Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life

Age-specific fertility rate for married girls age 15-19 years: the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Modern Contraceptive Use, Unmet Need & Demand Satisfied for Modern Methods: SDG 3.7.1

Percentage of married girls age 15-19 years who are using a contraceptive method, percentage with an unmet need for contraception and percentage of demand for modern methods of family planning satisfied.
Every Adolescent Survives & Thrives

Tobacco* & Alcohol Use

Alcohol and tobacco use typically have their onset in adolescence and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life. Adolescence is a time of heightened risk-taking, independence seeking and experimentation. Adolescents are at increased risk of substance use due to social, genetic, psychological or cultural reasons. Yet adolescence is also an opportune time for education on the negative consequences of substance use, and promote healthy behaviours that will last into adulthood.

Every Adolescent Learns

Foundational Reading Skills
SDG 4.1.1(a) (t: reading)

Percentage of children age 7-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

Foundational Numeracy Skills
SDG 4.1.1(a) (t: numeracy)

Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

School Attendance Ratios

Adjusted net attendance ratio, by level of education and by gender

Information & Communications Technology (ICT) Skills*

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children’s early learning in reading and mathematics at the level of Grade 2 in primary education.

Percentage of girls age 15-19 who can perform at least one of the nine listed computer related activities
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Percentage of boys age 15-19 who can perform at least one of the nine listed computer related activities
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills
Every Adolescent Is Protected from Violence & Exploitation

**Child Marriage: SDG 5.3.1**

Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls’ and boys’ lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as female genital mutilation/cutting and child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

**Child Discipline**

Percent of children age 10 to 14 years who experienced any discipline in the past month, by type

*Age disaggregate of SDG 16.2.1

Every Adolescent Lives in a Safe & Clean Environment

**Water, Sanitation & Clean Fuel Use**

The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

**Basic Drinking Water SDG 1.4:** Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.

**Basic Sanitation Services SDG 1.4.1/6.2.1:** Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.

**Clean Fuels SDG 7.1.2:** Primary reliance on clean fuels and technologies for cooking, space heating and lighting.
Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

- Married women aged 15-19 years with no education, women in the poorest households, or rural women have a higher fertility rate than their more educated, wealthier, and urban counterparts.
- Of the married women aged 15-19 years, 17% are using a modern form of contraception while 38% report an unmet need for family planning. Only 29% of married women at the age of 15-19 years report that their demand for family planning is met using modern methods.
- Amongst married women aged 20-24 years, 8% were married before they were 15 years old, and 33% were married before their 18th birthday.
- Amongst children aged 7-14 years, 39% can read at a grade two primary level or higher, and only 37% can perform math skills at a grade two primary level or higher.
- Violent child discipline is common in Nepal. Eighty-two percent (82%) of children aged 10-14 years experienced any violent discipline while 78% experienced psychological aggression. 14% of children aged 10-14 years do not experience violent discipline in Nepal.
- The most common functional difficulty amongst adolescents in Nepal is anxiety (11% for children aged 10-14 years and 8% for children aged 15-17 years) followed by depression (2% for children aged 15-17 years).

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