# Adolescent well-being in Nepal

## Findings from GAGE Midline Evidence

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# Table of contents

Please note that the annexes are available in a seperate document online:

Adolescent well-being in Nepal: findings from GAGE midline evidence (Annexes 1-2)

## Figures

## Tables

## Abbreviations and acronyms

| | |
|---|---|
| CEHRD | Center for Education and Human Resource Development |
| CPYDS | Chinese Positive Youth Development Scale |
| DAP | Developmental Assets Profile |
| ECED | Early childhood education and development |
| IYDS | International Youth Development Youth Survey |
| MICS | Multiple Indicator Cluster Survey |
| NGO | Non-governmental organisation |
| PPE | Pre-primary education |
| SDG | Sustainable Development Goal |
| SPCS-Y | Socio-Political Control Scale for Youth |
| SSDP | School Sector Development Plan |
| WHO | World Health Organization |

# Introduction

According to Nepal's latest census (Government of Nepal, Office of the Prime Minister and Council of Ministers and National Statistics Office, 2021), the population includes 5,876,269 adolescents (defined as aged between 10 and 19 years) – 2,990,477 males and 2,885,792 females. They comprise 20% of the country's total population. Various actors (government and non-government) have been implementing development programmes targeting adolescents over the past decade after a country-wide study on adolescents' lives in 2011. Other sectoral programmes on education, life skills, early marriage, and sexual and reproductive health have also included a focus on adolescents.

As part of the Gender and Adolescence: Global Evidence (GAGE) research programme, our research in Nepal brings a gender focus to Nepal's development programming for adolescents. Our starting point is that adolescent transitions shape individuals' lives in highly gendered ways, due to the prevailing norms of socio-cultural environments. These norms – especially those around sexuality – start to become more rigidly enforced and more consequential during early adolescence, forcing girls' and boys' trajectories to diverge as they approach adulthood. Understanding this divergence, and tailoring programme interventions accordingly, is critical for Nepal because the transformations that take place during adolescence are second only to those experienced during infancy and early childhood in terms of their scope and speed. Nepal's demographic dividend is to end in the next 20 years. Given that adolescents and youths make up 62% of its population, it needs to invest in skills, education, employment and overall well-being of adolescents to reap from the window of opportunity if Nepal is to move towards achieving its SDG goals and fast-track social change.

This Nepal GAGE report draws on a unique longitudinal research exploring what works to support the development of adolescents' capabilities during the second decade of life (10–19 years). The study was conducted with girls who participated in the Room to Read's Girls Education Programme (GEP hereafter) and their peers who were not a part of the programme (control). The baseline survey was conducted among 1,687 adolescent girls (570 treatment and 1,117 control), 1,603 caregivers and 100 school focal persons in 2018. Fieldwork planned for 2021 was cancelled due to the Covid-19 pandemic and cuts in UK official development assistance (ODA). The midline research,

which followed mixed-methods was undertaken in 2023. In the midline, surveys were administered to 672 adolescent girls (421 treatment, 251 control), 406 caregivers and 50 school focal persons. Participatory qualitative study was conduted with 260 adolescents, 120 parents and 10 Key Informants.

The report syntheses findings from GAGE research in Nepal about adolescent girls' capabilities across six key domains: (1) education and learning; (2) health, nutrition, and sexual and reproductive health; (3) bodily integrity and freedom from violence; (4) psychosocial well-being; (5) voice and agency; and (6) economic empowerment. It concludes by discussing the implications of our findings for policy and programming, viewed through a multidimensional capability lens.

The report is structured as follows. We begin by detailing the state of adolescents' lives in Nepal in each of the six GAGE capability domains, based on a review of current literature. We then describe the GAGE conceptual framework and the research methodology, before presenting our findings, organised according to the six capability domains. We conclude by discussing the way forward for adolescent programmes in Nepal.

# Literature review

The following section presents a brief discussion of the current status of adolescent girls in the GAGE capability domains based on a literature review.

## Education and learning

Nepal made an early commitment to this SDG in particular, which was reinforced in important policy documents, including the 15th Development Plan (2019/20 to 2023/24) and the 25-Year Long-Term Vision 2100 (National Planning Commission, 2017). As per Nepal's Sustainable Development Goals Baseline Report 2017 (ibid.), key targets for SDG 4 include achieving a net enrolment and completion rate of 99.5% for primary education and a gross enrolment rate of 99% for secondary education by 2030. Additional targets include ensuring that 95% of students enrolled in grade 1 progress to grade 8, and eliminating gender disparities in tertiary education. In 21/22, girls' enrolment in primary education stood at 48%, and in secondary education, it was 50.3%.

The education system in Nepal is governed by the Ministry of Education, Science and Technology, and

comprises school education and higher education. School education is divided into basic education, which includes one year of early childhood education and development/pre-primary education (ECED/ PPE). Primary education covers grades 1–8, secondary education covers grades 9–12.

As per the Flash I Report 2021/22 (Center for Education and Human Resource Development (CEHRD), 2022) there is a gender disparity of 0.85 in ECED and PPE, with girls comprising only 46% of enrolments, suggesting potential barriers to girls' enrolment or demographic factors that favour boys over girls. In 2018, when we carried out the GAGE baseline survey in Nepal, gender disparity in ECED/PPE also stood at 0.85, as per the Flash Report 2018/19 (ibid.).

On school dropouts, the Flash I Report 2021/22 (CEHRD, 2022) indicates a dropout rate in primary education of 3% for girls and 3.2% for boys; in secondary education, the rates are 0.7% and 0.8% respectively. Although overall, the dropout rate for girls is lower than that for boys, there are specific grades for which girls have a higher dropout rate. According to the School Sector Development Plan (SSDP) for 2016–2023, dropout rates for girls are especially high in early grades and grade 8. While the report does not account for why dropout rates for girls are higher in these grades, it is potentially due to parents having to incur educational costs after grade 8 (Samuels and Ghimire, 2021).

Over recent years, the government's focus has shifted to improving the quality of education. Quality concerns span ECED/PPE, basic education and secondary education. According to the SSDP (2016–2023), a critical area that remains to be addressed is the professional development and management of teachers. Ensuring the quality of educational inputs such as teachers, teaching–learning resources, and the overall learning environment is essential for achieving better educational outcomes.

Studies (such as Shrestha and Bhadra, 2012; Sharma 2022) find that lack of WASH facilities and access to safe water and sanitation, discriminatory gender norms, traditional beliefs and practices, restricted mobility, lack of autonomy and menstrual stigma greatly hamper girls' educational attainments. These studies suggests that traditional beliefs around care work and men's authority over women, domestic responsibilities, early marriage, and the lack of an enabling environment, along with conservative social-cultural values, further limit girls' educational opportunities.

## Health, nutrition, and sexual and reproductive health

The aim of SDG 3 is to 'ensure healthy lives and promote well-being at all ages'. Target 3.5 aims to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol; target 3.7 is for universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030. The government of Nepal is working on the SDG target to increase psychosocial and rehabilitation and aftercare services for substance use disorders to 70%, reduce harmful use of alcohol among peole 15 years and older to 1.8%, reduce adolescent birth rates from to 30%.The Multiple Indicator Cluster Survey (MICS) shows that Nepal has made good progress on the SDG goals and targets related to sexual and reproductive health issues for adolescents. Research by Parsekar et al. (2019) showed that several initiatives over the years have positively impacted maternal and child health indicators.

The SDG target 2.2 focuses on reducing anemia to 10% among women of reproductive age. As per Nepal Demographic and Health Survey, 2022, 39.4% of female population between the age of 5-19 years are anemic. Studies (Van Tuijl et al. 2021; Cunningham et. al, 2017, Acharya, 2023) have highlighted an association between poor nutritional status in adolescents and paternal occupation and education, household income, number of household earners, geographical place of residence, caste/ethnicity, and nutritional knowledge as well as diet, physical activity, morbidity, and early pregnancy, access to services, knowledge, attitudes and practices, as well as household and community elements.

Menstruation remains taboo and is stigmatised in Nepal. In the National Demographic and Health Survey, girls reported facing several restrictions during menstruation. For example, 63% reported being barred from going inside temples and participating in religious events, 36% reported being prohibited from touching or cooking food, 8% from dining with family, 7% from staying in the main house, 5% from touching people and 15% from going to get water (Ministry of Health and Population et al., 2023). Similarly, girls face restrictions on intake of certain healthy foods (such as milk and milk products) during menstruation (ibid).

In Nepal, sexual and reproductive health education is part of the curriculum from grade 6, including various

awareness-raising programmes and training by government and non-government organisations focused on activities such as making reusable sanitary pads, menstrual health and hygiene management (MHM), disposal of sanitary pads, and distribution of sanitary pads. This might have contributed to this enabling environment around MHM. This may also explain why a fairly large percentage of girls (73%) reported knowing about menarche before its onset (Poudel and Gautam, 2020; World Vision and National Health Research Council, 2020). However, the same studies also point to regional disparities in access to information.

Cunningham et al. (2017) identified persistent stigma around sex education on the part of adolescent girls; 42.93% of female respondents expressed a negative opinion about sex education.

In terms of sexual relationships, another study, by Acharya (2023), identified barriers to condom use during first sexual contact and highlighted factors such as inadequate nutritional care, lack of family support and insufficient guidance as having a detrimental impact on adolescent health and attitudes. Lack of information about sexual and reproductive health is found to lead to early marriage, early and frequent childbearing, unsafe abortion, sexually transmitted diseases (including HIV), and substance abuse.

Among good practices, a study by Lamsal et al. (2024) found that in Pokhara, Nepal, men's engagement in sexual and reproductive health programmes has proven to have numerous benefits for maternal and child health outcomes. However, like in other countries and contexts, that same study also found that there are significant challenges in engaging fathers in reproductive health programmes, due to socio-cultural norms and traditional gender roles.

## Bodily integrity and freedom from violence

Nepal has one of the highest rates of child marriage in the world. As of 2019, 33% of Nepali girls were married before the age of 18, and 8% were married before the age of 15 (Government of Nepal, Nepal Planning Commission, Central Bureau of Statistics and UNICEF). Nepal has an estimated 5 million child brides, 1.3 million of whom married before age 15 (UNFPA-UNICEF, 2021). Despite the recent reduction in the incidence of child marriage in Nepal, it remains a big problem. In the survey we asked parents and girls about the ideal age for a female to get married, and how confident they were that they would remain unmarried until that age.

The legal age for marriage in Nepal is 20 years with parental consent, and 21 years without parental consent.

Women and girls are at risk of violence within their own homes, often perpetrated by intimate partners or other family members (KC, 2018). One in five women aged 15–49 years have experienced physical violence at some point in their life, and one in four have experienced physical, sexual or emotional violence from their spouse (Ministry of Health, Nepal; New ERA; and ICF, 2017). The impacts of this violence can be felt in the long term as well as the short term. For example, a study by Rose-Clarke et al. (2021) showed that the adolescent boys and girls who face or witness abuse/violence at home or in school have difficulties socialising with people in their school or community, and feel tense and overburdened, and want to give up on their family or studies.

Studies identify lack of awareness, husband's level of alcohol consumption (individual level), the illiteracy of women (individual level), and patriarchy (societal level, girls marrying at an early age, women's poor mental health, disability and infertility (as high-risk factors for gender-based violence (Ministry of Health, Nepal; New ERA; and ICF. 2017; Sapkota et al., 2024, Silwal and Thapa, 2020). For example, Lundgren et al. (2018) find that the life skills and extracurricular programmes run by government and non-government organisations in Nepal have helped girls to identify and express the gender inequities they face. Similarly, the study found that adolescent targeted programmes, which include their parents changed expectations towards more equitable roles for male and female children. Similarly, another study by Khurana and Gujjar (2021) revealed that adolescents' perspectives can be reshaped at the primary and secondary school levels to change ingrained perceptions around subordinate roles for women, and negative self-perceptions about their bodies. The study also found that encouraging economic participation through small businesses and self-help groups for older adolescents can build confidence among young girls, making them less likely to accept societal pressures passively.

Some groups of adolescent girls are more vulnerable to experiencing discrimination and violence. A study by Shrestha and Bhadra (2021) reported that adolescent girls with a disability can face violations while accessing health services (check-ups), which range from verbal abuse to inappropriate physical contact highlighting the additional and compounded vulnerabilities and challenges facing girls with disabilities.

## Psychosocial well-being

SDG goal 3.4 covers areas of mental health and well-being. As per Nepal's Sustainable Development Goals revised indicators (National Planning Commission, 2023), key targets for SDG 3.4 includes the reduction of mortality rate from suicide from 16.5 in 2015 to 4.7%.

A study by KC (2018) states that violence against women and girls has direct mental and physical impacts on those who experience that violence, and they may need counselling and physical health support to recover from their experiences. However, the same report indicates that Nepal lacks services that could support survivors, such as free medical examinations, legal counselling, rehabilitation shelters, and trained and skilled personnel.

A study of psychosocial problems among school-going adolescents in Nepal found that 12.9% of respondents reported significant psychosocial impairment (Timalsina et al., 2018). The study indicated the need for preventive programmes and psychological interventions to improve the mental health of school-going adolescents.

Studies (Sujakhu and Kim, 2022, Rose-Clarke et al., 2021) show that some of the reasons for mental health issues in adolescent girls and boys were high academic pressure, witnessing domestic violence, conflicts at home stemming from being given an unfair amount of household chores, and experiencing parents' overprotectiveness, which restricted them from playing and spending time with their friends were a source of stress along with anxiety due to family issues – for instance, those with ill parents expressed anxiety over their parents' potential death and its impact on their life.

## Voice and agency

As per Nepal's Sustainable Development Goals revised indicators (National Planning Commission, 2023), key targets for SDG 5, which covers targets related to voice and agency to increase women's participation in federal, provincial and local government by 40%, 40% and 42%, respectively, and their decisionmaking in private sector by 45% and in civil service decision-making position by 33% (National Planning Commission, 2023). Similarly, it also aims to increase participation in co-operatives and the proportion of women who make decisions about their healthcare to 50% (ibid).

The patriarchal mindset inherent in society and at home often hinders girls' autonomy. For example, the study illustrates that even when they are capable of making their own life choices, adolescent girls' choices are dependent on the willingness of their parents or the household head that make decisions for them (Sharma, 2022).

For adolescents, studies typically focus on (often quantitative measures of) participation in school-based clubs and community activities to assess voice and agency. However, this cannot give a complete picture of long-term outcomes, although it is an important de facto measure, as these forums are the only places bringing adolescents together to support each other and build solidarity, using their collective voice to advocate for their well-being and establish linkages to formal structures (such as police and local government) to access related services.

Several studies on women and girls' empowerment programming show that economic engagement and participation in community learning programmes have had positive impacts on the voice and agency of girls and women (Burke et al., 2023; Kim, 2017; Yount, 2023) Such participation has been found to increase their self-reliance, confidence, and educational attainment. It also made them less dependent on others for activities such as using a mobile phone, seeking health services, accessing the financial literacy needed for daily life, and mobility and. It ultimately supported them to take actions based on their own needs and interests, expanding their agency to act according to what they value.

Similarly, due to a seed money and livelihoods training component, along with a life skills programme, women have become less financially dependent on their husbands and thus felt an increased sense of agency, while developing crucial skills necessary for women to gain confidence (Kim, 2017). Greater recognition within their community and enhanced visibility motivated the women to become even more involved in the activities. Efficacy in mobilising women to act seems an important factor in exerting agency (ibid).

At the same time, parents' participation in the parenting programme tend to be positively associated with girls' knowledge and attitudes about sexual and reproductive health, self-efficacy, mobility, freedom of movement, and group membership (Yount et al., 2023).

Similarly, another study by Kim et al. (2019) using data from the 2011 NDHS, on 3,373 married women, found that those with higher capabilities (such as around education, and those who participate in family decision-making) were less likely to be victims of domestic violence. It further suggested that programmes aimed at reducing gender-based violence should focus on education and public awareness.

A study by Madjdian et al. (2023) among adolescent girls aged 11–19 in western Nepal finds that all younger girls wanted to become doctors, nurses, or teachers. However, they were unable to explain why they aspired to do that specific job, or what the job would entail, which potentially makes them less successful in negotiating about their future aspirations. The study also shows that most young women who dropped out of school or married at an early age had difficulties talking about aspirations for themselves.

## Economic empowerment

SDG target 8 is to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all. Nepal aims to increase average hourly earnings of female and male employees to 100 NRs, reduce unemployment rate to 8% and reduce informal employment in non-agriculture to 10% among others.

The retention and attainment of girls in higher education, which typically determines the job opportunities available to them, remain barriers to females' economic empowerment (British Council, 2019). A study by Madjdian et al. (2021), found that girls from a poorer households are more likely to internalise feelings of hopelessness, and have lower aspirations. Findings suggest that economic opportunities, social protection, high-quality education and other initiatives are needed to foster girls' aspirations (and particularly older girls), along with engaging parents. The study also highlights that occupational aspirations are dependent on school status, self-efficacy, and household economic status. The odds of having occupational aspirations were higher among school-going girls than among out-of-school girls.

A study by Sharma (2022), in Dhanusha and Rautahat districts, finds that girls believed they had equal potential for income-earning activities as boys, but decision-making power remained with the household head.



A group of adolescent girls writing down what they miss about the programme, Nepal © Anita Ghimire/GAGE 2024

# GAGE framing and methods

## Conceptual framing

GAGE's conceptual framework takes a holistic approach that pays careful attention to the interconnectedness of what we call 'the 3 Cs' – capabilities, contexts, and change strategies – to understand what works to support adolescent girls' development and empowerment, now and in the future (see Figure 1). This framing draws on the three components of Pawson and Tilley's (1997) approach to evaluation, which highlights the importance of outcomes, causal mechanisms and contexts. However, we tailor that approach to the specific challenges of understanding what works in improving adolescent girls' and boys' capabilities.

The first building block of the GAGE conceptual framework is capability outcomes. Championed originally by Amartya Sen (1984; 2004), and nuanced by Martha Nussbaum (2011) and Naila Kabeer (2003) to better capture complex gender dynamics at intra-household and societal levels, the capabilities approach has evolved as a broad normative framework exploring the kinds of assets (economic, human, political, emotional and social) that expand the capacity of individuals to achieve valued ways of 'doing and being'. Importantly, the approach can encompass relevant investments in girls and boys with diverse trajectories, including the most marginalised and 'hardest to reach', such as those who have a disability or girls who are already mothers.

The second building block of our conceptual framework is context. Our '3 Cs' framework situates girls and boys socio-ecologically, recognising that their capability outcomes are highly dependent on family, household, community, state and global contexts.

The third and final building block of our conceptual framework acknowledges that girls' and boys' contextual realities can be mediated by a range of change strategies, including: empowering individual adolescents; supporting parents; engaging with men and boys on gender inequalities; sensitising community leaders; enhancing adolescent-responsive services; and addressing system-level deficits.

## Research questions

Three sets of questions are central to GAGE's research. They focus on:

- adolescents' experiences, and how these are gendered, as well as how they differ according to adolescents' economic, social and geographical positioning;
- how programmes and services address adolescent vulnerabilities and support the development of their full capabilities;
- the strengths and weaknesses of programme design and implementation in terms of ensuring programme efficacy, scale and sustainability.

## Research methodology and sample

The selection of research sites was informed by the design of the Room to Read's GEP programme for girls, through which we are exploring questions related to change.

In Nepal, baseline data was collected in mid-2018 and included a survey of nearly 1,700 adolescents and their caregivers. Midline data was collected in 2023. In the midline, mixed-methods were used. Table 1 and 2 show

**Table 1: Sample description for baseline and midline surveys**

| Districts | Treatment | | Control | | School Administrator |
|---|---|---|---|---|---|
| | Adolescent girls | Caregivers | Adolescent girls | Caregivers | |
| Baseline | | | | | |
| Tanahun | 285 | 282 | 559 | 520 | 50 |
| Nuwakot | 285 | 281 | 558 | 520 | 50 |
| Total | 570 | 563 | 1117 | 1040 | 100 |
| Midline | | | | | |
| Tanahun | 226 | 157 | 166 | 158 | 25 |
| Nuwakot | 190 | 127 | 85 | 71 | 25 |
| Total | 416 | 284 | 251 | 229 | 50 |

**Table 2: Qualitative research tools and participant types**

| Methods | No. of interviews | Types of participants | Tools used | Remarks |
|---|---|---|---|---|
| Mini workshop | 16 | Adolescents in treatment group and adolescents in control group | Most significant change in adolescence Friendship circle | 10-15 participants in each group and 8 Mini workshop in each district |
| In-depth interviews | 24 | Adolescents in treatment group and control group | Social network hexagon Most significant change in adolescence | 12 IDIs in each district (6 treatment and 6 control) |
| Focus Group Discussions | 12 | Parents of adolescents in treatment group and control group | Most significant change- parents | 6 FGDs in each district (3 male, and 3 female parents) wth 8-12 parents in each group |
| Case studies | 6 | Employed adolescents from treatment group | Social network hexagon Most significant change in adolescence Most significant change – programme participants/ Economic outliers | 3 case studies in each districts. Girls involved in paid jobs or programme/ skills/TVET Decent work- interviews with adolescents- for participants who have taken formal/informal work |
| Key informant Interviews | 10 | Community leaders/ service providers/ programme implementers | Most significant change FGDs- community leaders Most significant change FGDs- programme implementers Key informant interviews with service providers | 2 with community leaders, and 3 each with programme implementers and service providers in each district. |

the methods, types of tools and the quantitative and qualitative samples.
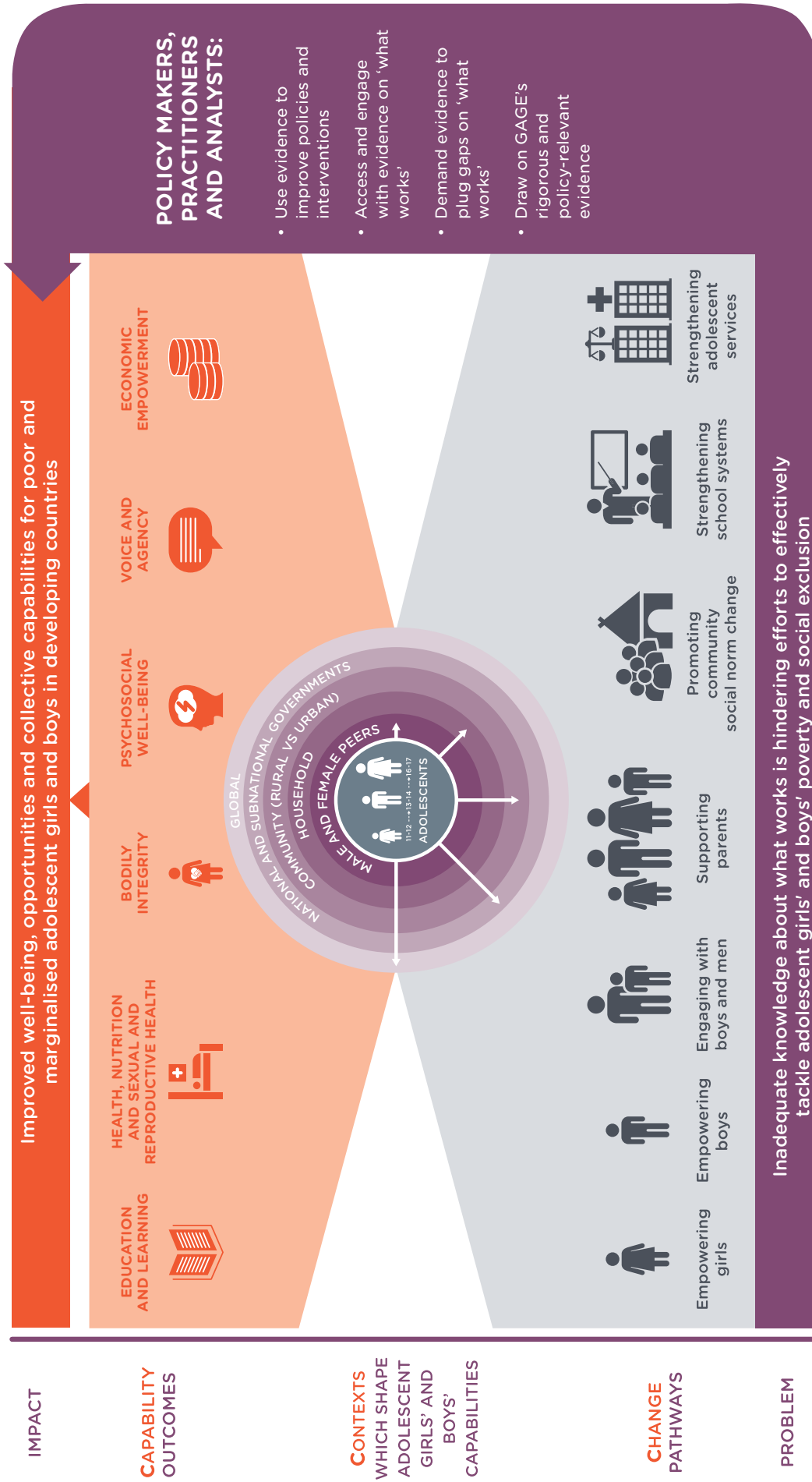
GAGE focused on two districts, Tanahun and Nuwakot, to evaluate the Room to Read's GEP programme in Nepal. Tanahun district (in Gandaki Province) is in central Nepal. As at 2021, the district's estimated adolescent population was 60,366. Nuwakot District (Bagmati Province) adolescent population is estimated at 47,577. Room to Read, a US-based charity, promoted literacy and gender equality in education in Nepal. The Room to Read's GEP programme follows beneficiary girls for six years, starting when girls are in grade six until they reach grade 12. It has a series of modules developed for each grade which contains components that cater to girls' overall well-being such as ranging educational to emotional well-being. The contents are organised according to their age and include sessions on: 'being assertive', 'preparing well for exams', Life Skills sessions (which includes components such as how to negotiate well, problem-solving, self-awareness, effective communication, maintaining healthy interpersonal relationships),delaying marriage, sexual

rights and responsibilities, staying safe on the internet, safe spaces for girls among others. It fosters adolescent girls' educational success and broader development through regular girls-only life-skills classes; careful monitoring of girls' at-risk status where it looks for risks of GBV, drop out from education; group mentoring for girls, as well as one-on-one mentoring if a girl is identified as being at risk; educational sessions aimed at caregivers; community outreach; and needs-based educational material support for the poorest girls.

For more details on the research methods and research ethics, see Jones et al., 2024.

Disability is defined using questions from the Washington Group and includes difficulty in six core functional domains (seeing, hearing, walking, self-care, cognition and communication). Using functional difficulties resulted in two groups: a larger group of adolescents (717 individuals) who were functionally impaired if they were not using any sort of assistive device (including eyeglasses); and a smaller group of individuals (417) who remained impaired even with the use of assistive devices.

Figure 1: GAGE conceptual framework



**IMPACT**

Improved well-being, opportunities and collective capabilities for poor and marginalised adolescent girls and boys in developing countries

**CAPABILITY OUTCOMES**

EDUCATION AND LEARNING

HEALTH, NUTRITION AND SEXUAL AND REPRODUCTIVE HEALTH

BODILY INTEGRITY

PSYCHOSOCIAL WELL-BEING

VOICE AND AGENCY

ECONOMIC EMPOWERMENT

**CONTEXTS WHICH SHAPE ADOLESCENT GIRLS' AND BOYS' CAPABILITIES**

GLOBAL

NATIONAL AND SUBNATIONAL GOVERNMENTS

COMMUNITY (RURAL VS URBAN)

HOUSEHOLD

MALE AND FEMALE PEERS

ADOLESCENTS

11-12 — 13-14 — 16-17

**CHANGE PATHWAYS**

Empowering girls

Empowering boys

Engaging with boys and men

Supporting parents

Promoting community social norm change

Strengthening school systems

Strengthening adolescent services

**POLICY MAKERS, PRACTITIONERS AND ANALYSTS:**

- Use evidence to improve policies and interventions
- Access and engage with evidence on 'what works'
- Demand evidence to plug gaps on 'what works'
- Draw on GAGE's rigorous and policy-relevant evidence

**PROBLEM**

Inadequate knowledge about what works is hindering efforts to effectively tackle adolescent girls' and boys' poverty and social exclusion

# Findings

This section describes the main findings from our baseline research, which are organised according to the six GAGE capability domains.

## Education and learning

### Participation in preschool programme

Overall and across districts, a larger proportion of treatment girls had not participated in a preschool programme (Table 1). This highlights the fact that intervention schools chosen by the GEP programme were in communities that had less previous exposure to programming. Overall, 66% of adolescent girls from the treatment group and 50% from the control group did not attend a preschool programme; 63% of 'in-programme' girls in Nuwakot and 70% in Tanahun had not attended a preschool programme.

### Age at starting school

In Nepal, children typically start school at the age of 4. This is evident in the GAGE data, where the majority of girls in both the districts started school before reaching 4 years of age. However, there is also a significant proportion of girls who started school much later, between the ages of 7 and 10. This proportion of girls starting school late is higher in Nuwakot compared to Tanahun, which might be explained geographically – Nuwakot is hilly, without roads, and school attendance requires walking for hours each day.

Overall, when they enrolled in grade 1, 78% of adolescent girls in the treatment group and 80% of girls in the control group were younger than 6 years; 22% in the treatment group and 19% in the control group were aged between 7 and 10 (Table 2). Only 1% of adolescent girls in the treatment group were aged 11 or older.

### Financial support during primary school

Financial support is an important part of social protection from the government to ensure that children are not deprived of their right to education. In Nepal, education is free up to grade 10 in all government schools. This is also evident in GAGE data, 57% and 49% of the treatment and control groups respectively received financial help through the school from the government. A relatively small percentage (5%) of the treatment group and 2% of the control group had received help from sources other than school; 5% of girls in the treatment group and 1% of girls in the control group had received financial support from both sources (i.e. school and other programmes).

Overall, 33% of the adolescent girls from the treatment group and 47% of the control group had not received any financial help during primary school.

### Private tutoring received during primary school

Hiring a private tutor in addition to regular school classes is an important indicator of parental investments in children's education in Nepal. However, due to poverty, such investments are either selective (by sex – for example, only investing in sons; or by grade – investing in children in higher grades). Although it is not common to invest in private tutoring during primary school grades, 28% of girls from the treatment group and 30% of girls from the control group reported having received private tutorship during their primary school. English, Maths, Science and Nepali were reported to be the most common subjects that girls received tutoring for, and this was the same across both districts.

Parental investment in private tutoring for girls seems to have continued after grade 6. This aligns with common trends, whereby children take extra private classes for specific subjects in preparation for their Secondary Education Examination (SEE). These classes are typically provided by the school as part of the preparation for exams, and sometimes parents hire other tutors too. Almost three-quarters (74%) of girls in the treatment group and 82% of girls in the control group had received private tutoring in 2023.

Overall, 28% of adolescent girls from the treatment group and 58% from the control group did not receive private tutoring after grade 6, according to panel data.[1] In 2023, this number dropped to 6% for the treatment group and 7% for the control group compared to 2018. The proportion of adolescent girls who had not received private tutoring after grade 6 decreased substantially, indicating positive investments by parents and a conducive school environment for preparing girls for their transition to higher education.

There is no change in the subjects for which parents invest in private tutoring (still English, Mathematics, Science and Nepali).

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1   Panel data is the data of respondents in 2018 who also participated in the 2023 survey.

Overall, 53% of the treatment group received private tutoring in Nepali subjects after grade 6, and 18% of the control group received the same. All participants had taken tutoring in English and 74% in the treatment group in Mathematics, indicating the relevance of English and Mathematics classes in schools. Less than 30% of the treatment group had taken tutoring classes in other subjects. Fewer respondents from the control group had taken extra English classes (40%), while more respondents from the control seem to have taken Mathematics classes (92%). Girls in the control group were more likely to take tuition in Science (58%).

The number of private tutoring subjects in Nepali and English has fallen substantially, whereas Mathematics, Science, and Social Studies have seen huge increases, among both the control and treatment groups. The reasons for this might be targeted efforts to prepare for the SEE examinations, where these subjects are often the toughest for students to pass.

## Participants' grade

The study was conducted with girls when they first entered GEP programme sessions (most girls were in grade 6 when they entered the programme). Among the control group, girls were peers of the participant girls, and most were also in grade 6 (with a few exceptions). At midline, the girls were mostly in grade 10 (having recently taken the school-leaving certificate exam).

Overall, all girls in the treatment group and 82% in the control group were in grades 4–8 in the panel data. At midline, in 2023, 2% of the treatment group and 1% of the control group were in grades 4–8. Most of the girls in the treatment group (54%) had taken the SEE examination, but comparatively few from the control group had (19%). The largest proportion of girls in the control group were in grades 11 and 12 (48%).

## Absenteeism trends

Several studies discussed in the introduction section show that girls in Nepal face challenges in education due to being overburdened by household work, which leads to time poverty and girls missing school. In the two study sites, there has been an overall decrease in girls' school absenteeism since baseline. However, the declining rate is less among girls in the control group (16%) compared to girls in the treatment group (26.2%), indicating the effectiveness of the GEP programme in addressing absenteeism with both girls and their parents. This was also evident in our qualitative interviews, where girls in the treatment group and their parents shared that parents who participated in the Room to Read programme are mindful about not keeping their girls at home to do household work. Also, as girls succeed in education and progress through higher grades, parents are more mindful to not let them miss school. This is further supported by data collected from school representatives, which indicates a significant decline in the number of girls dropping out of school due to parental attitudes toward education; 59% of school representatives from treatment schools thought that girls dropped out due to negative parental attitudes towards girls' education in the baseline while only 13% thought this as a reason for girls dropout at midline. In contrast, control schools saw a smaller decrease, from 11% at baseline to 6% at midline in school representatives who thought girls dropped out due to parental attitudes towards girls' education. These changes further underscore the positive influence of the GEP programme in addressing barriers related to parental attitudes and improving school retention for girls.

In 2023, 100% of schools in the treatment group and 78% in the control group reported fewer than 10 girls dropping out of school, as compared to 70% and 93%, respectively, in 2018. Additionally, in midline, 77% of schools in treatment group and 46% in control group reported no girls dropping out of school at grade 6, from 52% and 82% respectively at baseline. Overall, 50% of schools in treatment group and 25% in control group reported no girls dropping out of school at midline, compared to 14% and 36% respectively at baseline. These results underscore the positive impact of the GEP programme, with a noticeable decline in dropout rates in treatment group, over the years.

According to data collected from school representatives, 38% of schools in the treatment group and 31% in the control group reported that girls most frequently drop out at grade 8. The primary reasons for girls dropping out of school according to school representatives remain peer influence, the need to work to support the household, early marriage, and parental attitudes toward education. In the qualitative study, parents shared that girls would usually miss some school during the planting and harvesting seasons, when they were needed to do agricultural work or for cooking and cleaning if the mothers had to go to the fields. In other instances, older girls in particular would miss school to take over the household work if their mother was sick.

Regarding the reasons for missing school, not wanting to go (as a reason) has increased among both treatment and

control girls, showing challenges related to a supportive school environment. However, majority of schools (96%) have taken proactive measures to ensure consistent school attendance among all school-aged girls. The primary approach has been conducting door-to-door awareness campaigns, implemented by 71% of schools in the treatment group and 69% in the control group, aimed at encouraging girls to attend school. In the qualitative study, we find that girls who were not attending school were usually married, and saw schooling as an additional burden. This was also reflected in group discussions with mothers. Alongside this challenge, the proportion of schools allowing married, pregnant, or recently postpartum girls to remain enrolled has significantly decreased, as shown in the 2023 data. Unlike in 2018, when all treatment and control schools permitted such girls to stay in school, the situation has changed in 2023. In 2023, 82% of schools in the treatment group and 64% in the control group allow married girls to remain in school, while 68% of treatment schools and 50% of control schools permit pregnant girls to continue their education. Additionally, 59% of treatment schools and 54% of control schools offer support for girls who have recently given birth. However, only 50% of schools in the treatment group and 29% in the control group have formal policies in place to ensure that these girls can continue their education.

Menstruation was reported to be a strong barrier to school attendance (13.6% among treatment girls, 24% among control girls), and has also been highlighted by studies cited in the introduction. However, the data also shows that when there is a menstrual hygiene management (MHM) system and girls are given classes on MHM (as with the Room to Read programme), girls are less likely to miss school due to menstruation. Illness or disability still continues to be a strong barrier to attending school. At midline, in 2023, schools not functioning/being open was another strong barrier to attendance (12% of girls in both treatment and control); teachers being absent was another reason why girls did not go to school (4% for both treatment and control) showing political and school system negatively affecting children's education more in 2023 which was not the case in 2018.

The economic barriers to attendance (not being able to pay school fees, lacking uniform, shoes, books or other supplies) contribute to absenteeism, and these challenges seems to increase as girls progress to higher grades as shown in the quantative data. Similarly, secondary schools being located far away from children's homes also leads to absenteeism as per the quantitative.

Some encouraging trends show the positive impacts of the programme. Although 2% of parents from the control group did not want to send their children to school, none of the treatment groups' parents reported not wanting to send the girl to school in 2023. This shows the positive impact of GEP programmes' parenting component in reducing girls' absenteeism.

Although mothers shared the reasons why girls miss school during the harvesting and planting seasons, this seems to affect girls less when they are in higher school grades – for example, at midline, none of the girls in the treatment group reported missing school due to having to support the family's agriculture activities, whereas at baseline, this was a significant reason for missing school. This might be due to parents realising the importance of girls' education as girls reach higher grades, growing awareness about the importance of education, growing confidence in girl children, or mechanisation in agriculture.

### Financial support after grade 6

Financial support after grade 6 is important for the continuation of education, as children usually receive free books and lunch support until grade 6, and expenses are less. However, after grade 6, children need to buy books, and schools do not typically give lunch money in higher grades, while other educational expenses tend to increase. In general, there is less financial support available after primary education, and this is also reflected in the GAGE data. According to school administrators in 2023, however, a significant number of schools have implemented scholarship programs to support students with tuition fees, books, and uniforms. The provision of these scholarships has increased, with 68% of treatment schools and 75% of control schools offering tuition assistance, 82% of treatment schools and 57% of control schools providing support for books, and 64% of treatment schools and 39% of control schools covering uniform costs.

Overall, 17% of the adolescent girls in the treatment group and 48% in the control group had not received any financial help after grade 6 at baseline. Some reported receiving financial help from the school after grade 6 (8% of the treatment group and 47% of the control group). In 2023, at midline, the percentage of girls not receiving financial help after grade 6 increased, to 39% of the treatment group and 57% of the control group. Those receiving help from school increased to 32% in the treatment group but decreased to 29% in the control group.

## Support in educational materials, such as books or uniforms

In the panel data, 55% of girls in the treatment group and 24% in the control group reported receiving educational materials such as books and uniforms. By midline, this had decreased to 48% for the treatment group but remained the same for the control group.

## Participation in any team sports

Due to stigmatisation, increased burden of household work, and restrictions on mobility, unless they receive support from programming, adolescent girls are less likely to participate in any kind of extracurricular activity as they grow older. The GAGE data shows the same trend.

At baseline, 46% of girls in the treatment group and 35% in the control group did not participate in team sports. By midline, the percentage increased in line with the increase in girls' ages; in 2023, 78% of girls in the treatment group and 75% in the control group did not participate in team sports.

When we discussed this with girls and parents, it was understood that after grade 8, girls and parents want girls to focus on studies, and schools had extracurricular classes, which gave girls even less time to participate in team sports. Mothers shared that after grade 8, schools should minimise sports and make children more focused on studies so that they get good grades in their school-leaving exams. They believed that after the SEE, children can continue sports. Among the treatment group, the Room to Read programme organised group sessions and meetings where girls could come together and do teamwork. Girls shared that during these sessions they would write poetry and dramas, and get involved in arts and creative works.

Regarding which team sports girls participated in, as highlighted by the data, 'other sport' was the most common category. This is supported by the qualitative data, in which girls shared that under the Room to Read programme and other school programmes, they would participate in indoor activities (such as singing, dancing, writing poetry and drama, and arts and crafts) that do not need public spaces such as playgrounds. However, for those who are involved in sports, football and volleyball were reported to be the most common activities: at baseline, 7% of girls from the treatment group and 16% from the control group reported playing football in the past 12 months. By midline, in 2023, the percentage of girls from both the treatment and control groups who had played football in the past 12

months increased to 19% and 21% respectively, with 40% and 39% respectively for volleyball.

At baseline, 43% of girls in the treatment group and 41% in the control group reported that they do not play sports with boys. By midline, the proportion had increased to 65% for the treatment group and 58% for the control group. This is probably due to restrictions on girls mixing with boys as girls grow older.

## Use of the playground during recess

The extent to which girls can use the school playground can be an indicator for understanding girls' confidence in their use of public spaces. These are driven by norms. Girls' use of public spaces in school, including the playground, decreases significantly as they enter into mid and older adolescence. At baseline, girls were in grade 6 and used the playground more than they did at midline when they were approximately four years older. At midline, compared to the panel data, the proportion of girls who did not use the playground during recess increased by 14% for the treatment group and 8% for the control group.

## Use of the school library

Overall, 87% of the treatment group and 66% of the control group reported using the school library in the panel data; 13% of girls from treatment and control group shared that their schools do not have a library. By midline in 2023 the percentage of girls in the treatment group who did not use the school library had increased slightly from 13% to 15%, but among the control group, it had decreased from 34% to 18%.

Use of computers at school at midline, all schools in treatment group and 96% of schools in control group have computers available, compared to 87% and 79% respectively at baseline. Additionally, 36% of schools in treatment group and 19% of schools in control group provide computers for daily student use, marking 16% increase for the treatment group and 8% decrease for control group compared to baseline data.

## School clubs

In midline, all schools in treatment group and 77% of schools in the control group have clubs that include both boys and girls as members, compared to 91% and 79% respectively at baseline. However, nearly three-quarters of schools in treatment group (73%) and 93% of schools in control group reported not having any girls-only clubs at school in 2023.

Adolescent boys brainstorming, participatory research, Nepal © Anita Ghimire/GAGE 2024

## Mode of transportation to school

Most of the schools in the study sites were within walking distance from children's homes, and it is common for students to walk to school even when the schools are a few kilometres away. This is reflected in the qualitative interviews, where girls shared that usually they walk with a group of school friends. At baseline, more than two-thirds (70%) of girls in the treatment group and 91% of the control group reported walking to school which did not change much in the midline. Other means of going to school were below 5%, with few differences between control and treatment groups.

## Distance from home to school

At baseline, 66% of adolescent girls from the treatment group and 82% from the control group lived less than 30 minutes away from their school; 25% of the treatment group and 15% of the control group lived between 30 minutes and 1 hour away from school; 9% of the treatment group and 4% of the control group lived more than 1 hour away from their school.

By midline, in 2023, many girls had completed their primary schools and enrolled in higher secondary schools. For 75% of girls from the treatment group and 76% from the control group, the distance from home to their new school is less than 30-minute walk, while for 22% and 13% of girls respectively, the school is between 30 minutes and an hour away.

## Students' perception about peer support

The study used a set of four statements to understand girls' perceptions about their friends. Below, we analyse responses to each of these statements. Overall, a majority of girls had positive perceptions about their friends. This was strongly reinforced in the qualitative interviews. Friends occupied an important place in girls' social network mapping; distress and quarrels with friends leave an important marker in the friendship circle, and friends play an important role in girls' lives moving forward, such as in aspirations around higher studies and exploring the wider world – things that girls envisioned involving their friends in.

### Students in the school are kind and dependable

At baseline, most girls from the treatment group (62%) and 48% from the control group fully agreed that students in school are kind and dependable; less than 5% of the treatment and control groups fully disagreed with this statement. By midline, for treatment and control groups, 53% agreed with the statement. As they grow older, rather than completely disagreeing with the statement, girls seem to be less confident on the kindness and helpfulness of their peers.

### Students in school can be trusted

There seems to be some uncertainty in perceptions about the trustworthiness of peers among the treatment group over time. At baseline, 47% of girls from the treatment group and 39% from the control group fully agreed that students in school can be trusted. But by midline, there was a slight shift towards girls being more likely to partly agree with the statement (from 43% to 50% among the treatment group, and from 47% to 45% in control group). The proportion of girls who fully disagreed with the statement has remained constant between baseline and midline for the control group, but has decreased by 1% for the treatment group. In qualitative data, girls very much appreciated the participatory work they did with peers, and cited some of their most memorable times as being time spent with friends.

### Students in school help each other

Overall, most participants perceived that their friends try to be helpful. At baseline, 68% of the treatment group and 59% of the control group fully agreed that students in school help each other; 27% of the treatment group and 36% of the control group partly agreed that their friends help each other. As with the other cases mentioned above, by midline, we find a slight increase (8%) from absolute trust to a slight uncertainty for girls from the treatment group. There was a decrease of 1% in girls who partly and fully disagreed, in each of the groups.

### Students in school try to be helpful

At baseline, In the panel data more than half of the participants perceived that their friends try to be helpful; 59% of the treatment group and 58% of the control group fully agreed that the students in school try to be helpful. Overall, 33% of the treatment group and 38% of the control group partly agreed with the statement. However, there was only a slight decrease from absolute trust to a degree

of uncertainityy between the baseline panel data and the midline 2023 data, with the proportion of girls (from both treatment and control groups) who fully disagree that the students in school try to be helpful remaining constant the same between the two years.

### Students in school understand each other

Overall, a larger proportion of girls have positive perceptions towards their fellow students in terms of mutual understanding. Girls in the treatment group (53%) were more likely than girls in the control group (46%) to agree that students in school understand each other. This might be because in the RGEP programmes, there are many avenues for socialising and building connections among girls. Collective actions for creative outputs such as drama and poetry, and discussions on common issues faced by adolescent girls, as well as taking girls on group exposure visits, have helped them build solidarity and close friendships. A large majority of girls in the qualitative study shared that these were things they would miss moving forward in their lives, and they will cherish this aspect of the programme. Such avenues were absent for girls in the control group. Participation in collective actions and creative works might explain why girls from the treatment group have better perceptions of their peers.

## Perceptions about taking assertive actions to maintain a good environment in school

In this set of seven statements, we asked participants about their perceptions about whether students should take action against harmful/inappropriate behaviours by students in school, and take positive steps to maintain a good environment in school. The statements covered seven inappropriate behaviours: drinking alcohol, smoking cigarettes, skipping school, being disrespectful to teachers, bullying, making noise in class and collective problem-solving. Overall, across all seven statements, more than 50% of respondents agreed that students should take action if their peers show harmful/inappropriate behaviours, showing that students were hopeful that their peers would work to maintain a good environment in school and support their peers in the face of bad behaviours.

### Students in school would do something if classmates drank alcohol

At baseline, the largest proportion of girls agreed that students would take some course of action against

alcohol use by their classmates: 54% of the treatment group and 48% of the control group fully agreed; 22% of the treatment group and 32% of the control group partly agreed. 12% of the treatment group and 11% of the control group fully disagreed with the statement. In midline, girls who fully agreed to the statement increased to 60% from treatment and 56% from control groups. 23% of the treatment and 28% of the control groups partly agreed with the statement. 11% of girls in both treatment and control fully disagreed with the statement.

## Students in school would do something if classmates smoked cigarettes

At baseline, most girls agreed that students would take some course of action against cigarette use by their classmates: 53% of the treatment group and 46% of the control group fully agreed; 24% of the treatment group and 34% of the control group partly agreed; and 11% of the treatment group and the control group fully disagreed with the statement. By midline, 59% of girls from the treatment group and 54% from the control group fully agreed with the statement. The proportion of girls who partly agreed remained the same in the treatment group and decreased to 27% in the control group while those who fully disagreed with the statement remained the samethe in the treatment group and decreased by 1% in the control group.

## Students in school would do something if classmates skip school

At baseline, 49% of girls in the treatment group and 44% of the control group fully agreed that students would do something if classmates skip school: 30% of the treatment group and 33% of the control group partly agreed; 10% of the treatment group and 14% of the control group fully disagreed. By midline, this had increased to 57% for the treatment group and 55% for the control group; those that disagreed had decreased by 3% and 5% for the treatment and control groups respectively.

## Students in school would do something if classmates show disrespect to teachers

At baseline, 56% of girls in the treatment group and 50% of the control group fully agreed that students would do something if classmates show disrespect to teachers; 29% of the treatment group and 30% of the control group partly agreed; 8% of the treatment group and 11% of the control group fully disagreed.

By midline, the number of girls who fully agreed with the statement had increased to 61% in the treatment group and 56% in the control group. The number of girls who fully disagreed decreased by 2% in both the treatment and control groups.

## Students would do something if classmates make noise and disturb the class

As with the previous statements, overall, most girls from both the treatment and control groups agreed that students would take action if classmates made noise and disturbed the class. At baseline, 60% of the treatment group and 59% of the control group fully agreed with this statement; 26% of the treatment group and 30% of the control group partly agreed; 8% of the treatment group and 7% of the control group fully disagreed.

By midline, the number of girls fully agreeing with the statement had increased to 66% and 60% in the treatment and control groups, respectively. There was no significant change either in the treatment or control group in the proportion of girls who fully disagreed with the statement.

## Students in school would do something when classmates bully someone

At baseline, more than 50% of respondents believed that students would do something when classmates bully someone: 31% of the treatment group and 36% of the control group partly agreed with the statement 7% of the treatment group and 8% of the control group fully disagreed.

By midline, the number of girls who fully agreed that students would do something when classmates bully someone increased to 61% in the treatment group but decreased by 1% in the control group. There was less than 2% change in the proportion of girls in both the treatment and control groups who disagreed with the statement.

## Students in school would work together to solve problems

At baseline, most girls agreed or partly agreed that students would work together to solve problems: 70% of the treatment group and 62% of the control group fully agreed; 27% of the treatment group and 33% of the control group partly agreed. By midline, there was less than a 1% change on agreement with this statement.

## Confidence about reaching educational goals

At baseline, 64% of girls in the treatment group and 63% of the control group were very confident about reaching the level of education they wished for; 36% of girls from the treatment group and 38% of the control group were somewhat confident about reaching the level of education they wished for.

By midline, in 2023, the number of girls who were very confident about reaching that level of education fell to 50% in the treatment and 60% in the control group. They seem to be only 'somewhat confident', as shown by an increase in the number of girls choosing that category as their answer, among both the treatment and control groups. A small percentage (4%) of both the treatment and control groups were not very confident at all about reaching the educational level they wished for.

In terms of parents' educational aspirations for their children, at baseline, most (34% of parents in the treatment group and 37% in the control group) aspired for their daughters to study up to bachelor degree level. Just under a third of parents (31%) in the control group aspired for their children to study up to master's degree, and 4.4% for their daughters to study higher than a master's degree. Just under a quarter of parents (22%) in the treatment group aspired for their daughters to study up to master's degree, and 15% aspired for their daughters to study beyond that.

By midline, 28% of parents from the control group aspired for their daughters to study up to master's degree level, and 6% aspired for beyond a master's degree; among the treatment group, 25% of parents aspired for their daughters to study up to master's degree level and 3% aspired for their daughters to study beyond a master's degree.

In qualitative studies, mothers expressed that they are happy for their daughters to continue education as long as they want to, but thought that pragmatically, they would get married after they attain the bachelor's degree and find work.

In terms of feeling confident that their daughters would reach the educational level that parents aspired to for them, at baseline, more than 50% of parents from both the treatment and control groups were very confident, and just over 45% were somewhat confident. By midline, there was a slight hesitation, with the proportion of parents from the control and treatment groups who felt very confident about this being 45% and 44% respectively, and the proportion

of parents who were somewhat confident was over 50%, for both the treatment and control groups.

In interviews with parents, fathers and mothers mostly shared that their trust in their daughters had increased hugely after daughters started attending the programme and as they reached higher grades. One of the most valuable impacts of the programme from treatment group parents' perspective was that the daughters who participated in the programme had developed a self-realisation that they should focus on education. The following quote from one parent was a fairly typical response: 'I will rank it 2 [referring to high ranking]. I don't have to tell her to study anymore. She has learnt that she should study hard' (participant in focus group discussion with mothers, Tanahun).

## Awareness about legal rights

Overall, at baseline, 88% of adolescent girls in the treatment group and 77% in the control group had not received awareness sessions about legal rights. By midline, this had decreased significantly to 55% for the treatment group, but only slightly for the control group, to 75%. Key informants with focal teachers in schools showed that there are targeted sessions on legal rights in the GEP programme. There were also incidences where girls who were experiencing gender-based violence from neighbours were able to get justice through formal systems due to support from the GEP focal person and focal teachers.

# Health, nutrition, and sexual and reproductive health

## General health

### Main source of drinking water

People's main source of water is water piped into the yard: at baseline, 29% of the treatment group and 39% of the control group used water piped to a yard or plot. This remained the main source at midline, in 2023, with 47% and 51% respectively. The other common source of water is water piped to a dwelling; at baseline, 18% of households in the treatment group and 9% in the control group reported using water piped into a dwelling for drinking purposes, and at midline, 24% of households in each group reported using water piped into a dwelling for drinking purposes.

In terms of purification of water, baseline data shows that 69% of caretakers in the treatment group and 75% in the control group did not purify water. By midline, 65% of caretakers in the treatment group and 60% in the control

An adolescent girl holding her artwork, Nepal © Anita Ghimire/GAGE 2024

group did not purify water suggesting adolescents had increased access to piped water in 2023.

Regarding the availability of drinking water in school, in midline, all of the schools from treatment group and 89% from control group have drinking water available at school which is an increment of 13% and 21% for treatment group and control group, respectively, from the baseline.

### Toilet facility

Flush linked to septic tank was the most common toilet facility reported by respondents; at baseline, 83% of households in the treatment group and 94% in the control group reported having a toilet with flush linked to a septic tank. By midline, 81% of households in the treatment group and 91% in the control group had a toilet with flush linked to a septic tank. At baseline, 3% of the treatment group and 2% of the control group had no toilet facility, while 4% and 2% respectively had no toilet by midline. More than 75% of respondents do not share a toilet with other households, in either group.

Both treatment and control schools have toilet facility available for boys as well as girls at school.

### Menstruation

#### Participants know about the female menstrual cycle

At baseline, 71% of girls in the treatment group and 88% of the control group knew about the female menstrual cycle. This seems to have been taught extensively in school. In the Room to Read courses, this is taught in grade 6, when girls enrol in the programme. With a few exceptions, mothers of girls who participated in the programme felt that this was very important and timely for their daughters, as they learnt about it before menarche, and the daughters would even teach the mothers about menstrual management. However, a few mothers suggested that the courses are taught too early, and could have benefited girls more if it was continued until they were in grade 10: Yes, now we don't need to teach them. They learn this in the Room to Read class and they even share with us about what they learnt. Even we learnt a lot through them. (Participant in focus group discussion with mothers of beneficiary girls, Tanahun).

By midline, 98% of the treatment group and 99% of the control group knew about the menstrual cycle, compared to 1% of girls in both groups who did not. This increase can also be attributed to the fact that girls are likely to have

reached menarche some time ago by the time of midline data collection, and have the courses in their school curriculum as well.

## Age at menstruation
We also asked girls about their Menarche. Most girls reached menarche when they were 13 years or older. This was the time when they would be in grades 6–8 (starting school at age 4) and would have lessons as part of the curriculum. As discussed earlier, most mothers also shared that unlike in their generation, girls would have participated in sanitary pad-making classes in school, and knew about menstrual management by the time they reached menarche.

## Restrictions during menses
Restrictions on girls, while they are menstruating, are common in Nepal, and negatively affect daily life, including girls' studies, confidence, and emotional well-being (as discussed in the literature review section). We asked girls about some of the common restrictive practices during menstruation. Overall, most experienced the same restrictions. While some (such as offering flowers and 'prasads' to God) might not be as directly important to girls, others (such as restrictions around intake of nutritious food or mobility) might hamper girls' education and health outcomes.

## Avoid offering or praying
At baseline, 73% of girls in the treatment group and 86% of the control group reported being restricted from offering flowers or 'prasads' to God. By midline, 78% and 80% respectively reported facing these restrictions or praying during menstruation.

## Stay away from home
In previous generations, particularly in the western hills of Nepal, it was common for girls and women to stay in menstrual huts during their period. However, after a long movement by women's groups, the government and donor society, and the government declaring this practice illegal, it has stopped. However, other forms of this practice (such as keeping girls in secluded rooms at home or in community rooms) are still evident in some communities. The survey asked girls about their experiences with this.

Overall, at baseline, 22% and 32% of girls (from treatment and control groups respectively) were still required to stay away from home while they had their period. By midline, this has decreased to 9% and 13% respectively. The fact that more girls from the control group reported staying away from home than those from the treatment group suggests that the programme might have had some impact on parents in this regard.

## Stay in a separate room
At baseline, 43% and 47% of girls from the treatment and control groups respectively were required to stay in a separate room in the home when they had their period; this had decreased to 21% and 26% respectively by midline.

However, the proportions of girls who are required to stay in a separate room (21% and 26% respectively) are significantly larger than those who are required to stay away from home (9% and 13% respectively) during menstruation. This shows that norms around the so-called 'chhaupadi' where girls are kept in sheds away from home had become less common. This might be because 'chhaupadi' is now illegal and there have been awareness raising and movements from government and I/NGOs and women groups against it. Less girls from treatment groups staying in separate rooms compared to girls from control group may be because parents of girls who have participated in the GEP programme might be more lenient regarding this practice. As mothers themselves reported in the qualitiatve interviews that they learn in the GEP as well as other programmes about MHM and the daughters also share about stopping such harmful practices.

## Avoid physical contact with adults
Traditionally, while they have their period, women and girls are not allowed to touch male members of the family. This is not strictly practised nowadays due to practical reasons such as increased mobility of women and girls, sharing of household work, and women and girls participating in the labour market and public spaces. We asked girls about their experiences around this restrictive practice. At baseline, 48% of girls from the treatment group and 52% from the control group reported that they were not required to avoid physical contact with adult males when they have their period; by midline, this had increased to more than 70%, for treatment and control groups alike. As shared above, this may be due to several programmes including the GEP targeted at women which discusses and raises awareness against such practices.

### Avoid touching plants or seeds

At baseline, 35% of girls from the treatment group and 43% from the control group reported that they had been told to avoid touching plants or seeds while they were menstruating. By midline, this had increased to 55% for both groups. The increase might also reflect the fact that at baseline, many girls had not yet reached menarche and so were unaware of this restriction.

### Menstruation is a disease

At baseline, 22% of girls in the treatment group and 16% in the control group believed that menstruation is a disease; by midline, this had dropped significantly to 4% and 8% respectively.

### Menstrual management practices: what participants usually use during menstruation

The Room to Read programme includes lessons on menstrual hygiene management (MHM) for girls. Several other programmes on adolescent reproductive health (implemented by government and NGOs) also incorporate lessons on MHM, including how to make sanitary pads. Free provision of sanitary pads in schools was also an important move by the government since 2015 to ensure that girls do not miss school while they are menstruating. Schools have also taken steps to address the challenges girls face during this time. At midline, 50% of schools in the treatment group and 46% in the control group have made private spaces available—either in toilets or in separate rooms—where girls can comfortably change clothes or pads during menstruation.

In the survey, we asked girls about what materials they use during menstruation. At baseline, 80% of girls from the treatment group and 59% from the control group used commercial sanitary pads.

### Adolescent substance use

By midline, more than 90% of girls in both groups 79% of girls in both the treatment and control groups reported having never drunk alcohol until the midline; however, 20% of both groups reported drinking alcohol, showing that this harmful practice is somewhat prevalent. Around half of the girls (57% in the treatment group and 44% in the control group) started consuming alcohol between the ages of 11 and 15, while 15% and 6% respectively began before the age of 10. The fact that there is not much difference between rates of alcohol consumption among girls in the treatment and control groups might indicate

that we need to understand the underlying driver of this harmful behaviour, and address the root causes through programmes such as GEP.

The largest proportion of girls (49% and 54% in the treatment and control groups, respectively) who had consumed alcohol did so only once up to the midline. Very few (2% in the treatment group and 4% in the control group) reported consuming alcohol 2–3 times a week, while 6% and 2% respectively reported consuming alcohol 2–4 times a month.

### Availability of places where adolescents could access treatment for substance abuse if they were addicted to drugs or alcohol

In 2023, 35% of girls in the treatment group and 31% in the control group said there were no places for them to go if they were addicted to drugs or alcohol; 9% and 3% respectively did not know of any places which had substance abuse treatment services.

For those who knew about places they could access if they were addicted to drugs or alcohol, the most common responses were a counsellor, followed by hospital and health posts or health centre: 31% of girls in the treatment group and 20% of the control group reported that they would be able to access a counsellor. Others responded hospital or clinic (24% and 23% respectively), followed by a health post or health centre (14% and 20%, respectively).

### Adolescents in the community could easily access these services

In 2023, 14% of girls in the treatment group and 13% of the control group stated that young people in their community who were addicted to drugs or alcohol could not easily access the services just mentioned; however, 82% of the treatment group and 87% of the control group stated they could easily access the services, and 3% of the treatment group said they were unaware of them.

### Participants themselves ever accessed services

In 2023, 14% of the treatment group and 21% of the control group reported that they had used those services; 86% of girls in the treatment group and 79% in the control group had not needed to use those services so far.

## Health and COVID-19

The study asked questions about the impact of COVID-19 in the midline.

**Households contracted coronavirus**

The baseline was conducted before COVID. Less than 10% of girls reported that their household included someone who had contracted COVID-19 during the pandemic. Almost all girls (97% in the treatment and control groups) had received the COVID-19 vaccine; 66% of the treatment group and 40% of the control group had received more than two doses.

## Programme benefits

**Menstrual hygiene support**

At baseline, 74% of adolescent girls in the treatment group and 69% in the control group reported not having received any menstrual hygiene support. By midline, this had reduced to 32% and 62% respectively, indicating high coverage of menstrual hygiene support for girls participating in the GEP programme. However, per the data collected from school representatives in 2023, the majority of schools, with 96% in the treatment group and 100% in the control group, provide less than 10 hours of instruction on sexual and reproductive health through programmes beyond the standard school curriculum

suggesting that schools are not placing a strong emphasis on delivering sexual and reproductive health education through extracurricular programs. This also highlights the importance of other initiatives from organisations such as the GEP in filling this gap.

**Health or nutritional knowledge**

At baseline, 60% of girls in the treatment group and 53% in the control group reported not having received health or nutritional knowledge. By midline, the figure for girls in the treatment group had fallen substantially to 36% but had increased to 65% among the control group, again suggesting high coverage for girls taking part in the programme.

**Health or nutritional support**

At baseline, 82% of girls in the treatment group and 81% in the control group reported not receiving health or nutritional support. By midline, this had fallen to 78% for girls in the treatment group but remained fairly unchanged (at 80%) for the control group.



An adolescent girl walking out of school, Nepal © Anita Ghimire/GAGE 2024

# Bodily integrity and freedom from violence

## Aggression/victimisation of peers

### Teased classmates

At baseline, 70% of adolescent girls from the treatment group and 67% from the control group reported never teasing their classmates; 10% from the treatment group and 9% from the control group reported teasing their classmates once in the past seven days. By midline, in 2023, girls were more likely than at baseline to report not teasing classmates: 84% and 87% from the treatment and control groups respectively.

### Inflicting physical violence: pushed, shoved or hit classmates

At baseline, 9% of girls from the treatment group and 5% from the control group reported having inflicted physical violence on their peers once; 3% from the treatment group and the same percentage from the control group had done so twice; and 4% from the treatment group and 2% from the control group had done so three times in the past week. However, by midline, incidence had reduced significantly, with 92% of adolescent girls in both the treatment and control groups reporting having never inflicted physical violence on their peers.

### Called a classmate a bad name

Calling friends a bad name did not seem common: at baseline, 84% of girls in the treatment and control groups reported never having called their classmates a bad name in the seven days prior to data collection. By midline, this had risen to 89%, for both groups.

### Inflicting physical violence: beating classmates

Although very much a minority, some girls confessed to beating classmates at times. At baseline, 90% of the treatment group and 93% of the control group reported that they had not beaten their classmates in the seven days prior to data collection. However, 6% from the treatment group and 2% from the control group said they had beaten their classmates at least one time in the past seven days. By midline, in 2023, 94% of girls in the treatment group and 95% of the control group reported that they had never beaten their classmates; just 2% of the treatment group and 1% of the control group reported that they had hit their classmates six or more times in the past

seven days. During the qualitative interviews, we did not find any reports of girls beating their classmates.

### Left out classmates on purpose

At baseline, 95% of adolescent girls in the treatment group and 98% in the control group reported never having purposefully left their classmates out. By midline, this had fallen to 92% of the treatment group and 94% of the control group.

### Made up something about classmates to make other children dislike them

Overall, at baseline, 97% of adolescent girls in the treatment group and 99% in the control group reported never having made up something about their classmates to make other children dislike them By midline, 96% of girls in both groups reported the same.

## Aggression/victimisation by peers

The survey also asked respondents if they had experienced victimisation by other students. Overall, teasing seems to be the most common form of victimisation, with no significant difference between treatment and control groups and not much change between baseline and midline. The qualitative research did not surface any severe forms of peer-teasing, it was more a case of gentle teasing ('leg-pulling') between peers, usually friends when messages were not replied to or friends did not like a video or photo the girl had posted on social media.

### Teased by classmates

At baseline, 11% of adolescent girls from the treatment group and 9% from the control group reported that they had been teased by their classmates at least one time in the seven days prior to the survey; 6% from the treatment group and 7% from the control group reported having been teased six or more times during the past seven days. By midline, 5% of girls in the treatment group and 3% of the control group reported experiencing teasing from their classmates once in the past seven days; 2% of the treatment group and 1% of the control group reported being teased six or more times over the same period.

### Pushed, shoved or hit by classmates

At baseline, 72% of girls in the treatment group and 86% of the control group reported never being pushed, shoved or hit by their classmates in the past seven days. However, 12% of the treatment group and 4% of the control group

were pushed, shoved or hit once, and 7% of the treatment group and 4% of the control group were pushed, shoved or hit twice; and 5% of the treatment group and 2% of the control group were pushed, shoved or hit three times in the past seven days. By midline, this had reduced significantly, with 93% of the treatment group and 95% of the control group reporting never being pushed, shoved or hit by their classmates. During the qualitative interviews, we heard no reports of girls being pushed, shoved or hit by classmates.

### Called a bad name by classmates

At baseline, 75% of girls from the treatment group and 77% from the control group reported never having been called a bad name by classmates; however, 10% from the treatment group and 9% from the control group had been called a bad name by peers. By midline, 86% of girls from the treatment group and 90% from the control group reported never having been called a bad name by classmates; but 5% from the treatment group and 4% from the control group had been called a bad name at least one time in the past seven days.

### Beaten up by their classmates

At baseline, 85% of girls in the treatment group and 89% in the control group reported never having been beaten up by classmates, while 6% and 4% respectively reported being beaten up once in the past seven days. By midline, incidences had decreased; 95% of girls in the treatment group and 96% in the control group reported having never been beaten up by classmates.

### Been left out by classmates for any reason

At baseline, 91% of girls in the treatment group and 95% in the control group said their classmates had never purposefully left them out of things. By midline, there was less than 2% change on this.

### Classmates made something up to make the respondent less likeable

At baseline, 92% of girls in the treatment group and 95% in the control group reported that their classmates had never made up anything to make them less likeable. By midline, there was less than 1% change in this. During the group discussions and in-depth interviews, we also heard no such reports.

## Early marriage

### The ideal age for a female to get married

At baseline, most girls were aware of the legal age for marriage. Despite the high rate of child marriage, just 4% of girls from the treatment group and 5% from the control group thought that the ideal age for a female to marry was less than 20 years (the legal age). Almost two-thirds (64%) of the treatment group and 62% of the control group thought that the ideal age for a female to get married is between 20 and 24 years; 26% and 24% of the treatment and control groups respectively thought that the ideal age was between 25 and 29 years; and 3% and 4% respectively thought the ideal age for marriage was 30 or above. By midline, in 2023, more girls believed in marrying later: the proportion of girls who thought 20–24 was a good age for marriage had dropped to 54% for the treatment group and 53% for the control group; the proportion who thought the ideal age for a female to marry was between 25 and 29 years increased considerably, to 43% in the treatment group and 44% in the control group.

### The ideal age for a male to get married

Most girls shared that the ideal age for boys to get married is between 20 and 24 years (the same as for girls). Overall, at baseline, 4% of girls from the treatment group and 2% from the control group thought that the ideal age for a male to get married was less than 20 years. Half (50%) of the treatment group and 40% of the control group thought that the ideal age was between 20 and 24 years; 31% and 37% respectively thought that the ideal age was between 25 and 29 years; and just 9% of the treatment group and 15% of the control group thought that the ideal age for a male to get married was 30 or over.

By midline, the number of girls who believed that the ideal age for a male to get married was between 20 and 24 years had fallen to 23% for the treatment group and 18% for the control group; 62% and 61% respectively thought the ideal age for a male to get married was between 25 and 29 years; and 14% and 19% respectively thought that the ideal age for a male to get married was 30 years or over.

### The minimum legal age for girls' marriage

We also asked girls about their knowledge of the minimum legal age of marriage. It was surprising that at baseline, 13% of girls from the treatment group and 14% from the control group were still unaware of the minimum legal age of marriage; 16% and 21% respectively wrongly thought that the minimum legal age for a girl's marriage was below 20

The Women Development, Government of Nepal and World Vision emphasize the importance of waiting until 20 years old to marry, Nepal © Anita Ghimire/GAGE 2024

years. By midline, girls' knowledge had improved; just 3% of the treatment group and 7% of the control group thought that the minimum legal age for a girl's marriage was below 20 years.

### The minimum legal age for boys' marriage

At baseline, 10% of girls from the treatment group and 5% from the control group wrongly thought that the minimum legal age for a boy's marriage was below 20 years. By midline, this had fallen to 4% for the treatment group and 3% for the control group.

### Marital status of participants

Regarding girls' actual marital status, most girls (97%) were not married by midline; 4% of girls from the treatment group and 1% from the control group in Nuwakot were married, and the figures were 1% and 2% respectively in Tanahun.

### The age at which participants would like to marry

The survey also asked girls what age they would like to marry at. The responses were similar to those for the ideal age for marriage. At baseline, a large proportion of

girls reported wanting to marry between 25 and 29 years – 32% for the treatment group and 39% for the control group. A very small percentage (3% from the treatment group and 1% from the control group) wanted to marry at younger than 20 years, while. 8% and 7% of the treatment and control group, respectively, wanted would like to marry at the age of 30 or above. 2% of the treatment group and 3% of the control group) said they never want to marry.

By midline, in 2023, the number of girls who wanted to marry below the age of 20 fell to 1% in the treatment group, but remained the same in the control group. There was a substantial increase in the number of girls who would like to marry between 25 and 29 years, to 64% in the treatment group and 59% in the control group. Qualitative data suggests that this change is due to aspirations for moving out of the country, having higher education and establishing a career before marriage.

Confidence of participants that they will marry at the desired age or later. At baseline, 90% of girls were confident that they would marry at the desired age or later, revealing less concern about pressure for forced marriage. Just over half (53%) of girls in the treatment group and 43% of the control group were 'somewhat confident' to marry at

the desired age or later; 43% and 55% respectively were 'very confident' to marry at the desired age or later.

By midline, the number of girls who were not very confident at all to marry at the desired age or later fell by 2% in the treatment group but increased by 3% in the control group. Those who were somewhat confident about it fell to 48% in the treatment group but remained the same in the control group. The number of girls who were very confident to marry at the desired age or later increased by 6% in the treatment group but decreased by 2% in the control group.

## Safe environment: at school

At baseline, 85% of the treatment group and 92% of the control group reported feeling very safe at school, indicating they are comfortable with the school environment, despite responses around different forms of peer bullying (discussed in section 1.3). These responses also resonate with the positive responses respondents gave around potential actions by students to stop negative incidents in school. A higher proportion of girls from the treatment group did not feel safe in school. This might be due to greater awareness about the risks (which are discussed in depth in their Room to Read sessions over the course of six years), as shown by the qualitative study; this was not the case with girls from the control group. By midline, the number of girls who reported feeling very safe at school had decreased to 84% among the treatment group and 86% among the control group.

According to the school representatives, 18% of schools in the treatment group and 21% in the control group do not use any form of punishment to address student misbehaviour in midline. Instead of resorting to corporal punishment, 82% of schools in the treatment group and 61% in the control group adopt alternative approaches, such as holding parent meetings, offering counseling, and requiring students to write apology letters to reflect on their actions.

## Safe environment: in the community

Overall, at baseline, 85% of girls from the treatment group and 92% from the control group reported feeling very safe travelling to and from school. Less than 1% of girls reported feeling unsafe while travelling from home to school By midline, the number of girls who reported feeling very safe travelling to and from school had decreased slightly to 84% in the treatment group and 86% in the control group. This aligns with survey data from the school representatives where 55% in treatment schools and 89% in control

schools perceive that girls can safely travel alone to and from school.

In qualitative interviews, parents and girls alike gave high rankings to the courses on safety in the Room to Read programme. Girls felt that they now have confidence in their mobility because they have learnt how to recognise threats and keep themselves safe, thanks to the Room to Read courses. They are also aware of the services they can approach in case of risk, and feel confident to use them. Mothers and fathers who participated in the focus group discussions highly appreciated the lessons provided by the programme on how girls can keep themselves safe; indeed, it was the top-ranking parents gave to the outcomes of the programme.

The most important thing about the programme is that it has taught my daughters how to be safe. Previously my days would be spent in anxiety when my daughter left school until she came back. Now, it does not happen. This is the greatest thing for us parents from the programme. (Participant in focus group discussion, mother of beneficiary girl, Tanahun).

## Psychosocial well-being

In the qualitative study, we found significant differences between treatment and control girls. In all the participatory exercises, treatment girls were much more assertive, were able to work efficiently in a group, were more creative (such as actively making poetry, colourful drawings in participatory exercises) and were much happier than control girls in general. They commonly expressed their relationship with the GEP focal teacher being among the most precious relationships to them, the moments in the GEP classes and GEP events were their best moments which they would miss after the next few months when the programme would come to an end. The teamwork was also significantly strong- they were used to composing team songs and the GEP room in the schools were colourful and had songs and arts from the girls. Treatment girls also shared that they were able to share GBV with teachers in school without fear of facing retaliation from teachers. So it was a safe space for them. The GEP focals shared that when there are cases of GBV in school, they would include teachers in awareness classes without pinpointing the teacher.This had helped to change the behaviours of such teachers in school without girls facing retaliation. Key informant interviews with principals of schools also corroborated these findings; they too observed that girls were much more proactive and happier when the school

started the GEP programme. This kind of environment was lacking in case of control girls.

Below we present other findings from the survey:

## General Health Questionnaire (GHQ)

At midline, in 2023, the survey asked the set of General Health Questions (GHQ-12) questions which is a set of questions that allows us to understand if the current mental state of a person is different from their typical state. These questions were not asked at baseline. The mean score was 0.6, with no difference between the treatment and control groups. Below, we set out the scores for each of the 12 questions.

### Participants felt able to concentrate on whatever they are doing

Most respondents (72% of the treatment group and 70% of the control group) reported some level of concentration, while 16% and 21% respectively reported feeling able to concentrate better than usual on whatever they were doing; 10% of the treatment group and 9% of the control group were unable to concentrate as usual on what they were doing.

### Participants lost much sleep over worry

More than three-quarters of participants (80% from the treatment group and 77% from the control group) reported not losing much sleep over worry; 11% and 10% respectively reported losing their sleep more than usual over worry; and 8% and 10% respectively reported losing their sleep much more than usual over worry.

### Participants felt they were playing a useful part in things

Most respondents (78% and 67% respectively) reported that they felt the same as usual regarding playing a useful part in things; 17% of the treatment group and 23% of the control group felt they were playing a useful part in things more so than usual; less than 10% of participants felt they were playing a useful part in things less so than usual.

### Participants felt capable to make decisions about things

Most participants (75% from the treatment group and 72% from the control group) did not feel any change in their ability to make decisions about things; 20% of the treatment group and 22% of the control group felt more capable than

usual about making decisions; 3% and 5% respectively felt less capable than usual about making decisions.

### Participants felt constantly under strain

Around three-quarters of participants (75% of the treatment group and 73% of the control group) reported that they did not feel constantly under strain, while 11% from the treatment group and 12% from the control group felt constantly under strain to a moderate level. Around 12% of both the treatment group and control group felt more constantly under pressure than usual, and about 2% from each group felt much more constantly under pressure than usual.

Participants felt they could not overcome their difficulties Around three-quarters of participants (79% from the treatment group and 76% from the control group) reported that they did not feel that they are unable to overcome their difficulties at all, while 12% and 14%, respectively, shared that there was no difference in their perception on if they could overcome their difficulties than usual. Almost 1 in 10 (9%) of girls from both groups felt they were less able to overcome their difficulties.

### Participants have been able to enjoy normal day-to-day activities

Around 78% of participants from the treatment group and 76% from the control group reported being able to enjoy normal day-to-day activities just the same as usual, while 15% and 18% respectively reported being able to enjoy normal day-to-day activities more so than usual. Around 7% of the treatment group and 6% of the control group reported being able to enjoy normal activities less so than usual.

### Participants have been able to face up to their problems

Around three-quarters of girls from the treatment group and control group (80% and 74% respectively) felt able to face up to their problems; 14% from the treatment group and 20% from the control group felt able to face up to their problems more so than usual; and 5% of both groups felt able to face up to their problems less so than usual.

### Participants feel unhappy and depressed

Over two-thirds of participants (69% from the treatment group and 71% from the control group) had not been feeling unhappy and depressed at all, while 16% and 13% respectively had been feeling unhappy and depressed no

more than usual; 12% of participants from both groups had been feeling unhappy and depressed more so than usual.

### Participants losing confidence in themselves

Around 80% of participants from the treatment group and 75% from the control group had not been losing confidence in themselves at all; 12% and 14% respectively had been losing confidence in themselves no more so than usual, while 7% and 8% respectively had been losing confidence in themselves more so than usual.

### Participants have been thinking of themselves as worthless

The vast majority of participants (85% from the treatment group and 84% from the control group) had not at all been thinking of themselves as a worthless person; 8% and 7% respectively had not been thinking of themselves as a worthless person any more than usual; around 6% and 7% respectively had been thinking of themselves as worthless rather more than usual.

### Participants have been feeling reasonably happy, all things considered

Most participants (75% from the treatment group and 68% from the control group) had been feeling the same level of happiness as usual; 18% and 25% respectively had been feeling more happy than usual.

## Positive identity

The study used the Chinese Positive Youth Development Scale (CPYDS) positive identity subscale uses 7 statements to understand participants' perceptions on positive identity. The mean value on this scale was 1.4, at both baseline and midline. The mean of overall change between baseline and midline on the clear and positive identity scale is (-)0.07.[2]

### Can do as good as others

Overall, at baseline, 86% of girls in the treatment group and 69% of the control group fully agreed that they can do as good as others, and 14% and 28% respectively partly agreed. By midline, in 2023, this had changed, with a decrease among girls in the treatment group (to 71%), but an increase to the same percentage among girls in the control group.

### Satisfaction with own performance in comparison with classmates or peer groups

Overall, at baseline, 65% of girls in the treatment group and 51% of the control group fully agreed that they are satisfied with their performance in comparison with classmates/peer groups; 4% and 5% respectively partly agreed. By midline, in 2023, this had changed, with a decrease among girls in the treatment group (to 56%), but an increase (to 61%) among girls in the control group.

### Satisfaction regarding their own body and appearance

In the baseline, 68% of the treatment group and 63% of the control group reported being satisfied with their own body and appearance, while 27% and 29% respectively were partly satisfied; 3% of each group partly disagreed with the statement about being satisfied with their body and appearance, while 3% and 4% respectively fully disagreed. By midline, in 2023, girls who fully agree bing satisfied with their own body and appearance increased to 74% and those for control to 70%.

### Feeling of acceptance by others

Overall, 51% of the treatment group and 58% of the control group fully agreed that they feel accepted by others, and 37% and 28% respectively partly agreed; 8% and 10% respectively partly disagreed, while 4% and 2% respectively fully disagreed. By midline, in 2023, girls who fully agree feeling acceted by others increased to 59% among treatment girls and remained the same for control girls.

### Feeling of being self-confident

At baseline, most participants (72% of the treatment group and 65% of the control group) fully agreed that they feel self-confident, while 24% and 32% respectively partly agreed. The proportion of girls who partly disagreed and completely disagreed with the statement in both groups was below 5%. By midline, the proportion of girls who fully agreed that they feel self-confident increased to 74% in the treatment group and 75% in the control group. Other changes between the two years were less than 5%, for both the treatment and control groups.

### Feeling of being a filial person

Overall, at baseline, 81% of the treatment group and 74% of the control group fully agreed that they are a filial

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person, while 19% and 24% respectively partly agreed. The proportion of girls from treatment and control groups who disagreed with the statement was less than 2%. By midline, the number of girls who fully agreed that they are a filial person increased to 87% in the treatment group and 88% in the control group; the number of girls who partly agreed dropped to 12% in the treatment group and 11% in the control group. There was a change of less than 2% in the proportion of girls who disagreed with the statement.

### Know their strengths and weaknesses

At baseline, 55% of the treatment group and 50% of the control group fully agreed with the statement that they know their strengths and weaknesses, while 33% and 34% partly agreed; 4% and 10% respectively partly disagreed, while 7% and 6% respectively fully disagreed.

By midline, the number of girls who fully agreed that they know their strengths and weaknesses had decreased to 50% in the treatment group but increased to 54% in the control group. The number of girls who partly agreed dropped substantially to 19% in the treatment group and 7% in the control group. The number of girls who fully disagreed also dropped, to 2% and 0.4% respectively.

## Beliefs in the future

The study used six statements from the CPYDS belief in the future subscale to understand participants' perceptions about their future. The mean score was 2.4[3] in the mideline and 2.3 in the baseline. The difference between treatment and control groups was 0.1.[4] The change in beliefs about future between baseline and midline was 0.14.[5]

Below is a summary of responses to each of the items on the subscale.

### Confidence to solve their problems in the future

Overall, at baseline, 71% of the treatment group and 52% of the control group fully agreed (and 25% and 37% respectively partly agreed) that they are confident about solving their problems in the future. A notable proportion of girls from the control group (9%) partly disagreed with this statement compared with girls from the treatment group (3%). By midline, in 2023, the number of girls who fully agreed that they are confident about solving their

problems in the future fell to 66% in the treatment group but increased to 65% in the control group. The number of girls who partly agreed increased to 31% in the treatment group but decreased to that same percentage in the control group.

### Participant's confidence to be admitted to a university

At baseline, 76% of girls from the treatment group and 67% from the control group fully agreed (and 22% and 31% respectively partly agreed) that they are confident of being admitted to a university. Less than 1% of girls in both groups fully disagreed. By midline, 70% of girls from both groups fully agreed (and 28% and 24% respectively partly agreed) that they were confident about being admitted to a university. The proportion of girls who fully disagreed was less than 2%.

### Participants do not expect to get what they want

At baseline, 15% of adolescent girls from the treatment group and 20% from the control group fully agreed (and 35% and 21% respectively partly agreed) that they do not expect to get what they want. Around a quarter (23% of the treatment group and 26% of the control group) partly disagreed, and 26% and 33% respectively fully disagreed. By midline, the number of girls who fully agreed that they do not expect to get what they want had increased to 20% in the treatment group but decreased to 17% in the control group. The number of girls who partly agreed decreased to 25% in the treatment group and to 19% in the control group.

### Participants' expectations of having an unpleasant future

Girls from both the treatment and control groups were largely hopeful about the future. At baseline, 38% of the treatment group and 42% of the control group fully disagreed (and 27% and 32% respectively partly disagreed) that they will have an unpleasant future. By midline, the number of girls who fully disagreed that they would have an unpleasant future increased to 45% in the treatment group and to 55% in the control group; those who partly disagreed increased by 2% in the treatment group but decreased by 1% in the control group.

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3   Scale 1-4 with 1 lowest and 4 highest
4   p<0.01
5   p<0.01

**Participants thought of zero possibility of a satisfying future**

Overall, at baseline, a larger proportion of participants could see the possibility of a satisfying future; 32% of girls from the treatment and control groups partly disagreed that they have zero possibility of a satisfying future, and 36% and 46% respectively fully disagreed. By midline, the proportion of girls who see possibilities of a satisfying future has increased: those who fully disagreed that they have zero possibility of a satisfying future increased to 45% among the treatment and 55% among the control groups. The number of girls who agreed that there is zero possibility decreased to 6% (from 9%) in treatment and increased to 7% ( from 6%) among the control groups.

**Participants thought of likely not getting what they want in the future**

At baseline, 29% of the treatment group and 30% of the control group partly disagreed (and 36% and 46% respectively fully disagreed) that they will likely not get what they want in the future (. Less than 10% disagreed with the statement. By midline, the number of girls who

partly disagreed had increased to 34% among treatment girls and remained the same among control girls. Similarly, those who fully disagreed had increased to 43% and 53% among the treatment and the control groups respectively.

## Emotional competence

The study used seven statements from the CPYDS subscale on emotional competence to understand participants' ability to recognise and respond positively to emotions. The mean score was 1.9[6] in midline l, with 1.9 for the treatment group and 2 for the control group (difference 0.1). The mean at baseline and midline was 1.8 and 1.9 respectively, with a mean difference of 0.15 between baseline and midline.[7]

Below is a summary of responses to each of the items on the subscale.

**Participant's acceptance of being a pleasant person**

Overall, at baseline, 70% of adolescent girls from the treatment group and 65% from the control group fully agreed (and 24% and 29% respectively partly agreed) that they are a pleasant person. By midline, in 2023, there was



Students waiting their turn to go down the slide at school, Nepal © Anita Ghimire/GAGE 2024.

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6   Scale 1-4 with 1 lowest and 4 highest.
7   p<0.01.

a less than 3% change in the proportion of girls who fully agreed that they are a pleasant person. However, rather than a complete change of view, girls were a bit more uncertain about the statement in 2023; the number of girls who partly agreed had increased to 30% and 31% in the treatment and control groups respectively.

### Participants can show emotions appropriately when unhappy

At baseline, 47% of adolescent girls from the treatment group and 41% from the control group fully agreed that they can show emotions appropriately when unhappy (39% and 44% respectively partly agreed); 10% and 12% respectively partly disagreed, while 5% and 4% fully disagreed.

By midline, the proportion of girls who fully agreed with this statement fell to 37% in the treatment group and 39% in the control group. It may be that as with the other statements, girls become more uncertain as they grow up – the number of girls who partly agreed had increased to 40% in the treatment group but decreased by 3% in the control group. The proportion of girls who fully disagreed that they can show emotions appropriately when happy increased to 14% in both groups. Perhaps this signifies emotional challenges as girls grow up.

### Participants can describe feelings calmly when angry

Overall, at baseline, 43% of adolescent girls from the treatment group and 35% from the control group fully agreed that they can describe feelings calmly when angry; 36% and 41% respectively partly agreed, while 7% and 8% respectively fully disagreed.

By midline, the proportion of girls who fully agreed that they can describe feelings calmly when angry dropped to 32% in the treatment group. This perhaps signifies the positive impact of anger management lessons that girls have received through the Room to Read programme. Among the control group, this proportion fell very slightly to 34%. The number of girls who partly agreed increased to 40% in the treatment group but decreased to 34% in the control group; the proportion of girls who fully disagreed had increased by 8% in both groups.

### Participants can manage emotions while having conflicts with others

Overall, at baseline, 46% of girls from the treatment group and 42% from the control group fully agreed (and 37% and 42% respectively partly agreed) that they can manage emotions while having conflicts with others; 8% and 5% respectively fully disagreed.

By midline, the number of girls who fully agreed that they can manage emotions while having conflicts with others dropped to 38% in the treatment group but increased slightly (by 0.5%) in the control group; the proportion of girls who fully disagreed had increased by 1% in the treatment group and 2% in the control group.

### Participants can see the world from the perspectives of other people

Overall, at baseline, 41% of adolescent girls from the treatment group and 32% from the control group fully agreed (and 12% and 15% respectively partly agreed) that they can see the world from the perspectives of other people.

By midline, the number of girls who fully agreed had decreased to 40% in the treatment group and 36% in the control group; the number of girls who partly agreed increased to 44% in the treatment group and 42% in the control group, showing growing emotional intelligence as girls grow up. There was around a 5% change in the proportion of girls who fully disagreed with the statement.

### Participants let other people know their emotions

Overall, at baseline, 46% of girls from the treatment group and 38% from the control group fully agreed (and 36% and 42% respectively partly agreed) that they let other people know their emotions; 6% and 9% respectively fully disagreed with this statement.

By midline, the number of girls who fully agreed with this statement had fallen substantially to 24% in the treatment group and 29% in the control group (the number who partly agreed had increased to 47% in the treatment group but decreased to 30% in the control group). The proportion of girls who fully disagreed had increased by 14% and 17% in the treatment and control groups respectively.

## Prosocial norms

The study used four statements from the OPYDS subscale on prosocial norms to understand participants' social well-being and capability to adjust socially. The mean score was 1.4[8] at mideline and 1.3 for both treatment and control groups

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8  Scale 1-4 with 1 lowest and 4 highest

(difference 0). The mean at baseline and midline was 1.3 and 1.4 respectively, with a mean difference of 0.02 between baseline and midline.[9]

Below is a summary of responses to each of the items on the subscale.

### Participants care about unfortunate people in the world

Overall, at baseline, 59% of adolescent girls from the treatment group and 47% from the control group fully agreed that they care about unfortunate people in the world (32% and 30% respectively partly agreed); 3% of the treatment group and 10% of the control group fully disagreed.

By midline, in 2023, the number of girls who fully agreed that they care about unfortunate people in the world had decreased significantly to 38% in the treatment group and 43% in the control group, perhaps signifying that due the exposure to people and places through organised visits and discussions of world affairs in the GEP programme, treatment girls can take reference from broader space. The number of girls who partly agreed increased to 43% in the treatment group and 38% in the control group; those who fully disagreed increased to 10% for the treatment group but decreased to 3% for the control group.

### Participants would work voluntarily if the opportunity were given

Overall, at baseline, 68% of girls from both the treatment and control groups fully agreed (and 27% of both groups partly agreed) that they would work voluntarily if they had the opportunity. By midline, this had increased to 76% in the treatment group and 70% in the control group (those who partly agreed decreased to 22% in the treatment group and 23% in the control group). There was a less than 1% change in treatment and control girls who disagreed with the statement.

### Participants thought that everyone should be governed by laws

Overall, at baseline, 78% of girls from the treatment group and 83% from the control group fully agreed (and 19% and 16% respectively partly agreed) that everyone should be governed by law. Of both groups, 1% did not agree with the statement. By midline, the number of girls who fully agreed had increased to 86% in both the treatment and control

groups. There was no change in the proportion of girls who disagreed with the statement.

### Participants are happy to obey the school (community or household) rules

Overall, at baseline, 91% of girls from the treatment group and 88% from the control group fully agreed that they are happy to obey the school (community/household) rules (8% and 11% respectively partly agreed). There was a less than 5% change in the proportion of girls who fully agreed with the statement in 2023; among girls in the treatment girls, those partly agreeing with the statement changed to 11% but remained the same among girls in the control group.

## Cognitive competence

The study used the six statements from the CPYDS subscale on cognitive competence to understand participants' higher-order thinking skills. The mean score was 1.4[10] at mideline overall and 1.3 for both treatment and control groups (difference 0). The mean at baseline and midline was 1.3 and 1.4 respectively, with a mean difference of 0.02 between baseline and midline[11].

Below is a summary of responses to each of the items on the subscale.

### There is a solution to any problem

Overall, at baseline, 63% of girls from the treatment group and 60% from the control group fully agreed (and 33% and 32% respectively partly agreed) that there is a solution to any problem. The proportion of girls who disagreed with this statement was less than 6% for both groups. By midline, the number of girls who fully agreed with the statement had increased to 71% in each group; there was no change in the proportion of girls who fully disagreed with the statement.

### Participants know how to see things from different angles

Overall, at baseline, 34% of the treatment group and 37% of the control group fully agreed (and 50% and 39% respectively partly agreed) that they know to see things from different angles; 7% and 6% respectively fully disagreed with this statement.

By midline, the proportion of girls who fully agreed that they know to see things from different angles increased to

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9   p<0.01.
10  Scale 1-4 with 1 lowest and 4 highest.
11  p<0.01.

53% in the treatment and 50% in the control group; those who fully disagreed decreased to 3% in the treatment group and 2% in the control group.

**Participants will try new ways to solve problems**

Overall, at baseline, 62% of the treatment group and 45% of the control group fully agreed that they will try new ways to solve problems (35% and 45% respectively partly agreed). By midline, the number of girls who fully agreed had increased by 2% in the treatment group and 8% in the control group. The number of girls who partly agreed increased by 1% in the treatment group but decreased by 3% in the control group (those who partly disagreed decreased to 2% and 3% respectively). The proportion of girls who fully disagreed with the statement remained the same in both groups.

**Participants know how to find the reasons for and solutions to a problem**

Overall, at baseline, 36% of the treatment group and 32% of the control group fully agreed that they know how to find the reasons for and solutions to a problem (47% of each group partly agreed). Less than 10% in each group disagreed with the statement.

By midline, the number of girls who fully agreed that they know to find the reasons for and solutions to a problem increased to 51% in the treatment group and 47% in the control group. The number of girls who partly agreed decreased by 43% in the treatment group and 45% in the control group. The proportion of girls who partly disagreed decreased by less than 6% for both groups.

**Participants know to plan to reach own goals**

At baseline, 52% of girls from the treatment group and 42% from the control group fully agreed (and 38% and 48% respectively partly agreed) that they know how to plan to reach own goals; 4% and 2% respectively fully disagreed with the statement.

By midline, the number of girls who fully agreed with this statement had increased to 58% in the treatment group and 57% in the control group (the number who partly agreed decreased to 32% in each group). There was a less than 4% change in the proportion of girls who fully disagreed with the statement.

**Participants can pick out the good and bad parts of things**

Overall, at baseline, 47% of adolescent girls from the treatment group and 48% from the control group fully agreed that they can pick out the good and bad parts of things (40% and 38% respectively partly agreed); 5% and 7% respectively fully disagreed with the statement).

By midline, the number of girls who fully agreed with the statement had increased to 65% in the treatment group and 62% in the control group (the number who partly agreed decreased to 33% in the treatment group and 34% in the control group). Less than 1% of girls fully disagreed with the statement.

## Emotional control

The study used the seven statements from the International Youth Development Youth Survey (IYDS) subscale on emotional control to understand participants' self-control/capability to control their emotions.

The mean score was 1.9[12] at midline and 1.9 for treatment and 2.0 for control groups (difference 0.1). The mean at baseline and midline was 2.0 and 1.9 respectively, with a mean difference of (-) 0.11 between baseline and midline.[13]

Below is a summary of responses to each of the items on the subscale.

**Participants know how to relax when tense**

Overall, at baseline, 38% of girls in the treatment group and 25% of the control group fully agreed (and 45% and 50% respectively partly agreed) that they know how to relax when tense ; less than 10% disagreed with the statement.

By midline, 53% in the treatment group and 54% in the control group fully agreed with the statement (38% and 35% respectively partly agreed). The proportion who fully disagreed decreased to 5% in both groups.

**Participants can keep feelings under control**

Overall, at baseline, 49% of girls in the treatment group and 46% of the control group fully agreed (and 42% and 43%, respectively, partly agreed) that they can keep feelings under control. Only 2% of each group fully disagreed with the statement.

By midline, the number of girls who fully agreed increased to 56% in the treatment group and 55% in the

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12  Scale 1-4 higher, higher= higher emotional control.
13  p<0.05.

control group (those who partly agreed dropped to 37% and 36% respectively). There was no significant change in the proportion of girls from both groups who disagreed that they can keep feelings under control.

### Participants know how to calm down when nervous

Overall, at baseline, 44% of girls from the treatment group and 34% from the control group fully agreed (and 41% and 48% respectively partly agreed) that they know how to calm down when nervous; 7% and 4% respectively fully disagreed with the statement.

By midline, 56% of girls in the treatment group and 46% in the control group fully agreed (and 35% and 43% respectively partly agreed) that they know how to calm down when nervous; 2% of the treatment group and 5% of the control group fully disagreed with the statement.

### Participants control their temper when people are angry with them

Overall, at baseline, 47% of girls in the treatment group and 38% in the control group fully agreed (and 40% and 46% respectively partly agreed) that they control their temper when people are angry with them; 2% and 5% respectively fully disagreed.

By midline, the number of girls who fully agreed with the statement had increased to 51% in the treatment group and 49% in the control group (those who partly agreed dropped by 1% and 9% respectively); 4% in the treatment group and 7% in the control group fully disagreed with the statement.

### Participants rush into things, starting before they know what to do

Overall, at baseline, 21% of girls in the treatment group and 19% in the control group agreed (and 31% and 26% respectively partly agreed) that they rush into things, starting before they know what to do; 28% and 36% respectively fully disagreed with the statement.

By midline, the number of girls who fully agreed with the statement had fallen by 1% in the treatment group but increased by 4% in the control group (those who partly agreed dropped to 24% in both groups). The number of girls who fully disagreed with the statement increased to 39% in the treatment group and 36% in the control group.

### Participants answer without thinking about it first

Overall, at baseline, less than 7% of girls in the treatment and control groups agreed that they answered questions without thinking about them first. Most girls (53% in both groups) fully disagreed with this statement. There was no significant change by midline; girls who fully agreed with the statement increased by 4% and those who fully disagreed decreased by 2% in both the treatment and control groups.

### Participants think it is important to think before action

Overall, at baseline, more than 85% of respondents (from both treatment and control groups) fully agreed that it is important to think before action (10% and 11% respectively partly agreed). By midline, the proportion of girls who fully agreed had increased by 5% in the treatment group and 1% in the control group, and those who partly agreed had decreased to 7% and 10%.

## Ability to plan: goal setting

The study used the seven statements from the Flourishing Children Project subscale on goal orientation to understand participants' ability to plan and set goals.

The mean score was 1.3[14] for midline and the overall mean score was 1.3 for both treatment and control groups (difference 0.0). The mean at baseline and midline was 1.3, with a mean difference of 0.03 between baseline and midline.[15]

Below is a summary of responses to each of the items on the subscale.

### Participants have goals in their life

At baseline, most participants (53% of the treatment group and 44% of the control group) shared that they have goals in their life, while 6% and 2%, respectively, reported that they do not. By midline, in 2023, the number of girls who reported not having goals in life dropped slightly by 1% in the treatment group but increased by 2% in the control group. Those who reported that they do have goals in life dropped to 39% in both the treatment and control groups, indicating a confused state in terms of life goals.

This was also evident in the qualitative interviews, where the most common recommendation from girls was to support them in giving directions in their career (such as information about which college has which faculty, which subjects can be taken in which college, what are the

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14  (scale 0-3, higher= Exactly like her)
15  p<0.05

Friends posing for a photo, Nepal © Anita Ghimire/GAGE 2024

career options linked to various subjects, etc.) before they enter higher secondary education: 'When we are looking for our higher studies, it would be good to have support in counselling. It would be good if the programme tells us which subjects are available in which schools here in grades 11 and 12' (participants in focus group discussion with girls in the treatment group, Tanahun).

### Participants develop step-by-step plans to reach their goals

In this and the next six statements, we asked respondents if the given statements were 'a lot', 'a little' 'somewhat like' 'exactly like' and 'not at all' like them. At baseline, only a small proportion of girls (6% in the treatment group and 2% in the control group) reported that it is not like them to develop step-by-step plans to reach their goals. 31% and 29%, respectively, reported that it is a lot like them to develop step-by-step plans to reach goals, while 33% and 24% respectively reported that it is exactly like them to develop step-by-step plans to reach goals. By midline, the number of girls who shared it is not like them to develop step-by-step plans to reach their goals had increased by 2% in both treatment and the control groups.

### Participants take action to reach the goals they set

Overall, at baseline, most participants (42% of the treatment group and 26% of the control group) said it is exactly like them to take action to reach the goals they set. 29% of the treatment and 34% of the control group of adolescent girls said it isa lot like them to take action to reach the goals they set. 10% of the treatment and 13% of the control group said it is little like them to take action to reach the goals they set. By midline, the number of girls who reported it is not like them to take action to reach their goals had increased by 1% in both groups. The girls who shared it is exactly like them to take action to reach the goals they set dropped to 33% in the treatment group and increased to 40% in the control group.

### Participants think it is important to them to reach goals

At baseline, most girls (57% of the treatment group and 48% of the control group) shared it is exactly like them to think reaching goals is important (22% and 32% respectively shared it is a lot like them to think reaching goals is important reach goals). 5% of the both treatment and the control group shared it is little like them to think reaching goals is important.

In 2023, the number of girls who think it is not like them to think reaching goal is important decreased by 2% in the treatment group and by 1% in the control group. The girls who think it is exactly like them to think reaching goal is important dropped to 47% in the treatment group and increased to 51% in the control group.

**Participants know how to make their plans happen**

Overall, at baseline, 29% of the treatment group and 22% of the control group shared that it is exactly like them to know how to make their plans happen and for 25% of the treatment and 26% of the control group, it is a lot like them to know how to make their plans happen. For 15% of the treatment and 19% of the control group, it is little like them to know how to make their plans happen. For 7% in treatment and 4% ofcontrol groups, it is not at all like them to know how to make their plans happen.

**Participants make plans to reach goals**

In the baseline, majority of girls shared that they often make plans to reach the goals (28% and 34% of the treatment and control group, respectively), while 43% and 26%, respectively, always make plans to reach their goals. However, this was not strongly evident in the midline qualitative studies, particularly with girls from the control group Girls were less enthusiastic about their future, and we did not find them taking any extra steps to plan for the future (for example, they were not actively seeking information about higher studies and career options). The treatment group had information from their GEP classes on the range of subjects and colleges available locally, and were prompted to contemplate and plan about their higher studies.

By midline, the proportion of girls who often make plans increased to 32% for treatment girls and remained the same for control girls. The proportion of girls who always make plans decreased to 37% among treatment girls and increased to 38% for control girls.

**Participants have a hard time figuring out how to make their goals happen**

Overall, at baseline, 44% of the treatment group and 54% of the control group sometimes have a hard time figuring out how to make their goals happen; 25% and 21%, respectively, reported that they often have a hard time figuring this out, and 8% and 7% respectively reported that they always have a hard time figuring this out. Only

9% of the treatment group and 3% of the control group reported never having a hard time figuring out how to make their goals happen, while 15% of both groups reported rarely having a hard time figuring this out.

By midline, the proportion of girls who reported never having a hard time figuring out how to make their goals happen had increased to 13% in the treatment group and 12% in the control group. In all other cases, the changes were less than 5%.

The study used seven statements from the Flourishing Children Project subscale on diligence to understand perseverance of effort by the participants.

The overall mean score was 1.4 in midline and 1.4 for treatment control groups (difference 0). The mean at baseline and midline was 1.4 and the mean difference between baseline and midline is was 0.02.

**Participants work harder than others of their age**

Overall, at baseline, most girls perceived that they work harder than other girls their age: 37% of both groups reported that they always work harder, while 32% of the treatment group and 38% of the control group reported that they often work harder than others their age. Only 2% and 1% respectively reported that they never work harder than others their age. By midline, this percentage remained the same for girls in the treatment group but increased among girls in the control group, by 2%. The proportion of girls who reported that they always work harder than others their age had dropped in both the groups, to 26% and 27% respectively.

**Participants do as little work as they can get away with**

At baseline, 14% of girls in the treatment group and 10% in the control group reported that they never do as little work as they can get away with, while 17% and 26% respectively reported that they rarely do so; 27% and 44% respectively reported that they sometimes do as little work as they can get away with, while 17% and 7% respectively reported that they always do as little as they can get away with.

By midline, the proportion of girls who reported never doing as little work as they can get away with remained the same in the treatment group but increased in the control group, by 3%. The proportion of girls who reported that they always do as little work as they can get away with dropped in the treatment group by 5% and increased in the control group by 10%.

**Participants finish the tasks they start**

Overall, at baseline, 21% of girls in the treatment group and 34% of the control group reported that they often finish the tasks they started, while 70% and 54% respectively reported always finishing tasks. Only 1% of the treatment and group and 0.4% of the control group shared that they never finish the tasks they start.

By midline, the proportion of girls who reported that they often finish the tasks they start had increased by 5% in the treatment group but remained almost the same in the control group, while the proportion of girls who reported always finishing the tasks they start had increased by 8% in the treatment group but remained the same in the control group.

**Participants find it hard to finish the tasks they start**

At baseline, most respondents from both treatment (36%) and control (51%) reported that they sometimes find it hard to complete tasks they start. 26% of girls from the treatment group and 18% from the control group reported that they often find it hard to finish the tasks they start, while 8% and 4% respectively reported that they always find it hard to finish the tasks they start.

By midline, there was a significant drop in the treatment group (from 26% to 8%) in the proportion of girls who reported that they often find it hard to finish the tasks. This perhaps signifies the impact of the life management skills provided by the Room to Read programme. Among the control group, the proportion fell by 5%. There was a corresponding increase in the proportion of girls in the treatment group who reported that they rarely, never or sometimes find it difficult to finish the task they started.

**Participants give up when things get hard**

27% and 16% of treatment and control group respectively reported that they never give up, and 20% and 29%, respectively, reported that they rarely give up when things get hard. A small percentage (5% and 4%, respectively) reported that they always give up, while 14% of the treatment group and 11% of the control group reported that they often give up when things get hard.

By midline, there was an increase in the proportion of girls who reported that they never give up when things get hard – to 34% in the treatment group and 36% in the control group. The proportion of girls who reported that they always give up when things get hard dropped by 3% in the treatment group and by 0.4% in the control group.

**Participants think that people count on them to get tasks done**

At baseline, 9% of girls in the treatment group and 4% in the control group reported that they think people never count on them to get tasks done, while 20% and 11% respectively reported thinking that people always count on them to get tasks done.

By midline, the proportion of girls who reported thinking that people never count on them to get tasks done dropped to 5% in the treatment group but increased to 7% in the control group, whereas the proportion of girls who think people always count on them dropped to 12% in the treatment group and increased to 17% in the control group.

**Participants do the things they say they are going to do**

At baseline, 58% of girls from the treatment group and 48% from the control group reported that they always do the things they say they are going to do; 1% in the treatment group and 0.4% in the control group reported that they never do the things they say they are going to.

By midline, the proportion of girls who reported never doing the things they say they would do dropped to 0.2% in the treatment group and remained the same in the control group. The proportion of girls who reported that they often do the things they say they would do increased to 36% in the treatment group but decreased to 33% in the control group. The proportion for those who always do the things they say they would had decreased by 4% in the treatment group and increased by 7% in the control group.

## Social competence

The study used seven statements in the CPYDS subscale on social competence to understand participants' interpersonal skills.

The overall mean score is 1.5 for mideline and 1.5 for treatment and 1.6 control groups (mean difference 0.1). The mean at baseline is 1.8 and at the midline is 1.5. The mean difference between baseline and midline is -0.25.

Below we summarise the scores for the individual questions.

**Participants can talk to strangers**

Overall, there is a significant difference in the panel data between treatment and control girls who fully agree that they can talk to strangers; 55% for treatment and 37% for the control group and 30% and 43% of the treatment and control group partly agree with it. Only 8% of treatment and control fully disagree that they can talk to strangers.

Students having a discussion with their teacher, Nepal © Anita Ghimire/GAGE 2024

In 2023, the number of girls from treatment group who fully agreed that they can talk to strangers decreased to 49% and increased to 49% in the control group.

**Participants know how to talk to others**

Overall, in 2023 there was not much change (only 1% increase) in girls who partly and fully agree that they know how to talk to others in the treatment group. In control there was an increase to 58% in girls who fully agree and decrease from 44% to 35% in girls who partly agree that they can talk with others. However in the qualitative interviews parents strongly felt that their daughters have learnt how to talk with others. In the ranking exercise girls being able to put forward their opinions to groups of senior people in the community was ranked as an important achievement of the programme by the parents.

**Participants understand what is expected when they interact with others**

In 2023, the proportion of girls from the treatment groups who fully agree that they understand what is expected when they interact with others increased from 33% to 40%. There was no change in girls who partially agree to the statement (45%). In the control group, the proportion of who fully agree that they understand what is expected when they interact with others increased from 24% to 48%

and decreased from 48% to 39% for those who partly agree to the statement.

**Participants can relate with others in a friendly way**

In 2023, the proportion of girls from the treatment groups who fully agree that they can relate with others in a friendly way remained constant at 65% while those who partly agree increased from 30% to 32%. In the control group, the proportion of girls who fully agree that they understand also remained almost constant (1% change) at 62% and those who partly agree decreased from 35% to 29%.

**Participants enjoy joining social activities**

In 2023, the proportion of girls from the treatment groups who fully agree that they enjoy joining social activities decreased from 66% to 63% and those who partly agree to the statement increased from 28% to 31%.

In the control group as well there was not much change in the proportion of girls who fully agree that they enjoy joining social activities (increased from 61% to 65%) and those who partly agree to the statement decreased from 34% to 25%.

**Participants know the difference between good and bad friends**

In 2023, there was a significant change from 49% to 75% in the proportion of girls from the treatment groups who

fully agree that they know the difference between good and bad friends and decreased from 32% to 24% in the proportion of girls from treatment group who partly agree to the statement.

In the control group as well there was a significant increase from 50% to 70% in the proportion of girls who fully agree that they know the difference between good and bad friends and decrease from 37% to 26% in those who partly agree to the statement.

### Participants know how to listen to others

In 2023, the proportion of girls who fully agreed that they know how to listen to others increased from 51% to 69% and those who partly agree to the statement decreased from 36% to 27%.

In the control group as well there was a significant increase from 44% to 65% in the proportion of girls who fully agree that they know how to listen to others and decrease from 43% to 27% in those who partly agree to the statement.

## Safe and enabling environment

The study used seven statements from the Developmental Assets Profile (DAP) tools subscale on support to understand participants' experience of support and enabling environment.

The overall mean score is 1.4 at midline with no change in midline and baseline. The mean score for treatment at midline and baseline is 1.4 and that for control is 1.4 at baseline and 1.3 at midline.

Below we summarise the scores for the individual questions:

### Participants ask their parents for advice

Overall, 88% of the adolescent girls from the treatment group and 85% of the girls from the control group. In 2023, there was no significant change in the proportion of girls who fully and partly agreed they ask their parents for advice (from 88% to 87% and 12% to 10% respectively).

In the control group the proportion of girls who fully agree that they ask their parents for advice increased from 85% to 90% and those who partly decreased from 14% to 9%.

### Participants' parents try to help them succeed

Overall, 89% of the adolescent girls from the treatment group and 90% of the girls from the control group fully agree that their parents help them succeed. There was no significant change between the two survey period on this.

### Participants have good neighbours who care about them

In 2023, the proportion of girls who fully agreed that have good neighbours changed from 48% to 38% and those who partly agree to the statement increased from 44% to 48% in the treatment group. In the control group there was no change with 46% and 40% partly agreeing with the statement.

### The participants' school cares about kids and encourages them

Overall, 77% of the adolescent girls from the treatment group and 83% of the girls from the control group fully agree that their school care about kids and encourage them. In 2023, there was no change in the treatment group in both who fully and partly agree to the statement in the two survey periods In the control group those who fully agree to the statement decreased from 83% to 77% and those who partly agree changed from 15% to 21% showing control girls are less convinced about their school in the later year.

### Participants have support from adults other than their parents

In the treatment group, the proportion of girls who fully agree that they have support from other adults increased from 29% to 38% and those who partly agree decreased from 44% to 38% showing girls have become more confident of the support from other adults over the years.

In the control group, the proportion of girls who fully agree that they have support from other adults increased from 34% to 50% and those who partly agree has decreased from 42% to 31% showing girls have become more confident of the support from other adults over the years.

### Participants families give them love and support

In the treatment group, the proportion of girls who fully agree that they have love and support from families decreased from 95% to 90% and those who partly agree has increased slightly from 5% to 8%.

In the control group, the proportion of girls who fully agree that they have support from families also decreased 92% to 91% and those who partly agree has increased from 8% to 9%.

### Parents are good at talking with the participants about things

Overall, 89% and 11% of the adolescent girls from the treatment group respectively fully and partly agree that their parents are good at talking with them about things and there is not much change over the years.

In the control group, the proportion of girls who fully agree to the statement increased from 84% to 89% and those who partly agree decreased from 15% to 11%.

## Boundaries and expectations: DAP subscale on prosocial norms

The study used a set of nine statements from the Developmental Assets Profile (DAP) subscale on prosocial norms to understand participants' experience of boundaries and expectations.

The overall mean score was 1.3. at mideline The overall mean score at baseline was 1.3 and at midline 1.2 (no mean difference). The mean score for treatment at midline was 1.2 and at baseline 1.3, and for control, 1.3 and 1.2 at baseline and midline respectively.

Below we summarise responses for the individual questions.

### Friends set good examples for participants

In 2023, by midline, there had been no change in the proportion of girls in the treatment group who fully agreed that friends set good examples for them (55%), while those who partly agreed with the statement decreased from 40% at baseline to 37%. For the control group, the proportion of girls who fully agreed decreased by 1% from 56% at baseline to 55%, and those who partly agreed decreased from 40% to 36% by midline. The proportion of girls who did not believe that friends set a good example increased from 0% to 4%.

### Participants have a school that gives clear rules

By midline, there was no change in the proportion of girls in the treatment group who fully and partly agreed that schools gives clear rules (constant at 83% and 15% respectively). For the control group too, the proportion of girls who fully and partly agreed remained constant, at 79% and 19%, respectively.

### Participants have adults who are good role models for them

By midline, the proportion of girls in the treatment group who fully agreed that they have good adult role models increased

from 63% at baseline to 73%, while those who partly agreed with the statement decreased from 32% to 21%, showing there was not much change overall but girls have become more convinced that they have good adult role models.

For the control group, the proportion of girls who fully agreed with the statement also increased, from 64% to 72%, while those who partly agreed decreased from 32% to 25%, which suggests that girls in the control group felt similarly to those in the treatment group about having good adult role models.

### Teachers urge participants to do well in school

By midline, there was no change in the proportion of girls in the treatment group who fully and partly agreed that teachers urge them to do well in school (change of only 1% for both groups compared with baseline).

For the control group, the proportion of girls who fully agreed with the statement decreased from 90% to 87%, while those who partly agreed increased from 10% to 13%, showing no overall change between the two survey rounds.

### Family provides participants with clear rules

There was no significant change in the proportion of girls from treatment group who fully and partly agreed that the family provides them with clear rules (change only 2% for both groups).

For the control group, the proportion of girls who fully agreed with the statement remained constant, at 85%, while those who partly agreed increased from 14% to 15%, showing no overall change between the two survey round.

### Parents urge participants to do well in school

The proportion of girls in the treatment group who fully agreed that their parents urge them to do well in school decreased from 95% at baseline to 90% at midline, while those who partly agreed with the statement increased from 5% to 8%.

For the control group, the proportion of girls who fully agreed that parents urge them to do well in school also decreased from 94% to 92%, while those who partly agreed increased from 5% to 8%.

### Neighbour helps watch out for the participants

The proportion of girls in the treatment group who fully agreed that neighbours help watch out for them decreased from 48% at baseline to 40% at midline, while those who partly agreed with the statement increased by 1% to 47%.

For the control group, the proportion of girls who fully agreed that neighbours help watch out for them increased from 41% at baseline to 47%, while those who partly agreed with the statement remained the same, at 45%.

### The participants' school enforces rules fairly

The proportion of girls in the treatment group who fully agreed that the school enforces rules fairly increased from 68% at baseline to 79% by midline, while those who partly agreed with the statement decreased from 26% to 18%.

For the control group, the proportion of girls who fully agreed that the school enforces rules fairly increased from 76% to 78%, while those who partly agreed with the statement increased by 1% to 19%.

### The family knows where participants are and what are they doing

The proportion of girls in the treatment group who fully agreed that their family knows where they are and what they are doing increased from 64% at baseline to 89%, while those who partly agreed with the statement decreased from 26% to 10%.

For the control group, the proportion of girls who fully agreed that the family knows where they are and what they are doing increased from 72% to 89%, while those who partly agreed with the statement decreased from 25% to 11%.

## Brief Resilient Coping Scale

The study used the four statements from the Brief Resilient Coping Scale to understand participants' coping capacity in adverse situations. The scale was used in reference to the COVID-19 pandemic. It was only used at midline, in 2023.

51% and 53% of girls from treatment and control groups fall into the category of low resilient coping (4–13 points), 43% and 35% into the category of medium resilient coping (14–16), and 6 and 12 % are classed as high resilient coping (17–20 points).

Below, we summarise the scores for the individual questions (midline only):

### Participants tried to find or come up with innovative or new ways to face difficult situations

Over a third of adolescent girls (39% in the treatment group and 34% in the control group) agreed with this statement, while 36% in both groups were neutral to the idea.

No matter what happened to them, they tried to control their reaction to what is happening

Again, more than a third (41% of the treatment group and 39% of the control group) felt the above statement describes them to a large extent, while 3% and 8% respectively felt the statement describes them very well.

### Participants believed that they could develop themselves in positive ways by dealing with difficult situations

Similarly, 45% of the treatment group and 39% of the control group felt that the above statement describes them to a large extent, while 10% and 14% respectively felt that it describes them very well; 3% of girls in both groups said it did not describe them at all.

### Participants were eagerly searching for ways to recoup the losses they had during COVID-19

Similar proportions of girls (41% of the treatment group and 42% of the control group) reported that they were neutral about this statement, while 33% and 29%, respectively, said it described them well enough; 9% and 8%, respectively, said it did not describe them at all.

## Voice and agency

### Leadership and competence

The study used the Socio-Political Control Scale for Youth (SPCS-Y) leadership competence subscale to understand leadership status of the participants. The scale had four statements related to leadership and competence.

The overall mean score was 1.9. The overall mean score at baseline was 1.9 and at midline also 1.9 (no mean difference). The mean score for treatment at midline was 1.9 and at baseline 1.9, and for the control group, it was 1.9 at baseline and midline.

Below we summarise responses for the individual questions.

### Participants are often leaders in groups

Overall, at baseline, most girls in both the treatment and control groups fully disagreed that they are often leaders in groups, pointing to weak leadership scales. The proportion of girls from the treatment group who fully agreed that they are often leaders in groups decreased from 22% at baseline to 17% at midline. The proportion of girls from the control group who fully agreed that they are often leaders in groups decreased from 21% to 19%.

## Participants prefer to be a leader rather than a follower

Overall, most girls in both the treatment and control groups fully agreed that they prefer to be a leader. The proportion of girls from the treatment group who fully agreed decreased from 39% to 32% between the two survey periods. The proportion of girls from the control group who fully agreed decreased from 38% to 36%.

## Participants prefer to have a leadership role when involved in a group project

The proportion of girls from the treatment group who fully agreed with this statement decreased from 40% to 36% between the two survey periods. The proportion of girls from the control group who fully agreed decreased from 40% to 39%.

## Participants can usually organise people to get things done

The proportion of girls from the treatment group who fully agreed with this statement decreased from 42% at baseline to 35% at midline, while those who partly agreed increased from 41% to 50%, showing that girls appear to have become less confident in their ability to organise people. The proportion of girls from the control group who fully agreed with the statement increased from 34% to 41% between the two survey periods, while those who partly agreed decreased from 49% to 40%.

## Other people usually follow participant's ideas

The majority of girls partly agreed that other people usually follow their ideas. The proportion of girls from the treatment group who partly agreed with this statement increased from 57% at baseline to 61% at midline. The proportion of girls from the control group who partly agreed decreased from 56% to 52%.

## Participants find it very easy to talk in front of a group

The proportion of girls in the treatment group who fully agreed with this statement remained constant between baseline and midline, at 36%, while those who partly agreed increased by 7% to 47%. The proportion of girls in the control group who fully agreed with the statement increased from 29% to 41%, while those who partly agreed increased from 38% to 40%. However, in the qualitative interviews, we found that girls in the treatment group were much more forthcoming and conversational than girls in the control group.

## Participants like to work on solving a problem themselves rather than wait and see if someone else will deal with it

The proportion of girls in the treatment group who fully agreed with this statement increased from 59% to 65%, while those who partly agreed decreased by 1% to 32%. The proportion of girls in the control group who fully agreed increased from 63% to 74%, while those who partly agreed decreased from 34% to 24%.

## Participants like trying new things that are challenging

The proportion of girls in the treatment group who fully agreed with this statement increased from 47% at baseline to 51% at midline, while those who partly agreed also increased from 37% to 43%. The proportion of girls in the control group who fully agreed increased from 45% to 51%, while those who partly agreed remained constant, at 39%.

### Policy control

The study used the SPCS-Y policy control subscale to understand the policy control status of the participants.

The overall mean score was 1.9. The overall mean score at baseline was 1.7 and at midline 1.6 (mean difference -0.1). The mean score for the treatment group at midline was 1.9 and at baseline 1.9, and for the control group, it was 1.9 at baseline and midline.

## Participants enjoy participation because they want to have as much say as possible in their community or school

The proportion of girls in the treatment group who fully agreed with this statement decreased to 49% from 51%, while those who partly agreed increased from 40% to 43%. The proportion of girls in the control group who fully agreed increased by 1% to 52%, while those who partly agreed decreased to 40% from 43%.

## Girls of participant's age understand what's going on in the community or school

The proportion of girls in the treatment group who fully agreed with this statement increased from 33% to 42% between the two survey periods, while those who partly agreed decreased to 51% from 53%. The proportion of girls in the control group who fully agreed increased from 26% to 39%, while those who partly agreed also increased, to 52% from 46%.
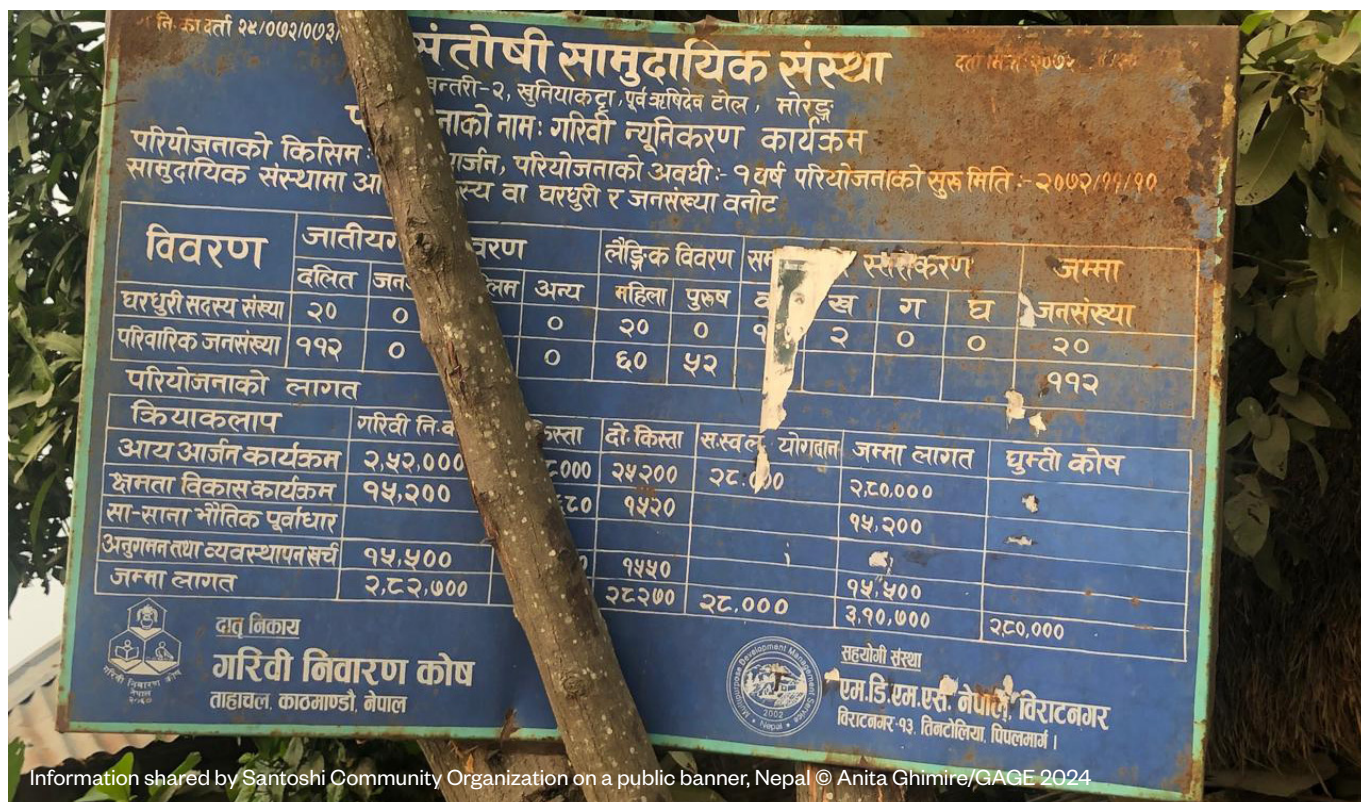
Information shared by Santoshi Community Organization on a public banner, Nepal © Anita Ghimire/GAGE 2024

## Participants understand important issues that the community or school is facing

The proportion of girls in the treatment group who fully agreed with this statement increased from 36% to 45% between the two survey periods, while those who partly agreed also increased, by 1% to 49%. The proportion of girls in the control group who fully agreed increased from 28% to 42%, while those who partly agreed increased to 52% from 50%.

## Girls of participant's age can participate in community or school activities and decision-making

The proportion of girls in the treatment group who fully agreed with this statement increased from 51% to 54% between the two survey periods, while those who partly agreed remained constant at 42%. The proportion of girls in the control group who fully agreed increased from 44% to 54%, while those who partly agreed decreased to 42% from 47%.

## Opinion of participation matters because it could someday make a difference in the community or school

The proportion of girls in the treatment group who fully agreed with this statement decreased by 1% to 48% between the two survey periods, while those who partly agreed increased by 2% to 45%. The proportion of girls

in the control group who fully agreed remained constant at 46%, while those who partly agreed decreased to 46% from 49%.

## There are plenty of ways for girls of participant's age to have a say in what their community or school does

The proportion of girls in the treatment group who fully agreed with this statement increased from 38% to 53% between baseline and midline, while those who partly agreed decreased to 42% from 52% , showing that both groups of girls had developed greater awareness of the spaces for voice and agency in their lives. The proportion of girls in the control group who fully agreed with the statement also increased from 38% to 51%, while those who partly agreed decreased to 45% from 50%.

Since there are changes across control group of girls as well (though the change is more in treatment group girls), girls' increased information on complaint mechanisms and other avenues for participation in the school and community might also have played a role.

## Participants need to participate in local teen issues

The proportion of girls in the treatment group who fully agreed with this statement increased from 54% at baseline to 65% at midline, while those who partly agreed decreased from 39% to 32%, showing that the programme has made them more assertive than girls in the control group. The

proportion of girls in the control group who fully agreed with the statement increased from 62% to 65%, while those who partly agreed decreased by 1% to 33%.

As in the case around participation above, these changes might have been also due to increased awareness about participation from activities in clubs and natural increase in information as girls become older.

## Most community or school leaders would listen to the participant

In the baseline, only 17% of treatment girls and 20% of control girls fully agree that community or school leaders would listen to the participants. This did not change for treatment girls in the midline and increased to 25% for control girls. It was also evident in qualitative interviews with both treatment and control girls; they shared that the elders would shun them saying they are too small to have an idea of how the world works and should not be teaching elders when girls tried to tell elders what they were doing was wrong. Others shared that they would be labelled as outspoken and disrespectful if they tried to oppose the ideas of teachers or elders in the community. Most girls from both the treatment and control groups partly agreed with this statement. For girls in the treatment group, those who partly agreed increased from 47% at baseline to 53% at midline, while for girls in the control group, there was a 1% increase, to 47%.

## Many local activities are important to participate in

The majority of girls from both the treatment and control groups fully agreed with this statement. There was no significant change among girls in the treatment group between baseline and midline. Among girls in the control group, the proportion who fully agreed with the statement decreased by 8% to 64%.

## Participants feel comfortable expressing their opinions with different people

Among the different people they are comfortable expressing opinions with, participants reported that they are most comfortable with their mother, followed by friends.

Grandparents: At baseline, most participants in both the treatment and control groups reported that they were always comfortable expressing their opinions with their grandparents (51% and 52% in treatment and control groups respectively). By midline, this had decreased to 28% for girls in the treatment group and 31% for the control group.

Father: At baseline, most participants in both groups reported that they were always comfortable expressing their opinions with their father (50% and 53% in the treatment and control groups respectively). By midline, this had decreased to 30% for girls in the treatment group and 39% for the control group.

Mother: At baseline, most participants in both the treatment and control groups reported that they were always comfortable expressing their opinions with their mother (82% and 86%, respectively). By midline, this had decreased to 77% for girls in the treatment group and 76% for the control group.

Brother: There was more variation in participants' level of comfort expressing their opinions with their brothers: 36% of girls in the treatment group reported at baseline that they are always comfortable doing so, while 23% reported being often comfortable. By midline, these had decreased to 26% for always comfortable and 20% for often comfortable. Among girls in the control group, at baseline, 47% reported that they are always comfortable expressing their opinions with their brothers, while 22% reported being often comfortable. By midline, this had decreased to 25% for always comfortable and 21% for often comfortable.

Sister: At baseline, most girls in both the treatment and control groups reported that they are always comfortable expressing their opinions with their sister (54% and 58% respectively). By midline, this had decreased to 53% and 47%, respectively. The decrease may be attributed to the fact that in mideline, this was divided between boyfriends as girls grew older and sisters might have got married and moved away.

Friends: At baseline, most girls in both the treatment and control groups reported that they are always comfortable expressing their opinions with friends (57% and 70%, respectively). By midline, this had decreased to 51% and 54%, respectively. As with the above case, the proportion was divided between friends and boyfriends as girls grew older in the midline and friends have moved out to other cities for higher studies.

Other students at school: The largest proportion of girls in the treatment group changed from being 'often comfortable' (33%) expressing their opinions with other students at school at baseline to 'sometimes comfortable' (41%) by midline. Among girls in the control group, at baseline 42% reported that they are 'always comfortable' expressing their opinions with other school students; by midline, 39% reported being 'sometimes comfortable'.

Teachers: The largest proportion of participants in the treatment group have changed from being 'always comfortable' (34%) expressing their opinions with teachers at baseline, to 'sometimes comfortable' (40%) by midline. Among girls in the control group, most changed from being 'often comfortable' (38%) at baseline to 'sometimes comfortable' (40%) at midline.

Head of school: At baseline, most girls in both the treatment and control groups reported that they are 'sometimes comfortable' expressing their opinions with their head of school (31% and 34% respectively). By midline, this had increased to 34% for girls in the treatment group and 36% for the control group.

Coach or organisational leader: At baseline, most girls from the treatment and control groups were largely uncomfortable expressing their opinions with a coach or organisational leader; by midline, the proportion of girls in the treatment group who reported feeling uncomfortable had increased from 25% to 30% for 'never' comfortable, and from 24% to 29% for 'sometimes' comfortable. For the control group, the proportion of girls who were 'never' comfortable had increased from 15% to 27%, while those who were 'sometimes' comfortable increased by 1% to 33%.

Religious leader in the community: At baseline, most girls from both the treatment and control groups reported being 'never' comfortable in expressing their opinions with religious leaders. By midline, this had increased to 38% for girls in the treatment group (up from 31%) and 36% for the control group (up from 19%).

**Participants' input in decisions about different parts of their life**

Making friends: Most participants from both the treatment (56%) and control groups (63%) reported that they fully decide themselves on making friends. By midline, this had decreased to 52% for the treatment group and 56% for the control group.

Spending time with friends: The proportion of girls who reported that they, themselves, had fully decided on spending time with friends- increased between baseline and midline, from 27% to 43% for girls in the treatment group, and from 31% to 46% for girls in the control group, suggesting that girls' agency in spending time with friends has changed positively between the two survey periods.

Doing what they want in their free time: The proportion of girls who reported that they fully decide to do what they want in their free time increased between baseline and

midline, from 37% to 44% for girls in the treatment group, and from 36% to 45% for girls in the control group.

Having free time: The proportion of girls who reported that they fully decided on having free time increased from 23% to 42% for girls in the treatment group, and from 32% to 46% for girls in the control group.

Spending time on household chores: Almost a quarter (23%) of girls from the treatment group and 26% of girls from the control group reported that they fully decided by themselves how much time they spend on household chores. By midline, this had increased to 36% and 40% respectively.

Achieving further education: Just over half (56%) of girls in the treatment group and 53% in the control group reported that they fully decided by themselves on what level of education they can achieve. By midline, this had decreased to 41% and 44%, respectively. The reason for this decrease might be because, in the baseline, the girls were young and had less experience of gender discriminatory norms and practical challenges such as related to the economic status of the family and so the answers were rather idealistic while in the midline when they are older adolescents, they have had a significant experience of norms and values of the home and community but also come to terms with the practical challenges of daily lives such as whether parents can afford their higher education, will allow them to move out of home which is required for higher studies.

## Mobility and access to safe spaces

**Trend of migration**

We asked respondents if girls and young women from their village or neighbourhood ever migrate to other places. A large majority (73% from the treatment group and 77% from the control group) responded that girls and women do not migrate to other places in the baseline. But at midline this had decreased to 69% and 57% respectively suggesting women's and girls' mobility has changed over the years and that girls are now able to take reference from their peers who have migrated to cities outside Tanahau and Nuwakot to Kathmandu, Pokhara and abroad for higher studies.

**Reasons for migration**

According to participants, the main reasons for migration in the baseline are education (38%), to get a better life (25%), or to find a job (17%). Other common drivers were

reported to be conflict or dispute (11%), marriage (8%), family encouragement (13%), and peer influence (8.5%). In the midline, education, marriage, job are the most important reasons for migration; 78% of treatment and 82% of control girls shared that the main reasons for migration are education, 37% of treatment and 54% of control girls shared reasons for migration are jobs and 28% of treatment girls and 44% of control girls shared the main reason for migration is marriage.

## Access to mobility and frequency of mobility

The survey asked participants whether they are allowed to go to the following places on their own or with a companion. Their responses are summarised below.

### Home of relative

At baseline, most girls (73% in the treatment group and 74% in the control group) reported that they were allowed to visit a relative's home only with a guardian. By midline, this had changed to 51% and 40%, respectively. Fewer girls were allowed to visit a relative's home alone - 43% and 55% respectively at midline (albeit an increase from the baseline figures of 21% and 24%, respectively).

At baseline, in the month preceding the survey, 40% of the treatment group and 38% of the control group reported that they had not visited a relative; 35% and 47% respectively reported that they had visited a relative between 1 and 3 times. At midline, 46% of the treatment group and 42% of the control group reported that they had not visited their relatives at all in the month preceding the survey, while 43% and 48% respectively had visited between 1 and 3 times.

### Home of a friend or neighbour

At baseline, most girls (70% in both treatment and control groups) reported that they were allowed to visit the home of a friend or neighbour alone; by midline, this had increased to 73% and 76% respectively.

At baseline, in the month preceding the survey, 50% of both the treatment and control groups reported having visited a friend or neighbour more than 5 times. At midline, 29% of the treatment group and 34% of the control group reported having visited their friend or neighbour between 1 and 3 times.

### Playground, sports field, open field or park

At baseline, most girls (69% in the treatment group and 61% in the control group) reported that they were allowed to visit the playground, sports field, open field or park only with friends; by midline, this had decreased to 67% for the treatment group but increased to 66% in the control group.

At baseline, in the month preceding the survey, the largest proportion of girls from both treatment and control groups reported not having visited the playground in the last month; by midline, this had increased to 66% for the treatment group (from 34% at baseline) and 51% (from 42%) for the control group.



A group of students standing on a roof, Nepal © Anita Ghimire/GAGE 2024

### Market

At baseline, the largest proportion of girls (75% in the treatment group and 65% in the control group) reported that they were allowed to go to the market only with a guardian. At midline, 24% of girls from treatment group and 43% from the control group were allowed to go to market alone, while 43% of treatment and 30% of control girls were allowed to go to the market with a guardian only.

At baseline, in the month preceding the survey, the largest proportion of girls (39% of the treatment group and 38% of the control group) reported that they visited the market between 1 and 3 times. This figure remained constant at midline for the treatment group but increased to 40% for the control group.

### Religious purpose

At baseline, most girls reported that they were allowed to visit a religious institution only with guardians (66% for girls in the treatment group and 61% in the control group); at midline, the figures were 52% and 48% respectively.

In the month preceding the baseline survey, most girls (53% from the treatment group and 54% from the control group) reported that they had not visited a religious institution; by midline, this had increased to 61% for the treatment group but decreased to 51% for the control group.

### Cinema

At baseline, most girls (55% in the treatment group and 52% in the control group) reported that they were allowed to go to the cinema only with a guardian; at midline, most reported that they were allowed to go to the cinema only with friends (55% for both groups).

During the baseline survey, most girls (78% of the treatment group and 86% of the control group) reported that they had not visited the cinema; by midline, this had increased to 87% for the treatment group but decreased to 81% for the control group.

### Library

At baseline, most girls were allowed to go to the library only with friends (73% for the treatment group and 75% for the control group); by midline, this had decreased to 59% and 57% respectively. At midline, 38% of the treatment group and 40% of the control group reported that they were allowed to go to the library alone.

In the month preceding the baseline survey, 30% of the treatment group and 56% of the control group reported that they had not visited the library; by midline, the number

had increased substantially among the treatment group, to 75%, and to 61% among the control group.

### Health service centre

At baseline, a large proportion (94%) of girls in both the treatment and control groups reported that they were allowed to go to the health service centre only with guardians; by midline, there had been a decrease, to 86% and 72% respectively.

In the month preceding the baseline survey, 58% of girls in the treatment group and 64% of the control group reported that they had not visited the health service; by midline, this had increased to 66% for the treatment group and decreased to 63% for the control group.

### Field, farm forest or any other work related location

At baseline, just over two-thirds of girls (70% in the treatment group and 68% in the control group) reported that they were allowed to go to a work-related location only with guardians; by midline, there had been a slight decrease, to 68% and 61%, respectively.

In the month preceding the baseline survey, 39% of the treatment group and 36% of the control group reported that they had not visited a work-related location; by midline, this had increased to 44% and 53% respectively.

## Civic engagement

### Participation in children or youth club

At baseline, most participants were not involved in any children or youth club (78% in both treatment and control groups); by midline, the numbers not involved had decreased to 71% and 67% respectively.

### Participation in social or cultural organisation, club or association

At baseline, most participants were not involved in any social or cultural organisation, club or association (88% in the treatment group and 92% in the control group); by midline, this had decreased to 85% and 86%, respectively.

### Participation in saving group(s)

At baseline, most participants were not involved in any saving groups (94% in both treatment and control groups); by midline, this had decreased to 90% and 84% respectively.

### Participation in a microfinance organization

At baseline, most participants were not involved in any microfinance organisation (97% in the treatment group and

96% in the control group); by midline, this had decreased to 93% and 87%, respectively.

## Participation in sports club

At baseline, most girls were not involved in any saving groups (88% in both the treatment and control groups); by midline, this decreased to 87% and 84% respectively.

## Participation in religious organization

At baseline, most girls were not involved in any religious organisation (94% in the treatment group and 97% in the control group); by midline, this had decreased to 92% and 91% respectively.

## Participation in school management committee

At baseline, most girls were not involved in any school management committee (97% in the treatment group and 98% in the control group); by midline, this had decreased to 91% and 87% respectively.

## Involvement with municipality

At baseline, no girls reported being involved with the municipalities (whether from treatment or control groups); there was no significant change by midline (only 1% involvement).

## Involvement in health management committee

At baseline, no girls from either group were involved in the local health management committee; there was no significant change by midline (only 1% involvement).

## Reference groups and role model

The survey asked participants who they commonly shared different aspects of their daily lives with. Below we summarise the responses for each question.

## Aspiration for education

At baseline, most girls shared their aspirations for education with their mother (81% in the treatment group and 88% in the control group). Although still the majority, this decreased to 80% for the treatment group and 83% for the control group by midline. Just over half of girls from the treatment group (53%) and 57% from the control group shared their educational aspirations with their father or male guardian, which decreased to 42% for both groups by midline.

## Problems with friends

At baseline, the largest proportion of girls shared any problem with friends (46% for treatment, and 50% for control) with their mother or female guardian (43% in treatment and 46% in control). But by midline, this increased to 53% and 54%, respectively, for mothers. There was a significant shift in girls sharing problems with male friends – 44% of the treatment group and 42% of the control group and a large drop in sharing with female enfriends to 6% for treatment and 5% for control in the midline. Only 3% of treatment and 2% of control girls shared problems with male friends in the baseline. Girls sharing problem with fathers was not common in qualitative interviews both with the fathers and the girls. Key informants who reflected on fathers' absence on the meeting also experienced that when mothers came to the meeting, the lessons learnt in the meeting were shared more widely with the girls and family members back home than when fathers were present in the meeting. Key informants were also of the opinion that fathers would suggest they speak to their mothers about issues. Mid and older adolescent girls reported that their fathers were more comfortable when their mothers' discussed issues with them. This findings is also corborated by the survey data. Fathers were among the least chosen option for sharing problems; 18% of treatment and 15% of control girls shared their problem with the father in the baseline while in the midline this dropped to 12% for treatment and 9% for control girls.

## Bullying by classmates or friends

At baseline, only 36% of girls from the treatment group and 34% from the control group shared incidences of bullying by classmates with their mother; 18% and 17%, respectively, shared with their father. At midline, sharing with mother had increased to 46% for both groups, while sharing with the father decreased to 12% and 9%, respectively. At midline, 45% of both groups preferred to share incidences of bullying with male friends.

## Type of work participants want to do

Most girls (80% from the treatment group and 87% from the control group) shared their work aspirations with the mother, and 44% and 42% respectively shared with their father. At midline, sharing with mother had decreased to 76% for the treatment group and 80% for the control group, while sharing with the father decreased to 35% and 34% respectively.

## Type of person participant wants to marry

At baseline, more than half of the girls (56% from the treatment group and 61% from the control group) shared the type of person they want to marry with their mother. At midline, this had increased to 64% for both treatment and control groups.

## Participants experience with puberty

At baseline, 63% of girls from the treatment group and 66% from the control group shared puberty issues with their mother. At midline, this had increased to 64% and 69%, respectively.

## Access to age-appropriate information and digital technology
### Ownership of cellphone

At baseline, most participants used their mother's cellphone (57% for treatment and 61% for control group). By midline, most owned a personal cellphone (56% and 78%, respectively).

## Access to internet

Less than half (39% of girls in the treatment group and 41% in the control group) had access to the internet at baseline. This increased to 84% and 89%, respectively, at midline.

## Access to airtime

At baseline, 44% of the treatment group and 58% of the control group had access to airtime- ie could use the phone to make calls, text etc. This increased to 83% and 90% respectively at midline.

## Talked over the phone in the past week

At baseline, more than half of participants (54% of girls in the treatment group and 63% in the control group) talked over the phone in the past week. This increased to 86% and 94% respectively at midline.

## SMS activities in the past week

At baseline, 16% of the treatment group and 26% of the control group had sent or received an SMS in the week prior to the survey. This increased substantially to 80% and 91% respectively at midline. This might be due to ownership of a phone as they have grown older in the mideline. Qualitative part of the study finds that most girls both in the treatment and control group started owning phones when they reached grade eight.

## Access the internet from phone

At baseline, 16% of the treatment group and 30% of the control group had accessed the internet from a phone in the week prior to the survey. This increased to 84% and 93%, respectively, at midline.

## Voice and decision-making within the family and community
### A girl should marry before she turns 18

At baseline, most girls from both the treatment (81%) and control (87%) groups fully disagreed that a girls should marry before she turns 18. At midline, this had increased to 95% and 92%, respectively.

### Daughters should go to school only if they are not needed at home

At baseline, most girls from both the treatment (83%) and control (86%) groups fully disagreed with this statement. At midline, this had increased to 97% and 94%, respectively.

### A woman is respected by her marital family only when she has a child

At baseline, most girls from both the treatment (56%) and control (59%) groups fully disagreed with this statement. At midline, this had increased to 79% for both groups.

### A woman's most important role is to take care of her home and cook for her family

Almost a third of girls from the treatment group (30%) and 40% from the control group fully disagreed with this statement. At midline, this had increased to 69% and 67% respectively.

### Bathing and feeding the kids should be a woman's responsibility

At baseline, 28% of girls from the treatment group and 34% from the control group fully disagreed with this statement. At midline, this had increased to 63% and 64%, respectively.

### A woman should obey her husband

At baseline, 46% of girls from the treatment group and 40% from the control group fully agreed with this statement. At midline, this had decreased substantially to 20% for both groups suggesting they have learnt to reflect on equal gender norms as they grow up.

An adolescent boy sharing his drawing with the enumerator, Nepal © Anita Ghimire/GAGE 2024

### A woman should tolerate violence to keep her family together

At baseline, 46% of girls from the treatment group and 63% from the control group fully disagreed with this statement. At midline, this had increased to 78% and 81%, respectively.

### A daughter should not expect to inherit her father's property

At baseline, 37% of girls from the treatment group and 34% from the control group fully disagreed (and 19% and 24% respectively fully agreed) that a daughter should not expect to inherit her father's property. At midline, the proportion of daughters who fully disagreed had increased to 39% for the treatment group and 41% for the control group, and those who fully agreed increased to 23% in the treatment group but decreased to 22% in the control group.

### A woman who has sex before she marries does not deserve respect

At baseline, 27% of girls from the treatment group and 28% from the control group fully disagreed with this statement. At midline, this increased to 47% and 48%, respectively.

### Boys who help with household chores are weak

At baseline, 60% of girls from the treatment group and 75% from the control group fully disagreed with this statement. At midline, this had increased to 87% and 90% respectively.

### A man should have the final word on decisions in his home

At baseline, 40% of girls from the treatment group and 55% from the control group fully disagreed with this statement. At midline, this had increased to 71% and 72%, respectively.

### The husband should decide what major household items to buy

At baseline, 40% of girls from the treatment group and 50% from the control group fully disagreed with this statement. At midline, this had increased to 65% and 66% respectively.

### To be a man, they need to be tough

At baseline, there were mixed views on this statement: 29% of girls from the treatment group and 44% from the control group fully disagreed, while 24% and 21% respectively agreed with the statement. At midline, girls who disagree increased to 48% for the treatment group and 50% for the control group, while those who partly agreed decreased to 18% in the treatment group, and did not change in the control group.

### It is alright for a man to beat his wife to discipline her

At baseline, 86% of girls from the treatment group and 88% from the control group fully disagreed with this statement. At midline, this had increased to 93% and 92%, respectively.

**A man should never tell others when he is worried or afraid**

At baseline, 50% of girls from both treatment and control groups fully disagreed with this statement. At midline, this had increased to 67% and 63%, respectively.

**A real man should be able to provide everything for his family**

At baseline, there were mixed views about this statement: 49% of girls from the treatment group and 45% from the control group fully agreed, while 12% from both groups fully disagreed. At midline, girls who agreed decreased to 30% for the treatment group and 27% for the control group, while those who fully disagreed with the statement increased to 31% in both groups.

**The man should decide when to have sex:**

At baseline, 34% of girls from the treatment group and 51% from the control group fully disagreed with this statement. At midline, this had increased substantially to 70% and 75% respectively. The increase might be due to their exposure to information related to GBV, SRH and human rights as they grow up.

**Girls and boys should both be allowed to say no to an arranged marriage:**

At baseline, 67% of girls from the treatment group and 85% from the control group fully agreed with this statement. At midline, this had increased to 90% and 91%, respectively.

**Men and women should share the housework, such as washing dishes, cleaning and cooking:**

At baseline, 88% of girls from the treatment group and 90% from the control group fully agreed with this statement. At midline, this had increased to 96% and 94%, respectively.

**Women should have the same rights as men to divorce:**

At baseline, 61% of girls from the treatment group and 82% from the control group fully agreed with this statement. At midline, the figures remained constant for both groups.

**The participation of the father is important in raising children:**

At baseline, 70% of girls from the treatment group and 72% from the control group fully agreed with this statement. At midline, this had increased to 80% and 77%, respectively.

**A couple should decide together if they want to have children:**

At baseline, 76% of girls from the treatment group and 85% from the control group fully agreed with this statement. At midline, this had increased to 97% and 94% respectively.

**Women should have the same chance as men to work outside the home:**

At baseline, 70% of girls from the treatment group and 82% from the control group fully agreed with this statement. By the midline, 95% of girls from the treatment group and 92% of girls from the control group agreed to this statement.

**Boys should have more free time than girls:**

At baseline, 48% of girls from the treatment group and 58% from the control group fully disagreed with this statement. At midline, this had increased to 62% for both groups.

**It is more important for boys than for girls to get an education:**

At baseline, 65% of girls from the treatment group and 80% from the control group fully disagreed with this statement. At midline, this had increased to 77% for the treatment group but decreased to 78% for the control group.

## Economic empowerment

### Access to assets and resources
**Saving money**

At baseline, 45% of girls from the treatment group and 52% from the control group reported that they had saved money. This decreased to 43% for the treatment group but remained constant for the control group at midline.

**Savings at home, savings club, or another informal group:**

At baseline, 40% of girls from the treatment group and 46% from the control group reported that they had saved money at home, in savings clubs or in an informal group. This decreased to 37% for girls in the treatment group and 40% in the control group at midline.

Saving in a bank, cooperative, or other formal group was common baseline, 5% of girls from the treatment group and 4% from the control group reported having saved money in bank, cooperative or formal group. This increased to 10% and 20%, respectively, at midline.

## Access to decent and age- appropriate employment

### Approached by a woman or man with a good job offer

At baseline, only 1% of girls from the treatment group and 2% from the control group had been approached by a woman or man with a good job offer. At midline, this had increased to 9% and 11% respectively.

### Discussion about the offered job with parents or relatives

At baseline, 50% of girls from the treatment group and 20% from the control group had discussed the offered job with their parents, and 50% and 60% respectively had discussed it with other relatives. At midline, the proportion of girls in the treatment group who discussed the offered job with parents remained constant, but and increased to 73% for the control group. The proportion of girls who discussed offered jobs with other relatives decreased to 22% and 15%, respectively.

### Involvement in work to get money or things

At midline, 17% of girls from the treatment group and 22% from the control group were involved in paid work.

### Working place

At baseline, 68% of the treatment group and 36% of the control group were involved in farm work outside their own household; at midline, 12% and 35% respectively were selling goods and services.

### Payment for this work

At baseline, 18% of the treatment group and 58% of the control group reported receiving a monthly salary for this work; at midline, 68% and 35% respectively reported getting a wage from an employer outside the household.

### Time spent doing this work

At baseline, 90% of the treatment group and 80% of the control group worked less than 20 hours in the week preceding the survey.

### Types of wage received

Almost all of the treatment group (99%) and 93% of the control group who had a job had received cash as a wage in the past month.

### All or some of the earnings kept from this work

At baseline, 39% of the treatment group and 53% of the control group who had paid jobs reported that they had kept all of the earnings from this work; 36% and 41%, respectively, had kept some of the earnings.

## Economic aspirations

### Type of work participants would want to do in the future

At baseline, 55% of the treatment group and 67% of the control group reported that they would like to work in the service sector. This increased to 65% for the treatment group but decreased to 63% in the control group at midline. There was a significant increase in aspirations for foreign employment, from 1% to 23% (treatment) and from 3% to 26% (control) at midline.

### Confidence of participants to do that type of work

At baseline, 36% of the treatment group and 42% of the control group reported being 'somewhat confident' that they can do the type of work they aspire to. This increased to 48% for the treatment group and decreased to 36% for the control group at midline. Similarly, the proportion of girls who were 'very confident' was 53% and 58% at baseline; it decreased to 49% for the treatment group and increased to 61% for control group by midline.

## Vocational education received

Almost all (99%) of the girls from the treatment group, but none from the control group, had received vocational education at baseline. At midline, 16% and 18% respectively reported receiving some vocational education.

### Type of vocational education

At baseline, girls from the treatment group who said they received vocational training had received training on garment-making, embroidery, sewing and cutting (67%), followed by weaving and computer training (50%). Girls from the control group who said they had received training in the baseline had received training on weaving and garment making, embroidery, sewing and cutting training (67%), weaving (50%) and computer (50%). At midline, the largest proportion of girls from both groups had received computer training (77% and 84%, respectively).

## Economic skill-building

At baseline, 95% of girls from the treatment group and 99% from the control group were not involved in any

An adolescent girl smiling in class, Nepal © Anita Ghimire/GAGE 2024

economic skill-building training. At midline, 10% of the treatment group and 3% of the control group were involved in such programmes.

## Involvement in local employment programme for youths

At baseline, 97% of the treatment group and 99% of the control group were not involved in any local employment programmes. This is not surprising given the age of the participants. At midline, 5% of the treatment group and 2% of the control group were involved in some form of local employment programmes.

## Impact of COVID-19 on economic well-being

The questions on COVID-19 were asked only at the midline.

### Lost household income due to COVID-19

40% of the treatment group and 42% of the control group reported some lost in household income during COVID-19;

42% and 46% respectively reported no loss of income during the pandemic.

### Lost employment or self-employment due to COVID-19

59% of the treatment group and 69% of the control group shared that their household members did not lose their employment (including self-employment) during COVID-19.

### Income of the household as compared to before COVID-19

63% of the treatment group and 67% of the control group did not report any change in their household income due to the pandemic.

### Anyone in the household still out of work, or working less than they would like to, because of the pandemic

87% of the treatment group and 92% of the control group did not have any family members out of work or working less than they would like to because of COVID-19.

# Conclusion and recommendations

This study shows important findings on the six domains of adolescent well-being explored by GAGE in Nepal. It also finds positive change in several indicators related to good parenting, and positive social norm change among parents, with a higher degree of change among parents in the treatment group (those participating in the GEP programme by Room to Read). This shows that the programme has been successful in bringing about the intended changes in parents' attitudes. Here, we summarise our conclusions, according to each of the six domains.

## Education and learning

Overall, and across both Nuwakot and Tanahun districts, a larger proportion of in-programme girls had not participated in the pre-school programme. This highlights the fact that intervention schools chosen by the programme were in communities where girls had less previous exposure to any programmes for children and adolescents. In this respect, the programme has helped to fill an important gap in child and adolescent support.

Most girls who participated in the programme had reached the expected age of starting school (4 years); however, there were also girls who started school relatively late (almost a quarter of girls (22%) started between the ages of 7 and 10 years). These girls may have a higher risk of dropout as they become older than their peers in the same class, or reach marriageable age (legal age being 20 years) when they enter higher secondary education.

Schools were the most common source of financial support in both the treatment and control groups, but the proportion of those who did not receive support was higher among the control group: financial support in education has increased in higher proportion in treatment (increased from 8% to 32% from schools) girls.

During primary education, most children do not take private tutoring, but households have to invest in tuitions, particularly in Maths, Science and English, as children enter secondary education. This might also risk dropout when households cannot afford extra tuition fees. This is one of the main economic drivers of children dropping out of school.

By midline, fewer children were reported to be missing school than at baseline, particularly among children in the treatment group, suggesting a positive impact of the programme on school attendance. At baseline, children were reported to be missing school during the agricultural

seasons as they were being kept back to help their parents with agricultural work, but by midline, this had stopped; among parents in the treatment group in particular, mothers shared that they now do not keep daughters at home for work, as they used to do. Girls missing school due to cultural activities in the community has also stopped, among both treatment and control groups, showing that parents and children are more serious about the value of attending schools regularly in general as well.

However, menstruation is still one of the main issues that stops girls attending school, pointing to the need for continuing and extending water, sanitation and hygiene (WASH) programmes in school, and for norm change programming with communities. Similarly, even when financial support is higher among girls from the treatment group, lack of uniform remains an important barrier to girls attending school.

The proportion of girls who reported feeling that they can fully decide by themselves on what level of education they can achieve has decreased since baseline, showing that there remain barriers for girls to achieve their desired level of education.

There are other barriers to higher education. Even when enrolled in programmes, 14% of girls from the treatment group and 8% from the control group were not interested in going to schools, and this is an increase of 8% for treatment group compared with baseline. There is a need to identify why girls are not interested in going to school. Also, by midline, participants had become somewhat less confident that they are safe in school and when travelling to and from school.

Girls also reported that they stop participating in sports and using public spaces (such as playgrounds) as they enter middle and older adolescence. This reinforces the need for norm change about girls' participation in sports and access to public places, as these are areas that could increase girls' confidence and contribute to their mental and physical well-being.

Most participants in both the treatment and control groups reported positive perceptions about their peers and peer support, and that peers actively help keep discipline in school. Peer-to-peer violence does not seem to be common, with more than 80% of respondents reporting that they have neither inflicted nor faced any peer violence in school.

Usually, parents and their children alike think that the highest education the children will achieve is a bachelor's degree. This has increased for girls in the treatment group, since baseline, pointing to the positive impacts of the programme on the transition to higher education for girls. However, this level of education is unable to fulfil individuals' job aspirations. There is therefore a need to raise aspirations for further education, by raising awareness among girls and parents of the importance of technical and vocational education and higher education for girl children. During the qualitative interviews, girls and parents commonly asked for educational and career counselling courses, pointing to a gap in information and counselling support in higher education.

Despite many positive changes since baseline, girls and parents have both become less confident that girls will achieve the level of education they aspire for. This suggests a need to continue working to change social norms and address the barriers that impede girls' access to higher education, as well as addressing their low levels of confidence in negotiating about their future; it also suggests the need to strengthen child–parent relationships.

The GEP programme takes girls to places like courts, banks and other institutions for exposure visits, and participants ranked these visits as one of the most important benefits of the programme. They have shared that it has helped them raise their aspirations for careers in such sectors, and helped to establish linkages if they need further information.

## Bodily integrity and freedom from violence

The largest proportion of girls (64% among the treatment group and 59% among the control group) feel that the ideal age for marriage is between 25 and 29 years, which aligns with their aspirations to complete a bachelor's degree and become economically active (as mentioned in the previous subsection). There was a notable increase, between baseline and midline, in the proportion of girls who regarded this as a good age for marriage in both control and treatment group showing the increase in carrer and educational aspirations.

Although there has been a significant increase in the proportion of girls who know the legal age of marriage, despite enrolment in the programme, 14% of girls still incorrectly think that the legal age of marriage is below 20 years. This points to the need for continuing awareness

raising around early marriage and the importance of showing link between marriage, education and career for girls.

Among girls in the treatment group, the 6% increase (by midline) in the numbers feeling confident that they will be able to marry at the age of their choosing points to better child–parent discussions and relationships regarding this issue. There was a similar increase among parents in the treatment group. During qualitative interviews, many parents shared that they now see the value of education and career opportunities for their daughters, and will let the daughters study to the grade they desire. This means that if they continue to strive for a career, girls will face fewer challenges in negotiating against early marriage, at home and in their community. However, for girls in the control group, their confidence in being able to marry at the age of their choosing had decreased by midline, by 3%. This points to the importance of programming such as Room to Read, which engages parents and works to build parent–child relationships that are crucial for adolescent well-being.

One of the important benefits of the programme is a significant increase (of 34%) in awareness about a person's legal rights (the comparable increase among girls in the control group was 1%). Although the majority of girls were not using any services yet (they were too young to required them), it enhances their possibilities to find redressal for any violations of their rights in later life.

## Health, nutrition, and sexual and reproductive health

There have been positive changes between baseline and midline in harmful social norms around menstruation and menstrual management. The strong decrease in the number of girls who reported having to avoid physical contact with adults during menstruation, along with the easing of other restrictions (such as having to stay outside the house during menstruation), suggests that more progressive norms around menstruation are beginning to take shape.

Similarly, access to menstrual hygiene support has increased by 45% (to 67%) among girls in the treatment group, a much higher increase than for girls in the control group (only 11% increase), showing a significant positive impact of the programme on menstrual hygiene support. However, 4% of girls in the treatment group and 8% in the control group still believe that menstruation is a disease. This points to the need for continuing awareness programming on menstruation.

Although alcohol consumption has to be viewed in a cultural context, the fact that 2% of girls consume alcohol 2–3 times a week points to the need to address this issue through programming. Most girls feel there is less availability of places where adolescents can go if they have harmful addictions, and a small proportion still believe in going to temples and religious leaders for such purposes.

## Impact of COVID-19

Most households in both treatment and control did not have members who had contracted COVID-19, and 97% of girls reported having been vaccinated against COVID-19, with most having received the full dose. A larger proportion of girls from the treatment group reported having had the full dose, showing the programme benefits in access to vaccination. Similarly, girls from the treatment group reported receiving increased support on health and nutrition.

## Psychosocial well-being

Overall, positive changes in other areas of adolescents' well-being have not extended to psychosocial well-being. There are only a few areas where reported changes were positive, reinforcing that girls face many challenges in their emotional and psychosocial well-being as they navigate adolescence, and that the programming is yet far from adequate. Girls seems to be less confident between baseline and midline in their beliefs about the future. This

might be because as they grow up, they experience even more restrictive social norms and become more realistic about what life holds for them. However, the fact that more girls in the treatment group agreed (50%) than those in the control group (36%) might suggest that the GEP has encouraged girls to think thoroughly about the barriers in their lives as they transition into older adolescence and early adulthood. Although it might not be reflected so clearly in the survey data, the qualitative research finds that the programme has contributed significantly to girls' psychosocial well-being.

Some positive changes reported were around satisfaction with their own body and appearance, increased feelings of acceptance by others (pointing to good relations between parents and children who participated in the programme), feelings of self-confidence, and being a filial person. These changes were more evident in the treatment group than in the control group, indicating the much-needed support the programme has given to girls. Participants largely expected to get what they want, have expectations of a pleasant future, and see the possibility of a satisfying future, and the proportions had increased between baseline and midline. The indicators around peer support and school environment were also largely positive.

The self-perception of well-being (GHQ-12 questions) responses show positive well-being among girls. However,



Students working on computers in the computer lab, Nepal © Anita Ghimire/GAGE 2024

there are girls who still feel rather more unhappy than usual, under strain more often than usual, and lose sleep over worry rather more than usual. They reported being less able to concentrate than usual, and think of themselves as worthless more than usual. Although this was not the majority of girls, it still points to the need to continue working to improve girls' psychosocial well-being.

Overall, there were negative changes reported in positive identity indicators, in indicators around girls' emotional control, their capacity of perseverance, and social competence. The perception that they feel unsafe has increased since baseline, but there was no change in girls' experiences of support and enabling environment indicators. Girls reported being less confident that they can do as good as others, less satisfied about one's performance in comparison with classmates (this proportion had decreased among the treatment group and increased among the control group), less knowledgeable about their strengths and weaknesses, less confident that they can solve their problems, and less confident that they can be admitted to a university. There was a decrease in the numbers of girl accepting that they are a pleasant person that can show emotions appropriately when happy, describing feelings calmly when angry, and managing emotions during conflict. They also feel less able to see the world from others' perspectives, and less able to let other people know their emotions.

## Voice and agency

There was a decline between baseline and midline in many of the indicators related to agency, such as participants' self-perceptions about their participation, and understanding of their socio-political environment, holding leadership positions and desire to be leaders in the group, and confidence that they can organise people to get things done. Their perceptions of having free time and spending time on household chores had decreased also. However, participants mostly reported that they have an absolute say in making decisions about friendships, spending time with friends, and achieving further education. They also did not report having restrictions on their mobility and use of public places such as playgrounds and markets, and were allowed to go to places with companions or guardians.

Participants reported feeling most comfortable with their mother and friends, and this has not changed since baseline.

Participants mostly reported very low levels of civic engagement, pointing to the need for programmes to increase adolescents' exposure to service centres, make service centresadolescent-friendly, and to amplify adolescents' voices in civic spaces.

The most important reference group for adolescents continues to be their mother, followed by their father. Girls reported that they share things about their education, aspirations related to marriage, and work-related matters with their mother, but also share education and work-related matters with their father.

Participants reported that male friends take on an important position as girls enter adolescence (the research showed a significant change from female friends at baseline to male friends by midline).

Use of information and communication technology (ICT) has increased significantly since baseline, with girls now more likely to own and use a cell phone, and have access to the internet.

There have been positive changes in perceptions about delaying marriage (i.e. not marrying before the age of 18), about not missing school for household work, and about the fact that a woman should be respected only when she has a child.

By midline, there was a decrease in the proportion of girls who believe that the most important role for women is to take care of family, that bathing and feeding children is women's responsibility and increase in proportion of girls who believed that that there should be an equal division of household chores, and that women should have an equal role in final decision-making. Similarly, there was an increase in the number of girls (from 67% to 90%) who reported that girls and boys should be allowed to say no to an arranged marriage. However, 5% of girls in the treatment group still believed that women's most important role was to take care of the family, and 8% still believed that bathing and feeding children is women's responsibility.

The programme appears to have made substantial progress in positively changing girls' perceptions about masculinity – for example, there was an increase in the number of girls who did not believe that to be a man, one needs to be tough, from 29% to 48% among the treatment group between the two surveys, with not much change among girls in the control group. The number of girls who believe that fathers' role in raising children is important increased by 10% among the treatment group, pointing to the important impact of social norms change through the programme.

However, 14% of girls in both control and treatment groups still believed that a man needs to be tough, pointing

Street scenes in Nepal © Anita Ghimire/GAGE 2024

to the need for more work around social norms and positive masculinity. Similarly, almost a third (30%) of girls still agreed that a man should be able to provide everything for his family. There was no change in the proportion of girls who believe it is more important for boys than girls to get an education, while 11% of girls in the treatment group still agreed that boys should have more free time than girls.

Although a larger proportion of girls from both the treatment and control in both baseline and midline fully disagreed that women should tolerate violence to keep her family together, 9% of girls in the treatment still believed that they should tolerate violence to keep the family together. While this can be seen as girls responding to the practicalities of their context (for example, usually women do not earn and so if they break the family, the children will not have any economic support which wil bring a lot of challenges to the children as they grow up. The women live in husbands house and so if the family breaks down she along with the children will lose a shelter. She also cannot depend on her parental home for economic support after marriage according to local norms), this also points to a need for adolescent programmes to have deeper discussion and reflection with adolescents for wayout on this issues.

## Economic empowerment

There was a significant change by midline in girls' perceptions that women should have the same chance as men to work outside the home, and this change was higher in the treatment group, signifying that the programme has contributed to increasing girls' confidence in negotiating to work outside the home. Most girls reported that they would like to work in service sectors (such as banks), or migrate abroad for foreign employment, and most were confident that they will achieve the job they aspire to in the future.

Although there was an increase in the number of girls who received vocational training between the two surveys, this still only amounted to 16%, which suggests the need to expand access to vocational training. Among girls that took up vocational training, most opted for computer training. For most girls, training on sewing and tailoring did not match their aspirations and their parents' investment in education.

The number of girls reporting savings in formal institutions had increased by midline, highlighting the impact of the financial literacy aspect of the programme.

Some girls (17%) reported doing some form of paid work, mostly in agriculture outside the house, or selling goods or services. Payment was largely waged work rather than salaried employment, and girls were typically paid in cash. Almost 1 in 10 (9%) reported spending more than 41 hours a week on this type of work.

Most households reported not having lost any income due to COVID-19, and most had not lost employment due to the pandemic; just 4% of households lost all income during COVID-19, 6% lost their employment permanently, and 12% still have members who are out of employment or working less than they would like to due to COVID-19.

# Recommendations

There is a need for more programmes that work with adolescents from their formative years and continue to support them to navigate the transition into young adulthood.

## General recommendations for programming

- Extend support to boys to help them successfully navigate the transition to middle and older adolescence.
- Expand the scope of activities, and implement tailored programming that targets adolescent boys.

Room to Read programming targets girls over a six-year period, from grade 6 to grade 12. Respondents felt very strongly that the programme leaves them at a critical time in their lives, when they are navigating challenging transitions around education, employment and marriage.

- Modify and extend support to girls during later adolescence and young adulthood, when they encounter more restrictive social norms around marriage, unequal access to skills and higher education, and inequality in accessing work and career opportunities.

The programme has positively influenced child–parent relationships, with parents in the treatment group having a more positive perspective towards their children in various areas compared with parents in the control group. Other adolescent programming can certainly learn from this important success. However, the programme currently has only a few engagement sessions with parents.

- Increase the frequency of parent meetings within the programme schedule to maximise positive changes in child–parent relationships.

## Education and learning

There is a need to understand why some children enrol in schools later than the average age, whether (and how) this impacts subsequent dropout, and what can be done to encourage timely enrolment of girls and boys in primary education. Other priority actions are:

- Provide community-based or school-based educational support (for example, extra classes) for children from households where adult members are not literate.
- Provide extra classes in the key subjects (English, Maths, Science) for which parents have to invest in extra tuition from grade 6 onwards (particularly in

grades 8–12), to ease the economic burden on parents and provide a further incentive for adolescents to stay in school.

There is currently a disconnect between adolescent girls' educational aspirations and their employment aspirations. The findings also indicate that girls and their parents have both become less confident that girls will achieve the level of education they aspire to.

- Work to raise girls' ambitions for higher education and emphasise (among parents and children) the importance of attaining higher education. Leverage the use of digital technology to link girls with adolescents outside the country and increase their exposure to courses available globally and to the courses their peer adolescents in more developed countries are taking. This exposure should also involve parents as they are the decision-makers for girls higher education.
- Engage further with prevailing social norms to address the barriers that impede girls from accessing higher education, and address girls' low levels of confidence to negotiate about their future.
- Provide information as well as educational and career counselling for girls in higher education (girls and their parents both requested this specific support).
- Since Room to Read has a global connection, it could leverage this to add virtual exchange, sharing and building knowledge on education, skills, and career preparation between adolescents in different contexts but also with relevant institutions abroad.
- There are girls who do not want to go to school. It is important to find reasons and mitigate this.
- Some girls are still missing school as they lack uniform, even though the household may already be receiving some financial support. Tailor financial support to target children for lack school uniform.

## Health, nutrition, and sexual and reproductive health

Menstruation still stops 14% of girls in the treatment group and 24% of girls in the control group from attending school and 12% of girls from treatment group still think menstruation is a disease.

- Provide WASH programming in schools and raise awareness to elimate harmful traditional practices such as restrictions during menstruation among parents, families and communities.

- Continue awareness raising about menstruation and MHM so girls have accurate understanding of menstruation.

Mothers shared that when girls start their menstruation late, they tend to forget about MHM education given in Grade six in the GEP programme.
- Extend MHM contents upto Grade 8 so girls who start menstruating late retain knowledge on MHM

Girls' participation in sports and use of public space decreases significantly as they enter middle and older adolescence.
- Programming should build girls' confidence to actively use public spaces and norm change programmes should promote girl-friendly and adolescent-friendly spaces. The legal awareness and exposure component of the Room to Read programme could be tailored to support girls to use public spaces and raise awareness of their rights to use such spaces.

The findings reveal that a small percentage of girls (2%) are consuming alcohol 2–3 times a week.
- Programming with adolescents should address cultural norms that promote alcohol consumption by children.

The study also finds that there are few places or services where adolescents can go if they are addicted to harmful substances.
- Programming should improve facilities to make such addiction support services and institutions adolescent-friendly, such as through recruiting peer adolescent volunteers as service provider groups and inform adolescents about these services as part of the legal rights component of the programme.

The GEP programme has been able to positively influence child parent relationships. Parents in the treatment group have more positive perspective towards their children on various fronts compared to the control groups of parents. However, the current programme only has few engagement sessions with parents.


A group of young adolescent girls and boys drawing, Nepal © Anita Ghimire/GAGE 2024

- Other adolescent programme can learn from this important success of the GEP programme and replicate in their programmes. For the GEP programme, it could benefit from increasing the frequency of parent meetings (there are only a few engagement per year currently) and ensuring more engagement of fathers than what is now.

## Bodily integrity and freedom from violence

One of the important outcomes of the Room to Read programme is a significant increase (34% in the treatment group compared to only 1% in the control group) in girls' awareness about their legal rights. This could be a model for other programmes. However, a sizeable proportion of girls in the programme (14%) still incorrectly believe that the legal age of marriage is below 20 years.

- Run programmes in the community and in the schools to raise awareness on the legal age of marriage.

Participants reported that they have become somewhat less confident that they are safe in school. It is important to understand what risks girls experience and work to mitigate those risks. Key informants also reported that Room to Reads' model of addressing GBV in school by including teachers in sessions around GBV has been successful to bring change in teachers' behaviours. Such programmes could be replicated to address GBV in schools and make girls feel more safe in school. There should also be other mechanisms to ensure girls feel safe in school- these could include monitoring by the School Management Committee (SMC) and using features such as annoymus reporting through Room to Read classes or through the SMCs focal persons and encouraging group reporting of GBV.

## Psychosocial well-being

There remains a significant amount of work to be done to improve girls' psychosocial well-being. In general, adolescent programmes such as GEP should increase focus on psychosocial wellbeig. Besides that, the following can be done:

- Understand reasons for increased proportion of girls negative psychosocial wellbeing such as feeling unhappy/less happy under strain, losing sleep over worry and works towards mitigating it.
- Increase adolescent programmes such as the GEP to cover more girls.

- Raise awareness about mental health services and teach girls how to access services such as mental health realted counselling and encourage them to use it when needed. Such programmes should also be provided for free.
- Government's One Stop Crisis Management Centre (OCMC) programme based at the district hospitals should run information and service camps in **school at regular intervals to support girls to identify their mental health needs and access services when needd. Room to Read could facilitatie this linkages.**

Some teachers involved in the programme have undertaken their own initiatives to link girl students with mental health services, and the programme could formalise these initiatives.

- Room to Read could expand activities to link girls experiencing emotional or mental health challenges with existing local mental health services (such the OCMC and other NGO programmes).

## Voice and agency

- To address the very low levels of civic engagement among participants (which have not changed significantly since baseline), programming should increase adolescent girls' exposure to service centres, promote adolescent-friendly and girl-friendly spaces, and encourage adolescents to exercise voice and agency in civic spaces.

## Economic empowerment

- The vocational training offered through Room to Read and other programmes should be expanded. Training courses should support girls to enter the labour market, focusing on areas such as languages, secretarial skills, public service preparation courses, preparation for English language proficiency tests, extension of computer literacy training, and digital courses relevant to jobs such as accounting and book-keeping.
- Programming should include support to connect secondary school-aged girls to employment opportunities, justifying parental investment in their daughters' education. Programmes should work with local, national and international job providers to link girls to apprenticeships and internships, as a route into employment.

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## About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a decade-long (2016-2026) longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org for more information.

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