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# **The Impact of Behavioral Change Communication (BCC) Program in Reducing Child Labor in Nepal<sup>1</sup>**

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## **Results Summary**

The Pulte Institute for Global Development at the University of Notre Dame (formerly known as the Notre Dame Initiative for Global Development, or NDIGD), in partnership with UNICEF Nepal and Nepalese municipalities, implemented an impact evaluation to investigate the effectiveness of UNICEF's Behavioral Change Communication (BCC) campaign aimed at combating child labor in Nepal. This evaluation was supported by the U.S. Department of Labor (USDOL) and is part of a global effort by USDOL and the Bureau of International Labor Affairs (ILAB) to generate new knowledge in the areas of child and forced labor by funding research that uses randomized evaluations on programs that seek to reduce or end child labor practices.

### **The Intervention**

Since the early 2000s, UNICEF Nepal has been supporting about a dozen municipalities to implement programs aimed at combating child labor. A wide range of activities have been implemented as part of these efforts, including: BCC, provision of services to children and their families, institutional strengthening of the government at the national and sub-national level, and capacity building of community structures.

This study focused only on the BCC efforts, and the evaluation measures the impact of this particular intervention on top of the provision of services, institutional strengthening and capacity building that were taking place in the study area. Six municipalities participated in this study: Bharatpur, Birgunj, Nepalgunj, Pokhara, Rajbiraj, and Tulsipur. These municipalities were chosen because in all these municipalities there were some wards that had not implemented UNICEF-led BCC activities before. Some of the wards in these municipalities had the BCC campaign running for some time and the researchers excluded those wards from the study.

The theory of change (TOC) of the BCC intervention specifies that receiving information related to child labor will lead to changing adults' attitudes and perceptions towards child labor and reduce the prevalence of child labor.

To transmit information to the population about the dangers of child labor, UNICEF Nepal and the municipalities adapted existing UNICEF materials and distributed them first in the Phase 1 wards and later in Phase 2 wards in the participating municipalities. The information was disseminated through the following channels:

- a) *Distribution of printed materials:* Pamphlets, stickers, and brochures were distributed to all households in the ward at least twice a year. The distribution of these materials was done through the assistance of municipality program staff, social mobilizers, and volunteers.

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<sup>1</sup> Funding is provided by the United States Department of Labor under cooperative agreement number IL- 26699-14-75-K-18. 100 percent of the total costs of the project is financed with federal funds for a total of 882,717 dollars. This report does not necessarily reflect the views or policies of the United States Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the United States Government.

- b) *Radio, loudspeaker campaigns, and street plays:* Radio broadcasts aired once or twice a week on different themes pertaining to children's rights. Loudspeaker campaigns were conducted once or twice a year. Street dramas were conducted at least once a year. Program municipalities mobilized children's clubs and local artist groups for street plays.
- c) *Home visits by program staff:* The municipality staff, social mobilizers, and volunteers visited all households within the selected wards. Pamphlets and stickers, which provided information about child labor and available support services, including a letter signed by the Mayor, were distributed during these visits.

## **Research Questions and Methodology**

The researchers addressed the following three research questions:

- Does UNICEF Nepal's BCC program reduce child labor?
- Does UNICEF Nepal's BCC program change people's knowledge, perceptions, and attitudes towards child labor?
- Does the length of exposure to UNICEF Nepal's BCC program influence the impact on the prevalence of child labor?

This study was based on a phased-in randomized controlled trial (RCT) design, where for the first 18 months of the study only wards in one of the two groups received UNICEF Nepal's BCC intervention. This first group of wards is referred to as "Phase 1 group" in the analysis. After the first 18 months, both groups were exposed to the BCC campaign. Wards in the group that did not receive the intervention in the first 18 months, but received it afterwards are referred to as "Phase 2 group" in the analysis. Assignment to Phase 1 and Phase 2 wards was random. In total, 45 wards received the intervention from the beginning of the study, falling in the "Phase 1 group" and 41 started exposure to the intervention 18 months after the study started, falling in the "Phase 2 group".

To answer the research questions, researchers visited 4,473 households selected randomly during the baseline. Out of 4,473 households visited, 3,016 were eligible and consented for the survey during the baseline. Each consented household was visited at baseline in 2016, with half sample twice for midline interviews between 2017 and 2018, and with full sample for an endline in 2019. At each visit, enumerators interviewed adults and all children ages 5 to 17.<sup>2</sup> However, not all questions were shared between the adults and child questionnaires as the questions for children focused only on child labor. For the reporting purpose, the researchers have used the responses from the adult survey, as the researchers did not find any statistical difference between the responses of adults and children.

The statistical analysis was complemented and triangulated with qualitative data gathered at the end of the study that was conducted in 2019. 24 focus groups and 12 key informant interviews were conducted, with the objective of understanding how perceptions and behaviors regarding child labor changed during the period of the intervention. To analyze this component, researchers transcribed the key informant interviews, coded, and analyzed the transcripts using Atlas-TI.

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<sup>2</sup> Please note that, even when the data collection included children up to 17 years old, the analysis of child labor in this report is restricted to children 5 to 15 years old.

## Measuring Child Labor

The primary outcome of this research is the prevalence of child labor, as defined by the international conventions and national legislations. Children between 5 and 15 years old are considered to be engaged in child labor if they fall into any of the following categories<sup>3</sup>:

- a. Children 5-11 years old employed for one or more hours during the reference week;
- b. Children 12-13 years old employed for 14 or more hours during the reference week;
- c. Children 14-15 years old engaged, during the reference week, in more than 36 hours of work in industries and occupations not designated as hazardous;
- d. Children 5-15 years old working in designated hazardous industries and occupations.

In addition to the prevalence of child labor, the study measured variables that capture children's participation in household chores, adult attitudes and perceptions regarding child labor, aspects of social norms, and knowledge of the legal framework related to child labor.

## Findings from the Quantitative Study

The baseline equivalence test shows that households in Phase 1 and Phase 2 wards have similar sociodemographic characteristics. The researchers ran attrition bias analysis for each round of surveys. The researchers did not find a statistically significant difference between Phase 1 and Phase 2 groups for attrition. Thus, there is no risk of bias due to attrition in this study.

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### *Research Question 1: Does the BCC program reduce child labor?*

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The percent of children engaged in child labor is marginally higher in Phase 1 wards (1.84%), which had been exposed to the BCC intervention by the midline, than in Phase 2 wards (1.15%), which had not. These differences are not statistically significant. Based on these results, the study found no conclusive evidence that the BCC intervention decreased child labor.

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### *Research Question 2: Does the BCC program change people's knowledge, perceptions, and attitudes towards child labor?*

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There is no statistical evidence that the intervention increased people's knowledge about the legal minimum working age in study municipalities, nor about the fact that legal actions can be taken against employers in Nepal. Midline data shows that 3.20% in Phase 1 and 3.68% in Phase 2 groups of respondents knew the exact legal age at which children can work in Nepal, with no significant differences between wards that had received the intervention and wards that had not. The lack of difference between these two numbers indicates that the intervention does not increase knowledge about the legal working age.

When asked whether they knew that legal actions could be taken against employers who hired children, over 56% of respondents in Phase 1 and over 55% in Phase 2 groups mentioned that legal action could be taken against the employers of child laborers. However, the difference between the two groups is small and not statistically different from zero.

Disapproval of child labor in the study area is high. Over 90% of respondents in the Phase I group agree with the statement that the work that children do is hurtful to them. In the Phase 2 group, over 88% of respondents agree with the statement that the work that children do is hurtful to them. However, the difference was not statistically significant. Over 89% of respondents in Phase 1 and over 90% respondents in the Phase 2 group expressed that child labor should be eliminated

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<sup>3</sup> The minimum age for hazardous work in Nepal was 16 at the time of developing this study.

altogether. Similarly, over 26% of respondents in Phase 1 and over 24% of respondents in the Phase 2 groups think that their neighbors agree with child labor. Answers to these questions are not statistically associated with exposure to the BCC intervention.

The study could not find the impact of the BCC intervention on changing people's knowledge, attitude, and behavior on child labor. One explanation for this finding is that already over 90% of people in both Phase 1 and Phase 2 treatment wards had negative perceptions of child labor and it may be difficult to make further changes.

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*Research Question 3: Does the length of exposure to the BCC program influence the impact on the prevalence of child labor?*

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The analysis included a comparison of the average prevalence of child labor at the endline between Phase 1 and Phase 2 wards, as well as a linear regression that included a variable measuring length of exposure. Overall, researchers found no statistical difference in the prevalence of child labor between Phase 1 and Phase 2 wards by the time of the endline survey. According to adults' responses, the incidence of child labor is only 0.01 percentage point higher in Phase 1 wards than in Phase 2 wards — 2.93% of the children in the study are engaged in child labor in Phase 1 wards, as compared to 2.94% in Phase 2 wards. This shows that the duration of exposure to the BCC program has no impact on the prevalence of child labor.

In addition to answering these research questions, the researchers also explored children's involvement in household chores. As the qualitative findings show that household chores done by children are commonly accepted in Nepal, this led the researchers to look at these activities in the quantitative data.

### **Findings from the Qualitative Analysis**

The qualitative data gathered at the end of the study provided information that helps researchers better understand what the population conceives as child labor in the study area, how their perceptions depend on children's age and sex, and their thoughts on the intervention. These results complement the quantitative ones by providing people's understanding of child labor and the quantitative measurements of perception, and by helping to explain the quantitative results.

One of the findings of the qualitative analysis is that participants distinguish a difference between child work and child labor. For them, child work is voluntary participation in household chores and is not frowned upon. Instead, this practice is culturally accepted because, as they explained, there is an understanding in the Nepali society that children should learn to work, and they do that through their engagement in household chores. Child labor, on the other hand, is paid work and is not socially approved.

The data from the qualitative findings support the quantitative findings that the use of child labor is considered by society as an unfair and unsuitable practice. Participants in the Focus Group Discussions (FGDs) indicated that social perceptions against child labor have hardened recently and that the BCC intervention may have had something to do with these changes. According to them, thanks to the BCC intervention they are now more aware of child labor and understand the implications of this practice better. According to them, the BCC intervention increased their awareness about the impact of early age work for children, its legal consequences, and the importance of their education. Participants expressed that through the BCC activities they learned that if children are sent to work, they might become victims of abuse and neglect. They also learned that children should not be engaged in work that affects their mental and physical

development. Nevertheless, there are areas where people still employ child labor, e.g. auto garages, brick kilns, and small hotels.

The discrepancy between the quantitative and qualitative results regarding the effect of the BCC intervention on the population's perception of child labor may have multiple explanations. Among these are bias in the selection of FGD participants, social desirability bias in their responses, and limitations in the measurements obtained from the quantitative study, which did not capture the nuanced ways in which participants' opinions may have changed. Despite the inconsistency between the two results, however, the qualitative study was instrumental to understand the reach of the BCC campaign and the components the population found most useful. Participants mentioned that they witnessed different forms of BCC activities in their communities, including the street dramas, the letter from the Mayor, door-to-door visits, roadside banners, and the radio jingles. Among these, they found the street drama to be the most effective in changing their attitudes about child labor. Personally addressed letters from the Mayor were also important, as people hardly receive any such letters from the higher authority in Nepal that made them feel special.

Another important finding of the qualitative analysis is that, despite the knowledge and negative perception of child labor, participants hardly take any action to report the practice and seek prosecution. This is partially because they perceive child labor to be a social crime but not a prosecutable one. Another explanation for this lack of reporting and enforcement, per FGD participants, is the perception that government institutions are not actively interested in preventing child labor and persecuting employers.

### **Suggestions for Future Research**

For future research, the researchers make the following suggestions:

1. *Testing different measurements of child labor, including additional indicators, which may be more appropriate to the Nepalese context.* There is a need to analyze additional indicators of child labor in the study within the Nepalese context. One example is to analyze existing data that better captures the time that children spend on household chores, and how this correlates with other activities, such as school attendance and child labor.
2. *Better understand the population niches that still approve and use child labor.* About 10% of the population still approve of child labor and it is important to understand this population to eradicate child labor completely.
3. *Measuring the long-term effects of the intervention.* Many of the BCC messages might have a long-term impact, but not a short-term impact, as changing social norms and practices may take years. Furthermore, the TOC of the intervention assumed that social norms changed first, and social practices changed in consequence. Measuring the outcomes at the end of the intervention may not have given enough time to go through this whole process. Measuring these effects after a while is important to capture the long-term impact of the BCC campaigns.
4. *Expand the intervention to urban areas, where child labor is more prevalent.* Most of the program areas of this study were in rural wards, which traditionally have lower incidences of child labor. Expanding the intervention and study in urban areas would generate new knowledge about the program's impact.