Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children’s rights and well-being often depend on women’s rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

Every Girl & Boy Survives & Thrives: The First Decade of Life

Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher than expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one’s sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>Under-five Mortality Rate</td>
<td>25</td>
<td>32</td>
</tr>
</tbody>
</table>

Infant mortality: probability of dying between birth and the first birthday
Under-five mortality: the probability of dying between birth and the fifth birthday

Malnutrition; Wasting (Moderate & Severe) among Children Under-5, SDG 2.2.2

<table>
<thead>
<tr>
<th></th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy, 14</td>
<td>No education, 16</td>
</tr>
<tr>
<td>Girl, 10</td>
<td>Higher, 8</td>
</tr>
<tr>
<td>20-34 years, 12</td>
<td>35-49 years, 11</td>
</tr>
</tbody>
</table>

Wasting refers to a child who is too thin for his or her height

Malnutrition; Overweight (Moderate & Severe) among Children Under-5, SDG 2.2.2

<table>
<thead>
<tr>
<th></th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy, 3</td>
<td>No education, 3</td>
</tr>
<tr>
<td>Girl, 2</td>
<td>Higher, 2</td>
</tr>
<tr>
<td>&lt;20 years, 3</td>
<td>35-49 years, 3</td>
</tr>
</tbody>
</table>

Overweight refers to a child who is too heavy for his or her height
Every Girl & Boy Survives & Thrives: The First Decade of Life

Early Stimulation & Responsive Care by Adults

Percent of children aged 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child.

Early Childhood Development Index, SDG 4.2.1

Percent of children aged 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex.

Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline—which includes physical punishment and psychological aggression—by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

Birth Registration, SDG 16.9.1 Sex Disaggregate

Percent of children under 5 whose births are registered, by sex and maternal education level.

Sex Maternal Education

Percent

Any violent discipline

Physical punishment

Psychological aggression

Violent Discipline, SDG 16.2.1 Sex Disaggregate

Percent of children aged 1-14 who experienced violent discipline in the past month, by sex.

Note: The age group 1-14 spans the first and second decades of life.
Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Lower basic education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world’s out-of-school population.

Note: Because children of lower basic school age range from 6-10 years, these indicators include some children in their second decade of life.

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**Key Messages**

- In Nepal, the infant and under-five mortality rate is higher for boys than for girls. These data align with what is observed for child survival in many countries under natural circumstances.
- While boys and girls experience similar levels of moderate or severe stunting in Nepal (33% and 30% respectively), children whose mothers/caregivers had no education were twice as likely (39%) to be stunted compared to children whose mothers/caregivers had a higher education (18%). Maternal education also impacts child wasting (moderate & severe) in Nepal.
- Across multiple dimensions, boys and girls under ten years of age have similar experiences in Nepal. For example, boys and girls are similarly likely to receive early stimulation and responsive care from the adults in their households (74% and 73% respectively). Boys and girls are most likely to be equally developmentally on track (66% of girls and 65% of boys). Girls and boys are equally likely to have their birth registered, regardless of their mothers’/caretakers’ educational levels. While violent discipline is widespread in Nepal, girls and boys are similarly likely to experience it (83% and 81% respectively). Finally, participation and completion rates for girls and boys in lower basic education is also similar.
- Across all dimensions, girls have higher outcomes for attendance at school, regardless of the wealth of their households or the location of their households (urban/rural).
While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception. Additionally, despite having a higher risk of contracting HIV due to both greater physiological vulnerabilities and gender inequalities, adolescent girls are often less knowledgeable than adolescent boys about how HIV is transmitted. However, gender norms adversely impact adolescent boys as well. For example, norms around masculinity that encourage risk taking may heighten adolescent boys’ use of alcohol and tobacco, increasing their likelihood of developing noncommunicable diseases later in life.

**Comprehensive Knowledge of HIV**

- **Girls:** 26
- **Boys:** 23

Percent of girls and boys aged 15-19 who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions, and any other local misconception.

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**Tobacco* & Alcohol Use**

- **Girls:** 3
- **Boys:** 9

Tobacco and alcohol use among adolescents aged 15-19, by sex

*Includes an age and sex disaggregate of SDG 3.a.1: use of tobacco
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country’s civil registration system. Child marriage often compromises a girl’s development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement.

Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

Child Marriage, SDG 5.3.1

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
<th>Richest</th>
<th>Poorest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married by 18</td>
<td>33</td>
<td>30</td>
<td>39</td>
<td>45</td>
<td>11</td>
</tr>
<tr>
<td>Married by 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percent of women aged 20-24 years who were first married before the ages 15 and 18, by residence and wealth quintile

Spousal Age Difference

<table>
<thead>
<tr>
<th></th>
<th>Higher education</th>
<th>No education</th>
<th>Richest</th>
<th>Poorest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger</td>
<td>15</td>
<td>2</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>0-4 years older</td>
<td>36</td>
<td>59</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>5-9 years older</td>
<td>49</td>
<td>30</td>
<td>15</td>
<td>28</td>
</tr>
<tr>
<td>10+ years older</td>
<td></td>
<td>9</td>
<td>14</td>
<td>3</td>
</tr>
</tbody>
</table>

Percent distribution of adolescent girls aged 15-19 currently married by age of their partner, by education level and wealth quintile

Attitudes toward Domestic Violence

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>25</td>
<td>22</td>
</tr>
</tbody>
</table>

Every Adolescent Girl & Boy has an Equitable Chance in Life: The Second Decade of Life

Life Satisfaction

Life satisfaction measures an individual’s perceived level of well-being or how an individual feels about their life as a whole. Measuring adolescent girls’ and boy’s satisfaction with their lives can provide important insights into their mental health during a stage of life when gender norms consolidate and girls and boys experience different risk factors for mental health disorders.

Among adolescents aged 15-19, average life satisfaction score on a scale of 0 to 10, by sex and age group

Percent of adolescents aged 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex
While participation in secondary education is expanding, progress lags behind lower basic and upper basic education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the lower basic or upper basic level. Yet, advancing girls’ secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.
Adolescent girls are more likely to marry early

Adolescent boys are much more likely to use tobacco or alcohol.

In Nepal, only 29% of married girls aged 15-19 in comparison to 9% of boys. Over 20% of adolescent boys nationally have ever used a tobacco or alcohol.

Adolescent girls are more likely to marry early in comparison to boys. Overall, 33% of women aged 20-24 married before the age of 18 in comparison to 9% of men.

In Nepal, only 29% of married girls aged 15-18 in comparison to 9% of men.

The ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and emergency contexts without access to adequate menstrual hygiene management facilities and supplies experience stigma and social exclusion while also forgoing important educational, social and economic opportunities.

**Menstrual Hygiene Management**: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home.

**Exclusion from Activities during Menstruation**: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage of women who did not participate in social activities excluding religious visits, school or work due to their last menstruation in the last 12 months.

**Key Messages**

- In Nepal, only 29% of married girls aged 15-19 years have their demand for family planning met and only 17% use any modern method of contraception. These data indicate that adolescent girls in Nepal have limited access to or knowledge of contraceptive methods. The data also suggest that many adolescent girls may have limited ability to exercise their reproductive rights.

- Adolescent boys are much more likely to use tobacco than are girls. Over 20% of adolescent boys nationally have ever used a tobacco or alcohol.

- Adolescent girls are more likely to marry early in comparison to boys. Overall, 33% of women aged 20-24 married before the age of 18 in comparison to 9% of men.

- Girls are more likely than boys to attend upper basic or secondary school regardless of the wealth or location (urban/rural) of their households. Girls are also more likely to complete upper basic and secondary school (75% and 28% respectively) than are boys (71% and 27% respectively). More needs to be understood about lower rates of attendance and completion of upper basic and lower secondary school amongst boys in Nepal.

- Already in adolescence, 25% of boys feel that a man is justified in beating his wife if she goes out without telling him, neglects the children, argues with him, refuses to have sex with him, or burns the food. Twenty-two percent (22%) of adolescent girls also feel that a man can be justified for beating his wife under these circumstances. These data indicate that attitudes towards domestic violence are formed early in life and can persist, and often grow deeper, into adulthood.

- While 81% of girls aged 15-19 years reported using appropriate menstrual hygiene materials and having a private place to wash and change at home when they menstruated during the 12 months prior to the survey, and 8% of girls reported not participating in social activities (excluding religious and temple visits) due to their last menstruation in the last 12 months prior to the survey.
Gender Equality in Adulthood

To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women’s and girls’ disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother’s lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women’s and men’s attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

Access to Knowledge, Information & Technology

- **Literacy**
  - Percentage of adults age 15-49 who are literate, by sex

- **Media Access**
  - Percentage of adults age 15-49 who read a newspaper, or listen to the radio, or watch television at least once a week

- **Internet Use: SDG 17.8.1**
  - Percentage of adults age 15-49 using the internet at least once in the past 3 months, by sex

Access to Resources

- **Mobile Phone Ownership, SDG 5.b.1**
  - Percent of adults aged 15-49 who own a mobile phone, by sex, wealth quintile and area

Health Insurance Coverage

- Percent of adults aged 15-49 with health insurance, by sex

Time on Household Chores: Water Collection

- **Who collects water?**
  - Percent distribution of household members without drinking water on premises by person usually collecting drinking water used in the household

- **Time spent on water collection**
  - Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises
Among households without drinking water on premises, women are overwhelmingly responsible for the chore of water collection. Seventy-eight percent (78%) of women aged 15 years or older reported usually collecting drinking water used in the household compared to only 11% of men doing the same task.

Health insurance coverage is rare in Nepal with men and women reporting similar levels of coverage (6% men, 5% women).

Amongst households without drinking water on premises, women are overwhelmingly responsible for the chore of water collection. Seventy-eight percent (78%) of women aged 15 years or older reported usually collecting drinking water used in the household compared to only 11% of men doing the same task.

Almost one-third (29%) of men and women aged 15-49 years report that a man is justified to beat his wife if she goes out without telling him, neglects the children, argues with him, refuses sex with him, or burns the food. These data indicate a widespread acceptance of domestic violence amongst men and women in Nepal and the internalization of social norms towards domestic violence by women. Juxtaposed next to data gathered from adolescents for this indicator, the data indicates that acceptance of domestic violence increases as adolescents move into adulthood.

Among adults aged 15-49, average life satisfaction score on a scale of 0 to 10, by sex, wealth quintile and marital status. Higher scores indicate higher satisfaction levels.

Among adults aged 15-49 who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area.

Percent of careakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker.

Percent of adults aged 15-49 who expect that their lives will get better in one year, by sex, wealth quintile and marital status. Higher scores indicate higher satisfaction levels.

The Country Multiple Indicator Cluster Survey (MICS) was carried out in 2014 by the National Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children’s Fund (UNICEF). UNICEF and Government of Nepal provided financial support provided financial support.


Further statistical snapshots and the Summary Findings Report for this and other surveys are available on mics.unicef.org/surveys.