

# First National Population Conference 2014



Communicating Population for Development Planning

5-7 June 2014, Kathmandu

## Post-Conference Proceedings



# Table of Contents

<b>ACKNOWLEDGEMENTS</b> .....	II
<b>ACRONYMS AND ABBREVIATIONS</b> .....	III
<b>EXECUTIVE SUMMARY</b> .....	IV
<b>1. INTRODUCTION</b> .....	1
<b>1.1 OBJECTIVES</b> .....	1
<b>1.2 THEMES</b> .....	1
<b>1.3 PARTICIPANTS</b> .....	2
<b>2. INAUGURAL SESSION</b> .....	2
<b>3. TECHNICAL SESSIONS</b> .....	4
3.1 PLENARY SESSIONS .....	4
3.2 PARALLEL SESSIONS .....	7
Theme 1: Fertility .....	7
Theme 2: Migration .....	9
Theme 3: Population Ageing.....	10
Theme 4: Population, Gender and Development .....	11
Theme 5: Adolescents Sexual and Reproductive Health and Rights.....	12
Theme 6: Maternal and Child Health.....	13
Theme 7: Access to Reproductive Health Services .....	15
Theme 8: Family Planning .....	16
Theme 9: Abortion .....	17
Theme 10: HIV and AIDS .....	19
Theme 11: Population, Poverty and Development.....	20
Theme 12: Sexual Health Behaviour and Practices.....	21
Theme 13: Demographic Methods, Age-Sex Structure and Demographic Dividend.....	22
Theme 14: Population, Health and Nutrition.....	23
Theme 15: Gender Based Violence .....	25
3.3 POSTER SESSIONS .....	27
<b>4. SIDE EVENTS</b> .....	27
<b>5. CLOSING SESSION</b> .....	28
<b>ANNEX I: LIST OF CONFERENCE COMMITTEES</b> .....	30
<b>ANNEX II: CONFERENCE PROGRAMME SCHEDULE</b> .....	32
<b>ANNEX III: LIST OF CONFERENCE GUESTS</b> .....	41
<b>ANNEX IV: CONFERENCE PARTICIPANT FEEDBACK</b> .....	42
<b>ANNEX V: CONFERENCE PHOTOS</b> .....	47

## Acknowledgements

On behalf of the Conference Organizing Committee, I have the immense pleasure and privilege to extend heartiest gratitude to our delegates and guests for joining us in this three-day momentous event, the “**First National Population Conference 2014**” held in Kathmandu, Nepal from 5-7 June 2014. The conference was jointly organized by the MoHP/GoN, CDPS/TU, PAN, CREHPA, FPAN and UNFPA Nepal with PSI/Nepal and MSI/Nepal as co-organizers. The Conference Organizing Committee is extremely grateful to the Conference Advisory Committee, the Conference Scientific Committee and the Conference Secretariat Office, CDPS/TU for their active roles and involvement in the successful organization of this great historic event.

The overarching theme of this conference was “Communicating Population for Development Planning” and its relevant related themes and sub-themes. This august gathering provided an excellent opportunity for stakeholders to form a collaborative network and a stronger partnership in communicating the importance of population for development planning and in proposing appropriate actions to bring about positive changes in the lives of Nepali people.

Our sincere gratitude goes to the Right Honourable President Dr. Ram Baran Yadav for inaugurating this important conference. Likewise, we are grateful to Honourable Minister for Health and Population, Mr. Khaga Raj Adhikari, Honourable Vice-Chair of the National Planning Commission, Prof. Dr. Govind Raj Pokhrel, Honourable Member of NPC, Dr. Yagya Bahadur Karki and UN Resident Coordinator for Nepal Mr. Jamie McGoldrick for their insightful remarks and valuable support in this collaborative event. We were also greatly honoured by the valuable presence of distinguished international guests including Prof. Dr. Terence Hull, President of Asian Population Association and Ms. Anjali Sen, Regional Director of International Planned Parenthood Federation/South Asian Regional Office in this historical national conference.

Lastly, Chief Rapporteur Dr. Padma Prasad Khatiwada and his team Ms. Bhagawati Sedai and Mr. Pawan Kanel are thankful for their efforts in compiling the proceedings and bringing them into this form.

On behalf of the Conference Organizing Committee:

Prof. Dr. Ram Sharan Pathak  
Chair  
Conference Organizing Committee  
First National Population Conference 2014  
5-7 June 2014, Kathmandu, Nepal

## Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
APA	Asian Population Association
ART	Anti-Retroviral Treatment
ASRH	Adolescent Sexual and Reproductive Health
ASRHR	Adolescent Sexual and Reproductive Health and Rights
CA	Constituent Assembly
CAC	Conference Advisory Committee
CDPS	Central Department of Population Studies
CEDAW	Convention on the Elimination of Discrimination against Women
COC	Conference Organizing Committee
CRC	Convention on the Rights of the Child
CREHPA	Centre for Research on Environment, Health and Population Activities
CRVS	Civil Registration and Vital Statistics
CSC	Conference Scientific Committee
CSO	Conference Secretariat Office
FCHV	Female Community Health Volunteer
FPAN	Family Planning Association of Nepal
GDP	Gross Domestic Product
GoN	Government of Nepal
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
IUSSP	International Union for the Scientific Study of Population
MDG	Millennium Development Goal
MoHP	Ministry of Health and Population
MSI	Marie Stopes International
NPC	National Planning Commission
PAN	Population Association of Nepal
PLA	People's Liberation Army
PSI	Population Service International
SARO	South Asian Regional Office
SLC	School Leaving Certificate
SRH	Sexual and Reproductive Health
TFR	Total Fertility Rate
TU	Tribhuvan University
UN	United Nations
UNFPA	United Nations Population Fund

## Executive Summary

### A. Introduction

Nepal has witnessed many important demographic changes over the last two decades due to declining fertility and mortality rates, increasing life expectancy, increasing age at marriage and a large volume of both internal and international migration. New migration patterns within and outside the country have brought about structural changes in demography and human development. The latest population census and national Demographic and Health Surveys have unveiled different dynamics of population characteristics. These national data sources have produced valuable information for dissemination to a large audience for academic, policy and programme benefits. Against this backdrop, it was considered timely to convene a conference bringing together national and international academicians, policy makers, development practitioners and other relevant stakeholders in Nepal to provide an opportunity to share new research, evidence and good practices for policy debates around population dynamics and its inter-linkages with other development sectors.

In this context, the “**First National Population Conference 2014**” with the theme of “Communicating Population for Development Planning” took place in Kathmandu, Nepal from 5-7 June 2014. The Conference represented a benchmark in the field of population and development in Nepal. It brought together 250 participants representing senior population and development professionals of national and international reputation as well as young researchers/students and national and international delegates. The Conference also aimed to discuss and build a common understanding among national stakeholders on key aspects of population and sustainable development issues to inform the agenda setting for national development priorities and targets for the post ICPD and MDG Development Frameworks.

The President of Nepal inaugurated the Conference with the attendance of the Minister and the Secretary for Health and Population. The Conference comprised of plenary and thematic working sessions covering a range of population and development issues as well as poster exhibitions. In addition, two side events were organized on Investing in Young People and Photo and An Exhibition ‘I Decide’. The closing session attracted mainly policy makers from the National Planning Commission where the Vice-Chair himself and Commission Member were present to hear the issues raised in the Conference.

The Conference was jointly organized by the Ministry of Health and Population (MoHP); Central Department of Population Studies/Tribhuvan University (CPDS/TU); Population Association of Nepal (PAN); Centre for Research on Environment, Health and Population Activities (CREHPA); Family Planning Association of Nepal (FPAN) and United Nations Population Fund (UNFPA) with Population Services International (PSI) and Marie Stopes International (MSI) being the co-organizers. A total of 108 papers selected by an Evaluation Committee were presented in 72 parallel, 8 plenary and 36 poster sessions around 15 relevant themes. The following section highlights key policy areas and recommendations that emanated from the findings of the papers presented and discussions held during the Conference.

### B. Policy Areas and Recommendations

#### **Policy Area 1: Fertility**

Nepal experienced a remarkable decline in total fertility rate from high (4.6 children per woman) in 1995 to a low level of 2.6 in 2011. The decline is not uniform across the country and

subsections of the population. Fertility in urban areas has already reached below replacement level while in rural areas it remained as high as 3.1. Maintaining fertility decline requires a multi-pronged strategy consisting of empowerment of women, effective awareness campaigns, positively influencing contraceptive behaviour, and sustaining use, availability and accessibility of appropriate basket of contraceptives and other medicines. Moreover, fertility outcomes are influenced by multiple factors. Appropriate resource and equal opportunity, social construction and women's education and empowerment are key factors to influence fertility behaviour.

**Recommendation:** To sustain fertility decline and achieve replacement level fertility, invest in women's education, employment, gender equality, autonomy and empowerment.

### **Policy Area 2: Migration**

Lack of employment and economic opportunities have been major reasons for the increasing trend of migration in Nepal. It is estimated that around 30 million people are currently out of the country, mainly for employment. The increasing trend of foreign labour migration has brought new dynamics in the social, economic and demographic structure of Nepal. At the macro-economic level, remittance inflows of migrant workers contribute to about one-fourth of the gross domestic production (GDP) resulting in the reduction of national poverty incidence to about one-fifth.

At the household level, migration has helped a number of rural households lift them out of extreme poverty. However, a key challenge facing the country is about how to effectively harness remittances for productive use. On the social front, the spousal separation and delay in marriage as an impact of migration have direct and immediate effects on fertility trend. It has also brought a new demographic structure with a loss of a portion of the working age population, particularly the male population. In addition, the social remittances, in the form of knowledge, skills, experience and education has been helpful to mobilize local resources and positively redefine social relations.

However, there are risks associated with human rights violations including deprivation in labour rights and decent employment and personal safety. The case of women is more critical as they are working in non-formal and domestic spheres. In many cases, there is evidence of human trafficking. The international migration has triggered internal migration resulting in decline in population of 27 districts. This has unique policy implications in planning and allocation of resources. Migration does not only change the population structure but also brings about changes in social, cultural, economic and political characteristics with ensuing policy concerns.

**Recommendation:** Labour diplomacy is required to safeguard the rights of migrants in destination countries. Therefore, take measures to correct pre-departure complications. Improve productivity of migrants with skill enhancement required for the countries of destination. In order to discourage foreign labour migration, invest in creating internal job and economic opportunities and analyse the social, cultural, economic and demographic impacts of labour migration.

### **Policy Area 3: Population Ageing**

Ageing is globally defined as the population aged 65 and above. Nepal has been using the benchmark of 60 years for defining its senior citizens. Nepal is showing steady trend of increasing proportion of elderly population (8 per cent population in 2011) and is expected to grow at a faster rate in next few decades owing to the improvement in health facilities and decline in fertility. The changing family structure and migration of working age population have left senior citizens more vulnerable in terms of social and financial insecurity.

**Recommendation:** Invest in social security of older people. Foster intergenerational dialogue and knowledge transfer. Ensure social and public facilities are accessible to older people.

#### **Policy Area 4: Demographic Dividend**

Nepal's population is dominated by working age population which may act as a dividend in the socio-economic development of the country. The 2011 population and housing census shows that around 57 per cent of the population is of working age (15-59 years) and 25 per cent of the population is expected to reach working age within a decade. This very structure will prevail for a limited period only (three to four decades) before it disappears due to the projected increase in the share of the older population in the next few decades.

However, the working population by itself may not be sufficient to drive the country's socio-economic development unless there are investments to increase their productivity and to establish a linkage between population and sustainable development. The development histories of many countries explain that investing in the working age population would yield higher productivity, resulting in increasing gross domestic product (GDP). Studies show that demographic dividend may disappear after 2050 in Nepal.

**Recommendation:** Harvest Nepal's demographic dividend by increasing investment in and productivity of the working age population. Develop and implement policies to establish relationships between population and sustainable development. Create employment opportunities and entrepreneurship skills for engaging the working age population.

#### **Policy Area 5: Adolescents Sexual and Reproductive Health and Rights**

Despite improvements in the situation of adolescent sexual and reproductive health and rights (ASRHR), there remain some critical areas to be addressed. Early marriage and adolescent pregnancy, vulnerability of adolescents to sexually transmitted diseases, prevalent socio-cultural harmful practices, and involvement in risk taking behaviour are some factors that impede the full realization of ASRHR. Changing social and cultural values and increased access to information technology has changed the conventional definition of sexuality. This has induced many adolescents to be involved in risky behaviour like pre-marital and unsafe sex. Still a large proportion of girls marry at their adolescence. The median age at marriage for women aged 20-49 is 17.8 years, which is even lower among women with no education coming from rural, Tarai, and Far-Western Development regions. Formation of early marital union restricts them to enjoy their fundamental human as well as reproductive rights. It may also have a negative impact on the health and growth of their children. There is also a considerable lack of comprehensive sexuality education for in and out of school children and adolescent groups.

**Recommendation:** Ensure universal access to sexual and reproductive health and protection of reproductive rights in national constitution, policies, laws and acts for all, regardless of gender, ethnicity, race, economic, geographical area, disability or other status. Invest in ASRHR for ensuring rights of every adolescent/youth to informed decision making. Promote comprehensive sexuality education to improve knowledge of adolescent groups. Encourage delayed marriage and informed use of contraceptives. Provide career counselling for married adolescent couples.

#### **Policy Area 6: Reproductive Health Services and Family Planning**

There have been important improvements in the availability of reproductive health services and family planning due to the joint efforts of the government, development partners and

community based organizations. Despite improvements, there are considerable gaps in practices. Still many health facilities lack qualified and motivated health professionals and essential medicines that are supposed to be available for free as declared by the GoN.

With the lack of basic facilities, the life of mother and new born is always at risk. The risk compounds with the increase in disadvantaged characteristics like illiteracy, rural and remote residence, family background, poor economic status, physical distance to service centre, agency power, etc. Despite having universal knowledge of family planning and significant fertility decline, the contraceptive prevalence rate (CPR) has remained stagnant over the last few years. There could be several reasons including spousal separation due to international migration. Beyond this, the unmet need is still high especially among adolescents/youth and certain social groups and has not declined as expected. The unmet need is higher for limiting than spacing, in the Hilly region, rural areas and the Western Development Region.

**Recommendation:** Strengthen capacity of public health facilities with retention of health professionals, availability of basic drugs and equipment. Implement specific interventions and appropriate programmes in those locations or for those sub-population groups with high unmet need.

#### **Policy Area 7: Abortion**

Nepal legalized abortion in 2002 under certain medical and ethical conditions to save the lives of mother and child. It has never been promoted as a method of family planning. Research papers presented in the conference show that there is a gap in comprehensive knowledge of the rural population on abortion. Only 38 per cent of women are aware that abortion is legal in Nepal. In addition, their knowledge of the specific circumstances under which abortion is legal is poor. There is also a gap in comprehensive abortion care services. The practice of unsafe abortion has increased the risk of maternal morbidity and mortality. Inadequate health facilities and untrained health professionals on the supply side, and son-preference on the demand side are some of the major reasons leading to unsafe abortion which may result in injuries and death.

**Recommendation:** Increase access to comprehensive knowledge of abortion. Promote comprehensive abortion care services including training of health professionals, upgrading facilities, counselling services and comprehensive post abortion care services.

#### **Policy Area 8: HIV and AIDS**

The HIV situation in Nepal is that of a concentrated epidemic – specifically, HIV prevalence is concentrated among commercial sex workers and their clients, spouses of migrant workers and Intravenous Drug Users (IDUs). The social cost of HIV infection is high which may result in marginalization and social exclusion. This may have impact on family relations and development of children. While there is general awareness about HIV and AIDS there is a considerable lack of comprehensive knowledge of the modes of transmission and ways of protection and prevention. Only one-quarter of female and one-third of male youth aged 15-24 have comprehensive knowledge of AIDS. The sexual and reproductive health status of women living with HIV/AIDS requires particular attention.

**Recommendation:** Promote comprehensive knowledge of HIV and AIDS especially in high-risk groups including adolescents and youth, women, migrant and mobile populations. Provide appropriate care and support to people with HIV and AIDS.

### **Policy Area 9: Population, Poverty and Development**

There is an established relationship between poverty and development. Underdevelopment is cause of persistent poverty. The characteristics and geography of poverty is changing in Nepal. Against the declining trend of poverty, there is increasing trend of urban poverty, which demands a new approach of analysis and planning. Life of urban poor may be more critical than of rural poor. The life of poor people is challenged by lack of many basic conditions like access to drinking water, toilet facilities, access to communication, land ownership, food sufficiency, health and education facilities among others. Poor people generally have higher fertility, low life expectancy, limited choices in accessing health facilities, low education and low voice and agency. The social inequality is high between rich and poor leading to adverse consequences for the poor.

**Recommendation:** Invest to improve livelihood of poor and marginalized populations including health, education and employment. Analyse living conditions and challenges of urban poor. Consider population factor in urban and rural development planning.

### **Policy Area 10: Gender and Development**

Women's participation in political, social and development processes is always critical for achieving desired goals of population and development. There are some positive results in terms of women's participation in education, health, employment, politics and social affairs in the recent years. However, the development is not even across the country and subgroups of population.

The relatively low status of women is a cause for low levels of access to healthcare, education, and economic, social and political opportunities for women. Unequal gender relations have kept women vulnerable to sexual abuse and gender-based violence (GBV) in their daily lives. Women unlike men have limited or no access to land ownership. Those who have land usually own areas of small size with low quality obtained through male family members. They lose entitlements in the case of divorce and widowhood. Sex based discrimination on resource ownership is the foremost factor for the violation of economic, social and cultural rights of women in Nepal and in similar countries elsewhere. This severely affects food security due to their limited access to productive resources. Traditionally women in Nepal are not autonomous and they are not given the authority to make decisions on issues affecting them.

**Recommendation:** Promote gender equality in access to education, health, and economic, social and political opportunities. Invest to improve the status of rural and marginalized women. Align development activities to bring changes in unequal gender relations.

### **Policy Area 11: Population Policy**

The planned development efforts from late 1950s have attempted to address population issues through different perspectives. Population issues were not adequately linked to development priorities until the 1990s. The 1994 International Conference on Population and Development (ICPD) in Cairo, which came up with a Programme of Action (PoA) for 20 years, followed by the Beijing Conference on Women (1995) and the Social Summit in Copenhagen in 1996, among others, successfully redefined the meaning of population for development planning. The classical definition of population as a consumer of development has been redefined as resources of development. Being a signatory to the ICPD, Nepal responded the calls by creating national structures like the Ministry of Population and Environment which is now the Ministry of Health and Population.

Earlier, a National Population Commission did exist to coordinate functional and programmatic linkages between population and development but that did not work as envisaged. Currently, the Population Perspective Plan (2010-31) with a vision of achieving replacement level fertility and integrating population issues in other sectoral policies/programmes is being implemented by the MoHP. The MoHP has also drafted an umbrella National Population Policy, which is currently awaiting endorsement.

Despite remarkable efforts, there are considerable gaps in understanding population issues and establishing linkages with other development activities. Being a cross-cutting issue, population matters cannot be addressed by the effort of a single institution. It demands concerted and collective efforts from all sectors. A comprehensive population policy that establishes importance of population factors in development planning is required. The policy should be able to define roles and responsibilities of different institutions and ensure population wellbeing is included in development planning and programmes.

**Recommendation:** Prepare and implement a comprehensive national population policy to ensure incorporation of human rights-based population dynamics in national policies, plans and strategies. Arrange national institutional setup that can coordinate, monitor, analyse and advise across the institutions to ensure inclusion of population issues in development planning.

#### **Policy Area 12: Research, Publication and Dissemination**

There is a growing interest in research culture, publication and dissemination in population and development areas in the last few years in Nepal. The quality of census has improved and longitudinal surveys - NDHS and NLSS - are providing temporal data for demographic and development indicators. Several research institutions are carrying out surveys on several contemporary issues of population and development. New surveys like the Adolescents and Youth Survey and Labour Force Survey have been initiated and funded by the government of Nepal.

However, there is an urgent need to strengthen the existing local level civil registration and vital statistics (CRVS) system in order to generate routine basic demographic parameters to inform local development planning. Furthermore, there is a gap in communicating research findings and evidence in the process of policy formulation and revision. Decomposed analysis of population and development characteristics is insufficient for policy purposes. One of the biggest bottlenecks is the lack of political demand for sectoral briefs, policy papers, progress reports, project proposals and plans to be based on evidence. There is an urgent call for the country's commitment to address challenges for integrating population and development policies through efficient and effective functioning of its national and sub-national statistical systems.

**Recommendation:** Promote evidence-based policy making process. Organize national and international forums for disseminating research findings regularly. Collaborate among different institutions including government organizations, academia, development partners and media to promote research culture and disseminate research findings for public benefits. Establish an umbrella institution that promotes population research and training and prepare policy briefs for informing the policy making process. Strengthen CRVS system at decentralized levels to generate routine population-based data for evidence-based local planning for basic service delivery.

## **C. Conclusions**

The Conference was very successful in setting an appropriate agenda for national development priorities particularly at a time when post ICPD and MDG Development Frameworks are being discussed. One of the challenges for Nepal is shifting demographic structure, which is producing a youth bulge and the gradual increase in the older population. It has highlighted the critical importance of putting young people, women and girls, elderly, marginalized and vulnerable groups at the centre of its population and development planning.

Appropriate public policies based on evidence and informed analysis should be devised to address the present and future needs of these two for sustainable development planning. Programmatic balance such as between population, health and sustainable development is the need of the day at this juncture. The discussions and recommendations of the Conference are, therefore, before policy makers and the Government for appropriate policy interventions to put population at the heart of development planning parameters, which would guide the nation to achieve its ambitious goal of ensuring sustained and dignifying quality well-being for all thus graduating to the developing world by the year 2022.

## 1. Introduction

The ‘**First National Population Conference 2014**’ was a historic event in the field of population and development in Nepal. The conference was organised in Kathmandu from 5-7 June 2014 and successfully explored the issues and established inseparable relationships between population and development by the common efforts of the Organisers<sup>1</sup>.

Four major committees were formed to ensure the overall management and coordination—the Conference Advisory Committee (CAC), the Conference Scientific Committee (CSC), the Conference Organizing Committee (COC) and the Conference Secretariat Office (CSO) (Annex I). These committees ensured the successful organization of the conference.

### 1.1 Objectives

This conference aimed to build common understanding among national stakeholders on key aspects of population and sustainable development issues and to inform the agenda setting for national development priorities and targets for the International Conference on Population and Development (ICPD) beyond 2014 and Post 2015 Frameworks. In order to exchange ideas, experiences, and observations, the conference brought together academicians, policy makers, development practitioners, learning scholars and youth who shared their research findings and good practices. Particularly, the conference had the following objectives:

- To bring together all the stakeholders and form a collaborative network to “communicate population for development planning”;
- To explore, discuss and advocate on emerging issues related to population and sustainable development;
- To provide a unique opportunity to exchange knowledge and experiences to building a stronger partnership amongst stakeholders and bring a positive change in the lives of Nepali people through teaching, training, research, advocacy, population management and development initiatives.

### 1.2 Themes

The overarching theme of this conference was “*Communicating Population for Development Planning*” and its relevant themes and sub-themes. A total of 108 papers selected by an Evaluation Committee<sup>2</sup> were presented in 72 parallel, 8 plenary and 36 poster sessions around the following 15 themes:

- Theme 1: Fertility
- Theme 2: Migration
- Theme 3: Population Ageing
- Theme 4: Population, Gender and Development
- Theme 5: Adolescents Sexual and Reproductive Health and Rights
- Theme 6: Maternal and Child Health

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<sup>1</sup>Ministry of Health and Population (MoHP)/Government of Nepal, Central Department of Population Studies (CDPS)/Tribhuvan University, Population Association of Nepal (PAN), Center for Research on Environment, Health and Population Activities (CREHPA), Family Planning Association of Nepal (FPAN) and the United Nations Population Fund (UNFPA) Nepal with Population Service International (PSI)/Nepal and I/Nepal as co-organizers.

<sup>2</sup>Based on the call for papers four months prior to the Conference.

- Theme 7: Access to Reproductive Health Services
- Theme 8: Family Planning
- Theme 9: Abortion and Abortion Research
- Theme 10: HIV and AIDS
- Theme 11: Population, Poverty and Development
- Theme 12: Sexual Health Behaviour and Practices
- Theme 13: Demographic Methods, Age-Sex Structure and Demographic Dividend
- Theme 14: Population, Health and Nutrition
- Theme 15: Gender Based Violence

In order to highlight major issues of all the concerned stakeholders, eight papers on burning issues were presented by the senior demographers and social scientists at the plenary sessions.

### 1.3 Participants

The gathering was composed of 250 senior experts of national and international reputation along with the young researchers/students, general and international delegates.

## 2. Inaugural Session

The Inaugural Session was attended by the Head of State Rt. Honourable President **Dr. Ram Baran Yadav**, Minister for Health and Population, Secretaries of sectorial ministries, President of the Asian Population Association (APA), Heads of UN and External Development Partners of Nepal, I/NGOs, as well as professors, practitioners and young learning minds<sup>3</sup>.



"It is a daunting challenge to transform policies and plans into action for bringing changes in people's lives. If policies and programmes are not evidence based, there will always be a question in implementation."

**Dr. Ram Baran Yadav**  
Rt. Honorable President of Nepal

Speaking on the occasion, Rt. Honourable President Dr. Yadav urged the demographers and development planners of Nepal to link development efforts with the characteristics, composition, distribution and demands of the population. Inaugurating the three day conference, President Yadav suggested that policies and programmes should be able to address the demographic changes. President Yadav further reminded everyone of the challenges that lay ahead, particularly brought out by the shifting demographic structure that has contributed to the youth bulge and the gradual increase in elderly population. He urged the issues of these groups to be duly addressed in Nepal's development planning.

"The value of the research papers and good practices that will be presented, the ideas that we will exchange, the collaborations we will have forged, and the fires we have lit to keep our research and policy ideas burning will make lasting impact as we begin to have a deeper understanding of critical population issues in diverse settings of the country."

**Khaga Raj Adhikari**  
Minister for Health and Population

Honourable Minister for Health and Population (MoHP), **Khaga Raj Adhikari** commended the objectives and themes of the conference and thanked the organizing committee for being able to bring together the huge mass of national and international experts to share their research findings and identify good practices around key population and development issues. Minister Adhikari stressed that he expects rigorous discussions among the

participants and forge a communion understanding among national stakeholders on key population issues for sustainable development.

In his inaugural remark, **Jamie McGoldrick**, United Nations Resident Coordinator for Nepal stated that he expects the discussions and contributions from the conference to help shape the Plan of Action of the post-2014 International Conference on Population and Development (ICPD). He reiterated his view that the conference should be a huge contributor to the discussion on the post-2015 agenda.

**Prof. Dr. Terence Hull**, President of Asian Population Association, on behalf of the Association, wished for the fruitfulness of the discussions and debates in the three days.

"Despite socio-political upheavals of recent decades, Nepal should be proud of its many achievements: Many Nepalese families can decide when and how many children to have. People are living longer and healthier. There are fewer women dying due to pregnancy and child birth. More children are surviving and are able to complete primary education. Adult literacy rate has gone up. More women and men from marginalized and excluded groups are able to exert their fundamental human rights."

**Jamie McGoldrick**  
UN Resident Coordinator for Nepal

**Prof. Dr. Bal Kumar KC**, Founder of the Central Department of Population Studies (CDPS) at Tribhuvan University (CPDS/TU) and the Chair of the Conference Scientific Committee (CSC) shed light on the population issues of the 21<sup>st</sup> century. Prof. KC highlighted that although remittance contributes about 25% of the total GDP in Nepal, the migration of women and children for various purposes both within and outside the country has added challenges to Nepalese policy makers.

**Anjali Sen**, Regional Director of International Planned Parenthood Federation (IPPF) said that Nepal has a huge responsibility of sustaining some of the gains it has made in the last two decades and take the ICPD agenda beyond 2014 by putting women and girls at the centre of its population and development planning.

**Prof. Dr. Ram Sharan Pathak**, Chair of the Conference Organising Committee (COC) as well as Head of CDPS/TU welcomed the guests and participants. He shed light on the objectives and expected outcomes of the Conference.

The inaugural session was presided over by MoHP Secretary **Dr. Praveen Mishra, Chair of the Conference Advisory Committee.**

### 3. Technical Sessions

#### 3.1 Plenary Sessions

A total of eight plenary sessions were organised with two papers on the first and three papers on the second and the third day each.

##### Day 1: 5 June

Chair	Prof. Dr. Pitambar Sharma	Speaker
Plenary 1	Demographic dividend in Bangladesh and South Asia	Dr. RH Chaudhary
Plenary 2	Migration for employment in Nepal: Issues and challenges	Dr. Ganesh Gurung

**Dr. Chaudhary** identified that capital, labour and technology accompanied by savings and investments are the driving forces for economic growth. It was suggested that a long term strategy for remittance, which accounts for nearly 25% of the total economy, needs to be developed and that migration is only a temporary solution for improving the economy as it is not sustainable. In countries like Bangladesh and Nepal, where a major source of the economy is through migration, attention should be given to improving the skills of migrant workers. The Philippines is a classic example of a county that has reaped maximum dividend from its skilled migrant workers. In 2010, Bangladesh's total remittance was USD 20 billion, but had these migrants been skilled, the contribution from the same migrants would have been exponentially higher.

Labour migration due to unemployment is an increasing trend in Nepal as shared by **Dr. Gurung**. According to him, usually youth from the lower middle class aged 20-24 tend to go to Gulf countries for foreign employment. Most of them have not even acquired their School Leaving Certificate (SLC) and are without proper work related skills. The number is pre-dominated by males; however, female migrant workers are also increasing in the recent years. The places of origin of these migrant workers are the rural hills, and rural Tarai as a recent phenomenon and usually from the mid-western and far western hills and mountain, the trend of going to India is highly prevalent.

**What do labour migrants bring home?**

Not only remittance/money but also:

- Skill
- Knowledge
- Behavior

Income groups of migrants depend upon where they go, that is, the destination. Dr. Gurung categorises Nepalese foreign labour migration into six major divisions as follows:

- Category A: USA, UK, AUSTRALIA,CANADA
- Category B: JAPAN, EUROPE
- Category C: HONGKONG, KOREA
- Category D: GULF COUNTRIES and MALAYSIA
- Category E: INDIA
- Category F: NOWHERE

Accordingly, people who fall in the 'A' category in terms of economic status can manage to go to the USA, UK, AUSTRALIA and CANADA whereas, people who fall in the 'E' category choose India while the 'F' category people cannot even manage to go to India.

The financial cost of migration, thus, was the major highlight during the plenary session. Equal emphasis was given to the amount of remittance being entered through these networks of the labour migrants, particularly, in the gulf countries and Malaysia. Participants from the floor argued that the remittance is not being utilised in the productive sector. Dr. Gurung responded by better terming it as "daily use" rather than saying unproductive. According to him, majority of the household people receiving remittance use it for their hands and mouths. Challenges of labour migration are equally alarming as Dr. Gurung claimed and the floor also contributed as follows:

- Cheating/fraud/unethical recruitment
- Pre-departure system-Kathmandu centered
- Ban on women's labour migration or conditions and age bar
- Women labour migration and their socio-spatial exclusion
- Nexus with trafficking
- Re-integration
- Geographical variations
- Inability to exercise voting rights after migration

The participants during the discussion highlighted that only the efficient "Labour diplomacy" policy of the government can reduce these severe challenges. They argued saying that there is a need to create entrepreneurship in Nepal. "We should neither discourage migration nor encourage but every migration should be safe and secure", stressed participants, who also commented on the proper use of remittance. The conclusion of the plenary was "*Minimize the Risk, Maximize the Benefits.*"

Further discussions among the participants focused on Nepalese migrants, who seek employment in Gulf countries, only carry a bag and have no suitcases leaving the cargo section empty. So, instead of leaving the cargo section empty, may be Nepal should start exporting its resources to these countries, improving the economy through foreign export. Queries were also raised as to what would happen once the level of Nepali workers reached saturation point in the Gulf countries.

**Prof. Dr. Sharma** reiterated that stopping foreign labour migration is not the solution at least for the coming 10 to 15 years. Therefore, a more prominent solution is to enhance the skills of the workers. There still exists a humungous gap which needs to be addressed by the government, academicians and stakeholders in order to identify problems and provide solutions. Dr. Sharma pointed out that modernization of agriculture is one of the solutions in improving the productive ability of an individual as shown in the Nepal Human Development Report 2014.

**Day Two: 6 June**

Chair	Prof. Dr. Terence Hull	Speaker
Plenary 3	ICPD beyond 2014 global review: Salient findings, priority areas for action and relevance to post-2015	Dr. Francois M. Farah
Plenary 4	Adolescents sexual and reproductive health and rights	Dr. Mara Decker
Plenary 5	Population and human development: The key connections in Nepal	Dr. Bina Pradhan

**Dr. Farah's** paper stressed on the fact that after 20 years of ICPD, sustainable results have been achieved but the progress is unequal and new challenges and opportunities have emerged. He identified health, dignity and human rights, and security of place and mobility along with good governance as the three pillars in population and development beyond 2014. He highlighted income inequality in the world and how 0.6% of the world's total population consumes 39.3% of the total wealth and how 69.3% only consume 0.3% of the wealth. The need for management of the urban population was a key recommendation of his paper.

**Dr. Decker's** paper dealt with adolescent sexual and reproductive health and rights as one of five areas of focus of the World Bank's Reproductive Health Action Plan 2010-2015. She highlighted the 2003 Convention on the Rights of the Child (CRC) and the Convention on the Elimination of Discrimination against Women (CEDAW). Her presentation focused on key issues like child marriage, early childbearing, adolescent pregnancy and contraceptive use. She identified economic empowerment, education and health as the major contributors for improving Adolescent Sexual and Reproductive Health and Rights (ASRHR). Questions were raised on how access to Sexual and Reproductive Health (SRH) services would be improved when a women has to spend hours fetching drinking water.

**Dr. Pradhan** focused on inter-relating human development with population. Her study suggested that every development indicator has improved since 1990 and the effect of female literacy is decisive for poverty reduction. The study identified coping strategies of households as a change in gender roles, increase in women's intensity of work and male migration. To her, these are the major factors that have contributed to the socio-economic development experience in the county, despite the conflict, poor economic performance and political instability.

One of the participants questioned whether any recent data was available to suggest any linkages between income and political power. Dr. Farah stressed on the importance of investment and suggested that the remittance flow from Gulf countries has triggered more migration from Nepal. When questioned about the inter-linkages between ICPD and MDGs, he informed that there is an open working group that includes six sets of members from five continents that make up a 30 member working team and this team has identified 16 focus areas that need to be addressed for the post-2015 development framework.

**Day Three: 7 June**

<b>Chair</b>	<b>Dr. RH Chaudhury</b>	<b>Speaker</b>
<b>Plenary 6</b>	Impact of child health intervention: The case of vitamin A	Dr. Shyam Thapa
<b>Plenary 7</b>	Population programmes and policies in Nepal	Dr. Ram Hari Aryal
<b>Plenary 8</b>	Communicating technical demography for policy maker	Prof. Dr. Terence Hull

**Dr. Thapa** claimed that the intake of Vitamin A has significantly risen from 1996 to 2001 despite Nepal's political conflict and this fact is highly commendable. The Vitamin A program is one of the most cost-effective health interventions available in Nepal and this intervention has reduced the mortality of children aged 6-71 months by almost 30%.

**Dr. Aryal's** paper pointed out that the vital registration system is a very important tool for collecting demographic data but it has not been given due priority in the context of Nepal. Presenting status of population management programmes and policies in Nepal, Dr. Aryal stressed that population issues have become the integral part of development planning in Nepal since First Plan 1956/61. Sharing the experiences of his time in the Ministry (MoHP) for developing Population Perspective Plan (PPP), Dr. Aryal highlighted the importance of implementation of the PPP in order to solve the problems appeared in the sector of population management. He said the need for the PPP was conceived on three main grounds:

- Integration of population concern at the policy level so that the PPP becomes the comprehensive document that compliments with other sectoral plans;
- To help prioritize specific sectoral policy/programme areas related to population that bear on aspect of poverty alleviation and sustainable development;
- To attempt to address commitments that Nepal have made in endorsing plans of action related to issues of population in various international forums particularly ICPD (1994) and MDG (2000-2015).

**Prof. Hull** pointed out the situation of the technical demographers that they carry a terrible burden in communicating new demographic findings to the public and said that popular understanding of population issues is often centuries of exaggeration. Suggesting the demographers that the questions of population growth point us to questions of comparisons and evaluations of consistency, Prof. Hull reminded all not to be limited on the Manual X for the technical issues of demography as there are other some more crucial technical demographic issues such as from new online resource developed by the IUSSP, Tools for Demographic Analysis that one can find on the Union's website. According to him, these resources represent a revolution in the intellectual foundations of Demography.

The participants suggested that as 10% of the children are still not benefitting from Vitamin A supplements, it is essential to formulate interventions to reach these children. Some of them highly praised the role that Female Community Health Volunteers (FCHVs) have played for the large proportion of children currently taking vitamin A.

### 3.2 Parallel Sessions

#### Theme 1: Fertility

Chair	Dr. Dirgha Jibi Ghimire		
Discussant	Bidhan Acharya		
Papers	Topics	Author(s)	Presenter
Paper 101	Fertility desires and its determinants among people living with HIV in ART clinic of Teku hospital	Namuna Shrestha; Govinda Prasad Dhungana; Rajani Pokharel	Namuna Shrestha
Paper 102	Women's agency at the People Liberation Army (PLA) and their fertility decision making in the cantonments	Narayani Tiwari	Narayani Tiwari

<b>Paper 103</b>	A cross country study of fertility and use of contraception among Muslims	Mohd Usman; Sayeed Unisa	Mohd Usman*
<b>Paper 104</b>	The effect of son preference on contraceptive use and future intention of fertility in EAG states of India	Shiva Nand Chauhan; Itismita Pradhan	Shiva Nand Chauhan*

\*Presenters not attended; abstract submitted.

Addressing the session, **Dr Ghimire's** paper stated that there is a great debate on how fertility behaviour and rapid population growth influences overall development and vice versa from the time of Malthus<sup>4</sup>. High fertility experience of Nepal in the past decade has resulted into a rapid increase in population of young people aged 15-19 years increased by more than 11% during the period 2001 to 2011.

"If a doctor made a mistake one patient may suffer from his/her wrong decisions but if a researcher made the mistake whole society or the nation or the world may suffer."

**Dr. Dirgha Jibi Ghimire**

Two papers were presented on the theme fertility in this first parallel session. The presenters addressed the question of the current level of fertility among people living with Human Immunodeficiency Virus(HIV), what are the determinants of fertility among people living with HIV in Anti-retroviral Treatment (ART) clinics and fertility decision making among women who used to live in the cantonments.

**Ms. Shrestha** and her team highlighted that desired fertility among young people with HIV in ART clinic is increasing. The presentation also revealed the urgent need of efficient management of fertility. The presentations further suggested for a different perspective to view fertility and should consider resource distribution, social construction and place of residence.

The paper by **Ms. Tiwari** highlighted mainly the political involvement and family structure and initiated a discussion on how women in the People Liberation Army (PLA) behaved in terms of their fertility during the armed conflict. According to these researchers, the women in the PLA were very aware about the timing of marriage, fertility choices, raising children, family formation and management. This paper further highlighted indicators of fertility reduction as freedom and power at home, community and society which are directly related to the lower fertility in Nepal. The research concluded that there was less discrimination between the male and female children in the cantonment.

Discussant **Mr. Acharya** argued that women's education, empowerment, persuasion from family members, availability of health services are significant factors in lowering the fertility rate. It was also discussed that in this changing context empowered women prefer to focus on their careers rather than having additional children. The discussion further focused on the integration of family planning services in the ART clinic which would be useful for the right information dissemination of family planning facilities and services. During the discussions, participants put forth a lot of queries related to the marriage system and fertility behaviour of the women in the PLA living in the cantonments. With reference to the study report the presenter said that the marriage system and the family formation were quite different in the cantonments than it would

<sup>4</sup>Reverend Thomas Robert Malthus FRS (13 February 1766 – 23 December 1834) was an English cleric and scholar, influential in the fields of political economy and demography. Malthus became widely known for his theories about change in population.

have been normally. The presentation showed that the marriage procedures that existed in the cantonments allowed the women to marry at later ages.

It was also discussed that Nepal experienced a remarkable decline in fertility from a high (4.6) in 1995 to a low of 2.6 in 2011. The decline in fertility is attributed to increment in contraceptive prevalence rate through the implementation of the family planning programmes in the past. Recently the demographic and health survey 2011 showed that the total fertility rate (TFR) has decreased to 2.6 and contraceptive prevalence rate of any modern method also decreased by 1% (from 44 to 43) which contradicts with each other. There is a big question of how fertility declined even while having such low levels of contraceptive prevalence rates. So, it is the right time to discuss the fertility issues in Nepal.

## **Theme 2: Migration**

Chair	Prof. Dr. Bhim Prasad Subedi		
Discussant	Yogendra Bahadur Gurung		
Papers	Topics	Author(s)	Presenter
Paper 201	Migration experience and health outcomes of older adults in Nepal	Dirgha Ghimire; Prem Bhandari	Dirgha Ghimire
Paper 202	Social cost of foreign labour migration in rural Nepal	Dorendra Bahadur Thapa	Dorendra Bahadur Thapa
Paper 203	Migration destinations and attitudes towards modern family	Bishnu P. Adhikari	Bishnu P. Adhikari
Paper 204	Nepali women labour migrants and their socio-spatial exclusion	Ramji Adhikari; Rishikesh Pandey	Ramji Adhikari

The migration and health outcomes of young adults were areas in the presentation by **Dr. Prem Bhandari** who argued, "*...although healthier people are more likely to migrate, little is known about how their migration experience is related to their later life health outcomes.*" The authors claimed, "*... changes in social, psychological, cultural and physical environment (including separation from family, exposure to different culture and working conditions) of the migrants may produce negative health consequences in the long run.*"

On the second paper, **Mr. Thapa** highlighted not only the financial cost but also the social cost of migration. He further argued, "*...in assessing the benefits of migration, the issue of the invisible, non-monetary social costs remain largely unacknowledged as part of the inevitable "cost" that migrants have to pay in exchange for the prospect of a better life for their families.*"

**Dr. Gurung** said the consequences of these social costs are also alarming. **Prof. Dr. Subedi** highlighted that migration destinations and attitudes towards marriage is another major issue. Presenting a paper, **Bishnu Prasad Adhikari** hypothesized that an individual's attitude towards participation in spouse selection is associated with migration destination.

As discussed during the floor discussion, the hidden cost of migration takes the form of prolonged separation from spouses and children and the care deficit they experience; human rights violation and deprivation that migrants suffer in destination countries; and the cost of human capital of skilled and less skilled migrants that should have gone to productive use for the development of their countries of origin.

### Theme 3: Population Ageing

Chair	Krishna Murari Gautam		
Discussant	Sangita Nirola		
Papers	Topics	Author(s)	Presenter
<b>Paper 301</b>	Economic implication of migration and dispersion of adult in aging in Nepal: Demographic approach	Sabitri Bhatta	Sabitri Bhatta
<b>Paper 302</b>	Is annual health check-up actually a preventive health behavior among older adults? A study among older adults in the Kanchanaburi demographic surveillance system, Thailand	Samita Pokhrel	Samita Pokhrel
<b>Paper 303</b>	Demographic and social changes: Can we rely on family care for tomorrow's elderly in Nepal?	Milima Singh; Bikesh Bajracharya	Milima Singh
<b>Paper 304</b>	Epidemiological transition among older population in India: Evidence from India Human Development Survey	Junaid Khan	Junaid Khan*

\*Presenter did not attend; abstract submitted.

**Ms. Bhatta's** paper tackled issues related to the causes and consequences of international migration on population ageing, its economic implications/impact on social change, and the social cost of foreign labour migration in rural Nepal. **Ms. Pokhrel's** paper concentrated on the issues of regular health check-up impacts on elderly population. **Ms. Singh's** paper concentrated on how elderly population is affected due to demographic and social changes.

The presenters argued that the definition of ageing is globally debated, even in the United Nations, and a precise operational definition, whether it is based on the international definition, is that population aged 65 and above or in the Nepalese perspective the population aged 60 years are the elderly and should be considered when working on ageing.

**Ms. Niraula** shared that Help Age, a NGO that focuses on ageing population, has conducted a lot of work on the elderly population and recent programmes have been initiated in 10 pilot districts targeting the active elderly i.e. the young-old. **Mr. Gautam** stressed that Nepal is in a relatively better state than other developing countries in managing the elderly as discussions have been initiated when the ageing population accounts for nearly 8 to 9% of the total population. In his lively remarks, he reiterated that the elderly are rejected from their families, society and policies and also shared his personal experiences to justify this statement. He reminded the participants that there is a double standard regarding property rights, where it transfers from the father to son but not the other way round, and dubbed this as elderly inequality. The inclusion of elderly populations in the manifesto of the top three political parties of CA election II is admirable but doubts on whether it was just a vote banking strategy was also questioned. However, he was adamant that the first ever Nepal ageing survey, soon to be conducted, will help to provide an insight on ageing issues that are mandatory for formulating ageing policies.

Participants argued that the increase of rural ageing is artificial/unnatural, and coined this phenomenon as 'ageing in place'. The floor further informed that UN's recently made revisions

on defining elderly and segregated them into three broad categories: i) young-old (60-70 years), ii) adult-old (70-80 years), and iii) old- old (over 80 years). Participants also suggested that papers, studies, plans, and policies should be carried out accordingly as the needs of these sub-categories differ. The relation between international labour migration and ageing as well as the impacts of ageing on politics were queried during the presentations. All participants agreed that the growing elderly population of Nepal are being deprived of care because of the huge chunk of care giving population that is absent as a result of foreign labour migration. It was suggested that studies should include a control group in the models so that comparisons can be made regarding the effect of the study variable on populations having and not having the disease or intervention.

#### **Theme 4: Population, Gender and Development**

Chair	Dr. Badri Pokhrel		
Discussant	Bal Krishna Mabuhang		
Papers	Topics	Author(s)	Presenter
Paper 401	Educational attainment and agency among unmarried youth in India: A gendered perspective	Duryodhan Sahoo; Aparajita Chattopadhyay	Duryodhan* Sahoo
Paper 402	A district level study in India on gender differentials in educational outcomes	Swarbhanu Nandi	Swarbhanu Nandi*
Paper 403	Female educational migrants' return to Nepal and its relation to transforming gender relations and civic engagement	Laxmi Dhungel	Laxmi Dhungel
Paper 404	District wise estimations of total missing girls in Madhya Pradesh, India, 2004-2011: Evidences from recent census 2011	Priyanka Yadav	Priyanka Yadav*

\*Presenter did not attend; abstract submitted.

This session included four papers that highlighted the relations between female migrant returnees (for education) and their role in gender relations as well as civic engagement with particular references from Nepal and India. **Ms. Dhungel** discussed how female educational migrants' return to Nepal has contributed to transforming gender relations and civic engagement in Nepal. The presenter underlined that the major reasons to return were nationalism, depression along with other constraints which includes false marriage, depression and family disintegration. The repercussions caused on the society by returnees were also focused upon. Individuality that is learnt during migration is also a drawback that has infected conflict within households especially if returnees face depression. It was found that most returnees are those who are economically sustainable and who don't have to provide for other family members.

**Mr. Mabuhang** acknowledged that very few studies have focused on migrants who have returned (returnee migrants after completing their education).

**Dr. Pokhrel** asked why it is considered that quality education can only be attained abroad. He stated that the present education system should be revised to enhance students' abilities and making them more relevant to the market demand. The increase in international migration is evident from recent statistics which shows that Nepal

"It is surprising that females married in districts other than their own are treated as migrants, when in fact she is moving to her new household and family."

**Bal Krishna Mabuhang**

loses nearly 1,200 economically active citizens everyday to migration, mostly to Gulf countries. Among them, the proportion of female migrants is gradually increasing, particularly to countries like Israel.

The floor suggested that the papers should include both quantitative as well as qualitative research methods so that they triangulate the data to provide concrete recommendations for policy formulation. The floor suggested that studies should focus on returnees who pursued technical education like nursing and medicine and also that it would be a good idea to include reasons as to why they migrated in the first place. Questions regarding sexual harassment, inequality and depression as the major reasons for returning were asked and queries on whether increased foreign labour migration has led to false marriages were also raised. It was also stated that when dealing with returnees it was crucial to understand how the process of migration was financed, that is, whether it involved taking a loan.

### **Theme 5: Adolescents Sexual and Reproductive Health and Rights**

<b>Chair</b>	<b>Manish Mitra</b>		
<b>Discussant</b>	<b>Sabitri Sapkota</b>		
<b>Papers</b>	<b>Topics</b>	<b>Author(s)</b>	<b>Presenter</b>
<b>Paper 501</b>	Sexual behaviour and attitudes towards pre-marital sex among students of higher secondary schools in Pokhara Sub-metropolitan City	Nabaraj Adhikari	Nabaraj Adhikari
<b>Paper 502</b>	Premarital sex behaviors among college youth of Kathmandu, Nepal	PremLal Basel	PremLal Basel*
<b>Paper 503</b>	Comparative study on the importance of teachers training to reflect it in their teaching practice in regard to Comprehensive Sexuality Education	Kamal Tara Bajracharya	Kamal Tara Bajracharya
<b>Paper 504</b>	Challenges experienced by adolescent girls while menstruation in Kathmandu: A qualitative study	Ashok Pandey; Meera Tandon; Choplal Bhusal	Ashok Pandey

\*Presenter did not attend; abstract submitted.

**Mr. Mitra** initiated the discussion on the International Conference on Population and Development (ICPD) that internationally recognizes Adolescent Sexual and Reproductive Health and Rights as a human right for the first time in history in 1994. The world now has the largest proportion of adolescents in the history. In Nepal, adolescents comprise one-fourth of total population and this population has increased by more than 11% during 2001-2011.

The increase in the use of emergency contraceptives may be considered a sign of failure of family planning methods and it is not wise to use emergency contraceptives and abortion as an alternative to family planning methods.

**Pramila Devkota**, Session Participant

**Mr. Adhikari** highlighted that sexual behaviours of young people is one of the major challenges of the nation and the leading cause of raising incidence of sexually transmitted diseases. Further more his study presented that there were early incidences of premarital sex among higher secondary students. The study also revealed that about 20% of those students supported premarital sex. The research suggested that investment in adolescent sexual and reproductive health and the rights is the most cost-effective in terms of return.

**Ms. Bajracharya** suggested that comprehensive sexuality education should be incorporated in the school curriculum. Her paper also discussed that religious and cultural aspects are the barriers to delivering comprehensive sexuality education among the students. Students taught by trained teachers had a better understanding of CSE and SRH than students taught by untrained teachers.

**Mr. Pandey** and his team highlighted the situation of isolation and social, cultural and religious restrictions to adolescent girls during their menstruation period. The paper further presented the emotional challenges brought by untouchability, prohibition of participating in regular activities during the menstruation days. It also highlighted that adolescent girls were facing many problems during their menstruation - they were using clothes to make sanitary pads, they were often forced to be absent from school due to the lack of proper sanitation facilities. The study showed that girls from poor families are more vulnerable to the consequences of menstruation.

**Ms. Sapkota** said that schools can play a vital role to provide information on adolescent sexual and reproductive health to young people. She pointed out the urgency to make schools adolescent friendly and involve stakeholders in this change.

Participants of this session raised several issues related to the presentations. **Ms. Usha Baaniya** from UNFPA Nepal said that there was an immediate need for programmes targeting adolescents to postpone their initiation of sexual activities, to prevent adolescents from unwanted pregnancy, unsafe abortion, getting sexually transmitted infections (STIs).

Participants further shed light on adolescence which is considered the healthiest period of life, yet there is an increase of sexual and reproductive health related problems amongst adolescents. The session recognized the importance of the current Adolescent Sexual and Reproductive Health and Rights concerns and therefore, provided the platform for a meaningful discussion on the topic.

### **Theme 6: Maternal and Child Health**

<b>Chair</b>	<b>Bhimsen Devkota</b>		
<b>Discussant</b>	<b>Ramesh Adhikari</b>		
<b>Papers</b>	<b>Topics</b>	<b>Author(s)</b>	<b>Presenter</b>
<b>Paper 601</b>	Association between women's knowledge of financial incentive and institutional delivery in Nepal	Sharad Kumar Sharma	Sharad Kumar Sharma
<b>Paper 602</b>	Women's work and child nutrition among scheduled tribe and non-scheduled tribe in central region of India	Dipika Subba; Bhaswati Das	Dipika Subba*
<b>Paper 603</b>	Male participation in reproductive health: A study in Kailali district, Nepal	Lakshmi Raj Joshi	Lakshmi Raj Joshi
<b>Paper 604</b>	Risk factors associated with low birth weight	Kamal Prasad Kandel	Kamal Prasad Kandel
<b>Chair</b>	Kiran Regmi		
<b>Discussant</b>	<b>Sunil Acharya</b>		

Papers	Topics	Author(s)	Presenter
<b>Paper 605</b>	Child immunization in Nepal: A causal association between institutional delivery and immunization	Junaid Khan	Junaid Khan*
<b>Paper 606</b>	Women's employment status and its effects on institutional delivery in Nepal	Komal Prasad Dulal	Komal Prasad Dulal
<b>Paper 607</b>	Breast feeding knowledge and practices among mothers of children under two years of age in Sarangkot VDC, Kaski, Nepal	Subash Timilsina	Subash Timilsina
<b>Paper 608</b>	Utilization of maternal health care services in Tamang community: A study based on Kakani VDC of Nuwakot district	Shankar Prasad Lohani	Shankar Prasad Lohani

\*Presenter did not attend; abstract submitted.

**Mr. Sharma** showed the impact that the financial incentive for women for institutional delivery has increased the use of the services.

**Mr. Joshi** highlighted the role of male participation in reproductive health. **Mr. Kandel** identified risk factors associated with low birth weight. **Dr. Devkota** said that without categorical identification of health needs during pregnancy and delivery, the maternal mortality will not come down to the expected ratio. **Dr. Adhikari** claimed policies and plans need to be strictly implemented to improve maternal and child health.

**Mr. Dulal** argued that community based variables that influence the community should be included in the studies focusing on maternal and child health.

**Mr. Timilsina** showed that even though the knowledge of breastfeeding was low in Kaski, the practice was still high. This raised questions on whether knowledge was important or not. Nonetheless, it was perceived that women breastfeed their children by virtue of trends passed down from generation to generation without actually knowing the importance of breastfeeding.

**Mr. Lohani** highlighted that utilization of maternal health services and socio-economic characteristics (housing, literacy, occupation, age at marriage) of the respondents are poor. According to him, all of the respondents used piped drinking water but a majority of them did not use any methods to make the water safe to drink

**Mr. Acharya** and **Mr. Regmi** praised the diversity of the papers and thanked the presenters for providing wonderful insights on the maternal and child health situation in Nepal.

Participants from both sessions suggested that uniformity in data analysis for calculating the maternal mortality ratio is the current demand. They said that the utilization of maternal health services is an issue related to human rights and women's own security. Although various socio-economic barriers have been identified for the inability to fully utilize the maternal health services, there are, however, few studies to understand the situation of the utilization of these services at the micro-level, especially focusing on the marginalized groups.

## **Theme 7: Access to Reproductive Health Services**

<b>Chair</b>	<b>Susmita Das</b>		
<b>Discussant</b>	<b>Bina Rai</b>		
<b>Papers</b>	<b>Topics</b>	<b>Author(s)</b>	<b>Presenter</b>
<b>Paper 701</b>	Antenatal care services utilization and factors affecting them in urban slum population in India	Amit Kumar	Amit Kumar*
<b>Paper 702</b>	Women's autonomy and utilization of maternal health care services in rural Nepal	Kamala Devi Lamichhane	Kamala Devi Lamichhane
<b>Paper 703</b>	Perinatal outcomes associated with medical induction of labour among women attending district hospital of rural Nepal	Yogesh Raj Amatya	Yogesh Raj Amatya
<b>Paper 704</b>	Does male out-migration and household structure matter in maternal health services utilization in India?	Amit Kumar	Amit Kumar*

\*Presenter did not attend; abstract submitted.

**Mr. Kumar's** paper found that highly educated and employed women of Christian and Sikh faith had significantly higher odds of completing the required number of Ante natal Care (ANC) visits, while women with higher parity had lower odds. His research team further identified that the partner's education or occupation was not associated with the odds of a woman completing the requisite ANC visits. Findings also suggested that significant differences in reproductive health outcomes exist among women from slum and non-slum communities in India. Efforts to progress towards the health MDGs and other national or international health targets may not be achieved without a focus on the urban slum population.

**Ms. Lamichhane** said that the influence of women's autonomy on the utilization of maternal health services among women in rural Nepal on an average is weak. Factors such as women's education, household economic status, exposure to the media, age at marriage, number of living children all had positive effects on the increase in use of maternal health care services.

**Dr. Amatya's** paper claimed that labour induction for women with post-term pregnancy compared with expectant management is associated with fewer perinatal deaths and fewer caesarean sections. According to his research team, medically induced cases were less likely to have babies with meconium stained syndrome, however this needs larger prospective studies.

The participants mainly suggested that efforts need to be intensified to improve households' livelihoods and increase girls' retention in school in order to alter perceptions on the value of skilled maternal health care.

## Theme 8: Family Planning

Chair	Dr. Bhakta Gubhaju		
Discussant	Dr. Ashish Bajracharya		
Papers	Topics	Author(s)	Presenter
<b>Paper 801</b>	Fertility implications of meeting the unmet need for family planning in Nepal	Ramesh Babu Kafle	Ramesh Babu Kafle
<b>Paper 802</b>	Women's domestic decision making power and contraceptive use in rural Nepal	Bidhya Shrestha	Bidhya Shrestha
<b>Paper 803</b>	Integration of family planning services into expanded programme on immunisation clinics of Kalikot district, Nepal	Senendra Raj Upretre; Rachel Cullen; Maureen Dariang; SushilBaral; RamilaBhandari; Bishnu Prasad Dulal	Ramila Bhandari
<b>Paper 804</b>	Contraceptive prevalence and its determinants	Subhash Khake	Subhash Khake*

Chair	Dr. Jameel Zamir		
Discussant	Dr. Shilu Aryal		
Papers	Topics	Author(s)	Presenter
<b>Paper 805</b>	Knowledge, attitude and practice of emergency contraception among female youth: A case study of Birendranagar Municipality, Surkhet	Shyam Kumar Tamang	Shyam Kumar Tamang
<b>Paper 806</b>	Level and determinants of modern family planning method use	Dinesh Kumar Malla	Dinesh Kumar Malla
<b>Paper 807</b>	A study on unmet need for family planning among Nepalese women: A secondary data analysis	Samikshya Singh	Samikshya Singh

\*Presenter did not attend; abstract submitted.

In this session, it was noted that one of the challenges on family planning is male involvement as it is considered solely a women's issue. **Mr. Kafle** shed light on the fertility implications of meeting the unmet need for family planning whereas **Ms. Shrestha** focused on the level of women's domestic decision making power which she argued determined the prevalence of contraceptive use.

Mr. Kafle's presentation mainly highlighted the barriers for the use of contraceptives or family planning methods. The major factors contributing to increased unmet need included: geographical locations, lack of proper knowledge of methods or sources of supply, fear of side effects and other method-related problems, social and familial disapproval, perceived lack of exposure to pregnancy. His study found that the overall unmet need was higher for limiting rather than spacing the number of children but the case differs in educated women. The presenter explained that the unmet need was higher in the hilly region, rural areas and in the Western Development region.

**Ms. Shrestha** noted that women’s decision making on the family size was associated with their level of education. Her presentation showed the significant differences in decision making on fertility among different caste groups in the rural areas. The presentation added that son preference is still more prominent in Nepal and that women with at least one son are more likely to use contraception for limiting their number of children.

**Ms. Bhattarai** presented the case of Kalikot, a remote mid-western hill district, and highlighted the need to integrate family planning services into expanded programme of the immunisation clinics.

**Mr. Tamang** highlighted the case of Birendranagar Municipality and presented the knowledge, attitude and practice of emergency contraception among female youth.

**Mr. Malla** presented a case study of Piple VDC of Chitwan district and highlighted the level and determinants of modern family planning methods.

**Ms. Singh** presented the case of unmet need for family planning prevailed over Nepali women and said that proper distribution of contraceptives would further contribute to decrease in fertility.

The audience discussed that the information on emergency contraceptive use and abortion are not available but it is observed that the use of these facilities are increasing gradually among women of reproductive age.

**Dr. Aryal** added that healthy timing and spacing of pregnancies have many benefits to the mother, child and family members but many people are unaware of these during their first pregnancy. So there is an urgent need to increase this knowledge. Similarly, the chair of the session said that we have a national scale periodic survey from 1976 to 2011 and the recent need of our society is to conduct a longitudinal study in order to identify the gaps and the challenges.

In the earlier session, the audiences’ discussion summarised that scaling up the provision of the integrated program on immunization/family planning services would contribute to safe motherhood and child health especially in remote mountain and hill districts of Nepal.

### **Theme 9: Abortion**

<b>Chair</b>	<b>Anand Tamang</b>		
<b>Discussant</b>	<b>Justine Coulson</b>		
<b>Papers</b>	<b>Topics</b>	<b>Author(s)</b>	<b>Presenter</b>
<b>Paper 901</b>	Contraceptive behaviour of women having an abortion compared to women having a birth in Nepal	Sabu S. Padmadas; Mark Lyons Amos Shyam Thapa	Dr. Shyam Thapa
<b>Paper 902</b>	Effectiveness of awareness campaigns on knowledge and utilization of safe abortion services and post-abortion contraception among women from marginalized communities of rural Nepal	Srijana Tamang; Prabhakar Shrestha; Dev Chandra Maharjan	Srijana Tamang

<b>Paper 903</b>	Awareness and advocacy at the grass-root: Prerequisite for ensuring enjoyment of safe abortion rights in Nepal	Ruby Shakya; Laxmi Prabha Shrestha	Ruby Shakya
<b>Paper 905</b>	Determinants of induced abortion: A study of Pokhara Sub-metropolitan City, Nepal	Bindhyashwari Chalise; Ananta Raj Dhungana	Bindhyashwari Chalise

Presenting on behalf of the researchers, **Dr. Thapa** argued that contraceptive initiation among women after having an abortion is higher than among post-partum women. However, the difference in contraceptive uptake between the two groups narrows over the subsequent months. According to these researchers, family planning counselling and services need to be strengthened, particularly for women who have had an abortion.

**Mr. Shrestha** and his team discussed the effectiveness of increasing knowledge about and the utilization of safe abortion services among women belonging to four main marginalized communities —Dalits, Muslim, Tharu and disadvantaged Janajatis (Magar, Tamang and Rai) of eight rural districts of Nepal. According to the researchers, knowledge about abortion law among married women in these communities has increased over time. Similarly, knowledge about the first legal condition for abortion has also shown positive progress. However, due to very limited number of safe abortion facilities at an accessible distance, only half of those who had induced abortions in the past two years had sought the service from a safe abortion facility. Their findings further argued that there has been a shift from surgical to medical methods of abortion among these women. This research team claimed that creating awareness about the abortion law and on safe abortion alone is not sufficient to prevent unsafe abortion practices in the rural areas. According to them, there is a need to expand safe abortion facilities in remote rural areas to enable women from marginalized communities to utilize them.

**Ms. LP. Shrestha** and her team presented implications of "Awareness and advocacy at the grass-root: prerequisite for ensuring enjoyment of safe abortion rights in Nepal." According to them, about half (46%) of the rural population knew about the legalization of abortion. The other half knew of the safe and legal institutes where they should go for safe abortion. However, 82% of those who had an abortion were due to not to have more children. The participants from the floor claimed that abortion is occurring in Nepal not as an outcome of the awareness campaign but as a compulsion. They suggested that unless the awareness campaign reaches to the grassroots, women are not likely to enjoy their rights to safe abortion though it is legal and services are available. The researchers concluded that Continuous Community Sessions (CCS) are essential for creating awareness and for advocating for quality of care services in Comprehensive Abortion Care (CAC) for safe abortion as it is one of the major issues of SRHR of women and adolescents.

**Ms. Chalise** quoted from her study conducted in the Pokhara Sub-metropolitan City of Nepal to shed some light on the determinants of induced abortion: and identified that the determinants of induced abortion are age at marriage, contraceptives used, sex selection, and knowledge of emergency contraceptives. She concluded that induced abortion for unwanted pregnancy should only be backup method but not a primary method of birth control.

The participants from the floor discussed the severe cases of women living in remote areas who are still compelled to have unwanted births without knowing about abortion. Some of them further argued that women who are compelled to make abortion of the girl babies enforced by their family members or community need to be identified and awarded by the state so as to

discourage sex selective abortion. **Mr. Tamang** highlighted the issues of abortion and the challenges being faced.

**Theme 10: HIV and AIDS**

Chair	Dr. Laxmi Bilas Acharya		
Discussant	Dipak Karki		
Papers	Topics	Author(s)	Presenter
<b>Paper 1001</b>	Assessing health education techniques in enhancing the knowledge of HIV/AIDS among adolescents	Ashok Pandey	Ashok Pandey
<b>Paper 1002</b>	HIV related risk behavior and prevalence of HIV/AIDS among IDUs in three states of India	Santosh Kumar Sharma; S.K.Singh; Nidhi Sharma	Santosh Kumar Sharma*
<b>Paper 1003</b>	Understanding the factors associated with alcohol use among Female Sex Workers (FSWs) in a high HIV prevalence Northeast State of India	Santosh Kumar Sharma	Santosh Kumar Sharma*
<b>Paper 1004</b>	Sexual and reproductive health of women living with HIV and AIDS in Kathmandu	Rajani Pokharel; Namuna Shrestha	Rajani Pokharel

\*Presenter did not attend; abstract submitted.

**Mr. Pandey** focused on the need of assessing health education techniques in enhancing knowledge on HIV/AIDS with reference to Arghakhanchi district. The second paper by **Ms. Pokhrel** on behalf of her team highlighted the issues of sexual and reproductive health of women living with HIV and AIDS. It was observed that education was critical in increasing the knowledge of respondents and video as well as participatory lecture methods are the most effective health education techniques for effective delivery of HIV/AIDS.

**Mr. Karki** said that the construction of the study was very impressive. **Dr. Acharya** reiterated that HIV prevalence is very high in Nepal and the papers that were presented were very important in informing efforts to combat HIV/AIDS.

The floor suggested that models should include a control group so that it can be tested with the group that is taking the intervention. This enables analysis to identify the actual effect of the analysed variables on the intervening groups. Enhancing knowledge of adolescents on HIV/AIDS is very essential as the prevalence rate among them is very high. The sexual and reproductive health status of women living with HIV/AIDS in Kathmandu was also highlighted.

## **Theme 11: Population, Poverty and Development**

<b>Chair</b>	<b>Dr. Ram Hari Aryal</b>		
<b>Discussant</b>	<b>Dr. Rudra Suwal</b>		
<b>Papers</b>	<b>Topics</b>	<b>Author(s)</b>	<b>Presenter</b>
<b>Paper 1201</b>	Multidimensional poverty in Nepal	Nagendra Kumar Maurya; Srinivas Goli	Nagendra Kumar Maurya
<b>Paper 1202</b>	An analysis of rural poverty in a village study of Nepal	Anita Bhatt Phuyal; Ram Kumar Phuyal	Anita Bhatt Phuyal
<b>Paper 1203</b>	Does migration reduce the household poverty in Nepal?	Ramesh Prasad Adhikari	Ramesh Prasad Adhikari
<b>Paper 1204</b>	Impacts of demographic grants: Cash transfer in supporting poverty reduction in Nepal	Tej Prasad Adhikari; Bhagabati Sedain	Bhagabati Sedai

**Mr. Maurya** and his team shed light on the Multidimensional Poverty in Nepal highlighting their main findings that multidimensional poverty in Nepal is just double in rural areas as compared to urban areas. Poverty differences are highest in the standard of living where poverty is seven times higher in rural areas. Poverty differences are lower in health indicators. They argued that as expected, Multidimensional Poverty Index (MPI) is the highest for the mountain region followed by the hills and then the Tarai. About one-third of the people are multidimensional poor in the mountain region. Relatively about one-fifth are poor in Tarai region. Surprisingly, educational poverty is highest in the Tarai region as per geometric mean method. The answer lies in the basic data. Net enrolment is highest in the mountain, followed by the hills and then the Tarai.

**Ms. Phuyal** and her team analysed rural poverty and concluded with speaking of different natures of rural poverty, and estimating the regression line between income and consumption of Kantai Village Development Committee of Darchula district of Nepal. Their main result recommends that the government should provide basic education, nutrition, electricity, and communication facilities to the people of the study area, and also support them for creating alternative opportunities of employments for their livelihood.

**Mr. Adhikari** linked the role of migration in reducing household poverty in Nepal. He explored the impact of migration of any member of the household in the per capita consumption expenditure and the socio-economic status of the households by using the Poverty Alleviation Fund household survey 2010/11, which covered 3000 households from Humla, Jumla, Rolpa, Doti, Dailekh and Rautahat.

His finding indicated that access of piped drinking water, modern toilet facilities, access the radio/tape, mobile/telephone, land ownership, average months of food sufficiency and average per capita consumption expenditure was better for the (any member) migrant's households compared to non-migrant's households. Based on this poverty line, it was derived that around 34% households fall below the poverty line. The incidence of poverty was higher for the non-migrants' households compared to any member migrants' households.

**Ms. Sedai**, presenting on behalf of the research team highlighted impacts of demographic grants on cash transfer in supporting poverty reduction in Nepal. Their research measured the extent of contribution of cash transfer, defined as demographic grants in reducing poverty in Nepal. These

demographic grants include age related grants such as old age allowance, child grant, sex and marital status related to the widow allowance and endangered indigenous people grant.

It tests the assumption about the role that these grants can play in poverty reduction by using the Nepal Living Standard Survey-III data. It has assumed that the grant provided to one family member has equally been utilized by the whole family; hence household has also been used as a unit of analysis besides head count poverty incidence. It has employed a comparative evaluation of beneficiaries and non-beneficiaries by disintegrating data into different strata. The role of grants in reducing poverty found to be different by different regions, residence, social groups and analytical domains. The variation in the role of grants was from almost nil in mountainous groups and it was found significant in the Tarai Dalits while the rest social groups fall within the two categories. This variation urges to explore the causes and intends to analyse the implementation effects in a future study.

### **Theme 12: Sexual Health Behaviour and Practices**

Chair	Dr .Balkrishna Subedi		
Discussant	Anil Thapa		
Papers	Topics	Author(s)	Presenter
<b>Paper 1101</b>	Health seeking behavior regarding menstrual related problems among secondary and higher secondary schools girls in Khalanga VDC of Salyan district	Samiksha Maharjan	Samiksha Maharjan
<b>Paper 1102</b>	The burden and correlates of reproductive tract infections /sexually transmitted infections among women in India: Evidence from district level household survey-3	Resmi R S	Resmi R S*
<b>Paper 1103</b>	Study on the <i>Chhaupadi</i> and delivery system (misconception on menstruation and delivery) and effect on women's health in Bajura district, Nepal	Chetraj Pandit	Chetraj Pandit
<b>Paper 1104</b>	Risk sexual behaviour on health of street based commercial sex workers in Kathmandu Valley	Rita Devi Karki; Govinda Sudedi; Bishnu Prasad Dulal	Rita Devi Karki

\*Presenter did not attend; abstract submitted.

**Ms. Maharjan** presented issues of health seeking behaviour regarding menstrual behaviour whereas **Mr. Pandit** presented a case study of *Chhaupadi* and delivery system as a misconception and **Ms. Karki** presented risky sexual behaviour of commercial sex workers.

According to **Ms. Maharjan**, the prevalence of menstrual cycle related problems among school girls were high causing a significant disruption in their school life as well as daily activities. There is a need for menstrual health related education for the school girls. The presentation showed that the percentage of girls who consult a health professional when they have problems relation to their menstruation is low. With these evidence, one of the participants suggested that the girls should have access to a comprehensive package of health and life skill education and access

to adolescent friendly health services that include screening of the problem by the service provider and counselling.

**Mr. Pandit** described cultural factors and demonstrated how strongly they are associated with *Chhaupadi*. The presenter explained that most of the young girls felt loneliness and insecure during their menstruation. This might have developed unnecessary stress among them every month. About 80 percent of the girls felt that they were suffering from poor health during *Chhaupadi*. However, most of them considered it as a cultural issue and not a social problem.

**Ms. Karki** argued that there is no authentic data on the street-based commercial sex workers. According to her study, these sex workers were extremely vulnerable to the transmission of STIs, physical violence and other such issues. They experienced violence, linked with HIV/AIDS and were more likely to be in depression. Though I/NGOs provide condoms they do not provide the knowledge on how to use them. The presenter recommended that greater attention be paid to this population. According to her, when this presentation was made to the sex workers, they raised the issue for the need to raise awareness among policy makers to organise the ever-growing sex industry in Nepal.

During the open discussion the participants added that despite these levels of prevalence, *Chhaupadi* is not a good practice at all in many other ways and menstruation is one of the natural practices and beauty of being a woman. Menstrual taboos are very common and prominent barriers for the empowerment of girls in these remote districts.

**Dr. Subedi** remarked that it is high time for investment in increasing knowledge and related education, especially for the young population on sexual health behaviour and practices.

According to **Mr. Thapa**, sexuality is the core dimension of the human experience and an important component for overall well-being. However, ill sexual behaviour and practices can have serious complications in people's health. With these, the conference raised the issues on sexual health behaviour and practices.

### **Theme 13: Demographic Methods, Age-Sex Structure and Demographic Dividend**

Chair	Dr. Bhakta Gubhaju		
Discussant	Dr. Bhim Raj Suwal		
Papers	Topics	Author(s)	Presenter
Paper 1301	Agreement analysis method in case of continuous variable	Kulwant Singh Kapoor	Kulwant Singh Kapoor*
Paper 1302	Environmental consumption and marriage timing in Nepal	Prem Bhandari	Prem Bhandari
Paper 1303	Caste/ethnicity differentials in individual expectations and preferences on Inter-caste marriage in Chitwan	Indra Kumari Chaudhary	Indra Kumari Chaudhary
Paper 1304	Changing age structure and demographic dividends: The Nepalese prospects	Keshab Prasad Adhikari	Keshab Prasad Adhikari

\*Presenter did not attend; abstract submitted.

**Dr. Bhandari** and his team highlighted that early marriage is common among most natural resource dependent communities which has important implications on schooling, employment/unemployment, reproductive health and many more.

The researchers claimed that the consumption of natural resources and the demand for family labour can be a critical determinant of demographic processes (e.g. marriage) in rural agricultural settings. Their results showed that the Marriage rate for individuals who lived in a household that used firewood for cooking was faster than for those who did not use firewood. Another finding was that marriage rates for individuals who lived in a household that used alternative sources of energy other than firewood for cooking was slower than those who did not use alternative energy sources.

**Ms. Chaudhary** highlighted the issues of Caste/Ethnicity differentials in Individual Attitude towards Inter-caste Marriage in Chitwan. According to her, marriage outside of the socially constructed caste/ethnic boundaries is considered a cultural taboo more particularly in an arranged marriage society.

To her, people who get married outside of their caste/ethnic boundaries are not accepted within their family and society. However, due to dramatic changes in society, the practice of inter-caste marriage is increasing gradually. She further explained that Nepali family patterns, custom, rituals, values, and behaviours have changed rapidly in recent years within all caste/ethnicity. Individual choices in marriage behavior, especially with regard to inter-caste marriage, late marriage, spouse choice and divorce, are occurring more commonly than ever before.

**Mr. Adhikari** presented issues of demographic dividend as an impact of the changing age structure. Highlighting the Nepali context, Mr. Adhikari claimed that the census data from 1961 to 2011 in Nepal showed the start of substantial changes in the age structures of its population. According to him, such a change in age structure can be traced by fertility decline and decline in dependency ratio.

Presenting Nepal’s pace of demographic transition and change in age structure, **Mr. Adhikari** was hopeful that Nepal would lead faster development in the coming decades, if favoured by political stability, investment in human capital development and macro-economic governance, What is needed for 'demographic dividend' is a larger proportion of people between the ages of 15 and 29 than any other age cohort. The paper concludes by saying that good governance, long-term economic policies, job creation, openness to trade, and access to credit, are equally as important as better education and health care.

The audience supported the views presented that the first dividend results from an increase in the share of the population at ages with a production surplus, and the second resulted from an increase in the share of the population at the old ages – with a production deficit. The agreement was that Nepal is at the cross road to capture the first one.

**Theme 14: Population, Health and Nutrition**

<b>Chair</b>	<b>Dr. Pushpa Kamal Subedi</b>		
<b>Discussant</b>	<b>Mahesh Paudel</b>		
<b>Papers</b>	<b>Topics</b>	<b>Author(s)</b>	<b>Presenter</b>
<b>Paper 1401</b>	Psychosocial problems among adolescent students of Hetauda Municipality, Nepal	Bihungum Bista	Bihungum Bista

<b>Paper 1402</b>	Neonatal mortality in Nepal: A barrier to meeting MDG goal four	Pawan Kanel	Pawan Kanel
<b>Paper 1403</b>	A cross-sectional study on assessing risk factors of hypertension among resident of Chabahil, Kathmandu	Rajan Adhikari	Rajan Adhikari
<b>Paper 1404</b>	Education of children or health care of parents: Is it a trade-off situation for the sandwiched couples?	Manasi Bawdekar; Laishram Ladusingh	Manasi Bawdekar*

<b>Chair</b>	<b>Dr. Govind Subedi</b>		
<b>Discussant</b>	<b>Dr. Padma Prasad Khatiwada</b>		
<b>Papers</b>	<b>Topics</b>	<b>Author(s)</b>	<b>Presenter</b>
<b>Paper 1405</b>	Prevalence of behavioral risk factors for cardiovascular diseases among rural women of Sindhuli, Nepal.	Raja Ram Dhungana ; Surya Devkota	Raja Ram Dhungana
<b>Paper 1406</b>	Nutritional deficiency in the rural households and association with child malnutrition: Evidence from West Bengal, India	Sajit Sarkar	Sajit Sarkar
<b>Paper 1407</b>	Prevalence of household food insecurity and its relationship on the nutritional status of children 6–59 months in squatter settlements of Bharatpur municipality of Chitwan district, Nepal.	Dibas Dhakal	Dibas Dhakal
<b>Paper 1408</b>	Analysis of trends of nutrition in children and women in Nepal and its linkage with national multi-sector nutrition plan	Sabin Shrestha	Sabin Shrestha

\*Presenter did not attend; abstract submitted.

The first paper presented by **Mr. Bista** focused on the psychosocial problems among students. The study showed that watching TV has positive impacts on psychosocial development whereas family related factors were also strong predictors.

**Mr. Kanel** on 'Neonatal mortality in Nepal: A barrier to meeting MDG goal four' identified religion, total Children Ever Born (CEB), number of births in the past three years, use of tobacco, desire for more children, twins, ever breastfed last child and education of the mother as strong predictors of neonatal mortality in Nepal. A socio-economic and health index for 2006 and 2011 suggested that the index has improved for Brahmin/Chhettri and Newar. However, improvements in other Tarai/Madhesh castes and Janajatis excluding Newar were negative. The progress for Dalit/Musalman is pretty much the same. The other Tarai castes and Dalit/Musalman are identified as the vulnerable groups who need immediate attention if neonatal mortality is to be controlled.

The validity of the Youth-Paediatric Symptom Checklist used for accessing psychosocial problems was raised along with its application in the context of Nepal. The presenter referred to a similar study carried out in India using the same method and as Nepal and India have similar characteristics, it is only but appropriate to use this method. It was suggested that, air pollution caused when the same room is used as the kitchen and for sleeping, body mass index

(determined by nutritional status), infections caused by using an unsterilized tool for cutting the umbilical cord should also be included when analysing infant mortality in Nepal.

The third paper was presented by **Mr. Adhikari** on 'A cross-sectional study on assessing risk factors of hypertension among resident of Chabahil, Kathmandu'. The study found that hypertension was more prominent among males compared to females, employed more than unemployed, older ages compared to younger ages and people of higher educational level compared to those with lower educational level.

**Mr. Dhungana** highlighted the issues of behavioural risk factors for cardiovascular diseases among rural women which was the case study of Sindhuli district.

**Mr. Dhakal** shed light on the prevalence of household food insecurity and its relationship on the nutritional status whereas **Mr. Shrestha** analysed the trends of nutrition in children and women in Nepal using secondary data. **Mr. Shrestha** also linked the issues of child nutrition with the national multi-sector nutrition plan.

**Dr. Khatiwada** highlighted the issues of child protection in remote areas like Karnali where despite attractive packages for birth registration, it has not been yet so effective. Nutritional packages have two benefits: first increasing the coverage of birth registration, and second improving the nutritional status of children and mother as **Dr. Khatiwada** highlighted.

**Dr. Govind Subedi** said unless and until government's complete package for birth registration is assured, it is difficult to identify who the malnourished are and what support they need.

#### **Theme 15: Gender Based Violence**

Chair	Dr. Manju Tuladhar		
Discussant	Shazina Masud		
Papers	Topics	Author(s)	Presenter
Paper 1501	Linkages between violation of bodily rights of women with sexual and reproductive morbidities	Ankita Siddhanta	Ankita Siddhanta
Paper 1502	Violence against women among married women of rural Nepal	Diksha Sapkota	Diksha Sapkota
Paper 1503	Association between alcohol use and physical/sexual violence in Uttar Pradesh, India	Brijesh P. Singh; K. K. Singh	Brijesh P. Singh*
Paper 1504	How far husband alcohol consumption leads to intimate partner violence? Evidences from India	Kabir Pal	Kabir Pal*

\*Presenter did not attend; abstract submitted.

**Ms. Siddhanta's** paper highlighted the 'Linkages between Violation of Bodily Rights of Women with Sexual and Reproductive Morbidities'. This case study conducted in Bihar, India claims that sexual violence in Bihar is as high as 20% which is 10% more than the National average, whereas it is only 4% in Karnataka and so the prevalence of sexual and reproductive morbidity is also found to be low in these states. The purpose of this paper was to study the linkage between the violation of bodily rights of women with sexual and reproductive morbidities in India and the states of Bihar and Karnataka. The case study also claimed that the occurrence of STI, genital

sore, genital discharge in the last twelve months was more prevalent among women experiencing forced sex compared to women who did not experience sexual violence in India and the selected states. About 21% of women in India experiencing sexual violence suffered abnormal genital discharge against 9% women who did not experience.

**Ms. Sapkota's** paper highlighted physical violence and its associated factors which was a case study among married women of rural Nepal. To her, violence is associated with individual and family-level factors: economic pressure, parental history of violence, childlessness, etc. Her team further argued that women whose husbands have low educational levels, family living in poverty and having multiple children are usually fallen victim from severe incidences of domestic violence. The research team concluded that the husband's controlling behaviour, marriage type and spousal age difference were found to be the significant factors associated with domestic violence. They argued violence against women (VAW) needs to be eliminated not only being a social problem with several health consequences, but it is a violation of fundamental human rights also. Participants from the floor argued that if the women are not safe from their life partner, in their own home, then how can we guarantee their security in society?

**Mr. Singh** and his team's paper on 'Association between Alcohol Use and Physical/Sexual Violence in Uttar Pradesh, India' examined the relationship between alcohol use and physical as well as sexual violence as a public health issue. For this study the most populous and traditional state of India — Uttar Pradesh was selected. According to their findings, over two-fifths (43.7%) and nearly one-fifth (17.5%) of women have been physically and sexually abused respectively. According to them, if the husband drinks alcohol sometime and often the prevalence of physical violence has been found to be 58% and 77% respectively. The researchers also observed that education, occupation, eligible women for marriage in house, standard of living, exposure to media and proper communication between spouses are possible predictive measures of physical violence. One more important finding of this study is that when sexual violence presents the risk of physical violence, it is more than 11 times after controlling some background characteristics.

Another research by **Mr. Pal** regarding 'How far Husband Alcohol Consumption leads to Intimate partner violence?: Evidences from India' highlighted that intimate partner violence (IPV) is emerging as a critical problem in Indian society. It can be linked to use of alcohol, insecurity, low self-esteem, depression, or aggression. There is evidence, which show use of alcohol to be one of the major reasons for violence. However, most of the earlier studies were based on small sample size or case studies. Therefore, the critical objective of this study is to examine husband's alcohol consumption and its association with IPV based on a nation-wide survey data.

Study results revealed that in almost all the states, women suffered more violence if having a drinking partner than their counterparts with non-drinking partners. The study provides some intriguing findings for policy. However, the Indian government established constitutional safeguards to protect women from domestic violence, but excess alcohol drinking by their partner continue to make women victims of this violence. The persistent patriarchal traits and masculinity in Indian society is or may be responsible for continued existence of IPV in India. India needs to adopt strategies to deal with alcohol addiction and re-work on constitutional safeguards for women. During the plenary session, organised on day three, three papers were presented, all related to this theme.

Participants opined that causes related to domestic violence are multiple ranging from individual level to societal level, so a multi-sectoral, integrated approach is needed to tackle them.

### 3.3 Poster Sessions

Three poster sessions, one each day were organised with thirty-six posters in total. On the first day, two papers related to migration, six related to population ageing and five related to population, gender and development were presented. On the second day, four posters related to adolescent sexual and reproductive health and rights, one each related to maternal and child health, access to reproductive health services, and family planning, and two each on HIV/AIDS, and population, poverty and development were presented. On the final day three posters related to population, poverty and development, three related to demographic methods, age-sex structure and demographic dividend, two posters related to population and health, and four posters related to population, health and nutrition were presented.

### 4. Side Events

Two side events, respectively, the first on investing in young people and the second a photo exhibition on "I Decide" were organised. The participants for both events were college going youth students, both males and females.

A side event on 'Investing in Young People' was held on the 6<sup>th</sup> of June from 4-6pm organized by UNFPA. An inter-generational dialogue was hosted to reflect on global and national efforts around the need to invest in young people, share experiences and hear directly from stakeholders. The event provided an opportunity for young people to engage in a dialogue with key stakeholders including policy makers, media, academia, and civil society. The chairperson and speakers on the panel were:

**Ms. Shambhavi Poudel**, Chairperson, South Asia Regional Youth Network (SARYN) chaired the panel.

**Dr. François M. Farah**, Executive Adviser on ICPD Beyond 2014/Post-2015, UNFPA, United Nations Population Fund. Dr. Farah presented his reflections and hard evidence on the need to ensure that young people's needs will be addressed as part of the post MDG development framework.

**Mr. Rudra Prasad Adhikari**, Under Secretary and Chief of the Statistics and Information Unit, Ministry of Youth and Sports. He presented the work that the Ministry of Youth and Sports has been leading on the SAARC Youth Charter, Adolescent and Youth Charter on Post 2015 and the Youth Responsive Budgeting System.

**Dr. Kiran Rupakhetee**, Chief, Child Development Program and Child Right Protection Section, Ministry of Women, Children and Social Welfare. He spoke about the National Strategy to end Child Marriage and why we should invest in adolescent girls.

**Mr. Manish Mitra**, Programme Specialist – Adolescents & Young People, International Planned Parenthood Federation, South Asia Regional Office. He made a presentation on the status, needs and challenges of Young People's Sexual and Reproductive Health & Rights in South Asia.

**Mr. Amrit Dhakal**, Student– Amrit is 15 years old and is a resident of Kavre district and has just completed his 11<sup>th</sup> grade. He was one of the participants of the Post-2015 adolescents and youth consultation in Kathmandu. He was one of panelist in National Report Launch event on Post-2015 Consultation held in Kathmandu on September 2013.

**Ms. Sneha Sakya**, Student – She is 17 years old and has completed her 11<sup>th</sup> grade. She was one of the participants of Post-2015 adolescents and youth consultation in Kathmandu representing

adolescent of Kathmandu. She was actively engaged in extracurricular activities during her school time. She was also part of the Nepal Scout and Red Cross Society at school level and involved in different social and development initiatives.

**Amrit** and **Sneha** talked about their experiences of taking part in the Post-2015 consultations and the Nepal they envisage in the future.

The “I Decide” component (photo frame + signing of the petition) was added as a side event to the Conference to get individual commitment to furthering Sexual and Reproductive Health and Rights (SRHR). The President of Nepal, Minister of MoHP, chief guests, delegates and youth lent their support to “I Decide” Campaign organized by FPAN. The “Girls Decide” and “I Decide” have been launched globally to petition the UN Secretary General Ban-Ki-Moon in September 2014 to assure young people, particularly girls to decide their future, particularly regarding their SRHR. “I decide” theme includes four sub-themes including freedom from violence, choices over marriage and fertility or family size and ability to decide one’s own future, particularly on sexuality which has huge impact on the individuals as well as communities and national developmental initiatives.

## 5. Closing Session

The closing ceremony began with **Prof. Dr. Ram Sharan Pathak**, Chairperson of the Conference Organizing Committee (COC) congratulating everyone for successfully meeting the objectives of the conference. Prof. Pathak provided an insight on the major issues which were raised in the conference and thanked everyone for their participation, particularly the organizers who worked tirelessly for the past six months to make this conference a huge success. **Dr. Padma Prasad Khatiwada** highlighted the major findings from the rapporteur's report

**Ms. Giulia Vallese**, UNFPA Representative to Nepal, acknowledged the historical importance of the conference. She underscored that the evidence generated through this conference could contribute to communicating population for development planning and to inform rights-based national laws, policies and programmes as well as guide future policy initiatives in the context of the post ICPD and post-MDG agenda.

**Dr. Yagya Bahadur Karki**, Member of the National Planning Commission (NPC), highlighted the themes of the papers presented in the conference and thanked all those involved. He informed everyone that NPC is currently in the process of reviewing all sectors after which concrete programmes will be initiated based on the demand of the sector.

**Prof. Dr. Govind Raj Pokhrel**, Vice-Chair of the NPC, stressed that population is a cross-cutting issue and the issues raised from this conference are pivotal for overall development. He stressed that population management is a key issue of concern in Nepal and provided personal experiences and examples relating to Gujarat.

"A large proportion of the working-aged population are jobless and loitering around Ratna Park but when one needs skilled laborers like plumbers and electricians, it is almost impossible to get hold of them. This is a worrying situation for Nepal and it just shows how we have failed to produce skilled human resource."

**Prof. Dr. Govind Raj Pokhrel**  
Vice-Chair, National Planning Commission

**Dr. Badri Pokhrel**, previous Joint-Secretary of the Ministry of Health and Population, expressed his vote of thanks and acknowledged the Vice-Chair’s commitment towards population management and hoped that his remarks would be reflected in plans and policies for all line ministries associated with population in the days to come.

**Dr. Praveen Mishra**, Secretary of the Ministry of Health and Population, reiterated that this is just the beginning for the holistic development of the nation. He also stressed that everyone must contribute for developing this nation which is lacking in ethics and civics.



The Conference Organizing Committee distributed the token of love/appreciation to the distinguished guests, the chairpersons and discussants of the technical/parallel sessions, and the conference volunteers during the closing session. Three presenters were awarded with the Best Poster Presentation Award.

## **Annex I: List of Conference Committees**

### **Conference Advisory Committee**

Dr. Praveen Mishra, Ministry of Health and Population- Chair  
Prof. Dr. Bal Kumar KC, PAN- Member  
Prof. Dr. Ram Sharan Pathak, CDPS/TU & PAN - Member  
Dr. Badri Pokhrel - Member  
Ms. Giulia Vallese, UNFPA Representative - Member  
Mr. Anand Tamang, CREHPA- Member

### **Conference Organizing Committee**

Prof. Dr. Ram Sharan Pathak- CDPS/TU & PAN- Chair  
Dr. Badri Pokhrel- Member  
Mr. Anand Tamang, CREHPA- Member  
Mr. Bijay Thapa, UNFPA- Member  
Prof. Krishna Prasad Bista, FPAN- Member  
Mr. Trilochan Pokharel, PAN- Member Secretary

### **Conference Scientific Committee**

Prof. Dr. Bal Kumar KC- Chair	Dr. Prakash Dev Pant
Prof. Dr. Pushpa Lal Joshi Co-Chair	Dr. Laxmi Bilash Acharya
Dr. Bal Gopal Baidya	Dr. Govind Subedi
Dr. Ram Hari Aryal	Dr. Prabha Hamal
Dr. Shyam Thapa	Dr. Mahesh Puri
Dr. Chaitanya Mishra	Mr. Bikash Bista
Dr. Bina Pradhan	Prof. Krishna Prasad Bista
Dr. Bishnu Bhandari	Dr. Kushum Shakya
Dr. Bhakta Gubhaju	Mr. Anil Thapa
Dr. Bhanu Bhakta Niruala	Mr. Tirtha Man Tamang

### **Standing Committee**

Dr. Bal Kumar KC, Chair  
Dr. Ram Hari Aryal  
Dr. Laxmi Bilash Acharya  
Dr. Mahesh Puri  
Mr. Trilochan Pokharel (Conference Secretary)

### **Sub-committees**

#### **Admin and Logistic**

Mr. Giri Raj Dahal  
Mr. Machhindra Khatiwada

#### **Promotion**

Mr. Sunil Adhikari  
Mr. Bishnu Bahadur Khatri  
Ms. Manju Kumari Kafle

#### **Room Management**

Mr. Dorendra Thapa  
Ms. Mana Maya Mishra  
Mr. Balaram Devkota

Ms. Hemkala Paudel  
Mr. Bibhatsa Bhusal  
Mr. Devendra Bahadur Kunwar

#### **Food Management**

Ms. Nirmala Sharma Shrestha  
Ms. Radha Devi Dhakal  
Ms. Ranjana Rijal  
Ms. Sunita Sapkota  
Mr. Man Bahadur Sunuwar

#### **Finance**

Mr. Amar Nepali  
Mr. Tara Prasad Bhusal

#### **Hospitality**

Mr. Mahendra Sharma  
Ms. Anita Pokhrel  
Mr. Shraddha Sharma  
Ms. Anchal Thapa  
Mr. Kiran Neupane

#### **Registration**

Ms. Suma Sedhai  
Ms. Bidhya Shrestha  
Ms. Myunik Panthi  
Mr. Bhuwan Khatiwada  
Mr. Suku Man Dangol  
Ms. Prajita Subedi  
Mr. Trantrika Raj Khanal  
Ms. Hemkala Paudel

#### **Stall Management**

Mr. Pradip Bohara  
Ms. Mira Paudel

#### **Poster Management**

Ms. Shanta Maya Pariyar  
Mr. Hari Bhattarai

#### **Conference Secretariat**

Central Department of Population Studies (CDPS), Kirtipur, Kathmandu  
Tel: 977-1-331323; 4330716. Fax: 977-1-331324  
Ms. Kamala Lamichhane, Secretary, Conference Secretariat Office  
Email: [info@cdps.edu.np](mailto:info@cdps.edu.np); URL: [www.cdps.edu.np](http://www.cdps.edu.np)

## Annex II: Conference Programme Schedule

Venue: Soaltee Crown Plaza, Kathmandu Nepal

5 June (Day I)				
8:30-10:30	Inaugural Ceremony (The Right Honorable President of Nepal, Dr. Ram Baran Yadav has kindly consented to inaugurate the Conference)			
Session 1	<b>Fertility</b>			
11:00-12:30	Chair	Dirgha Jibi Ghimire		
	Discussant	Bidhan Acharya		
	Room	Malhar Hall	Author	Co-author/s
	Paper 101	Fertility desires and its determinants among people living with HIV in ART clinic of Teku hospital	Namuna Shrestha	Govinda Dhungana; Rajani Pokharel
	Paper 102	Women's agency at the People's Liberation Army (PLA) and their fertility decision making in the cantonments	Narayani Tiwari	
	Paper 103	A cross country study of fertility and use of contraception among Muslims	Mohd Usman	Sayeed Unisa
Paper 104	The effect of son preference on contraceptive use and future intention of fertility in EAG states of India	Shiva Nand Chauhan	Itismita Pradhan	
Session 2	<b>Migration</b>			
11:00-12:30	Chair	Bhim Prasad Subedi		
	Discussant	Yogendra Bahadur Gurung		
	Room	Marva Hall	Author	Co-author/s
	Paper 201	Migration experience and health outcomes of older adults in Nepal	Dirgha Ghimire	Prem Bhandari
	Paper 202	Social cost of foreign labour migration in rural Nepal	Dorendra Bahadur Thapa	
	Paper 203	Migration destinations and attitudes towards modern family	Bishnu P. Adhikari	
Paper 204	Women labour migrants from Nepal and their socio-spatial exclusion	Ramji Prasad Adhikari	Rishikesh Pandey	
Session 3	<b>Population Ageing</b>			
11:00-12:30	Chair	Krishna Murari Gautam		
	Discussant	Sangita Nirola		
	Room	Malshree Hall	Author	Co-author/s
	Paper 301	Economic implication of migration and dispersion of adult in aging in Nepal: Demographic approach	Sabitri Bhatta	
	Paper 302	Is annual health checkup actually a preventive health behavior among older adults? A study among older adults in the Kanchanaburi demographic surveillance system, Thailand	Samita Pokhrel	
Paper 303	Demographic and social changes: Can we rely on family care for tomorrow's elderly in Nepal	Milima Singh	Bikash Bajracharya	

	Paper 304	Epidemiological transition among older population in India: Evidence from India human development survey	Junaid Khan	
<b>Poster Session</b>				
<b>12:30-14:00</b>	<b>Convener</b>	<b>Tirtha Man Tamang; Prabhakar Shrestha</b>		
	<b>Venue</b>	<b>Garden Lunch Area</b>	<b>Author</b>	<b>Co-author/s</b>
	Poster 206	Characteristics of Nepalese cross-border migrants to India	Laxman Singh Kunwar	
	Poster 207	Structural dimension of migration in Nepal	Naba Raj Thapa	
	Poster 304	Factors associated with depression among elderly living in old age homes in Kathmandu Valley	Rekha Timalisina	PD Sherpa; DK Dhakal
	Poster 305	Ageing population and its implication on Nepal's economic demography	Kushum Shakya	
	Poster 308	Responsibility of health policy and ageing	Manju Yadav	
	Poster 309	Need assessment of elderly people in a village development committee of Kathmandu District	Pramila Devkota	
	Poster 310	Socio-economic and health status of elderly people living in different arrangement (A comparative Study)	Shrijana K.C.	
	Poster 311	A study on the social and psychological problems of elderly in higher class group in Mumbai	Priyanka Vijay Janbandhu	
	Poster 405	Exclusion of Madheshi women in decision making	Sushma Tiwari (Dwivedi)	
	Poster 406	The status of gender inclusion in community forestry of Nepal (A case study of Lalitpur district)	Dipendra Bikram Sijapati	
	Poster 407	Deviance against women: How safer our mega cities are?	Shubhranshu Kumar Upadhyay	Pallavi Gupta
Poster 408	Demographic and socioeconomic determinants of women empowerment in Nepal	Renuka Kumari Karki (Bogati)		
<b>Session 4</b>				
<b>Population, Gender and Development</b>				
<b>14:00-15:30</b>	<b>Chair</b>	<b>Badri Pokhrel</b>		
	<b>Discussant</b>	<b>Bal Krishna Mabuhang</b>		
	<b>Room</b>	<b>Marva Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 401	Educational attainment and agency among unmarried youth in India: A gendered perspective	Duryodhan Sahoo	Aparajita Chattopadhyay
	Paper 402	A district level study in India on gender differentials in educational outcomes	Swarbhanu Nandi	
	Paper 403	Female educational migrants' return to Nepal and it's relation to transforming gender relations and civic engagement	Laxmi Dhungel	
Paper 404	District wise estimations of total missing girls in Madhya Pradesh, India, 2004-2011: Evidences from recent census 2011	Priyanka Yadav		

<b>Session 5</b>				
<b>Adolescents Sexual and Reproductive Health and Rights</b>				
<b>14:00-15:30</b>	<b>Chair</b>	<b>Jameel Zamir</b>		
	<b>Discussant</b>	<b>Sabitri Sapkota</b>		
	<b>Room</b>	<b>Malhar Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 501	Sexual behaviour and attitudes towards pre-marital sex among students of higher secondary schools in Pokhara city	Nabaraj Adhikari	
	Paper 502	Premarital sex behaviors among college youths of Kathmandu, Nepal	Prem Lal Basel	
	Paper 503	Comparative study on the importance of teachers training to reflect it in their teaching practice in regard to Comprehensive Sexuality Education (CSE)	Kamal Tara Bajracharya	
	Paper 504	Challenges experienced by adolescent girls while menstruation in Kathmandu Valley: A qualitative study	Ashok Pandey	Meera Tandon; Choplal Bhusal
<b>Session 6</b>				
<b>Maternal and Child Health</b>				
<b>14:00-15:30</b>	<b>Chair</b>	<b>Bhimsen Devkota</b>		
	<b>Discussant</b>	<b>Ramesh Adhikari</b>		
	<b>Room</b>	<b>Madhavi Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 601	Association between women's knowledge of financial incentive and institutional delivery in Nepal	Sharad Kumar Sharma	
	Paper 602	Women's work and child nutrition among scheduled tribe and non-scheduled tribe in central region of India	Dipika Subba	Bhaswati Das
	Paper 603	Male participation in reproductive health: A study in Kailali district, Nepal	Lakshmi Raj Joshi	
	Paper 604	Risk factors associated with low birth weight	Kamal Prasad Kandel	
<b>Plenary</b>				
<b>16:00-17:30</b>	<b>Chair</b>	<b>Pitambar Sharma</b>		
	<b>Room</b>	<b>Malhar Hall</b>	<b>Speaker</b>	
	Plenary 1	Demographic dividend in Bangladesh and South Asia	RH Chaudhary	
	Plenary 2	Migration for employment in Nepal: Issues and challenges	Ganesh Gurung	
<b>6 June (Day 2)</b>				
<b>Plenary</b>				
<b>9:00-10:30</b>	<b>Chair</b>	<b>Terrence Hull</b>		
	<b>Venue</b>	<b>Malhar Hall</b>	<b>Speaker</b>	
	Plenary 3	ICPD Beyond 2014 Global Review: Salient Findings, Priority Areas for Action and Relevance to Post 2015	Francois M. Farah	
	Plenary 4	Adolescents sexual and reproductive health and rights	Claire Brindis	
	Plenary 5	Population and human development: The key connections in Nepal	Bina Pradhan	

<b>Session 7</b>				
<b>Access to Reproductive Health Services</b>				
<b>11:00-12:30</b>	<b>Chair</b>	<b>Susmita Das</b>		
	<b>Discussant</b>	<b>Bina Rai</b>		
	<b>Room</b>	<b>Marva Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 701	Antenatal care services utilization and factors affecting them in urban slum population in India	Amit Kumar	
	Paper 702	Women's autonomy and utilization of maternal health care services in rural Nepal	Kamala Devi Lamichhane	
	Paper 703	Perinatal outcomes associated with medical induction of labor among women attending district hospital of rural Nepal	Yogesh Raj Amatya	
	Paper 704	Does male out-migration and household structure matter in maternal health services utilization in India?	Amit Kumar	
<b>Session 8</b>				
<b>Family Planning</b>				
<b>11:00-12:30</b>	<b>Chair</b>	<b>Bhakta Gubhaju</b>		
	<b>Discussant</b>	<b>Ashish Bajracharya</b>		
	<b>Room</b>	<b>Malhar Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 801	Fertility implications of meeting the unmet needs for family planning in Nepal	Ramesh Babu Kafle	
	Paper 802	Women's domestic decision making power and contraceptive use in rural Nepal	Bidhya Shrestha	
	Paper 803	Integration of family planning services into expanded programme on immunization clinics of Kalikot district of Nepal	Senendra Raj Upreti	Rachel Cullen; Maureen Dariang; Sushil Baral; Ramila Bhandari; Bishnu Prasad Dulal
	Paper 804	Contraceptive prevalence and its determinants	Subhash Khake	
<b>Session 9</b>				
<b>Abortion and Abortion Research</b>				
<b>11:00-12:30</b>	<b>Chair</b>	<b>Anand Tamang</b>		
	<b>Discussant</b>	<b>Justine Coulson</b>		
	<b>Room</b>	<b>Madhavi Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 901	Contraceptive behaviour of women having an abortion compared to women having a birth in Nepal	Sabu S. Padmadas	Mark Lyons-Amos; Shyam Thapa
	Paper 902	Effectiveness of awareness campaigns on knowledge and utilization of safe abortion services and post-abortion contraception among women from marginalized communities of rural Nepal	Srijana Tamang	Prabhakar Shrestha; Dev Chandra Maharjan
	Paper 903	Awareness and advocacy at the grass-root: prerequisite for ensuring enjoyment of safe abortion rights in Nepal	Ruby Shakya	Laxmi Prabha Shrestha

	Paper 905	Determinants of induced abortion: A study of Pokhara sub-metropolitan city, Nepal	Bindhyashw-ari Chalise	Ananta Raj Dhungana
<b>Poster Session</b>				
<b>12:30-14:00</b>	<b>Convener</b>	<b>Bijay Devkota, Anju Raj banshi</b>		
	<b>Venue</b>	<b>Garden Lunch Area</b>	<b>Author</b>	<b>Co-author/s</b>
	Poster 409	Determinants of women empowerment in rural setting of Western Hills of Nepal	Deepak Raj Paudel	
	Poster 505	Status of early marriage in SAARC countries	Suma Sedhai	
	Poster 506	Miss adolescent sexual and reproductive health (ASRH) talent contest: An Innovative Approach to the youth by the youth for the youth	Sharad Kumar Aryal	Rabindra Karki; Ravi Shrestha
	Poster 507	An explorative study of third gender in Pokhara Valley	Shansila Shrestha	R. B. Bhagat
	Poster 508	Socio-economic and demographic characteristics of excluded group: A study of LGBTI in Western Development Region of Nepal	Bobin Nepali,	Arjun Thapa, Krishna B. Sunar
	Poster 609	Roadmap to a near perfect RMCNH+A focused health initiative — A case study of Maharashtra	Manasi Bawdekar	V.S. Jaiswal
	Poster 705	Does accessibility of public health facilities deter the phenomenon of by passing?	Neelanjana Pandey	
	Poster 706	Maternal health and the utilization of maternal health care services with special reference to West Bengal, India	Dipika Subba	
	Poster 707	A unique and innovative tool to measure the impact of reproductive health programs	Justine Coulson	Sabitri Sapkota; Michelle Weinberger
	Poster 808	Knowledge and attitudes of married women of reproductive age towards intrauterine devices (IUCD) and medication abortion (MA)	Diksha Khadka	
	Poster 1005	Youth's last sex partner and STI/HIV/AIDS in Nepal	Dhanendra Veer Shakya	
	Poster 1012	Age sex distribution of population in selected districts having negative Inter census changes in 2006 and 2011, Nepal	Binita Kumari Paudel	Apiradee Lim; Arjun Mani Guragain; Bishant Pokhrel
	Poster 1205	Living standards: Means of human development in Nepal	Bhes Nath Sapkota	
<b>Session 10</b>	<b>HIV and AIDS</b>			
<b>14:00-15:30</b>	<b>Chair</b>	<b>Laxmi Bilas Acharya</b>		
	<b>Discussant</b>	<b>Deepak Karki</b>		
	<b>Room</b>	<b>Madhavi Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 1001	Assessing health education techniques in enhancing the knowledge of HIV/AIDS among adolescents	Ashok Pandey	

	Paper 1002	HIV related risk behavior and prevalence of HIV/AIDS among IDUs in three states of India	Santosh Kumar Sharma	S.K.Singh; Nidhi Sharma
	Paper 1003	Understanding the factors associated with alcohol use among Female Sex Workers (FSWs) in a high HIV prevalence Northeast State of India	Santosh Kumar Sharma	
	Paper 1004	Sexual and reproductive health of women living with HIV and AIDS in Kathmandu	Rajani Pokharel	Namuna Shrestha
<b>Session 11</b>	<b>Sexual Health Behaviour and Practices</b>			
<b>14:00-15:30</b>	<b>Chair</b>	<b>Balkrishna Subedi</b>		
	<b>Discussant</b>	<b>Anil Thapa</b>		
	<b>Room</b>	<b>Malhar Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 1101	Health seeking behavior regarding menstrual related problems among secondary and higher secondary schools girls in Khalanga VDC of Salyan district	Samiksha Maharjan	
	Paper 1102	The burden and correlates of reproductive tract infections /sexually transmitted infections among women in India: Evidence from district level household survey-3	Resmi R S	
	Paper 1103	Study on the <i>Chhaupadi</i> and delivery system (misconception on menstruation and delivery) and effect on women's health in Bajura district in Nepal	Chetraj Pandit	
	Paper 1104	Risk sexual behaviour on health of street based commercial sex workers in Kathmandu Valley	Rita Devi Karki	Govinda Sudedi; Bishnu Prasad Dulal
<b>Session 12</b>	<b>Population, Poverty and Development</b>			
<b>14:00-15:30</b>	<b>Chair</b>	<b>Ram Hari Aryal</b>		
	<b>Discussant</b>	<b>Rudra Suwal</b>		
	<b>Room</b>	<b>Marva Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 1201	Multidimensional poverty in Nepal	Nagendra Kumar Maurya	Srinivas Goli
	Paper 1202	An analysis of rural poverty in a village study of Nepal	Anita Bhatt Phuyal	Ram Kumar Phuyal
	Paper 1203	Does migration reduce the household poverty in Nepal?	Ramesh Prasad Adhikari	
	Paper 1204	Impacts of demographic grants: Cash transfer in supporting poverty reduction in Nepal	Tej Prasad Adhikari	Bhagabati Sedain
<b>Side Event 1</b>				
<b>16:00-18:00</b>	<b>Theme</b>	<b>Investing in Young People</b>		
	<b>Convener</b>	<b>UNFPA, FPAN, UNICEF</b>		
	<b>Room</b>	<b>Madhavi Hall</b>		

7 June (Day 3)				
<b>Plenary</b>				
9:00-10:30	<b>Chair</b>	<b>RH Chaudhury</b>		
	<b>Room</b>	<b>Malhar Hall</b>	<b>Speaker</b>	
	Plenary 6	Impact of Child Health Intervention: The Case of Vitamin A	Shyam Thapa	
	Plenary 7	Population Programmes and Policies in Nepal	Ram Hari Aryal	
<b>Session 13</b>	<b>Demographic Methods, Age-Sex Structure and Demographic Dividend</b>			
11:00-12:30	<b>Chair</b>	<b>Bhakta Gubhaju</b>		
	<b>Discussant</b>	<b>Bhim Raj Suwal</b>		
	<b>Room</b>	<b>Malhar Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 1301	Agreement analysis method in case of continuous variable	Kulwant Singh Kapoor	
	Paper 1302	Environmental consumption and marriage timing in Nepal	Prem Bhandari	
	Paper 1303	Caste/ethnicity differentials in individual expectations and preferences on Inter-caste marriage in Chitwan	Indra Kumari Chaudhary	
	Paper 1304	Changing age structure and demographic dividends: The Nepalese prospects	Keshab Prasad Adhikari	
<b>Session 14</b>	<b>Population and Health</b>			
11:00-12:30	<b>Chair</b>	<b>Pushpa Kamal Subedi</b>		
	<b>Discussant</b>	<b>Mahesh Poudel</b>		
	<b>Room</b>	<b>Madhavi Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 1401	Psychosocial problems among adolescent students of Hetauda Municipality of Nepal	Bihungum Bista,	
	Paper 1402	Neonatal mortality in Nepal: A barrier to meeting MDG goal four	Pawan Kanel	
	Paper 1403	A cross-sectional study on assessing risk factors of hypertension among resident of Chabahil, Kathmandu	Rajan Adhikari	
	Paper 1404	Education of children or health care of parents: Is it a trade-off situation for the sandwiched couples?	Manasi Bawdekara-nd	Laishram Ladusingh
<b>Session 15</b>	<b>Gender Based Violence</b>			
11:00-12:30	<b>Chair</b>	<b>Manju Tuladhar</b>		
	<b>Discussant</b>	<b>Shazina Masud</b>		
	<b>Room</b>	<b>Malshree Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 1501	Linkages between violation of bodily rights of women with sexual and reproductive morbidities	Ankita Siddhanta	
	Paper 1502	Violence against women among married women of rural Nepal	Diksha Sapkota	
	Paper 1503	Association between alcohol use and physical/sexual violence in Uttar	Brijesh P. Singh	K. K. Singh

		Pradesh, India		
	Paper 1504	How far husband alcohol consumption leads to intimate partner violence? Evidences from India.	Kabir Pal	
<b>Poster Session</b>				
12:00-14:00	<b>Convener</b>	<b>Jamuna Sitaula &amp; Padma Raj Lamichhane</b>		
	<b>Venue</b>	<b>Garden Lunch Area</b>	<b>Author</b>	<b>Co-author/s</b>
	Poster 1208	Examining intra-Dalit discrimination in dalit community of Gorkha district	Shiva Prasad Khanal	
	Poster 1209	Population dynamics and food security in Nepal	Nirmal Kumar Bishwakarma	
	Poster 1305	Foreign migration: population dividend perspective in Nepal	Pradip Raj Tiwari	
	Poster 1306	Inequalities in adolescent marriage in Nepal: A Sub-regional level analysis	Arjun Mani Guragain	Chamnein Choonpra-dub; Binita Paudel
	Poster 1307	Socio-demographic correlates of age at marriage in Nepal: an empirical analysis	Nepali Sah	
	Poster 1409	Unhealthy risk behaviors among school going adolescents in Delhi	Kapil Dev Sharma	Neeraj Sharma; Aditi Sharma
	Poster 1410	Awareness and perception about diabetes and hypertension (HBP) among healthy adults in two states of India – A qualitative study	Aditya Kumar	
	Poster 1411	Causes of deaths and disease burden among adolescent and youth population of Nepal	Bhagabati Sedain	Puspa Raj Pant
	Poster 1506	An example of community managed GBV free model village	Usha Baaniya	
	Poster 1507	Socio-cultural violence against the women: A study o Far Western Development Region in Nepal	Lakshmiraj Joshi	
	Poster 1508	Son preference culture and its consequences	Hira Dahal	Binu Lama; Sharada Paudyal
<b>Session 16</b>	<b>Maternal and Child Health</b>			
14:00-15:30	<b>Chair</b>	<b>Kiran Regmi</b>		
	<b>Discussant</b>	<b>Sunil Acharya</b>		
	<b>Room</b>	<b>Malshree Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 605	Child immunization in Nepal: A causal association between institutional delivery and immunization	Junaid Khan	
	Paper 606	Women's employment status and its effects on institutional delivery in Nepal	Komal Prasad Dulal	
	Paper 607	Breast feeding knowledge and practices among mothers of children under two years of age in Sarangkot VDC, Kaski, Nepal	Subash Timilsina	
	Paper 608	Utilization of maternal health care services in Tamang community (A study based on Kakani VDC of Nuwakot district)	Shankar Prasad Lohani	

<b>Session 17 Family Planning</b>				
14:00-15:30	<b>Chair</b>	<b>Abhijeet Pathak</b>		
	<b>Discussant</b>	<b>Shilu Aryal</b>		
	<b>Room</b>	<b>Madhavi Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 805	Knowledge, attitude and practice of emergency contraception among youth female: A case study of Birendranagar Municipality, Surkhet	Shyam Kumar Tamang	
	Paper 806	Level and determinants of modern family planning method use	Dinesh Kumar Malla	
	Paper 807	A study on unmet need for family planning among Nepalese women: A secondary data analysis	Samikshya Singh	
<b>Session 18 Population, Health and Nutrition</b>				
14:00-15:30	<b>Chair</b>	<b>Govind Subedi</b>		
	<b>Discussant</b>	<b>Padma Prasad Khatiwada</b>		
	<b>Room</b>	<b>Marva Hall</b>	<b>Author</b>	<b>Co-author/s</b>
	Paper 1405	Prevalence of behavioral risk factors for cardiovascular diseases among rural women of Sidhuli, Nepal.	Raja Ram Dhungana	Surya Devkota
	Paper 1406	Nutritional deficiency in the rural households and association with child malnutrition: Evidence from West Bengal, India	Sajit Sarkar	
	Paper 1407	Prevalence of household food insecurity and its relationship on the nutritional status of children 6–59 months in squatter settlements of Bharatpur Municipality of Chitwan district, Nepal.	Dibas Dhakal	
Paper 1408	Analysis of trends of nutrition in children and women in Nepal and its linkage with national multi-sector nutrition plan	Sabin Shrestha		
<b>Side Event 2</b>				
5-7 June 2014	<b>Theme</b>	<b>Photo: An Exhibition on I Decide</b>		
	<b>Convener</b>	<b>FPAN</b>		
	<b>Venue</b>	<b>Garden Lunch Area</b>		
16:00-17:30	<b>Closing Ceremony</b>			

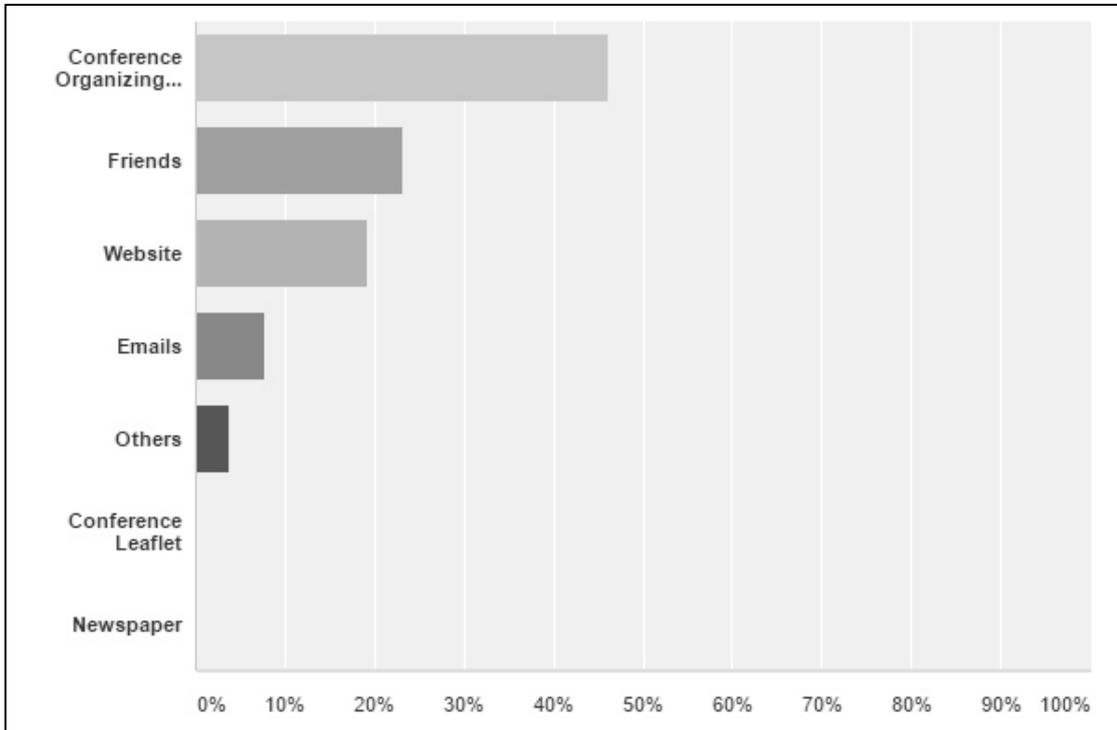
### **Annex III: List of Conference Guests**

- Right Honorable Dr. Ram Baran Yadav, President, Federal Democratic Republic of Nepal
- Honorable Mr. Khaga Raj Adhikari, Minister, Ministry of Health and Population
- Honorable Prof. Dr. Gobind Raj Pokhrel, Vice-Chair, National Planning Commission
- Honorable Dr. Yagya Bahadur Kari, Member, National Planning Commission
- Prof. Dr. Terence Hull, President, Asian Population Association (APA)
- Ms. Anjali Sen, Regional Director, IPPF/SARO
- Mr. Jamie McGoldrick, UN Resident Coordinator for Nepal

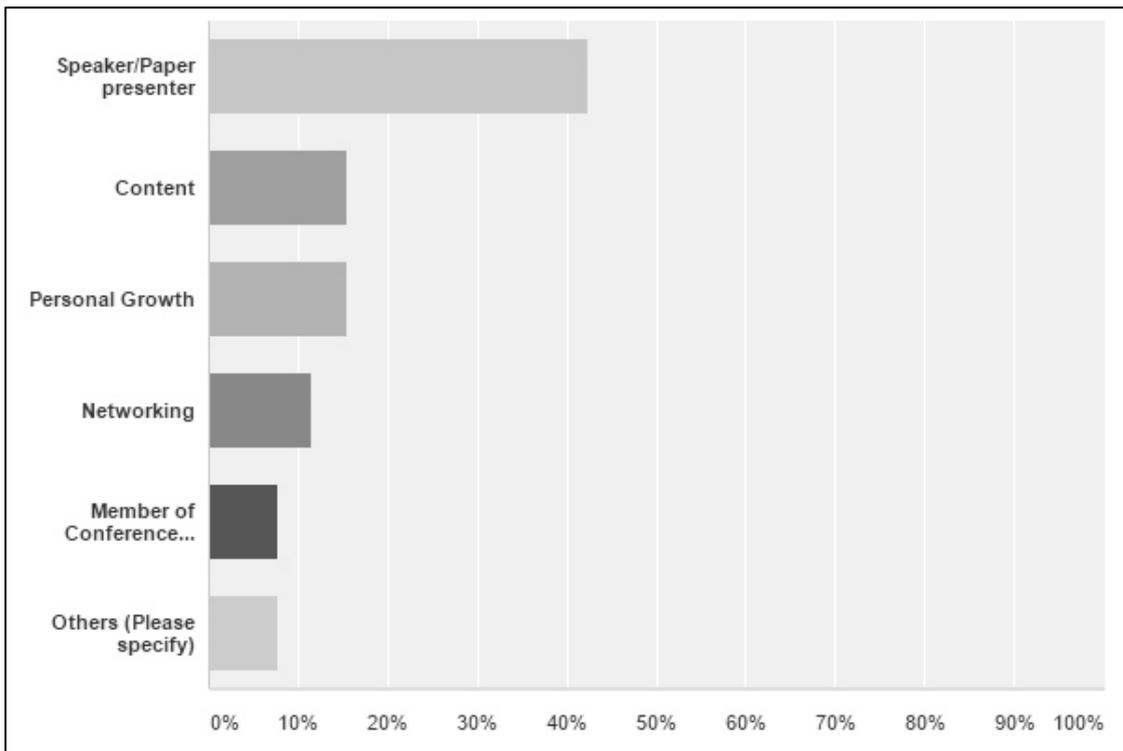
## Annex IV: Conference Participant Feedback

We administered questionnaire through online programme SurveyMonkey.com. We were able to receive only 45 responses out of 250 participants. Following is the summary of the responses.

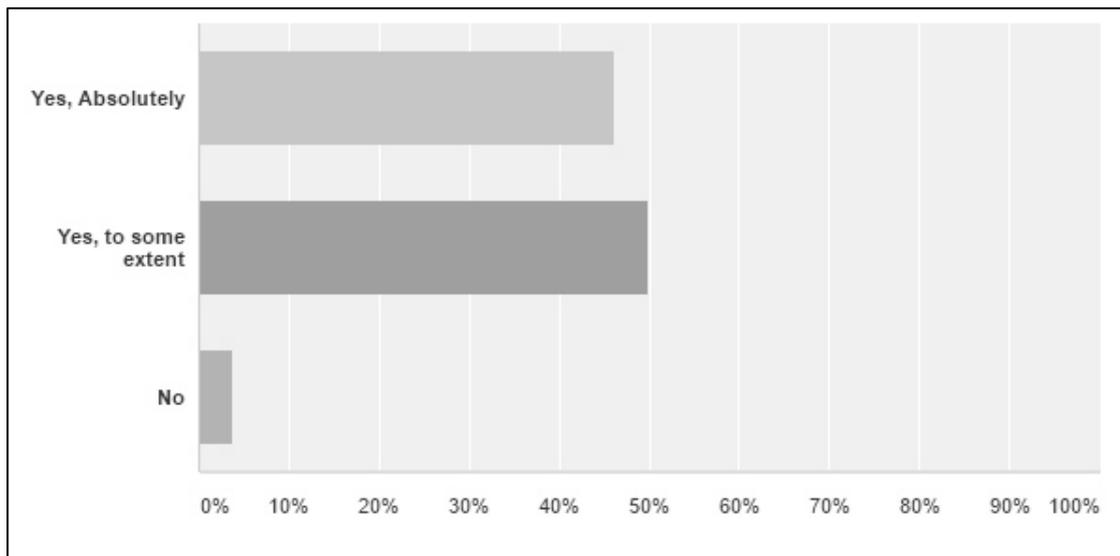
### QN 1: How did you hear or learn about this conference?



### QN 2: Please specify the main reason for attending this conference



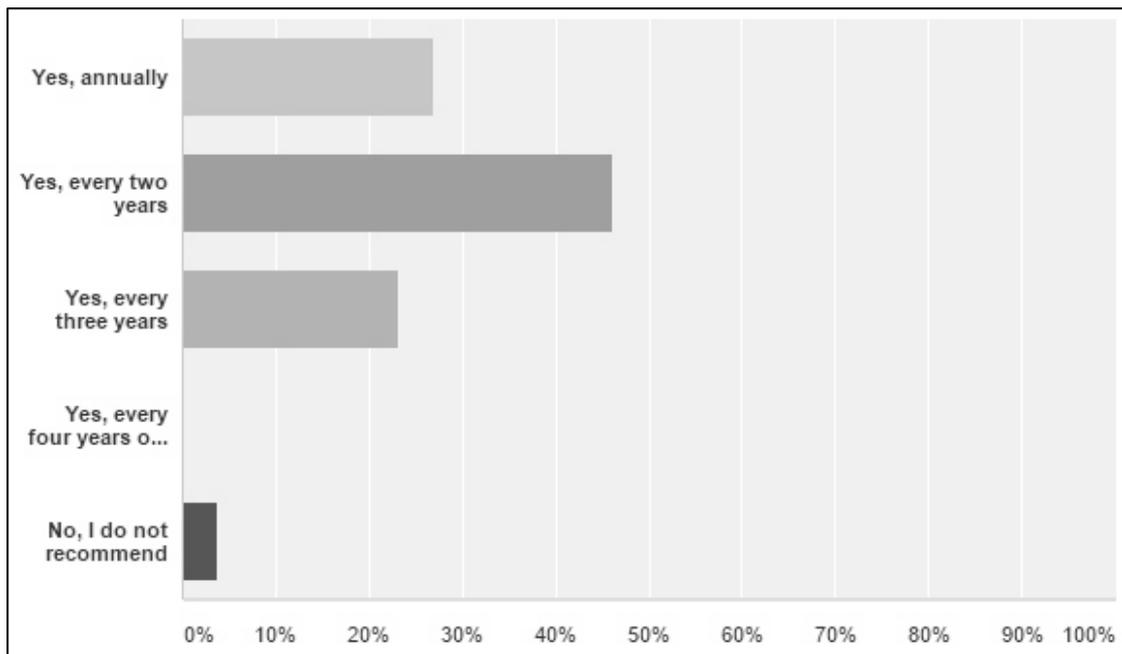
**QN 3: Did the conference fulfil your reason for attending?**



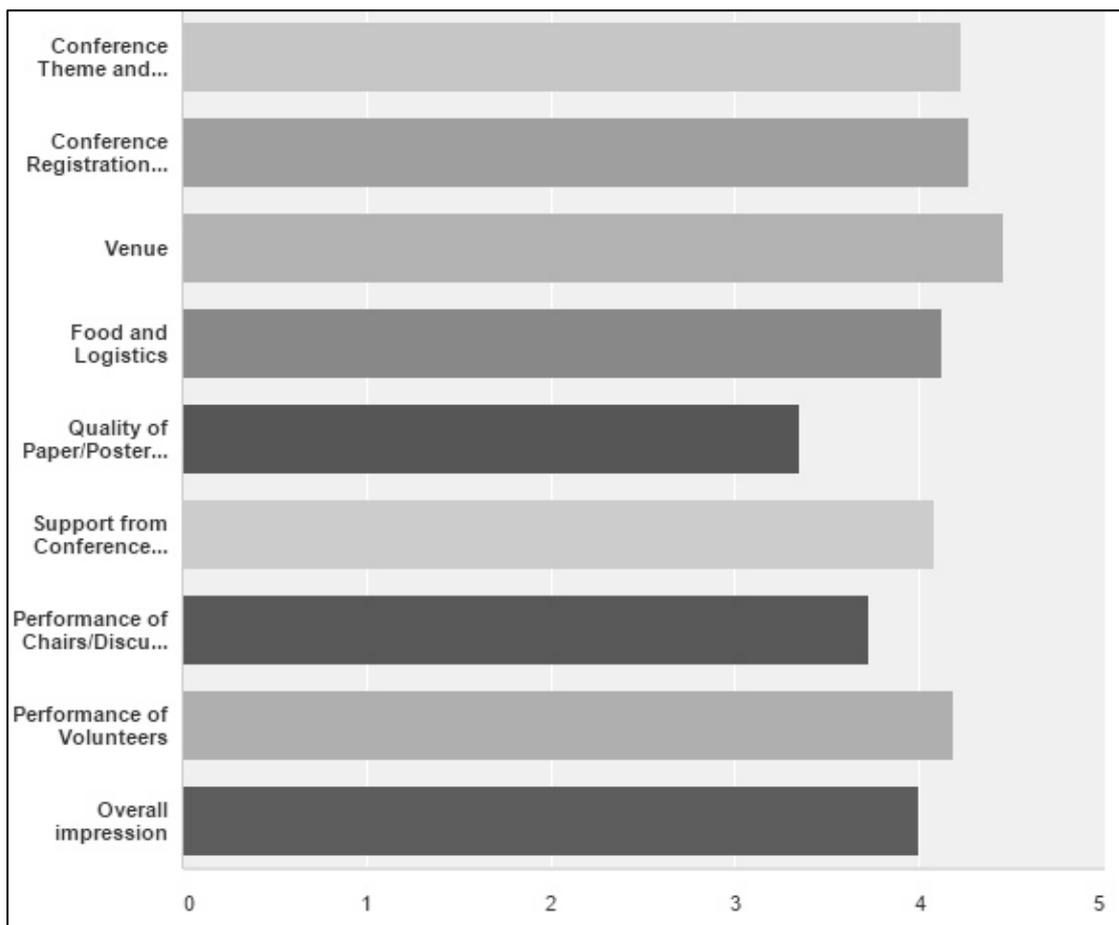
**QN 4: What was the most beneficial aspect of the conference?**

- New researchers were encouraged
- Meeting good researchers and their findings, other stakeholders and colleagues working for population and health
- Research sharing
- Provided platform for young researchers
- Advocacy of data for population and development
- First time gathering of academics, researcher and students
- Gathering of professionals
- Networking and seeing so much young researchers coming into limelight
- Encouragement of new researcher
- Present context regarding Nepalese population
- Networking
- Sufficient time and discussion on each paper
- To know the methodology and findings of different researches on reproductive health
- Unique opportunity to meet Nepal's population researchers
- Getting an updated picture of the demographic issues in Nepal

**QN 5. Would you recommend such conference in the future?**



**QN 6. Please indicate your overall satisfaction with this conference.**



1= Very dissatisfied to 5 Very satisfied

**QN 7: Please provide your responses in the following areas.**

**a. Your observation in management of conference sessions (whether they were managed well?)**

- Organizing such big event first time- Good arrangement and support
- Management committed need to focus on more effective roles
- Well managed
- Yes, but some session presenters were absent and discussants did not manage the session
- Satisfactory
- Timing was excellent, logistics was well taken care of
- Managed very well
- Yes, managed well in spite of being the first conference
- It was well managed in the level of international standard.
- In some of the sessions, presenters were absent. In that case, the presentations were done by others. If presenters were absent, then other presenter in the waiting list could have been managed.

**b. Which session you would recommend to add in next conference?**

- HIV/AIDS- at least one plenary presentation
- Population of key affected populations
- Plenary sessions on population dynamics
- Migration and aging
- Adolescent and youth survey; ageing; abortion, family planning
- Non communicable diseases
- Urbanization and Population Structure
- Maternal Mortality and Morbidity
- Needs a set of displays by the statistical, health and immigration offices to describe their work and circulate their publications.
- Linkage between poverty, population and economic growth
- Most of the sessions can be forwarded into next conference but presenters need to be selected very carefully. People come to learn and enhance their knowledge so similar presenters need to be selected who have something new to share not just read their presentation in 10 minutes.
- Population policy related, Population informatics for policy making

**c. What were missing areas in the conference?**

- Good researcher/ organizer didn't take much interest in presenting the paper
- Cover all aspects but paper were less scientific
- Participants selection was biased - Health education and Population faculty of TU , PUs were not invited, very few Madeshi
- Absenteeism of the paper presenters is very common in some of the sessions. In one session, there was only one presentations made out of 4.., If this could be avoided it would be great
- Attendance of less participants. So Secretariat should focus on this matter.
- Data accessibility and quality / Comparative research across South Asia
- Natural resources and environmental issues
- Presenters should be given a token of love. A general introduction of the presenter should be given by the chair, presentation by the state official regarding the management of the population program at the national level.

**d. Any other suggestions?**

- At least, full paper should be provided to the chairs and discussants. Presenters should give some suggestions and recommendations based on their findings, which I

think, are a main part of the paper to fulfill the objective of the conference. At least all regular students from M.Phil and MA should be part of conference.

- Conference were not well campaigned- still many organization/ interested people were unaware of the event.
- Invitation for only session should be removed form next time so every interested persons can participate.
- Greater participation of experts in the field in theme selection and abstract screening.
- Choose specific and scientific paper: evaluating abstract as well as the paper
- Conference scientific committee should thoroughly review the research papers to select, most of the research papers presented were poor in methodology and generation of new knowledge.
- Financial Assistance could have been provided to the SAARC members to avoid large absenteeism.
- Need clearer leadership of PAN in the design and implementation of the conference. Having so many sponsors takes away the importance of the professional association.
- It would be also fruitful if the management organizes the event in collaboration with foreign partners.
- Please maintain the quality of conference. Big organizations' names were listed in the sponsors but the quality of the conference could still be improved.
- Continuity of the conference in the future.

**QN 8. How can we communicate conference results to policy makers, academia, development partners and local communities?**

- Participation of government authorities from Ministry of Health and Population, Education, Planning Commission, Environment ministry from the very beginning would be effective approach on this.
- Publications
- National level as well as regional level conference
- Web page
- Compile all presentations, translate into Nepali and circulate to all Ministries , VDCs, Colleagues and organization and individuals
- Dissemination and interaction meeting
- Summarizing one or two pages of the latest key findings and brief them in a small group exemplifying what implications would it have and what impact can it deliver if adopted in the policy
- Organize workshop.
- From the media.
- Through electronic media, press conferences etc.
- Paper publications
- Through publishing proceedings in the form of journal and a brief of main policy implications for the purpose of policy makers.
- A report should be published from the conference and shared among stakeholders in a meeting
- Holding a whole day briefing session
- Dissemination of gist of papers and discussions in respective groups.
- Sharpen the website and link with APA, PAA, IUSSP, ESCAP.
- Through round talks, meetings, summary paper presentations, newspaper article publications, publishing in journals.
- Post-conference meeting with the stakeholders, communicating the experiences through the media and disseminating the conference objectives vs. achievements.

## Annex V: Conference Photos















# First National Population Conference 2014

Communicating Population for Development Planning

5-7 June 2014 (Jestha 22-24, 2071)

Kathmandu, Nepal

Organizers:

Co-Organizers:



Central Department of Population Studies  
Faculty of Humanities and Social Science  
Nepal University



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CREHPA

