agreement could be selected to create vignettes and follow up during the project course to measure the change in these social norms.
4. The tendency for early pregnancy among married adolescents was high. Additionally, the knowledge about healthy timing and spacing was considerably low. Information about healthy timing and spacing should be embedded in SAA sessions among married and young adolescent groups and parents' groups.
5. While the ANC visit among the pregnant adolescents was high, the counseling about family planning during ANC was considerably low. capacity building efforts for the health workers at the public and private health facilities with regular onsite coaching and mentorship is essential to provide adequate and effective counseling to the pregnant adolescent for adoption of post-partum family planning to ensure healthy spacing of pregnancy.
6. The unmet need for family planning is high among married and sexually active adolescents. Platforms like SAA sessions and schools could be utilized to inform adolescents about the various misconceptions about family planning contraceptives to improve adoption of FP contraceptive methods.
7. The exposure to FP/RH Information was remarkably lower among adolescents and their parents/caregivers. Hence, ARH interventions have a huge scope to improve the exposure to FP and RH information through various Social and Behavioral Change Communication (SBCC) approaches.



Indicators	Value	Total n	Total N	NDHS 2022	MICS 2019
<b>Median age at first marriage</b>	<b>16 years</b>		<b>201</b>	<b>18.31(female)</b>	
<b>Province</b>					
Karnali	16.0				
Lumbini	17.0				
Madhesh	16.0				
<b>Municipality/Rural Municipality</b>					
Rural Municipality	17.0				
Urban Municipality	16.0				
<b>Sex</b>					
Male	17.5				
Female	16.0				
<b>Percentage of adolescent girls 10-19 years dropping out of school</b>	<b>14.8%</b>	<b>470</b>	<b>3125</b>	<b>3% (Nepal, Flash report 2021/22)</b>	
<b>Province</b>					
Karnali	4.0				
Lumbini	13.2				
Madhesh	17.2				
<b>Municipality/Rural Municipality</b>					
Rural Municipality	16.8				
Urban Municipality	13.9				
<b>Modern Contraceptive prevalence rate among women aged 15-19 years</b>	<b>13.3%</b>	<b>23</b>	<b>173</b>	<b>14.2%</b>	<b>17.3%</b>
<b>Province</b>					
Karnali	36.8				
Lumbini	19.4				
Madhesh	8.1				
<b>Municipality/Rural Municipality</b>					
Rural Municipality	9.8				
Urban Municipality	14.4				
<b>Percent of demand satisfied by a modern method of contraception</b>	<b>27.7%</b>	<b>41</b>	<b>147</b>	<b>24%</b>	<b>29.5%</b>
<b>Province</b>					
Karnali	44.7				
Lumbini	47.2				
Madhesh	18.2				
<b>Municipality/Rural Municipality</b>					
Rural Municipality	31.2				
Urban Municipality	26.9				

Indicators	Value			Total n	Total N	NDHS 2022	MICS 2019
	Low	Moderate	High				
<b>Percent of community members describing current positive social norms for healthy RH behavior of adolescent in the targeted municipality</b>							
<b>Province</b>							
Karnali	11.1	76.4	12.5				
Lumbini	16.9	50.6	32.5				
Madhesh	20.5	68.7	10.8				
<b>Municipality/Rural Municipality</b>							
Rural Municipality	22.6	57.1	20.2				
Urban Municipality	16.9	69.0	14.1				
<b>Gender of primary caregivers</b>							
Male	18.8	62.7	18.5				
Female	18.8	67.2	14.0				
<b>Total</b>	<b>18.8</b>	<b>65.1</b>	<b>16.1</b>		<b>1512</b>		
<b>Percent of community members who report gender-equitable attitudes towards social norms (Gender-Equitable Men Scale)</b>	<b>Least Equity (1-23)</b>	<b>Moderate Equity (24-47)</b>	<b>High Equity (48-72)</b>				
<b>Province</b>							
Karnali		22.9	77.1				
Lumbini		43.6	56.4				
Madhesh	0.1	66.0	33.9				
<b>Municipality/Rural Municipality</b>							
Rural Municipality	0.2	65.1	34.7				
Urban Municipality		52.3	47.7				
<b>Gender of primary caregivers</b>							
Male	0.1	63.1	36.7				
Female		50.7	49.3				
<b>Total</b>	<b>0.1</b>	<b>56.5</b>	<b>43.4</b>		<b>1512</b>		
<b>Percent of adolescents (15-19) reporting unmet need for family planning</b>	<b>Unmet need for spacing</b>	<b>Unmet need for limiting</b>					
<b>Province</b>							
Karnali	0.0	45.5					
Lumbini	4.3	17.4					
Madhesh	16.8	19.5					
<b>Municipality/Rural Municipality</b>							
Rural Municipality	13.5	8.1					
Urban Municipality	13.6	25.5					
<b>Total</b>	<b>13.6</b>	<b>21.1</b>			<b>147</b>	<b>30.9</b>	<b>38.3</b>

## Other Key Indicators

	Value	Total (n)	Total (N)	NDHS 2022	MICS 2019
Median age at 1st pregnancy	17.0	-	88	-	-
Percentage of adolescents with knowledge of the legal age of marriage for boys	35.6	2018	5670	-	-
Percentage of adolescents with knowledge of the legal age of marriage for girls	49.0	2778	5670	-	-
Percentage of adolescents with knowledge of the fertile period	15.7	890	5670	19.1	-
Percentage of adolescents with knowledge about three or more FP methods	15.8	896	5670	-	-

