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Research Brief

Exploring Nepali adolescents' gendered experiences and perspectives

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Key Findings and Implications

1. Despite significant improvements in enrolment in primary education, secondary school enrolment and completion rates remain low, particularly for girls. Given that school and the school environment is critical for future opportunities and wellbeing, continuing to raise awareness of its importance amongst parents and other community members is vital while also supporting the education sector to continue to develop appropriate gender and age-friendly policies and programmes.

2. Despite some change, discriminatory gendered norms and practices around child marriage, son preference, the limited voice and agency of girls and expectations around their subservience, persist. Continued awareness-raising activities around the harmful effects of such norms is critical, including involving a range of people at different levels – parents, in-laws, community elders and policy makers.

3. Sexual harassment of adolescent girls, often on route to school, is high and not only discourages school attendance, but affects their psychosocial wellbeing. Violence within the family, often triggered by alcohol abuse, also affects adolescents' psychosocial wellbeing. Wrap-around and holistic approaches for tackling such issues include interventions to empower girls (e.g. girls' clubs), raising awareness amongst parents and working with schools and teachers to develop strategies for girls to attend and travel to school safely.

4. Information and advice on sexual and reproductive health matters for adolescents is limited, with adolescent girls often shy to speak out or request information, with most relying on informal sources including mothers, elder sisters, friends or teachers. While some schools and NGO programmes have started providing support and counselling services for girls, the provision of adolescent friendly health services which also take into account underlying gender norms that influence uptake and access, should be scaled-up.
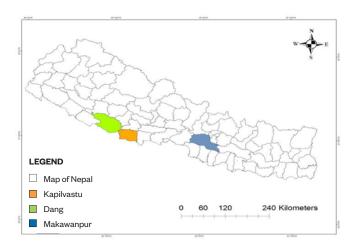
Introduction

Adolescence has come to be understood as a critical juncture in a person's life, second only to infancy in terms of the changes that children undergo. We know that adolescent brains change as much as adolescent bodies, and along with these biological changes come shifts in young people's place in the family and community, and in the gender and social norms that govern their lives. As a result, from a development perspective adolescence represents a unique opportunity to intervene in children's lives and improve their adult outcomes (Crone and Dahl, 2012; Steinberg, 2015; WHO, 2014a; Goddings et al., 2014; Spear, 2013; Blakemore and Robbins, 2012; Romer, 2012; Breinbauer and Maddaleno, 2005). It is also increasingly recognised that the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) will not be realised without critical interventions to support today's generation of adolescents.

There is no doubt that transitions experienced during adolescence are profoundly gendered. However, there are still significant evidence gaps in the diverse ways in which adolescents experience these changes individually and collectively, which in turn impact on the ability to invest in tailored change strategies (The Lancet, 2017). The Department for International Development-funded Gender and Adolescence: Global Evidence (GAGE) programme's timeframe (2015-2024) presents an excellent opportunity to strengthen the evidence base on adolescents and promote evidence-informed policy and programming to fast-track progress for adolescents within the SDG framework.

This briefing summarises findings from formative qualitative research about adolescent girls and boys

Figure 1: Country map showing the research sites

carried out in Nepal 2016. Nepal was selected as a focal country because of its relatively poor indicators in the areas of interest. While girls are far more likely to attend primary school than they were a decade ago, due in part to the government's investment in educational infrastructure and its messaging about the importance of girls' education, Nepali adolescent girls remain starkly disadvantaged compared to their male peers. Similarly, girls are less likely to transition to secondary school, have less access to paid employment and decision-making, and are increasingly likely to experience sexual and gender-based violence as their bodies mature. Nepal also has a high adolescent fertility rate (71 of 1,000 adolescent girls aged 15-19) according to the Population Reference Bureau (2017). Likewise, the UNICEF Multiple Indicator Cluster Survey 2014 report reveals that Nepal has significant child marriage prevalence, with 37% of girls getting married by the age of 18 and 10% married by the age of 15 (CBS and UNICEF Nepal, 2015). The country has the eighth highest child marriage rate globally (UNICEF, 2016).

Methodology and research contexts

Qualitative and participatory data collection for this research was carried out in three districts: Kapilvastu, Makawanpur and Dang (Figure 1). Adolescent-focused programmes were running in Kapilvastu, with CARE's Tipping Point programme, Aba Mero Palo (meaning 'now my turn'), and in Makwanpur, with Plan Nepal's Building Skills for Life (BSL) programme. Dang had no adolescent-specific programmes yet is similar to the others in its socio-demographic profile (see Table 1). Agriculture is the main source of livelihoods in all three districts, but it remains largely un-mechanised and lacking in infrastructure. Living close to northern India, most men in Dang and Kapilvastu migrate to the neighbouring towns across the border, while some go further afield to the Gulf countries. In Makwanpur, people also rely on daily wages earned as drivers in the construction business, or as conductors in commercial transport system.
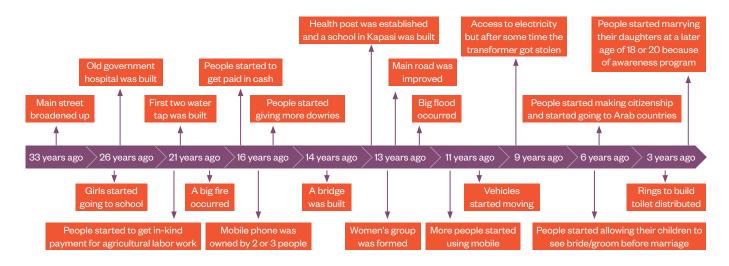
A total of 473 respondents took part in the research, including younger adolescents (aged 10-12), older adolescents (aged 13-15) and adults (parents, older adult community members and key informants at the community and sub-national levels). Research tools included a range of interactive and participatory individual and group interviews, timelines, body and community

Table 1: Site characteristics

Study site	Particulars	Data
Kapilvastu	Total population	571,936 (F:50.1%, M: 49.9%)
	Adolescent population	24.44 % (M: 50.86% and F: 49.13%)
	Human Poverty Index (HPI) value	38.3
	Literacy rate (%)	54.9%
	Major ethnic groups	17% Indigenous, 13% Dalit, 11% Brahmin, 4% Chhetri
	Major religious groups	80.62% Hindu, 18.16% Muslim, Buddhist 0.87%
	Number of schools	814
	Number of clinics	663
Dang	Total population	552,583 (M: 47.24%, F: 52.76%)
	Adolescent population	25.83% of total population (M: 48.26%, F: 51.73%)
	Number of schools	909
	Number of clinics	321
	Literacy rate (%)	70.3
	HPI value	34.9
	Major ethnic groups	Disadvantaged Janajati (52.19%), Hill Brahmin (10.3%), Chhetri (24.9%), Dalit (11%), Indigenous (3.94%)
	Major religious groups	94.46% Hindu, 1.16% Buddhist, 0.87% Islam, 1.34% Christian
Makwanpur	Total population	420,477 (F: 50.85%, M: 49.15%)
	Adolescent population	104,914
	Number of schools	593
	Number of clinics	394
	Literacy rate (%)	63.4
	HPI value	28.44
	Major ethnic groups	Disadvantage Janajati (47.65%), Brahmin/Chhetri (25.28%), Newar (6.81%), Dalit
	Major religious groups	Hindu (48.25%), Buddhist (45.57%), Christian (4.84%)

Source: National Census 2011

Figure 2: Historical timeline of Banskhor VDC, Kapilvastu District

mapping, decision-making charts and vignettes, among others. Figure 2 is an example of a timelime developed to understand the local context and development history of each community.[1]

Adolescents' multi-dimensional capabilities: framing our findings

The framing of our research on gendered adolescent experiences is informed by a capabilities approach, emphasising that in order to successfully transition from adolescence to a healthy and empowered adulthood, adolescent girls' and boys' interlinked capabilities need to be supported. Championed originally by Amartya Sen (1984; 2004), and nuanced to better capture complex gender dynamics at intra-household and societal levels by Marta Nussbaum (2011) and Naila Kabeer (2003), the capabilities approach has evolved as a broad normative framework exploring the kinds of assets (economic, human, political, emotional and social) that expand the capacity of individuals to achieve valued ways of 'doing and being'. At its core is a sense of competence and purposive agency: it goes beyond a focus on a fixed bundle of external assets, instead emphasising investment in an individual's skills, knowledge and voice. Importantly, the approach can encompass the ways in which the acquisition of key capabilities during adolescence is a deeply gendered process, as gendered norms become increasingly enforced and personally salient as girls (and, in different ways, boys) reach puberty. For many girls in the Global South, the years of early adolescence, rather than expanding their worlds – as is common for boys and for girls in the Global North – often see them made smaller as they have to leave comparatively free childhoods and are compelled to follow the gendered adult pathways of their local environments (Harper et al., 2017).

The study explored the extent to which adolescent girls in Nepal are facing challenges in realising their capabilities across six capability domains: education and learning, health, voice and agency, bodily integrity, psychosocial wellbeing, and economic empowerment.

Education and learning

There have been significant improvements in primary educational access and enrolment for adolescent girls in recent years in Nepal largely through the implementation of a range of government initiated policies and programmes, which have a resulted in a net enrolment ratio (NER) of 94% for girls and 95% for boys (Central Bureau of Statistics, 2015). However, enrolment and completion rates drop for both girls and boys at secondary school level-enrolment is 63% for girls and 58% for boys – completion rates are 86% for girls and 79% for boys, reflecting social-economic status and location, though it is interesting to note that girls rates are higher than boys, while literacy rates are higher for boys (90%) than girls (80%)(World Bank, 2016).

Findings from the primary data resonate with the above. Access to schools has increased for girls and boys across all the three sites largely due to incentives such as free lunches (in Dang) or cash transfers for 'backward' communities (in Makwanpur and Kapilvastu), which has led to an overall increase in parents' educational aspirations that has made them less reluctant to send their children to school. This is manifested by increased investment and parental support in education as well. However, gender discrimination persists, particularly for secondary education in Kapilvastu, where parents tend not to invest beyond primary education for girls, believing that any investment in a daughter is '*reaped only by her husband and in-laws when she marries*' (Mothers' group, FGD, Kapilvastu), or that if a daughter is highly educated, her groom needs to be highly educated too, implying a bigger dowry to pay. This is a slight contrast to the secondary literature which finds that overall girls are doing better than boys in enrolment and completion of secondary school, most likely reflecting the site specificities and the restrictive gender norms faced by adolescent girls in Kapilvastu.

Although the secondary literature notes the need for improvement in quality of education, with quality varying and correlated with income, location, ethnicity, caste and disability (Central Bureau of Statistics, 2015), study participants were generally positive about the school environment. Thus child-friendly educational policies leading, for example, to less corporal punishment and

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1   Data collection for the qualitative research took place during mid-2016 at a time when there was a newly formed government under the leadership of Prime Minister Pushpa Kamal Dahal, representing the Communist Party of Nepal (Maoist Centre). Dahal government's mandate was to immediately announce a date for the national, provincial and local elections as per the provisions of the Constitution of Nepal, 2015. There were no major developments on this up to mid-2016, mainly due to the lack of consensus between the government and the parties of Tarai-Madhes (plain region in Southern Nepal) region demanding a restructuring of the boundaries between federal states (Bhattarai, 2016).

equitable treatment for socially marginalised groups, had a positive impact on the quality of school experience for adolescents according to study respondents. This achievement is shown by the fact that adolescents across all age groups, gender and research sites were found to enjoy being in school more than being at home.

However, other challenges in schools were brought out through the study including the fact that physical, emotional and sexual bullying is still prevalent. Teasing, poking with the tip of a pencil, pulling hair, or tearing books were commonly experienced by younger and mid-adolescent boys. Older adolescent boys, particularly in Dang, fear being bullied by peers over girlfriend matters. Mid- and older adolescent girls in all the three sites complained of being teased by boys and drug addicts on the way to school. There are no mechanisms to address these grievances. While a few of the younger adolescents complain to their teachers when they face such harassment, older adolescents usually do not report such incidences, fearing that they would be blamed for provoking them.

Other educational challenges are related to early marriage for girls in all three districts (mainly by elopement in Dang and Makwanpur), child labour and time poverty for girls and young adolescent boys in Dang, and pressure to support the family economically for older adolescent boys across the research sites. All these challenges were found to lead to children dropping out of education at a very early age and resonate with the secondary literature (see e.g. Amin et al., 2014a; Amin et al., 2014b and Damodar, 2015)

Psychosocial wellbeing

Although relatively little secondary literature exists documenting psychosocial wellbeing of adolescent girls in Nepal, the Nepal Adolescent and Youth Survey found that 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). Similarly, almost half of girls (49%) reported feeling that they could not cope with their existing situation compared with three in ten (29%) boys, while 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) (Ministry of Health and Population 2012). In another study, it was noted that suicide is the single leading cause of death among women aged 15-49 in Nepal, with 21% of all suicides by women aged 18 and under (Asian Development Bank, 2012c).

Our research confirmed that girls are largely suffering more psychosocial distress than boys. Thus while there is variation according to ethnic background, many adolescent girls report feeling highly stressed, dominated by fathers and elder brothers and judged by the extended family and the community. They live fearful lives compared to boys. Younger adolescent girls were constantly stressed about juggling household work with study, lack of playtime and passing exams. The stresses on older adolescent girls, particularly in Kapilvastu, derived from feeling overburdened by household work, the pressure to achieve in their studies despite time-poverty, being constantly rebuked about maintaining decency and family honour, and the threat of being taken out of school for marriage (see for e.g. also Ghimire et al., 2013; Plan Nepal et al., 2012).

Girls in all the three sites felt worried and scared when menstruating. Younger adolescents who had not reached their menarche yet were less fearful after the Aba Mero Palo programme: '*I thought if so much blood comes out of my body, I will die, but now, after discussing in the class/ programme, I am less afraid*' (10-12 girls, Body mapping, Kapilvastu).

Primary data findings also show, however, that boys can also face psychosocial distress, though this stress usually has different origins than that faced by girls and varies by age. Hence young adolescent boys (except in Dang) were the least stressed, fearing only getting caught 'doing mischief'. For older adolescent boys, bullying by elders, fears around not being able to get girlfriends, the judgmental attitudes of parents towards their peers and pressure to keep away from them, and anxiety about future

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employment opportunities were all sources of stress. '*There are senior boys in our school who always bully us, so we often end up fighting with them and then our parents and teacher scold us for doing that, even though it's not our fault*' (14-15 boy, IDI, Dang). In Dang, young adolescent boys were burdened with excessive household work. An unhappy home environment because of fighting parents, alcoholic fathers, polygamy and violence towards mothers was also a cause of stress for both girls and boys across all research sites.

Social connectedness is considered to be an important component supporting psychosocial wellbeing in both the secondary literature as well as in the primary data collection, though often boys, according to the secondary literature, have more access to supportive social networks than girls (see e.g. Amin et al., 2014a). Primary findings show that friends, parents and siblings are key people in adolescents' psychosocial wellbeing. Across all age and ethnic groups, adolescents' relationships with their friends are among the most important relationships of their lives. Mostly, these friendships are between the same sex and forged in schools. Friends act as confidants and as reliable sources of support, and they also increase each other's mobility, especially for adolescent girls: '*There is problem with adolescent girls ...they cannot talk about their problems with their parents. However, they do share them with their friends*' (WDO, KII, Dang).

Parents are largely seen as source of economic rather than emotional support, with adolescents having different relationships with mothers and fathers. Except for boys in Makwanpur, adolescent boys and girls were generally found to be closer to their mothers, and relationships with fathers usually had some element of fear and were more economic in nature. In Kapilvastu and Dang, fathers were also constantly absent for employment reasons.

Siblings are another important source of support, largely emotional. Where adolescents could not share their problems with parents, elder siblings were often a source of advice and counselling. Employed older siblings also provided financial support.

Perhaps less evidenced in the secondary literature, and something which was brought out by study respondents, was the role of schools in supporting psychosocial well-being. School was the most important support institution outside of home for all participants. Some felt happy about going to school simply because they loved learning new things, while others liked school because they were able to meet and play with friends and go on school trips. Most of their role models were teachers. Additionally, for girls and young adolescent boys in Dang, school is a safe haven where they can interact with their friends, including some of the opposite sex, beyond the watchful eyes of the community. It is also a place where they can get respite from the burden of household chores. '*We enjoy staying with friends here... We don't like to stay at home as we have to be alone there, but in school we have friends.*' (14-15 girl, IDI, Dang).

Voice and agency

Findings from the primary data collection resonates widely with a large body of literature which shows that girls and women in Nepal face unequal power relations and gender based barriers, including gaps between girls and boys in household work, in access to education, in their ability to make decisions and in their freedom and autonomy more generally (e.g. Asian Development Bank, 2010; Institute for Reproductive Health, 2011; Lundgren et al., 2013). Overall, girls in Nepal have little voice in their communities or families (Ghimire et al., 2013) and 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).

Our research confirmed that: overall, girls are generally submissive and subservient while boys are more confident in many areas including: in circumventing sanctions, using leisure time, matters of marriage, education and skills development, mobility, interaction with the opposite sex, and personal decision-making. '*No, we don't ask for [parents'] permission because we know that they will always say "no" so we go out without asking them*' (10-12 boys, community mapping, Kapilvastu) (see also Amin et al., 2014b; Ghimire et al, 2013).

Findings from the primary data collection perhaps add nuance to existing evidence around voice and agency in terms of age. Our research revealed that amongst young adolescents (10-12), neither boys nor girls have much say over their personal lives. Once they enter older adolescence (16-19), boys have more authority to take personal decisions (and in Kapilvastu also take decisions for their adolescent sisters), while decision-making authority narrows for girls in all communities except Tharus. Among girls, young married girls and unmarried school drop-outs are the least able to exercise their voice and agency in their personal lives in all three communities.

Household decisions are made by the father, mother or both jointly. The extent to which opinions of the adolescents are considered within the household differs by age, gender, perception of household members, as well as ethnicity. This again adds nuance and further complexity to the secondary literature. Thus, irrespective of gender and ethnicity, the thoughts and views of younger adolescents (10-12) are not heeded. As they enter mid-adolescence, differences along gender and ethnic lines start becoming evident. Overall, mid-adolescent boys (14-15) have more voice and agency in the household than girls because they are confident in volunteering their opinions. Boys who do not live with fathers (when fathers have gone for foreign employment or are living with another wife) and boys from Madhesi and Tharu communities have more voice and agency in the household than others. As they grow into older adolescents, marriage, jobs, recognition and image affect the extent to which boys have voice and agency in both the household and community. However, girls are listened to only if they are considered to be academically bright, wise (*gyani*), docile and respectful to elders and not interested in fashion and the opposite sex (*siddha*).

While they could not influence decisions at school, neither boys nor girls perceived difficulties participating or voicing their opinions in schools. Both school-based and out-of-school programmes such as Aba Mero Palo and BSL provided platforms for boys and girls to be self-confident about expressing themselves. Adolescents in all the study sites faced challenges with regard to having their voices heard in the community, especially by elders, a finding which also resonates with the literature (see e.g. Korzenevica, 2016; Ministry of Health and Population, 2012). In Kapilvastu, while older adolescents attended the community-level meetings, their voices were not heard nor their concerns addressed, despite their participation in the Aba Mero Palo programme.

Technology, chiefly the mobile phone and internet, does not seem to have as much impact on voice and agency in the study sites as perhaps was expected. It was usually parents or older male siblings who could help girls and boys exercise voice and agency. A few extended family members were found to intervene and help adolescents negotiate their aspirations, primarily around higher education: '*My uncle was a very learned man himself. He studied in India. He always supported my decision to continue my education. My parents listened to him; they highly regarded his words. So, when he advised*

them that I should continue my education, they complied' (programme participant, KII, Kapilvastu).

Health/SRH/nutrition

Adolescents in our study communities face a number of challenges that affect their physical, mental and sexual and reproductive health (SRH) and rights. Challenges arise due to lack of knowledge, poor access to health and SRH information and services, exposure to injury, substance abuse, poor nutrition and vulnerability to sexual abuse.

The absence of a basic/primary health facility within the community and poor coordination between the nearest public health facility and the school authorities impeded adolescents' access to health, including SRH care in Kapilvastu and Makwanpur. Communities without a health facility had to rely upon a village priest or faith healer for treatment. By contrast, the presence of an accredited public health facility in Dang increased adolescents' access to SRH, including safe abortion services. Adolescents visiting this health facility suggested the need for improved contraceptive services as well as more confidential counselling services.

Adolescent girls were more knowledgeable than the boys about bodily changes, including the development of reproductive organs, but were shy about discussing SRH matters. The SRH concerns of boys and girls also varied. For instance, whereas girls' concerns were more about menstruation (pains/cramps, irregular menstruation, discharges, etc.), boys expressed anxiety about the causes and consequences of ejaculations during the night, sexual curiosity and reasons for sexual attraction to the opposite sex.

As also noted in the secondary literature (Khatiwada et al., 2013; Mathur et al., 2004; Regmi et al., 2010), sources of information or advice on SRH matters for adolescents were limited, with adolescents relying largely on informal sources of information. Whereas, most girls prefer to discuss SRH-related matters either with their mothers, elder sisters, friends or teachers, boys prefer to confide in their elder brothers and friends. To address the SRH needs of adolescent girls, some schools in Dang and Makwanpur have begun providing support/counselling services for girls by gender-focal teachers, distributing sanitary pads and establishing girl-friendly toilets.

Unintended pregnancies and abortions (which have been legal since 2002, though only two-fifths (41%) of women aged 15-24 are aware of the legislation [Adhikari,

2016]) among young married girls aged 17-20 are a matter of concern for the health authorities in Dang. They are also concerned about the low use of contraceptives among young couples and the high demand for non-surgical methods of abortion. This also coincided with trends from the secondary data which show that only 20% of married 15-19-year-old women used contraception (Central Bureau of Statistics, 2015). Among the 21% of currently married female adolescents and youth (15-24) who reported using modern contraception in 2011, the methods employed were mainly injections (35%), condoms (27%) and pills (17%) (Khatiwada et al., 2013). Data about the prevalence of contraceptive use among unmarried adolescents and youth is limited.

In terms of nutrition, trends in the secondary literature show that undernutrition is a major health problem for adolescents, and particularly girls, in Nepal, with reports of low BMIs, a high prevalence of underweight, stunting, thinness and anaemia (e.g. Mansur et al. 2015; Ministry of Health and Population, 2012; Sinha et al., 2012). Findings from the study sites show that adolescent girls and boys are aware of the importance of a balanced diet as well as sources of nutritious food. The ongoing intervention programme on nutrition in Kapilvastu also helped adolescents to be more conscious of healthy food intake. Adolescents were also able to cite the health consequences of harmful practices like smoking cigarettes, taking marijuana, consuming alcohol and chewing tobacco. Factors such as school times (early morning classes) and lack of pocket money to buy food items during tiffin hours were identified as barriers to adequate food consumption.

'My school starts early morning and the school is located outside my village. Therefore, I miss my morning meals (normally served around 9-10 am) since nobody in my family gets up early to cook food for me. I have to appease my hunger with biscuits. Sometimes I remain hungry when I do not have pocket money' (10-12 boy, IDI, Kapilvastu).

Bodily integrity / freedom from violence

Child marriage rates remain high in Nepal (37% of girls marry by the age of 18 and 10% by the age of 15) (CBS and UNICEF Nepal, 2015). Child marriage is seen as 'deeply rooted' in Nepalese culture and is a consequence of the low social status girls hold, the social importance of a girl's purity and other factors such as geography, poverty and limited alternative livelihood options. Similarly. child, early and forced marriage is often driven by the need to 'protect' daughters from pre-marital sex or elopement and to safeguard the family's honour (Bajracharya and Amin, 2012; Karim et al. 2016; Khatiwada et al., 2013;).

Findings from the primary data support the general trends found in the secondary literature, also highlighting some more extreme trends visible in some settings when also exploring differences by ethnicity, caste and age. Girls in Kapilvastu, for example, have little or no influence over when and whom to marry. Girls in Madhesi communities are expected to marry at early ages – from 14-18 – while boys can marry later, from 18-20. Most mothers of girls in the Madhesi communities tend to defend the practice of early marriage by citing their own example of having married by the time they turned 16.

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It was observed that socio-religious norms are changing gradually due to the enactment of laws and policies that govern age at marriage, the dowry system (groom price), polygamy, child protection and property rights for daughters: '*It is better to marry after reaching legal age when one is mature enough. Marriage should not be done at young age; we didn't realize and married early. They would be weak. When they would mature, they will gain knowledge and become conscious about it*' (Mother of adolescent girl, IDI, Kapilvastu). This is also in keeping with the secondary literature which shows that there is a gradual reduction in the prevalence of child marriage over time, e.g. 18% of those aged 45-49 were married before 15, while 5% of 15-19-year-olds reported this (Central Bureau of Statistics, 2015).

However, most mothers of girls in the Madhesi communities in Kapilvastu still tend to defend the practice of early marriage by citing their own experience. Generally, in all communities, early marriage is also seen by parents as protective for their daughters: '*Daughters become a burden for the family once they grow up because of dowry system prevalent in the society. That's why parents want daughters to be married off once they cross 14-15 years of age*' (Mother of adolescent girl, IDI Kapilvastu).

Age at marriage has shifted between generations. Before the CARE programme in Kapilvastu, the age at marriage for girls was 12-14, or even younger among Dalits, but married daughters continue to live at the parental home until Gauna[2] is performed (usually between the ages of 15 and 17), when the girl starts to live at her husband's home. With the CARE programme, no under-18 marriage or Gauna has taken place in the community in the past two years (see also Ghimire and Samuels, 2014).

Less secondary evidence exists on boyfriend/girlfriend relationships. In the hill community of Makwanpur and to some extent in Dang, having a girlfriend or a boyfriend is socially acceptable, although inter-caste marriages are discouraged. As such, the prevalence of child marriage through elopement is on the rise in both areas. '*Almost all marriages are love marriage here. It is common in all castes, whether Tharus or our own [Brahmin/Chhetry] caste. They usually elope first and then do the wedding later on*' (father of adolescents, FGD, Dang). Parents and community members, including adolescents themselves, blamed mobile phones, access to social media and adolescents' rebellious nature

for the rise of elopement among adolescents. However, such marriages are only accepted by the family and society if between people from the same caste, and inter-caste elopement remain highly resented by parents (see Samuels and Ghimire, 2017).

In keeping with wider trends in Nepal which point to violence (perpetrated by peers, family, husbands, mothers-in-law and school staff) towards adolescent girls being common (see e.g. Amin et al, 2014a; Central Bureau of Statistics, 2015; Plan International, 2015), adolescent girls in both Kapilvastu and Makwanpur reported being exposed to sexual harassment, especially on the way to school. In Makwanpur, adolescent girls reported being groped and sexually harassed by drug addicts. They tend to avoid going to school alone, to cover their chest and to report such cases immediately to their elder brothers or older boys.

Adolescents in the primary data collection also talked about the effects of violence within the family as affecting their psychosocial wellbeing, a trend which has been documented in Nepal (see e.g. Ghimire and Samuels, 2017). Thus adolescents reported gender-based violence occurring in the family, generally triggered by alcohol consumption, usually by the adult male member or occasionally by both parents. One of the study participants expressed a desire for the government to take immediate action to ban the sale of alcohol in the village and punish the drinkers. In Makwanpur, in addition to gang fights among boys and youths, marijuana use has been a major social concern for the community and no concerted effort has been made to prevent it: '*If there is any function in the community, the grown-up boys drink a lot of alcohol and also smoke marijuana. After that, they get in fights with other boys from Sughauli (neighbouring ward). And sometimes boys use obscene language in front of girls after drinking too much. So fights are bound to occur. The boys fight with each other after having drunk too much alcohol*' (10-12 boys, community mapping, Makwanpur).

Economic empowerment

The study communities represent economically marginalised and deprived Madhesi communities of the terai (plains) and the disadvantaged Janajatis of hill region (i.e. Dang and Makwanpur). Most families depend on daily wages from farm (Kapilvastu) and construction work, while others are drivers, conductors, helpers in the

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2   In most Madhesi communities, marriages take place on two occasions – ceremonial marriage (as a child) and Gauna (effective marriage) after the girl comes of age and moves to stay with her husband and his family.

commercial transport system or migrant workers (Dang and Makwanpur). Remittances from family members working as labour migrants in India, Malaysia and Gulf Cooperation Council (GCC) countries are among the alternative sources of income for families in all communities.

Economic empowerment is gendered. Women and girls in the Madhesi community (Kapilvastu) are discouraged from participating in the labour market, while economic engagement by women and girls from socially marginalised communities (i.e. Dalits, indigenous) is tolerated. On the other hand, society expects all adult male family members to earn for their families. For boys, foreign labour migration is seen as bringing prestige and status to the whole family; as a result, the majority of boys aged 18 years and over can be found pursuing employment in India, Malaysia and GCC countries, even at the cost of their education. It was evident from the study that even young adolescent boys in all three study sites knew that girls cannot work abroad while boys can: '*Yes boys are allowed to go anywhere, even for foreign jobs, but girls are not allowed to go anywhere for work. Our fathers say that only boys should go to work and not girls*' (14-15 boys, body mapping, Kapilvastu).

Under the Foreign Employment Act 2012, Nepalese women below 30 years of age are banned by the Nepal Government from working as domestic help in GCC countries to prevent sexual exploitation and mistreatment. Despite the ban, young women and girls, especially from Makwanpur, have accepted job offers in these restricted countries through agents who use India-Nepal border points to get them out of the country and then to the Gulf.

Despite the legal age for employment being 18, adolescents of both sexes in the study sites are hired locally by landlords and contractors to work as wage labourers seasonally. This is also in keeping with trends from the secondary literature which show that around 28% of 5-14 year olds are involved in child labour (whether inside or outside the home). Among 15-19 year olds, employment rates for girls and boys are similar (48% and 46% respectively), with girls being much more likely to be working in agriculture than boys (83% versus 49%), while many more boys are employed in skilled jobs than girls (15% versus 4%). 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 (Central Bureau of Statistics, 2015).

In Kapilvastu, adolescents of both sexes are engaged in planting, weeding and harvesting activities and sometimes in construction work or collecting stones and sand from river beds. Adolescents of both sexes are happy with the money they receive on a daily wage basis (300 rupees a day), which is usually half the amount received by adult labourers for the same task. The money they earn is usually spent on buying new clothes, school stationery items, and on snacks and ice creams at the border market.

Adolescent girls from Makwanpur mentioned earning around 250 rupees a day harvesting millet and paddy. They also mentioned weaving carpets to make money. Boys on the other hand mentioned earning 300 rupees a day cultivating land, harvesting paddy and working at the sand quarry. None of the adolescent boys and girls under the age of 18 in Dang were involved in income-generating activities. However, many adolescent boys who married through elopement at a young age and had dropped out of school had sought employment. This was mainly because the parents put pressure on them to earn money now that they had brought an additional member into the family. Some of the adolescent girls of this community work in carpet and garment factories located at Hetauda and Kathmandu to support the family financially.

Students at Shreeshitalacom Secondary School. © World Bank.

Key change strategies

Adolescent-focused intervention programmes have had positive impacts on the lives of the adolescents. CARE Nepal's Aba Mero Palo in Kapilvastu has been effective in empowering adolescent boys and girls to raise their voice against some of the harmful social norms and practices that affect girls. The fact that there has been no child marriage for two years – a landmark community decision spearheaded by adolescents – is an excellent example of the empowerment effects of CARE's programme. In addition, the programme has been effective in encouraging adolescent girls who had left school to re-enrol, and it has also enhanced social interaction among boys and girls through sports and street plays. In terms of changes in the home as a result of the programme, boys have now started to contribute more equally to typically gendered household duties such as in cooking, cleaning dishes and washing clothes. Box 1 provides an example of the outcomes of participation in the programme for one girl.

The BSL in Makwanpur was a short, six-month educational programme based on Rupantaran modules and focused only on adolescent girls. While its impact has been smaller than Aba Mero Palo, the programme has been effective in building adolescents' confidence, as well as increasing their knowledge on SRH, including menstrual hygiene, family planning, reproductive organs and bodily changes during adolescence.

Box 1: A long way to home: impact of programme

Age: 17 years | **Occupation:** Student | **Marital status:** unmarried | **Caste:** Harizan (Madhesi Dalit)

Sarita (name changed) lives with her family of 11. All the girls in the family go to a Nepali-medium school while her brother goes to a private English-medium school. Sarita is making a second attempt to pass her grade 10 exams. Her brothers asked her to re-sit the exams – but this time in India where, according to her, it will be much easier to pass. Her brothers do not allow her to go to school anymore so she studies alone at home and will go to the school only to give her exams.

When the CARE Tipping Point programme came to the village, Sarita's brother asked her to take part. He ran the programme and needed girls to participate. She agreed as she is supposed to obey her brother. Her parents, however, did not see it as useful and were not happy that she would be going out of the house. Her mother would often complain saying, '*she goes there just to hang out with friends. We don't know what she will talk about in these meetings.*' However, as the parents could not defy the son, they agreed.

The biggest impact of being part of the programme has been on Sarita's mobility. When she failed her exam, she lost her only chance of getting out of the house. Now it is only because of the programme that she is able to travel to the community building, a mere 10 minutes' walk, and around the community once a week for observation sessions. '*Girls in our village are not allowed to go around like boys …there are lots of restrictions put on us when we try to leave our house*' (14-15 girl, IDI, Kapilvastu). Despite being well-known social activists, her two brothers reiterate the sentiment expressed by her parents, telling her to go out only when absolutely necessary. Similarly, when going to the meetings, her family makes her brothers and sisters join her so she is not alone: '*No I am not allowed to go out alone. They don't allow me because they say that there will be boys in the market and on the way*' (14-15 girl, IDI, Kapilvastu).

When asked to write about her dream at the start of the programme, she wrote about wanting to be a nurse. However, she thinks she has let herself down because she was unable to pass her grade 10 exams. She also fears that her brother might not allow her to study further or to go to Kathmandu for the nursing course as promised. Her parents have already chosen a boy in India for her to marry. She feels she could have passed her exams if her family had only shared her household work to give her some time to study. As a result, she has stopped dreaming of becoming a nurse; her only hope now is that her family allow her to study up to class 12 before marrying her off. She says that the programme has broadened her horizon and made her dream, but the reality of her life at present leads her only to despair. As a recommendation, Sarita says, the programme should focus on parents and try and change their perception. Without their support the daughters alone cannot break the shackles put on them as a result of the existing rigid and discriminatory norms. '*The programme has raised our hope that we could be and do something with our lives. However, our parents do not see it that way as they are not aware like us. They are still guided by their old practices and behaviour. Thus, unless they are also made equally aware we cannot do anything with all that we have learned in our school and in programmes.*'

Conclusions and implications for policy and programming

This section presents a summary of key findings from the research and, drawing from those findings, suggests implications for policy, programming and further research.

Context, capabilities and change

Younger adolescents are perceived as playful, freedom-seeking, and rebellious. Those aged 14-15 or older are seen by community and parents as smart, educated, ambitious, highly demanding and rebellious and very much influenced by fashion in all the three sites. Key informants across all the three sites agree that adolescents of the present generation are smarter, reach maturity earlier, and are more responsible than they were during their adolescence. Better educational opportunities, access to modern technology and more wealth were seen as the reasons for these changes. Change was experienced differently across a range of categories, however, including ethnic or caste group, beneficiary versus non-beneficiary status, and age. In Makwanpur, mid- and older adolescent boys are seen as risk-takers engaging in hazardous jobs and substance abuse. This was not so much the case among boys in Kapilvastu. In Dang, although district-level key informants talked about growing incidence of drug abuse among both girls and boys in urban areas, we did not find evidence of this in the study community itself.

Although strong discriminatory norms and values persist in the communities, they are changing and becoming more flexible. We found that the sub-national stakeholders related to the health, education and women's empowerment sectors were aware about both the local opportunities and threats that adolescents face in their respective sectors and were engaged in endeavours to address these. However, they face several obstacles, including a social backlash and resource constraints. In some communities, parents would fight with the teachers, saying that their daughters eloped because of the programme, while in others some pulled their daughters out of the programme, saying that the course was inappropriate due to its sexual content. The health officers gave instances of such incidents: '*There is always danger lurking on our head. My friend was beaten when he was counselling an adolescent girl who came to the health office. We have to take them to the room alone and the community members thought otherwise*' (Health Officer, KII, Dang).

The study finds that access to education has improved significantly for girls, with parents placing more value on educating their girls due to greater awareness and incentives. However, bias persists in relation to expenditure on girls' education and in their chances of going on to higher education. In communities such as Kapilvastu, controlling girls is seen as a critical way of maintaining family honour. Unlike boys, girls often face time poverty and pressure to marry early, which results in poor academic performance and dropping out of school. Hence, despite the availability of girl-friendly schools and infrastructure, social and economic barriers persist that hinder girls' access to education. Both school-based and out-of-school initiatives exist to encourage leadership qualities so that girls can gain confidence and speak out against discrimination, but these rarely engage parents and the wider community and so are less effective in addressing or changing the context, which is critical for a positive, enabling environment for adolescents.

Girls are psychologically more vulnerable than boys as they are less empowered to have a resilient sense of self. As the contexts in which their lives are embedded are gender discriminatory and restrictive, they do not develop the emotional capacity to deal with setbacks. Moreover, as restriction grows with age, older adolescents are the least psychologically resilient and their families do not provide psychological support. Study programmes were seen to have made a positive impact on the self-efficacy of the girls to some extent. Some boys of the same age also became more gender sensitive as a result of the programmes.

Regarding voice and agency, younger adolescent boys and girls across all ethnic groups have less power to make decisions in relation to themselves or household issues. With the exception of girls in Kapilvastu and some communities Dang, adolescents become more confident in voicing their opinions in the household and community as they grow older and better educated, get married or take jobs. In Kapilvastu, girls have no decision-making power either in relation to themselves or in relation to the family and community. However, programme beneficiary girls in Kapilvastu were able to somewhat transcend these obstacles and, at least until they married, were on the path towards having the confidence to negotiate a greater role in decision-making, both for themselves as well as in the family and community.

In the context of health and SRH, adolescents' abilities to recognise physiological changes was found to increase with age and with the intervention programmes. Vulnerability to ill-health or health risks increases among adolescents (especially in Makwanpur) according to the nature of their occupation (e.g. carpet weaving factories in girls, drivers/ helpers in public transport), whether they marry early/elope, whether they have children or abortions at an early age, and the risk-taking behaviours of their peers, especially among boys (e.g. addiction to alcohol and drug use).

Child marriage, which disproportionately affects girls, persists in the study communities, particularly in Kapilvastu, where communities view daughters through the lens of family honour and early marriage is seen as way to keep daughters from going astray. Although people blame mobile phones and social media for the trend of marriage by elopement, no concerted effort has been made to address this in any of the districts. It was interesting to find that parents, elder siblings and community members take precautions and provide information to adolescents on ways to protect themselves on Facebook in terms of dealing with friend requests and false promises of marriage from strangers, particularly in Makwanpur.

Economic empowerment is traditionally seen as males' domain and accordingly families put greater emphasis on educating sons than daughters in order to secure them better jobs in the future. However, in certain communities (Makwanpur and Dang), parents have begun to pay equal attention to girls' economic empowerment and have allowed girls to take time off from household chores to take training to increase their vocational skills, take up seasonal jobs, start small businesses and search for jobs within and outside the country. Legal awareness regarding the age restrictions for women and girls to pursue unskilled labour in GCC countries is low among the parents and communities.

The positive effects of intervention programmes were evident in terms of adolescents' and particularly girls' widened opportunities to interact with their peers through different socialisation programmes, their increased self-confidence and awareness, and increased participation in activities such as sports. The life-skills programming helped to enhance adolescents' knowledge about the changes occurring as they transition into adulthood and to demystify SRH matters, which their school courses were unable to do. Following the introduction of the Aba Mero Palo programme in Kapilvastu, adolescent boys and girls increasingly share their household chores and boys are more gender sensitive. While restriction on mobility still persists for girls in Kapilvastu, this is slowly changing; adolescents from Dang and Makwanpur in particular are now able to move out of the community to pursue their education and take up employment.

Policy and programming implications

The study finds that while there are legal structures in place to tackle discriminatory practices that are harmful to girls' wellbeing, prevailing social norms and beliefs point to the need for addressing the context in which girls live. This needs new policies and extension of schemes that have worked well, as well as innovating in existing programmes. Table 2 summarises the study's implications for policy and programmes. Table 3 maps out our findings vis-a-vis both national policy and international SDG-related commitments. We also highlight where additional investments are needed to address key evidence gaps and measurement of progress towards the SDGs, and to which future rounds of the GAGE longitudinal research study could contribute.

Table 2: Study implications

Implications
Implications for policy
Address discriminatory and harmful practices such as child marriage through enforcement of existing laws and policies.
Promote free universal education for adolescents and target girls and marginalised communities especially.
Review and strengthen the Conditional Cash Transfer schemes and expand to cover non-Dalit marginalised communities.
The changed local governance structure should include adolescent representatives in their sectoral and inter-sectoral sub committees (e.g. women development, health) and work towards addressing local contexts of gender discrimination and harmful practices.
Implications for practice
Conduct further work to change deep-rooted attitudes both among adolescents and wider community.
Introduce more parent- and community-focused programmes to create an enabling environment for girls and boys.
Include in programmes a process and mechanisms for ensuring sustainability; e.g. use the current cadres of trained adolescents as a resource for expanding the programme.
Tailor programme modules according to the age and gender of adolescents

Table 3: National policy commitments and international SDG-related commitments

	Insights highlighted by formative qualitative research	Need for strengthened evidence base	Resonance with Nepali policy commitments	Resonance with international commitments, including SDGs
Education and learning	Increase in awareness among parents on benefits of sending girls to school, but parents still consider marriage to be more important for girls than higher education.	Need for monitoring of effectiveness of awareness programmes targeted towards adolescents' parents related to emphasising adolescents' education and delaying marriage.	One of the equity strategies of the School Sector Development Plan mentions: 'Increase the participation and completion of girls in secondary education through strategies aimed at push factors such as strengthening the gender network and peer support and the establishment of gender-sensitive learning environments that take the specific needs of adolescent girls into account.' (Government of Nepal, 2017)	SDG Goal 4: Education Provide child-, disability- and gender-sensitive and safe, non-violent, inclusive and effective learning environments for all.
SRHR, health and nutrition	Reliance on traditional healers in some sites for diagnosis and treatment; school timings (early morning classes), no pocket money to buy food during tiffin time are barriers to adequate food consumption; varying SRH concerns of boys and girls – girls' concerns related to menstruation (pains/cramps, irregular menstruation, discharges), boys anxious about the causes/consequences of ejaculations at night, sexual curiosity; adolescent girls rely on SRH-related information from mothers, elder sisters, friends, teachers and boys from peers.	Need more information about adolescent-parental interactions especially with regards to puberty changes and relationships.	Nepal Health Sector Strategy 2015-2020 and Implementation Plan: Inclusion of Adolescent SRH as basic services; inclusion of Adolescent SRH content in health-training packages; enhancing capacity of health workers to provide Adolescent SRH services; establishment of Adolescent-Friendly Information Corners in schools near Adolescent-Friendly Service centres; roll out Kishori Bikas Karyakram (Adolescent Development Programme) for hard-to-reach adolescents including out-of-school adolescents; develop Behaviour Change Communication / Information, Education and Communication materials focusing on adolescent pregnancy; HIV and sexually-transmitted infections; mental health and accidents; build health service providers' capacity on Minimum Initial Service Package for reproductive health in emergencies.	SDG Goal 3: Health and Wellbeing Ensure universal access to sexual/ reproductive health-care services, including family planning, information, education; strengthen prevention/ treatment of substance abuse
Bodily integrity	From the parents' perspective, early marriage is a way to protect daughters from pre-marital sex and elopement or love marriages; increasing access and use of mobile phones is a driving factors for increasing elopement cases among adolescents; alcohol consumption is a key contributing factor to domestic violence.	Need more information about protection issues such as drug abuse, information-technology-related abuses, and intimate partner violence when relationship with opposite sex is a taboo.	Nepal Health Sector Strategy 2015-2020 and Implementation Plan: Conduct 'End Early Marriage' and 'End Chaupadi' campaigns; develop Behaviour Change communication/ focusing on gender based violence. (Government of Nepal, 2015b)	SDG Goal 5: Gender Equality Eliminate all harmful practices, such as child, early and forced marriage, Chhaupadi; eliminate all forms of violence against all women and girls in the public and private spheres.

	Insights highlighted by formative qualitative research	Need for strengthened evidence base	Resonance with Nepali policy commitments	Resonance with international commitments, including SDGs
Psychosocial wellbeing	Older adolescent girls are least emotionally strong, do not get psychological support to develop a resilient sense of self; unhappy home environment due to family disputes, alcoholic fathers, polygamy and violence against mothers are common causes of stress amongst adolescents.	Need more evidence regarding adolescents' psychosocial wellbeing and related support services.	Nepal Health Sector Strategy 2015-2020 and Implementation Plan: Conduct psychosocial counselling for gender-based violence survivors training for health workers of One-Stop Crisis Management Centres; inclusion of mental health in school based health education curriculum; behaviour change communication for psychosocial wellbeing of adolescents; inclusion of mental health in Package of Essential Non-Communicable Disease interventions; strengthening of mental health data capturing for Health Management Information System; establishment of mental health unit under Policy, Planning and International Cooperation Division under the Ministry of Health.	SDG Goal 3: Health and Wellbeing Promote mental health and well-being.
Voice and agency	Adolescent girls cannot make final decision about their lives; schools and extra-curricular programmes help girls become more confident and vocal and can be a platform for early civic engagement.	Need more evidence on documentation and effectiveness of targeted programmes focusing on adolescent girls' increased public participation and improved confidence level.	National Youth Policy 2015: Youth Leadership Development Training Academy to be established under the National Youth Council for development of leadership of the youth involved in various sectors; meaningful participation of the youth in the peace process, reconstruction and nation building; youth mobilisation against evil practices like untouchability, prostitution, dowry and Chhaupadi. **Constitution of Nepal:** 1. Right of children – every child shall have the right to formative child development and child participation. 2. Policies regarding social justice and inclusion - providing appropriate opportunities to youths for their contribution to the all-round-development of the State by increasing their participation in it, through the creation of an atmosphere for them to use their political, economic, social and cultural rights, and also by providing special opportunities in educational, health and employment sector through their personality development for their empowerment and all-round-development. (Government of Nepal, 2015c)	SDG Goal 10: Inequalities Ensure responsive, inclusive, participatory and representative decision-making at all levels.
Economic empowerment	Economic empowerment is gendered – women and girls are discouraged to participate in the labour market, except in cases of extreme financial hardship; trend for young women and girls to go abroad for jobs in restricted countries (GCC countries and Malaysia) through travel agents which may lead to them being exploited; some adolescent girls work in carpet and garment factories for the financial support to their family.	More exploration required on: adolescence perceptions on avenues for economic empowerment, vocational skills and the access to those avenues and knowledge about legal barriers around those economic opportunities; source and use of money to understand adolescent's exposure to risky jobs and their voice and agency regarding use of money.	National Youth Policy 2015: Special programmes to be conducted to promote entrepreneurship among the youth; projects of economic production and development and construction to be conducted in partnership with non-resident Nepali youth; unemployed educated youth to be provided with minimal subsistence maintenance allowance and mobilised as competent volunteers; providing skill-oriented and vocation training in accordance with competence; necessary arrangements to be made identifying employment opportunities where the physically challenged persons may access work. (Government of Nepal, 2015c)	SDG Goal 8: Decent Work Achieve full and productive employment and decent work for all women and men, including for young people.

References

Adhikari R. (2016). Knowledge on legislation of abortion and experience of abortion among female youth in Nepal: A cross sectional study. Reproductive Health, 13(48).

Amin S, Bajracharya A, Chau M, and Puri M. (2014a). Highlights from the UNICEF Adolescent Development and Participation Baseline Study. New York: Population Council.

Amin S, Bajracharya A, Chau M, and Puri M. (2014b). UNICEF Nepal Adolescent Development and Participation (ADAP) Baseline Study. Final Report. New York: Population Council.

Asian Development Bank. (2010). Overview of Gender Equality and Social Inclusion in Nepal. Manila: Asian Development Bank.

Asian Development Bank. (2012). Sectoral Perspectives on Gender and Social Inclusion. EDUCATION. Kathmandu: Asian Development Bank.

Bajracharya A, and Amin S. (2012). Poverty, marriage timing, and transitions to adulthood in Nepal: A longitudinal analysis using the Nepal Living Standards Survey. Studies in Family Planning, 43(2), pp.79–92.

Bhattarai, K.D. (2016) 'Nepal's Unending Political Instability'. The Diplomat. Retrieved from https://thediplomat.com/2016/07/nepals-unending-political-instability

Blakemore, S.J. and Robbins, T.W. (2012) 'Decision-making in the adolescent brain', Nature Reviews Neuroscience 15: 1184–91.

CBS and UNICEF Nepal (2015) Nepal Multiple Indicator Cluster Survey Report 2014. Kathmandu: Central Bureau of Statistics. Retrieved from http://unicef.org.np/uploads/files/597341286609672028-final-report-nmics-2014-english.pdf

Central Bureau of Statistics. (2015). Nepal Multiple Indicator Cluster Survey 2014, Final Report. Kathmandu: Central Bureau of Statistics and UNICEF Nepal.

Crone, E.A. and Dahl, R.E. (2012) 'Understanding adolescence as a period of social-affective engagement and goal flexibility', Nature Reviews Neuroscience 13(9): 636–50.

Damodar, K. (2015) Children from the Dalit community in rural Nepal: a challenge to inclusive education. International Journal of Inclusive Education, 19(7), pp.710-720.

Ghimire, A. and Samuels, F. (2017). Understanding intimate partner violence in Nepal: Prevalence, drivers and challenges. London: Overseas Development Institute.

Ghimire A, and Samuels F. (2014). Change and continuity in social norms and practices around marriage and education in Nepal. London: Overseas Development Institute.

Ghimire A, Samuels F, and Wagle S. (2013). Understanding key capability domains of adolescent girls and gender justice. Findings from Nepal. London: Overseas Development Institute.

Goddings, A.-L., Mills, K., Clasen, L., et al. (2014) 'The influence of puberty on subcortical brain development', NeuroImage 88: 242–51.

Government of Nepal (2017) Nepal Health Sector Strategy Implementation Plan 2016-2021. Kathmandu: Ministry of Health, Government of Nepal. http://nhsp.org.np/wp-content/uploads/formidable/7/NHSS_implementation_plan_2016_2021_february2017.pdf

Government of Nepal (2016) School Sector Development Plan 2016-2023. Kathmandu: Ministry of Education, Government of Nepal. http://doe.gov.np/assets/uploads/files/87b3287f8f46c497c2cb97d7d4504f5a.pdf

Government of Nepal (2015a) Constitution of Nepal 2015. Kathmandu: Constitution Assembly Secretariat, Government of Nepal. http://extwprlegs1.fao.org/docs/pdf/nep155698b.pdf

Government of Nepal (2015b) National Strategy to End Child Marriage 2015. Kathmandu: Ministry of Women, Children and Social Welfare, Government of Nepal. http://unicef.org.np/media-centre/reports-and-publications/2016/12/29/nepal-end-child-marriage-strategy

Government of Nepal (2015c) National Youth Policy 2015. Kathmandu: Ministry of Youth and Sports. Government of Nepal. www.unescogym.org/wp-content/uploads/2017/05/NEPAL-National-Youth-Policy-2072_2.pdf

Harper, C., Jones, N., Marcus, R., Ghimire, A., and Bantebya, G. (eds.). (2017 forthcoming) Adolescent Girls and Empowerment: Towards Gender Justice. Abingdon: Routledge.

Institute for Reproductive Health. (2011). Utilizing Participatory Data Collection Methods to Evaluate Programs for Very Young Adolescents: An Evaluation of Save the Children's Choices Curriculum in Siraha, Nepal. Washington, D.C.: The Institute for Reproductive Health, Georgetown University.

Karim N, Greene M, and Picard M. (2016). The Cultural Context of Child Marriage in Nepal and Bangladesh: Findings from CARE's Tipping Point Project Community Participatory Analysis. London: CARE.

Khatiwada N, Silwal P R, Bhadra R, and Tamang T M. (2013). Sexual and reproductive health of adolescents and youth in Nepal: trends and determinants: further analysis of the 2011 Nepal Demographic and Health Survey. DHS Further Analysis Report, (76).

Korzenevica M. (2016). Being Included and Excluded: An Exploration of the Impact of Education and Mobility on the Political Engagement of Young Married Nepali Women. Gender, Technology and Development, 20(1), pp.1-24.

Lundgren R, Beckman M, Chaurasiya S P, Subhedi B, and Kerner B. (2013). Whose turn to do the dishes? Transforming gender attitudes and behaviours among very young adolescents in Nepal. Gender and development, 21(1), pp.127-145.

Mathur S, Mehta M, and Malhotra A. (2004). Adolescent reproductive health in Nepal: using participatory methods to define and respond to needs. ICRW Information Bulletin.

Ministry of Health and Population. (2012). Nepal Adolescents and Youth Survey 2010/11. Kathmandu: Ministry of Health and Population.

Nussbaum, M. (1997) 'Capabilities and human rights', Fordham L. Rev. 66(2): 273.

Plan International. (2015). Are Schools Safe and Equal Places for Girls and Boys in Asia? Research Findings on School-Related Gender-Based Violence. Bangkok: Plan International.

Plan Nepal, Save the Children, and World Vision International Nepal. (2012). Child Marriage in Nepal. Research Report. Kathmandu: Plan Nepal, Save the Children and World Vision International Nepal.

Population Reference Bureau (2017) 2017 World Population Data Sheet. Retrieved from www.prb.org/Publications/Datasheets/2017/2017-world-population-data-sheet.aspx

Regmi P R, van Teijlingen E, Simkhada P, and Acharya D R. (2010). Barriers to sexual health services for young people in Nepal. Journal of Health, and Population and Nutrition, 28(6), pp.619-627.

Romer, D. (2012) 'Adolescent risk taking, impulsivity, and brain development: Implications for prevention', Developmental Psychobiology 52: 263–75.

Samuels, F. and Ghimire, A. (2017). Small but persistent steps on the road to gender equality Marriage patterns in Far West Nepal. In Harper C, Jones N, Marcus R, Ghimire A, and Bentebya Kyomuhendo G. Empowering Adolescent Girls in Developing Countries: Gender Justice and Norm Change. UK: Routledge.

Sen, A.K. (2004) 'Capabilities, lists, and public reason: Continuing the conversation', Feminist Economics 10(3): 77–80.

Sinha A K, Karki G M S, and Karna K K. (2012). Prevalence of anaemia amongst adolescents in Biratnagar, Morang Dist. Nepal. International Journal of Pharmaceutical and Biological Archives, 3(5), pp.1077-1081.

Spear L.P. (2013) 'Adolescent neurodevelopment', Journal of Adolescent Health 52(suppl 2): S7–13.

Steinberg, L. (2015) Age of opportunity: Lessons from the new science of adolescence. New York: Eamon Dolan/Mariner Books

UNICEF (2016) Ending Child Marriage: Progress and Prospects. New York: UNICEF. Retrieved from www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf

WHO (2014a) Health for the world's adolescents: A second chance in the second decade of life. Geneva: WHO.

World Bank (2016) Open Data. Available from http://data.worldbank.org/ [Accessed 29 July 2016].

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GENDER & ADOLESCENCE: GLOBAL EVIDENCE

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