



Compounded Barriers to Bodily Autonomy

Impact of Disaster on Women's Sexual and Reproductive Health Rights

Nepal is highly vulnerable to natural calamities such as floods, landslides and earthquakes that pose significant threats to community safety and stability. The recent 5.7 magnitude earthquake on November 3, 2023, in Jajarkot District, Karnali Province, highlighted the severe impact with 26,557 households fully damaged, 35,455 households partially damaged and over 150 lives lost. The earthquake resulted in significant property loss, damage to public infrastructures and services, a decline in socio-economic status and deprivation of basic needs.

These impacts have profoundly affected women from diverse backgrounds, exacerbating pre-existing inequalities and impacting their sexual and reproductive health (SRH) and mental health. There has been an increase in sexual and gender-based violence (GBV) and disruptions in healthcare infrastructure have limited access to crucial SRH services like contraceptives and maternal care. Women and girls face increased risks of sexual and reproductive health issues due to the breakdown of social structures and support systems.

Additionally, the patriarchal structure controlling sexual and reproductive health rights (SRHR) of women and girls limits their control over and decision-making about their own bodies, which is exacerbated in the post-disaster period. Addressing SRH needs becomes crucial in these scenarios, prioritizing the provision of reproductive health services, safe delivery facilities, access to contraceptives, and creating safe spaces for women and girls.

Bina (name changed), a 22-year-old woman, married at 16 and now has two children. She has been suffering from SRH problems, including white discharge, but has not sought health assistance due to a lack of information about SRH services. Her husband makes all decisions, including family planning and visits to health posts. Although she shared her problem with him, his priority was reconstructing the house and her health issues remain uncured.



Key facts



Nepal's vulnerability to natural calamities

- Prone to floods, landslides and earthquakes.
- Disasters pose long-term social, economic and environmental threats.
- Disasters intensify existing gender inequalities, particularly affecting women's sexual and reproductive health and mental health.



Heightened risks for women and girls

- Women and girls face increased risks of SRH issues due to disrupted social structures and limited healthcare access.
- Disasters lead to a rise in gender-based violence (GBV), with affected women at greater risk of exploitation and abuse due to weakened social support systems.
- Patriarchal structures limit women's control over their bodies and decision-making power.

Study Overview

A study involving 116 female respondents across the districts of Rukum, Jajarkot and Dang examined the impact of disasters on the sexual and reproductive health of women and girls, with a focus on the accessibility, availability and effectiveness of response mechanisms. This research was conducted in a context where 99% of respondents reported that their homes had been destroyed by the disaster, and more than half (56%) of the health facilities in these areas were dismantled. The remaining health facilities faced severe shortages of essential materials and medicines, further limiting access to vital health services during a critical time.

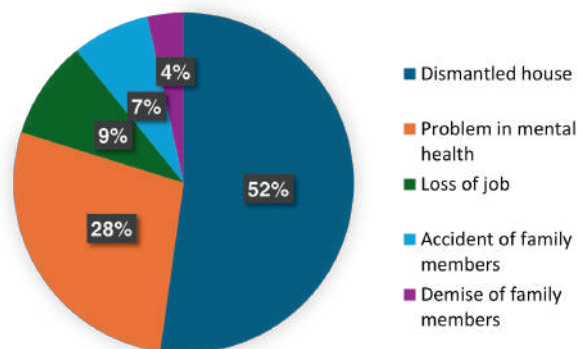


Figure 3: Impacts of disaster

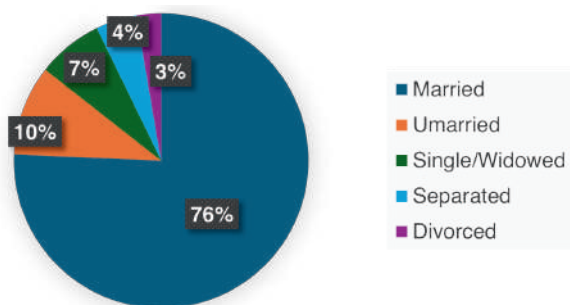


Figure 1: Marital status of respondents

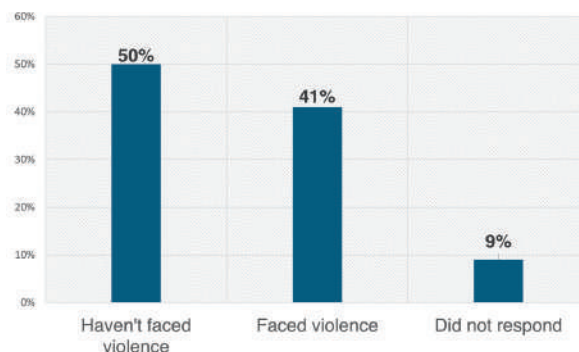


Figure 4: Violence faced by respondents

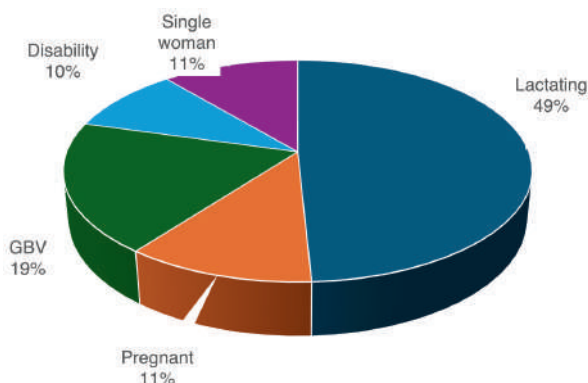


Figure 2: Special conditions of respondents

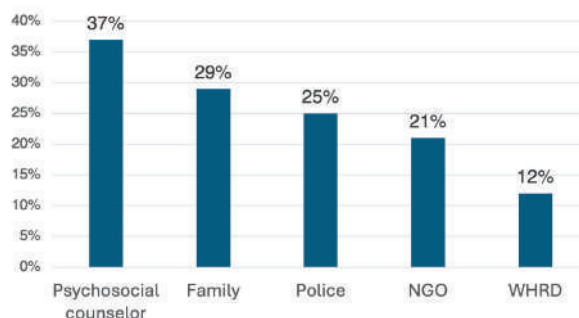


Figure 5: Support channels accessed by women

The study reveals a complex web of interconnected issues impacting women's sexual and reproductive health in the aftermath of disasters. Understanding these interlinkages provide a clearer picture of the compounded challenges and highlights areas where targeted interventions can make a significant difference.

Women's Autonomy and Decision-Making

Violence and health

- Heightened incidence of gender based violence (41%) exacerbates stress and trauma, contributing to deteriorated mental and physical health.
- Violence intersects with increased workload and SRH issues, creating compounded effects on women's well-being.

Limited Bodily Autonomy

- 44% of respondents reported that their husbands made decisions regarding their SRH, indicating limited bodily autonomy.
- Patriarchal norms and cultural taboos restricted women's ability to access SRH information and services.
- Only 55% had control over their SRH decisions.

Menstrual Health Management Barriers

- 48% reported unavailability of toilets.
- 20% lacked access to water.
- 15% faced shortages of clean clothes and sanitary pads.
- Cultural restrictions further limited effective menstrual health management.

Sexual and Reproductive Health Problems and Access to Healthcare

Barriers to SRH Services

- Significant prevalence of SRH issues highlights the critical need for accessible healthcare.
- 63% have sought SRH services, but face barriers such as distance and inadequate facilities.
- 37% of women with special conditions (e.g., pregnancy, disability) faced difficulty accessing SRH services.
- Reliance on home-based remedies (32%) emphasizes the need for improved healthcare access.

Impact of Disaster and Special Conditions

Severe Impact on Daily Living and Health

- Destruction of 99.1% of respondents' homes.
- Compromised water sources severely impact hygiene and SRH needs.
- Pregnant, lactating and women with disability face increased burdens due to long distances to water sources and health facilities.

Violation of Economic, Social and Cultural Rights

Deprivation of Food Security and Water Access

- Scarcity of nutritious food (69%) and inadequate clean water (54%) directly affect overall health.
- Nutritional deficiencies and poor hydration can lead to significant SRH problems, impairing recovery from disaster stress.

Major Sexual and Reproductive Health Issues Identified



Psychosocial Issues: Increased stress, anxiety, and depression due to trauma and disrupted support systems.



Limited Access to SRH Services: Barriers in accessing contraceptives, maternal care, and menstrual hygiene products.



Increased Risks of GBV: Higher incidence of violence and exploitation in displaced settings.



Menstrual Health Management Challenges: Lack of toilets, clean water, and sanitary supplies hinder effective menstrual hygiene.



Decision-Making Power: Women's limited autonomy over SRH decisions exacerbates health issues and dependency.

Increased Workload and Health Issues

- Increased workload (92%) places additional strain on women.
- 76% experienced health problems related to the increased workload, including physical, mental and reproductive health issues.

Challenges Identified

Intersectional Vulnerabilities

- Women from marginalized castes, ethnicities and those with disabilities face compounded challenges.
- Socio-cultural barriers limit access to resources and services.

Inadequate Disaster Response Mechanisms

- Traditional responses focus on general distribution, neglecting specific needs of women.
- Lack of gender-sensitive planning exacerbates inequalities.

Systemic Gender Inequalities

- Deep-rooted patriarchal structures limit women's rights and agency.
- Disasters intensify these inequalities, leading to disproportionate impacts on women.

Conclusion

Disasters in Nepal have a deeper impact on women's sexual and reproductive health due to pre-existing inequalities and long-standing societal power imbalances. These inequalities manifest as disproportionate household and caregiving responsibilities, restricted access to resources, and limited decision-making power for women. Traditional disaster response mechanisms often fail to address women's specific needs, leaving gaps in support and exacerbating their struggles.

A gender-transformative approach is essential—one that acknowledges the distinct needs of different groups and addresses underlying structural inequalities. By integrating feminist perspectives into disaster response efforts, we can develop more effective strategies that ensure the unique needs of women and girls are met.

Recommendation

- Emergency response plans must prioritize the provision of reproductive health services, ensuring access to contraceptives, maternal care, nutrition and safe delivery facilities etc. Moreover, efforts should be made to establish safe spaces for women and girls, equipped with necessary resources and support systems to mitigate the risks of gender-based violence and exploitation.
- Local governments' capacity should be strengthened to implement disaster management policies effectively, ensuring they are localized, context-specific and gender sensitive.
- To understand the long-term health impacts due to limited access to services and increased workload, implement longitudinal studies to track SRH issues over time in disaster-affected populations.
- Local and federal government should analyse existing disaster response policies and made necessarily amendments and develop strategies that specifically address the individual needs of women/girls, particularly in terms of sexual and reproductive health services in aftermath of disaster
- Promote and systematize effective data collection and evidence-based advocacy for informed decision-making, resource allocation, addressing the unique needs of women and marginalized groups.
- Integrate gender-responsive budgeting and planning into disaster response efforts to ensure resource allocation and response plans consider the differential impacts of disasters on diverse groups.
- GBV response service should be included as emergency service during the disaster.
- Psychosocial counselling and SRHR services should be compulsorily included in the relief package.
- Women's and Women Led Organization's leadership should be mandated in Existing Humanitarian/Disaster Response Mechanism such as Disaster Response and Management Committee, Cluster Mechanisms, protection sub-cluster.



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