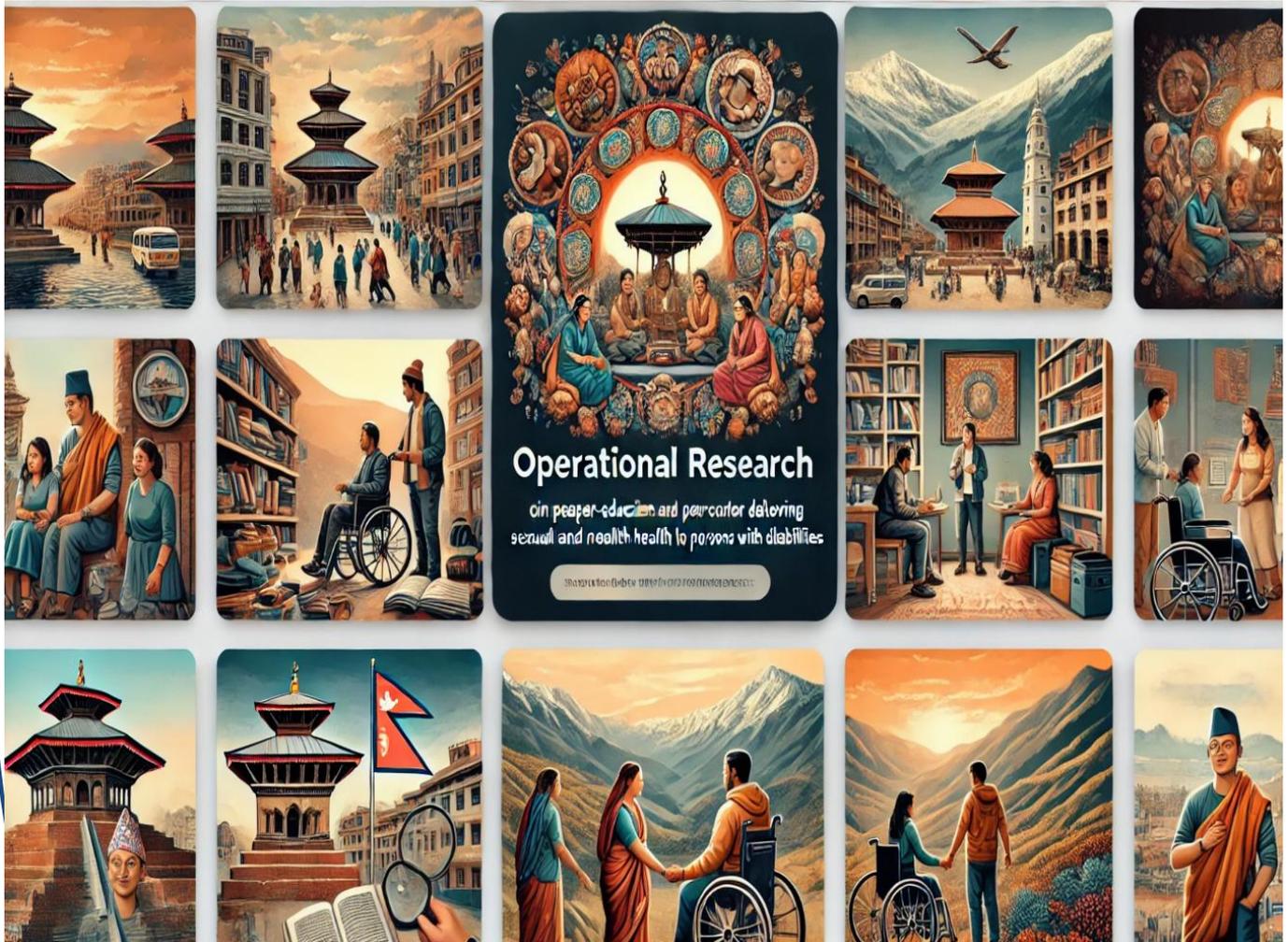# Operational Research

on Peer-Education and Peer-Counselling for Delivering SRHR Knowledge and Information for Persons with Disabilities

Report Prepared by

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ACRONYMS

BYAN	**: Blind Youth Association of Nepal**
CBM	**:**
EU	**: European Union**
FHI	**: Family Health International**
FP	**: Family Planning**
HIV	**: Human Immunodeficiency Virus**
IDIs	**: In-depth Interviews**
OPD	**: Organisations of Persons with Disabilities**
PWD	**: Persons with Disabilities**
SRH	**: Sexual and Reproductive Health**
SRHR	**: Sexual and Reproductive Health and Rights**
STIs	**: Sexually Transmitted Infections**
UNAIDS	**: Joint United Nations Programme on HIV/IDS**
UNCRPD	**: United Nations Convention on the Rights of Persons with Disabilities**
UNFPA	**: United Nations Population Fund**
WHO	**: World Health Organisation**
YN	**: Youth Network**
YPWD	**: Young People Living with Disabilities**

Contents

Executive Summary

Persons with disabilities, who account for 16% of the global population, often face systemic barriers to accessing Sexual and Reproductive Health and Rights (SRHR) services and information. Despite international mandates advocating for their rights, many individuals with disabilities lack comprehensive knowledge about SRHR, family planning, and sexually transmitted infections (STIs). These unmet needs are exacerbated by societal stigma, insufficient legal protection, and limited access to health services.

The current study focuses on peer education and peer counselling as potential solutions to bridge the gap in SRHR education for persons with disabilities in Nepal. Peer education allows individuals to share knowledge and experiences in a relatable and supportive manner, which is particularly effective for groups with diverse and unique challenges. Studies have shown that peer-led programs improve SRHR knowledge and promote positive behaviour change among adolescents with disabilities.

The study followed mixed methods research, which obtained and analyzed quantitative and qualitative information. Quantitative data was collected using structured questionnaires from 31 samples selected through systematic random sampling, while in-depth interviews with research participants from Kathmandu, Surkhet, and Bara districts obtained qualitative information. The collected data was analyzed using descriptive (for quantitative) methods and thematic (for qualitative) approaches.

In Nepal, delivering SRHR education to persons with disabilities remains challenging due to stereotypes, stigma, and infrastructural barriers. This study investigates the Effectiveness of peer education in enhancing SRHR awareness and addresses the advantages and limitations of peer learning strategies. Through a mixed-methods approach, including in-depth interviews and structured questionnaires, the study aims to identify the best peer learning models to provide SRHR information to persons with disabilities.

This research assesses the outcomes of peer education programs across different gender and impairment categories, offering valuable insights into

improving SRHR knowledge and services for persons with disabilities in Nepal. It also highlights the need for culturally sensitive, inclusive SRHR programming and the importance of family and community involvement in the education process. The findings will contribute to creating more accessible and empowering SRHR education models for persons with disabilities.

Peer learning approaches significantly improve SRHR knowledge among persons with disabilities by fostering shared experiences and creating an inclusive educational environment. Tailoring training programs to meet the specific needs of different disability groups while using region-specific languages and culturally relevant examples enhances communication and understanding. Regular updates to training materials ensure they reflect the latest SRHR developments. Specialized modules, including mental health support, empower peer educators to address diverse community needs. Involving parents, caretakers, and community stakeholders encourages open SRHR discussions, while impact assessments ensure continuous improvements. Local experts and context-specific content help overcome stigma and empower participants.

Key recommendations include developing specialized peer learning modules tailored to the diverse SRHR needs of persons with disabilities and genders. Incorporate assistive technologies, train educators in emotional support, and engage parents and community leaders. Establish regular monitoring and feedback systems to continuously improve content and ensure effective learning outcomes.

Introduction

Persons with disabilities are the ones "who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others" (UNGA, 2006). People with disabilities represent a significant percentage (16%)[1] of the world's population and are found in all societies. Focusing the spotlight on the SRH needs of people with disabilities will contribute to respecting and ensuring the realisation of their human rights, promoting the international development agenda, and creating a society for all. Although incomplete in many respects, a few things are beyond unmet needs (WHO, 2009). Like everybody else, persons with disabilities require information about SRH. To this end, they have the right to make their own independent reproductive decisions. They have to have access to programmes, services and resources on equal terms with others that will support their Choices. Similarly, the UN Convention on the right of a Person with a Disability (UNCRPD) recognises that disability is an evolving concept and defines a person with a disability as one who has long-term physical, mental, intellectual or sensory impairments in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Persons with disabilities have been facing many challenges in our societies. According to the WHO report in 2009, challenges faced by persons with disabilities are poor social attention, insufficient legal protection, a better understanding of their problems and necessities, and the provision of proper support in need (WHO, 2009). Moreover, a study by Kassa et al. (2016) revealed that many young people with disabilities (YPWD) lack comprehensive knowledge about SRH-related issues, including awareness of the full range of available family planning methods, types of STIs, and means of preventing HIV. Moreover, there was poor utilization of SRH services and a high percentage of unfavourable attitudes towards SRH service use. The situation

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[1] https://www.who.int/news-room/fact-sheets/detail/disability-and-health#:~:text=Key%20facts,1%20in%206%20of%20us.

was found to be more severe among persons with Psychological disability. Therefore, implementing strategies to improve SRH knowledge among YPWD is recommended (Kassa et al., 2016). Although YPWD are less likely to receive thorough sex education, adolescents and young adults with mild to moderate intellectual or developmental disabilities, or both, are just as likely to engage in sexual activity as their peers without disabilities.

Every human has biological needs to perform their physiological functions properly. Obasi and colleagues (2019) conducted a cross-sectional study among adolescent students with disabilities in Ghana, which revealed that, although adolescents with disabilities have exact sexual and reproductive health needs as compared to disabled people (Hameed et al., 2020), there are some barriers to the knowledge of contraceptive methods and accessibility among them (Obasi et al., 2019). This reflects that knowledge and information related to SRHR must be provided for persons with disabilities.

To provide appropriate and thorough sexuality education to adolescents and young adults with intellectual and developmental disabilities, Peer educators should conduct non-judgmental and sexually inclusive discussions about sexual and reproductive health. These programs should use a universal design for a learning-based instructional framework that utilizes a variety of media formats with straightforward, concise language and graphics (Roden et al., 2020). To better educate young people with various kinds of disabilities about sexuality, school and family-based programmes should be supported (Qi et al., 2023). Therefore, comprehensive sex education is essential (Frawley, 2023; EU/UNFPA, 2007; Rose-Clarke et al., 2019) as it promotes dignity, equality, and bodily autonomy among persons with disabilities (Mhatre, 2021).

The experiences of the persons with disabilities about their sexuality can be employed as tools for education and advocacy purposes (Frawley, 2023) so that sexuality education for this particular group of people can be highly effective because they perceive that their peers can understand their feelings and necessities more clearly and feel comfortable as compared to the professionals, teachers or their parents (EU/UNFPA, 2007). However, parents

have an equally important role in providing proper counselling and moral support in times of crisis for persons with disabilities (Lufthiani et al., 2023). This is why persons with disabilities prefer peer education, especially regarding their SRHR concerns.

In many developing countries such as Nepal, providing equitable SRHR information and services to persons with disabilities is a big challenge (Balls, 2021). Stereotypes, stigmas, and physical barriers prevent them from accessing the correct and relevant information and bar them from any help they may need. This study sought to establish the role of peer education and peer counselling in filling this gap, thereby enhancing knowledge regarding SRHR among persons with disabilities.

The rationale of the study

Sexual and Reproductive Health and Rights (SRHR) are fundamental aspects of human well-being, with an increasing focus on inclusive approaches to ensuring that all individuals, including persons with disabilities, have equitable access to SRHR information and services. Persons with disabilities, however, often face systemic barriers such as a lack of accessible SRHR education, limited healthcare services, societal stigma, and gender-based discrimination. These barriers are exacerbated by insufficient awareness and knowledge, leaving this population particularly vulnerable to unmet SRHR needs and health risks (Groce et al., 2013). Given the necessity for inclusive educational models, peer learning has emerged as a promising approach to improving SRHR outcomes among persons with disabilities.

Peer learning involves learning from each other through shared experiences and knowledge exchange. This method can be particularly effective in SRHR education, as it allows participants to engage with information in a more relatable and context-specific manner. In contexts where traditional healthcare services and educational resources may be inaccessible or insensitive to the unique needs of persons with disabilities, peer learning approaches can bridge these gaps by fostering inclusive, participatory environments (Sharma et al., 2021).

However, while peer learning has shown promise, there is a need for rigorous evaluation of its Effectiveness, particularly in enhancing SRHR knowledge and awareness among persons with different types of disabilities. Additionally, understanding the gendered dimensions and the diversity of impairments is critical to ensuring that peer learning strategies are tailored to address specific challenges faced by men and women with varying disabilities. It is also essential to identify the advantages and potential limitations of peer learning to maximize its efficacy and applicability in diverse contexts (Buchanan et al., 2018).

Thus, this study aims to evaluate the Effectiveness of peer learning approaches in enhancing SRHR knowledge and awareness among persons

with disabilities in Nepal. By assessing the strengths and challenges of different peer learning strategies across various gender and impairment categories, this study seeks to discover the most efficient peer learning models for delivering SRHR information. The findings will provide valuable insights into how peer learning can be optimized for SRHR education and counselling, ultimately contributing to improved health outcomes and empowerment for persons with disabilities.

Objectives

1. To assess the Effectiveness of peer learning approaches to improving knowledge and awareness of SRHR among persons with disabilities.

2. To identify the various advantages and associated disadvantages of peer learning strategies in the Effectiveness of SRHR education and counselling among persons with disabilities regarding differences in gender and type of impairment.

3. To discover the most efficient peer learning strategy for persons with disabilities in delivering SRHR knowledge and information

Literature Review

Peer Education and Peer Counselling

Peer education and peer counselling are effective in various contexts, particularly in health education. According to a study by Tones and Tilford (2001), peer-led programs significantly enhance knowledge and behaviour change among individuals with disabilities by providing relatable role models and creating supportive learning environments. Similarly, Visser (2007) found that peer education improved SRHR knowledge and reduced adolescent risky behaviours.

Research findings have indicated the existence of considerable gaps in both SRHR information and access for People living with disability in Nepal. Acharya et al. (2010) also reported that "cultural, social and infrastructural factors often played their ability to access necessary information and services." These warrant that SRHR education should be accorded numerous innovative and inclusive approaches, among them:

In this regard, effective SRHR programs for persons with disabilities must address cultural sensitivity and inclusivity. According to Chappell and colleagues (2018), programs that understand the diverse cultural contexts, gender, and protection from violence, along with the needs of people with various kinds of disabilities, are likely to have some positive impact on SRHR outcomes.

Government policies and interventions generally advance inclusivity and accessibility in SRHR programs. However, this approach commonly fails to address the specific needs of persons with disabilities; thus, more explicit strategies are evidently in place (WHO, 2009).

Community-based SRHR education and counselling approaches have been successful in several settings. In their study, De Koning and Martin (1996) opined that involving local communities and support networks can increase the Effectiveness of peer-led activities while guaranteeing the sustainability of such initiatives (De Koning & Martin, 1996).

Implementation of peer-led SRHR initiatives for people with disabilities in Nepal presents both challenges and opportunities. As the United Nations identified in 2019, a clear understanding of the contextual factors influencing the success or limitation of programs is needed to design effective interventions.

Integration of technology such as assistive technology for persons with disabilities (Laabidi et al., 2014) and web-based learning platforms for these populations, especially in the peer education and counselling program, can increase its reach and spread of information on SRHR (Sampson & Zervas, 2010). A WHO (2016) study shows how digital platforms have become innovative ways to reach persons living with disabilities and provide them with crucial knowledge and support.

The intersectionality between disability and other factors such as gender, socioeconomic status, and geographical location impinges on access to SRHR information and services. Addressing these intersecting identities is central to developing inclusive and fair SRHR programming (Crenshaw, 1991).

The empowerment and rights-based approaches to SRHR programmes are crucial in realizing rights for people with disabilities. Such approaches convey a message of autonomy, dignity, and agency associated with SRHR education and counselling.

Methodology

Data Collection

The data collection tools were developed based on various literature, including FHI/YouthNet (2006) guidelines.

The study follows a mixed methods approach.

Qualitative Data Collection:

In-depth interviews were conducted with peer educators across three districts—Kathmandu, Bara, and Surkhet. These discussions allowed participants to openly share their experiences and perceptions of peer education, offering valuable insights into current challenges and critical areas for potential intervention. This qualitative data informed the development of a comprehensive intervention strategy to address identified needs and gaps.

Quantitative Data Collection:

Data was gathered using structured questionnaires administered to participants before and after the training sessions. This quantitative approach captured the background characteristics of the peer educators, providing baseline data for analysis. The quantitative component aimed to measure changes in knowledge, attitudes, and practices resulting from the training, offering an empirical foundation to assess training impacts.

Data Analysis:

- Quantitative Data Analysis: Quantitative data were analyzed using descriptive statistical techniques (e.g., frequencies)

- Qualitative Data Analysis: The qualitative data were analyzed using a thematic approach, identifying recurring patterns and themes from in-depth interviews and focus group discussions. This process provided a

nuanced understanding of peer educators' experiences, challenges, and successes, enriching the quantitative findings.

Ethical Considerations:

The study adhered to strict ethical guidelines to protect participant rights and uphold research integrity. This included obtaining informed consent, maintaining confidentiality, and following BYAN's ethical protocols. Respect for participants' dignity was prioritized, exclusionary practices were avoided, and explicit consent for recordings and data usage was ensured.

Quality Control:

Quality control measures were embedded throughout the study. A carefully designed research framework, continuous monitoring, and community engagement ensured the accuracy and reliability of data collection and analysis. Ethical standards were rigorously followed, and peer review processes were implemented to maintain data integrity and trustworthiness.

Sampling Method:

Systematic Random Sampling:

A systematic random sampling technique selected 31 peer educators from the BYAN chapters across Surkhet, Bara, and Kathmandu. First, the comprehensive list of peer educators (e.g., 93) was used as the sampling frame. A sampling interval (k) was determined by dividing the total number of peer educators (N) by the desired sample size (n):

k=93/31=3

k=93/31=3. A random starting point on the list was chosen (e.g., educator #2), after which every third individual was selected (e.g., 2nd, 5th, 8th, etc.) until the target sample size of 31 was reached. These selected peer educators were subsequently contacted to participate in the study.

This method ensured a representative and unbiased sample, allowing for a structured approach to sample selection and minimizing sampling bias.

Limitations:

If the list of peer educators is ordered non-randomly (e.g., by seniority), there is a potential risk of hidden patterns that could introduce bias into the sample. Therefore, proper randomization and periodic checks on the list order were emphasized to maintain randomness.

Quality Control Measures:

Several quality control measures were implemented to maintain high research standards, including adherence to ethical protocols, a structured research design, continuous oversight, and comprehensive community engagement. Risk management plans and peer review processes were employed further to ensure the reliability and validity of study findings.

Findings

BYAN's Approach to Peer Education and Counseling

BYAN implements a structured and inclusive approach to peer education and counselling to empower individuals from the disability community. BYAN actively seeks peer educators through an open call, inviting applications from people with disabilities who are interested in becoming peer educators. This recruitment process ensures broad representation and inclusivity by sharing the application link widely on social media and email networks and collaborating with organizations and individuals focused on disability rights.

Recruitment and Selection of Peer Educators

BYAN received a high volume of applications from across the disability community, highlighting significant interest and engagement. The organization carefully reviewed each application, prioritizing fair representation from diverse backgrounds to create an inclusive peer educator group. Following the application review, BYAN contacted applicants to discuss availability and suitability, conducting further screening interviews to ensure readiness and commitment.

The final selection process involved consultations with applicants to ensure that all training times and locations were accessible. This collaborative and open approach allowed BYAN to form a well-rounded team of peer educators dedicated to providing valuable insights and support within their communities.

Recruitment and Selection of Trainers

In addition to peer educators, BYAN employed a similar open-call process for trainer selection, encouraging applicants with prior experience in peer education and training facilitation. This transparent recruitment process attracted qualified trainers who could effectively deliver the training and engage with participants. BYAN coordinated with like-minded organizations and donors in each district to support training implementation, ensuring local relevance and resource availability.

This approach underscores BYAN's commitment to inclusivity, transparency, and quality in its peer education programs, strengthening the intervention's Effectiveness and enhancing the study's reliability.

Background Characteristics of the Research Participants

Quantitative finding

The quantitative data include the demographic and socioeconomic background characteristics of the participants under study. The following table illustrates the general situation of the research participants.

Table 1

Sex Distribution of the Participants (n=31)

sex	Number	Percentage
Disable Male	15	48.3871
Disable Female	16	51.6129

Source: Field Survey, 2024

The gender distribution within the sample is nearly balanced, with females representing 51.61% and males comprising 48.39%. This slight predominance of females indicates a marginal imbalance, though the overall distribution is relatively even. Such proportional representation suggests that gender-related variations in responses or behaviours might be minimal. Nonetheless, it is essential to consider this slight discrepancy when analyzing results or drawing conclusions, as slight imbalances could influence the findings depending on the study's context and objectives.

Education distribution of respondent

Education	Number	Percentage
Basic	7	22.58
Secondary	11	35.48
University	13	41.93
Total	31	100

Source: Field Survey, 2024

The educational background of the sample is notably diverse, with a clear majority having attained higher levels of education. Specifically, 13 participants (41.94%) hold university degrees, representing the most significant proportion within the sample. Secondary education is completed by 11 participants (35.48%), while 7 participants (22.58%) have only reached primary education. This distribution reveals a strong presence of university-educated individuals, indicating that a significant portion of the sample has advanced beyond secondary education. Considering this educational background when interpreting the study's outcomes is crucial, as it can significantly affect the insights gained and their applicability to broader, more diverse groups.

Qualitative Data Analysis

The qualitative data were obtained from the research participants through In-depth Interviews (IDIs). The following sections synthesize the participants' experiences, including their experiences in peer education and counselling on SRHR for persons with disabilities. Common themes relate to increased

confidence in accessing SRHR information, the supportive nature of peer interactions, and the importance of culturally sensitive approaches.

1. Increased Confidence

After the intervention, the participants showed more confidence in seeking SRHR information and services. Most of the participants mentioned they are empowered to ask questions and seek help related to sexual and Reproductive health. They can discuss these topics among the close group and share experiences in the large group. This shows that peer education training empowers and makes people with disabilities capable of SRHR.

2. Supportive Interactions among Peers

The peer-led approach created a supportive environment where participants could openly discuss sensitive topics like sexual and reproductive health. Peer educators who shared similar challenges fostered trust and understanding, especially among individuals with disabilities.

A 24-year-old female peer educator with a spinal cord injury noted, "It was easier to open up to someone who understands my situation."

Shared experiences were vital, as younger participants with hearing impairments and male participants with visual impairments felt more comfortable engaging with peers who related to their challenges. This dynamic not only enhanced understanding but also boosted participants' confidence in addressing their sexual health needs.

3. Cultural Sensitivity

The participants highlighted cultural sensitivity as a significant aspect of the approaches used. They appreciated that the programs were tailored to suit their culture and needs. One participant said, "The program respected our cultural values while giving us important information."

Effectiveness of Peer Learning Strategies

The peer learning strategies significantly improved the knowledge and awareness of SRHR among persons living with disabilities. Participants showed enhanced confidence in accessing SRHR information and services.

Demand for SRHR Services

There was significant demand for SRHR services among youth, particularly those with disabilities. Participants emphasized the need for more accessible and inclusive SRHR programs. For example, a participant with an intellectual disability from Jeetpursimara and another with a physical disability from Surkhet noted that while the program was beneficial and inclusive, it should involve participants from other regions to ensure a broader impact.

When asked about specific examples, participants expressed the desire for SRHR programs to reach more diverse groups to maximize the benefits of inclusive messaging. This aligns with the program's goal of ensuring accessibility and inclusivity for all.

The advantages and disadvantages of Peer Learning Strategies

The peer learning strategies were accompanied by relatable role models to identify with, a supportive environment while learning, and openness in discussing SRHR issues. The persons with disabilities benefited from peer counselling and proper guidance regarding the susceptible topics of sexual and reproductive health and the rights associated with them.

The disadvantages needed to be identified. However, some participants expressed that the variability in the expert knowledge of peer educators and possible biases in specific issues and circumstances might affect the process of delivering the information.

The most Efficient Peer Learning Strategy

The interactive and participatory methods were most effective in disseminating knowledge in SRHR to persons with disabilities. Such methods empowered active engagement and a deeper understanding of the concepts of SRHR.

Presentation of the information obtained from qualitative data

Understanding the policy environment surrounding sexual and Reproductive Health (SRH) and Family Planning (FP) rights for Persons with Disabilities is crucial for their empowerment. The baseline survey conducted reveals that while there is some awareness among with person with disability about international frameworks like the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), there is a significant gap in their understanding of the detailed provisions related to SRH and FP rights, as well as national policies.

Knowledge of International and National Policy Frameworks

The survey indicated that most participants had at least heard of the UNCRPD and its Optional Protocol, which suggests some level of exposure to international disability rights frameworks. However, this knowledge was superficial. Participants generally understood that the UNCRPD guarantees fundamental human rights for persons with disability but needed more detailed awareness of articles like 9, 16, 22, 23, and 25 directly related to SRH rights.

The knowledge among Person with Disability and their parents was even weaker nationally. The participants were largely unaware of key national legal documents such as the Convention on Child Rights (1982) and the Disability Rights Act (2017), which are instrumental in protecting and promoting the rights of people living with disability in Nepal. The 2015 Constitution of Nepal, which incorporates disability rights through several articles (18, 31, 42, and 43), was also not well-known among the respondents. This lack of knowledge extends to the Local Government Operation Act (2017), which includes provisions for disability rights.

Policy Barriers and Challenges

One of the significant barriers noted by participants is the lack of monitoring mechanisms by the government or concerned authority to ensure that the accessibility needs of persons with disability are met within the service coverage. This is particularly problematic in rural areas, where decision-

makers often overlook the rights of PWDs. Current family planning services and health providers need to adequately address the specific needs of PWDs, especially those with hearing and visual impairments.

The survey revealed that government offices and hospitals must be equipped to cater to the needs of Persons with disability. There is a lack of sign language interpreters, accessible information, and dedicated personnel to assist PWDs. Even within Organizations of Persons with Disabilities (OPDs), there is an insufficient discussion about the inclusion of all types of disabilities, further marginalizing certain groups within the person with disability community.

Section 1. Background Information

Peer Educator/Counsellor Roles in SRHR

Participants emphasized the crucial role of Peer Educators and Counselors in Sexual and Reproductive Health and Rights (SRHR) programs, highlighting their influence on community engagement and personal empowerment. A 26-year-old blind female participant shared, "The Peer Educator made it easier to understand complex topics by explaining them in a way that felt relevant to our lives." This reflects the importance of relatability in conveying SRHR information, particularly for individuals with disabilities, aligning with studies that show peer-led approaches foster trust and comfort in learning sensitive topics (FHI, 2006).

Another participant, a 23-year-old male with a hearing impairment, noted, "Having someone my age talk to me about these issues made me feel comfortable asking questions I would not ask an adult." This underscores the importance of age proximity in peer-led models, which creates a safe space for open dialogue, particularly in SRHR education, a finding supported by previous research on peer-led programs (UNAIDS, 2020).

Additionally, participants appreciated the emotional support provided by Peer Counselors. One 21-year-old female with a physical disability expressed, "The counsellor understood what I was going through and helped me feel less alone." This highlights the multifaceted role of peer educators, who deliver information and provide emotional support, reinforcing the sense of community often lacking in formal SRHR services for persons with disabilities.

Peer educators themselves recognized their unique contributions to SRHR advocacy. A participant from Surkhet, a 28-year-old with a physical disability, shared, "As a peer educator, my role is to provide accessible SRHR information to those who might otherwise be overlooked due to their disabilities." Similarly, a peer educator from Jeetpursimara remarked, "I see myself as a bridge between SRHR services and the disabled community, ensuring their specific needs are met." These reflections affirm that despite their disabilities, peer educators play a vital role in ensuring inclusive SRHR education. This echoes

findings in broader SRHR literature on the importance of peer-led initiatives for marginalized populations (WHO, 2015).

Duration of Involvement

The duration of involvement in Sexual and Reproductive Health and Rights (SRHR) education among Peer Educators and Counselors ranged from two to eleven years, reflecting the diverse experiences and challenges in this field. Participants reported interruptions due to personal circumstances such as project terminations, job transitions, and life events, yet many remained committed to their roles, continuously learning and adapting.

A 27-year-old peer educator from Kathmandu with a physical disability shared, "I have been working in this field for about five years now, and it has been a learning journey every step of the way." This statement highlights the ongoing process of learning and growth that comes with working in SRHR, emphasizing the evolving nature of the field. Similarly, a 30-year-old participant with a visual impairment from the same group remarked, "It has been three years since I started, and I have seen much progress, but there is still much work to do." These reflections align with the literature on the dynamic nature of SRHR, where continuous learning is essential to meet evolving community needs (WHO, 2015).

During an in-depth interview in Kathmandu, a 29-year-old female with an intellectual disability shared her experience shaped by the COVID-19 pandemic: "I began working after the COVID pandemic. Persons with disabilities faced more severe challenges in sexual and reproductive health during that period, and I am glad I could provide help to those in need." This response underscores the critical role of Peer Educators during the pandemic, as SRHR challenges were heightened for vulnerable populations, particularly those with disabilities (UNFPA, 2021).

In Jeetpursimara, Bara, a 35-year-old male peer educator with a hearing impairment, reflected on his long-term involvement: "I have been involved in SRHR education for over a decade. Sometimes, I had to step away for personal reasons, but I always returned because this work is important." Despite facing

personal and professional challenges, this testimony highlights the deep commitment many peer educators have to SRHR, which is supported by studies showing that long-term involvement is critical to sustained community impact (UNAIDS, 2020).

Similarly, a 25-year-old female peer educator from Surkhet with a physical disability shared, "I have been part of this for one year, and I have seen how much of a difference we can make when we work together. Even though there were interruptions, the community's needs brought me back." This sense of responsibility and connection to the community resonates with literature emphasizing the role of peer support in fostering resilience and long-term engagement in SRHR programs (FHI, 2006).

These diverse experiences demonstrate the resilience and adaptability of Peer Educators and Counselors, whose dedication sustains and expands the impact of SRHR initiatives, especially for marginalized populations like persons with disabilities. Their ongoing commitment is vital to overcoming challenges and advancing inclusive SRHR efforts in various communities.

Preferred Roles as Peer Educators/Counsellors

Most educators preferred the roles of 'Educator' and 'Role Model.' As one participant from Kathmandu said, *"I prefer being an educator because it allows me to impact someone's understanding and decisions regarding their health directly. It feels honoured to be an educator as it is a respectable profession and motivates us to perform actively and efficiently."* Another participant from the same group stated, *"Being a role model is important to me because it shows others that even with disabilities, we can lead informed and empowered lives by empowering others like ourselves."*

Section 2: Training and Preparation

The selection of trainers and the design of SRHR training programs are centrally managed, with decisions primarily made by the central office in Kathmandu. Unfortunately, committees outside Kathmandu, such as those in Jeetpursimara and Surkhet, have little to no role in the selection or design process. This centralized approach has led to several challenges, particularly in regions where local contexts and languages differ significantly from those in Kathmandu.

In Jeetpursimara, a significant issue arose due to the language barrier between the trainers and the participants. The trainers, often selected from central locations, used language and terminologies that needed to be more easily understood by the local participants, creating barriers to fully grasping the content. The same problem was observed in Surkhet, where participants needed help to relate to the examples and explanations provided by the trainers due to differences in language and cultural context.

A member of the management committee in Jeetpursimara highlighted the importance of selecting trainers who are local experts. They suggested that trainers from the local area would be better equipped to use language and examples relevant to the local context, making it easier for participants to understand and engage with the material. This approach would also allow trainers to address specific community issues and use culturally appropriate examples that resonate more deeply with the participants.

However, the current trainers, selected by the central office, are highly knowledgeable in their fields but often face difficulties in linking their expertise to the specific issues of disability in the local context. Participants have expressed that while these trainers have a deep understanding of SRHR, their lack of connection to local disability concerns and challenges limits the Effectiveness of the training.

Participants and committee members in Jeetpursimara and Surkhet have strongly suggested that the selection of trainers should involve assessing their knowledge of disability issues, particularly the specific SRHR needs of

individuals with different types of disabilities. This would ensure that the training is informative, relevant, and accessible to all participants, meaningfully addressing their unique challenges and needs. On the Other side of the organization, to maintain high standards and consistency across all peer education training, BYAN strategically employed the same facilitator for each training session across districts. This approach ensured that all peer educators, regardless of location, received a similar learning experience, supporting uniformity in knowledge, skills, and methods acquired. The facilitator, a skilled resource person with extensive experience in peer education, was selected for their ability to engage diverse audiences and to maintain a structured, inclusive learning environment. By using a single facilitator, BYAN aligned each training session to meet established quality standards, reinforcing the overall reliability of the peer education program. This allowed the participants to have similar learning opportunities so that the peer educators had similar learning experiences.

Current training and future

The peer educators received diverse training designed to equip them with the necessary skills and knowledge to engage effectively with their communities. The participants' experiences varied, with positive aspects and improvement areas highlighted.

A participant from Kathamndu shared a positive experience: *"We received training on SRHR topics, disability rights, and communication strategies, which helped me understand how to cater to the unique needs of our community."* This indicates that the training provided a solid foundation for understanding the complex intersection of SRHR and disability rights and the communication skills necessary to address these issues effectively.

In Surkhet, another participant emphasized the practical benefits of the training: *"The counselling techniques we learned were instrumental in handling sensitive topics with care and empathy, especially related to the issues of female persons with disabilities."* This reflects the value of the training in

developing skills that are directly applicable to real-world scenarios, particularly in addressing the needs of vulnerable groups.

However, not all feedback was entirely positive. A participant from Jeetpursimara noted some challenges: *"While the training was comprehensive, the language barrier made it difficult to grasp some of the concepts fully. It would have been more effective if the trainers were local experts who could use language and examples that are familiar to us."* This response underscores the importance of culturally and linguistically appropriate training, especially in regions where the local dialect differs significantly from the language used by centrally selected trainers.

Similarly, a participant from Kathmandu shared a balanced perspective: *"The trainers were very knowledgeable, but sometimes their expertise did not fully translate into understanding our specific needs as persons with disabilities. There were moments where the content felt disconnected from our everyday realities."* This highlights the need for trainers with deep knowledge of SRHR and a strong understanding of the lived experiences of people with disabilities in different local contexts.

Another participant in Jeetpursimara echoed similar concerns: *"The training was informative, but it did not always address the specific challenges we face in our region. More local examples and case studies would have made it easier for us to relate and apply the knowledge."* This again emphasizes the importance of context-specific training that is directly relevant to the participants' environments and challenges.

Overall, while the training programs were generally well-received and provided valuable skills and knowledge, there were clear indications that localizing the training content and ensuring continuous support would significantly enhance their Effectiveness. Balancing the expertise of central trainers with the contextual understanding of local trainers could address many of the challenges identified by the participants.

Preparation for Addressing Unique Needs

The training programs aimed to equip peer educators with the necessary skills to address the unique needs of persons with disabilities effectively. Participants from various regions shared their diverse experiences.

In Surkhet, a 29-year-old female from People with Multiple Disabilities peer educator shared that the training was instrumental in understanding the specific challenges faced by persons with disabilities in their community. They noted, "*The training provided us with the tools to approach sensitive topics with care, but there were still gaps in addressing the local context. For instance, while the counselling techniques were helpful, we often encountered situations not fully covered by the training. Our region's unique cultural and social dynamics require more tailored approaches.*" This highlights the need for region-specific adjustments to the training, ensuring it is relevant and practical in different local contexts.

A participant from Kathmandu reflected on their broader exposure due to being in a central location: "*Being based in Kathmandu, we had more opportunities to interact with various experts and attend additional workshops that complemented our training. This exposure helped us address some of the more complex challenges, like understanding the nuances of different disabilities and how they intersect with issues like sexual and reproductive health.*" However, they also acknowledged that, despite these advantages, there were still areas where the training could be improved: "Even with all the additional resources, we sometimes struggled to apply the training to the specific needs of people with disabilities from different backgrounds and regions. It is one thing to learn about these issues in theory, but another to apply them in real-world scenarios."

Another participant, an 18-year-old female with mental and psychological disability from Surkhet, emphasized the importance of ongoing support: "*The training gave us a good foundation, but we often forget some of the details after a while. Continuous learning and regular updates would help us stay informed and better support the people we work with. There is also a need for more region-specific examples and case studies that reflect our local challenges.*"

This reflects a common sentiment across regions, where participants appreciated the training but felt it could be more effective if it were continually reinforced and adapted to their specific contexts.

Overall, while the training successfully provided a strong foundation for peer educators, the experiences from Surkhet, Kathmandu, and Jeetpursimara illustrate the importance of tailoring the content to the local context. Participants from Kathmandu benefited from additional resources and exposure, which helped them address complex challenges. However, those from outside the capital, like in Surkhet and Jeetpursimara, faced unique challenges that needed to be fully covered by the training. This suggests a need for a more decentralized approach to training, where local experts are involved in designing and delivering the content to ensure it meets the specific needs of each region.

Need for Further Training

Many peer educators expressed the need for further training to better address the complex and diverse challenges they encounter in their work. A participant in Jeetpursimara highlighted the importance of expanding their skill set: *"I feel that further training in mental health support would be beneficial, as many of our peers also deal with psychological challenges."* This suggests that while the current training covers essential aspects of SRHR, it may not fully equip educators to handle the psychological issues that often accompany these challenges, particularly for persons with disabilities.

A participant from Kathmandu pointed out the potential of assistive technologies to enhance their Effectiveness: *"Learning more about assistive technologies could help us reach more people and provide information in a way that's easier for them to understand."* Integrating assistive technologies in training could significantly improve accessibility, allowing educators to cater to the needs of individuals with various disabilities more effectively.

There was also a consensus that one-time orientations are insufficient for covering the broad and complex issues faced by persons with disabilities.

Given the diversity of disabilities—across at least ten distinct types—educators felt that training needs to be ongoing and specialized. They recommended that training sessions focus on specific types of disabilities at a time, allowing for a deeper exploration of the issues relevant to each group. *"Conducting training with the same type of disability at a time ensures that all dependent information surfaces and supports our understanding,"* one participant suggested. However, they also emphasized the importance of maintaining inclusivity in these sessions, ensuring that while the training is specialized, it does not isolate or exclude any group.

A participant from Surkhet pointed out a structural issue: *"The training was great, but there is a need for continuous learning. We often forget some of the information after the training, especially if we do not immediately apply it.* The participant's voice reflected the application of the follow-up or refresher training programmes for those who received the first training set. *Regular updates or refresher sessions* [1] [vj2] *would be very beneficial."* This comment reflects the necessity for ongoing support and reinforcement of the training content to ensure sustained impact.

Moreover, participants proposed that future training should extend beyond peer educators to include parents, caretakers, and other stakeholders. *"Providing training to parents, caretakers, and stakeholders can ensure that the knowledge we gain is utilized and that an environment for open discussion is created at home, in schools, and within the community,"* noted a participant. This approach would not only enhance the Effectiveness of the educators but also create a more supportive environment for persons with disabilities, where SRHR issues can be openly discussed and addressed in various settings.

While the current training programs have laid a strong foundation, there is a clear need for ongoing, specialized, and inclusive training addressing the unique challenges of different disabilities. Additionally, involving a broader range of participants, including parents and community stakeholders, will help ensure that the knowledge gained is effectively applied and that the SRHR needs of persons with disabilities are fully met.

Section 3: Delivery of SRHR Knowledge and Information

1. Methods and Approaches

Peer educators effectively conveyed SRHR knowledge using a range of methods, adapting their approaches to suit the needs of their audiences. Each technique had its strengths and challenges, as reflected in participants' experiences from various regions.

In Kathmandu, one peer educator highlighted the Effectiveness of different formats: "Group discussions work well for those who are comfortable in social settings, and they also help *to build a sense of community."* This approach fosters an environment where participants can share experiences and learn from one another, creating a supportive network. However, the participant also recognized that group settings might only be ideal for some, particularly those who prefer more private interactions.

Conversely, a 27-year-old male blind peer educator from Jeetpursimara described the benefits of one-on-one counselling: *"I usually conduct one-on-one sessions because it allows me to address individual concerns more effectively."* This method provides a personalized approach, enabling educators to tailor their support to the specific needs of each individual. It is beneficial for addressing sensitive issues that participants may feel uncomfortable discussing in a group setting.

Feedback from Kathmandu indicated that the training sessions were highly interactive: *"The training was interactive, which helped engage us and make the sessions more effective. However, there was a need for more diverse methods to address various learning styles."* This reflects a desire for training that engages participants and caters to different preferences for receiving and processing information.

In Jeetpursimara, 28-year-old females with blind participants noted strengths and weaknesses in the training: *"facilities, providing a comfortable setting for the participants. However, the level of interaction during the sessions was relatively low, which impacted the overall engagement and learning experience. Although we were shown demonstration materials, such as rubber models, and*

had the chance to touch and observe them briefly, these tools were not provided to us for use during my session. This created a significant challenge when trying to effectively convey the intended messages, especially for participants at the grassroots level. The lack of access to these practical resources made it difficult to fully transfer the practical knowledge, which is crucial for hands-on learning and application. This gap in resource availability hindered the transformation of theoretical concepts into practical skills, particularly for participants who would benefit most from direct experience." The absence of practical materials for hands-on experience hindered their ability to grasp and teach the concepts thoroughly, highlighting a gap between theoretical learning and helpful application.

Overall, while using varied methods such as one-on-one sessions and group discussions has proven effective in delivering SRHR knowledge, the feedback has recurring themes. Participants from Kathmandu, Bara, and Surkhet indicated the need for improved training materials, more practical demonstrations, and extended time for interactive discussions to ensure that all participants can fully engage with and understand the content. Tailoring training approaches to accommodate different learning styles and providing hands-on resources will help bridge gaps and enhance the overall impact of SRHR education.

2. Adaptation of Communication Strategies

SRHR education peer educators faced the challenge of adapting their communication strategies to meet the diverse needs of individuals with various disabilities. Their approaches highlighted innovative solutions and the need for continuous improvement in addressing these unique requirements.

A participant of 29 years male with low vision from Surkhet shared their approach: *"For visually impaired individuals, I rely heavily on verbal communication and sometimes use tactile materials to help them understand concepts better."* This strategy includes providing detailed verbal explanations and using objects that can be touched and felt to convey information. Tactile

materials consist of raised diagrams or models that individuals can explore through touch, which helps in making abstract concepts more concrete and understandable.

Another male deaf participant from Kathmandu emphasized the importance of visual communication: *"When working with deaf peers, I use sign language and visual aids to ensure that the information is clear and accessible."* Sign language facilitates direct communication, while visual aids such as charts, diagrams, and videos with captions enhance comprehension. This approach ensures that information is conveyed in a format accessible to individuals with hearing impairments.

The absence of hands-on materials can limit educators' ability to provide experiential learning opportunities for participants. Providing such materials during training sessions would allow educators to practice and demonstrate their use, improving their teaching effectiveness.

Feedback from Kathmandu's Blind and Deaf participants indicated that while the training was interactive, more diverse methods were needed to cater to different learning styles: *"The training was interactive, which helped engage us and make the sessions more effective. However, there was a need for more diverse methods to address various learning styles."* Incorporating various instructional methods, such as demonstrations, role-playing, and case studies, can help address how individuals process information.

3. Effective Materials and Resources

The Effectiveness of training materials in SRHR education hinges on their ability to address the unique needs of individuals with different types of disabilities. In Kathmandu, some participants observed that the training materials were essential to acknowledge that a 1-day preparatory session was provided exclusively for individuals with intellectual disabilities, deafblind, Psychological disability and multiple disabilities followed by four days of joint training, amounting to 5 days of training in total for them. Additionally, easy-to-read materials were made available to facilitate their understanding. Despite these measures, the feedback indicates that further adaptations,

such as simplifying the content or employing alternative communication methods, may be necessary to bridge the gap between the provided resources and the participants' ability to comprehend the material. The contradiction highlights the need for ongoing evaluation and adjustments to ensure the training is inclusive and effective for all participants. A visually impaired peer educator from Surkhet remarked, *"Audio recordings have been beneficial for those who are visually impaired, as they can listen at their own pace."* This method allowed for a more flexible and accessible learning experience. Additionally, a participant from Jeetpursimara emphasized the Effectiveness of *"Using real-life examples in our materials,"* as it made the information more relatable and easier to understand for a broader audience. These insights highlight the importance of customizing training materials not only to the type of disability but also to the learning preferences of the individuals, ensuring that all participants can engage meaningfully with the content.

4. Reflections from Persons with Disabilities

In **Kathmandu**, the feedback was predominantly positive. A peer educator reported, "Many of our peers appreciate the tailored approach we use in our sessions, and they feel more confident in their knowledge afterwards." This reflects the success of the training in the capital, where the content was customized to the specific needs of participants. The tailored approach enhanced understanding and confidence among participants, suggesting that the sessions aligned with their expectations and learning requirements.

In **Surkhet**, however, a different sentiment emerged. A participant shared, "*Some have suggested incorporating more interactive methods to keep the sessions engaging."* This feedback indicates that while the content of the sessions was appreciated, the delivery method could be improved. Participants in Surkhet expressed a need for more dynamic and participatory learning experiences. This points to a gap in the training approach, where the sessions, though informative, might only be fully engaging for some attendees. Incorporating interactive methods could address this issue and enhance the overall learning experience.

In **Jeetpursimara**, the feedback was more nuanced, highlighting specific challenges. Participants noted that while the content was relevant, the language barrier between trainers and participants often needed to improve effective communication. One participant remarked, "*It would be helpful to have local experts as trainers who can use language and examples that are more relatable to us.*" This underscores the importance of cultural and linguistic relevance in training programs. The feedback from Jeetpursimara suggests that training effectiveness could be significantly improved by selecting trainers familiar with the local context, language, and examples, thereby making the sessions more accessible and impactful.

Overall, the feedback from different regions highlighted the strengths and areas for improvement in the training sessions. While the tailored approach in Kathmandu has successfully built confidence and enhanced understanding, there is a clear need to incorporate more interactive methods in Surkhet to keep participants engaged. Additionally, the language and cultural relevance issues in Jeetpursimara emphasize the importance of selecting local people, which makes more connections between the participants and the local context and situation as trainers. These insights collectively point to the necessity of continuously adapting training methods to meet the diverse needs of participants across different regions.

Section 4: Challenges and Barriers

The challenges encountered during the SRHR training sessions across different study areas were diverse and highlighted the complex barriers to effective education for persons with disabilities. These challenges included limited resources, societal stigma, socio-cultural barriers, and accessibility issues, which were consistently reflected in the feedback from Kathmandu, Surkhet, and Jitpur Simara participants.

In **Surkhet**, resource limitations were a prominent concern. A 33-year-old male with physical disabilities from this region explained, "*We often have to work with minimal materials, which makes it challenging to reach everyone effectively.*" This reflects the need for more material to provide comprehensive and inclusive training. The lack of resources hindered ensuring that all participants could fully benefit from the sessions, limiting the overall impact.

Societal stigma was another significant issue across all regions. A female participant from **Jeetpursimara** noted, "*As we are part of this society, there is still much stigma that exists around discussing SRHR, especially when it comes to persons with disabilities.*" This sentiment was echoed in **Kathmandu**, where societal attitudes often create an environment where open discussions about SRHR are difficult. The stigma surrounding these topics, particularly when related to disabilities, poses a substantial barrier to adequate education, making it challenging for participants to engage freely and benefit from the training.

Socio-cultural barriers further compounded these challenges. In many regions, deeply ingrained cultural norms and beliefs restrict conversations around SRHR, particularly among marginalized groups like persons with disabilities. In **Kathmandu**, although participants appreciated the tailored approach of the sessions, these socio-cultural barriers often impeded the practical application of the knowledge gained. The cultural resistance to discussing sexual and reproductive health issues remains a significant obstacle, particularly in more conservative or rural areas.

Accessibility issues were consistently raised across the study areas.

Participant feedback on difficulties with physical access to training venues and the availability of accessible materials raises concerns despite efforts such as choosing accessible hotels and providing materials in Braille, easy-to-read, and electronic formats during the community-level session. This suggests that while steps were taken to address the needs of individuals with disabilities, they may not have been fully effective.

In Jeetpursimara, the language barrier between trainers and participants exacerbated these challenges, making it difficult for participants to grasp the content thoroughly. This issue was less pronounced in **Kathmandu** but was still a concern, particularly ensuring that all materials were accessible to participants with different disabilities.

The feedback from different study areas reveals various challenges in delivering SRHR education to persons with disabilities. **Surkhet** struggled with limited resources, making it difficult to reach all participants effectively. **Jeetpursimara** and **Kathmandu** faced significant societal stigma and socio-cultural barriers, inhibiting open discussions and the practical application of SRHR knowledge. Accessibility issues were common across all regions, with physical access and language barriers particularly problematic in Jeetpursimara.

These reflections underscore the need for a multifaceted approach to overcoming the barriers to SRHR education. Addressing resource limitations, challenging societal stigma, overcoming socio-cultural barriers, and improving accessibility are crucial to ensuring that persons with disabilities can fully benefit from SRHR training. Tailoring solutions to the specific challenges of each region will be essential in making these sessions more effective and inclusive.

2. Impact of Cultural Beliefs and Societal Attitudes

Cultural beliefs and societal attitudes have posed significant challenges across all program areas, profoundly affecting the Effectiveness of SRHR education for persons with disabilities. The deeply rooted taboos and misconceptions surrounding sexual and reproductive health have made it

particularly difficult to foster open and meaningful discussions. In **Bara**, a peer educator highlighted the profound impact of these cultural barriers*: "In some communities, talking about SRHR is still a taboo, which makes it hard to engage people in meaningful conversations. Even the non-disabled people cannot make conversation within their own families and societies; how can we?"* This reflection underscores the pervasive nature of cultural taboos, which restrict discussions on SRHR and create an environment of silence and discomfort. When even non-disabled individuals struggle to discuss these topics within their families and communities, it becomes exceedingly challenging to engage persons with disabilities in such conversations. This barrier stifles the dissemination of crucial information and hinders the ability of educators to communicate the importance of SRHR.

Similarly, in **Surkhet**, a 22-year-old mental disability participant highlighted a damaging misconception: *"There is There inception that persons with disabilities do not need another education, but I know this could n'tcould nother from the truth. As a disabled, I understand how crucial this knowledge is, especially when dealing with societal stigma. Denying us this education increases our vulnerability and marginalization.."* This comment reveals a widespread and erroneous belief that undermines the very foundation of SRHR education for persons with disabilities. Such perceptions diminish the perceived value of SRHR education for this group and contribute to their marginalization. By assuming that persons with disabilities do not require SRHR education, society perpetuates their exclusion from essential health services and information, exacerbating their vulnerability. These cultural and societal challenges are not confined to specific regions; they are consistent across all program areas. In **Jeetpursimara**, the language barrier Peer education training, compounded by cultural beliefs, further inhibited effective communication and engagement. The cultural taboo around SRHR topics, especially when involving persons with disabilities, has been a recurring obstacle, regardless of the region.

The feedback from various program areas reveals a consistent struggle against cultural beliefs and societal attitudes that impede SRHR education

for persons with disabilities. In **Bara**, deep-seated taboos make it difficult to engage communities in meaningful conversations about SRHR, while in **Surkhet**, the misconception that persons with disabilities do not need SRHR education further marginalizes this group. These challenges reflect broader societal issues that transcend individual regions, underscoring the need for a concerted effort to break down these cultural barriers and promote inclusive and open discussions on SRHR across all communities. Addressing these challenges will be critical to ensuring that persons with disabilities receive the comprehensive and culturally sensitive SRHR education they deserve.

3. Barriers to Accessing and Engaging Persons with Disabilities

The barriers to effective SRHR education for persons with disabilities were highlighted across various program areas, with physical inaccessibility and social stigma emerging as significant challenges. These barriers were particularly intense for persons with disabilities, making it even more challenging to deliver comprehensive and inclusive education.

In **Bara**, physical **disability** was a significant concern and noted, *"It is often difficult to reach people in remote areas due to lack of transportation and accessible venues."* This statement underscores the logistical challenges faced in urban settings like Kathmandu, where the lack of accessible infrastructure and transportation options severely limits the ability to reach participants, particularly those in more isolated or remote locations. A 45-year physical Disable from In **JeetpurSimara** commented, *"Discrimination and lack of awareness among caregivers can also be a major barrier to accessing persons with disabilities."* This reflection highlights the social dimensions of the barriers faced by persons with disabilities. Discrimination and the limited understanding of SRHR needs among caregivers create an environment where persons with disabilities are often excluded from essential health services and education. The stigma attached to disabilities, coupled with the lack of awareness, not only marginalizes this group but also prevents them from accessing the information and support they need to make informed decisions about their sexual and reproductive health.

These issues were mirrored in **Surkhet** and **Jitpur Simara** as well. In Surkhet, the perception that persons with disabilities do not need SRHR education reflects a broader societal stigma, while in Jitpur Simara, the language barrier compounded the challenges posed by physical inaccessibility and social stigma. Across all these areas, the intersection of physical and social barriers creates a significant challenge in providing equitable SRHR education.

The feedback from various program areas underscores the pervasive barriers to SRHR education for persons with disabilities. In **Kathmandu**, physical inaccessibility due to a lack of transportation and accessible venues makes it difficult to reach participants in remote areas. These challenges are consistent across other areas like **Surkhet** and **Jeetpursimara**, where physical and social barriers create significant obstacles to inclusive and effective SRHR education.

4. Addressing Intersectional Discrimination

Peer educators across various regions have recognized the profound complexity of intersectional discrimination and its impact on the delivery of SRHR education. They have made concerted efforts to address these challenges through tailored and inclusive approaches, reflecting an understanding of the diverse and overlapping forms of discrimination faced by persons with disabilities.

In **Surkhet**, a participant highlighted the effort to address intersectional discrimination: *"We try to tailor our sessions to address the multiple forms of discrimination that our peers might face, whether based on gender, ethnicity, or socioeconomic status."* This statement reveals an awareness of how various forms of discrimination intersect and affect the experiences of persons with disabilities. The approach taken in Surkhet involves customizing the training sessions to reflect the diverse and intersecting identities of the participants, aiming to address the unique challenges individuals face based on their gender, ethnic background, and socioeconomic conditions. This tailored approach is crucial in ensuring that the SRHR education provided is relevant

and effective for all participants, considering their complex and multifaceted experiences.

In **Simara**, another participant emphasized the importance of inclusivity: *"It is important to ensure that our content is inclusive and relevant to their diverse experiences."* This feedback underscores the commitment to making SRHR education comprehensive and sensitive to the varied experiences of persons with disabilities. The focus on inclusivity ensures that the training materials and methods resonate with the diverse backgrounds and situations of the participants, making the content more accessible and impactful. By ensuring that the content addresses all participants' specific needs and experiences, the training sessions can more effectively reach and engage individuals across different demographic and social groups.

Section 5: Successes and Impact

1. Success Stories

Innovative Tailoring of SRHR Sessions

In Kathmandu, peer educators have achieved notable success by tailoring SRHR education to meet the diverse needs of participants. Recognizing the varied requirements of persons with disabilities, educators have customized their approach to address specific challenges faced by different groups. A participant shared, *"Many of our peers appreciate the tailored approach we use in our sessions, and they feel more confident in their knowledge afterwards."* This success is attributed to the targeted customization of training content and methods, significantly enhancing participants' confidence and understanding of SRHR topics. By adapting the training to address individual needs, the educators have effectively empowered participants with the knowledge and tools they need to manage their sexual and reproductive health.

Addressing Intersectional Discrimination Through Inclusive Training

In Surkhet, the focus on intersectional discrimination has led to impactful results. Peer educators have made concerted efforts to address various forms of discrimination, including gender, ethnicity, and socioeconomic status, within their training sessions. A participant explained, *"We try to tailor our sessions to address the multiple forms of discrimination that our peers might face, whether based on gender, ethnicity, or socioeconomic status."* This approach has been instrumental in creating a more inclusive and supportive learning environment. By acknowledging and addressing the complex layers of discrimination, the training sessions have become more relevant and practical, leading to greater engagement and better educational outcomes for participants.

Bridging Communication Gaps with Localized Content

In Jeetpursimara, peer educators have successfully tackled language barriers and enhanced the accessibility of SRHR education through localized content.

Recognizing the challenges of language differences, educators have adapted their materials to include local languages and culturally relevant examples. A participant noted, *"By adapting our content to local languages and contexts, we have made the sessions more engaging and accessible for everyone."* This success story highlights the Effectiveness of making SRHR education more relatable and understandable for participants by addressing local linguistic and cultural needs. The approach has improved communication and increased participant engagement and comprehension.

2. Measuring Effectiveness

Effectiveness was measured through feedback and observation. A participant from Surkhet said, *"We use feedback forms, informal communications, and follow-up sessions to measure how much our peers have learned and how they are applying it in their lives."* Another participant from Kathmandu mentioned, *"Seeing positive changes in their behaviour is the best indicator that our sessions are making a difference."*

3. Key Factors for Success

Success in SRHR education for persons with disabilities hinges on several critical factors, including relatability, accessible materials, and a supportive environment. These elements are crucial in ensuring the education is compelling, engaging, and impactful. Insights from participants in various regions highlight how these factors contribute to successful SRHR education.

Building Trust and Engagement

In **Surkhet**, a participant emphasized the importance of relatability: *"Being able to relate to our peers as someone who understands their challenges is crucial in gaining their trust and engagement."* This feedback underscores the significance of empathy and personal connection in SRHR education. When peer educators share similar experiences or demonstrate a deep understanding of the participants' challenges, they build trust and foster a more engaging learning environment. Relatability helps bridge the gap

between educators and participants, making the sessions more impactful and ensuring that the information provided resonates with the audience.

Enhancing Understanding and Application

In **Jeetpursimara**, the emphasis on accessible materials was highlighted during an in-depth interview: *"Providing information in a structure, which is convenient for them to understand and apply, is essential for effective learning."* This statement reflects the critical role of organizing and presenting SRHR information in a way that is easy to comprehend and apply. Accessible materials, including translated content, visual aids, and structured formats, help ensure participation so ants with diverse needs can grasp and utilize the information effectively. By prioritizing accessibility, educators can enhance the learning experience and improve the practical application of SRHR knowledge.

Fostering Inclusivity and Engagement

Another crucial factor for success is a supportive environment. Creating an environment that is welcoming, inclusive, and responsive to the needs of persons with disabilities helps facilitate effective learning. This involves adapting the content and materials and ensuring the setting and interactions are accommodating and supportive. Educators who provide a supportive environment contribute to a positive and productive learning experience where participants feel valued and motivated to engage.

4. Sustainability of SRHR Education

The sustainability of SRHR education and counselling is crucial for ensuring long-term impact and reach. Peer educators across various regions have highlighted critical strategies for maintaining and extending the Effectiveness of SRHR programs. These strategies emphasize the importance of ongoing support, capacity-building, and integration into mainstream systems.

In **Surkhet**, an 18-year-old female with low vision underscored the critical role of continuous support: *"Continuous support from local organizations is vital to keep these programs running."* This feedback points to the need for

sustained engagement from local entities to maintain the momentum of SRHR education programs. Ongoing support can include financial resources, logistical assistance, and the provision of technical expertise. By partnering with local organizations, SRHR programs can benefit from local knowledge and networks, which are essential for overcoming challenges and ensuring the continuity of the initiatives.

In **Kathmandu**, a Blind participant suggested a strategic approach for enhancing sustainability: *"Integrating SRHR education into mainstream education is essential as this would help ensure that the program can be sustainable and reaches a wider audience."* Integrating SRHR education into mainstream curricula and systems ensures that the program becomes a regular part of the educational framework rather than an isolated initiative. This approach helps embed SRHR education within existing structures and increases its accessibility and impact. By making SRHR education a standard component of educational programs, the reach of the education can be expanded, and its sustainability is reinforced through institutional support.

Section 6: Future Directions for Peer Education on SRHR Knowledge Delivery

i. Recommendations for Improvement

A question was asked of the participants about future directions and what their experience can recommend us for the betterment of the programme. Peer educators recommended increasing funding and training to improve SRHR knowledge delivery. A family member of intellectual disability from Jeetpursimara noted, *"We need more funding to develop accessible materials and provide ongoing training for educators. Also, whenever the project we engage in terminates, we become helpless. So, there should be a proper solution to this"* Another participant from Kathmandu suggested, *"Peer educators should have opportunities to be involved in program development in collaboration with the local government stakeholders to ensure that the needs of persons with disabilities are met from the community level."*

ii) Enhancing Peer Education and Counselling Programs

Enhancements could include specialized training and better access to resources. Peer educators from Jeetpursiamra and Surkhet recommended, *"Providing more advanced training in more sensitive areas of disabilities like intellectual disabilities as such and the use of assistive technology would greatly enhance our effectiveness."* Another participant from Surkhet, an 18-year-old female with low vision, added, *"Creating active and stronger networks among peer educators throughout the country would allow us to share knowledge and support each other."*

iii. Recommendations to Local Government and Other Offices

Peer educators from all study areas commended local governments for prioritizing SRHR education as these institutions directly connect with the local communities and gain first-hand information from the grassroots level. Participants from Surkhet and Kathmandu had the same voice, *"Local governments should allocate more resources to SRHR education for persons with disabilities, especially at the community and school levels."* Similarly,

Kathmandu, Surkhet and Jeetpursimara participants suggested, *"Policy intervention and changes are needed to guarantee that SRHR education is inclusive and accessible to everyone."*

iv. Additional Insights

The peer educators emphasized the importance of ongoing dialogue and stressed its sustainability and extension to the reach of every person with disabilities. A participant from Surkhet concluded, *"We need to keep listening to persons with disabilities to understand their evolving needs and challenges, not only the issues of SRHR but others as well."* Another participant from Kathmandu added, *"Creating a more inclusive and supportive environment for SRHR education is essential for the long-term success of these programs."*

Discussion

The results show potential for peer education and peer counselling to fill the gaps in SRHR knowledge among persons with disabilities in Nepal. This study, based on effective government policies and involvement at the community level, reiterates culturally sensitive and inclusive practices.

Mainly, SRH education interventions and services that are adapted to the needs of persons with disabilities must be put into action (Siddiqui et al., 2020); IEC materials need to be designed for persons with disabilities (Wu et al., 2023), keeping considerations of this population hence mere mention about this group in IEC materials is not adequate. Such SRH education intervention programs in the school curriculum of the persons with disabilities, starting at the primary level, must continue throughout the life span, thus giving gradual learning of information and knowledge required to develop skills and attitudes for a healthy reproductive life (WHO, 2009). Efforts should also be taken to raise awareness in families and the community towards SRH-related concerns of disability. In addition, persons with disabilities organizations should also ensure, with utmost scrupulosity, the SRH-related rights of persons with disabilities. Moreover, lastly, there also calls for the requirement of more research in the field of SRH-related information and service utilization of persons with disabilities for a deeper understanding of the critical factors preventing persons with disabilities from having comprehensive knowledge, favourable attitude, and appropriate practice, and to be able to develop and subsequently implement tailored approaches that would improve the current situation (Kassa et al., 2016).

Key Findings of the Study:

Effectiveness of Peer Education:

i) Improved confidence in accessing SRHR information and services.

ii) Tailored programs addressing gender, impairment diversity, and cultural sensitivity boosted inclusivity.

      iii)   Shared experiences among peers created supportive learning environments.

Barriers Identified:

Common Concerns: Stigma, societal taboos, insufficient legal frameworks, and accessibility challenges.

Context-Specific Concerns: Regional language barriers, lack of localized training, and inadequate resources in rural settings.

      i)   **Preferred Strategies: (**a**)** Localized content delivery using culturally relevant examples.

      (b) Incorporating assistive technologies and specialized training modules.

      ii)   **Impactful Outcomes: (**a**)** Participants showed increased knowledge and willingness to engage in SRHR-related discussions.

      (b**)** Peer educators acted as role models and provided emotional and educational support.

Peer learning approaches emerged as transformative, emphasizing relatable role models and community-based interactions. Continuous professional development, training updates, and stakeholder involvement were crucial for sustainable impact.

Common Concerns Across Regions

Stigma and Taboos: Persistent societal barriers hinder open discussion of SRHR issues for persons with disabilities.

Access Barriers: Uniform challenges in accessibility to venues, resources, and materials for persons with various disabilities.

Policy Gaps: Limited awareness and enforcement of national and international disability rights frameworks.

Context-Specific Concerns

Regional Language and Cultural Relevance: Surkhet and Jeetpursimara faced significant challenges due to linguistic mismatches and culturally disconnected training materials.

Resource Disparity: Rural areas reported inadequate resources and support compared to urban centres like Kathmandu.

Training Efficacy: Kathmandu participants benefited from additional workshops and resources, while those in other regions needed more localized and context-sensitive training.

Conclusion and Recommendations

This study underscores the critical role of peer learning approaches in enhancing the knowledge and awareness of Sexual and Reproductive Health and Rights (SRHR) among persons with disabilities. It emphasizes the need to address the distinct requirements of different disability groups while ensuring cultural sensitivity and integrating local experts for practical training. Localized training programs that utilize region-specific languages and culturally relevant examples significantly improve communication and comprehension. By regularly updating training content, peer educators can remain informed about the latest SRHR developments, ensuring the continued relevance and Effectiveness of the programs.

Developing specialized training modules for various disabilities, along with mental health support, further strengthens peer educators' capacity to meet the diverse needs of their communities. Engaging parents, caretakers, and broader community stakeholders creates a supportive environment encouraging SRHR discussions. Feedback mechanisms and impact assessments should be embedded in these programs to facilitate data-driven enhancements, ensuring they better serve participants.

Incorporating real-life examples, addressing resource limitations, and tackling societal stigma are essential to making training programs more practical and impactful. The involvement of local experts and the customization of content to local contexts ensure that cultural and societal sensitivities are respected while intersectional discrimination is effectively addressed. Continuous evaluation and feedback loops are vital for refining the training approach and empowering persons with disabilities to apply their SRHR knowledge confidently.

When peer learning strategies are tailored to local contexts and continuously evaluated, they prove highly effective in delivering SRHR education to persons with disabilities, fostering inclusivity, and addressing their unique challenges. This report presents a comprehensive analysis of the experiences, challenges, successes, and recommendations of peer educators in SRHR for persons with disabilities, offering valuable insights for improving and sustaining SRHR

education. The research demonstrates that peer-led initiatives can significantly improve SRHR outcomes, thereby enhancing the overall well-being of persons with disabilities in Nepal. These findings are crucial for policy formulation and prioritization concerning persons with disabilities in the country.

1. Localized Training

- Develop Context-Specific Training Programs:

    o To design training programs and collaborate with local experts with in-depth knowledge of each region's cultural, linguistic, and disability-related contexts. This ensures that the content is relevant and accessible.

    o Use local languages and culturally relevant examples during training to bridge communication gaps and enhance understanding.

- Continuous Updates:

    o Implement a system for regular updates and refresher courses to keep peer educators informed about the latest SRHR developments and best practices. This ensures that the training remains current and effective.

2. Enhance Training Content and Delivery

- Specialized Training Modules:

    o Develop training modules focusing on specific types of disabilities to address each group's unique SRHR needs comprehensively. Offer these modules in a series of sessions, each concentrating on a different disability.

    o Include practical training on assistive technologies to help peer educators support individuals with various disabilities more effectively.

- Mental Health Support:

- Integrate training on mental health and psychological support to address the additional challenges faced by persons with disabilities in the SRHR context. This will equip peer educators with the skills to support SRHR and mental health needs.

3. Expand the Role of Peer Educators and Counselors

- Role of Educator and Role Model:

  - Emphasize the role of peer educators as role models who demonstrate that individuals with disabilities can lead informed and empowered lives. This can inspire confidence and openness among peers.

- Emotional Support:

  - Provide additional training on emotional support and counselling techniques to enhance peer counsellors' ability to effectively address SRHR and mental health concerns effectively.

4. Involve Broader Community Stakeholders

- Training for Parents and Caretakers:

  - Extend training programs to parents, caretakers, and community stakeholders to create a supportive environment for SRHR discussions at home, in schools, and within communities.

- Community Engagement:

  - Foster partnerships with local organizations and community leaders to promote SRHR education. Ensure that the education aligns with community needs and cultural sensitivities.

5. Address Challenges and Feedback

- Overcome Language Barriers:

  - Address language barriers by involving local trainers who communicate effectively with participants. Ensure that SRHR information is conveyed clearly and understandably.

- Adapt to Regional Challenges:

- Continuously assess and adapt training programs based on feedback from different regions to address unique local challenges and improve program effectiveness.

- Provide Ongoing Support:

  - Establish a support system for peer educators, including access to additional resources, mentorship, and peer networks. This will help them navigate challenges and remain motivated.

6. Evaluate and Improve Training Programs

- Feedback Mechanisms:

  - Implement robust mechanisms for collecting feedback from peer educators and participants. Use this feedback to identify areas for improvement and ensure that training programs meet the evolving needs of the community.

- Impact Assessment:

  - Conduct regular assessments of the impact of training programs on SRHR outcomes for persons with disabilities. Measure Effectiveness and make data-driven improvements based on the results.

- Diverse Methods and Approaches:

  - Enhance Training Methods: Incorporate a mix of one-on-one sessions, group discussions, and interactive workshops to cater to different learning styles and preferences. Ensure methods are adaptable to various disabilities.

  - Provide Practical Materials: Use hands-on materials like demo models and tactile resources to bridge the theoretical knowledge-practical application gap.

  - Extend Interactive Time: Allocate additional time for interactive discussions and activities to ensure comprehensive understanding and engagement.

7. 8. Effective Materials and Resources

- Incorporate Real-Life Examples:

    o Use relatable and practical examples in training materials to make information more understandable and applicable to diverse audiences.

9. Addressing Challenges and Barriers

- Overcome Resource Limitations:

    o Seek additional funding or partnerships to improve the availability of resources and materials for training.

- Combat Societal Stigma:

    o Develop strategies to address the societal stigma surrounding SRHR, particularly for persons with disabilities. This could include community awareness campaigns and collaboration with local leaders.

- Improve Accessibility:

    o Ensure that training venues are physically accessible and consider logistical challenges faced by participants in remote or underserved areas. Employ local experts to address language barriers.

10. Cultural and Societal Sensitivity

- Select Local Experts:

    o In regions with significant cultural and linguistic diversity, local experts can be involved who can provide culturally and linguistically appropriate training.

- Tailor Content to Local Contexts:

    o Customise training content to reflect local cultural beliefs and practices, ensuring that it resonates with participants and addresses their specific needs and challenges.

11. Addressing Intersectional Discrimination

- Adopt a Holistic Approach:

  - Recognize and address the intersecting forms of discrimination participants may face, such as gender, ethnicity, or socioeconomic status. Tailor training to reflect these diverse experiences.

- Ensure Inclusivity:

  - Develop content and training methods that are inclusive and relevant to participants' varied backgrounds, ensuring that all individuals feel represented and supported.

12. Ongoing Evaluation and Feedback

- Regularly Assess Training Effectiveness:

  - Continuously gather feedback from participants and stakeholders to evaluate the Effectiveness of training methods and materials. Use this feedback to make necessary adjustments and improvements.

- Monitor Impact:

  - Implement monitoring mechanisms to track the impact of training on participants' SRHR knowledge and practices. Make data-driven decisions to enhance program effectiveness.

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Inception Report collection Tools

In-Depth Interview Guide: Peer Educators and Counselors

Introduction:

Thank you for participating in this interview. This Discussion aims to gather insights into your experiences, challenges, and successes as a peer educator or counsellor who delivers SRHR knowledge and information for persons with disabilities. Your input is valuable and will help inform efforts to improve SRHR services for this population. Please feel free to share openly and honestly.

Section 1: Background Information
1. Can you tell me about your peer educator or counsellor role in the SRHR field?
2. How long have you been involved in providing SRHR education and information to persons with disabilities?
3. What motivated you to become a peer educator or counsellor in this field?

Section 2: Training and Preparation

4. What training or preparation did you receive before engaging in peer education or counselling activities for persons with disabilities?
1. How did this training prepare you to address the unique needs and challenges of persons with disabilities in the SRHR context?
2. Do you feel you need any further training for any specific expertise? If so, please mention it in detail.

Section 3: Delivery of SRHR Knowledge and Information

6. Can you describe your methods or approaches to deliver SRHR knowledge and information to persons with disabilities?
1. How do you adapt your communication strategies to accommodate different types of disabilities?
2. What materials or resources most effectively facilitate SRHR education sessions for persons with disabilities?
3. What are the reflections of the persons with disabilities on the contents or methods of your deliveries?

Section 4: Challenges and Barriers

9. What are some of the main challenges in delivering SRHR education and information to persons with disabilities?
1. How do cultural beliefs and societal attitudes towards disability impact your work?
2. Have you faced any barriers in accessing persons with disabilities or engaging them in SRHR education activities?
3. Persons with disabilities may also face intersectional forms of discrimination based on gender, race, ethnicity, sexual orientation, or socioeconomic status, so in this context, how will you deliver the SRHR education and information?

Section 5: Successes and Impact

12. Can you share success stories or positive outcomes from your peer education or counselling efforts?
    1. How do you measure the effectiveness of your SRHR education sessions with persons with disabilities?
    2. In your opinion, what are the key factors contributing to successful SRHR education for this population?
    3. In your view, how would SRHR education for this population be sustainable?

Section 6: Recommendations and Future Directions

15. Based on your experiences, what recommendations would you make to improve SRHR knowledge and information delivery for persons with disabilities?
    1. How can peer education and counselling programs be enhanced better to meet the needs of this population in the future?
    2. What will be your recommediaiton to local government to improve SRHR knowledge and information delivering for persons with disabilities at community and school level?
    3. Are there any additional insights or comments you would like to share?

Tools for quantitative data collection

Semi-structured Questionnaire for Quantitative Data Collection

A. Participant Information

G1	Id		
G2	Sex of the respondent	Male Female Sexual Minority	1 2 3
G3	Age of the respondent	… … … Years	
	Permanent address of the respondent	District: Municipality	
	Current residential Address	District: Municipality	
	Level of education	Primary (0-8) Secondary (9-12) Bachelors Masters and above	
	Ethnicity	Brahmin Chhetri Dalit Janajati ….	
G4	Type of disability	Physical disability Visual impairment Hearing impairment Hearing-visual impairment Voice and speech impairment Mental or psychosocial disability Intellectual disability Hemophilia Autism-related disabilities Multiple disabilities	1 2 3 4 5 6 7 8 9 99
	Marital Status	Married Unmarried Single Divorced Separated	 2 3 4 5

B. Baseline Assessment of SRHR Knowledge

5	What aspects of the program did you find most beneficial? (Open-ended response)	
6	Which parts of the program in your opinion need improvement (Open-ended response- The probing question will be based on the previous response of the participant)	
6a	Could you justify your answer? (with reason) The probing question will be based on the previous response of the participant	
7	After your Training which content did you deliver in your peer educator session? No. of Participants….	
	How many people did you counsel?	
	What are the major issues raised by the participants during counseling sessions?	
	What are challenges did you face during the conduction of the session	
	How have you overcome the challenges that arise during the sessions?	
	As per your experiences as a peer educator How your peer education program in Nepal	
	How peer education Program supportive to deliver SRHR knowledge and skill for person with disability	
	What issue and content need to incorporate in previous Peer education training	
	How can Improve peer education program in Nepal	

F. Additional Comments

Please provide any additional comments or suggestions about the peer education program for SRHR among persons with disabilities (Open-ended response):

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Thank you for your participation!

Your feedback is valuable for improving SRHR education and support for persons with disabilities.

Field Visit