



Adolescent girls' capabilities in Nepal

The state of the evidence

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Disclaimer

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Acronyms and abbreviations

ADAP	UNICEF Adolescent Development and Participation
CBO	Community Based Organisation
CPN	Communist Party of Nepal
DHS	Demographic and Health Survey
EFA	Education for All
GAGE	Gender and Adolescence: Global Evidence
GDP	Gross Domestic Product
GNI	Gross National Income
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
HTTCA	Human Trafficking and Transportation (Control) Act 2007
ICT	Information and Communications Technology
ILO	International Labour Organization
IFAD	International Fund for Agricultural Development
IPEC	International Programme on the Elimination of Child Labour
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
NLSS	Nepal Living Standards Survey
PTSD	Post-Traumatic Stress Disorder
SLC	School Learning Certificate
SMC	School Management Committees
TVPA	Trafficking Victims Protection Act
UN	United Nations
UN TIP Protocol	Protocol to Prevent, Suppress and Punish Trafficking in Persons
UNDP	United National Development Programme
UNICEF	United Nations Children's Emergency Fund

Executive summary

Report objectives

This rapid review brings together key evidence on the wellbeing of adolescent girls (aged 10–19) in Nepal and the factors that influence their development in the core capability domains highlighted in the conceptual framework developed by the Gender and Adolescence: Global Evidence (GAGE) programme -- education and learning; bodily autonomy, integrity and freedom from violence; sexual and reproductive health, health and nutrition; psychosocial wellbeing; voice and agency; and economic empowerment -- along with cross-cutting themes. A companion report examines what is known about the effectiveness of interventions affecting adolescent girls in Nepal. This report discusses the availability of evidence and important knowledge gaps on girls' capability development, but it is not intended as a comprehensive situation analysis.

This report has been produced to inform GAGE programming and to feed into the design of the longitudinal impact evaluation study. In addition, it aims to provide a resource for researchers, programme designers and policy-makers to better understand what is known about the capabilities of adolescent girls in Nepal and what the key evidence gaps are so that GAGE and other research programmes can best contribute to a robust evidence base to support evidence-informed policy and programming.

Methodology

This report focuses specifically on adolescent girls and does not attempt to synthesise the body of literature on gender and development issues in Nepal, as the girl-focused literature itself draws on wider gender and development analysis. This report is intended as a living document, to be updated as necessary. It draws on a systematic search process and analysis of 300 relevant studies.

State of the evidence base on adolescent girls in Nepal

The literature on adolescent girls in Nepal covers a breadth of areas, with the greatest evidence on physical wellbeing, education and gender norms. There is a significant body of literature on education, economic wellbeing and bodily integrity (split equally between child marriage and violence against girls). However, we found limited evidence on the psychosocial wellbeing of adolescent girls. Adolescent girls are referred to within the literature on younger children and adult women; the body of studies with an explicit focus on adolescence is notably smaller.

Key findings and evidence gaps

Voice and agency

Overview of evidence: The first section in this report discusses the evidence base on gender norms, voice and agency. This evidence mapping found 86 sources, including primary research and secondary data analysis. Much of the literature focused on a number of cross-cutting capability areas such as child marriage, trafficking and issues specific to adolescent girls such as *chaupadi* (traditional restrictions on girls during menstruation). Fewer sources addressed adolescent girls' voice and agency (26 documents). The evidence tends to be on perceptions, attitudes and experiences of discrimination due to the difficulty of measuring norms quantitatively. This quantitative research is complemented by a growing body of qualitative research on gender norms, which furthers understanding of contextual factors, as well as the factors that facilitate changes in attitudes.

Key findings: There are strong traditional gender norms in Nepal, which shape patterns of behaviour for girls, boys, men and women. These norms are fundamentally unequal and underpin household investments in boys — who are seen as a source of future income — and decisions about girls' marriage, labour force participation and education. Gender norms also shape girls' access to nutritious food, their health and ability to access

services as well as limiting their voice, agency and decision-making abilities. An issue specific to adolescent girls is *chaupadi*, which limits girls' capabilities and mobility across many areas, cutting them off from education, work and social interaction. The extreme discrimination facing girls during menstruation has far-reaching consequences, including creating a sense of shame and 'otherness', with girls being treated as lesser beings than boys. Other issues facing younger girls, boys and women include trafficking, violence at home, at school and in the community, and gendered restrictions on decision-making. Some of these norms are rooted in religious views, while others are financial and reflect perceptions of the 'ideal wife'. Gender norms underpin many of the inequalities that adolescent girls in Nepal face; adolescence is a window of opportunity for the development of more egalitarian gender norms for behaviour both in adolescence and adulthood.

Significant challenges regarding gender norms persist, demonstrated by the Adolescent Development and Participation baseline survey, with only 80% of boys considering that men and women should be treated the same (compared to 92% of girls surveyed) (Amin et al, 2014b). However, there have also been strong examples of positive change. Child marriage and adolescent birth rates are falling and growing numbers of girls are participating in education at primary and secondary levels. There are also a number of projects addressing *chaupadi*, while data from the Central Bureau of Statistics demonstrate reduced rates of severe and moderate discriminatory practice (with the exception of an increase in girls avoiding social gatherings).

Education and learning

Overview of evidence: The second section in this report is based on 118 sources, including primary research and a significant number of sources utilising secondary data analysis. The majority of literature is qualitative, and is complemented by central government and World Bank data sets. The evidence provides a strong overview of the various policy and programme instruments used to achieve general improvements in access to education as well as to reduce gender inequalities. One area that is lacking in data and research is the inequalities faced by adolescent girls from disadvantaged and marginalised backgrounds, such as *Dalit* children, those with disabilities, those from other minority ethnic backgrounds and from geographic regions with high levels of deprivation.

Key findings: There have been significant improvements in primary educational access and enrolment for adolescent girls in recent years. The country is widely acknowledged to have achieved gender parity at primary level although there remain inequalities in completion of secondary-level education and literacy, however, which reflect socioeconomic status and location. For example, Western Terai has the lowest Gender Parity Index (GPI) at 0.93 for primary, and the Far Eastern Hills have a GPI of 0.86 at secondary (Central Bureau of Statistics, 2015). The Government of Nepal has implemented a range of policies and programmes to target improvements in enrolment and completion in education, resulting in a net enrolment ratio (NER) of 94% for girls and 95% for boys at primary school and 62% for girls and 58% for boys at secondary school (World Bank, 2016d). Completion rates at primary school are similarly high. However, literacy rates among young people aged 15–24 show inequalities, with girls at 80% and boys at 90% (World Bank, 2016d). Attendance rates for girls are lower than for boys, reflecting unequal domestic workloads.

The general quality of education in Nepal is frequently noted as requiring improvement. The quality of provision is highly unequal, correlated with income, location and ethnicity. Additionally, there remain inequalities for adolescent girls from low castes, those with disabilities and other minority ethnic groups. There is evidence to suggest that *Dalit* children face widespread discrimination from teaching staff and there is a lack of provision in minority ethnic children's native languages. Further inequalities are noted across girls' socioeconomic backgrounds, with those from the richest wealth index quintile having the highest literacy rates (Central Bureau of Statistics, 2015). There are many reasons cited in the literature for these persistent inequalities, such as gender norms and economic factors that keep girls at home, the high prevalence of child marriage and a lack of female role models in education.

Bodily autonomy, integrity and freedom from violence

Overview of evidence: The third section in this report discusses the evidence base on bodily integrity, encompassing three aspects of this capability area: child marriage, violence against girls, and trafficking/sexual exploitation. This evidence mapping found 90 sources, again including primary and secondary research, with the literature split evenly between these areas. There are large-scale data sets providing useful data, in particular on child marriage rates. Violence against girls and trafficking are less well-documented quantitatively, although there is a small body of qualitative research on these areas. There is a wider evidence base when looking at violence against women and trafficking in general; however, notably less literature addresses these issues among adolescents.

Key findings: Child marriage rates are extremely high across the country, with Nepal widely regarded as having some of the highest rates of child marriage in the world. The median age of marriage for women aged 15-49 is 17.9 years, although the legal age of marriage is 18 years. The median age of marriage for men in the same age group (15-49) is 21.7 years (Ministry of Health and Population, 2017). Median ages drop as low as 16.5 for women (age 20-49) in Province 2 (ibid.). Girls are four times as likely as boys to be married before the legal age; however, boys are also affected by social norms encouraging child marriage. Child marriage is seen as 'deeply rooted' in Nepalese culture and is a consequence of the low social status of girls, the social importance of a girl's purity, and other factors such as geography, poverty and limited alternative livelihood options. There have been significant improvements in child marriage rates across the country, with data showing that 16% of those currently aged 45–49 were married before the age of 15, while current 15–19-year-olds reported a rate of 4% (ibid.). The rate of decline has been noted as stronger in urban areas than in rural areas.

Violence towards girls is common and affects all aspects of girls' lives – at home, at school and in the community. Various studies demonstrate high levels of acceptability of violence towards women and girls. For example, in one study, nearly half of adolescent girls (42%) and boys (46%) agreed that women should tolerate violence to maintain family harmony (Amin et al., 2014a). Husbands are not the only reported perpetrators of violence; peers, other family members, mothers-in-law and school staff are also cited in the literature. Discipline of children is often violent, with 82% of children aged 1–14 having experienced psychological or physical punishment during the month previous to the 2014 Multiple Indicator Cluster Survey (MICS) (Central Bureau of Statistics, 2015).

Trafficking rates, although estimates, are also high, with up to 12,000 Nepalese girls trafficked each year. Adolescent girls are targeted due to their young age and girls from rural areas are also particularly vulnerable. Trafficking takes place for two major purposes: employment and sex work. There is a large flow of trafficked girls from Nepal into Indian brothels; however, trafficking to other areas of the world and areas of Nepal also takes place. In one study of Nepalese sex-trafficked girls and women, the median age of trafficking was 17, with 15% of the women trafficked prior to the age of 15 (Silverman et al., 2007). There is evidence showing that women who have worked in the sex trade are regarded as 'soiled' by their communities, forcing them to return to urban areas away from their previous communities, or face social isolation.

Sexual and reproductive health, health and nutrition

Overview of evidence: This section draws on 121 sources, the most of any of the capability areas examined in this report. The evidence is strongly focused on sexual and reproductive health (SRH), which continues to be a major emphasis of adolescent-focused development activity in Nepal, though there is a sub-set of studies on the determinants of adolescents' nutritional status and a growing number of studies on adolescent substance use.

Key findings: Gender norms underpin high child marriage and adolescent childbearing rates: around a quarter of 15-19-year-old girls are married, and around 17% have started childbearing, with higher rates in rural areas and among poorer socioeconomic groups (Ministry of Health and Population, 2017). Though the adolescent pregnancy rate has declined over the past two decades, pregnancy-related factors remain a key cause of

mortality among adolescent girls. Traditional norms are very much against premarital sex, and although levels are low and accurate measurement is difficult, it appears to be becoming more common.

Studies of adolescent girls' knowledge of menstruation indicate that while the majority are informed about menstruation, they face challenges in managing it, particularly because of the unaffordability of commercial products. In several surveys, less than half the girls interviewed were able to provide correct answers on how to protect themselves from HIV and other sexually transmitted illnesses (STIs). Traditional attitudes towards premarital sex, fertility and the role of girls can restrict the ability of adolescent girls to access support and services such as family planning, including contraception. Adolescent girls are also vulnerable to undernourishment, with 30% having a low Body Mass Index (BMI <18.5) and 44% affected by anaemia (Ministry of Health and Population, 2017). Rates of tobacco and alcohol use among adolescent girls are reported to be low; boys' use rates and vulnerability to associated health problems are considerably higher.

Psychosocial wellbeing

Overview of evidence: Of all the capability areas examined, girls' psychosocial wellbeing was the one with the least information (22 sources). There are two key statistical evidence sources: the Nepal Adolescent and Youth Survey and the Multiple Indicator Cluster Survey (MICS) 2014. Several smaller-scale quantitative and qualitative studies also provide insights into the psychosocial wellbeing of specific groups (such as street-living children and adolescents, and former child soldiers), or particular issues, such as the inter-relationships between child marriage, vulnerability to gender-based violence and emotional wellbeing.

Key findings: Psychosocial wellbeing is increasingly recognised as an important outcome for adolescent girls and a driver of outcomes in other areas. Data from national surveys suggest that overall, the vast majority of girls in Nepal are satisfied with their lives (80%) and feel positive about their future. However, a higher proportion of adolescent girls than boys report feeling sad and depressed, that they cannot cope and that they lack confidence; women account for 21.8% of suicides in Nepal (Suvedi et al., 2009). Although little is known about the specific risk factors that underpin this pattern, it is clear that the psychosocial wellbeing of adolescent girls is undermined by the pressure of conforming to social norms, of child marriage, violence perpetrated by husbands, sex trafficking, child labour and the legacies of conflict.

Economic empowerment

Overview of evidence: There is a substantial body of evidence on factors underpinning adolescent girls' economic capabilities (99 documents examined), focusing on child labour, youth employment, migration, asset-holding and access to financial services. The statistical information presented in this section draws primarily on the 2014 MICS and the 2016 Nepal Demographic and Health Survey (DHS) and is supplemented by qualitative and quantitative studies on specific issues, such as access to financial services.

Key findings: Around 28% of 5-14-year-olds are involved in child labour, whether inside or outside the home. Girls are more likely than their male peers to be working for long hours, to have less sleep and leisure time and to be engaged in hazardous work. In various sectors of the economy, including carpet-weaving and agricultural work, child workers face physical and sexual abuse as well as exploitation. Among adolescents who are paid for their work, boys are paid more than girls. Adolescents and younger children are at much greater risk than adults of involvement in bonded labour, with similar rates among boys and girls.

Among 15-19-year-olds, girls are less likely to be employed than boys (40% and 47% respectively). Girls and boys also undertake different types of work. Girls are much more likely to be working in agriculture than boys (80% versus 44%), while many more boys are employed in skilled manual jobs than girls (13% versus 6%). Female employment rates decline with education. Girls are less able than boys to migrate to take up economic opportunities, but are more vulnerable to the risks of migration, including sexual exploitation and trafficking. Women in Nepal have less access to productive assets than men, but there is limited evidence about the access of adolescent girls. Only about 38% of all adolescent girls are able to make decisions about their earnings. Some studies report that more adolescent girls than boys save, and save larger amounts, and thus have

financial assets; data from financial institutions and credit and savings cooperatives suggest that few use formal savings.

Conclusions

There is a varied picture of evidence on adolescent girls' capabilities in Nepal, with a strong knowledge base on SRH and a substantial body of evidence on education. There are specific gaps that GAGE would be well-placed to fill, including the following.

Adolescent girls' access to ICT and other media, and their implications both for changing gender norms and for enhancing girls' access to key information – for example, on their rights, on SRH, and in supporting their education.

Vulnerability to and experiences of sexual violence: The majority of literature focuses on adult women, despite adolescent girls' specific vulnerability to sexual harassment in public places ('eve-teasing').

Economic empowerment: There is little understanding of adolescent girls' access to credit and savings cooperatives, as data are not disaggregated by age, and it is likely that adolescent girls are subsumed within the 'adult women' category. It would also be helpful to better understand the barriers girls face in building up financial and other economic assets.

Psychosocial wellbeing: It would be particularly helpful to explore the role of mobility and social connectedness, and effective violence prevention in enhancing adolescent girls' psychosocial wellbeing. There are specific knowledge gaps related to risk factors for adolescent suicide, and the implications of mental health policies or prevention strategies for adolescents.

Though adolescent **girls' voices** come through in some areas (particularly in studies related to social norms and child marriage), GAGE should ensure that girls' perspectives are well represented in its work on psychosocial and economic wellbeing, where there is much less evidence (other than in relation to child labour).

Voice and agency: GAGE could usefully explore how to effectively support girls to develop voice and agency and how to avoid a backlash against perceived challenges to existing social norms and patterns of behaviour.

Greater body of evidence on adolescent girls from outside the Central region: Studies from Nepal's Central region dominated those examined in this rapid evidence mapping, and there is a particular absence of evidence on the lives of girls in the Far West and Mid-West regions.

1. Introduction

This rapid evidence mapping report outlines the key evidence on six main areas of adolescent girls' capabilities highlighted in GAGE's conceptual framework: voice/agency, education, bodily integrity, physical wellbeing, psychosocial wellbeing and economic wellbeing. The following cross-cutting themes are also discussed: gender and social norms, migration, conflict, natural disasters, and impacts on specific disadvantaged groups of girls (e.g. those from low castes or minority religious groups, those living in extreme poverty, and those with disabilities). This evidence-mapping exercise is intended to highlight areas of knowledge that are strong and those that are lacking. It is also to be used as a background reference document presenting data on the situation of adolescent girls in Nepal for GAGE consortium members. It should be noted that it is not a comprehensive situational analysis.

1.1. Methodology and overview of literature

A systematic search process was used for this rapid evidence mapping. Searching primarily took place using eight academic databases.¹ These databases were chosen for their coverage of a breadth of thematic areas affecting the capabilities of adolescent girls and their geographical spread. Following the database search, the results were screened on title and abstract in EPPI Reviewer 4 (systematic review software), followed by full-text screening for final inclusion. This search methodology provided a rigorous and time-efficient approach to the literature search. To supplement these academic database searches, further key word searches were completed in Google Scholar and on websites of organisations known to be active in Nepal. Full details of search locations and terms are included in Annex 1. The literature was single-screened with a number of borderline pieces of literature double-screened. EPPI Reviewer was used for coding, which assisted the evidence mapping and production of this report, and the accompanying Interventions report.

The search team applied strict inclusion criteria, only including literature that addressed adolescent girls' capability development and factors that influence them. The available literature on gender and development in Nepal is substantial, so maintaining a tight focus on adolescent girls ensured that only literature with a high relevance was included.

Initial academic database searches yielded 4,665 results, with 2,859 duplicates removed. 1,818 records were screened on title and abstract for inclusion, with 227 full-text screened. All included texts were snowballed. Table 1 shows the thematic breakdowns for the 300 included studies. The bulk of the literature was found across capability areas other than psychosocial wellbeing, which was particularly lacking in both situational studies and interventions in Nepal.

Table 1: Thematic distribution of studies included in this report (note: studies are coded with multiple capability areas)

Capability area	Number of studies
Gender norms, voice and agency	104
Education	118
Bodily integrity	90
Physical wellbeing	121
Psychosocial wellbeing	22
Economic wellbeing	99

¹ Global Health, Socindex, EconLit, Web of Science, IBSS, ERIC, Child Development & Adolescent Studies, Bibliography of Asian Studies

1.2. Limitations

The rapid, desk-based nature of this study means that it is not an exhaustive scoping of the topic areas. Some key literature may have been missed and some other relevant studies may have been excluded on their marginal relevance to adolescent girls. Other studies may have been excluded due to the single screening process by one researcher.

1.3. Context of Nepal

Nepal is a landlocked country bordered by China to the north and India to the south, east and west. Its population is 28.51 million, with a current gross domestic product (GDP) of \$20.88 billion and GDP growth of 3.4% annually (World Bank, 2016a).

Nepal is one of the poorest countries in the world. Its 2014 Human Development Index (HDI) value was 0.548 and its rank was 145, which is higher than Afghanistan (0.456, rank 171) but lower than Sri Lanka (0.757, rank 73) and below the average of 0.607 for countries in South Asia (UNDP, 2015a). The share of the population living below the national poverty line was 25.2% in 2013 (Asian Development Bank, 2016). This poverty rate was lower than in Bangladesh (31.5%), but higher than in India (21.9%). Poverty rates in rural areas are nearly 1.8 times greater than in urban areas (Asian Development Bank, 2013). The poverty rate increases to 45% in the Mid-Western development region and 46% in the Far-Western region, and varies between castes and ethnic groups (IFAD, n.d.).²

Agriculture is the largest employment sector and represents one-third of GDP (World Bank, 2015). Gross national income (GNI) per capita is \$730 (World Bank, 2016d). Despite high levels of poverty, Nepal's social protection system does not provide a reliable safety net to households (World Bank, 2015).

The country is classed as low income. In a remarkable achievement, Nepal halved the proportion of people living below the poverty line within seven years. The proportion of those living on less than \$1.25 per day fell from 53% in 2003-04 to 25% in 2010-11 (World Bank, 2015). The economic outlook is being affected by trade disruptions following the adoption of a new constitution in 2015 (World Bank, 2016c).

Adolescents (male and female) comprise 24.2% of the total population, according to the 2011 census (Central Bureau of Statistics, 2014a). The median age of the population is extremely low, at 23.4 years (Central Intelligence Agency, 2016). The highest numbers of adolescents live in Kathmandu district, with the lowest number living in Manang district (Central Bureau of Statistics, 2014a).

Civil war from 1996 to 2006 and the 2015 earthquake were two significant, recent incidents that affected adolescent girls and the population as a whole. They will both be discussed at various points within this report. In 1996, the Communist Party (Maoist) began a movement resulting in conflict with the elected government. This conflict was, however, 'guerrilla' in nature, with no formal 'front line'. The country experienced displacement as the population moved to avoid the conflict, with 13,000 deaths and 200,000 displaced (1% of the population) (United States Agency for International Development (USAID), 2007). Due to the ideological nature of the Maoist insurgency, combatants took a stance against caste-, ethnicity- and gender-biased traditions, resulting in substantial numbers of female combatants (up to one-third were reportedly women) (Valente, 2011). A peace agreement was signed in November 2006, and in 2013 peaceful elections were held, signifying the peaceful transfer of power and formation of a democratic state (World Bank, 2016b). There have been significant political changes since 2006.

The World Bank reports steady economic improvement, but there remain some broader economic issues affecting the population as a whole: the reliance on agriculture (which employs three-quarters of the

² Prior to 20 September 2015 the country was divided into five development regions (Eastern, Central, Western, Mid-Western and Far-Western) – divisions that this report follows. There are 14 administrative zones and 75 districts. The country is made up of several ecological regions that some studies/reports use. These are: high mountain, middle mountain, hill, siwalik and tarai.

population), a weak social protection system, impacts of climate change and natural disasters, and low numbers of children continuing beyond grade 8 (World Bank, 2016b). The 2015 earthquake had a significant impact, causing 9,000 deaths, and pushing an additional 3% of the population into poverty as a result (World Bank, 2016b). It should be noted that there is little literature included in this review on the impacts of the earthquake due to the recent nature of the disaster.

Nepal has a diverse population of 126 ethnic/caste groups; the predominant (and highest) castes are Brahman and Chhetri (Central Bureau of Statistics, 2012a; 2014b; Parker et al., 2014). There is entrenched social exclusion and discrimination exemplified by the caste system, which was legalised in the Muluki Ain (Civil Code) of 1854 (Asian Development Bank, 2010) and has existed in Nepal since the 14th century. Legally, the caste system has been abolished; however, the country remains highly divided along a Hindu-dominated caste system, with notable discrimination towards lower caste and minority Janajati (indigenous Nepalese) people (Parker et al., 2014) who experience high levels of poverty and illiteracy. Janajati and Dalit youth were less likely to be aware of the law than Brahmin and Chhetri youth. There are also 123 different languages (Central Bureau of Statistics, 2012a; 2014b). The majority religion across Nepal is Hindu, at 81.34%, followed by Buddhism, at 9.04% (Central Bureau of Statistics, 2014b). The disability rate is estimated to be 1.9% (Central Bureau of Statistics, 2014b).

As noted by Ghimire and Samuels (2014a), Nepal has made impressive improvements across many development indicators, but adolescent girls still face entrenched discrimination and challenging social norms. This unequal development has ensured that girls still face highly gendered constraints on their key capabilities. A key indicator of this is the persistent high rates of child marriage, despite improvements in recent years. The range of capabilities affecting adolescent girls' development will be discussed in depth in the remainder of this report.

2. Voice and agency

Key findings

- There are strong traditional gender norms in Nepal that underpin ideals and patterns of behaviour for girls and boys, men and women.
- Sons are seen as a source of future wellbeing, while investments in daughters are perceived to deliver little economic return because they will leave the household.
- Sons are considered necessary to perform Hindu funeral rites and to bring a daughter-in-law to the natal home.
- Chaupadi (traditional restrictions on girls during menstruation) limit girls' participation in education, economic and social life, but menstrual discrimination was reported by a lower percentage of girls in 2014 than in 2010.
- Sex-selective abortion in Nepal is illegal, but there is some evidence that son preference is impacting birth rates and fertility decisions.
- Gender norms also underpin high child marriage rates, and limit girls' education, their economic empowerment, health and access to services. Gender norms also limit girls' voice, agency and decision-making abilities.
- There are some examples of positive changes around social norms, such as enrolment in primary education and growing mobility for some groups of adolescent girls; there are also some persistent challenges, such as high rates of gender-based violence.

2.1. Overview of sources


The theme of social norms emerged in 86 of the documents located in the search process. These documents included studies based on fieldwork and analysis of primary and secondary data. The evidence on these issues also included research focusing on particular issues, such as trafficking and sexual exploitation or child marriage (Karim et al., 2016), which also address issues of gender norms, voice and agency. Issues related to voice and agency emerged in 26 documents, about half of which were academic sources. Most of these documents also discussed social and gender norms.

2.2. Key gender norms affecting adolescent girls

Gender norms are a specific type of social norms — informal rules and shared expectations — that shape expectations for behaviour based on gender (Marcus et al., 2015). The power and resource inequalities that disadvantage women and girls are reflected in gender norms, and gender norms contribute to inequalities, so norms can restrict the opportunities available to women and girls and limit their wellbeing (ibid.). Adolescence can also be an opportunity to develop gender-equitable norms, positive attitudes and behaviours (Institute for Reproductive Health, 2011).

Nepal is a patriarchal society where women face unequal power relations and gender-based barriers (Asian Development Bank, 2010) and traditionally are unequally valued (Institute for Reproductive Health, 2011). There are considerable gaps between boys and girls in the household work they undertake, their access to education, and their freedom and autonomy (Institute for Reproductive Health, 2011; Lundgren et al., 2013). There is also evidence that adolescent boys and girls themselves hold different ideas about appropriate gender roles. In the Adolescent Development and Participation baseline study of 3,000 adolescents aged 10-19, most girls (92%) considered that men and women should be treated the same, a much higher proportion than boys (80%), with older adolescents more likely to express gender-equitable attitudes (Amin et al., 2014b).³

Gender norms in Nepal are shaped by the codes of conduct and Hindu values of chastity and honour, concerns about the purity of unmarried women and girls, the traditional role of women in the family and perceptions

³ 93% of 15-19-year-olds expressed gender-equitable values (men and women should be treated the same) compared with 83% of 10-14-year-olds (Amin et al., 2014b). 

about an ideal wife or daughter, and son preference. Gender norms have significant implications for the lives of adolescent girls, dictating which clothes are acceptable, interactions with members of the opposite sex, and mobility outside the home (Ghimire and Samuels, 2014a). More 10-19-year-old girls than boys report feeling discriminated against at home (26% of girls vs 6% of boys) and school (16% of girls vs 7% of boys) (Amin et al., 2014b).⁴

This capabilities report considers how gender norms shape preferences for sons that lead to sex-selective abortion and differential investment in male offspring, child marriage, differential access to education and health services, and girls' reduced economic opportunity.

In Nepal, deeply entrenched ideas about appropriate behaviour for women and men are rooted in ideas about desirable qualities in an ideal girl or wife (Ghimire and Samuels, 2014a). For example, fieldwork⁵ in Wayal and Salena in Doti district indicated commonly held perceptions of an ideal daughter, wife or girl as someone who should be willing and able to do all kinds of household work, should be submissive and obedient to her spouse and in-laws, and should not leave the house except for household work (Ghimire and Samuels, 2014a). In contrast, the ideal boy, husband or son-in-law was considered someone who does not drink alcohol, provides for his family and wife, and is more educated than the daughter or wife (ibid.).

Gender norms regarding the role of women and adolescent girls are shaped by the dominant family structure and practices. Most families are multigenerational and extended, with 'patrilineal inheritance and kinship' (Brunson, 2010). While sons stay with their parents, daughters are expected to move to be with their future husband's family and so will not be present to care for parents in their old age (Beutel and Axinn, 2002). Returns to investment in a daughter in Nepal are seen to be small (Johnson, 2010); daughters are considered economic liabilities due to their likely lower earning potential and the possible need for a dowry, in contrast to sons who will remain with the family and are capable of hard physical labour (Subedi, 2011).

Brunson's (2010) ethnographic study found that older women consider sons necessary for a family to perform Hindu funeral rites — lighting the pyres of parents and ensuring they can pass to the next world — and for their role in bringing a daughter-in-law to the household. Parents typically hold more concrete and ambitious hopes for sons than daughters (Institute for Reproductive Health, 2011). This preference for sons affects the birth rate of girls and boys, investment in girls, and expectations for the behaviour of girls and boys (see section 2.2.2 below).

Many women experience multiple disadvantages and are affected by norms relating to their caste and ethnicity as well as gender.

Menstrual restrictions

Strong beliefs and customs based on Hindu principles of purity impose restrictions on women and unmarried girls that prevent them from fully participating in school, family life, and economic activities (Posner et al., 2009; Institute for Reproductive Health, 2011).

Particularly significant restrictions for some adolescent girls are those around menstruation or *chaupadi*. This can include ritual confinement of girls following menarche, and restrictions on behaviour or activities during a girl's period. Because menstrual blood is traditionally seen as polluting, Newar girls are ritually confined to a dark room or place such as a cow shed for a period of time reported as 12 days (Emmrich, 2014) or up to 22 days, where they can avoid Surya, the god of sunlight and a symbol of purity (Posner et al., 2009). These exclusions are repeated monthly, though typically for fewer days (Posner et al., 2009).

⁴ Data from Adolescent Development and Participation baseline study of 3000 adolescents aged 10-19.

⁵ Fieldwork included in-depth interviews, focus group discussions, inter-generational trios (girls, mothers and grandmothers or older men and sons), marriage network case study, community timeline, outlier case studies and key informant interviews.

In the 2014 Nepal MICS, which surveyed 12,975 households,⁶ one in four (24%) girls aged 15-19 reported having to stay in a different room of the home and more than half (58%) avoid social gatherings during menstruation (Central Bureau of Statistics, 2015). Severe discriminatory practices are less prevalent than moderate discriminatory practices. The MICS showed that among 15-19-year-old girls, 3% reported having to stay in a specific house, 3% reported having to stay in an animal shed, 3% reported eating different food, and 1% reported having to be absent from school or work (Central Bureau of Statistics, 2015).

These figures were considerably lower than those reported in the 2010 MICS (see Table 2). For example, in 2010, almost half (48%) of 15-19-year-old girls reported having to stay in a different room of the home — a prevalence twice that in 2014 (Central Bureau of Statistics, 2012b). It is important to note that the two surveys cannot be directly compared because of their different sample; the lower figures may indicate changing practices or a relative improvement in Nepal overall, compared with the Mid- and Far-Western development regions surveyed in 2010.⁷

Table 2: Percentage of women aged 15-19 who experience discrimination during menstruation

	Severe discriminatory practices				Moderate discriminatory practices			
	Stay in a separate specific house / chaupadi	Stay in animal shed	Eat different food	Absent from school/ work	Stay in a different room of home	Bath in separate place	Avoid social gatherings	Sample size
2014 survey	3.4	3.4	2.5	1.4	24.3	9.2	57.5	2680
2010 survey	18.2	11.1	10.6	7.1	47.6	30.4	15.4	1480

Source: Data from Central Bureau of Statistics, (2015 and 2012b). Note that the 2010 survey (2012b) was not nationally representative, but only covered the Mid- and Far Western development regions.

There are positive examples of practices of *chaupadi* being ended. For example, in Wayal and Salena, women’s and adolescents’ groups were created in the village under the Ministry of Women, Children and Social Welfare and mobilised together with health workers to end the practice, allowing girls to stay in the house and go to school while menstruating (Ghimire and Samuels, 2014a).

Although *chaupadi* is a Hindu practice, girls from other groups may also face religiously based menstrual restrictions. Under Islamic law, a menstruating woman is not allowed to pray, fast, or touch the Koran (WaterAid, 2009), but it was not clear whether this impacts adolescent girls in Nepal. Buddhist, Janajati and other ethnic minority girls do not typically experience sequestration at menarche or engage in other monthly rituals (Posner et al., 2009), and evidence from focus group discussions suggested that these restrictions are more common among Bahun, Chhetri and Newar caste groups (WaterAid, 2009).

Son preference and sex-selective abortion

The total fertility rate in Nepal fell from 6 in the 1970s (Brunson, 2010) to 2.4 in 2012 (UNICEF, 2013). However, having male children remains very important (Brunson, 2010). The ratio of newborn boys to girls increased from 103.5 boys for every 100 girls in 1991 to 104.2 in 2001 and 106 in 2011 (Puri and Tamang, 2015b). The

⁶ The Multiple Indicator Cluster Survey (MICS) is a UNICEF international household survey programme undertaken in Nepal in 1995-97, 2010 and 2014.

⁷ The 2010 MICS surveyed 7,372 women aged 15-49, and was not a national survey but focused on the Mid- and Far-Western regions.

normal biological range for sex ratio at birth is 104-106 (Puri and Tamang, 2015b). While the overall figures are within the normal range, within Nepal, there are some regions where the sex ratio at birth is far higher — reaching 110 in 2011 in the Western Region (Central Bureau of Statistics 2012, in Puri and Tamang, 2015b) — and the sex ratio at birth is higher in urban areas than rural ones. Nine districts of Nepal⁸ had a high child sex ratio (defined as greater than 108) in the last two censuses (Puri and Tamang, 2015b).

Sex-selective abortion and sex determination are illegal in Nepal (Frost et al., 2013). However, despite awareness of the ban on sex-selective abortion, health care providers report that sex selection is a growing problem and son preference may drive some women to seek out illegal abortions after 12 weeks' gestation (Lamichhane et al., 2011a). A comparison of sex ratios at birth in Nepal before and after the legalisation of abortion in 2002, drawing on four DHS surveys in 1996, 2001, 2006 and 2011, suggests a substantial increase in the use of sex-selective abortion (Frost et al., 2013). After abortion was legalised, just 325 girls were born for every 1,000 boys to the wealthiest urban women (ibid.).

There is also evidence that son preference affects the reproductive and fertility decisions of women. For example, Uprety et al. (2011) report that in Duhavi village in Sunsari district, among 305 women, 40% of those whose last child was a girl were using family planning methods in contrast to 92% of those whose last child was a boy. A study of 300 women of reproductive age in Sonapur village, Sunsari district, found greater birth spacing after a male baby, and a male-to-female sex ratio of offspring among those not wanting more children of 1.41 (Regmi, 2009). Gudbrandsen's (2013) analysis using 2006 DHS data⁹ suggested that having a female first child was significantly associated with increased probability of subsequent children, with estimates in the range of 20% to 30%.

Changing gender norms

In Nepal there is evidence of both change in a more gender-egalitarian direction and of ongoing challenges with respect to social norms (Watson, 2014). Some social norms for girls are relaxing, and there is growing awareness of the legislation regarding minimum legal age of marriage (Watson, 2014). Although child marriage remains prevalent (see section 4.2), the age of marriage is increasing and space for girls to voice their opinions about marriage is growing (Ghimire and Samuels, 2014b). The adolescent birth rate is decreasing, and girls are increasingly enrolled in primary and secondary school education. Schools are important for equipping girls with the tools and capacity to overcome discriminatory norms and practices (ibid.).

When adolescent girls and adults in Kathmandu were asked to produce a 'lifeline' charting the key events in a typical girl's life, young women included college and work, love and a much later age of marriage and first childbearing compared with adult women — the timeline of the older cohort was more realistic, but highlights the disparity between the aspirations of girls and realities of their lives (Mathur et al., 2004). There is also some evidence that parents support the progressive aspirations of their children regarding ideal age at marriage and length of gap between marriage and initiation of childbearing (ibid.).

Adolescents may look to role models in their communities, such as teachers or siblings, or allies such as the younger brother of a husband, for support against traditional gender norms (Ghimire and Samuels, 2014a). Evidence from fieldwork conducted in Wayal and Salena (Doti district) shows that family units act as important institutions that can support girls and enable them to go against traditional norms in positive ways (ibid.). Despite this progress, gendered social norms around marriage and education remain sticky due to 'economic pressures, ignorance and limited exposure to other ways of doing things, people's experiences of the negative impact of changes and fear of a social backlash' (ibid.).

There are also examples of change. Nepalese men have traditionally had more freedom of movement than women as many parents hold concerns that their daughters' reputations may become 'spoiled' by spending time outside the house or with boys (Watson, 2014). However, scooters are transforming the mobility of 15-

⁸ Kathmandu, Bhaktapur, Lalitpur, Kavrepalanchowk, Chitwan, Kaski, Syanga, Arghakhachi and Rupandehi

⁹ The Nepal Demographic and Health Survey 2006 was based on 10,793 women aged 15-49 in 8,707 households.

25-year-old girls in Kathmandu¹⁰ and pushing the boundaries of acceptable behaviour outwards – allowing some young women to access new spaces (Brunson, 2014). This is an example of changing gender norms, though these changes in norms and the freedom and mobility associated with them have not spread to rural areas or to poorer girls.

The experience of civil war in Nepal also challenged some gender norms. Adolescent girls were active in the Maoist group, in roles such as community 'motivators', gaining support for the Maoists and taking part in firearms training (Watchlist, 2005). One study based on focus group discussions and interviews¹¹ describes how joining the Maoist army was 'seen as an escape from patriarchal households for adolescent girls, but brought with it the risk of gender based violence' (Parker et al., 2013).

2.3. Voice and agency

Overall, girls in Nepal have little voice in their communities or families (Ghimire et al., 2013). Gender norms shape how adolescents communicate; while boys are expected to speak out and dominate, norms dictate that girls be docile and reserved (Lundgren et al., 2013). Two key impediments to women's active participation are the patriarchal structure of the social system and the widely accepted view of an ideal woman as submissive and not outspoken (Ghimire et al., 2013). For example, adolescent boys and girls consider boys more able to refuse an arranged marriage than girls and agree with masculine gender roles such as men needing to be tough and defend their reputation (Amin et al., 2014b).¹²

Qualitative and participatory research¹³ in Doti and Ilam found that girls reported having limited opportunities to express themselves, though school was an occasional exception. Their opportunities to engage in decision-making within the family were limited, though educated and older girls, and married girls, tend to be listened to more (Ghimire et al., 2013).

Baseline work undertaken for an evaluation of Save the Children's Choices Curriculum in Siraha district with 603 10-14-year-old adolescent boys and girls showed gender gaps in household work, education, decision-making autonomy and leisure time – with one male respondent stating that 'if a boy works like that he would be unmanly, and boys would get laughed at' and another that 'boy should be studying and girl should be working' (Institute for Reproductive Health, 2011).¹⁴

The Nepal Living Standards Survey 2010/11 captured subjective data about the degree of participation of men in 15 different types of daily household decision-making,¹⁵ and the results suggested that more than seven out of ten men are 'involved a lot', while half made decisions together with their spouse (Central Bureau of Statistics, 2011b). Overall, more men made the final decisions on issues such as education, health care, contraception, consumption and expenditure than their wives (Central Bureau of Statistics, 2011b). Within marriage, many young women have limited agency and their husbands may make key decisions about contraceptives or pregnancy, especially as many men are considerably older than their wives (Aguilar and Cortez, 2015). After marriage, many young women have to defer to their mother-in-law.

¹⁰ Brunson's (2014) study focused on affluent girls in the Kathmandu Valley, most of whom had passed their School Leaving Certificate and were attending college.

¹¹ Focus group discussions and interviews were conducted with school children, parents, teachers and community leaders between 2004 and 2006. The study was also informed by discussions and observations with NGOs and teachers in the post-conflict period.

¹² The Adolescent Development and Participation baseline study was conducted with 3,000 adolescents aged 10-19.

¹³ Data collection included community mapping, historical timelines, observation, key informant interviews, intra household-case studies, life histories and generational pairing, in-depth interviews and focus group discussions.

¹⁴ The baseline work included surveys with 309 young adolescents in the experimental area of Bhawanipur and Pokharvinda (48% female, 52% male) and 294 from control area of Chandraudhayapur and Devipur (48% female, 52% male). The research also included a range of qualitative and participatory approaches.

¹⁵ The topics of decision-making are children's education, choice of school for children, personal (woman's own) health care, pre-natal care, use and method of family planning, children's health care, expenditure on food, other household expenditure, selling household goods (including livestock), crop cultivation, receiving credit, use of loans, leaving home from job and use of remittances received.

Voice and participation in political and civic life are also affected by the presence of non-governmental organisations (NGOs) and other organisations, and the programmes that they run (Ghimire et al., 2013). Young people in Nepal can engage in community decision-making processes by participating in youth and child clubs, community groups, women’s groups, savings and credit groups, and voluntary and political organisations (Amin et al., 2014b). Child clubs can be a means of supporting children to identify and advance issues that are important for them, including developing children’s agency and shaping attitudes within a village or community (Johnson, 2010). Johnson (2010) also emphasises the important potential of participatory evaluations for ensuring that children’s voices are heard. Access to such organisations and institutions is limited in some districts, especially the Terai (Amin et al., 2014b). For example, among 3,000 10-19-year-olds surveyed in the Adolescent Development and Participation baseline study, just 7% were members of a child or youth club (Amin et al., 2014b).

The Nepal Adolescents and Youth Survey¹⁶ includes quantitative data about involvement in different activities and political and civic life. Relatively few adolescents aged 15-24 are active in political and civic life: just 2% of females and 3% of males, and among those who are active, boys are more interested in political activities, while girls are more interested in groups for women and mothers (Ministry of Health and Population, 2012b). Where they do participate, adolescent girls seem to be able to access leadership positions: 38% of boys who are general members of organisations or groups are in leadership positions, compared with 36% of girls (Ministry of Health and Population, 2012b).

Evidence from interviews in Panchthar district indicates that young women have aspirations to ‘be somebody’ (Korzenevica, 2016). However, despite these aspirations, fieldwork suggested that very few women were represented in village decision-making meetings, and those women that did attend did not often speak out (Korzenevica, 2016). The exclusion of women from community politics was in part a consequence of women being too busy with work and the perception that women should be busy with household chores; additionally, many women felt that they did not have the right to an opinion because of their education and dismissed their skills in comparison to those of men. The political participation of adolescent girls and boys is also limited by age bias, which privileges the voices of older people and means that adolescents are not represented in many governance structures.

Political representation is an important indicator of voice and agency. The Constituent Assembly Member Election Act allocated seats to women, among other groups, as did a 2007 amendment to the Civil Service Act, which reserves 45% of vacant posts for excluded groups. Women receive 33% of such posts (Asian Development Bank, 2010). Nepal’s first female President, Bidhya Devi Dhandari, was elected in October 2015 (UNDP, 2015b). Dhandari may act as a role model for adolescent girls and inspire them to aspire for political office, but we did not find any studies that explored this issue.

2.4. Assessment of the evidence and key gaps

There is a reasonable body of evidence about gender norms in Nepal. This evidence includes a range of qualitative surveys, some quantitative evidence and a large number of reviews of secondary literature.

It is challenging to measure gender norms directly, so surveys typically measure perceptions or attitudes and experiences of discrimination. Such evidence is useful for tracking changes over time but needs to be accompanied qualitative evidence in order to understand how gender norms shape the structures and institutions that impact outcomes. A key limitation of the quantitative data is evidence about what factors underpin the differences in perceptions or attitudes observed – for example, whether differences in attitudes

¹⁶ The Nepal Adolescents and Youth Survey was a nationally representative household survey on adolescents and youth aged 10-24, with data collected in 2010 from 8,974 households and 14,754 adolescents and youth. It collected information about participation in a range of groups: user groups, savings or credit groups/cooperatives, women’s/mother’s groups, clubs/NGOs/CBOs (community-based organisations), political organisations, local government/peace committees, caste/ethnic organisations, professional organisations, agricultural groups, school/health management committees, and child clubs.

towards gender norms among different age groups are indicative of social change or reflect age-based attitude change. Similarly, quantitative data suggest that similar proportions of adolescent girls and boys serve on executive committees of organisations, but this data does not convey whether girls and boys get equal say or have equal influence, or whether girls are primarily leaders of female-dominated groups or organisations.

The quantitative evidence that does exist is typically disaggregated by sex, age, and region. It does not therefore capture the interactions between sex and other background characteristics, so evidence about the experiences of particular groups of adolescent girls is limited. The qualitative data was typically focused on smaller subsets of adolescents, providing a more nuanced picture, but one that is less generalisable to the country as a whole.

The information returned by our search strategy has a number of thematic gaps where little or no information relating to adolescent girls in Nepal was found – for example, time use. We found limited evidence about the role of media exposure or access to information and communications technology (ICT) in shaping or changing gender norms, although there is some evidence that mobile phone use is contributing to changing patterns of courtship and marriage.

3. Education and learning

Key findings

- Gender ratios in enrolment in primary and secondary education in Nepal have improved significantly in recent years due to an international and national policy push.
- Completion rates for girls and boys are similar at primary level; however, at secondary level, girls' completion drops to 86%, with boys' rates even lower, at 79%.
- There is also a significant difference between adolescent girls' literacy and that of boys (80% compared to 90%).
- There are numerous factors underlying inequality in adolescent girls' access to education in Nepal. These include social norms, poverty, food insecurity and the history of conflict in the country.
- The conflict between the Communist Party (Maoist forces) and the Government of Nepal was, in part, rooted in educational and gender inequalities. Education became both an ideological and physical site of contention during the ten-year conflict, with reports of abductions of adolescent girls as well as support for increased girls' education from the Maoist forces.
- The 2015 earthquake had a significant impact on educational facilities in the country, but there has been a rapid rebuilding of these.

3.1. Overview of sources and context

118 documents found in this search process provided insights into education. These include a large number of grey literature sources from various agencies, academic primary research as well as key data sets from the MICS 2014 and DHS 2016 and programme literature. The majority of the literature is qualitative in methodology.

The Government of Nepal has passed various pieces of legislation supporting educational development for adolescent girls and minorities. Free primary education is enshrined in international legal instruments, which Nepal has ratified in the form of the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child (Global Initiative for Economic, Social, and Cultural Rights, 2015). There are other policies aiming to make secondary education universal, with targets for expansion (UNESCO, 2013). Other legislation includes the Education Regulation 2003 and the Child Act, which prohibits 'harsh punishment' (Plan International, 2015). A Supreme Court ruling has deemed corporal punishment illegal, but this has not been enshrined in national legislation (Global Initiative to End All Corporal Punishment of Children, 2016). The government has implemented a number of strategies to promote inclusion of girls and other disadvantaged groups, specifically Dalit and Janajati children, religious groups and those living with disabilities.¹⁷ The right to education in a child's mother tongue is enshrined in the Interim Constitution of Nepal (2007) (UNESCO, 2015b). Within the Education for All (EFA) countries, Nepal is ranked the highest on the Gender Parity Index (UNESCO, 2015a). Other results within the EFA initiative show mixed impacts, with improvements in enrolment, but continued problems with completion rates (UNESCO, 2015b)

3.2. Gender inequalities in education

Gender roles can considerably diminish girls' school attendance, attainment level, and completion, especially in agrarian contexts where parents have incentives to keep their daughters at home (Beutel and Axinn, 2002). In Nepal, educating girls is increasingly seen as a good idea. However, education is not yet seen as sufficient for making a wife 'good' or 'desirable'. Instead, a combination of obedience and meekness, locally described as *sanskar*, is valued in girls and women (Watson, 2014). This reflects the typically preferential treatment of the male child shaped by traditional views of girls as the property of someone else and views about the limited

¹⁷ These include the following: Nepal National Education Plan Commission 1955, All Round National Education Commission 1961, National Education System's Plan 1970–75, Royal Higher Education Commission 1983, National Education Commission 1992, the High Level National Education Commission 1998, Education Act (Seventh Amendment) 2001, Education Regulations 2002.

benefits of educating girls (Bista, 2004). This is highlighted by a Nepali proverb, ‘Educating a girl is like putting water into the sand’ (Institute for Reproductive Health, 2011). For example, it is common for boys to attend English-medium private schools, while girls attend less costly Nepali-medium government schools (Frost et al., 2013).

Education can also be an important way of achieving change and progressive gender attitudes can be key to this. Interviews with 33 inspirational women who succeeded in education and after school highlighted the importance of family support – particularly from male relatives – and how this helped the women overcome traditional gender norms that constrain girls’ educational attainment (Parker et al., 2014).

Broadly, the education system in Nepal remains unequal and correlated with income, location and ethnicity, while also regarded as poor in quality (World Bank, 2015). There are four categories of schools in Nepal: 1) privately funded schools; 2) government-funded and managed community schools; 3) government-funded, but community managed community schools; and 4) independent community schools. 95% of those at primary and lower secondary are educated in government schools, as are 83% at secondary (Bista, 2004). One in five children go to school at a religious/private institution, with the rest attending government-funded schools (Amin et al., 2014a). Primary school is from grade 1–5, lower secondary is grades 6–8, secondary schooling is grades 9–10 and finally, higher secondary school is grades 11–12.

Table 3: Key education-related data for Nepal

Aspect	Level	Female	Male
Gross Enrolment Ratio (GER)	Primary school	141%	130%
	Secondary school	69%	65%
Net Enrolment Ratio (NER)	Primary school	94%	95%
	Secondary school	62%	58%
Children out of school	Primary school age	6%	5%
	Secondary school age	No data available	
Completion rate	Primary school (% of relevant age group)	109%	99%
	Lower secondary school (% of relevant age group)	86%	79%
Literacy rates¹⁸	Aged 15 - 24	80%	90%
Progression to secondary school		86%	88%

Source: World Bank, data from 2014.

The Government of Nepal has focused on improving female enrolment, resulting in significant improvements in gender parity across the country. The 2014 Gender Parity Index (GPI) for primary school is 1.08 and for secondary, 1.06, showing disparity in favour of girls (World Bank, 2016a), with geographical differences. For primary schooling, the Western Mountains has the highest (1.15), showing greater enrolment of girls, with the Western Terai the lowest at 0.93, showing greater enrolment of boys (Central Bureau of Statistics, 2015). The GPI drops at secondary school level, with the highest rates in the Central Mountains and Mid-Western Terai (1.14) and the lowest in the Far Eastern Hills (0.86) (Central Bureau of Statistics, 2015). There have been significant improvements in girls’ educational enrolment from 2006 to 2011, as reported in the Demographic and Health Surveys. In 2006, 11% of 10-14-year-olds had never been enrolled in school, dropping to 7% in 2011 and 4% in 2016. Similarly, in 2006, 22% of 15-19-year-olds had never been enrolled, dropping to 13% in 2011 and 5.8% in 2016 (Amin et al., 2014b; Ministry of Health and Population, 2017). Today’s children have much better access to education than previous generations did (Amin et al., 2014b). In one study undertaken as part

¹⁸ This data is from 2011

of the UNICEF Adolescent Development and Participation (ADAP) programme, 85% of programme recipients' mothers had never attended school (Amin et al., 2014a). This demonstrates the recent increase in girls' access to education, within one generation.

Although enrolment rates have improved significantly, dropout rates have been one of the key obstacles to achieving EFA targets (UNESCO, 2015b). There have also been high rates of repetition of primary grades (UNESCO, 2015b). As Table 3 shows, there are notable differences in completion rates for adolescent girls compared to boys at lower secondary level (86% versus 79%).

There is a distinct difference in the literacy rates of adolescents aged 15–24 with girls at 80% and boys 90% (see Table 3). The UNICEF ADAP baseline study also found that girls in their two study areas (Mid/Far Western and Terai) attended school less than boys and had significantly reduced literacy levels (65% compared to 85% for boys in Terai and 83% compared to 94% for boys in Mid/Far Western region) (Amin et al., 2014b).

Although primary education is free, secondary schooling is not, and there are other costs associated with schooling such as uniforms, books, etc. This can cause difficulties for poorer families. Among adolescents involved in the UNICEF ADAP programme, 43% of boys and girls borrow money directly for educational needs (Amin et al., 2014a). The estimated cost of schooling is NPR 819 (\$7.65 on 19 August 2016) for primary and NPR 1,819 (\$16.96) for secondary (Institute for Integrated Development Studies, 2004). Consequently, household focused poverty alleviation programmes can benefit the welfare and education of adolescent girls. For example, transfers under the Nepal Poverty Alleviation Fund increased participation in education for 6-15-year-old girls by 21 percentage points (Parajuli et al., 2012).

A more complete assessment of the situation for adolescent girls in education needs to encompass more than enrolment rates, and address attendance/dropout rates, feeling safe and included, and receiving a gender-sensitive curriculum (Parker et al., 2014). Issues of safety in school are covered in chapter four on bodily integrity. Due to persistent gender norms in Nepal, in some settings, even if girls do receive an education, it is often highly gendered, because the perception of some parents and community members is that a 'true education' encompasses the learning of skills to become 'good and obedient wives' (Parker et al., 2014). There are also disparities in quality between private and government-funded schools. The School Learning Certificate (SLC) exam takes place after grade 10. Additionally, girls' enrolment rates in higher education remain low, with UNESCO (2015b) reporting an increase of 23% over 30 years.

'Inclusive education' has been a government commitment since 2001 (Khanal, 2015). A wide range of disadvantaged groups are included in this commitment – such as Dalit children, girls generally, children with a disability, other minority ethnic groups, street children and child labourers. Children with disabilities face difficulties with attendance, progression and the completion of their education for a number of complex reasons (Plan International, 2014). These reasons include: caregiver and teacher attitudes; transportation; economic factors; and poor health and behavioural problems. Issues specific to girls with a disability include inaccessible washrooms, which are particularly difficult during menstruation, and concerns over safety and sexual violence (Plan International, 2014).

Despite recent improvements in adolescent girls' access to and experience of education, various groups of adolescent girls remain disadvantaged, in particular girls from lower castes, ethnic groups and regions (Asian Development Bank, 2010). Khanal (2015: 711) comments that Dalit women 'face triple discrimination in their daily lives: - as a woman, as a Dalit and as a Dalit woman' (cited in Bhatia et al., 2004). This can be extended to age-related discrimination for adolescent Dalit girls. There is evidence that they face further discrimination compared to boys, with greater investment in the education of boys as well as greater involvement in educational activities for boys (Khanal, 2015). Early marriage often impacts Dalit girls' significantly, because education after marriage is not supported by their husbands or families. A major issue for Dalit children is the lack of education in their native languages, meaning children fall behind in schooling taught in the official language of Nepali (ibid.). A further issue for Dalit children is the reiteration of caste-based practices by some of the teaching staff, although importantly, not by fellow students (ibid.).

3.3. Factors underlying obstacles to girls' educational capability development

There are multiple factors underlying the issues in education for adolescent girls. Gender discriminatory attitudes among parents and families are reported as a key barrier to adolescent girls' educational attainment. This is based on the view that 'girls are liabilities and boys are assets' (Parker et al., 2014). In Parker et al.'s (2014) study, in which a variety of women were interviewed, the women commented that positive attitudes within their family were a major factor allowing them to access education at a time when Nepali cultural norms were not open to girls' education. Participants commented in particular that attitudes from their fathers played a significant role in this, but mothers' support for their education was also important.

Again, reflecting gender discriminatory norms, a baseline study for the UNICEF ADAP programme showed that girls cite demands of household chores and parental disapproval as their reasons for dropping out of school – compared to boys' reasons, which are predominantly lack of interest (Amin et al., 2014a; 2014b). A Plan International study found that significant numbers of school students hold gender inequitable attitudes: 25% of boys and 47% of girls were found to hold a 'high equitable gender attitude' (Plan International, 2015). This means that in school girls are faced with a gender inequitable environment, as well as in the home and community environments.

The lack of female teachers is a further barrier to supporting girls' participation in education. One study looking at girls in STEM (Science, Technology, Engineering and Mathematics) in Nepal found that eight out of ten science teachers were male, as were nine out of ten mathematics teachers (UNESCO, 2015a). Other data for the gender breakdown of teachers shows that at primary school, 42% of teachers are female, dropping to 22% at secondary school level (World Bank, 2016d).

A further issue is the hunger trap and food insecurity. School-age children, in particular girls, are heavily affected by food insecurity, which keeps them from attending school or completing the full day of learning (Acharya and Luitel, 2006).

During the civil war, schools were central to the conflict, with children used as combatants, spies, porters and messengers by both sides of the conflict (Parker et al., 2013). The wider impact on education was significant, with schools closed, a lack of teachers, and reduced resources such as books, buildings and equipment (Parker et al., 2013). There are benefits to continued education in the lives of children during conflict, bringing a sense of normalcy to otherwise chaotic lives. Class issues within the Nepali education system are cited as one of the reasons for the conflict itself, with the system representing the dominant, elite classes that ignored local populations.

Poor quality of education in government schools resulted in high numbers of students attending private schools. This created a 'two tier' social system, with those in private schools having access to significantly greater employment and social opportunities (Parker et al., 2013). During the Maoist insurgency, private schools were closed as they represented a system of oppression. Over a period of four years, from 2002 to 2006, Maoists abducted 10,621 teachers and 21,988 students and destroyed 79 schools, one university and 13 district education offices (UNESCO, 2010). There is some disagreement in the literature about the levels of disruption that education in Nepal faced during the years of conflict, with one study commenting that schooling was not heavily disrupted (Valente, 2013). Examples of the positive outcomes on education during/as a result of the conflict include declines in poverty, maintained educational services, Maoists policing teacher absenteeism, and challenging caste-, ethnicity- and gender-based traditions (Valente, 2013). Amnesty International (2005) reported the use of schools as sites of fighting, with one particular report that the CPN (Maoist) forces used children as human shields.

During the 2015 earthquake, 30% of primary schools were destroyed, but classes were resumed within a month in temporary learning centres (World Bank Independent Evaluation Group, 2015). The UNICEF ADAP programme found that only 10% of all adolescents in their study areas had received disaster preparedness

training. In the Terai region, more girls had received training than boys (21% compared to 17%) whereas in the Mid-/Far-Western regions, boys had received significantly more than girls (38% compared to 15% (Amin et al., 2014b)).

There is evidence to suggest that socioeconomic inequalities disproportionately affect girls' education achievements. The 2014 MICS survey showed that literacy levels of young women (aged 15–24) were lowest among the middle wealth index quintile (73% compared to 80% for the poorest, and 98% for the richest) (Central Bureau of Statistics, 2015).

3.4. Access to information

Access to ICT and media is a cross-cutting area also affecting adolescent girls' capability development. Figures vary by source. The 2014 MICS shows that of young women aged 15–19, 24% read a newspaper at least once a week, 50% listen to the radio and 58% watch television (Central Bureau of Statistics, 2015). Twenty-three per cent have access to at least one of the three media channels at least once a week. The 2016 DHS, on the other hand, found that only 10% of girls aged 15-19 read the newspaper weekly (vs 20% of boys the same age), 34% listen to the radio (vs 32% of boys), and 53% watch television (the same for boys) (Ministry of Health and Population, 2017). The DHS also found that only 4% of girls access all three forms of media on a weekly basis and that 31% access none (vs 7% and 30% for boys respectively).

Girls' access to computers and the internet is climbing quickly. The 2014 MICS found that 13% of 15-19-year-olds had used a computer at least once a week during the previous month. The 2016 DHS found that 31% of girls aged 15-19 had ever used the internet (vs 63% of boys) and of those, over half used it on a daily basis (vs 49% of boys) (Ministry of Health and Population, 2017).

Mobile phone use is also climbing. The 2014 MICS found that 47% of girls aged 15-19 had used a mobile phone within the previous 24 hours (Central Bureau of Statistics, 2015). The 2016 DHS found that 59% of girls in the same age group (15-19) owned their own phone (vs 81% of boys) (Ministry of Health and Population, 2017). Mobile phones have also been a means of coping with or addressing discriminatory norms by helping girls have greater say, but the ease of communication they afford has had some negative consequences for girls by making it easier for them to elope or marry early (Ghimire and Samuels, 2014a).

3.5. Assessment of the evidence and key gaps

Overall, there is a strong body of literature on education in Nepal, and gender inequalities are covered in some depth, both qualitatively and quantitatively. There are detailed data sets that provide information on gender inequalities in particular, but their reliability has been questioned (World Bank Independent Evaluation Group, 2015). There are many studies addressing the complex links between education and other capability areas, such as physical wellbeing and bodily integrity.

There are gaps in the literature on more detailed analysis of the gendered nature of education in Nepal, and gender discrimination within schooling for girls. As with previous sections, there is a gap in the literature when it comes to looking at the impacts of educational inequalities on girls experiencing other forms of marginalisation, such as those with disabilities or from very poor backgrounds.

4. Bodily autonomy, integrity and freedom from violence

Key findings

- This section discusses three aspects of bodily integrity: child marriage, violence against girls, and trafficking/sexual exploitation.
- These three issues are extremely prevalent across Nepal, with causes rooted in social norms, poverty, low levels of education and other complex factors.
- Both causes and consequences overlap across all three issues, creating a vicious cycle entrapping adolescent girls in violence and abuse.
- There is a significant body of literature on these issues, with significant numbers of quantitative data sources in the form of the MICS and DHS.
- The mean age of marriage for girls is 17.5 years, although the legal age of marriage is 18 with parental consent (and 20 without).
- 16% of women aged 15–49 were married before age 15, rising to 49% of those married before age 18 (Central Bureau of Statistics, 2015). 25% of young women aged 15–19 are currently married or in a union (Central Bureau of Statistics, 2015).
- High levels of violence towards adolescent girls are consistently reported across studies.
- It is estimated that up to 12,000 Nepali girls are trafficked for sexual exploitation each year.

4.1. Overview of sources

The theme of bodily integrity emerged in 90 of the documents located in the search process. The variety of sources included grey and academic literature and a number of key data sources previously cited, such as the UNICEF Multiple Indicator Cluster Survey (MICS) 2014 and the Demographic and Health Survey (DHS) 2016. For coding purposes, these studies were divided into two sub-groupings – child marriage (49 documents) and violence against girls/trafficking (48 documents).

4.2. Child marriage

Girls in Nepal generally marry at an early age, with the DHS 2016 showing that the mean age of marriage of women aged 25–49 was 17.9 years, while for men in the same age group it was 21.7 years (Ministry of Health and Population, 2017), though the legal age of marriage in Nepal is 20 for both genders, or 18 with parental consent (Plan Nepal et al., 2012). More than 28% of women aged 15–19 were married (Amin et al., 2014b). The region with the youngest mean ages of marriage for boys and girls was Central Terai, at 16.67 for girls and 19.56 for boys (Central Bureau of Statistics, 2014b). Compared to boys, girls are reportedly four times as likely to be married before the legal age (Amin et al., 2014a), though boys are also vulnerable to early/child marriage (Karim et al., 2016¹⁹). Although both girls' and boys' life aspirations feature marriage, this is desired at an older age.

Of girls aged 15–19, 4% were married by the age of 15. Of young women aged 20–24, 7% were married by 15 and 40% were married by 18 (Ministry of Health and Population, 2017). There are significant differences in these rates between regions. The Mid-Western mountain region has the highest rates for girls' marriage before age 15 and 18, at 28% and 68% respectively (Central Bureau of Statistics, 2015). The lowest rates were

¹⁹ Karim et al. (2016) is a research report presenting findings from CARE's Tipping Point Project Community Participatory Analysis and addresses the cultural context of child marriage in both Nepal and Bangladesh. It utilised a qualitative participatory methodology.

recorded in the eastern hills, with 5% of those under 15 married, and 30% of those under 18 married (Central Bureau of Statistics, 2015).

There seems to have been a gradual reduction in the prevalence of child marriage over time. For example, 16% of those aged 45-49 were married before 15, while only 4% of 15-19-year-olds reported being married before 15 (Ministry of Health and Population, 2017). The same applies to those reporting marriage before the age of 18. The rate of decline has been noted as more pronounced in urban areas compared to rural areas (Central Bureau of Statistics, 2015).

The 2011 Nepal census shows the percentages of married young people in different age groups, demonstrating important gender differences: 0.5% of adolescent boys and 1.1% of girls aged 10–14 were married, rising to 7% of adolescent boys and 23% of adolescent girls aged 15–19. Beyond adolescence, of those aged 20–24, 42% of men and 72% of women were in marriages (Central Bureau of Statistics, 2011a).

Child marriage is ‘deeply rooted’ in Nepalese society (Khatiwada et al., 2013). It is a consequence of the social importance of a girl’s purity and the interaction of these norms with factors such as geography, isolation, poverty and limited alternative livelihood options (Karim et al., 2016). Additionally, because daughters are seen as financial burdens, families can shift the cost of raising daughters to their son-in-laws’ families through early marriage (Bajracharya and Amin, 2012). Marriage timing decisions are affected by a desire to control and regulate the sexuality of girls and are decided by male elders or family members (Karim et al., 2016). Amin et al. (2014a) show that boys and girls alike had low knowledge of the legal minimum ages of marriage.

Dowries remain common, despite being prohibited by laws that include penalties of NPR 10,000 (about US\$93) and up to three years’ imprisonment. Dowry is particularly common in the Terai region, where a bridegroom demands a dowry price (*tilak*), which depends on the groom’s education, qualifications and social standing (Plan Nepal et al., 2012).

In 2016, the Government of Nepal endorsed a new National Strategy to End Child Marriage by 2030. The approach focuses on increasing access to education (including sex education), encouraging the participation of boys and men, improving health service delivery, providing empowerment programming, mobilising families and communities and implementing laws and policies (Cousins, 2016; Girls Not Brides, 2015).

Social norms and gender roles are commonly identified as one of the major reasons for child marriage. Marriage is a key element of Nepali culture, assumed as ‘necessary and inevitable’, acting as a marker of adulthood (Plan Asia Regional Office, 2013: 7). Plan Nepal et al. (2012) report that the major reasons for child marriage given by heads of household in their study were: family pressure, the child’s own desire to be married, and getting help with household tasks. Those who had married young cited parental pressure and help with household tasks as the main reasons. Norms which uphold that younger girls are more attractive are a factor in marriage at a young age (Karim et al., 2016). Karim et al. (2016) go on to report that the perceived benefits of delaying marriage do not outweigh the risks, resulting in a powerful perception that child marriage is positive for girls and families. A further reason cited for early marriage is the protection of girls, as parents worry that an unmarried girl is vulnerable to sexual exploitation and abuse (Plan Asia Regional Office, 2013).

Limited education is both a cause and consequence of child marriage. The 2014 MICS notes that there are strong links between child marriage and educational background: 27% of those with no education were married before 15 compared to 2% of those with higher education (Central Bureau of Statistics, 2015). It also notes that there are links between low education levels and increased marriage rates. Among 15–19-year-olds, 63% of those with no education were married, while only 13% of those with higher education were married (Central Bureau of Statistics, 2015).

Girls who live in rural areas are at greater risk of child marriage. Data show that the highest rates of young women aged 15–19 who are currently married are in the Mid-Western region (mountains 26%, hills 35% and Terai 32%), followed by Central Terai (33%). The Central hills and mountains have the lowest rates (12% and 18% respectively). Poor access to information and challenges in the remote geography of these regions

contribute to greater limits placed on girls' mobility, and conservative norms are more likely (Karim et al., 2016). There are particular seasonal cycles for marriage, with Hindus considering specific months the best time, while Muslims arrange and carry out marriages all year round. A key period is at school exam result time and during festivals – both periods when families come together and children's marriages are discussed (Karim et al., 2016).

Poverty is also seen as both a cause and consequence of child marriage (Rabi, 2014). Poorer girls have greater vulnerability to child marriage because of educational costs that keep the girl out of school. If a girl is out of school, it is more likely that she will be married off by her family. Sometimes a smaller dowry is required for younger girls, encouraging early marriage in poorer families (Valente, 2011; Bajracharya and Amin, 2012; Plan Asia Regional Office, 2013). Young women from richer households are also less likely to marry early – 15% of women in the poorest quintile had been married before 15 compared to 9% of the richest group (Central Bureau of Statistics, 2015). Plan Nepal et al. (2012) found that higher levels of food security were associated with a higher age at marriage, with 91% of people who are food secure marrying above the age of 19. The relationship between poverty and marriage is nonlinear, with Bajracharya and Amin (2010) finding the association to be highest in those close to the poverty line, but not in the poorest category.

There is evidence to suggest that specific groups of disadvantaged girls are particularly vulnerable to child marriage. Karim et al. (2016) report that caste is an important driver in Hindu communities, with child marriage rooted in deep inequalities. Marginalisation of the lower castes limits their opportunities, making children from these communities increasingly vulnerable (Karim et al., 2016). One study referenced by Plan (Plan Asia Regional Office, 2013) shows that child marriage was most common in female non-literate, Janajati and Dalit castes. There is a high prevalence of child marriage among the Janajati indigenous ethnic group and the Dalit (Plan Nepal et al., 2012).

One study suggests that the civil conflict may have encouraged parents to marry their daughters as early as possible to prevent rape from insurgents and/or government forces (Valente, 2011). Valente (2011) goes on to suggest that Maoist forces opposed early marriage and some tried to abolish dowry, focusing their recruitment on girls under 18, which may have increased the age of marriage in the country at the time. There were additional reports that girls were married young for fear that if they were abducted to fight by the Maoist forces, they would become unmarriageable (Amnesty International, 2005).

The consequences of child marriage include impacts on social norms and gender roles. A CARE report shows that the marriage process, described as 'complex,' has the impact of excluding girls' voices (Karim et al., 2016). If girls express views regarding their marriages, they are sometimes stigmatised by families and communities (Karim et al., 2016). There is a knock-on effect on education, with married adolescent girls more likely to drop out of school, thus limiting future earnings (Rabi, 2014). Ghimire and Samuels (2014b) show that girls drop out of school after marriage, but also that girls who drop out for other reasons are then very likely to marry quickly after this. Once married, few girls continued their education. Of those that did continue, this was negotiated prior to marriage and there were no girls who continued on to higher education. Child marriage thus limits the level of education a girl can achieve, even if the girl is allowed to continue in education after marriage. There is also evidence to suggest that child marriage and low use of maternal health care are linked, with lower use in rural areas (Godha et al., 2016). Child marriage additionally undermines economic development at the national level. One study demonstrates the potential economic impact of girls aged 15–19 delaying their marriage until age 20 through the potential cash flow from the labour market, representing 3.9% of Nepal's 2014 GDP (Rabi, 2014).²⁰

²⁰ Rabi (2014) uses a projection model based on educational deprivation and the resulting loss in earnings as a result of child marriage.

4.3. Violence against girls

Patriarchal structures in Nepalese society mean that men and boys are defined as having power over women and girls, and such definitions of masculinity can be associated with violence against women and girls (Save the Children, n.d.). While levels of acceptance of domestic violence are relatively high, there are positive trends in terms of adolescent girls – at least in the 2014 MICS, which found that 33% of women aged 15-19 agreed that wife beating was justified in at least one instance, compared with 50% of women aged 45-49 years (Central Bureau of Statistics, 2015). The 2016 DHS, on the other hand, found that adolescent girls were more likely than older women to agree that wife beating was justified for at least one reason (33% vs 27%) (Ministry of Health and Population, 2017).

Violence against adolescent girls is common across Nepal, with many perpetrators cited in the literature across different physical spaces: peers, family, husbands, mothers-in-law and school staff. The UNICEF ADAP baseline study showed that the major issues raised by adolescent girls during group discussions were sexual harassment, gender-based discrimination and harmful practices (*chaupadi*, early marriage, untouchability²¹), while for the boys these were alcoholism and drug abuse (Amin et al., 2014a).

The ADAP baseline study showed that one in six married girls reported physical violence, with one in three reporting sexual violence by their husbands (Amin et al., 2014a). The study showed higher rates of sexual violence compared to physical violence in the three study areas (Far-Western, Mid-Western and Terai). The study also found high levels of acceptance of violence within marriage: when asked whether women should tolerate violence in order to keep harmony in the family, 46% of adolescent boys and 42% of adolescent girls agreed with this (Amin et al., 2014a). The study shows that adolescent girls and boys both condone forms of masculinity that perpetuate violence towards women (Amin et al., 2014b). One study (Dalal et al., 2012) showed that 28% of their male adolescent sample (taken from the DHS) supported abuse of their wives. The UNICEF ADAP baseline study showed that rates of agreement with the statement, 'a woman should tolerate violence in order to keep harmony in her family' and 'there are times when a woman should be beaten' were similar across caste/ethnic groups – approximately 40% to 50%. There was, however, a noticeable drop in responses from the poorest to richest quintile groups (48% to 39% respectively for a woman tolerating violence; 47% to 37% respectively for a woman should be beaten).

The 2014 MICS showed that 43% of women aged 15-49 stated that a husband is justified in hitting or beating his wife if she does any of the following: 1) goes out without telling him; 2) neglects the children; 3) argues with him; 4) refuses sex; or 5) burns the food (Central Bureau of Statistics, 2015). Detailed analysis of these results shows that these percentages are lower for refusing to have sex with her husband, or if she burns food (3% and 5% respectively). Women who have never married are least likely to answer positively that a woman should be beaten in any of the circumstances above. The MICS also addressed abusive behaviour by mothers-in-law, with 64% of 15–49-year-olds replying that there was justification in verbally abusing and threatening her daughter-in-law for any of the following reasons: 1) if she goes out without telling her; 2) if she neglects the children; 3) if she argues with her; 4) if she refuses to obey her; 5) if she does not bring dowry; and 6) if she does not complete her work on time (Central Bureau of Statistics, 2015). One study based on qualitative interviews with young women from Kathmandu valley shows that young women had greater likelihood of experiencing violence if they refused sex, if their husband had alcohol problems or if they gave birth to a girl (Deuba et al., 2016). The study of masculinities is an important contribution to understanding the causes of violence towards adolescent girls. A study by the United Nations Development Programme (UNDP) shows that women hold traditional views of masculinities, which adds to the complex and problematic nature of gender norms in Nepal (UNDP, 2014).

One study explores the factors involved in sexual harassment of migrant workers in Kathmandu, finding that 1 in 10 young women had experienced sexual harassment or coercion, with perpetrators being co-workers,

²¹ Discrimination due to Dalit status.

boyfriends, employers and relatives (Puri and Cleland, 2007). School is seen as a place where violence, and specifically sexual and gender-based violence, is tolerated. A Plan International study found that of those students who reported experiencing violence in school in the previous six months, 42% reported school staff as the perpetrator (Plan International, 2015). Child discipline in Nepal can be violent, with 82% of all children aged 1–14 having experienced psychological or physical punishment during the month previous to the MICS 2014 (Central Bureau of Statistics, 2015).

The Government of Nepal has recently recognised violence against women and girls as a public health issue, developing a national plan of action (Asian Development Bank, 2012). Other than this, the government has passed two key pieces of legislation to protect women and girls from violence. The Gender Equality Act (2006) includes changes in laws on sexual violence, including compensation from those convicted of rape. The Domestic Violence (Crime and Punishment) Act (2009) ensures that domestic violence is criminally punishable.

As the previous discussion makes clear, a major factor underpinning violence against girls is the gender ideologies and social norms that shape both girls' and boys' lives, where violence is a socially acceptable way of enforcing power hierarchies, condoned by women as well as men. As noted in section 2.3 above (Voice and Agency), married girls have very little decision-making power in any matters related to their bodies and sexuality (Puri et al., 2011). Other studies cite 'male feelings of entitlement to forced sex within marriage' and alcohol use as mediating factors (Puri et al., 2010). UNDP (2014) notes that boys who have witnessed or experienced violence have a higher chance of using violence later in life. A key finding is that men in Nepal faced violence regularly as young men, with 63% reporting that they were beaten by their fathers, and 81% reporting being beaten by teachers (UNDP, 2014). Another study with young women aged 15–24 showed that young women in rural areas were more likely to experience physical and sexual violence in their lifetime (Lamichhane et al., 2011b).

The most obvious and direct consequences of violence against adolescent girls are physical health and psychosocial wellbeing issues. One study that examined the consequences of sexual violence within marriage among young women in Nepal describes backache, headache, lower abdominal pain, vaginal bleeding and thoughts of suicide as the most common responses (Puri et al., 2011). Young women are forced to use a number of different coping strategies to avoid violence; however, these were mostly unsuccessful (Puri et al., 2011). There were also reports of sexual violence used by government forces during the conflict (Amnesty International, 2005).

4.4. Trafficking/sexual exploitation

Trafficking of Nepali girls and women takes place for two major purposes: employment and sex work. The main flow of trafficked girls from Nepal is into Indian brothels, with numbers increasing over the years (Gurung, 2014); girls are also trafficked to other parts of Nepal, the Middle East, Asia and sub-Saharan Africa (US Department of State, 2016). Nepal is a source, transit and destination country for all groups of trafficked people. One study suggests that trafficking from Nepal into India accounts for 3% of the international trafficking for sexual exploitation (Joffres et al., 2008). Estimates of the numbers of trafficked girls are, of course, very rough due to the sensitive and criminal nature of the problem, but some attempts have been made to quantify the scale of exploitation. Huda (2006: in Gurung, 2014) suggests that between 1 million and 2 million people are trafficked every year worldwide, with 225,000 from South Asia (encompassing all countries in the region). Other estimates suggest that up to 12,000 children are trafficked every year from Nepal (Kumar et al., 2001). It is also estimated that 200,000 Nepali girls and women work in Indian brothels, because of both trafficking and migration (Huntington, 2002). In one study with a group of 297 returned Nepalese sex-trafficked girls and women, the median age of trafficking was 17, with 15% of the women trafficked prior to age 15 (Silverman et al., 2007). Another rapid assessment (based on a sample of 100 girls) showed that the most common age for trafficking of girls was before puberty, with one quarter of the study sample under 14 and more than half under 16 (Kumar et al., 2001). One paper comments that there is very little evidence of the

trafficking of boys and men from Nepal, and the literature almost exclusively focuses on women and girls (Ali, 2005).

The history of trafficking in the country is long, with the ruling classes of the period keeping girls from Janajati as domestic and sexual servants. After their overthrow in 1950, the rulers had to escape to India, resulting in the selling of the girls into prostitution. New brothels were started by some of the girls when they became older, creating a link between major Indian cities and Nepal (Joshi and Swahnberg, 2012). A climate of corruption means that age documents can be forged/edited for child sex trafficking victims.

There are a number of factors that contribute to trafficking and sexual exploitation cited in the literature. Social norms, gender roles and inequality often underpin these. Girls (rather than women) are targeted due to their multiple vulnerabilities, including low levels of literacy, young age and lack of protective networks such as through marriage (Simkhada, 2008). Younger girls are sought after in the sex trade as they are less likely to have any STIs (Joshi and Swahnberg, 2012). A key factor underlying trafficking of girls and women is the use of women as a 'sex commodity' (Jha and Madison, 2011). Several studies assert that a girl's ethnic minority status is a vulnerability factor for trafficking (Kaufman and Crawford, 2011; Gurung, 2014).

Datta (2005) suggests that the open border between Nepal and India provides an opportunity for trafficking, as there is no visa requirement or work permit needed. Poverty and unemployment also play a role, and there are reports that some girls are sold on by their families, with their wages to be sent home to Nepal.

The Government of Nepal has taken steps, in the wake of the 2015 earthquake, to improve protection for vulnerable women and girls who may be at risk of trafficking into the sex industry (US Department of State, 2016). Measures include increasing services to at-risk populations and funding rehabilitation homes and shelters for women and girls who have experienced gender-based violence. Efforts to create emergency shelters in overseas Nepali embassies (in Kuwait, Oman, Saudi Arabia, Qatar, Bahrain and the UAE) have been overwhelmed with the high demand for support.

There are significant impacts on the psychosocial wellbeing of trafficked girls because of their experiences, as well as many physical health issues. Depression, substance abuse, and post-traumatic stress disorder (PTSD) are cited as some of the consequences of trafficking and sexual exploitation experiences (Joshi and Swahnberg, 2012). There is an additional risk of contracting STIs, including HIV, as well as the long-term complications of these diseases and pregnancy (ibid.). One study showed an HIV prevalence rate of 38% in a group of 287 returned Nepalese sex-trafficked girls and women (Silverman et al., 2007). Women and girls who have been trafficked experience complex physical issues, including 'somatic' symptoms such as headaches, stomach pain, abdominal pain, skin disease and fatigue (Crawford and Kaufman, 2008). There are additional problems of access to health care and social stigma from contracting HIV while working (Joshi and Swahnberg, 2012).

A particularly cruel consequence of trafficking is social exclusion on the women's return home. Jha and Madison (2011) report that women who have worked in the sex trade are seen as 'soiled' and have problems recovering from the social stigma attached to this on their return home. Other studies echo this, demonstrating that women who have experienced trafficking are highly isolated when they return to their original communities (Tamang, 2004 in Jha and Madison, 2011).

The Government of Nepal has passed the Human Trafficking and Transportation (Control) Act 2007 (HTTCA). This includes the criminalisation of slavery, bonded labour and forced prostitution. The Nepal Police Women's Cell investigated 181 sex and labour trafficking investigations under HTTCA in 2015, with a similar number in the previous year (US Department of State, 2016). Prosecutions do take place, but often take a long time. Under this legislation, sex workers and customers are both prosecuted (Joshi and Swahnberg, 2012). Nepal is a signatory to several international conventions protecting women and girls from exploitation.²²

²² Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others (1949); Convention on the Elimination of All Forms of Discrimination against Women (1979); Convention on the Rights of the Child (1990) and the

4.5. Assessment of the evidence and key gaps

As expected, there is little reliable data on the prevalence of trafficking, but child marriage and violence against girls appear to be well researched. Studies addressing child marriage lack evidence and data on links between child marriage and other capability areas, such as education or physical wellbeing. The literature on violence against girls often frames it within wider violence against children, rather than specifically addressing the situation and needs of girls. This rapid assessment found no literature addressing ‘eve-teasing’ (sexual harassment) – a practice common in public spaces in Nepal. The available literature focuses on women rather than adolescent girls. Violence towards girls as a result of corporal punishment is also not covered in depth in the literature.

South Asian Association for Regional Cooperation Convention on Prevention and Combating Trafficking in Women and Children (2002).

5. Sexual and reproductive health, health and nutrition

Key findings

- Mean age at first sex was 15.7 years and is almost always within marriage (Amin et al., 2014b). Extramarital sex does occur.
- Adolescent pregnancy is common, usually within the context of marriage, but has been declining in recent years.
- Married and unmarried adolescent girls have unmet contraceptive needs; barriers to access include information, education and norms prohibiting premarital sex.
- Abortion is legal and available, but awareness and uptake among adolescents is low.
- In 2013, prevalence of HIV among 15-24-year-olds was below 0.1% (UNICEF, 2013), though rates are higher among some groups such as trafficked girls.
- Food insecurity, undernutrition and anaemia are issues for adolescent girls but there is relatively little evidence on these problems.
- Rates of tobacco and alcohol use among Nepalese adolescent girls are lower than for their male peers.

5.1. Overview of sources

This section is based on 121 sources related to physical wellbeing. The majority of these documents concern sexual and reproductive health (SRH), including behaviours, knowledge and attitudes. There was relatively little information about nutrition specifically relating to adolescent girls. Several surveys reported on the prevalence of tobacco and alcohol use among male and female adolescents. The literature search also revealed limited evidence on other significant health issues for female adolescents in Nepal.

Adolescents, who comprise 24% of the Nepalese population, face unique physical health challenges. Because adolescence is an important period of physical maturation and development, it is likewise essential for the promotion of health-related behaviours and the formation of health-promoting habits (Mahat and Scoloveno, 2001). Adolescent girls in Nepal face health risks resulting from harmful social norms around puberty, early marriage, early sexual debut, pregnancy and childbearing, and higher risks of contracting STIs (including HIV) (Amin et al., 2014b), which are heightened in poorer areas of Nepal. However, boys are more vulnerable to alcoholism and drug abuse (Amin et al., 2014b).

This section discusses SRH, including sexual debut and sexual practices, contraceptives and abortion, HIV, adolescent pregnancy, childbearing and antenatal care, nutrition, tobacco and alcohol use, other health issues, and the provision of adolescent-friendly services in Nepal.

5.2. Sexual and reproductive health

Sexual debut and practices

There is a strong social norm against premarital sex in Nepal – in fact, unmarried women were not included in the 2001 DHS survey of reproductive health (Geary et al., 2008). However, both the 2011 and 2016 DHS report on sexual intercourse regardless of marital status (Ministry of Health and Population, 2012b, 2017).

For most girls, sexual debut is within marriage (Mathur et al., 2004). The 2016 DHS²³ reports that the median age of first intercourse among women aged 25-49 is 17.9 years, which matches the median age of marriage for that group of women (for women aged 20-49, the median age of first sex and of marriage is 18.1 years)

²³ The 2011 Nepal Demographic and Health Survey collected demographic and health information from a nationally representative sample of 10,826 households, including interviews with 12,674 women and 4,121 men aged 15-49.

(Ministry of Health and Population, 2017). In contrast, median age at first intercourse for men aged 25-49 (20.5) is a year younger than median age at marriage (21.7 years) (Ministry of Health and Population, 2017).

Among girls aged 15-19, only 4% had begun having sex by the age of 15 (vs 3% for boys the same age). Rural girls are more likely to have sex by age 15 than urban girls (7% vs 4%) and girls with no education are more likely to have experienced sexual debut than girls with some secondary education (15% vs 4%). Among young women aged 20-24, 7% had begun having sex by age 15 and 38% by age 18 (vs 3% and 27% respectively of young men the same age) (Ministry of Health and Population, 2017).

The prevalence of intercourse for girls outside marriage is very low: less than 1% of never-married females aged 15-19 surveyed in 2016 reported having ever had intercourse, compared with a fifth of unmarried males (Ministry of Health and Population, 2017). There was an increase in the percentage of never-married male adolescents aged 15-19 reporting ever having had sex, from 12% in 2006 to 15% in 2011 (Khatiwada et al., 2013)^{24, 25} and a further increase to 20% in 2016 (Ministry of Health and Population, 2017).

A younger mean age at first sex was reported in the UNICEF Adolescent Development and Participation (ADAP) baseline study, of 15.6 years for boys and 15.7 years for girls (Amin et al., 2014b). The disparity between the two surveys could be a consequence of differences in the sample surveyed or reflect changes in sexual practices over time. Given that the mean age of marriage is 17.5, the Amin et al. (2014b) data might suggest that the information on age at marriage is wrong – perhaps skewed upwards because of knowledge of the legislation, or because unmarried adolescents are, despite prevailing social norms, engaging in premarital sexual activity (as the data below show). There could also be challenges in getting people to report accurately on this sensitive issue, which is discussed further below.

Quantitative surveys of groups of adolescents in Nepal indicate that sexual activity outside of marriage is prevalent. In a survey of 573 male college students in Kathmandu, 39% reported having experienced premarital sex (Adhikari and Tamang, 2009). A survey of 1,584 adolescents in Pokhara revealed that 19% had experienced sex, though with a big gender difference – 30% of males had experienced sexual intercourse compared with 4% of females (Nirajan et al., 2012). In a survey of 1,050 14-19-year-old factory workers in Kathmandu, 20% of unmarried boys and 12% of unmarried girls reported having had sexual intercourse (Puri and Cleland, 2006). A qualitative study based on in-depth interviews with 11 male and 12 female young migrant workers in Kathmandu revealed that they had had sexual experiences and knowledge from their home communities and experienced a diverse range of ‘consensual and coercive sexual relationships’ at home and in Kathmandu (Puri and Busza, 2004).

Dating is emerging as a new practice in Nepal, particularly among urban youth, despite negative community attitudes, particularly in rural areas (Regmi et al., 2011), and traditional prohibitions against even having friendships with the opposite sex. This dating activity encourages early sexual activity (Regmi et al., 2011). However, despite changes in social interactions, there are still barriers for girls. Focus groups and in-depth interviews with adolescents in Nepal showed that girls have fewer opportunities and less freedom than their male counterparts regarding relationships, sexual activity and health, and girls are subject to teasing, harassment, and gossip about their activities (Regmi et al., 2010b). In some cases, qualitative evidence suggested that male adolescents used the threat of gossip and rumours to coerce female adolescents into sexual activity (Puri and Busza, 2004).

There is a ‘double standard’ regarding premarital sexual behaviour for unmarried youths in Nepal, and this is reflected in statistics: male adolescents appear to exaggerate their sexual experiences, while female youths appear to under-report theirs (Choe et al., 2005). For example, Andersen et al. (2015) report the results of a survey of 600 young women aged 16-24 in Rupandehi district, where few participants reported having had a

²⁴ Khatiwada et al. (2013) draw on Nepal Demographic and Health Surveys of 1996, 2001, 2006 and 2011.

²⁵ The percentage of never married female adolescents aged 15-19 who have ever had sex was 0.3 in 2006, 0.6 in 2011 (Khatiwada et al., 2013) and .4 in 2016 (Ministry of Health and Population, 2017).

romantic experience themselves, but gave much higher reports of sexual activity when asked about their friends; 49% reported having a friend with a romantic relationship outside of marriage, 20% reported a friend having sex outside of marriage, and 8% reported having a friend who had attempted abortion. Additionally, there are a range of challenges in surveying young adolescents about sexual health (Thapa et al., 2002).

Premarital sexual activity in Nepal is occurring with insufficient education, guidance or sexual education. Further, much of this activity is unsafe, bringing risks of unwanted pregnancy and STIs (Regmi et al., 2008). The strong social norms against premarital sex can restrict young people, especially girls, from disclosing or seeking support for 'adverse outcomes of their sexual activity, including pregnancy, disease, abuse or disappointment at the end of a romantic relationship' (Puri and Busza, 2004).

Contraceptives and abortion

Girls' reported use of contraception varies slightly by survey. The MICS 2014 reports that 20% of married 15-19-year-old women used contraception (Central Bureau of Statistics, 2015). The 2016 DHS reports 23% for any method and 15% for any modern method (Ministry of Health and Population, 2017). Of the married 15-19-year-old girls who reported using contraception in the 2016 DHS, the methods employed were mainly injections, male condoms, and pills (Ministry of Population and Health, 2017). Data about the prevalence of contraceptive use among unmarried adolescents and youth is limited. However, the Nepal Adolescents and Youth Survey reports the distribution of those female adolescents currently using any contraception methods, and indicates a much higher prevalence of condom usage (63% among 15-19-year-old women) (Ministry of Health and Population, 2012b) than in the DHS data used by Khatiwada et al. (2013). Table 4 presents data on contraceptive use from the Nepal Adolescents and Youth Survey.

Table 4: Percentage distribution of female adolescents and youth (15-24) by currently used contraceptive methods

Age group	Condom	Contraceptive pill	Contraceptive injection	Male sterilisation	Female sterilisation	Others	Total	Number
15-19	62.83	12.83	21.06	0.00	0.00	3.28	100	141
20-24	38.49	11.92	40.38	0.74	1.96	6.51	100	497

Source: Data from Nepal Adolescents and Youth Survey 2010/11, Ministry of Health and Population 2012b.

Unmet need is the gap between stated fertility preferences and contraceptive use at a given time (Bhandari et al., 2006). The 2014 MICS found that almost half (48%) of women aged 15-19 reported unmet contraceptive need (Central Bureau of Statistics, 2015). The 2016 DHS, on the other hand, found unmet need was 35% (32% for spacing and 4% for limiting²⁶) (Ministry of Health and Population, 2017). In Bhandari et al.'s (2006) survey of 1,079 women in the Eastern Development region, predictors for unmet contraceptive need were age, religion (Muslim women were more likely to have unmet need) and age at marriage, with those who married older more likely to want contraception. Unmet need also increased with greater numbers of children and higher levels of education (Bhandari et al., 2006). Around one-third of births or pregnancies experienced by married adolescent mothers in Nepal were mistimed or unwanted (Aguilar and Cortez, 2015).

Among married females aged 15-24, use of modern contraceptives is associated with urban residence, cohabitation with spouse, participation in household decision-making and the number of children ever born (Khatiwada et al., 2013). Surprisingly, women's education level is negatively correlated with contraceptive use, and the type of method chosen also varied with education level (Central Bureau of Statistics, 2015).

Temporary methods of family planning are widely available. Over 95% of facilities in Nepal offer the male condom, combined oral contraceptive pills and injectables (Ministry of Health, 2016). However, just one-third

²⁶ Figures do not add to 35% due to rounding.

of married adolescent non-users of contraception know they can obtain contraceptives from health posts or sub-health posts (Aguilar and Cortez, 2015).

Gender norms also affect contraceptive decisions and practices. For example, in baseline analysis with 229 male and female 13-16-year-old students in Kathmandu, Mahat and Pradhan (2011) found that more girls than boys considered it appropriate for girls to carry condoms. In-depth interviews with young women indicated that some girls are reluctant to obtain or suggest contraceptives to their partners because of the stigma associated with previous sexual experience (Puri and Busza, 2004). Using contraceptives – which change a couple’s reproductive capabilities – is seen as risky for young couples in rural Nepal who face trade-offs between the future economic and social welfare benefits of children and their current economic circumstances (Bhandari et al., 2006).

Barriers to accessing contraception for married adolescents include limited empowerment and education, male migration, social norms, poor outreach services and supply constraints (Aguilar and Cortez, 2015). Other barriers cited in the literature for Nepalese women are lack of information and access, social norms that encourage early childbearing, personal preferences, and experiences with contraceptives (Mathur et al., 2004).

Adolescent girls and boys face different demand- and supply-side barriers regarding family planning (ICRW, 2014). For example, a survey of 311 male and 189 female students aged 13-18 in the Kathmandu valley revealed that almost all students found it embarrassing to purchase condoms in a pharmacy or clinic (90% and 88% respectively) (Jha et al., 2010). Additionally, many female adolescents lack the ‘power and skill’ to use contraceptives, especially to negotiate with their partner (Jha et al., 2010).

A survey of 708 girls across five districts in Nepal showed a ‘u-shaped’ relationship between education level and reported reproductive health (Hamal, 2010). The higher rates at both ends of the education spectrum may be explained by the fact that the least educated girls might engage in unsafe sexual behaviours and lack knowledge of prevention measures, which means they have poor reproductive health, while more educated girls might be more aware of their health status and take more steps to seek out care, which means they are more likely to report reproductive health problems (Hamal, 2010).

Abortion

Abortion in Nepal has been legal since 2002, up to 12 weeks’ gestation on demand, up to 18 weeks if the pregnancy is due to rape or incest, or at any time if the pregnancy poses a danger to the mother’s health or life (Puri and Tamang, 2015a). Girls under 16 require the consent of a legal guardian (Samandari et al., 2012).

After legalisation of abortion, safe services were introduced quickly in Nepal, benefiting half a million women by 2011 (Samandari et al., 2012). Comprehensive abortion care is available at all public sector health sites and nearly half (46%) of primary health care centres (Adhikari, 2016). There are some suggestions that the legalisation of abortion, combined with a spread of prenatal diagnostics, has led to an increase in sex-selective terminations (see section 2.2).

Despite the legality and availability of abortion services, only two-fifths (41%) of women aged 15-24 are aware of the legislation (Adhikari, 2016). In a survey of young women in Rupandehi, just 45% knew that abortion is legal, suggesting a need to provide knowledge and services to all women regardless of marital status (Andersen et al., 2015). In another survey, older youth and those with more education had greater levels of awareness, and Janajati and Dalit youth were less likely to be aware of the law than Brahmin and Chhetri youth (Adhikari, 2016).

Less than 2% of young women (15-24) surveyed in the Nepal Adolescents and Youth Survey 2010/11 reported having had an unwanted pregnancy terminated for reasons including already having children (34%), health problems (27%) or pregnancy before marriage (14%), though the sample size was small (Ministry of Health and Population, 2012b).²⁷ The 2016 DHS reports that 4% of pregnancies to young women under the age of 20

²⁷ The survey notes that the number of cases is small and care should be taken in interpretation, but does not give a sample number.

ended in abortion in the five years preceding the survey – primarily because there was a desire on the mother’s behalf to delay childbearing (63%), the mother did not want more children (9%), or the husband did not want a child (7%) (Ministry of Health and Population, 2017). Adolescents face barriers to accessing abortion, including the stigma around adolescent sexuality and concerns about being judged by service providers, especially for unmarried women, given the prevailing social norms regarding sexual activity outside marriage (Andersen et al., 2015).

Evidence from 30 case histories revealed that many young women who found themselves unintentionally pregnant tried to induce abortion themselves, that husbands tended to make the final decision to abort or continue with the pregnancy, and that service providers were influential in decision-making (Puri et al., 2007). Young couples also reported concerns about abortion, including that it is ‘sinful’, renders women physically weak and infertile, attracts social stigma, and that it is hard to find information about and is costly (Puri et al., 2007).

HIV/AIDS

The first case of HIV was reported in Nepal in 1988 (Mahat and Pradhan, 2011) and in 2013 prevalence among 15-24-year-olds was less than 0.1% (UNICEF, 2014). Adult HIV prevalence is estimated at 0.2% and has remained in the 0.2% to 0.3% range since 2010 (NCASC, 2015).

HIV in Nepal is most common among injecting drug users, men who have sex with men, transgender people, sex workers, and male labour migrants and their spouses (NCASC, 2015). However, half of new adult HIV infections are among those aged 15-24 years (Central Bureau of Statistics, 2015), and young people are increasingly vulnerable to HIV due to changing values and norms, such as a growing trend towards risky premarital sex (discussed above) (Mahat and Pradhan, 2011). For example, male adolescents in Nepal are at high risk of contracting HIV because of their risky sexual behaviours, including early age of first intercourse and intercourse without condoms (Iriyama et al., 2007).

Sex-trafficked adolescent girls are particularly vulnerable to contracting HIV. One study of 287 formerly sex-trafficked girls and women found 38% to be HIV positive, with the highest risk among those trafficked before age 15 (Silverman et al., 2007). They are also more vulnerable to other illnesses such as syphilis and hepatitis B (Silverman et al., 2008). The incidence of HIV in Nepal is popularly attributed to trafficked girls, and many communities use this as a justification for rejecting girls who return home (Bashford, 2006).

Migrant workers in carpet and garment factories in Nepal are another high-risk group, because many of these young people engage in early sexual experimentation with multiple partners and with little use of condoms, though few considered themselves at risk of contracting STIs (Puri and Cleland, 2006).

Adolescent pregnancy and antenatal care

Childbearing begins early in Nepal. The adolescent birth rate (fertility rate of women aged 15-19) is 71 births per 1,000 women overall – 33 in urban areas and 80 in rural areas (Central Bureau of Statistics, 2015). It varies considerably by region, from 123 births per 1,000 women in the Mid-Western mountains to 29 births per 1,000 women in the Central hills. It decreases with higher education of adolescents, and is highest for adolescent mothers from households that are in the middle wealth quintile (Central Bureau of Statistics, 2015).

According to the 2014 MICS, 14% of women aged 15-19 had begun childbearing (Central Bureau of Statistics, 2015). The 2016 DHS reports slightly higher figures: 17% of young women aged 15-19 had begun childbearing (13% had given birth and 4% were pregnant with their first child) (Ministry of Health and Population, 2017). Of adolescent girls aged 15-19, 0.6% had given birth by the age of 15. Of young women aged 20-24, 1.1% had given birth by age 15, 16% by age 18, and 39% by age 20 (ibid.).

Early childbearing is more common among rural women (18% compared to 8%), and among those with less education or in poorer households (Central Bureau of Statistics, 2015). Among the 16% of 15-19-year-old girls surveyed in UNICEF’s ADAP baseline who had been pregnant, the median age at first pregnancy was 16.2 years (Amin et al., 2014b). These figures are lower than for the overall population. The 2016 Nepal DHS reported

that women aged 25-49 have their first birth at a median age of 20.4 years (Ministry of Health and Population, 2017).

Rates of early childbearing have declined considerably in the past decade in rural and urban areas – the proportion of women with a live birth before age 15 fell from 4% for women aged 25-29 to less than 1% for those aged 15-19 (Central Bureau of Statistics, 2015). The adolescent fertility rate (births per 1,000 women aged 15-19) dropped from 127 in 1996 to 81 in 2011 (Khatiwada et al., 2013).

Adolescent girls are not fully mature physically or mentally, so adolescent childbearing can have detrimental impacts for both mother and child. Babies born to adolescent mothers are more likely to be preterm, low birthweight, small for gestational age, or to experience birth asphyxia or neonatal death (Lama et al., 2013). Young maternal age increases the risk of miscarriage (Katz et al., 2008).

Pregnancy-related deaths are known to be a leading cause of mortality for married and unmarried girls aged 15-19 (Central Bureau of Statistics, 2015). Pregnancy also leads to undernutrition of adolescent mothers, particularly for mothers under 16 years of age (Katz et al., 2010). A study of 5,861 women aged 25 and younger showed that 23% of mothers under 16 had a decrease in the mid-upper arm circumference (a measure of chronic wasting) compared with less than 20% of older women (Katz et al., 2010). Pregnant girls and adolescent mothers are less likely to continue in education (Khatiwada et al., 2013).

Factors underlying early pregnancy

Early marriage is an important determinant of adolescent pregnancy (Sarala, 2002), particularly given cultural expectations around fertility and reproduction within marriage. For example, a study with 121 women in Jiri, Eastern Nepal, found that 64% of women gave birth within a year of marriage (Chapagain and Adhikari, 2006). There is some evidence of delayed consummation of marriage, which increases the gap between marriage and first childbirth (Choe et al., 2005). Using a large-scale sample of 2,800 urban and 5,075 rural 14-22-year-old married and unmarried male and female youths, Choe et al. (2005) showed that for brides under 15, there was delayed consummation²⁸ of 12-24 months in three-fifths of marriages in urban areas and two-thirds of marriages in rural areas, while delays were much less common for older brides. Spousal age differences are also associated with increased likelihood of adolescent childbearing (Khatiwada et al., 2013).

Education has strong links with the likelihood of adolescent childbearing. Evidence from the 2011 DHS showed that the adjusted odds of having a first child before the age of 20 are 90% lower among those women with a school leaving certificate than those with no education (Khatiwada et al., 2013).

Other factors: A comparison of pregnant adolescent women and pregnant women aged 20-29 showed that the pregnant adolescents were less educated, poorer, more likely to have love marriages and more likely to have accidentally conceived (Sharma et al., 2002). These young women also received less psychological and social support from their families (Sharma et al., 2002). Sarala's (2002) study of the prevalence of adolescent pregnancy in Mustang, Dhading and Sunsari districts highlighted that the incidence of pregnancy is highest among the lowest social strata, among less literate mothers, and among Hindu adolescents.

Access to antenatal care: There have been considerable improvements in antenatal care for pregnant adolescents in recent years, with the proportion of young women (15-24) accessing the recommended four antenatal care visits increasing fourfold between 1998 and 2013 (Khatiwada et al., 2013). The 2016 DHS reports that 87% of mothers younger than age 20 received antenatal care from a skilled provider and that 55% received all recommended visits (Ministry of Health and Population, 2017).

However, there is a negative correlation between antenatal care and child marriage, especially in rural areas, and with increasing numbers of children (Godha et al., 2016). Rates of skilled attendance at birth and institutional delivery are twice as high among those who married at 18, compared with girls married at 14 (Godha et al., 2016). Education, wealth, participation in household decision-making, preparation for the birth

²⁸ A gap between marriage and spousal co-residence

through savings, and urban residence are predictors of delivering a baby at a health facility (Khatriwada et al., 2013).

SRH education and knowledge: There is little sex education in Nepalese schools, and SRH is not openly discussed in families, which disadvantages girls who are more likely not to be in formal education or institutions (Mathur et al., 2004).

The Government of Nepal developed a curriculum with basic information on adolescence, and SRH for grade 6-10 students (Shrestha et al., 2013). Within schools, students receive basic sex education on safe motherhood, family planning, reproductive physiology, STIs/HIV, infertility, adolescent health, reproductive health problems of post-menopausal women, and reproductive rights (Pokharel et al., 2006). Thirty-nine per cent of adolescents rely on school as their source of information about HIV; however, grade 9 and 10 health textbooks in Nepal were found to have inadequate information on HIV and other STIs (Mahat and Pradhan, 2011). Many adolescents (48%) also obtain information about HIV from the media.

A body of evidence suggests that adolescent girls in Nepal have insufficient knowledge about SRH, though some studies present the alternate view.

A survey to evaluate knowledge and practice relating to menstrual hygiene found that girls in Chitwan district need further education about menstruation and appropriate hygiene (Adhikari et al., 2007). In one study, 37% of adolescent girls reported that they had not been informed about menstruation before experiencing it (Posner et al., 2009), though Amin et al. (2014b) report that 90% of girls know about the menstrual cycle. Similarly, in a survey of 204 adolescent girls in grades 8-10 in Dhading, Morang, Lalitpur and Kathmandu, 92% were aware of menstruation and had received information about how to use a cloth and about menstrual restrictions (WaterAid, 2009). Most girls (85%) reported that they lack access to commercial sanitary products and use cotton cloths to manage bleeding (Amin et al., 2014b). The social norms that inform menstrual restrictions are further discussed in section 2.2.

Almost half the respondents in the WaterAid survey reported being absent from school due to menstruation (WaterAid, 2009). However, Oster and Thornton (2011) employed a randomised control trial to evaluate claims that menstruation and a lack of sanitary products are barriers to girls' schooling; they found that those factors had very little impact on school attendance, with girls missing 0.4 days per 180-day school year, and concluded that sanitary facilities and materials do not reduce this gap.

Results of a survey of 634 students in Kathmandu valley showed that most students' needs for information about HIV and sexual health education were not being satisfied through their schools (Shrestha et al., 2013). This is problematic, as students who receive more information and whose teachers and parents are more supportive and involved in sex education had more positive attitudes towards abstinence, and intentions towards safer sex (Shrestha et al., 2013).

The 2014 MICS reports that 36% of young women aged 15-24 can correctly identify ways of preventing sexual transmission of HIV and major misconceptions about how it is transmitted (Central Bureau of Statistics, 2015); 45% knew all three means of HIV transmission from mother to child and 68% knew of a place to get tested for HIV (Central Bureau of Statistics, 2015). The 2016 DHS, on the other hand, reports that of girls and women in the same age group, 75% knew that condoms could prevent HIV and 80% knew that limiting sex to one uninfected partner could prevent HIV (Ministry of Health and Population, 2017). These results were generally better than for the population as a whole. On the other hand, the 2016 DHS also reports that only 18% of girls aged 15-19 have comprehensive knowledge of HIV (compared to 24% of boys) (ibid.). Never-married girls' knowledge is better than married girls' knowledge (26% vs 15%).

A 2003 survey of 150 adolescents in a private school in Kathmandu showed that most adolescents had a moderate overall level of awareness about HIV, but less knowledge about how it is transmitted and prevented (Mahat and Scoloveno, 2006). Just 17% of respondents considered that they were likely to get AIDS (Mahat and Scoloveno, 2006).

However, in contrast, Shakya (2013) found that in a survey of 130 adolescent girls aged 11-17 in Khokana, 15% had a high knowledge score, 56% had a moderate knowledge score and 29% had a low knowledge score based on a test of knowledge about reproductive health, menstruation and HIV/AIDS transmission and prevention.²⁹

Awareness of cervical cancer among female adolescents (mean age 18.6) who were university undergraduates was 59%, despite the fact that cervical cancer is ‘the most commonly reported malignancy’, though this awareness was higher among Nepalese adolescents than among their Indian and Sri Lankan counterparts (Joy et al., 2011).³⁰ The preventive Human Papilloma Virus vaccine is not compulsory in Nepal and PAP screening levels are low, though a pilot project vaccinating teenage girls was conducted (Prasai, 2008).

Access to services

The Nepalese government has identified adolescents and youth as a vulnerable population group that is underserved, but relatively few programmes and policies are in place to reach them (Khatiwada et al., 2013). The capacity of traditional programmatic approaches to address adolescent SRH needs is limited (Mathur et al., 2004).

Sociocultural norms informed by gender impact the services that are available to women and their ability to access such services. For example, norms and taboos prevent women from seeking treatment for uterine prolapse and other reproductive health problems (Asian Development Bank, 2010; Binjwala et al., 2014).

Laaj – shame about reproductive health – can prevent women discussing pregnancy and reproductive health (Binjwala et al., 2014). Concerns in Nepal about girls’ sexuality and anxiety about girls’ agency, virginity and sexual purity mean that many girls are not prepared for menstruation (Karim et al., 2016).

Barriers to adolescents’ use of SRH services in Nepal include limited access to information, lack of confidentiality, insufficient life skills education, the constrained autonomy of young married women, lack of youth-friendly services, and economic constraints (Regmi, 2009). Additional factors shaping access to services identified from focus groups and in-depth interviews included embarrassment and poor negotiation skills and the role of peers (Regmi et al., 2010a).

Karki and Shrestha (2008) reported on the introduction of a specialist adolescent service at the Kathmandu Medical College Teaching hospital and survey its users. Primarily young women (there were very few male users) from across Nepal travelled to obtain the specialist services, approximately 60% with pregnancy-related problems. The study emphasised the need for specialist services and care for adolescents.

5.3. Nutrition

Chronic food insecurity persists in parts of Nepal, where over half of all households (51%) are food insecure and lack access to food all year round (Ministry of Health and Population, 2012a). Substantial amounts are spent on public works programmes to alleviate hardship (Parajuli et al., 2012).

Undernutrition is a major health problem for adolescents. In the 2016 DHS, 30% of 15-19-year-olds were thin (BMI < 18.5) vs 37% of boys the same age (Ministry of Health and Population, 2017). Thinness is more common for adolescents than older women, among those with no education, and for women in the lowest wealth quintile (ibid.).

Mansur et al. (2015) report a high prevalence of underweight (32%), stunting (21%) and thinness (15%) among 716 9-16-year-old adolescent girls in Kavre district, especially the youngest girls. In a survey of 426 unmarried girls aged 14-19 in Kathmandu valley, Joshi et al. (2005) showed that education is an important determinant of adolescent height as it leads to improved food habits, even under constrained economic conditions.

²⁹ The summary of the study did not define the points required for each knowledge score.

³⁰ The study was a survey of 1,268 young women in India, Nepal and Sri Lanka.

Many adolescents in Nepal are anaemic, particularly girls. Anaemia impacts growth and is an important health concern (Sinha et al., 2012): 44% of girls aged 15-19 were anaemic, compared with 41% of women overall (those aged 15-49) (Ministry of Health and Population, 2017). Anaemia is higher among pregnant women and women in rural areas, but does not vary with education level (ibid.). Interestingly, women in the lowest and highest wealth quintiles are less likely to be anaemic than those in the middle quintiles (ibid.).

Anaemia prevalence is higher in some parts of Nepal. In one study in Morang district, with 308 male and female adolescents aged 10-19, the overall prevalence of iron deficiency anaemia was 66%, with rates higher among female adolescents (78%) than males (52%) (Baral and Onta, 2009). While more prevalent among girls, anaemia is also an issue for adolescent boys. Sinha et al. (2012) found the prevalence of iron deficiency anaemia to be 29% among female adolescents and 27% among male adolescents in a survey of 1,047 subjects aged 10-19 in Biratnagar, Morang district. The disparity in these studies probably reflects the considerable variation in anaemia prevalence throughout Nepal and the influence of regional factors on economic wellbeing and access to health services.

Many adolescent girls in Nepal are undernourished and there is little evidence of malnutrition relating to diet and lifestyle of this age group. However, just 3% of women aged 15-19 are overweight or obese – a far lower prevalence than among older women, with 34% of those aged 40-49 classified as overweight or obese (Ministry of Health and Population, 2017). In a study of 241 15-19-year-olds in Parsa district, obesity was found to be similarly prevalent among females (5%) and males (4.9%), but prevalence of pre-hypertension among male and female adolescents was 12% and 13% respectively (Adhikari et al., 2013).

A study with 182 people aged 12-20 in Jhuwani, central Nepal, showed that female adolescents experienced a higher prevalence of worm infection than male adolescents (49% compared to 34%), which reflected sociocultural risk factors, such as women typically being responsible for the collection of water (Rijal et al., 2001).

5.4. Alcohol, smoking and drug use

There are large differences in the prevalence of tobacco and alcohol use by gender among adolescents in Nepal, with rates of use far higher for adolescent boys than girls, and for older women than adolescent girls. Consequences of substance use include accidents, risky behaviour, poor performance at school, low self-esteem, depression, anti-social behaviour and poor health (Karki et al., 2016).

Tobacco is used in multiple ways, including *Beedies* (smoking stick), *Hooka*, *Chilam* (conical clay pipe), *Khaini/Surti* (roasted tobacco flakes used as a pinch), *Snuff* (a power inhaled through the nose), *Gutka* (manufactured smokeless tobacco product available in different flavours) and *Pan masala* (a betel-quin mixture that is chewed and sucked) (Bhandari et al., 2006).

In a study of 408 12-18-year-old participants (54% male) in the Western region, most of the adolescents drank local beverages made from rice, corn or millet, such as *Chang* (39%), *Tongba* (3%), *Jand* (16%) or locally distilled alcohol, such as *Raksi* (22%). They also drank beer (52%), spirits (7%), wine (28%) and other alcohol products (4%) (Karki et al., 2016). The prevalence of alcohol use was higher among boys (26%) than girls (18%), but no data were available concerning likely gender differences in the types of alcohol consumed.

Among women and young girls, 4% (aged 15-49) reported having smoked a whole cigarette before age 15, and 7% had had at least one alcoholic drink (Central Bureau of Statistics, 2015). Use of tobacco increases with age: 1% of adolescent girls aged 15-19 currently use tobacco, compared with 27% of women aged 45-49, and 3% of 15-19-year-olds drink alcohol, compared with 18% of women aged 45-49 (Central Bureau of Statistics, 2015). DHS figures are similar. The 2016 survey found that only 0.6% of girls aged 15-19 used any form of tobacco (compared to 16% of boys) (Ministry of Health and Population, 2017). The Nepal Adolescents and Youth Survey reports that 28% of boys aged 10-24 and 9% of girls had tried liquor (Ministry of Health and Population, 2012b).

Tobacco use is a rising trend in urbanising areas in Nepal (Singh and Kalra, 2015). The Nepal Adolescents and Youth Survey reports that 24% of boys aged 10-24 and 2% of girls have used cigarettes or tobacco (Ministry of Health and Population, 2012b). A survey of 618 female adolescents in Dharan municipality showed that girls were using tobacco for recreation (32%), because of pressure from friends (32%), to relieve pain and stress (28%), or because they have seen a family member use the substance (4%) (Singh and Kalra, 2015). Tobacco use was more common among Janajati girls (Singh and Kalra, 2015).

A survey of 1,540 students aged 10-18 in Kalaiya municipality reported that some started tobacco use as early as age 6, though the mean age of initiation was 13.38 and the prevalence of ever-using tobacco was 25% (Bhaskar et al., 2016). Male students, Janajatis, Muslim students and those whose family members or friends used tobacco were more likely to do smoke. In a study of 408 male and female participants in the Western development region, 10% of adolescents were smokers, used snuff or chewed tobacco; tobacco use was considerably higher among boys (16%) than girls (4%) (Karki et al., 2016).

A survey of 1,662 grade 8-10 students revealed that less than half of those using tobacco had tried to quit or sought professional help to do so, and highlighted how readily available tobacco products are perceived to be – with students buying tobacco products from street vendors or shops without age restrictions (Sreeramareddy et al., 2008).

In a study of 408 participants in the Western region, just over a fifth (22%) had used alcohol, and a small percentage of those (4%) had also used other intoxicants such as cannabis (4%) or had injected drugs (0.2%) (Karki et al., 2016).

Drawing on the 2000 Nepal Adolescents and Young Adults Survey, Choe (2004) demonstrates that the start of substance use is correlated with urban exposure and with transition to adulthood indicators such as leaving school or the family home (ibid.). Parental factors are also significant: adolescents are less likely to start using substances early if they grow up with two parents and have a close relationship with them; however, starting substance abuse is also more likely for adolescents whose mothers have higher levels of education (ibid.).

5.5. Assessment of the evidence and key gaps

The evidence on physical wellbeing includes a range of quantitative and qualitative documents. The quantitative evidence provides nationally representative data about HIV knowledge and sexual behaviour and practices.

There are limitations associated with the quantitative evidence and areas where additional evidence is needed. There is a risk that surveys do not accurately capture changing sexual practices among adolescents in Nepal, particularly as the data on contraceptives and sexual behaviour focus disproportionately on married adolescents. For example, there is a need for data about contraceptive use among young men, as only young women are addressed in the Nepal Adolescents and Youth Survey, where the sample size is relatively small. Additionally, although mortality was mentioned in the reports of the statistical agency, it was not possible to obtain age-specific mortality rates, which would be a useful indicator of disparities in adolescent physical wellbeing. The data on HIV prevalence are also relatively limited.

Much of the quantitative data is disaggregated by sex, region, wealth and age brackets. There is limited information about pregnancy, contraception and sexual activity of the youngest adolescents, though this probably reflects the low prevalence of sexual activity among this age group.

The interaction between sex and other background characteristics is not separated out in much of the quantitative evidence, so there is an evidence gap regarding the experiences of specific types of young women – for example, the poorest girls in rural areas or middle-income girls in urban areas. While caste and religion are likely to be associated with wealth and region, the absence of data disaggregated by these features might hide important evidence about the interaction between aspects of social discrimination and other background characteristics in shaping outcomes for adolescent girls.

Much of the qualitative data focuses on knowledge and attitudes, with a body of work focused on sexual experiences of particular subsets of adolescents. Much of this work took place in central areas of Nepal and among students of colleges, universities or high schools, which means the experiences of many adolescent girls would not be captured. There is a body of work that was undertaken with migrant workers however, which is a useful counterpoint.

A key evidence gap that needs to be addressed through qualitative and quantitative work is understanding the relationship between knowledge regarding SRH and the practices of adolescents. Some such work exists, but was undertaken with small groups of adolescents and youth and is not representative.

6. Psychosocial wellbeing

Key findings

- There is relatively little evidence on the psychological and psychosocial wellbeing of adolescent girls in Nepal; 22 documents were located in the literature search.
- The pressures adolescent girls face to conform to social norms and expectations, and those associated with violence, conflict and child labour, also affect their psychological and psychosocial wellbeing.
- A higher proportion of adolescent girls than boys report feeling sad and depressed, and that they lack confidence. Almost half of girls (49%) reported feeling that they could not cope with their existing situation compared with 3 in 10 (29%) boys. At the same time, young women in Nepal report high levels of life satisfaction (around 80% report being very or quite satisfied with their lives).
- 21% of suicides in Nepal are by women aged 18 and under but little is known about the causes (Suvedi et al., 2009).

6.1. Overview of sources

Psychological and psychosocial wellbeing is increasingly recognised as an important area for adolescent girls. As well as being intrinsically important, it underpins wellbeing in other areas. However, there is relatively little evidence about this area, including the prevalence of problems, the state of services, or evaluations of interventions that are making a difference. This said, the Nepal Adolescents and Youth Survey included questions asking adolescents whether they had experienced a range of psychological situations, and disaggregated the responses by region, gender and age.

Our literature search located 22 documents that included evidence on psychological or psychosocial wellbeing. Searches with synonyms such as emotional wellbeing or mental health returned few additional documents. The evidence located included statistical reports, grey literature and academic papers. The bulk of this evidence was quantitative. However, most of this evidence was documents focused on factors that can undermine psychosocial wellbeing such as involvement in conflict, sex trafficking, homelessness, health issues, child marriage and child labour. There was also some evidence about how psychosocial wellbeing affects behaviour related to substance use and health.

6.2. Overview of psychosocial wellbeing

Adolescence is a time of change and upheaval. Young women are particularly vulnerable to psychosocial challenges due to their 'developmental immaturity, low self-esteem, poor negotiation skills and limited financial resources' (Deuba, et al., 2016). Nepali girls and boys are expected to display different behaviour, and some girls report feeling that their behaviour is under considerable scrutiny (Ghimire et al., 2013). The restrictions on their behaviour and fear of judgement mean that girls are less able to participate in society than their male peers, and social pressures can reduce girls' self-confidence and morale (ibid.).

In the Nepal Adolescents and Youth Survey, more girls aged 10-24 (12%) reported feeling sad and depressed than boys (9%) and more girls reported lacking confidence (43% of girls, 36% of boys) (Ministry of Health and Population, 2012b). Almost half of girls (49%) reported feeling that they could not cope with their existing situation compared with 3 in 10 (29%) boys (ibid.). Boys and girls reported a similar number of days in the past year spent in any depressed psychological state (12 days for boys and 13 days for girls) (ibid.).³¹ Nearly 80% of

³¹ The Nepal Adolescents and Youth Survey asked if in the past year, adolescents (10-24) had experienced any days when they felt sad and depressed, lost interest, were not interested in meeting anyone, felt weak and exhausted or felt angry (Ministry of Health and Population, 2012b).

adolescents and youth sought no treatment for mental health problems (ibid.). Table 5 compares the reported prevalence of psychological problems by sex.

Table 5: Percentage distribution of adolescents and youth aged 10-24 by state of psychological problems and sex

Sex	Percentage of respondents feeling anxious	Percentage of respondents who lost self-confidence	Percentage of respondents who felt not able to cope with the situation	Percentage of respondents who felt hopeless	Percentage of respondents who thought about committing suicide	Number
Male	74.11	36.15	29.06	35.24	5.52	1003
Female	76.76	43.44	41.39	50.57	18.87	1313

Source: Data from Nepal Adolescents and Youth Survey 2010/11, Ministry of Health and Population 2012b.

In a survey on tobacco and alcohol use in the Western region, adolescents reported that a main reason for their substance use was to cheer themselves up when they were sad (Karki et al., 2016).

Among girls aged 10-24, 19% had considered suicide compared with 6% of boys (Ministry of Health and Population, 2012b). Suicide is the single leading cause of death among women aged 15-49 in Nepal, with women under the age of 18 accounting for 21% of all suicides (Suvedi et al., 2009). Despite this, there have been no specific studies on the causes of suicide among adolescent girls.

The 2014 MICS reports life satisfaction measures for 15-24-year-olds, revealing that 81% of young women were very or somewhat satisfied with their lives overall, and 82% were very or somewhat happy (Central Bureau of Statistics, 2015). More than half (57%) of young women considered their lives to have improved in the past year and expected their life would be better in the next year (Central Bureau of Statistics, 2015). Satisfaction was higher among more educated women and among those in wealthier households (ibid.).

A survey of 101 adolescent girls aged 15-17 from Kathmandu sought to measure self-esteem, social support, hope and health practices (Mahat and Scoloveno, 2001). Scores on the Rosenberg Self-esteem Scale – a 10-item questionnaire assessing self-esteem – ranged from 21 to 31 out of a possible 40 (mean 26), which is relatively low.³² Scores for perceived social support ranged from 93 to 167 (mean 135), and the scores for health practices ranged from 27 to 68 (mean 48) (ibid.). The study also identified statistically significant positive correlations between positive health practices and self-esteem, social support and hopefulness (ibid.).

There is limited evidence available about the psychosocial wellbeing of particular groups of young people within Nepal. One exception is a study among 126 homeless male and female children aged 6-18 in Kathmandu. This suggested that homeless children face attachment and temperament problems, along with issues with social skills, cognitive ability and language development, though rates of emotional and behavioural disorder were similar to non-homeless children in previous studies (Ojha et al., 2013). Among homeless children surveyed, girls more commonly experienced emotional and behavioural problems than boys (30.43% of girls compared with 26.23% of boys) (ibid.).

A cross-sectional study among 102 male and female adolescents aged 11-17 with and without parents affected by leprosy showed that adolescents whose parents were affected had higher levels of symptoms of depression,

³² Scores on the Rosenberg scale can range from 10 to 40, and a higher score indicates higher levels of self-esteem.

lower self-esteem and lower health-related quality of life than their peers whose parents were not affected by leprosy (Yamaguchi et al., 2013).

Social connectedness is an important component of psychosocial wellbeing. Compared to girls in Nepal, boys have wider social networks and are more likely to report having someone in their community they could borrow money from (71%) or stay with if they experienced a problem (70%) than girls (59% and 58%, respectively) (Amin et al., 2014a). Mobility is another factor underpinning social connectedness. The Nepal Adolescents and Youth Survey reports on the distribution of adolescents and youth who are able to leave the house without permission and shows that three times more male adolescents than female adolescents (46% versus 15%) are able to go out without permission (Ministry of Health and Population, 2012b).

An adolescent girl's experiences of child marriage, violence, conflict or child labour have a significant impact on her psychosocial wellbeing. As we have seen, child marriage is common in Nepal (see section 3.2). The transition to wife and new roles including caretaker, housekeeper and mother can be stressful for a young girl, and she 'may develop fears and complexes that last her whole life' (Plan Nepal et al., 2012). Experiences of child labour can also undermine psychosocial wellbeing. Qualitative research with bonded *haliya* or *kamaiya* workers (see section 7.2) indicated that many young workers experience physical and emotional violence and can be humiliated, beaten or sexually mistreated (Giri, 2009a).

Adolescent girls' experience of violence also affects their psychosocial wellbeing. Out of 20 young pregnant women in urban slums in Kathmandu, 14 reported having experienced violence, including psychological abuse, from their spouses or other family members, which left them depressed and nervous (Deuba et al., 2016). Trafficking, 'an extreme and sustained form of violence against girls and women' (Crawford and Kaufman, 2008) (which was discussed in section 3.4) also has negative impacts on psychosocial wellbeing. Evidence from a systematic literature review on the health consequences of trafficking demonstrates that women and girls who have experienced trafficking for sexual exploitation experience high prevalence of mental distress (Oram et al., 2012). Depression, substance abuse and PTSD are common consequences identified in Joshi and Swahnberg's (2012) overview of key issues relating to the trafficking of women and girls. Trafficked girls who return to their villages or communities face considerable social stigma and shame, are distrusted by their family and community, and lack employment opportunities (Kumar et al., 2001). In a sample of 21 girls, 19 reported that they were not living a normal life, and 15 felt hated by society (Kumar et al., 2001). In one survey of survivors, psychosocial symptoms reported included social withdrawal, altered behaviour around males, lack of motivation, and aggression (Crawford and Kaufman, 2008).

The civil conflict between Nepalese security forces and those of the Communist Party of Nepal detrimentally impacted the psychological and psychosocial wellbeing of Nepalese children. Some children experienced torture, tens of thousands of children were abducted, hundreds of thousands of people were displaced, and the conflict heightened sexual exploitation of children, particularly girls (Amnesty International, 2005). Victims reported experiencing too much fear of reprisal to report attacks and being threatened with repeated rape (Amnesty International, 2005).

Those children who experienced the conflict as child soldiers had particularly negative experiences. A cross-sectional cohort study compared the mental health of 142 former child soldiers (67 male and 75 female) and 141 never-conscripted children (69 male and 73 female) aged around 15. This study found that former child soldiers faced more severe mental health problems than never-conscripted children (Kohrt et al., 2008). More former child soldiers suffered from depression, anxiety, PTSD, psychological difficulties and function impairment compared with their never-conscripted peers (ibid.). Being female was associated with worse symptom scores for child soldiers for depression, anxiety and general psychological difficulties – perhaps because of their experiences of sexual violence or reintegration difficulties in addition to trauma (ibid.). For example, 48% of girls who were former soldiers were above the cut-off for PTSD compared with 16% never-conscripted girls, 30% of boy former child soldiers and 12% of never-conscripted boys (ibid.). The results of the study also suggested that anxiety might be a general response of children to living through conflict, whether

they were child soldiers or not (ibid.). Kohrt et al. (2008) do not explain the ways in which girl soldiers' experiences differed from those of boys, but note that sexual violence may have been a possibility, along with stigma associated with the violation of social norms such as mixed-sex sleeping quarters or proximity to corpses experienced by the child soldiers. Additionally, fieldwork with 400 former child soldiers and children directly impacted by armed conflict highlighted the difficulties faced by children during and particularly after the conflict, when, struggling to cope with their traumatic experiences, many were ostracised and turned to substance abuse (Shakya, 2011).

6.3. Assessment of the evidence and key gaps

Overall, there is relatively little information about the psychosocial wellbeing of adolescent girls in Nepal, though literature on violence against women and girls, children's experiences of conflict and child marriage does touch on the consequences of these experiences for psychosocial wellbeing.

There is some quantitative information about the experiences of male and female adolescents with various psychological symptoms, but limited data about the prevalence of medically diagnosed mental health conditions. Additionally, some evidence reports on adolescent girls' attitudes about their futures but comparable data for boys are not available. Where quantitative data exists, it is typically disaggregated by sex and region and wealth, but there is no information about the interaction of sex with particular background characteristics and there is limited evidence about changing prevalence over time.

A number of important evidence gaps exist. More data are needed about the causes of suicide among adolescent girls. Our review found limited information about the implications of mental health policies or prevention strategies for adolescents. There is also a need for more information about mobility and the interactions between mobility, social connections and psychological wellbeing. Another evidence gap is the experiences of female child soldiers, particularly the prevalence of rape, childbearing as a consequence of sexual exploitation, their experiences upon return from conflict, and their post-conflict lives.

7. Economic empowerment

Key findings

- Nepal is one of the world's poorest countries, and a quarter of the population live below the poverty line.
- In 2014, 38% of girls aged 5-17 were engaged in household labour (Central Bureau of Statistics, 2015).
- More girls than boys are involved in child labour overall, and girls are more likely to be involved in hazardous work. Some girls work as bonded labourers.
- The unemployment rate among 15-24-year-olds in Nepal is 3.6% (Central Bureau of Statistics, 2011a). Girls are more likely than boys to be neither working nor in school.
- Migration to cities or abroad can be a source of economic opportunity, but comes with risks, especially for adolescent girls.
- Reported savings rates are higher for girls than boys.
- There was little evidence on the relative access of boys and girls to productive assets or financial services.

7.1. Overview of sources

This section is based on 99 documents. The statistical information presented draws primarily on the 2014 MICS (Central Bureau of Statistics, 2015) and the 2016 DHS (Ministry of Health and Population, 2017). It focuses on child labour, youth unemployment, migration, access to productive assets and savings, and access to financial services.

Adolescent girls' capability development is significantly affected by the overall economic position of their households. For example, longitudinal panel data from the Nepal Living Standards Survey shows how household poverty affects marriage, schooling and work (Bajracharya and Amin, 2010). Household poverty during childhood is also associated with higher chances of early marriage rather than continuing with education (Bajracharya and Amin, 2012).

7.2. Child labour

Children globally engage in unpaid and paid work that is not harmful. Such activities are considered child labour when the child is too young to work, or is involved in hazardous activities that could compromise their physical, mental, social or educational development. Children under the age of 14 in Nepal are prohibited from engaging in work under the Child Labour (Prohibition and Regulation) Act 2056 (2000). The Act does not differentiate between domestic work and child labour but does state 'that children aged 15-17 years shall not be engaged in work for more than six hours a day and more than 36 hours a week, either with or without additional remuneration' (Central Bureau of Statistics, 2015).

Child labour is very common in Nepal, where children work in the home cooking, cleaning, collecting firewood and water, and caring for their siblings (Apsara and Mani, 2012).

Based on data from the Nepal Labour Force Survey 2008, the International Labour Organization (ILO) estimates that 1.6 million children aged 5-17 are engaged in child labour, and 620,000 of these are in hazardous work – i.e. in employment in industries and occupations considered hazardous, or involving long hours or night work (ILO, 2011).³³ In Nepal, hazardous work includes activities in agriculture and fisheries, manufacturing, mining

³³ Child labour 'reflects the engagement of children in prohibited work and, more generally, in types of work to be eliminated as socially and morally undesirable under national legislation, the ILO Minimum Age Convention, 1973 (No. 138), and the Worst Forms of Child Labour Convention, 1999 (No. 182), as well as their respective supplementing recommendations (No. 146 and No. 190). Therefore, child labour includes all persons from 5 to 17 years old who during a specified period were engaged in one or both of the following categories of activity: the worst forms of child labour, as described in paragraphs 17-30 of the ICLS

and construction, transport and freight handling, and domestic and similar help. Boys are more likely to participate in wage employment, while girls are more likely to be involved in subsistence and household work (Fafchamps and Wahba, 2006). Edmonds and Shrestha (2014) find that older girls work more than boys within the same household due to the additional demands they face for domestic work. If a mother receives remittances, male children work less than female offspring, indicating son preference (Nyysola, 2007).

Children working in Nepal are mainly (74%) in agricultural self-employment (Central Bureau of Statistics, 2011b). Fafchamps and Wahba (2006) report that 8% of child wage employment is in domestic services, 2% in construction, 4% in manufacturing and 10% in services. Average monthly earnings for boys involved in child labour are higher than for girls in all occupations except craftwork, where girls are paid more (ILO, 2011).

Based on a definition of child labour as involvement in work that is detrimental to children’s development (because of long hours or hazardous conditions), more adolescent girls than boys are involved in child labour, and more girls work in hazardous conditions. According to the 2014 MICS, 38% of working girls aged 5-17 and 37% of working boys were engaged in household labour, and 32% of working girls and 29% of working boys worked under hazardous conditions (Central Bureau of Statistics, 2015). The incidence of child labour (5-14 years) declined from 31% in 2003-04 to 28% in 2010-11 (Central Bureau of Statistics, 2011b). Table 6 gives further details of age-specific involvement in economic activities, while Table 7 presents data on children’s involvement in household chores.

Table 6: Children’s involvement in economic activities during the week preceding the survey, drawing on 9,023 children aged 5-11, 4,488 children aged 12-14 and 3,803 children aged 15-17

Sex	Percentage of children aged 5-11 involved in:	Percentage of children aged 12-14 involved in:		Percentage of children aged 15-17 involved in:	
	Economic activity for at least one hour	Economic activity less than 14 hours	Economic activity for 14 hours or more	Economic activity less than 43 hours	Economic activity for 43 hours or more
Male	29.2	43.4	12.3	58.5	2.1
Female	26.5	44.8	17.6	64.0	3.1
Total	27.9	44.2	15.2	61.3	2.6

Source: Central Bureau of Statistics, 2015.

Table 7: Children’s involvement in household chores during the week preceding the survey, drawing on 9,023 children aged 5-11, 4,488 children aged 12-14 and 3,808 children aged 15-17

Sex	Percentage of children aged 5-11 involved in:		Percentage of children aged 12-14 involved in:		Percentage of children aged 15-17 involved in:	
	Household chores less than 28 hours	Household chores for 28 hours or more	Household chores less than 28 hours	Household chores for 28 hours or more	Household chores less than 43 hours	Household chores for 43 hours or more
Male	75.3	1.6	81.0	3.2	84.9	2.2
Female	72.6	3.7	83.6	10.3	92.7	3.4
Total	73.9	2.7	82.4	7.0	88.8	2.8

Source: Central Bureau of Statistics, 2015.

resolution; employment below the minimum wage, as described in paragraphs 32 and 33 of the said resolution’ (International Labour Organization, 2011).

Children are not in control of decisions about whether they go to work or engage in other activities such as education (Edmonds and Shrestha, 2014). This means that the views of parents and decision-makers about the relative importance of education or leisure time for girls vs boys can directly shape decisions about children's work. Rural children are much more likely to be involved in child labour than those from urban areas, while maternal education, child education and household wealth are also important predictors of child labour; when there is more education, there is less child labour (Central Bureau of Statistics, 2015).

In a survey of 237 children aged 6-17 in western Nepal, Yamanaka and Ashworth (2002) found that on average, girls worked twice as long each day than boys (5.8 hours compared to 2.8 hours) and undertook twice as much heavy work (1.5 hours compared to 0.7 hours).³⁴ In contrast, boys spent more time at school and in leisure (Yamanaka and Ashworth, 2002).

Poverty is a key driver for child labour, but this is 'exacerbated by a lack of education, socio-economic expectations and the political culture' (Acharya and Luitel, 2006). Fafchamps and Wahba (2006) demonstrate that children living in or around cities are engaged in more wage work or small business employment, but work far less in agricultural activities and housework than their rural counterparts.

Carpet-weaving is an important industry in Nepal and handmade carpets remain a key export, despite the decline of the industry in the 1990s. The industry has considerable levels of child involvement. Weaving is hazardous and such work is associated with 'long-term spinal injuries, arthritis, respiratory ailments and eyesight damage' (Edmonds and Shrestha, 2014). Nepali law prohibits children under 16 from being involved in carpet-weaving; nonetheless, children represent 10,907 of the 49,583 people employed in the handmade carpet sector (ICF, 2012, in Edmonds and Shrestha, 2014). Edmonds and Shrestha (2014) report that boys are less likely to have been involved in weaving in the past year than girls, and work fewer hours when they do participate. O'Neill (2003) contends that the designation of carpet-weaving as hazardous has its own risks for Nepali youth, who are more vulnerable to low wages and employment instability than the dangers of the work itself, and that any child labour abuses that do occur are small scale. The prominence of NGOs focused on reducing child labour in the carpet industry suggests that O'Neill's position is a minority view. In addition to the hazards of the work itself, a key risk of the carpet industry is the vulnerability of young workers to sexual exploitation and trafficking (Joshi and Swahnberg, 2012).

Child labour means that there is an opportunity cost associated with going to school. Boys are more likely to be at school, while girls are more likely to be working within or beyond the home (Nyysola, 2007). There is some evidence that scholarships combined with stipends (conditional on attendance) can encourage school enrolment and attendance and reduce child labour in carpet-weaving in the short term, especially for girls (Edmonds and Shrestha, 2014). However, effects diminish post-payment, with no impacts apparent after 16 months (Edmonds and Shrestha, 2014). Analysis of the Nepal Living Standards Survey data shows that child labour appears to be a substitute for adult labour in Nepal, so household income reduces child labour (Apsara and Mani, 2012). Factors associated with reduced child work include scholarships, access to private schooling, siblings at home, and adults' years of schooling (Apsara and Mani, 2012).

The bargaining power of the mother is also an important determinant of child labour. Analysis of the Nepal Living Standards Survey indicates that when mothers have greater bargaining power – measured through their non-labour income, age at marriage, and knowledge about fertility control – her children are more likely to attend school and less likely to work (Nyysola, 2007). Older children, those with no older siblings, and those from self-employed families are also more likely to be working, and a father's unemployment increases child labour (Nyysola, 2007). Child labour also varies by ethnic group: higher castes such as Brahman, Magar, Tharu

³⁴ Heavy work included carrying water/fodder/firewood, cutting fodder/firewood, carrying and spreading manure, carrying bricks, shopping (carrying heavy goods). Moderate work included grinding grain, cleaning house, washing clothes, child care, going to water source with empty pot, going to forest for fodder/firewood collection, picking vegetables, tending kitchen garden, animal tending, shopping; while light work included cooking, making fire, washing utensils, standing in line for water, winnowing, making basket/mats, beekeeping or sitting at a shop.

and Newer educate their children more, implying less child labour, while child labour is more common among Chhetri, Magar, Kami and Tamang groups, and Muslim children are sent to work less often (Nyysola, 2007).

In a 2009 survey in 12 districts of Nepal, it was estimated that 9% of adults were in forced labour (Kumar et al., 2013). Around one-third of children were in forced labour, including 36% of girls and 32% of boys (ibid.). Households that engaged in forced labour were typically large, with many dependent children and lower school completion rates (ibid.). In Nepal, key systems of forced labour are *haliya* and *kamaiya* work, which are found in agriculture, brick-kilns and domestic work (Upadhyaya, 2008). *Kamaiya* workers, who are 95% ethnic Tharu from western Tarai, are engaged in an 'agriculturally based bonded labor system' where they make a verbal contract to work for a year and receive payment in kind of a share of produce rather than wages. If crops fail, the share of produce received is insufficient, forcing people to take out loans, and when indebted, they may have to work without pay (Giri, 2009b). *Haliya* workers, typically Dalits, are agricultural workers who are often forced to take out loans because their seasonal work is insufficient to allow them to support their families, leaving many of them with considerable debts and limited work opportunities to repay their loans, and thus many ending up in bonded labor (Giri, 2009b).

The *haliya* system was outlawed in 2000 and *kamaiya* was outlawed in 2008 (Giri, 2009b). Despite the ban, families have continued to accept bonded labour contracts, especially sending children to take up bonded work opportunities in exchange for payment in kind or wages due to their extreme poverty and food shortages (Giri, 2009b). The promise of education for child labourers is an attractive component of bonded work, and for some children in difficult family environments, being a bonded labourer is a better option than remaining with relatives (Giri, 2009b). However, research with *haliya* or *kamaiya* workers indicated that many young workers experience physical and emotional violence and can be humiliated, beaten or sexually mistreated (Giri, 2009a). Within bonded labour, gender discrimination is widespread: girls do more tasks, are less likely to be in education, face early marriage, and are vulnerable to sexual abuse from their *kisan* (landlord) (Giri, 2009b).

7.3. Youth unemployment

The official unemployment rate among 15-24-year-olds in Nepal is 3.6%, compared with about 2% for Nepal overall (Central Bureau of Statistics, 2011b). Boys work more hours per week on average (36) than girls (25) (Amin et al., 2014b). Girls are more likely than boys to be neither working nor in school, especially in Terai, where 47% of girls aged 15-19 and 25% of girls aged 10-14 were neither working nor in school compared with 14% of boys aged 15-19 and 8% of boys aged 10-14; figures are lower for girls and boys in the Mid- and Far-Western region (Amin et al., 2014b).

Data from the 2016 DHS describe employment status for women and men by age (Ministry of Health and Population, 2017). Among women, current employment is lowest among the younger age group. Less than half (40%) of women aged 15-19 are employed, compared with more than 6 in 10 women aged 35-49 (ibid.). However, fewer 15-19-year-old women are currently employed than men (40% of women compared with 47% of men). Female employment in Nepal is far higher than in Bangladesh or Bihar, India, where economic activity among 15-19-year-old girls is as low as 17% and 12% respectively (Bajracharya and Amin, 2010). Further detail about employment status of men and women by age in Nepal is presented in Table 8.

Table 8: Percentage distribution of men and women aged 15-49 by employment status, according to background characteristics, Nepal 2016

		Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey
Sex	Age	Currently employed	Not currently employed	
Female	15-19	40.1	13.1	46.8
	20-24	50.8	11.3	37.9
	25-29	57.1	9.9	33.1
	30-34	65.5	8.2	26.3
	35-39	65.5	9.1	25.4
	40-44	68.7	7.5	23.8
	45-49	67.4	7.4	25.2
Male	15-19	46.6	9.7	43.7
	20-24	74.1	11.6	14.2

Source: Ministry of Health and Population, 2017.

Adolescent girls and boys are typically employed in different occupations. Among those aged 15-19, far more girls were employed in agriculture (80%) than boys (44%) (Ministry of Health and Population, 2017).³⁵ Higher percentages of boys were employed in jobs that were higher skilled or required education in the professional, technical and managerial sector, and more boys than girls undertake manual and clerical work (Table 9). Rural or urban location and education level are also determinants of the type of work adolescents do.

Table 9: Percentage distribution of men and women aged 15-19 employed in the 12 months preceding the survey by occupation, Nepal 2016

Sex	Professional /technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agriculture	Other/ missing
Women	2.8	1.5	7.0	5.9	2.4	79.6	0.8
Men	5.1	4.8	15.6	12.8	15.8	43.5	2.3

Source: Ministry of Health and Population, 2017.

Overall, in Nepal, women are engaged in much more unpaid and caring work than men, undertaking activities such as fuel and water collection, housework and childcare (ActionAid, 2013). Women also sleep fewer hours, have less leisure time and spend less time on self-care, social and cultural activities such as socialising with friends, and using mass media (ibid.).

There is evidence that for women overall, higher levels of education are associated with lower participation in employment (Ministry of Health and Population, 2017). This is in line with longitudinal analysis of the Nepal Living Standards Survey, which shows that girls from poorer households are more likely than those from wealthier households to be working or married rather than at school (Bajracharya and Amin, 2012). Married

³⁵ Within the agricultural sector, almost three-quarters of women (71%) are unpaid, while 5% receive in-kind payment only (Ministry of Health and Population, 2017). In contrast, only half of men in agriculture are unpaid (53%) and only 3% receive in-kind payment only. Age-disaggregated data are not available. Rates of payment for adolescent girls are further discussed in section 7.5.

girls are typically involved in domestic work in the home rather than school or employment (Bajracharya and Amin, 2010).

Just under half (49.1%) of currently married 15-19-year-old women are in employment, compared to 94% of their male counterparts (Ministry of Health and Population, 2017). Reasons cited by 15-19-year-old married women for not being employed are having no need to work (13%), their workload at home (7%), having small children to look after (21%), lack of training (3%) or opportunity (2%) (Ministry of Health and Population, 2012a). Almost half (46%) of these women report that their family does not allow them to work.

Adolescent girls need skills and knowledge to access good jobs, but lack opportunities to obtain information and build their skills and knowledge (Ghimire et al., 2013). Adolescence is an important period for youth to acquire skills through age-appropriate work and financial transactions (Amin et al., 2014b). However, only 16% of Nepalese children enrolled in school graduate with a school leaving certificate (SLC), which is necessary to access government-sponsored technical education and vocational training (DFID, 2013).

There is some evidence that gaps between the male and female employment rate increase with higher levels of education; 89% of illiterate men and 79% of illiterate women are employed, compared with 81% of men and 61% of women with an SLC (Employment Fund Secretariat, 2012).

7.4. Migration

Migration – whether within or beyond Nepal – can be a source of economic empowerment, but it comes with risks, particularly for women. The livelihood opportunities associated with migration are not equally available to male and female adolescents, and female migration is associated with increased vulnerability to trafficking for exploitative purposes such as commercial sex work, domestic work or organ transplantation (Asian Development Bank, 2010).

Within Nepal, many young workers travel from rural areas to cities, or abroad. The Nepal 2016 DHS reports on the migration of individuals who had left households surveyed in the ten years before the survey (Table 10).

Table 10: Percentage distribution of men and women who migrated in the 10 years before the survey and their reasons for doing so, Nepal 2016

Age at migration	Men	Women
<15	9.8	11.2
15-19	20.6	43.8
20-24	25.7	29.2
Reason for migration		
Work	78.3	9.6
Study	14.2	10.9
Marriage	.7	64.1
Family reasons	5.9	14.4
Security	.2	.2
Other	.6	.6
Don't know	.1	.2

Source: Ministry of Health and Population, 2017.

Among adolescents and young adults, more young women migrate than young men. Of those aged 15-19, 44% of girls versus 21% of boys had migrated. Of those aged 20-24, 29% of young women versus 26% of young men had migrated (Ministry of Health and Population, 2017).

Overall, 78% of men reported migrating for work, compared to 10% of women (ibid.). While the data do not indicate whether adolescents migrated alone or accompanied, nearly two-thirds of female migrants reported migrating for marriage (64%), while very few men did so (0.7%) (ibid.). Among women who reported migrating for work, 52% migrated within Nepal, 7% went to India and 42% to other countries (ibid.). Unfortunately, motivations for migrating are not broken down into age ranges but it is likely that adolescent migration reflects these patterns. Other evidence suggests that disgrace or shame about sexual relationships or encounters, the need to seek an abortion, or trauma after a rape can motivate some young women to leave their village (Puri and Busza, 2004).

While around half of all migration is within Nepal, there is also considerable out-migration to other countries, particularly India (Ministry of Health and Population, 2017). Each year 350,000 youth leave to look for employment, including in the Persian Gulf and Malaysia (Chakravarty et al., 2016). In 2011, a greater proportion of male adolescent migrants than females migrated to India or to other countries, while more female migrants moved within Nepal (see Table 11).

Table 11: Percentage of male and female migrations by age and destination, according to background characteristics, Nepal 2016

Age at migration	Female			Male		
	Within Nepal	India	Other countries	Within Nepal	India	Other countries
<15	88	10	2	87	12	1
15-19	87	11	2	44	26	30
20-24	86	6	8	24	15	62

Source: Data from Ministry of Health and Population, 2017.

Overseas migration is an appealing option, because higher wages can be earned working in Kuwait, Dubai, Qatar, Malaysia, Korea, the United States or Canada (O'Neill, 2007). Out-migration from Nepal increased in the late 1990s due to the decline of the Nepalese carpet manufacturing industry. Although female migration from Nepal was illegal from 1998-2003, many young women travelled to the Persian Gulf in the 1990s to do domestic work (O'Neill, 2007). By 2003, when work opportunities were very limited for young Nepalese (in part due to the ongoing conflict), migration for work overseas was an even more attractive option (ibid.). Female migration was legalised in 2003 so the government could regulate work agencies and work conditions, encourage remittances, and levy taxes on them (ibid.). However, the data suggest that the proportion of adolescent women taking up such opportunities is lower than for men (Ministry of Health and Population, 2017) (Table 11).

Migration is also an important source of remittances for families in Nepal. The proportion of households receiving remittances increased from 23% in 1995-96 to 56% in 2010-11, with the share of remittances in household income growing from 27% to 31% (Central Bureau of Statistics, 2011b). These funds flow from within Nepal and abroad, including the Gulf countries and India (ibid.). These remittances are typically spent on children's education, but disproportionately on boys (Vogel and Korinek, 2012).

Youth migration for work has risks, including vulnerability to trafficking. Young migrant workers can be vulnerable to sexual harassment (Puri and Cleland, 2007). For example, carpet factories are frequently reported as places through which women and girls are trafficked, with assurances of work in a factory or Indian city used to lure girls from villages, and then fake marriage proposals and trips used to lure girls from carpet factories (Hamal, 2014). In Gulf nations, Nepali girls and women are mainly employed as domestic workers, but can also be forced to become sex workers (ibid.).

The economic and political context in Nepal and the environment of conflict and instability has exacerbated corruption, poverty and discrimination against women, and has 'allowed trafficking to proliferate' (Bashford,

2006). Poverty is a major risk factor for trafficking and the promise of a better job is a key tactic employed by traffickers (Jha and Madison, 2011). Finding employment is an important factor shaping whether victims of trafficking are accepted back into their communities, because having an income makes a returned girl more acceptable to her family and community (Bashford, 2006).

Experiences of trafficking have severe consequences for the physical and psychosocial wellbeing of young women (see sections 4 and 5 for further detail). Trafficking is also discussed in the context of violence against women and girls in section 3.4.

7.5. Access to productive assets and savings

Having a way to build savings helps build economic opportunity and can enhance enrolment, educational attainment and health (Center for Social Development, 2013). Having access to credit and savings as an adolescent can have positive impacts later in adult life (Amin et al., 2014b) and is a means of cushioning shocks. Working and receiving income allows women to have greater control over their own welfare and that of their children (Bajracharya and Amin, 2010).

Women in Nepal are much more likely than men to not receive payment for their work (Ministry of Health and Population, 2017). Among married 15-19-year-olds, only 22% of women received cash payments and 73% were unpaid (ibid.). For 15-19-year-old men, in contrast, only 28% were not paid for their work and 66% received cash payments only. Among married female adolescents (15-19) who do work and earn cash, they do not have complete decision-making control, with the women making decisions over earnings in less than half of cases (Table 12). Joint decision-making over earnings increases with age, education and wealth, and is more common in urban areas (ibid.).

Table 12: Person who decides how the wife’s cash earnings are used, by age of wife

Age	Mainly wife	Wife and husband jointly	Mainly husband
15-19	38.4	36.4	6.1
20-24	56	28.5	9.8

Source: Data from Ministry of Health and Population, 2017.

Ownership of assets is an element of economic empowerment and can provide some economic security for women if their marriage breaks down. Recent changes to legislation in Nepal have increased property rights for women. The 11th Amendment of the 2002 property law broadened women’s property rights, which means there is increased incentive for transferring property in women’s names (Ghimire et al., 2013). Further, the 2006 Act to Amend Some Nepal Acts for Maintaining Gender Equality, 2063 (2006) improved women’s rights with the provision that ‘the unmarried girl, married women or a widow living separately may enjoy the movable and immovable property on her own’ (Article 2(5)).

Among YouthSave account holders, 70% of female savers were saving for their own education, compared with 57% of male savers (Johnson et al., 2013). More male savers reported emergencies as their savings goal (29%) than female savers (23%).

In UNICEF’s Adolescent Development and Participation (ADAP) baseline study, 25% of adolescents reported saving, rates of saving were higher for girls (28%) than boys (20%), and fewer than 2% saved with a bank (Amin et al., 2014b). Compared to boys, girls are more likely to save and have 50% more savings on average (ibid.). These data do not detail whether these were girls who earned income, or all girls, nor do they indicate the sources of girls’ income.

Dowry exchange is relatively common in Nepalese marriages. More than 1 in 5 (23%) married adolescents aged 10-24 surveyed in the 2010/11 Nepal Adolescents and Youth Survey reported dowry was exchanged or given in their marriage (Ministry of Health and Population, 2012b). This typically includes ornaments (reported by 34% of male adolescents aged 10-14 and 39% of female adolescents) or cash (21% of male adolescents and

27% of female adolescents), while land or property is less common (reported by around 1% of male and female adolescents) (ibid.). It is not clear from the data whether unmarried girls have access to assets, such as jewellery, which might form part of their later dowry, or whether they receive access to such goods upon marriage.

7.6. Access to financial services

Relative to its population and economy, Nepal has a large number of financial institutions, but participation is limited due to continuing political instability, worker strikes, regional and national closures and lockouts, and the small size of the economy (Johnson et al., 2013). Of the population over the age of 15, 25% have an account in a formal institution, compared with 40% in Bangladesh and 35% in India, and overall savings rates are lower in Nepal than in Bangladesh and India (Mylenko and Park, 2015). Age-disaggregated data could not be located.

A survey of 436 students from universities in Kathmandu found that most students had basic financial knowledge though they knew little about credit, taxes, the share market, financial statements, and insurance (Thapa and Nepal, 2015).³⁶ Gender was not a significant determinant of financial knowledge, though level and type of education and financial attitude were significant (ibid.). Given the low level of knowledge about financial services reported among urban university students, it is likely that adolescent girls with lower levels of education in more remote areas are even less likely to be aware of financial services, though data could not be located.

Even where adolescents are aware of financial services, a number of barriers exist. A young person has to be at least 16 to open an account without the involvement of a parent or guardian (Johnson et al., 2013), and they have to be able to travel to where a bank is located. Girls and very poor young people may miss out on bank accounts if they are advertised at secondary school (Sewamala and Aldebot-Green, 2015) or if their mobility is restricted. A further barrier to accessing formal financial institutions is a lack of official documentation or identity (ibid.), which may be particularly problematic for adolescent girls since they are less likely than their male peers to have been registered at birth.

Among holders of YouthSave accounts, which target 12-18-year-olds, there are three male account holders for every two female account holders (Johnson et al., 2013). The average account holder was 15 years old, and 6% of account holders were out-of-school youth – typically older males (ibid.). Female account holders were typically younger than male account holders, and more likely to be in primary school education. Male account holders were more likely than females to have previous formal banking experience and to have earned income in the past six months. The disparity in account openings may reflect social norms. Nepali male youths can more easily travel independently than female adolescents to access a branch (Johnson et al., 2013). Eighty per cent of youth were saving money received from their families, and the parents might see the savings needs of their sons as more important (ibid.).

Through microfinance, women can create self-employment opportunities and become economically and socially empowered; thus microfinance is a strong tool to reduce poverty among women (Shrestha, 2009). There is a range of formal and informal microfinance organisations in Nepal, such as village banks and self-help groups, including *Aama Samuha* (mothers' groups) (Shrestha, 2009). As at 2006, 55,000 savings and credit groups existed, and women represented over half (659,260) of their 1,261,309 members (Dhakal, 2007). The Nepal Adolescents and Youth Survey reported on participation of 15-24-year-olds in a range of organisations and groups, finding that 2% of women reported being a member of a savings and credit group or cooperative (Ministry of Health and Population, 2012b). This suggests that relatively few adolescent girls would benefit from savings and credit groups. Their participation is likely to be particularly limited in some areas. Microfinance reaches just 37% of the potential market, and those in remote areas are under-served (Dhakal, 2007).

³⁶ 271 respondents were male (62%) and 165 were female (38%). 36% were aged 18-20, and the majority (53%) were 21-24.

A survey of 300 women (age unspecified) in Nepal conducted in 2004-2006 suggested that participation in credit programmes is associated with women taking a greater role in household decision-making, having greater access to financial and economic resources, possessing stronger social networks, having enhanced bargaining power relative to their husbands, enjoying more mobility, and communicating with their husbands more about family planning and parenting (Sharma, 2007).

7.7. Assessment of the evidence and key gaps

There is a good range of nationally representative quantitative data about employment, labour force participation and migration in Nepal. These data are typically disaggregated by sex, wealth and region and may include other background characteristics such as age range. However, the interaction between sex and other background characteristics is not captured in the quantitative data.

There was little qualitative data about the experiences of young people regarding work, access to financial services, savings decisions or young people's broader economic wellbeing. The absence of adolescent voices is an evidence gap, though there is some such data regarding the experiences of bonded labourers.

The quantitative data also have important limitations. For example, it is difficult to ascertain the exact numbers of child labourers because child labour is illegal and much of it takes place under cover (Joshi et al., 2009). Additionally, evidence drawn from household surveys is likely to miss certain groups of at-risk children such as bonded labourers or homeless youth (Fafchamps and Wahba, 2006).

There are a number of evidence gaps relating to specific aspects of economic wellbeing. First, our literature search returned relatively little information on adolescent girls' access to financial services, productive assets or savings. This may reflect our search strategy – information on these issues might be found within documents that focus on the whole population rather than adolescents specifically and therefore were not captured under our screening approach. Where quantitative data do exist (for example, reported savings rates), they are not sufficiently disaggregated to enable a full understanding of the situation of adolescent girls or whether differences in savings behaviour reflect differences in earnings or work.

Additionally, our search did not return information about adolescent girl domestic workers, though this form of child labour is common in other parts of South Asia. Evidence about specific sectors of youth and child work focused primarily on the carpet industry even though child labourers are involved in a diverse range of activities.

8. Conclusion

8.1. Voice and agency

Traditional gender norms in Nepal strongly influence ideals and behaviour for girls, boys, men and women. Sons are seen as a source of future wellbeing, because they can perform Hindu funeral rites, carry out hard physical labour, and bring a daughter-in-law to the natal home. In contrast, girls are perceived as a poor investment because they will leave for their future husband's home. These views shape preferences for sons that impact child marriage rates, educational decisions, workforce participation, fertility and reproductive decisions. There are some examples of positive changes around social norms, such as enrolment in primary school education and growing mobility for some groups of adolescent girls, but some persistent challenges remain, related to high rates of gender-based violence and limited voice for adolescent girls in decisions that affect them.

The voice and agency of adolescent girls in Nepal is constrained by gender norms; girls feel less able to speak out than their male peers. There was relatively little evidence located about the social dynamics that constrain girls' voice and the development of agency, and the role of education, economic empowerment and supportive social networks that can enable girls to develop agency. GAGE could usefully explore how to effectively support girls to develop voice and agency and how to avoid a backlash against perceived challenges to existing social norms and patterns of behaviour.

8.2. Education and Learning

Although there have been improvements in access to education for adolescent girls across the country at primary level, these rates drop after grade 8, and there are specific inequalities in lower secondary school completion. Literacy rates also differ significantly between boys and girls. Adolescent girls face difficulties within schooling, which is linked to other capability areas – in particular, violence at school and constraints on their access to education after marriage.

8.3. Bodily autonomy, integrity and freedom from violence

Social and cultural norms allow a climate of violence towards girls and women. Rates of child marriage are some of the highest in the world, with girls from rural areas particularly vulnerable. Violence against girls is prevalent in all areas of a girl's life, including in the family and marital home and at school. Trafficking for work and sexual exploitation is a further issue, with girls targeted before puberty and during adolescence.

8.4. Sexual and reproductive health, health and nutrition

The key physical wellbeing issues for adolescent girls in Nepal are related to sexual and reproductive health. Most girls' first experience of sexual intercourse is within marriage, and strong social norms prohibiting premarital sex limit girls' access to SRH education and their ability to access services and advice. Married and unmarried adolescent girls have unmet contraceptive needs. Adolescent pregnancy is common, often within the context of marriage, but has been declining in recent years.

Rates of tobacco and alcohol use among Nepalese adolescent girls are lower than for their male peers. Food insecurity, undernutrition and anaemia are issues facing adolescent girls but there is relatively little evidence about this. Other health issues that emerged in the study for adolescent girls in Nepal were cervical cancer, the human papilloma virus vaccine, and worms.

8.5. Psychosocial wellbeing

The pressures adolescent girls face to conform to social norms and expectations can impact their psychological and psychosocial wellbeing. More adolescent girls than boys report feeling sad and depressed, that they cannot cope, and that they lack confidence. Suicide rates among adolescent girls are high, but little is known about the causes. Adolescent girls' experiences of child marriage, violence, conflict, and child labour also affect their psychological and psychosocial wellbeing.

8.6. Economic empowerment

Nepal is one of the world's poorest countries, and a quarter of the population lives below the poverty line. More adolescent girls than boys are involved in work, both within and beyond the household, but girls tend to be paid less or not at all and engaged in low-skilled occupations. Girls also bear more responsibility for household and domestic tasks, which means they have little leisure time. Migration to cities or abroad can be a source of economic opportunity, but comes with risks, especially for adolescent girls. Adolescent girls and boys have relatively little access to productive assets such as land or property, but reported savings rates are higher for girls than boys.

8.7. Conclusion

There was very limited evidence located on the capability areas of psychological wellbeing and voice and agency, and on the cross-cutting themes of time use, access to ICT, migration, and conflict.

There is a good range of nationally representative quantitative survey data on Nepal. These data cover education, physical wellbeing indicators (particularly around SRH), economic indicators, access to ICT, child marriage and migration. The data come from surveys, including the Demographic and Health Survey, the Nepal Adolescents and Youth Survey and the Multiple Indicator Cluster Survey. The design of these pieces of evidence enables comparisons across time and across countries. There is less quantitative information about gender and social norms or voice and agency, though there are some data about decision-making and attitudes to domestic violence. These surveys do not necessarily provide a complete picture, however, as some groups – such as households with adolescents engaged in illegal child labour – may not accurately report their activities. Further, many such surveys tend to report on children (under age 5) and women (typically aged 15-49). Age-disaggregated data are available for some indicators, but the picture for young adolescents (10-14) is incomplete. A further limitation of the quantitative data is the level of disaggregation. Much data is available by sex, age range, wealth and region, but it is not further broken down to show data by sex and by a particular age range, wealth bracket or region. It is likely that caste and religious variation is in part proxied by geographic variation, but the general absence of caste and religion as a category for data disaggregation is a gap in the quantitative evidence.

In addition to national surveys, a number of quantitative studies drawing on smaller samples have been undertaken to explore SRH knowledge and behaviour, and tobacco and alcohol use. Such studies are often undertaken in schools, mainly private schools in Kathmandu. Adolescent girls who are not in formal education are less represented by this body of evidence, as are those from rural areas.

Qualitative studies allow the voices of adolescent girls to emerge. Qualitative studies that included the views of adolescent girls and boys were undertaken on the issues of SRH, gender and social norms, and education. There was considerably less qualitative evidence available regarding economic wellbeing. The evidence across capability areas tends to exclude particular disadvantaged groups of girls, including Dalits and girls with a disability.

The Central development region, which includes the capital, Kathmandu, was the focus of the most studies. Far fewer studies were undertaken in the Eastern and Western development regions, with fewer still examining the Far-Western and Mid-Western regions, which are the least developed regions of the country. The Central and Western regions were the focus of a considerable proportion of the education studies, though

the majority focused on Nepal as a whole. The focus on the Central region was especially apparent in physical wellbeing and economic wellbeing. Regarding physical wellbeing, a similar number of studies focused on Nepal as a whole (30) and the Central region (26), compared with fewer than 10 studies in the other regions. The evidence on economic wellbeing was primarily focused on Nepal as a whole, though the Central region was the focus of almost as many papers as the rest of the country combined. There is a clear need to focus on finding evidence about adolescent girls in the poorer and more remote parts of Nepal.

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Annex 1: Search location results

Search location	Number of studies
Academic databases	127
Organisational websites	125
Google Scholar	15
Snowballing	33
	300

Annex 2: Search methodology

Annex Table 1: Search matrix – Social norms, voice and agency/bodily integrity

Theme	Population	Intervention Type	Thematic and outcome words	Research Words
Empowerment	Girl	Club*	Attitude	Impact
Norm Change	Adolescent	Peer Support	Norm	Evaluation
Nepal	Youth	Mentor	“Norm change”	Assessment
	“Young women”		Expectation	Analysis
	Child	Social Network	Perception	Research
	Adolescence	Skills	Violence	Results
		Rights	Harassment/Eve teasing	Intervention
		“Behaviour Change Communication”	Rape	Program*/Project
		Media	Transactional Sex	Participatory
		Campaign	Empowerment	
		Social Marketing	Early/Forced/Child Marriage	
		Community Conversation	Decision making/negotiation	
		Community Dialogue/Discussion	Leadership	
		Positive Deviance	Voice/Speaking Out	
		Soap opera	Confidence	
		Radio/ TV	Friends/ Social Network	
		Magazine	Self efficacy	
		School material	Self esteem	
		Theatre/ Drama/ Skit/ Puppet	Mobility/physical access	
		Cell phone/ SMS/ Internet/ ICT/ Computer		
		Safe spaces		
		Social network		
		Alternative masculinity		

Annex Table 2: Search matrix – Physical wellbeing/psychosocial wellbeing

Theme	Population	Intervention Type	Thematic and outcome words	Research Words
Health	Girl	Youth Friendly	Weight	Impact
Nepal	Adolescent	Sexual and reproductive	Nutritional Status	Evaluation
	Youth	HIV	Contraception/Birth spacing	Assessment
	“Young women”	Nutrition	Fertility	Analysis
	Child	Supplement	Maternal	Research
	Adolescence	Counselling	Pregnancy	Results
		Helpline	Abortion	Intervention
		Mental	STD	Program*/Project
		Psychosocial/ Psychological Wellbeing	Anaemia	Participatory
		(sexual) health education/ information/training	Malaria	
		Insurance	TB	
		Fee waiver	Anxiety	
		Voucher	Depression	
		Therapy	Micronutrient deficiency	
		Emotional wellbeing	Friends	
			Social Network	
			Confidence	
			Relationship	
			Service Access/Use	
			Height	
			BMI	
			Menstruation	
			Antenatal/postnatal	
			Obesity	
			Alcohol/drugs/smoking/tobacco	
			Sexual debut	
			Harmful practice	
			Happiness	
			Life satisfaction	

Annex Table 3: Search matrix – Education

Theme	Population	Intervention Type	Thematic and outcome words	Research Words
Education	Girl	Education	Enrolment	Impact
Nepal	Adolescent	Literacy	Attendance	Evaluation
	Youth	Transfer	Test score*	Assessment
	“Young women”	School	Skill*	Analysis
	Child	Teacher*	Attitude*	Research
	Adolescence	“Girl Friendly”	Staff attitudes	Results
		Non Formal	Violence	Intervention
		Informal	Harassment/Eve teasing	Program*/Project
		Second Chance	Rape	Participatory
		Catch up	Transactional sex	
		Club*	Early/child/forced marriage	
		School Feeding/rations	Decision making	
		Scholarship	Retention	
		Radio	Transition	
		Newspapers	Completion	
		SMS/Cell phone/Mobile	Learning Outcomes	
		Computer/internet/digital	Household/domestic chores/child labor/child labour	
		Technical and vocational education and training/TVET	Menstruation	

Annex Table 4: Search matrix – Economic wellbeing

Theme	Population	Intervention Type	Thematic and outcome words	Research Words
Economic Empowerment	Girl	Economic empowerment	Assets	Impact
Nepal	Adolescent	Skill	Income	Evaluation
	Youth	Business	Savings	Assessment
	“Young women”	Entrepreneur*	Labour Force Participation/employment	Analysis
	Child	Grant	Ownership	Research
	Adolescence	Start-up/capital	Inheritance	Results
		Financial Literacy	Decision making	Intervention
		Microfinance	Expectation	Program*/Project
		Savings	Negotiation	Participatory
		Bank	Transactional Sex	
		Loan	Migration	
		Transfer	Labour/labor	
		Work Experience/ apprenticeship	Prostitution	
		Training	Work	
		Economic Opportunities	Bonded labour/Bonded labor	
		Skills	Workplace violence/harassment	
		Mobile/SMS/Cell Phone	Trafficking	
		Computer/Internet/Digital	Employment/unemployment	
		ICT	Informal economy	
			Agriculture	

Annex Table 5: Academic databases searched and search strings used

Name	Search strings	Searched within
Global Health	(sc:"HE") AND Nepal AND "economic empowerment" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	(sc:"HE") AND Nepal AND psycho* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	(sc:"HE") AND Nepal AND "empower*" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	(sc:"HE") AND Nepal AND "educat*" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	(sc:"HE") AND Nepal AND "health*" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	(sc:"HE") AND Nepal AND "norm change" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	(sc:"HE") AND Nepal AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
SocIndex	Nepal AND "economic empowerment" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	Nepal AND psycho* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	Nepal AND empower* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	Nepal AND educat* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	Nepal AND health* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	Nepal AND "norm change" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	Nepal AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
EconLit	Nepal AND "economic empowerment" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND "psycho*" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND "empower*" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND "educat*" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND "health*" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND "norm change" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
Web of Science	Nepal AND "economic empowerment" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title

	Nepal AND psycho* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title
	Nepal AND empower* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title
	Nepal AND educat* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title
	Nepal AND health AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title
	Nepal AND "norm change" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title
	Nepal AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title
IBSS	Nepal AND "economic empowerment" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND psycho* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND empower* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND educat* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND health AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND "norm change" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
	Nepal AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Full text
ERIC	Nepal AND "economic empowerment" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title and Abstract
	Nepal AND psycho* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title and Abstract
	Nepal AND empower* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title and Abstract
	Nepal AND educat* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title and Abstract
	Nepal AND health AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title and Abstract
	Nepal AND "norm change" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title and Abstract
	Nepal AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Title and Abstract
Child Development & Adolescent Studies	Nepal AND "economic empowerment" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	Nepal AND psycho* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	Nepal AND empower* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	Nepal AND educat* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract

	Nepal AND health AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	Nepal AND "norm change" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
	Nepal AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Abstract
Bibliography of Asian Studies	Nepal AND "economic empowerment" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Entire record
	Nepal AND psycho* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Entire record
	Nepal AND empower* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Entire record
	Nepal AND educat* AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Entire record
	Nepal AND health AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Entire record
	Nepal AND "norm change" AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Entire record
	Nepal AND (girl OR adolescent OR adolescence OR youth OR "young wom?n" OR child*)	Entire record

Annex Table 6: Organisational websites handsearches

Databases
Social Science Research Network (SSRN)
National Bureau of Economic Research (NBER)
Online Libraries
POPLINE
EPPI centre evaluation database
3ie Evaluation and systematic review databases
R4D
ELDIS
Global Partnership for Youth Employment
Innovations for Poverty Action Database
Youth Employment Inventory
DAC Evaluation Resource Centre
Global Partnership for Education
Registry of International Development Impact Evaluations
Donors, Banks, International Organisations
DFID - development tracker
World Bank
Independent Evaluation Group
Asian Development Bank
UNAIDS
UN Women
UNICEF
UNDP
UNGEI
WHO IRIS
UN Women Gender Equality Evaluation Portal
ILO
Oak Foundation
Gates Foundation
International NGOs Organisations Websites
ICRW
Population Council
Plan International
Care International
Save the Children
BRAC
Aga Khan Foundation
World Vision

Marie Stopes
International Planned Parenthood Federation
National Government
Ministry of Youth and Sports (Nepal Govt)
Ministry of Women, Children and Social Welfare (Nepal Govt)
Central Bureau of Statistics (Nepal Govt)
International Reports – Country Reports for Nepal
UNICEF State of the Worlds’ Children
UNICEF Out of School Initiative
Education for All National Country Reports
National Human Development Report
World Bank National Reports
UNAIDS National Reports
UN WOMEN National Reports
DHS Country Reports
MICS Country Reports
SIGI country info

Annex Table 7: Google Scholar search strings

nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND education
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND "economic empowerment"
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND empowerment
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND "norm change"
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND health
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND education AND (literacy OR transfer OR school OR teacher* OR "non formal" OR club* OR scholarship OR radio OR newspapers OR "second chance" OR "catch up" OR "mobile phone" OR TVET)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND education AND (enrolment OR attendance OR "test score*" OR skill* OR attitude* OR "staff attitudes" OR violence OR harassment OR "eve teasing" OR rape OR "transactional sex" OR marriage)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND education AND ("decision making" OR retention OR transition OR completion OR "learning outcomes" OR household OR "domestic chores" OR "child labour" OR menstruation)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND "economic empowerment" OR (skill OR business OR grant OR "start up" OR "financial literacy" OR microfinance OR savings OR bank OR loan OR transfer)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND "economic empowerment" OR ("work experience" OR apprenticeship OR training OR "economic opportunities" OR skills OR mobile OR sms OR phone OR computer OR ICT)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND empowerment AND (club* OR "peer support" OR mentor OR "social network" OR skill OR rights OR "behaviour change communication" OR media OR campaign)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND empowerment AND ("social marketing" OR "community conversation" OR "community dialogue" OR discussion OR "positive deviance" OR "soap opera" OR radio OR TV)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND empowerment AND (magazine OR "school material" OR theatre OR drama OR phone OR ICT OR "safe spaces")
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND health AND ("youth friendly" OR "sexual and reproductive" OR HIV OR nutrition OR supplement OR counselling OR helpline OR mental)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND health AND (psychosocial OR psychological OR information OR training OR insurance OR "fee waiver" OR voucher OR therapy OR "emotional wellbeing")
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND health AND (weight OR "nutritional status" OR contraception OR fertility OR maternal OR pregnancy OR abortion)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND health AND (STD OR anaemia OR malaria OR TB or anxiety OR depression OR "micronutrient deficiency" OR friends)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND health AND ("social network" OR confidence OR relationship OR "service access" OR height OR BMI OR menstruation OR antenatal OR postnatal OR obesity)
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND health AND (alcohol OR drugs OR smoking OR tobacco OR "sexual debut" OR "harmful practice")
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND empowerment AND (attitude OR norm OR "norm change" OR expectation OR perception OR violence OR "harassment" OR rape OR "transactional sex")
nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND empowerment AND (empowerment OR early OR forced OR "child marriage" OR marriage OR "decision making" OR negotiation OR leadership)

nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND empowerment AND (voice OR "speaking out" OR confidence OR friends OR "social network" OR "self efficacy" OR "self esteem" OR mobility OR "physical access")

nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND "economic empowerment" AND (assets OR income OR savings OR "labour force participation" OR employment OR ownership OR inheritance OR "decision making" OR expectation)

nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND "economic empowerment" AND (negotiation OR "transactional sex" OR migration OR labour OR labor OR prostitution OR work OR "bonded labour")

nepal AND (girl OR adolescen* OR youth OR "young wom?n" OR child) AND "economic empowerment" AND ("workplace violence" OR "workplace harassment" OR trafficking OR unemployment OR "informal economy" OR agriculture)



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About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org.uk for more information.

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