

Nepal Gender and Protection in Brief

- Population Sex Disaggregation: 49% male to 51% femaleⁱ
- Population Age Disaggregation: <5yrs 9.7%; 5-18yrs 36.3%; 19-64yrs 46%; >60yrs 8%ⁱⁱ
- Average household size: 4.7ⁱⁱⁱ
- Female headed households: 26%^{iv}
- Literacy Rates for population aged 15-49 years : male 87%; female 67%^v
- Infant Mortality rates: 33 per 1000 live births^{vi}

Gender in Brief – Prior to Crisis

Gender roles in Nepal vary with context, caste, ethnic group, religion, and socio-economic class. Overwhelmingly, the traditional family structures are grounded in beliefs that men have pre-eminence over women and respect for elders. Women and girls in Nepal are disadvantaged by traditional practices like the dowry system, early marriage, son-preference, stigmatization of widows, seclusion of women (*purdah*), family violence, polygamy, and the segregation of women and girls during menstruation (*chhaupadi*). Third-gender face a separate and specific set of gender inequality issues. In recent years, there have been changes to improve the situation faced by women and girls. The post-conflict Government has been legislating for more gender equality: Nepal was the first country in Asia to develop a National Action Plan on Women Peace and Security in 2011 and women and girls' rights are protected in the Comprehensive Peace Accord.

In Nepal a high-caste, educated women may have fewer opportunities to work outside the home than a rural Dalit woman for whom working outside the home may be more accepted. Women face an onerous triple burden. The economic contribution of women is substantial but largely unnoticed because their traditional role as caretaker is taken for granted. Nepalese women have a much higher work-load than the global average^{vii}. Girls have the responsibility of helping their mothers with housework while men and boys are generally not expected to assist with domestic work. In general, women do not participate in decision-making for their families or communities which is a man's responsibility. Nepalese men are expected to earn an income and support their families although how they do that and the view of manhood will often be linked to caste. Due to increasing economic pressure, many Nepali men have lost their traditional occupations and have been forced to migrate to the cities or abroad in order to maintain their "breadwinner" role. As a result many of them face severely exploitative conditions that sometimes amount to forced labour. Boys are more likely to be educated as they are seen as the future family breadwinner while daughters leave home to live with their in-laws. Almost half of the population gets married between the age of 14 to 19 years and dowry is a major driver of child marriage as well as a cause of violence against girls and women

There are gender differences in different communities and regions of Nepal. In more traditional Hindu communities in the Terai women's roles tend to be more limited to domestic duties and subsistence farming while in Tibeto-Burman communities women tend to be more economically active. In matriarchal Tharu communities, gender roles and relations may be reversed with women as the leaders and men in a submissive even abused role. Marriage plays a decisive role in all women's life choices and social-economic position^{viii}. As women get older, their gender roles may change especially if they become the mother-in-law who is more able to make decisions and likely to have more freedoms than her daughter-in-law.

Although there has been improvement in women's overall status including increases in the literacy rate, the challenges remain. Suicide is the single leading cause of death among women of reproductive age. The Maternal Mortality Rate is still among the highest in the world, (170 per 100,000 births)^{ix}. According to an Amnesty International 2014 report *Unnecessary Burden*, it is estimated that more than 600,000 women suffer from conditions related to uterine prolapses due to early marriage, early pregnancy, overwork and neglect. Socio-cultural violence remains prevalent in various forms, including bonded labour, violence against women

accused of witchcraft and *chhaupadi*^x in some parts of the region. According to the International Labor Organization (ILO), 12,000 women and children are trafficked to the Middle East and India every year, mainly for exploitation in brothels or as forced labor. The National Demographic Health Survey (2011) showed that, among women age 15-49, 22 percent had experienced physical violence and 12 percent had experienced sexual violence at least once since age 15. Among married women, one-third had experienced emotional, physical or sexual violence from their spouse, and 17 percent had experienced it within the 12 months immediately prior the survey. The most commonly reported perpetrator of physical violence among married women is their husband (84%). Factors such as a woman's age, caste/ethnicity, wealth status, ecological zone, region and number of living children can all impact the degree to which she may experience spousal violence, with Muslim women generally experiencing the highest level (55%).^{xi} Rural women are more likely to have experienced physical violence (22%) than urban women (19%).

Nepal is a signatory to 23 treaties and International Human Rights instruments with the legal framework in Nepal largely supporting women's rights and equality. The Interim Constitution of Nepal 2007 states "*no physical, mental or any other form of violence shall be inflicted to any women, and such an act shall be punishable by Law.*" Specific women's rights are also enshrined in the Interim Constitution including the right against discrimination, the right to reproductive health, the right against physical, mental and other forms of violence, and equal right to property.^{xii} The Interim Constitution (2007) and the Election Act (2007) provide a substantive quota for women (33%) to be represented in the Constituent Assembly. Marital rape is included within the definition of rape and can be punished. However, despite progressive laws and a vibrant civil society, Nepal still has many challenges when it comes to translating these laws into action.

CARE's Existing Programmes:

1. Food Security and Climate Change
2. DRR/Emergency preparedness, response and recovery
3. Sexual Reproductive Health (SRH)
4. Gender based violence / Violence against women (GBV/VAW)
5. Migration and urbanization
Leadership and voice

How will this impact the lives of women, men, boys and girls in the current emergency?

A 7.9 magnitude earthquake hit Nepal on the 25th April, with over 60 after-shocks so far reported. This has caused vast devastation across much of the country, including more than 3,000 deaths and widespread destruction of buildings. There have been reports of dwindling supplies of water and food, power outages, and downed communication networks. Hundreds of thousands of people are sleeping in open areas – fearful of after-shocks. Heavy rain has been reported.

The crisis, as with all crisis, has left women and girls disproportionately affected and at a higher risk to multiple protection concerns. The gender in brief above does state that women and girls are more likely to be in the home. Given the time of day on a Saturday afternoon this may mean that women and girls would be more likely to have been injured or suffered fatalities than men and boys, who have more freedom of movement. Older people and the disabled may similarly have been disproportionately affected by the immediate impact of the earthquake.

CARE's four core emergency response sectors have a duty to respond in a gender sensitive way, mitigate GBV and ensure equitable access to services for all – no matter their age, gender, caste or whether they are able bodied.

Nepali history exemplifies how economic, political and ideological/cultural institutions can reinforce each other to sustain certain configurations of exclusive power. In Nepal power was consolidated by interlinking it with the Hindu caste system, which, though diluted, remains even today. The social order was exclusionary because it classified all groups as distinct castes within the broad framework of the Hindu system of the four varnas based on concepts of ritual purity and pollution. The priestly Brahmins were at the top with the Kshatriya (kings and warriors) just beneath them; next came the Vaishya (merchants) and the Sudra (peasants and labourers). Beneath everyone were occupational groups, considered 'impure', and 'untouchable' or achut who now call themselves the Dalits. In the Hills the top two ranks (priest and warrior) and the lowest ('untouchable') rank were filled by the in-migrating Hindus of Caucasian stock who spoke an Indo-Aryan language on which modern Nepali

is based. The middle rank was accorded to indigenous groups, generally of Mongoloid racial stock. These groups—classified by the Hindus as Matwali or liquor drinkers—generally spoke Tibeto-Burman languages and followed Buddhism or various shamanist/animist religions. The matwalis comprise the Adivasi Janajatis (indigenous nationalities). The Muluki Ain or Country Code (1854) accorded differential privileges and obligations to each caste and sub-caste.

Overall, the below table can be used as a quick guide to the power dynamics at play within the Nepalese culture. This will have a deep impact on our response in all sectors and are incredibly complex.

Category → ↓ Status	Gender	Caste & Ethnicity	Language	Religion	Age	Economy	Geopolitical (Residence)	Rights-based (Property Rights)
DOMINANT, POWERFUL, PRIVILEGED:	MEN & BOYS	BRAHMIN, CHHETRI & Some Janajati	NEPALI	HINDU	ADULTS	WELL-OFF	PARBATIYA (Mid-hills)	LAND OWNER Land Ownership Is Prerequisite To Citizenship, & Vice Versa
SUBORDINATE, VULNERABLE, UNDER-PRIVILEGED:	WOMEN & GIRLS	ALL OTHER CASTES & ETHNIC GROUPS Esp. Dalit	NON-NEPALI	NON-HINDU (Buddhist, Muslim & Other)	CHILDREN, YOUTH & ELDERLY	POOR & ULTRA-POOR	MADHESI OR TERIAN (Plains) & BHOTIA (Mountains)	LANDLESS Citizen-based Rights Not Enjoyed To Same Level As Landholders

SOURCE: Adapted from Gender and Social Exclusion Assessment (DFID & World Bank, 2005).

Additional information: people with specific vulnerabilities

Specific issues: 'third sex individuals'

LGBTI adults and children *may* experience:

- Violence, including sexual abuse, torture or murder at the hands of state actors or community and family members
- Lack of police protection
- Severe discrimination and exclusion from access to health care, housing, education, employment and other social services
- Social banishment from their family and community and other support mechanisms. LGBTI persons who are displaced may be subject to continued harm while they are in transit or once they arrive. Many attempt to hide their sexual orientation or gender identities in an effort to avoid abuse, making it difficult to identify them or provide access to asylum procedures and humanitarian services.^{xiii}
- Lesbians may be at further risk of 'honour' violence in the form of physical assault and they may also be subjected to rape and sexual assault.^{xiv}
- Transgender persons are often severely marginalized. They frequently experience abuse and discrimination from state authorities and hatred by family and community members; they are often subject to sexual abuse, by state as well as non-state actors. Frequently excluded from education and access to housing and employment, they may engage in survival sex work.
- Intersex individuals may endure persecution because they do not conform to gender expectations, or are viewed as having a physical disability related to their atypical sexual anatomy. Family members of intersex persons are sometimes also abused.
- All 'third sex' individuals are likely, if identified, to be isolated, at higher risk of various protection concerns and in need of support to access services, resources and other opportunities.

Specific issues: people with disabilities

- Prior to crisis people with physical, mental and sensory disabilities and impairments were at a higher risk of sexual, physical, mental, nutritional abuse in Nepal.^{xv}
- People with disabilities may not be able to access services, resources or other opportunities, with particular reference to shelter.
- People with disabilities (in particular women and girls) are at a higher risk to multiple forms of abuse, including sexual violence.
- The number of people with physical disabilities and impairments will increase following the earthquake. The walking wounded and those with mobility issues resulting from injury from the earthquake will increase. Given the reduced level of health care, injuries may not be able to be treated and may lead to more permanent disabilities.

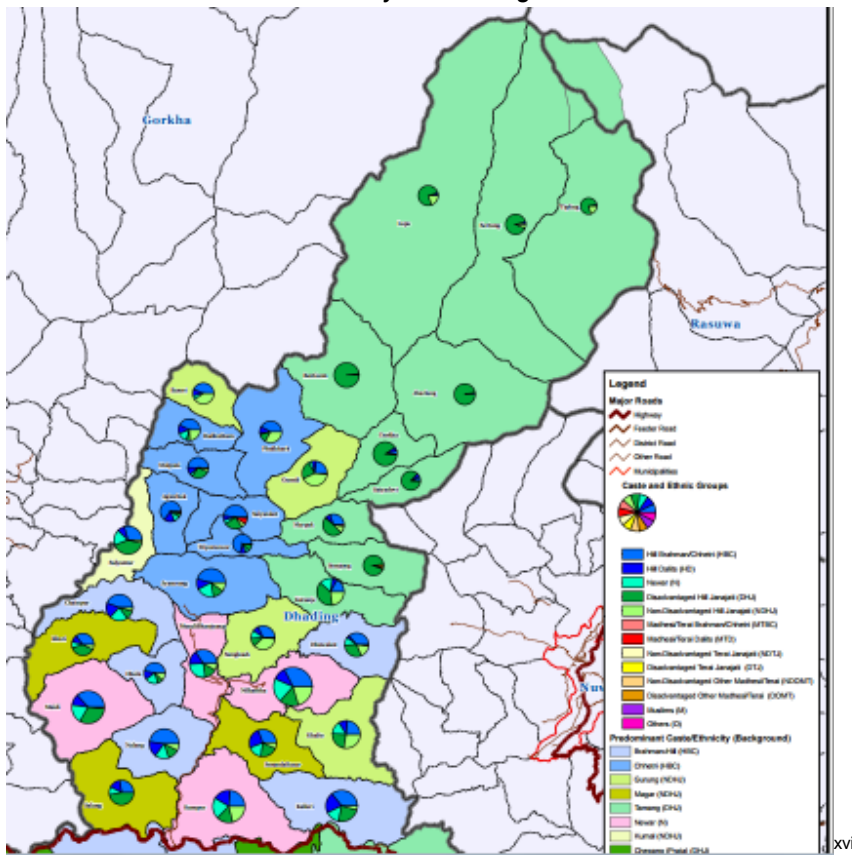
Specific issues: widows

- Prior to crisis widows were persecuted and often blamed for their husband’s deaths, ostracised and seen as a burden on her family – particularly in rural areas. Given the high death toll, teams need to be aware of this discrimination and how it will affect both women who have lost their husbands during the crisis and women who were widowed prior to the earthquake. Access, sexual, physical and psychological abuse may be present. Sexual exploitation and abuse/survival sex may also be present and will need to be monitored closely – especially given the rules and restrictions placed on widows entering into a sexual relationship, which can have devastating and violent repercussions.

Overview of gender and protection issues in area of potential operation

Dhading^{xvi}

- The population of Dhading was 336,067 in 2011 with population breakdown of **47% male to 53% female**. The population consisted of 731,851 households, comprising of, on average, 4.55 people.
- **Female headed households make up 27.82% of total households**, particularly in the 10 – 39 age range. There is also a high percentage of male and female headed **households when the head of the household is 60+ (24% of total households, 77.8% male, 22.2% female)**.
- **Child marriage is prevalent** with the age of first marriage in Dhading: below the age of 10 at 3,069 or 1.8% of all marriages (5% boys, 95% girls); 10 – 14 at 19,632 or 11.3% of all marriages (20.3% boys, 79.7% girls); 15 – 19 at 85,047 or 49% of all marriages (34% boys, 66% girls). This is a particular area of concern, as in crisis child marriages are likely to increase as a form of protection and as a means to ease economic burden as the effects of the crisis deepen. An important issue to note, is that although girls are still disproportionately affected by child marriage, boys are more so the survivors of this type of GBV than in Lamjung and Gorkha. This should be taken into account in messaging.
- *Breakdown of caste and ethnicity in Dhading district*



Ensuring equal access to services for all religions, cast, class and ethnicities is vital.

- Dhading is predominantly Hindu (243,384 individuals), but with large Buddhist population (69,113 individuals), and Christian (21,243 individuals) populations too. Smaller numbers of the population

practice Islam, Prakriti, Bahai, Kirai and other religions. Ensuring equal access to services for all religions, cast, class and ethnicities is vital.

- **Disability** was not so prevalent prior to the crisis, however the census uses self-identified disability and it should be noted, that due to a lack of knowledge of what qualifies as a disability and stigma around certain disabilities, these figures should be assumed to be much higher. On average, 15% of the population have a disability, with females having a higher rate of disability than males. This 15% is a global average, and will vary from context to context according to a number of variants. In Dhading 2.3% of the population identified as having a disability (46.8% male and 53.2% female), which is well below the international average. Numbers of people identifying with:
 - physical disabilities – 2,562 (57.6% male, 42.4% female);
 - sensory (sight, hearing, speech) – 3,766 (52.6% male, 47.4% female);
 - mental – 440 (50.4% male, 49.6% female);
 - intellectual - 419 (56.5% male, 43.4% female);
 - multiple disabilities - 640 (54.2% male, 45.8% female).

Physical disabilities, impairments and immobility due to injury will have increased as a result of the earthquake.

Population by 5 years age group

Dhading Age Group	Total		Male		Female	
	Number	%	Number	%	Number	%
All ages	336,067	100	157,834	100	178,233	100
0 - 4	30,082	8.95	15,401	9.76	14,681	8.24
5 - 9	38,801	11.55	19,500	12.35	19,301	10.83
10 - 14	46,756	13.91	23,181	14.69	23,575	13.23
15 - 19	39,300	11.69	17,783	11.27	21,517	12.07
20 - 24	26,656	7.93	10,417	6.60	16,239	9.11
25 - 29	22,774	6.78	9,453	5.99	13,321	7.47
30 - 34	18,919	5.63	7,974	5.05	10,945	6.14
35 - 39	18,060	5.37	7,843	4.97	10,217	5.73
40 - 44	17,115	5.09	7,714	4.89	3,401	1.91
45 - 49	15,297	4.55	7,191	4.56	8,106	4.55
50 - 54	14,726	4.38	7,432	4.71	7,294	4.09
55 - 59	11,357	3.38	5,738	3.64	5,619	3.15
60 - 64	10,644	3.17	5,250	3.33	5,394	3.03
65 - 69	8,798	2.62	4,577	2.90	4,221	2.37
70 - 74	6,770	2.01	3,368	2.13	3,402	1.91
75 - 79	5,063	1.51	2,547	1.61	2,516	1.41
80 - 84	2,987	0.89	1,491	0.94	1,496	0.84
85 - 89	1,334	0.40	704	0.45	630	0.35
90 - 94	429	0.13	210	0.13	219	0.12
95+	199	0.06	60	0.04	139	0.08

Gorkha^{xviii}

- The population of Gorkha was 271,061 in 2011 with population breakdown of **44.09% male** to **55.91% female**. The population consisted of 66,506 households, comprising of, on average, 4.08 people.
- According to anecdotal evidence, adult men usually work away from Gorkha, **leaving their wives and children alone**.
- With reports of severe damage to homes, and a high level of: (1) **female headed households (37.20% of total households)**, particularly in the 10 – 29 age range; male and female headed households

when the head of the household is 60+ (26.7% of total households, 73.7% male, 26.3% female) – there is a clear gendered imperative to respond.

- **Child marriage is prevalent** with the number of marriages below the age of 10 at 3,399 or 2.4% of all marriages (14.4% boys, 85.6% girls); 10 – 14 at 14,919 or 10.33% of all marriages (18.11% boys, 81.89% girls); 15 – 19 at 66,283 or 45.9% of all marriages (28.04% boys, 71.96% girls). This is a particular area of concern, as in crisis child marriages are likely to increase as a form of protection and as a means to ease economic burden as the effects of the crisis deepen.
- Gorkha is predominantly Hindu, but with large Buddhist population, Islamic and Christian populations too. Smaller numbers of Kirat, Prakriti, Bon, Jainism, Bahai, Sikhism and other religions. Ensuring equal access to services for all religions, cast, class and ethnicities is vital.
- The caste and ethnicity breakdown for Gorkha, is: Hill Janajaties (indigenous) make up 49.9% of the population, with Brahman/Chetri (highest level within the caste system and therefore likely to be wealthy) making up 28.2%, Dalits (the lowest level of the caste system and therefore more likely to be lower down the economic scale) making up 18% and Newar (indigenous Nepalese originally from the Khatmandu region, who themselves have a separate caste system) making up 3.9%. ^{xix}
- **Disability** was not so prevalent prior to the crisis, however the census uses self-identified disability and it should be noted, that due to a lack of knowledge of what qualifies as a disability and stigma around certain disabilities, these figures should be assumed to be much higher. On average, 15% of the population have a disability, with females having a higher rate of disability than males. This 15% is a global average, and will vary from context to context according to a number of variants. In Gorkha 2.3% of the population identified as having a disability (44.4% male and 55.6% female), which is well below the international average. Numbers of people identifying with:
 - physical disabilities – 2,066 (58.2% male, 41.8% female);
 - sensory (sight, hearing, speech) – 3,176 (50.4% male, 49.6% female);
 - mental – 379 (49.3% male, 50.7% female);
 - intellectual - 188 (55.3% male, 44.7% female);
 - multiple disabilities - 460 (49.6% male, 50.4% female).

Population by 5 years age group

Gorkha Age Group	Total		Male		Female	
	Number	%	Number	%	Number	%
All ages	271,061	100	121,041	100	150,020	100
0 - 4	23,204	8.56	11,768	9.72	11,436	7.62
5 - 9	28,767	10.61	14,320	11.83	14,447	9.63
10 - 14	37,227	13.73	18,366	15.17	18,861	12.57
15 - 19	31,335	11.56	14,227	11.75	17,108	11.40
20 - 24	19,015	7.02	6,427	5.31	12,588	8.39
25 - 29	16,197	5.98	5,484	4.53	10,713	7.14
30 - 34	13,893	5.13	4,872	4.03	9,021	6.01
35 - 39	14,210	5.24	5,205	4.30	9,005	6.00
40 - 44	14,429	5.32	5,749	4.75	8,680	5.79
45 - 49	13,618	5.02	5,898	4.87	7,720	5.15
50 - 54	13,637	5.03	6,461	5.34	7,176	4.78
55 - 59	11,013	4.06	5,440	4.49	5,573	3.71
60 - 64	10,313	3.80	4,856	4.01	5,457	3.64
65 - 69	7,929	2.93	3,892	3.22	4,037	2.69
70 - 74	6,504	2.40	3,217	2.66	3,287	2.19
75 - 79	4,768	1.76	2,396	1.98	2,372	1.58
80 - 84	3,002	1.11	1,508	1.25	1,494	1.00
85 - 89	1,355	0.50	683	0.56	672	0.45
90 - 94	463	0.17	209	0.17	254	0.17
95+	182	0.07	63	0.05	119	0.08

Kathmandu^{xx}

- Kathmandu district has the highest percentage (58.65) of households living in rented house.
- The highest population density is found in Kathmandu district (4,416 person per square km) and lowest (3 person per square km) in Manang district.
- The population of Khatmandu was 1,744,240 in 2011 with population breakdown of **52.3% male to 47.7% female**. The population consisted of 436,344 households, comprising of, on average, 4 people.
- With reports of severe damage to homes, and a high level of: (1) **female headed households (27.8% of total households)**; male and female headed **households when the head of the households is 60+ years old (12.2% of total households, 70% male, 30% female)**; *and child headed households, where the head of the household is between the age of 10 - 19 (2.7% of total or 11,572, 63.7% boys and 36.3% girls)*.
- **Child marriage is an issue, but less so in Khatmandu than in other areas of Nepal** with the number of marriages below the age of 10 at 6,957 or 0.7% of all marriages (14.4% boys, 85.6% girls); 10 – 14 at 14,919 or 10.33% of all marriages (18.7% boys, 81.3% girls); 15 – 19 at 49,208 or 5.5% of all marriages (18.7% boys, 81.3% girls). This is a particular area of concern, as in crisis child marriages are likely to increase as a form of protection and as a means to ease economic burden as the effects of the crisis deepen.
- Khatmandu, as the capital city of Nepal, draws people to it from all cultures, religions and ethnicities and castes. The most prevalent religion in the city is Hinduism, of which 80% of the population belong to. 15.4% of the population are Buddhists and 2.3% are Christians, with smaller – but still significant – numbers of the population belonging to the Islamic and Kirat faiths. Still smaller numbers of the population religiously identify with Bon, Jainism, Bahai, and Sikhism.
- In 2001, Kathmandu accommodated at least 67 caste/ethnic groups and is the most complex in terms of composition in the country. Historically, Kathmandu was a Newar settlement and the Newar still represent the single largest group, making up 31.8% of the population. Brahmin (Hill) is the second largest population with 21.5%. Chhetri constitutes 16.4%. Tamang and Gurung comprise 5.3% and 3.7% of the population respectively, and Sherpa and Magar comprise 3.2% each. Other groups with a 1% or more share of the population are Rai, Marwadi, Thakuri and Tharu. ^{xxi}
- **Disability** was not so prevalent prior to the crisis, however the census uses self-identified disability and it should be noted, that due to a lack of knowledge of what qualifies as a disability and stigma around certain disabilities, these figures should be assumed to be much higher. On average, 15% of the population have a disability, with females having a higher rate of disability than males. This 15% is a global average, and will vary from context to context according to a number of variants. In Kathmandu, just 1% of the population identified as having a disability (47.6% male and 52.4% female), which is well below the international average. Numbers of people identifying with:
 - physical disabilities – 6,030 (43.5% male, 56.5% female);
 - sensory (sight, hearing, speech) – 8,195 (51.4% male, 48.6% female);
 - mental – 1,137 (51.45% male, 48.55% female);
 - intellectual - 580 (55.9% male, 44.1% female);
 - multiple disabilities – 1,180 (53.9% male, 46.1% female).

Population by 5 years age group

Kathmandu Age Group	Total		Male		Female	
	Number	%	Number	%	Number	%
All ages	1,744,240	100	913,001	100	831,239	100
0 - 4	111,600	6.40	59,515	6.52	52,085	6.27
5 - 9	137,162	7.86	72,927	7.99	64,235	7.73
10 - 14	165,679	9.50	87,466	9.58	78,213	9.41
15 - 19	202,174	11.59	110,834	12.14	91,340	10.99
20 - 24	233,794	13.40	122,036	13.37	111,958	13.47
25 - 29	202,417	11.60	102,337	11.21	100,080	12.04
30 - 34	162,746	9.33	83,817	9.18	78,929	9.50

35 - 39	134,021	7.68	69,638	7.63	64,383	7.75
40 - 44	106,558	6.11	57,626	6.31	48,932	5.89
45 - 49	78,678	4.51	42,275	4.63	36,403	4.38
50 - 54	60,754	3.48	32,417	3.55	28,337	3.41
55 - 59	43,354	2.49	22,791	2.50	20,563	2.47
60 - 64	34,946	2.00	17,188	1.88	17,758	2.14
65 - 69	25,950	1.49	12,441	1.36	13,509	1.63
70 - 74	18,205	1.04	8,394	0.92	9,811	1.18
75 - 79	13,220	0.76	5,849	0.64	7,371	0.89
80 - 84	7,482	0.43	3,176	0.35	4,306	0.52
85 - 89	3,660	0.21	1,564	0.17	2,096	0.25
90 - 94	1,314	0.08	494	0.05	820	0.10
95+	526	0.03	216	0.02	310	0.04

Lalitpur^{xxii}

- The population of Lalitpur district was 468,132 in 2011 with population breakdown of **50.85% male to 49.15% female**. The population consisted of 109,797 households, comprising of, on average, 4.26 people.
- With reports of severe damage to homes, and a high level of: (1) **female headed households (23.9% of total households)**; male and female headed **households when the head of the household is 60+ years old (17% of total households, 73% male and 27% female)**; *and* **child headed households, where the head of the household is between the age of 10 - 19 (1.9% of total or 2,104, 67% boys and 33% girls)**.
- **Child marriage is prevalent in Lalitpur district** with the number of marriages below the age of 10 at 1,536 or 0.6% of all marriages (14.4% boys, 85.6% girls); 10 – 14 at 14,774 or 5.9% of all marriages (21.5% boys, 78.5% girls); 15 – 19 at 89,075 or 35.4% of all marriages (31.1% boys, 68.9% girls). This is a particular area of concern, as in crisis child marriages are likely to increase as a form of protection and as a means to ease economic burden as the effects of the crisis deepen. It should also be noted, as the figures show above, that although girls are most adversely affected by child marriage, boys also make up a significant proportion of the children married here.
- Lalitpur district is representative of the rich mosaic of Nepal – with a wide range of castes, ethnicities and religions represented. The members of the Hindu religion make up 73.5% of the population, Buddhism represents 19.3%, Christianity represents 5% of the population. People belonging to the Kirat and Islamic faiths also make up smaller, but still significant proportions of the population. Religious minority groups are present representing Sikhism, Bahi, Jainism and Bon.
- According to the 2001 census the four largest caste/ethnicities in Lalitpur were the Newar (40.4%), Chhetri (19.3%), Brahmin (Hill) (11.9%) and Tamang (11.9%).^{xxiii}
- **Disability** was not so prevalent prior to the crisis, however the census uses self-identified disability and it should be noted, that due to a lack of knowledge of what qualifies as a disability and stigma around certain disabilities, these figures should be assumed to be much higher. On average, 15% of the population have a disability, with females having a higher rate of disability than males. This 15% is a global average, and will vary from context to context according to a number of variants. In Kathmandu, just 1% of the population identified as having a disability (47.6% male and 52.4% female), which is well below the international average. Numbers of people identifying with:
 - physical disabilities – 6,030 (43.5% male, 56.5% female);
 - sensory (sight, hearing, speech) – 8,195 (51.4% male, 48.6% female);
 - mental – 1,137 (51.45% male, 48.55% female);
 - intellectual - 580 (55.9% male, 44.1% female);
 - multiple disabilities – 1,180 (53.9% male, 46.1% female).

Population by 5 years age group

Lalitpur	Total		Male		Female	
	Number	%	Number	%	Number	%
All ages	468,132	100	238,082	100	230,050	100
0 - 4	29,503	6.30	15,490	6.51	14,013	6.09
5 - 9	37,208	7.95	19,416	8.16	17,792	7.73
10 - 14	45,398	9.70	23,528	9.88	21,870	9.51
15 - 19	51,674	11.04	27,208	11.43	24,466	10.64
20 - 24	53,900	11.51	21,496	9.03	26,404	11.48
25 - 29	48,387	10.34	23,340	9.80	25,047	10.89
30 - 34	42,268	9.03	21,009	8.82	21,259	9.24
35 - 39	37,264	7.96	18,764	7.88	18,500	8.04
40 - 44	30,648	6.55	16,085	6.76	14,563	6.33
45 - 49	23,439	5.01	12,201	5.12	11,238	4.89
50 - 54	18,280	3.90	9,442	3.97	8,838	3.84
55 - 59	13,713	2.93	6,997	2.94	6,716	2.92
60 - 64	11,498	2.46	5,557	2.33	5,941	2.58
65 - 69	9,146	1.95	4,351	1.83	4,795	2.08
70 - 74	6,607	1.41	3,137	1.32	3,470	1.51
75 - 79	4,686	1.00	2,085	0.88	2,601	1.13
80 - 84	2,538	0.54	1,159	0.49	1,379	0.60
85 - 89	1,365	0.29	583	0.24	782	0.34
90 - 94	462	0.10	183	0.08	279	0.12
95+	148	0.03	51	0.02	97	0.04

Lamjung^{xxiv}

- The population of Lamjung was 167,724 in 2011 with population breakdown of **45.3% male to 54.7% female**. The population consisted of 44,079 households, comprising of, on average, 3.99 people.
- With reports of severe damage to homes, and a high level of: (1) **female headed households (40.7% of total households)**, particularly in the 10 – 39 age range; *and* male and female headed **households when the head of the household is 60+ years old (26.2% of total households, 71.5% male, 28.5% female)** – there is a clear gendered imperative to respond. The make-up of households is clearly very similar to Gorkha, however, it should be noted that the total number of female-headed households is higher than in Gorkha, and female headed households outnumber male headed households from the ages of 10 – 39. As in Gorkha, males may leave wives for work outside of Lamjung. Many men in this district join armed forces, often in foreign services.^{xxv}
- **Child marriage is prevalent** with the age of first marriage in Lamjung: below the age of 10 at 1,096 or 1.2% of all marriages (5% boys, 95% girls); 10 – 14 at 8,427 or 9% of all marriages (11.5% boys, 88.5% girls); 15 – 19 at 38,648 or 42.6% of all marriages (28.1% boys, 75.9% girls). This is a particular area of concern, as in crisis child marriages are likely to increase as a form of protection and as a means to ease economic burden as the effects of the crisis deepen.
- Lamjung is predominantly Hindu (107,311 of the individuals), but with large Buddhist population (55,586 individuals), and Christian (3,000 individuals) populations too. Smaller numbers of the population practice Islam, Prakriti, Bahai, Kirai, Bon and other religions. Ensuring equal access to services for all religions, cast, class and ethnicities is vital.
- Lamjung is home to the majority of Nepal's Dura people, an ethnic minority in the rest of the country and are often discriminated against and associated with poverty. The majority of the Dura people follow Hinduism, but they have been influenced by other religions such as Buddhism.^{xxvi} Ensuring equal access to services for all religions, cast, class and ethnicities is vital.
- **Disability** was not so prevalent prior to the crisis, however the census uses self-identified disability and it should be noted, that due to a lack of knowledge of what qualifies as a disability and stigma around certain disabilities, these figures should be assumed to be much higher. On average, 15% of the population have a disability, with females having a higher rate of disability than males. This 15% is a

global average, and will vary from context to context according to a number of variants. In Lamjung 2.8% of the population identified as having a disability (45% male and 55% female), which is well below the international average. Numbers of people identifying with:

- physical disabilities - 1,336 (57.5% male, 42.5% female);
- sensory (sight, hearing, speech) - 2,541 (51.4% male, 48.6% female);
- mental – 221 (55.6% male, 44.4% female);
- intellectual 157 (48.4% male, 51.6% female);
- multiple disabilities 490 (52.4% male, 47.6% female).

Physical disabilities, impairments and immobility due to injury will have increased as a result of the earthquake.

Population by 5 years age group

Age Group	Total		Male		Female	
	Number	%	Number	%	Number	%
All ages	167,724	100	75,913	100	91,811	100
0 - 4	14,098	8.41	7,177	9.45	6,921	7.54
5 - 9	17,504	10.44	8,976	11.82	8,528	9.29
10 - 14	21,682	12.93	10,812	14.24	10,870	11.84
15 - 19	18,591	11.08	8,883	11.70	9,708	10.57
20 - 24	12,577	7.50	4,580	6.03	7,997	8.71
25 - 29	10,937	6.52	3,892	5.13	7,045	7.67
30 - 34	9,038	5.39	3,260	4.29	5,778	6.29
35 - 39	9,018	5.38	3,345	4.41	5,673	6.18
40 - 44	9,024	5.38	3,592	4.73	5,432	5.92
45 - 49	8,532	5.09	3,731	4.91	4,801	5.23
50 - 54	8,496	5.07	3,977	5.24	4,519	4.92
55 - 59	7,019	4.18	3,340	4.40	3,679	4.01
60 - 64	6,673	3.98	3,116	4.10	3,557	3.87
65 - 69	4,879	2.91	2,375	3.13	2,504	2.73
70 - 74	4,102	2.45	2,065	2.72	2,037	2.22
75 - 79	2,791	1.66	1,434	1.89	1,357	1.48
80 - 84	1,772	1.06	907	1.19	865	0.94
85 - 89	695	0.41	330	0.43	365	0.40
90 - 94	232	0.14	103	0.14	129	0.14
95+	64	0.04	18	0.02	46	0.05

General recommendations:

- Conduct rapid gender and protection assessments.
- Deliver rapid refresher training on GiE, GBV mitigation and PSEA.
- Women are, compared to men, limited in participation and educational attainment due to lower social status, exposure to learning (formal or experiential), higher levels of economic dependency and high workloads. They are therefore less involved in the planning and design of interventions. This must not be carried through in our response and **women and girls should – throughout all sectoral interventions – be consulted.**
- Any Information Education Communication materials produced should be delivered in ways which women and other low-literacy groups are able to understand. The literacy rate for women is at 65.7%^{xxvii}.
- Ensure that those at greatest risk of GBV within the affected population are involved in decisions regarding potential items to be distributed and planned activities.
- Ensure that women and girls (and other at risk groups) are able access all services, resources and opportunities. Consult with these groups throughout the project management cycle.

- Consult with GBV specialists to identify the referral pathway, and ensure that staff members from all sectors are able to refer survivors who disclose appropriately.
- Design distributions to ensure that women and girls' time spent getting to it is as short as possible. Distributions should be organised at different time intervals to avoid crowds and long waiting times.
- Ensure a gender balanced team, both in terms of numbers and in terms of seniority. Ensure all distributions have equal number of male and female staff members working and monitoring.
- Ensure that female headed households and child headed households are provided with 'safe passage' schedules for distributions.
- Data collected should be sex, age and disability disaggregated.

Coordination:

It is vital that we coordinate with the Gender, GBV and Protection actors on the ground and the cluster system – whether CARE chooses to deliver gender specific work or mainstream. At the time of writing the information on the cluster system for gender and protection related issues is:

Clusters were activated in 2008 for the floods, and deactivated last year, with Government of Nepal taking ownership of the Cluster system through its National Disaster Response Framework (NDRF). Ministry of Women, Children and Social welfare (in the Department of Women and Children) leads the Protection Cluster (now with UNICEF).

A Child Protection and a GBV sub-clusters already existed at the national level, respectively led by UNICEF and UNFPA.

The focal points in the field, in this cluster architecture, are the following:

- ✓ For the government: Ms. Mamta Bishta - - 977-9841614586 / Ms. Bijaya Prasai - sacharya@npcnepal.gov.np
- ✓ For UNICEF: Ms. Radha Gurung - rgurung@unicef.org -977-9841220289
- ✓ For UNFPA: Mr. Hari Karki - hkarki@unfpa.org – 977-9801056006
- ✓ For UNHCR: Ms. Deepa Dixit - dixit@unhcr.org - 977-9851100243

The Regional Emergency GBV Advisor, who will lead the GBV response in country on behalf of multiple UN Agencies, Devanna De La Puente, will be in country from 29/04/2015. It is important that the response is delivered in coordination with her, not only for the benefit of a more coordinated response, but also due to global advocacy and visibility issues. Her email is: delapuenteforte@unfpa.org

Sector specific issues and suggested mainstreamed gender and protection responses

*** Wherever possible, the suggested responses below use the contextual information written in the emergency response strategy. Where the emergency response strategy does not include a sector, suggestions are based on context and capacity as well as best practice. Suggested mainstreamed gender and protection response are not supposed to be fully comprehensive, but rather the minimum requirements for the acute phase of the emergency.*

SRMH

Sector specific issues

- As the maternal mortality rate is very high (170 per 100,000 births), there are likely to be large numbers of women in need of skilled birth attendants.
- As the number of girls who are married is high, the likelihood of complications during child birth is also high, and is a large contributing factor to the issue of maternal mortality. As girls below the age of 20 are at significantly higher risk of complications and maternal/child mortality, and as hospitals have been impacted by the earthquake, and people are reluctant to go inside because of repeated tremors – the maternal mortality rate is likely to increase during the acute emergency.

Suggested mainstreamed gender and protection responses

- Follow the general recommendations above.
- Information volunteers should be used to address maternal health issues.
- Information volunteers should be used to address early marriage issues from a health benefit model perspective, before the issue escalates.
- In urban areas, the number of births with a skilled attendant was 72.7% (2009 – 2012) this drops to 32.3% in rural areas. If SRMH sector responds, this would be an area of key concern.

Food Security

Sector specific issues

- Lack of food and resources to buy food will impact on families and have a deep impact on female headed households, as well as those who have limited mobility (age and disability).
- Women and girls (and to a lesser extent boys and men) may enter into exchanges for food and resources. These may be exploitative. In all crisis, according to the IASC GBV guidelines, we must assume and believe that sexual exploitation and abuse – and all forms of SGBV – are happening at a heightened rate.
- Pregnant and lactating women and infants require additional nutrition, which may be difficult to get due to mobility and discriminatory gender norms.

Suggested mainstreamed gender and protection responses

- Follow the general recommendations above.
- Ensure that the physical and safety risks associated with collecting food assistance are minimised and that access is universal.
- Ensure that the weight and size of food packages are manageable for women, girls and other at-risk groups.
- Use information volunteers to engage with community, identify those who are unable to collect food, and organise for household/individual distribution.
- Use information volunteers to address gendered access and control issues surrounding food and nutrition in the homes.
- Use information volunteers and information provision during distributions to encourage men and boys to share cooking activities and reduce the burden on women and girls.

WASH

Sector specific issues

- Due to gender norms, women and girls may take on the responsibility of water collection.
- There is always a possibility of water borne disease and illness associated with lack of sanitation. This will affect women, men, boys and girls differently and this situation should be monitored closely and through a gender lens.

Suggested mainstreamed gender and protection responses

- Follow the general recommendations above.
- Ensure water points, latrines and bathing facilities set up for those without a home are sex-disaggregated, universally accessible and mitigate risk to sexual violence. Ensure they are centrally located, lockable and that they are lit. Ensure that they are universally accessible.
- Establish WASH committees (if possible) with 50% women. Equal number of women and men should be in leadership positions.
- Distribute culturally appropriate materials for the absorption and disposal of menstrual blood.
- Use information volunteers to conduct hygiene promotion activities which address gender issues within WASH.

Shelter

Sector specific issues

- People are sleeping in the open, putting them at increased risk of GBV and other protection issues.
- Dignified areas for privacy are not in place.
- Women are typically responsible for cooking and providing food. This will be particularly difficult; food will be short, as will fuel on which to cook. Cooking outside will be difficult due to the rainy season, and cooking inside creates health risks due to smoke inhalation and also creates risk of fire. Inability to provide food may put women at risk of abuse.
- **Collection of fuel may also put women at risk.** Prior to the crisis, about two-thirds of the total households (about 64%) used firewood as their usual source of fuel for cooking, followed by LPG (21.03%) and cow dung (10.38%).
- The tradition of chaupadi will also render women and girls at higher risk. Chaupadi is the practice of isolating menstruating and/or post-partum women away from their family and friends. In the most western section of Nepal, the practice of Chaupadi is still in place. Chaupadi is derived from a Hindu tradition that relates to secretions associated with menstruation, and childbirth. These functions are considered, by those who practice Chaupadi, to be impure. There are reports of rape, physical violence, snakebites and other incidences of GBV which occur during their stay in chaupadi's. There are also issues of reduced mobility and access to services, resources and opportunities associated with chaupadi, which will have a great impact on distributions from all sectors. Although there has been much done by the Government and civil society to eliminate this practice. However, there may be some families affected by the quake in both Kathmandu and in the more rural districts who still practice this.

xxviii There have also been recent moves by the government to provide cash incentives to men to marry widows, which may perpetuate further discrimination and sexual violence.

Suggested mainstreamed gender and protection responses

- Follow the general recommendations above.
- Women, girls and other at-risk groups are to be provided with materials at their homes and physical support to construct own shelters – to avoid protection concerns and to avoid physical constraints preventing construction. Protection concerns include theft of goods, exchanging sexual favours for support with construction, and attack if collecting shelter materials.
- Ensure that female headed households, people with disabilities, unaccompanied children etc, are provided with shelter in a safe location. Community mapping exercises should be conducted to ensure that they feel safe.
- Provide safe-fuel collection initiatives – potentially in collaboration with the information volunteers.
- Work with GBV actors to provide and prioritise shelter support for GBV survivors, ensuring that we are able to remove GBV survivors (or those at immediate/heightened risk of GBV) from the protection concern.
- Ensure that the shelter vulnerability criteria include GBV, child protection, age, disability, sexual orientation and gender identity, class, caste, religion and other discriminatory issues present in Nepalese society. Include Female headed households, child headed households and other issues which contribute to vulnerability which are likely the result of the crisis itself.
- Ensure that people have access to a combination of blankets, bedding or sleeping mats to keep them warm and to enable separate sleeping arrangements. There should be enough blankets and bedding for each person, there shouldn't be a need to share them within households, which could lead to women and girls (or possibly boys and men) going without.
- Ensure that NFI kit contents is culturally appropriate and include appropriate male and female clothing, for different ages and body sizes, including underwear. Use information volunteers to engage with the community and raise awareness on individual entitlements; the quality and variety of the items they should receive; place, day and time of distribution. Clothes distributions should be conducted by means of market-style distributions where people can choose the right types and sizes of clothes for them. Separate distributions for men and women should be considered.
- Female Information Volunteers, or outreach workers, should work within the target communities to identify households where purdah and chaupadi are practiced. Identification of widows, female-headed households, child-headed households and people with a disability or impairment is also advised. These groups (along with other groups mentioned in this document) have mobility and access issues either because of physical restrictions or due to gender norms. This should be addressed by ensuring identification in a non-stigmatising way, and house-hold distributions until an alternative, context-appropriate solution can be found. Information volunteers may be able to support distributions where distribution teams do not have the bandwidth to be able to conduct household level distributions. This will further ensure that we are delivering a community driven response. If community members are given the responsibility of distributions, they should do this in pairs and be given a quick overview of PSEA policies before engaging and before a more formal training can be given after the acute phase of the emergency has passed.
- Provide solar lighting as part of our shelter kits (preferably two lamps or torches, with spare batteries)
- Organise for fuel for cooking and heating to be collected in groups through the information volunteers programme. Women and girls are at increased risk of sexual violence if collecting fuel on their own. Ideally, smokeless fuel will be distributed, to decrease health risks to women, as well as mitigate the risk of sexual violence, and the burden of collecting fuel.

GBV

Sector specific issues

- *All humanitarian personnel should therefore assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence.* IASC GBV in Humanitarian Action Guidelines 2005. This is often difficult to believe for humanitarian actors in an environmental emergencies. However, due to the breakdown in normal social protection mechanisms, GBV (and in particular sexual violence) increases, disproportionately affecting women and girls.
- Survivors of GBV may not have access to services, or know where existing services are. This places survivors at particular risk of fatality or complications from physical injury, HIV contraction, STI contraction and pregnancy – all of which could be prevented if they were able to access appropriate care.
- Due to the gender discrimination discussed at the beginning of this document, women and girls may more generally be denied access to resources, opportunities and services – a form of GBV.

- From the later acute phase of the crisis onwards, other types of GBV are likely to increase. Intimate partner violence may increase as gender roles are challenged and frustrations increase, the already endemic issue of child marriage may escalate as poverty takes hold and families rely on this practice to reduce the economic burden on the household and the burden to protect the girl. This may lead to similar situations as have been seen in crisis where child marriage is prevalent from contexts as diverse as South Sudan, Syria^{xxix}, Somalia, Nigeria and Pakistan^{xxx}. In addition, the issue of trafficking (within Nepal as well as cross-border) of women and girls, and to a lesser extent boys, should be monitored. Trafficking had been an issue which many civil society organisations and the Nepalese government have worked on for many years. There are reports women and girls are trafficked for sexual exploitation purposes and forced to work as sex workers. This may increase in the later acute phase of the crisis onwards and should be monitored closely.

Suggested mainstreamed gender and protection responses

- Follow the general recommendations above.
- GBV guidelines are mainstreamed into the sectoral response
- Information volunteers work to deliver information GBV mitigation and the health impacts (in particular) of certain forms of GBV. Child Marriage increases during emergencies, we there need to work to mitigate this increase before it begins. Similarly, sexual violence increases during emergencies and the information volunteers can inform the community on where to receive appropriate services and why it is important to do so (prevention of HIV contraction, emergency contraception and STI prophylaxis) within 72 hours. The dangers of trafficking and commercial sex work may also be addressed later in the response.
- Information volunteers may also deliver messaging on the types of people vulnerable to GBV and to ensure that those who are vulnerable are provided with further community support.

Child Protection

Sector specific issues

- There are reportedly a number of unaccompanied and separated children. This will increase their susceptibility to GBV and other protection concerns.
- In the longer-term, boys and girls may enter into child labour/worst form of child labour/
- Schools may be closed, increasing child-care burdens on women and older girls.
- Boys and girls are at heightened risk of experiencing violence in humanitarian settings due to a lack of rule of law, lack of information, restricted decision making power and their level of dependence.
- The added strain on adults caused by humanitarian crises, along with the weakened protective environment, can increase children's risk of physical abuse, sexual abuse, corporal punishment, and other forms of family violence.
- Children are also more easily exploited and coerced than adults, and are often taken advantage of by people in authority. Proximity to armed forces, overcrowded camps, and separation from family members all contribute to an increased risk of exposure to violence.
- Labour trafficking of boys and girls to engage in the worst forms of child labour prior to the crisis was common. This is may increase in the later acute phase of the crisis, as poverty takes hold.

Suggested mainstreamed gender and protection responses

- Follow the general recommendations above.
- Follow steps listed under GBV.
- Later in the response use information volunteers to create awareness of child labour, trafficking and the risks involved in this.
- Coordinate with child protection actors.

Psychological First Aid Needs

Sector specific issues

- The death toll, injuries, displacement and exposure the affected community are going through will cause stress, distress and trauma. This psychological impact, along with longer-term changes to traditional gender roles will impact on families, as stressors may increase intimate partner violence.
- People will be in need to be assisted to access services, information, social support and basic resources – especially women and girls.
- Women, men, boys and girls will need to be actively listened to, to ease distress.
- Schools should not be used as shelters or for anything else as one of the primary ways to provide psycho-social support to children is to ensure they can continue to attend schools.

Suggested mainstreamed gender and protection responses

- The primary role of the information volunteers is to ensure that the community feels that they have information on available services, to create a sense of community and empowerment amongst often disenfranchised and distressed populations, and to mitigate risks of protection concerns. The information volunteers will organise events, discussion groups and activities in their communities – designed to provide information using a gender and protection lens, whilst also creating community support mechanisms which have broken down as a result of the earthquake.
- Ensure that all sectoral staff members are aware of multi-sectoral referral pathways and that they are able to provide psychological first aid to each other as well as to members of the community.
- Culturally appropriate methods to dispose of dead bodies to be found.

ⁱ *National Population and Housing Census* (2011) Central Bureau of Statistics /NationalPlanning Commission, Nepal Government

ⁱⁱ Ibid

ⁱⁱⁱ Central Bureau of Statistics cited in [Nepal Demographic and Health Survey](#) (2011)

^{iv} *National Population and Housing Census* (2011) Central Bureau of Statistics /NationalPlanning Commission, Nepal Government

^v [Nepal Demographic and Health Survey](#) (2011) Refer to discussion on the accuracy of this data in NDHS

^{vi} Ibid

^{vii} Nepal Human Development Report 2004, UNDP

^{viii} CARE Nepal Women Empowerment Program Framework 2010

^{ix} Nepal Demographics Profile 2014-Mundi

^x A traditional practice of forced isolation where women and girls are confined to a kind of a cow-shed outside the house during their menstruation period, mostly practices in Fast Western Nepal

^{xi} Tuladhar, S., et. Al. 2013. 1Women's Empowerment and Spousal Violence in Relation to Health Outcomes in Nepal. Further Analysis of the 2011 Nepal Demographic and Health Survey.

^{xii} Article 20 of the Interim Constitution 2007.

^{xiii} UNHCR [Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement](#), 2011 [pg 3 – 4]

^{xiv} Mieses A [Gender inequality and corrective rape of women who have sex with women](#), GMHC, 2009 [pg 1]

^{xv} http://www.disabilityworld.org/11-12_03/children/nepal.shtml

^{xvi} A lot of the information in this section is taken from: <http://cbs.gov.np/wp-content/uploads/2012/11/National%20Report.pdf>

^{xvii} <http://un.org.np/maps/dhading-district-distribution-caste-and-ethnic-groups> (Based on Census data from 2001)

^{xviii} A lot of the information in this section is taken from: <http://cbs.gov.np/wp-content/uploads/2012/11/National%20Report.pdf>

^{xix} Poverty and Vulnerability Tool, Households composition – PVAT 2011, International Centre for Integrated Mountain Development www.icimod.org

^{xx} A lot of the information in this section is taken from: <http://cbs.gov.np/wp-content/uploads/2012/11/National%20Report.pdf>

^{xxi} http://www.academicjournals.org/article/article1381153857_Subedi.pdf

^{xxii} A lot of the information in this section is taken from: <http://cbs.gov.np/wp-content/uploads/2012/11/National%20Report.pdf>

^{xxiii} [http://cbs.gov.np/new/wp-](http://cbs.gov.np/new/wp-content/uploads/2012/Population/Monograph/Chapter%2003%20%20Social%20Composition%20of%20the%20Population.pdf)

[content/uploads/2012/Population/Monograph/Chapter%2003%20%20Social%20Composition%20of%20the%20Population.pdf](http://cbs.gov.np/new/wp-content/uploads/2012/Population/Monograph/Chapter%2003%20%20Social%20Composition%20of%20the%20Population.pdf)

^{xxiv} A lot of the information in this section is taken from: <http://cbs.gov.np/wp-content/uploads/2012/11/National%20Report.pdf>

^{xxv} Bishow Bandhu Adhikari *Socio-cultural Life of Dura: A Sociological Case Study From Khaje Gaun, Lamjung*, 2001

^{xxvi} Bishow Bandhu Adhikari *Socio-cultural Life of Dura: A Sociological Case Study From Khaje Gaun, Lamjung*, 2001

^{xxvii} http://www.unicef.org/infobycountry/nepal_nepal_statistics.html

^{xxviii} http://www.unicef.org/about/annualreport/files/Nepal_COAR_2013.pdf

^{xxix} UNICEF, Child marriage in Jordan, 2014, quoted in Save the Children, Too young to wed: The growing problem of child marriage among Syrian girls in Jordan, 2014, p1

^{xxx} <http://www.actionaid.org/pakistan/stop-early-girl-marriage>