

PROMOTING EDUCATION FOR ECONOMIC GROWTH

Photos by Jacob Kasell, Health Policy Project, RTI International



Yanzing lives in Thangbe with her family and spends the winter in Kathmandu

“My parents died when I was very young, so I had to work in someone’s home as a domestic servant for more than 20 years, so I never got an education and never learned to read. ”

Education and family planning are key to attaining Nepal’s goal of sustaining economic growth and reaching middle-income status. With strategic investments and policies, Nepal could achieve the demographic dividend, the accelerated economic growth that begins with a change in population age structure. Combined investments in economic, education, and family planning programs would increase gross domestic product (GDP) per capita by 21 percent more (US\$640 per person) than economic-focused investments alone and push Nepal into middle-income status by 2035 (DemDiv, 2015). Given previous declines in fertility that have led to a larger working-age population, the window of opportunity has already opened for Nepal, but achieving a dividend is not automatic.

Nepal has recently made substantial progress in improving educational attainment. In previous generations, access to education was limited. However, children entering school today are expected to complete an average of 12 years of education, reflecting the potential for higher human capital in the future.



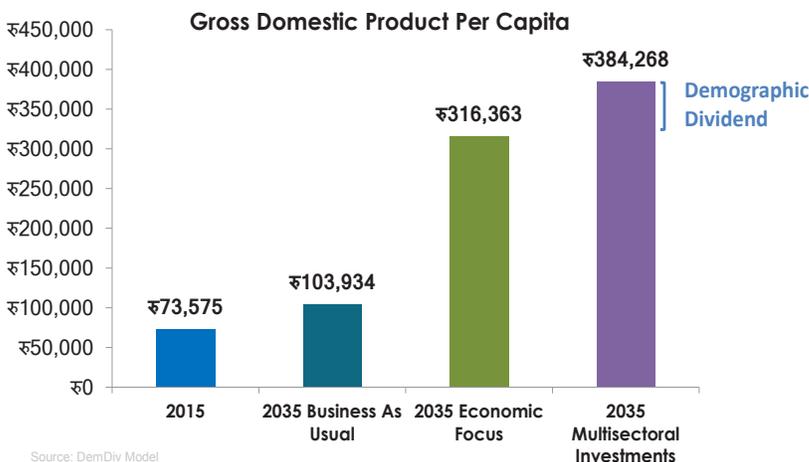
Source: Barro & Lee, 2014; UNESCO, 2015

Education and Family Planning

Education is important for many reasons, such as economic empowerment and better health and well-being. Investing in and encouraging education for girls and boys from

marginalized groups, as well as preventing early marriage and childbearing through the use of family planning, will protect the health of mothers and children and enable young women to maximize their social and economic opportunities and contributions. Investing in girls’ education will lead to a more productive workforce that can contribute to nation building.

Education also affects the health of women and their families, as better educated women are more empowered to seek the services they need, including family planning. Poor women face significant inequities in education, which limits their livelihood options. Family planning allows women and couples to manage their reproductive health and choose the family size that is right for them.



Source: DemDiv Model

Such control helps women decide to participate more fully in the workforce, and parents can invest in better food and housing for their families and education for their children. It is particularly important for poor women, who have the lowest contraceptive prevalence rate in the country (40.4%) and the highest unmet need for family planning (31.1%) (Nepal DHS, 2011).

Attaining a Secondary Education

16.5%
women in
lowest wealth
quintile

42.8%
national
average

Source: Nepal DHS, 2011



Call to Action

To capitalize on the window of opportunity for the demographic dividend—which can accelerate economic growth—and improve economic opportunities for and well-being of the poor, the government of Nepal should

- Invest simultaneously across the health, education, and economic sectors to maximize the potential demographic dividend
- Increase investment in improvements to school facilities
- Implement the Consolidated Equity Strategy for the Education Sector to increase enrollment in line with the School Sector Reform plan
- Recruit, train, and support teachers to improve the quality of education for all students

References

Barro, Robert and Jong-Wha Lee. 2010 (2014 update). “A New Data Set of Educational Attainment in the World, 1950–2010.” *Journal of Development Economics* 104: 184–198. Data available at <http://www.barrolee.com>.

Health Policy Project and United States Agency for International Development (USAID). 2014. DemDiv Model. Washington, DC: Futures Group, Health Policy Project. Application for Nepal completed in 2015 by the Health Policy Project.

Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012. *Nepal Demographic and Health Survey 2011*. Kathmandu, Nepal and Calverton, Maryland: Ministry of Health and Population, New ERA, and ICF International.

United Nations Educational, Scientific and Cultural Organization (UNESCO) UIS Database. 2015. <http://data.uis.unesco.org>.

USAID, Packard Foundation, and Futures Group. 2012. RAPIDWomen Model. Washington, DC: Futures Group. Application for Nepal completed in 2015 by the Health Policy Project.

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