



NEPAL FURTHER ANALYSIS

---

# Caste, Ethnic and Regional Identity in Nepal

Further Analysis of the 2006  
Nepal Demographic and Health Survey

---

This report presents findings from a further analysis study undertaken as part of the follow up to the 2006 Nepal Demographic and Health Survey (NDHS). Macro International Inc. provided technical assistance for the project. Funding was provided by the U.S. Agency for International Development (USAID) under the terms of Contract No. GPO-C-00-03-00002-00. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

This report is part of the MEASURE DHS program, which is designed to collect, analyze, and disseminate data on fertility, family planning, maternal and child health, nutrition, and HIV/AIDS.

Additional information about the 2006 NDHS may be obtained from Population Division, Ministry of Health and Population, Government of Nepal, Ramshahpath, Kathmandu, Nepal; Telephone: (977-1) 4262987; New ERA, P.O. Box 722, Kathmandu, Nepal; Telephone: (977-1) 4423176/4413603; Fax: (977-1) 4419562; E-mail: [info@newera.wlink.com.np](mailto:info@newera.wlink.com.np). Additional information about the DHS project may be obtained from Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705 USA; Telephone: 301-572-0200, Fax: 301-572-0999, E-mail: [reports@macrointernational.com](mailto:reports@macrointernational.com), Internet: <http://www.measuredhs.com>.

Recommended citation:

Bennett, Lynn, Dilli Ram Dahal and Pav Govindasamy, 2008. *Caste, Ethnic and Regional Identity in Nepal: Further Analysis of the 2006 Nepal Demographic and Health Survey*. Calverton, Maryland, USA: Macro International Inc.

**Caste, Ethnic and Regional Identity in Nepal**  
**Further Analysis of the 2006 Nepal Demographic and Health Survey**

Lynn Bennett  
Dilli Ram Dahal  
Pav Govindasamy

September 2008



## Contents

---

Tables and Figures	v
Acknowledgments	vii
1 Background and Rationale	1
2 Social and Historical Context of Caste/Ethnic and Regional Exclusion in Nepal	1
2.1 Caste/Ethnic Stratification in Nepal	1
2.2 Regional Inequities	3
3 Data and Methods	4
4 Caste/Ethnic and Regional Differentials in Welfare Levels	5
4.1 Economic Well-being	6
4.2 Education	7
4.3 Maternal and Child Health and Nutrition	9
4.4 Fertility and Family Planning Knowledge and Practice	19
4.5 Citizenship, Exposure to Media and Women's Empowerment	24
5 Conclusions and Next Steps	30
References	35



## Tables and Figures

---

Table 2.1	Nepal Social Hierarchy, 1854	2
Table 2.2	Main Nepal Caste and Ethnic Groups with Regional Divisions and Social Groups (from 2001 Census)	3
Table 4.1	Wealth Quintiles	6
Table 4.2	Household Facilities	7
Table 4.3	Antenatal Care	11
Table 4.4	Early Childhood Mortality Rates	15
Table 4.5	Women's Participation in Decision making by Caste/Ethnicity and Regional Identify	28
Figure 4.1	Percentage of Males and Females without any Education	8
Figure 4.2	Percentage of Men and Women Who Are Literate	9
Figure 4.3	Percentage of Births for which Mothers Received Antenatal Care from a Skilled Birth Attendant (SBA)	10
Figure 4.4	Percentage of Deliveries in a Health Facility	12
Figure 4.5	Assistance by Skilled Birth Attendant during Delivery	13
Figure 4.6	Percentage of Women Who Cited Lack of Money for Treatment as a Problem in Accessing Health Care	14
Figure 4.7	Percentage of Newborns Bathed in First 24 hours After Birth	16
Figure 4.8	Percentage of Children Given ORT or Increased Fluids and Continued Feeding during Diarrhea	16
Figure 4.9	Percentage of Children Who Received All Basic Vaccinations	17
Figure 4.10	Percentage of Children Under 5 Who Are -3 Standard Deviations Below Normal Height-for-Age (Stunting)	18
Figure 4.11	Percentage of Women Who Are Considered Moderately or Severely Thin	18
Figure 4.12	Total Fertility Rate	19
Figure 4.13	Percentage of Childbearing Adolescent Women	20
Figure 4.14	Use of Any Modern Method of Contraception	21
Figure 4.15	Percentage of Women Who Want to Limit Childbearing (Want No More Children)	21
Figure 4.16	Unmet Need, Met Need and Total Demand for Family Planning	22
Figure 4.17	Percentage of Men and Women with no Exposure to Family Planning Messages	23

Figure 4.18	Percentage of Married Women Who Have Never Discussed Family Planning with Spouse	23
Figure 4.19	Percentage of Men and Women Not Exposed to Mass Media at Least Once a Week	25
Figure 4.20	Percentage of Men and Women Who Have Heard about AIDS	25
Figure 4.21	Percentage of Women with Co-Wives	27
Figure 4.22	Percentage of Women Who Justify Wife Beating (for one or more reasons)	29
Figure 4.23	Percentage of Women Who Reported No Legitimate Reason to Refuse Sexual Intercourse with Husband	29
Figure 5.1	Relative Ranking of Caste/Ethnic and Regional Identity Groups on Key DHS Indicators of Poverty, Education, Health, Nutrition, Family Planning, Media Exposure and Women's Empowerment	33



## **Acknowledgments**

---

The authors would like to acknowledge the expert technical input from Mr. Bidhan Acharya, Lecturer, Central Department of Population Studies, Tribhuvan University, Rajendra Lal Dangol and Jyoti Manandhar from New ERA, Kathmandu, Nepal, and Sidney Moore and Christopher Gramer from Macro International Inc., Calverton, Maryland, USA.



## **1 Background and Rationale**

---

Although the 2006 Nepal Demographic and Health Survey (NDHS), like those that preceded it in 2001 and 1996, did collect data on the caste/ethnic identity of its respondents, the initial analysis of the DHS carried out by the Ministry of Health and Population, New ERA and Macro International, did not examine those dimensions. Nor did it examine the data from the perspective of regional identity – that is, whether respondents traced their origins from the Tarai/Madhes or the Hill/Mountain areas of Nepal. Analysis by caste or ethnic identity is generally avoided in the analysis of the main findings of the DHS primarily to avoid potentially controversial social categories – which in some countries might reduce government buy-in to critical findings on population and health.

However in Nepal at the present juncture, there is wide recognition in government as well as in the academic community and civil society more broadly that an understanding of these dimensions is essential to the development of inclusive policies and programs that respond more effectively to the legitimate needs and demands of Nepal’s diverse population. The approach paper to the National Planning Commission’s Three Year Interim Plan and the Plan itself are very open about the barriers certain groups have faced in accessing public services and resources in the past and the disparities in outcomes that this has caused. Both documents call for better data and analysis of these disparities as the foundation for more equitable resource allocation and delivery of public services.

This paper hopes to make a modest contribution to the ongoing process of understanding and responding to Nepal’s diversity by carrying out an initial examination of the 2006 DHS through the lens of caste, ethnic and regional identity. The DHS publication has already done extensive analysis along gender lines, but this paper will also keep the gender dimension central since women’s membership in different social groups is a major factor in their health and development outcomes.

## **2 Social and Historical Context of Caste/Ethnic and Regional Exclusion in Nepal**

---

### **2.1 Caste/Ethnic Stratification in Nepal**

This section of the analysis is drawn from Chapter 3, pages 1-5 of the full Gender and Social Exclusion Assessment Report (World Bank/DFID, 2005). In the 2001 Census around 81 percent of Nepalese reported their religion as Hindu, thus locating themselves within the caste system. But for the most part over the last several hundred years and even earlier in some areas, whether they were Hindu or not, all Nepalis were socially defined by the caste system. Some in high mountain areas may have been more influenced by Tibetan Buddhism and others in remote valleys and jungle areas by Shamanistic or Animistic beliefs. For them contact with the Hindu world view may have been minimal, but for most people living in the territorial boundaries of the modern Nepali state – especially after the promulgation of the National Code or *Muluki Ain* in 1854 – the caste system has been a major determinant of their identity, social status and life chances. In this system everyone was organized in terms of their relative ritual purity into the four broad *varnas* of the classical Hindu caste system: the Brahman priests, the Kshatriya kings and warriors, the Vaisya traders and businessmen and the Sudra peasants and laborers – with an additional group technically “outside” the caste system because of their ritually defiling occupations which rendered them “untouchable” by others.

This broad framework of the caste hierarchy is replicated with countless local variations and elaborations all over the Indian sub-continent. The earliest detailed record of the caste system operating in Nepal occurs in the Kathmandu valley during the reign of the Newari King Jayasthiti Malla (1380-1394) where 64 different castes were allotted different tasks and ranks in the hierarchy. Later Ram Shah (1609-1636), the forefather of the present Shah monarch, introduced some rules and regulations about relations between different groups of people outside the Kathmandu valley, but how rigid or widely practiced these rules were is not known. It is clear however that during the 17<sup>th</sup> century as they

conquered the various petty kingdoms in the territory that is now Nepal, the Shah rulers used the concept of the caste hierarchy as an organizing principle for consolidating the diverse peoples inhabiting Nepal into a nation state under their authority.

In 1854, early in the period of Rana rule, a National Legal Code (*Muluki Ain*) was proclaimed that laid out detailed codes for inter-caste behavior and specified punishments for their infringement. Many excellent accounts of the Nepali version of the Hindu *varna* system are available (Hofer, 1979; Pradhan, 2002; Whelpton, 1997) but here we present a table based on the work of Andres Hofer (1979) and later modified by Harka Gurung (2002) that shows how groups were ranked (Table 2.1).

Occupying both the top and the bottom of this system were the hill Hindus or *Parbatiya* who migrated into Nepal from the western hills. They were from the Indo-European language group and spoke a Sanskrit-based language (*Khas*) from which the modern Nepali language emerged. They brought with them their traditional caste-based social structure which already allocated the highest rank to the Bahuns (Brahmans) and the Chhetris and Thakuris (Kshatriya). Both of these were classified as *tagedhari*, or ‘wearers of the sacred thread’ signifying their status as ‘twice-born’ or those initiated into the sacred Hindu texts.

Table 2.1 Nepal Social Hierarchy, 1854

Hierarchy	Habitat	Belief/religion
A) WATER ACCEPTABLE (PURE)		
1. Wearers of the sacred thread/tagadhari “Upper caste” Brahmans and Chhetris (Parbatiya) “Upper caste” (Madhesi) “Upper caste” (Newar)	Hills Tarai Kathmandu Valley	Hinduism Hinduism Hinduism
2. Matwali Alcohol drinkers (non-enslavable) Gurung, Magar, Sunuwar, Thakali, Rai, Limbu Newar	Hills Kathmandu Valley	Tribal/Shamanism Buddhism
3. Matawali Alcohol drinkers (enslavable) Bhote (including Tamang) Chepang, Gharti, Hayu Kumal, Tharu	Mountain/Hills Hills Inner Tarai	Buddhism  Animism
B) WATER UN-ACCEPTABLE/Pani Nachalne (IMPURE)		
4. Touchable Dhobi, Kasai, Kusale, Kulu Musalman Mlechha (foreigner)	Kathmandu Valley Tarai Europe	Hinduism Islam Christianity, etc.
5. Untouchable (achut) Badi, Damai, Gaine, Kadara, Kami, Sarki (Parbatiya) Chyame, Pode (Newar)	Hill Kathmandu Valley	Hinduism Hinduism

Source: Adapted from Gurung (2002).

People from the ‘pure’ middle-ranking Vaishya and Sudra varnas do not seem to have come along with these Hindus on their migration eastward through the hills, but the occupational groups, Kami (blacksmiths), Damai (tailor/musicians) and the Sarki (cobblers) did. Falling within the ‘impure’ group, collectively called *pani nachalne* or ‘those from whom water cannot be accepted’, they were ranked at the very bottom and classified as *achut* or ‘untouchable’.

In the Nepal hill and mountain areas the middle rank was accorded to the existing indigenous groups, belonging to mainly the Tibeto-Burman language group. Since many of these groups consumed homemade beer and spirits, they were called ‘liquor-drinkers’ or *matwali* by the Brahmans and Chhetris whose caste status did not allow them to take alcohol which was considered polluting. In contemporary Nepal these various ethnic groups are now referred to as the *Adivasi Janajati* (indigenous nationalities).

## 2.2 Regional Inequities

Missing from the *Muluki Ain* hierarchy were many groups from the Tarai/Madhes – the plains region of Nepal bordering on India. Those missing included a number of ‘untouchable’ occupational groups such as the Chamars, Musahars and Tatma who are today among the poorest in Nepal. As can be seen in Table 2.2 which is based on the 103 different social categories recorded in the 2001 Census, some 26 middle-ranking Tarai castes and Janajati groups from the Tarai area were also not recorded in the original *Muluki Ain*. This reflects the marginal position of the Tarai/Madhes subjects and the relative lack of attention they received from the Kathmandu-based government during this period. From the point of view of the Shah/Rana rulers of Nepal the fertile Tarai lands were seen as a place of malaria valued primarily as a source of revenue through tax and *birtas* or land grants that could be given to reward loyal subjects (mostly Parbatiya courtiers but also some local landlords). The Parbatiya rules had little concern for the welfare of either the indigenous inhabitants of the Tarai or the Maithili, Bhojpuri and Avadi speaking Hindu groups who through the ebb and flow of historical conquests found themselves within the territory of the Parbatiya rulers in Kathmandu as borders shifted at various times during the 18<sup>th</sup> and 19<sup>th</sup> century<sup>1</sup>.

Table 2.2 Main Nepal Caste and Ethnic Groups with Regional Divisions and Social Groups (from 2001 Census)

	Main Caste/Ethnic Groups (7)	Caste/Ethnic Groups with Regional Divisions (11) and Social Groups (103) from 2001 Census
Caste Groups	<b>1. Brahman/Chhetri</b>	<b>1.1 Hill Brahman</b> Hill Brahman
		<b>1.2 Hill Chhetri</b> Chhetri, Thakuri, Sanyasi
		<b>1.3 Tarai/Madhesi Brahman/Chhetri</b> Madhesi Brahman, Nurang, Rajput, Kayastha
	<b>2. Tarai/Madhesi Other Castes</b>	<b>2.1 Tarai/Madhesi Other Castes</b> Kewat, Mallah, Lohar, Nuniya, Kahar, Lodha, Rajbhar, Bing, Mali Kamar, Dhuniya, Yadav, Teli, Koiri, Kurmi, Sonar, Baniya, Kalwar, Thakur/Hazam, Kanu, Sudhi, Kumhar, Haluwai, Badhai, Barai, Bhediya/ Gaderi
		<b>3. Dalits</b>
	Adivasi/Janajatis	<b>4. Newar</b>
<b>3.2 Tarai/Madhesi Dalit</b> Chamar/Harijan, Musahar, Dushad/Paswan, Tatma, Khatwe, Dhobi, Baantar, Chidimar, Dom, Halkhor		
<b>5. Janajati</b>		<b>4 Newar</b> Newar
		<b>5.1 Hill/Mountain Janajati</b> Tamang, Kumal, Sunuwar, Majhi, Danuwar, Thami/Thangmi, Darai, Bhote, Baramu/Bramhu, Pahari, Kusunda, Raji, Raute, Chepang/Praja, Hayu, Magar, Chyantal, Rai, Sherpa, Bhujel/Gharti, Yakha, Thakali, Limbu, Lepcha, Bhote, Byansi, Jirel, Hyalmo, Walung, Gurung, Dura
		<b>5.2. Tarai Janajati</b> Tharu, Jhangad, Dhanuk, Rajbanshi, Gangai, Santhal/Satar, Dhimal, Tajpuriya, Meche, Koche, Kisan, Munda, Kusbadiya/Patharkata, Unidentified Adivasi/Janajati
Other	<b>6. Muslim</b>	<b>6 Muslim</b> Madhesi Muslim, Churoute (Hill Muslim)
	<b>7. Other</b>	<b>7 Other</b> Marwari, Bangali, Jain, Punjabi/Sikh, Unidentified Others

<sup>1</sup> The Tarai/Madhes belt was incorporated into the Shah kingdom in the late 1700's. Most of it was lost again to the East India Company after the Gorka rulers did poorly in the Anglo Nepali War of 1814-16 which ended with the signing of the Sugauli treaty in 1816. Then again after the 1857 "Sepoy Mutiny" (or alternatively, the "first war of independence") in India, Nepal was rewarded for its loyalty to the British by the return of sections of the Tarai that had been lost through the Sugauli treaty.

The issue of government's failure to ensure equal access to rights (e.g. citizenship, justice and political representation), public services (e.g. health and education) and opportunities (e.g. jobs in the civil service and army) to those lower in the caste/ethnic hierarchy, to women and to those from the Tarai/Madhes region has simmered for centuries, but especially after the overthrow of the Rana regime in 1951 when a more democratic polity was expected. However, after a brief period of democratic government, the king took back power and ruled as an absolute monarch during the period of "Partyless Panchayat Democracy" from 1960 to 1990. After the return of party democracy in 1990<sup>2</sup> also failed to make much difference in outcomes for excluded groups, the intensity of the discontent increased enabling the Maoist insurgents to use these disparities successfully as a basis for recruitment and justification of the People's War. Recent studies (UNDP, 2004; World Bank/DFID, 2005; World Bank, 2006) have documented these disparities using national data sets like the Census, the National Living Standards Survey II and the 2001 DHS.

Social exclusion and discrimination against Dalits, Janajatis, Muslims and Madhesi is now out in the open. Discrimination against women which has been talked about for decades, but never taken seriously by politicians or bureaucrats is now given much more weight. One of the major demands of the Jana Andolan II was not just democracy, but more *inclusive* democracy and greater government attention to overcoming the persistent disparities between the dominant high caste Parbatiyas and the urban Newars (along with a few other Janajati groups and certain powerful Madhesi castes) – and the rest of the country. Systematic collection and analysis of data along caste/ethnic, gender and regional lines is increasingly recognized as critical to government accountability on the inclusion issue and hence, essential to the successful restructuring of the state. As a modest contribution to this process, the rest of this paper examines the 2006 DHS data by the major fault lines of exclusion: caste/ethnicity, gender and regional identity.

### **3 Data and Methods**

---

The tables presented in this paper use the 11 caste/ethnic groupings shown in the third column of Table 2.2. For the most part, these are the same groupings used in the Gender and Social Exclusion Assessment (GSEA) (World Bank/DFID, 2006:17), but with some refinements. Most of the changes are minor<sup>3</sup>, but one more important difference is the separation of Hill Brahmins and Chhetris into two groups – thus creating 11 groups rather than the 10 in the GSEA. As will be noted in the discussions below, this appears to have been a valid move as both groups make up a significant proportion of Nepal's population but their welfare and poverty outcomes are not as similar as had been thought.

As in the GSEA, all the 103 social groups identified in the 2001 Census have been classified into these 11 main groupings in the third column of Table 2.2. Although the DHS data show a

---

<sup>2</sup> The first "people's movement" or *jana andolan* took place in 1990 when the king-controlled Panchayat system was overthrown and multi-party democracy was established through a new constitution where the king was supposed to be a "constitutional monarch". However, the Maoist insurgency which began in 1996 and worsened considerably in 2002, allowed the king to recapture power beginning slowly in 2002 and culminating in February of 2005 when he assumed absolute control of the country. In November of 2005 the Maoists and the 7 leading parties formed an alliance against the king which culminated in the second people's movement or *jana andolan II* which took place over 19 days in April of 2006 when citizens in Kathmandu and all over the country went to the streets and forced the king to cede power back to the parties.

<sup>3</sup> The category names have been modified to more explicitly refer to the Madhesi origin of some groups in the Tarai. "Tarai Middle Caste" used in the GSEA has been modified to "Tarai/Madhesi Other Castes" (sometimes shortened to Madhesi Other Castes) to avoid the hierarchical ranking implied by the term "middle". Also certain groups who had been placed in the "Tarai Middle Castes" category (i.e., The Marwaris, Sikh/Punjabi and Jain and Bangali) have been moved to the "Other" category as they are not explicitly identified with the Madhes and have traditionally resided in various parts of Nepal.

somewhat smaller number of distinct social groups (96) compared with the Census, all but one<sup>4</sup> of the DHS groups are found among the Census groups so it is still possible to analyze the DHS data using these 11 main classifications.

Throughout this paper the data in each table and figure are presented in two ways. The first follows the format in Table 2.2 and allows the analysis to focus on comparing caste and non-caste groups, “high” and “low” caste groups, etc. However, since the Tarai/Madhes and Hill/Mountain distinction has also assumed greater importance of late, we have also presented the data (on the third and second to last rows in each table) in that manner to permit comparison of various indicators on the regional origin of the groups. It should perhaps be pointed out that these data are presented not by *region*, but by *regional identity*. Thus, these tabulations reflect the welfare levels of people of Tarai/Madhes-*origin* and Hill/Mountain *origin*, not necessarily their current residence. Therefore, many Hill/Mountain groups who currently live in the Tarai/Madhes region are not counted in these Tarai/Madhes numbers but in the numbers for the Hill/Mountain groups.

Analysis of some of the most important data on wealth quintiles and education levels along the lines of caste/ethnic and regional identity required some additional programming. The reason for this is that these data were collected at the household level but household caste/ethnic identity was not recorded in this round of the DHS survey. Hence, the caste/ethnic identity of the household was ascertained from individual data.

Following the general rule adopted by Macro International, when the unweighted number of cases for a particular group is less than 25 an asterisk is placed in that row or column and the data are not shown. When the number of cases is between 25 and 49 the data are placed in parentheses to remind the reader about possible anomalies due to small sample size. In order to facilitate comparison with the data in the main report on the findings from the 2006 DHS survey, the table number found in the main survey report is given in parentheses in the heading of each table.

Because of time constraints, this paper presents a limited descriptive analysis of the 2006 DHS data on caste/ethnic and regional divisions. But even from this modest beginning it is clear that much deeper analysis can and should be done.

#### **4 Caste/Ethnic and Regional Differentials in Welfare Levels**

---

It is widely acknowledged that human well-being has many dimensions and thus, measuring concepts like “poverty” or “social exclusion” requires data from many aspects of people’s lives. As noted earlier, a number of recent and forthcoming works have explored gender, caste/ethnic and regional disparities in poverty and human development outcomes in Nepal. One of these, the GSEA, made extensive use of the 2001 DHS data and reanalyzed them by caste/ethnicity. Since the Demographic and Health Survey is especially focused on health and family planning dimensions, it offers insights on these dimensions and on women’s empowerment that other national-level data sets do not. The DHS also offers data on some key economic and educational variables – because these have been found to be important determinants of fertility behavior. But these data can also be analyzed from another perspective to help us better understand “social exclusion” or disparities in welfare or poverty outcomes based on caste/ethnic and regional identity. This paper will explore the 2006 DHS data from this broader perspective in addition to its focus on health and fertility outcomes.

---

<sup>4</sup> The Bhumiya, appear in the DHS data set and not in the census categories. However, we have been able to classify this group in the Tarai/Madhes Brahman/Chhetri group.

## 4.1 Economic Well-being

### *Wealth and Assets*

The data on wealth quintiles in Table 4.1 confirms many of the expected patterns of relative economic well-being among different caste/ethnic groups and is consistent with recent studies based on other national datasets such as the 2001 Census and the NLSS II (World Bank/DFID, 2006; Acharya, 2005; CBS, 2006). The Newars and both the Hill and Madhesi Brahmans are doing well economically with large proportions of their population clustered in the top quintile. The Dalits in contrast, are clustered in the bottom quintiles – though the Hill Dalits are doing worse than the Madhesi Dalits. Nearly 46 percent of the Hill Dalits are in the very bottom quintile compared with only 10 percent of the Madhesi Dalits. Similarly, the Janajatis as a group are clustered in the bottom three quintiles – though here again the Hill Janajatis are much more concentrated in the lowest quintile than the Tarai Janajatis.

Table 4.1 Wealth Quintiles

Percent distribution of the jure population by wealth quintiles, according to caste/ethnicity and regional identity, Nepal 2006 (Table 2.9)

Caste/ethnicity and regional identity	Wealth quintile					Total	Number of population
	Lowest	Second	Middle	Fourth	Highest		
<b>Brahman/Chhetri</b>	<b>21.9</b>	<b>14.8</b>	<b>13.5</b>	<b>22.7</b>	<b>27.1</b>	<b>100.0</b>	<b>12,605</b>
Hill Brahman	9.5	11.3	12.0	26.0	41.2	100.0	4,572
Hill Chhetri	30.2	17.2	14.6	20.4	17.6	100.0	7,709
Tarai/Madhesi Brahman/Chhetri	0.0	6.2	9.1	28.9	55.8	100.0	324
<b>Tarai/Madhesi Other Castes</b>	<b>5.0</b>	<b>26.7</b>	<b>29.2</b>	<b>26.3</b>	<b>12.8</b>	<b>100.0</b>	<b>4,552</b>
<b>Dalit</b>	<b>31.7</b>	<b>24.5</b>	<b>21.9</b>	<b>14.4</b>	<b>7.6</b>	<b>100.0</b>	<b>4,851</b>
Hill Dalit	45.9	19.5	15.4	10.9	8.4	100.0	2,913
Tarai/Madhesi Dalit	10.3	32.0	31.7	19.6	6.4	100.0	1,937
<b>Newar</b>	<b>12.3</b>	<b>9.2</b>	<b>8.2</b>	<b>15.3</b>	<b>55.0</b>	<b>100.0</b>	<b>1,633</b>
<b>Janajati</b>	<b>22.7</b>	<b>22.4</b>	<b>22.8</b>	<b>16.4</b>	<b>15.6</b>	<b>100.0</b>	<b>13,688</b>
Hill/Mountain Janajati	29.1	17.8	18.0	16.0	19.0	100.0	8,758
Tarai Janajati	11.5	30.7	31.3	16.9	9.5	100.0	4,930
<b>Muslim</b>	<b>9.6</b>	<b>19.0</b>	<b>29.1</b>	<b>26.7</b>	<b>15.6</b>	<b>100.0</b>	<b>1,534</b>
<b>Other</b>	<b>2.4</b>	<b>12.2</b>	<b>18.2</b>	<b>40.3</b>	<b>26.9</b>	<b>100.0</b>	<b>813</b>
<b>All Hill/Mountain Groups</b>	<b>26.7</b>	<b>16.1</b>	<b>15.0</b>	<b>18.5</b>	<b>23.6</b>	<b>100.0</b>	<b>25,584</b>
<b>All Tarai/Madhesi Groups</b>	<b>8.6</b>	<b>27.6</b>	<b>29.9</b>	<b>21.9</b>	<b>12.0</b>	<b>100.0</b>	<b>13,278</b>
<b>All Nepal</b>	<b>20.2</b>	<b>19.9</b>	<b>20.0</b>	<b>20.1</b>	<b>19.8</b>	<b>100.0</b>	<b>39,675</b>

In addition to these findings, there are also some less expected patterns that emerge. One is the marked difference in the economic status between Hill Brahmans and Hill Chhetris. Chhetris are often clustered together with Brahmans as members of the “high caste” or grouped with the Brahmans and Newars as the “Brahman/Chhetri/Newar (BCN) group” of “dominant” Hill communities. However, these data – and a number of other indicators to be examined in this paper – suggest that large numbers of Chhetri households are not doing as well as had been assumed. While less than 10 percent of the Hill Brahman households fall in the bottom quintile, just over 30 percent of the Chhetri households are in the bottom quintile – almost the same percentage as the Hill Janajatis. Similarly, Chhetris have only 18 percent in the top quintile while the Brahmans have 41 percent. Thus it seems that the often used “BC” or “BCN” category masks considerable internal variation.

Another significant pattern emerges from the comparison of the Hill/Mountain and Tarai/Madhesi groups. The former appears to have much greater numbers of very poor and very rich compared with the latter. Twenty-seven percent of the households from the Hill/Mountain groups are in the poorest quintile and 24 percent are in the top compared with only 9 percent in the poorest and 12 percent in the top among the Tarai/Madhes-origin groups. In other words, disparity in the distribution of wealth is greater in the Hill/Mountain region than in the Tarai/Madhes region.



The DHS survey collected data on household possessions and facilities. Table 4.2 below combines these data. Other than improved drinking water and means of transport, Tarai/Madhes-origin households have lower levels of possessions and public utilities than Hill/Mountain-origin households. One surprising fact is that although 19 percent of Tarai Dalit households report having a television, only 5 percent report having a private latrine.

**Table 4.2 Household Facilities**

Percent of households with facility (Table 2.8)

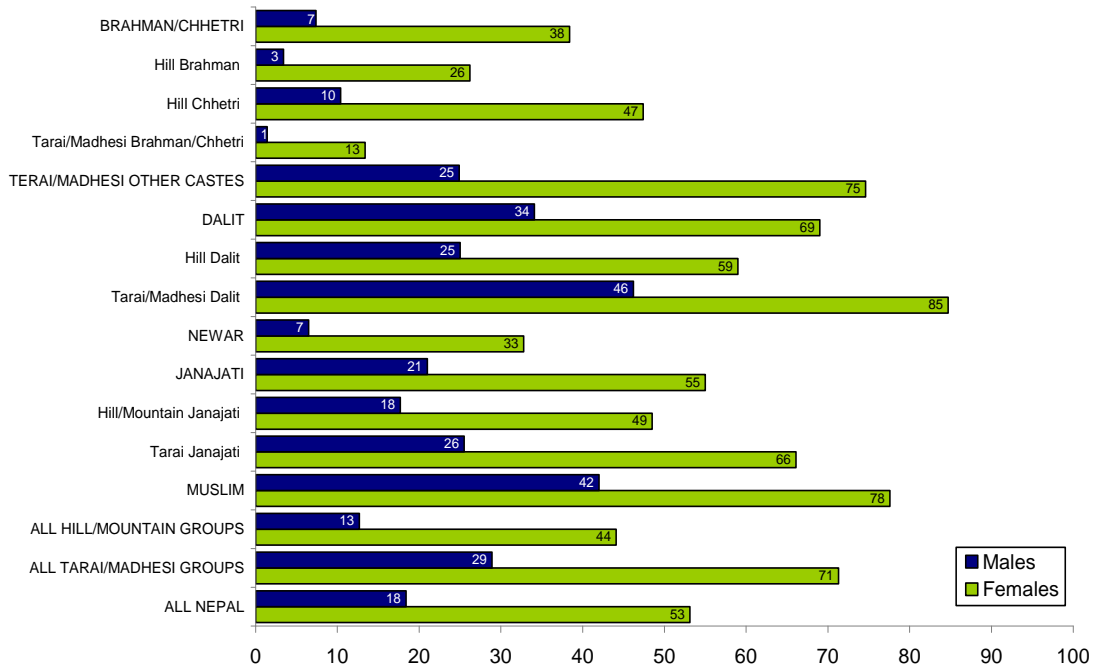
Caste/ethnicity and regional identity	Electricity	Private latrine	Improved drinking water	Radio	Television	Any means of transportation	Number of households
<b>Brahman/Chhetri</b>	<b>60.7</b>	<b>52.0</b>	<b>76.6</b>	<b>75.3</b>	<b>33.4</b>	<b>30.3</b>	<b>2,659</b>
Hill Brahman	75.8	66.3	81.1	83.7	45.8	41.3	991
Hill Chhetri	50.4	42.5	72.9	70.9	25.0	21.7	1,600
Tarai/Madhesi Brahman/Chhetri	82.9	65.7	98.8	57.7	49.7	71.5	68
<b>Tarai/Madhesi Other Castes</b>	<b>43.4</b>	<b>18.1</b>	<b>97.3</b>	<b>38.8</b>	<b>24.5</b>	<b>71.4</b>	<b>806</b>
<b>Dalit</b>	<b>33.0</b>	<b>16.4</b>	<b>80.2</b>	<b>45.0</b>	<b>15.5</b>	<b>32.0</b>	<b>940</b>
Hill Dalit	32.7	23.2	70.3	53.3	13.3	13.6	600
Tarai/Madhesi Dalit	33.7	4.6	97.5	30.2	19.4	64.4	340
<b>Newar</b>	<b>72.6</b>	<b>71.6</b>	<b>90.5</b>	<b>82.8</b>	<b>61.4</b>	<b>46.4</b>	<b>348</b>
<b>Janajati</b>	<b>46.3</b>	<b>35.5</b>	<b>80.9</b>	<b>61.8</b>	<b>25.6</b>	<b>34.2</b>	<b>2,539</b>
Hill/Mountain Janajati	49.6	42.4	76.7	64.8	26.5	17.6	1,795
Tarai Janajati	38.3	18.6	91.0	54.6	23.4	74.1	744
<b>Muslim</b>	<b>63.2</b>	<b>26.6</b>	<b>92.3</b>	<b>47.6</b>	<b>28.8</b>	<b>53.6</b>	<b>250</b>
<b>Other</b>	<b>76.4</b>	<b>46.6</b>	<b>93.3</b>	<b>69.8</b>	<b>65.3</b>	<b>23.7</b>	<b>139</b>
<b>All Hill/Mountain Groups</b>	<b>54.3</b>	<b>46.6</b>	<b>76.5</b>	<b>70.0</b>	<b>30.4</b>	<b>24.7</b>	<b>5,334</b>
<b>All Tarai/Madhesi Groups</b>	<b>43.6</b>	<b>18.7</b>	<b>94.7</b>	<b>44.4</b>	<b>24.6</b>	<b>69.2</b>	<b>2,208</b>
<b>All Nepal</b>	<b>51.6</b>	<b>38.6</b>	<b>82.1</b>	<b>62.7</b>	<b>29.4</b>	<b>37.5</b>	<b>7,681</b>

## 4.2 Education

The data on educational attainment of men and women age 15-49 presents a disheartening picture of the pockets of illiteracy that remain in Nepal (See Figure 4.1). Nearly 85 percent of Tarai/Madhesi Dalit women are not educated. Madhesi Other Caste women and Muslim women are close behind: 75 and 78 percent respectively have no education. Hill Dalit women do somewhat better (59 percent without education) – though still below the national average for women (53 percent). The men from the Tarai/Madhes-origin groups do better than women, but with 29 percent uneducated, they still lag behind the national average for men (18 percent uneducated) and quite far behind the average for men from Hill/Mountain groups (13 percent). The highest rates of uneducated males are among the Tarai/Madhesi Dalit (46 percent) and Muslims (42 percent). Tarai/Madhesi Other Caste men have the same percent uneducated as Hill Dalit men (25 percent).

Particularly worrisome at a time when there is strong government commitment to incorporate excluded groups into government service, are the very small percentages of Dalits who have education above secondary levels. In the entire DHS sample, not a single Dalit woman from the Tarai was educated beyond SLC and less than one percent of the Madhesi Dalit men had such qualifications (data not shown). Hill Dalits do somewhat better (less than one percent of women and less than 2 percent of men educated beyond SLC) but still well below the national average. Across the board, the Tarai/Madhes-origin groups have much lower levels of education – except for the high caste Madhesi groups whose men and women have higher average education levels than any other group in the country.

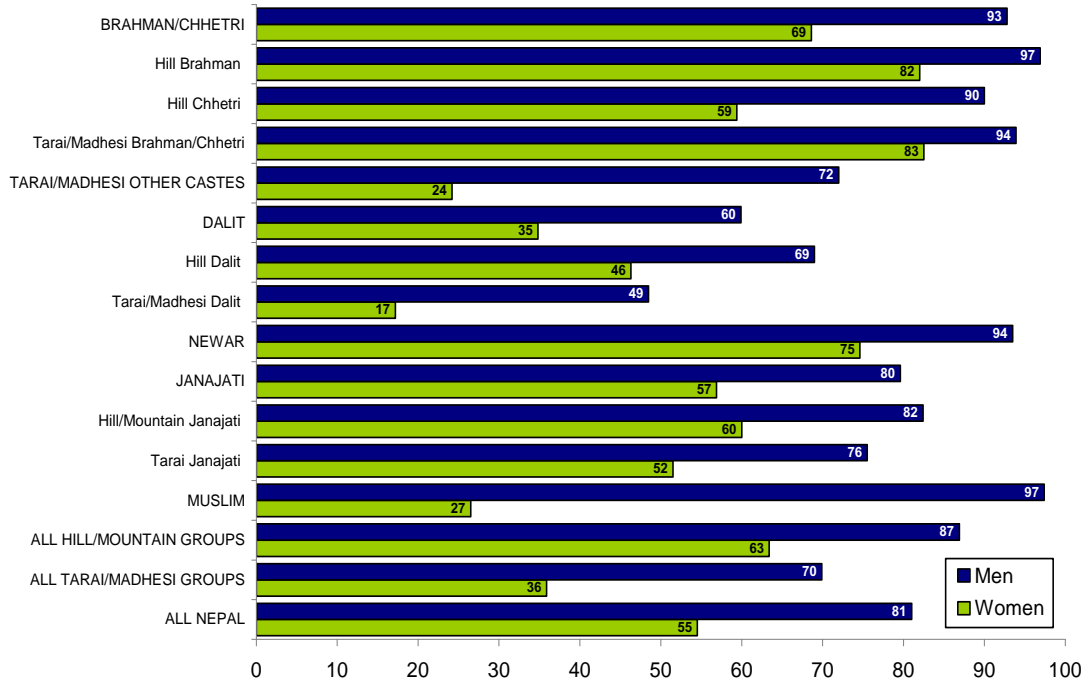
Figure 4.1 Percentage of Males and Females Without any Education



These same broad patterns are evident in Figure 4.2 below on literacy levels for men and women in the 15-49 age group which captures information on people who learned to read outside of school and those who may have gone to school but failed to become literate. These data confirm the much lower literacy levels among those of Tarai/Madhes origin – especially women. For example, Hill/Mountain women are nearly twice as likely to be literate as Tarai/Madhesi women (63 percent compared with 36 percent, respectively).

Research has shown that in addition to the absolute level of female literacy, what also matters for women’s empowerment is the *gap* between male and female literacy rates (Agrawal, 1997; Frankenberg and Thomas, 2001). As we have seen, Tarai/Madhes-origin men have lower literacy rates than men from the Hill groups; but the literacy level of Tarai-origin women is so low that, with the exception of Muslims, the largest gender gaps in literacy are also found among the Tarai/Madhes-origin groups (Figure 4.2). For example, among the Madhesi Other Castes, men are three times as likely to be literate as women (72 percent versus 24 percent), and among all Tarai/Madhes-origin groups men are twice as likely to be literate as women (70 percent versus 36 percent).

Figure 4.2 Percentage of Men and Women Who Are Literate



The pattern of primary school attendance is consistent with the educational attainment and literacy data discussed above – but also offers some reasons to hope that at least some parts of the negative pattern will change. For example, there has been a significant increase in school attendance among Hill Dalits – both boys and girls. Primary school attendance levels for Hill Dalits (90 percent) are not only higher than those for Tarai/Madhesi Dalits (71 percent) and Muslims (62 percent), but also slightly higher than for Janajatis (89 percent) or for Tarai/Madhesi Other Castes (88 percent) (data not shown). Unfortunately, in secondary school, Hill Dalit attendance drops to 32 percent – still higher than Tarai/Madhesi Dalits (18 percent), Muslims (21 percent) or even Tarai/Madhesi Other Castes (28 percent), but well below the Janajati (46 percent) and privileged “high caste” groups.

The primary school attendance ratios show that boys from Tarai/Madhes-origin groups lag boys from Hill/Mountain-origin groups by 6 percentage points and for girls the lag is nearly 15 percentage points at the primary level (data not shown). At the secondary level both Tarai/Madhesi boys and girls lag behind Hill/Mountain boys and girls by around 13 percent. Unless this gap can be addressed and greater attention given to encouraging children from Tarai/Madhes-origin groups to go to school and stay there, the current education deficit among Tarai-origin groups will continue.

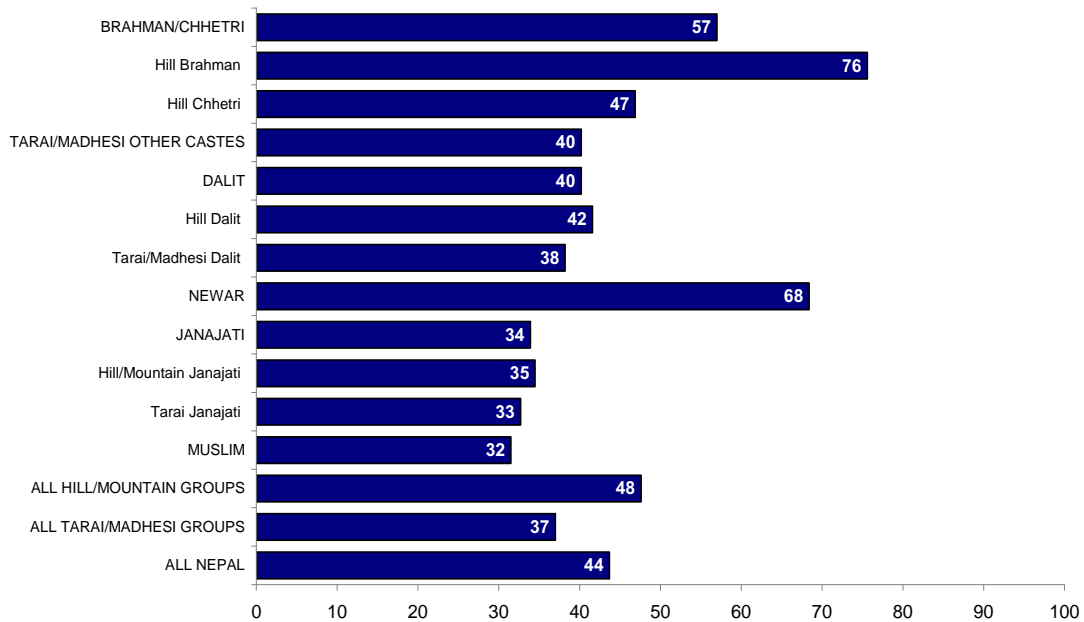
### 4.3 Maternal and Child Health and Nutrition

#### *Maternal Health*

Despite the ten-year insurgency, Nepal has been able to dramatically reduce maternal mortality (from 540 maternal deaths to 281 per 100,000 live births) over the past 15 years. It is not possible to disaggregate the maternal mortality ratio by caste/ethnicity or regional identity, but we can disaggregate the data on some of the key factors related to maternal mortality.

In terms of who is receiving antenatal care from a skilled birth attendant (SBA) of some type, Muslim (32 percent), Tarai Janajati (33 percent) and Hill Janajati women (35 percent) have the lowest percentages (Figure 4.3). Tarai/Madhese and Hill Dalits (38 percent and 42 percent, respectively) and Tarai/Madhese Other Castes (40 percent) do somewhat better. The highest use of SBA for antenatal care is found among the Hill Brahmans and Newars (76 percent and 68 percent, respectively).

**Figure 4.3 Percentage of Births for which Mothers Received Antenatal Care from a Skilled Birth Attendant (SBA)**



Note: Tarai/Madhese Brahman/Chhetri group not shown because it is based on fewer than 50 cases

The data in Table 4.3 show which groups are getting antenatal care by type of provider. Not surprisingly, the pattern that emerges is that better off groups (who generally are more urban and better educated) tend to seek care from doctors and nurse/midwives while poorer groups with lower social status depend more on lower level health workers. Dalits (especially those from the Tarai/Madhes), Tarai/Madhese Other Castes, Janajatis and Muslims all use the services of Health Workers, Maternal and Child Health Workers (MCHW) and Village Health Workers (VHW) at a higher rate than Brahmans or Newars. Although not conclusive, these data suggest that these categories of health workers do not discriminate against “low caste” or Muslim women at least in terms of delivery or antenatal care.

The picture for Female Community Health Volunteers (FCHV) however is a bit more complex. With less than 2 percent of the respondents reporting that they had been contacted by an FCHV for antenatal care, interpretation of the outreach patterns remains highly speculative. All in all, the outreach of FCHVs in the Hills seems to be quite low in terms of antenatal care. Coverage is somewhat better among Tarai/Madhese respondents: Just under 4 percent report having received antenatal care from an FCHV and this was spread among all of the Tarai/Madhese-origin groups. Although Tarai/Madhese Other Caste women reported the highest percentage of women receiving care (6 percent), 3 percent of Muslim and 3 percent of Madhese Dalit women also reported getting antenatal care from FCHVs. In contrast, among the Hill/Mountain groups, not a single Hill Dalit woman reported getting antenatal care from a FCHV.

Table 4.3 Antenatal Care

Percent distribution of women who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, and the percentage of most recent births receiving antenatal care from SBA, according to caste ethnicity and region, Nepal 2006 (Table 10.1)

Caste/ethnicity and regional identity	Doctor	Nurse/ midwife	Health assistant/ health worker	MCH worker	VHW	Traditional birth attendant	FCHV	Other	No one	Total	Percentage receiving antenatal care from SBA	Number of women
<b>Brahman/Chhetri</b>	<b>28.9</b>	<b>28.1</b>	<b>9.4</b>	<b>11.0</b>	<b>1.3</b>	<b>0.1</b>	<b>0.6</b>	<b>0.0</b>	<b>20.6</b>	<b>100.0</b>	<b>57.0</b>	<b>1,249</b>
Hill Brahman	42.7	32.9	7.9	6.4	0.6	0.0	0.3	0.0	9.2	100.0	75.6	406
Hill Chhetri	21.0	25.9	10.4	13.4	1.7	0.2	0.7	0.0	26.7	100.0	46.9	820
Tarai/Madhese Brahman/ Chhetri	*	*	*	*	*	*	*	*	*	*	*	23
<b>Tarai/Madhese Other Castes</b>	<b>17.7</b>	<b>22.5</b>	<b>13.8</b>	<b>14.1</b>	<b>1.9</b>	<b>0.0</b>	<b>6.1</b>	<b>0.2</b>	<b>23.5</b>	<b>100.0</b>	<b>40.2</b>	<b>486</b>
<b>Dalit</b>	<b>14.8</b>	<b>25.4</b>	<b>12.5</b>	<b>13.7</b>	<b>3.7</b>	<b>0.5</b>	<b>1.0</b>	<b>0.3</b>	<b>28.1</b>	<b>100.0</b>	<b>40.2</b>	<b>594</b>
Hill Dalit	19.5	22.1	9.4	12.3	2.9	0.0	0.0	0.0	33.8	100.0	41.6	355
Madhesi Dalit	7.9	30.3	17.1	15.8	4.9	1.1	2.5	0.7	19.7	100.0	38.2	239
<b>Newar</b>	<b>46.5</b>	<b>21.9</b>	<b>7.4</b>	<b>5.4</b>	<b>1.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>17.2</b>	<b>100.0</b>	<b>68.4</b>	<b>141</b>
<b>Janajati</b>	<b>16.1</b>	<b>17.9</b>	<b>12.9</b>	<b>15.8</b>	<b>2.1</b>	<b>0.1</b>	<b>1.2</b>	<b>0.5</b>	<b>33.5</b>	<b>100.0</b>	<b>33.9</b>	<b>1,331</b>
Hill/Mountain Janajati	17.8	16.7	11.4	8.4	2.0	0.2	1.0	0.8	41.8	100.0	34.5	897
Tarai Janajati	12.5	20.2	16.0	31.0	2.2	0.0	1.8	0.0	16.2	100.0	32.7	434
<b>Muslim</b>	<b>14.9</b>	<b>16.6</b>	<b>25.9</b>	<b>13.8</b>	<b>3.6</b>	<b>0.0</b>	<b>3.0</b>	<b>0.0</b>	<b>22.2</b>	<b>100.0</b>	<b>31.5</b>	<b>194</b>
<b>Other</b>	<b>24.8</b>	<b>6.2</b>	<b>22.2</b>	<b>24.4</b>	<b>1.6</b>	<b>0.0</b>	<b>1.6</b>	<b>0.0</b>	<b>19.2</b>	<b>100.0</b>	<b>31.0</b>	<b>70</b>
<b>All Hill/Mountain Groups</b>	<b>24.4</b>	<b>23.1</b>	<b>10.0</b>	<b>10.0</b>	<b>1.8</b>	<b>0.1</b>	<b>0.6</b>	<b>0.3</b>	<b>29.6</b>	<b>100.0</b>	<b>47.6</b>	<b>2,620</b>
<b>All Tarai/Madhese Groups</b>	<b>14.8</b>	<b>22.2</b>	<b>16.6</b>	<b>19.5</b>	<b>2.8</b>	<b>0.2</b>	<b>3.6</b>	<b>0.2</b>	<b>20.1</b>	<b>100.0</b>	<b>37.0</b>	<b>1,376</b>
<b>All Nepal</b>	<b>21.2</b>	<b>22.5</b>	<b>12.5</b>	<b>13.5</b>	<b>2.1</b>	<b>0.1</b>	<b>1.6</b>	<b>0.2</b>	<b>26.2</b>	<b>100.0</b>	<b>43.7</b>	<b>4,066</b>

A recent study reported that “there is some evidence that FCHVs treat Dalits and Muslims more than their proportion in the population”. (New ERA, 2007: ix). But the data from the DHS and the New ERA study itself suggest that this is not happening in the Hill/Mountain areas. Some of the difference in FCHV behavior between the Tarai and Hills may possibly be explained by the fact that the Tarai/Madhes region has always had traditional birth attendants (TBAs) from among the Chamars, a Madhesi Dalit caste. According to the New ERA study, the total percentage of Dalits recruited as FCHVs in all 75 districts was only 7 percent – only about half their proportion in the population. However, in quite a few Tarai districts<sup>5</sup> Dalit women were recruited in much higher proportions. Similarly, though overall less than two percent of the FCHVs were Muslim, in the Tarai districts of Sunsari, Bara, Parsa, Rautahat and Banke quite high proportions (from 25 percent to 5 percent) of the women recruited were Muslim. This could mean that in those districts at least FCHVs who were themselves Dalit or Muslim would be more willing to interact with other Dalits and Muslims to provide them with maternal and child health care.

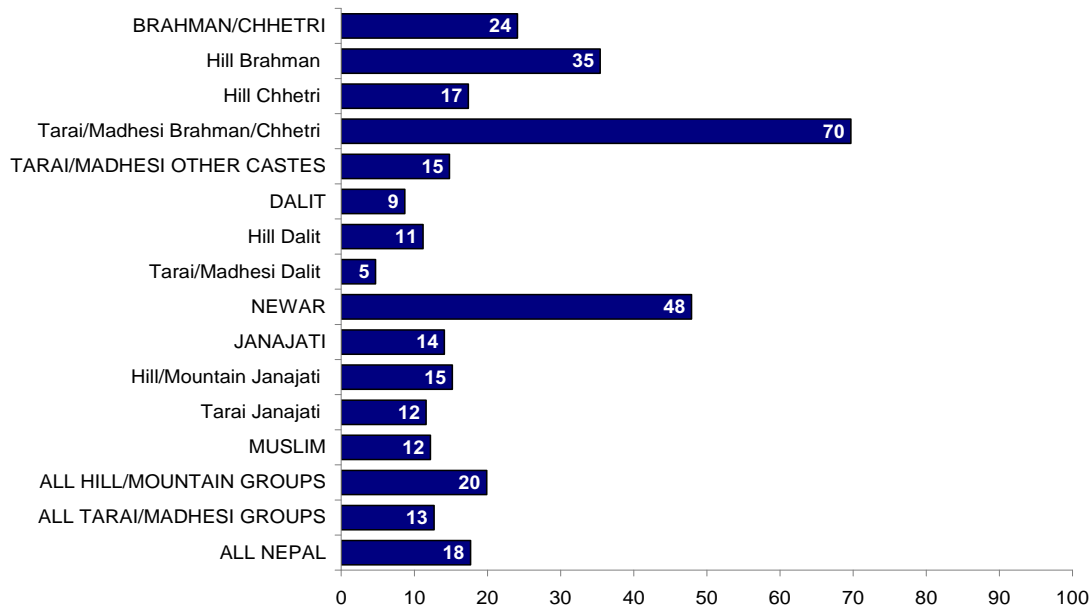
The data from the New ERA study also show that the proportion of Dalit FCHVs tends to be lower in the Hill/Mountain region: in only two districts (Bajhang and Doti) do Dalit FCHVs make up slightly more than their proportion in the national population. The study reports that at the national level Brahman and Chhetri women are “over represented” among the FCHVs: while they are roughly 32 percent of the population, Brahman and Chhetris make up 48 percent of the FCHVs. This could help explain the low coverage of Hill Dalit women. But further exploration is warranted to determine whether this is indeed a pattern and if so, how in the Hill areas these health volunteers can be further encouraged to work with women from the excluded groups who are most in need of their services. The Support to Safer Motherhood Program (SSMP) has run a special Equity and Access Program in 8 districts where special efforts have been made to overcome such caste barriers to maternal health care delivery through training and sensitization of health care workers (including FCHVs) and community communication campaigns. Early results have been encouraging. While Dalit women delivering in hospitals have increased slightly under the program, the project monitoring data show that these women are much more likely to use nearby Primary Health Care Centers and Health Posts. Unlike

<sup>5</sup> Tarai districts where the proportion of Dalit FCHVs was greater than 13 percent are: Saptahari, Siraha, Dhanusa, Parsa, Rautahat and Kapalbastu.

Brahman/Chhetri and Newar women who opted for hospital delivery in two out of three cases, Dalit women used the local health facilities in two out of three cases (Devkota, 2008).

The vast majority of births still take place at home in Nepal (Figure 4.4). Only 18 percent of births are delivered in a health facility. The proportion is somewhat lower for the Tarai-origin groups (13 percent) than for the Hill/Mountain groups (20 percent) and for socially and economically disadvantaged groups like the Dalits (9 percent) and Muslims (12 percent).

**Figure 4.4 Percentage of Deliveries in a Health Facility**

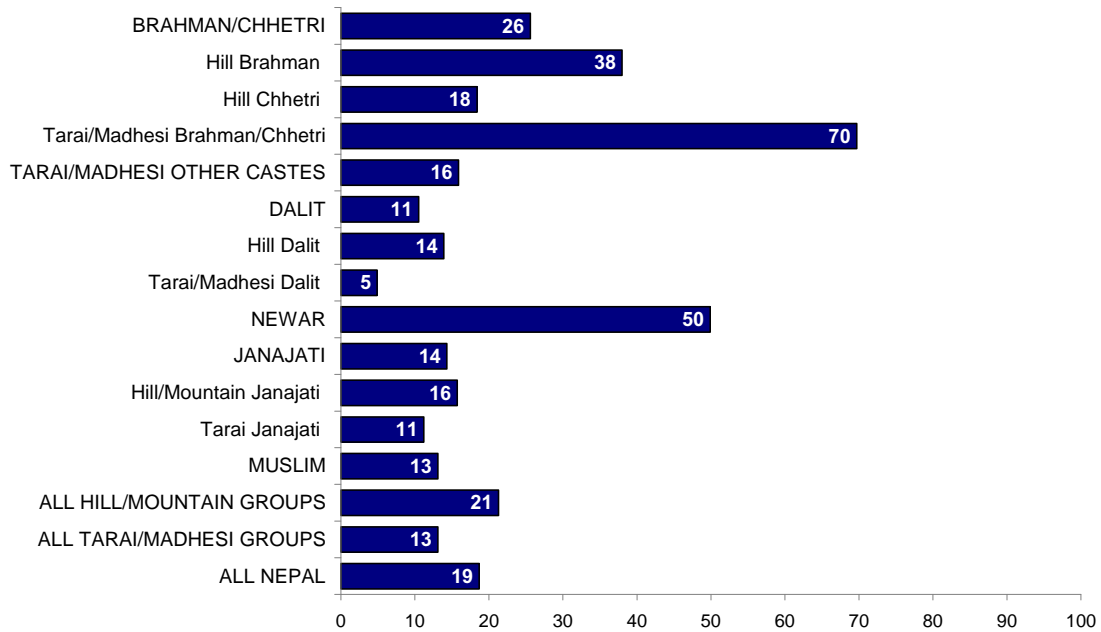


Traditional birth attendants (TBAs) continue to be the most common source of assistance for women from Tarai/Madhes-origin groups. Over 40 percent of Tarai/Madhesi women get help from this source compared with only 7 percent among Hill/Mountain groups. Even women from the relatively educated and well-off Madhesi Brahman/Chhetri groups (who use doctors for 63 percent of their deliveries) are assisted by TBAs in 17 percent of the cases (data not shown). As reported above in the discussion of antenatal care, many of the FCHVs in the Tarai districts appear to have been recruited from the same Dalit caste as the TBA and the data show that the FCHVs in the Tarai do assist Dalit women more than their counterparts in the hills who tend to be recruited from the high caste group.

Another difference between the Hill/Mountain groups and the Tarai/Madhes groups is with reference to the practice of leaving women alone during their delivery. More than 9 percent of the Hill Mountain women (13 percent for Hill Dalit women) had no assistance during delivery compared with less than 2 percent among the Tarai/Madhes-origin groups (data not shown). Although childbirth is considered ritually “polluting” among groups from both regions, in the Tarai, the existence of the low caste TBA (who is already considered “polluted” by higher caste groups) means that there is at least someone to do this work – though it is not clear whether the TBA’s main tasks are to help the mother and child or primarily to dispose of the highly polluting placenta and blood associated with the delivery. In the Hill areas of Nepal, although there are some TBAs known as *sudenis*, they are not necessarily found everywhere and are not associated with any particular caste. Somehow the Dalits in the Hill regions of Nepal did not take up this hereditary low caste occupation – perhaps because even to assist at childbirth, they were not allowed inside the houses of Brahmans and Chhetris. Indeed, in the Mid and Far Western regions of Nepal, the delivering mother herself is not permitted in the house and must have the child in a cowshed or other external building – a practice called *chaupadi*.

In the campaign to promote safe motherhood by having skilled birth attendants (SBAs) assist with delivery, clearly caste and regional issues along with traditional practices such as *chaupadi* must be addressed. The proportion of women from Tarai/Madhes-origin groups who are delivered by SBAs is much lower than for Hill/Mountain women (13 percent compared with 21 percent) (Figure 4.5). Probably because of its association with wealth levels, caste/ethnic identity also makes a difference. Over a quarter of Brahman/Chhetri women are attended by SBAs compared with 11 percent of Dalit women, 14 percent of Janajati women and 13 percent of Muslim women. It is also worth noting that SBA assistance is 20 percent higher for Hill Brahmin women than for Hill Chhetries.

Figure 4.5 Assistance by Skilled Birth Attendant During Delivery

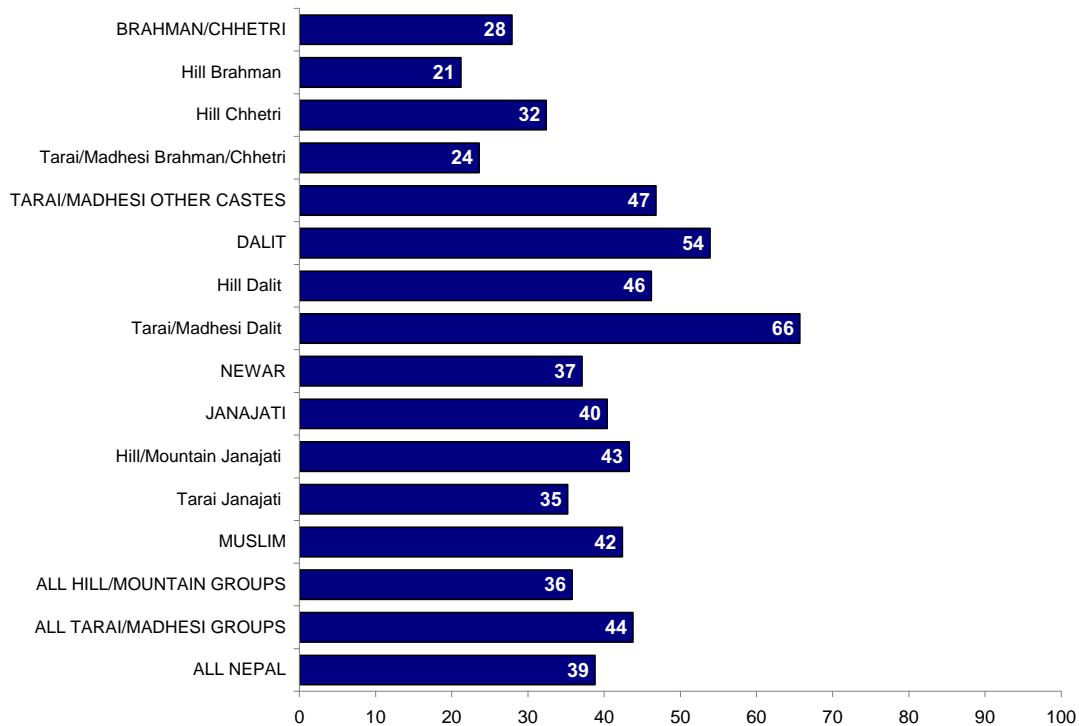


Two years ago the government initiated a Maternal Incentive Scheme (MIS) which offers incentive payments to women who deliver in a health facility, and to health workers to attend deliveries at home or in health institutions. A recent study in 10 districts (SSMP/Nepal, 2007) found that the scheme is beginning to work, especially in getting health workers to attend home deliveries. It has been less successful in getting women into health facilities – partly because of problems with fund flows and procedures for reimbursing these facilities. So far there has been no systematic monitoring of the program – and so there is no way to assess the degree to which excluded groups have or have not been able to benefit.

The NDHS data on women’s problems in accessing health care suggests that the MIS scheme has correctly diagnosed lack of money for treatment as a major constraint faced by women – and especially by women from excluded groups – to accessing health care (Figure 4.6). Fifty-four percent of Dalit women cited costs as a problem (66 percent of Madhesi Dalit women) compared with 28 percent of the Brahman/Chhetri women. A recent study by New ERA (2007: 47) on the use of SBAs among marginalized populations in one Tarai, one hill and one mountain districts documented the high costs of institutional delivery (Rs. 49,000) and the lesser but still significant costs of using an SBA at home (Rs. 13,600). If the implementation of the MIS scheme is improved – and care taken to insure that it is accessible to all, the program should help lower the economic barrier which seems particularly high for Dalit women. The same New ERA study documented that in the 25 cases of SBA users they studied, the families of Dalit women waited until the woman had been in labor for an average of nearly 34 hours before calling in the SBA – compared with Hill Janajati, Tharu and Muslim families who called in the SBA after 12, 14 and 19 hours, respectively (2007: 24). Whether

this is due to the greater difficulty Dalits face in mobilizing the money for the SBA or other sociocultural concerns should be explored.

**Figure 4.6 Percentage of Women Who Cited Lack of Money for Treatment as a Problem in Accessing Health Care**



Interestingly, the 2006 NDHS data show that getting *permission* for health treatment in general is not a problem for most women. Yet other dimensions related to gender roles such as concerns about having to take transport (though this could also reflect concern about costs), not wanting to go alone and concern about the absence of a female provider<sup>6</sup>, were reported by nearly half the women (data not shown). Regional identity did not make as much difference to these concerns as might be expected (except for not wanting to go alone which was reported by 64 percent of the Tarai/Madhesi women compared with 49 percent of the Hill/Mountain women).

### ***Child Health***

Child health is closely related to maternal health and the way women are treated during pregnancy and child birth. The 2006 NDHS Survey Report (MOHP, New ERA, and Macro International Inc., 2007: 126) found that, like maternal mortality, childhood mortality has also declined over the past 10 years. Because of the small numbers of child deaths recorded in the sample population, the detailed breakdown of all 11 groups was not possible. Table 4.4<sup>7</sup> shows, however, that at all stages, from neonatal through to under-five mortality, this national progress on child survival masks important differences between caste/ethnic groups. Across age groups<sup>8</sup> Dalit childhood mortality rates are high. Under-five mortality in this group is 90 deaths per 1,000 live births compared with an all Nepal level of 68. The Tarai/Madhesi Other Castes also do poorly with neonatal mortality at the same level as the Dalits and with under-five mortality only slightly lower (86). Another Tarai

<sup>6</sup> This also came up as a major factor in the New ERA study.

<sup>7</sup> The mortality levels in Table 4.4 are higher for the All Nepalis row than the figures given in the DHS Survey Report (page 125) because it shows rates over the past 10 years while Table 8.1 in the DHS Report is calculated over the five-year period preceding the 2006 survey.

<sup>8</sup> Except for the postneonatal figures which show the Brahman/Chhetris with slightly higher mortality levels.



group, the Muslims, also fares poorly and actually has the highest levels of neonatal mortality in Nepal (56). Overall, Tarai/Madhes-origin groups do worse on most child survival outcomes than the Hill/Mountain groups.

**Table 4.4 Early Childhood Mortality Rates**

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by caste/ethnicity and region, Nepal 2006 (Table 8.2)

Caste/ethnicity and regional identity	Neonatal mortality (NN)	Post neonatal mortality (PNN) <sup>1</sup>	Infant mortality ( <sub>1</sub> q <sub>0</sub> )	Child mortality ( <sub>4</sub> q <sub>1</sub> )	Under-five mortality ( <sub>5</sub> q <sub>0</sub> )
Brahman/Chhetri	34	25	59	18	76
Tarai/Madhesi Other Castes	44	19	64	24	86
Dalit	44	25	68	23	90
Newar	24	12	36	7	43
Janajati	36	24	59	22	80
Muslim	56	13	68	u	u
All Hill/Mountain Groups	35	24	58	20	77
All Tarai/Madhesi Groups	44	21	65	20	84
All Nepal	37	19	55	13	68

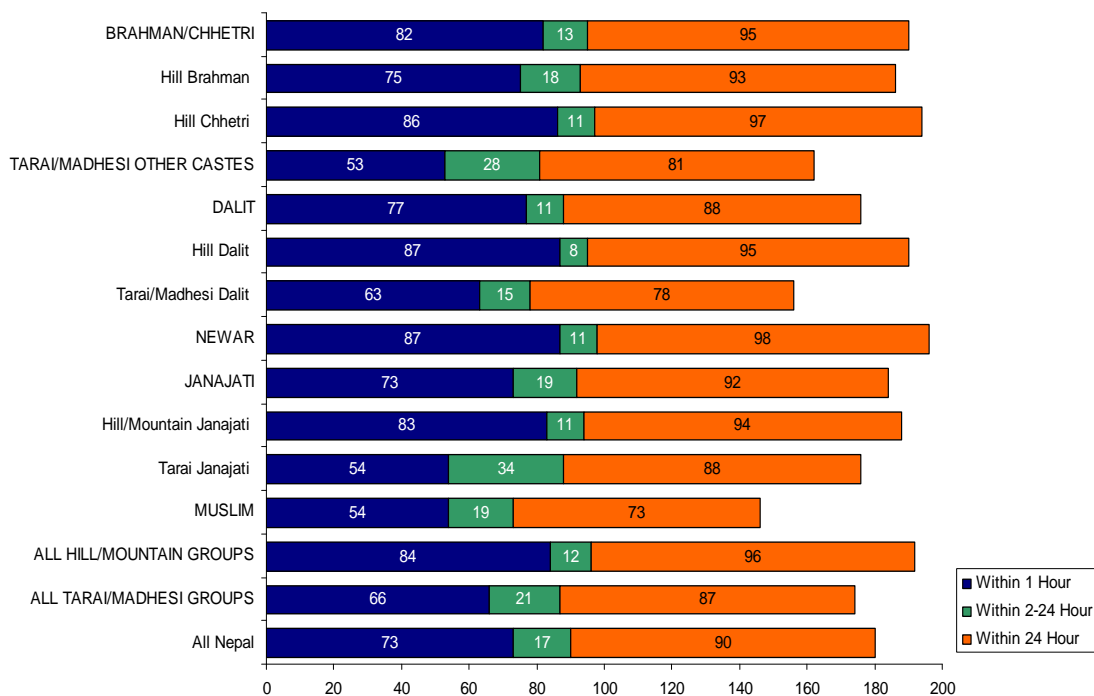
<sup>1</sup> Computed as the difference between the infant and neonatal mortality rates

u = unknown (not available)

The 2006 NDHS notes that there is little knowledge in rural Nepal of the need to keep newborns warm. Drying the child and wrapping it in cloth before the placenta is delivered are good practices while immediate bathing can lead to hypothermia. Yet 90 percent of babies in Nepal who were born in a noninstitutional setting are bathed in the 24 hours after birth and 73 percent in the first hour (MOHP, New ERA and Macro International, 2007). The Tarai/Madhes-origin groups as a whole do slightly better than Hill/Mountain groups (Figure 4.7). Among the Hill “high caste” groups, Brahman’s do much better than the Chhetris once again – probably due to higher literacy rates among Brahman women and their over all better economic status. Interestingly, the Newars who are both well educated and well off, do not tend to follow “good practice” according to these data, and yet – probably because of their greater levels of literacy, economic status and proximity to medical care – they have fairly low levels of neonatal mortality.

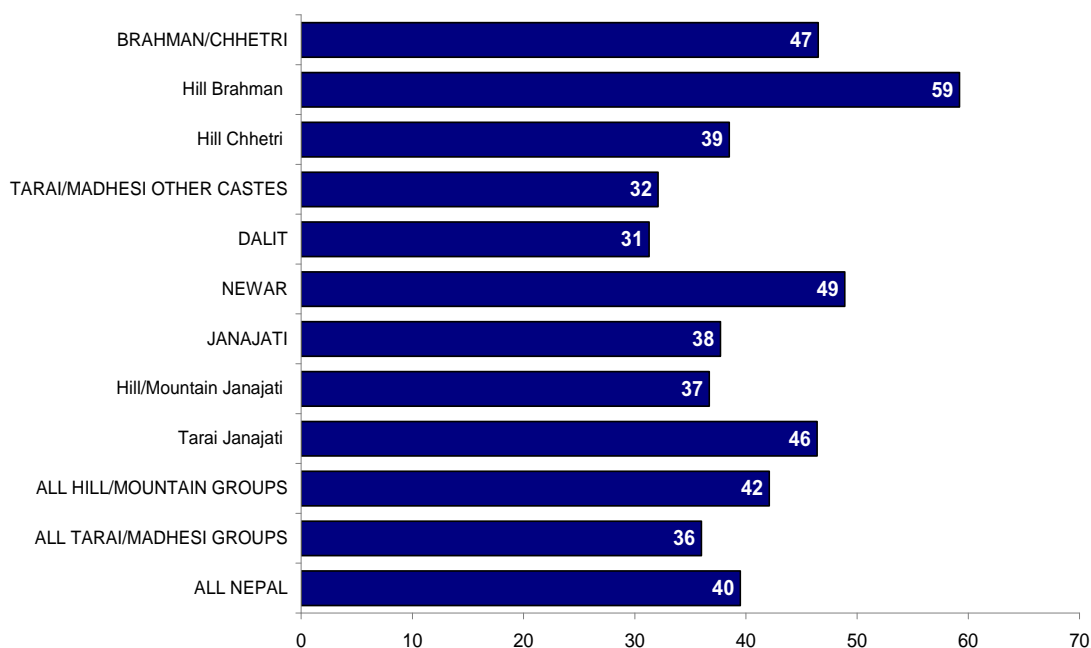
The years of campaigning to promote oral rehydration therapy for children with diarrhea has succeeded in getting parents to use Oral Rehydration Therapy (ORT) and/or to give increased fluids to children in 40 percent of the cases (Figure 4.8). But some groups are clearly less aware of this message; especially the Dalits (31 percent) and the Tarai/Madhesi Other Castes (32 percent).

**Figure 4.7: Percentage of Newborns Bathed in First 24 hours after Birth**



Note: Tarai/Madhesi Brahman/Chhetri group not shown because it is based on fewer than 50 cases

**Figure 4.8 Percentage of Children Given ORT or Increased Fluids and Continued Feeding during Diarrhea**

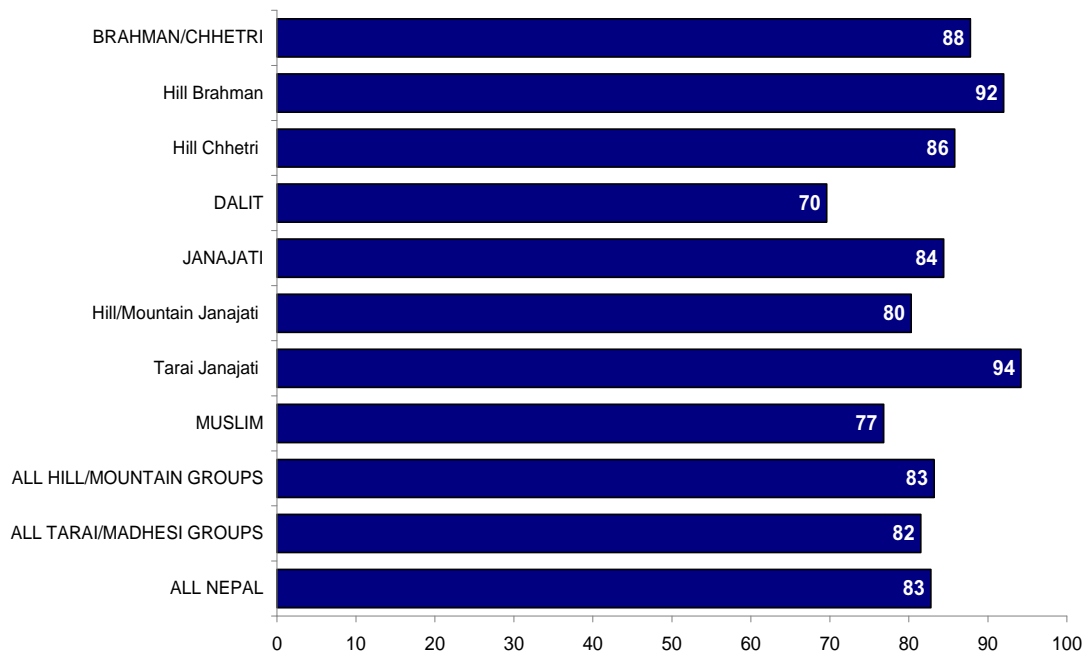


Note: Tarai/Madhesi Brahman/Chhetri, Hill Dalit, Tarai/Madhesi dalit and Muslim groups not shown because it is based on fewer than 50 cases

Overall, the Tarai Madhes-origin groups are below the national average on this indicator and clearly need to be targeted with aggressive information campaigns – preferably in local languages like Maithili and Bhojpuri which mothers can easily understand. It should be noted that the Tarai Janajatis do not follow the general Tarai pattern in this regard. They display above average knowledge and practice (46 percent) of ORT.

Another major factor in child survival is immunization and Nepal has done well on this (Figure 4.9). Only three groups, the Dalits, the Tarai/Madhesi Other Castes and the Muslims fall below the national average (83 percent) of those having all basic immunizations. And even for these groups, the gap is much less than for many other indicators. Immunizations rates for Dalits are only 13 points below the average and Muslims lag by only 6 points. For this indicator the performance of the Tarai/Madhesi origin groups and the Hill/Mountain groups are very close.

**Figure 4.9 Percentage of Children Who Received All Basic Vaccinations**

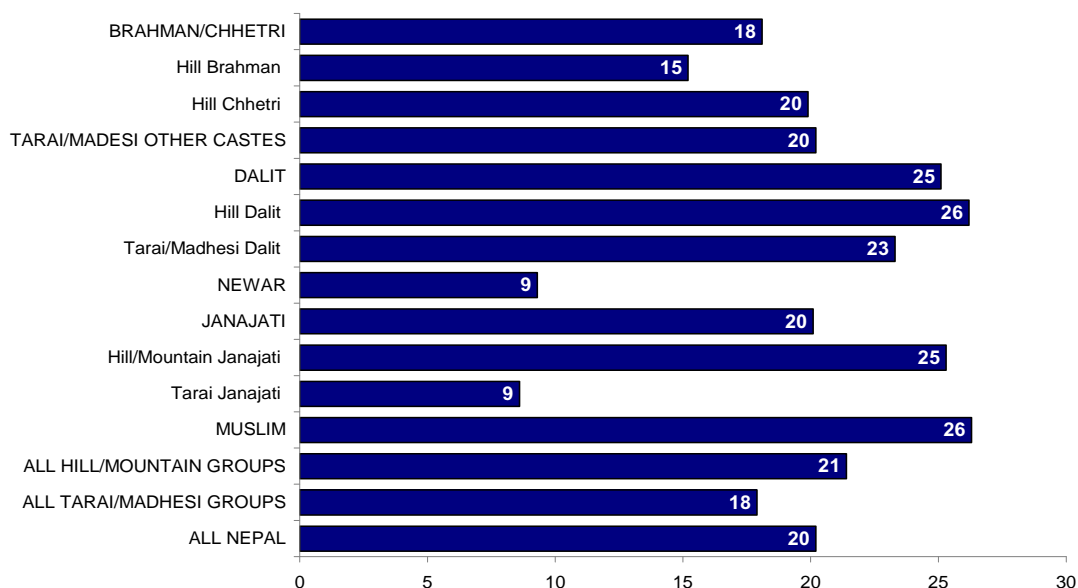


Note: Tarai/Madhesi Brahman/Chhetri, Hill Dalit, Tarai/Madhesi Dalit and Newar groups not shown because it is based on fewer than 50 cases

### ***Nutrition of Children and Women***

The government of Nepal reports that the country is on the path to achieving 5 out of the 7 Millennium Development Goals (MDG) by 2015 – including the nutrition related targets of reducing the proportion of stunted and underweight children and the proportion of the population below the minimum level of dietary energy consumption (Subba, 2008). However, there has also been widespread concern in the development community about the high levels of child malnutrition and its slow rate of decline. The 2006 NDHS data suggest that achieving several of the nutrition related targets is far from certain. Between NDHS 2001 and NDHS 2006, stunting (severe) remained at about the same level (20 percent) in the under five-population, and wasting (severe) actually saw a slight increase over that period (from 2 percent to 3 percent) (MoH, New ERA, and ORC Macro, 2002; MoHP, New ERA, Macro International, 2007). Stunting is highest among Muslims and Hill Dalits (both 26 percent) – but is also high among the Hill Janajati (25 percent) (Figure 4.10). There is little difference in overall rates of stunting between the Tarai/Madhes-origin and Hill/Mountain-origin groups (18 and 21 percent, respectively).

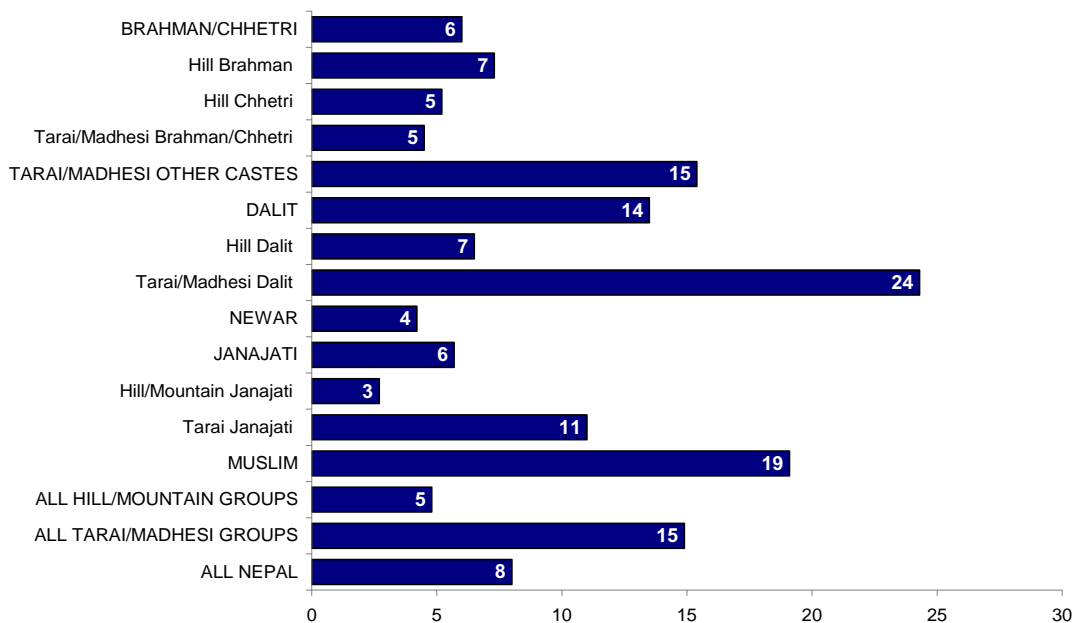
**Figure 4.10 Percentage of Children Under 5 Who Are -3 Standard Deviations Below Normal Height-for-Age (Stunting)**



Note: Tarai/Madhesi Brahman/Chhetri group not shown because it is based on fewer than 50 cases

The patterns for women in terms of stunting and underweight mirror those for children. While there is no difference between the Tarai and the Hills in terms of women's height, there is a big difference in terms of body mass index. The Tarai/Madhes-origin groups fare much worse than the Hill/Mountain-origin groups (Figure 4.11). Nearly 15 percent of women in the Tarai/Madhes-origin groups are considered moderately or severely thin compared with only 5 percent for women in the Hill/Mountain-origin groups. The highest levels of underweight (severe) are found among women in the Tarai/Madhesi Dalit group (data not shown). Tarai Janajati and Muslim women also have above average proportions of underweight women.

**Figure 4.11 Percentage of Women Who Are Considered Moderately or Severely Thin**



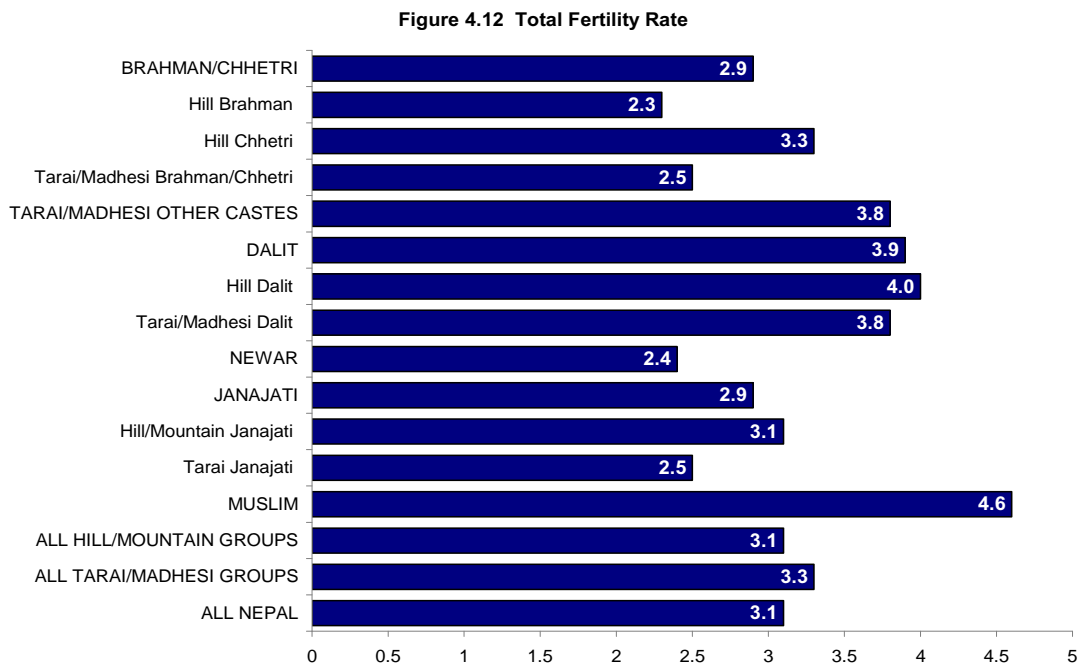
Like other measures of malnutrition, anemia levels in children and women are high in Nepal. Among women, being from a higher caste group seems to increase the chances of being anemic – possibly because of the greater tendency of these women to be vegetarians. Compared with a country average of around 36 percent, more than half of the Tarai/Madhesi Brahman/Chhetri women have mild anemia – though none have severe anemia. But the biggest influence on risk of anemia appears to be regional identity; with 59 percent of the women from Tarai/Madhesi-origin groups anemic compared with 26 percent among women from the Hill/Mountain groups (data not shown).

#### 4.4 Fertility and Family Planning Knowledge and Practice

##### *Fertility*

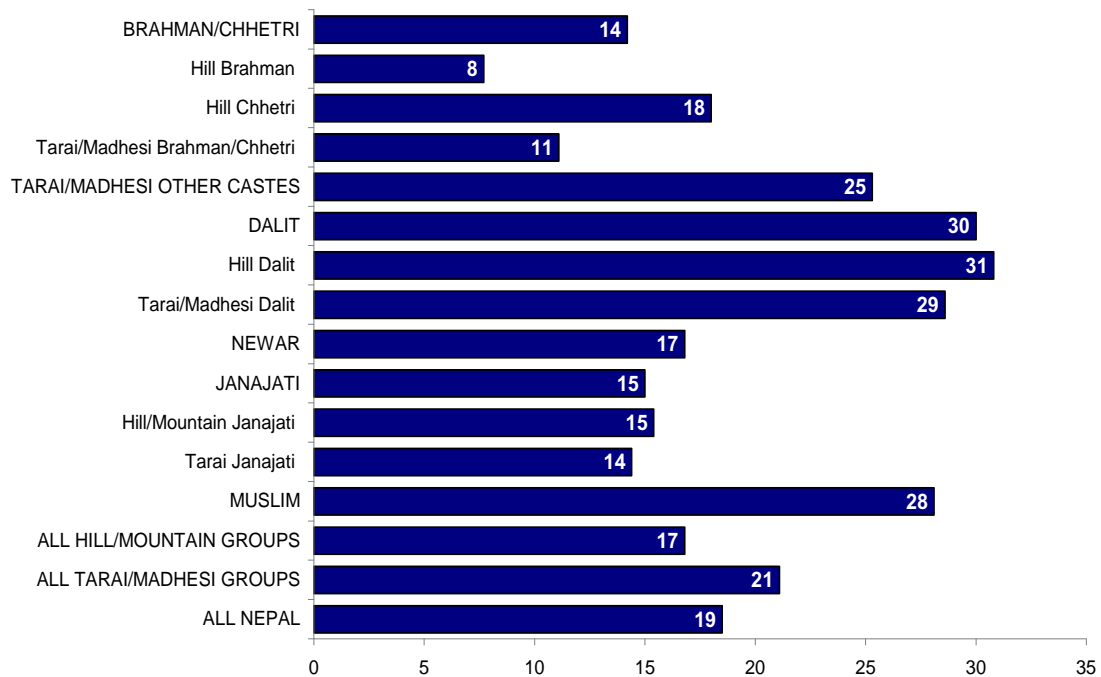
As the 2006 NDHS report (MoHP, New ERA, Macro International, 2007: 67) points out, there has been a dramatic drop in Nepal’s fertility rate since the first DHS survey in 1996. TFR has fallen from 4.6 births per woman to 3.1 in the present survey. As expected, factors such as education, urban/rural residence and household wealth have significant influences on fertility rates. In the 2006 survey the fertility rate of women with no education was 3.9 compared with the rate for women with SLC and higher education (1.8). Women in the lowest quintile had fertility rates of 4.7 compared with 1.9 for women in the wealthiest group and the rate for rural women was 3.3 compared with 2.1 for urban women. Although we do not know how much these variables influence and confound the pattern we see in Figure 4.12, these data strongly suggest that caste/ethnicity and regional identity do influence fertility levels.

All in all, TFR is slightly higher among Tarai-origin groups – but not across the board. TFRs for Tarai Janajati and Madhesi Brahmans and Chhetris are well below the national average (Figure 4.12). The high TFRs in the Tarai are due to the high rates among Tarai/Madhesi Other Castes (3.8), Tarai/Madhesi Dalits (3.8) and especially among the Muslims who have the highest fertility rate in Nepal (4.6). Among the Hill/Mountain groups only the Hill Chhetri and Hill Dalits have higher than average TFRs (3.3 and 4.0 respectively.) It would appear that targeting family planning messages to these groups with above average rates (including careful attention to language for Tarai/Madhesi-origin groups and Hill Janajatis) may be an important way to make rapid gains so that Nepal is able to reach its TFR goal of 2.1 by the end of the 12<sup>th</sup> development plan.



A factor leading to high TFRs is early marriage and early commencement of child birth. The data on adolescent pregnancy and motherhood shows that 21 percent of the adolescent girls from Tarai/Madhes-origin groups have begun childbearing compared with a somewhat lower level of 17 percent among the Hill/Mountain groups (Figure 4.13). Among all the groups it is the Hill Dalits who have the highest percentage of teenage mothers by far. Thirty-one percent of Hill Dalit adolescent girls have become mothers – nearly twice the average for Hill/Mountain groups as a whole.

**Figure 4.13 Percentage of Childbearing Adolescent Women**



### ***Family Planning Knowledge and Practice***

While *awareness* of family planning is almost universal among Nepali men and women, there is significant variation between different caste/ethnic groups in terms of *practice* as can be seen in Figure 4.14. Other than the Tarai/Madhesi high castes, the highest level of use of modern method of contraceptives is among the Tarai Janajati (65 percent) while the lowest is among the Muslims (17 percent). Hill Dalits and Hill Janajatis also fall below the country’s average contraceptive prevalence level (44 percent) with usage rates of just 35 percent and 37 percent, respectively. The Tarai/Madhes-origin groups have higher average usage rates than Hill/Mountain groups.

**Figure 4.14 Use of Any Modern Method of Contraception**

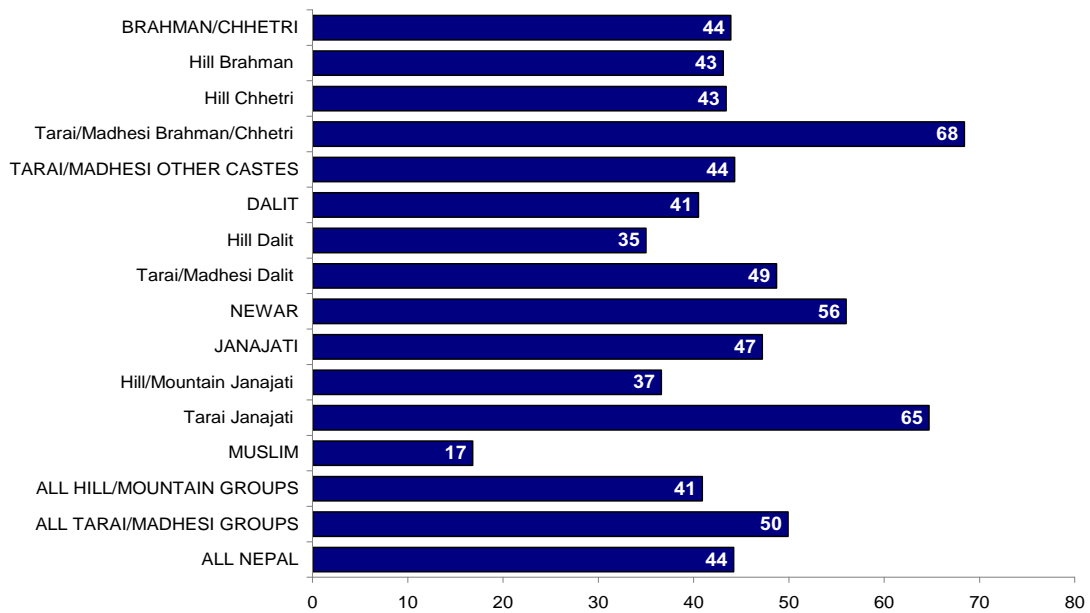
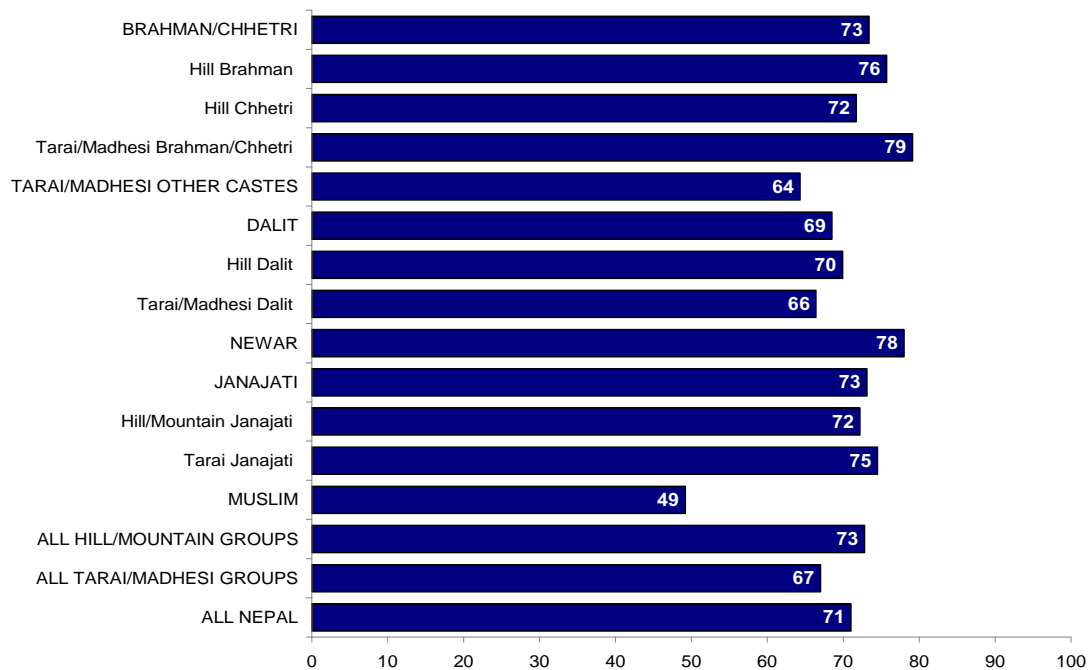


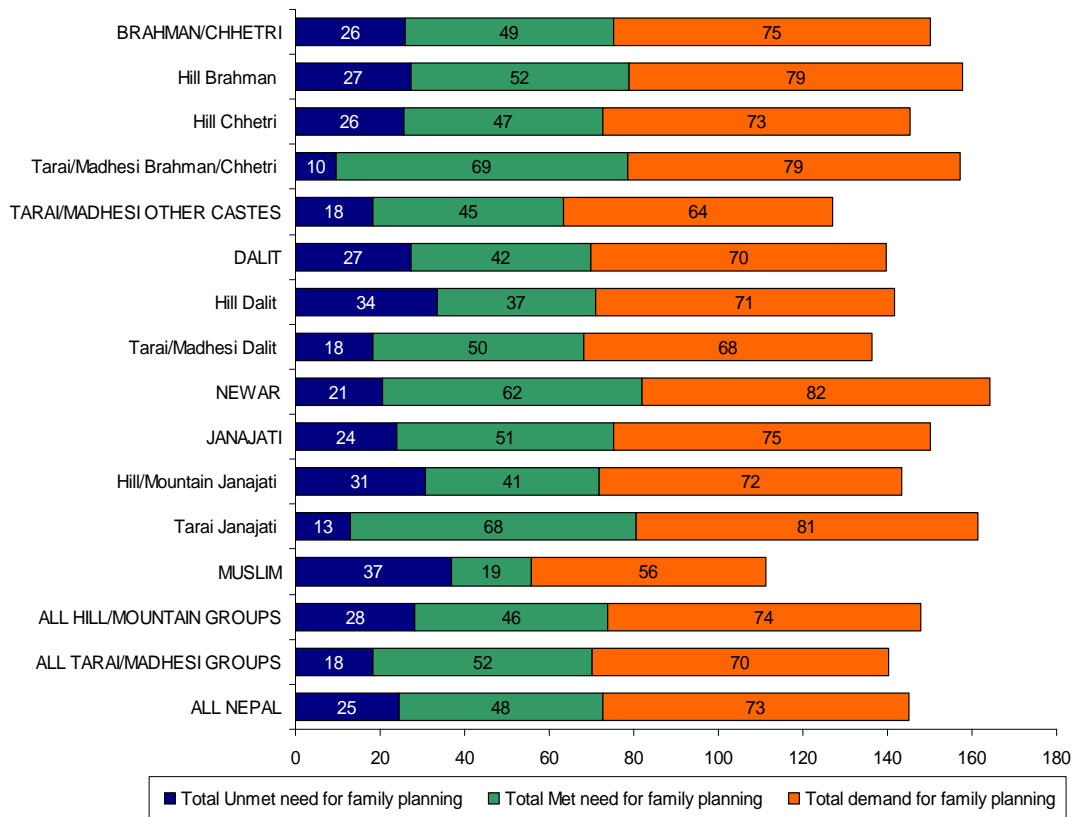
Figure 4.15 shows the percentage of women who want no more children and how this preference varies between different caste/ethnic groups. The desire to have no more children is more than 70 percent for Nepal as a whole, but ranges from 49 percent among Muslim women to 78 percent among the Newar and 79 percent among the Madhesi Brahman/Chhetri. The Hill/Mountain-origin groups are slightly more likely to want to stop childbearing than the Tarai/Madhese-origin groups (73 and 67 percent, respectively).

**Figure 4.15 Percentage of Women Who Want to Limit Childbearing (Want No More Children)**



Given the differences in desired family size, it is not surprising that the level of demand for family planning varies (Figure 4.16). Unmet need for family planning is highest among Muslims (37 percent) and lowest among the Tarai/Madhesi Brahman/Chhetri (10 percent). As would be expected, women’s exposure to all forms of family planning messages is lower than men’s (Figure 4.17). Only 9 percent of men had not been exposed to family planning messages in any of the five types of media compared with nearly a quarter of the women. The percentage of women with no exposure was much higher among the Tarai/Madhes-origin groups (42 percent) than in the Hill/Mountain groups (15 percent) and the gap between male and female levels of exposure was also much greater (8 points in the Hill groups compared with 28 points among the Tarai groups).

Figure 4.16 Unmet Need, Met Need and Total Demand for Family Planning





**Figure 4.17 Percentage of Men and Women with no Exposure to Family Planning Messages**

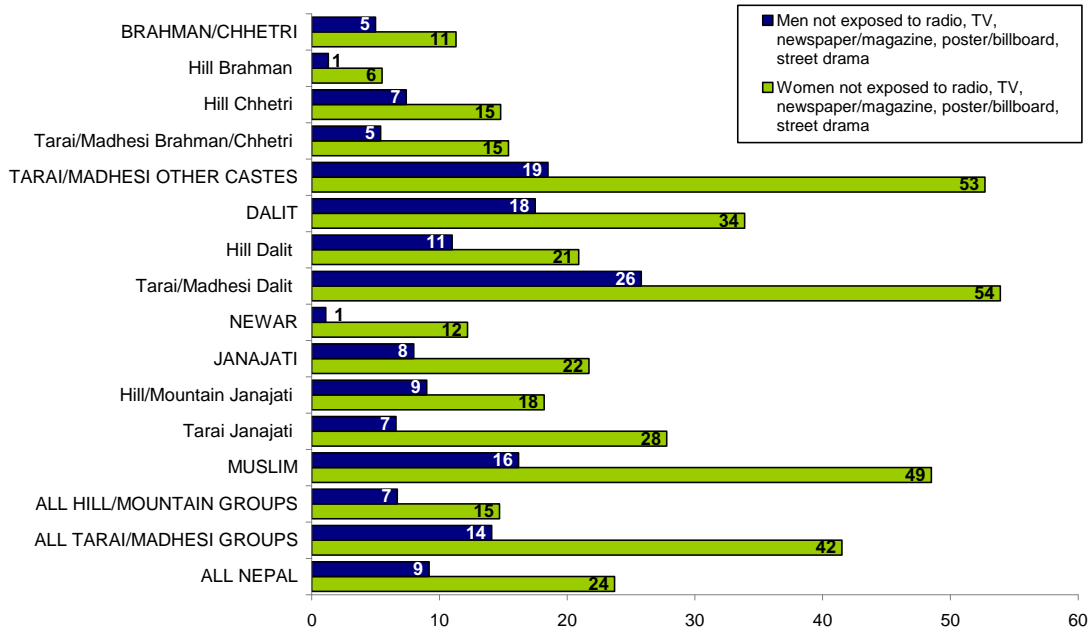
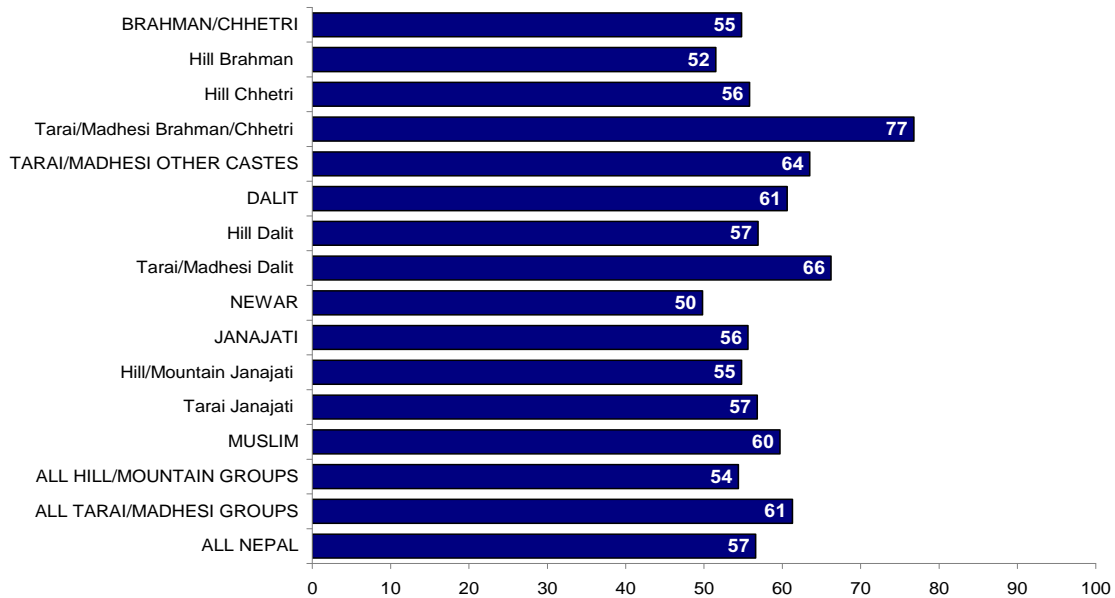


Figure 4.18 shows that more than half of the women in the sample had not discussed family planning issues with their husbands in the past year and for the most part, the pattern did not vary greatly with caste and ethnic group. On spousal communication as on the indicator for media exposure, the Tarai/Madhese-origin groups fall below the Hill/Mountain groups. Yet, perhaps because a somewhat higher proportion of their demand for contraception is met (52 percent compared with 46 percent for the Hill/Mountain groups), the actual contraceptive prevalence among the Tarai/Madhese-origin groups is almost 10 percentage points higher than among the Hill/Mountain-origin groups (Figure 4.16).

**Figure 4.18 Percentage of Married Women Who Have Never Discussed Family Planning with Spouse**



## 4.5 Citizenship, Exposure to Media and Women's Empowerment

The 2006 NDHS data are primarily intended to help policy makers understand the dynamics of population growth in the country and to track key public health indicators. Information on wealth, education, status of public health knowledge and certain dimensions of women's empowerment is collected mainly to identify the determinants of fertility so that governments can design policies that will encourage smaller healthier families. But these data can also shed light on other aspects of national life that are highly relevant to Nepal's current efforts to restructure the state along more inclusive lines.

### *Citizenship and Exposure to Mass Media*

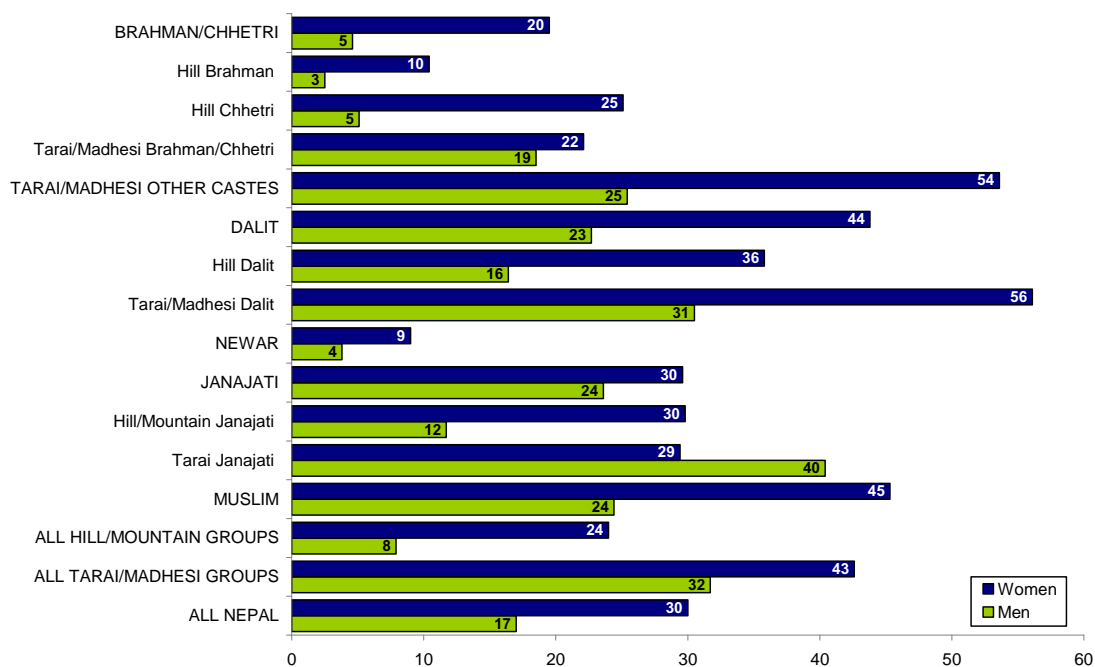
Part of being a citizen is having access to information about programs and policies that affect one's life. This would include information about legal and political rights and duties, about programs and services available from government and about how different levels of government are spending public funds. From this point of view, the 2006 NDHS data on women's and men's exposure to mass media are worrisome. They suggest that exposure to media in Nepal is very uneven and some regions and groups are not in regular touch with the sources of information they need to participate meaningfully in a democratic polity. Women as a whole have less exposure – but not to the degree that might be expected. Only eight percent of women have exposure to all three forms of media at least once a week compared with 22 percent of men. But women's exposure to television and radio are not far behind men's. Radio is the most popular media for women. The overall weekly radio listenership is 61 percent for women, just 15 points below that for men (data not shown).

The level of media exposure varies greatly by caste and ethnicity. The politically dominant – and highly literate – Hill Brahman and Newari men have the highest proportion reporting that they read a newspaper at least once a week (61 percent and 69 percent, respectively). This contrasts with Dalit and Muslim men, only 14 percent and 15 percent, respectively, of whom report weekly newspaper reading. Radio listening appears to be more “inclusive” than print media for obvious reasons. Seventy-two percent of Dalit men reported listening to the radio once a week – compared with 92 percent and 82 percent for Hill Brahman and Newari men (data not shown).

Overall 17 percent of Nepali men and 30 percent of Nepali women reported no exposure to any form of media on a weekly basis (Figure 4.19). This gender disparity presents a serious challenge to the successful functioning of democracy and more specifically to informed participation in the Constituent Assembly polls. But of equal concern is the disparity between Tarai/Madhes-origin groups and Hill/Mountain groups in terms of being in touch with the sources of information they need to participate meaningfully in the restructuring and subsequent functioning of the Nepali state.

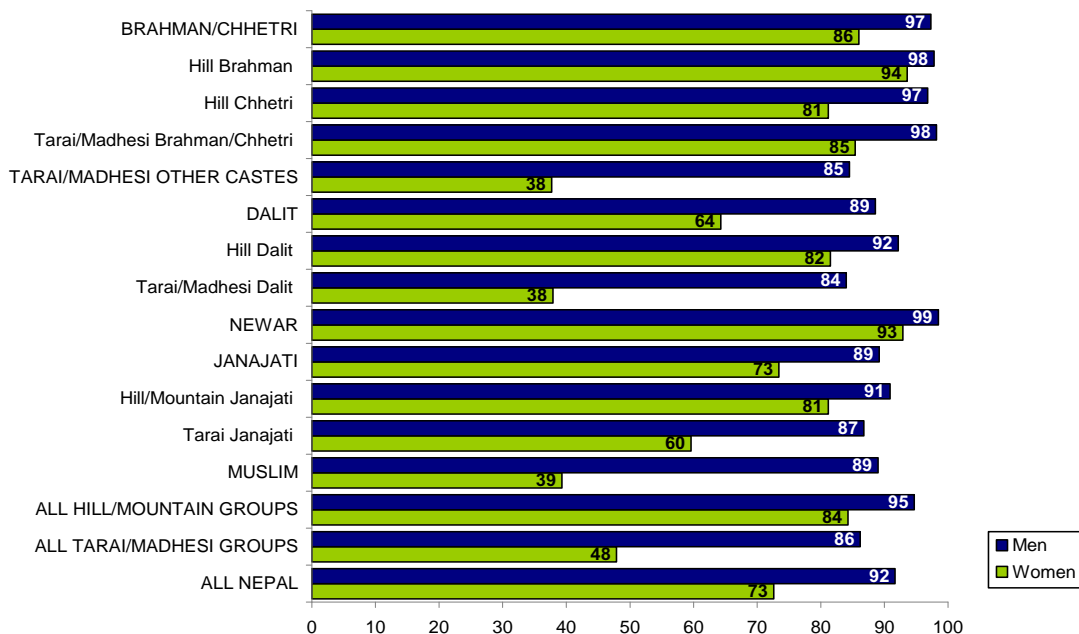
Indeed, although women lag behind men in every media group, the proportion of Tarai/Madhesi men with regular weekly access to all three sources of media (10 percent) is actually slightly *lower* than the proportion of Hill/Mountain women (11 percent) with such access. The figure for Tarai/Madhesi women with access is less than 2 percent. At least the weekly exposure to radio of Tarai/Madhesi women is considerably greater (47 percent) – though still lower than that of Hill Mountain women (67 percent) (data not shown). The lower literacy rates among most Tarai/Madhes-origin groups certainly contribute to their low levels of exposure, but language may also be a contributing factor.

**Figure 4.19 Percentage of Men and Women Not Exposed to Mass Media at Least Once a Week**



This lack of exposure to media is not only a barrier to political participation but a serious public health issue. DHS data on use of ORT and exposure to family planning discussed earlier as well as knowledge and attitudes concerning HIV/AIDS, reflect the same broad patterns as the data on general media exposure. The Tarai/Madhes-origin groups – and especially women from these groups – have lower levels of awareness about HIV/AIDS than Hill/Mountain groups (Figure 4.20). Only 48 percent of women from Tarai/Madhes-origin groups had even heard of HIV/AIDS compared with 84 percent of Hill/Mountain women.

**Figure 4.20 Percentage of Men and Women Who Have Heard about AIDS**



## *Women's Empowerment*

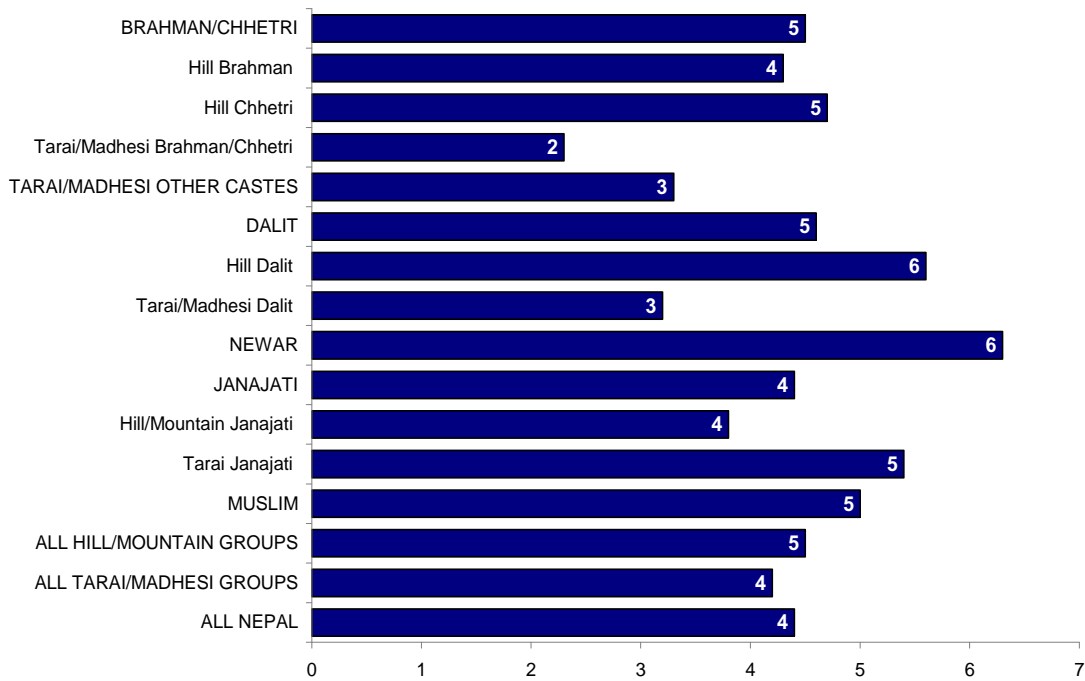
The final set of data to be examined is on women's empowerment. Many factors influence the degree to which women are able to exercise control – or at least have some influence – over key dimensions of their lives. Women's "bargaining power" in the family is strengthened when she has education and when she has a job that brings cash into the family economy. If that job is a technical or professional one, it also brings contacts and status that further augment her bargaining position. To greater or lesser degrees women in most groups in Nepal have traditionally had a high degree of economic and socio-political dependence on males (Acharya and Bennett, 1983). Men not only traditionally inherited the family land but they were expected in most groups to be the ones who engaged with the market economy and carried out all official transactions with the state and the political realm. Until the increase in female literacy and the emergence of women's credit and savings and other types of development groups over the last 20 to 30 years, women in most communities had very little social or economic role beyond the family and the maintenance of the household subsistence enterprise. Whenever they could, families invested in their sons to ensure they were equipped with the education and marketable skills they would need to play their role as the family's economic and political intermediary with society beyond the household and village. For centuries when meager family land holdings were not sufficient to sustain the household, men would migrate to India and leave the women behind to farm the land and tend the animals. This pattern continues (MoHP, New ERA, Macro International, 2007). Women mainly work as unpaid family labor in agriculture while men predominate in the higher return, modern sector jobs. It would be expected that empowerment would be higher among women in groups like the Brahman/Chhetri and Newar where more women are both educated and employed in modern sector jobs that bring them into contact with new ideas and technologies and build their social capital beyond the family. The data on exposure to media and to various public health messages do show that the women from the Brahman/Chhetri and Newar groups are indeed also the most well informed and media-aware women in Nepal.

In addition to economic factors and education, there are a number of other important influences related to the social patterns of marriage and family formation that can have considerable influence on women's empowerment levels – though of course, the educational and occupational parameters discussed above can confound these traditional social patterns. The DHS data on age at marriage and age at first birth suggest that these and other factors such as the presence of co-wives can also influence women's bargaining position in the household.

The overall increase in age at marriage is important demographically as it reduces the years over which women are exposed to pregnancy and also from a health point of view it reduces the higher risk of child and maternal mortality associated with early childbirth. In addition, the pattern of early marriage is also associated with the subordination of incoming wives and a focus on control over female sexuality.

Another factor which can reduce women's bargaining power in the family is the presence – or the threat – of a co-wife. Though polygamy is no longer legal, it is still fairly common. At the national level, 4 percent of currently married women reported that they had a co-wife (Figure 4.21). Newari women reported the highest percentage having co-wives (6 percent) and women from Hill Dalit, Muslim, and Tarai Janajati groups all reported above average percentages having co-wives. Levels are slightly higher among Hill/ Mountain groups than among Tarai/Madhesi groups.

**Figure 4.21 Percentage of Women with Co-Wives**



From the preceding discussion it is already clear that there are a multitude of factors affecting women’s decisionmaking levels so no final conclusions can be drawn from Table 4.5, which looks at women’s decisionmaking input in a number of different areas by caste/ethnicity and regional identity. It does appear however, that women from the Hill/Mountain groups have a stronger role in decisionmaking than women from Tarai/Madhes-origin groups – though without controlling for confounding variables such as education, urban/rural residence, wealth status, occupation, etc. it is difficult to know how much influence regional identity has on its own. Interestingly, among the Hill/Mountain groups, Brahmans, Dalits and Janajati women had consistently higher decisionmaking participation than Chhetri women. Among the Tarai/Madhese groups, Muslim women had the highest percentage (47 percent) reporting no participation in any of the four areas of decisionmaking.

The 2006 NDHS survey collected data on two other indicators of empowerment: women’s views on when, if ever, wife beating was justified and when, if ever, a woman could legitimately refuse to have sex with her husband. The 2006 DHS report found suggestive relationships between women’s participation in decisionmaking and their views on these issues. Women who participate in three or four of the specified decisions more often tend to justify their right to refuse sexual intercourse with their husband for all reasons (86 percent). Similarly, women who do not support wife beating for any reason at all are most likely to think all the reasons for refusing sexual intercourse with their husband are justified. (MoHP, New ERA, Macro International, 2007).

**Table 4.5 Women's Participation in Decisionmaking by Caste/Ethnicity and Regional Identity**

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband/partner, by caste/ethnicity and region, Nepal 2006 (Table 14.4.1)

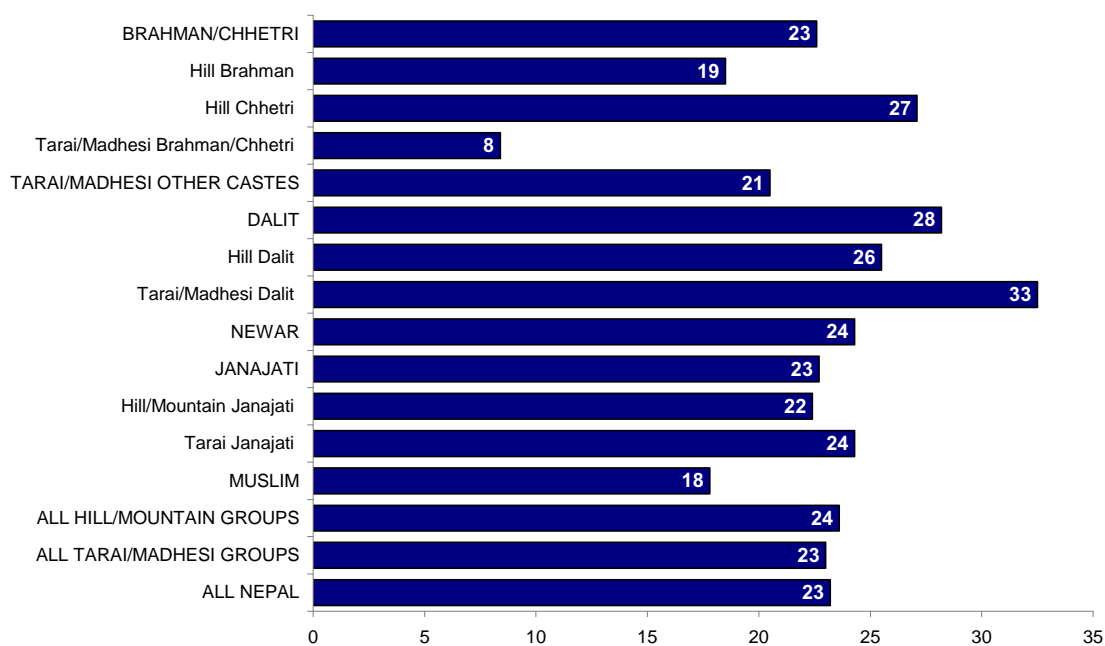
Caste/ethnicity and regional identity	Own health care	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	Percentage who participate in all four decisions	Percentage who participate in none of the four decisions	Number of women
<b>Brahman/Chhetri</b>	<b>50.8</b>	<b>55.5</b>	<b>60.9</b>	<b>59.3</b>	<b>39.9</b>	<b>27.6</b>	<b>2,650</b>
Hill Brahman	56.0	58.5	64.1	62.1	43.1	23.3	978
Hill Chhetri	48.3	53.6	59.2	58.0	38.3	30.2	1,601
Tarai/Madhese Brahman/Chhetri	38.5	57.4	55.0	50.0	29.5	26.5	70
<b>Tarai/Madhese Other Castes</b>	<b>40.2</b>	<b>46.2</b>	<b>52.0</b>	<b>46.3</b>	<b>31.8</b>	<b>38.3</b>	<b>962</b>
<b>Dalit</b>	<b>48.3</b>	<b>50.0</b>	<b>58.8</b>	<b>56.3</b>	<b>38.1</b>	<b>31.7</b>	<b>1,039</b>
Hill Dalit	53.5	53.5	60.8	62.4	42.6	27.1	620
Tarai/Madhese Dalit	40.6	44.8	55.8	47.3	31.5	38.5	419
<b>Newar</b>	<b>42.7</b>	<b>58.0</b>	<b>65.3</b>	<b>59.6</b>	<b>34.2</b>	<b>24.6</b>	<b>333</b>
<b>Janajati</b>	<b>48.0</b>	<b>54.9</b>	<b>56.4</b>	<b>59.2</b>	<b>37.5</b>	<b>30.6</b>	<b>2,791</b>
Hill/Mountain Janajati	52.0	57.4	62.0	62.7	41.8	27.6	1,734
Tarai Janajati	41.4	50.7	47.1	53.4	30.5	35.6	1,057
<b>Muslim</b>	<b>36.1</b>	<b>41.5</b>	<b>48.4</b>	<b>43.2</b>	<b>31.2</b>	<b>47.7</b>	<b>330</b>
<b>Other</b>	<b>36.3</b>	<b>39.0</b>	<b>54.7</b>	<b>48.7</b>	<b>23.7</b>	<b>36.5</b>	<b>153</b>
<b>All Hill/Mountain Groups</b>	<b>51.2</b>	<b>56.0</b>	<b>61.6</b>	<b>60.9</b>	<b>40.6</b>	<b>27.3</b>	<b>5,266</b>
<b>All Tarai/Madhese Groups</b>	<b>40.2</b>	<b>47.4</b>	<b>50.4</b>	<b>48.8</b>	<b>31.1</b>	<b>38.1</b>	<b>2,837</b>
<b>All Nepal</b>	<b>47.1</b>	<b>52.8</b>	<b>57.6</b>	<b>56.6</b>	<b>37.0</b>	<b>31.2</b>	<b>8,257</b>

Using decisionmaking levels and views about wife beating and refusing sexual intercourse with husband as indicators of empowerment, the report compared how high scoring versus low scoring women fared on key health and family planning outcomes. It found that women who scored well on these indicators also generally had higher levels of contraceptive use, wanted smaller family size and for the most part, got better reproductive health care – though the latter relationship was not straightforward. More work needs to be done to clarify this analysis, but it is clear that empowered women are much more likely to get the health care and family planning services they need and have a say in the number of children they bear.

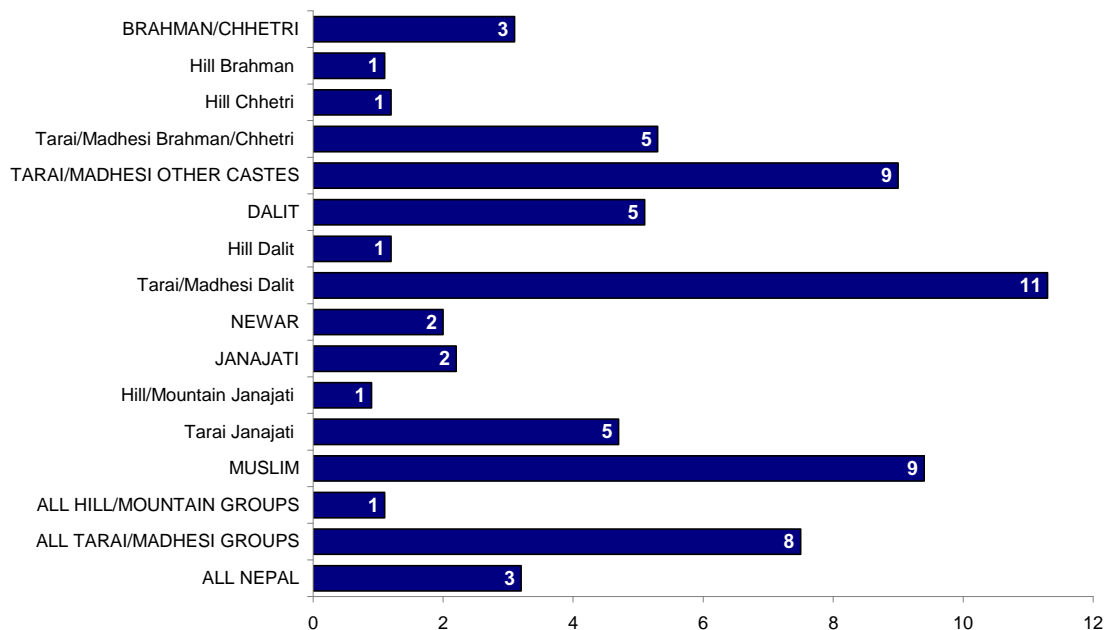
Although Muslim women fared poorly on many parameters of empowerment, they actually have one of the lowest percentage of women reporting any reasons justifying wife beating (18 percent) (Figure 4.22).

There is a somewhat more marked difference between women from Tarai and the Hill groups in terms of their attitudes towards refusing sexual intercourse with their husbands (Figure 4.23). Eight percent of women from Tarai/Madhese-origin groups reported no legitimate reason for refusing intercourse with their husbands compared with only 1 percent of the women from Hill/Mountain groups. Muslim women, Tarai Madhesi Other Caste and Tarai/Madhese Dalits groups stand out as highly disempowered on this indicator.

**Figure 4.22 Percentage of Women Who Justify Wife Beating (for one or more reasons)**



**Figure 4.23 Percentage of Women Who Reported No Legitimate Reason to Refuse Sexual Intercourse with Husband**



## 5 Conclusions and Next Steps

---

The 2006 NDHS data reviewed here suggest that despite Nepal's impressive progress on meeting the MDGs, there are some groups who have been left behind. The illiteracy, poverty and low social status of many of these excluded groups means that they face higher barriers in accessing services, taking advantage of economic opportunities – and participating fully as responsible citizens of a democratic state. The preparation of this paper involved the review of a large array of indicators – only some of which are reported fully here. The rich data available in the 2006 NDHS can make it difficult to get a clear idea of the groups most in need of public policy attention in any particular area. Some groups are lagging on almost every indicator while others are not doing well in specific areas. Figure 5.1 broadly summarizes most of the key findings in various sectors and specific indicators for each group. The rankings are relative and only meant to give an overall impression of the status of the different groups. A “smiley face” means the group in question performs well above average on that particular indicator. A white circle indicates somewhat better than average performance. A black circle indicates below average performance and a black rectangle indicates especially poor performance. Clearly, groups with many black rectangles are far behind the average Nepali and those with many black circles are also lagging. **Reaching these groups to continue Nepal's progress toward the MDGs – and towards an inclusive state – may require more effort and investment per person than the groups that have been reached so far. This is especially true for women in these groups who face multiple exclusions.**

The 2006 NDHS survey gives us a clear picture of which groups need to be targeted – and some guidance on the nature of the specific barriers they face. Some of the key findings and the health and population policy and program implications<sup>9</sup> that emerge from them are summarized below:

**Finding #1: Dalits – and especially Dalits from the Tarai – Muslims, and Tarai/Madhesi Other Castes all have consistently low indicators across most dimensions covered by the 2006 NDHS survey.** Together these groups make up some 28 percent of Nepal's population. **If they are not reached, Nepal's progress on the MDGs will stall.**

- **Policy Implication:** Blanket programs designed in Kathmandu do not work for all groups. Programs need to be designed based on deeper knowledge of the needs and conditions of different groups – and as far as possible in consultation with them.
- **Program Implication:** For health and population communication programs:
  - design messages in local languages;
  - encourage front line workers who are from the local community, speak the local language and know the local norms and concerns;
  - increase the capacity of FCHVs – and especially in Hill areas, make sure they are trained and motivated to serve Dalits as well as others.

**Finding #2: Janajati groups also perform poorly on many, but not all of the indicators.** For example, the Tarai Janajati are doing very well in knowledge of ORT, contraceptive usage and TFRs – even though they have the highest levels of anemic women and above average levels of underweight women and children. There is also marked variation in the performance of Hill/Mountain and Tarai Janajatis across different indicators. Hill/Mountain Janajatis who tend to live in more remote areas and on the top of ridges away from the irrigated rice lands, do poorly on many of the indicators that depend on having services nearby. Their immunization rates for example, are below average and they have the highest level of unattended births.

- **Policy and Program Implications:** Similar to those for finding # 1.

---

<sup>9</sup> The health and population policy and program implications of the paper's findings were jointly developed by participants at a two day Workshop for Program Managers hosted by MoHP, New ERA and Macro International, February 19-20, 2008.



**Finding #3:** There is important variation among the so called “high caste” groups in the Hills. **On almost every indicator Hill Chhetris are well below Hill Brahmans in education, health and nutrition outcomes as well as on indicators of wealth, exposure to media and women’s empowerment.**

- **Policy Implication:** The often used “BC” (Brahman/Chhetri) or “BCN” (Brahman/Chhetri/Newar) categories mask important disparities and need to be disaggregated whenever possible. Targeting on the basis of national statistics in broad categories can be misleading.
- **Program Implications:** Be sure to disaggregate both targeting and monitoring data if possible, and use local level wealth ranking/disadvantaged group mapping to identify those most in need.

**Finding #4:** The **Tarai/Madhes-origin groups** – with the notable exception of the Madhesi “high caste” groups – **are doing worse on almost all health and education indicators when they are compared with the Hill/Mountain groups.** For example, nutrition outcomes for both women and children are particularly poor among Tarai/Madhesi Other Castes, Tarai Madhesi Dalits and Muslims. Muslims have the highest fertility rate – and also the highest level (37 percent) of unmet need for family planning. In addition, **exposure to media is much lower among the men – and especially the women – from Tarai/Madhes-origin groups than among men and women from the Hill/Mountain groups.**

- **Policy Implications:**
  - Some of these disparities may be due to difficulties Tarai/Madhesi-origin groups face in accessing services due to **language barriers, or to per district funding norms that do not provide for the much denser population that must be covered in a typical Tarai district.** These problems need to be addressed rapidly.
  - Nutrition efforts need to focus on improvement of child and women’s nutrition – especially among poor and socially excluded groups and in the Tarai/Madhes region.
  - The huge unmet demand for family planning among Muslims should be addressed.
  - Serious thought needs to be given on **how to increase Tarai/Madhes-origin groups’ exposure to various forms of media so they can become active and empowered citizens.**
- **Program Implications:**
  - Public health messages need to be tailored to Madhesi women and men – and to other caste/ethnic groups with low health nutrition and family planning outcomes.
  - Family planning programs should recruit and train women field workers who can communicate easily in Urdu with Muslim women and work to mobilize support for smaller family norms and contraceptive use from community and religious leaders.
  - In the current context of state restructuring special efforts need to be made by the Election Commission, political parties and NGOs to reach Tarai/Madhes–origin groups with the information they need to participate meaningfully in the process.
  - Teams developing and delivering health and family planning messages and service to diverse groups (e.g. Tarai/Madhes-origin groups, Dalits, Janajatis, etc.) need to contain members of these groups – on the ground and at the management level.

**Finding #5:** But not all of low health, education and empowerment outcomes found among Tarai/Madhes-origin groups are due to misguided policies or inadequate resource allocation – or to the centuries of Parbatiya political dominance which has long rendered Madhesis as “second class citizens” in their own country. While all these factors contribute, **at least some part of the low outcomes observed in the Tarai/Madhes-origin groups is rooted in the hierarchical caste, ethnic and gender relations that structure the interactions of daily life at the family and community level among these groups.** These hierarchies persist among the Hill/Mountain groups as well, but

among these groups education levels of women and Dalits have risen much faster. In addition, gender norms among Tarai/Madhes-origin groups have always been more restrictive than among the Hill origin groups.

- **Policy Implication:** These are very difficult things to change through government policy – though there are actions that can and should be taken by government and civil society for both the Tarai/Madhes areas and the Hill/Mountain areas – such as campaigns against caste discrimination, enforcement of laws against gender violence and implementation of affirmative action policies. But real improvement in the health, education and women’s empowerment outcomes of Tarai/Madhes-origin groups will require **fundamental changes in social norms and values which is ultimately something that must be done by families and communities themselves.**

**Finding #6: Although gender and other social inequalities appear to be more rigid in the Tarai, economic inequalities are less extreme.** Among the Hill/Mountain groups nearly half the population is either in the lowest wealth quintile (27 percent) or the highest (24 percent). In contrast, among Tarai/Madhes-origin groups only 9 percent of the population falls into the lowest wealth quintile and 12 percent in the top. This finding could be due to the possession and facility-based method of estimating wealth used by the 2006 NDHS. But it could also signal greater economic inequality among Hill/Mountain groups – a phenomenon that would require much further study and policy response.

#### *Next Steps*

This paper points out the importance of targeting on the basis of caste/ethnic and regional identity – but also the difficulty of doing it right. Better and more carefully disaggregated data are needed along with participatory methods such as wealth ranking which can help ensure that poor Chhetris and even poor Brahmans are not missed out. It is important that caste/ethnic categories be standardized – with the 103 individual sub-groups found in the 2001 Census placed consistently in the same category. One immediate step to insure that consensus is reached on these categories would be for the Central Bureau of Statistics and the National Planning Commission to sponsor a workshop with the sectoral ministries, scholars and other stakeholders present to discuss and agree on the categories to be used for disaggregated caste/ethnic analysis.

It is also clear that more sophisticated statistical analysis of this data is needed – analysis that can control for the many other confounding variables and identify the degree to which caste, ethnicity and regional identity actually do influence the outcomes documented in the 2006 NDHS.

Caste/Ethnicity and regional identity	Indicator																											
	Wealth Quintile	% Illiterate Men	% Illiterate Women	% SLC + Men	% SLC + Women	Male/Female Literacy Gap	% Antenatal care by SBA	% Delivery in Health Facility	% Attended by SBA	Neonatal Mortality	Infant Mortality	Under 5 Child Mortality	% Stunted Children	% Wasted Children	% Underweight Children	% Women under 145 cm	% Moderately & Severely Thin women	% Child Anemia	% Women Anemia	Fertility Rate	Contraceptive Prevalence	% Adolescent Childbearing	Women's Exposure to Media	Men's Exposure to Media	% of Women – No Decisions	Justified Reasons for Wife beating	Reasons to Refuse sex with husband	
<b>Brahman/Chhetri</b>	○	⊗	⊗	⊗	⊗	●	⊗	⊗	⊗	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Hill Brahman	●	⊗	⊗	⊗	⊗	●	⊗	⊗	⊗	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Hill Chhetri	●	⊗	⊗	⊗	⊗	●	⊗	⊗	⊗	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Tarai/Madheshi Brahman/Chhetri	⊗	⊗	⊗	⊗	⊗	●	⊗	⊗	⊗	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
<b>Tarai/Madheshi Other Castes</b>	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
<b>Dalit</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hill Dalit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tarai/Madheshi Dalit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>Newar</b>	⊗	⊗	⊗	⊗	⊗	○	⊗	⊗	⊗	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
<b>Janajati</b>	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Hill/Mountain Janajati	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Tarai Janajati	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
<b>Muslim</b>	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
<b>All Hill/Mountain Groups</b>	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
<b>All Tarai/Madheshi Groups</b>	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
<b>All Nepal</b>	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Key: ⊗ = Excellent Performance; ○ = Above Average Performance; ● = Below Average Performance; ■ = Poor Performance

## References

---

- Acharya, Meena. 1994. *The Statistical Profile on Nepalese Women: An Update in the Policy Context*. Baneswor, Kathmandu, Nepal: Institute for Integrated Development Studies.
- Acharya, Meena. 2000. *Labour Market Development and Poverty: With Focus on Opportunities for Women in Nepal*. Kathmandu, Nepal: Tanka Prasad Acharya Memorial Foundation.
- Acharya, Meena. 2005. *Analysis of Caste, Ethnicity and Gender Data from 2001 Population Census in Preparation for Poverty Mapping and Wider PRSP Monitoring*. Background report for the World Bank/DFID Gender and Social Exclusion Assessment.
- Acharya, Meena. 2007. *Gender Equality and Empowerment of Women in Nepal*. Kathmandu, Nepal: United Nations Population Fund (UNFPA).
- Acharya, Meena and Lynn Bennett. 1981. *The Rural Women of Nepal: An Aggregate Analysis and Summary of 8 Village Studies*, Vol. 2, Part 9, *The Status of Women in Nepal*. Kathmandu, Nepal: Centre for Economic Development and Administration, Tribhuvan University.
- Acharya, Meena and Lynn Bennett. 1983. *Women and the Subsistence Sector: Economic Participation and Household Decisionmaking in Nepal*. World Bank Staff Working Paper No. 526. Washington, D.C.: World Bank.
- Agrawal, Bina. 1997. *'Bargaining' and Gender Relations: Within and Beyond the Household*. Food Consumption and Nutrition Division Discussion Paper No. 27. Washington, D.C.: International Food Policy Research Institute.
- Cameron, Mary. 1998. *On the Edge of the Auspicious: Gender and Caste in Nepal*. Urbana and Chicago, Illinois: University of Illinois Press.
- Central Bureau of Statistics (CBS) [Nepal], World Bank, DFID, and ADB. 2006. *Resilience Amidst Conflict: An Assessment of Poverty in Nepal, 1995-96 and 2003-04*. Kathmandu, Nepal: Central Bureau of Statistics.
- Devkota, Bharat, M. 2008. Equity and Access Program Presentation to SSMP Annual Review. (PowerPoint presentation), SSMP. Kathmandu, Nepal.
- Frankenberg, Elizabeth and Duncan Thomas. 2001. *Measuring Power*. Food Consumption and Nutrition Division Discussion Paper No. 113. Washington, D.C.: International Food Policy Research Institute.
- Gurung, Harka. 2002. Trident and Thunderbolt, Cultural Dynamics in Nepalese Politics. In *Ethnicity, Caste and a Pluralist Society*, ed. B. Krishna Battachan. Kathmandu, Nepal: Social Science Baha Himal Association.
- Hofer, Andres. 1979. *The Caste Hierarchy and State in Nepal: A Study of the Muluki Ain of 1854*. Patan, Nepal: Himal Books.
- 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 Health and Population (MoHP) [Nepal], New ERA and Macro International Inc. 2007. *Nepal Demographic and Health Survey, 2006*. Kathmandu, Nepal: Ministry of Health and Population, New ERA and Macro International Inc.

New ERA [Nepal]. 2006. *An Analytical Report on National Survey of Female Community Health Volunteers (FCHV's) of Nepal*. Kathmandu, Nepal: New ERA.

New ERA [Nepal]. 2007. *Barriers and Enabling Factors Influencing the Use of a Skilled Birth Attendant among Marginalized Populations in the Mid-Western Region of Nepal*. Qualitative Research Findings Vol. 1. Kathmandu, Nepal: New ERA.

New ERA [Nepal]. 2001. *Nepal Demographic and Health Survey 2001*. Kathmandu, Nepal: New ERA.

Pradhan, Rajendra. 2002. Ethnicity, Caste and a Pluralist Society. In *State of Nepal*, ed. Kanak Mani Dixit and Shatri Ramachandaran. Paten, Nepal: Himal Books.

SSMP/Nepal. 2007. *Summary Report on the Process Evaluation of Maternity Incentive Scheme (MIS) in Nepal*.

Subba, Chaitanya. 2008. Social Capital Formation in Nepal: MDGs and Social Inclusion. Prepared for pre-consultative meeting of the Development Partner's meeting, February 2008. National Planning Commission, Kathmandu, Nepal.

United Nations Development Program (UNDP). 2002. *Nepal Human Development Report 2001, Poverty Reduction and Governance*. Pulchowk, Kathmandu, Nepal: United Nations Development Program.

United Nations Development Program (UNDP). 2004. *Nepal Human Development Report 2004, Empowerment and Poverty Reduction*. Pulchowk, Kathmandu, Nepal: United Nations Development Program.

Whelpton, John. 1997. Political Identity in Nepal: State, Nation and Community. In *Nationalism and Ethnicity in a Hindu Kingdom: The Politics of Culture in Contemporary Nepal*. Amsterdam, Netherlands: Harwood Academic Publishers.

World Bank/DFID. 2005. Nepal Gender and Social Exclusion Assessment. (Manuscript). Kathmandu, Nepal.

World Bank/DFID. 2006. *Unequal Citizens: Gender, Caste and Ethnic Exclusion in Nepal – Summary Report*. Kathmandu, Nepal: World Bank and DFID.

World Bank/DFID. [Forthcoming]. *Unequal Citizens: Gender, Caste and Ethnic Exclusion in Nepal – Full Report*. Kathmandu, Nepal: World Bank and DFID.