

NEPAL

30,723,210

TOTAL POPULATION^I

POPULATION 24 YEARS OR YOUNGER^I

49.56%

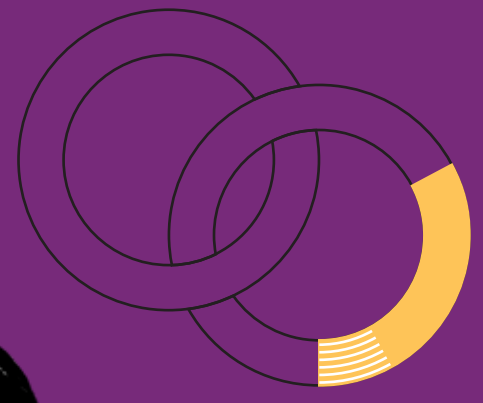
WOMEN OF REPRODUCTIVE AGE (15-49 years)^I

8,993,000

WOMEN (20-24 years) WHO WERE FIRST MARRIED OR IN UNION^{II}

BEFORE AGE 18
32.8%

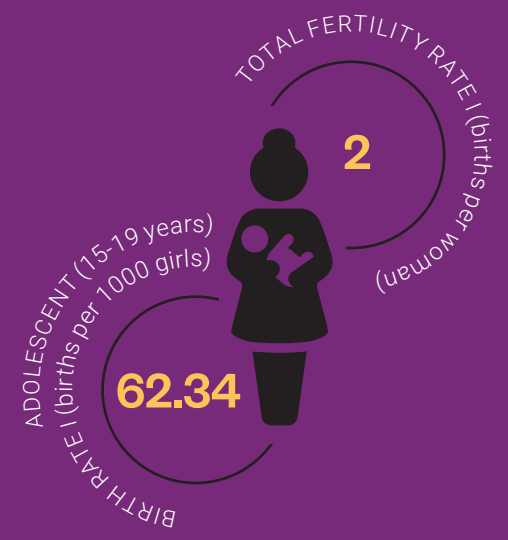
BEFORE AGE 15
7.9%

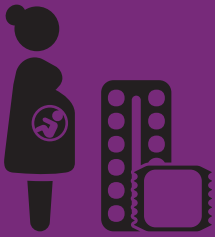


POPULATION 15-24 YEARS (male + female)^I

6,407,050

MATERNAL MORTALITY RATIO **186**
(per 100,000 live births)^{II} **100,000**





16.2% UNMET NEED FOR FAMILY PLANNING (all women) ^{III}

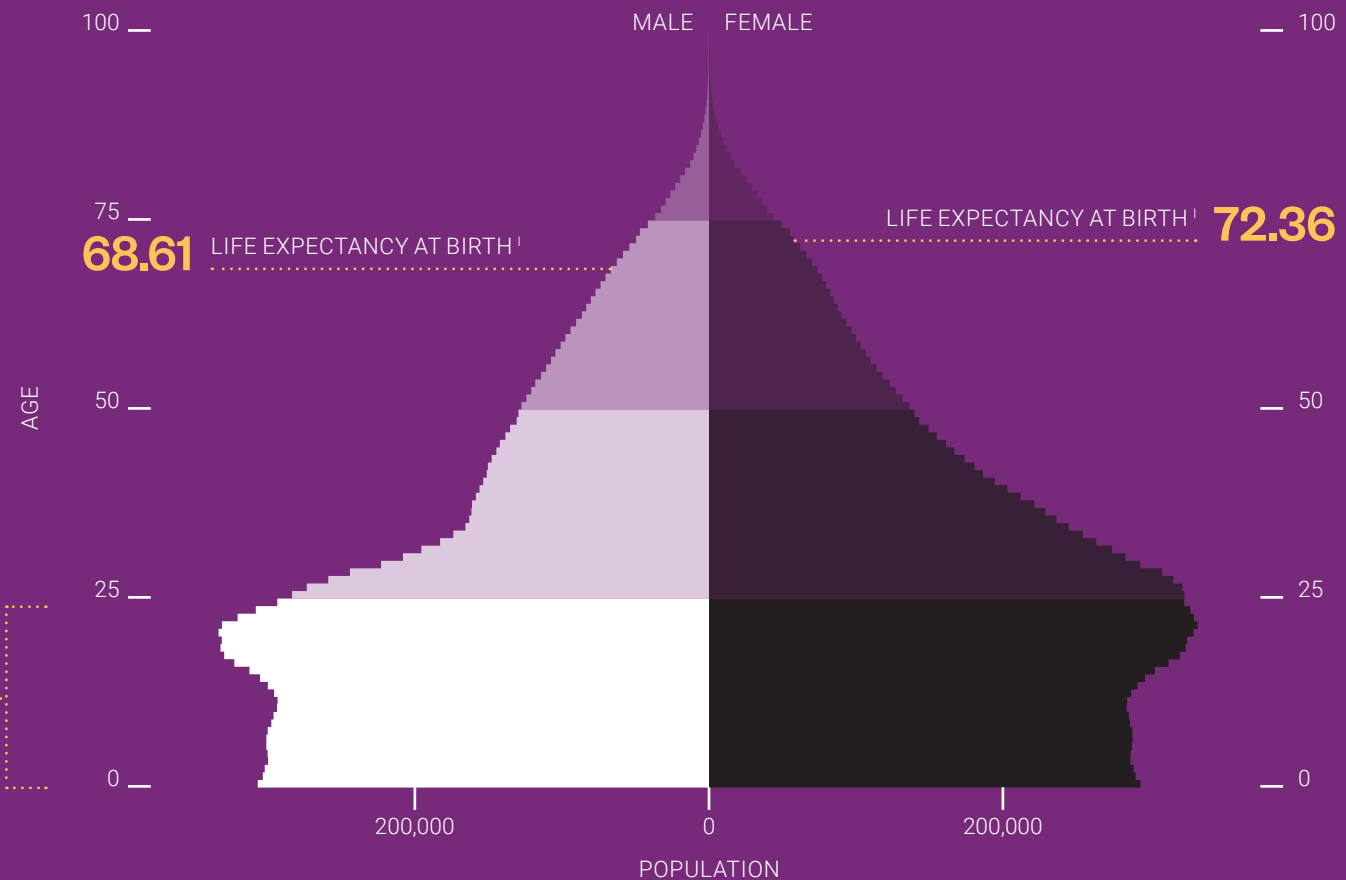


63.5% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women) ^{III}



77.2% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL ^{II}

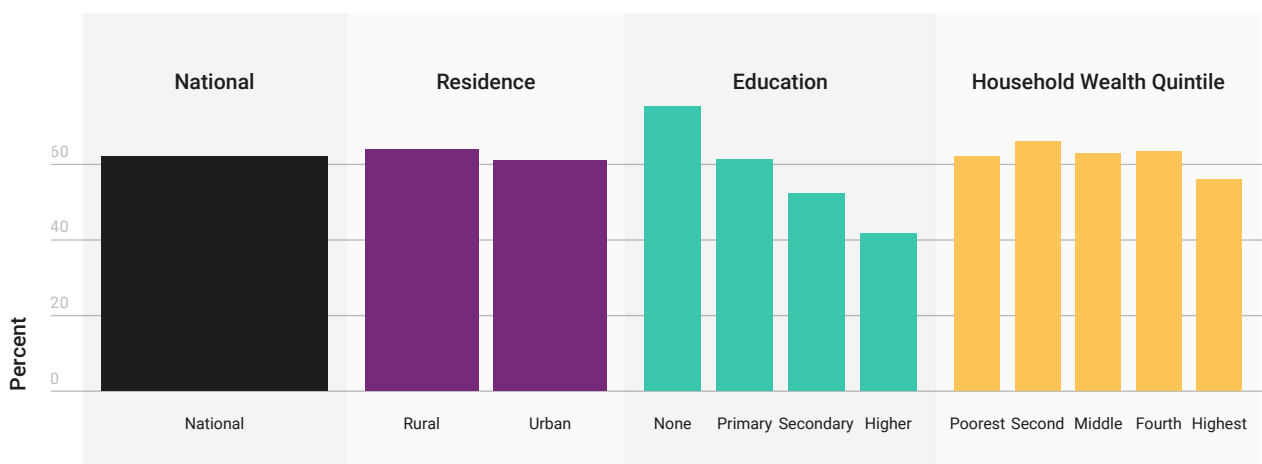
As part of its ICPD25 commitments, Nepal has committed ensuring that marginalized groups, in particularly **adolescents and youth**, are able to exercise their reproductive rights through universal access to quality family planning services including modern contraception, and the country continues to make progress in fulfilling unmet need and expanding access to modern family planning.



Nepal's total fertility rate (TFR) – the number of children that would be born to a woman if she were to live to the end of her childbearing years – is 2.0; it is highest in Karnali Province (TFR = 2.7) and lowest in Bagmati Province (TFR = 1.6). TFR is highest among women with no education (TFR = 3.2); it is also highest among those women in the poorest households (TFR = 2.9).

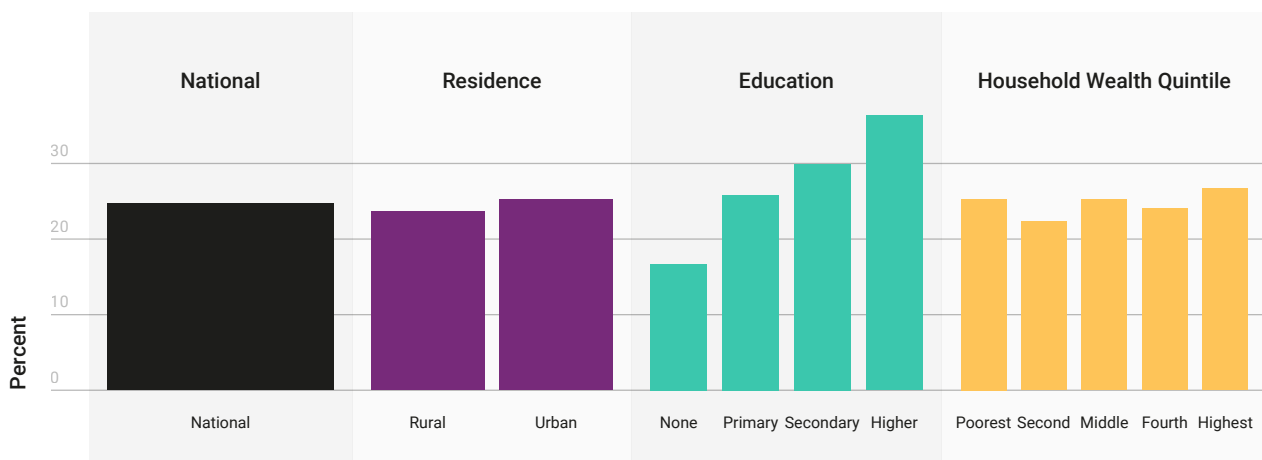
Based on the latest available data, 44.2% of married and in-union women were using a modern contraceptive method. The percentage of demand for family planning satisfied by modern methods was nearly 62% nationally, while unmet need was approximately 25%; both do not vary greatly by household wealth. Nepalese women with no education (who primarily include women 35 years and older, who are also more likely to be users of contraceptives for limiting births) have the lowest unmet need for family planning and highest demand for family planning satisfied.

Demand for Family Planning Satisfied with Modern Methods, Married Women



Source: Multiple Indicator Cluster Survey, 2019

Unmet Need for Family Planning, Married Women

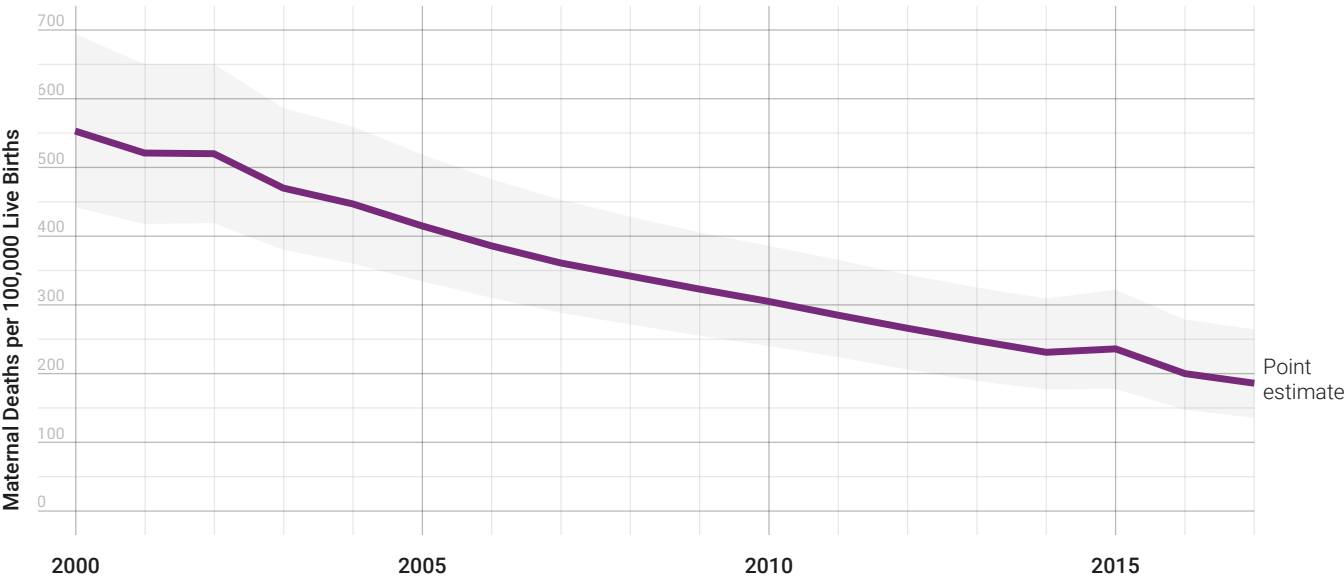


Source: Multiple Indicator Cluster Survey, 2019

Nepal is committed to ending preventable maternal deaths and reducing maternal morbidity through integrating comprehensive sexual and reproductive health services as part of the universal health coverage basic health package, ensuring births are attended by skilled birth attendants, and ensuring the provision of legal abortion and post-abortion care services are safe, accessible, affordable and of good quality.

Nepal’s maternal mortality ratio declined from 2000 to 2017, the year in which it was estimated to be 186 maternal deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of “a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals’ right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights”. Nepal is one of 18 countries that have overturned complete bans on abortion, reforming their laws to permit abortion under various circumstances, and is one of 15 countries who have reformed their laws to allow abortion on certain grounds and to ensure Nepalese women’s right to decide on their fertility choices.

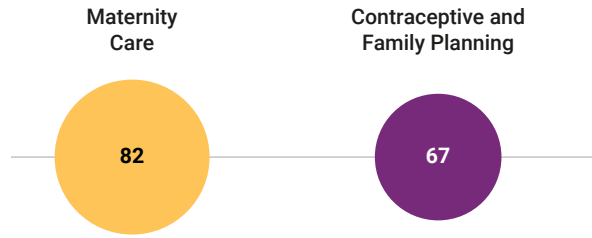
Maternal mortality ratio, 2000–2017 ■ 80% uncertainty interval



Source: World Health Organization, 2019

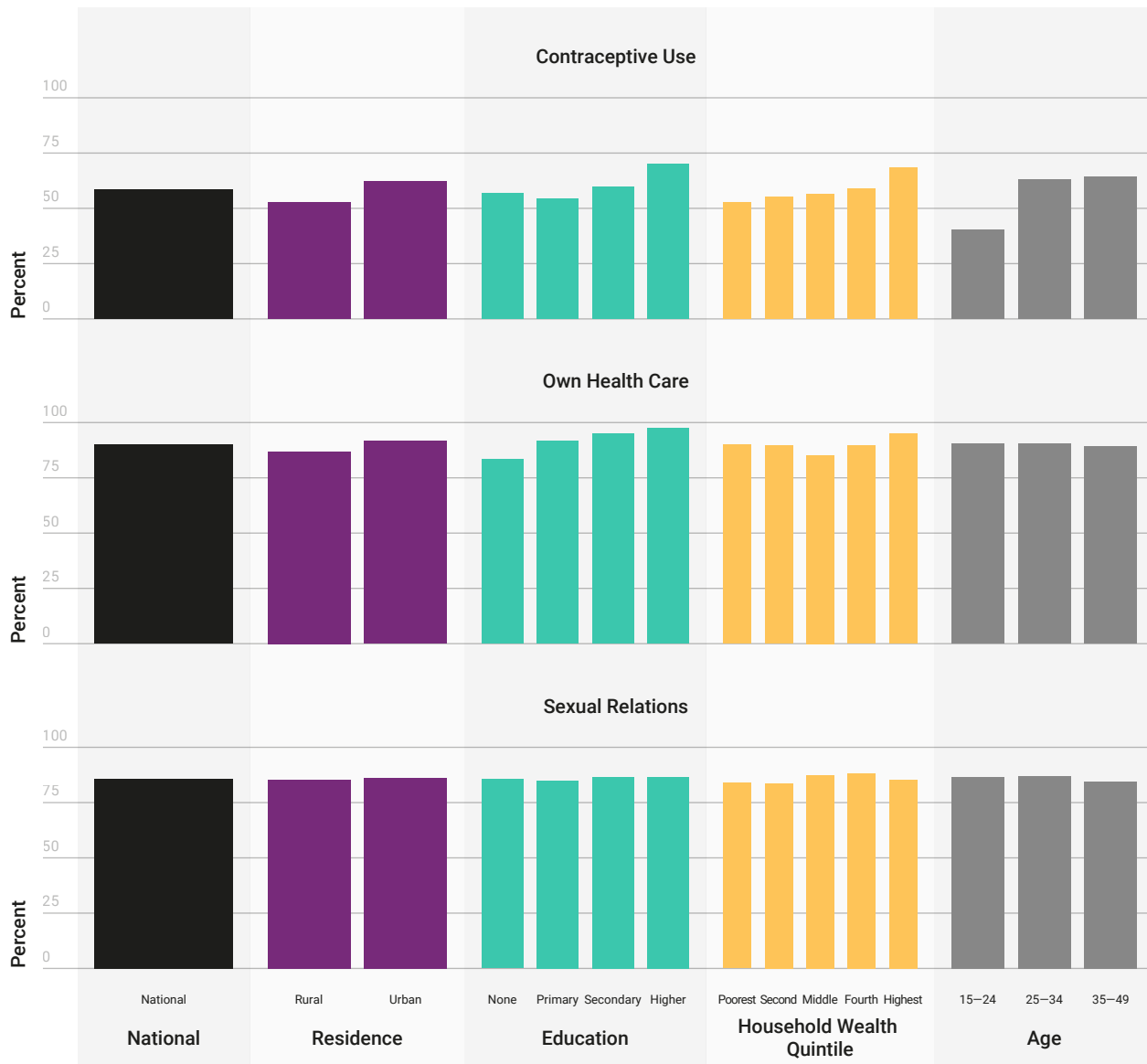
In Nepal, 59% of married or in-union women make decisions on their health care; 85% have the autonomy in deciding to use contraception, and 91% can say no to sex. Overall, 48% of married or in-union women aged 15-49 years in Nepal make their own decisions regarding sexual and reproductive health and rights, including deciding on their own health care, deciding on the use of contraception, and can say no to sex. SDG 5.6.2 reflects the extent to which prevailing laws enable or disable women and men's full and equal access to health and rights. On average, Nepal has achieved 48% of enabling laws and regulations for full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education.

Extent to which Nepal has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education



Source: United Nations Population Fund, 2022

Proportion of married women who make their own informed decisions regarding reproductive health care, contraceptive use, and sexual relations



Source: Demographics and Health Survey, 2016

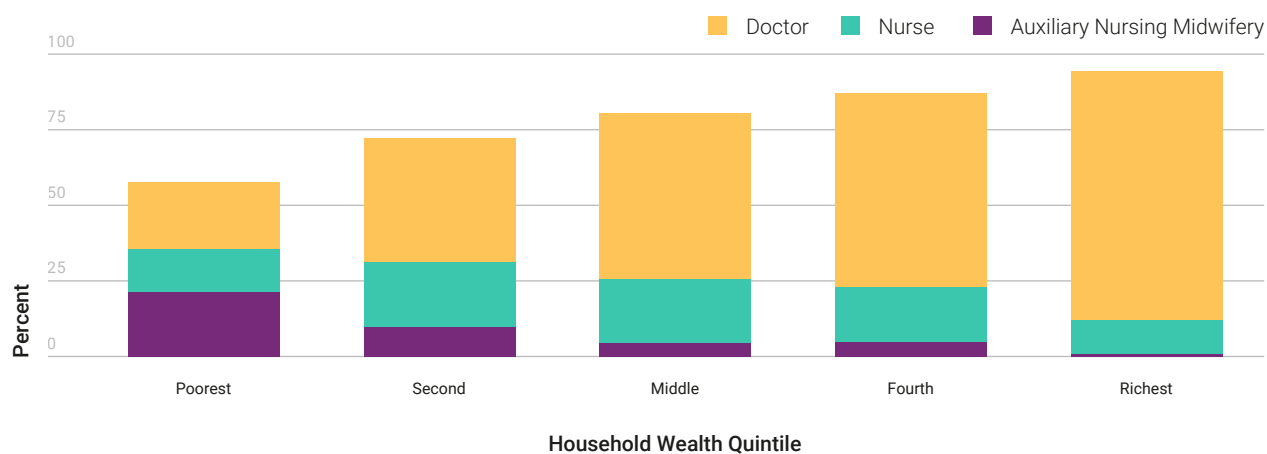
In 2019, the proportion of births in Nepal that were attended by skilled health personnel was greater than 75%. Among married women 15-49 years who had a live birth in the last two years, deliveries assisted by a skilled attendant were higher among women in urban areas, and was lowest among women with no education and among women living in the poorest households. As education and household wealth increases, so does the portion of births attended by skilled health personnel. Among women living in the poorest households, approximately the same percentage of births were attended by auxiliary nursing midwives and by doctors. As household wealth increases, so does the portion of births attended by doctors.

Births with Skilled Attendant



Source: Multiple Indicator Cluster Survey, 2019

Skilled Birth Providers by Wealth Quintile



Source: Multiple Indicator Cluster Survey, 2019

Since the Nairobi Summit, high-level national and provincial policy dialogues have taken place, with participation of national and local government, development partners, implementing partners, NGOs, and other stakeholders to discuss inequities in sexual and reproductive health and rights. Youth-led advocacy is also active. National and sub-national youth networks and platforms were mobilized to follow up on youth commitments. An ICPD25 youth coalition alliance with youth-led CSOs was formalized.

At the Nairobi Summit on ICPD25, Nepal also committed to:



ensuring that marginalized groups, in particularly adolescents and youth, are able to exercise their reproductive rights through universal access to quality family planning services including modern contraception, and the country continues to make progress in fulfilling unmet need and expanding access to modern family planning;



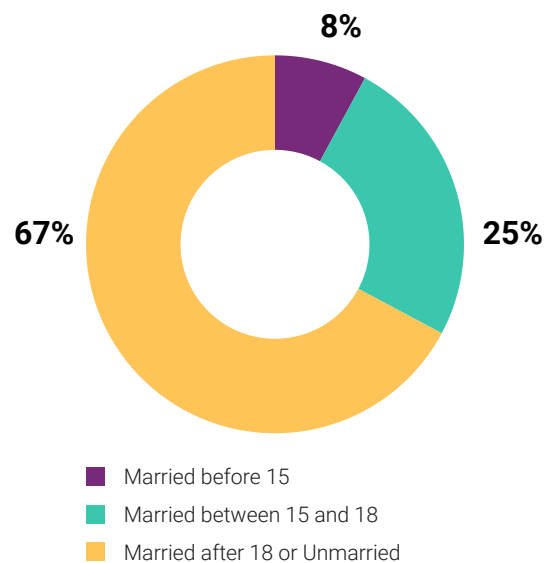
harnessing the demographic dividend through investing in adolescents' and youth's education, employment opportunities and health care; and



attaining gender equality, eliminating all forms of violence against women and girls, ending child and early and forced marriage.

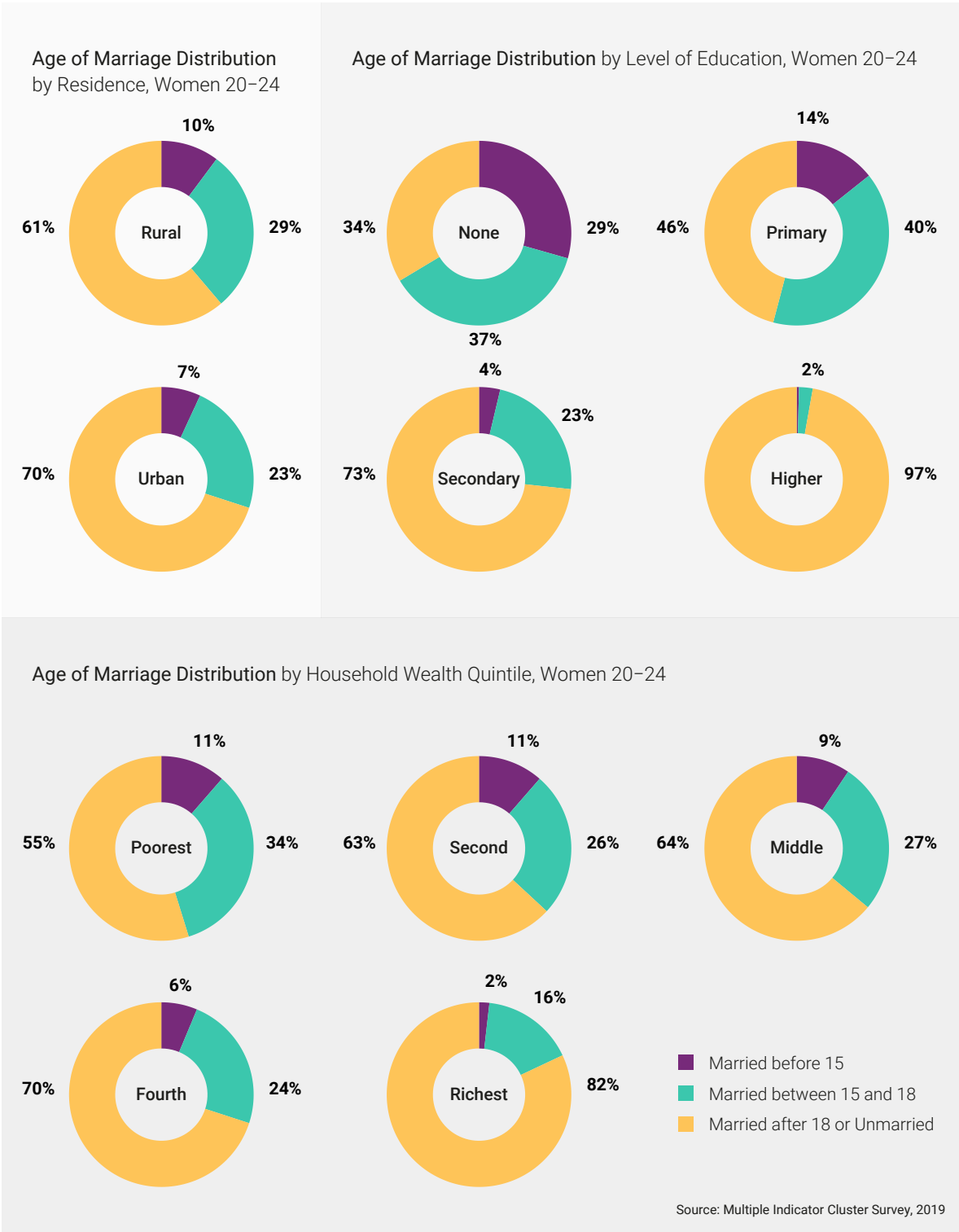
In Nepal, 33% of women aged 20-24 years were married before age 18; 8% of women were married before age 15 and 25% were married between ages 15 and age 18. The percentage of girls married before age 15 is nearly 1.5 times higher among those living in rural areas compared with those living in urban areas. The percentage of girls married before age 15 is six times higher among those living in the poorest households compared to those living in the wealthiest households, and two times higher for girls married between 15 and 18 years living in the poorest households compared to those living in the wealthiest households.

Age of Marriage Distribution, Women 20-24



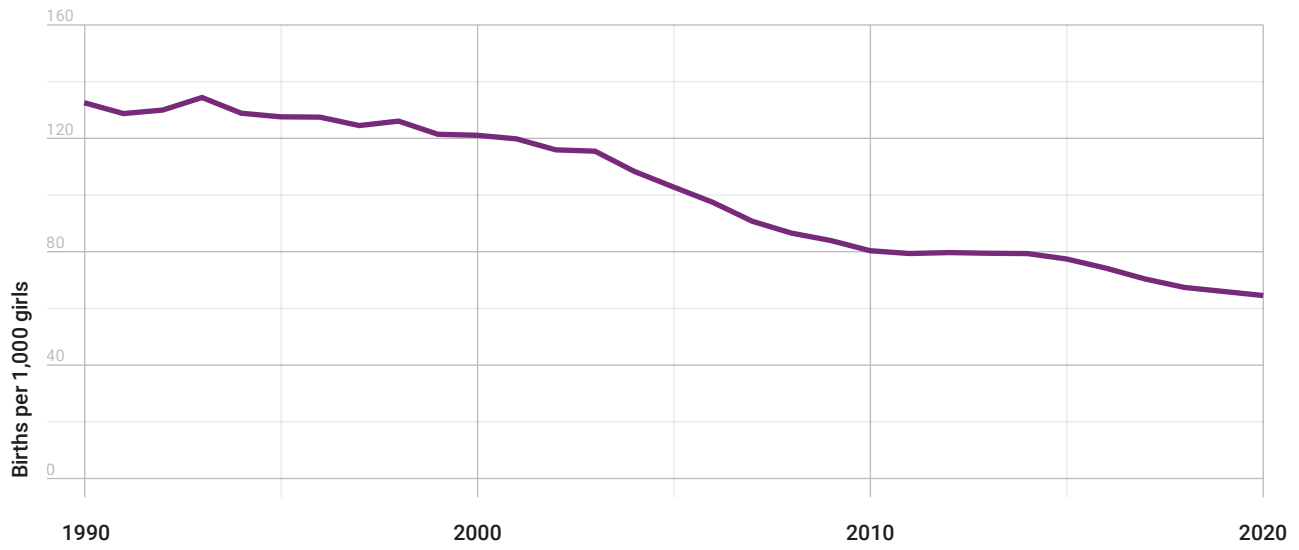
Source: Multiple Indicator Cluster Survey, 2019

Nepal was reviewed at the 37th session of the Universal Periodical Review of the UN Human Rights Council in January 2021. It received 233 recommendations, of which at least 89 (38% of all recommendations) were related to the Nairobi Summit, and more explicitly referenced Nepal's ICPD25 commitments.



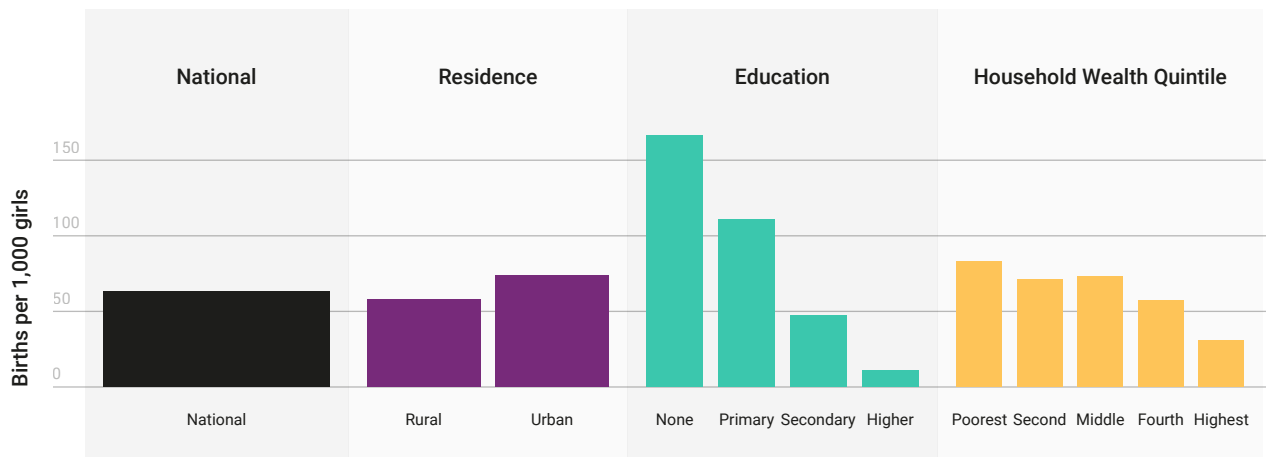
Nepal has made progress in meeting the sexual and reproductive health needs of adolescents, as seen in the decline in the adolescent birth rate, however it still remains one of the highest among countries in the region. The adolescent birth rate is higher among those living in rural areas, and is 15 times higher among girls with no education compared to those with higher education, and nearly three times higher among those living in the poorest households compared to those in the wealthiest households.

Adolescent birth rate, 1990–2020



Source: World Population Prospects, 2022

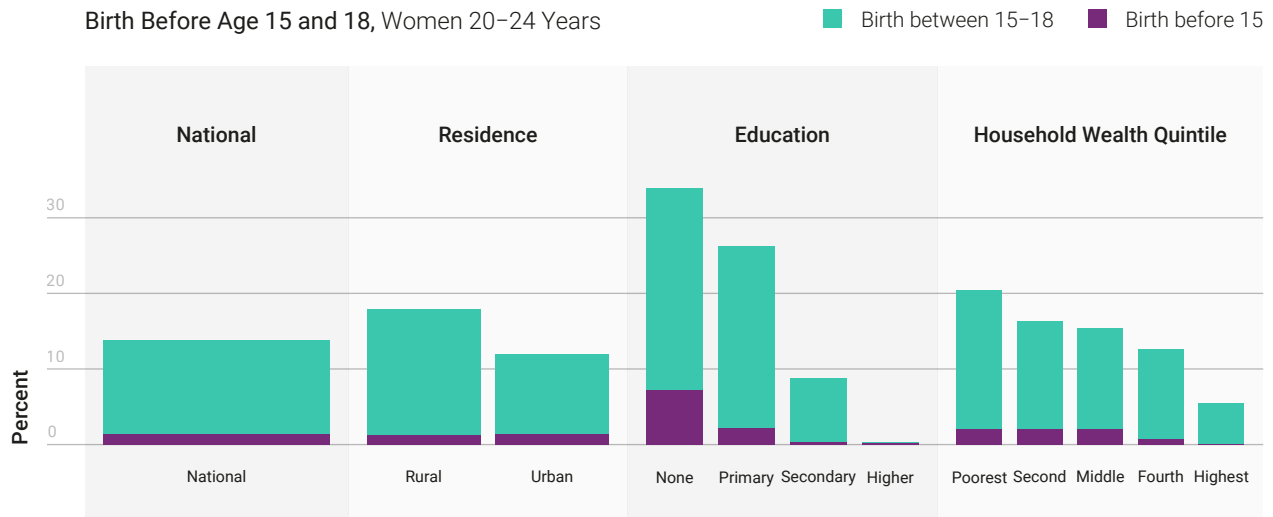
Adolescent birth rate



Source: Multiple Indicator Cluster Survey, 2019

A greater percentage of married girls who give birth before age 18 live in rural areas of the country. Women from the poorest households are three times more likely to have a live birth before the age of 18 (20%) than women from the wealthiest households (6%). 9% of women with higher education attainment level had a live birth before 18 years of age, compared with 34% of women 20-24 years with no education.

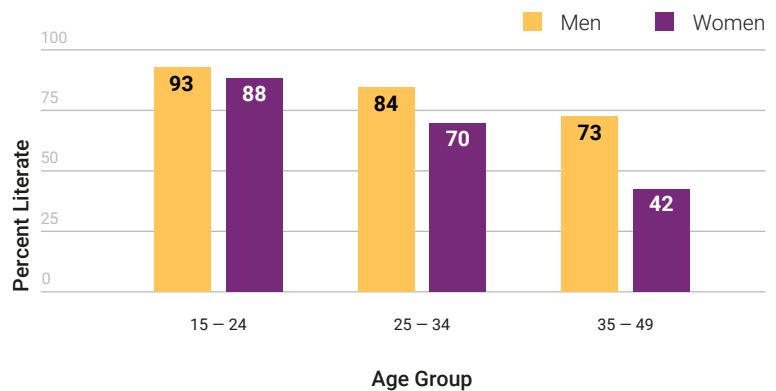
Birth Before Age 15 and 18, Women 20-24 Years



Source: Multiple Indicator Cluster Survey, 2019

Harnessing the promises of the demographic dividend requires that young people are educated in order to enter the workforce. Nepal's literacy rate is higher among men than women regardless of age group. Secondary education completes the provision of basic education that began at the primary level, and aims at laying the foundations for lifelong learning and human development by offering more subject- or skill-oriented instruction using more specialized teachers. Nepal's secondary school net attendance ratio^{IV} is 62, almost halfway between those countries with the lowest and highest rates in the region.

Literacy Rate by Age and Sex

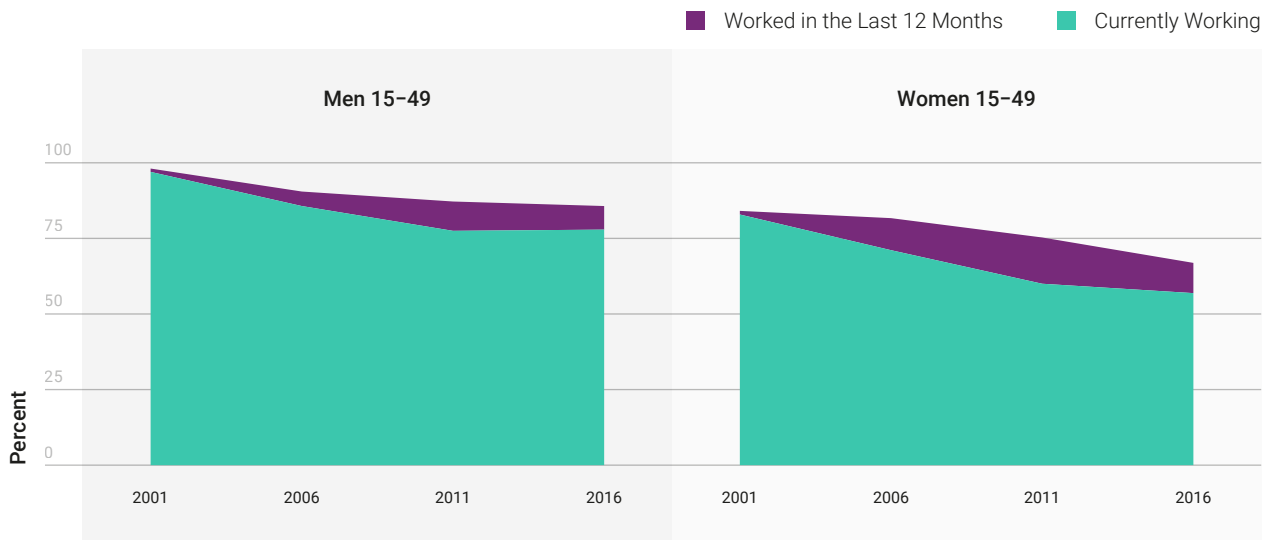


Source: Multiple Indicator Cluster Survey, 2019

IV Ratio of children of official school age who are enrolled in school to the population of the corresponding official school age.

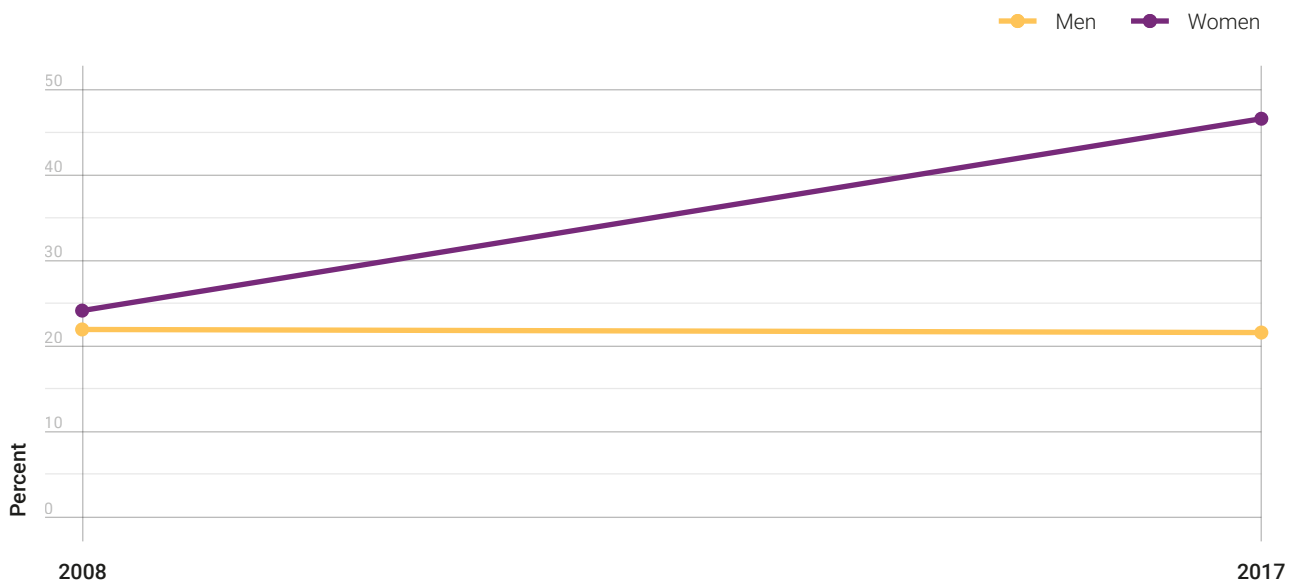
Harnessing the promises of the demographic dividend requires that young people have opportunities for employment. Employment trends for both men and women have been declining in Nepal from 2001 to 2016, with fewer women than men “currently” working. Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Nepal, the percentage of youth not in education, employment or training has been increasing in women compared with men, where it is 2.5 times higher as of 2017.

Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



Source: Demographic and Health Survey, 2000–2016

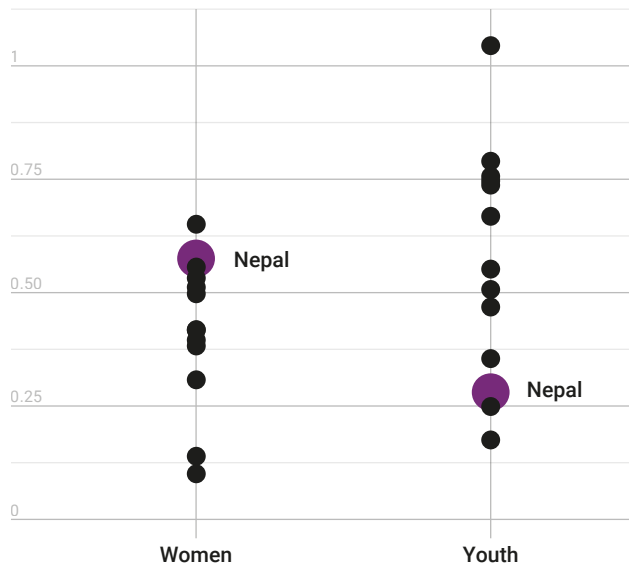
Percent of Youth (15–24) Not in Education, Employment, or Training, by Sex



Source: Nepal Labour Force Survey, 2008–2017

Nepal has some of South Asia's most progressive laws on the rights of persons of different sexual orientation and gender identity, with landmark reforms passed in 2007 prohibiting gender or sexual orientation discrimination. In 2013, Nepal issued a third gender category for citizenship documents, and in 2021 determined to include the third gender in the next population census.

Ratio of proportion of population in parliament to proportion in national population, Lower Chamber or Unicameral, Central and South Asian Countries



Source: Inter-Parliamentary Union, 2022

In Nepal, among ever married women who experienced intimate partner violence in the last 12 months, 8% experienced emotional violence, 10% physical violence, and 4% sexual violence.

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. The ratio of the proportion of female Members of Parliament in Nepal is one of the highest in the region, while the ratio of the proportion of young Members of Parliament is one of the lowest in the region (SDG 16.17.1).

With the shortfall of financing, Nepal's hard-earned development gains are at risk at a time it is preparing to graduate from the least developed countries (LDC status) by 2026^V. Nepal is moreover highly susceptible to natural hazards such as earthquakes and floods. For example, the Province of Sudurpaschim recently witnessed heavy flooding and landslides triggered by incessant rainfall, resulting in the loss of lives and displacement of people. The impact of climate change on livelihoods and health is significant, especially on women and girls. During disasters and emergencies, women and girls are more at risk of experiencing gender-based violence (GBV), exploitation and abuse^{VI}.

V [Nepal's national statement](#) on the General Debate at the 77th Session of the UN General Assembly

VI UNFPA