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Bidhan Acharya

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Editor's Note

Nepal is in political and demographic transitions, which essentially are to be discussed in academic platforms about their implications and magnitudes. Issues related to demographic shift from Hill and Mountain to Tarai as well as from rural areas to urban areas and formation of federal provinces with autonomy are closely associated with decision making potentials of those areas for the development. There is a need for redefining and understanding the gender and power relations not only in national pivotal level but also in local governance and community levels. This scenario further triggers for a need in the shift of redefinition of gender roles within family and community, which must be proportionately shifted upward, so that in which proportion are the women and men participating in various activities in grassroots be the representative in the district, province and national level. Subsequent effect can be observed in the balanced representation that can overwhelm the reservation system spontaneously. Also, the capacity to exploit the resources in the respective provinces depends upon the demographic dividend the areas will be enjoying as bonus in human resource compositions.

Considering these contemporary phenomena, this issue of Journal of MoPE includes relevant articles by the experts in these areas. Binda Pandey in *Feminist Movement in Nepal: Historical Foot-steps toward Gender Equality*, has observed a changing gender and power relations within the nation by digging deep into the religious, cultural and social tenets with discussion on the norms and value systems. She argued that the power relations between the genders were balanced in pre-historical time that were later mismatched in patriarchal society. However, the society has been moving to acquire the lost power relation in contemporary time through feminist movement. Govind Subedi in his opinion-based article *Political Demography of Nepal: the Case of Discontent in Nepal's Tarai Region* with strong evidence argues that there is a need to reorient the utilization of national resources in different belts of Nepal. Nepal still lacks equitable ownership of women in major property items, which is discussed by Bidhan Acharya in *House and Land Ownership of Women in Nepal: Observations based on Census 2001 and 2011*.

Ramesh Babu Kafle explored the reasons for *Non-use of Contraception in Nepal with Readiness, Willingness and Ability Perspectives*, whereas Komal Prasad Dulal observed the relationships between *Women's Education and Full Maternal Health*

Care Service Utilisation. These two are the gist of authors doctorate researches submitted recently.

Capturing the issue of youth migration to join international labour force, Arun Gautam, analyzing the *International Migration and Remittance in Nepal*, has raised the issues of need for proper utilization of remittance for the economic benefit of the country. Discussing *Population Dividend: A Golden Opportunity for Nepal*, Padma Prasad Khatiwada urged to prepare pragmatic plan to utilize human resource within the country. Despite several attempts of empowering women Upward shift of age structure in Nepal needs to disburse coherent policies in order to provide better services to its senior citizens is the essence of article entitled *Policy Implications of Population Ageing* by Bhumidatta Poudel and Ashish T. Magar.

Women Exposure to Mass Media and Its Impact on Family Planning Use in Nepal by Bidhya Shrestha deals with the importance of media in utilization of family planning services in Nepal. And, finally the article *Status of Uterine Prolapsed Women : A Study Based on Dhulikhel Hospital, Kavre* by Mana Maya Mishra has raised a painful issue related to women's life mostly in rural Nepal, which has severely affected not only health but also the total social, psychological and family life.

In total, the articles assembled in this issue have academically raised development oriented issues that are to be addressed by the government, as well as are to be dealt in teaching learning processes. Three articles have directly used the Demographic and Health Survey 2011 data files. Others have referred Census 2011 data to a large extent. Importance of data bank and availability of such data to academic sector for analysis is a compressive message this issue. A few other articles have used government and other agencies service statistics.

There is hope that the concerned academic and policy making as well as programme formulation authorities study these presentations and imbibe the conclusions and recommendations made by the authors.

Bidhan Acharya

Editor

Table of Contents

Feminist Movement in Nepal: Historical Foot-steps toward Gender Equality <i>Binda Pandey</i>	1
Political Demography of Nepal: the Case of Discontent in Nepal's Tarai Region <i>Govind Subedi</i>	24
House and Land Ownership of Women in Nepal: Observations based on Census 2001 and 2011 <i>Bidhan Acharya</i>	48
Non-use of Contraception in Nepal: Analysis from Readiness, Willingness and Ability (RWA) Perspective <i>Ramesh Babu Kafle</i>	56
Women's Education and Full Maternal Health Care Service Utilization: The Case of Nepal <i>Komal Prasad Dulal</i>	72
International Migration and Remittance in Nepal <i>Arun Gautam</i>	92
Population Dividend: A Golden Opportunity for Nepal <i>Padma Prasad Khatiwada</i>	104
Policy Implications of Population Ageing <i>Bhumidatta Poudel and Ashish T. Magar</i>	114
Women Exposure to Mass Media and Its Impact on Family Planning Use in Nepal <i>Bidhya Shrestha</i>	124
Psycho-social Effects of Uterine Prolapse in Nepal : A Study Based on Dhulikhel Hospital, Kavrepalanchok <i>Mana Maya Mishra</i>	136

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Feminist Movement in Nepal: Historical Foot-steps toward Gender Equality

Binda Pandey¹

Abstract

Nepali society is in transition- politically, economically and socio-culturally. If this transition is utilised strategically, it can be translated into an opportunity for marginalised and subordinated group to be in mainstream. Women constitute one of the biggest subordinated groups, who are left far behind; even from exercising fundamental human rights.

Women performed active role in every critical turningpoint of the society with leadership than male since Vedic era. They have also shown more inspirational and transformational leadership in every stages of civilisation.

Religion and culture are influential for maintaining the power relation by gender in societies. Principally religions were not discriminatory against women, rather they had promoted gender equality in different era; however, in practice, women were limited to exercise the social and economic power under the name of culture and religion. Political and social movements with feminist perspectives in recent centuries have geared women to revive their position to achieve justice based and gender equality in societies. In this course, observing the issues with feminist perspective in Nepali society, socialist-feminist standpoint would be the right perspective to address the diversities existed in the society.

Key words: Nepal, Women, Feminist movement, Gender equality

Introduction

Nepali society is changing fast. Politically- it has been declared republican in 2008, after the downfall Shah dynasty. Some 240 years were ruled by the Shah dynasty in unified Nepal. Economically- it has been dominated by liberal economic system since 1990 after the establishment of multiparty system and for the last few years, discussion is being carried on whether and how to change the on-going trend with the adoption of new model i.e. having three facet economic

¹Former Member of Constituent Assembly of Nepal and PhD Scholar in Kathmandu University

model including public, private and cooperative sectors., which has also been mentioned in the new constitution. Socially- Nepali society is still facing multiple social discrimination such as caste, gender, region, religion, ethnicity etc., But good thing is that accommodating the diversity is very harmonic and debate is continued on how to promote and protect this harmony as national heritage of the country under the human right rubric. Among these realities, gender issues are heart of the debate and process of transition. Women's condition and position are changing gradually. But still, women in general in each and every group such as caste, class, ethnicity and region are exploited, discriminated and subordinated, with different nature and magnitude.

Changing Posture of Women in Ancient Times

Looking at the women's status in the ancient philosophy also called Vedic philosophy, it seems that women were respected and were equal to men in that era (Kaundinyayan, 2006). Women were almost equal as men in ancient time. Women were allowed to have education, self-selection of spouse and equal right on property. Inter-caste marriage was also allowed; for instance Asur woman Shachi married to Indra and he was known as Shachipati. Women also had rituals as *Upanayan* (ceremony of sacred thread) and child marriage was not acceptable. But the post-Vedic era witnessed their systematic oppression through socio-cultural dos and don'ts. Selected priestly Brahmins were the one who oppressed women. This neo-rule dominated society and Vedic equity of women lost its spontaneity resulting in a mass of ritual followers. Because of this situation downward trend in the Vedic position accorded to women were observed (Dikshit, 2014:6).

The most relentless of the Brahmin law-giver was Manusmriti, a code of conduct prepared by Bhṛigu Rishi as he propagated two things simultaneously. The first message was that even the God would be happy in the house where females are respected (Manusmriti, verse 3-56). The second message was that women are supposed to be controlled by father in early age, by husband in youth, and by sons in older age (Manusmriti, verse, 5-148). The contradictory messages given at the same time as former favouring the women, and second one is controlling over them. Later, the patriarchal society practiced much the second one, which is the anti-feminist message of Manusmriti.

Hindu community recognised four famous female figures active in Vedic era as Ghosha, Lopamudra, Gargi and Sulabha Maitreyi. Gargi was one of the philosophers, who argued with Yajnavalkyain Janaksabha (Dikshit, 2000). If

knowledge is power, women were not weak in those days. That is why women had a high place in society, shared equal standing and enjoyed liberty.

Following the myths, in Hindu society, Kali is worshipped as goddess of power and strength because she demolished evil characters as Sumbha, Nishumbha, Mahishasura, Raktaveeja¹ and many more. Prayer as "*yadevisarvabhuteshu*"² in Durgakavach is one of the testimonies. This example shows that Kali was showing trait-man leadership. That is why she was respected and worshiped by all. Likewise, there are other three legendary female powers in Hinduism. They are: Durga as power, Saraswati as wisdom and Laxmi as wealth. Apart from them, there are other historical women as well called Panchakanya (five ever virgin maidens) like Ahalya, Draupadi, Tara, Kunti and Mandodari. Staunch Hindus remember them daily as reverend women. Another myth of 'Swasthani' elucidates that when the Gods were unable to gain the victory against demons; Kali arose as destroyer and defeated them. Afterward, all the gods bowed and gave high respect to her.

Women in Different Religions

In Islam, women, contemporary to Prophet Mohammad enjoyed the full range of rights and freedom that Allah and the Prophet allowed them (Farooqi, 2011). There were many prominent Muslim women in that generation who were out-spoken and contributed in building the Islamic society. Nusayba was one of them, who for the first time advocated for the rights of Muslim women by asking the Prophet Muhammad, "Why does God only address men in the Quran?" Soon after that, the Prophet mentioned in Quran that women can attain every quality to which men have access. This way, Quran is insistent on the full participation of women in society and in the religious practices.

Buddhism does not consider women as inferior to men (Kumbhare, 2009). In Buddhism, men and women are considered to be equally useful to the society while accepting the biological and physical differences between two sexes. In the family both husbands and wives are expected to share equal responsibility and discharge their duties with equal dedication.

¹Demons as depicted in Durga Kavacham, which itself is the part of Devi Bhagavatam

²A popular Hindu prayer to surrender a devotee to Goddess Durga in all aspects of life

Women's position in Christianity is not much different from others. The status of women in Palestine during Jesus' time was decidedly that of inferiors. Women were subordinated first to their fathers, then to their husbands (Henderson, 2004). But, as noted by Schnackenburg (1995), Jesus did not differentiate in his preaching between men and women; women were to hear the word of God, experience messianic salvation and participate in the future kingdom of God in complete equality with men. Jesus welcomed women into his closest discipleship. In those days, Christianity highly regarded women and highly respected Mary.

Even in the late 19th century, encyclicals¹ proclaimed the inferiority of women, condemned heretics, who taught the equality of the sexes; and insisted on the headship of men over women in marriage (Gudorf, 1998). In the later days as well Pope Paul VI had declared in 1970 that "we cannot be Christian, if we are not Marian". Pope Paul VI changed the traditional teachings. He condemned gender discrimination in public life and made it clear that the church would not support the subordination of women in the social world. It was continued even during the time of Paul John II (Henderson, 2004).

However, in reality, women have been treated differently in different religions. That is why, with the aim of achieving egalitarian society in modern era, women's movement emerged in the industrialized region dominated by Christianity and spread all over the world.

Feminist Movement in the Scene

Contrary to the Vedic era and Hindu religious provisions, women in modern times have been participating in household and society differently. This is equally true in almost all religions and cultures. Transformation of role of women from spending life serving and caring the males, to individuals with decision making powers is attributed to feminist movement emerged to sensitize people to end all kinds of discrimination and oppression. Feminists referred to religion and culture for liberation and citizen of equal status. The movement acknowledged that women are not only the half of population, but also half of the workforce. It also realised that women's appropriate participation and mobilisation in all sphere of human life is the key of social progress in contemporary times.

¹ Letters from the Pope

Realisation of feminists that politics is the heart of all spheres in policymaking and setting agenda, encouraged them to campaign for better inclusion of women in sectors with emphasis on political affairs. Despite efforts, women are globally marginalised, and considered as weaker sex by patriarchal norm and values; however, and strength of discrimination differs from country to country. Women vied for their space collectively from 19th century in industrialised countries. Arriving at the end of the 20th century, women's voice from third world became much louder to reclaim their space and gender justice to realise equality in the practice. Learning from history agendas of women's rights can be taken forward when they are organized and determined for the change (Duran, 2009). Building a gender-equitable world requires both waychanges in top-down and bottom-up interplays (Salbi, 2009).

Feminist movement further followed different strategies as request, demand, pressure, and sought within and outside the different private and public institution from family to state and international level as well, to set up the provision for gender equality and implement them. Feminist approach to embodiment, diversity and participation would help to break the self-reproducing power of masculinity within communities of practice and at the same time, communities would be more open to the diverse talent and imagination (Griffiths, 2005). Nepali women's movement became part of the global feminist movement to achieve equitable society from gender point of view.

Women's Postion in Reality

Regardless of long struggle of the feminists demanding equality and participation in decision-making, world statistichard-core politics has still mono-sex domination, which is caused by deeply-institutionalised patriarch. As a result, only 22 per cent of world parliamentarians are women (IPU, 2015) and very few are leading as head of the states in the world. Women's participation in political parties has also similar scenario.

Historically, male leaders set up the rules as cultural norms. These rules institutionalized political power in men's favour, no matter whether it is written or established as tradition (Friedrich, 1961). This is the root of discrimination against women in the world. Furthermore, it is observed that three types of rules as *the traditional*, *the rational-legal* and *the charismatic* give power to the ruler. Mono-sex leadership in politics is the traditional rule. The feminists are attempting to replace the traditional rules by gender balancing through

rational-legal way. Rational-legal way accompanied by charismatic type of rule has the ability to change real life of women (Weber, 1958).

The latter two rules aim to make politics gender balanced in order to achieve humanitarian society. The 1995 World Women Conference declared that at least 30 per cent women participation is a must in all spheres of social life to make the world better. United Nations urged the member-states for setting necessary policy and regulation to achieve the goal of women's participation. Many countries considered this as guideline and have set-up rules to facilitate women participation in politics and overall decision making. However, achieving the state of an equitable participation of women is still a long run.

History of Feminist Movement and its Agenda

Feminism is not a set of rules, methods and ideas (Lumby, 1997). It is a perspective that informs and guides the way the people live. Feminism challenges to be accountable for congruence between thought and behaviour (Maguire, 1996). Feminist movement was started in 15th-16th century in the west. Women began to advance the demand for their social and political emancipation in 17th century. English revolution saw an increasing participation of women in the fight against the monarchy in favour of democracy. In every key turning point of French revolution, the working class women played important role. The poor women of Paris organised historical demonstration and marched with demand for cheaper bread in 1789 (Woods, 2001).

Mary Wollstonecraft, a British woman, raised the voice of women's equal participation in the state mechanism for the first time in 1779. Later in 1791, she wrote a historical book called 'Vindication of women's right' and included all these issues in a systematic way.

In 1848, Marx and Engels in *Communist Manifesto* mentioned that a wife is a mere instrument of production for the bourgeois. Wives are commonly, to be exploited in this society. Thoughts of Marx and Engels stimulated women to be organized and raise their voices for rights and justice. As a result, women from the cotton factories in USA organized mass mobilization with demand for fixed working hours and higher salary within the decade.

In 1865 women from Langham Place organized a petition for a women suffrage bill to be presented in parliament by John Stuart Mill. For the first time in the world history, Mill (1869) presented the bill in parliament regarding women's right in 1866, together with 1500 signatures. This step has been considered as

formal start of the first wave of the western feminist movement, which aimed to end all forms of patriarchal oppression by seeking equality between men and women.

In the First International gathering conducted in the year 1866, Marx conducted a survey on working condition of women at the workplace. He then drew a conclusion that there should have been separate organizational mechanism to include big number of workingwomen in the movement. Marx had given three logics in these regards. First, women are biologically different from men and they might have different needs and demands. It should be listed out separately. Secondly, being marginalized for centuries, they might feel comfortable to express themselves among women. And thirdly, women may need additional activities to develop leadership among them. He insisted that a separate mechanism among women might help to achieve these objectives. Interpreting this policy into action, Clara Zetkin took the lead to organize women all around Europe (Bradshaw, 2013).

In 1869, Mills wrote a book "The Subjection of Women", which helped to motivate women to be organized for their equal right. Arriving in 1880 decade, Fernandez Lassalle opined that women as inferior sex, should not be allowed to work in the public place, instead their husband should be given higher salary (Trotsky, 1925). Kitchen is better place for them, he insisted. Then, women and socialists argued against it. August Bebel wrote a book named 'Women and Socialism' in 1878 through which he tried to reply Lassalle. Frederick Engels wrote another famous book called "Family, Private Property and Origin of State". These both books pleaded the women's right. Arriving in 1889, in the forum of second international, Clara Zetkin raised the voice of equal treatment for male and female at the workplace in terms of working hour, payment and benefits which was accepted by the conference unanimously (Wikander, Kessler-Harris & Lewis, 1995). After which the opinion of Lassalle was completely rejected from the scene.

This movement of the west expanded to other industrialised countries as well, basically demanding suffrage, equal educational opportunity and property rights. First wave feminism was ended at the end of the First World War, which was dominated by elite, educated and urban women, having liberal perspective. But, when the Soviet revolution was succeeding in 1917, the Marxist feminist perspective was also expanding.

With the end of the World War II, many women lost the employment opportunity and got frustrated. As a result, Simon de Bouvier wrote a book

named 'The Second Sex' in 1949, which gave new perspective of women movement in the west. This book was widely circulated across the Europe.

In 1960, second wave of feminism rose in the west with the demand of equality in all spheres of life. Arriving at this stage, women from majority of the industrial countries have already obtained the right to suffrage. Consequently, ILO in 1951, adopted equal remuneration (Convention No.100) and in 1957, adopted equal opportunity (Convention No.111). These efforts can be called as big achievement for the women in the world. But, socially women were still left far behind due to discrimination caused by patriarchy and violence against women from family up to the state level. That is why, the issue of substantive equality in all spheres of life was demanded with the concept of 'personal is political'.

Betty Friedan came up with the book 'Feminist Mystique' in 1963. It fuelled the feminist movement differently. The slogan "personal is political" became popular, when an essay was written on this topic in 1969 by Carol Hanisch, one of the prominent feminists of 1970s. As a result United Nations adopted the Convention on Elimination of all Kind of Discrimination against Women (CEDAW-1979). This convention covered the issues like identity as citizenship, property rights, participation and violence against women. During 1970s, Radical feminists of the west came into the scene with much louder voice that expressed men as agents of oppression against women. For them, male supremacy is the oldest, and most basic form of domination. They believed that all other forms of exploitation and oppression are extensions of male supremacy (Restocking, 1970). This implies that dominant feminist movement was still considering women as a community, which was demanding for formal equality in policy and law which aimed to get the equal rights based on personal capacity and competition.

Arriving at 1990's decade, the new phenomena came in the scenario of feminist movement, called third wave feminism. In this phase, feminist movement defined that women are diverse group and it should be responded differently to achieve subsistence equality. The third wave feminism also believed that patriarchy is basic obstacle to achieve gender equality (a short history of feminism n.d.,) and it should be changed. "our-body, our-selves" was one of the leading slogan which was connected both to the movement and the issues related to reproductive rights. The slogan was used because the reproductive role is directly linked to women's life, career and personality.

According to Third wave feminism, male and female should jointly fight to transform class based patriarchal society into egalitarian one (Nijsten, 2011). In this phase, socialist feminist perspective from third world countries became

dominant and new concept such as empowerment, mainstreaming, affirmative action etc. came into focus as corrective measures.

Because of the contribution of the ILO and the UN accompanied with world feminist movement, the agenda of the first wave feminist movement have been achieved at least in formality. However, the feminist struggle for substantive equality in tangible form is still continued. In other words, the agenda of the second and the third wave feminist movement are yet to be institutionalized.

Women Movement in Nepal

The documented history shows that Nepali women were engaged in the patriotic movement since 1814, when Nepalese were fighting with British ruler in Nalapani, under the leadership of Balabhadra Kunwar (Kunwar, 2008). With the courageous decision of Kamala, Manamaya etc. to be a part of the war, hundreds of women joined it (Kunwar and Kunwar, 2014). Even the British battalion was impressed with the braveness of those women. This participation portrayed the concept of togetherness of men and women for patriotism. Afterward, some queens including Rajendra Lakshmi ruled the country, as patronage of their underage son as king, in connection with power of state and family, rather than for the women's right. In both cases, it is seen that women took part in war and ruled over the state, as compulsion of the situation and also performed leadership as per time demanded.

Overthrowing the Rana Regime

Yogmaya Neupane from Bhojpur, fascinated women's movement from civic level in 1917. It is learned that leader is the person, who can give the perspective and convince people to follow him/her with vision and mission accompanied by certain leadership capacity and characteristic (Timsina et al., 2000). Leadership by quality and by position are different from each other. Yogmaya performed the first one. It was difficult during the period Yogmaya created a movement with her talent and launched various activities. Major demand of that move was change in cultural practices that discriminate woman and depicted them as subordinate of men. She showed charismatic leadership, who mobilised hundreds of followers. She used cultural and religious instrument to motivate people for more than two decades.

In 1940s, some of the young people were campaigning for democracy against the Rana's autocratic rule. However, instead of addressing general people's demands the then Rana rulers sentenced to death for four leaders in 1942. This brutal

action deeply shocked and frustrated Yogmaya. Finally, she took a brave decision to sacrifice herself with her 67 disciples in the Arun River. It was one of the rare incidents in the world's social movement, which is yet to be high-lighted.

Yogmaya worked with varied forms of leadership. If her work is linked up with Joseph's (2008) idea about leadership, she applied three key components of leadership as leader, follower and the contexts, in which they interact without reading and/or knowing. She followed the way as creating a group and tried to achieve shared goals.

Nepalese women's movement did not stop here. Chandrakanta Mathema took leadership to effective education for girls and encouraged women to come forward in political movements through awareness campaign in 1935 (Tumbahamfe, 2009). Her leadership style was with an innovative idea, as defined by Adam (2006), as leadership with an ability to get people to work together.

A great leader is first experienced as a servant to others, and this simple fact is central to his or her greatness. True leadership emerges from those whose primary motivation is a deep desire to help others (Greenleaf, 1996). Based on this idea that a quote 'the great leader is seen as servant first' is getting popular in the world. Nepali women grouped under the leadership of Chandrakanta, who showed the servant-leadership and served other women making them conscious on their rights through educational activities. This initiation was not coined only for educating women, but was accompanied with other elements such as motivating, organising and mobilising them in favour of democratising the political system in the country. Her activities were closely linked with four characteristics of servant leadership as per Spears (2002) as foresightedness, conceptualization, awareness and persuasion.

After a decade, Nepalese women took part in the civic-rights movement for the first time in the history in 1947. It was very radical action for women in those days. Four women demonstrators as Sahana, Sadhana, Snehalata and Kanaklata were arrested and jailed for two weeks, which was deeply unusual and unacceptable action for the family and society during those days. Successful leaders are those who have demonstrated their ability to move their society tangibly in forward direction (Joseph, 2013). In fact, these four women braved the steps, which compelled to change social perspective toward women in Nepali context.

After few weeks of their release, Nepal Women Organisation (NWO) was formed under the leadership of Mangaladevi, as first political women

organisation in the country. The NWO encouraged delegation team to visit prime-minister's office immediately after its formation and demanded right to vote and education for women. Rana Prime minister agreed to fulfil both of the demands, which contributed to make tangible changes in the society.

The group of women leaders at that time supported and motivated each other for the collective initiation for the betterment of women. They were following the transformational leadership, which is characterised as feminist leadership, which means without caring possible connotation of action in their personal life.

While the Nepali Congress was convening the first congress in 1947 January, it realised that women have been oppressed, discriminated and not being able to exercise minimum human rights. Accepting this reality, the congress unanimously adopted a resolution eliminating all kinds of oppression and discrimination against women and women should have equal right as men in the society (Basnet, 2009).

Realising the Autocratic Rana regime in the country for more than a century as an obstacle to democracy and overall development of nation, a prominent political leader Pushpalal Shrestha, popularly known as Pushpalal, took initiatives to form Nepal Communist Party in 1949, which raised the issues of gender equality in all sphere of the human-life (Pushpalal, 1996) including equal wage for equal work, maternity leave for women, crèche and free education for children. With these demands, more women were motivated to be part of anti-Rana regime movement in 1951. With the participation of women, the 104 years long Oligarchy Rana system were overthrown which resulted in the establishment of multi-party democracy. After the change in system, women got various right such as suffrage, education, equality before laws, equal wage for equal value of work etc. (Interim constitution, 1951). Women's movement was influenced by the liberal feminist perspective in those days and women's social and constitutional status has changed little-bit.

Panchayat Regime

After a decade of multi-party system, Panchayat system was imposed with military coup by the then King Mahendra in 1960. All the political parties including women's organisations were banned. Shailaja Acharya together with some other people dared to come on the street with "black flag" to oppose the king's action. She was arrested and kept under prison for 3 and half years (Basnet, 1996). She demonstrated charismatic leadership at that moment, even without caring for personal life.

In 1962, new constitution was promulgated with decline of democratic rights, was mentioned in the previous constitution. After that, no activities took place for almost a decade, advocating women's rights whereas from 1960 onward the world's feminist movement was entering in the second-wave

In 1971, Jhapa movement took place where 'Jhapali' emerged as one of the militant communist groups. After the occurrence of Jhapa movement, women who favoured social changes also started organising themselves secretly. Seeta Khadka, Gaura Prasain and Lila Kunwar were the part of that particular movement as women (K.C., 2005). Almost a decade later, Astalaxmi Shakya and some other women left home for underground political work for change. When the popular movement of students broke in 1979, women also staged in street with demands of equality in all spheres of life as well as state security from rampant violence against women. This step was closely connected with second wave feminist movement in terms of agenda and demands.

The political environment was quite tight and was not easy to surface the activities in those days. But, as a definition of situational leadership, defined by Ken Blanchard and Paul Hersey (1996) there is no 'one size fits all' and mentioned before deciding to imply the leadership style, leaders should go through three steps to know the situation as to identify the most important task and priorities; diagnose the readiness level of the followers by analyzing the group's ability and willingness and the leadership should decide the matching style among four different levels of leadership as directing, coaching, supporting and delegating the power and responsibility. Nepali women followed the strategy to develop different fronts of the leaderships such as student, women, peasant etc. and different categories of cadres such as underground/semi-underground, whole-timer/part-timer etc. The role was allocated in different fronts based on their ability and willingness.

Women risked creating movement, which was spread over the country within a decade. As a result, women participation in the people's popular movement in 1990 was very courageous. A young student leader, Laxmi Karki became a charismatic figure of the movement. Similarly, Meena Paudel, a prominent nurse representing the professional front, vowed strongly against royal conspiracy (Basnet, 1996). Both of them were influenced by the Marxist feminist perspective, which was dominant in that stage of the Nepali women's movement. Finally, the Panchayat system was replaced by a multiparty system as a result of people's movement with the aim to guarantee at least all basic human rights.

Achieving Multi-party Democracy in 1990

The democratic constitution was promulgated in 1990. It recognised women's political participation in the decision-making body and included the provision of 5 per cent compulsory women candidate for the national election (GON, 1991). Legal provision for 20 per cent women participation in local government was set in 1997 (GON, 1997).

As explained by David (2006), the elements and steps of the quiet leadership are new ways of thinking, listening, speaking, conversation, creativity and feelings. Transforming people's performance as new set of tools for improving the way of thinking and performance, which is the core of being a quiet leader. Having those characteristics, some female leaders such as Nona Koirala were involved in movement as part of quiet leadership in the whole course of political change. They were playing quiet leadership role with strongly task-focused and action oriented activities. It does emphasis on bringing out the best performance through motivating people with giving credits to other rather than crediting self for the success.

In the early phase of 21st century, women's movement was already demanding for equal rights to descent, property and participation in policy making. The notion of the socialist feminism was increasing and spreading. Women's movement was broadly coordinated to consolidate their agenda and to create enabling environment. The feminists having different perspectives came together to charter common agendas of gender equality including inside the parliament, party structure as well as in civic movement. It was great solidarity among them. As result, arriving in 2006 on the very historical day of the women's right movement, they declared inter-party alliance of women (IPWA), as common political mechanism for gender justice.

Feminist movement is transformational in nature and Robbins and Coulter (2007) said that the leader of this category is a person who stimulates and inspires followers to achieve extraordinary outcomes. Transformational leadership enhances the motivation, morale, and performance of followers through a variety of mechanisms. Burns (1978) characterizes the transformational leadership as the way where leaders interact with followers in ways that enhance their creativity and motivation in the organisation as well as engage with followers, focusing on their intrinsic motivation and confidence and achieve more than originally planned or intended objective.

Nepali women's movement was focused on performing transformative leadership, while the democratic forces of the country was preparing for second people's movement in 2006. All women stood with a single voice in front of male-led political forces, presenting nine points gender agenda including (a) equal

right to descent, (b) equal right to ancestral property, (c) at least 1/3 women participation as critical mass, (d) campaign to end violence, abuse and mal-practice against women, (e) full democracy, sustainable peace and human rights, (f) rehabilitation of women of conflict victim, (g) reproductive health and right, (h) special provision for women education and (i) affirmative action emancipate women, under the name of IPWA. Political parties agreed to fulfil them after restoration of democracy. As result, huge number of women participated in the anti-monarchy uprising in April 2006, which poured sweat and blood to create the foundation for republican Nepal.

As a result, in the re-stated parliament, on behalf of women's movement, Bidhayadevi Bhandari moved a resolution covering four major points as women's equal right to (a) descent, (b) property, (c) participation and (d) law against violence against women, which was adopted unanimously on May 30, 2006. It was more than what was expected in the beginning. Many gender discriminatory provisions in the laws were amended within a year of that declaration.

The people's movement established the recognition of diversity in the society as well as among the women, which should be responded differently to achieve equality in result.

Similarly the issues such as "our body-ourselves", recognition of women as half of the workforce, inclusion of marginalized group in decision-making body etc. have been mainstreamed. And, the principle of changing patriarchal norms, values, attitude and behaviour should be changed among both men and women to transform society toward gender justice. Third wave feminist movement with dominant perspective of socialist feminist in terms of recognizing the gender issues and the obstacle to overcome has been mainstreamed.

Reviewing all these elements, 'one size fits all' leadership do not work, especially in Nepal, which has wider diversity. Respecting the diversity, 'Quit leadership' is necessary to listen the diverse opinion and include appropriate social and cultural aspect into feminist leadership. Based on diversities, leadership should be able to situate, with elements of the 'Situational leadership' in the process of policy setting and activities managing. But, the front line leadership should always have ingredient of the 'transformational leadership' to motivate people from rank and file to attend the said mission. The feminists should come up with the development of the combination of different categories of the leadership.

Achievement of the Feminist Movement in Nepal

Nepali feminist movement is still going strong for almost a century. Yogmaya Neupane mobilised masses with social issues and conducted awareness raising campaign in grassroots level through cultural-religious activities. (Nepal, 1990) which resulted in the banishment of *Sati-Pratha* (self-sacrifice) in 1920.

Later, while Chandrakanta and colleagues started educational movement and some other took part in the civic right movement, arriving in 1947, women achieved right to vote and right to girl's education as result of the continuous collective effort. As political leader, Sadhana became first elected woman representative in the municipality in 1953 and Dwarikadevi as first parliamentarian and minister of the country in 1958.

While women of the world were being prepared for the second wave feminist movement, Nepali women were in the initial stage of realising more issues for equality such as political, economic and social. For the cause, they were demanding formal equality together with political line such as liberal and Marxist feminist, which was distinctly influenced by different political line such as liberal democrat and communist ideology. After long awaiting with movement, some of the gender agendas were included in constitution 1990. Different branches of feminism were surfaced including some individual voice of radical feminist. But dominant was liberal and Marxist feminism for a decade. Some women including Sahana Pradhan, Lila Koirala, Shailaja Acharya were elected in the parliament as well as been part of the government one after another from 1990s onward. Bidhya Bhandari came in scene after assassination of charismatic leaders of the country, Madan Kumar Bhandari in 1993, as his widow. She played more situational leadership role, responding the human emotion in society and political demand at the beginning, who has been elected as president of the nation now. As result of the legal provision for 20 per cent women participation in local government, more than 40 thousands women were elected at once in the local government.

In the beginning of the 21st century, the issue of the reproductive right began to voice out. The issue of right to abortion was discussed even in parliament from 1995 onward which was adopted as law only in 2002 (11th amendment of civil code, 2002). Similarly, equal property right for daughter (before marriage) as well as widow was also recognised by law. Equal right to education and employment have already been constitutionalized

Experiencing the government led by the parties having both liberal and communist ideology, women realised that raising the issues for formal equality either by liberal wing or class-based left wing political forces, could not be enough to achieve substantive gender equality. This circumstance helped to

promote socialist perspective among the feminist movement, specially, during the time of people's movement 2006. And, the issues were propagated widely before, during and after the election of both constituent assembly in 2008 and 2013. Regarding the movement, all categories of the feminism exist in the country at present, but are dominated by socialist feminist as agenda.

As a result, the new constitution of Nepal 2015 has addressed major agenda which (article 38) has been written as women's right that included the issues as right to decent, proportional women participation, reproductive right, strong law regarding violence against women as well as affirmative measure regarding education, health, employment and social security as well as equal right of both spouse in property and family matter. In addition, under the article of right to equality, equal right of all the siblings to ancestral property (art.18-5) has been guaranteed.

Similarly, women's participation has been guaranteed in the different articles which stated at least one-third women participation in national parliament (art.84-8), state parliament (art.176-9) and 40 per cent women in local government (art.220-3, 222-3, 223-3) is must. Man and woman should be alter in the position of speaker and deputy speaker in national (art.92-1 & 2) and state parliament (art.182-2).

In the intuitional level, National Women Commission has been considered as constitutional body (art.252) and other commission as well should be inclusive in nature. Political parties are most important institution in democracy, should have inclusive composition in executive level (art.269-4). Similarly, in regard to nomination such as ambassador, and representing different bodies, women shall be taken into account (art.282 & 283). In this ways, the issues of equal right to descent, property, participation, reproductive right, violence against women etc. have been constitutionalised through constitution 2015.

Now, more and more girls are getting educational opportunity. Many women are becoming economically active, though majority of them are in informal sectors. Women participation in politics has been increasing.

In the process of implementing the new constitution, three prominent women have been elected in the highest positions of the state mechanism in 2016; Bidhyadevi Bhandari as president of the country, Onsari Gharti as speaker of the Parliament and Sushila Karki as Chief Justice in Supreme Court. It is a big jump of the women taking place into state position, which may motivate and strengthen general women psychologically and build competence and confidence

among them. After all, it will contribute to change gender perspective of the society.

Challenges and Task Ahead

Regardless of geographical boundary feminist movement has become one of the necessary component of the democratic movement all around the world. The nature of the leadership of this movement is transformative and inspirational, having aim to change social practice based on gender equality and justice. Letting people understand, realise and then practice differently the reality of the social relation is the work ahead in terms of achieving feminist goal.

Nepali women's movement is completing a century and the major agendas raised in the course have been recognised by all stakeholders such as state mechanism, political parties and civil society. But, women are still facing big challenges as how to achieve these as substantive part of the life.

Constitution of Nepal 2015 is big achievement for the Nepali women. But, its proper enforcement is real challenge. Because, in the past, there were many good provisions in national policy and law regarding gender justice, which were not interpreted and implemented in proper way. This doubt is still there.

State mechanism and social structure including political parties are still having deep cultural influence of blurred form of feudalism and capitalism. Fighting for gender equality is getting even tough within political and social arena caused by unmatched saying and doing of the leadership/movement of different sectors. It would be achieved only through changing centuries long deep rooted patriarchal values, attitude, mind-set, culture and behaviour both in personal and institutional level. In present context, major task of the feminist movement is to make political as well as social and civic movement to keep them committed on agreed feminist policy and agenda. And, translating them into reality with developing leadership capacity is necessary. Because, changing political leadership will effectively influence state mechanism by introducing appropriate policy toward gender justice and the other stakeholder can make influence in diverse sectors. Similarly, changing gender perspective of state personnel and strengthening gender concern state mechanism is equally important.

One of the major challenges of the developing leadership among community leaders having feminist perspective and ability is to identify and address the particular problem situated in the society and convert diversity into opportunity to create unified goal

In this context, how to strengthen and unify feminist ideology and movement in different level to break the patriarchal practice within is another challenge for Nepali feminists. Setting the common agenda and consolidating the movement should be the first and foremost mission of them. Addressing those agenda with appropriate action plan to develop enough qualified, strong, confident, competent and visionary feminist leadership within own movement should be taken deeply to respond it properly. Setting appropriate strategy accompanied with practical action plan is necessary to achieve tangible change in the society.

In the 21st century, Nepali feminist movement is as well entering into third wave feminist agendas. The movement has been raising issues with the recognition of diversity among women together with the focus on the issues highlighted by CEDAW. To translate those agendas as right to descent, property, participation, VAW, reproductive health with affirmative actions substantively is major challenge at present. And, to develop appropriate strategy and action plan to address these issues and implementing them in proper way is the path-way ahead.

Finally, to consolidate the feminist movement growing up from different corners as part of politics, governmental, non-governmental as well as civil society, complementing each other is a way to widen and deepen the agenda to flourish the intended change.

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Political Demography of Nepal: the Case of Discontent in Nepal's Tarai Region

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Abstract

Tarai region of Nepal has increasingly been becoming as a battlefield among different identity especially after 1990s. This has become due to broadly two processes. First, it is the most dynamic region of Nepal in terms of availability of agriculture land and productivity, infrastructure development, urbanization, and transport and establishment of industry. Second, the region has become the home of the hills and mountains and Indian immigrants especially after 1950s and thus, three broad social groups: Madheshi people, hill origin people and Tarai indigenous groups compete for access to resources, benefits and opportunities. As early as 1970s, Myron Weiner (1973) rightly predicated that Tarai will be a battle ground for those of hill origin people, and Madheshi origin people and the indigenous people, for each will compete for scarce resources and recognition of their identity. After the Weiner writing, a lot of changes have occurred in Nepal, and there has been greater shift of Nepal's population to Tarai. At the same time, there have been increasingly organized social and political movements of Madheshi people demanding for their increased share in the state's apparatus. In this article, utilizing different secondary information especially population censuses and surveys, I will examine population growth over the years in Tarai region in terms of magnitude of in-migration and immigrants, the processes of migration, and future scenarios of population in Tarai region.

Key Words: Nepal, Politics, Demography, Democracy, Madhesh, Madheshi, Migration

The Antecedents

The word 'Tarai', which is derived from Phariselanguage, refers to the climatic condition of humidity and hot (Regmi, 1972). Tarai region of Nepal lies between the north of the Gangatic Plan and Siwalik – having width of 25 to 35 miles

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across the Mechi in the east to the Mahakali River in the west. Currently, the terms 'Madhesh' and 'Madheshi' have been featured to reflect a separate identity. The word meaning of 'Madhesh' is *madhaya desh* (central country) and the term 'Madheshi' has been carved to indicate to Madhesh origin people residing in Tarai region and elsewhere in Nepal; it however does not connote the *all Tarai people* like hill origin people and Tarai indigenous people. Yet there is debate whether to include Tarai indigenous people as Madheshi people or not. In this article, I use the term Tarai region to avoid the contested meaning of Madhesh.

Tarai region had been mainly remained under the control of hill kings of Nepal before and after the unification of Nepal (1768). Before the unification of Nepal, Chaubisi principalities controlled west of Gandaki, currently known as Kapilbastu, Rupandehi, Nawalparasi, Banke, Bardiya, Kailali and Kanchanpur. The Kingdom of Makwanpur controlled Tarai districts of Bara, Parsa and Rautahat. The Kingdom of Chaudandi (currently in Sindhuli district) controlled the districts of Okhaldhunga and Bhojpur in the hill and Saptari, Siraha, Mahottari, Dhanusa, and Sarlahi districts in Tarai. The Kingdom of Vijayapur (currently in Sunsari district) controlled the whole of the far-eastern hill districts of Dhankuta, Panchathar, Taplegunj, Terthum and Sankhuwasaba in the hills and Morang, Sunsari and Jhapa in the Tarai. Note that Bara, Parsa and Rautahat districts were briefly controlled by the East India Company (1763-1771) when Nawab Mir Kasim of Bengal sent military expedition on 1763 in Makwanpur and the East India Company sent its military in Sidhuli-Ghadhi in 1767. War with the East India Company during the 1814-15 led to the loss of considerable territory in the Tarai as stated in the Sugauli Treaty 1816 (Article 2):

- The whole of the low lands between the Rivers Kali and Rapathi;
- The whole of the low lands with the exception of Bootwal Khass laying between Rapti and Gunduk;
- The whole of the low lands between Gundak and Cooah (Koshi); and
- All the low lands between the Rivers Mitchee and the Teestan.

In December 1816, the East India Company returned parts of Tarai comprising of the districts of Saptari, Siraha, Sarlahi, Dhanusa, Mahottari, Bara, Parsa, Rautahat, Kapilbastu, Rupandehi and Nawalparasi – thus British East India Company left a 25 to 35 miles width strip of Tarai territory under Gorkha occupation. The land between the Kali and Rapahi rivers that had been ceded in Sugauli Treaty 1816 was returned in 1858 as Junga Bahadur Rana, the then Prime Minister, supported to the East India Company to suppress the *sepoys' bidroha* mutiny of 1857 in India.

Tarai region has been regarded as the vitally important region to generate the revenue and food production. Prithivi Narayan Shaha sent a letter to his Army General in east Nepal describing Tarai as 'superior and revenue yielding' and the hill region as 'inferior territory'. He added, 'we should not relinquish territory in the Tarai...even if there is war (cited in Regmi, 1999:9). During the entire mid half of the 18th and 19th century, the rulers in Kathmandu attempted to settle people in Tarai region in order to increase the revenue by expanding cultivation but such efforts had not been successful till the turn of the 20th century. The construction of the North-Indian Railway services between 1890 and 1910 made possible Indians settling in Nepal, particularly in the border areas (Sharma, 2004). The hill people's migration to Tarai initiated from the beginning of 1920s especially in eastern Tarai and the hordes of influx was only evident after the eradication of Malaria in 1950s and early 1960s. Over the 6 or 7 decades, Tarai region has tremendously changed: a large proportion of its forests have been cleared; it changed from inhabitable to habitable place due to the eradication of malaria; it has developed East-West highway and several north-south highways; it has several urban and industrial centres and it became the home for more than half of Nepalese people. On the other hand, especially after the 1990s, the region has been experiencing unrest, sense of unease and feeling of alienation. The key actors are the Madheshi political parties that their demand extended from getting citizenship certificates without difficulties to the Madhesh one Pradesh or Madhesh-one-province.

Antedate evidence suggests that there was hill to hill migration: from west to the eastward throughout in the 18th and 19th century in Nepal, as the Tarai region had the dense forest, inhabitable and very unhealthy climate. The expansion of Gorkha state helped west hill to central and to east hill migration in 18th and 19th century. In addition, the migration was the result of the growth of population in hill. This population growth was mainly contributed by the increase in availability of food: maize was brought hill in the 16th century and potatoes in 19th century (Sharma, 2004).

In course of the migration, the Nepalese people also reached to India mainly in Assam, Himachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Sikkim, and many places of Utter Pradesh (Dehradun, Almora, Kumanon, and Varanasi), Darjeeling including in Punjab, Bihar, Jambu and Kashmir, Tripura and Arunchal Pradesh (Timsina, 1992). Indian population census enumerated Nepali born population residing in India since 1891. Accordingly, there were 234,260 Nepali born population in 1891; 303,000 in 1931; 278,972 in 1951 and more than 500,000 in 1971 (Cited in Kansakar, 1984 from Census of India, 1891-1971). The Indian census 1961 classified Nepali population as i) Gorkhali and ii) Nepali. The

total population of Gorkhali and Nepali were 16,117 and 809,779 respectively in 1961. The subsequent Indian Censuses provided data only for Nepali. There were 1,419,835 and 1,252,444 in 1971 and 1981, respectively (cited in Timsina, 1992 from census of India 1961, 1971 and 1981). Nepali population in India are defined as the people who had been residing in Indian parts before the Sugauli Treaty of 1816 and those who migrated in later years.

Some researchers (Regmi, 1972 and Ojha, 1983) sought the reasons for Nepalese migration to India especially to North India where malaria endemic was the problem as in the Tarai of Nepal. It is argued that emigration of Nepali people to India in the 19th century was not only due to the scarce of resources and population pressure in the hills, but it was also conditioned by state's regressive policy on taxation and the prevalence of forced labour and slavery. People wished to avoid the different forms of tax and compulsory forced labour to the Government as well as to the Government personnel. Even emigration was also noted from eastern Tarai of Nepal.

Levels and Trends of Population Size

Land Resource Mapping Project 1986 has divided Nepal into five ecological zones: High Himal, High Mountain, Middle Mountain, Siwaliks and Tarai. However, Harka Gurung (2006) sees this as mistaken categorization and he suggests Nepal can be ecologically divided into four zones: Himal, Hill, Inner Tarai and Tarai. As the aim of the article is to analyse the population distribution among the ecological zones, particularly focusing on the Tarai zone, I have used to ecological categorization based on the Central Bureau of Statistics (CBS). It has categorized 16 districts as mountain, 39 districts as hill and 20 districts as Tarai of Nepal. Ecologically, some areas of and Sindhuli districts in the east, part of the Makwanpur district and Chitawan (Rapti valley) in the central, and Dang-Dekhuri and Surkhet valleys in the west are the inner Tarai of Nepal. The CBS has categorized Udayapur, Sindhuli and Surkhet as hill districts and Chitawan and Dang-Dekhuri as Tarai districts. The categorization is as follow:

- Mountain districts (16) – Taplejung, Sankhuwasabha, Solukhumbu, Dolakha, Sindhupalchok, Rasuwa, Manang, Mustang, Dolpa, Mugu, Jumla, Kalikot, Humla, Bajura, Bajhang and Darchula.
- Hill districts (39) – Panchthar, Illam, Bhojpur, Dhankuta, Tehrathum, Okhaldhunga, Khotang, Udayapur, Ramechhap, Sindhuli, Kavre, Bhaktapur, Lalitapur, Kathmandu, Nuwakot, Dhading, Makwanpur, Gorkha, Lamjung, Tanahu, Kaski, Syangja, Palpa, Gulmi, Arghakhanchi,

- Myagdi, Parbat, Baglung, Rukum, Rolpa, Pyuthan, Salyan, Jajarkot, Dailekha, Surkhet, Achham, Doti, Baitadi and Dadeldhura.
- Tarai districts (20) – Jhapa, Morang, Sunsari, Saptari, Siraha, Dhanusa, Mahottari, Sarlahi, Rautahat, Bara, Parsa, Chitawan, Nawalparasi, Rupandehi, Kapilbastu, Dang, Banke, Bardiya, Kailali and Kanchanpur.

Historically, hills were populated while the mountains were sparsely populated. Tarai region of Nepal was mainly covered by the dense forest and highly prone to the deadly malaria – and thereby preventing the human settlements. In the 18th and 19th century, there were very sparse settlements in Tarai region. The settlements were mainly in the border areas of India – then East India Company and some settlements of Tharu and other indigenous between forest areas inside the Tarai and inner Tarai areas (Chaudhari, 2064 BS).

There is no information about the size of population of Nepal before the beginning of the 20th century. It is the population census of 1911 that established the total population of Nepal as 5.64 million. In the subsequent decades up to 1940s, the population size of Nepal remained the same as in the 1910s mainly because of high mortality, caused by deadly endemics of small pox, malaria and others. The 1952/54 census enumerated 8.25 million population of Nepal; which increased to 9.41 million in 1961; 11.56 million in 1971; 15.02 million in 1981; to 18.50 million in 1991 to 23.15 million in 2001 and to 26.50 million in 2011. Thus, Nepal’s population increased to about five-folds in between 1991 and 2011 (Table 1).

Table 1: Share of hills/mountains and Tarai/Madesh Population as Reported in Population censuses, 1911-2011

Year	Number			Per cent		
	Hills/mountains	Tarai	Nepal	Hills/mountains	Tarai	Nepal
1911	3,583,790	2,054,949	5,638,749	63.6	36.4	100.0
1920	3,451,752	2,122,036	5,573,788	61.9	38.1	100.0
1930	3,402,087	2,130,487	5,532,574	61.5	38.5	100.0
1942	4,145,070	2,138,579	6,283,649	66.0	34.0	100.0
1952/54	5,390,708	2,865,917	8,256,625	65.3	34.7	100.0
1961	5,991,297	3,421,699	9,412,996	63.6	36.4	100.0
1971	6,786,220	4,769,763	11,555,983	58.7	41.3	100.0
1981	8,466,011	6,556,828	15,022,839	56.4	43.6	100.0
1991	9,863,019	8,628,078	18,491,097	53.3	46.7	100.0
2001	11,938,970	11,212,453	23,151,423	51.6	48.4	100.0
2011	13,175,799	13,318,705	26,494,504	49.7	50.3	100.0

Source: Pathak and Lamichhane, 2014.

Hills/mountains have outpaced the share of Tarai population over very long time in Nepal. In 1910s, almost 64 per cent of Nepal's population, for example, used to reside in hills/mountains while the rest 36 per cent was in Tarai and inner Tarai. The share of the hills/mountains ranged 60 per cent to 66 per cent from the early 1910s to the beginning of the 1960s. Data reveal that it is from the 1970s that hills/mountains' share of population onset of declining and Tarai and inner Tarai tended to receive more and more population. Till the 2001, the share of the hills/mountains remained more than half of the Nepal's population but it is from the 2010s that the Tarai population outpaced the hills/mountains population.

What was the settlement pattern of Tarai and inner Tarai in the mid-20th century? This can be discerned by examining the population census figures of 1952/54.

- Total population of Nepal was enumerated as 8.25 million in 1952/54. In terms of regional distribution, 5.34 million or nearly two-thirds resided in hill/mountain (21% in eastern, 39% in western and 5% in Kathmandu valley).
- The population of inner-Tarai was 518,220 (2.3% in eastern, 2.9% in central and 2.1% in western inner Tarai). Inner Tarai is the home of indigenous groups like: Danuwar and Majhi in the east, Kumal, Bote and Darai in the central inner Tarai and Raji in the west and Tharu across the inner Tarai. However, Tharu's settlements might have been extended to proper Madhesh as well. An interaction with the Tharu people in the east of the Karnali river, Thakurdwara area of Bardiya district, suggested that Tharu in this area were migrated from Dang-Deukheri valley in early 1960s.
- Tarai population was counted as about 2.4 million – accounting for 29 per cent of the total population. Among the total Tarai population, hill origin population was counted as only 139,730 or 2.9 per cent, comprising of 95,157 (2%) as Indo-Aryan language group and 44,573 (0.9%) as Bhote-Burmale language group (Gurung, 2004:430). Conversely, an overwhelmingly majority of Tarai population constituted of Indian immigrants, Madeshi population, Tharu and other indigenous groups such as Satar, Rajbansi and Dhimal.

Volume of In-Out Migration of Tarai

Tarai region has stood as the most dynamic region of Nepal in terms of population mobility. In 1971, it received 410,064 persons from the Nepal's hills and mountains – consisting of 92 per cent in-migrants of Nepal. In 1981, the

number of in-migrants to Tarai reached to 724,043 – nearly 78 per cent of the total life-time migrants in the decade. Similarly, the number reached to one million in 1991, to 1.32 million in 2001 and 1.45 million in 2011. On the other hand, both the absolute number and proportion of the out-migrants from Tarai region to mountains/hills have persistently increased noticeably over the last four decades. It increased from merely 10,139 persons in 1971 to one lack in 1991; and to 240,000 in 2001 and more than 380,000 in 2011. The proportion of out-migrants from the Tarai region to Nepal’s hills/mountains has increased from merely 2 per cent in 1971 to 18 per cent in 2011. This suggests that Tarai people’s migration to hills/mountains especially to urban areas have initiated since the turn of this century.

Table 2 Distribution of in-and out-migrants in Tarai region as reported in population censuses, 1971-2011

Year	In-migrants to Tarai from hill/mountain		Out-migrants from Tarai to hill/mountain	
	Number	% of the total in-migrants	Number	% of the total out-migrants
1971	410,064	92.1	10,139	2.3
1981	724,043	77.9	37,864	4.1
1991	1,017,714	82.9	102,136	8.3
2001	1,326,860	76.8	240,998	14.0
2011*	1,454,186	69.6	382,598	18.3

Source: summarized from KC, 2003 and * Suwal, 2014.

Vidhaya Veer Kanshakar's accounts (1984) show that it is not only the Indian origin people migrated to Tarai of Nepal, but it is also the Nepali origin people who were settling in Burma, Assam returned after the fall of Rana Regime and eradication of Malaria in Tarai and inner Tarai in 1950s and early 1960s.

- In 1964, Nepal witnessed the immigration of the people of Nepalese origin from Burma when Burma enacted the Burmese citizenship act of 1964. Those who showed their reluctance to accept Burmese citizenship returned to Nepal in large number. The Government had the difficulty of rehabilitating them. However, they have been rehabilitated in the resettlement areas of the Tarai and the Inner Tarai.
- In 1967 about 8,000 people of Nepalese origin fled from the wrath of the Mizo tribesmen when the trouble broke out. The use of the Gurkha troops of the Indian Army to quell the Naga and the Mizo rebels further sparked of the hostility
- During the liberation movement of Bangladesh in early 1970s, the hostility between the indigenous Bengali speaking population and the Urdu Speaking population (Bihari Muslims) resulted to the

displacement of the later. They numbering more than 10,000 seemed to have entered Nepal from the eastern Tarai district of Jhapa. Only a few thousands of them have been repatriated to Pakistan while the rest are concentrated in the Kathmandu Valley.

The increased number of in-migrants in Tarai region was followed due to mainly:

- The planned resettlement programmes launched by the Government of Nepal, initiated from the first Five Year Development Plan, and spontaneous settlements or encroachment, and
- Construction of Mahendra (East-West) Highway – initiated from the early 1960s from east and central part and later extended to west and far-west Nepal.

Resettlement Programs

Resettlement programmes in the Tarai and inner Tarai were followed after the eradication of deadly disease of malaria. The Government of Nepal commenced the malaria eradication programme in collaboration with United States Operation Mission and World Health Organization (WHO) in the Chitwan Valley for the first time in 1956. Malaria eradication in the other parts of the country was followed by simultaneous migration of the hill people in these regions. Table 3 summarizes the target and achievement in term of settlement areas and number of families from First Plan (1956-62) to Sixth Plan (1980-85).

Table 3: Target and Achievement of Resettlement programme under the Nepal Resettlement Company

Plan period	Target		Achievement	
	Settlement area in hectares	Number of families	Settlement area in hectares	Number of families
First Plan (1956-1962)	42,000	5,000	41,021	5,233
Second Plan (1962-65)	20,240	6,000	1,140	714
Third Plan (1965-70)	13,900	6,000	2,850	1,149
Fourth Plan (1970-75)	25,000	8,000	7,760	4,260
Fifth Plan (1975-80)	52,150	47,500	3,350	1,945
Sixth Plan (1980-1985)	12,220	9,280	Na	Na

Note: * Na refers to not availability.

Source: Ojha, and National Planning Commission, Different Plan Reports.

First Plan Period (1956-62) - The Plan realizes the fact that the population of Nepal has increased rapidly with an increase of 100,000 population every year. As a result, agricultural land has become over-crowded in the hill and farmers

are increasingly entering into the marginal sloppy lands and thereby inviting the floods in the hill including in the low lands. In order to avoid such a potential catastrophic situation, the Government initiated the resettlement of hill population including some Tarai population as well in 'relatively uneconomic forest land that can be cleared and transformed into suitable farming areas'. In 1956, the Government initiated the *Rapti Valley Multi-Purpose Project*. Rapti valley lays somewhat 60 miles south-west of Kathmandu valley and it has 600 square miles in area. Currently, Makwanpur and Chitwan districts lie in this Valley. According to the Plan, there were approximately 25,000 populations settling in 25,000 *bighas* (nearly 42,000 acres) while the Valley had additional of about 50,000 *bighas* of fertile wasteland in which settlement can be done. The Project aimed at producing enough food, supplying food in Kathmandu valley and providing employment to poverty-stricken farm workers. By the end of the Plan Period, a total of 5,233 families were resettled in 41,027 bigha land.

In addition to the Rapti valley resettlement project, the Government initiated other resettlement projects such as Tokhu, Birta in Jhapa, in Kosi Tappu, Kamala Khonch, Tin Patan, Chitwan, Kumari Ko-jhari, Sunwar Tappu, and Kailali in this Plan period. Each project had two phases. The first phase consisted of land surveying, soil testing, mapping of the area, plotting and demarcation, clearance, road construction, and irrigation, initial arrangements for sanitation, health protection and schools. The second phase consisted of settling of farmers and their families into the area. The Government allocated Rs. 40 lacks for the first phase of operation and for the second phase the farmers were to provide loans for purchasing of tools, implements, seeds and, if necessary, food-stuffs.

The Second (1962-65) – A total of 6,000 families in 20,240 hectares of land in Tarai region, Pokhara valley and Rapti valley was targeted to resettle in this Plan Period. According to the Plan, there were about 2 million acres of land in Tarai, which was thinly forested and can be brought under cultivation with having irrigation facilities. In 1964, Nawalparasi Resettlement Project was initiated aiming to resettle the 1540 number of families in about 3353 hectores of land.

Third Plan (1965-70) – The Government projected that population in this Plan period would increase by 150,000 annually. Of which, 95,000 increase would occur in the hill region. This would create even greater pressure upon cultivable land in the hill. To help reduce population pressure, the Government planned to resettle 6,000 families on 13, 900 hectares of land in Jhapa, Banke, Bardiya, and Kailali Kanchanpur and Udaipur districts during the Plan period. The Resettlement schemes initiated in the Plan period were:

1. Khajura Resettlement Project, Banke (initiated in 1966) – targeting to settle 1,373 families in 3,457 hectares of land
2. Jamuni Resettlement Project, Bardiya (initiated in 1970) - targeting to settle 1280 families in 2,670 hectares of land
3. Jhapa Resettlement Project, Jhapa (initiated in 1970) - targeting to settle 931 families in 1,641 hectares of land
4. Parashan Resettlement Project, Kanchanpur (initiated in 1970) - targeting to settle 1634 families in 3147 hectares of land.

In 1964, the Government established Resettlement Company in order to settle landless farmers and their families in an organized and planned manner. The Company was made responsible to carry-out comparatively big projects while the resettlement of less than 200 families (including those who have encroached into the forest areas) was to be undertaken by the Resettlement Department.

Fourth Plan (1970-75) - During this Plan Period, a target was made to resettle 8,000 families in 25,000 hectares of land. The Resettlement Company was to resettle people in Kanchanpur and Kailali (11,875 hectares of land), Banke and Bardiya (3,135 hectares of land) and Jhapa (3,750 hectares of land) districts. The Resettlement Department was to resettle people in Kapilbastue, Rupandehi and Nawalparasi (2,500 hectares); Bara, Parsa and Rautahat (1250 hectares); Sarlahi (1250 hectares) and Morang and Sunsari (1250 hectares) districts. During this Plan Period, in addition to other Resettlement Projects, the following two were initiated:

1. Nawalparasi (Dhanewa) Resettlement Project, Nawalparasi (initiated in 1975) – targeting to 880 families in 768 hectares of lands
2. Jugeda Resettlement Project, Kailali (initiated in 1975) – targeted to 71 families in 68 hectares of land.

Fifth Plan (1975-80) – In this Plan Period, a total of 52,150 hectares of land was planned to distribute among 47,500 families. However, planned and organized resettlement was targeted among 25,000 families. During this Plan period, the following Resettlement Projects were launched:

1. Kanchanpur Resettlement Project, Kanchanpur (initiated in 1977)
2. Taratal Resettlement Project, Bardiya (initiated in 1977)
3. Muddha Resettlement Project, Kailali

Sixth Plan (1980-85) – The key objectives of the Plan were to i) boost the agricultural growth by bringing additional arable land under cultivation; ii) resettle the landless peasants systematically in Tarai region and iii) start the organized resettlement programmes in mountains as well. During the Plan

period 9,280 families were targeted to resettle on 12,220 hectares of land by means of eight projects of Kanchanpur, Bardiya, Sarlahi, Nawalparasi, Dhankuta (Jorpati) Kailali and Jhapa districts.

In addition to the planned resettlement program, there was spontaneous and mass level encroachment in forest areas of Nepal, especially in eastern Tarai in 1970s. There is no data of such encroachment, however. Mass encroachment also led to the Government to use the force to displace the settlements and killing of persons in few areas of eastern Tarai such as in Kerakha of Jhapa district and Sanischare of Morang area in late 1970s.

Construction of Mahendra (East-West) Highway

The Mahendra Highway, which is also known as East-West Highway of Nepal, runs across the Tarai region from Kakarbhitta in the east to Gaddachowki in the far-west of Kanchanpur district. It crosses all Tarai districts except Parsa. It is 1,030 Kilometers in length including 29 Kilometers overlaps in Tribhuvan Rajpath from Patalya in Bara district to Hetauda, Makwanpur. The construction of Highway was initiated in early 1960s from east and central part of Nepal and later extended to west and far-west and completed it by early 1980s. Before its construction, people had to travel from India to reach east or west of Nepal. This was because of heavy densely forest area of Tarai and inner Tarai with high risk of malaria and unable to cross-the rivers because of not having bridges on them.

Historically, there was south-north connection in Nepal as a trade route between Tibet and India (Regmi, 1999). This connection was possible because of the north-south watershed systems of Nepal. All the main rivers of Nepal, mainly, the Koshi, Gandaki and Karnali, originate from trans-Himalaya and they pass from the hill and enter into Tarai region. Thus, it was possible to make routes in and around the river basins. On the other hand, it was difficult to establish east-west linkage because of the natural barrier created by these rivers. After the expansion of Gorkha state, it was necessitated to establish its linkage in its all different parts to maintain law and order and to collect the revenue. The Rana Regime (1846-1951) created three regional power divisions: Doti in the far west Nepal, Palpa in the West Nepal, Dhankuta in the east Nepal in order to mitigate this problem (Sharma, 2004).

The Mahendra Highway was carved with the intention to establish the east-west connection among Nepalese people and also to make a linkage between two people living in the hill and Tarai. In the course of time, many small and medium size urban centers have been evolved along the highway. Hill origin people, Madeshi origin people, Indian immigrants, Tharu and other

Taraiindigenous groups reside in these settlements. Majority of Madeshi origin people can be found in central and eastern Tarai such as Inaruwa, Lahan, Mirchaiya, Dhalkebar while hill origin people are resided in newly deforested areas of the highway such as Chandranigahapur in Rautahat, and Nijaghad in Bara districts. In the west of the Narayani river, majority of hill people can be found in Bardaghat, Butawal, Choramara, Gorusinghe, Lamahi, Kohalpur and Attariya. Tharu settlements have been extended along the highway especially from Sunsari, Saptari, Siraha, Rautahat, Chitawan districts in the east and central Tarai, to Nawalparasi, Kapilbastu, Dang, Bardiya in the west Tarai to Kailali and Kanchanpur in the far-western Tarai. Dhimal and Rajbansi settlements can be found along the Highway in Morang and Jhapa districts.

A number of north-south highways cross the Mahendra highway in several places. Some Madheshi critics had to face tremendous negative consequences by construction of East West or Mahendra Highway, especially on Madheshi populations. First, due to its initiation of the construction, the construction of the *Hulaki* Road (Postal Road) was delayed or neglected and whereby hundreds of thousands of the settlements along the *Hulaki* Road were excluded from the development efforts of Kathmandu. *Hulaki* Road was used in 19th century to carry letter from one part of Tarai to another and to and from Kathmandu. The Road starts from Jhapa in the east and reaches to Kanchanpur in the west. It crosses inner Tarai though the Rapti valley and Dang-Deukhari valley in route. Unlike the Mahendra Highway which divides the Tarai reign equally in many parts, the *Hulaki* Road passes from near the Indian border – a distance of 2 Kilometers to 10 Kilometers, and connects many Tarai districts' headquarters including Biratnagar, Rajbiraj, Jankpur, Kalaiya, Birgunj in the east and central Tarai, Parasi, Bhairahawa and Kapilbastu in western Tarai, Nepalgunj, Gulariya, Kothiyaghat, Dhanghadi and Kanchanpur in the west and far-west Tarai. Majority of settlements in this highway are of exclusive Madheshi origin people.

Second, the opening of Mahendra Highway attracted the hill migrants along the highway and thereby increased in their proportion of Tarai population. Consequently, some of the cities in the centre of Madheshi population were outranked by newly evolved cities along with Mahendra Highway that attracted more in-migrants who were the hill and mountain origins. Birtamod and Damak evolved as superiors to Chandragadhi, Itahari served as an urban centre to many peripheral eastern locations. Lahan almost negatively affected the growth of Rajbiraj and Siraha both. Similarly, Bardibas became important compared to Jaleshwar. Chandranigahapur collected more population than by Gaur in short span. Nijagadh emerged challenging Kalaiya. Growth of Hetauda, Ratnanagar, Bharatpur, Gaidakot, Kawasoti and Arunkhola were substitutes to many

locations in Madheshi ethnic prolific areas. Bardhaghat and Sunawal slowed the growth of Parasi. Butwal, Goringha and Chandrouta helped to make Bhairahawa, Taulihawa and Kapilvastu less crowded. Lamahi, Kusum, Ameliya, Kohalpur Bhurigaun, Chisapani and Attariya definitely absolved people who were intended to move to Nepalgunj Gulariya or Dhangadi. Had not the highway constructed the Far-western in-migrants would have searched some alternative place than Kanchanpur.

Two dimensions are to be noted that the main Madheshi origin areas were left out in construction of highway and newly built settlements were overwhelmed by hill and mountain origin people. Lap of hills were somehow similar to their origin and they searched new opportunities in these areas. Second, they had brought the characteristics of migrants who established new industries and advanced life style that was also a demonstration to Madheshi population. In turn, this process helped for a shift in the life style and living standard of Madheshi people themselves.

Indian Migrants to Nepal

The history of immigration in Nepal dates back to its early settlement and the process of state formation (Subedi, 2007). Despite the Nepal's historical and cultural linkages with India and China, the Indian immigration to Nepal remain foremost important due to open border with India and the free flow of citizens. According to Kansakar (1984),

'.. prior to the formal recognition of Nepal's independence by the British Government, the Nepal Government showed its reluctance to open the Nepal Tarai to the Indians. The formal recognition of Nepal as an independent country by Britain in 1923 was followed by reclamation and development of transportation in the Tarai and resulted in the large scale immigration of the Indians in the Tarai'.

Population censuses of Nepal provide some indications that there was a massive migration of Indians to Nepal in the decades of 1960s and 1970s. This migration mainly took place to Tarai districts of Nepal - from Bihar and Uttar Pradesh of India. According to Nepal's census 1961, there were 324,159 Indian born populations in Nepal. This is 96 per cent of the total foreign born population. The number of Indian born population slightly declined in the decade of 1970s and 1980s compared to the size in 1960s. On the other hand, it is since the advent of the democracy in Nepal, the size of the Indian born population in Nepal began to be swelling, and reaching to more than 420,000 in 1991. The figures reached to 583,000 in 2001 and it slightly declined to 450,000 in 2011. Each census figure

suggests that female surpassed males. This suggests a huge female migration for marriage in Nepal.

Table 4 Indian born population in Nepal as reported in population censuses, 1961-2011

Year	Number of Indian born population			Per cent of the total foreign born population		
	Both	Male	Female	Both	Male	Female
1961	324,159	-	-	96.0		
1971	322,718	115,606	207,112	95.6	93.6	96.8
1981	222,278	65,285	156,993	95.0	91.2	96.6
1991	418,982	113,405	305,577	95.3	91.8	96.7
2001	583,599	171,224	412,375	96.0	93.5	97.0
2011	449,149	129,057	320,092	93.6	91.4	94.6

Source: Khatiwada, 2014.

Although census figures provide the information about the Indian born population in Nepal, the figures appear to be grossly underreported. This may happen due to many of the Indian born people already received the Nepalese citizenship certificates and/or they might not have reported their place of birth as India. This is confirmed from the several political statements given the by Indian Government:

- On 1983, Mr. P.V. Narsingha Rao, the External Affairs Minister of the Government of India while addressing to the *Lok Shabha* (Indian Lower House) said that there were 3.8 million people of Indian origin in Nepal. Out of which, 2,387,973 persons had already acquired Nepalese citizenship (cited in Kansakar, 1984 from *Dinaman*, 1980:42:38).
- On August 31, 2015, Mr. Raj Nath Singh, the Home Minister of the Government of India while addressing a local election rally in Maharajgunj of Utter Pradesh (somewhat 20-25 Kilometers from Sunauli border) said, 'although the Madheshi problem is an internal issue of Nepal, the Indian government will protect the interests of the one crore (10 million) Indians living there' (Republica August 31, 2015). This figure comes out to be about 38 per cent of the Nepal's 26.32 million populations of 2011 and it appears that Mr. Singh was probably considering all the Madheshi origin people of Nepal as being Indians.

In early 1980s, the Panchayat led Government of Nepal¹ considered Indian immigration as very serious population issue for a small country like Nepal and

¹ Panchayat system was the political system where all political parties were banned and King had the absolute power to rule. This system was in place from 1960 to 1990 in Nepal.

their 'Nepalization' through easily acquiring the citizenship certificates. The National Population Commission, which was then under the National Planning Commission, recommended the Government to adopt effective measures to regulate the excessive and uncontrolled immigration and also form a Task Force to study the nature, magnitude, patterns, causes and consequences of internal and international migration. Accordingly, a Task Force was formed with the Chair of Dr. Harka Gurung (Gurung, 2006)¹.

The sampling sites of the survey were i) Kathmandu Valley (Kathmandu, Lalitapur, and Bhaktapur districts) and ii) Tarai districts (Jhapa, Morang, Siraha, Dhanusa, Mahottari, Parsa, Nawalparasi, Rupandehi, Banke and Kanchanpur)². The key findings of the study were the following:

- Among the total migrants in the Kathmandu valley, 35.5 per cent were foreigners or immigrants. Of the total immigrants, 67.7 per cent were Indians, 12.1 per cent were Chinese/Tibetans and rest others. Among the total immigrants, 50.5 per cent had been residing for more than 5 years, 24.4 per cent for 1-5 years and 15.3 per cent for 6-12 months and rest 9.8 per cent for less than 6 months. Among the immigrants, 8 per cent had already acquired the Nepali citizenship and among those who acquired it, Indian constituted of 71 per cent, followed by Tibetans (19%) and others (8%).
- In the Tarai region, their sample captured 61.5 per cent as non-migrants, 31.6 per cent internal migrants and 6.9 per cent as immigrants. Among the immigrants, an overwhelmingly majority were Indians (94.3%), followed by Bangladeshi (2.3%) and others (3.1%). Of total immigrants, 86.9 per cent had been residing for more than 5 years. Almost half of the immigrants were residing in urban areas and engaged in more profitable economic sectors of trade, industry and services. Of the total immigrants, 84.9 per cent had already established permanent houses. Of the total immigrants from India, 42.3 per cent had already acquired the Nepali citizenship certificates. The household survey established the fact that

¹ Other members in the Task Force were Dr. Upendra Pradhanga (Commerce), Dr. Chandra Bahadur Shrestha (Geographer), Dr. Chaitanya Mishra (Sociologist), Dr. Durga Ojha (Economist), Dr. Parthivashowar Timilsina (Economist), Dr. Bal Kumar KC (Geographer cum Demographer), Dr. Vidhaya Veer Singh Kansakar (Geographer) and Prof. Santa Bahadur Gurung (Sociologist).

²The sampling method involves systematic cluster sampling in Kathmandu and Patan, purposive sampling in Bhaktapur and multi-stage hierarchical sampling in the Tarai. A total of 5,974 households in Kathmandu Valley and 5,651 households in the Tarai were enumerated.

the average annual immigration rate was 4.2 per cent during the last 25 years prior to the survey (roughly 1960s to 1980s). This annual growth of Indian immigrants was far higher than that of the Tarai population growth rate and hill migrants to Tarai (less than 2.5% per annum).

These findings led the Task Force to enunciate 70 recommendations. Among them, the regulation of international migration by the stringent management of border between Nepal and India is seen vitally important. This measure was suggested not only to the regulation of migrants but also to combat the illegal and criminal activities in both countries. Another crucial recommendation was related to the provision of citizenship. Laws must define the naturalized citizens explicitly by removing the term of 'persons of Nepalese origin' in Article 8 (d) of Constitution of Nepal 1964, and limit access to the political power and echelon public posts to those holding the naturalized citizenship (cited in Adhikari, 1995). Provisions regarding citizenship by marriage or adoption or honorary citizenship must have the same requirements as naturalized citizenship. To regulate the acquiring of the citizenship, they recommended the following:

- Provision enabling political persons to recommend for citizenship must be removed;
- A naturalized citizen must be disallowed from making recommendation for citizenship;
- Set up the special courts to review suspicious cases and cancel citizenships and penalize the wrongdoers;
- Make the provisions to publish a list mentioning naturalized citizens, revoke citizenships and reclaim citizenships for public reference
- Establish registration offices in the central level to register births, deaths, events and citizenships
- Apply the requirement of presenting citizenship certificates for sale of property, loans from public institutions, acquiring passport, appointment to public or other institutions, candidature in elections, or other matters requiring the differentiation of citizens from non-citizens.

Unfortunately, before the implementation of the findings of the Report by the Government of Nepal, the Report had been criticized speedily across different corners that it was against the Tarai origin people and of India. Defending the Report, the Chairperson of the Task Force of the Study - Dr. Gurung (2006:211-12) says,

Classification of the citizenship is recommended in the Report not on the basis of one's origin such as geography or ethnicity or caste or religion but on the basis of the inherent types of citizenships one is acquiring. The

thinking is that citizenship by birth and citizenship by decent must entitle different from the naturalized citizenship no longer one is Taraibasi or Pahadbasi¹. Such type of discriminatory classification¹ is not only provisioned in other countries but it had been in place even in Nepal from 2009 BS to 2020 BS (roughly 1954 -1994). The recommendation is for the broader national interest given the context of uncontrolled massive influx of immigrants and having acquired citizenships by them excessively. The suggestion, therefore, to limit those holding of naturalized citizenships in some public posts shall no longer entail against the Taraibasi (translation from Nepali to English by the Author of this article).

Table 5 Immigration rate per 1,000 populations, as reported in demographic sample survey of 1986/87, Nepal

Area	Male	Female	Total
Nepal	14.27	40.81	27.6
Tarai	25.59	92.75	59.29
Hill	3.89	4.23	4.06
Mountain	2.38	2.22	2.3

Source: Central Bureau of Statistics, 1988 (Summarized from Various Tables).

In mid-1980s, Central Bureau of Statistics carried out *Demographic Sample Survey (DSS) 1986/87*², which provided an estimate of 27.6 per 1,000 populations as immigration rate (Table 5). Among the ecological zones, the highest immigration rate was recorded in Tarai (59 per 1,000 population), followed by hill and mountain (the rates less than 5 per 1,000 populations). Females substantially surpass males in immigration rates with 41 per 1,000 for females and as only 14 per 1000 for males. On top of this, the immigration rate of female was incomparably higher in Tarai region against the male immigration rate (93 per 1000 v. 26 per 1000 population). This suggests the fact that there was a huge inflow of females to Nepal vis-à-vis males.

Further, among the immigrants, an overwhelmingly majority were Indians (90% females and 65.5% males). The DSS 1986/87 also unrevealed the fact that Indian

¹Taraibasi refers to one who is residing in the Tarai and Pahadbasi is one residing in the hill.

² It is a landmark survey ever conducted in Nepal. It provides information on three aspects: i) life-time (internal) migrants; ii) immigrants including from India and iii) emigrants including to India. It is a longitudinal study based on multi-stage national probability sample with 129 clusters (81 rural and 48 urban) drawn from 35 districts out of 75 districts of Nepal (14, 18 and 3 districts from Tarai, Hills and Mountains, respectively). Altogether 8,640 households were selected for the interview. The Survey was conducted in three rounds during the 1986/87.

immigration to Nepal has been a continuous process. This is because not all immigrants came to Nepal in the same period but they came in different period. The majority of male immigrants (44%), for example, came during 1975-85; another 30 per cent came during 1965-1975 and the rest 25 per cent entered into Nepal before the 1960s. In case of female immigrants, the pattern is somewhat different. One-thirds was recent immigrants and another one-fourth came before 1960s. The key reasons for immigration were also captured by the DSS and accordingly, for females, marriage has been the *only* one or vitally important reason for migration to Nepal while for males, majority (55%) immigrated as dependents, followed by another 20 per cent for looking of work.

‘Movement’ for Acquiring Citizenship

Citizenship certificates in Nepal have been issued from District Administration Offices (DAO) from all 75 districts. However, the Government of Nepal has time and again distributed citizenships *en-masse* through formation of different Teams. According to Gurung (2001, 2006), during the 1975 and 1993, eight such Teams and three Investigation Committees were formed.

Table 6: Distribution of citizenship through Citizenship Distribution Teams, 1993

Region	Number	Per cent
Mountain	75,299	8.2
Hill	408,833	44.5
Inner Tarai	81,585	8.9
Tarai	352,772	38.4
Total	918,490*	100.0

Note: * Total figure does not match because of error in disaggregated data by the author.

Source: Gurung, (2006), cited in Uchastariya Nagarikata Aayog Ko Pratibedan (High Level Citizenship Commission Report), 2051 BS.

By March 1995, through these Teams (excluding those distributed through DAO), more than 900,000 citizenship certificates were distributed across the country, accounting for 44.5 per cent in hill, 38.5 per cent in Tarai, 8.9 per cent in inner Tarai and 8.2 per cent in mountains (Table 6).

There were nine districts in which more than 200,000 citizenship certificates/per district were distributed. They include: Kathmandu (400,329), Sunsari (315,667), Jhapa, Morang, Saptari, Dhanusa, Sarlahi, Chitawan and Kapilbastu. There were 20 districts in which up to 150,000 citizenship certificates/ per district were distributed. Out of them, 12 districts were Tarai region. They include: Siraha, Mahottari, Rautahat, Bara, Parsa, Nawalparasi, Rupandehi, Dang, Banke, Kailali and Kanchanpur. Thus, these figures suggest that a large number citizenship

certificates in 1970s and 1980s were distributed from Tarai districts. Unfortunately, there is no disaggregated data by types of citizenship i.e., citizenship by heredity or decent and citizenship by naturalized, and by caste/ethnic groups. This makes it difficult to ascertain who receive these citizenship certificates: whether they were actually hill people or Madheshi people? Or whether they were of Nepali origin people by birth or Indian born people or children of the Indian born people?

In 1990s, the politics of identity surfaced in Nepalese society, especially from the hereto excluded or marginalized groups. In addition to the politics of gender and disabled identity, the movement for regional and ethnic identity evolved first from the top – the ‘political elite’ and later from the bottom – the formation and mobilization of grass-route organizations. One of the key demands of the Sadbhawana Party, for example, in the Parliament was to distribute the citizenship certificates to the Madheshi people without any difficulties. The Sadbhawana Party was the only leading Tarai/Madheshi political party led by late Gajendra Narayan Singh in the early 1990s. Later, this demand was crucially raised by Madheshi Rights Forum led by Upendra Yadav during the first Madhesh Movement of 2006. As a result, a political understanding between the Madheshi agitating parties and the Government of Nepal reached to repeal the *Citizenship Act 2020 (1964)* by enacting "Nepal Citizenship Act 2063 (2006)" to facilitate acquiring the Nepalese citizenships without any difficulties. Clause 4 of the Act makes the provisions that ‘any person born before 2046 Chaitra 31, Bikram Sambat (April 13, 1990) within the territory of Nepal and having domiciled permanently in Nepal shall be deemed a citizen of Nepal by birth’. In addition to the authority to issue the citizenship to the District Administration Office, the Clause 22 makes the provision to appoint the Citizenship Certificate Distribution Team if deemed necessary and publish the name of the persons who receive the citizenship in Nepal Gazette annually (Clause 19).

The website of the Ministry of Home Affairs of Government of Nepal (<http://www.moha.gov.np>, accessed on July 30, 2016) does not provide the information about the number of citizenships distributed across the country after the enactment of the *Citizenship Act 2006*. Neither the Ministry has established any Department for dealing with the citizenship. It has, however, established National ID Management Center and is made responsible to distribute the National ID of all Nepalese people by issuing Biometric Smart Cards.

It is widely said that nearly 3.2 million people receive Nepalese citizenship after the 2006. There was also a lot of news in media about the fraud involved in

issuing the citizenship and Indians receiving the dual citizenships such as the case reported by Nepali Times on October 6, 2012.

Nepali Times (it) writes:

In Jaispur VDC (Banke district) alone, the identity of 239 'citizens' is highly questionable. Bhure Jolaha and Raju Halwai who are from Nanpara, India are among the 524 people in Jaispur who received Nepali citizenships through birth. Although they don't own houses or property in Nepal, they were still able to register themselves on the voters' list. Having casted their votes in the state elections in Uttar Pradesh few months ago, Jolaha and Halwai are ready to vote in the upcoming elections in Nepal as well.

When officials from the Election Commission visited Jaispur last year to issue voters' registration cards, locals protested against the move claiming the cards were being given to 'outsiders'. Owing to the pressure, card distribution was halted for 18 months in Kapilbastu and Banke. But after immense pressure from Madhesi leaders and an agreement between top leaders everyone was provided with voter's cards.

Currently, it has been identified that people from bordering areas of Nepal want the Nepalese citizenship because it is easier to get work permits for foreign employment on Nepali passports rather than Indian passports.

Future of Population in Tarai

On the basis of the population counts of 2011, the Central Bureau of Statistics made population projection up to 2031 by ecological zones of Nepal, using medium variant. Accordingly, Nepal's population is projected to reach to 33.6 million by 2031 from 26.5 million in 2011 – an increase by 7.1 million during the 20 years (2011-2031). Of this increase, 64 per cent will be in Tarai region. As a result, Tarai population is projected to reach 17.9 million in 2031 while hill and mountain will have 13.7 million and 2.1 million population, respectively. Thus, it is the Tarai which will shoulder 53.2 per cent of Nepal's population by early 2030s. Conversely, mountain and hill of Nepal will grossly lose their share of population to the total population of Nepal (Table 7).

Table 7: Projection of Nepal's Population for 2011-2031 and Political Shift

Region	2011	2016	2026	2031	Increase in between (2011-2031)	
					Number	Per cent
Number						
Nepal	26,494,504	28,431,494	32,144,921	33,597,033	7,102,529	100.0
Mountain	1,781,792	1,853,940	2,001,472	2,061,976	280,184	3.9
Hill	11,394,007	12,022,644	13,216,876	13,662,587	2,268,580	31.9
Tarai	13,318,705	14,554,910	16,926,573	17,872,470	4,553,765	64.1
Per cent						
Nepal	100.0	100.0	100.0	100.0		
Mountain	6.7	6.5	6.2	6.1		
Hill	43.0	42.3	41.1	40.7		
Tarai	50.3	51.2	52.7	53.2		

Source: Central Bureau of Statistics, 2014: National Population and Housing Census 2011 (Population Projection 2011-2031).

This population shift will have greater political implication in Nepal. But, let's further examine whose population will increase. The Population Perspective Plan (2010-32) formulated and adopted by the Ministry of Health and Population (now Ministry of Population and Environment) projects the size of population by different caste/ethnic groups till 2027 from 2012 (Table 8).

Table 8: Share of population (in % of the total population of Nepal) projected by broad caste/ethnic groups in Nepal, 2012-2027

Caste/ethnic groups	2002	2012	2017	2022	2027	% change in the total population of Nepal (2002-27)
Hill groups						
Hindu caste group	29.94	29.23	28.88	28.55	28.27	-1.67
Hill Dalit	7.01	6.57	6.38	6.22	6.09	-0.92
Newar	5.46	5.29	5.20	5.13	5.07	-0.39
Hill Janjati	19.52	19.31	19.18	19.06	18.94	-0.58
Tarai/Madehi groups						
Tarai Janjati	7.61	7.78	7.84	7.89	7.92	+ 0.31
High caste group	1.01	1.01	1.01	1.01	1.01	0
Yadav	3.92	3.72	3.63	3.55	3.49	-0.43
Middle caste group	6.48	6.58	6.61	6.63	6.65	+ 0.17
Madheshi Dalit	3.66	3.93	4.06	4.18	4.29	+ 0.63
Muslims	4.35	5.13	5.49	5.81	6.08	+ 1.73

Note: the Figures of 2002 are the base-year figures and figures in other years are the projected figures. The total will not be 100.0 as only some numerically large individual caste/ethnic groups were included in the projection.

Source: MoHP, (2006)

The projection figures reveal that all the hill groups will lose their share in total population by 2027 compared to their share in 2010s. On the other hands, the population share of all Tarai/Madheshi groups except Yadav and Madheshi high caste group is projected to increase. It is the Brahman and Chhetri that will experience the largest decline in the share of total population by 2027 (decline by 1.6% compared to 2012). This is followed by Hill Dalit (0.92%), Hill Janjati (0.58%, Yadav (0.43%) and Newar (0.39%). On the other hand, the gainers will be the Muslims (1.73%), followed by Madheshi Dalit (0.63%), Tarai Janjati (0.31%) and Madheshi middle caste group (0.17%). The change in the share of total population is due to the different population growth rates experienced by the individual caste/ethnic groups. Those who will gain their share in total population have the higher population growth rates vis-à-vis those who lose their share.

The data gives a powerful message for the political demographers as well as the policy makers. It will have greater implication in Nepalese society and polity as size of population is one of the crucially important resources for any social movement. The implication is expected to be all levels of polity: at the local, provincial and central level in coming years.

Conclusions

Nepal has been experiencing a greater population shift from hills/mountains to Tarai region. The share of the Tarai population has outpaced the share of the hill population from the beginning of the 2010s and it is projected that the share of Tarai population will increase in years to come. This population shift would have greater political consequences. First, there will be greater regional imbalances in areas of land vis-a-vis population distribution and distribution of political units. A greater number of parliamentary and provincial seats would be concentrated in the Tarai region, having only 17 per cent of the mass land of Nepal while 83 per cent of the mass land area of Nepal, the hills and mountains, would historically lose its command on national polity. Second, the Tarai population mainly consists of Tarai indigenous groups, Madheshi origin people, Indian immigrants who probably merged as Madheshi origin people and hill origin people. Each social group would compete for their identity and claim for entitlements in polity, economy and social life in years to come. A better population management policy having equity dimension is needed to escape from this ever-lasting population trap.

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House and Land Ownership of Women in Nepal: Observations based on Census 2001 and 2011

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Abstract:

Property entitlement is the function of socio-cultural practices. Only few women (1 in 10) have house and land in their ownerships in Nepal. Areas with less development as Far and Mid-western region and Mountain belt have relatively poor condition of ownership of house and land of women. Policies to encourage the transfer of house and land are to be adopted for the improvement of women's self-esteem and decision making.

Key words: Property ownership, women, Nepal

Issues and Background

The cultural setting and patriarchal legal legacy of Nepal almost discourages women hold property and assets permanently. Entitlements are handed over generations to generations through male heirs in most of the Nepali societies, which has left women poor and powerless. Amartya Sen observed entitlement failure as one of the major obstacles to development of full potential in humans; that furthers severely for the case of women especially in South Asia (Devereux, 2001:7). Thus the women of Nepal are set to be inferior to men due to their hindered access to property.

Not necessarily the land and house are the major items that reflect affluence or property in developed societies. Individuals involved in trade and other sorts of economic activities might opt for non-fixed assets but in traditional societies like in Nepal, fixed assets as land and house are valued as major items of property. Though, jewellery, company shares, livestock etc. are also considered as property, there is a large proportion of Nepali community that depends upon fixed assets, especially land and house as the economic securities more than any other liquid forms.

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If the historical period is observed in Nepal, there are cases of daughters legally deprived of the inheritance of abundance of their ancestors' property, but the other male relatives enjoyed the same in absence of their brothers or male heirs in the family. Even if the parents of daughters had no son heirs, the property legally was to be transferred to other males closer in the lineage of clan. Parental properties were enjoyed by cousin brothers but the daughters of the property owner parents had to be deprived of that resources.

Women marry and leave maternal home for a new family formation, and property given to them might lead towards a state of higher fragmentation of land and distorted relationships with her blood-relations was one of the hypotheses behind their deprivation.

Nevertheless the major question is that do they have the capacity to dispose the property without having consent of their family members even in emergency. In this context, a small shift in a decade of 2001 to 2011, which has experienced political and social movement¹ (2005-06) in the country, is almost negligible. Socio-political movements generally enhance the level of awareness of people in a country/territory. Nepali movement of 1980, 1990, and Maoist led people's movement 1992-2002 have definitely played positive roles in enhancing the awareness level; however, these were also not influential in changing the attitude of communities regarding the property entitlement of women.

Gradual shift in legal provisions and contemporary practices of daughters as heirs have been leading a stride towards property ownership of women. For the first time in Nepali census in 2001 the information on property of women was collected with a background of pressure of several donors and non-governmental organizations and activists. State of property ownership of women was found too low as house only with less than 1 per cent in 2001. Considering the cultural practices take much time to change hypothesis, it would not have changed dramatically even in 2011. However, the 2011 information combine house with land and have observed some higher percentage.

House and Land - The Property Duo

Two major types of properties are obviously house and land in Nepali context. Government provision of exemption of a considerable amount of tax if the land

¹ Maoist and Madhes movements, removal of monarchy and establishment of parliament that further led to constituent assembly

or house is transferred in the name of a woman has some linear relationship to the proportion of women with property.

Homeless Homemakers

Women observed with house in their names in 2001 were 0.78 per cent in Nepal (Kafle, 2003:49). But if this 'only house' is merged with land and reclassified as 'house and land', this percentage shifted upward to 3.9 in 2001, which jumped 1.4 percentage points and reached 5.3 in total in 2011. If 2001 scenario is considered as baseline and 2011 as contemporary the change could be of 36 per cent. This is the way to obtain a satisfactory score out of the gloomy scenario. Altogether only less than 6 per cent of women had have land and house in 2011 is less tantalizing for policymakers that 94.7 per cent of women were without land and house in their entitlements in 2011.

Women as homemakers are working for the homes of men to make them full of properties and affluence without their claims in house and land. This percentage approached to bottom as 1.5 in 2001 and 1.7 in 2011 for Far-western region that slightly improved for Mid-western for the same consecutive years as 3.0 and 3.7. Women in Central region (5.3) slightly outnumbered their Western (5.2) counterparts in 2011 unlike the scenario in 2001. Obviously the best ranking was with women in Eastern region both in 2001 (4.8) and 2011 (7.3) (Table 1).

Women in Tarai were ahead (6.1) of Hill (4.7) and Mountain (3.7) in 2011 following the pattern of 2001. In total the change in the trend of 'house and land' in the name of women is also much pronounced in Eastern and Central among development regions and Tarai and Hills among ecological belts. The change in the inter-censal period in Far-western regions is gloomy that has brought it 2.3 percentage points below average. In simple words, women in Far western development region were the most deprived one in terms of have land and house legally in their names. Though they have improved by 0.2 from 2001 to 2011 but in total their improvement was also below national average (Table1).

If the absence of 'house and land' in the name of women is also considered as one of the indicators of deprivation of their entitlements, it can also be derived by simple arithmetic manipulation of percentage of those with 'house and land' deducted in total (100.0). The derived figure presented in proportion would be their deprivation score that in turn presents the same scenario of powerlessness of women in Nepal (Table 1).

Table 1: Ownership of House and Land of Women in Households by Ecological Belts and Development Regions in 2001 and 2011

Sub-populations	House and Land			Deviation from National Average		Score of Deprivation	
	2001	2011	Change in PP	2001	2011	2001	2011
Ecological Belts							
Mountain	2.7	3.7	1.0	-1.2	-1.6	0.973	0.963
Hill	3.6	4.7	1.2	-0.3	-0.5	0.964	0.953
Tarai	4.4	6.1	1.7	0.5	0.8	0.956	0.939
Development Regions							
Eastern	4.8	7.3	2.6	0.9	2.1	0.952	0.927
Central	3.8	5.3	1.4	-0.1	0.0	0.962	0.947
Western	4.3	5.2	0.9	0.5	0.0	0.957	0.948
Mid-western	3.0	3.7	0.7	-0.9	-1.6	0.970	0.963
Far Western	1.5	1.7	0.2	-2.3	-3.6	0.985	0.983
Nepal	3.9	5.3	1.4			0.961	0.947

Total HH: 2001=4174374; 2011=5423297; Source CBS, 2002 and CBS 2012; pp: Percentage points,

Land - Conservative West

There is observed a steep and linear decline in percentages from East to West in 'land only' category for the women in both censuses of 2001 and 2011. Highest percentage (12.7) of Eastern followed by Central (9.2), Western (8.8), Mid-western (6.1) and the lowest in Far-western (3.1) averaged to 9.0 for total Nepal, which ironically indicated that more than 90 per cent women in Nepal had no land by the date of census enumeration. It's a serious matter of policy concern that less than 1 women in 10 had land as property with them and this trend has not been intervened even after adopting policy of tax exemption while transferring the land ownership (Table 2).

Though the percentages itself were small and the shift calculated in percentage scored high even if there were little changes. However, a change from 1.7 in 2001 to 3.1 in 2011 in Far-western yielded shift in the behaviour of people, but there seems a long way to go to meet Eastern (12.7) whereas it per se indicated some 87.3 percentage of women had no land in Nepal in 2011 (Table 2).

Table 2: Ownership of Only Land of Women in Households by Ecological Belts and Development Regions in 2001 and 2011, Nepal

Sub-populations	Land Only			Deviation from National Average		Score of Deprivation	
	2001	2011	Change in PP	2001	2011	2001	2011
Ecological Belts							
Mountain	3.7	5.6	1.9	-1.6	-3.4	0.963	0.964
Hill	4.7	8.0	3.2	-0.5	-1.0	0.953	0.920
Tarai	6.1	10.5	4.5	0.8	1.5	0.939	0.939
Development Regions							
Eastern	7.3	12.7	5.4	2.1	3.7	0.927	0.873
Central	5.3	9.2	4.0	0.0	0.2	0.947	0.908
Western	5.2	8.8	3.6	0.0	-0.2	0.948	0.912
Mid-western	3.7	6.1	2.4	-1.6	-2.9	0.963	0.939
Far Western	1.7	3.1	1.5	-3.6	-5.9	0.983	0.969
Nepal	5.3	9.0	3.8	0.0	0.0	0.947	0.910

Total HH: 2001=4174374; 2011=5423297; Source CBS 2002 and CBS 2013;

Disadvantaged Women

In both 'house and land' and 'land only' categories almost 90 per cent of women have no properties with them. The deprivation score mounted to 0.983 for 'house and land' and 0.969 for 'land only' among women in Far-western region. The irony is that scores as 0.927 for house and land for Eastern in 2011 needs to be considered as better than others, whereas it per se indicated a severity that out of 1000 women 927 had no such ownerships. This is in contrast to the information of Australian Bureau of Statistics that claimed for its country that some 61.4 per cent of women had their own houses in 2009/10¹. Compared to such figures in developed countries, women in Nepal are deprived of their property choices, and those with properties also have less authority to dispose and manage it by their own. Ilchman (1975) stated property as 'right to gain and dispose', while Kafle (2003:1) mentioned property as 'under the authority of disposal'. Though a small proportion of women in Nepal might have some assets in their names, there is a question always - do they have adequate authority to gain, manage,

¹ <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4125.0main+features1310Jan%202013>, Updated 16 May 2013; accessed on 13 June 2013

and dispose'?Where women need to have consent of their husbands or other male counterparts in case of a sick baby to be taken to health-post nearby (MoHP, New Era and ICF, 2011) an independent right to dispose the property could not be imagined in Nepal.

In a study conducted in 2007, among the women in community of Tarai Dalits only 2.7 per cent had their own land, which was 12.3 for non-Dalits (Dahal, 2009). Land as one of the economic determinants of social inclusion, by and large, indicated women's status of 'excluded' even within the family. These are limited definitions and limited scenarios but they sufficiently indicate that one has to have rights to create, manage or dispose the property to be claimed as their rights. The only 1 in 10 women having property as house (even less) or land in Nepal are far below the enjoyment of average economic rights by their male counterparts.

Need for a Drastic Change

Stronger the function of culture the society remains traditional one with many obstacles to development. The Far-western region of Nepal has strong cultural practices that are many times emerged as controversial with prominent gaps between Dalits and Non-Dalits; and sometimes the wider differences between men and women. These gaps generally create an environment of non-cooperation and mistrust among the family members and dictatorship of males. As a consequence of and reason for illiteracy and less educational opportunities, property as house and land are snatched away from women.

Clear scenarios indicate that Nepal holds an extreme exclusionary behaviour against women regarding ownership of house and land in total that is much severe in Far-western, Mid-western development regions and in Mountain belt. A hypotheses prevalent with the help of behaviour in some specific communities living in mountain that household are run and properties are managed by the women in mountain areas of Nepal has also been consistently refuted by these census results.

The roles of women have been changing over the years and more prolifically in urban areas. However, the large proportion of women until the date is homemaker, but with a contrasting situation that a homemaker has no authority of home. Moreover, the burden of household work (0.79) is with women (Acharya, 2009:34) and responsibility of land also imposed on them due to migration, supremacy and involvement in other sector of men. Considering a high labour migration of men and need for women's rights to dispose and

maintain the property in absence of male counterparts there must be some drastic changes adopted.

Recommendations

On the basis of above discussions following recommendations are made to improve women's rights on house and land, self-esteem and decision making capacity.

- Exempt all of the taxes while officially transferring the land and houses in the name of women in Far-western and Mid-western development regions, and in Mountain belt of the country
- Encourage for the joint ownership of property by men and women both in families
- Transfer officially or provide a power of attorney to women for utilization of house and land in absence of their husbands and other family members due to labour migration for a period of more than six months

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Non-use of Contraception in Nepal: Analysis from Readiness, Willingness and Ability (RWA) Perspective

Ramesh Babu Kafle¹

Abstract

This paper examines contraceptive behaviour of Nepalese women from readiness, willingness and ability perspectives. Determinants of non-use due to unwillingness and inability are assessed. Significantly lower odds of non-use are observed among women who are members of any women's group, working in non-agricultural sector and have at least one son. Higher preference for son is a socio-cultural barrier to contraceptive use. Husband's absence at home appears to be almost sufficient reason for non-use of contraception. Unwillingness is more prominent problem as compared to inability. Programme should focus on the special needs of those women whose husbands are migrants.

Keywords: Contraception, Nepal, Fertility

Background

Declining fertility in human populations has been studied not only through the lens of changes in demographic, economic and social structures but also through spread of certain attitudes and behaviours (Casterline, 2001). Human attitudes and behaviours are diffused through social learning and social influence (Casterline, 2001). The attitudes towards costs and benefits of having children and the behaviours related to the use of contraceptive technologies spread independently to the societal structural changes, causing differentials in the timing of onset and the pace of the fertility decline (Bongaarts and Watkins, 1996; Casterline, 2001). Coale has proposed three preconditions of sustained fertility decline (Coale, 1973); based on which, Lesthaeghe and Vanderhoft (2001) proposed an analysis of transition in contraceptive behaviour. According to this conceptualization, 'Readiness', 'Willingness' and 'Ability' (RWA) are the preconditions for adaptation of a new behaviour and the concept is equally

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applicable in case of contraceptive behaviour. Readiness in contraceptive behaviour refers to the situation where the benefits of using it outweigh their disutility or costs of all kind; the willingness considers the legitimacy perspective and enthusiasm to counter traditional beliefs regarding the contraceptive use; and ability refers to the availability and accessibility of the contraceptive means. All these three concepts have their negations and there will be eight possible combinations of behaviours out of this set of three behaviours (See Figure-1). The joint occurrence of these three conditions ensures the situation of contraception being used. Non-occurrence of 'readiness' captures four alternative behaviours, which indicates the situation for not being 'ready' to adopt contraception although there may or may not prevail the conditions of willingness and ability. The major concern is of the other three remaining alternates of behaviours in which, due to lack of either 'willingness' or 'ability' or 'both', couples do not use contraception in spite of their 'readiness' to use.

Figure-1: Venn diagram representation of the three behaviours: readiness (R), willingness (W) and ability (A) to use contraception

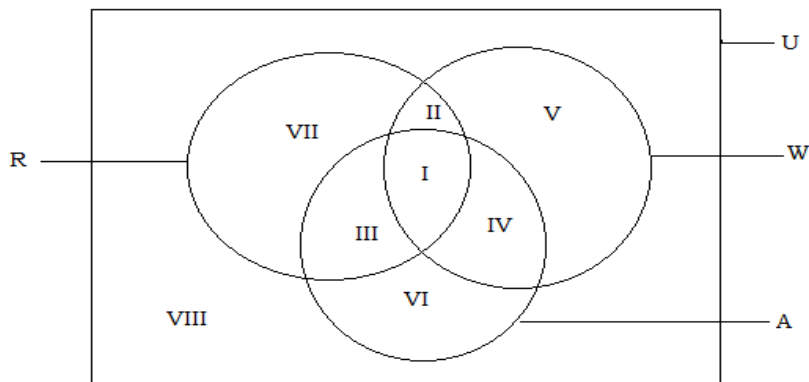


Illustration: $U = \{\text{All currently married fecund women who are exposed to pregnancy}\}$, $R = \{\text{All women who are ready to use contraception}\}$, $W = \{\text{All women who are willing to use contraception}\}$, $A = \{\text{All women who are able to use contraception}\}$. Moreover, $r..$ includes area IV, V, VI and VIII, who are not ready; R includes area I, II, III and VII, who are ready; RWA includes area I, who are using contraception and $R-RWA$ includes area II, III and VII, who are not using contraception due to inability or unwillingness or both

All currently married, fecund women who are exposed to pregnancy can be easily grouped into three categories: those using contraception (RWA), those not using contraception because they want next child within two years (r..) and those not using contraception and either want to postpone their next pregnancy for at least two years or to avoid it at all (R-RWA) (See Figure-1). The first group of women fulfills all the three conditions of RWA and is current user of contraception. The second group wants another child soon and is not using contraception at present because they are not 'ready' to use. The question whether there is 'willingness' or 'ability' becomes redundant in this situation. The third category of women represents those who are technically 'ready' for using contraception because they want either to avoid or to delay next pregnancy but they are not using at present due to unwillingness or inability or both. Such classification concentrates exclusively on next birth and even excludes pregnant or amenorrheic women and is quite different from the 'unmet need' classification for contraception in which, not only the desire for next child, whether the last birth or the current pregnancy is wanted also counts. This classification helps segregate extent of non-use of contraception due to lack of willingness and ability combined. Though this classification is relatively looser than that of unmet need, it helps linking contraceptive behaviour to ability and willingness to use.

Evidences show that Nepal is in the process of fertility transition for more than three decades (Karki 2003; Das Dangol, Retherford and Thapa, 1997; Rele, 1992; Acharya, 1998; Bongaarts, 2013). TFR in Nepal declined from 6.33 in 1976 to 2.6 in 2011, by around one child per women per decade; whereas, the proportion of currently married women using modern contraceptive methods increased from some three per cent to 43 per cent during the same period (MoHP, 2012; Pradhan, et al. 1997). Use of contraception directly affects the marital fertility and decline in marital fertility in the recent past is largely contributed by the increased proportion of women adopting contraception (Karki and Krishna, 2008). Along with socioeconomic changes, family planning programme might have helped to accelerate the process.

But, contraceptive prevalence rate in Nepal has been almost stagnant in the recent past. As evidenced in consecutive Demographic and Health Surveys of 2006 and 2011, the proportion of currently married women using any method of contraception has only marginally increased (from 48 per cent to 49.7 per cent); and that for modern contraceptives has marginally declined from 44.2 per cent to 43.2 per cent (MoHP, 2007; MoHP, 2012). Level of unmet need for family planning also seems to be stagnant in this period (MoHP, 2007; MoHP, 2012). On the other hand, Nepal has been implementing family planning programme for

more than four decades. In spite of the government family planning program, why is there stagnancy in level of contraceptive use? Are there specific bottlenecks of the programme? Is it due to lack of willingness or ability or readiness? The 'readiness', 'willingness' and 'ability' framework enables to revisit the contraceptive behaviour of currently married fecund women, thus by providing an opportunity to better understand the determinants of non-use of contraception among women who are technically 'ready' but not using it.

Objective

This paper aims to explain contraceptive behaviour of Nepalese women who are currently married, fecund and exposed to pregnancy based on the conceptualization of behavioural forms: readiness, willingness and ability to use contraception. Special focus is given to study the determinants of unwillingness and inability in contraceptive use and also to assess bottlenecks in contraceptive use due to unwillingness and inability.

Data and Methods

This paper uses women's data file of Nepal Demographic and Health Survey, 2011. This survey was implemented by New ERA under the aegis of the Ministry of Health and Population (MOHP) of Government of Nepal. The Funding for the survey was provided by USAID. A USAID funded project 'MEASURE DHS program' of ICF International provided technical assistance for the survey.

The survey has taken individual information from 12674 women of age 15-49. Present study is restricted to the sample of women who are currently married, fecund and exposed to pregnancy, which numbers to 7048. Those women who declared infecund are also excluded from analysis. These eligible women included in the analysis are classified into three categories. One group consists of those women who fulfil all the three conditions (RWA) and are currently using contraception. Those who are not using any method of contraception and stating that they desire another child within two years are grouped in second category. These women are not ready to use contraception (r..). Remaining group consists of those women who either want next child only after two years, or not decided about the timing, or ambivalent about next children or do not want next child at all but are not using any method of contraception at the time of survey. Based on the above discussed way of classification, this group of women is not using contraception either due to unwillingness or due to inability or both (R-RWA).

Selected socioeconomic determinants of not using contraception by those women who either want to postpone next pregnancy for at least two years or to avoid it at all (due to unwillingness or inability or both factors) are analysed by using bivariate and multivariate techniques. The planning for next child is obviously dependent on the number of living children at present. Therefore, to depict a more detailed picture, analysis of non-use of contraceptives is offered for different number of living children.

The explanatory variables taken in the analysis are: number of living children (1, 2, 3, 4+), current age of woman (15-24, 25-34, 35+), husband's residential status at the time of survey (Staying at home, Staying elsewhere), type of place of residence (Urban, Rural), women's belongingness to any women's group (None, At least one), women's education (None, Primary, More than Primary), women's work status (Not working, Agriculture and Non-agriculture), household wealth index (Quintiles), ever experienced child loss (Yes, No), exposed to any family planning message in radio/TV (None, At least one), ecological region (Mountain, Hill, Tarai) and development region (Eastern, Central, western, Mid-Western and Far-Western).

The choice of these variables is justifiable. Pattern of contraceptive use differs considerably by individual characteristics as well as by geographic areas (Gereltuya, Falkingham, and Brown, 2007). Jayaram and colleagues (2009) has found strong associations of parity and number of sons with contraceptive in Nepal. Age, number of living children, number of sons and child survival are widely used in literature to study the variations in contraceptives use. Nepal is distinctly divided into three agro-climatic zones in which there are differences in culture, livelihood and development as well. Also, Mid-Western and Far-Western development regions are relatively less developed and Central development region is more developed. These two factors: agro-climatic regions and development regions along with the rural-urban residence are important structural factors that have bearings on contraceptive behaviour. Exposure of women to media is also a common factor in the study of contraceptive behaviour. Women's exposure to family planning messages through various channels including radio and television increases the odds of contraceptives use (Sharma, KC and Ghimire, 2011). Therefore, instead of using the variable simply representing exposure of women to radio, TV and newspaper, exposure to specific family planning messages through these media has been used in this analysis.

Similarly, women's membership in any kind of women's group can be considered as an agency that facilitates knowledge sharing and learning ideas of

birth control adoption among the group members during their meetings and other similar gatherings. Such group acts as a means of social learning and new ideas diffuse among the members through social interaction. Nepal is primarily an agrarian society and a vast majority of women are in agriculture sector. However, substantial proportions of women are now in non-agricultural occupation. Therefore, women's work status has been considered in analysis. Education is considered as a proxy to social condition and measured in terms of three ordinal classes: no education, primary level of education and beyond primary level of education.

Among the three major indicators of economic status: household income, household consumption expenditure and household wealth, the third one is considered more stable and more easily measured. DHS has computed household wealth index which is a measure of relative wealth of a household computed by using information on presence of different assets and services that can be good indicators of household wealth. The index can be used to ascertain the relative economic status of the household. Further, the constructed index is grouped into quintiles based on the distribution of household population. Finally, women are assigned to a particular quintile of household wealth index (Rustein and Johnson, 2004). This variable has been used as a proxy to economic status of women.

The practice of contraception is couple's behaviour rather than individual. Therefore, presence of husband or his regular absence makes difference in contraceptive use status of the couples. Women, whose husband is not living with her, are less likely to use contraceptive methods because of their reduced exposure to pregnancy. On the other hand, husbands of about one third currently married women are found to be living elsewhere in NDHS-2011. Therefore, analysis of determinants of non-use of contraception should be made after controlling for husband's residential status.

Bivariate analysis has been performed to observe variations in the extent of use and non-use of contraceptives by selected background variables. Since chances of couples using contraception varies according to number of living children they have at that time, a more detailed analysis of non-use of contraception among study sample has been performed separately for different number of living children by selected background characteristics.

After performing bivariate analysis, multivariate logistic regression has been used to see the net effect of these study variables on non-use of contraception by those currently married fecund women who either want to delay pregnancy or to avoid it. Current age and presence of husband at home are considered as

control variables in the model. Regressions are carried out separately for one, two, three and four or more living children.

Next, the reasons of not using contraception have been assessed on the basis of answers to question on 'reason for non-use'. Multiple answers were expected from some 22 questions in NDHS-2011. However, more than 90 per cent respondents have given only one response. Most prominent reasons those could be linked to ability and willingness are grouped together, and other reasons are separately grouped. Lack of knowledge of method, lack of knowledge of its source, lack of access to the method due to too far distance, non-availability of method and costing too much are grouped to form 'bottleneck in ability' in which positive response to at least one of these reasons has been considered sufficient for having the phenomenon. Similarly, oppositions to use by respondent herself, by her husband, by any other members or opposition on religious ground, fear of side effects and health concerns, inconveniences to use, interferences with body process and fatalistic attitude are grouped to describe 'bottleneck in willingness'; with citation of at least one of these reasons to be regarded sufficient. These two variables respectively capture the bottlenecks in 'ability' and 'willingness' to use contraception. Other prominent reasons of non-use those cannot be directly linked with ability or willingness are separately grouped as 'bottleneck not specified'. Women stating 'Don't know', 'Other reasons' and 'Husband not at home' are grouped in this category. An assessment of possible bottleneck in the use of contraceptives in terms of ability and willingness has also been performed on the basis of these grouped reasons.

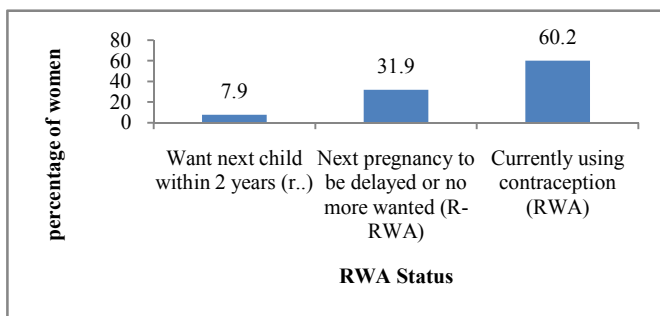
Results

Among all currently married fecund women, 60 per cent are using contraception, eight per cent are in need of next child within two years and 32 per cent are not using contraception although they want either

to delay or to avoid pregnancy.

This way of classification of women by their contraceptive behaviour shows that almost 92 per cent women are 'ready' for

Figure-2: Currently Married, Fecund and Exposed Women according to Their Planning Status of Next Birth



using contraception but only 60 per cent are fulfilling the conditions of 'willingness' and 'ability' and only eight per cent are not ready to use contraception (Figure-2).

Bivariate distribution of RWA status with selected background characteristics is presented in Table-1. One in each five young women (age less than 25 years) and one in each four women with no son are not ready to use contraception because they want next child soon. Among the non-users due to lack of willingness or ability or both, there seems some variation according to background characteristics. More proportion of non-users women comes from rural residence, Hill region, Western development region, the lowest wealth quintile, having no living son and of younger age.

Table-2 depicts the percentage of non-users due to unwillingness or inability or both disaggregated by number of living children. Analysis for women with no living children is not presented because of small proportion using contraception at zero parity. Results show that the proportions not currently using contraceptive is the least (22 per cent) among women with three living children, indicating that most of the Nepalese women prefer to use contraception after having three children. The chances of not using contraception are far more in rural area as compared to that in urban area irrespective of the number of living children. Variations in non-use are not distinctly observed in the three ecological belts but in terms of development region, substantially lower rates of non-use are observed in Central Development Region as compared to other regions.

Table-1: Bivariate distribution of RWA status with selected background characteristics

Background characteristics		Currently using a method of contraception (RWA)	Not using any method of contraception		Nos. of Women
			Want next child within two years (r..)	Want later, or ambivalent or do not want at all (R-RWA)	
Place of residence	Urban	70.2	6.4	23.3	968
	Rural	58.6	8.1	33.2	6080
Region	Mountain	61.4	8.4	30.2	427
	Hill	58.5	5.9	35.6	2769
	Tarai	61.4	9.3	29.3	3853
Development Region	Eastern	56.0	7.4	36.6	1680
	Central	65.9	9.8	24.7	2364
	Western	55.6	4.9	39.5	1553
	Mid-Western	61.3	8.2	30.6	785
	Far-Western	61.9	9.3	28.8	664

Table Contd ..

Background characteristics		Currently using a method of contraception (RWA)	Not using any method of contraception		Nos. of Women
			Want next child within two years (r..)	Want later, or ambivalent or do not want at all (R-RWA)	
Education	None	65.8	6.8	27.4	3181
	Primary	56.6	8.2	35.2	1379
	> Primary	55.1	9.1	35.8	2489
Wealth index	Poorest	53.6	7.5	38.9	1081
	Poorer	58.6	8.9	32.4	1313
	Middle	57.3	9.7	33.0	1481
	Richer	61.5	7.1	31.4	1560
	Richest	67.5	6.5	26.0	1613
Work Status of Women	Not Working	51.1	11.3	35.6	1538
	Agriculture	59.6	7.0	33.4	4141
	Non-Agriculture	69.9	7.0	23.1	1369
Exposure to FP message	None	59.3	9.1	31.6	3431
	At least one	61.1	6.7	32.2	3617
Belongs to women's group	None	53.8	11.4	34.8	3573
	At least one	66.9	4.3	28.8	3475
Number of Living Sons	0	33.9	25.0	41.1	1633
	1	59.9	5.0	35.1	2728
	2	77.3	0.5	22.2	1982
	3+	74.3	0.4	25.3	705
Experience of child loss	No	59.3	8.3	32.4	5824
	Yes	64.8	6.1	29.1	1224
Current Age	<25	35.3	19.6	45.2	1723
	25-34	61.4	6.8	31.8	2769
	35+	75.7	1.3	23.0	2556
Husband's residential status	Living at home	76.7	7.6	15.7	4665
	Living elsewhere	27.9	8.6	63.6	2383
All		60.2	7.9	31.9	7048

Source: DHS, 2011

Table 2: Per cent not using contraception among currently married, fecund and non-pregnant women who either want to postpone pregnancy for at least two years or want to avoid it at all for different number of living children by selected background characteristics

Background characteristics		Per cent non-users with			
		1 living child	2 living children	3 living children	4+ living children
Residence	Urban	29.6	23.3	16.7	18.8
	Rural	47.0	34.5	22.8	28.6
Ecological Region	Mountain	49.2	29.2	20.0	28.4
	Hill	44.8	34.7	28.9	32.4
	Tarai	43.3	31.1	18.0	23.8
	Development Region	Eastern	48.5	38.3	21.4
	Central	37.6	25.5	16.5	21.6
	Western	54.1	38.6	29.6	34.0
	Mid-Western	36.8	31.9	19.1	28.5
	Far-Western	36.0	26.7	27.6	27.2
Education	None	40.7	30.1	19.9	28.6
	Primary	50.0	36.2	29.7	23.3
	> Primary	43.5	32.5	20.1	27.0
	Wealth index	Poorest	56.9	38.9	31.6
	Poorer	43.9	39.9	22.5	27.7
	Middle	47.4	37.7	22.2	21.1
	Richer	47.0	30.7	18.7	29.8
	Richest	35.0	24.5	17.6	14.5
Work status of woman	Not Working	48.5	36.7	16.6	31.2
	Agriculture	49.1	35.7	24.4	28.2
	Non-Agriculture	28.9	22.3	17.9	21.3
Exposure to FP message	None	48.0	34.8	20.9	30.1
	At least one	42.0	30.9	23.4	23.0
Belongs to women's group	None	44.6	34.7	25.7	30.4
	At least one	43.6	30.8	19.1	25.7
Number of living sons	0	45.2	38.0	36.0	47.5
	1	43.4	35.7	28.2	28.6
	2	-	26.0	16.2	24.2
	3+	-	-	16.8	28.4
Experience of child loss	No	45.0	32.5	21.8	25.7
	Yes	35.1	31.9	22.5	31.8
Husband's residential status	Living at home	19.3	13.0	9.7	19.6
	Living elsewhere	77.1	66.9	48.8	58.1
Age	15-24	49.2	45.6	-	-
	25-34	38.2	34.1	27.0	30.1
	35-49	31.6	22.0	27.0	26.9
All cases		44.2	32.5	22.0	27.8
Number of cases		1226	2118	1547	1469

Source:DHS, 2011

For women having up to three children, the higher the level of education, the lower will be the proportion of non-users. Irrespective of the number of living children, woman's household economic condition has clear negative association with proportions non-uses of contraceptives. Similarly, a lower chance of non-

use has observed among women who are working in non-agricultural sector as compared to those either not working or working in agricultural sector.

Variation in non-use is also observed by women's exposure to family planning messages through media and their belongingness to some women's group; with lower chances of non-use for those who are exposed to such messages or are members of women's group. Presence of more living sons ensure the reduction in chances of non-use of contraception, indicating that couples feel safe to use contraceptives if they have living sons because of higher preference to sons than daughters. Experience of child death does not make much difference in non-use of contraception. A vast difference has been observed according to husband's residential status; the proportions not using being more than four times higher for women whose husband is staying elsewhere as compared to those whose husband is living with her at home.

Table-3 shows the adjusted odds ratios of non-use of contraception obtained from multivariate Logistic regression for different number of living children by selected socioeconomic and demographic variables. After controlling for other factors, type of place of residence, women's education and ecological regions are not significant to explain variation in non-use of contraception. The variation among different development regions is significant only for some regions and for some particular number of living children.

Among women with two living children, as compared to women residing in the Eastern region, the odds of non-use of contraception are significantly lower for women residing in the Central and the Far-western region. Household economic condition does not have much significant net effect to bring differentials in non-use of contraception. Only for women with only one child and four or more children, those from poorer and middle household wealth index have significantly lower odds of not using contraception, as compared to women from the poorest household wealth index.

For women with one or two living children, women in non-agricultural sector have significantly lower odds of not using contraception as compared to 'not working' women. Although exposure of women to family planning message in media is not a significant predictor of non-use for women with 1-3 children, their membership in any women's group is significant one. For women with two or more children, significantly lower odds of no-use are observed for those women who are member of any women's group as compared to non-members.

Table-3: Odds ratios of not using contraception by currently married fecund women who either want next child only after two years, or not decided about the timing, or ambivalent about next children or do not want next child at all for different number of living children

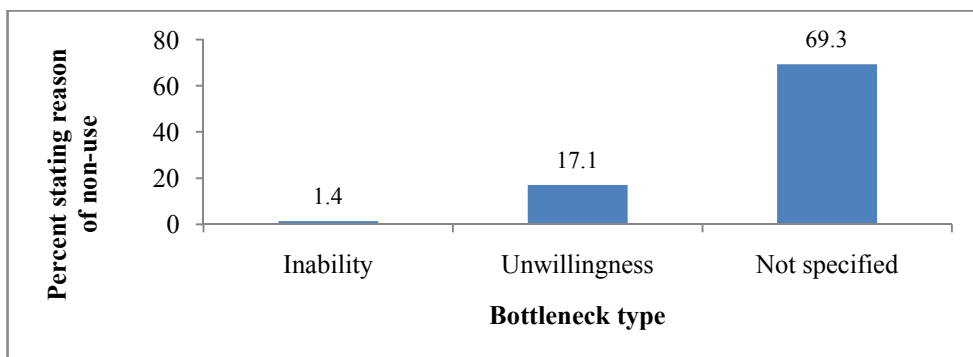
Background characteristics		Odds ratios for non-use			
		1 living child	2 living children	3 living children	4+ living children
Residence	Urban				
	Rural	1.05	1.14	1.38	1.42
Ecological Region	Mountain				
	Hill	0.76	1.65	1.47	0.99
	Tarai	0.65	1.15	0.79	0.71
Development Region	Eastern				
	Central	0.83	0.49***	0.77	0.57**
	Western	1.23	0.76	1.12	1.06
	Mid-Western	0.71	0.52	0.86	0.64
	Far-Western	0.55*	0.42***	1.17	0.60*
Education	None				
	Primary	1.27	0.99	1.41	0.80
	> Primary	1.16	1.45*	0.93	1.27
Wealth index	Poorest				
	Poorer	0.42**	0.94	0.63	0.68*
	Middle	0.55*	1.10	0.66	0.52**
	Richer	0.58	0.72	0.67	0.74
	Richest	0.52	0.61	0.83	0.37**
Work status of woman	Not Working				
	Agriculture	0.76	0.66*	1.12	0.64*
	Non-Agriculture	0.40***	0.57**	0.99	0.69
Exposure to FP message	None				
	At least one	0.95	0.90	1.08	0.72**
Belongs to women's group	None				
	At least one	0.83	0.68**	0.56**	0.70**
Number of living sons	0				
	1	1.05	0.95	0.49*	0.34**
	2		0.46***	0.26***	0.26***
	3+			0.23***	0.34**
Experience of child loss	No				
	Yes	0.64	1.41*	1.00	1.25
Husband's residential status	Living at home				
	Living elsewhere	0.07***	0.07***	0.11***	0.17***
Age (Continuous)		0.97	0.96***	0.98	1.02
	Constant	25.58***	19.68***	6.39**	5.08*
-2Log Likelihood		1193.9	1870.9	1250.2	1478.9
Number of cases (Unweighted)		1185	2106	1501	1437

As compared to women with no sons, having both sons out of two living children and at least one son out of at least three living children is a significant

predictor of non-use of contraception; where, the odds ratios of non-use are significantly lower if women have sons. For women with two living children, odds of non-use of contraception are significantly higher (1.41) for those women who had lost their child as compared to those with no child loss.

Figure-3 shows the extent of inability and unwillingness of using contraception. On the responses to different reasons of non-use, 17 per cent of the non-users cited any one of the reasons related to unwillingness to use and only 1.5 per cent of the non-users cited any one of the reasons related to inability to use. Data reveals that, other reasons, which could not be linked to inability or unwillingness, are cited by a vast majority of respondents. Some 69 per cent non-users cited at least one of the reasons like 'husband not living at home', 'don't know' and 'other reasons' as reason of non-use of contraception. Husband not living at home is the most cited reason of non-use of contraception. Unwillingness is relatively greater bottleneck as compared to inability.

Figure-3: Per cent of non-users who stated at least one reason related to inability, unwillingness and non-specified reasons of not using contraception



Discussion and Conclusion

A substantial proportion of currently married fecund women are not using contraception in Nepal due to unwillingness or inability or both reasons. Variation in the extent of non-use exists to some extent by different socioeconomic and demographic characteristics. Husband's absence at home is an obvious factor for non-use of contraception. After controlling for other factors, place of residence, ecological region and women's education do not create significant variation in non-use of contraception. Significantly lower chances of non-use have been observed among women who are members of any women's group and working in non-agricultural sector. Exposure to outer world and

exchange of ideas due to social interaction might have positively influenced contraceptive use. Significantly lower odds of non-use in the Far-western region as compared to the Eastern region at lower parities may be due to programme effect.

Significantly lower odds of non-use of contraception for women with at least one son as compared to those having no son indicates that higher preference for son is a socio-cultural barrier to contraceptive use. This finding is in line with that of Tamang, Subedi and Parker (2012). Socioeconomic and demographic factors can, to some extent, explain the situation of inability or unwillingness in contraceptive use in Nepal.

Based on the information on the reasons of non-use those can be linked with inability or unwillingness from NDHS data, it can be inferred that inability is not a big problem in Nepal. As compared to inability, unwillingness is more prominent problem. However, full answer of whether bottleneck is lack of willingness or lack of ability could not be precisely given by this analysis. It is due to the fact that response of a vast majority of non-users could not be linked either to inability or to unwillingness, mainly because, the most cited reason for non-use was husband's absence from home.

The problem of unwillingness or inability or both has substantial importance in Nepal from policy and programme point of view because almost one third women are in this group. The extent of unwillingness has been found to be greater than that of inability. About two third of the non-users cited that husband's absence at home is one of the reasons for non-use of contraception. It is quite unknown what their response would have been if their husbands were living with them. These women are at high risk of getting unwanted pregnancy when their husbands return back. This is because preparedness on use of family planning prior to the husband's arrival is lacking (CREHPA, 2012). The family planning programme should keep concern of this special group of women so as to help them achieve their desired fertility goals.

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Women's Education and Full Maternal Health Care Service Utilization: The Case of Nepal

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Abstract

Most of the large scale survey reports published so far cover the analysis of all types of care designed during maternity period separately. A new approach called "Full Maternal Health Care Service Utilization (FMHCSU)" is expected to measure the country in terms of "complete package of care" designed for the pregnant woman until 6 weeks of her delivery. This paper has utilized Nepal Demographic and Health Survey-2011 women's data file and by using the new approach of measure, net and gross effects of women's education on FMHCSU has been carried out. The analysis is based on two models. Model-I is for women's education and model-II for women's education along with socio-economic, demographic and programmatic characteristics. Multinomial logistic regression results indicate that net effect of getting high level care would improve better by controlling other socio-economic and demographic characteristics. High level of FMHCSU not only depends on women's earlier level of education attainment is the implied conclusion of the study.

Key Words: Full Maternal Health Care Service Utilization, Women Education, Birth Order, Women Occupation, Place of Residence

Introduction

How can one determine that two countries are in better position in terms of maternal health care utilization? For instance, a country 'x' could have higher proportion of women utilized pregnancy check-up only after 4 months of their pregnancy but could have received 4 visits thereafter. Similarly, another country 'y' has a good practice of institutional delivery without having adequate antenatal care (ANC) visits. In such a context, comparison between these two sets of population would make a little bit messy. As WHO has recommended a set of care begins with conception and continues up to 6 weeks after delivery,

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one by one measure and comparison of care would not give true pattern of overall care. Therefore, a new approach called “Full Maternal Health Care Service Utilization (FMHCSU)”, covering most of the major care that are to be taken from conception to 6 week after delivery in a single indicator, will have high possibility to place any country according to utilization of all packages of care. In measuring such a new indicator, a complete package of care are designed and emphasized based on their importance during conception to 6 weeks after delivery. Due to poor socio-economic and other characteristics of the respondents and lack of skilled manpower in the health institution, although provision of complete care as designed by WHO is also recommended in the health institution of Nepal, women have distinct pattern of utilization. Therefore, the utilization of three major care (ANC, Delivery Care (DC) and Postnatal Care (PNC)) varied from place to place and country to country. In order to give a quick look into maternal health care, FMHCSU could serve as a new approach. This approach has not been analysed so far; however, the dynamics of studies on maternal health care have been noticed before and after 2000 AD all over the world.

Studies on Maternal Health Before 2000 AD

Several studies have shown that there exists an association between the use of antenatal care and positive maternal health outcome. Study from Vietnam and Zaire indicated to have improved maternal health (McDonagh 1996). Unlike the use of antenatal care, the place of delivery, if adequate facilities are provided effectively, has consistently been found to be associated to reduce maternal mortality in a study by Thaddeus and Maine (1994). Their study further indicated for an effective transportation system to receive institutional delivery assisted by skill birth attendants.

A study based on the changing pattern of prenatal care utilization in the United States during 1981-1995 by using different prenatal care indices revealed that a multiple birth, prime parity (first order birth), being married and maternal age 35 and over are the some of the factors associated with a greater likelihood of receiving intensive use during the study period (Kogan et. al. 1998). However, in developing countries, many women are still assisted at delivery either by traditional births attendants, relatives or they deliver without presence of any members. In Peru and Thailand, for example, formal education of women influences the use of maternal health care services (Elo 1992; Raghupathy 1996). In Philippines, older women tend to have fewer traditional visits both in urban and rural areas and to increase their private visits in urban areas (Wong et al. 1987). What make them to visit in urban area is more important to analyse for

improving maternal health care utilization. Likewise, place of residence can also be an important determinant of the use of modern health care resources for childbirth. A higher proportion of births in urban areas occur in modern health care facilities compared to rural areas (Obermeyer 1993; Paul and Rumsey 2002). It is undeniable that generally, medical facilities are more readily accessible in urban than rural area. In addition, urban women tend to be more educated and therefore, have greater knowledge about the benefits of maternal health care. Some other maternal characteristics might play important role in less utilization of services despite the availability of services in rural areas.

Many studies have also shown that births to women below age 20 and the women of above age 40 were found to be many times as risky as those in the lowest risk groups (Chen et al. 1974; Khan, Jahan and Begun 1986). It is thus extremely difficult to make reliable calculations of the lives potentially saved in safer age/parity groups. Similar situations were further studied by Winikoff and Sullivan (1987) using the Swedish data. The study justifies the relationship of contraception, fertility and maternal health.

Studies on Maternal Health after 2000 AD

The majority of maternal deaths occur due to unexpected complications, which would require the availability of emergency obstetric care. Presence of skilled birth attendants during labour, delivery and early postpartum period could reduce an estimated 16 to 33 per cent of deaths due to obstructed labour, haemorrhage, sepsis and eclampsia (UNFPA 2004). Expansion of such care in developing countries could support the mothers who are dying due to the lack of such services. Many factors and their roles are identified in developing countries in achieving better maternal health care utilization. Women's exposure to information through the radio, television and newspaper significantly increases the utilization rates for all services in India (Shariff and Singh 2002). Since older and younger women have distinctive experience and influence, their behaviour on seeking health care also varies. A study in Nepal by Sharma, Sawangdee and Sirirassamee (2007) found that women over the age 35 are less likely to utilize prenatal care but more likely to utilize delivery and postnatal care. However, a study in Bangladesh indicated that type of assistance utilized at delivery does not differ significantly with the age of the mother (Paul and Rumsey 2002). Besides the age of the mother, birth order could be important in studying about the utilization of services at maternity. Several studies show a strong negative association between birth order and the use of health care services. For example, a study in Turkey by Celik and Hotchkiss (2000) shows that women who

delivered their first child were found to be significantly more likely to use prenatal care and trained assistance at delivery than women in the higher order.

An approach to increase maternal and child health (MCH) depends on improvement of availability of services, physical infrastructure to reach institution and poverty of the people (Gage and Calixte 2006). Women who experience the death of a son were more likely to obtain prenatal care from a doctor (Philip 2002). The situation therefore can be said that utilization of services quite often depends on different context of the society.

The reasons behind underutilization of services even in availability situation could have different experiences. A study in Enugu, Southern Nigeria revealed that the choice of place of delivery included promptness of care, competence of midwife/doctor, affordability, health education, 24 hours presence of doctors, team work among doctors and presence of specialist obstetricians are some of the major factors (Onah, Ikeako and Iloabachie 2006). However, an earlier study concentrated to rural district of the western Uganda indicates that policy itself is not enough to curb dearth in health care services. The result further urges that appropriate interventions are needed to address the barriers between rural mothers and the formal health care system (Kyomuhendo 2003). Similarly, a study from Guatemala revealed that improvement in quality of care provided by health care-systems and policies aimed at incorporating midwives into biomedical providers led pregnant women to receive culturally appropriate and high quality services from both (Glei, Goldman and Rodriguez 2003). Area-level factors explained a greater proportion of the variation in delivery care than in prenatal care (Gage 2007). Therefore, social learning is somewhat important than availability of services only. Some forms of ANC services was 6.6 times higher in the catchment areas if high quality services available than in areas served by low quality service post (Acharya and Cleland 2000). Likewise, a systematic review of 28 electronic papers published during 1996-2006 related to factors affecting the utilization of ANC in developing countries concludes that there is need of qualitative research to explore the effects of women's satisfaction, autonomy and gender role in decision making process (Simkhada et al. 2008).

Studying most of the empirical researches, as cited above, have identified many socio-economic factors as responsible for utilization of maternal health care. Since both the periods have analysed in a segregate way to understand the maternal health, one cannot come to the conclusion that the situation of the country is better or worse. Instead, all are in administrative stage to change people's behaviour on under-utilization of maternal health care. Role of Government of Nepal to reduce gender differences in education through female

literacy programme and some programme designed and implemented to save lives of women during maternity has, to some extent, resulted improved situation of ANC, delivery care and postnatal care separately (MOHP, New ERA, and ICF International 2012). Considering the role of different other variables in addition to education such as religion, mass media exposure, place of residence, birth order, fertility preference, use of family planning devices etc., and how women's education influence on FMHCSU, instead of affecting the component of maternal health care separately, are tried here based on most recent data set.

Objectives

The main objective of this study is to analyse the role of women's education in full maternal health care service utilization. Others Specific goals include: Identify the association of socio-economic and demographic variables on FMHCSU and analyse the Gross and Net effects of women's education (15-49 years) on full maternal health care service utilization.

Data and Method

This study uses the data that are taken from Nepal Demographic Health Survey 2011 women's data file. For maternal health care utilization, information on Antenatal Care (ANC), Delivery Care and Post Natal Care (PNC) are included. The main dependent variable of this study is constructed based on three components of maternal health care services- ANC, delivery care and Post natal care. Delivery care is categorized into two as- last birth given at health facility (coded as 4) and not at the health facility (coded as 0). Here, health facility covers public, private and NGO based on all services without further looked into the nature of services provided to the women who come there for the delivery care. Similarly, PNC is also made here dichotomous as service received within six weeks of delivery (coded as 4) and beyond the stipulated time of having no care (coded 0). However, ANC includes the services such as: *The number of ANC visits during the last childbirth(pregnancy)*: No Visit is coded as 0, 1 visit=1, 2 visits=2, 3 visits=3 and 4 and more visits=4; *ANC visit made in each trimester*-the first trimester coded as 3, second trimester coded as 2 and third trimester coded as 0; *Iron/Folic Tablet taken*: For more than 90 days=3, 1 to 89 days=2 and those who have not taken or do not know about that=0; *TT Inoculation taken during pregnancy*: More than 2=2, 1 time=1 and No TT=0; *Informed about the pregnancy complication during the last visit*: Yes=2 and No=0; *Blood Pressure measured*: Yes=2 and No=0, *Blood sampled measured*: Yes=1 and No=0, and *urine sample measured*: Yes=1 and

No=0. The services provided during ANC are given importance based on the nature of care, instead of giving equal importance. By computing all variables listed above, the value ranges in between 0 to 26. Further, the values are then categorized as first quartile (25%) - Low, the middle (50 %) as medium and upper (25%) above as High. Since the new indicator covers all 'package of care', it is termed as "Full Maternal Health Care Service Utilization". Birth Order, Household wealth index, Place of residence, Fertility preference, Female occupation, Caste/ethnic group, Religion etc. are some of the independent variables, some of which are categorized different than it is there in NDHS data/report. After looked into the association, multinomial logistic regression has been used to observe the gross and net effects of women education with FMHCSU. Though the new variable is ordinal, it has to be used ordered logistic regression but the test of parallel lines suggests considering either to change the category or to use multinomial (Tarling 2009). Therefore, multinomial logistic regression has been employed here.

Findings

Trends in women's education in Nepal

This section heavily depends upon the results of periodic Demographic and Health Status surveys conducted in Nepal. Three rounds of Nepal Demographic Health Survey have captured the education attainment of respondents and are categorized in this study into three as- *No education, Primary Education and Secondary and above*. Table 1 shows that the proportion of women who were in 'no education' level was the highest (73 per cent) in 2001. The gradual declination in the proportion of *No education* has been observed in each 5 years interval of survey.

Table 1: Trends in Women's Education in Nepal according to NDHS

Female's Education	Survey Year			Proportion Change		
	2001	2006	2011	2001-2006	2006-2011	2001-2011
No Education	72.4	58.0	43.9	(19.9)*	(24.3)*	(39.4)*
Primary Education	14.4	18.3	20.1	27.1	9.8	39.6
Secondary and Above	13.2	23.8	36.0	80.3	51.3	172.7
Total(Number)	4745	4066	4148			

Source: Computed from NDHS-2011 women's data file; *=Number in the bracket is for negative growth

The declination in *No education* category has been observed a little bit more in 2006-2011 than the period 2001-2006. However, the overall declination has been

found as nearly 40 per cent during 2001-2011. The most important things is that the women in secondary and above level has increased tremendously (173 per cent) during 2001-2011 than in primary education (40 per cent) in Nepal (Table 1).

Level of Education Attainment during Census 2001 and 2011

Since the data from census has been found poor in explaining the same category as mentioned in demographic health surveys, education attainment of female age 6 years and above has been presented in Table 2 to draw inference to compare with Table 1. Table 2 shows that proportion of female of age 6 and above has increased by 243 per cent during 2001-2011. However, the growth in proportion of female in primary level education has not been crossed more than 20 per cent during the same period. From the same table, about 43 per cent of the female age 6 and above are Illiterate in 2011, which was about 68 per cent in 2001.

Table 2: Level of Educational attainment of age 6 years and above by sex, Nepal, Census 2001-2011

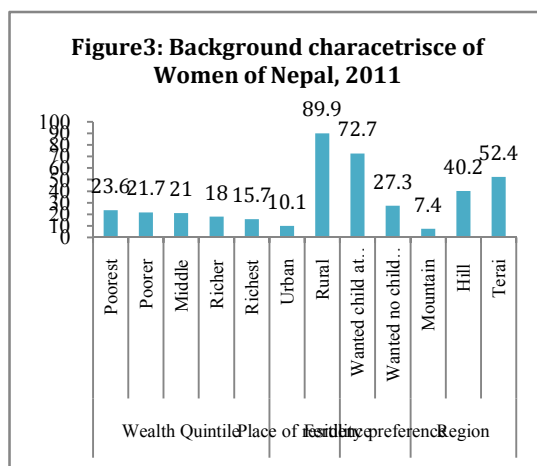
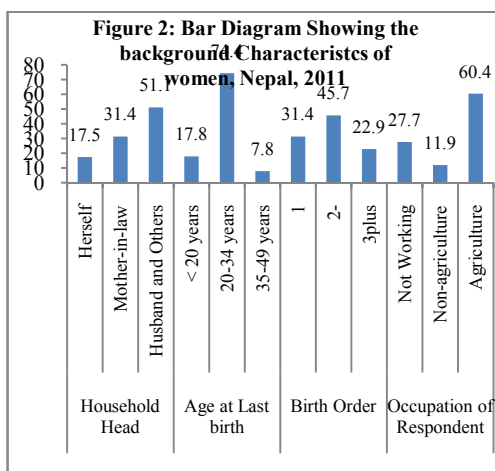
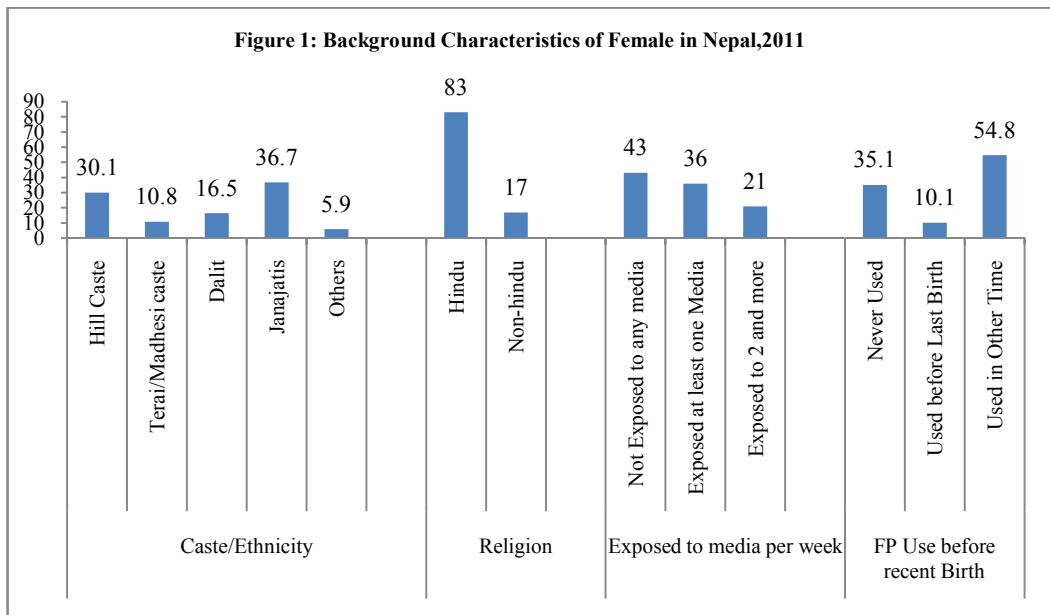
Educational Level	2001		2011		Percentage Change in female's education
	Male	Female	Male	Female	
Literate but not Schooling	5.5	3.9	2.7	3.0	(23.1)
Primary	25.7	19.6	29.2	23.5	19.9
Secondary and above	33.4	8.8	42.6	30.2	243.2

Source : Population Monograph of Nepal, vol-2, page 210, Number in the bracket is for negative growth

Background Characteristics of Respondents

Selected variables have been taken to understand the role of women's education in understating the full maternal health care service utilization (FMHCSU). The highest proportions of sample population are Janajatis followed by Hill castes and a very few of them are in others (6 per cent). Most of the population is predominantly Hindus (83 per cent). The largest sections (43 per cent) of sample population are deprived from media exposure. Similarly, one third of women are not exposed to any family planning methods even they have given at least one child before the survey. Still female-headed household is less (18 per cent) as compared to male headed (51 per cent). Majority of the women of age 20-34 have given birth to the last child. Nearly 50 per cent of the women have given last childbirth as second order. Out of total women under study, only 12 per cent of them are in non-agriculture occupation. Similarly, the highest proportions of women are in the poorest household wealth quintile, whereas, least (16 per cent)

are in the richest category. About 90 per cent of the sample population is from rural areas. Similarly, the proportion of unintended birth (wanted later or wanted no more) is 27 per cent in Nepal. And, more than 50 per cent of the women are from Tarai region (Figure 1, 2 and 3).



Source: Computed and figure drawn from NDHS-2011 women's data file,

Status of Maternal Health Care Components: ANC visits, Delivery Care and Postnatal Care

Three stages during the childbearing process has considered as most crucial for saving women and the child's life. Since there are many care that a woman has to be alerted in receiving during the childbearing process, it has been presented some important one only to understand the utilization of maternal health care in Nepal. Table 3 presents that about 15 per cent women have no care during ANC period. A fairly appreciable result is that nearly 50 per cent of the women initiated their pregnancy care during first trimester, the period at which care initiated early provisions them to take more other care if they continue and follow accordingly. Since discontinuation of care prevalent more in most of the developing countries, very little proportion (3 per cent) of women initiated their first pregnancy check-up at third trimester, which is quite unhealthy habit for maternal health standpoint. In addition, despite looking at how and when a woman in her last child birth visited 4 times ANC check-up, 50 per cent of the women have made 4 and more ANC visits in their last birth. Despite looking at who successfully went health facility for delivery, about 39 per cent of the women in their last birth have utilized health facility for delivery. Though, it is considered and even found in reality that those who give birth to the child in health facility would obviously receive postnatal care, about 43 per cent of the women have received PNC in their last birth (Table 4). As per the advocacy and the programme initiated in Nepal to cover all women during their pregnancy to provide free maternity care, a very mixed result has been observed from the Tables 3 and 4. Why those who visited four and more visits did not fully went at health facility for delivery and also received PNC or only the women who have four and more visits have gone for delivery care at health institute? It is very unclear from both Tables 3 and 4. And, it is unwise to explain from the result that the exact maternal health care's position since last two decades of care initiated in Nepal. Therefore, a new approach in understanding maternal health care is brought forward to observe overall situation in Nepal.

Table 3: Percentage distribution of first pregnancy care check-up started and the Number of Visits done, Nepal, 2011

First Pregnancy Care Started at	Percentage	ANC visits	Percentage
No Care made at all	15.2	No Visit	15.2
First Trimester	49.7	1	6.1
Second Trimester	31.9	2-3	28.6
Third Trimester	3.3	4 and More	50.1
Total		100(4148)	

Source: Computed from NDHS-2011 women's data file,

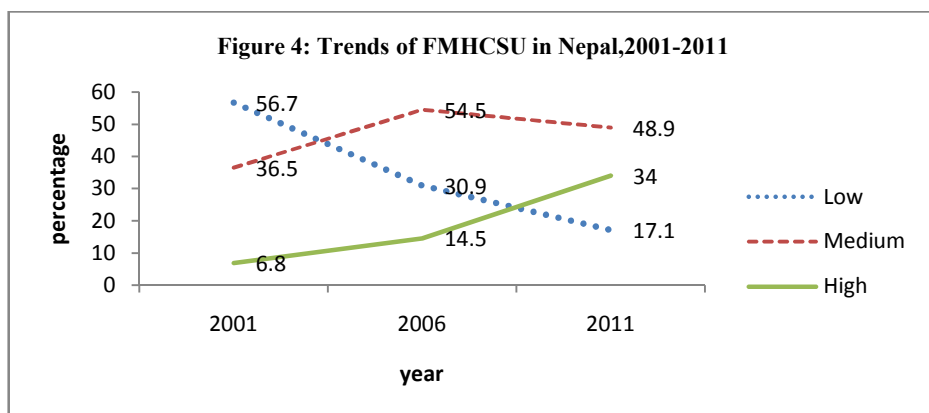
Table 4: Percentage Distribution of Respondents by Place of last birth given at and the post natal care received after delivery, Nepal, 2011

Place of Delivery		PNC		Total
Not at Health Facility	Health Facility	No Care	Care within Time	
61.5	38.5	56.8	43.2	100(4148)

Source: Computed from NDHS-2011 women’s data file,

Trends in Full Maternal Health Care Service Utilization

As explained in methodological part about the construction of new approach to maternal health care utilization in Nepal, it has been observed from the figure 4 that the line showing high-FMHCSU has been increasing linearly since 2001. On the other hand, the line showing low- FMHCSU, since 2001, has declined sharply, which is reached at 17 per cent in 2011. In addition, the rate of inclination of medium- FMHCSU is more than the rate of inclination of high-FMHCSU in the beginning of 2001. It might be the reason that when maternal health care service in Nepal was spreading widely throughout the rural areas, people were attracted from the availability of the services but not all care abruptly. Therefore, the result is towards medium- FMHCSU. Still many women from rural area of Nepal are far behind the availability of full maternal health care utilization which results less prevalence of FMHCSU.



Source: Computed and figure drawn from NDHS-2011 women’s data file

Result of Bivariate Analysis

Table 5 describes the proportion of full maternal health care service utilization by the different characteristics of women of Nepal in 2011. It has been observed that

the high-FMHCSU is more likely to increase with increasing women's level of education. The level of FMHCSU depends also with the different caste/ethnic group of Nepal as it observes that Dalits of Nepal despite the place of residence are far behind in utilization of high-FMHCSU. Among Hindus and non-Hindu women of Nepal, non-Hindus are more likely to use medium and low-FMHCSU. Likewise, woman who exposed to media per week despite the purpose of exposure is more likely to utilize high- FMHCSU. It has also been observed that as the number of media exposure per week increases, the proportion of utilization has also been increased along with. Household where there is mother-in-law remain as head of the household has slightly higher chance of getting high- FMHCSU as compared to woman herself or husband remain as head of the household. Younger mother are more likely to utilize high-FMHCSU than mother at other ages. The result might be associated with the order of birth. The first order women utilizes high- FMHCSU more than three times than women of 3 and more order of birth. Since maternal health care components are free of cost, women who are associated with non-agriculture as their occupation are more likely to utilize high- FMHCSU than women of any other occupation. In addition, the household wealth quintile is directly proportional to utilize high- FMHCSU. Therefore, nearly 4 out of 5 women of the richest household utilize high- FMHCSU whereas only one-tenth of women from the poorest household. Nearly less than 50 per cent rural women get chance to utilize high- FMHCSU than the urban women. Women from Tarai region are more likely to utilize high- FMHCSU compared to other two regions of Nepal. The result from bivariate analysis infers that there is huge variation in utilization of FMHCSU in Nepal. One more striking point is to be noted here is that all the variables taken into consideration are positively associated (Table 5).

Table5: Proportion Distribution of Full Maternal Health Care Service Utilization by Background Characteristics of Women given Last Birth during 5 years Before the Survey, Nepal, 2011

Background Characteristics	Full Maternal Health Care Service Utilization			Total cases	Chi-square
	Low	Medium	High		
women's Education					
No education	28.4	56.6	14.9	1821	883.25***
Primary	15.8	56.1	28.1	834	
Secondary and Above	4.1	35.4	60.5	1493	
Caste/Ethnicity					
Hill Caste	11.0	43.3	45.6	1249	170.16***
Tarai Madhesi caste	15.9	54.9	29.1	446	
Dalit	19.8	58.1	22.1	682	

Table contd ..

Janajatis	22.0	46.1	31.8	1542	
Others	12.2	58.5	29.3	246	
Religion					
Hindu	16.3	48.3	35.3	3444	20.43***
Non-Hindu	21.2	51.6	27.3	704	
Exposed to media per week					
Not Exposed to any media	25.9	56.0	18.1	1783	609.5***
Exposed at least one Media	14.8	49.6	35.6	1495	
Exposed to 2 and more	3.1	33.1	63.8	870	
Household Head					
Herself	18.5	47.8	33.7	726	40.01***
Mother-in-law	11.9	50.3	37.7	1301	
Husband and Others	19.8	48.4	31.7	2121	
Age at Last Birth					
< 20 years	12.2	51.2	36.7	739	186.87***
20-34 years	15.5	49.6	34.9	3084	
35-49 years	44.0	37.2	18.8	325	
Birth Order					
1	6.3	39.9	53.8	1302	595.1***
2	11.8	50.7	37.5	1161	
3 plus	29.1	54.6	16.3	1685	
Occupation of Respondent					
Not Working	9.3	42.2	48.5	1150	491.36***
Non-agriculture	5.3	32.3	62.4	492	
Agriculture	23.1	55.2	21.7	2506	
Household Wealth Quintile					
Poorest	35.6	55.4	9.0	978	1202.62***
Poorer	22.4	58.4	19.1	900	
Middle	10.3	59.4	30.3	872	
Richer	7.6	42.2	50.1	748	
Richest	2.2	19.4	78.5	650	
Place of residence					
Urban	6.0	28.5	65.6	418	209.92***
Rural	18.4	51.2	30.4	3730	
Fertility preference					
Wanted child at the time of Birth					
Wanted no child or/Later	14.4	48.9	36.7	3018	73.34***
	24.5	48.8	26.7	1131	
Region					
Mountain	24.5	57.2	18.3	306	130.53***
Hill	23.2	45.1	31.8	1669	
Tarai	11.5	50.7	37.8	2175	
Total (Per cent)	17.1	48.9	34.0	100.0	
Total (Number)	711	2028	1409	4148	

Source: Computed from NDHS-2011 women's data file,

Effect of Women's Education on FMHCSU: Results of Multinomial Logistic Regression

Multinomial Odds Ratio of logistic regression models of FMHCSU by women's own education level has been presented in Table 6. It has been presented the unadjusted effects of women's education on receiving FMHCSU in Table 6. The odds of receiving medium-FMHCSU in against low- FMHCSU by the women having no education compared to Secondary and above education is 0.226 and the same for primary education is 0.49. The result has clearly indicated that the chance of receiving medium-FMHCSU is almost one-fourth than women of higher education. Similarly, the odds of getting high-FMHCSU compared to low-FMHCSU by the women having no education is 0.034 as compared to women with secondary and higher education. However the odds ratio is 0.148 times for the women of primary education compared with secondary and above. From these two results- medium and high- FMHCSU, role of women's education has understood as much essential. The result shows that women with no education and primary education are more susceptible to utilize low and medium – FMHCSU. If so, the current levels of maternity care are almost received by the women of secondary and higher education. But, this does not happen all the time. As women's education level only is not responsible to utilize FMHCSU, there might be various other factors, which may play equal role in current level of utilization. Therefore, adjusted effect of women's education has been presented in Table 7. The reduction of odds ratio by nearly 50 per cent in women with no education than the women with secondary and above education infers one to understand that uneducated women stick more to low- FMHCSU. Similarly, as in table 6, the odds ratio has reduced very sharply for the women with no education. However, in table 7, the odds of receiving high-FMHCSU among the women with no education is 0.196 and for the women with primary education is 0.46.

As found that education is one of the best contraceptive for bringing enhancement in overall health, but the case of maternal health is viewed as a special condition which requires other's physical as well as moral support and cooperation. Country like Nepal was in great transition stage -shifting towards total medical screening from merely home based maternal care in the last decade. Multinomial logistic regression result has clearly inferred that besides women's own education other factors are equally essential in achieving current level of maternal health.

Table 6: Multinomial Odds Ratios Estimates from Logistic Regression Models of Full Maternal Health Care Service Utilization by women's education level, Nepal, 2011

Women Education	Model-I			
	Medium Level of Care		High Level of Care	
	B	EXP(B)	B	EXP(B)
No Education	-1.486	0.226***	-3.368	0.034***
Primary	-0.714	0.490***	-1.918	0.147***
Secondary and Above®	-	-	-	-
Constant		8.45***		15.11***
-2Log Likelihood	984.55			
Negelkerke R ²	0.237			
Cases (Unweighted)	4079			

Source: Computed from NDHS-2011 women's data file, Note: ***= <0.000, reference category- Low Level of Care.

Table 7: Multinomial Odds Ratios Estimates from Logistic Regression Models of Full Maternal Health Care Service Utilization by Women's Characteristics, Nepal, 2011

Background Characteristics	Model-II			
	Full Maternal Health Care Service Utilization			
	Medium Care		High Care	
	B	EXP(B)	B	EXP(B)
Female Education				
No education	-.791	0.453***	-1.629	0.196***
Primary	-.268	0.765	-.774	0.461***
Secondary and Above®				
Caste/Ethnicity				
Hill Caste	-.398	0.672	-.605	0.546
Tarai /Madhesi	-.692	0.501	-1.126	0.324**
Dalit	-.385	0.681	-.417	0.659
Janajatis	-1.000	0.368**	-1.271	0.281***
Others®				
Religion				
Hindu	.282	1.325	0.641	1.897***
Non-Hindu®				
Exposed to media per week				
Not Exposed to any media	-.905	0.405***	-1.234	0.291***
Exposed at least one Media	-.700	0.497**	-.926	0.396***
Exposed to 2 and more®				
Household Head				
Herself	.087	1.091	.185	1.203
Mother-in-law	.265	1.303*	.305	1.357*
Husband and Others®				
Age at the Last birth				
< 20 years	.283	1.327	-.701	0.496*
20-34 years	.664	1.942***	-.024	0.977
35-49 years®				

Table contd ..

Birth Order				
1	.859	2.361***	1.879	6.548***
2	.365	1.441**	.804	2.234***
3 plus®				
Occupation of Respondent				
Not Working	.031	1.032	.412	1.509*
Non-agriculture	.218	1.244	.604	1.829*
Agriculture®				
Household Wealth Quintile				
Poorest	-.569	0.566	-2.317	0.099***
Poorer	-.320	0.726	-1.701	0.183***
Middle	-.078	0.925	-1.176	0.308***
Richer	-.092	0.912	-.916	0.400**
Richest®				
Place of Residence				
Urban	0.044	1.045	.425	1.530*
Rural®				
Fertility Preference				
Wanted child at the time of Birth	0.29	1.336**	.527	1.694***
Wanted no child or/Later®				
Region				
Mountain	-.375	0.687	-.602	0.548**
Hill	-.514	0.598***	-.476	0.621**
Tarai®				
Constant		10.62***		27.8***
-2Log Likelihood		5593.49		
Negelkerke R ²		0.413		
Cases (Unweighted)		4079		

Source: Computed from NDHS-2011 women's data file, Note: ***= p<0.000,**=p<0.01and
*=p<0.05;reference category-Low Level of Care.

®= Reference Category

Socio-economic and other Characteristics and FMHCSU

Since bivariate analysis shows that the likelihood of getting high-FMHCSU is very less as compared to other caste, the result of multinomial odds ratios shows that there is no differences in getting care between 'Others' and 'Dalits' of Nepal. Since the country is predominance of Hindu, the odds of getting high-FMHCSU is 1.89 time than the non-Hindu. Exposure to the media per week pronounced more in receiving FMHCSU. Table 7 also shows that the odds of getting high-FMHCSU reduce as the women do not expose to any media per week. Free maternity care services awareness/knowledge and information was highly covered in different 'media' hence this might be the reason for those who exposed many hours regularly will be benefitted more about the care to be taken

during childbirth. As female members are highly desired to assist female from very beginning of the conception, thus, this might be the reason why mother-in-laws' role has seen as equal in getting either medium or of high-FMHCSU. Women of age 20-34 years at the birth of last child are highly benefitted to receive medium-FMHCSU. But, the odds of getting high-FMHCSU reduce at the women's rising age. The result helps to disseminate information that mother in early age are more likely to receive medium-FMHCSU. Since first order birth bring pleasure and happiness to each and every family, the odds of getting high-FMHCSU for first order birth is about 6 times than the women having more than 3 children. For the second birth, the odds reduced by one third of the first order birth. Both women in not working category and working in non-agriculture are benefitted more than the women in agriculture. The result might be mistrust, however, the reality of which is due to the better household income of women in not working category who gets more care than women from agriculture. There is no difference in chance of getting medium-FMHCSU for different level of household wealth quintile. In addition, the chance of getting high-FMHCSU has directly associated with the increased in level of household wealth quintile. Due to availability of health facility in urban centre, the odds has increased by 1.5 times than the women living in rural part of Nepal. Odds of receiving both medium and high-FMHCSU increase among the women with wanted child than wanted later/ wanted no more. Since the odds ratio reduces as the women from hill as compared to Tarai women, the chance of getting medium- FMHCSU than the low- FMHCSU has been observed for them and women from both mountain and hill regions are severely affected as the odds reduce for the hill and mountain region compared to Tarai region of Nepal.

Conclusions

Acquiring education up to certain level always depends on many socio-economic contexts of the family, society and the country as a whole. Even women education is highly affected by many such characteristics in the country like Nepal where political instability lagged behind the expansion of education opportunity and to reach all types of maternity services in rural strata where large numbers of people are residing with measurable life. The FMHCSU as described in methodology part is necessitated for each and every pregnant woman despite their level of education to transform their health as it despaired during a process of child birth. As Nepalese women's education level has increased satisfactorily but the health care system utilization has observed as favourable only to woman with secondary and above education. Therefore, unless the health system could not understand the different aspects of the society

and do not ready to revise the existing law and performance, the FMHCSU will go in hand with certain strata of the population of Nepal. Till the country does not reach at a situation of higher level women's education, some new strategy should be adopted to get full maternal health care utilization. Despite many cumbersome, the government of Nepal's efforts to pay more emphasis in women education would undoubtedly take country towards reducing maternal mortality to a great extent and get success to reach at a goal beyond a millennium development goal 5.

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International Migration and Remittance in Nepal

*Arun Gautam*¹

Abstract

International migration and remittances are important areas of population and development. A large number of Nepalese households receive remittances as a result of labour migration. The remittance has substantial impact on household income and contributes significantly in country's economy. Use of remittance on household consumption and education has become the major determining factor of increased welfare of Nepalese households. It has supported to alleviate the national poverty to some extent and has also increased government's revenue collection. However, the remittances received is yet to be invested in productive sector, such as manufacturing, tourism, hydropower, infrastructures and in new technologies. The government needs to adopt an investment friendly policy for encouraging people to invest in productive sectors to create more jobs and to retain working age population within the country.

Keywords: International Migration, Remittance, Nepal

Introduction

Remittances from international migration have been important component of the Nepalese economy, which constitute 29.1 per cent of GDP (MoF, 2014). Foreign exchange earned from migration was higher than that of export receipts and official aid combined. It was observed in 2010 that around 56 per cent of Nepalese households had at least one migrant abroad or a returnee (CBS 2011). On an average, 1430 workers left the country each day in 2013/14 (DoFE 2014). The remittances have not only far-reaching impact and role on Nepal's economy, household consumption and investment patterns, but also on its on-going structural transformation, characterized by the expansion of low multiplier import-dependent services sector activities, and consistent deindustrialization. As a share of GDP, in 2012, Nepal was the sixth highest remittance recipient in the world. International labour migration has thus become the most important economic activity in Nepal (ADB, 2013).

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Status of International Migration

The National Population Censuses collected and estimated the size of the migrant population for different times. Since 1952/54, the number of international migrants increased significantly from about 200,000 to around two million by 2011. The highest change occurred between 2001 and 2011 when the number of international migrants was more than double. The increase in the absent population as a proportion of total population was not so high, however, the rate of increase in absent population was very high. In the 1991 Census, there was an increase of 63.4 per cent in the absent population in absolute terms from the previous Census, but it was just 3.4 per cent of the total population. In 2001, the rate of increase slowed sharply from 63.4 in 1991 to 15.8 per cent, which was 3.2 per cent of the total population. Similarly, there was a high increase in absentee population in 2011 with 152.1 per cent increase in migrants and also the proportion of migrants (7.3%) among total population (Table 1).

Table 1: Population and International Migrants by Year

Year	Total Population	International Migrants (Absentees)	Share of migrant with total population	Rate increase of migrant
1952/54	8,256,625	198,120	2.3	-
1961	9,741,466	328,470	3.4	65.8
1971	11,555,983	-	-	-
1981	15,425,816	402,977	2.6	-
1991	19,149,387	658,290	3.4	63.4
2001	23,499,115	762,181	3.2	15.8
2011	26,494,504	1,921,494	7.3	152.1

Source : National Population Census, CBS

International Labour Migration

There was observed a steady increase in the total number of labour permits issued for foreign employment by Department of Foreign Employment (DoFE)/Nepal. A total of 22,26,152 labour permits were issued over the six-year period between 2008/09 and 2013/14. In that period, the number of labour migrants increased by 137 per cent, which accounted about 8 per cent of Nepal's total population. It is believed that thousands of Nepalese have migrated to foreign countries for employment through irregular channel of migration using airports in neighbouring country without having labour permits from DoFE/Nepal. So, the number of international labour migrants could be much higher than the official data (Table 2).

Table 2: Total number of Labour Permits Issued Annually, 2008/09–2013/14

S.N.	Year	Total Labour Migrants	Rate of increase in absolute terms (%)
1	2008/09	219,965	
2	2009/10	294,094	25.21
3	2010/11	354,716	17.09
4	2011/12	384,665	7.79
5	2012/13	450,834	14.68
6	2013/14	521,878	13.61
Total		2,226,152	137.26

Source : Dept. of Foreign Employment

Destination

There are 108 international destinations identified by the Government of Nepal for foreign employment, but data on labour permits issued between 1993/94 and 2012/13 by DoFE/Nepal reveals that more than 90 per cent of Nepali migrant workers went to just four countries: Malaysia (32%), Qatar (27%), Saudi Arabia (20%) and the United Arab Emirates (13%). However, for 37.9 per cent of total labour migrants, Nepal Migration Survey 2009 data revealed that around 41 per cent of these migrant worker's destinations were India and gulf countries. Similarly, 11.5 per cent of the migrant workers had gone to Malaysia; and only 10.1 per cent migrant's destinations were other countries than India, Malaysia and Gulf countries.

Age and Sex of Migrant

According Nepal Migration Survey 2009 data, the average age of a labour migrant working abroad was 30 years. But the average age of labour migrant varied by destination. The average age of labour migrants going to countries like India, Malaysia and the Gulf countries was much lower than that of those going to other countries. The average age of migrant labour was 29.9 years for all, whereas 29.4 years for Malaysia. Similarly, it was 28.9 years for Gulf countries. The average age of labour migrant going to countries other than India, Malaysia and Gulf countries was around 32 years.

The number of female migrant workers was much smaller than that of males. According to the Population Census 2011, of the total (19,21,494) international migrants, only 12 per cent were women, whereas the Department of Foreign Employment records showed that less than 4 per cent of the total labour permits were issued to females in period from 2006/07 to 2012/13. It should, however, be noted that a significant number of female migrants also used 'irregular' channels

of migration. As a result, the data of such movements were not captured by the DoFE. Unofficial sources state that Lebanon, Kuwait and Israel are some popular destinations for women migrant workers.

Education of Migrants

Nepal Migration Survey 2009 observed that only 13 per cent migrants were illiterate. Among the literate labour migrants, 21.4 per cent of the labour migrants had attended only primary education, 53.4 per cent had completed secondary education and 7.9 per cent had completed higher secondary education and only 4.4 per cent had received bachelor's degree and above. The higher educated and skilled workers tended to go for employment in the Western countries, while others who sought employment in India, Malaysia and the Gulf were less educated. More than a third of the migrants to western countries had completed at least a bachelor's degree, whereas, less than 2 per cent of migrants who had gone to countries such as India, Malaysia and the Gulf region had received the bachelor's degree and above. This scenario indicated that high skilled human resource tended to move to developed countries; however, semi-skilled or low skilled people had approached to other developing and gulf countries. Thus, labour emigrants with low level of education and less skilled had to choose the countries with many difficulties due to lack of proper knowledge of work, their rules, regulations and even environment. Obviously, these emigrants had less capability to cope with the problems persisted and were much vulnerable than others.

Occupations of Migrants

As reported by a survey, major occupations of Nepali migrant labourers in foreign countries were manufacturing (32 %), construction (16 %), and hotel/catering (16%). But the survey has not mentioned the "other areas" the remaining 36 per cent are engaged in (Nepal Migration Survey, 2009). The labour migrants are found to change their occupations upon their return.

More than two-third of labour migrant were engaged in Agriculture before migration, only 5.7 per cent were in Manufacturing, 5.6 per cent in Construction, 6 per cent in Service and very few people were engaged in sectors such as Hotel and catering, Transport, and Trade and commerce. But after returning from foreign countries 16.2 per cent were found having been engaged in Construction, 15.7 per cent in Hotel and catering, 11.6 per cent in services and only 7.9 per cent are engaged in agriculture. After returning from foreign country, most of them switched their occupation from agriculture to other sectors (Table 3).

Figure 1 : Shift in Occupation of Labour Emigrants- Before and After

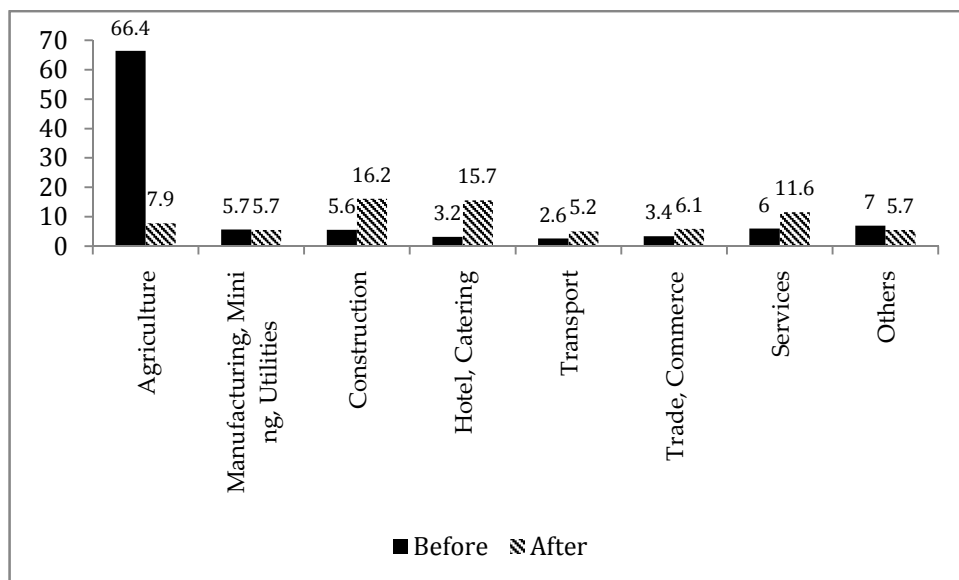


Table 3: Occupation before and after Foreign Employment

S.N.	Occupation inhome country	Before migration (%)	After returning (%)
1	Agriculture	66.4	7.9
2	Manufacturing, Mining, Utilities	5.7	5.7
3	Construction	5.6	16.2
4	Hotel, Catering	3.2	15.7
5	Transport	2.6	5.2
6	Trade, Commerce	3.4	6.1
7	Services	6.0	11.6
8	Others	7.0	5.7

Source: Nepal Migration Survey 2009

Remittances from International Migration

Globally, Nepal ranked sixth country for the remittances it received from abroad in 2012 as a percentage of its gross domestic product (ADB, 2013). According to data of Nepal Rastra Bank the remittance received in the country in 2010/11 was 254 billion rupees that increased by 42 per cent in 2011/12 and had reached 360 billion rupees. It reached more than double (582 billion rupees) in 2014/15 from the level of 2010/11. In comparison to GDP (compiled by Central Bureau of Statistics/Nepal), the share of remittance was 18.55 per cent GDP in 2010/11 and had reached 27.98 per cent of GDP in 2013/14 (Table 4).

Table 4. Remittance Received and Gross Domestic Product by Year

F.Y	Remittance received (in million Rs.)*	per cent change in remittance	GDP(in million Rs.)**	Per cent of Remittances to GDP
2010/11	253,551.6		1,366,953	18.6
2011/12	359,554.4	41.8	1,536,000	23.4
2012/13	434,581.7	20.8	1,701,194	25.6
2013/14	543,294.1	25.0	1,941,624	27.9
2014/15 [®]	582,069.1	7.1	2,124,650	27.4

Sources and notes: *Nepal Rastra Bank, **CBS/Nepal, [®] Estimated for 2014/15

According to Nepal Living Standard Survey 2010/11, the average income transfer in the form of nominal remittances was Rs 80,436 per recipient household. Per capita nominal remittance for all population was considered NRs. 9,245 in the reference year. The share of remittance received by Nepalese household from foreign countries other than India was much higher than received from India and from within Nepal.

Table 5: Remittances Received by Nepalese Household from 1995/96 to 2010/11

Description	1995/96	2003/04	2010/11
Average amount of annual remittance per recipient household (NRs.)	15,160	34,698	80,436
Households receiving remittances (%)	23.4	31.9	55.8
Total amount of remittances received by household from foreign countries (%)	55.3	76.5	80.4
Total amount of remittances received by household from within Nepal (%)	44.7	23.5	19.6
Total amount of remittances received by household From India (%)	32.9	23.2	11.3
Total amount of remittances received by household from other foreign countries than India (%)	22.4	53.4	69.1
Remittance in household income among recipients (%)	26.6	35.4	30.9
Per capita remittance received(NRs.)	625	2100	9,245
Total amount of remittances received (million NRs.)	12957.8	46,365.5	259,088.5

Sources: Nepal Living Standard Survey 1995/96, 2003/04, 2010/11

The share of remittance from within Nepal was 19.6 per cent, and from India it was 11.3 per cent and from foreign countries other than India was the highest as 69.1 per cent. The share of remittances from India and from within Nepal decreased by 300 per cent and around 250 per cent respectively in period of 15

years (from 1995/96 to 2010/11). However, the share of remittance received by Nepalese household from foreign countries other than India was sharply increased by more than 300 per cent (22.4% to 69.1%) in the period of 1995/96 to 2010/11 (Table 5).

The share of remittances in household income among recipients was significantly high in the study period, and it had an increasing trend. The share of remittances in household income was 26.6 per cent in 1995/96 and it increased to 30.9 per cent in 2010/11. The total remittance received was 12.96 billion in year 1995/96 and it further increased by more than 200 per cent and reached to 259 billion rupees in 2010/11. The data also showed that the share of remittances from external source were high in comparison to internal sources in 2010/11. The total amount of remittance from external source was 208.2 billion rupees comprising 80.4 per cent of total of 259.1 billion rupees.

These scenarios depicted that Nepali labour migrants working in the countries other than India are able to send much amount of resources to home. It may open new avenues of international labour migration, but the migrants are needed to be skilled to send large amount of remittances.

Use and Impacts of Remittances

Use of Remittance

Nepal Living Standard survey 2010/11 report explained that the Daily Consumption had the highest share among the uses of remittances that was followed by Repaying Loans. About 79 per cent of the total remittances received by the households were used for Daily Consumption while 7 per cent was used for Loans Repayment. The share of consumption on remittances received from India was very high (85 per cent), its share on remittance received from Malaysia, Saudi Arabia and Qatar was more than a half. More than one-fourth of the remittances received from Malaysia, Saudi Arabia and Qatar were used for Repaying Loans. It was believed that Out of total of repaying of loans, the loans taken for the purpose of going for foreign employment such as the fee charged to arrange international jobs and cost of transportation and living before departure were very high. So much earning was spent with interest to pay back loans taken for pre-migration processes. Use of remittances on education was low as 3.5 per cent. Its use on Capital Formation, Business and Saving were even much lower (2.4 per cent, 0.5 per cent and 0.6 per cent respectively). Similarly, out of the total remittances received in the country, 4.5 per cent of it was used to acquire Household Property (Table 5).

Table 5: Distribution of remittances by origin of remittances (in Per cent)

Source of Remittances	Daily Consumption	Education	Capital Formation	Business	Household Property	Saving	Repay Loan	Others	Total
India	84.6	2.2	2.0	0.3	4.2	0.4	4.5	1.9	100.0
Malaysia	52.1	4.3	4.3	1.2	5.0	0.9	30.0	2.2	100.0
Saudi Arabia	57.6	1.2	4.3	0.5	2.8	0.6	31.0	2.1	100.0
Qatar	55.4	5.0	6.2	0.3	4.3	0.5	25.8	2.5	100.0
UK	74.2	0.0	3.6	2.0	2.0	3.2	10.2	4.8	100.0
Other country	59.1	6.3	4.6	1.6	1.9	3.1	19.1	4.3	100.0
Total	78.9	3.5	2.4	0.5	4.5	0.6	7.1	2.5	100.0

Source: NLSS 2010/11

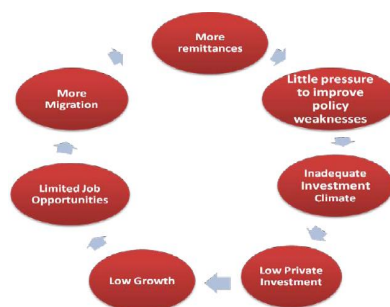
Impacts of Remittances

Remittance contributed significantly to increase household incomes and to reduce the poverty. Contribution of remittance on income of all households is 24 per cent and two-thirds for remittance-receiving households (The World Bank 2011). Poverty declined from 42 per cent in 1996 (NLSS 1995/96) to 25 per cent in 2011. It is believed that foreign remittance has more than fifty per cent contribution on poverty reduction in Nepal (NLSS 2010/11).

Figure 2 : Vicious policy cycle of high remittance

Remittance has helped to sustain the external balance and enhance foreign reserves. It has also led to higher consumption-enhancing population welfare and reducing poverty incidence.

Increased consumption and, as a consequence, imports also strengthened fiscal revenues through customs and



Source of figure 2: Large Scale Migration and Remittance in Nepal, 2011 THE WORLD BANK

VAT collection and contributed to improved revenue performance (The World Bank 2011) (Figure 2).

Remittance has also fuelled inflation in Nepal. Higher consumption due to high rate of remittance led to strong import demand and a widened the trade deficit that offset the benefits of remittance inflow. Much of remittances, due to the adverse economic environment, invested in the real estate sector created financial sector vulnerabilities as banks financed the investments on inflated asset prices. High remittance, on the one hand, share of GDP of both exports and the manufacturing sector have persistently declined, on the other hand it has appreciated real effective exchange. While, the poor business environment and deterioration of public security also contributed to the stagnation of manufacturing after 2001. Rising real wages are also believed to be closely associated with large-scale migration and remittance (The World Bank, 2011).

Conclusions and Recommendations

Conclusions:

Large scale of international migration from Nepal has grown the remittance substantially over the years. The remittances have improved the quality of life of Nepalese people through the household consumptions especially on food, clothing, shelter, health and education. It has substantially supported to alleviate the poverty of the country. It is believed that remittance has more than fifty per cent contribution to reduce the poverty of the country. Remittances have been the largest source of foreign exchange income and it has great contribution to maintain a positive current account balance and balance of payments. Remittances also have been indirectly contributing to the steady growth of tax revenues.

Most of the migrants were engaged in agriculture before migration, but the majority switched from farming after returning back. The migrant returnees have preferred manufacturing and utilities; construction; hospitality and service sector jobs and occupations after migration. These facts indicate that the returnees want use their skills, abilities and experiences gained abroad.

However, investment on capital formation and business as well as in the saving is negligible. Because of lack of investment opportunities and incentives in other sectors, much of the remitted resources, has been invested in the real estate sector resulted high price hike of land and also the financial sector vulnerabilities has been increased.

Recommendations

To make the contribution of remittance on national economy, remittances should be diverted into the field of infrastructure development, manufacturing and service sectors, small and medium enterprises (SME) and commercialization of agricultural discouraging the additional consumption.

The government should make and implement investment friendly policy to encourage and motivate individuals to invest. The policy also should be such that the returnee migrants encouraged in utilizing the skills, experiences and abilities attained abroad by establishing and running small and medium establishments. So that their remittances will be properly utilized in productive sectors generating income and employment opportunities.

Strong political commitment, good governance, better policy is necessary for investment-friendly environment. The enthusiasm of general people to invest in hydropower and financial and other sectors (which was observed in recent IPOs of some financial and hydropower companies) should be captured.

Government should have effective programmes to attract the industrious population within the country and Nepalese Diaspora to invest in the development of infrastructures and new technologies. Such investment on the one hand increases and sustains economic growth, and it helps to create more employment opportunities on the other. Only economic growth and job creation at home can make migration a matter of choice rather than a survival strategy.

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Population Dividend: A Golden Opportunity for Nepal

Padma Prasad Khatiwada¹

Abstract:

Nepal's trend of population growth shows a fluctuating rate till 2001 Population Census. It has sharply decreased during 2001 – 2011 census period remaining 1.35 per cent per annum. Since the highest population volume stagnant to 0-4 years age distribution till 1991 began to shift upward, that is, 5-9 years in 2001 and 10-14 years in 2011, the era of demographic dividend is quite evident in Nepalese population composition. Although, the country is known as the population with more females than males, this trend will not sustain long as indicated by the growing male population in the lower ages, an outcome of the deeply rooted son preference and the misuse of the abortion law.

The fluctuating population growth pattern welcomes demographic dividend that is growing trend of youth population due to the decreasing trend of the birth. Since this trend will not stand for long as the growing youth slowly enter the adulthood and elderly life overtime, a country like Nepal has to concentrate how to maximize the benefits from the window of the demographic dividend. This is the high time for the policy makers to prioritize investing in health programmes for the growing youth giving due care on children and women ensuring their proper and quality education. The growing labour force is unfortunately taking shelter in foreign labour market needs to be attracted with the country's economic growth by creating innovation in skill development and proper utilization of these skills in the industrial and infrastructure development.

Keywords: Population growth, demographic dividend, Nepal

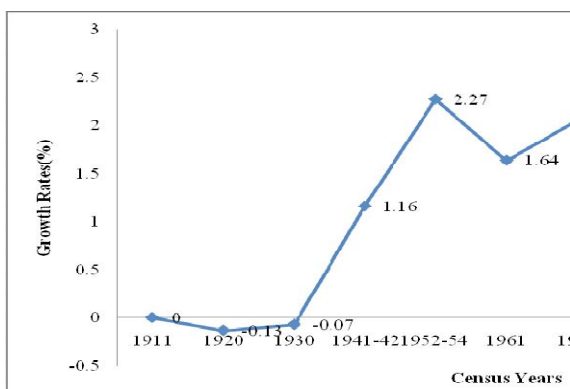
Nepal's Population Growth: A Fluctuating Trend

Population growth is the change in the number of persons residing in an area during a specified period of time. Such a change can be either positive or negative. The demographic structure of a country can be understood by the analysis of its population growth. Population growth serves as one of the indices

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of a region's development in relation to its resources (Pathak and Lamicchane, 2014).

Figure 1: Average annual exponential population growth rate, Nepal, 1911–2011



CBS, 2014

The first Population Census in Nepal, conducted in the year 1911, showed a population of 5.6 million. A century after, the eleventh Population Census in Nepal, conducted in the year 2011, showed a population of 26.4 million. This shows an annual growth rate of 1.35 per cent during the inter-censal period. Growth rate trend presented in Figure 1 shows a fluctuating trend in Nepal. Whereas three consecutive censuses, 1911, 1920 and 1930 had decreasing and beginning to increase trend, such a course of population continued to be up till 1952/54 and slowed down to 1.61 per cent in 1961. From that period onward, population size got increased till 1981. The population growth rate during the period 1981 to 1991 shows some decline, while the population growth rate from 1991 to 2001 was again higher than the previous decade.

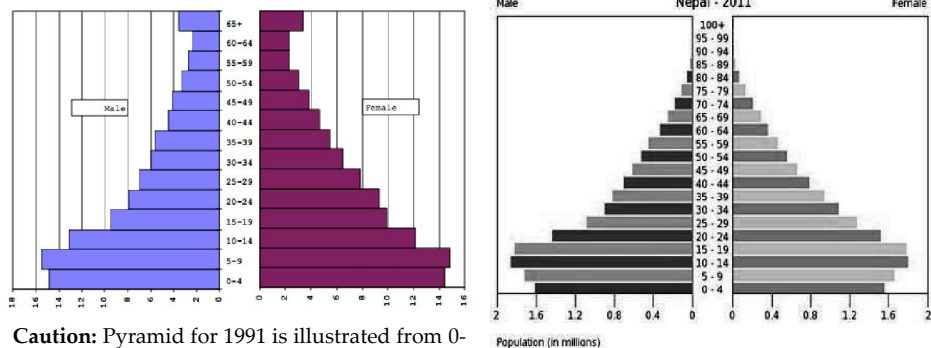
The annual growth rate of the population relates to the quality of data obtained in the censuses, notably coverage and undercount and possibly over-counts in certain censuses. In 1981, over-enumeration was likely due to the high monetary incentive given to field workers when compared to all other censuses (Karki, 1992).

Population Pyramid: An Early Warning for Increasing Male Population

Population pyramid is the best way to reflect Nepal's population in 5 year's distribution. This indicates whether a country is developed, developing or least developed.

The country with broad based pyramid is known as least developed and the country with decreasing broad-based and increasing upward is known as developing and that with almost volume based pyramid is known as developed. By comparing population pyramids of 1991 and 2011, it can be seen that Nepal is shifting towards least developed country to developing, that is, in 1991 it had the highest population in the age group 0-4 years which has now reached to 10-14 years (Figure 2).

Figure 2: Population Pyramid of Nepal 1991 and 2011 (Internet Sources)



Caution: Pyramid for 1991 is illustrated from 0-4 to 65+, and 2011 has extended age group up to 100+. However the upward shifting of age group is visible while compared.

This shows that Nepal's birth rate began to slow down from 1991 census onward and that it has entered into the demographic dividend stage.

The 2011 census pyramid had clearly indicated for the increasing male population in Nepal. For instance, for the age group 5-9 the male population was 12.1 per cent and the same for female was 11.5. Such an increasing male population was evident till the age group 15- 19 years (11.07% for male and 10.91% for female).

The concept of son preference is deeply rooted in Nepal's patriarchal society on the one hand and due to legalization of abortion, Nepalese couples are misusing this freedom. Actually, provision of legal abortion for unwanted pregnancy was established taking due care of the health of mother and child. However, the legal provision has been wrongly interpreted for sex selective birth.

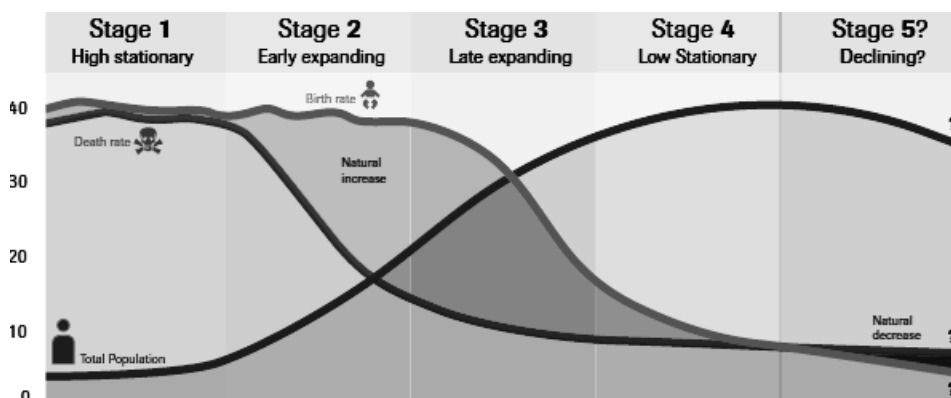
Population Divided: What to Expect from?

A population of demographic dividend refers to the process of accelerated economic growth that begins with changes in the age structure of a country's population as it transitions from high to low birth and death rates. Population

dividend is closely associated with the demographic transition theory as best interpreted by Notestien (1944). According to him, demographic transition describes the change from preindustrial high fertility and mortality to post-industrial low fertility and mortality. Decline in mortality starts at the beginning of almost all demographic transition. It brings rapid changes in the age structure because infants and children enjoy most of these early declines in mortality. Improved survivor rates for children induce parents to reduce their fertility – in slowly manner to allow large youth glut and high gross national income (GNI).

The Demographic Transition Model proposes how populations should change over time in terms of their birth rates, death rates and total population size.

Figure 3: Five Stages of Demographic Transition in a Country's Population



Source: <https://www.populationeducation.org/content/what-demographic-transition-model>

The model originally consisted of 4 stages, and a fifth stage that may experience incipient decline in population growth was added later. In stage 1 both the birth rate and death rates are high and fluctuating. When death rate goes above birth rate the area's population will decrease, while if birth rate goes above death rate the population will increase (Bloom and Williamson, 1997).

Over the extended periods of time this means that population size will change only slightly, with periodic fluctuations up and down. Reasons for high births rates include little birth control or family planning, children are needed to work and support elderly parents and replacement rate (parents have lots of children to compensate for high infant mortality). Death rates are high due to disease and plague (such as bubonic plague in the British Isles in 1348), inadequate and uncertain food supplies resulting in famine, poor hygiene and sanitation.

In stage 2, the Birth rates stay high throughout because in the UK, improvements in society affected death rate first. The Death rate on the model falls due to such reasons as improved medical care and vaccinations invented¹. Improvements in food production, quality and reliability also contribute to falling death rates; in the UK this can be linked to the Agricultural or Agrarian Revolution. Improved sanitation and transport of food stuffs, and a decrease in child mortality also contribute to these falling death rates. Countries at this stage have rapidly growing populations, which China had before its drastic one child policy.

In stage 3, Birth rates finally begin to fall and become almost on a par with death rates. Birth rates fall for many reasons. Family planning programs, as initiated by governments can have a major impact (see how Britain influences its birth rate) as can falling infant mortality rates which mean parents recognise that they no longer have to have lots of children as many survive.

In addition, increased material desires mean people want less children so that they can have more consumer goods, and the emancipation of women were women are free to follow careers and put off having a family can have an impact. This has been evident in the UK where a long history of feminism has changed women's role in society. The battle for Suffrage throughout the 19th century finally meant that an act was passed (The Representation of the People Act), which gave the vote to women over 30 who "occupied premises of a yearly value of not less than £5". Women's status increased again after Second World War, when they had proved themselves more than capable of doing "man's work". This has resulted in an ever free female society, so much so that the average of woman giving birth for the first time in the UK in 2008 was 29 (National Statistics Online). This is highly variable around the world, as you can see here. This stage is known as late expanding.

In stage 4 both death rates and birth rates remain low and fluctuate, giving a steady population. This is typical of many countries that are well developed and is known as the Low fluctuating stage. Many of the reasons for low birth and death rates are included in the information about stages 2 and 3.

A final stage has been added to the model, based upon recent countries experiences. Some countries are now actually experiencing population decline, as birth rates and fertility rates fall below the replacement rate. This, coupled with

¹Edward Jenner invented the first vaccination in 1789 for smallpox in the UK, within 3 months 100,000 people had been vaccinated. In 1954, Becton, Dickinson and Company created the first mass-produced disposable syringe and needle, produced in glass. It was developed for Dr. Jonas Salk's mass administration of one million American children with the new Salk polio vaccine.

increases in life expectancy has resulted in ageing populations for many countries.

There are many important facts to elaborate how demographic dividend is possible. Changing the age structure of a population is the first step. By slowing population growth, lowering fertility, and increasing the median age, countries are able to shift the youth dependency ratio so that there are more working-age adults to support a relatively smaller population of children. With fewer young people relative to the population of working-age adults, and with the successful implementation of key national policies over the long term, countries have high potential for achieving accelerated socio-economic development.

The demographic dividend provides a framework for thinking about economic growth at a time when population age structures are changing. Having a youthful population does not ensure economic growth; what a young population does provide; however, is the opportunity for a demographic dividend. The recent experiences of countries in Asia and Latin America has demonstrated the effect.

Countries earning a demographic dividend have invested in human capital (health and education). Implemented sound economic and governance policies, and, sustained the political commitment necessary to make the most of the opportunity. Carrying out those policies can be challenging for a country's social and governance structures, and not all countries may be able to take advantage of this dividend.

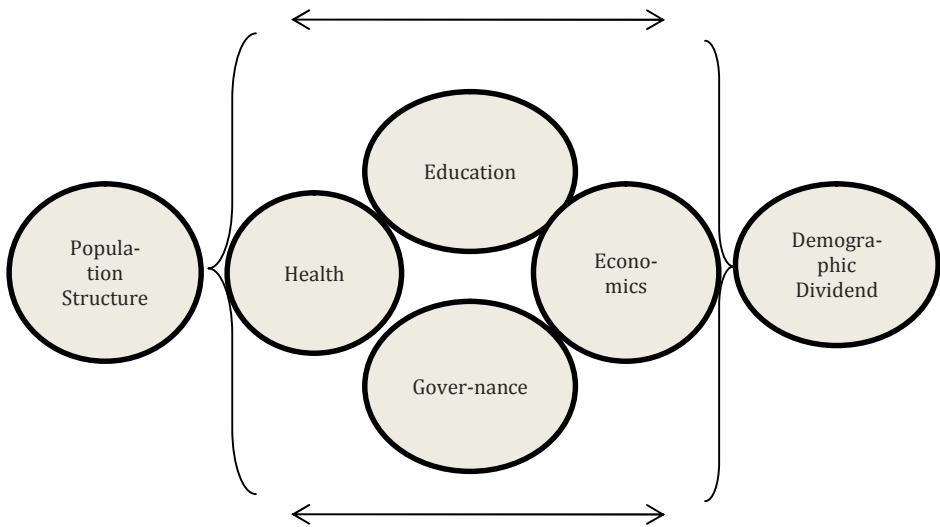
The framework for Demographic Dividend

- The demographic dividend provides a framework for thinking about economic growth at a time when population age structures are changing. Having a youthful population does not ensure economic growth; what a young population does provide, however, is the opportunity for a demographic dividend.
- The experiences of countries in Asia and Latin America have already demonstrated the effect.

Success Story in Asia and Latin America

Countries like Hong Kong, South Korea, Singapore, and Taiwan ('Asian Tigers') are regarded as some of the countries that have managed to reap the benefit of population transition and thus have better managed the demographic dividend.

Figure 4: Framework for demographic dividend: An interplay with socio-economic development process



More recently, countries like Thailand and Brazil are also well managing the dividend. Achieving demographic dividend is a relatively slow process. Many countries have high levels of unemployment and underemployment that need to be addressed now. Investing in the health and education of children and youth sets the stage for them to take on more technical and higher paying jobs.

At the same time, however, policies need to foster job creation and stimulate local and foreign investment. Without jobs, a healthy, educated young population will become frustrated and will not be able to contribute to economic growth. Countries will eventually move beyond the dividend and have a larger and older population. To prepare for so many people of retirement age, countries will need to develop appropriate social security and pension programs, or risk overburdening the working-age population.

Managing the economic and health needs of an aging population is already a challenge for developed countries. As the retired population grows, governments will need to maintain a large enough labour force to sustain their economies and living standards—already a reality for the Asian Tigers, Western Europe, and the United States.

How to Step Forward?

There is a need to give priority on information collection and analysis. The particularly information needed to collect are the following:

- Population: Total population, growth rate, ethnicity, age and sex structure, birth and death rates, use of family planning methods
- Health: Morbidity and mortality patterns by age, sex and ethnicity; Main players in the health sector, type of services available
- Education: School age population by sex and ethnicity, education facilities available by type and levels
- Economy: Available resources, prospects of resource generation, agriculture, trade and industrial activities, current employment/unemployment situation by age, sex and ethnicity
- Governance: Where does the nation stand in terms of transparency, accountability, security, corruption is the data to be collected with paramount importance.

Setting vision, goals and planning is equally important. This includes goals for each of the major sectors: education, health, economy and governance. Initiating planning and implementation is the final condition to achieve population dividend to the fullest satisfaction.

Conclusions

While Nepal is achieving demographic dividend, the policy makers have to think seriously what needs to be done from the very beginning. Fore and foremost, investing in health programmes for children and women is essential. A demographic dividend needs a healthy population. Investments in child survival play a key role in sustaining lower levels of fertility; as child survival improves, the desire for a smaller family and demand for family planning will increase. Families will choose to have fewer children when they know that each child has a better chance of surviving. Secondly, Educating children and youth is equally important. Although countries are paying attention to the Millennium Development Goal of universal primary education, the Quality of education remains a challenge.

To grow a country's economy, both boys and girls must have access to education. In the case of girls, education—especially at the secondary level—helps delay marriage and first pregnancy. As countries experience a demographic dividend, they will need to adapt education policies in response to their changing labour market needs. The labour force may need training for

lower-skilled and labour-intensive work as well as for more efficient and more value-added agricultural production. Then, as the economy grows and diversifies, workers will need a range of skills in business, technology, and other professions.

Enacting policies for economic growth should be another priority. Contributing to a demographic dividend are economic policies that promote growth. In particular, trade policies can ensure that local products have access to international markets and can create demand.³ Policies are needed to provide incentives for people to save and invest; Investments also require banks and other financial institutions to yield a profitable return for investors. A flexible, cross-trained labour force is also important as the size of the working-age population increases and the economy becomes more diversified.

For any country to make the most of a demographic dividend, its policies and programmes need to promote equity. Beginning with efforts to reduce fertility and shift the child dependency ratio, policies to improve access to family planning must take a pro-poor approach because poor people tend to have many children. The wealthy generally have smaller families and have better access to health services and education for their children.

Promoting good governance is another priority. An enabling environment for a demographic dividend needs good governance, which helps attract domestic and foreign investments in local economies. Because the demographic transition results in fewer children to care for, households gradually have more disposable income and savings that they can invest in their own businesses or in others. Similarly, good governance is critical to attract foreign investments that can create jobs and stimulate economic growth.

Established legal systems and rules of law, especially contract law and financial standards, must be in place for people to be willing to invest in a local economy. If people are not confident that a contract will be honoured or laws enforced, they are not likely to invest in that country. Other aspects of good governance also contribute, such as reducing corruption and efficiently operating governments.

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Policy Implications of Population Ageing

Bhumidatta Poudel¹ and Ashish T. Magar²

Abstract

Similar to the global demographic megatrends, Nepal is also witnessing bulging of ageing population. Following the World War I and II, and the events like World Assembly on Ageing, there was global awareness regarding ageing population. Nepal has also formulated several policies and legal provisions to address concerns. The purpose of this paper is to appraise the existing policy and identify gaps in them. This paper is based on secondary information. Existing policy documents were reviewed. Nepal has come up with various guidelines following the recommendations of the world assemblies. However, much of the existing policies need to be revisited.

Keywords: ageing, policy and programs, Nepal

Background

The twenty first is the Century of Old People, because in this century, the growth rate of people aged 60+ in global populations is exceeding the growth rate of total world population (Dychtwald, 1999). This is happening for the first time in human history and it has multiple implications in societies across the globe. Therefore, wellbeing of this ever growing section of the population has become the global concern.

In 2000, approximately 10 per cent of the world's people were aged 60 or older. According to the United Nations medium variant population projection, falling fertility and mortality rates will cause this figure to rise to over 20 per cent by 2050. Although more developed countries have the oldest population profiles, the vast majority of older people and the most rapidly ageing populations are in less developed countries. Between 2010 and 2050, the number of older people in less developed countries is projected to increase more than 250 per cent, compared with a 71 per cent increase in developed countries. In 1990 the

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population of 60 years and above in the developing countries exceeded that in the developed countries. According to present indications, most of this growth will take place in developing countries and over half of it will be in Asia, with the two major population giants of Asia, namely India and China contributing a significant proportion of this growing elderly (Chalise, 2013).

With one in nine persons in the world aged 60 years or over, projected to increase to one in five by 2050, population ageing is a phenomenon that cannot be ignored for long time. Increasing longevity is one of humanity's greatest achievements. Indeed, population ageing is cause for celebration. The opportunities that this demographic shifts presents are as endless as the contributions that a socially and economically active, secure and healthy ageing population can bring to society. However, opportunities come with challenges. Population ageing presents social, economic and cultural challenges to individuals, families, societies and the global community (UNFPA & HAI, 2012).

Similar to the global demographic megatrends, Nepal is also witnessing increasingly ageing population. Life expectancy has increased from 41 years in 1971 to 68 years in 2012 (WHO). However, Nepal is still "YOUNG" with its ageing population (people aged 60 and above) less than 10 per cent of the total population (i.e., 8.1% in 2011). Total population growth rate of Nepal is about 1.4 per cent and is declining (CBS, 2011) while the growth rate of ageing population hover around 3.5 per cent and is increasing¹. This rapid increase in the proportion and absolute number of aged people among the total population has given rise to new opportunities and challenges. However, not much is known about this section of population that is increasing faster than the population growth rate. The population projections expect this increasing trend to continue. It is estimated that the total number of older people in the country will comprise 12.4 per cent of the total population, and the life expectancy will reach 74.9 years in 2045-2050.

Majority of the elderly people have entered old age after a lifetime of poverty, low nutrition, deprivation from health services and education, and suffer from low social status, discrimination and restriction on mobility. Furthermore, the lives, living arrangements and overall living environment of older people have been significantly influenced by modernizing process that has accompanied development imagination. Rapidly changing social and economic patterns with dispersal of family members in search of economic prosperity has led to family

¹ See GCN, (2010). *Status Report on Elderly People (60+) in Nepal on Health, Nutrition and Social Status Focusing on Research Needs*. Kathmandu: Geriatric centre Nepal.

nucleation, changes in social structures and breakdown of family support systems for older people. These changes have brought feelings of loneliness, exclusion, powerlessness and increased household and social burdening. Indeed, the population ageing of Nepal has affected at individual and society level.

In order to address varied concerns of ageing population Nepal has formulated several legal provisions following the Declaration of human rights in 1948, World Assembly on Ageing held in Vienna in 1982, and Madrid in 2002, Cairo conference in 1994 and Millennium Development Goals in 2000. As a result, some of the provisions include National Work Plan for Senior Citizens 2002, Senior Citizens Act 2006 and Senior Citizens Regulation 2007.

Information and Methods

This paper is based on secondary research. Legal documents were obtained by visiting offices of the concerned governmental authorities and their official website. Moreover, secondary data are also used that are mostly produced by National Planning commission (NPC), Central Bureau of Statistics (CBS); Ministry of Women Children and Social Welfare (MoWCSW); Ministry of Health and Population (MoHP); Ministry of Local Development (MoLD); and Ministry of Home Affairs (MoHA).

Results and Discussions

Major government agencies are taking care of the policies and programmes related to the senior citizens in Nepal. They have formulated policies, Acts and also launched operational programmes. Furthermore they have also constantly monitored the programme implementation and have become the focal points to hear the complaints and violations of law.

Some of the major agencies and their existing programmes and policies for elderly people in Nepal are summarized in the Box 1.

Box 1: Agencies and Policy and Programme

Agency	Policy and Programme Status
Ministry of Women, Children and Social Welfare (MoWCSW)	<ul style="list-style-type: none"> • Provide financial assistance to NGOs and OAHs through district level women's development division. • Provide training for NGOs personnel working in ageing issues in different parts of the country through National Senior Citizens Federation (NASCIF). • Work as focal ministry on ageing issues.

contd .. Ministry of Women, Children and Social Welfare (MoWCSW)	<ul style="list-style-type: none"> • Formation of Senior Citizens Protection Section (SCPS) in 2013. • Operation of Social Welfare Centre Briddhashram (Pashupati Old Age Home) in Pashupati, Kathmandu. • Following are the Plan of Actions issued by the ministry: • Senior Citizens Act 2006, • Senior Citizens Regulation 2008, • Senior Citizens Health Treatment programme Directive 2004
Ministry of Health and Population (MoHP)	<ul style="list-style-type: none"> • Issued Senior Citizens Health Service Implementation Directive – 2012, • Issued directives on Establishment and Operation of Geriatric Wards Directive –2013, • Prepared survey tools for National Ageing Survey, • Prepared senior citizens source book, • Prepared guideline for trainers of training on management and care of Senior Citizens • Incorporated issues of senior citizens in district level regular training programmes for health workers, • Operation of geriatric wards in 5 different hospitals, which are: (i) BP Koirala Memorial Hospital of Dharan, (ii) Bharatpur Cancer Hospital of Chitwan, (iii) Western Regional Hospital of Kaski, (iv) Ayurvedic Teaching Hospital of Kathmandu and (v) Patan Hospital of Lalitpur, • <i>(NOTE: Mid-Western and Far-Western regions to have geriatric wards from upcoming fiscal year)</i> • Undertaking Nepal Ageing Survey (NAS).
Ministry of Local Development (MoLD)	<ul style="list-style-type: none"> • Social security programme also includes elderly, • Some portion of the budget (10% of the total budget) allocated by DDC for development of the marginalized group can be utilized for welfare of the senior citizens. However, there are no such policy/programs that targets the elderly in particular.
Ministry of Home Affairs (MoHA)	<ul style="list-style-type: none"> • Provision for senior citizens also mentioned in the proposed Emergency Management Act. • Provision for elderly is also mentioned in Post Disaster Plan, National Disaster Response Framework and SAARC Agreement On Rapid Response To Natural Disaster.

Ministry of Women, Children and Social Welfare (MoWCSW) is the focal ministry on older people's issue in Nepal. It has issued three plan of action, viz., Senior Citizens Act 2006, Senior Citizens Regulation 2008, and Senior Citizens Health Treatment programme Directive 2004 with the aim to promote and protect rights of Nepalese senior citizens. Likewise, the ministry has also been operating Social Welfare Centre Briddhashram (Pashupati Old Age Home). Trainings for NGOs personnel working in ageing issues in different parts of the

country are provided under close supervision of the ministry by National Senior Citizens Federation (NASCIF). The ministry has also formed Senior Citizens Protection Section (SCPS) in 2013 to address issues of older persons more specifically and properly.

Health is the prime concern when we talk about older people, whilst the then Ministry of Health and Population (MoHP) act as focal ministry in this regard. Senior Citizens Health Service Implementation Directive – 2012 (2004 updated) has provisioned free medicine and treatment up to Rs.2000 at a time in all districts and maximum twice in a year, and free health service for heart and kidney patient of 75 years and above. Likewise, MoHP have also issued Establishment and Operation of Geriatric Wards Directive– 2013 that outlines in detail the minimum standard for establishment and appropriate method for operation of geriatric wards. More importantly, MoHP conducted nationwide survey on ageing issue in collaboration with UNFPA. The survey accumulated in-depth information on every aspect of older people of Nepal. Some other noteworthy efforts made by the ministry are as follows:

- Preparation of senior citizens source book,
- Preparation of guidelines for trainers of training on management and care of senior citizens,
- Incorporated issues of senior citizens in district level regular training programmes for health workers,
- Operation of geriatric wards in 5 different hospitals, which are: (i) BP Koirala Memorial Hospital of Dharan, (ii) Bharatpur Cancer Hospital of Chitwan, (iii) Western Regional Hospital of Kaski, (iv) Ayurvedic Teaching Hospital of Kathmandu and (v) Patan Hospital of Lalitpur.

In the present context in 2016, the Ministry of Population and Environment is newly formed in 2015 for second time in Nepal's history. It has brought the responsibilities of the population sector of the then Ministry of Health and Population. Therefore, the demographic aspects and the population policies oriented programmes related to senior citizens is now under the jurisdiction of this ministry.

In the same way, Ministry of Local Development (MoLD) is another concerned ministry. The ministry looks after overall social security programme that also targets older people. The ministry has been providing cash allowance as a form of social security since 1995/96. A universal flat pension of Rs.100 per month was introduced to be provided for all elderly above 75 years. The amount provided has increased from Rs.100 to Rs.150 in 1999; Rs.200 in 2006, Rs.500 in 2010 and Rs. 1,000 since 2016. The allowance is provided to all aged 70 and above;

however, members of Dalit community and people from Karnali region receive it after completion of age 60. Additionally, Widow Allowance (WA) of Rs.500 per month has been provisioned for widow of any age.

Likewise, some portion of the budget (10% of the total budget) allocated by District Development Committee (DDC) for development of the marginalized group can be utilized for welfare of the senior citizens. However, there are no such policy/programs from the ministry that targets the elderly in particular.

Older people's issues are often neglected by emergency programmes or planners. They are particularly vulnerable and face specific threats both from man-made and natural disasters. Their needs are different from those of other groups, such as children. But the older people are often overlooked in disasters and conflicts, and their concerns have rarely been addressed. It is the sole responsibility of the Ministry of Home Affairs (MoHA) to address emergency situations. Though it doesn't have plans and programmes that address older people's issue specifically, there are some policies which also include older people's concerns to some extent. Provisions for senior citizens are mentioned in the proposed Emergency Management Act, Post Disaster Plan, National Disaster Response Framework and SAARC Agreement on Rapid Response to Natural Disaster.

Conclusion and Recommendations

Conclusions

Following the world assemblies on ageing, Nepal has developed several programme guidelines for its ageing population. However, much of the existing policies need to be revisited based on the available empirical evidences and made pragmatic so that they can better address the concerns of needy people. Ageing process occurs faster in developing countries relatively than in developed ones. In contrast to this, Nepal's ageing population is also increasing at more than the rate of total population growth rate. Therefore, the time has already come to make most of the opportunities and address the challenges in an effective and efficient manner.

The following recommendations cover a wide range of issues with different degrees of specification and generalization. These are based on the reviews of existing policies, programmes and opinions expressed in formal and informal forums. The ministry of Women, Children and Social Welfare is the focal ministry that is expected to oversee the proper implementation of these

recommendations. However, this ministry is severely constrained by the available human and budgetary resources.

Many reports on ageing in Nepal have identified the lack of awareness as the major issue in addressing the concerns of ageing population in Nepal. This situation calls for a strong national advocacy programme and use of mass media for the purpose.

Government of Nepal needs to be strongly supportive of the UN convention for the rights of older people and for inclusion of ageing issues in the upcoming Sustainable Development Goals (SDG) 2015. Likewise, all donor agencies working in Nepal on social-economic development agenda should be encouraged to include provisions for addressing the issues of ageing population in their specific areas of work.

There has been rise in non-communicable diseases (NCD) among the urban population while the healthcare services to monitor and treat the diseases among the elderly in rural areas are grossly inadequate. Therefore, specific national policy on geriatric health/care need to be developed and efforts should be made to develop trained human resources on the subjects of Gerontology and Geriatrics.

Authorities have made decisions to include Gerontology and Geriatrics in the curricula of formal education system. It is recommended to start effective implementation of such decisions of the past. There is need to support Centre for Technical Education and Vocational Training (CTEVT) to develop curricula for formal and informal training/education on Gerontology and Geriatrics with involvements of academic institutions (Universities, colleges, and NGO). Especially the curricula on nursing studies needs an incorporation of geriatric nursing from the course of assistant nurse midwife (ANM) to Staff Nurse, Post Basic Nursing (BN), Bachelor of Science in Nursing (BScN) and Master of Nursing (MN). This will also have a twofold effects as the human resource to cater elderly within country will also be available and their saleability in international level will also be increased.

The government needs to create job positions for Gerontologists and Geriatricians particularly in the Ministries of Health, Population and Environment; Women, Children and Social Welfare; as well as in National Planning Commission.

Older people are often overlooked in disasters and conflicts situations. Their concerns have rarely been addressed by emergency programmes or plans, though they are particularly vulnerable and face specific threats. Study shows

that every year dozens of older people lose their lives during emergencies. Efforts shall be made to give special attention to older people while developing programmes and plans in response to disasters and emergency situations.

Paucity of scientific studies and reliable data base has always been the major gap in adopting the process of evidence based planning for the welfare of ageing population. Therefore, pilot studies/surveys on the needs of 60+ population and their preferences should be carried out on a regular basis to feed the national policies and programmes targeted for the ageing population. There is urgent need to establish data bank (knowledge park) as national unit for all information concerning 60+ population.

Feasibility studies for the establishment of model new old age homes and care centres in urban and rural areas should be carried out. It is recommended to establish Elder Service Centres (clubs) in selected VDCs and municipalities. Also, a strong mechanism for auditing of physical structures and service standards in existing old age homes supported by the government and run by NGO/private sector should be developed. Government also needs to avail soft business loan to private entrepreneurs for running a well-equipped and standard old age homes and care centres.

Greater social policy priorities, including social protection and universal social services are required to improve older people's wellbeing, while at the same time making systems of welfare provisions more sustainable.

Older people are often looked through the lens of welfare. However, the need is to change the approach to right based, and develop programmes and policies that can utilize their lifelong knowledge and experiences for overall development of the society.

Continuous and periodic researches are needed for assessments of status of elderly people regarding social, economic, psychological and other conditions. Also to identify the policy and programme gaps such researches are important.

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Women Exposure to Mass Media and Its Impact on Family Planning Use in Nepal

*Bidhya Shrestha*¹

Abstract

Background: Different types of media are used to promote family planning. The important media used for dissemination are television, radio, newspapers, poster/billboards, brochure/flipchart and street drama.

Methods: Nepal Demographic and Health Survey, 2011 data confined to currently married women of reproductive age (n=9607) is used. Bivariate and multivariate logistic regressions are applied to explore the effect of each independent variable as well as control variable on dependent variable.

Results: There is significant relationship between media exposure and contraceptive use. The odds ratio seems higher for women who have multiple media exposure (OR=1.498) and it is significant at $p \leq 0.001$ level. Socio-economic and demographic variables are also significant for women in determining contraceptive use.

Conclusion: Women's exposure to media and contraceptive use is formed by various components including socioeconomic and demographic as well as fertility-related factors. Contraceptive use cannot separately be addressed from that of other issues.

Keywords: media exposure, contraceptive use, currently married women

Introduction

Increasing use of media ensue in increased influence in societies. Media in these decades has become the source of knowledge and also the transfer of skills as well as the means of earning for survival. Media creates an agenda for public

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debate and also reaches many people in an inexpensive and accessible mode everywhere in the contemporary times.

Hanson (2005) observed that the media influence can take a variety of forms – cognitive, attitudinal, behavioural and psychological. Cognitive effect is short-term learning of information gathered from the media, attitudinal effect is the feeling generated about something on the basis of media content, behavioural effect includes action due to the influence of media content, and psychological effect is the fact that mass media content can inspire fear, joy, revulsion, happiness or amusement.

The mass media is generally, a veritable tool in changing behaviour of individuals (Chander and Kumari, 2012). Evidences of relationships between mass media and reproductive behaviour are depicted by the use of family planning (FP) methods (Odimegwu and Raimi, 2003). Mass media sources such as radio, television, and newspapers are potential carriers of communicating modern ideas for enhancing reproductive behaviour.

Use of contraceptives depends on individual actions taken in private with little or no supervision. Studies in past decades (Piotrow et al, 1994) observed that people do not practice FP even it is for their own good, if not followed by strong information and necessary reinforcement. The use of FP ultimately depends on reaching and influencing the entire population, for which, role of mass media is pivotal.

Exposure to messages broadcast through a variety of channels is currently considered the most effective way to change knowledge, attitudes, and behaviour. The use of multiple media is considered the best strategy for reaching of message to a larger audience and for reinforcing its effect in order to achieve behavioural change (Piotrow et al, 1997). Media indeed can influence people in different ways but the question is “do the family planning media message exposures have any effects on contraceptive use?” Even with high awareness on FP methods, there exists a wide gap between the knowledge and practice of these methods.

The different communication strategies are used to motivate the couples in order to support to behavioural practices for FP methods. Major efforts have been applied for utilization of media to promote FP in developing countries like Nepal and the important media used for dissemination are television, radio, newspapers, poster/billboards, brochure/flipchart and street drama. Family Planning Association of Nepal has been playing a vital role in utilisation of

media in Nepal. The aim of this paper is to explore the effects of mass media messages on the use of FP methods among currently married women in Nepal.

How does media exposure work?

Media, the twelfth critical area of concern in the Beijing Platform for Action, is one of the most important yet challenging areas of work for reproductive health. According to Hornik (2002) there are at least five mechanisms that suggest an important role for exposure. The first mechanism is simple learning. The more times a message is made available, the more times an individual will be exposed to it and the more likely he or she is to learn it. However, simple learning may not be the only way that exposure matters. A second path is priming. Priming occurs when repeated exposure to a message affects the weight given to the message in deciding to engage in a behaviour. High levels of exposure to messages, particularly if they come from a variety of channels, may affect behaviour in a third way. A fourth path of effect for high exposure may be in its ability to affect social discussion about an issue and thus the diffusion of the messages. If the message is coming from many sources, and is heard often, it is more likely to be the subject of discussion. The final path of effect may not involve direct audience influence at all. If a message gets high exposure it is more likely to be heard by policymakers. These, in turn, may affect the audience behaviour. Whatever the path of effect, the implication of these arguments is clear: Get exposure, get exposure through multiple channels, and get exposure repeatedly over time. The truth lies somewhere between these points of view, this analysis is directed towards the media exposure and contraceptive use.

Data and methods

This study uses data from a nationally representative survey, Nepal Demographic and Health Survey (NDHS) - 2011 which was conducted under the aegis of the Population Division of Ministry of Health and Population and Implemented by New ERA. Technical Support for the survey was provided by Macro International Inc., and financial support was provided by the United States Agency for International Development through its mission in Nepal.

The data for this analysis emanates from the 2011 NDHS women data with focus on currently married women and the sample size of the currently married women is 9,607.

In order to examine the association between each dependent variable and the independent variable cross-tabulations and chi-squared test are used. Chi-square tests are applied to examine the association between any contraceptive uses. Factors found to be significantly associated with the outcome measures were then used in a multivariable logistic regression to generate odds ratios (ORs) and confidence intervals (95% CIs) to examine the effects of media exposure variable through various demographic and socio-economic factors on the 'current use of contraceptive method'.

Dependent Variables

Dependent variable in this paper is current use of FP methods by currently married women. This variable is categorized into two variables. The value of 1 is assigned for contraceptive use and 0 is assigned for non-use of contraceptive.

Independent Variable

In this study, independent variable is media exposure. Media exposure is based on six questions related to FP messages in media, i.e. whether the women had heard or seen messages on FP on the radio, television, newspaper, brochure/flipchart, poster/billboard and street drama in the last few months. In constructing index of FP media message exposure, all the individual level response was aggregated. The cumulated measure was transformed an index ranging from 0 and 6. If the value of index is 0 it means no exposure to media, value 1 is categorized as exposure to one media type and value ranging from 2-6 is categorized as exposure to multiple media types. The other independent variables included in this study were demographic and socioeconomic variables such as age, number of children ever born, presence of son at home, current working status, household headship, wealth quintile, usual place of residence and education also included to assess the effects of media on contraceptive use.

Results

Media Exposure and Contraceptive Use

The use of FP was found to be almost half (49.7%). Table 3.1 shows the association between the use of FP methods and exposure to media message by women with the low value of chi square (68.9), the difference is statistically significant at $p=0.001$ level. The use of FP method was about 57 per cent among

the women who are not exposed to any media. The use of FP increases among women as increases the exposure to media types. For example only 50 per cent are using FP methods that are exposed to only one media message and it increases by 3 percentage points when women are exposed to multiple media types (Table 3.1).

Table 1: Percentage of currently married women by contraceptive use, according to exposure to media message about family planning, Nepal, 2011

Exposure to media message about family planning	Users	Non users	Total
No message	43.0	57.0	2614
Exposed to only one media message	50.3	49.7	2169
Exposed to multiple media messages	53.0	47.0	4824
Total	49.7	50.3	9607

($\chi^2=68.9(p\leq 0.001)$)

Source: Data file of Nepal Demographic and Health Survey, 2011.

Demographic and Socioeconomic Characteristics and Contraceptive Use

The association between demographic factors and current use of modern contraceptive methods was tested using chi-square statistics, shown in Table 1. Data shows the percentage distribution of currently married women by background characteristics and current use of contraceptive. The result indicates that women's age has a significant effect on the use of contraception. For example current use of contraceptive method is 17 per cent for adolescent women which rises to about 62 per cent among women aged 35 and over years. A high value of chi-square (873.4) indicates that the use of contraception increases with increase age is significant with an associated at $p\leq 0.001$ level. Women in the youngest and oldest age categories may be less likely to practice FP because they perceive lower risk of pregnancy due to less frequent sexual activity or lower fecundity. It may also be due to the relatively higher use of permanent methods, which is used to limit the family size after attaining a desired family size.

The number of living children and presence of son, regarding these fertility information uses of contraception is found higher who reported more than two living children and who have at least one son (61.4% and 58.5% respectively). It shows the purpose of contraceptive use is not other than for limiting their birth. These results obviously confirm that contraceptive methods are accepted after

attaining the desired family size. High value of chi-square indicates that the use of contraception is statistically significant with having at least one son (Table 3.2).

Table 2: Percentage distribution of currently married women by demographic characteristics and current use of contraception, Nepal, 2011

Background Characteristics	Users	Non users	Total	Chi square (p= \leq 0.001)
<i>Age group</i>				
15-19	17.6	82.4	791	
20-29	38.2	61.8	3675	
30-39	63.2	36.8	3119	873.4
40 and over	62.2	37.8	2022	
<i>Children ever born</i>				
Less than or equal to 2	39.4	60.6	5100	463.2
More than 2	61.4	38.6	4507	
<i>Presence of son</i>				
No son	24.5	75.5	2493	
Having at least one son	58.5	41.5	7114	854.1
<i>Place of residence</i>				
Urban	59.7	40.3	1261	
Rural	48.2	51.8	8346	57.4
<i>Education level</i>				
No education	52.8	47.2	4581	
Primary education(1-5)	47.0	53.0	1844	33.2
Some higher education	46.8	53.2	3182	
<i>Sex of household head</i>				
Male	55.5	44.5	7066	363.2
Female	33.5	66.5	2541	
<i>Wealth quintile</i>				
Poorest	40.4	59.6	1664	
Poorer	46.3	53.7	1846	
Middle	48.2	51.8	2022	150.5
Richer	52.0	48.0	2052	
Richest	59.6	40.4	2023	
<i>Currently working</i>				
No	42.8	57.2	3751	116.4
Yes	54.1	45.9	5856	
Total	49.7	50.3	9607	

Source: Data file of Nepal Demographic and Health Survey, 2011.

Contraceptive use varies by place of residence. Data shows that use of contraception is found highest among urban women (59.7%) than rural women (48.2%). Chi-square value of 57.40 for place of residence indicates a significant difference at $p \leq 0.001$ level in use of contraception according to place of residence (Table 2).

Likewise, use of contraception is found highest among women with no education (52.8%). (50.2%). The low value of chi-square indicates the difference is not significant. Male headed household are more likely to use contraception than female headed household (54.1% vs. 33.5%). Chi-square (363.24) indicates the difference is significant at $p \leq 0.001$ level. Use of contraceptive is found higher among women who are currently working. Chi-square value of 116.4 at $p \leq 0.001$ level indicates a significant difference in women's involvement in work and use of contraception. There is a positive relation on women's contraceptive use and wealth index with high chi-square value. It shows the difference is significant. For example about 40 per cent of women from poorest wealth quintile used contraceptive which rose to about 60 per cent for richest women (Table 2).

Exposure to mass media and FP use

This study has made an attempt to use the logistic regression model to show the effects of independent variable on dependent variable i.e. contraceptive use. The dependent variable in this study is a dichotomous variable; consisting of two categories of contraceptive use that are use and non-use. The odds ratios obtained from this analysis estimates the relationship of each independent variable and the use of contraception.

In this section, the results of the logistic regression analysis predicting the women's exposure to media and contraceptive use are discussed. To control for the confounding influence of demographic and socio-economic, three models are fitted for each of the dependents variable to identify the independent associations. In the first model, media exposure and contraceptive use are taken the second model includes all the demographic and socio-economic variables without controlling media effects. The last model includes media exposure along with all potential factors that may influence on contraceptive use.

The result from logistic regression shows that dependent variable is statistically significant determining the use of contraception (Table3). This finding is similar to those from bivariate analysis. The result indicates that the likelihood of women using contraceptive is high in the age group 40 and above years. Women

in their forties are 2.2 times more likely to use contraceptives compared to the very youngest women.

Table 3: *Odd ratio (OR) and 95 per cent confidence interval (CI) for currently use of contraception to currently married women aged 15-49 by selected background characteristics*

Background characteristics	OR(95.0% C.I. for OR)
Age Group	
<i>15-19 (Ref.)</i>	
20-29	1.519* (1.229-1.877)
30-39	2.987*(2.376-3.756)
40 and over	2.236*(1.750-2.857)
Place of residence	
<i>Urban(Ref.)</i>	
Rural	0.777* (0.671-0.900)
Education level	
<i>No education(Ref.)</i>	
Some primary education	1.079 (0.949-1.226)
Some higher education	1.158(1.016-1.321)
Total no of children	
<i>Less than or equal to 2(Ref.)</i>	
More than 2	1.604*(1.429-1.800)
Presence of son	
<i>No son(Ref.)</i>	
Having at least one son	3.201*(2.835-3.615)
Sex of household head	
<i>Male(Ref.)</i>	
Female	0.328*(0.296-0.365)
Wealth quintile	
<i>Poorest(Ref.)</i>	
Poorer	1.539*(1.327-1.784)
Middle	1.892*(1.630-2.196)
Richer	2.319*(1.984-2.710)
Richest	3.092*(2.582-3.704)
Currently working	
<i>No(Ref.)</i>	
Yes	1.619*(1.470-1.784)

Source: Same as in Table 1

It seems that contraceptive use follows the inverted U relationship with age, lowest contraceptive use is found among the youngest women (most of whom

are recently married, low parity women) and among the oldest (Gertler & Molyneaux, 1994).

As for number of living children, women having more than two children are about 2 times (odd ratio=1.604) more likely than women having less than or equal to two children to use contraception. As one would expect, presence of son in family strongly influenced women’s contraceptive use. Women having at least one son have higher odds of using contraceptives than did women with no son (OR=3.20). These findings are significant at $p < 0.001$ level (Table 3).

Women who live in rural areas are found less likely to use contraception than those who live in urban areas. When compared to the urban women, rural women are 22 per cent less likely to use contraception (OR=0.777). Education made difference, such that women with some higher secondary education are more likely than their no educated peers to use contraceptive methods (OR=1.158).

Table 4: Odd ratio (OR) and 95 per cent confidence interval (CI) for currently use of contraception to currently married women aged 15-49 by media exposure index

Variables	OR(95.0% C.I. for OR)	
	Crude	Adjusted
No exposure(Ref.)		
Exposure to only one media type	1.343*(1.198-1.505)	1.386*(1.218-1.576)
Exposure to multiple media types	1.498* (1.361-1.649_	1.588* (1.408-1.790)

* significant at $p=0.001$

Note: Crude model is the outcomes of media exposure variable only not controlling for other variables and adjusting model is the outcomes of controlling age, place of residence, education, number of living children, presence of son, sex of household, working status and wealth index.

* $P \leq 0.001$; ref. = reference.

Source: Same as in Table 3.1.

The odd ratios reveal that women’s education can have impact on contraceptive use. Likewise, the effect of household head portrays that female headed household are 67 per cent less likely to use contraception than male headed household. However, currently working status of women is apparent to be influencing contraceptive use. Women who are currently working are 1.6 times more likely to use contraception than those who are not currently working. In regards to effects of wealth index, it shows the likelihood of women using contraceptive increases as increases that economic status, i.e. richest women are

more likely to use contraceptive with highest odds of 3.1 times than that of reference women from poorest categories (Table 3).

Media exposure and the contraceptive use are found significant. The odds ratio seems higher for women who have multiple media exposure (OR=1.498) and it is significant at $p \leq 0.001$ level. After adjusting some socio-economic and demographic variables, it can also be found that socio-economic and demographic variables are significant for women in determining contraceptive use. The odds increased too after adjusting for other variables. For example use of FP is about 2 times more likely to use contraceptive among women having multiple media exposure (Table 4).

Discussions

This study found that access to mass media messages increased the likelihood of women making use of FP. This means that access to information on FP is effective in positively influencing women's attitude towards use of FP in Nepal and after controlling for the effects of a number of demographic and socioeconomic characteristics, reported exposure to FP messages in the media was found to be strongly associated with current use of a modern contraceptive method. This result supports earlier findings by other researchers who posited that mass media messages on FP were effective in increasing the use of FP (Westoff and Rodriguez, 1995). A similar study in Tanzania found that women exposed to a combination of such messages were more likely than those who were not to practice contraception (Jato et al. 1999).

The results of both the bivariate and regression analyses also showed that increase in socioeconomic status leads to a corresponding increase in the use of FP. These results agree with other findings which showed that women with higher education are more likely to make use of FP as they are better informed of its importance, and also because they need to use FP to ensure that their educational pursuits are not truncated by child bearing (Joshi, 2002) Also as the wealth index increases from the lowest category, so also the more the likelihood of their odds ratios predicting use of FP. In other words, as the wealth of households increase, the household members i.e. women are more likely to make use of FP. This finding is also corroborated by earlier studies which posited that higher socioeconomic status of households leads to higher uptake of FP (OlaOlorun and Tsui, 2010).

This finding is in agreement with other studies in which they note that other demographic and socioeconomic variables such as place of residence, children ever born, and employment status play a vital role in determining the use or otherwise of FP even in the presence of FP awareness among populations (Gupta, Katende and Bessinger, 2003). For instance, findings show that rural respondents are less likely to use of FP compared to urban respondents. This also may due to the fact that the urban dwellers have better access to FP messages, and as such has more knowledge about FP (Omoera, 2010).

Conclusions

The findings of this study highlight the need to deliver media messages in Nepal to increase use of contraceptive. The content of FP messages at various programmes in the electronic media and features in the print media must be broadcasted for the health and well-being of the woman, and indeed the quality of life of all. Thus get exposure, get exposure through multiple channels, and get exposure repeatedly over time effects the contraceptive use. This paper also suggests that contraceptive use cannot be separately addressed from that of other issues. To provide a comprehensive picture of current use of contraceptive other aspects would need to be taken into account, including demographic and socioeconomic factors.

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Psycho-social Effects of Uterine Prolapse in Nepal

A Study Based on Dhulikhel Hospital, Kavrepalanchok

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Abstract

This study is based on the information collected in Dhulikhel Hospital, Kavre of women in reproductive age who had visited the hospital from the seven mountainous and hilly districts Nepal, with relatively limited health facilities. The socio-economic conditions are considered to be poor in these districts. Uterine prolapse is a severe concern of many Nepali women, who bear more children during their reproductive tenure. Main objectives of the study was to assess the causes and consequences of the uterine prolapse. The design of study was descriptive and cross-sectional. The study found that 80.7 per cent women were literate. Respondents who suffered from uterine prolapse had low level of level of education compared to others. Similarly rural women were observed with more uterine prolapse cases than urban residents. The study also found that most of the respondents' perceptions about the causes of uterine prolapse were limited only to negligence in post-natal care and lifting heavy load. There was lack of proper care and rest during pregnancy and after delivery. Adequate nutrition was also found related to affordability. Only a few women, even in some complications, visited health centers or camps for treatment. Illiterate women with higher number of parities suffered most. Women empowerment, limiting the number of children, safe abortion and access to education are recommended to reduce of the uterine prolapse.

Background and Context

Health is one of the most important factors of welfare and living standard. Life is valueless in the absence of good health. Good health improves quality of life. Good health is related to better economic condition, higher educational status and improved living. According to Oxford Dictionary (1989), "Health is the state of being well and freedom from illness."

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Nepal is an agriculture based country, with 85 per cent of the population involved in this traditional and semi-traditional sector. Reproductive health is one of the fundamental rights and basic requirement of every woman. The failure on providing services related to reproductive health is against the women rights. The component of national reproductive health strategy of Nepal (2007) has been brought into investigation and is also observed that reproductive health problem of women is a burning issue all over the world. About 90 per cent women who live in the rural areas did not have access to all kinds of health services (MoHP, 2011).

As a result of lack of proper care during pregnancy, delivery and post natal period, espoused with poor nutritional condition, the uterine prolapse has been observed as one of the major reproductive health problems in Nepal. Uterine prolapse is defined as a condition in which the uterus shifts from its normal position on the pelvic floor. In this situation, the uterus gradually extends outside of the body as there is no source of support for the uterus. It has become more common in Nepal and is in increasing trend as more women can't not refrain from carrying heavy loads after child birth and do not have adequately nutritious diet. Accumulated problem appears with its acuteness mostly in post-menopausal women. Women who suffer uterine prolapse are trapped also in harmful cycle of poverty, illness, discrimination, economic deprivation, exclusions and so on. It makes women, physically disable including inability to work, difficulties to walk or even stand up. Affected women are hated by their husband, family and society.

The uterus (womb) is normally held in place by a hammock of muscles, tissues and ligaments. Uterine prolapse happens when tissues supporting the uterine become weak that the uterus cannot stay in place and slips down from its normal position. Prolapse of uterus can happen in various stages as:

First degree, the uterus slips down into the vagina,

Second degree, part of the uterus sticks-out of the opening of the vagina, and

Third degree, the whole uterus comes outside of the vagina (called procidentia).

Mostly uterine prolapse occurs in women who have had more than one baby through normal vaginal delivery and in post-menopausal women. Menopause occurs when a woman's ovaries stop producing the hormones that regulate her monthly menstrual cycle. One of these hormones, estrogen helps keep the pelvic

muscles strong and when it stops or produces less, the capability of uterus to be retained in walls reduces and it prolapses.

Objectives

The general objective of this study is to examine the status of uterine prolapsed women. The specific objectives of this study are as follows:

- To explore factors associated with causes of uterine prolapse.
- To find out consequences of uterine prolapse.
- To find out treatment practices of women with uterine prolapse.

Brief Review of Literature

Up to 30 per cent of women who have had children are affected by some degree of prolapsed (MoHP, 2011). Most women with a prolapsed uterus will experience an uncomfortable feeling of foulness, dragging or heaviness of the vagina and sometimes pain. There may be a sensation of something coming down or out of the vagina. If the prolapse is of second or third degree, the uterus can be seen appearing outside. Other common symptoms include lower back pain, difficulty in walking and having sex. Women with prolapsed uterus often have stress in continence, where a small amount of urine is passed if they cough, sneeze or exercise.

Characteristics of uterine prolapse in a closed society as of Nepal create psycho-social problems for women. If it occurs within reproductive life it may cause severe consequences including distorted interpersonal relations between husband and wife. Lack of access to property and poor economic as well as social conditions, uterine prolapsed becomes even much problematic in rural areas where taboos are strong and level of awareness is minimal. It is one of the complicated hidden problems of the rural women. The national health report (2007) stated that "hundred out of thousand women in Nepal live with a uterine prolapse and nobody cares". The global prevalence of genital prolapsed is estimated to be 2-20 per cent in women under the age of 45 years. It is one of the commonest reproductive morbidity in developing countries. Although, the extent of problem is less common in developed countries, in the United States, over 390,000 surgeries occur annually for corrections of genitourinary prolapse.

Studies indicated that approximately 70 per cent of women in childbearing age are anaemic, a result of early childbearing (an estimated 40 per cent have given

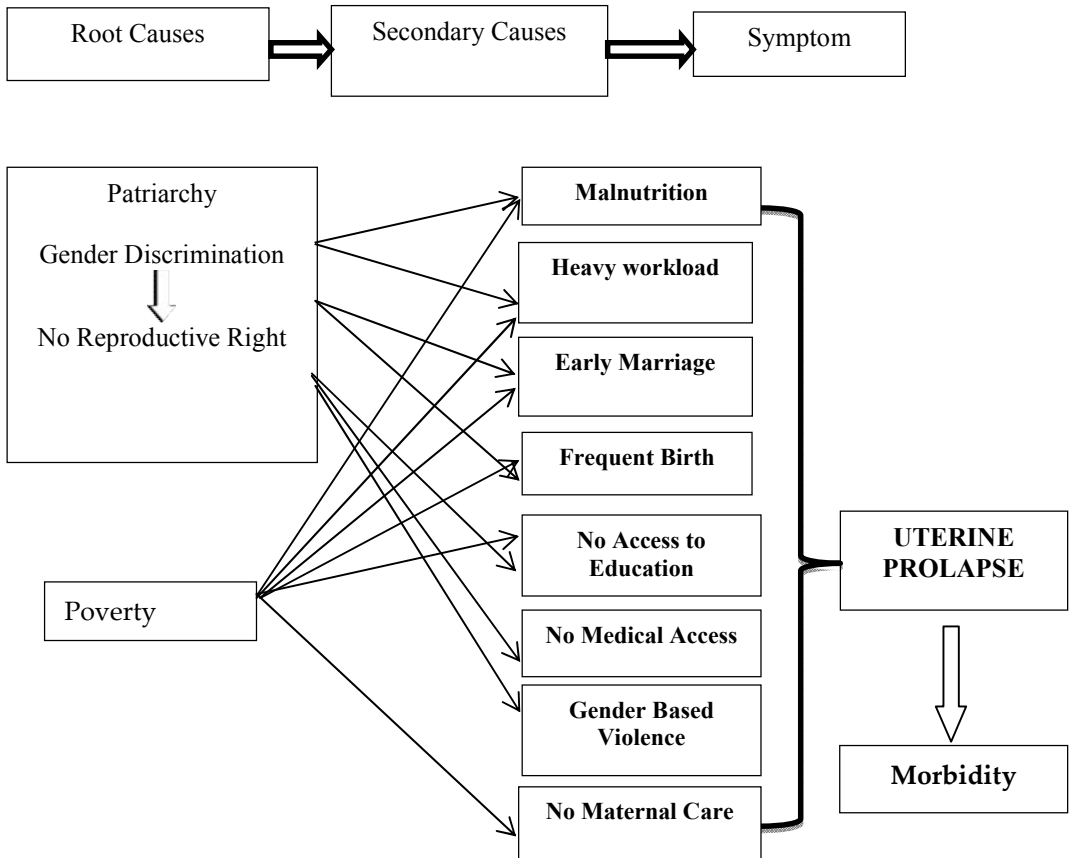
birth to at least one child between the ages of 15 to 19) and of poor maternal health care and nutrition. One out of 185 pregnant women die because of pregnancy and child-birth related complications and many (MoHP, 2010) more suffer from disabilities related to these responsibilities. Some common morbidity includes pelvic organ prolapsed and reproductive tract infections. For women living with these conditions, life's basic activities become challenging ones. In addition, uterine prolapse makes no distinction between young and old women. Women as old as eighty also have been found to be among the sufferers. Due to lack of family support and resources women usually do not visit hospital, consequently they suffer from various health problems. Some NGOs/INGOs providing services to the women from mobile health camp are existent, but it is not sufficient.

Conceptual Framework

A number of reasons are noted as causes of uterine prolapse as above. Majority of the causes are linked to medical issues, and thus efforts to combat the problem have been mainly medical such as insertion of ring passerines or surgical removal. Gender discrimination, social norms and values system and women's inability to reveal the problem in time all constitute a conglomerated effect on uterine prolapse. Observed causes as malnutrition as heavy workloads, early pregnancy and frequent number of births are the results of socioeconomic interplay in society. Differential ethnic cultural practices, discrimination against women and the violence against them also accelerate cases of uterine prolapse.

These causes are also the effects of other issues as lack of education and information, lack of proper care in antenatal and post-natal period. All these can be connected to fundamentalsof living in poor societies, poverty, access to health, health seeking behaviour and patriarchal societal construct. Genetic makeup may also be a direct pre-disposing factor and its effects can be magnified by the other causes. Such issues are interdependent, being both causes and effects with a complex chain of feedback loops. In order to eliminate the problems one has to go to the primary causes.

Figure.1 : Conceptual framework for causes and consequences of uterine prolapsed.



Data and Methods

This study has utilised the information collected in Dhulikhel Hospital, Kabhrepalanchok district. All women who suffered uterine prolapse and were receiving the services of Dhulikhel hospital, were the target population of study. Although, the uterine prolapse is concerned to all women; this study was confined to them who had experienced pregnancy at least once during their life span. It was a cross-sectional and descriptive in design that mainly focused on uterine prolapse and its effects on family life. Furthermore, the study attempted to elicit answers from the women themselves about knowledge, causes and effects, treatment practice of uterine prolapse. Information was quantified for simplicity and authenticity in analysis. Altogether, 215

respondents who approached to hospital during four months (March 2013 to August 2013) were included in sample. Considering the nature of study, only women with uterine problems were to be included, and thus the sample was purposive(non-probability sampling). All respondents were suffering from uterine prolapsed. In order to obtain the desired information in the light of objectives, semi-structured questionnaire was developed. Collected data through face to face interview was entered into the software SPSS after carefully editing for tabulation. Coverage and content errors were cross checked after the data collection.

Findings and Discussion

Duration of the Resuming Work after Delivery

Period of rest after delivery of child decreased with increased parities indicated that many births caused severe health problems to women. Conglomeration of respondents for 30 days rest in first delivery (49.7%), for 20 days rest in second delivery (49.7%) and for 15 days rest for third or higher order delivery (55.8%) observed decreased rest with increasing order of birth. It may be due to increased household responsibility, because of new family formation possibilities after second and other parities. Third and higher order birth was corresponded with very few cases for 35 plus days of rest (Table 1).

Table 1: Resume of Work after Delivery

Rest time of after Delivery in days	Resuming Work after Delivery					
	1 st		2 nd		3rd and more	
	Number	Per cent	Number	Per cent	Number	Per cent
15	10	4.7	51	23.7	120	55.8
20	51	23.7	107	49.7	45	20.9
25	34	15.8	34	15.8	30	13.9
30	107	49.7	13	6.1	15	6.9
35+	13	6.1	10	4.7	5	2.3
Total	215	100.0	215	100.0	215	100.0

Source: Field Survey, 2013

Dietary Pattern of the Women during Pregnancy:

More than normal is basic requirement for women who had given birth, even if not much nutritious food is managed. However, the percentage of women who

had 'more than normal' food during those days was found sharply declining from first parity (86.0%) to second (25.6%) and to third (6.5%). Similar fashion was reversely found for normal food for first (1.4%), second (69.7%) and third and higher order (88.3%) (Table 2). Clear was that the earlier parities were more accepted and supported than latter ones.

Table 2: Dietary Pattern and Number of Pregnancy

Dietary Pattern	Respondents Numbers of Pregnancy					
	1 st		2 nd		3 rd and more	
	Number	Per cent	Number	Per cent	Number	Per cent
Normal/ usual	20	1.4	150	69.7	190	88.3
More than normal	165	86.0	55	25.6	14	6.5
Nutritious diet	27	12.6	10	4.7	11	5.1
Total	215	100.0	215	100	215	100

Source: Field Survey, 2013

Analysis of Knowledge on Treatment

Knowledge on Treatment by Age Group

Among the total, only 164 (76.3%) respondents had knowledge on treatment leaving almost one fourth (23.7%) counterparts with no knowledge.

Table 3: Knowledge on Treatment by Age Group

Age Groups	Knowledge for Treatment about Uterine Prolapse					
	Yes		No		Total	
	No.	Per cent	No.	Per cent	No.	Per cent
Less than 40 years	19	82.6	4	17.4	23	100
40-44	3	75.0	1	25.0	4	100
45-49	16	80.0	4	20.0	20	100
50-54	48	73.1	19	21.7	67	100
55-59	25	73.5	9	26.5	34	100
60-64	14	82.4	3	17.6	17	100
65 and above	41	82.0	9	18.0	50	100
Total	164	76.3	51	23.7	215	100

Source: Field Survey, 2013

In a country with high uterine prolapsed cases, such a high number of women with some problems with them had no knowledge symbolized the severity of health consciousness. Slightly the lower age group was more knowledgeable than the elderly ones, but this not much visible (Table 3).

Knowledge for Treatment by Literacy Status

Literacy plays a significant role for health consciousness of people. Knowledge for treatment of uterine prolapse by literacy status showed that, 78 per cent literate respondents had knowledge for treatment and 22 per cent had no knowledge on treatment. Among the 174 illiterate respondents, 70.7 per cent had knowledge on treatment and 29.3 per cent had no knowledge on treatment. Some 3 out of 10 illiterate women who had been suffering from problems with uterine prolapse having no knowledge indicated poor level of awareness messages that had no outreach to these illiterate women (Table 4).

Table 4: Knowledge on Treatment by Literacy and Educational Attainment

Education	Knowledge for Treatment about Uterine Prolapse					
	Yes		No		Total	
	No.	Per cent	No.	Per cent	No.	Per cent
Literacy						
Literate	32	78.0	9	22.0	41	100.0
Illiterate	123	70.7	51	29.3	174	100.0
Total	164	76.3	51	23.7	215	100.0
Level of Education						
Primary	4	80.0	1	20.0	5	100.0
Lower secondary	1	100.0	0	0.0	1	100.0
Secondary	2	100.0	0	0.0	2	100.0
SLC and above	1	100.0	0	0.0	1	100.0
Informal	24	75.0	8	25.0	32	100.0
Total	32	78.0	9	22.0	41	100.0

Source: Field Survey, 2013

Even among the literate respondents with primary level of education, 20 per cent of them had no knowledge that was followed by one fourth or 25 per cent of women with informal education. Education had brought about the knowledge, and poor status of health among women was related to their educational level (Table 4).

Knowledge for Treatment by Occupation

Majority of women, 181 among 215, were found in agricultural occupation and among them one fourth (25.4%) respondents had no knowledge on treatment. Other groups had fewer number than 30 and the percentage may not provide the real phenomena; however, all 7 women in Service had knowledge, 1 out of 7 in Thanka painting had no knowledge, 2 out of 14 in Wage labour had also no knowledge (Table 5).

Occupation and education are if treated together and speculated with the help of these information, it can be observed that women in primitive type of occupation, with low level of education were much suffering from the problems of uterine prolapse.

Table 5: Knowledge on Treatment by Occupation

Occupation	Knowledge for Treatment about Uterine Prolapse					
	Yes		No		Total	
	No.	Per cent	No.	Per cent	No.	Per cent
Agriculture	135	74.6	46	25.4	181	100.0
Business	4	66.7	2	33.3	6	100.0
Service	7	100.0	0	0.0	7	100.0
Thanka Making	6	85.7	1	14.3	7	100.0
Wage Labour	12	85.2	2	14.2	14	100.0
Total	164	76.3	51	23.7	215	100.0

Source: Field Survey, 2013

Consulting to Treatment

Uterine prolapse is a secret problem with lots of privacy related issues. It was found in discussions with those patients that they had hesitations to reveal their problems to others. Consulting the doctors or other health personnel was even a difficult, they did hide it within family. Sexual relationships were in trouble and possibility of husband finding alternative was also aggravated.

Foul smell of discharge and also of urine had made some of them aloof from others and they were psychologically depressed. Those who had come for treatment had courage to do so, and they had reported that many women like

them were still in their village or settlements without approaching to the clinical treatment.

There was a certain possibility of improving health as soon as one consults for medical treatment. More than 70 per cent respondents were in regular consultation for treatment for three or more years. Some 23.3 per cent were in consultation and follow-up for and six per cent respondents were in treatment for a year for uterine prolapse. Medical personnel informed that there were only a few and insignificant cases of dropout from the treatment, otherwise almost all women were regular in treatment¹.

These scenarios indicated two dimensions clearly. First, there is the prevalence of uterine prolapses in rural Nepal in almost widespread status. Women hide it and their wallets of shyness could be revealed by massive and aggressive awareness programmes. Second, when treatment is started they follow it until uterine prolapse is cured or removed.

Consequences of Uterine Prolapse

Respondent's Perceptions

Uterine prolapse affected the daily life and made them physically and mentally weak. The consequences of uterine prolapse in personal life appeared as 32.6 per cent respondents observed frequent scolding by their husbands and they had started paying no attention to their wives. A group of 27.9 per cent women were in sorrowful conditions that their husbands had additionally married to other women and they had to bear their co-wives. Ignorance among men that it can be cured or removed if needed, resulted in family devastation. A group of 23.3 per cent respondents were staying not with husband but separately within the house. Some 9.3 per cent painfully expressed that they were largely neglected by other family members. Only 6.9 per cent respondents had not revealed the disease to other members of family, but one can imagine how painful the relationship with husband would have become for them².

¹ Source: data file, table not shown

² Source: data file, table not shown

Doctor's Perceptions

Almost all (96.7%) patients were observed frequent discharge of urine outside the mouth of vagina, and same per cent(96.7%) patients had difficulty in standing and walking too. It was painful for them and practice of use of pad or diaper was less and they therefore hesitated to be in public and interact with others. Some 93.0 per cent patients had severe back pain, and another set of 83.7 per cent patients had abdominal pain, whereas 81.3 per cent of them had reported severe and relentless headache¹.

The medical practitioners were attentive to their patients, because they had understood that the public life as well as physical and psychological condition of them were in devastations.

Level of Satisfaction for Treatment

About a half (46.5%) respondents expressed that they were satisfied for the treatment services of hospital. Another group of 37.2 per cent respondents expressed that they were even highly satisfied for treatment services. Only 9.3 per cent respondents were neutral or did not have any opinion about treatment services. A few respondents as 4.7 per cent were not satisfied for the treatment services followed by others 2.3 per cent who were highly not satisfied for treatment services of hospital.

If information is dichotomously categorised, some 83.7 per cent of respondents expressed their satisfaction for treatment and 16.3 were otherwise. It may have happened due to their expectations for a rapid cure or treatment, but the process was taking much time to get rid of the problem².

Conclusions and Recommendations

Conclusions

Uterine prolapse affects not only the physical aspect or health of women but also the entire social and psychological state of a women. It diminishes the self-esteem and they are compelled to live vulnerable life. Early marriage, early pregnancy, low age at first birth, many numbers of children, lack of adequate

¹ Source: data file, table not shown

² Source: data file, table not shown

diet during pregnancy and after delivery, lack of resting time to recover health, lack of access to adequate and quality health services are proven as major risk factors of uterine prolapse.

Similarly, lack of awareness, low level of education and low level of economic status also stand as secondary causes. Almost all responded that they had knowledge about uterine prolapse can be prevented by avoiding lifting or carrying heavy loads. It was to be followed by intake of nutritious diet, limiting births and avoiding application of vigorous pushing before true labour pain. Furthermore delivery in health service outlets and timely treatment of associated diseases were also important in preventing uterine prolapse. Delaying sexual contact after child delivery was also one of the preventing measure, but this can be done only by an educated women who could have persuaded her spouse in a coherence of relationships. In absence of all these or a conglomerated effect of these problems have aggravated the uterine prolapse in rural Nepal.

It was also found that uterine prolapse is observed or revealed when it becomes problematic for relationships or appears as a disease. By that time most of the women may have passed some years in its primary phase without revealing. Therefore, when it is difficult to hide and is revealed many of them have arrived at relatively older age or after completing reproductive life. Their physical strength by then is in retardation and members in new generation in family are also added, which even creates much social and psychological problems. Therefore, an intergenerational understanding is needed to cope the problems of uterine prolapse.

Recommendations

An aggressive campaign for creating awareness on need for combatting uterine prolapse must be in existent targeting rural Nepal. Prevalence and causes of uterine prolapse are to be dealt in details with their possible effects in all aspects of psycho-social life and physical health of women.

Not only the adolescent girls, newly married couples and mothers in reproductive age are to be targeted but also the husbands and other male members of family are also to be educated to support to diagnosis, treatment and live a dignified life for the victims of uterine prolapse.

Awareness programme should focus on the preventive measures, for example: taking nutritious diet, proper antenatal care, avoidance of lifting heavy weight during the pregnancy and post-natal period, delivery in health outlets, adequate

care and rest in post-natal period, and special exercise related to pelvic muscles after delivery. Utilisation of local media, live conversations, contents in local level training for mother groups, and other community based organisations are essentials of prevention of uterine prolapse.

Further studies should be conducted to identify the effects of other factors such as nutritional status, services quality, availability, accessibility and acceptance. Similarly, reason for variation in uterine prolapse attributed by different types of delivery at every birth parity should be explored. A review for the monitoring process on policy and programme implementation of uterine prolapse services is also needed. Since Nepal constitutes differential ethnic dimensions a comparative study of different group of people for uterine prolapsed women exploring most of the possible causes and consequences is need for further planning and better service delivery.

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