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Indigenous young people's participation in health promotion in their community: A participatory action research of the Early Marriage and Early Pregnancy Prevention [EMEP] Project of Nepal

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Attestation of Authorship

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Signature ……………………….. Date: …15 May 2015…..

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Abstract

Indigenous peoples of Nepal constitute more than one third of the total population, yet they experience marginalization and inequalities in relation to health, education and political participation. Early marriage is one of the traditional practices of Nepali indigenous communities contributing to poverty and the poor health of young people. In some indigenous communities, more than two third of young girls are married before the age of 15 years. The aim of the study was to investigate young people's participation in the early marriage and early pregnancy prevention (EMEP) project in the highly marginalized Thami indigenous community. The EMEP has been implemented since 2009 with young people as a key stakeholder. Using participatory action research (PAR) the study asked a group of Thami young men and women about their experiences of participating in the project and it explored their recommendations for enhanced participation in future. PAR is a research methodology which involves collaboration with representatives of the population under investigation, with the goal of intervention into a problem. Thami youth in this study viewed their participation in the EMEP project as mostly limited to being recipients of information campaigns. Barriers to participation included high workloads and pressures of work away from home (including migrant work outside Nepal); the delivery of the project mainly through schools; and the lack of priority of the project in the lives of Thami youth, were poverty and lack of education are the major problems they face. Their recommendations for enhanced participation included: provision of financial incentives and skills development and training; and participation of youth in needs' assessment and project design. Implications for health policy is that marginalised youth such as the Thami have a valuable contribution to make to development, and that it is vital that their needs and views are taken into account when developing strategies. In particular, they stress the importance of addressing the social determinants of their health especially poverty and lack of education.

In April 2015 Nepal experienced a devastating earthquake which will have a profound effect on development in future. Youth participation will still be an important issue, perhaps more so in face of the changes that will occur as a result of the crisis

Keywords: young people, early marriage, indigenous health, participatory action research, Nepali indigenous Thami

Chapter One: Introduction

1.1 Introduction

Early marriage and early childbearing persist among communities in many South Asian countries, including Nepal (Bajracharya & Amin, 2010). Early marriage is a traditionally rooted custom in Nepal which persists despite the introduction of the legal age of marriage of 20 years of age (Government of Nepal [GoN], 2007). Nonetheless, marrying at a much younger age is still widely practiced in some parts of the country especially in indigenous communities. Early marriage often results in early pregnancy as well as social isolation, especially for young women, and has a negative effect on their educational and employment opportunities which contributes to poverty in indigenous communities (United Nations Children's Fund [UNICEF], 2005). Early marriage and consequent early pregnancy also result in many reproductive and sexual health complications for young women. Early pregnancy is associated with poor maternal and foetal health outcomes (International Planned Parenthood Federation [IPPF], 2006). This initiates a devastating cycle of poverty, exploitation and poor health. Early marriage almost always deprives girls of their basic right to education or their participation in meaningful work, which contributes to persistent poverty (International Center for Research on Women [ICRW], 2007). Child marriage also forces young husbands out of schools with limited education and skills(Maharjan, Karki, Shakya, & Aryal, 2012).

1.2 Statement of problem

In Nepal, the majority or 83 percent of girls of certain (many indigenous) ethnic groups marry before they are 15 years of age (Maharjan et al., 2012). According to Nepal’s most recent demographic health survey in 2011, 29 percent of all girls from the ages of 15 to19 years were formally married and 17 per cent of these girls were mothers or pregnant (Ministry of Health and Population [MOHP], New ERA, & ICF International Inc., 2012).

A project funded by the European Union and implemented by non-governmental organisations (NGOs) named, "Improving Sexual and Reproductive Health of Young People by Increasing Age at Marriage in Nepal", has been implemented from 2009 to 2014. The project has been implemented in five rural districts where the majority of residents are indigenous people. This project has also been known as the Early Marriage and Early Pregnancy Prevention Project, or the EMEP project. The main objective of the project is to improve the reproductive and sexual health of young people by preventing early marriage (before 20 years of age) and early pregnancy (MAMTA HIMC, SOLID Nepal, & CWFD, 2009). I have worked on this project for two years and I am from an indigenous community in Nepal, the Gurung people. Young girls and their husbands, who are often young boys (10-24 years), are primary stakeholders in the project. As they have played a central role throughout the various stages involved in planning, implementation and in the evaluation of the project therefore it is appropriate to conduct research in order to explore their role. In this study, the Thami indigenous community was chosen mainly because they are highly marginalised indigenous population of Nepal who practice early marriage. I have also had experience of living and working with the people in the Thami community in relation to this project.

1.3 Aim and scope of the study

The aim of this research is to explore indigenous young people's participation in the Early Marriage and Early Pregnancy Project [EMEP] in Nepal. The study will consider how young people of indigenous communities have been involved in the EMEP design and implementation and whether their participation has enabled the project to meet its objectives. The research questions are:

- To explore the participation of Thami young people in the EMEP project. Have young people participated in the project, and if so in what ways?

- To find out the strategies for indigenous young people's participation in health promotion in the future. How might young people participate in the project in future?

Participatory action research (PAR) is systematic and practical research conducted in collaboration with representatives of the population under investigation, with the goal of intervention into the problems being studied (Rodríguez & Brown, 2009). As a methodology, PAR is grounded in the epistemological belief that authentic understandings of social problems require the knowledge of those directly affected by them (Kidd & Kral, 2005). A vital component of PAR is aiding local researchers in building their own capacity to transform the conditions of their lives. It is a collective and self-reflective inquiry that researchers and participants (or co-researchers) undertake together, so they can understand and improve upon the practices in which they participate and the situations in which they find themselves (Baum, MacDougall, & Smith, 2006). In this case, the co-researchers are the marginalized young participants with myself in the role of facilitator.

1.4 Study location

This section provides a general description of Nepal’s population and its development status. It focuses specifically on the socio-economic situation of the chosen research community - the - Thami indigenous community living in Lapilang Village Development Committee (VDC) in northern-central Nepal.

Nepal, a landlocked country, is located between China on the north and India on the South. It lies in the central region of the great Himalayan range. Comprising a total area of 147,182 square kilometres, Nepal has three distinct ecological zones, which include mountain, hill and terrain (or plains). Its elevation ranges from 90 meters to 8,848 meters from sea level. Its total population of 26.5 million represents a population growth rate of 1.35 percent per annum (Government of Nepal, 2012). Nepal, among the poorest

countries in the world, ranks 154th out of 187 countries in the Human Development Index (United Nations Development Program [UNDP], 2014). Gross national income (GNI) per capita in 2013 was US$2260 (World Health Organization [WHO], 2015). Life expectancy at birth for Nepalese in 2013 is 70 years. Showing an increase of life expectancy by 12 years in the last two decades (Ärnlöv & Larsson, 2015). The overall literacy rate (for the population aged 5 years and above) is 65.9 percent. The male literacy rate is 75.1 percent compared to the female literacy rate of 57.4 percent (Government of Nepal, 2012).

Among the 75 districts in Nepal, Dolakha is one of the districts where the study was located. There are 51 village development committees (VDCs) and one municipality in the Dolakha district. In each VDC there are nine wards. The ward is the local administrative level of the government. There may be one or more villages in a ward. Dolakha, located in the northern part of Nepal, is regarded as a very mountainous district. It is 132 kilometres from Kathmandu, the capital city of Nepal. The highest point in the Dolakha district is Mount Gaurishankhar, which is 7148 meters high and the lowest part is 732 meters.

Nepal is a multicultural, multiethnic and multilingual state. The national census of2011 reported 125 caste/ethnic groups with 123 spoken languages(Government of Nepal, 2012). The Government of Nepal recognizes 59 different indigenous communities which comprise approximately 35.81 percent of the country's total population(Government of Nepal, 2012). The National Foundation for Development of Indigenous Nationalities Act of Nepal 2002 describes the *Adivasi/Janajati,* the indigenous peoples or nationalities of Nepal, as those ethnic groups or communities that “have their own mother tongue and traditional custom, distinct cultural identity, distinct social structure and written or oral history of their own” (Government of Nepal, 2002, p. 1). They are marginalised and excluded from the mainstream of development, given their low levels of education and their low status in the social hierarchy of Nepal. Indigenous peoples suffer from poorer

health, they are more likely to experience disability and reduced quality of life and ultimately die younger than their non-indigenous counterparts (Gracey & King, 2009). In Nepal, whereas the gap in life expectancy between the indigenous and the non-indigenous people is 20 years, the current life expectancy at birth for the general population is at 68 years (WHO, 2013).

The lower standard of health of indigenous people compared to non-indigenous people may be partly due to their higher exposure to health risk factors as well as some harmful traditional practices (Gracey & King, 2009). Health risk factors such as the use of tobacco, alcohol and other drugs, as well as inadequate diet and nutrition have a greater impact on indigenous people's health (King, Smith, & Gracey, 2009). At the same time, traditional practices such as early marriage, cultural taboos, and their belief in witch doctors also have a negative impact on their health.

The Nepal Federation of Indigenous Nationalities has categorized the 59 communities of indigenous people into five groups (see table 1) based on developmental indicators (Nepal Federation of Indigenous Nationalities, 2013). The development indicators denote literacy and education, income and wealth, land holding and other assets.

Table 1: Categorisation of the indigenous people of Nepal

Advanced Group	Newar, Thakali
Disadvantaged Group	Tangbe, TeengaunleThakali, BarahgaunleThakali, MarphaliThakali, Gurung, Magar, Rai, Limbu, Sherpa, Yakkha, Chhantyal, Jirel, Byansi, Yolmo (14 Groups)
Marginalized Group	Sunuwar, Tharu, Tamang, Bhujel, Kumal, Rajbanshi, Gangaai, Dhimal, Bhote, Darai, Tajpuriya, Pahari, Topkegola, Dolpo, Mugal, Larke, Lohpa, Dura, Walung (19 groups)
High Marginalized Group	Majhi, Siyar, Lhomi (Shinsaba), Thundam, Dhanuk, Chepang, Santhal, Jhagad, **Thami,**Bote, Danuwar, Baramu (12 groups)
Endangered Group	Kusunda, Bankariya, Raute, Surel, Hayu, Raji, Kisan, Lepcha, Meche, Kuswadiya (9 groups)

This research was conducted within the Lapilang Village Development Committee (VDC) of the Dolakha district, located in northern Nepal. Lapilang VDC is a remote area of 33 square km. From the district headquarters of Dolakha it takes nearly seven hours walk to the village. The elevation of this VDC varies from 1300 meters to 3500 meters. The majority of the population in Lapilang is the indigenous Thami with a population of 4,942 (Government of Nepal, 2012). The Thami community represent the second most highly marginalized indigenous community living in the mountainous regions of Nepal. Lapilang VDC is one of the 25 VDCs where the EMEP project has been being implemented since 2009.

Figure 1: Map of Nepal

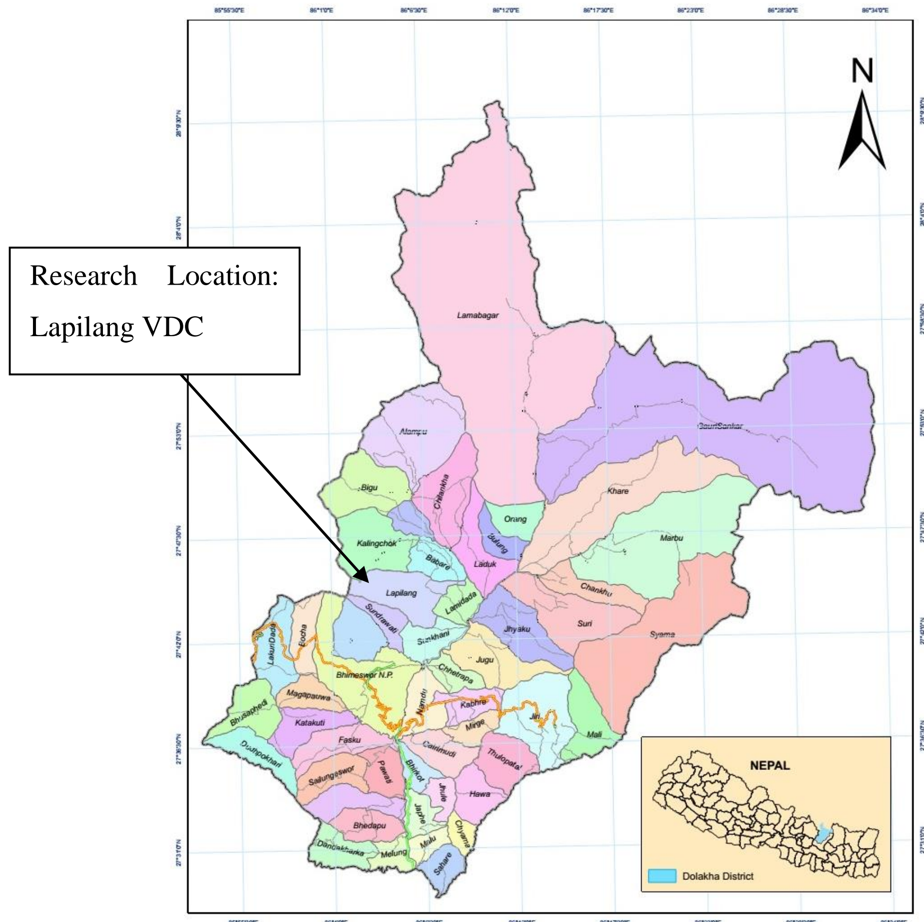

Figure 2: Map of Dolakha district

1.5 Thami youth in Nepal

Young people (10-24 years of age) comprise a third of the total population of Nepal. About 20 per cent of the population is between the ages of 15 and 24 years of age and 55 per cent are under the age of 25(Government of Nepal, 2012). Young people, the major contributors to the labour force, form the backbone of the country's economy. The ability of young people to contribute to a nation's productivity and prosperity, however, depends to a great extent on how they can avoid health risks. Since the International Conference on Population and Development (ICPD) in 1994, many programmes, activities and research studies have been carried out to address the health needs of young people(McIntosh & Finkle, 1995). However, major health threats still persist, most notably: teenage pregnancy (early pregnancy), sexually transmitted infections including HIV and AIDS, sexual violence and exploitation (WHO, UNFPA, & UNICEF, 2006).

1.6 Theoretical framework: Using a participatory approach in researching Thami youth

As young people represent more than 20 per cent of the world's population, they therefore have the potential to make a significant contribution to the development of their communities. They are a more flexible and adaptable group and they are open to new opportunities offered by globalization (United Nations Educational Scientific and Cultural Organization [UNESCO], 2011).

Young people are a major resource for global development and are key agents for social change, economic growth and innovations (United Nations, n.d.). However, in many cultures and traditions, youth often have no control over the design and outcomes of research, even while they are the focus of the work (Rodríguez & Brown, 2009).

Given their important role, youth issues should be placed at the centre of development. There is a growing recognition of the rights of youth to self-expression including their participation in various decision-making processes as well as their right to have access to

information and development opportunities in all areas. Youth participation is crucial to develop responses to address youth issues and to enable youth to become agents of change.

Youth participation is essential to the development of society as it capitalises on the positive potential capabilities and creativity of youth. Investing in young people empowers them for the future.

Youth participation is important, particularly in research that is affecting their health and wellbeing. Youth participation refers to the active engagement and real influence of young people, not their passive or token roles in adult agency (Checkoway, 2011). Participation is a fundamental human right. The right of youth to participate in decision-making processes relevant to their lives and to influence decisions, is endorsed and protected by the Convention on the Rights of the Child (United Nations Office of the High Commissioner for Human Rights, 1989).When young people participate, it enables them to exercise their rights and develop substantive knowledge and skills (Checkoway, 2011).

1.7 Study contribution to public health in Nepal

This research contributes to understandings of the EMEP project by informing about participation of the key stakeholders, that is, youth (15-24 years). The EMEP project is important for the health of young indigenous and therefore it is valuable to understand the impact of the project from the perspective of its primary target group. The study employs participatory action research, as it includes or provides for a space for young people's voices and is an empowerment-oriented method. Therefore it may be of benefit to the young people who participate. The study has generated evidence about the role of indigenous young people's participation as a contribution to improving health in their community. Such a methodology may have other applications in terms of other issues related to public health issues and matters including in the context of Nepal.

The research will benefit the author as the primary researcher in contributing to the completion of the qualification Master of Public Health and contributing to the author's skills as a public health researcher. The author intends to apply his newly acquired skills to other priority areas related to indigenous youth health issues upon returning to Nepal.

1.8 Definitions of terms used in this study

Youth is a period of transition from dependence to adulthood or independence. As a category, youth are often referred to as a person between the ages of leaving compulsory education and finding their first job (WHO et al., 2006). Different definitions of youth exist. For example, the WHO, UNFPA, and UNICEF define the term "young people" to include girls and boys aged between the ages of 10 and 24, spanning the periods of adolescence [10 to 19 years of age] and youth [15 to 24 years of age] (WHO et al., 2006). The Government of Nepal defines youth as those between the ages of 16 to 40 years of age (Ministry of Youth and Sports, 2010) nevertheless, for the purposes of this study the age range of 18 to 24 years of age is used to invite more young people to participate.

According to the fifth session of United Nations Permanent Forum on Indigenous Issues (2006), the modern understanding of **indigenous peoples**[1]is based on the common ideas: that they identify themselves and are recognized and accepted by their community as indigenous; they demonstrate historical continuity withpre-colonial and/or pre-settler societies; they have strong links to territories and surrounding natural resources; they have distinct social, economic or political systems; they maintain distinct languages, cultures and beliefs; they are from non-dominant groups of society; and they resolve to maintain

[1] There are nearly 400 million **indigenous people** spread across 70 countries worldwide (United Nations Permanent Forum on Indigenous Issues [UNPFII], 2006). They represent a rich diversity of cultures, religions, traditions, languages and histories but they are still among the world's most marginalized population groups (WHO, 2007). Some indigenous people are easily recognised like those of Native Americans, the aborigines of Australia, or the Maori in New Zealand who occupied the land before the arrival of European settlers (International Work Group for Indigenous Affairs, 2006). However, in some parts of the world, they are unrecognized and uncounted.

and reproduce their ancestral environments and systems as distinctive peoples and communities (United Nations Permanent Forum on Indigenous Issues [UNPFII], 2006). Further, the WHO also defines indigenous populations as communities that live within, or are attached to, geographically distinct traditional habitats or ancestral territories, and who identify themselves as being part of a distinct cultural group, descended from groups present in the area before modern states were created and current borders defined (World Health Organization, 2013).

In Nepal, the term for indigenous people is *Adivasi Janajati* (Nepali language translation for indigenous) which indicates people living in tribal communities characterised by distinct culture and dialect, geographical isolation, and pre-literate people living in forests and hills, sharing a symbolic relationship with nature (Government of Nepal, 2002; Shrestha & Pathak, 2012). In some countries or regions, indigenous people are referred to as tribes, first people/nations, aboriginals and ethnic groups. In some countries, for example, in New Zealand, Australia, North America, Canada and Latin America, the definition of indigenous is used to distinctively differentiate between native people and the European colonial settlers(Anderson et al., 2006; Montenegro & Stephens, 2006).

1.9 Structure of the thesis

The thesis is divided into six chapters. The first chapter introduces the research problem and summarizes the study. Chapter two discusses the literature related to indigenous health, early marriage and youth participation. Chapter three describes the research design including the choice of methods, ethics, and fieldwork and data analysis. Chapter four presents the main findings for the first research question and chapter five discusses the findings for the second research question. Chapter six presents some suggestions for policy based on the recommendations of the youth participants.

Chapter Two: Sexual and Reproductive Health of Young Indigenous People, Early Marriage and Youth Participation

2.1 Global health status of indigenous people

Indigenous peoples worldwide are likely to suffer from poorer health, more likely to experience disability and reduced quality of life, and ultimately have a shorter life span and die younger than their non-indigenous counterparts (United Nations, 2009). For example, in terms of the disparity in life expectancy between indigenous and non-indigenous people recorded in Mexico, it is six years; in New Zealand it is 11 years; in Canada it is 17 years; and in Australia and Nepal it is 20 years(United Nations Permanent Forum on Indigenous Issues [UNPFII], 2013). At the same time, compared to their non-indigenous peers, in addition to experiencing poorer health and a shorter life span, tend to be less well educated, and are much more likely to commit suicide or become victims of violence (International Work Group for Indigenous Affairs, 2006). Due to the underlying inequalities in accessing social, political or economic structures for indigenous peoples that exist, the result is poverty, unemployment, illiteracy, unmet basic needs, exclusion from the mainstream society, and destruction of their traditional structural system and way of life (United Nations, 2009).

Youth and youth born into indigenous communities often live in remote areas, places where governments do not invest in basic social and health services. Thus, indigenous youth and youth have limited access or little if any access at all to health care, quality education, or the opportunity to participate in social and economic development(United Nations Permanent Forum on Indigenous Issues [UNPFII], 2006).

Indigenous people also have a higher prevalence of non-communicable diseases, for example, diabetes and heart disease (Sapkota, 2013). The lower standard of health

indigenous people experience, compared to non-indigenous people is partly due to their higher exposure to health risk factors, such as, the use of tobacco, alcohol and drugs and inadequate diet and nutrition (Gracey & King, 2009). Globally, more than 50 percent of indigenous adults over 35 years of age have type two diabetes (The NCD Alliance, 2012). A study conducted in Canada shows 43 percent of Aboriginal people suffered from arthritis or rheumatism, 35 percent had heart disease, 24 percent had chronic obstructive pulmonary disease, and 22 percent had diabetes (Anand et al., 2001; Steer & Carapetis, 2009). The health inequality that results in indigenous people suffering poorer health, being more likely to experience disability and ultimately dying at younger ages than non-indigenous counterparts is a violation of their right to health (The NCD Alliance, 2012).

2.2 Colonisation and indigenous health

Colonization has greatly affected the lives, health and wellbeing of indigenous communities. This began with the introduction of microorganisms responsible for certain diseases such as measles, small pox, and tuberculosis. For instance, measles and tuberculosis were introduced to the indigenous inhabitants of Australia thus leading to devastating infections (Gracey & King, 2009).

Indigenous populations refer often to proper health as encompassing all the four aspects of life: physical, spiritual, mental and emotional. Consequently, an indigenous person will equate proper living to having a sufficient balance in terms of food, land, health and cultural identity (Settee, 2007). Indigenous people have been careful guardians of their environments that provide them with foods including water, plants and animals. To ensure they remained unspoiled by humans or animals, they protected and maintained the habitats for their local foods and plants for their long-term sustainability. Water supplies were protected from loss and spoilage. Colonisation blocked access to or destroyed traditional farming, food gathering, or hunting and fishing places and practices (Gracey & King, 2009; Ohenjo et al., 2006). This meant that traditional indigenous people became

dependent on their colonisers for foods that were unfamiliar to them and inferior in nutrient quality. Colonisation introduced harmful substances such as tobacco and alcohol, which had serious long-term effects on indigenous health and caused psychosocial harm (Blakely, Fawcett, Hunt, & Wilson, 2006; Gracey & King, 2009). In addition, indigenous health is widely affected by cultural factors including racism and other factors such as loss of language and connection to the land, environmental deprivation, and spiritual, emotional and mental disconnectedness (King et al., 2009).Today, indigenous groups experience displacement and marginalization, despite the fact that non-indigenous groups are characterized by good social and health conditions. For example, Australia (Human Development Index-HDI 0.933), USA (HDI 0.914), New Zealand (HDI 0.910) and Canada (HDI 0.902) are ranked high in terms of the Human Development Index , yet their indigenous population are still characterized by poor social and health conditions (Cooke, Mitrou, Lawrence, Guimond, & Beavon, 2007; United Nations Development Program [UNDP], 2014).

2.3 Sexual and reproductive health of young people of Nepal

This research follows the definition of youth as those young people between the ages of 15 and 24 years of age. This definition is used widely by the United Nations including the World Health Organization (WHO), United Nations Youth's Fund (UNICEF), and United Nations Population Fund (UNFPA)(United Nations, 2014). Adolescents and youth account for one-third of the Nepalese population with 84 males per 100 females (GoN, 2012).

Although the legal minimum age for marriage in Nepal is 20 years of age, most women are married at younger ages. In Nepal, 41 percent of girls are married by the age of 18 and 10 percent are married before the age of 15 (GoN, 2012). With the current adolescent

birth-rate[2] at 98 per 1000 mid-year female population of 15-19 years age group. One in eight girls marries or is pregnant before reaching the age of 18 (MOHP et al. 2012). The continuing practice of early marriage, early sexual exposure, and teenage pregnancies in Nepal, is associated with unplanned pregnancies and adverse reproductive outcomes like preterm births and low birth weight babies (Maharjan et al., 2012).

The high rate of early childbearing is assumed to contribute to the continuing high maternal mortality in Nepal, that is, 380 per 100,000 live births and the high number of stillbirths (Bhadari & Dangal, 2014). Infant mortality (between birth and first birthday) is 46 per 1000 live births while the under five years of age child mortality (between birth and exactly five years of age) is 54 per 1000 live births (MOHP et al.2012).

In Nepal, nearly all youth would have heard about the family planning programme and known how to access it. However only 14 percent of married adolescent girls between the ages of 15 to 19 and 24 percent of married young women between the ages of 20 to 24 are using modern contraceptive methods (MOHP et al.,2012). The unmet needs for family planning have been estimated to be the highest (42 percent) for married girls between the ages of 15 to 19;followed by 37 percent among those between the ages of 20 to 24 (MOHP et al.,2012).

In Nepal, the sexual and reproductive needs of young people continue to receive attention from the government and other agencies in terms of policies and programs. However, prevention of early marriage and childbearing in indigenous youth continues to be a challenge and this practice is influenced by various social, cultural and political factors(International Center for Research on Women [ICRW], 2007; Maharjan et al., 2012).

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[2] According to UNICEF, the adolescent birth rate is the frequency of childbirths among very young women. This is calculated as the number of live births among women aged 15–19 per 1,000 mid-year female population in the same age group.

Illiteracy

Level of education has a strong influence on the sexual and reproductive health outcomes of adolescents and youth in Nepal. Childbearing before 20 years of age is almost 90 percent lower among women have who have received secondary education compared to women with little or no education (Khatiwada, Silwal, Bhadra, & Tamang, 2013). Moreover 35 percent of women in Nepal drop out of school due to marriage (MOHP, 2011). Contraceptive use is significantly lower among married adolescents or young people with low or no education. The high illiteracy rate is a persistent challenge in indigenous communities; for example, the "Thakali" people (an advanced indigenous group) have the highest literacy rate, that is, 62 percent out of all indigenous people while the "Chepang" (highly marginalized indigenous group) has the lowest literacy rate with 14 percent (Bhattachan & Webster, 2005).

Poverty

Poverty tends to link to illness and poor health outcomes for many indigenous communities in Nepal because they live in environments that do not have decent shelter, clean water or adequate sanitation. According to the Nepal Living Standard Survey 2003/04, the poverty rate for indigenous people is 35 percent, compared with 18 percent for higher socio-economic groups(Central Bureau of Statistics, 2004).The variation in circumstances between advanced and marginalized indigenous people in Nepal relates to geographical differences (such as, some are more remotely placed and others are nearer to urban settings, the Newar) and economic circumstances (for example, some groups have benefited from close access to tourist sites, such as, the Thakali) and access to higher status employment (such as, the Gurkha people's traditional place in the British and Indian Armies).

As a result of extreme poverty, some indigenous peoples suffer from malnutrition because of environmental degradation and contamination of the ecosystems in which they live,

loss of land and territory, and a decline in the abundance of or accessibility to their traditional food sources (United Nations, 2009).

Poor access to health care

A large number of indigenous people in Nepal live in mountainous and hilly areas, and due to geographical difficulties they lack access to health care services, education and participation in decision-making. Culturally accepted youth friendly health services are not available in the communities where the majority of population is indigenous. Language and sometimes culture represent barriers for indigenous young people to access health care services in Nepal.

Social exclusion and marginalisation

For indigenous people, access to health services is a substantial problem, and for indigenous communities in rural areas, access is impeded by distance from facilities and the lack of trained staff and services (Gracey & King, 2009). Indigenous people generally have their own traditional health systems. When they want to access modern health care system, they are likely to face a myriad of obstacles including economic, geographic, linguistic, educational and socio-cultural and religious barrier (The NCD Alliance, 2012).

The geographical and social exclusion of indigenous young people in Nepal is a major downside of the country's development. Indigenous young people are experiencing political, economic, social and cultural marginalization in Nepal(Bhattachan & Webster, 2005). Although the civil service of Nepal employ only 14 percent of indigenous people they account for more than one-third of the total population (Nepal Federation of Indigenous Nationalities, 2013). Many if not most indigenous young people are illiterate as very few have had the opportunity to attend higher education. They are likely to be unemployed and live far from the city and do not have access to decision making at the district or national level. Their voices are often unheard and they are almost always excluded from the mainstream of development.

2.4 Early marriage and early pregnancy

Early marriage, also known as child marriage, is defined as marrying below the legal age of 18 “before the girl is physically, physiologically and psychologically ready to shoulder the responsibilities of marriage and childbearing" (IPPF, 2006, p. 7).

In Nepal, the legal age for marriage is 20 years of age and early marriage is defined as a union between two people, of whom one or both spouses is below the age of 20 (Ministry of Health and Population [MOHP] et al., 2012). Early marriage is a traditionally rooted custom in Nepal; and despite the introduction of a legal age requirement the practice of early marriage continues. The data on female marriage at all ages shows that ethnicity is the major factor of age at marriage in Nepal (UNICEF, 2010). Marginalized indigenous communities have a high prevalence of early marriage; 83 percent of girls of some ethnic groups marry before they are 15 years of age (UNICEF, 2005). According to the Nepal Demographic Health Survey 2011, 29 percent of 15-19 years old girls are formally married and 17 percent of these girls are now mothers or pregnant. The median age at marriage of women between the ages of 25 to 49 is 17.5 years (Ministry of Health and Population [MOHP] et al., 2012).

This practice in Nepal is reflected in other communities around the world. Despite a shift towards later marriages in some places, a majority of girls still marry before the age of 18; 65 percent in Bangladesh, 51 percent in Nepal, 54 percent in Afghanistan, and 50 percent in India(UNICEF, 2007). Whilst many societies consider child marriage as a protective strategy for girls, however, the objective is not attained since in many situations child marriages end up in poor health, and create a burden for the married child(Hampton, 2010).

Social factors such as skewed power relations between women and men make it difficult for girls and young women to negotiate safe sex and access services. Very few girls and boys in early marriage have access to contraception and in any case delayed pregnancy is

not acceptable in many societies. Early marriage and consequent early pregnancy is also the root cause of many reproductive and sexual health complications for young people. Early pregnancy is associated with poor maternal and foetal health outcomes. In terms of early marriage, the impact is wide ranging, in particular for girls, and to a lesser extent on boys as it initiates a devastating cycle of poverty, exploitation and poor health. Early marriage almost always deprives girls of their basic right to education or participation in meaningful work, which contributes to persistent poverty (International Center for Research on Women [ICRW], 2007).

Early marriage comes along with numerous side effects that include malnutrition, physical abuse and illnesses such as HIV/AIDS. Moreover, physical and sexual abuse is more prevalent when a girl marries an older man. A study by Crawford (2010) in India, noted that abusive men are most likely to hire commercial workers to achieve sexual satisfaction at the expense of infecting their wives with sexually transmitted infections including HIV/AIDs. Early child bearing can lead to serious health problems such as obstetric fistula resulting in tearing of the bladder and/or rectum during childbirth, a condition that causes urine and faecal leakage (United Nations Population Fund [UNFPA], 2003). Girls younger than 15 years of age are five times more likely to die in childbirth than women in their 20s. Indeed, pregnancy is the leading cause of death worldwide for women between the ages of 15 to 19. Likewise, the underdeveloped bodies of the girls can lead to complications during childbirth and to the death of the child. Infants born to adolescent mothers are much more likely to die than those born to women in their twenties.

Prevention of early marriage and early pregnancy can however antagonize the cultural and societal expectations and beliefs of communities. This is because it is considered a normal and traditional occurrence that is acceptable in those communities. Although educating the society about better alternatives to child marriage is one preventive

technique, it is not easy because it involves change with respect to deeply embedded social and gender norms. Consequently, for the success of the fight against early marriage, a change in the societal gender-based norms should include men to guarantee positive outcomes. Providers of healthcare should also be trained at the local level to ensure accessibility of healthcare services to provide advocacy for the delay of marriage and pregnancy, girl-child education is also paramount in the fight against child marriage. This increases the chances of economic independence and also delays the age at which a girl is married. The development of clear policies and laws to prevent child marriage and the existence of international bodies to support adherence to the change are also significant mechanisms to end child marriage (Hampton, 2010).

2.5 The Early Marriage Early Pregnancy Prevention (EMEP) Project in Nepal

A project named "Improving Sexual and Reproductive Health of Young People by Increasing Age at Marriage in Nepal, Bangladesh and India" has been implemented from 2009 to 2015. This project has the financial support of the European Union and it is implemented by NGOs. A short name for this project is Early Marriage and Early Pregnancy Prevention [EMEP] Project. The main objective of the project is to improve the reproductive and sexual health of young people by addressing the issues of prevention of early marriage and early pregnancy.

The project has been implemented in five rural districts, particularly targeting marginalized indigenous communities where the prevalence of early marriage is high. The project targets unmarried-married; out of school-in school; working and non-working young girls and boys. Large-scale social mobilization through community participation is a major activity of the project. Young girls and boys are primary stakeholders in the project and play a central role through the stages of planning, implementation & evaluation. Other stakeholders include parents/in-laws, community leaders, and opinion-

builders, for example, religious leaders, and district functionaries from health & education sector. Some of the key activities have included:

- **Sensitisation of key stakeholders:** Sensitization/awareness meetings to reduce fears and barriers with regard to delaying marriages and undertaking joint advocacy for health and education system strengthening at the local level.
- **Empowering young people:** There has been a drive for school retention; workshops for life skills development; promoting male responsibility and deconstructing masculinity; and training of young advocates and peer educators.
- **Networking with like-minded organizations**: A network has been formed to undertake joint advocacy and support the integration of EMEP in relation to network partners' programmes.
- **Advocacy with policy makers & district functionaries:** There has been one to one interaction with bureaucrats and parliamentarians, media sensitization meetings and media fellowship.

Although a project evaluation is currently underway, indications are that the project has been successful as early marriage and pregnancy has reduced significantly in the target communities.

2.6 Youth participation

Youth participation in civic life

The National Commission on Resources for Youth held in the United States in 1975 defined youth participation:

> Youth participation is the involving of youth in responsible, challenging action that meets genuine needs, with opportunities for planning and/or decision-making affecting others in an activity whose impact or consequence is extended to others— i.e., outside or beyond the youth participants themselves. Other desirable features of youth participation are provision for critical reflection on the participatory activity and the opportunity for group effort toward a common goal. (The National Commission on Resources for Youth, 1975)

Young people represent a major resource for global development as young people have the potential to be key agents for social change, economic growth and innovations (United Nations, n.d.). However, in many cultures and traditions, youth often have little control over processes of change and decision making (Rodríguez & Brown, 2009). Youth participation in a community and youth development agenda enhances both social and individual development(Checkoway, 2011). Youth participation offers an opportunity for young people to exercise their rights as citizens of a country and as members of a community. Further, Checkoway (2011) noted an increase in societal democracy while a society enhances youth participation in addressing a country's issues(Checkoway, 2011). Youth participation is also significant to the development of an organization or project. It guarantees a strong relationship between adults and youth thus ensuring proper allocation of resources and successful project outcomes (Evans & Prilleltensky, 2007). Participation can also raise consciousness, enhance confidence and capacity building in an organization and yield a positive organizational transformation (Checkoway, Allison, & Montoya, 2005). Through active participation, young people are empowered to play a vital role in their own development as well as in that of their communities, helping them to learn vital life-skills, develop knowledge on human rights and citizenship and to promote positive civic action (United Nations, n.d.).

Studies confirm that involving youth in the decisions and institutions that have an effect on their lives is of the utmost importance to guarantee the success of the initiatives (Checkoway, 2011). Nevertheless, involving youth in a programme or an institution which is youth-oriented depends on the social class, education, gender, ethnicity; with marginalized youth likely to have less capacity for involvement in civic life (Ginwright & Cammarota, 2007). Ideally, young people should be given choices, opportunities and authorities to voice their needs and aspirations, organise themselves, plan, execute or disseminate the programme. Adults could include young people in community

organisations or networks to ensure sufficient youth participation in addressing community needs and to achieve community goals(Sherrod, Torney-Purta, & Flanagan, 2010).

Literature about youth participation in civic life refers to three main typologies: (1) Hart's ladder of young people's participation(Hart, 1992); (2) Shier's pathways to participation (Shier, 2001); and (3) Treseder's degrees of participation (Treseder, 1997).

The ladder of youth participation

Hart's(1992)"Ladder of Young People's Participation" has been built upon Arnstein's ladder model (Arnstein, 1969). It refers to a stepwise increase in the level of participation between youth and adults with respect to the interactions that exist between the two groups. The first stage of Hart's participation is manipulation. This is the stage during which the adults direct the actions of the youth because at this stage the youth do not have an understanding of the project. Decoration is the second stage. At this stage youth are allowed to participate in an event although they do not yet understand the details of the project. During the tokenism stage, youth are given an opportunity to give their views about a project, yet have a limited choice in the way they can express their views. At the assigned and informed stage, the youth volunteer and decide on the project and in addition have a proper understanding of the project. During the consult and inform stage, the designing and running of the project is conducted by adults however the youth are consulted during the process. At the next stage, even though the adults initiate the project, the youth share in helping to make the decisions. The youth-directed and initiated stage is where the project is initiated and run by youth. The last stage of the ladder entails youth initiating the project, while the decisions are shared with the adults(Hart, 1992).

Hart's typology builds upon Arnstein's ladder metaphor and defines a stepwise progression of participation in the context of youth and adult interactions (Hart, 1992). It also includes varying degrees of non-participation and participation types organized in a

linear fashion with the assumption that the highest participation type is the most anticipated.

Pathway to participation

According to (Shier, 2001), youth participation entails first listening to youth's views about an issue. The youth are then supported in the effort to express their views. An account of the views expressed by youth is then taken. The next level encompasses involving youth in the decision-making process. The responsibility and power governing the decision-making process is then shared between the youth and the adults.

Shier's typology expands on Hart's participation types and applies three stages of commitment at each progressive participation level: (1) openings, (2) opportunities, and (3) obligations. Shier proposes key questions that can be used to probe that current level of participation or design participatory action with youth and adults (Shier, 2001).

Degree of participation

Treseder's (1997) degree of participation model entails five levels of youth participation in relation to a decision-making process. The levels include: consultation and information, child-initiated decisions shared with adults; a project is both directed and initiated by youth; while the project is initiated by the adult the decisions are shared with the youth and where the youth are only informed. Treseder's typology offers an alternative model to the linear conception of participation. He argues that the use of the linear ladder type as in Hart's model implies that each rung is a progressive step towards the idea: youth driven participation. He claims that the youth driven participation may be inappropriate in some cases. The degree of participation in his typology are represented in nonlinear nodes to indicate that one participation type is not more ideal than another (Treseder, 1997).

Youth participation in research

Youth participation in a research project that is affecting their health and wellbeing is important. Youth participation refers to the active engagement and real influence of young people, not their passive or token roles in adult agencies (Checkoway, 2011). Involving young people in decision making with adult researchers can build skills, mastery and proficiency. Whilst decisions are made in a group, youth are exposed to different ways of thinking, problem solving, and strategizing, which strengthens their cognitive and social development. Acknowledging the value that both youth and adults can contribute is important. It is also important for youth to learn in an environment that validates their experience and for adults to gain insights grounded from the point of view of youth perspectives. Young people who are involved in producing knowledge that impacts policy and action their communities may develop a strong sense of responsibility (Wong, Zimmerman, & Parker, 2010).

In recent years, researchers have begun to shift from seeing youth in relation to investigating problems to viewing them as resources for participatory action and research. Previously, young people were rarely asked to voice their opinions or participate in the development of research and programmes designed for them(Cargo, Grams, Ottoson, Ward, & Green, 2003; Foster-Fishman, Nowell, Deacon, Nievar, & McCann, 2005; Jennings, Parra-Medina, Hilfinger-Messias, & McLoughlin, 2006). Unfortunately in much of the research involving youth, youth research and practices are largely constructed using an adult lens whereas perspectives and real life experiences of young people require a different youth-oriented lens (Jennings et al., 2006). Participatory research methodology is a popular and well-used means of capturing youth voices, as is presented here in this study.

Ultimately, participation by individuals in the life of a society is a fundamental human right. The right of youth to participate in the decision-making process relevant to their lives and to influence decisions taken in their regard is endorsed and protected by the

Convention on the Rights of the Child (United Nations Office of the High Commissioner for Human Rights, 1989). As young people participate, it enables them to exercise their rights and develop substantive knowledge and skills (Checkoway, 2011). Participation is a fundamental human right and it is one of the guiding principles of the Universal Declaration of Human Rights that has been reiterated in many other Conventions and Declarations. The convention of the Rights of the Child held in 1989 states that youth and young people have the right to participate in decision-making processes relevant to their lives and to influence decisions taken in their regard, especially in schools and communities(United Nations Office of the High Commissioner for Human Rights, 1989).

2.7 Summary

This review started by considering the disadvantaged situations of indigenous people globally across a range of social and health indicators. One aspect of that disadvantage, early marriage and early pregnancy has been explained in further detail. The review has proceeded to refer specifically to an intervention in Nepal, the EMEP project as a means of addressing indigenous disadvantage. This project was designed with youth participation as a core strategy; the argument for this is that youth have the right to participate in the variety of activities, which affect them. The EMEP project appears to have made significant gains in reducing early marriage and pregnancy although the results of the project evaluation which is currently underway, are not yet available. The literature review ends with a discussion of youth participation, the reasons it is important and how it can be applied. The next chapter sets out the design of the study.

Chapter Three: Research Design: Participatory Action Research with Thami Youth

3.1 Introduction

This chapter presents the research design chosen for this study; participatory action research (PAR) within the context of youth participation. This research aims to explore the participation of Thami indigenous youths in the EMEP Project in Nepal. The young people of Thami indigenous community were recruited from the Lapilang Village Development Committee (VDC) of Dolakha district of northern Nepal. The specific research questions were:

- To explore the participation of Thami young people in the EMEP project. Have young people participated in the project and if so in what ways?
- To find out the strategies for indigenous young people's participation in health promotion in the future. How might young people participate in the project in future?

The inclusion criteria for the study was that participants should be from the Thami community, living in Lapilang VDC, married or single, aged between 18-24 years, and both young men and young women were welcomed.

3.2 Participatory research methodology

This research utilized the principles of Participatory action research (PAR) methodology based on the following reasons. First, PAR methodology offers a systematic and practical approach that focuses on the collaboration of the researcher with representatives of the population under investigation, with the goal of intervention into the problems being studied (Rodríguez & Brown, 2009). Second, it is grounded in the epistemological belief that authentic understandings of social problems require the knowledge of those directly affected by them (Kidd & Kral, 2005). Thami youth, in this research, are seen as those with authentic understanding of the social and health problems in their communities and

as those most affected by the EMEP project. Thus, their ideas and opinions on the potential of enhancing youth participation in the project are of utmost important. Third, a vital component of PAR is aiding local community members (in this research, Thami youth) in building their own capacity to transform the conditions of their lives and address the issues of early marriage and early pregnancy. The participatory element of PAR allows for collective and self-reflective inquiry practiced by the researchers and participants together to build a collective understanding of the problem faced and improve upon the practices in which they find themselves in (Baum et al., 2006).

Last, participatory action research has been increasingly recognised as a useful approach in health research with indigenous communities (Pyett, 2002). Indigenous communities are highly marginalized and PAR offers ways where the knowledge, experiences, and world views of indigenous people are respected and given prominence (Blodgett, Schinke, Smith, Peltier, & Pheasant, 2011). Participatory action research provides the researchers with insight into the needs, values and customs of indigenous communities and to improve community capacity, creating critical understandings, and increasing community based social actions (Datta et al., 2014). As a rational ontology, PAR is respectful to indigenous knowledge because it considers the importance of spiritual relationships and traditional customs practiced in the daily lives of indigenous people as sources of research knowledge (Denzin & Giardina, 2006; Kovach, 2009).

Paulo Freire's critical pedagogy (Freire, 2000) provides a foundation for participatory research methodology. He introduced the use of a community based research process to support people's participation in knowledge production and social transformation (Kindon, Pain, & Kesby, 2007). Freire's work has been a widely cited source of inspiration among community-based participatory researchers. Freire was largely committed to the politics of emancipatory action with a focus on dialogical reflection and action as a means to overcome relations of domination and subordination, between

oppressors and the oppressed, colonizer and the colonized (Chevalier, Buckles, & Ebooks, 2012).

In this research, participation as a democratic right and duty is closely intertwined with equity in health (Martina et al., 2013). This research honours the perspectives, voices, preferences, and decisions of the least powerful in Nepali society (such as, Thami youth the most affected stakeholders of the project). Ideally, research participants in PAR should determine the research design and outcomes within their own socioeconomic, cultural and political environments (Zukoski & Luluquisen, 2002). In this research however, the research design was mainly developed by the researcher because of the limitations incurred by meeting the requirements of a qualification. However, the ideas, thoughts and experiences of Thami youth were honoured in the fieldwork and their participation provided legitimate information for making better decisions about the future of the EMEP project or other projects in their community.

This research actively engaged Thami youth in collective and self-reflective inquiry so they can understand and improve upon EMEP practices in which they participate and the situations in which they find themselves (Baum et al., 2006). This study reflects a 'bottom-up' approach with a focus on locally defined priorities and perspectives of Thami youth (Cornwall & Jewkes, 1995).

3.3 Field research preparation

My field research was sponsored by the New Zealand Aid Programme (NZAID) and it was conducted between September and October of 2014 in Lapilang VDC, Dolakha district in northern Nepal. Prior to conducting my research, during my holiday at home in January 2014, I personally visited the community of interest and met with local teachers, leaders and some youth groups. I shared with them my research ideas and explored the feasibility of conducting my research in their community. I also met staffs of a local non-

government organization and community workers who has been implementing EMEP activities to find out what they thought about the execution of the study.

3.4 Piloting the research tools

Once I arrived in Charikot, the administrative centre of Dolakha district, I invited a group of young people from Bhimeshwor municipality, to pilot test the research methods and process. The headquarters of Dolakha district lies in Bhimeshwor municipality and it is about seven hours walk to the research community; the Thami village. This research mainly used focus group discussions to gather information from the participants; group discussion or activity is the main tool used in PAR (Baum et al., 2006).

The piloting step involved a mixed gender group of five young people (3 male and 2 female), aged 18-22 years old. During the piloting, first, I distributed the participant information sheets; explained about the aims of the research and the process of participatory research and the nature of this exercise as a piloting of the methods; and invited feedback from the piloting group. I also introduced examples of different tools used in participatory research, like role play, group discussion, mind mapping, ranking, drawing, to name a few. Second, I piloted the research questions by asking the group if they had participated in any of the EMEP project activities and asked the group to share their experiences. The group was given chart papers and marker pens to express their feelings, thoughts, experiences, and any impressions about the EMEP.

The piloting group participated in two discussion sessions with a 45 minutes break in between. The first session included explanation of the research process and trial of the research questions. In the second session, I summarized the main points from the first session and invited the group to discuss, clarify, and come with some recommendations for action to improve youth participation in future. The piloting group used chart paper to discuss; write down their recommendations; and prioritize their recommendations using a ranking method. This piloting focus group was concluded by asking for the group's

feedback on the process, the methods and techniques used in facilitating the discussion; the relevance of the questions asked; individuals' feelings during the discussion (ie. feeling easy or discomfort); and the quality of rapport built with the researcher. I used the following questions to check whether the piloting group understood the research questions and contexts of the discussion: *Were you happy with the way questions were being asked? Did you feel the method was participatory? How could it be improved?*

From the piloting group, first, I learned about different ways to invite active participation from all participants. For example, I learned that it was important to know individuals by their names and to make sure that participants who were just 'nodding' to show their agreement were given a chance to say their opinion. Second, I learned to practice some relevant probing questions to explore the social and cultural context of the issue being discussed, and to gain a better understanding of individual's views. I learned that when I asked general questions, the participants were also likely to provide general answers. For example once I asked the participants about their participation in EMEP, They said "*it was good.*" Then I probed with specific question like "*What activities did you participate in? What was your experience like when you were participating in those activities?*" I also learned the participants preferred to use ranking methods over other tools because it was easy to use.

3.5 Recruitment of Research Participants

Information Meetings

When it came to the actual study, information was advertised by a local non-government organization (NGO); the Community Development Forum Dolakha. This NGO then asked their community workers to display the advertisement in public places, including schools and community buildings. Interested participants could then contact me directly by phone. After getting enough interest, I then invited all the potential participants to

attend an information meeting to find out about the project, and ask any questions before they made the decision to participate or not.

Two information meetings were conducted at two different wards (ward#3 and ward#7) within Lapilang village[3]. The dates, times and meeting venues were organized for the convenience of the community. Both meetings were organised in the evening so that all the potential participants could be present. The first information meeting was held at a local resident's house at ward #7. Around 10 adults and children (many of them brought their children) came to this meeting. I briefly explained the purpose of the meeting. The participants asked questions. A few attendees asked whether they would get paid if they participated in the research. Others asked about the direct benefits for them if they were to decide to participate in the study. I clarified to the attendees that there were no direct benefits in participating in the study but their participation would contribute to increasing current understandings of the experiences of youth in the EMEP project and how youth might participate in future. The fieldwork was conducted in the peak season for harvesting. Some of the participants suggested that we organized discussions early in the morning or evening so that they could participate.

[3]The Lapilang Village Development Committee (VDC) has 9 wards; each ward consists of more than one sub-village. The Lapilang VDC is a mountainous area with wards and sub-villages scattered across two big mountains – (about 3000 meters above the sea level) with a creek separating those mountains.

Figure 3: A picture of Lapilang VDC

The second information meeting was held at the community building in ward #3. Twelve people came to this meeting. Despite my initial plan to invite only potential participants to the meeting, community leaders came, including the chairperson of the Nepal Thami Society and local teachers. Unlike the first information meeting in ward #7, the discussion was heavily focused on the developmental issues of Thami communities. While my meeting agenda had somehow deviated from its initial intention, I was able to share my research with the group and discreetly navigate the discussion to focus on the current EMEP project in their community. The attendees observed that project had been making a good impact in the community as the numbers of early marriage had reduced; plus school dropouts had reduced significantly. Many young people have now been able to complete secondary level education (from year 10) as compared to five years ago before the project began. However, Thami youth were unable to continue onto higher education due to financial problems. Some of the participants enquired whether there would be a new project to be conducted in their communities following my research. I clarified that the aim of my research was not to promote a new project. The chairperson of the Nepal

Thami Society requested all the participants to support this study as he believed that this research would be very useful for the welfare of the Thami community in future health and development programmes.

Research participants

After the information meeting and personal home visits, I gathered 19 names of potential participants (10 female and 9 male). I called them via mobile phone to organize a time and a location for the focus group discussion. Some of the potential participants did not have any phone connection, so I decided to visit their homes to set up a group discussion time. Finally 17 participants gave their final consent and attended the discussion sessions.

Table 2: List of participants

	Pseudonyms	Age (years)	Gender	Marital Status	Education (years)	No of children
1	Hari Thami	19	Male	Single	8	
2	Shyam Thami	20	Male	Single	10	
3	Sita Thami	21	Female	Single	12	
4	Gita Thami	20	Female	Single	10	
5	Kale Thami	22	Male	Single	14	
6	Janak Thami	21	Male	Single	15	
7	Raja Thami	20	Male	Married	10	0
8	Praja Thami	22	Male	Married	5	1
9	Nabin Thami	23	Male	Married	12	0
10	HarkeThami	24	Male	Married	5	2
11	Gore Thami	24	Male	Married	0	2
12	Rita Thami	20	Female	Married	10	0
13	Nita Thami	22	Female	Married	11	2
14	Barsha Thami	23	Female	Married	5	1
15	Padma Thami	23	Female	Married	9	2
16	Nirmala Thami	24	Female	Married	0	1
17	Seti Thami	20	Female	Married	10	2

Note: In Nepal, children start going to primary school at the age of 5-6 years. The final year of primary school is year 5 (grade 5). The final schooling completes at year 10 (school leaving certificate-SLC). Generally, someone who completes the primary level is considered as literate. A non-formal education programme has also helped to reduce illiteracy in Nepal. Someone who can read, write and calculate is also considered as literate.

The 17 participants (8 female and 9 male) were aged 19-24 years. At the time of this study, 6 were unmarried and 11 were married; 8 participants had 1 or 2 children. Two of the participants aged 24 years had never been to school. Out of 17 participants nine

participants had completed school leaving certificate level (year 10). Among married females, two were studying at the time (one at year 9 and another at year 11). Two unmarried males were studying at bachelor level at the Charikot College.

None of the participants had permanent jobs. All the married females lived at home and took care of family members and children. They worked on the farm growing crops and keeping livestock (cows, buffaloes, goats). Half of the male participants did not live at home for much of the year. They worked in construction or factories as low skilled workers. They had returned home to celebrate festivals and harvest crops after 3-9 months of separation from family. Two of the unmarried participants were taking skills-development training like repair of electronic devices mobile phone, radio, and TV.

3.6 Conducting the focus group discussions

Introducing the FGDs

As noted earlier, the participatory focus group discussion is the main data collection and analysis tool in PAR (Baum et al, 2006). The 17 young people participating in this research were divided into three smaller groups, based on gender and marital status. The first group (later to be called FGD1) included single young people of mixed gender; four males and two females. The second group (FGD2) included five married male youth. The last group (FGD3) included six married female youth. Two FGD's were held for each group: one for introduction and initiation of the discussion and one for follow up. Thus, six FGDs were held in total. At the beginning of every group discussion, I reminded the participants of the following two research questions (see 3.1 above). I also introduced tools that could facilitate the discussions, like story-telling, ranking, mind mapping, drawing, or role play.

Focus group discussion with single youth (FGD1)

For the mixed gender group of 6 single youth, two consecutive group discussion sessions were conducted on the same day at a local school. The first session started at 10 am. The

morning session focused on their experiences of participating in the local EMEP project. Tea and snacks were served at the beginning and the first half an hour of the session was dedicated to informal talk to build rapport with participants. This first session finished at 12 noon; then the participants and I had lunch together. The participants agreed to start the second session at 3 pm as many of the participants had prior commitments. While waiting for the second session, I summarized the discussion of the first session to be presented back to the participant in the second session.

The second session discussed future strategies to enhance youth participation. In this FGD1, the participants used a mind mapping method to share their experiences of EMEP. They wrote their experiences on chart paper and discussed in their group. In the second session, they brainstormed to produce different strategies. Each participant wrote their individual strategies in a piece of paper. Then they used the ranking method to prioritize the strategies to increased youth participation in the future. At first, there was some disagreement between participants on prioritizing a list of improvement strategies. I suggested the participants discuss this together and come up with final recommendations.

Focus group discussion with married male youth (FGD2)

The group discussion with married male youth was conducted in two consecutive days at a community building. The first discussion was conducted at 7pm in the evening. The second discussion was conducted at 8am the following morning. This research was conducted during the harvesting season, when most of the villagers spend their day time in the paddy fields; from dawn to dusk. The only available time for the married male participants to come to the group discussion was in the evening. The first session finished at 8 pm, and then the participants and I had a dinner together. As some of the participants lived quite far away from the meeting place and had to walk home for 1-2 hours, they all agreed to have the second group session on the following day at 8 am.

On the next morning, the married male participants discussed their recommendations for enhancing youth participation. Each participant took turns to give their personal recommendations. I then asked them to prioritise those recommendations. They discussed those recommendations among themselves for a while, before one of them read aloud the final list. This session was concluded with some breakfast before all of the men went directly to the paddy fields.

Focus group discussion with married female youth (FGD3)

Two consecutive group discussion sessions with married female participants were conducted in the morning from 7-9 am. This time schedule was suggested and decided by all the married female participants because they had to go to the paddy field to harvest the crops at about 9 am. The first group session, conducted from 7-8 am, discussed the experiences of the group members in participating in the EMEP project, before the group was served with some breakfast at 8 am. The second group session started after breakfast at 8:30 am, when the married women discussed strategies to improve youth participation in future. The married women in this group had also asked me to provide breakfast for them and their children, so that they could participate in the discussion in the morning instead of having to prepare food at home.

I facilitated all of the discussions in FGD1 and FGD2. The FGD3 with married young women was facilitated by a female community worker, who at the time of this research, was working in a neighbouring VDC of Dolakha district. All of the focus group discussions were conducted in Nepalese language and with the consents of participants. The discussions were recorded using a digital recorder.

3.7 Data analysis

In participatory research the processes of data collection and analysis follow on from each other and involve the participants (Chevalier et al., 2012). The information gathered in the first group discussion on participants' experiences in the EMEP project was

summarized by myself and presented back to the second group session where participants were able to add more points, amend the summary, and discuss strategies for improving youth participation in future. A total of 3 hours 20 minutes of recorded audiotapes was transcribed in Nepalese by the researcher. Those transcripts were translated into English and presented in the finding section.

I organised and interpreted data in ways that reflected the authentic views and voices of Thami youth, including representing their experiences and recommendations to improve youth participation. In PAR, the data is presented with minimal further analysis by the researcher (Baum et al, 2006).

3.8 Researcher's position and reflexivity

I am from one of the indigenous communities of Nepal and I have a medical training. Previously I worked as a field officer in the EMEP project for two years. At that time I was involved in the planning stage of the project, and I had responsibility for monitoring progress in five districts, including Dolakha. I was also assigned to provide training to project officers, health workers, and teachers. Some of those trainings were in project management, life skills-based adolescent sexual and reproductive health education and youth friendly health services. From this role, I visited Dolakha and the Lapilang village several times and I got to know the community very well. I also happened to know the Lapilang communities when I was working in a team to conduct a baseline study for the EMEP project using social mapping, surveys, and focus group discussions.

3.9 Ethics

Ethics approval was gained from Auckland University of Technology Ethics Committee (AUTEC) on the 3rd of September 2014 (Reference number 14/141). Once I arrived in Dolakha district, I made an arrangement with the staff of a local NGO for assistance should any emergency arise in the research field.

I followed the procedure agreed and set out in the ethics application approved in Auckland. Participants appeared to enjoy the group discussion method and opportunity to engage in the issue. However, it would be beneficial to reflect their efforts; for example, through dissemination of the research to the Nepal development community for use in their work.

3.10 Summary

This chapter outlines the research methodology, recruitment of research participants, and data collection and analysis processes. Participatory research methodology was chosen to explore Thami young people's participation in the EMEP project, from Lapilang VDC of Dolakha district in northern Nepal, as my experience of working in this community offered a good opportunity to hear their viewpoints. The study also sought the strategic recommendations for enhancing youth participation in future. Participatory focus group discussions were conducted with three groups of Thami young people aged 19-24 years: (a) an unmarried male and female mixed group; (b) a married male group,; and (c) a married female group. There were 17 participants in total. In each FGD, there were two sessions: in the first session, experiences were shared by participants and in the second session recommendations and strategies were developed. Participants were informed about different participatory methods before initiating the discussions. Participants preferred to use mind mapping, ranking and storytelling methods to share their experiences and recommendations.

Chapter Four: Findings: Youths' experiences of participation in the EMEP Project

4.1 Introduction: EMEP project activities

This study sought to understand how Indigenous Thami young people of Lapilang Village Development Committee of Dolakha district of Nepal had been participating in the EMEP project and whether their participation had enabled the project to achieve its objectives.

4.2 EMEP project activities

The formulation of local youth groups at the village level was one of the major activities of the EMEP. Knowledge, education, information and trainings to prevent the practice of early marriage and early pregnancy were provided through these youth groups. Usually a youth information centre (YIC) was established with the leadership of the youth group from each Village Development Committee (VDC) to provide information, education and peer counselling services on early marriage, contraception and adolescent sexuality. Generally a YIC was located within a local school. The YIC was usually a place for youth to read magazines, books, play games and get contraceptives.

Another activity was that of training: peer education training of young people; life skills based adolescent sexual and reproductive health training was provided for school teachers; and youth friendly health service training for community health workers. The training was organised and funded by the project and trainers and health experts on the related issues were hired from a variety of places and institutions. A third activity was that of providing information on early marriage and early pregnancy. This was done through notice boards, pamphlets, radio and cultural means (dance and song competitions). The EMEP also sponsored youth groups to participate in local or inter-school sports competitions.

Kale Thami (aged 22) shared his experience about the formation of his youth group:

> I was actively involved in a youth group. I also participated in the formation of two youth groups in two other VDCs-Babare and Lamidada. I talked with young people in the community and motivated those young people to get involved in the youth groups.The youth information centres –YIC - have also been established in the community, young people have been going there. Now they get contraceptives and first aid services from YICs. Previously young people did not know anything about contraceptives, as contraceptives were not available in the community back then (FGD1, unmarried male).

Kale Thami (aged 22) also stressed the importance of youth groups:

> The formation of a youth group in each village is a very effective way to implement the [EMEP] project. Today, young people are formally registered in their youth group and this group has started to work actively. Inter village volleyball competitions have been organized by youth groups. Some other cultural projects have also been organised by youth groups. Today, women groups are also very active. They seek grant from the Village Development Committees. They are also running a micro-credit scheme in the community. Some skills development projects have also been organized, like training on stitching/sewing was organized and initiated by the women groups (FGD1 unmarried male).

Further, Hari Thami (aged 19) explained about the importance of the youth group in the communities:

> This project has unified young people; it helps young people to solve problems together in the groups. This project has given a message that with our unity we can change our society (FGD1, unmarried male).

Other participants were also able to recall a number of EMEP activities like school-based sexual and reproductive health education. Harke Thami (aged 24) recalled his experience in attending a session on adolescent sexuality education in school:

> After the inception of EMEP, the school then started to teach adolescent sexual and reproductive health topics in classes. Previously, it was not taught in the schools (FGD2, married male).

Another participant, Shyam Thami (aged 20) had once participated in a training on life skills based adolescent sexual and reproductive health. He found the training to be very useful:

> The training provided information on adolescent sexuality and life skills that are needed for growing number of young people today (FGD 1, unmarried male).

4.3 Youth's experiences of participation in the EMEP project

Some participants explained that young people's participation in the EMEP project had been limited due to a number of factors. First, nearly all of the project activities were conducted in schools. Yet communities and families are often far away from the schools, and children walk about 1-2 hours to school. Second, many Thami youths leave school at a relatively young age (12-15 years) to find work in a nearby district or to get married. As a result, those not attending school were unfamiliar with or could not access the project. Some participants also explained their level of engagement or participation in the EMEP. While some were actively involved in the activities and the youth groups, some only participated in sports competitions, cultural projects or got the EMEP information from radio, poster or hoarding boards.

4.4 Level of participation

Generally, the EMEP project aimed to reach all Thami young people in the community through different activities. As noted earlier, Thami young people's participation in the activities varies from becoming an active member of the youth groups, to active participation only in sports competitions, cultural projects, to only hearing about EMEP project from the radio, poster, leaflets, friends or relatives. In short, the level of young people's participation in the EMEP was either active or passive.

Active participation

Usually, Thami youths who were at school were more likely to actively participate in the youth group formation, trainings and other activities. Usually, every village would have at least one youth group of girls and boys aged 10-24 years. Members of a youth group were offered some opportunities to attend a peer education training on life skills based adolescent sexual and reproductive health and rights. Those who were trained were expected to provide training to their peers.

Kale Thami (aged 22) shared his experience in participating in the EMEP:

> I actively participated in the project. In the beginning I was in youth group, then I got a training on peer education, leadership and life-skills based adolescent sexual and reproductive health and rights. I motivated many friends to involve in the youth group and other activities of the project (FGD1, unmarried male, aged 22).

A youth group with active members was also likely to organize cultural projects (local songs and dances), sports competitions, stage performances (ie. drama) to raise awareness about the prevention of early marriage and early pregnancies. All of these events were usually conducted in local dialects (Thami language). During the FGD with the married male group, they explained the reasons about why cultural events and drama were used to promote EMEP messages. Praja Thami (aged 22) explained:

> Many elder people are illiterate. The best method to convey message to them is to organize cultural projects and drama (FGD2, married male).

Passive participation

As noted earlier, young Thami who were out of school were unlikely to participate actively in any EMEP activities. Prior to the implementation of the EMEP project in 2009, Thami youth were out of school or getting married at a young age. Due to the family demand and the austerity of poverty, young people are expected to start looking for a job in nearby cities at a very young age. Due to the practice of early marriage, a young husband is expected to earn for not only his immediate but also the extended family.

Usually, such young men end up working in the construction or farming industries. Young people who have left primary school get information about the project from local notice boards or local radio. They are unlikely to go to the YIC at a local school, because either it is too far or they do not have the time to visit the YIC. Gore Thami (aged 24) left school when he was 13 and got married at the age of 16:

> I left school at grade 6. Most of the EMEP activities are conducted in schools. So I didn't participate. I have to work. I have to feed my family" (FGD2, married male).

Others like Praja Thami and Nabin only found out about the EMEP project when they were invited by their friends to participate in local sports competitions or cultural events.

Nabin Thami (aged 23) shared that he participated in the sports competitions organized by the youth groups:

> I was once asked by my friends to play volleyball organized by youth groups. Only then, that I knew about the project and early marriage (FGD2, married male).

Nita Thami (aged 23) recalled that she only knew about the project when they came to watch a cultural project and song competition organized in their village,

> I went to see a song competition organised by a youth group in school. They were singing about early marriage and only then I learned that early marriage is dangerous to women and children (FGD3, married female).

Local communities could also see the EMEP campaign and messages posted on large community notice boards and hoarding boards. Raja Thami (aged 20) who just got married in the last 12 months of this research explained that he had never participated in the EMEP activities:

> Although I could not participate in the [EMEP] activities but I happened to receive information about contraceptives from the poster posted by the [EMEP] project in our local community notice board. I am now using contraceptives to delay pregnancy (FGD2, married male).

4.5 Barriers to youth participation

Young people have the potential to have an immense power to change the society(Jacquez, Vaughn, & Wagner, 2013). Much research about youth participation has argued for the critical roles of young people to bring change in the society (Cargo et al., 2003; Checkoway et al., 2005). However, a number of existing structural, social, or cultural barriers significantly limit youth participation in their communities. In this research, Thami young people gave an endless list of reasons as to why they did not participate in the EMEP including poverty, cultural and social norms around youth sexuality, lack of a sense of ownership or access to the project activities.

Poverty

Nepal is one of the poorest country in the world, the United Nations estimates 30-40 percent (10 million) of Nepalese are living under poverty (United Nations Development Program [UNDP], 2014). Poverty among indigenous people of Nepal, which constitutes 37 percent of Nepal's total population, is even more pervasive. A large proportion of indigenous Nepalese are living in rural areas, under extreme poverty and heavy reliance on subsistence agriculture. Approximately 90 percent of Thami indigenous people are of low educational and socio-economic status, living under abject poverty (Meghi-Gurung, 2012) and facing miserable economic condition. They are constantly dealing with food insecurity, scarce access education, health services, and exclusion from significant socio-political and economic development opportunities (Budhathoki-Magar, 2008; Meghi-Gurung, 2012).

Food security is very pervasive in Thami community as cultivated lands cannot supply enough food grains for a full year for the family. Often, a year of hard work in the paddy fields could only feed the family for three months (Budhathoki-Magar, 2008)and for most of the year – the remaining nine months of the year - the family must rely on other sources of income for their sustenance. For many decades, the younger male family members

have been expected to earn money in nearby cities or districts as low-paid and low-skilled workers in farming or infrastructure industries. Recently, young Thami males have also been migrating to neighbouring India or even the Gulf countries as low skilled migrant workers. Nita Thami (aged 22) explained how poverty and a harsh life situation have affected youth participation in EMEP activities:

> … generally there were only speech projects, we don't have time to listen their speech. We have to work, we have to feed children. We are poor, if we don't work for a day, we will be without food (FGD3, married female).

Nirmala Thami (aged 24) confirmed:

> We have to work; we have to take care of our children. Without any benefits, we cannot participate. If we get any financial incentive or benefits, we will participate in the project (FGD3, married female).

Other participants acknowledged that most of the Thami families in their village are living under extreme poverty and they could hardly afford a day without working in the paddy fields. Therefore their participation in any project needed to be rewarded with significant financial incentives or other forms of reimbursement towards the significant time-loss of farming or domestic (cooking and childcare) activities. For instance, the married women participants asked the researcher to compensate for their participation in the research by preparing some meals for them and their children. This way of negotiation was necessary, so the women could free some of their time to participate in this study.

Cultural norms around youth sexuality

The main objective of the EMEP project was to improve sexual and reproductive health of young Thami people. Some married participants explained that Thami communities had a certain attitudes and belief toward early marriage and the sexual health issues of young people. Some adult members of the Thami community, in a few instances, uttered their abhorrence of a number of EMEP activities, such as the provision of sexual and reproductive health training for young people. In some instances, parents forbad their

children from participating because they saw those activities are undervaluing their social and cultural norms and practices: “those activities are spoiling our children with nonsense stuff”. Kale Thami (aged 22) shared his experiences of hearing repulsion and disgust from his friend’s parent:

> Once I was trained as peer educator. I then started talking with my mates on early marriage and adolescent sexuality. Once I visited a friend’s house and his father scolded me. He was blaming this [EMEP] project as spoiling their children with nonsense stuffs. He asked me to not to talk with his son on this matter (FGD1, unmarried male).

Another participant also described the difficulties faced by the project and youth educators in providing sexuality education to children in local schools. During the year of the inception of the project, local teachers were trained on adolescent sexual and reproductive health education. These teachers then were expected to teach about the adverse effect of early marriage and adolescent sexuality in their classes. Later some parents and community leaders found out about this activity and they came to school and opposed the provision of sexuality education in schools as they believed such activities would have a negative impact on the mind and behaviours of their youth.

Kale Thami (aged 22) also witnessed wild anarchy when some members of a village community attacked one of EMEP activities:

> We faced some hurdles in the early days of the project when community people didn’t support us. In one village, community residents condemned and condoned us and our activities; they said that we taught negative things to their children. One evening, we were organising a cultural project in this village… but to our surprise a group of people came and broke the project venue, mikes and chairs, everything… it was very scary. Interestingly, a year later, once they realised this project was really doing well in their community, they came to us and apologized for their misbehaviours. Now they support the project. Some of them are now becoming advisors of the youth information centre (FGD1, unmarried male).

Janak Thami (aged 22) explained the likely reason why some community members were initially opposing the project:

> Early marriage is accelerated by Thami young people. At one hand, we Thami are marginalised and we have been so very poor for so many years. Our social and economic status is always very poor. So we cannot live a quality life. Since childhood, we Thami children have to think about money, that we have to earn money as early as we can. We unconsciously think if we earn money, we will have a good life. That's why we leave school at a young age to start earning some money. We get married at a young age too. We also believed that once a young person gets married, he/she will be matured and ready to take up more responsibilities as an adult. A young man is usually expected to start earning money once he is married. It is a custom in our communities, if a young man is married, he will then considered to be trustworthy to get a loan from others. (FGD1, Unmarried male)

Access and geographical locations of the community

Living remotely and lacking access to information were also described as significant barriers in youth participation. As noted earlier, the youth groups and youth information centre had been very school-based. Thus, young people who lived far from the schools[4] or in remote villages would find it hard to access those services. For example, three of the participants in this study had never attended any schooling hence missing out on all EMEP activities and trainings that were often conducted at local schools. Sita Thami (aged 21) explained the shortcomings of the project in relation to youth participation:

> This project could not include all young people. Only those young people who are smart, who are nearby schools, are included in the project. But those who live far from the schools or live in remote areas are not touched by the project (FGD1 unmarried female).

Janak Thami (aged 21) added:

> Most of the projects are being organized at schools and even bazars are organized where the majority of people live. The project has not reached

[4] Some children have to walk for 1-2 hours to school every day.

> where there is problem. Most of the training are organized in the district headquarter where only smart people could participate (FGD1, unmarried male).

Gore Thami (aged 24) further explained about the geographical difficulties faced by youth to participate in EMEP activities:

> Once I got information about a meeting in the evening. That meeting was about family planning for married men. I had to walk almost 3 hours to get to the venue. I was tired of working for an entire day. I knew it would be very difficult to walk back home in the night after the meeting was over. So I could not participate (FGD2, married male).

Lack of a sense of ownership

Lack of a sense of project ownership and lack of motivation have been barriers to youth participation. Motivation comes from one's self-realization and sense of ownership of the project. Some of the participants were doubtful of the project's aim to benefit them. They were unsure whether the project was genuinely designed for them. A number of participants believed that the named non-government organisations were implementing the planned activities because they had got some funding. Nirmala Thami (aged 24) believed that there was no intrinsic benefit to her participation in EMEP activities:

> They [NGOs] have got the money, they are doing their job. Why should I participate in their project? There is no benefit for me. To participate, I have to consider my work and family commitment (FGD3, married female).

As noted, these days, most of young married Thami males are expected to be the breadwinners for not only the immediate but also the extended family. These young males are very likely to miss out on EMEP activities because of being away from home. All participants agreed that being involved in EMEP cost them valuable time; yet, without getting any significant benefits in term of employment opportunities or economic benefits.

4.6 The EMEP project: what worked and what did not work?

Most of the participants explained that they had received useful information about the adverse health, social and economic outcomes of early marriage practice. This

information was available through schools-based activities, posters, booklets distributed at schools as well as local radio projects or community notice boards. Some of the participants believed that there had been a drop in numbers of early marriages in their communities and this has been attributed to this information. However, a few participants who never had the opportunities to participate in or observe any EMEP activities were pessimistic of the effectiveness of the project in preventing early marriage. Rita Thami (aged 20) was one of them:

> In my opinion, this project did not do much in the community. Though early marriage has been dropped, but still early marriages are being practiced in the communities (FGD3, married female).

Kale Thami (aged 22) implied that it would take a long time to change the practice of early marriage as it has been strongly rooted in the traditions and customs of Thami people:

> Early marriage is very common in our Thami community than other higher castes like Bramhin and Chhetris. Early marriage is a part of our cultural practice. Early marriage has been practiced traditionally since a very long time ago. We had a tradition that a girl should get married before menarche. Now this tradition has slowly changed due to education, but still there is early marriage in our community (FGD1, unmarried male).

Praja Thami (aged 22) who also had never participated in the EMEP, was more positive believing that EMEP had an observable impact on reduction in early marriage in his community:

> EMEP has enabled the community to understand why we should not get married before 20. I can see drop in early marriage. Now Thami young people continue their education at least till grade 10 (FGD2, married male).

Kale Thami(aged 22) had had a high involvement in many EMEP activities and he shared his observation of the short versus long term impact of the EMEP project:

> In my personal experience, raising community awareness to prevent early marriage in the community for a short duration is fine, but raising awareness

> only won't work for in a long term. Generally, our community wants to see something physical; visible changes like road, water tap, schools, health centres. It takes time to change people's attitudes and thoughts. It is sometimes difficult to address community only by awareness activity (FGD1, unmarried male).

The majority of participants expressed their increased awareness and knowledge of the benefits of preventing early marriage and early pregnancy. Most of the participants believed that within five years of project implementation, there has been a significant drop in early marriage and an increase in school enrolment of Thami youth beyond primary level. Other participants also believed that the project had helped to reduce gender based violence.

Awareness and knowledge

One of the EMEP activities has been to create awareness and inform the community of the adverse health and social outcomes of early marriage. All participants unanimously confirmed that they had learned something from the mass awareness project activities that had been run in their communities. All of the participants were able to at least state one detriment of early marriage and early pregnancy.

Janak Thami (aged 21) one of the two participants, who were studying at a local college to be a junior technical assistant, described:

> After this project was introduced to our village, now I know that we should get married after 20. Otherwise I would have got married at 16-17. I knew there would be many health complications in women if she gets married earlier (FGD1, unmarried male).

Nabin Thami (aged 23), also noted some changes in his community:

> Now the community has got some awareness on early marriage. They understand early marriage is a bad practice (FGD2, married male).

Kale Thami (aged 22) also explained:

> Nowadays youth could talk about their sexual and reproductive health without hesitation and they can seek help from teachers, health workers. Now they know about disadvantages of early marriage (FGD1, unmarried male).

Gita Thami (aged 20) who had never participated in any EMEP activities actively, but who had learned something from the messages, gave a positive appraisal of the EMEP:

> In my opinion, this project is very successful. Their main aim was to deliver a message to get married after 20 years old. Now the people have understood that marriage is only after 20 (FGD1, unmarried female).

Janak Thami (aged 21) had the most comprehensive explanation of the benefits he gained from the EMEP:

> We know that we have physical changes (puberty) at 12/13 years. We might also develop or have different feelings at that stage. Before 20, our education may not be completed. Before 20, we might not have travelled to many places. After 20, we might have travelled to many places. We might have known many things, we might have learned some skills, and we might have gained knowledge. That's why it is very good to get married after 20 years. Now I am 21 years old. I am planning to get married after 25. Before 20, we might not have a good job. If we have a baby before 20, we can't feed him/her well. We can't afford nutritious food for our baby. Then our baby will be unhealthy (FGD1, unmarried male).

Gita Thami (aged 20) shared her insights specifically on changes in women's attitudes and behaviours towards their sexual and reproductive health:

> A few years ago, women did not talk about their health. They did not go to seek health services. Nowadays women talk about their health, they have understood about women's health. They know about uterine prolapse which is caused by early marriage. Nowadays young people and their parents talk about their sexual and reproductive health which was previously a taboo topic, and should not be talked about. Parents used to say talking about sexual health would easily misguide their children (FGD1, unmarried female).

Decrease in early marriage and delayed early pregnancy

Early marriage consequently leads to early pregnancy which could lead to adverse health outcomes for both the mother and the infant. Earlier it was noted, that many participants described the best thing about the project is the key message "bihebari 20 barshapari" (get marriage after 20 years of age).

Hari Thami (aged 19) was the participant who stated this:

> The best thing I like about the project is the key message "bihebari 20 barshapari" [get married after 20] (FGD1, unmarried male).

Likewise, Gita Thami (aged 20) further explained that,

> Now the community people have understood that marriage is only after 20(FGD1, Unmarried female).

Janak Thami (aged 21) explained why ones should not get married before the age of 20 years old:

> In my opinion, before 20 years we are immature. Our thinking is like still childish– like a child. We cannot decide what good or wrong. We may like a girl, and may decide to marry her. At that time we don't think much – especially before 18 what we decide might be totally wrong (FGD1, unmarried male).

Janak Thami (aged 21) also explained that the project had helped to delay pregnancy among married young people:

> In my opinion, the project has a great impact in the community. There is a significant drop in early marriage. If early marriage happened, young people are delaying first pregancies. The project has been handed over to the community after its five years of implementation by NGOs and donors. If funding is available more projects could be organized(FGD1, unmarried male).

Gore Thami (aged 24) explained that young people's knowledge of contraceptives were attributed to the EMEP project:

> The project has an impact on community. Now early marriages have been dropped if compared to 5 years before. If a young couple married at early age, they have the option to delay first pregnancy. Now married young people know about contraceptives and can choose to use it. Previously, they did not know about contraceptives and these were not available in the community too (FGD2, married male).

Raja Thami (aged 20) got married at 19 and was using contraceptives to delay pregnancy:

> I got married when I was 19 and my wife was 18. I knew that women are not fully developed before 20. Though we got married earlier, we decided to delay pregnancy. We are using contraceptives now (FGD2, married male).

School retention and re-enrolment

In the Thami community, generally children start to go to primary school at the age of 5 years or 6 years old. When they are at the age of 7 or 8 years old, their marriage is decided by their parents. They complete secondary level schooling at age 15-16. In the past, most girls would be forced by their parents to leave school at aged 8 or 9 years old before an arranged marriage at 13 or 14 years old. As mentioned by one of the parents who came to the information evening "Five to ten years back, girls never went to school or if they were at school, they would have never completed the primary level". Hari Thami (aged 20) explained:

> Girls now could continue their education till grade 10, but a few years ago, girls used to drop out from school once they were able to read and write (FGD1, unmarried male).

Harke Thami (aged 24), who occasionally worked as a support staff of school believed that there has been an increase number of Thami students in school:

> Now the number of Thami students who continue education to secondary school has increased. Thami young people are studying at least till grade 10. Previously, they used to leave school at grade 4 or 5. I left school at grade 5 (FGD2, married male).

Harke Thami also noted that more married young couples have been re-enrolling in school after dropping out for a few years:

> I have seen married young people rejoining the school. Nowadays both couples come back to school (FGD2 married male).

Gender based violence

The Convention on the Rights of Child (1989) defines a child as every person under the age of eighteen years (United Nations Office of the High Commissioner for Human Rights, 1989). Participants linked early marriage to a violation of rights and a form of violence.

Gita Thami (aged 20) eloquently explained:

> Child marriage is a form of violence. If a girl child gets married, she cannot study further, she has to take many responsibilities of household chores. At a small age, she has to work; she has to take care of her family. Sometimes she might be abused by husband (FGD1, Unmarried female).

In Thami culture, once a girl gets married– usually at the age of 13-14 years – she would move out of her biological parent's home to live with her husband's family. Thami people live in an extended household arrangement; multiple families of different generations live under one roof. They may include a family of 10-15 people including grandparents, parent in laws, husband's siblings, grandchildren, and other daughter in laws. Early in the morning, the young female members – that is daughters in-law –are expected to be the ones to wake up first, at dawn, to help cook meals for the whole family. She is likely to be the one who will eat last and thus, suffers from malnutrition.

At the age of 13 or 14 years old, a young girl is unlikely to have any knowledge about contraception. Participants shared that early marriage had a great impact on the life of a married girl. Others believed that the project had helped to reduced gender based violence, as explained by Hari Thami (aged 20):

> In my opinion, gender based violence has also been decreased after a drop in early marriage. Few years ago, child marriage was common in our community. Violence was very common when a child marriage occurs. We know cases when mothers-in-law are being abusive toward daughter in-laws (FGD1, Unmarried male).

Gita Thami (aged 20) shared her view that different types of violence occurred when early marriage happened: 'forceful sexual relationship with a husband; unintended pregnancy; high work load and insufficient food' (FGD1, unmarried female).

4.7 Summary

Seventeen participants divided into three participatory focus group discussions in total provided thoughtful information in this study. They shared their experiences of participating in the EMEP project. Though a limited number of youths participated, nearly all had received information about the project. Thus, the study shows that the youth had experienced participation in the form of 'consult and inform' outlined as a limited form of participation in the ladder typology of Hart and Arnstein described in chapter two, the literature review(Arnstein, 1969; Hart, 1992).

Youth group formation, disseminating information through youth information centres, providing training on peer education to young people were major activities of the project. Mass campaigns on prevention of early marriage and early pregnancy were conducted through radio, posters, leaflets and hoarding boards. The participants shared that poverty, cultural norms around youth sexuality and geographical difficulties were barriers to their participation in the EMEP project.

Generally, the participants believed that the project had had an impact in the community; with a significant drop in early marriage. They said that the whole community were made aware of the risk of early marriage. Some participants shared the perception that deduction in early marriage had helped to prevent gender based violence in the

community. In the next chapter, youth participants recommend strategies to improve youth participation in the future.

Chapter Five: Youth Recommendations to Enhance Youth Participation

5.1 Introduction

This study sought to explore the experiences of Thami youth in relation to participation in the EMEP project. The findings for research question one were presented and discussed in chapter four. In this chapter the findings for the second research question, "How might young people participate in the programme in future?" are presented and discussed.

5.2 Youth recommendations to enhance their participation

The second session of the focus group discussions was based on asking participants about their strategies to improve youth participation in the future. Youth made recommendations relating to awareness and education; a role for financial incentives in projects; vocational training and skills development; and a greater involvement of youth in needs assessment and design of projects (see Table 3 below).

Table 3: Recommendations made by three FGDs to enhance youth participation

FGD1	FGD2	FGD3
1. Awareness and Education 2. Vocational and skill development training 3. Financial support 4. Need assessment of young people	1. Education 2. Financial incentives 3. Skill development	1. Financial benefits 2. Vocational education and skill development

Awareness and education

Two groups ranked awareness and education as a first strategy for increased youth participation. In their own words, these are described as *janachetana* (people's awareness) and *shikshya* (education). The participants described awareness as a key tool

to motivate young people. First of all, young people should be aware of the problems that they are facing. Janak Thami (aged 21) explained that sensitising young people through awareness would motivate them to participate:

> Awareness creates sensitisation among the young people. Then they will understand the matter, why they should participate in the programme (FGD1, unmarried male).

Nabin Thami (aged 23) shared an interesting fact about awareness and education:

> Awareness and education are linked to each other. Education increases the awareness level. An educated person understands the issues well. He/she possesses more knowledge than other illiterate ones (FGD2, married male).

It is well-known that education is central to development and to the improvement of the lives of young people globally. Education is important in eradicating poverty and hunger and in promoting sustained, inclusive and equitable economic growth and development (United Nations Education Scientific and Cultural Organizations (UNESCO), 2013).

I observed that there was one high school (up to year 12), one secondary school (up to year 10), one lower secondary school (up to year 8) and 3 primary schools (up to year 5) in Lapilang VDC. There were 18 teachers in that high school. I did not see any computers or lab facilities in the school. That school was operated in two shifts per day: 6-11 am for year 7-12 and 11am -4 pm for year 1-6.

Harke Thami (aged 24) shared that Thami children continued their education until year 10 at the village. But they worried about their further education:

> Now Thami children study till year 10. Some of them are studying year 11 and 12 too. Then after what? There is no any facilities or support to study further. They can only be a primary teacher at village after studying year 12 (FGD2, married male).

Another participant distrusted the quality of education in the village. Hari Thami (aged 20) shared his dissatisfaction about:

> The quality of education is another issue in our village. With low standard of education, our Thami children cannot compete with other. So, they are not motivated to study further (FGD2, married male).

Financial incentives

All three FGDs recommended financial benefits to young people as a means of helping to increase youth participation. They described this in their own words as *aarthik faida* (financial benefit) or *aarthik sahyog* (financial support). Some participants further described these terms as *tatkal faida* (immediate benefit). Married female youth ranked financial benefit first, married male youth ranked it second and mixed group of unmarried males and females ranked financial support third.

As noted in chapter 4, poverty is a major barrier to youth participation and indeed to a range of issues in youth development. The participants described financial security as essential for Thami young people. It is reflected in Nirmala Thami's quote:

> We have to work; we have to take care of children. Without any benefits, we cannot participate. If we get any financial incentives or benefits, we will participate in the programme (FGD3, married female).

Gore Thami (aged 24) ironically explained how youth participation could be increased by giving cash to them:

> We understand the programmes are designed for us. But they (NGOs and donor) should think about our condition, our poverty. If they want us to participate, they have to pay us. If their programme becomes successful by our participation, they have to give money to us. They are not doing their job without money. Then why they hesitated to pay us (FGD2, married male).

A similar idea can be seen in Barsha Thami's argument:

> Why we work hard? To earn money, to feed our children, to feed our family. If someone wants us to participate, we need money, we need food (FGD3, married female).

The unmarried participants described financial benefit as a motivating factor to attract young people to the project. Janak Thami (aged 21) explained that financial support would motivate young people to participate:

> Financial support will motivate young people for the first to bring them to the programme. They will be sensitised, they will understand about their participation in the programme. Then they will automatically be motivated (FGD1, unmarried male).

Thus all the group discussions have suggested financial support as a strategy to improve youth participation. However, Kale Thami (aged 22) pointed out some drawbacks:

> For instance, financial support works. But it does not work for long run. Many projects have ruined people's mind with money. They (NGOs) have distributed money to the community. Now community people will not come, if money is not given to them (FGD1, unmarried male).

Vocational training and skills' development programme

All the focus group discussions recommended vocation training and skills development as an important strategy to enhance youth participation. The participants described in their own words *ship bikas* (skills development) and *byavarahik shikshya* and *taalim* (vocational education and training). The participants pointed out their education system did not help students to become skilful. They said that only theory based education was taught in school. Janak Thami (aged 21) described this:

> What we learn in school is not sufficient for us to be skilful. Though there is some curricula to provide vocational education, but that does not happen in practice (FGD1, unmarried male).

Kale Thami (aged 22) added:

> We need such education that we can have skills after passing year 10 or 12. In our particular community, most of us are low skilled labour. If someone has passes grade 10 or 12, he/she becomes either primary school teacher or

> social mobilizers of the project and some youth go abroad to earn money (FGD1, unmarried male).

The participants stressed that skills' development projects can improve youth participation. They shared that many Thami youth were jobless and did not possess skills would enable them to have a good income. Nabin Thami (aged 23), who was a junior technical assistant, said:

> To attract young people in the project, that should incorporate skills development activities. Though EMEP was health related project, it should also include some training on skills development such as modern farming, fruits and vegetable growth. Fast cash earning skills will be good idea to add in the project activities (FGD2, married male).

Barsha Thami (aged 23) shared that the project should focus on skills development of young people. She was dissatisfied with the EMEP activities as there were only awareness programme:

> In the project (EMEP), there are only speech programmes or awareness activities. If there were some skills development activities such as stitching and knitting training, I would have participated (FGD3, married female).

Nabin Thami (aged 23) shared an important idea of having skilled persons in their community:

> Now the project should focus to produce skilled person in the community. We need JTA (junior technical assistant in agriculture), ANM (auxiliary nurse midwifery), CMA (clinical medical assistant), HA (health assistant). We need carpenter electrician, and plumber. There are only one or two JTAs in our community. If we have these kind of skilled persons in our community, our community will be developed.

Gore Thami (aged 24) shared another skill that needed for Thami youth:

> We have many medicinal plants and herbs nearby jungles. We are not able to manage them. We are only using for local purpose by traditional healers. If

> we can train our youth to manage them and sell them, we could earn money. We need such kind of project for our youth (FGD3, married male).

Shyam Thami (aged 20) shared his own experience to enhance youth participation:

> Now I am involved in training on electronics repair funded a project. How to repair radio, mobile phones, and television sets. Many young people have applied for this training. Due to limited seats, only few of us got opportunity to participate in the training. If we apply this kind of strategy to attract many young people, it might work (FGD3, unmarried male).

Involving youth in project needs' assessment and design

Participants recommended a meaningful strategy to increase youth participation that is need assessment before designing youth target programmes. In their own words, *abasyakta* (need) and *paramarsha* (talk with young people) were vital. They said any programme should be designed based on what youth say about their needs.

The participants suggested that youth participation was directly related with their *bhawana* (see below). Without knowing young people's *bhawana,* participation could not be achieved. *Bhawana* is an abstract concept which expresses their desires, inner feelings, dreams, hopes and aspirations.

Shyam Thami (aged 20) described this:

> Any programme related with youth participation should understand young people's *bhawana* first (FGD1, unmarried male).

The participants believed that most of the youth related projects were designed by adults or outsiders. Sita Thami (aged 21) argued:

> The projects are not designed with consultation of young people. We Thami young people have special needs. If someone from outside designs the project for us, how they would know our situation, our need, our culture, our *bhawana*. That would be imposed to us (FGD1, unmarried female).

Kale Thami (aged 22) added further:

> Young people of different locations have different need. So before designing the project, they (NGOs) should understand our need. Then young people participate if their needs are addressed.

5.3 Summary

This chapter describes youth recommendations based on the second research question "How might young people participate in the programme in future?" Youth participants recommended various strategies to improve youth participation in the future. Youth made recommendations relating to awareness and education; a role for financial incentives in projects; vocational training and skills' development; and a greater involvement of youth in needs' assessment and design of projects. Thus, overall the participants recommended, and indeed showed the potential to move to 'shared decision making'(Arnstein, 1969; Hart, 1992). In other words, they demonstrated the potential to 'move up the ladder' of participation to where youth have space for a greater say in projects.

Chapter Six: Concluding Remarks: Implications of this study for youth participation and health policy and programmes in Nepal

6.1 Summary of findings

The fieldwork for this study took place in the autumn season of 2014. It was a particularly difficult season to undertake such a study in the mountains of Nepal. Given the bad weather the researcher faced considerable difficulty in reaching Lapilang VDC and managing the meetings. This in itself helps to demonstrate the isolation and poor communications faced by many indigenous rural communities in Nepal. Despite these difficulties the following are some of the points raised.

- To explore the participation of Thami young people in the EMEP project. Have young people participated in the project and if so in what ways?

Youth participation in the EMEP was described by the participants as taking place in a limited way. Most of the programme activities were located in schools; yet communities and families live far from the schools. Many Thami youth leave school at a young age to find work and as a result, those not attending school were unfamiliar with the programme. Youth described being informed and influenced by the schools-based activities which involved posters and booklet distribution; also radio shows and hoarding boards were referred to as providing useful information. Youth considered that the project had contributed to a drop in early marriages in the community and this has been attributed to dissemination of information. A project evaluation is in process, and indications are that the early marriage rates have fallen in the target communities.

As well as remoteness, poverty, high workloads, and working away from home were described as major barriers to youth participation. Much of the time Thami youth are away from their villages for purposes of employment. If they are working at home, then

there are many demands on their time. Participants shared that they did not participate because they had to work to feed their families. Being involved in EMEP required valuable time, without the opportunity to generate finance.

- To find out the strategies for indigenous young people's participation in health promotion in the future. How might young people participate in the project in future?

Youth recommended that financial incentives and various means for gaining skills would be particularly beneficial to them. Without addressing issues of poverty, and other social determinants of health (Baum, 2008), there seems to be limited scope for improving Thami youth participation in projects.

The study further highlights the extent to which the Thami are highly marginalized and isolated in Nepal(Budhathoki-Magar, 2008; Meghi-Gurung, 2012). Given the difficulties faced there is little scope for them to raise their voices, assert their rights, and access any benefits from the government or other organisations. Thus the need for empowerment of such youth, including in relation to employment opportunities, and provision of genuine spaces for their participation in decision making processes and development activities is highlighted through this study.

6.2 Reflections on the methodology

A vital feature of PAR is that the participants, as co-researchers, play a significant role in data collection, analysis and research outcomes. The researcher did find that it was sometimes difficult to elicit youth views. Despite his efforts to provide a space for speaking, participants tended to nod their heads to say ‘yes’ rather than contribute more to the discussion. It is notable that there were a few confident speakers. The more confident participants were some of the male youth who had higher levels of education; whereas, female participants tended to be less vocal, perhaps reflecting their lower educational levels and the social norm of them staying near the home.

Another issue was the sheer difficulty for researchers and participants in physically coming together in the context rural Nepal. This was managed by the researcher with the aim of being as sensitive as possible to the demands on youth time. But, this further highlights the difficulties faced by project designers in involving youth.

Despite these issues there was still a strong presence and involvement of youth in the study. This may reflect the researcher's experiences with this community as a relative insider. This may also demonstrate that barriers to participation can be overcome and youth can be involved at all stages of research and indeed all stages of a project: from initial needs' assessment, through design and implementation to evaluation. It is important that the outcomes of this research contribute to future development activities with the Thami. The researcher will be returning to Nepal and is keen to resume work with the Thami and other marginalised indigenous people of Nepal.

6.3 Concluding remarks: Implications for health policy

In relation to health policy, this study demonstrates the role of the social determinants of health as experienced by Thami youth in shaping their lives (Baum et al., 2006). They face considerable challenges in relation to poverty, isolation, low education levels and lack of employment opportunities. Addressing the health needs of Thami Youth thus requires attention to social determinants at local and national levels by NGOs and the government. Yet, despite these crucial problems what also comes through the research is the strong sense of community and indigenous identity enjoyed by the Thami (Shneiderman, 2014).

In chapter two, a useful way for health policy makers to understand and apply youth participation is described in relation to the typologies of participation discussed in chapter two (Arnstein, 1969; Hart, 1992; Treseder, 1997). The study shows that the youth had experienced participation in the form of 'consult and inform' with scope for increased participation involving shared decision making. Future project design could aim to move

the type of participation higher up the ladder (Hart, 1992) to give greater voice to youth, and in so doing improve the success of development projects.

Recently in April 2015, Nepal experienced a devastating earthquake which will have a profound effect on development in future. Youth participation will still be an important issue, perhaps more so in face of the changes that will occur as a result of the crisis

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