

Reflection on Inclusive Sexual and Reproductive Health in Nepal

Humanity & Inclusion
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Facts and Figures from Strengthening Adolescents Sexual and Reproductive Health Rights and Livelihood (SARAL)

- Knowledge score regarding SRHR was reported between 12% to 46% by young people with disability
- Only 4.7% of respondents who are young people with disabilities ever attended SRH and rights related activities.
- Small proportion of young people with disabilities (n=29, 9.7%) were engaged in income generation activities among them 17 male and 12 females (10.7% vs 8.5%).

Barriers to SRHR

- No comprehensive sexuality education is available in general;
- Available SRH related materials not adapted to reflect the situation of persons with disabilities;
- No curricula on disability, inclusion for health workers at all levels;





Impact on livelihoods

- Young married couples with disabilities, inter caste, and representing different religion other than that of their parents are found to be deprived of SRH services;
- The very group of population found to be deprived of economic opportunities as well;

Support for livelihoods

- Young persons with disabilities and their family members are linked with markets and various government schemes
- Adaptations are proposed in examination system, certification, admission and training curriculum in order to make TVET inclusive for persons with disabilities.



 **Inclusive Futures**
Promoting disability inclusion



Bishnu Sharma
Executive Director
DEC Nepal

A majority of sexual and reproductive health programs do not consult,

 **Inclusive Futures**
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Tulshi Bohara
Health Worker

I am a health worker with a physical disability

VIDEO LINK TO BE UPADATED

What works better?

- **Young persons with and without disabilities** have place to come together, learn life skills including SRHR, available services and options for livelihood activities for persons in need;
- **Support persons** connect the family of persons with disabilities to social protections system and other state services available at local level;
- **Health workers** have realized and understood through their interaction with OPDs that making assumptions about the problems, talking through care givers rather than directly with persons with disabilities may have an adverse effects;
- **Local authorities** are accepting that accessibility to infrastructures, services and information are their responsibility; it is vital to have pool of sign language interpreters on call so that as and when required their service can be utilized to ensure access to health service.





All of the pictures were taken from different projects run by Humanity & Inclusion in Nepal. Photos ©: HI

Thank you 😊

Find out more

www.disabilityinclusion.org.uk/inclusive-futures

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