

## CONTENTS

<b>LILST OF TABLES .....</b>	<b>ii</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>iv</b>
<b>1. INTRODUCTION .....</b>	<b>Error! Bookmark not defined.</b>
<b>1.1 Background.....</b>	<b>Error! Bookmark not defined.</b>
<b>1.2 Gender and Human Development.....</b>	<b>3</b>
<b>1.3 Objectives.....</b>	<b>Error! Bookmark not defined.</b>
<b>1.4 Methodology.....</b>	<b>Error! Bookmark not defined.</b>
<b>1.5 Report Organization.....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<b>2. WOMEN'S STATUS, POLICIES AND PROGRAMMES.....</b>	<b>Error! Bookmark not defined.</b>
<b>2.1 Gender Disparity and Poverty.....</b>	<b>9</b>
<b>2.2 Policies and Programme Implementation Status.....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
2.2.1 Policies and programmes .....	<b>Error! Bookmark not defined.</b>
2.2.2 Implementation status of programmes.....	<b>Error! Bookmark not defined.</b>
<b>2.3 Women and Education .....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
2.3.1 Literacy and educational status .....	<b>Error! Bookmark not defined.</b>
2.3.2 Government plans and policies .....	<b>Error! Bookmark not defined.</b>
2.3.3 Educational programmes for women.....	<b>Error! Bookmark not defined.</b>
<b>2.3 Women and Nutrition.....</b>	<b>24</b>
2.4.1 Nutrition status and problems .....	<b>Error! Bookmark not defined.</b>
2.4.2 Government plan and policies.....	<b>Error! Bookmark not defined.</b>
2.4.3 Nutrition programme and implementation status.	<b>Error! Bookmark not defined.</b>
<b>2.5 Women and Health .....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
2.5.1 Health situation .....	<b>30</b>
2.5.1 Government policies and programmes .....	<b>Error! Bookmark not defined.</b>
2.5.2 Health sector programme and implementation status : Women's perspective	<b>Error! Bookmark not defined.</b>
<b>2.6 Women in Agriculture .....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
2.6.1 Government policies and programmes .....	<b>Error! Bookmark not defined.</b>
2.6.2 Implementation status of programmes.....	<b>Error! Bookmark not defined.</b>
<b>3 MICRO LEVEL FINDINGS .....</b>	<b>Error! Bookmark not defined.</b>
<b>3.1 Studied Districts and Villages.....</b>	<b>Error! Bookmark not defined.</b>
<b>3.2 Gender issues of Poverty.....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
3.1.1 Workload.....	<b>Error! Bookmark not defined.</b>
3.1.2 Mobility pattern.....	<b>Error! Bookmark not defined.</b>
3.1.3 Decision-making .....	<b>Error! Bookmark not defined.</b>
<b>3.2 Nutritional Dimensions of Food Security .....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
Perceptions on food shortage.....	<b>Error! Bookmark not defined.</b>
<b>4. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....</b>	<b>49</b>
<b>REFERENCES .....</b>	<b>53</b>
<b>APPENDICES .....</b>	<b>A1 - A6</b>



## LIST OF TABLES

Table 1.1 : Composition of population by age and gender
Table 1.2 : Percentage of females in the labour force
Table 1.3 : Distribution of population by agricultural GDP growth rates
Table 1.4 : Labour force participation rates of population by sex, age and locality, 1998
Table 1.5 : Gender-related development data of South Asian countries
Table 2.1: Gender distribution by broad age composition and dependency ratio, 1996
Table 2.2 : Women's access to land, 1996
Table 2.3 : Situation of women in Nepal
Table 2.4 : Statistical profile by gender
Table 2.5 : Decision-making roles by gender, 1996
Table 2.6 : Poverty among development regions and ecological belts agricultural GDP growth rate
Table 2.7 : Poverty incidence of female-headed households
Table 2.8 : Women trained in agriculture
Table 2.9 : Literacy rates by gender
Table 2.10: Educational profile of South Asian countries
Table 2.11: Primary school-age children and enrolment rates, 1995
Table 2.12: Female literacy by poverty level and ecological belt
Table 2.13: Primary school enrolment levels by income group
Table 2.14: Literacy of mother and malnutrition among children 6 to 36 months old
Table 2.15: Indicators by socio-economic group
Table 2.16: Major women-focused educational programmes under implementation
Table 2.17: Adequacy of food consumption (1995/96)
Table 2.18: Nutritional dimension of food security
Table 2.19: Maternal nutritional status by characteristics
Table 2.20: Infant mortality rate, 1960 to 1994
Table 2.21: Health and survival indicators
Table 2.22: Infant mortality, rate of progress
Table 2.23: Nutritional status of children by sex
Table 2.24: Health status and utilization of health care
Table 2.25: Gender employment in agriculture in South Asia
Table 2.26: Ethnic variation of gender involvement in the Central Development Region, 1994
Table 2.27: Persons trained in soil fertility and pest management
Table 2.28: Women's access to training
Table 2.29: Women's involvement in agriculture development programmes
Table 2.30: Investment on women development
Table 2.31: Gender involvement in livestock by agro-ecological zones
Table 2.32: Gender involvement in livestock by ethnic group
Table 2.33: Women-focused livestock distribution
Table 2.34: Agriculture groups by region
Table 2.35: Women in community forestry, 2000
Table 2.36: Women's participation in leasehold forestry, 1995

Table 3.1 : Workload of men and women in the study villages

Table 3.2 : Mobility pattern of males and females

Table 3.3 : Decision-making roles within households

Table 3.4 : Frequency of meals and food types consumed

## EXECUTIVE SUMMARY

This study intends to identify the issues surrounding gender and nutritional aspects of poverty and food security by examining their underlying causes, including policy and institutional constraints, reviewing the research literature and available statistics at the national level and conducting participatory assessments of selected districts in the mountain, hill and Terai regions.

Specifically, the objectives of the study are:

- To review and analyse national policies and programmes related to gender and nutrition in the context of poverty and food security;
- To assess the extent to which policies and programmes have been implemented and their impact on the nutritional and gender dimensions of rural poverty and food security;
- To review and conduct participatory assessments of the nutritional and gender dimensions of poverty and food security issues at the district, household and intrahousehold levels; and,
- To recommend necessary policies and programmes to integrate nutrition and gender concerns into government's objectives of poverty alleviation and food security.

Gender inequality holds back growth of individuals and the development of countries, to the disadvantage of both men and women. It restricts women in every aspect of life, which bears directly on their education, health and socio-economic participation. The socio-economic indicators of Nepal show a wide gap in gender-disaggregated data. Women generally have limited access to land and other productive resources and have less say in decision-making.

Approximately 928 000 children 6 to 10 years of age do not have access to primary education. A substantial number of children, especially girls, are denied the opportunity to acquire even basic literacy. The need to work to earn a livelihood and the concern for purity of the female body, which leads to the early marriages, heavily influence the level of female education. As long as there is no resource crunch in the family, primary school age girls have a chance to go to school. But as soon as resource constraints arise, the first casualty is often the education of the female child.

Women compose a relatively deprived group since they are discriminated against in their own households, in society and with respect to many aspects of daily living. In fact, gender disparity begins from birth, continues throughout the different stages of female life and is perpetuated by various sources.

An examination of the daily workload of men and women in the villages studied reveals that, irrespective of poverty level and location, the work burden is greater for women than for men. Women work for about 17 hours a day in the mountain and hill villages and about 15 to 16 hours in the Terai villages, whereas men work only 12 to 14 hours. The working pattern varies between communities and is also seasonal. It has been observed that women and men living in the hill areas both work longer hours in the monsoon than during the winter months.

Many studies undertaken in developing countries show that women have a lower level of welfare than men as well as weaker access to adequate health care and nutrition. They are more likely to receive less medical care and their food consumption tends to be lower. Due to mass illiteracy, social prejudice and chronic poverty among women, a huge majority of rural females aged 16 years and above are either lactating or pregnant and give birth to about 5 children in their reproductive years.

Gender inequality and discrimination harm the health of girls and women directly and indirectly throughout their life cycle. Data reveal that the infant mortality rate of Nepal has been improving since 1960. However, Nepal still has the poorest indicators among South Asian countries. Discriminatory social and cultural practices, a limited and ineffective delivery system and poverty are major reasons for the low health status of Nepalese women. The mortality differential across gender is evidence that women enjoy lower levels of welfare and have less access to health care and nutrition than men.

Data on and health and health care services reveal a high level of morbidity among females. Yet despite higher morbidity and malnutrition, they receive less medical attention than males. In addition, nutritional anaemia is common among pregnant women. The prevalence of the nutritional disorder among mothers of children aged 6 to 36 months reportedly ranges from 71 percent in the mountain districts to 95 percent in the Terai. Information on immunization by poverty level shows that Terai women are relatively better off than their counterparts in the hill and mountain areas. No significant variation is seen in gender differences in the utilization of health care services in poor and non-poor households.

Most of the nutritional problems arise from a lack of food and hence dietary imbalance. Therefore, adequacy of food consumption in households emerges as an important parameter for determining nutritional status in Nepal. The proportion of households with inadequate food consumption was highest in the far western region (56 percent) and lowest in the midwestern region (47 percent). In terms of ecology, the nutritional problem was highest in the mountain areas and lowest in the Terai.

Women's involvement in agriculture is extensive in terms of both labour input and farm management. Women's knowledge of agri-economic systems and work effort play a key role in almost every aspect of agriculture. In the context of agro-ecological zones, women are less involved in crop production in the Terai than in the mountain and hill areas. With regard to communities and ethnic group variation, the direct labour contribution of women to crop production and their participation varies according to community.

Despite the overwhelming involvement of females in agriculture, they remain invisible farmers, as much of their work is not recognized. Gender involvement in livestock production varies according to the ecosystem. In the Terai, women are more involved than men in giving fodder to large animals, feeding poultry, cleaning animal sheds and making decisions regarding marketing while men have the dominant role in animal grazing. In the hills, the role of men is greater than that of women in terms of milking large animals and delivering this product for sale to the village market.

Poor performance of the agriculture sector and regular occurrence of natural disasters such as droughts, soil erosion and floods have contributed to a reduced food supply. Socio-economic indicators

show that Nepal has increasingly become food insecure. The export of agricultural products was a major source of foreign exchange earnings until the 1970s. But since the early 1980s, exports have started to decline and food import has now become a regular annual phenomenon.

In rural Nepal, overriding nutritional problems are more closely associated with both poverty and food shortages. The national statistics reveal that 42 percent of the population falls below the poverty line with income insufficient to meet minimum calorie requirements. The data further show that 80 percent of households suffers from food shortages for more than six months in a year.

In the hills, this period of starvation usually occurs in the winter months. Most of the male members in the household hence migrate to India during the winter season to save food for those left behind. In general, the food availability situation in Murma, a village studied in the mountains remains poor for about seven months. Food shortages normally occur in the month of August in Sokat, a village studied in the hills. In Belaha a village studied in the Terai, the critical months are from mid-March to mid-June.

The government has adopted several policies and programmes to address the issues related to gender inequality in the context of poverty and food security. The Agriculture Perspective Plan and the Ninth Plan focus on poverty alleviation and give due attention to the issue of food security. This plan has duly recognized the problem of marginalized women in the national economy. Accordingly, it has adopted gender mainstreaming as the main approach in removing gender disparities, empowering women and reducing marginalization of women in national economy. The plan has endorsed several policies and programmes to raise the status of women in the community and thereby reduce poverty.