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The Benefits of Female Teachers on Women's Contraceptive Use in Nepal

Based on the peer-reviewed publication Brauner-Otto 2012 in *Rural Sociology*¹

Family planning is an essential component of household welfare. An empirical finding from the Chitwan District suggests that girls who reside in areas with a higher ratio of female teachers at the age of 13 have higher rates of contraceptive use later in life.¹ This stresses how school characteristics affect the behavior formation of communities and girls alike. However, the employment rate of female teachers is especially low in Nepali secondary schools. In 2013, only 22% of Nepali secondary school teachers were female, and the rate is even lower in the mountain and hill areas.²

This policy brief emphasizes the importance of empowering school girls and increasing the use of contraception by hiring more female teachers.

“...the gender of teachers, the gender of other students, and the level of teacher education are all related to women's use of contraception...”

- Dr. Brauner-Otto¹

Research Context

- The 2011 Nepal Demographic and Health Survey reports that only 43.2% of married women 15-49 years old use a modern method³ of contraception.⁴ This is far below the Millennium Development Goals of 67% by 2015 set by the Nepali government.
- The prevalence rate of contraceptive use is especially low for adolescent girls. Among married girls 15-19 years old, 17.6% utilize contraception, with only 14.4% using modern contraception.^{3,4}
- According to the World Health Organization, adolescent pregnancy increases health risks to mothers as well as to their newborn babies.⁵
- On average, only 57.8% of Nepali secondary school girls (11-15 years old) attend school, and in the mountain areas, girls' enrollment rate in secondary school is 6.4% lower than boys.⁴ Girls who drop out miss the opportunity to learn about reproductive health in their adolescence.

Data Source

This policy brief is based on a peer-reviewed publication¹ that analyzes data from the Chitwan Valley Family Study (CVFS) — a comprehensive, mixed method panel study of individuals, families, and communities in the Chitwan Valley of Nepal.

The CVFS investigates the relationships between changing social contexts, environmental factors, and population processes, including contraceptive use. The CVFS data include individual interviews with full life histories for more than 10,000 individuals; tracking and interviews with all migrants; household assets, income, production, and consumption; continuous measurement of community change; more than 20 years of demographic event registry; and data linking human and natural systems. To learn more about the CVFS, including data and publications, please visit cvfs.isr.umich.edu.

Fact Sheet: Adolescent Pregnancy

- Complications during pregnancy and childbirth are the second most common cause of death for girls 15-19 years old globally.
- Babies born to adolescent mothers face a substantially higher risk of dying than those born to women ages 20-24.

Source: World Health Organization⁵

Findings: Proportion of Female Teachers is Correlated with Women's Later Contraceptive Use

The presence of female teachers positively influences both school girls and the community. In Nepal, adults, including parents and teachers, think teaching reproductive health is inappropriate because of the strong social norm, "No sex before marriage." Thus, it is crucial to target the community as well as school girls in order to conduct proper education about reproductive health.

Female Teachers Positively Influence Community about Gender Equality

Since contraception is a gender sensitive topic, female teachers can effectively diffuse positive attitudes and accurate knowledge of reproductive health to female peers in the community.

Because of strong social networks in small communities within villages, the peer learning effect is particularly strong in Nepal. Female teachers effectively diffuse accu-

rate knowledge of contraception not only to girls in school but also to their mothers who have regular interactions with their daughters' teachers.

Similarly, seeing female teachers working equally with their male colleagues makes girls as well as communities realize equal gender opportunities and the importance of education for females.

An empirical study from the Chitwan District in Nepal shows that having a higher proportion of female school teachers at the age of 13 in the community increases women's use of contraception later in life.¹

Female Teachers Create a Safer Environment for Girls to Learn about Reproductive Health

Inability to conduct proper sex education hinders girls' knowledge of reproductive health as well as their rights in decision making about contraceptive use. In a society where cultural norms of gender separation still exist, girls can talk more openly with female teachers, especially when it comes to their health.

The same issue also arises for teachers. A study from eight higher secondary schools in the Nawalparasi District revealed that all government school teachers feel uncomfortable lecturing about reproductive health.⁶ One teacher reported that "all the girls have their heads down because they feel uneasy" in his class.

In the study, teachers reported that they feel more comfortable if the reproductive health classes are separated by gender and taught by a teacher of the same sex. This approach is common in other countries because it eliminates gender sensitivity issues about reproductive health between students and their teachers for both girls and boys. Educating boys about reproductive health is equally important since decisions about reproductive health are not only an issue for females.⁷ However, the approach requires more employment of female teachers since the teaching profession is currently dominated by males in Nepal.



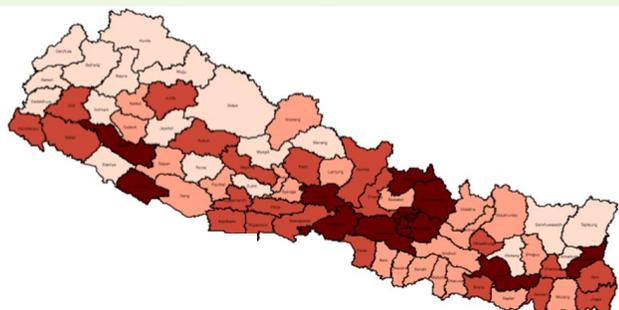
Photo: Akito Kamei

Low Employment of Female Teachers in Secondary Schools



According to the UNESCO Institute for Statistics, in 2013 the percentage of female teachers in primary school in Nepal was 42%, while it was only 22% for secondary schools.⁸ The percentage of female teachers at the secondary level is significantly lower than other countries in South Asia such as India (45%) and Bhutan (41%).⁸

Percentage of Female Teachers in Secondary School by District in 2012



Source: Flash Report 2011/12, Department of Education, Nepal²

Female Teachers in % (Number of Districts)

- 15-29 (13)
- 11-15 (21)
- 8-11 (22)
- 0-8 (19)

The map above shows geographical differences in the percentage of female teachers in Nepal in 2012. Districts centering around Kathmandu have a higher percentage of female teachers, while in the mountain and hill areas there are several districts where fewer than 1% of teachers are female. Among 75 districts, 19 districts have fewer than 8% female secondary school teachers. The government could consider the geographical prevalence of female teachers in policymaking.

Policy Implications

Female teachers' presence is essential to designing suitable learning environments and making schools gender friendly. The government set 33% as the goal for female employment in many public sectors. However, more programs could be provided to encourage females to work as educators in Nepal.

Scholarship Program for Women with Higher Education

Since at least a Bachelor's degree is required to be a secondary school teacher, potential female teachers have to pursue higher education. However, because of the social expectation of marriage and childbearing, the continuation of schooling is difficult for Nepali women. Financial support could be provided to reduce their domestic workload and let aspiring women focus on their education.

Female-Friendly Working Environment

Because of the reduced working time of females due to domestic work, female teachers may fight with the stigma that they are not capable of working long enough hours. More programs could support women who work and rear children. Longer paid maternal leave and subsidized child care are essential to build a female-friendly working environment.

High-Quality Female Teaching Professionals

Another way to change the negative image of female teachers is the presence of well-trained female teachers in school. The government could provide internships and free job training for both private and public school teachers to develop more skills and confidence in teaching.

Conclusion

The ISER-N study shows female teachers contribute to the value of girls' education and encourage contraceptive use. The presence of female teachers influences community members to have a positive attitude and diffuse knowledge of reproductive health. The presence of female teachers also enables schools to conduct reproductive health classes separately by gender with a teacher of the same sex. The government could promote female teachers at the secondary level by providing more scholarships, vocational training and promoting a female-friendly working environment. Investing more in female teachers is an excellent way to invest in girls' future in Nepal.

Footnotes and References

- 1) Brauner-Otto, S. R. (2012). Schools, their spatial distribution and characteristics, and fertility limitation. *Rural Sociology*, 77(3), 321-354.
- 2) DOE (Department of Education). (2012). Flash I report 2068 (2011-012). Bhaktapur: Government of Nepal, Department of Education (DOE).
- 3) In the 2011 Nepal Demographic and Health Survey (NDHS), modern methods of contraception include male/female sterilization, the pill, IUDs, injectables, implants, male condoms, and emergency contraception. Traditional methods include the rhythm method and withdrawal. For the sake of consistency, the NDHS definitions for *modern methods* and *traditional methods* apply throughout this policy brief.
- 4) Ministry of Health and Population, New ERA and ICF International. (2012). 2011 Nepal Demographic and Health Survey: Key findings. Kathmandu, Nepal, and Calverton, Maryland, USA: Ministry of Health and Population, New ERA and ICF International.
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- 6) Pokharel, S., Kulczycki, A., & Shakya, S. (2006). School-based sex education in Western Nepal: uncomfortable for both teachers and students. *Reproductive Health Matters*, 14(28), 156-161.
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Suggested Citation: Kamei, A., Pandit, P., Gurung, A. (2022). The Benefits of Female Teachers on Women's Contraceptive Use in Nepal, Policy Brief 14. Institute for Social and Environmental Research-Nepal.

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Funding for the research reported in Brauner-Otto 2012, upon which this policy brief is based, was supported by grants from the National Institute of Child Health and Human Development, a center grant to the Population Studies Center at the University of Michigan, and the Carolina Population Center at the University of North Carolina at Chapel Hill.