

**SOCIAL INEQUALITY IN NEPAL: UNEQUAL PROVINCIAL
DISTRIBUTION OF EDUCATION AND HEALTH RESOURCES AND ITS
IMPACT IN MADHESH PROVINCE**

A Thesis

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Submitted by

Dipendra Prasad Yadav

Roll No.: 58/074

Exam Roll No: 283189

T.U. Regd. No.: 9-2-238-146-2012

Central Department of Sociology

Tribhuvan University

Kirtipur, Kathmandu

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DECLARATION

I hereby declare that the dissertation "**Social Inequality in Nepal: Unequal Distribution of Education and Health Resources and Its Impact in Madhesh Province**", which I submitted to the Central Department of Sociology at Tribhuvan University, is entirely my original work, prepared under the guidance and supervision of my supervisor. Throughout the preparation of this thesis, I have given full credit to all ideas and material gleaned from various sources. This thesis has not been delivered or submitted anywhere else for the purpose of receiving a degree or for any other reason. I guarantee that no part of this thesis has ever been published before.

Dipendra Prasad Yadav

T.U. Regd. No.: 9-2-238-146-2012

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TRIBHUVAN UNIVERSITY
FACULTY OF HUMANITIES AND SOCIAL SCIENCES
CENTRAL DEPARTMENT OF SOCIOLOGY
KIRTIPUR, KATHMANDU

LETTER OF RECOMMENDATION

This Dissertation entitled “**Social Inequality in Nepal: Unequal Distribution of Education and Health Resources and its Impact in Madhesh Province** ” has been prepared by **Dipendra Prasad Yadav** under supervision and guidance. I, therefore, recommended this dissertation to Evaluation Committee for its final approval.

Prof. Dr. Tika Ram Gautam
Central Department of Sociology
Tribhuvan University, Kathmandu

Date: 22nd December, 2021

TRIBHUVAN UNIVERSITY
FACULTY OF HUMANITIES AND SOCIAL SCIENCES
CENTRAL DEPARTMENT OF SOCIOLOGY
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LETTER OF APPROVAL

This Dissertation entitled “**Social Inequality in Nepal: In Access to Education and Health Across Provinces of Nepal in Reference to Province 2**” has been prepared by **Dipendra Prasad Yadav** for the requirements of Degree of Masters of Arts in Sociology.

Thesis Evaluation Committee:

Dr. Youba Raj Luintel

Head of the Department

Prof. Dr. Tika Ram Gautam

(Ex Head of Department)

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REFERENCE

ABBREVIATIONS

B	Boy
CBS	Central Bureau of Statistics
CMR	Child Mortality Rate
DHS	Demographic Health Survey
ECDs	Early Childhood Development Centers
G	Girl
GER	Gross Enrollment Rate
HDI	Human Development Index
IMR	Infant Mortality Rate
L I	Life Expectancy
MPI	Multiple Poverty Index
P	Province
SSR	School Student Ratio
STR	Student Teacher Ratio
T U	Tribhuvan University
TFR	Total Fertility Rate
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

Background of the Study

Inequality and Social Inequality

Inequality is root cause of social evil. Pope Francis. (1936-)

Within and between cultures, social inequalities are defined as disparities in income, resources, power, and status. Those in positions of power use institutions and social processes to sustain disparities (Naidoo and Wills, 2008).

Jencks (1988) states that there are two distinctions to be made when considering socioeconomic inequality. The first distinction is between unequal distributions of desirable life outcomes (such as health, happiness, educational achievement, or monetary goods) and unequal allocations of opportunities (access of multiple choices and power that brings expected outcomes). Second, there is indeed a distinction to be made between the uneven distribution of opportunities and results between people and organizations. The distinction between equality of outcomes and equality of opportunities appears simple on paper, but it can be difficult to define in practice. This is partly due to the fact that opportunity is an inherently ephemeral concept, making precise measurement of equality of opportunity extremely challenging. Jencks (1988) raises this argument in his insightful study of the complexities of defining educational equality. Because people come from diverse origins, have different resources, and have different personalities, the same environment may not provide "same opportunity" to everyone.

Most individuals recognize that the world we live in is unjust, uneven, and inequitable. However, there has been much discussion over what constitutes

inequality, and as a result, inequality can be conceptualized in a variety of ways.

Inequality is frequently said to be socioeconomic in nature, implying that it is based on a person's income. This is just one measure of inequality, but it's one that's been linked to social inequities in terms of results in recent years (Ortiz and Cummins 2011).

Social inequality refers to the unequal distribution of: Resources such as power, wealth and income Opportunities (related, for example, to health, education and employment) Social class, gender, ethnicity and age are all sources of inequality.

Social inequality exists in almost all societies. In fact, the globe suffers from social inequality. The distribution of income, power, resources, and wealth is significantly different from one nation to another. According to different sources, some of the global data regarding inequality is presented below-

- According to a 2005 UN Report, 2.8 billion people live on less than \$2 each day (United Nations 2005).
- 1.2 billion people lived on less than \$1.25 per day in 2007, Cummins 2011).
- The richest one-fifth of the world's population consumes 86% of all commodities and services produced (UNDP, 1998).
- In 2007, the richest 6.1 Crore people, accounting for just 1% of the world's population, had the same income as the lowest 3.5 billion (or 56%). (Ortiz 2011).

In context to Nepal, social inequality can also be noticed at the national level as well. The most recent national survey, conducted in 2010/11, revealed that land distribution remained significantly unequal. The wealthiest 7% of Nepalese households control 31% of the country's agricultural land, while the poorest 20% own only 3%. 46% of

agricultural families possess half a hectare to three hectares of land, accounting for 69.3% of all cultivable land. 52.7 percent of those families possess less than a half-hectare of land, accounting for 18.5 % of cultivable land. In rural regions, average agricultural landownership area is 0.7 hectare, whereas in urban areas, it is 0.5 percent. (Nepal Living Standards Survey, CBS 2011) 5% of families do not own land and instead labor on other people's property on a contract basis. The social inequality can be measured by using 4 domains (Holmes,2002),

1. Socio-economic inequality
2. Health Inequality
3. Political Inequality-
4. Socio-Cultural Inequality

He states socio inequality can be measured using four indicators. These indicators help to understand the complete picture of social inequality. Socio-economic helps to find out the social and economic status of individual. Moreover, Health status measures the health status of individual and so on.

Education and Access to Education

Educational inequality uneven distribution of education resources to socially excluded populations, including but not limited to school money, trained and experienced instructors, literature, and technology. These groups have a history of being marginalized and oppressed. The people belong to such underprivileged groups are frequently denied entrance to schools with a wealth of resources. Inequality causes significant inequalities in these persons' educational performance or efficiency, stifling their social and economic mobility. One of the most essential topics in educational sociology is the interaction among educational and social disparities and

opportunities (Levin, 1976). The importance of education in fostering a just and prosperous society is a hotly debated subject today (Boudon,1976).

Fair opportunities are primarily determined by the nation's educational policies and plans. A successful educational strategy, policies, and educational system can help to eliminate inequities between and among religious group, race, gender, disadvantaged people's class, and geographical areas. Any citizen of the country has the right to receive an education. Individuals feel that education provides people with opportunities and helps to close the gap between them and the rest of the country.

However, under the name of education, there is a disparity between gender, ethnicity and caste groupings, religious groups, and development regions. Massive sums of money have been invested, and many plans, strategies, and programs have been devised and executed in Nepal in the name of universal access to education (education for all, education for all). Despite this, roughly 5% of youngsters are still not enrolled in school or are not receiving a formal education (CBS, 2011). High-class children, on the other hand, have access to school and a variety of educational opportunities, including learning materials. Children who have access to such facilities get good results and have a higher likelihood of finding work, but children who do not have such opportunities do not find work. This situation has finally generated a large chasm between them, as well as massive gaps and injustices in society.

Province-2 has least amount of primary and secondary level of schools despite second highest population across all provinces (Flash Report-2017/18) DOE. Apart from that, same province has most illiteracy percentage 40% (CBS,2011).

its tough task to measure the inequality in education through particular methods however the inequality can be measure through distribution of schools, teachers, instruments etc. The relevant data is presented below-

Table 1

Literacy Rate of 5 Years and Above by Province In 2011AD

	P1	P2	P3	Gandaki	P5	Karnali	P7	Total
BothSex	65.16	49.54	74.85	74.81	66.43	62.77	63.48	65.9
Male	73.05	60.09	82.82	83.54	75.5	72.88	76.37	75.1
Female	58.23	38.88	67.04	67.72	58.33	53.21	51.93	57.4

Source: CBS2011

Table 1 represents the literacy rate of provinces of Nepal, where we can see, province 2 is the most illiterate state of Nepal with almost 50% of literacy ratio overall which is marginally lower than mean (65.9).

Table 2

Total Number of Schools, Students & Teachers within School Education by Province in 2074 BS

Province	Total No. of Schools (1-12)			Total No. of Students (1-12)			Total NO Of Teachers Primary to Secondary Level (1-10).		
	Community	Institutional	Total	Girls	boys	Total	Appr oved	Rahat	Total
P1	5498	1223	6721	605498	569505	1175003	22741	6638	29379
P2	3320	533	3853	643292	612343	1255635	13013	5019	18032
P3	5243	2145	7388	728354	710245	1438599	21749	7772	29521
P4	3772	835	4607	365620	349457	715077	16543	2961	19504
P5	4629	1135	5764	668495	654565	1323060	17366	6685	24051
P6	3013	186	3199	303084	292719	595803	8060	3645	11705
P7	3560	509	4069	454781	433566	888347	9646	5700	15346
Total	29035	6556	35601	376912	3622400	7391524	10911	38420	147538

Source: Flash Report 1 (2017-018), DOE

In table 2, it shows the distribution of schools, students and teachers across provinces, which is prejudice in nature. As we can see, although province 2 has second highest number of students however they have the 2nd fewest number of schools. Moreover, the number of teachers is also lower than the mean point (21076) in province-2.

Table 3

Student Teacher Ratio (STR) by Province in 2074 BS

Province	Basic			Secondary		
	Grade (1-5)	Grade (6-8)	Grade (1-8)	Grade (9-10)	Grade (11-12)	Grade (9-12)
P1	18	29	20	25	39	29
P2	48	54	50	40	42	41
P3	14	26	17	16	22	17
P4	12	25	15	18	19	18
P5	18	37	21	23	26	24
P6	29	37	31	34	23	29
P7	25	34	27	32	31	32
Total	20	32	22	23	27	24

Source: Flash Report I (2017-018), DOE

Table 3 shows the ratio of students and teacher across provinces of Nepal where we can notice in all level (basic, secondary) the ratio of students is remarkably higher in province 2.

Access to Health and Disparities across Provinces

The phrase "health disparity" was established in the us about 1990, although it was never intended to encompass all conceivable health disparities among all possible categories of individuals. Rather, it was meant to describe a specific type of difference: poor health among socially disadvantaged individuals, particularly members of disadvantaged communities and ethnic groups, economically disadvantaged persons of any racial/ ethnic group. However, this detail has not always

been stated. Until the introduction of Healthy People , government agencies had only given a broad definition of health disparities, describing them as variations in health across various demographic groups (Braveman,2014).

Healthy People 2020 defined a health disparity as: “.....a particular type of health differences that is closely linked with economic, social or environmental disadvantage. Health disparities adversely affect groups of people who have disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion” (Braveman, 2014, pp.6).

Social determinants are just one group of factors that shape population health, alongside health care, genetics, behaviors, commercial influences, and more.Estimates vary, but most research show that societal, economic, environmental and other non-medical factors play a greater role than health care facilities in affecting public health (Braveman&Gottlieb,2014).

The Health Disparities across province-wise and region wise is presented below.

Table 4

Child Mortality rate by Province

Province	Child Mortality Rate in 2011 (CMR) Per 1000 live births	Child Mortality Rate in 2018 Per 1000 live births (CMR)
P1	35.6	36

P2	58.4	58
P3	24.6	25
P4	22.1	22
P5	43.7	44
P6	53.7	55
P7	47.9	48

Source- DHS,2018

Table-4 represents the child mortality rates in provinces of Nepal. Province-2 has highest mortality rate (58.4) however Gandaki province has lowest child mortality rate (22.1). Province-2 has slightly less than thrice times more child mortality rate than Gandaki province which is certainly a huge gap.

Table 5

Province	Fertility Rate
P1	2.3 %
P2	3 %
P3	1.8%
P4	2%
P5	2.4%
P6	2.8%
P7	2.2%
Total	2.35%

Source: Census,2011

Table -5 shows the fertility rate of provinces of Nepal. Among all the provinces province 2 has highest fertility (3.0) more than mean score (2.3) rate however province-3 has lowest (1.8).

Table-6

Physical, Sexual and Emotional violence across province

% of married women (15-49) who have experienced physical, sexual or emotion all violence committed by their husband, Nepal DHS 2011-2016

Province	Ever experienced physical, sexual, or emotional violence (%)		Among those who experienced physical or sexual violence, ever sought help from any source	
	2011	2016	2011	2016
P1	34.1	21.6	29.7	31.9
P2	43.9	37.1	16.3	14.6
P3	26.1	25.9	24.5	22.8
P4	22.7	15.5	22.3	38.9
P5	33.8	28.8	20.9	19.3
P6	30.3	19.1	13.7	24.6
P7	25.6	21.6	24.5	21.8

Source- Nepal DHS 2011-2016

Table 6 represents the data of married women age 15-49 who experienced physical, sexual, emotional violence among provinces of Nepal. Among all the provinces, province 2 has highest degree of physical, sexual and emotional violence.

Table-7

Distribution of Hospitals across provinces

Program indicators	National level		FY 2074/75 by province						
	2073/74	2074/75	P1	P2	P3	P4	P5	P6	P7
Public Hospitals	123	125	18	13	33	15	20	12	14

PHCCs(primary health care centers)	200	198	40	32	43	24	30	13	16
HPs (Health post)	3808	3808	648	745	640	491	570	336	378
Non-public facilities	1277	1715	133	169	1163	100	168	46	43

Source- National Annual Review Report- 2018

Table 7, shows although province 2 has almost most populated province of Nepal, it has fewest number of public hospitals (13) according to National ANNUAL REVIEW REPORT-2018

Various indicators and their status among different provinces

s.no.	Topic	National average	P1 %	P2 %	P3 %	P4 %	P5 %	P6 %	P7 %
1	Sanitation	64.6	70.2	42.4	64	73.6	73.5	77.7	74.6
2	Undernutrition below 5 years	9.7	11.8	14.4	4.2	5.8	7.6	7.5	9.3
3	Cooking food by woods and dung	69.3	70.3	84	38.8	58.9	65.3	89.5	82.9
4	Access to internet	65.9	49.8	42.3	71.2	61.2	53.4	49.1	50.1
5	Pregnancy below 19yrs	13	16	27	10	14	13	19	16
6	PCI	1047	919	645	1917	1192	803	597	683
7	Life Expectancy	69.7	70.7	68.9	72	73.3	68.8	67	66.3

Source- Fiscal Year (2075/76)

In terms of sanitation, on national basis almost 65% people care about cleanliness and sanitation. Overall, in province 6 most percentage of people care about cleanliness and sanitation however that percentage is lowest in province 2. Only 42.4 % of the people are care about cleanliness and sanitation. The remaining provinces are close to national average in terms of sanitation and cleanliness. Since sanitation is directly related to health of people, province 2 has lowest cleanliness and sanitation that ultimately resulted in poor health.

As regarded the data of undernutrition below 5 years. The national average is 9.7, which means almost 10 % of the total children are below undernutrition. In province 4, the lowest number of children are below undernutrition (5.8). However, in province 2, there is highest number of children are below undernutrition. Almost the undernutrition rate is 3 times more than province 4. In remaining provinces, the undernutrition rate is below the national average. Higher under nutrition rate is the symbol of poor health and life expectancy that also means since province 2 has highest undernutrition, their health is poorer.

As per the cooking status, on national average almost 70 % of the people use woods or dungs while cooking foods. Province 3 use less percentage of woods and dungs while cooking food in compare to any other states. However, province 6 uses most percentage of woods and dug while cooking which ultimately shows the financial status of the provinces. Provinces 2 and 7 also uses almost same number of dung and woods while cooking. No one families are fond of using dung and woods for cooking it is their financial status that make them use woods with smoke. Cooking by woods and dung highly affect the health of people. Using more dung leads to poor health, which can be seen in province 2.

Talking about the access to internet across the provinces of Nepal. The national average of using internet is close to 66%. However, province 3 has highest user of internet with 71% on the other hand, province 2 has lowest number of internet users, slightly higher than half of the province 3. In addition, except province 3, all other provinces the internet users are slightly lower the national average. Using internet increase awareness regarding health and education that may enhance the mentality of people to attend schools and make their health great.

As per the pregnancy below 19 years around the provinces of Nepal. The national score below 19 years pregnancy is close to 13%. However, the percentage is highest in province 2. Almost the pregnancy rate below 19 years in province 2 is slightly higher by twice. On the other hand, the remaining states the pregnancy rate is slightly higher than national average. The data shows the vulnerability of women in provinces, which invite crude mortality rate, as well as deducts the literacy rate. Therefore, it shows province 2 has worst status that has affected in health and education of women because of early pregnancy.

The above table shows the per capita income of provinces of Nepal. The national PCI of Nepal is \$1047. Except province 3 and 4, all provinces has lower PCI than the national score. Specifically, in province 3 the PCI is \$1917, which is nearly thrice more than province 2 and province 6. It can be easily noticed the level of inequality in terms of income. PCI helps to deduct the literacy and improves the life expectancy and overall health. Therefore, it can be inferred that province 2 and 6 have worst health status in compare to other provinces as well as poor per capita income.

Life expectancy is one of the major determinants of Health. The average life expectancy of Nepal is 69.7. Province 4 has highest life expectancy (73.3) on the other hand, province 7 has lowest life expectancy (66.3). Similarly, the life expectancy of province 2 and 5 almost same (68.9 and 68.8). Greater life expectancy shows better health and happiness of a state. Therefore, it shows province 3 has better health and happiness than any other provinces.

Statement of the Problems

Social Inequality has been one of the major factors for underdevelopment of Madhesh since beginning. Most of the Madheshies were boycotted in sectors like Military services, Major political positions, and high rank administrative position in civil services. For instance- Yet, no Madheshies have got opportunities to represent the nation by being on higher position like Prime-minister, home minister, Defense minister, foreign minister, ,I.G.P of Nepal Police etcetera, although it has been 70 years of Democracy in Nepal.

In addition, still questions are raised on Identity of Madheshies; they are not accepted as Nepali. In Past, Madheshies were the one of the communities who used to required passport to enter in Kathmandu. They were made illegible for Citizenship and all the land that belonged to them were snatched by the state since they did not know how to speak Nepali which was one of the major criteria to have citizenship of Nepal. Apart from that, Madheshies were taken as inferior therefore there was no entry for Madheshies in Military services of Nepal.

Although some of the differentiation of Madheshies were reduced by states by taking some affirmative action like positive discrimination policies, inclusiveness in governance, federal governance system etcetera. However, most of the policies are applied in papers only; they are not implemented at all.

Firstly, the provincial distribution is uneven and unequal which is supposed to be resulted in lower access to Education and Health disparity. Flash reports, 2074 says the literacy rate of Madhesh province is lowest. Similarly, the distribution of teachers, students, schools, early childhood development centers are at lowest in ratio in compare to other provinces. The data of NDHS, DHS(2016), claims the crude mortality rate, infant mortality rate, physical, sexual and emotional violence is highest in Madhesh Province in compare to other.

Precisely speaking, these are the known phenomenon however no researchers have focused what would be the impact of these variables? Are other variables like life expectancy, HDI, PCI, employment rate also get affected if the variables of Education and Health is poor? My study supposed to produce the knowledge regarding the impact of unequal distribution of educational and Health resources in Madhesh Province.

- A. What are the other variables that are affected by the unequal distribution of educational resources?
- B. How does lower access to education produce health disparity in provinces of Nepal in terms of Madhesh province?
- C. What are the major influencing factors of educational inequality and Health disparities?

Objectives of the study

- A. To analyze the impact of education variable on other variables
- B. To interpret the correlation between lower access of education and health disparities
- C. To clarify the factors of educational resources and health disparities

Significance of the study

Although bunch of research studies have been carried out on social inequality however no research studies showed provincial distribution of resources of Nepal and its impact on other variables like human development aspects and health of people. This study intended to show problematic areas of provincial level distribution of resources and its solution which would ultimately help in develop coordination, cooperation and coexistence in provincial and central level of governance. In fact, this study supposed to develop good relationship with mutual understanding between Madhesh province and central governance.

In addition, this study intended to reduce the social inequalities and bring social justice in society by maintaining sustainable peace and harmony in society. The knowledge that is produced through the piece of work, would be helpful to the provincial/state government, individuals, Marginal groups, socially excluded groups, Madheshi community and every nationalist and citizen who is a nation lover.

Limitation of the study

The limitation of the studies is that aspect of the design or methodology that affected or influenced the interpretation of the research findings. In my research, I used limited sources of secondary data, non random data that specially helped to fulfill the objectives of my study. In add, I used limited techniques and statistical tools and test using univariate, bivariate, and correlation test in IBM SPSS. Moreover, I used recent and latest provincial data that were available on distinguished Ministries, Offices, Websites, social platforms, journals, Books, Articles, 15th planning and fiscal year.

Related Literature Review

Bourdieu identified 3 categories of inequality, each of which corresponded to a distinct sort of 'capital.' Access to finance is the most common definition of economic capital. The social interactions and structured networks that a person is a part of are referred to as social capital. Knowledge and skills acquired via education, as well as cultural commodities and certificates, are all examples of cultural capital. Each sort of capital influences all others, and Bourdieu's fundamental interest is how privileged groups use them to replicate power.

Inequality is important now because it indicates variations in economic well-being. It is also important in the long run, if inequality in one generation influences inequality in the next (Hout 2004, Sorensen 2006). This highlights the problem of social mobility or equality of opportunity. The intergenerational linkage of income, wages, class, or other resources is the most prevalent indicator of opportunity disparity. A weak parent-child relationship shows that individual well-being is not heavily influenced by parental resources, and so depicts a society with strong equality of opportunity (but see Jencks & Tach 2006).

Start with a classification of inequity impacts. Evans et al. (2004) talk about four different kinds of impacts. The first, which they refer to as mechanical, is as follows: If a person's economic position is linked to a particular outcome, then a rise in economic inequality will result in an increase in that outcome's inequality. If income predicts happiness, for example, a rise in income disparity should be accompanied by an increase in happiness differences. Second, when the link between economic status and a certain result changes, there is a relational effect. If the link between income and voting has strengthened, the electorate will skew toward the wealthy, even if the income distribution remains same. Third, when economic position has a nonlinear link

to a result, a functional form effect occurs. The classic illustration of this type of impact comes from health studies: for the poor, a same rise in wealth is associated with a greater improvement in health than for the rich. As a result, by transferring wealth to those who need it most, lowering inequality promotes health. Finally, when inequality has a contextual influence, an externality effect emerges. Living in a high-inequality environment, for example, may exacerbate sentiments of relative deprivation among low-income people, leading to an increase in violent crime.

Some argue that inequality is harmful to one's health since it depletes social capital or is linked to inadequate social assistance or other institutional structures that disfavor the poor (Lynch et al. 2004).

Economic disparity appeared to be linked to cross-national and subnational heterogeneity in mortality, self-rated health, and other indicators in the early ecological studies. Recent multilevel model results have sparked considerable skepticism. Inequality does not appear to be a factor in health disparities between rich and poor countries (Beckfield 2004).

Within-neighborhood inequality does not appear to be harmful to health (e.g., Wen et al. 2003), but economic segregation between communities may be (Mayer & Sarin 2005).

CHAPTER- TWO

RESEARCH METHODOLOGY

Nature of research

This piece of study tended to find out the distribution of educational opportunities and health resources across provinces of Nepal and why particularly province-2 has lower access to education and good health status. In addition, this study also carried out the factors contributing the inequalities of health and education status in province-2 specifically.

Here access of education / opportunity in education defined as distribution of schools, teachers, and current literacy status, current attendance rate and enrolment rate of students. On the other hand, access to Health services refers to the quality of treatment, hospitals, the surrounding environment, access to basic medical instruments and their working conditions.

This study carries Co relational research design because it intended to find out the relation between two variables and the degree of that correlation between variables whether the relation between the variables are strongly positive or moderate or negative. Therefore, through Co relational research, the first objective can be fulfilled that how one variable causes changes in another and to what extent one variable shapes another.

Since my research questions required numerical data to measure the correlation between variables Quantitative research methodology was quite efficient and appropriate for the study.

Sources of Data

To carry out this research, secondary national data had been taken to find out the inequalities in opportunities of Education and Health. Different data sets reviewed from different sources such as:

- Census: Census 2011, it showed the data of literacy rate, child mortality rate, fertility rate and HDI which helped in correlation between variables therefore it was important to take reference from census.
- Flash reports I – Flash reports of 2014, it was used in order to show the distribution of teachers across provinces, gross enrollment rate and school student ratio (SSR).
- NHFS (National Family Health Survey) - It represented the data sets of availability of essential and priority medicines and commodities and availability of basic equipment.
- NDHS (National Data of Health and Survey) - it showed the data of physical, sexual, emotional violence across provinces, prenatal mortality, school attendance ratios and Child mortality rate.

Analysis of Data

Data analysis provided the meaning of research the meaning of research. After obtaining all the required data, I moved towards data analysis procedure. At first I conducted univariate analysis (analyzing single variable at a time) ,While conducting research I defined the variables like Education and Health univariately through frequency comparison where Education and Health will be Dependent variables and the factor that causes inequality in access to Education and Health status; variables

like income, employment, illiteracy, per capita income, occupation, poverty, access to ICT would be the independent variables.

After Univariate analysis, I went for Bivariate analysis (analyzing two variables at a time) where I tried to explain 2 variables by correlating them. find out; to what extent education is affected by income and employment. Being specific, , why province 2 is most illiterate province. What could be the possible causes that help to make people illiterate? Whether it is because of income, unemployment, poverty or unequal distribution resources by central government to federal government or what else.

After education variable, now “Health” was my dependent variable and the variables like number of hospitals, availability of basic equipment, availability of essential medicines and commodities, literacy, income, employment would be independent variables.

In order to find out the causes of lower access to education and health in province 2, correlation test, univariate and bivariate analysis applied in SPSS to find out the exact reasons of inequality. In add, the bivariate analysis would be done using variables like education and Health (Dependent variable) and income, unemployment, poverty and so on (Independent variables).

CHAPTER- THREE

FACTORS OF EDUCATION AND HEALTH INEQUALITY IN PROVINCE 2

NEPAL

Correlations

In order to find the relation between the variables Correlation statistical tool in IBM SPSS applied to find the degree of relation between variables. Five indicators that are ECDs, literacy rate, Gross enrolment rate, Multi dimensional poverty and Human Development index are tested to find the correlation.

Table: 4.1

Correlation among Variables

(N=7)

		early childhood development centers	literacy rate across provinces	gross enrolment rate of basic level (6-8)	Multidimensional poverty	human development index
ECDs	Pearson Correlation	1	.846*	.844*	-.912**	.814*
L R	Pearson Correlation	.846*	1	.904**	-.833*	.826*
GER	Pearson Correlation	.844*	.904**	1	-.726	.728
MPI	Pearson Correlation	-.912**	-.833*	-.726	1	-.940**
HDI	Pearson Correlation	.814*	.826*	.728	-.940**	1

*. Correlation is significant at the 0.05 level (2-tailed).

**.. Correlation is significant at the 0.01 level (2-tailed).

ECDs (Early Childhood development centers) and Literacy rate

ECDs are supposed to provide education to the children who are homeless or whose parents are there in prison. They play crucial role in development of the education of children. In most part of the Nepal, these centers provide the basic education to the children, that significantly help in growth in literacy.

The Pearson correlation coefficient is 0.846, which is significant at 0.05 level of significance. There is some relation between ECD and literacy rate. As $(r) = 0.846$, it clearly states there is strong positive relation between ECD and literacy rate. This means greater number of ECDs results in higher literacy rate.

Thus, the number of ECDs in province 2 is lowest among all due to which the literacy rate is also lowest (49.48) in province 2.

The government-funded ECD program was introduced and implemented under Basic and Primary Education Project (BPEP-1) in 1991. It was in the name of ShishuKaksha (SK). More focus of SK was to prepare children for primary schools, and to minimize drop out and repetition rates at the primary level - particularly in grade one (ibid as cited in Baral, 2011).

The above findings to some extent similar to mine, however they do not pay primary attention towards enhancement of literacy rate across provinces.

GER (Gross Enrollment Rate and Literacy Rate) and literacy rate

Whether the student belongs to the official age group or not, a high GER often suggests a high level of involvement. Gross Enrolment Rate (GER): total enrollment in a certain level of education, regardless of age, represented as a percentage of the

eligible official school-age population in a given school year corresponding to the same level of education.

The Pearson correlation coefficient (r) = 0.904, which is significant at 0.05 level of significance that ultimately shows some relation between those two variables. As the value of (r) = 0.904, it shows there is strong positive relation between GER and literacy rate. That means higher the rate of gross enrollment, higher the literacy rate.

Thus, the gross enrollment rate is lowest in basic level (1-5) which is 127.7 (among all the provinces and in (6-8) level it is again lowest 80.9 due to which the literacy rate is lowest among all provinces

MPI (multiple poverty index) and Literacy

Multiple poverty index includes 10 variables where education is also part of it. Since MPI measures over all dimensions of an agency and structure of society it is important to include it.

The Pearson correlation coefficient (r) = - 0.960, which is not significant at 0.05 level of significance that ultimately shows negative relation between the variables. That means higher literacy rate helps to lower the multiple poverty status.

Since, Karnali and province 2 have highest multiple poverty (around 50%), as a result their literacy rate is lowest among all provinces.

The MPI should cover three aspects, according to Alkire and Santos (2014): health, education, and standard of living. My finding is differed in sense of degree, that is to what extent MPI is correlated with literacy or education.

(N=7)

		literacy rate across provinces	gross enrollement rate of basic level (6-8)	fertiilty rate across provinces	malnutrition below 5 years	physical sexual emotional violence
Literacy Rate	Pearson Correlation	1	.904**	-.904**	-.878**	-.673
GER	Pearson Correlation	.904**	1	-.779*	-.698	-.827*
FR	Pearson Correlation	-.904**	-.779*	1	.713	.493
Malnutrition	Pearson Correlation	-.878**	-.698	.713	1	.550
physical sexual Violence	Pearson Correlation	-.673	-.827*	.493	.550	1

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Under nutrition and literacy

Since under nutrionis related to health of the children and the functions of brain to catch the things taught in school it is important to know the relation between the under nutrionand literacy.

The Pearson correlation coefficient (r)= - 0.878 is significant at 0.05 level of significance. It has enough evidence to claim there is strong negative relation between the variables. Which means higher the under nutrionis interlinked with lowest literacy.

Therefore, those provinces which has highest under nutrition rate (14.4%), Province 2 has highest under nutrition level therefore they have lowest literacy. A study of India suggests Logistic regression showed that the risk of underweight was 1.7 times higher among the children of illiterate mothers and those suffering from morbidities, while

stunting was 1.4 times higher among children belonging to lowest and middle household's wealth indexes. Under nutrition is a public health problem and is associated with literacy of mother, household wealth index and morbidities (I.I. Meshram, N. Arlappa).

My study is differed from the study of Meshram, because I tend to find out how strongly the variable under nutrition and literacy correlated with each other via correlation rather than logistic regression.

Physical, Sexual violence and GER (Gross Enrollment rate)

It is important to drag physical, sexual violence in enrollment rate. Since, in some part of Nepal, the tendency of sexual and physical violence is at optimum level the children get negatively influenced by the incidence therefore, they ought to drop out the schools. To find out the relationship between those variables, here Correlation is applied.

The Pearson correlation coefficient (r) = - 0.827 is significant at 0.05 level of significance. The (r) value shows there is strong negative relation between the variables. Precisely, the violence rete is connected with gross enrollment rate, that means highest physical, sexual violence is interlinked with lowest gross enrollment rate.

To sum up, the provinces that have highest physical and sexual violence tend to have lowest gross enrollment rate. Since province 2 has highest violence rate, it has lowest gross enrollment rate.

Literacy rate and Fertility Rate

Literacy rate supposed to have direct relation with lower fertility rate. Due to literacy of parents, they become aware of quality life style and they also think about the schooling, and quality housing of their children, they tend to have less children in compare to illiterate one.

The Pearson correlation coefficient (r) = - 0.904, is significant at 0.01 level of significance. The (r) value shows that there is strong negative relation between fertility and literacy rate. That means higher fertility rate results in lower literacy rate.

Therefore, the provinces that have highest fertility rate (3.0), that resulted in lowest literacy rate. Since, province 2 has lowest literacy, highest fertility is the possible factor. In addition, my study is to some extent similar to the study of an Indian study. Recent studies indicate that there is a direct correlation between increased literacy and decreased fertility. For the 14 states studied, the total fertility rate was 5.0 children/woman, the child mortality rate was 126/1000, and the female literacy rate was 22% (B. Robey).

Literacy Rate and CMR (child mortality rate)

Literacy rate has direct relation with child mortality rate or infant mortality rate. Since, the mothers would be aware of health issues and care, they tend to adopt those habits and make their children safe and healthy.

The Pearson correlation coefficient (r) = -0.901 is significant at 0.01 level of significance. the value of (r) clearly shows that there is strong negative relation between the variables. Which means higher the literacy lowest the child mortality rate. The provinces that have highest literacy tend to lowest child mortality rate similarly, the provinces that have lowest mortality has highest child mortality rate.

Thus, it can be clearly seen that since province 2 has lowest literacy it has resulted in highest child mortality rate (58/1000). This study is differed from other piece of study, because so far no study has correlated with Pearson therefore this is differed. Educated women are known to take informed reproductive and healthcare decisions. These result in population stabilization and better infant care reflected by lower birth rates and infant mortality rates (IMRs), respectively. (Suman Saurabh, Sonali Sarkar, and Dhruv K. Pandey.

Health Variables

CMR (Child Mortality Rate) and Life Expectancy

CMR stands for child mortality rate. *Child mortality* or the under-five mortality rate, refers to the probability of a child dying between birth and exactly 5 years of age, expressed per 1,000 lives. Child mortality is a huge factor in overall life expectancy — a large number of children dying can cancel out many people living to old age, and bring down the average lifespan.

The Pearson correlation coefficient (r) = - 0.868 is significant at 0.01 level of significance. The value of “r” clearly states there is strong negative relation between child mortality rate and life expectancy of people. Which means when the child mortality rate is higher the life expectancy rate is lower.

Thus, province 2 has highest child mortality rate due to which the life expectancy is lower (68.9). The findings is some extent similar to the study of A. M. Fazle Rabbi (2013) because he states High infant and child mortality rates result in lower values of life expectancy at birth than at older ages. However it is differ from my study in sense of intensity and quantity, my study primarily shows how strong the correlation is there

between the variables.

(N=7)

		Correlations				
		PCI in dollar	life expectancy	Medium of cooking fuels	access of internet	Access to information
PCI	Pearson Correlation	1	.741	-.949**	.939**	.733
LE	Pearson Correlation	.741	1	-.793*	.667	.954**
Cooking Fuels	Pearson Correlation	-.949**	-.793*	1	-.921**	-.849*
Access of internet	Pearson Correlation	.939**	.667	-.921**	1	.652
Access to Info	Pearson Correlation	.733	.954**	-.849*	.652	1

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

PCI (Per Capita Income) and life expectancy

Because the indicators or life expectancy is fulfilled by the Per capita income, moreover the per capita income helps to maintain good level of education, income and health It is almost mandatory to see the relation among the PCI and life expectancy.

The Pearson correlation coefficient (r)= 0.741 is not significant at 0.01 level of significance. Since, “r” value is 0.741 is enough evidence to claim there is positive relationship between the variables like PCI and life expectancy. Which means when the per capita income is higher, the life expectancy also supposed to be higher.

Thus, it can be claimed rising PCI is strongly responsible for increasing life expectancy. In context of provinces of Nepal, the provinces like Karnali and province 2 has lowest PCI (597 & 645), that possibly are the factors of lowest life expectancy.

My study is slightly similar with the information of Wikipedia, that claims The Human Development Index (HDI) is a statistic composite index of life expectancy, education (mean years of schooling completed and expected years of schooling upon entering the education system), and per capita income indicators, which are used to rank countries into four tiers of human development.

Medium of cooking fuels v/s life expectancy

Using fire wood and dung for cooking is ultimately related with lower income and higher air pollution that supposed to disturb the health and education level of the family members therefore it is one of the factors of deteriorating health and life expectancy.

The Pearson correlation coefficient (r) = - 0.793 is significant at 0.01 level. The correlation values states there is strong negative correlation between the variables. that means the dung and wood users tend to lower life expectancy. In other words, the people who use dung and wood for cooking most tend to have lowest life expectancy.

Thus, the province 6 and 2 (89 and 82 %) has highest users of firewood and dung therefore they tend to have lower life expectancy. This study is differ from the people wo cook with biomass fuels like wood are at risk of suffering considerable damage to their lungs from breathing in dangerous concentrations of pollutants and bacterial and bacterial toxins Shutter stock (The Week Magazine, November 27, 2020).

MPI (Multiple Poverty Index) and life expectancy

Since MPI includes the life expectancy factor, it is important to see the correlation between the variables.

The Pearson correlation coefficient (r) = -0.793, is significant at 0.01 level of significance. Since (r) value is -0.793, it is enough evidence to claim, the two variables have strong negative correlation. That means when Multiple Poverty Index is higher the life expectancy tends to have lower.

Thus, it is quite clear to say that, the provinces which have highest multiple poverty index has lowest life expectancy. For instance- province 2 and Karnali province (48 and 51 %) have highest multiple poverty rate therefore their life expectancy rate is lowest among all provinces.

Income based poverty only provides a part of the picture of the many factors that effects the level of welfare in terms of longevity, good health, good nutrition, education, being well integrated into society, etc (UNDP, 1997). However, my study shows the to what extent they are related, how strong the relation is there between MPI and life expectancy. Moreover, this study is differ in sense of life particularly Life expectancy.

Access to information and life expectancy

The people who have access to information, they are quite aware of their health and diets. In fact, most of them are aware of their regular consumption habit. These habits ought make their health good. To see the clear picture life, Pearson correlation is sufficient to use.

The Pearson correlation coefficient (r) = 0.954, is significant at 0.01 level of significance. The Pearson's correlation value clearly clarifies that the relation between access to information and life expectancy is almost perfect. That means, if someone access to information, he or she most likely to have higher life expectancy.

Thus, in context of ours, the province, which has access to information, has to have high life expectancy in compare to those provinces, which has less or no access to information. Province 2 (42%) has lowest access to information.

Ever since the Internet took off in the beginnings of the 1990s, the importance that it has played in society has grown. The Internet becomes a tool used for knowledge creation (i.e. enables medical research) and sharing and acts as an intermediary between life expectancy and economic growth (KomalKomal, MuslehAlsulami).

PCI and CMR

Health and income are strongly correlated across countries and within countries, across individuals. Income is one of the greatest factors to shape quality of life that include quality food, quality health and education. So, it is almost crucial to include to see the relation between the variables.

The Pearson correlation coefficient (r) = -0.824, is significant at 0.01 level of significance. Since, The correlation value (r) = - 0.824, it is enough evidence to claim there is strong negative relation between per capita income & child mortality rate. Which means higher PCI results in lowest the Child mortality rate.

Thus, it can clearly be clarified that since province 2 has lowest PCI, they have highest child mortality rate (50%).

My study is quite differed from above since the study includes quantitative data; it shows to how strong the relation is there between the variables like PCI and CMR.

(N=7)

Correlations

		PCI in dollar	life expectancy	using woods/dung for cooking	HDI	pregnancy below 19years
PCI	Pearson	1	.741	-.949**	.891**	-.677
	Correlation					
LE	Pearson	.741	1	-.793*	.868*	-.416
	Correlation					
Cooking Fuels	Pearson	-.949**	-.793*	1	-.931**	.758*
	Correlation					
HDI	Pearson	.891**	.868*	-.931**	1	-.755*
	Correlation					
pregnancy below 19years	Pearson	-.677	-.416	.758*	-.755*	1
	Correlation					

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Cooking food using Dung and wood v/s CMR (Child Mortality Rate)

Since cooking with wood and dung produces enough indoor gases which impact negatively in health, therefore it is crucial to see their correlations. In fact, it is believed that using firewood and dung is directly proportional to low life expectancy it is mandatory to measure their relation.

The Pearson correlation coefficient (r) = 0.869, is significant at 0.01 level of significance. the Pearson values clearly infers that the relation between the variables is strongly positive. That means the families/states/countries which cooks food using dung or wood most, they most likely to have highest child mortality rate.

Thus, in context of the provinces of Nepal, the people of province 6 and 2 (89% and 84%) cook food using Dung or wood therefore they have highest child mortality rate.

These revelations affirmed Silwal and McKay (2015) and Langbein (2017) studies that firewood could lead to respiratory and cardiovascular health effects on users. It also justified the World Bank report of over 384 million premature deaths a year worldwide caused by cooking with open fire from sources like firewood (World Bank 2015). This piece of study is somewhat related to my study however the report of UN doesn't include the impact and correlation between the variables but mine does.

Pregnancy below 19 years and CMR (Child Mortality Rate)

Most of the study suggests that pregnancy below 19 years is related with high child mortality rate. Low age of pregnancy denotes low development of uterus where babies can not develop themselves fully. Moreover, the mothers get problems in breast feeding which denotes low health of babies as a result they die early. In order to measure the exact impact and correlation between the variables it is important to see their correlation.

The Pearson correlation coefficient (r) = 0.774, is significant at 0.01 level of significance. the Pearson's value clearly states there is strong positive relation between the variables. which means the girls/women who get pregnant before 19 years most like to highest mortality rate. In other words, the women who have lost their children because most of them get pregnant below 19 years.

Thus, looking at our condition mostly the women of province 2 has lost their children (58) because they got pregnant below 19 years.

MPI (Multiple Poverty Index) and CMR (Child Mortality Rate)

Multiple poverty is one of the major causes of deprivation of health of women and children. Therefore, in order to see the relation it is important to see their exact relation between the variables using Pearson correlation statistical test.

The Pearson correlation coefficient (r) = 0.956 is significant at 0.01 level of significance. The Pearson value claims that there is almost perfect positive relation between multiple poverty index and child mortality rate. Which means the provinces which has higher multiple poverty index rate there highly supposed to have higher child mortality rate. For example- the provinces of Nepal, in province 6 and 2, the multiple poverty index rate is highest (51 and 48) therefore they have highest child mortality rate (54 and 58). The unadjusted odds of term infant mortality increased with increasing poverty, with the births in medium poverty counties having 1.4 times (95% CI: 1.2, 1.7), and births in high poverty counties having 1.8 times (95% CI: 1.6, 2.0), the odds of infant mortality than infants whose mothers live in low poverty counties (Anderson).

This study is differed in because it has measure the impact of poverty however my study includes the correlation of multiple poverty index with child mortality rate.

Fertility rate and CMR (Child Mortality Rate)

The Pearson correlation coefficient (r) = 0.898 is significant at 0.05 level of significance. Since the 'r' value is 0.898 it means the variables are interlinked with each other. Which means the provinces which have highest fertility rate tends to have highest mortality rate as well.

In context of Nepal, province 2 has highest fertility rate (3), therefore the child mortality rate (58) is also highest. This study is differ from, "The authors conclude that the lower infant mortality has indeed been reducing fertility by both of these mechanisms, but, according to their evidence, the effect has been small. The conclusion that mortality has had only a small effect on fertility is similar to that of Preston and his colleagues (Alfred Yankauer)."

Access to Internet and CMR (Child Mortality Rate)

Access to information denotes access to television, radio, internet, cell phones and other devices. The people who get updated or access to information tend to have lower child mortality rate. Information shows knowledge regarding taking care of health of babies and children and a lot more. To measure the accurate relation between the variables it is important to do Pearson's test.

The Pearson correlation coefficient (r) = - 0.862 is significant at 0.01 level of significance. Since the value (r) = -0.821, it has enough evidence to claim there is strong negative relation between access to information and child mortality rate. Which means the families or provinces which has access to information tends to have low child mortality rate.

To sum up, province 2 has lowest access to information therefore the child mortality rate is highest too. On the hand, the provinces which has good access to information, they tend to have low child mortality rate. This study is different from the study of Ally S. Nyamawe.

Using Dung and wood for cooking V/S HDI (Human Development Index)

The Pearson correlation coefficient (r) = - 0.931 is significant at 0.05 level of significance. the correlation value shows that there is strongly negative relation between the variables. which means the families who use Dung or wood for cooking purpose has to have lower HDI. Similarly, the countries or state that use dung and wood for cooking has strong connection with HDI.

Thus , in context of Nepal, province 6 and 2 has highest number of Dung and Wood users(89 and 84 %) while cooking therefore their HDI is lowest.

Fertility and PCI (Per Capita Income)

The decreasing relationship between the two variables demonstrates the connection between fertility choices and economic considerations. In general, poor countries tend to have higher levels of fertility than rich countries. To see their relation correlation test has been applied.

The Pearson correlation coefficient (r) = 0.793 is significant at 0.01 level of significance. the correlation coefficient (r) clearly indicates there is strong negative relation between fertility rate and per capita income. To some extent, both variables are negatively reciprocal to each other. Which means the states which has highest fertility rate, there ought to be lowest Per capita income.

As province 2 has highest fertility rate their per capita income is lowest among all provinces.

Weil and Sharma (2016) claimed that as countries get richer, people value children as 'normal goods' on which they need to spend money, and in highincome countries, the cost of raising children increases as parents have fewer children and focus more on the "quality" of the children, and improving the children's prospects in life. However, a series of recent empirical studies have identified changing relationships between economic growth and fertility rates (Dominiak, Lechman, & Okonowicz, 2015; Luci-Greulich & Thévenon, 2010; Myrskylä, Kohler, & Billari, 2009;). Myrskylä et al. (2009) found that in highly developed countries, further development halted the declining fertility rates, which means that the previously negative development-fertility association was reversed, and the graph became U-shaped.

The findings is some extent similar to the literature however the study doesn't not suggest how strong the relation is between the variables but my piece of study clearly fulfill the gap.

Pregnancy below 19 years and under nutrition

Mostly pregnancy below 19 years of age occur in poor families low low income families. To measure the impact and relation between the variables it is important to see their relation using Pearson's correlation test.

The Pearson correlation coefficient (r)= 0.833 is significant at 0.01 level of significance. the value indicates there is strong positive relation between under nutrition and pregnancy below 19 years of girls/women. Which also means the women who get pregnant have higher chance that their babies will be under nutrition.

In Nepal, except province 2 almost all provinces have adequate rate of under nutrition. Which means province 2 has the highest pregnancy rate below 19 years (27%) that results in highest under nutrition 14.4%.

Internet Access and HDI (Human Development Index)

HDI includes the life expectancy, income, education. That also means the people who use internet tend to have good health quality of life. To see the relation between the variables it is important to do Pearson's correlation test to measure the exact relation of the variables.

The Pearson correlation coefficient (r)= 0.855 is significant at 0.01 level of significance. Because the correlation coefficient is 0.855 it is enough evidence to claim there is strong positive relation between the variables. that means when a

province or state has highly access to internet, they will have high HDI as well. Poor internet access of provinces is correlated with poor HDI of that specific province.

The results show that a country's regulatory approach to the Internet can have a large impact on its ubiquity throughout the country. It simply indicates the fact that for a fast-moving industry such as the internet, it greatly depends on human development level of agents. The increasing internet use positively affects the HDI (Inocencia Marcojos,2019). However, my study is differed from the study because it applies statistical test of Karl Pearson to measure the strengthen of the relation.

CHAPTER FIVE

SUMMARY AND CONCLUSION

Summary

Inequality is a state of unequal distribution of resources and opportunities. In this context, inequality is dealt as the unequal distribution of educational resources and health resources that ultimately resulted in poor literacy and educational status and health disparities across provinces of Nepal.

This thesis talks how the unequal distributions of educational and health resources have resulted in poorest access to literacy and lowest gross enrolment rate in all levels like basic and secondary. On contrary, the unequal distribution of public hospitals, lowest literacy, high fertility, high physical and sexual violence, and lowest access to medicines are responsible for the poor HDI, Life expectancy and high child mortality rate.

This study tends to find out causes of lower access to education and health. Moreover, it also supposed to find out the contributing factors of inequalities and at last, it intends to explore the inequalities in area of education and Health. In order to find out the relation between the variables various statistical methods/tests were applied, they are descriptive analysis, correlation test, and univariate analysis. These tools helped to show complete picture of the study. As per the correlation between ECDs and literacy rate, The correlation ($r=.846$) showed strongly positive relation among those variables. That means ECDs are one of the determinants for shaping literacy rate. Moreover, higher the number of Early childhood centres higher the literacy.

Similarly, the correlation between GER (gross enrolment rate) and literacy is strongly positive ($r=.904$) which shows higher GER results in higher literacy rate. So, GER is

one of the major determinants for higher literacy. As regarded the relation between multiple poverty index and literacy rate, the correlation is strongly negative ($r = -.833$) That infers higher the MPI, lower the literacy. It can also be taken as one of the major factors of determinants of literacy rate. In this way, HDI (human development index) and literacy ($r = .826$) are strongly positively related to each other. That means higher the HDI, higher the literacy. Since the pillars of HDI includes income, life expectancy, and education; it is significantly related and one of the major factors of literacy as well.

Under nutrition is one of the major factors of literacy as well. The correlation between under nutrition and literacy ($r = -.878$) is strongly negative. That ultimately states, higher under nutrition prone to be resulted in lower literacy. The correlation between Physical sexual violence and literacy rate ($r = -.827$) are strongly negative. Higher level of violence results in lower number of literacy rate. So, physical, sexual violence is also one of the major determinants of literacy. In same way, child mortality rate and high fertility rate has strongly negative relation with literacy rate and gross enrolment rate. Higher child mortality or high fertility leads to low literacy and low enrolment rate. Therefore, fertility rate and child mortality rate are considerable factors of low level of literacy.

To sum up the educational status, the factors like ECDs, GER, HDI, nutrition, physical, sexual violence, fertility rate, child mortality rate and multiple poverty index are major factors of determining literacy rate.

On the other hand, coming to the second variable, which is Health disparities, mostly province 2 of Nepal has suffered a lot than any other provinces. As per the correlation between child mortality rate and life expectancy, they are strongly negative ($r = -.868$)

with each other. Which means higher child mortality leads to lower life expectancy. Similarly, the correlation between HDI and life expectancy ($r = -0.868$) are strongly positive with each other. Which means high HDI results in high life expectancy. So, HDI is one of the determinants of life expectancy. In same way, the correlation between per capita income (PCI) and life expectancy ($r = 0.741$) are strongly positive with each other. That means the province or states that has high income supposed to result in good health and life expectancy. Therefore, PCI is one of the major determinants of life expectancy and health. Similarly, the correlation between cooking by woods and dungs, and life expectancy ($r = -0.793$) is strongly negative. That says those who use woods and dung for cooking are supposed to live less longer than other people, their life expectancy is lower. Therefore, using wood and dung for cooking is one of the major factors of determining good health.

The correlation between multiple poverty index and life expectancy ($r = -0.802$) are strongly negative with each other. That means higher poverty means lower life expectancy. The people who tend to have deprivation of poverty ought to have low life expectancy and poor health. Therefore, MPI is one of the major determinants of good health and life expectancy. The correlation between access to information and life expectancy is strongly positive. Which says those who have access to information and technology or internet tend to live longer, their life expectancy is higher. Thus, the access to ICT is one of the factors of determining life expectancy. The correlation between PCI and child mortality rate ($r = -0.824$) is strongly negative with each other. That means the provinces or states which has higher per capita income, has lower child mortality rate. Thus, per capita is one of the major determinants of good health and child mortality rate.

The correlation between cooking food using dung/wood and child mortality rate ($r=.869$) is strongly positive. Higher the usage of cooking food using wood, higher the child mortality rate. Thus, cooking food by dung and wood is one of the major causes of child mortality rate. The correlation between pregnancy below 19 years and child mortality ($r=.774$) are strongly positive. Higher the pregnancy rate below 19 years is correlated with higher the child mortality rate. Thus, pregnancy rate below 19 years is one of the major causes of child mortality rate and poor health. The correlation between multiple poverty index and child mortality rate ($r=.956$) is almost perfectly negative. That means those families, states who are poor through multiple dimensions ought to have high child mortality rate. Thus, multiple poverty index is one of the major determinants of child mortality rate and equally responsible for poor health of people.

The correlation between using dung and wood for cooking and HDI ($r= -.931$) is strongly negative with each other. That means those who cook food using wood and dung prone to have lower access to HDI. Thus, the means of fuel one use for cooking is also responsible for high or low HDI. In this context, cooking by woods and dung is one of the determinants of poor health and HDI of people. The correlation between PCI and high fertility rate ($-.793$) is strongly negative with each other. Those families or states which have high PCI tends to low fertility rate. On contrary, the provinces which have low PCI has to have high fertility rate. Thus, PCI is also one of the major factors of high fertility.

Conclusion

There are various factors causing inequality in terms of education and health they are number of schools, ratio of teachers, ratio of schools, availability of ECDs, Gross

enrolment rate and so on. On the other hand, in terms of Health, the factors like lower access to HDI, PCI, number of hospitals, literacy rate, medium of cooking fuels, child mortality rate, child fertility rate, life expectancy, MPI are major causes of generating health disparities.

Three kinds of resource are necessary for delivery of quality formal and non-formal primary education programs: Human resources, Material resources and Financial resources (unicef, educate a child (2014/15). The distribution of resources in field of education stands for distribution of teachers (human resources), schools (material resources), and income/ PCI (financial resources).

The major causes of lower access to education and literacy. Marginalisation and poverty, For many children who still do not have access to education, it is notable because of persisting inequality and marginalization, Financial deficit of developing countries, Most affected regions, Inequality between girls and boys: the education of girls in jeopardy; it is also highlighted by Humanitarian (2008).

The causes of Health disparities such as lacking a diverse workforce, lack of interpreters, poor access to care, time constraints, and systematic factors that lead to differences in quality of care delivered (such as differences between public and private hospitals) (Gollust SE, Cunningham BA, Bokhour BG,2018).

To conclude, In each provinces of Nepal, these resources and opportunities are distributed however these resources are distributed in lowest amount in province 2.

Thus, it can be claimed the distribution is prejudiced in nature.

Theoretical Reflection

This thesis dealt with social inequality in terms of distribution of education and health resources along with its impact in the Madhesh province. This thesis is linked with Theory of Justice (1971) of John Rawls.

Precisely speaking, the thesis dealt how the distribution of educational and health resources were unequal among provinces of Nepal. Specifically while allocating the resources Madhesh province had lowest access to education and health resources in compare to other provinces, as a result there is effect on other variables like life expectancy, HDI, PCI, practices of social evils like physical, emotional and sexual violence in Madhesh province. Unequal distribution of Educational resources means uneven distribution of teachers, early childhood development centers, schools, student teachers ratio, and so on. On the other hand, unequal distribution of health resources refers to prejudiced distribution of hospitals, public health centers, health posts among provinces. Apart from that high child mortality rate, child fertility rate and low life expectancy also brought significant changes in Education variables like literacy, gross enrolment rate and HDI and PCI.

What we need to do is examine the degree to which norms are skewed, the authenticity of agreement, and the terms of speech as variables and try to experimentally evaluate how biased they are in favor of special interests. To quantify such biases, we must first define value premises that may serve as a baseline or zero point. John Rawls' A Theory of Justice is an example of a recent attempt to develop a model of equity (1971). The idea of impartial discourse—what Rawls refers to as the "initial position"—is at the core of Rawls' theory. In order to explain how an impartial

social system would appear, sociology must rely on the value premises offered by such analysis.

In sociology, this is not a novel or exceptional method. Frequently, intergenerational status transmission is examined in connection to a concept of equality of opportunity, which may be based on a statistical independence model. A link between fathers' and sons' earnings deviates from statistical independence and shows the likelihood of opportunity disparity. The operationalization of value premises generally held in society is not sociology per se, but rather the operationalization of such a concept as equality of opportunity. As seen by the disputes over affirmative action, notions of equality of opportunity may vary over time (Coleman 1968), or different concepts may be held by different subpopulations.

Discourse, on the other hand, changes not just the group's feeling of ought, i.e. the substance of the rules, but also their sense of what is, i.e. the situation's description. To put it another way, speech influences the content of both the evaluative and cognitive consensuses (the dominant definition of the situation). Just as normative systems can be skewed, so can situation definitions, i.e., cognitive bias can exist. The way a situation is defined—and whatever cognitive biases it contains—affects social inequality by defining which activities, positions, and other factors are deemed relevant. As a result, the demand for these activities and the benefits they receive are affected.

To sum, the distribution of resources should be done on the basis of equality and equity. Discourse approach can also be an alternative way to distribute the resources. Adopting these, the distribution of resources could be fair and equitable that supposed to bring social justice and harmony in society.

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