Nepal

Monitoring the situation of children and women

**Findings from the
Multiple Indicator Cluster Survey 2010
in the Mid-and Far-Western Regions, Nepal**

**PRELIMINARY REPORT
August 2011**

*Central Bureau of Statistics
Thapathali, Kathmandu
Nepal*

unicef
unite for children

MICS

Nepal

Monitoring the situation of children and women

**Findings from the
Multiple Indicator Cluster Survey 2010
in the Mid-and Far-Western Regions, Nepal**

**PRELIMINARY REPORT
August 2011**

*Central Bureau of Statistics
Thapathali, Kathmandu
Nepal*

unicef
unite for children

MICS

The Nepal Multiple Indicator Cluster Survey (MICS) was carried out in 2010 by the Central Bureau of Statistics (CBS). Financial and technical support was provided by the United Nations Children's Fund (UNICEF).

MICS is an international household survey programme developed by UNICEF. The Nepal MICS was conducted as part of the fourth global round of MICS surveys (MICS 4). MICS provides up-to-date information on the situation of children and women, and measures key indicators that allow countries to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed-upon commitments.

The main purpose of the MICS 4 in Nepal is to support the Government to generate statistically sound and comparable data for monitoring the situation of children and women for specified sub-regions in the Mid- and Far-Western regions of the country. These regions are inhabited by the most vulnerable populations, those affected by Nepal's decade-long conflict, prone to natural disasters and disease outbreaks, and suffering from chronic food shortage. Although these regions have been the development focus of the Government and donor communities, an absence of data at the local level to support evidence-based planning and actions has persisted.

Summary Table of Key Indicators, Mid- and Far-Western regions, Nepal, 2010

TOPIC	MICS 4 INDICATOR NUMBER	MDG INDICATOR NUMBER	INDICATOR	Percentage unless otherwise noted
Nutrition	2.6		Exclusive breastfeeding rate	64
	2.7		Continued breastfeeding rate at one year	98
	2.12		Introduction of solid, semi-solid or soft foods (children 6-8 months)	63
Child health	3.1		Tuberculosis immunization coverage	89
	3.2		Polio immunization coverage	77
	3.3		DPT immunization coverage	68
	3.4	4.3	Measles immunization coverage	83
	3.10		Antibiotic treatment of suspected pneumonias	56
	3.11		Solid fuels	93
			Japanese encephalitis coverage	31
			Deworming tablet coverage among 6-11years children	73
Environment	4.1	7.8	Use of improved drinking-water sources	83
	4.3	7.9	Use of improved sanitation facilities	36
	4.5		Place for handwashing (avaiblity of soap and water)	51
	4.6		Availability of soap	88
Reproductive health	5.3	5.3	Contraceptive prevalence	52
	5.7	5.2	Skilled attendant at delivery	29
	5.8		Institutional deliveries	30
			Bathing newborn immediately after birth (within an hour)	34
Education	7.4	2.1	Primary-school net attendance ratio (adjusted)	86
	7.9	3.1	Gender parity index(primary school)	0.99[1]
Child protection	8.1		Birth registration	42
	8.6		Marriage before age 15	16
	8.7		Marriage before age 18	60
	8.8		Young women age 15-19 currently married/in union	26
			Child Grant coverage in Mid-Western Mountain	76
HIV/AIDS, orphaned and vulnerable children	9.2	6.3	Comprehensive knowledge about HIV prevention among young people	34
Access to mass media			Access to mass media(all three forms once a week)	5

[1]Gender Parity Index measures the school attendance ratio of girls to boys.

Content

List of Figures

Foreword

The Nepal Multiple Indicator Cluster Survey (MICS) was conducted in 2010 by the Central Bureau of Statistics (CBS) with the primary objective of filling the data gap that has existed in the Mid-Western and Far-Western regions of Nepal. The Nepal MICS (NMICS) was implemented as part of the fourth round of the global MICS household survey programme with technical and financial support from the UNICEF Nepal.

The NMICS 2010 has generated wealth information on children and women which is of immense importance to monitor and evaluate plan and programs related to children and women of the regions. The survey covers topics related to nutrition, child health, environment, reproductive health, education, child protection, and HIV/AIDS. The survey also provide disaggregated data by physiographic domains: Mid-Western Mountain, Mid-Western Hill, Mid-Western *Terai* (plains), Far-Western Mountains, Far-Western Hill, and Far-Western Terai and also by urban and rural areas. This report contains preliminary highlights on key findings of the survey. The final report containing more detailed analysis is planned to be published by December, 2011.

CBS wishes to acknowledge technical support from UNICEF Headquarters and UNICEF Asia-Pacific Shared Services Centre (APSSC) for their invaluable guidance during the various phases of this survey. Special thanks go to all field teams for their tireless work in making the survey a success. Sincere appreciation goes out to all respondents of the regions for cooperating the interviewers during the survey.

Uttam Narayan Malla
Director General
Central Bureau of Statistics
August, 2011

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care Coverage
BCG	Bacillus Calmette Guerin (Tuberculosis)
CSPro	Census and Survey Processing System
CBS	Central Bureau of Statistics
DPT	Diphtheria Pertussis Tetanus
ECDI	Early Child Development Index
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
NAR	Net Attendance Rate
NDHS	Nepal Demographic and Health Survey
NMICS	Nepal Multiple Indicator Cluster Survey
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PASW	Predictive Analytics SoftWare
UNICEF	United Nations Children's Fund
VDC	Village Development Committee
WFFC	World Fit For Children

I. Background and Objectives

Introduction

This preliminary report is based on the Nepal Multiple Indicator Cluster Survey (NMICS), conducted in 2010 by the Central Bureau of Statistics (CBS) with technical and financial support from UNICEF. The survey is intended, in large part, to fill the data gap that has existed in the Mid-Western and Far-Western regions of Nepal in addition to preparing for the national-level MICS in 2013.

These data will help to monitor progress towards goals and targets emanating from various international agreements, such as the Millennium Development Goals (MDGs) or World Fit For Children (WFFC), in two out of Nepal's five development regions. Nepal has concentrated its development focus in the Mid- and Far-Western regions because of their relatively higher level of extreme poverty and deprivation.

This survey has generated information on indicators that are comparable with sub-regions defined in many past national-level surveys, such as the Nepal Demographic and Health Survey(NDHS).These results will now help to monitor progress made over the past decade on children's and women's issues. It will also help to identify the regional and geographical disparities that exist within the country and will establish a baseline for some newly developed indicators, the progress status of which can be monitored during the next round of MICS, in 2013

This preliminary report presents selected results on some of the principal topics covered in the survey and on a subset of indicators.[2] The results in this report are preliminary and are subject to change, although major changes are not expected. A comprehensive report is scheduled for publication in December 2011.

Survey Objectives

The primary objectives of the 2010 Nepal Multiple Indicator Cluster Survey are:

- To provide up-to-date information for assessing the situation of children and women in the Mid- and Far-Western regions of Nepal; and

- To contribute to the improvement of data and monitoring systems at sub-national level in Nepal, and to strengthen technical expertise in the design, implementation, and analysis of such systems.

---

[2] For more information on the definitions, numerators, denominators and algorithms of Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) indicators covered in the survey, see Chapter 1, Appendix 1 and Appendix 7 of the MICS Manual, *Multiple Indicator Cluster Survey Manual 2005: Monitoring the Situation of Children and Women*, also available at www.childinfo.org.

II. Sample and Survey Methodology

Sample Design

The sample for NMICS is designed to provide estimates on a large number of indicators on the situation of children and women at the regional level, for urban and rural areas, and for six domains in the Mid- and Far- Western regions :

    a. Mid-Western Mountain

    b. Mid-Western Hill

    c. Mid-Western *Terai*

    d. Far -Western Mountain

    e. Far -Western Hill and

    f. Far -Western *Terai*

These regions were identified as the main sampling domains, and the sample was selected in two stages. Within each domain, 40 clusters (wards) were selected with probability proportional to size, to yield a total of 240 wards. After a household listing was carried out within the selected wards, a systematic sample of 25 households was taken from each. Smaller wards, where the total number of households was less than 25, were grouped with adjoining wards to bring the number of households to at least 25. Two adjoining wards were grouped together in nine clusters: one rural cluster each in Achham, Dolpa and Kailali and two rural clusters each in Baitadi, Bajhang and Humla.

NMICS Sample Domains in the Mid-and Far-Western regions, Nepal

Eco Zones
- Mountain
- Hill
- *Terai*

Domains
a: Mid-Western Mountain (Karnali): Dolpa, Jumla, Kalikot, Mugu, Humla.
b: Mid-Western Hill: Pyuthan, Rolpa, Rukum, Salyan, Dailekh, Jajarkot.
c: Mid-Western *Terai* Dang, Banke, Bardiya.
d: Far-Western Mountain Bajhura, Bajhang, Darchula.
e: Far-Western Hill: Achham, Doti, Dadeldhura, Baitadi.
f: Far-Western *Terai* Kailali, Kanchanpur.

Notes: The boundaries and the names shown and designations used on these maps do not imply official endorsement or acceptance by the United Nations.

Similarly in case of large wards, especially in the urban areas or municipalities, census enumeration blocks were used. Enumeration blocks were created by segmenting large wards for the purpose of the population census 2011 by GIS section within CBS. Out of 50 urban clusters, enumeration blocks were used in 22 clusters of large urban municipalities in the five districts of Banke, Dang, Kailali, Kanchanpur and Surkhet. Thus a total 6,000 households were selected for the interviewing process, out of which 1,250 represented the urban areas (municipalities) and remaining 4,750 represented the rural areas (Village Development Committees or VDCs). The sample was stratified by regions and is not self-weighting. However, sample weights were applied in the reporting of sub-regional results.

Table 1 below presents information on key characteristics of the sampled households such as sex ratio and average household size. The sex ratio here refers to the number of males per 100 females in all sampled households in these regions. The lower proportion of males in all sub-regional levels except Mid-Western Mountains could be attributed primarily to out-migration to India and abroad.

Table 1.Sex ratio and average household size, NMICS 2010		
Sub-Regions	Sex Ratio	Average Household size
Mid Western Mountains	102.2	5.9
Mid Western Hills	87.7	5.0
Mid Western *Terai*	93.6	5.1
Far Western Mountains	98.4	5.6
Far Western Hills	85.2	5.2
Far Western *Terai*	99.1	5.6
Area		
Urban	95.3	5.2
Rural	92.6	5.3
Total	**92.9**	**5.3**

QUESTIONNAIRES

The standard MICS4 questionnaires[3] have been adapted to include several country-specific modules as well as all the standard questions from the questionnaire modules. Three questionnaires were used in the survey: a household questionnaire, a women's questionnaire and a questionnaire pertaining to children under the age of 5. The household questionnaire was used to collect information on all household members. The women's questionnaires were administered in each household to women age 15-49. In addition, mothers or caretakers of children under 5 years old were identified in each household, and these individuals were interviewed for the children-under-5 questionnaire. The questionnaires included the following modules:

[3] See www.childinfo.org for standard MICS4 questionnaires.

Table 2. Questionnaire Content (Modules used in the questionnaires)		
Household Questionnaire	**Questionnaire for Individual Women (age 15-49)**	**Questionnaire for Children under Five**
Household Listing Form	Woman's Background	Age
Education	Desire for Last Birth	Birth Registration
Water and Sanitation	Maternal and Newborn Health	Early Childhood Development
Household Characteristics	Illness Symptoms	Breastfeeding
Child Labour	Contraception	Care of Illness
Child Discipline	Unmet Need	Malaria
Hand washing	Attitudes Toward Domestic Violence	Immunization
Salt Iodization	Marriage/Union	**Nepal-Specific Module**
Nepal Specific Module	HIV/AIDS	Child Grant
De-worming	Access to Mass Media and Use of Information Communication Technology	
	Tobacco and Alcohol Use	
	Life Satisfaction	

The standard English-language versions of the MICS4 questionnaires were translated into Nepali and two other local dialects, Tharu and Awadhi, which are spoken in the *Terai* region.

All three translated questionnaires were pre-tested in late July 2010. One district from each of the three ecological belts[4] was selected purposefully for the pilot field work: Jumla (mountain/rural), Salyan (hill/rural) and Banke (*Terai* / urban). Two clusters (wards) from each district were also selected for household enumeration. Eight trained female fieldworkers were placed into two groups, each of which had one supervisor and three enumerators. For the purposes of the pre-test, the supervisor was also given the task of editing.

Based on the results of the pre-test, modifications were made to the wording, response category and translation of the Nepali, Tharu and Awadhi questionnaires. The finalized questionnaires were then back translated from the regional dialects into Nepali and then to English, to ensure that the customized questionnaires are comparable to standard MICS4 questionnaires.

FIELDWORK AND PROCESSING

The members of the field staff were trained for 11 days in mid-September 2010 in Banepa, near Kathmandu. The data were collected by 12 teams each, which comprised three female interviewers, one editor, one supervisor and one local guide. Fieldwork began in October 2010 and concluded in December 2010.

Data were entered on four microcomputers using the CSPro software. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programs developed under the global MICS4 project and adapted to the Nepal questionnaire were used throughout. Data processing began towards the end of November and finished in early March 2011. Data were analysed using the PASW 18 software and the model syntax and tabulation plans developed for this purpose by the global MICS programme.

---

[4] Topographically, Nepal is divided into three distinct ecological belts—the mountain, hill and *Terai* (or plains).

SAMPLE COVERAGE

Of the 6,000 households selected for the sample, 5,917 were found to be occupied. Of these, 5,899 were successfully interviewed, for a household response rate of 99.7 percent. In the interviewed households, 7,674 women (age 15-49) were identified. Of these, 7,372 were successfully interviewed, yielding a response rate of 96.1 percent. In addition, 3,688 children under age 5 were listed in the household questionnaire. Of these, questionnaires were completed for 3,574, a response rate of 96.9 percent.

Table 3. Sample Size and Response Rates		
	Number completed	Response rate (%)
Household questionnaires	5,899	99.7
Questionnaires for individual women (age 15-49)	7,372	96.1
Questionnaires for children under five	3,574	96.9

NUTRITION

Breastfeeding

Figure 1 shows the detailed pattern of breastfeeding by the child's age in months. About 82 percent of children age 0-1 month are exclusively breastfed. Among children that are 2-3 months old, this percentage declines sharply to about 66 percent. After five months, the percentage of children that are exclusively breastfed drops to approximately 18 percent.

Figure 1. Percent distribution of children under age 2 by feeding pattern by age group, Mid- and Far-Western regions, Nepal, 2010
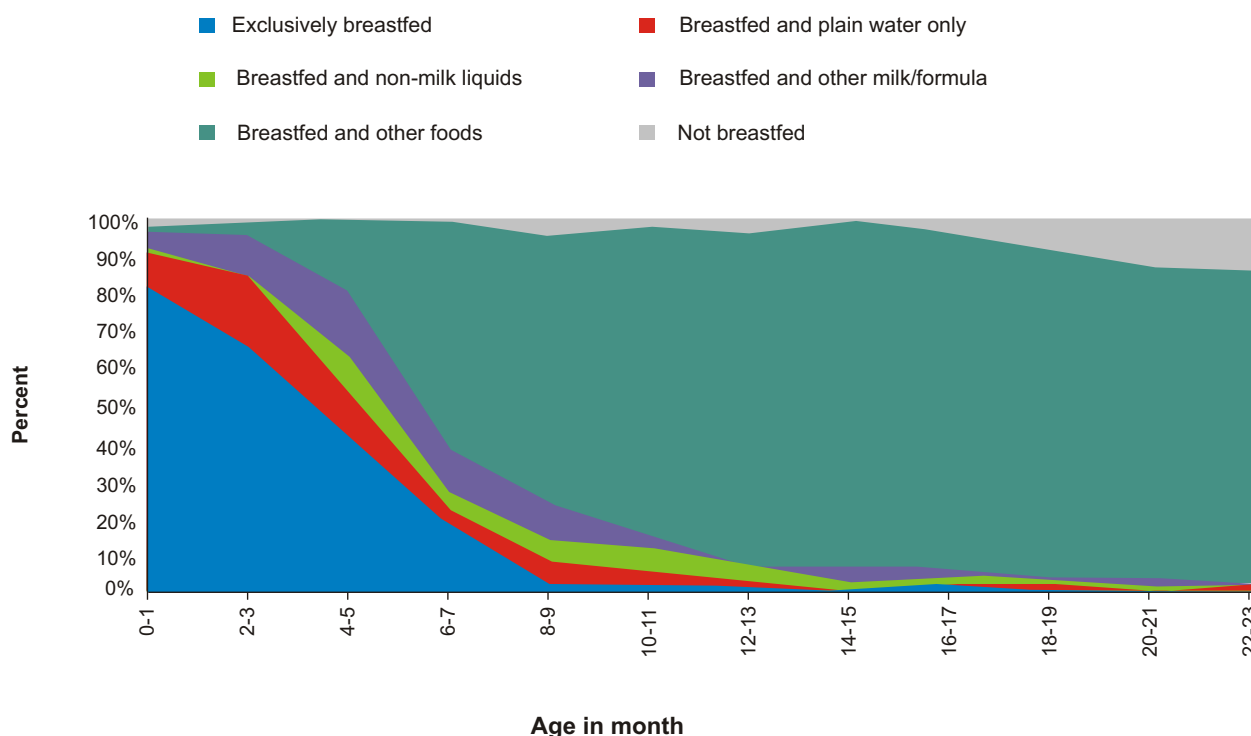
Table 4. Findings for selected breastfeeding indicators Mid- and Far-Western regions, Nepal, 2010		
Exclusive breastfeeding under 6 months	64	Percent
Continued breastfeeding at 1 year	98	Percent
Continued breastfeeding at 2 years	87	Percent
Introduction of solid, semi-solid or soft foods (children 6-8 months)	63	Percent

CHILD HEALTH

Immunisation

In Mid- and Far-Western regions of Nepal, almost 89 percent of children age 12-23 months have received BCG vaccination before their first birthday. However, also before the first birthday, only 67.5 percent have received the recommended three doses of DPT and just 77.4 percent have received three doses of polio vaccine. A total of 83.4 percent are immunised against measles.

The coverage of Japanese encephalitis was also assessed in the *Terai* region. Approximately 35 percent of children age 1-4 years in the Far-Western region and only about one-fourth of children (26.5 percent) in the Mid-Western region are immunised against Japanese encephalitis.

Figure 2. Percentage of children age 12-23 months who received the recommended vaccinations by 12 months Mid- and Far-Western regions, Nepal, 2010

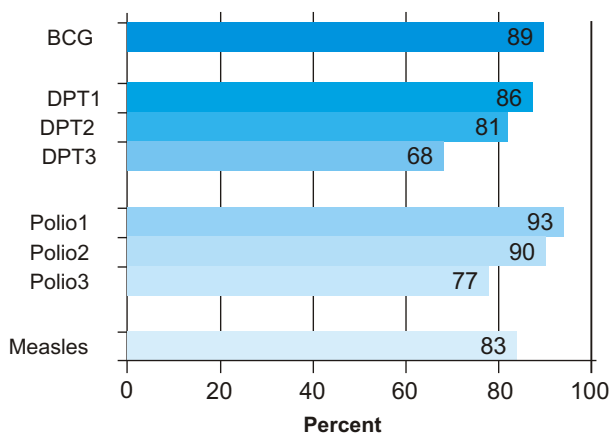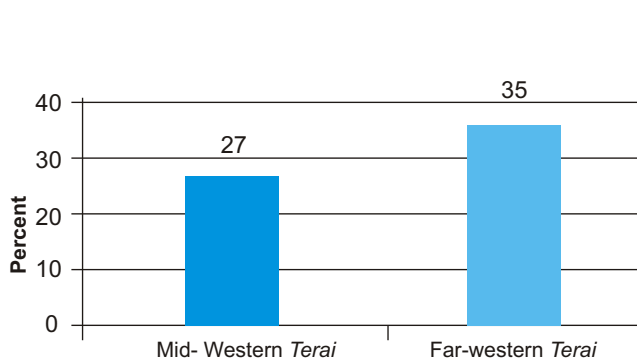| Vaccine	Percent
BCG	89
DPT1	86
DPT2	81
DPT3	68
Polio1	93
Polio2	90
Polio3	77
Measles	83

Figure 3: Percentage of children age 1-4 years who received the Japanese encephalitis vaccination in *Terai* region of Mid- and Far-western regions, Nepal, 2010

Region	Percent
Mid-Western *Terai*	27
Far-western *Terai*	35

Treatment of Diarrhoea

Figure 4. Percentage of children under age 5 with diarrhoea who received ORT (ORS packet or recommended homemade fluid or increased fluids) and continued feeding, Mid- and Far-Western regions, Nepal, 2010

Area	Percent
Urban	49
Rural	47
Region	47
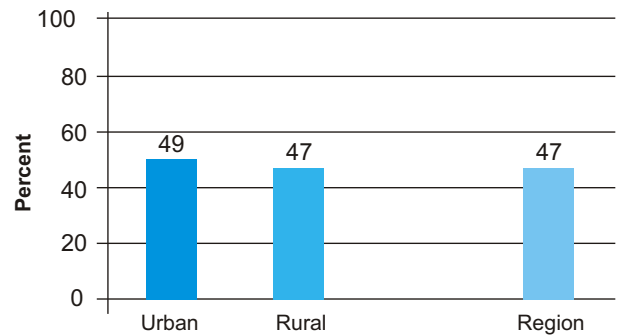
In the Mid- and Far-Western regions of Nepal, 11 percent of children under age 5 had diarrhoea in the two weeks preceding the survey. The recommended treatment for diarrhoea in children is oral rehydration therapy (ORS packets) with continued feeding. Around 47 percent of children with diarrhoea received this treatment. The difference between urban and rural areas is small.

Figure 5. Percentage of children under age 5 with diarrhoea who received ORS packet along with zinc, Mid- and Far-Western regions, Nepal, 2010

Area	Percent
Urban	30
Rural	21
Region	22
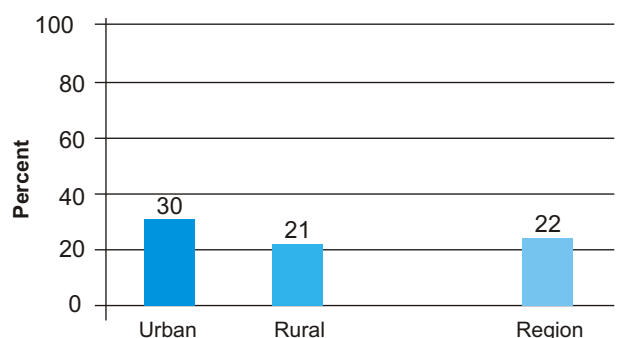
The Government also recommends using zinc tablets with ORS during an episode of diarrhoea. 22 percent of children with diarrhoea received zinc tablets along with ORS. In urban areas the coverage of children receiving zinc tablets along with ORS is higher than in rural areas.

Antibiotic Treatment of Suspected Pneumonia

Around seven percent of children under age 5 had symptoms consistent with pneumonia during the two weeks preceding the survey. Overall, 56 percent of children with suspected pneumonia received antibiotics. Antibiotic treatment of suspected pneumonia is lower for females than males (53 percent compared to 59 percent).

Figure 6. Percentage of children under age 5 with suspected pneumonia who received antibiotics, Mid- and Far- Western regions, Nepal, 2010
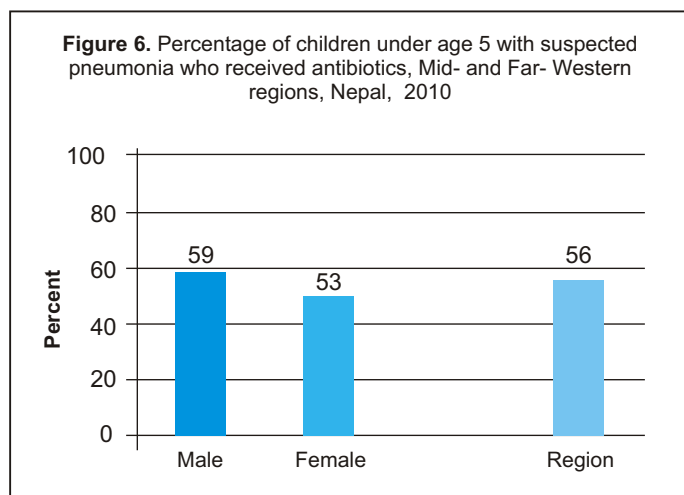
Newborn Care Practices

In the two years prior to the survey, almost 59 percent of children born to women age 15-49 in non-institutional deliveries were dried before the placenta was delivered. However, disparities exist across wealth quintiles. Fifty-one percent of women living in households in the poorest quintile reported their newborn was dried before the delivery of placenta, compared to almost 72 percent of women living in the richest quintile. Similarly, 88 percent of mothers of newborns reported that their child had been wrapped in a separate cloth after drying. This practice is more widespread and little difference was observed between household wealth quintiles. One-third of mothers who had a birth in the last two years reported their newborn babies were bathed immediately (within one hour) after the birth.
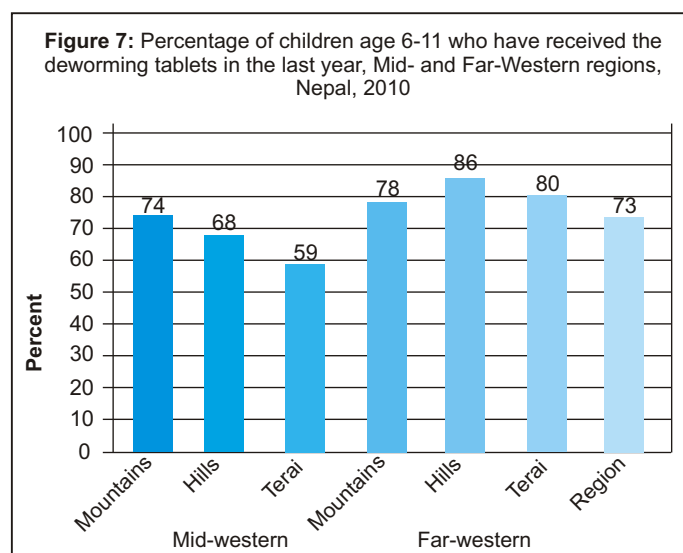
Deworming Tablets Coverage

The distribution of deworming tablets to children age 2-5 years was integrated with the vitamin A capsule supplementation event in 1999 and gradually expanded to all the 75 districts. A new policy was adopted by the Government in 2004 to provide half of a deworming tablet to all children age 1-2 years during vitamin A supplementation.

In the year preceding the survey, around three quarters of children (73 percent) age 6-11 years had received deworming tablets. The coverage across all the sub-regions ranges from 59-86 percent, where the Far-Western region has higher coverage compared to the Mid-Western region.

Figure 7: Percentage of children age 6-11 who have received the deworming tablets in the last year, Mid- and Far-Western regions, Nepal, 2010

| Table 5. Non-institutional births born to women age 15-49 years in the two years preceding the survey that experienced the following appropriate newborn care practices Mid- and Far-Western regions, Nepal, 2010		
Dried before delivery of placenta	59	Percent
Wrapped in a separate cloth after drying	88	Percent
Bathed within one hour of birth	34	Percent

WATER AND SANITATION

Overall, 83 percent of the population in the Mid- and Far-Western regions use an improved water source. Eighty two percent of household members in rural areas use an improved water source, compared to 91 percent in urban areas. However, larger disparities do exist across wealth quintiles. Only 64 percent of those living in the poorest households use an improved water source compared to 96 percent of those living in the richest households.

Figure 8. Percentage of household members using improved sources of drinking water, Mid- and Far-Western regions, Nepal, 2010
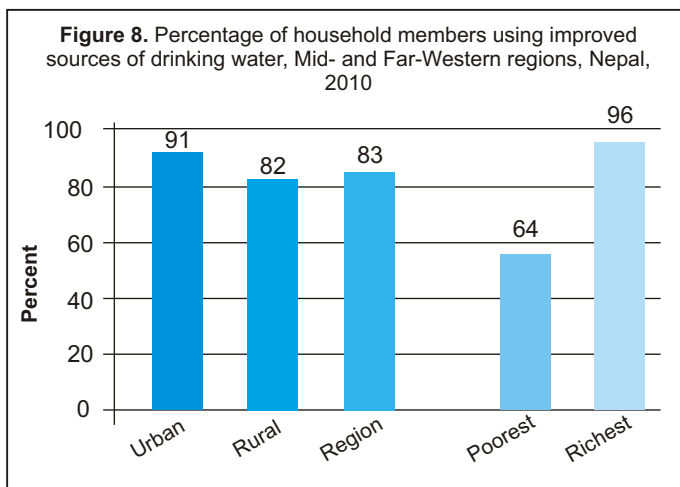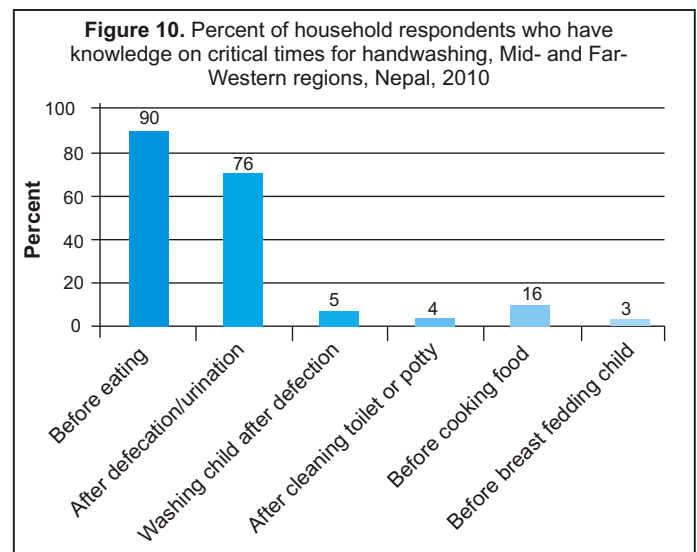
While 36 percent of household members use an improved sanitation facility, a significant gap exists between rural and urban areas. Only 33 percent of household members in rural areas use an improved sanitation facility compared to 56 percent in urban areas. Disparities across wealth quintiles are even more striking: just 13 percent of households in the poorest quintile use improved toilets, in contrast to 64 percent of households in the richest quintile. Almost 86 percent of the population living in the poorest quintile households still practice open defecation.

Figure 9. Percentage of household members using improved sanitation facilities, Mid- and Far-Western regions, Nepal, 2010
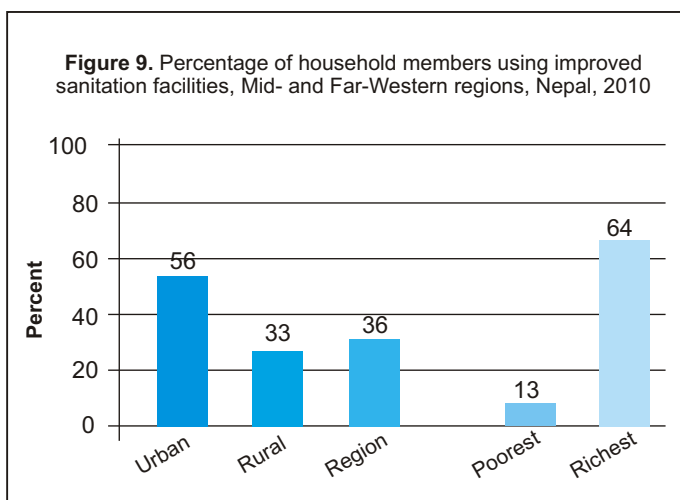
Handwashing at critical times

The incidence of diarrhoea and pneumonia in children under five could be significantly reduced by correct hand washing practices with water and soap. Knowledge about handwashing at critical times-such as before feeding a child, before eating food, and after defecation or urination-is the key indicator for measuring success on this topic.

Figure 10. Percent of household respondents who have knowledge on critical times for handwashing, Mid- and Far-Western regions, Nepal, 2010

Overall, in the Mid- and Far-Western regions, 90 percent of respondents reported that they should wash their hands before eating. In addition, 76 percent reported that they should wash their hands after defecation or urination. However, only 16 percent reported that they should do so before cooking food, and only about 3 percent reported that they should wash their hands before breastfeeding a child.

Monitoring correct handwashing behaviour at these critical times is challenging. A reliable alternative to observations or self-reported behaviour is assessing the likelihood that correct handwashing behaviour takes place; this can be done by observing whether a household has a specific place where people most often wash their hands, and observing whether water and soap (or other local cleansing materials) are present at a specific place for handwashing.
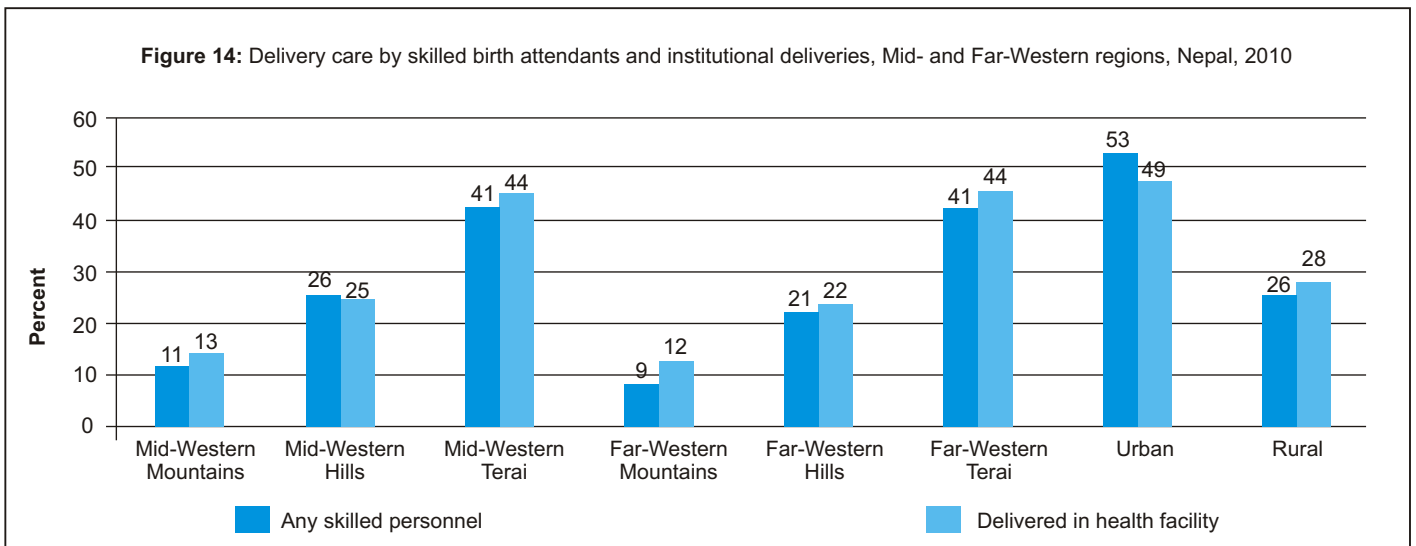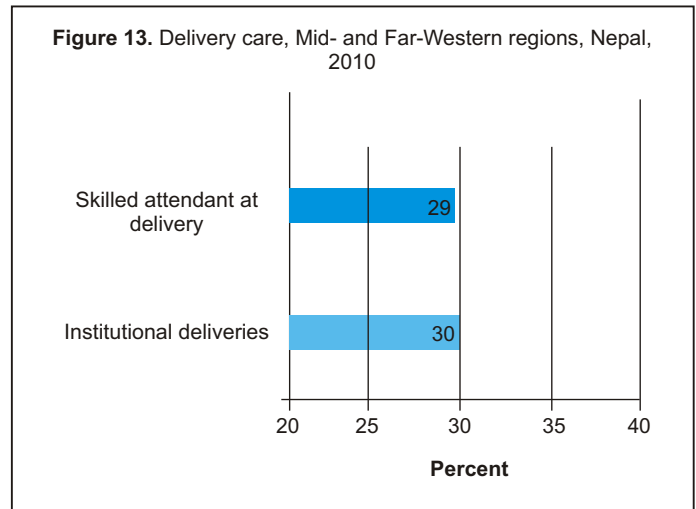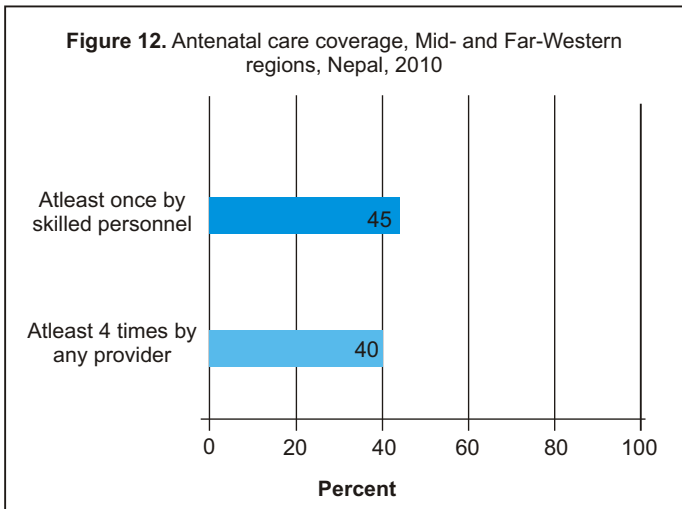
Of those households where a designated place for hand washing was observed, around half had both water and soap present. In 12 percent of the households, only water was available at the designated place, while another 12 percent had soap but no water. The remaining 25 percent of households had neither water nor soap available at the designated place for handwashing. Among all the sub-regions, the Far-Western *Terai* has the largest proportion of observed households with water and soap available (73 percent). Around 88 percent of all households had soap available anywhere in the dwelling.

Figure 11: Percentage of households by availability of water and soap at place for handwashing
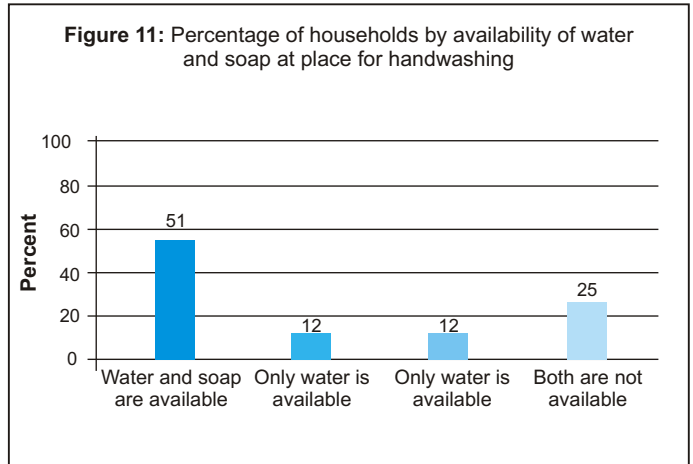
REPRODUCTIVE HEALTH

Of those women age 15-49 years who had had a live birth in the two years preceding the survey, around 45 percent received antenatal care (ANC) at least once by skilled personnel, 40 percent received ANC at least four times by any provider, and 29 percent were attended to by a skilled birth attendant, defined as a doctor, nurse or auxiliary midwife in this analysis. The same proportion of women delivered in a health facility. Delivery care by skilled birth attendants and institutional deliveries are poor in the mountains and rural areas. Home delivery is very high, at 69 percent, where most deliveries take place without the support of skilled birth attendants.

Figure 12. Antenatal care coverage, Mid- and Far-Western regions, Nepal, 2010

Figure 13. Delivery care, Mid- and Far-Western regions, Nepal, 2010

Figure 14: Delivery care by skilled birth attendants and institutional deliveries, Mid- and Far-Western regions, Nepal, 2010

Table 4. Findings for selected reproductive health indicators Mid- and Far-Western regions, Nepal, 2010		
Contraceptive Prevalence Rate	52	Percent
Unmet Need	24	Percent

Fifty-two percent of married women age 15-49 years use any method of contraception. The most popular method is injectables/dipo/sangini, used by 16 percent of the married women. The unmet need for contraception (for either spacing or limiting births) is 24 percent. Demand for contraception was less satisfactory (43 percent) among younger women, age 15-19 years.

CHILD DEVELOPMENT

The survey assessed young children's development in four key domains: literacy-numeracy, physical (motor skills, freedom from recurrent illness), social-emotional, and learning (ability to follow simple instructions, ability to occupy herself/himself independently). The Early Child Development Index (ECDI) represents the percentage of children who are developmentally on track in at least three of these four domains. In the Mid- and Far-Western regions, the ECDI score is 58. The low level of literacy-numeracy (18 percent) might be attributed to limited access to early childhood education opportunities in the region.

Child Grant in Karnali Zone

The Government of Nepal has started a Child Grant scheme in the Karnali zone of the Mid-Western region of Nepal. Child Grant was distributed to a maximum of two children under five years per family. The Karnali zone is the most deprived and inaccessible mountainous region of Nepal. The data show that almost 76 percent of children under 5 years have received the Child Grant. This percentage is the same as the percentage of children whose births are registered in that particular region.

Figure 15. Percentage of children age 36-59 months who are developmentally on track for indicated domains, Mid- and Far-Western regions, Nepal, 2010
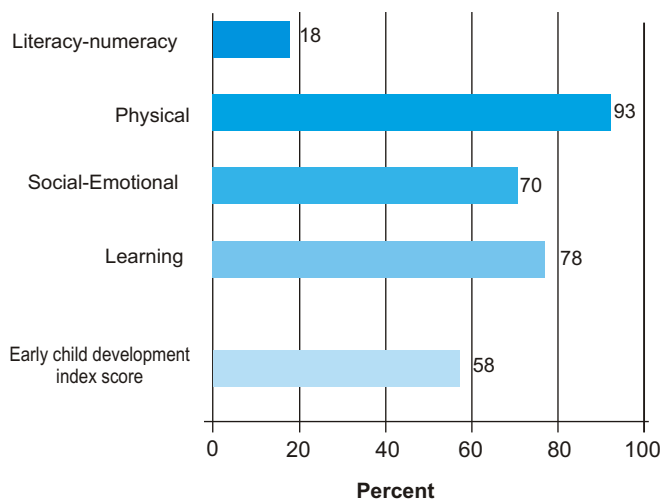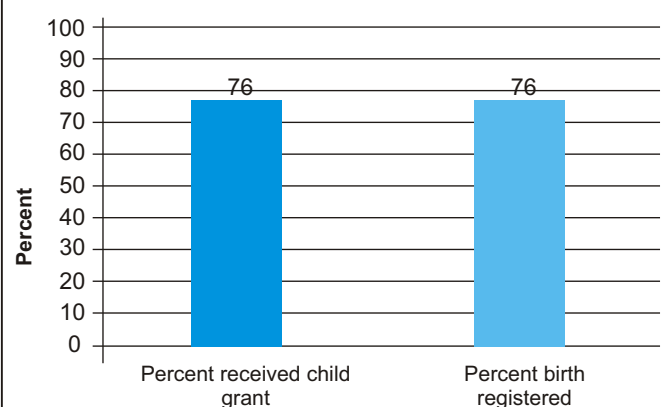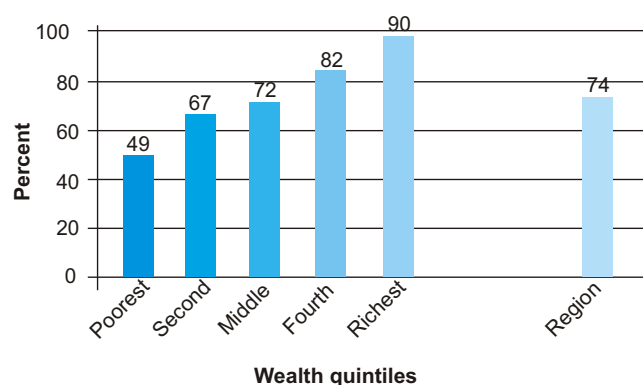

Figure 16: Percentage of children under 5 years who received the Child Grant in Mid- Western Mountain, Nepal, 2010
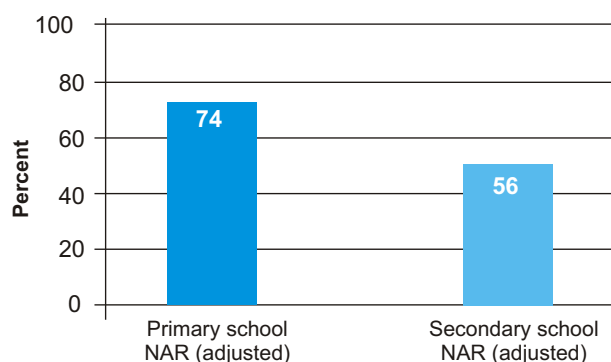
LITERACY AND EDUCATION

Adult Literacy

Figure 17. Literacy rates amomg young women age 15-24 years by wealth quintiles, Mid- and Far-Western regions, Nepal, 2010

About 74 percent of children of primary-school age are attending primary school. However, only 56 percent of children of secondary-school age are attending secondary school. The Gender Parity Index (GPI), which measures the school-attendance ratio of girls to boys, is 0.99 at the primary-school level, indicating that girls and boys attend primary school at about the same rate. However, in secondary school the GPI drops to 0.90, indicating that fewer girls than boys attend secondary school.

Overall, in the Mid- and Far-Western regions, only 74 percent of young women age 15-24 are literate. Among women living in the poorest quintile households, the literacy rate is 49 percent. In contrast, the literacy rate is 90 percent among women in the richest quintile households.

Figure 19. Gender parity index (GPI) in primary and secondary school, Mid- and Far-Western regions, Nepal, 2010

School Attendance

Figure 18. Primary- and secondary-school net attendance ratios (NAR) (adjusted), Mid- and Far-Western regions, Nepal, 2010
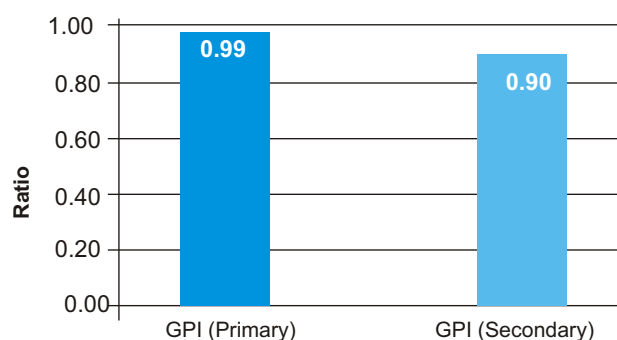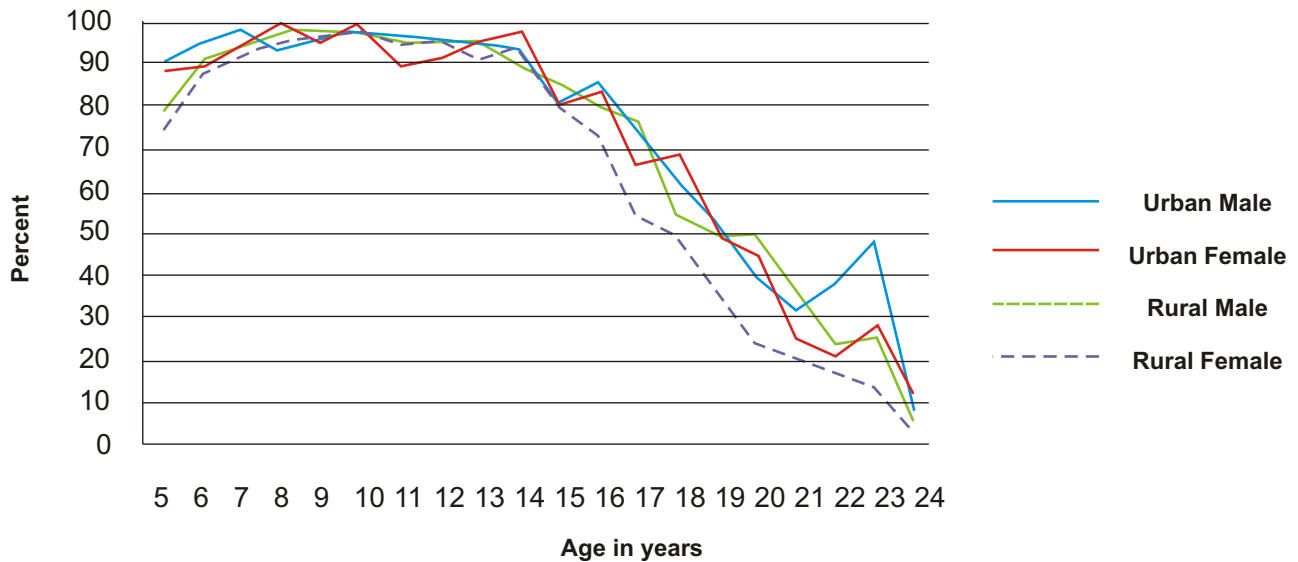
Figure 20. Percentage of household members age 5-24 years attending school by sex, Mid- and Far-Western regions, Nepal, 2010

Age 5 (complete) is the official school-starting age in Nepal. More than 75 percent of children age 5 are attending any form of school. School attendance remains steady at this level for children age 6-10, and begins to decrease for children age 10-16. For children over 16 years old, the official age range for higher-secondary school, school attendance drops quite dramatically. Few household members above 20 years attend school. Gender differentials are generally small, but for the population age 12-19 years, more boys than girls appear to attend school, particularly in rural areas.

EXPOSURE TO MASS MEDIA

Among women age 15-49, only about 8 percent read a newspaper and around 29 percent watch television at least once a week. The percentage of women who listen to the radio at least once a week is higher, at almost 50 percent. However, disparities still do exist across wealth quintiles. Only 25 percent of women from the poorest quintile listen to radio, in contrast to 63 percent from the richest quintile. Moreover, 13 percent of the women of this age group do not have exposure to any media even once a week.
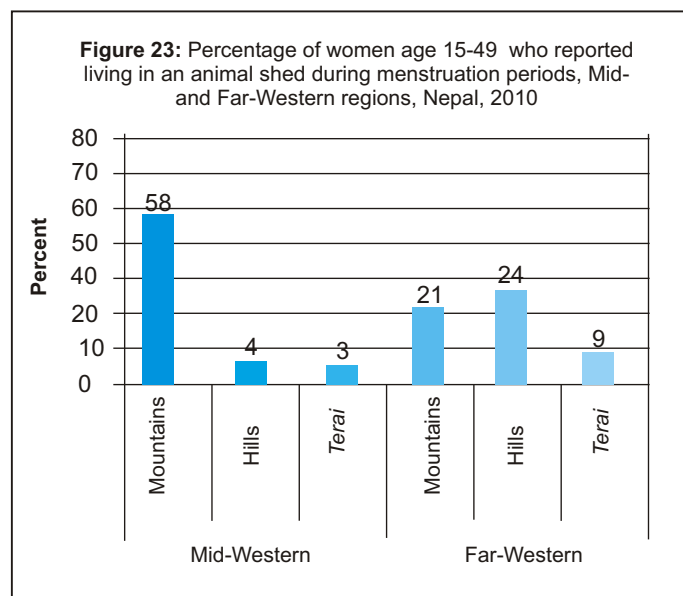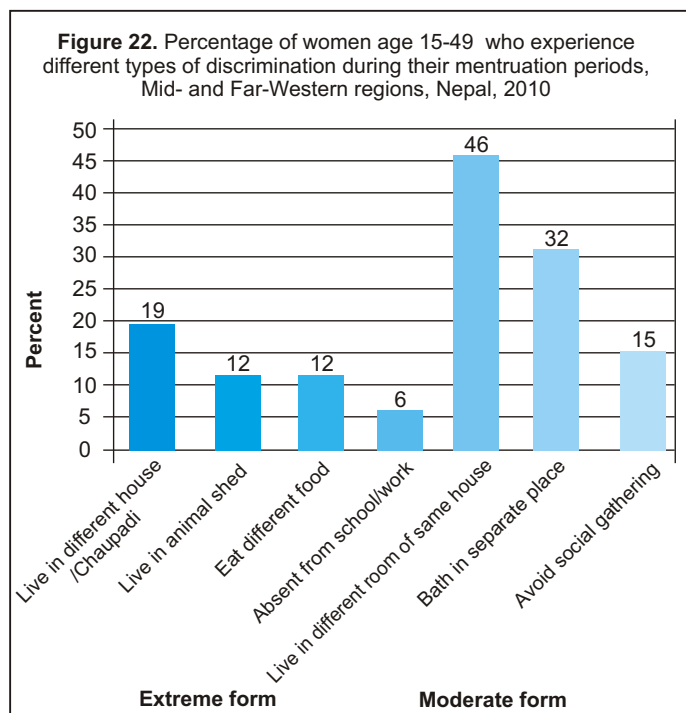

Figure 21. Percentage of women age 15-49 who have access to mass media, Mid- and Far-Western regions, Nepal, 2010
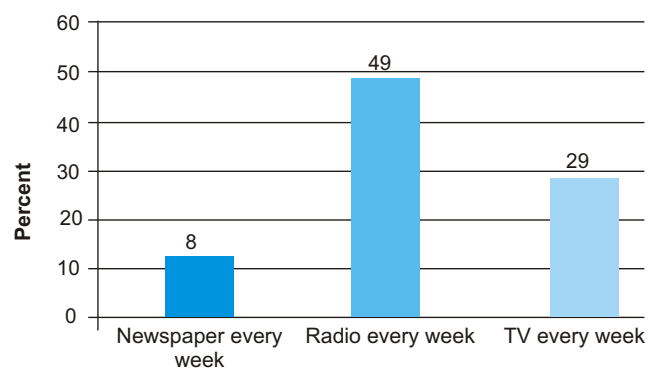
EXPERIENCE OF DISCRIMINATION DURING MENSTRUATION

Discrimination against women during the menstruation period is widespread in these regions. Nineteen percent of women age 15-49 reported that they have to live in a different house during their periods. Moreover, almost half (46 percent) of the female respondents reported living in a separate room of the same house during their period.
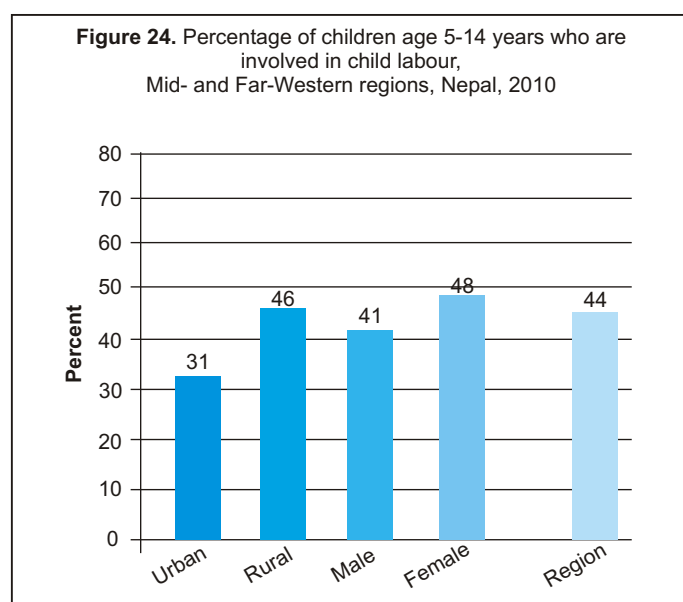
Living in a separate room is as prevalent in urban areas as in rural areas. Menstruation-related discrimination in its extreme form is more prevalent in the Far-Western Hills and in the Mid-Western Mountains. Fifty-eight percent of women have to live in an animal shed during their menstrual period in the latter domain.
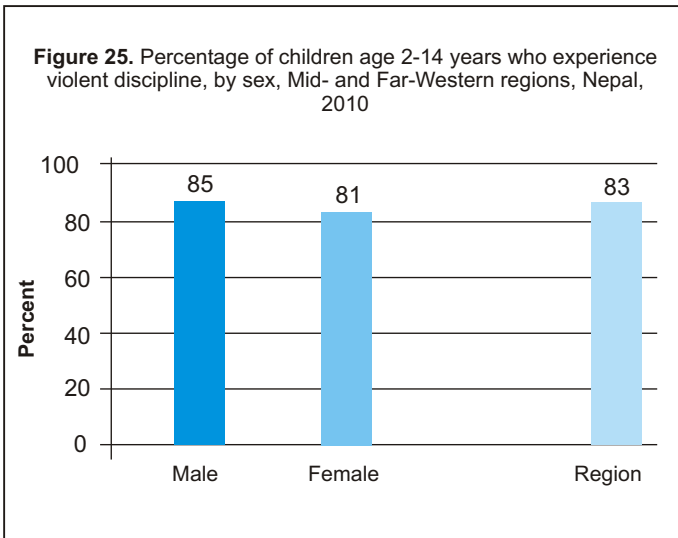
Figure 22. Percentage of women age 15-49 who experience different types of discrimination during their mentruation periods, Mid- and Far-Western regions, Nepal, 2010

Figure 23: Percentage of women age 15-49 who reported living in an animal shed during menstruation periods, Mid- and Far-Western regions, Nepal, 2010

CHILD PROTECTION

Child Labour

Overall, 44 percent of children age 5-14 years are involved in child labour in the Mid- and Far- Western regions.'Child labour' is defined as work that exceeds a minimum number of hours, depending on the age of a child and on the type of work. Children in rural areas are more likely to be involved in child labour than their counterparts in urban areas (46 percent compared to 31 percent). Similarly, female children are more likely to be involved in labour compared to male children (48 percent compared to 41 percent).
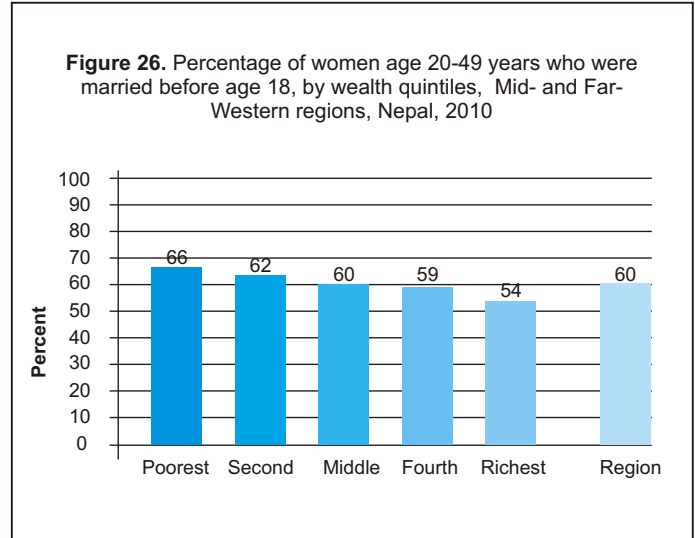
Figure 24. Percentage of children age 5-14 years who are involved in child labour, Mid- and Far-Western regions, Nepal, 2010

Violent Discipline

Figure 25. Percentage of children age 2-14 years who experience violent discipline, by sex, Mid- and Far-Western regions, Nepal, 2010

Overall, a very high proportion of children age 2-14 years (83 percent) experience violent discipline, including both psychological aggression and physical punishment. Comparing the findings for girls and boys, a somewhat higher percentage of boys experience this type of discipline.
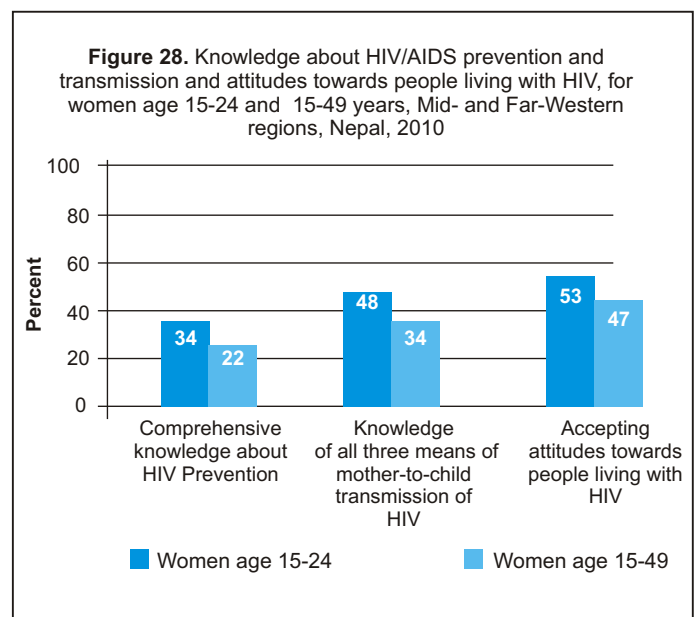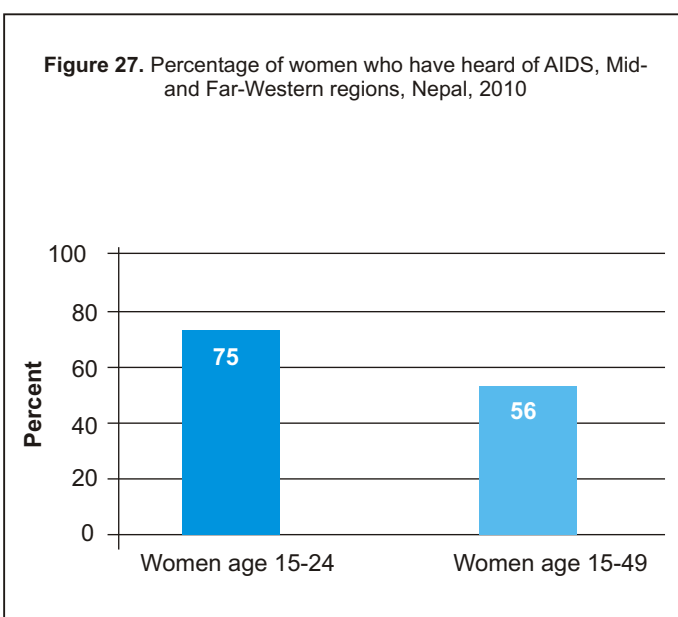
Early Marriage

Figure 26. Percentage of women age 20-49 years who were married before age 18, by wealth quintiles, Mid- and Far-Western regions, Nepal, 2010

In the Mid- and Far-Western regions of Nepal, some 60 percent of women age 20-49 were first married or in union (living together with a man as if married) before age 18. Differences across wealth quintiles exist: 66 percent of women from the poorest households were married before age 18, compared to 54 percent from the richest households.

HIV/AIDS

More than half (56 percent) of women age 15-49 in the Mid- and Far-Western regions have heard of AIDS, with younger women reporting a higher rate of awareness. For young women age 15-24, only about one- third have comprehensive knowledge about HIV prevention. Thirty-four percent of women age 15-49 and 48 percent of young women age 15-24 are able to correctly identify all three means of mother-to-child HIV transmission. In addition, 53 percent of young women express accepting attitudes towards people living with HIV, while among all women age 15-49 years the corresponding percentage is 47.

Figure 27. Percentage of women who have heard of AIDS, Mid- and Far-Western regions, Nepal, 2010

Figure 28. Knowledge about HIV/AIDS prevention and transmission and attitudes towards people living with HIV, for women age 15-24 and 15-49 years, Mid- and Far-Western regions, Nepal, 2010

List of Tables

These tables and MICS Preliminary report 2011 are downloaded from: http://www.unicef.org/nepal/5476.htm

IV.Annex

Nepal

Multiple Indicator Cluster Survey

2011