

Adolescents and Youth in Nepal

**Ram Hari Aryal, Ph.D.
Upendra Prasad Adhikary**

1. Introduction

Nepal's population has increased from 8 million in 1952/54 to 23 million in mid 2001. The addition of over 15 million people in less than five decades is due to the high population growth rate. Continuing high population growth will amount to Nepal's population reaching 32 million by the year 2016 (MOPE, 1998) coupled with poor human development indicators such as low literacy, high infant mortality and low economic growth rates.

While Total Fertility Rate (TFR) has declined from over 6 children per woman in 1970s to its current level of 4.1 children per woman (Ministry of Health, et.al, 2002), Nepal still has an unacceptably high fertility rate compared to other developing countries. Therefore His Majesty's Government of Nepal is attaching the highest priority to the lowering of the fertility rate from its current level to replacement level fertility by the end of the 12th plan (2017). Because of its high levels of fertility over the last few decades and its very recent fertility decline, Nepal is faced with its largest adolescents and youth population in its population composition. The adolescents and youth population as they enter into their reproductive phase embody potential population growth for next three/four decades. These populations constitute population momentum in the future that has serious implications for provision of schooling, health services and other basic amenities of life for the coming decades.

Adolescent has been defined by the World Health Organization as the period of life spanning the ages between 10-19 years, and youth as between 15-24 years. Young people are those between 10-24 years of age (WHO, 1997). Adolescence is the second decade of life and it is a period of rapid development. Moreover, it is a time when growth is accelerated, major physical changes take place and differences between boys and girls are accentuated (WHO, 1998). Since about one third of the world's population are between the age of 10 and 24 with vast majority living in developing countries, they have not received specific attention in most population and health research and programs. During the past decade young people and their health needs have been the subject of greater attention worldwide. Especially, the issue of adolescent reproductive health received global attention after the International Conference on Population and Development (ICPD) 1994 since adolescence is a time of mental and psychological adjustment and it is a situation of being no longer a child, but not yet an adult either. The Program of Action of the ICPD PoA called for a substantial reduction of adolescent pregnancy and early childbearing. One of the main objectives of the population management policy is to achieve social and economic revival by curbing rapid population growth and thereby reducing its adverse consequences for development. The main thrust of ICPD PoA is that each country brings into balance its resources with population through a policy, which is in accordance with its own social, cultural, religious and political realities. Since young people are the reason for future population growth in developing countries, the ICPD

therefore called all nations to focus the issue of these groups in any population management policies. Accordingly, in any policies and programs the issues of these populations should be focused. However, there currently exists a void in review and analysis of the available data on the young population of Nepal. The main objective of this paper is to fill-in the existing void. And provide information about adolescents, youth and overall young people in all 75 districts of Nepal. We focus on three major dimensions pertaining to these populations. The dimensions are literacy status, marriage and contraceptive behavior.

2. Data and Methods

The data analyzed here come mainly from the census 2001. Data is also used from the Nepal Demographic and Health Survey (NDHS) 2001 and Nepal Adolescents and Young Adult (NAYA) Survey, 2000. In many countries, there is difficulty in getting age specific data for the 10-19, 15-24 years age groups. The information on adolescents is included in the data for young people (10-24) years). To avoid this problem, the attempt is made here to provide age specific data. There is a lack of district level information on these populations in Nepal. Accordingly, the overall situation of these groups is shown in districts levels so that information could be used for policy formulation and program development. Most of the paper discusses the bivariate results for the three subgroups of respondents such as literacy status, marital status and contraceptive behavior. This paper describes the distribution of adolescents and youth in all 75 districts of Nepal. The marriage trends and patterns of these groups are also analyzed using NDHS 2001 data. The age at marriage has implication for the sexual and reproductive health of adolescents and youth. Similarly information on contraceptive behavior is also provided using NDHS 2001 and Nepal Adolescents and Young Adults Survey 2000 data. Although the situation of these groups are presented for all 75 districts of Nepal, the trends and patterns of marriage and contraception are limited to the national level. The main theme of the paper is to provide information on adolescents and youth population in Nepal.

3. Discussions

The Program of Action of the International Conference on Population and Development (ICPD) has addressed the issues of the adolescent sexual and reproductive health and promoting responsible sexual and reproductive behavior. (United Nations, 1994). The reproductive health need of adolescents was neglected in the existing health services in Nepal also. Accordingly, there is a need to undertake research and collect information about adolescents and youth in Nepal to provide the health as well as young people friendly services in needy areas. The tenth plan has also addressed the importance of adolescents and youth especially in population management and health sector. To have effective implementation of the adolescents and youth focused programs in Nepal, attempt is made here to provide basic information about these people using census as well as NDHS and NAYA Survey data.

Table 1. Percentage distribution of adolescents, youth and young population by districts, Nepal.

Districts	Adolescents			Youth			Young		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
NEPAL	23.62	23.30	23.94	19.38	19.98	18.77	32.49	32.71	32.28
TAPLEJUNG	24.62	24.53	24.72	19.41	20.07	18.72	33.03	33.56	32.49
PANCHTHAR	25.44	25.11	25.79	19.47	20.12	18.80	33.71	34.02	33.39
ILAM	25.29	25.53	25.04	21.24	22.03	20.46	34.91	35.62	34.20
JHAPA*	24.15	24.15	24.15	21.94	23.01	20.86	34.34	35.12	33.55
MORANG	23.74	23.43	24.05	20.85	21.49	20.22	33.33	33.65	33.02
SUNSARI	23.08	22.74	23.41	19.61	20.22	19.00	32.32	32.66	31.99
DHANKUTA	24.43	24.09	24.77	20.69	21.15	20.21	33.55	33.69	33.39
TERHATHUM	25.38	24.76	26.03	20.43	20.58	20.26	34.25	34.01	34.50
SANKHUWASABHA	25.18	24.84	25.54	19.77	20.38	19.13	33.50	33.75	33.24
BHOJPUR	25.63	25.25	26.04	19.42	20.23	18.55	33.50	33.80	33.17
SOLUKHUMBU	24.92	25.00	24.84	19.13	19.82	18.41	33.02	33.58	32.46
OKHALDHUNGA	24.89	24.26	25.58	18.09	18.93	17.18	32.28	32.45	32.10
KHOTANG	25.25	24.78	25.73	18.81	19.55	18.04	32.99	33.11	32.85
UDAYAPUR	25.41	25.36	25.46	19.42	19.99	18.84	33.81	34.12	33.50
SAPTARI	20.70	20.21	21.17	16.88	17.29	16.49	28.70	28.80	28.61
SIRAHA*	20.66	19.71	21.56	16.78	16.86	16.71	28.71	28.23	29.16
DHANUSA	20.50	19.26	21.64	16.67	16.28	17.03	28.57	27.65	29.41
MAHOTTARI	20.42	19.15	21.59	16.39	15.95	16.80	28.27	27.23	29.24
SARLAHI	21.00	19.99	21.95	16.90	16.83	16.97	29.09	28.52	29.63
SINDHULI*	24.73	24.72	24.75	19.04	19.74	18.33	33.06	33.43	32.69
RAMECHHAP	24.90	24.39	25.47	17.30	18.14	16.37	31.86	31.97	31.73
DOLAKHA*	24.94	24.39	25.51	19.33	19.41	19.25	33.28	32.95	33.63
SINDHUPALCHOK*	23.88	23.80	23.95	18.47	19.09	17.84	32.16	32.48	31.83
KAVRE	25.22	24.87	25.59	19.86	20.59	19.11	34.04	34.22	33.85
LALITPUR	22.59	22.77	22.43	23.35	23.64	23.06	34.52	34.82	34.24
BHAKTAPUR	24.18	24.22	24.14	24.09	24.31	23.87	36.07	36.35	35.81
KATHMANDU	22.21	22.49	21.96	24.95	24.80	25.08	35.55	35.74	35.39
NUWAKOT	25.01	25.04	24.98	19.30	19.91	18.69	33.38	33.77	32.98
RASUWA	22.28	22.89	21.72	18.64	19.22	18.11	31.27	31.98	30.62
DHADING	24.55	24.74	24.36	19.03	20.09	17.93	32.84	33.72	31.93
MAKWANPUR	24.88	25.03	24.73	19.61	20.24	19.00	33.70	34.22	33.20
RAUTAHAT	20.04	19.08	20.93	16.79	16.98	16.61	28.17	27.79	28.53
BARA	21.51	20.88	22.10	17.63	17.87	17.41	29.81	29.59	30.02
PARSA	21.65	20.84	22.39	17.73	17.72	17.74	29.98	29.59	30.32
CHITAWAN	24.77	24.83	24.70	21.51	22.45	20.57	34.77	35.41	34.13
GORKHA	24.81	24.20	25.50	17.98	19.31	16.46	31.99	32.46	31.45
LAMJUNG	24.48	23.49	25.59	18.50	19.42	17.47	32.00	32.07	31.92
TANAHU	25.74	24.77	26.84	19.29	20.26	18.17	33.61	33.67	33.53
SYANGJA	25.50	24.27	26.98	18.44	19.75	16.86	32.93	33.00	32.84
KASKI	24.65	23.71	25.65	22.02	21.73	22.33	34.82	34.05	35.63
MANANG	22.54	23.30	21.85	21.10	21.41	20.82	32.14	33.19	31.19
MUSTANG	18.58	20.75	16.78	19.37	19.28	19.45	28.64	29.83	27.65
MYAGDI	23.69	22.53	25.03	18.49	19.43	17.39	31.65	31.56	31.74
PARBAT	25.83	24.73	27.12	19.21	20.34	17.90	33.63	33.56	33.71
BAGLUNG	25.49	24.30	26.89	19.12	20.51	17.48	33.55	33.66	33.41
GULMI	25.89	25.02	26.94	17.54	19.42	15.24	32.79	33.39	32.07

PALPA	25.67	25.30	26.09	18.37	20.07	16.41	33.16	33.97	32.22
NAWALPARASI	24.58	24.26	24.90	19.68	20.67	18.66	33.33	33.80	32.85
RUPANDEHI	23.81	23.48	24.13	19.70	20.05	19.36	32.85	32.95	32.76
KAPILBASTU	22.67	22.47	22.87	18.17	18.82	17.56	30.92	31.23	30.63
ARGHAKHANCHI	26.14	26.07	26.22	17.82	19.85	15.45	33.29	34.40	32.00
PYUTHAN	24.42	24.37	24.47	16.88	18.98	14.45	31.61	32.73	30.32
ROLPA	23.28	23.34	23.21	17.93	19.09	16.70	31.46	32.23	30.63
RUKUM	24.12	23.84	24.39	19.86	20.30	19.43	33.60	33.72	33.48
SALYAN*	24.57	24.83	24.31	20.64	21.32	19.98	34.59	35.10	34.09
DANG	25.32	25.71	24.93	20.29	21.65	18.90	34.53	35.55	33.49
BANKE	23.89	23.74	24.03	19.72	20.37	19.10	32.95	33.35	32.56
BARDIYA	25.24	25.36	25.12	20.64	21.71	19.60	34.45	35.18	33.72
SURKHET*	25.18	25.36	24.98	21.08	22.08	20.07	34.85	35.59	34.10
DAILEKH	24.29	24.33	24.24	18.57	19.92	17.16	32.51	33.37	31.62
JAJARKOT	24.63	24.59	24.67	19.55	20.17	18.95	33.60	33.94	33.27
DOLPA*	20.86	21.29	20.43	17.53	17.88	17.19	29.41	29.88	28.94
JUMLA*	23.25	23.06	23.43	18.50	19.02	18.02	31.88	32.16	31.61
KALIKOT*	22.22	22.86	21.70	19.43	19.28	19.55	32.07	32.04	32.09
MUGU*	20.24	20.49	19.99	17.11	17.45	16.78	28.35	28.62	28.10
HUMLA	20.79	20.56	21.01	16.75	16.72	16.78	28.73	28.55	28.90
BAJURA*	22.39	21.98	22.81	17.41	17.94	16.88	30.18	30.18	30.18
BAJHANG	22.87	22.17	23.61	17.61	18.33	16.85	31.01	30.96	31.07
ACHHAM	23.58	22.53	24.76	17.86	18.48	17.16	31.45	30.99	31.96
KAILALI	25.05	25.12	24.99	20.35	21.11	19.60	34.39	34.91	33.87
KANCHANPUR*	24.98	25.15	24.81	20.65	21.24	20.08	34.53	35.03	34.04
DOTI	23.10	22.61	23.58	18.99	19.01	18.97	32.11	31.79	32.42
DADEL DHURA	24.32	23.87	24.80	18.64	19.58	17.64	32.81	33.05	32.54
BAITADI	24.20	23.92	24.50	18.68	19.57	17.73	32.64	33.03	32.21
DARCHULA	23.66	23.74	23.58	18.44	19.54	17.31	31.97	32.83	31.08

Source: CBS, 2002

* All households were not covered due to access problems during census taking period.

Table 1 presents the percentage distribution of adolescents, youth and young population in the 75 districts of Nepal. About one fourth of the total population of Nepal is adolescents (23.6), about one fifth is youth (19.4) and about one third (32.5 percent) is young population in Nepal indicating a high number of young people in Nepal's population composition. It is also seen that there is no substantial differential among sex, the number of males is almost identical to the number of females.

A reduction in infant and child mortality followed by a drop in fertility resulted in increase in young population in Nepal. It is argued that the timing and magnitude of population growth and the ensuing fertility decline have been crucial factors for size and duration of adolescents and young adult in the population (Xenos et.al, 1999). These populations are special concern to policy makers simply because the basic needs for these populations such as education, health, and employment programs need to expand to meet the needs of these growing groups. These groups are also important from the demographic point of view since they are in their prime reproductive years and they are potential for future population growth. Higher the number of these groups higher will be the number of births even in a case of low fertility rates.

Table 2 Percent distribution of highest five districts on adolescent, youth and young, 2001

Adolescent		Youth		Young	
Districts	Percentage	Districts	Percentage	Districts	Percentage
Argakhachi	26.14	Kathmandu	24.95	Bhaktapur	36.07
Gulmi	25.89	Bhaktapur	24.09	Kathmandu	35.55
Parbat	25.83	Lalitpur	23.35	Illam	34.91
Tanahu	25.74	Kaski	22.02	Surkhet	34.85
Palpa	25.67	Jhapa	21.94	Kaski	34.82
National Average 23.62		National Average 19.34		National Average 32.49	
Less than national average 25 districts		Less than national average 44 districts		Less than national average 31 districts	
More than national average 50 districts		More than national average 31 districts		More than national average 44 districts	

Source: CBS, 2002.

Table 2 shows highest five districts according to the percentage distribution of adolescents, youth and young people in Nepal. Among 75 districts, Arghakhanchi district has the highest number of adolescents followed by Gulmi and Parbat. Similarly Kathmandu has the highest number of youth followed by Bhaktapur and Lalitpur and Bhaktapur has the highest number of young people followed by Kathmandu and Illam.

Table 3 Percent distribution of lowest five districts on adolescent, youth and young, 2001

Adolescent		Youth		Young	
Districts	Percentage	Districts	Percentage	Districts	Percentage
Mustang	18.58	Mahottari	16.39	Rautahat	28.17
Rautahat	20.04	Dhanusa	16.69	Mahottari	28.27
Mugu	20.24	Humla	16.75	Mugu	28.35
Mahottari	20.42	Siraha	16.78	Dhanusha	28.57
Dhanusa	20.50	Rautahat	16.79	Mustang	28.64
Nepal	23.62		19.38		32.49

Source: CBS, 2002.

Table 3 presents the percentage distribution of lowest five districts in Nepal. Among 75 districts, Rautahat has the lowest number of young people (28.2 percent) followed by Mahottari (28.3) and Mugu (28.4). Similarly, Mustang district has the lowest percentage of adolescents whereas Mahottari has the lowest percentage of youth among districts in Nepal. Altogether 50 districts of Nepal have more than the national average (23.6) adolescents whereas 31 districts have more than national average youth and 44 districts have more than national average young people in Nepal (Table 2).

It is interesting to note that youth populations are more in dense populated districts and which have big cities such as Kathmandu, Bhaktapur, Lalitpur, Kaski and Jhapa. It is argued that youth are opportunity oriented and they move for opportunity and this is also the case in Nepal that youth are more mobile to urban centers in Nepal.

It is also interesting to note here that among highest five districts Kathmandu, Bhaktapur and Kaski districts have higher number of both youth and young populations. However, among lowest five districts, except Humla and Siraha all other districts have lowest number of adolescents, youth and young people.

Table 4 Percent distribution of adolescent, youth and young, Nepal 1952/54- 2001

	1952/54		1961		1971		1981		1991		2001	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Adolescent	22.15	19.83	20.96	18.76	21.5	19.1	20.9	19.4	22.6	22.0	23.9	23.3
Youth	18.31	18.64	16.69	17.22	17.4	17.5	17.3	18.1	17.4	19.2	18.8	20.1
Young	30.57	29.09	28.85	27.61	29.5	27.9	29.2	28.9	30.5	31.3	32.3	32.7

Source: CBS, 1987, 1995 and 2002

Table 4 shows trends in percentage distribution of adolescents, youth and young population in Nepal since 1952/54. It is seen that except in 1952/54 the percentage of these groups is increasing steadily except male in 1981. It is also worth noting that the information of the census 1952/54 is not comparable since the census was not taken in one point of time. That might be the reason that the percentage of these groups in 1952/54 is higher than other censuses in Nepal. Over the years the trend shows that the percentage of female adolescents is lower than their male counterparts. However, the situation is reverse in the case of youth. But the trend of young people is not clear. Up to 1981 the percentage of female is lower compared to male counterparts however, after 1991 the percentage of female is higher than their male counterparts. The percentage distribution is not substantially different among sex.

Table 5. Percentage distribution of adolescents, youth, and young by urban and rural, Nepal, 2001

Area	Adolescents			Youth			Young		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
Nepal	23.62	23.30	23.94	19.38	19.98	18.77	32.49	32.71	32.28
Rural	23.65	23.30	24.00	18.85	19.56	18.13	32.15	32.40	31.89
Urban	23.45	23.31	23.59	22.56	22.60	22.52	34.58	34.62	34.54

Source: CBS, 2002.

The urban rural differential is also important from the policy point of view. Table 5 presents the urban rural differential. Table 5 shows that there is no substantial difference in percentage living in urban and rural areas of Nepal. However, there are more youth and young people in urban than in rural areas. Slightly higher number of adolescents is living in rural areas compared to their urban counterparts although the percentage is not significantly different. About 23 percent of youth are living in urban areas compared to 19 percent of their rural counterparts. Similarly, among young people, about 35 percent young is living in urban areas compared to 32 percent of their rural counterparts. Both youth and young people are concentrated in urban areas, which are the expected pattern

since they are naturally opportunity seekers and high demand and aspiration carrier groups. These groups move for opportunity, education and employment. These days these groups are more interested in abroad jobs and therefore they move to cities to look for that opportunity. Moreover, it is found in migration study that these age groups are the real mover than older groups. However, there is no remarkable difference among sex.

Table 6 Trend in percent distribution of Adolescent, youth and young for rural and urban Nepal 1961-2001

	1961		1971		1981		1991		2001	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Adolescent	20.29	19.90	21.74	20.23	21.73	20.10	23.5	22.1	23.45	23.65
Youth	20.22	16.90	20.88	17.31	20.52	17.54	21.1	17.8	22.56	18.85
Young	30.67	28.23	32.07	28.54	32.07	28.89	34.4	30.4	34.58	32.15

Source: CBS, 1987, 1995 and 2002.

Table 6 shows the trends in urban rural differences since 1961. It is seen that all these populations are increasing in both urban and rural areas. It is an expected pattern that these populations are higher in urban areas than their rural counterparts. The adolescents were just over one fifth in urban areas in 1961 that increased to 23 percent in 2001. Similarly, the young people were 31 percent in urban areas in 1961 that has gone up to 35 percent in 2001. In rural areas, one fifth of adolescents and over one sixth youth in 1961 have increased to about one fourth and about one fifth respectively in 2001. Twenty eight percent young people were in rural areas in 1961 that has increased to 32 percent in 2001. This trend indicates that these people are increasing in Nepal and they are more in urban areas. These situations warrant effective policy implications.

Table 7 Percent Distribution of Adolescent, youth and young by sex for Ecological Regions, Nepal, 2001

	Adolescent			Youth			Young		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Nepal	23.62	23.94	23.30	19.38	18.77	19.98	32.49	32.28	32.71
Mountain	23.70	23.86	23.54	18.62	18.05	19.19	32.01	31.73	32.28
Hill	24.53	24.82	24.25	20.01	19.27	20.71	33.55	33.27	33.81
Terai	22.79	23.19	22.38	18.91	18.44	19.40	31.60	31.48	31.73

Source: CBS, 2002

Table 7 shows the situation of these populations in three ecological regions of Nepal. Nepal is divided into three broad ecological regions: Mountain, Hill, and Terai. It is documented in many researches that the demographic and socio-cultural differences in these regions are found significant. Therefore the demographic behaviors are also found significantly different in these regions. Among ecological regions the percentage of adolescent, youth and young is higher in Hill regions and lower in Terai regions except youth population.

3.1 Education

It is well documented that education is the catalyst of change. Since education is one of the three components of 'human development', it changes the human behavior. Education is known to be an important indicator of socioeconomic development. Accordingly, an inverse relationship between education and fertility and age at marriage and positive relationship between education and contraceptive use have been the consistent findings in the literature. The education status of these groups has important policy implications. Table 8 presents the information on literacy status of these groups.

Table 8 Percent distribution of literacy status of adolescents youth and young, Nepal 2001

	Literate			Illiterate		
	Total	Male	Female	Total	Male	Female
Adolescent	80.62	43.95	36.67	19.37	6.68	12.69
Youth	74.22	40.72	35.50	25.76	7.68	18.08
Young	77.65	42.48	35.17	22.33	7.14	15.19

Source: CBS, 2002.

How to provide knowledge, skills and education to young people and empowering these people with information should also be one of the issues of young people focused policies. To address these issues, the literacy status of these groups is essential to understand. Table 8 shows that about 81 percent adolescents, 74 percent youth and 78 percent young people are literate in Nepal. It is also seen that more males are literate than their female counterparts. Table 8 shows that 44 percent males and 37 percent females are literate among adolescents and among youth 41 percent males and 36 percent females are literate. Among young people 43 percent males and 35 percent females are literate. Although the percentage differences between male and female in these groups are not substantial, the focus should be given to female education in Nepal. Table 8 shows that still more than one fifth (22.3 percent) young people are illiterate in Nepal. It is revealed that among these illiterate groups, females are more illiterate than their male counterparts. Since still more than one fifth of these groups are illiterate, they are not aware of their right to information and education that need to protect them against anti-social and risk-taking behavior. These groups should be focused in any program and policies.

Table 9 Educational attainments by ever-married men and women by age 15-24, 2001

Educational level	Women		Men	
	15-19	20-24	15-19	20-24
No Formal Education	52.2	59.2	14.0	13.9
Some Primary	20.2	13.6	24.3	23.3
Primary	5.9	4.6	23.5	13.8
Some Secondary	18.5	15.6	33.6	35.0
Secondary and above	3.2	7.0	4.7	14.1

Source: NDHS 2001.

To understand the educational levels of these groups, the data is also taken from the Nepal Demographic and Health Survey 2001. Table 9 presents the educational level of female and male of age groups 15-19 and 20-24. Still over fifty percent females and 14 percent males of age group 15-19 and 59 percent females and 14 percent males of age group 20-24 have not had formal education. About 19 percent women in age group 15-19 have some secondary schooling compared to 34 percent of their male counterparts in that age groups. About 16 percent women of 20-24 age groups have some secondary schooling compared to 35 percent men in that age group. It is seen that in all educational categories more males have attended school than their female counterparts.

It is more likely that women do not go to school after marriage and this might be one of the reasons for low school attainment of females in Nepal. According to the study carried out by Thapa, et.al 1997, early marriage is a very important intervening factor adversely affecting schooling. The policy and programmatic implication is that marriage, especially female's need to delay to have a considerable positive effect on schooling of females.

3.2 Marriage

Marriage is not a biological event like birth or death, rather it is a social event that is determined by the society within which it occurs. Age at marriage is an especially important variable affecting fertility in a society where fertility out of wedlock is strongly disapproved of and marital dissolution is insignificant. Therefore it is an especially important variable shaping the fertility level in Nepal where very few births take place outside of marriage and marital dissolution is insignificant (Aryal, 1995). Broadly speaking marriage has become a social obligation in Nepal. In Nepal, marriage signifies the beginning of socially sanctioned sexual relations. Age at marriage is generally associated with socio-economic structure and development of the country. Since premarital sexual activities are socially looked down upon in Nepal, the age at marriage especially for females is low. However, it is found that the proportion of females getting married at an early age is slowly decreasing. The trends towards an increase in the age at marriage suggest an extended period of adolescence before marriage resulting in more reproductive health care in these periods. As they mature, young people are increasingly exposed to reproductive health risks such as unintended to early pregnancies, and complications from pregnancy and childbirth. The high incidence of marriage during young age caused higher rates of childbearing if it is not checked by practicing contraception.

Motherhood at a very young age entails a risk of maternal mortality. The children of young mothers tend to have higher levels of morbidity and mortality. Early childbearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world (Gubhaju, 2002). Therefore, increase in age at marriage means minimizing first birth to teen age mothers, which is known to carry higher risk to the mother and child (Hobcraft, 1987).

Table 10 Marital Status of Adolescents, Youth, and Young by Sex, Nepal, 2001.

Marital Status	Sex	Percent adolescents	Percent youth	Percent young
Single	Both Sexes	88.82	57.19	73.95
	Female	41.27	23.14	33.05
	Male	47.55	34.05	40.90
Married	Both Sexes	10.97	41.80	25.45
	Female	8.01	28.26	17.21
	Male	2.86	13.54	8.25
Not Reported	Both Sexes	0.31	1.01	0.60
	Female	0.08	0.19	0.12
	Male	0.23	0.81	0.49

Source: CBS, 2002

Table 10 presents marital status of adolescents, youth and young people of Nepal. According to the census 2001, about 89 percent of adolescents, 57 percent of youth and about three fourth of young people of Nepal are still single. If one looks by sex more males are single than their female counterparts. About 11 percent adolescents had already married. Among married adolescents, youth and young people, the percentage of females is higher than males. There is a substantial difference between sexes indicating the low age at marriage of females in Nepal.

It is seen that many adolescents are still single. Adolescents who are single have important policy implications since these people may be particularly likely to engage in high-risk behavior. It is also argued that young people who are both single and out of school are difficult to reach with reproductive health and family planning programs (Xenos et al, 1999).

To further understand the marital status of youth of Nepal, the data from the Nepal Demographic and Health Survey 2001 is also used. Table 11 shows that among aged 20-24, 82 percent of females and 55 percent of males were already married. Among age 15-19 about 40 percent female and 11 percent male were married establishing the further evidence of the lower age at marriage of female adolescents than their male counterparts in Nepal.

Table 11 Current marital status of adolescent, youth and young, Nepal.

Age	Marital status					Total	Number of women/men
	Never married	Married	Divorced	Separated	Widowed		
WOMEN							
15-19	59.7	39.8	0.0	0.4	0.0	100.0	2,335
20-24	17.1	82.1	0.1	0.4	0.3	100.0	2,001
MEN							
15-19	88.7	11.3	0.0	0.0	0.0	100.0	619
20-24	43.5	55.4	0.4	0.7	0.0	100.0	521

Source: NDHS, 2001.

Table 12 shows the trends in age at marriage in Nepal since 1961. It is seen that there has been a gradual increase in the proportion of both males and females never married over the years except in 1991 for age group 20-24. However, larger change has been observed among women age 15-19 and significant change in the age 20-24. Only just over one fourth of women age 15-19 were never married in 1961 which has increased to about 50 percent in 1981 and about 60 percent in 2001. Similarly in age 20-24, only 5 percent women were never married which has increased to 17 percent in 2001. Proportion never married of males also indicate that age at marriage among males is increasing faster among younger men. Data indicate that 63 percent of males in the age groups 15-19 were not married in 1961 that has increased to 74 in 1981 and about 89 percent in 2001. Similarly in the age group 20-24 proportions never married were 26 in 1961, which has increased to 44 in 40 years time in 2001 indicating a gradual shift to later marriage in Nepal.

Table 12 Trends in proportion never married, Nepal 1961-2001

Age group	1961		1971		1981		1991		2001	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
15-19	25.7	63.3	39.3	73.0	49.2	74.1	52.7	79.4	59.7	88.7
20-24	5.3	26.4	7.9	33.1	13.1	40.9	12.8	38.1	17.1	43.5

Source: NDHS 2001

Nepal Demographic and Health Survey 2001 also collected information about median age at first marriage and first sexual intercourse among ever married men and women. In the survey report, age group 15-19 was not shown separately because less than 50 percent married or had had sexual intercourse by age 15. Therefore the information of 20-24 is only shown in the Table 13. Table 13 shows that men of age group 20-24 marry about two years later than women of these groups however, women experience first sexual intercourse one year earlier than men in this group. The median age at first intercourse among women age 20-24 is 16.9 that is identical to age at first marriage of these groups suggesting that women first sexual intercourse occurs within the context of marriage. However, in the case of men it is not true. Data indicate that men initiate sex one year before marriage. According to the Philippines survey men were much more likely than women to report premarital sexual experience (Xenos, 1997). This might be the reason in Nepal that men were likely than women to report premarital sexual experience.

Table 13 Median age at marriage and median age at first sexual intercourse, Nepal

Age	Women		Men	
	Median age at marriage	Median age at first sexual intercourse	Median age at marriage	Median age at first sexual intercourse
20-24	16.8	16.9	18.7	17.8

Source: NDHS, 2001

In Nepal, the legal age at marriage was 16 and 18 years respectively, with parents consent. Without parental consent, the minimum ages were 18 for females and 21 for males. Due to weak implementation and monitoring systems, the enforcement of the legal age at marriage remains difficult. However, the legal age at marriage has increased recently according to the Muluki Ain (11th Amendments) 2058, the legal age at marriage

for both sexes is 18 years with consent of guardians and 20 years without the consent of guardians. According to the recent NDHS survey data (2001) the average age at marriage is lower than the legal age at marriage in Nepal. It is realized that late marriage not only reduce maternal mortality, it will reduce infant mortality as well which have socio economic implications. Therefore many policies and planning documents of both government and nongovernmental organizations have encouraged young people to marry late. Moreover, the advantage of lengthening the interval between marriage and first birth and extend intervals between birth is also stated in the planning documents.

3.3 Contraceptive use

It is well documented that of the total annual births in the world, about 14 million babies (10.6 percent) are born to adolescent mothers and in Asia 6 million babies (8percent) are born to adolescent mothers (Gubhaju, 2002). Nepal is also a country with fairly high adolescent fertility rates. The high rate of adolescent childbearing is a result of early age at marriage for females. One of the measures to check the early childbearing is to use contraception since age at marriage is associated with socio-cultural factors in Nepal as a result it is not possible to raise marriage age in a short period of time. To understand the contraceptive patterns of youth, data from the Nepal Demographic and Health Survey 2001 and the Nepal Adolescents and Young Adult (NAYA) Survey 2001 are used.

It is well documented that almost all respondents of any survey related to contraception were aware of at least one modern methods of contraception. Therefore here the information on ever use and current use is presented using NDHS data. Table 14 shows that the ever use rate is almost identical to both ever and currently married youth. About twenty two percent of both ever and currently married women of age 15-19 had used any method in the past and 18 percent of them had used any modern methods. Similarly, in the age group 20-24 over 42 percent of them had used any methods in the past and 38 percent of them had used any modern methods.

Table 14 Ever use of contraception among 15-24 age groups, Nepal.

Age	Ever-Married Women		Currently Married Women	
	Any method	Any modern method	Any method	Any modern method
15-19	21.7	17.6	21.9	17.7
20-24	42.4	37.7	42.5	37.8

Source: NDHS, 2001

The level of current use is important from the policy point of view simply because it helps assessing the success of the family planning program of the country. The current use of these groups is more important since the focus of the reproductive health is adolescents and youth in many developing countries.

Table 15 Current use of contraception among age 15-24, Nepal

Age	Any methods	Any modern methods
15-19	12.0	9.3

20-24	23.4	20.7
-------	------	------

Source: NDHS, 2001.

Table 15 shows that among the age group 15-19 years, 12 percent is currently using any method and over 9 percent is using any modern method of contraception. Similarly, among age groups 20-24 over 23 percent is using any method and 21 percent is using any modern methods. The NAYA Survey 2001 also asked about current contraceptive behavior to currently married respondents of age 14 to 22 years. Table 16 shows that 23 percent of men and over one fourth women were currently using contraceptives at the time of survey. Overall one fourth of these groups (14-22) both men and women were using contraceptives in urban areas of Nepal. It is to be noted here that urban data of NAYA survey is used here to understand the contraceptive behavior, therefore the contraceptive prevalence rate is found higher than the national average of NDHS 2001. It is found in both surveys that the most popular current method was injectables. It is also found that traditional methods in these groups are also popular.

Table 16 Married youths (14-22 years) currently using contraception: urban Nepal, 2000 (percentage distributions)

Currently using	Husbands	Wives	Total
Yes	23.0	25.3	24.9
No	77.0	74.7	75.1
Total	100.0	100.0	100.0
Number of cases	113	450	563

Source: Aryal and Nichols, 2002.

Table 17 shows the trends in current use of any methods of contraception among these groups in Nepal. There is a gradual increase of the use of contraception among these groups in Nepal. Less than one percent of women of age 15-19 were using contraception in 1976 that has increased to 12 percent in 2001. Similarly, only 4 percent women age group 20-24 were using contraception in 1976 that has increased to about one fourth in 2001 showing the increasing trend of current use of any methods in these groups in Nepal although the use rate is not as expected.

Table 17 Trend in current use of any method of contraception among currently married women (15-24), 1976-2001, Nepal

Year	15-19	20-24
1976 NFS	0.9	3.7
1986 NFFS	1.3	7.2
1991 NFFHS	2.5	10.2
1996 NFHS	6.5	15.8
2001 NDHS	12.0	23.4

Source: NDHS, 2001

It is documented that a higher level of knowledge about contraception of these groups does not always translate into higher level of contraceptive use (Gubhaju, 2002, Aryal

and Nichols, 2002). It is also true that young people may be unaware of their risk of pregnancy, and unsure where to obtain family planning services and what types of services are offered. Young people often do not seek information or care, because they believe that they are at little or no risk of any problems.

3.3.1 Unmet need for family planning

"Currently married women who say that they do not want any more children or that they want to wait two or more years before having another child, but are not using contraception, are considered to have an unmet need for family planning" (NDHS, 2002). Table 18 shows that among youth (15-24) 34 percent are in need of family planning services that percentage is higher than the national average of 28 percent. Among these groups, unmet need for spacing is higher for younger groups (15-19) compared to their counterparts 20-24 age groups, while unmet need for limiting is higher for age group 20-24 compared to their counterparts 15-19 age groups. It is an expected pattern that unmet need for spacing is higher among younger women since they are in need of children and have not completed their childbearing. The information of unmet need for limiting suggests that about 7 percent of these group had already completed their family size and they are interested in stopping childbearing altogether. By age groups over two percent of women age 15-19 had already completed their family size while among women of age 20-24 about 10 percent had already completed their family size. These information suggest that women not only marry early they give childbirth early as well. The data of unmet need for family planning provide important information to family planning managers and service providers.

Table 18 Percentage of currently married women (15-24) with unmet need for family planning, Nepal 2001

Age	For spacing	For limiting	Total	Number of women
15-19	33.4	2.2	35.6	930
20-24	23.8	9.4	33.2	1643
Total	27.3	6.8	34.1	2573

Source: NDHS, 2001

3.3.2 Ideal Family size

The mean ideal number of children of young population provide an indication of future fertility trends in the country. Accordingly, Table 19 presents the ideal number of children of these groups. The data for this information is taken from the Nepal Demographic and Health Survey 2001. In the 2001 NDHS, to collect the information on ideal family size, respondents, who had no living children, were asked how many children they would like to have if they could choose the number of children to have. Those who had living children were asked how many children they would like to have if they could go back to the time when they did not have any children and could choose exactly the number of children to have. Table 19 shows that the ideal number of children for males and females is slightly different. Ever-married females of age 15-19 and 20-24 want on average 2.4 children, while ever-married men of age group 15-19 want 2.6 and

age group 20-24 want 2.5 children as their ideal number indicating that in these groups men want to have more ideal number of children than their women counterparts.

Table 19 Mean ideal number of children for ever-married women and men by age and background characteristics, Nepal 2001

Background characteristic	Age	
	15-19	20-24
All Women	2.4	2.4
All Men	2.6	2.5
Residence		
Urban	2.1	2.0
Rural	2.4	2.4
Ecological Zones		
Mountain	2.1	2.3
Hill	2.1	2.2
Terai	2.5	2.5
Education		
No Education	2.6	2.6
Primary	2.2	2.2
Some Secondary	2.0	2.0
SLC and above	1.7	1.8

Source NDHS 2001

Ever-married women's ideal number of family size is also examined with some background characteristics. Table 19 shows that rural women have a larger ideal family size than urban women. Similarly, Terai women want more ideal number of children than their Mountain and Hill counterparts. It is seen that as the educational level of women increases, the ideal number of children they want decreases showing the inverse relationship between educational level of women and the ideal number of children they reported. Women who have no formal education want to have 2.6 children as their ideal number where as women with SLC and above want to have less than two children as their ideal number. Educated women want almost one child less than their no educated counterparts.

4. Policies and programs initiative regarding adolescents and youth in Nepal.

Until recently, adolescents and youth were not considered as an important issue in any kind of policies and programs in many Asian countries. In the late 1980s, the world community formally recognized how seriously the health of young people impacts on the health and development of future generations. The World Health Assembly passed a special resolution in May 1989 urging member states to give priority to the health needs of adolescent and youth and to develop socially and culturally acceptable programs and services to meet these needs (WHO, 1997.) Similarly, when International Conference on Population and Development (ICPD) endorsed its Program of Action that addressed the issue of these populations, these groups have become the target groups in many policies and programs of many Asian countries. In Nepal after ICPD the attention has been given

to these population in many policies and programs. In an effort to assess the status of policies and programs initiatives, we consulted some concerned ministries, and some NGOs. On the basis of consultation and reviewed documents, we summarize the main policies and programs of the visited institutions.

4.1 Government sector

The Ministry of Population and Environment (MOPE) is the responsible governmental organization for population management of the country and is supposed to take a leadership role in overall population management issues. Some of the main functions of the Ministry are to formulate policies, conduct research and evaluate and monitor population activities of the country. MOPE also does advocacy and monitor population related awareness creation activities implemented by government and non-governmental organizations. MOPE has separate Adolescent and Youth Section under its Population Division. This section has developed policies and programs specifically focusing the issues of these populations of the country. The ministry has developed adolescents and youth friendly programs as well.

The Ministry of Youth, Sports and Culture was established in 1995. In 2000 government had decided to reduce the number of ministries then this ministry was removed and the responsibilities of looking after the activities of youth have been given to the Ministry of Education and Sports (MoES). The Ministry of Education and Sports is responsible for developing specific policies, provide leadership and coordinate the activities related to the youth in the country. Since the ministry addresses the schooling and educational attainment of the young people, it develops policies and monitors programs being implemented in both the public and private sector. Moreover, conduct youth exchange programs in the SAARC regions and curriculum development for youth both in formal and informal education are also the some of the main functions of the ministry. Youth populations are covered in this ministry's programs although the ministry has not followed the international definition of youth.

The Ministry of Women Child, and Social Welfare was established in 1995 to function as an umbrella organization to empower women and to coordinate all women related activities carried out under various ministries and other institutions of the country. Although this ministry does not have programs and policies specifically spelled out for the youth population, its policies and programs include youth, especially females, as well. This ministry is working on the 1995 "Beijing Platform of Action" which includes girls and adolescents. It is also giving a top priority to the issues of girl trafficking and gender equality and equity.

The Ministry of Health is responsible for the reproductive health services, and it has for several years ongoing programs in family planning and child health. Recently ministry has developed the adolescents reproductive health strategy to focus the reproductive health issues of these people. The information, education and communication (IEC) programs of the ministry are generally able to meet the health needs information for all age and subgroup of the population but also touches adolescents and youth health need

information. The HIV/AIDS programs and services are aimed at particular sub-groups of population regardless of age restriction. The family planning program services were limited to married couples only however, it has now removed the restrictions based on marital status (MOH, 1995). Accordingly, adolescents and youth are also included in the family planning services.

The National Planning Commission is responsible agency for formulating and coordinating the policies and programs of the ministries. The main objectives of the Tenth Plan, the current development planning of the government, is to reduce poverty level of the country. There are many strategies developed to achieve the objective of the plan. The issues of adolescents and youth, in one way or other, are addressed in different sections (such as agriculture and cooperatives, women and social welfare, education, health, population and labor) in the tenth plan as tools to achieve the objectives of the plan. Accordingly, National Planning Commission should play an effective role in ensuring linkage and coordination between and among the various ministries regarding the issues of these populations. National Planning Commission is also responsible for monitoring and evaluation of these programs. But monitoring and evaluation aspects, though recognized to be very important, remain weak.

4.2 Non governmental organizations

There are so many I/NGOs working on the issues of adolescents and youth in Nepal. Recently I/NGOs have initiated their efforts to provide both education and counseling services to the young people. The implemented projects and activities by different I/NGOs include sex education for school children, SRH information to the teenagers, training to peer educators, letter correspondence on young people needs on SRH, youth information and counseling centers and sexual and reproductive health services.

The Family Planning Association of Nepal (FPAN) is one of the oldest organizations working in adolescents and youth in Nepal. FPAN has been providing family planning services both counseling and contraceptives to adolescents and youth as well. Similarly, IEC materials have been developed commensurate with the reproductive health needs of the youth. It is also reported that FPAN has already started training programs and workshops for the adolescents and youth. It has established youth information centers to address the needs of these populations.

Aama Milan Kendra, BPMHF, WATCH are few organizations working for adolescents and youth population primarily focusing on reproductive health. ABC/Nepal, CWIN, Maiti/Nepal, WOREC are also working for these groups especially on trafficking and rehabilitation. Nepal Red Cross Society has also network in the country involving youth. It mobilizes youth for health as well as rescue type of work. The CRS Company is the social marketing organization primarily for contraceptive supplies in the country. It supplies contraceptives to retail stores, pharmacies and private medical clinics.

These discussions lead to the conclusion that there has been some progress made towards addressing the needs and concerns of the youth and adolescents population in the country.

There are so many initiatives from the government sectors also that can provide a much needed leadership role in developing effective policies and programs specifically for the youth populations in Nepal. Similarly, some NGOs have several specific programs and some have general target audience in which the youth population is an integral part. However, these programs are scattered and there is a lack of common forum and coordinating mechanism that is essential to make these activities effective and implement able. It is also necessary to review the effectiveness of these ongoing activities.

5. Conclusion and policy recommendations

Adolescents and youth constitute a large section of the population in Nepal. They are the population at risk and are generally neglected. Overall discussions lead to the conclusion that for overall development of these people, there is a need of universal education, improved quality of life, equitable opportunities, access to health care, confidential counseling and information services. Moreover, understanding and supportive parents are essential for them to develop their critical period of their life.

Given its size and likely trajectory of growth in the future, this population warrants a focused policy attention especially on education, health and population. High percentage of young especially adolescents suggest that policies and programs in family planning and reproductive health will have to be expanded to meet the needs of these groups. It is also found that youth are migrated to urban areas and are living apart from their families and they need to be focused for reproductive health services. Since these groups are in risk taking behavior, a more detailed examination of these groups is essential for policy recommendations. There should be supportive policies and legislation, as well as supportive environment and increased resource allocation.

Information on the risk of low age at marriage, HIV/AIDS and the importance of the use of contraception to postponed first birth and birth interval is needed. It is also found that young people often seek information about reproductive health from their peers and the media, rather than from teachers, health professionals or parents. They are also more likely to obtain services from informal sources than formal sources. Accordingly, to focus these groups, information should be provided through media, peers and informal sectors.

There is a lack of coordinating mechanism in which ongoing scattered activities can form part towards the development of comprehensive programs and policies. An organizational entity for the coordination may be the Ministry of Population and Environment since it is responsible for overall population management. Moreover a separate adolescents and youth section is the strength of the ministry. However, Ministry needs to adopt a broader approach and holistic policy to coordinate the activities carried out by various institutions.

These young populations in Nepal presents both challenges and potentials therefore providing the information especially reproductive health information of today's young people is of critical importance for the country's future economic and social well being. A

comprehensive national strategy together with comprehensive research is needed to address the issues of these populations. It is hoped that the issues discussed in this paper would provide basic for addressing the issues of adolescents, youth and young population of Nepal and also would help not only formulating policies and programs but also would help addressing some of these challenges.

References

- Aryal, R.H. 1995 "The Onset of Fertility Decline in Urban Nepal: A Study of Kathmandu City" Unpublished Ph.D. Thesis, Adelaide. Australian: The University of Adelaide, Australia.
- Aryal, R.H. and D. Nichols, 2002 "Birth planning among urban youth in Nepal: awareness, knowledge, perception, and Practice", Kathmandu: Family Health International, Valley Research Group.
- Central Bureau of Statistics 1987 "Population Monograph of Nepal", Kathmandu: Central Bureau of Statistics.
- Central Bureau of Statistics 1995 "Population Monograph of Nepal", Kathmandu: Central Bureau of Statistics
- Central Bureau of Statistics 2002 "Population Census", Kathmandu: Central Bureau of Statistics
- Gubhaju, B.B., 2002 "Adolescents Reproductive Health in Asia" , Asia-Pacific Population Journal, 17(4): 97-119.
- Hobcraft, J.N. 1987 "Does Family Planning Save Children's Lives" Technical Background Paper Prepared for the International Conference on Better health for Women and Children Through Family Planning, Nairobi, Kenya.
- Ministry of Health (Nepal), New ERA, and ORC Macro. 2002, "Nepal Demographic and Health Survey 2001", Calverton, Maryland, USA: Family Health Division, Ministry of Health; New ERA; and ORC Macro.
- Ministry of Population and Environment, 1998 "Population Projection of Nepal", Kathmandu: Ministry of Population and Environment.
- Thapa, S., L.B. Acharya, R.H.Aryal, 1997 "Schooling, Marriage, Work, and Childbearing among the Youth Population of Nepal: Emerging Insights and Challenges", Paper prepared for presentation at the workshop on "Youth Across Asia", September, Kathmandu, Nepal.
- United Nations, 1994, "Program of Action adopted at the International Conference in Population and Development, Cairo, 5-13 September 1994 (United Nations Publication, Sales No. E.95.XIII.7).
- World Health Organization, 1997 "Adolescence, the critical phase. the challenges and the potential", New Delhi: WHO, Regional Office for South-East Asia.

World Health Organization, 1998 "Strategies for adolescent health and development South-East Asia region", New Delhi: WHO, Regional Office for South-East Asia.

Xenos, P. M. Kabamalan, S.B. Westley, 1999 "A look at Asia's changing youth population" East-West Center, Program on Population : Asia-Pacific Population and Policy, Series No. 48, January.

Xenos, P., 1997 "Survey sheds new light on marriage and sexuality in the Philippines", East-West Center, Program on Population : Asia-Pacific Population and Policy, Series No. 42, July.