Sexual and Reproductive Health and Rights of Women in Nepal (SRHR)

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The purpose of this brief is to highlight the status of sexual and reproductive health rights of women in Nepal, discuss the gaps and challenges in the policies to address the ground realities of women with sexual and reproductive needs and to ensure their rights. As the brief includes the 'voices' of grassroot women and stakeholders, it is expected to demand accountability and changes in direction where it is urgently needed and suggest changes or strengthening as necessary at different levels, including the upcoming International Conference on Population and Development. (ICPD)+20.

Population Perspective Plan (PPP) 2010-2031 has been formulated with a multidisciplinary approach to integrate population aspects with economic and social mostly focusing on poverty reduction, gender mainstreaming, and social inclusion. The plan also attempts to address Nepal's commitments in endorsing plans of action related to population issues in various international forums, particularly the 1994 International Conference on Population Development and the 2000-2015 MDGs.

Ministry of Health and Population, 2010.

Scenario at the State Level

Nepal has shown commitment to international human right instruments by ratifying major conventions.[1] Endorsing ICPD was a groundbreaking process at the State level ensuring women's *de jure* sexual, reproductive and health rights which got immersed in the dominant development and human right discourse. It is this aspect which needs strategic check by women's organization to make it *de facto*. With the Interim Constitution of Nepal (2007) asserting "Every woman shall have the right to reproductive health and other reproductive matters" 20 (2), the government again showed commitment to ensure sexual and reproductive health rights.

1 Nepal ratified ICESCR, ICCPR, CAT,CEDAW, CERD, CRC ,CRPD, and endorsed ICPD (PoA),BPfA & MDGs.

What is Sexual and Reproductive Health Right (SRHR)?

SRHR incorporates the rights of all people, regardless of age, gender and other characteristics, to make choices regarding their own sexuality and reproduction, provided that their rights do not infringe on the rights of others. Thus, it promotes reproductive decision-making; freedom from forced abortion; access to information and appropriate reproductive education; freedom from harmful traditional practices and gender based violence and freedom to express one's sexuality. Since sexual rights entered mainstream human rights discourse in the early 1990s, it has tried to broaden the understanding of traditional human rights covenants to include sexuality-related issues; conceptualize sexual and reproductive health and rights; and articulate sexual autonomy and

Of the Sixteen health policies which were introduced in the 1991–2011 period, the following are mostly relevant to impact women's health:

National AIDS Policy, 1995 (updated in 2011)
National Mental Health Policy, 1995
National Safe Motherhood Policy, 1998
National Nutritional Policy and Strategies, 2004
National Safe Abortion Policy, 2006
National Skilled Birth Attendants Policy, 2006
Policy on Quality Health Services, 2007
Free Essential Health Care Policy, 2008
Free Delivery Policy, 2009

Review of National Health Policy 1991, MOHP.

REPRODUCTIVE HEALTH is the absolute physical, mental and social well being related to the reproductive system throughout the life cycle.

REPRODUCTIVE RIGHTS are those of couples and individuals to freely decide the timing, number and spacing of their children, and to access information and care in all matters related to reproduction and sexuality.

SEXUAL HEALTH is a state of physical, mental and social well being in relation to sexuality throughout the life cycle.

SEXUAL RIGHTS includes the right to not be subjected to sexual violence.

Adapted from ICPD Plan of Action

the right to pleasure.[2] "Autonomy is intimately and intrinsically connected with many fundamental human rights, such as liberty, dignity, privacy, security of the person, and bodily integrity."[3] It asserts the right of a woman to make decisions concerning her fertility and sexuality free of coercion and violence. The notion of choice, consent and confidentiality gets highlighted through reference to autonomy. The most widespread and institutionalized component has been the health and reproductive rights based articulations of sexuality.

Sexual and reproductive health problems continue to affect the lives of women in Nepal.

Although it is important to move beyond the health oriented focus of SRHR, it should not be minimized as unimportant but should be supplemented further with socio-political analysis of power structures. Following facts need to be noted.

2 Sexual Rights and Social Movements in India, Working Paper 2006, p.6.

3 Carmel Shalev, Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination against Women. Paper presented at the International Conference on Reproductive Health, India, March 1998.

> ***Women's Health Negligence***
>
> *I have been suffering from obstetric fistula for almost a year but never shared this problem with others. I was ashamed to tell them. My health problem started after I became pregnant at 18 years of age. I was in labor pain for 5 days before being taken to a hospital only to find out it was a still birth. My second pregnancy also ended similarly with me going into labor for six days at home before being taken to the hospital. (Pabitra Nepal, 40 years, Udayapur, Source: WOREC Nepal.)*

- Girls in the age group 15-19(29%) who are already in formal marriage lack access to critical information on SRHR and related services.[4]
- Unmet need for family planning for girls in the age group 15-19 is 42% and for 20-24 age group is 37%.[5]
- 25% of women of reproductive age in Nepal experience unplanned

4 Government of Nepal, Ministry Of Health And Population, Population Division, Nepal Demographic and Health Survey, 2011, p.65.

5 Nepal Demographic and Health Survey, 2011, p.104.

pregnancies.[6]

- 47% of girls who first had sex before the age 15 were forced against their will.[7]
- Only 29% of women have ever heard of emergency contraception and only 0.1 percent have actually used it. [8]
- 17 % of girls in the age group 15-19 have already had a birth or are pregnant with their first child.[9]
- 18% of women in the reproductive age are undernourished (BMI < 18.5 kg/m2) and 35 % in the age group 15-49 are anemic, nutritional deficiencies such as anemia is often exacerbated during pregnancy.[10]
- Although maternal mortality ratio (MMR) in Nepal decreased between 1996 and 2006, from 539 to 281 deaths per 100,000 births, it is still very high.[11]
- Uterine prolapse affects about 10% of women nationally.[12]
- Unplanned pregnancies expose women to the risk of unsafe abortion. Unsafe abortion is the cause of up to 20-27% of maternal deaths in hospitals which is significantly higher than the global average of 13% despite the legalization of abortion in 2002.[13]
- Suicide accounted for 10% of deaths among women of the reproductive groups (15-49) in 1998 which increased to 16% in 2008/09.[14]

6 Ibid.90.
7 Ibid.239.
8 Ibid.94.
9 Ibid.83.
10 Ibid.184.
11 Ministry of Health and Population [MOHP], New ERA, and Macro International Inc., 2007.Nepal DHS 2011,p.119.
12 Institute of Medicine, 2006. Nepal Demographic and Health Survey (DHS), 2011,p.143.
13 Advocating Accountability: Status Report on Maternal Health and Young People's Sexual and Reproductive Health and Rights in South Asia (Nepal), 2010.p.55.
14 Pathak LK,Malla D,Pradhan A,Rajlawat R. Maternal Mortality and Morbidity Study(MMMS, 1998);Pradhan A, Suvedi BK, Barnett S, Sharma S, Puri M,Poudel P, Rai Chitrakar S, Pratap NKC, Hulton L, Maternal Mortality and Morbidity Study(MMMS, 2008/09).Family Health Division, Department of Health Services, Ministry of Health and Population, Government of Nepal, Kathmandu, Nepal; Pradhan A, Poudel P, Thomas D, Barnett S. A review of the evidence: suicide among women in Nepal. Options consultancy services Ltd, UKaid and UNFPA, 2011, p.10.

- Data collection at the national level for rape cases are missing. The data from WOREC Nepal gives a glimpse of this issue. The data collected from 14th April-15 July, 2013 report a total of 149 cases of rape and 4 cases of attempted rape.

Rape of 5 year old girl

5 year old girl was raped by a 50 year old man in Siraha. The girl survived with internal injuries but in spite of being referred to Dharan hospital, the family could not afford to take her for further treatment. (WOREC, Nepal)

Sexuality and Rights

The experience of women working beyond the socially acceptable sectors has shown that they are threatened by both the law enforcement officers as well as local people while asserting their right to work. Further, their issues get sidelined whenever they raise their 'voice'. The story is no different for women laborers or domestic workers.

Sexuality needs to be understood in the context of power and social relationships and not just in terms of disease prevention or violence. Similarly, it should be articulated to incorporate aspects of "choice, pleasure, and dignity, as well as diverse understandings of the body, desires, and sexual preferences."[15] Additionally, it must be discussed within a broad spectrum of issues that shape access to resources, opportunities and options for economic activity, livelihoods, and survival. Women's access to resources, opportunities and mobility are sanctioned through gender-biasness, social restrictions and their sexuality is controlled in the name of chastity.

Women and Poverty

Cases involving mother killing self and her children have been a common occurrence in Nepal. One such incident involved a woman with a lump in her breast. The family of the woman was very poor to even have two meals a day. They wouldn't imagine about the treatment for the disease. So while husband was out, wife murdered her son and hung herself. The main reason behind most of these incidents is poverty. (eKantipur July,2013)

15 Sexual Rights and Social Movements in India, Working Paper 2006.

The deeply rooted silence around sexual rights needs to change. At the practice level of asserting SRHR, it should be underscored that the consequences of claiming rights in the name of sexuality should not further marginalize the minorities.[16] It should create a 'space' for them to demand their sexual rights in a just and fair way.

Poverty, Food Security and SRHR

SRHR issues are overshadowed by persistent poverty and women with unmet basic need specially their food security. The issue of food security affects the well being of women to the extent of having control over their bodies.[17]

Women and security

I went to file a case against sexual harassment and torture from my neighbor in a local police station. Instead of registering my case, the sub inspector called me the following day only to rape me. He gave me Rs. 50 to remain silent about the incident. Where am I safe? (Kabita, 17 years, Biratnagar) WOREC, Nepal.

To address the linkage of food

16 Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ), differently-abled, single women, widows, migrants, sex worker, entertainment workers etc.

17 Dr. Renu Rajbhandari, WOREC Nepal - Nepal Narrative of the on the linkages between poverty, food security and sexual and reproductive health and rights in Nepal and the Asia-Pacific region, Asian-Pacific Resource & Research Centre for Women (ARROW),2012.

Sexual and reproductive problems of post-menopausal woman

I am a 58 years old post- menopausal woman who has undergone surgery for uterine prolapse. I have several stitches and am suffering from terrible pain. I was forced against my will for sexual intercourse by my husband despite my pain. I am really afraid that my husband will force to have sexual intercourse again. I am residing at my maternal home and cannot dare to go home soon. I wish there were programs that supported women like me and involved male counterparts and not just adolescents regarding sexual and reproductive health. Rama (name changed), 58 years, Siraha.

security[18] and poverty in line with SRHR, there should be proper linkage with policy makers to move in an integrated way with various ministries like agriculture, health and women's ministries for a holistic change. Efforts on addressing women and poverty have largely been based on micro-finance projects to help women to earn a livelihood. The focus is not sufficient to adequately address women in poverty and to fundamentally understand the root causes that deprive women's well being in the first place. Unless the root causes are addressed to ensure better access to health and food, women's conditions cannot be improved.

Future focus for ICPD beyond 2014 [19]

Social and structural change is needed to facilitate the implementation of the SRHR policies. The real change will not happen if we don't change the way society thinks about women's body, work and sexuality. **Therefore, there is a need to speak clearly about sexual rights as the issue has been silenced even in "progressive and politically correct spaces."**

18 The three pillars of food security –i.e. "Food security is built on three pillars: Food availability: sufficient quantities of food available on a consistent basis, Food access: having sufficient resources to obtain appropriate foods for a nutritious diet", Food use: appropriate use based on knowledge of basic nutrition and care, as well as adequate water and sanitation. World Health Organization. (2012). Food Security. Trade, foreign policy, diplomacy and health.

19 Based on the discussion with the civil society groups.

SRHR can be a strategic tool of challenging social norms that discriminate individuals who ascribe to different sexual behavior and practices than that of the predominant one. As mentioned earlier, it can create a platform where alliances can be made with various groups that have been vulnerable to abuse because of their identities. The future focus on SRHR should be able to create spaces for conversations to impact broader structures of power.

The impact of poverty is predominantly structural in nature which denies women access to and control over resources and opportunities and as well as control over their bodies. Thus, SRHR should assure women's right to food, security and justice. Similarly, SRHR in general needs to be analyzed in a broad context and dealt with through multi-sectoral approaches. The recent trend of the free market policies has impacted women's livelihood, health care and other issues related to their basic rights. This needs to be thoroughly researched and addressed. The increasing trend of youth migration has added burden to the already heavy chores of women and increased vulnerability of women migrants to labor & sexual exploitation and consequently stigma.

It has also impacted the lives of most women and their children who are subjected to huge psychological and emotional problems. To overcome these issues, clear, concrete and effective policies should be devised to curb the detrimental social consequences of migration. Thus, the present need is to ensure policies that guarantee women their right to work, living wage that is adequate for their livelihood and well being.

Incorporation of the above raised issues in the future initiative beyond ICPD +20 and State accountability to their commitments is needed to address the short-comings at the practice level of implementation of SRHR. The Government must recommit themselves to achieving the

goals by addressing the gaps and strengthening the loop-holes. Since ICPD beyond 2014 is an opportunity to influence the future of SRHR of women, the 'voices' in this brief should define what needs to be done to deliver what it actually promises. Similarly, it becomes equally important to thoroughly investigate to find out the evidences of what has actually worked and where; and what challenges still surface in the lives of women with regard to their SRHR.

Recommendations to the Government

Nepal is nearing the election for Constituent Assembly which is the right time for the Government to make changes to gaps in policies and programs with regard to SRHR of women. The new Constitution should address the issues related to structural changes, right to food sovereignty and security, right to livelihood security, sexual and reproductive rights , right to bodily integrity, freedom from all forms of violence , equality of women and their inclusion at all levels in the policy making processes. The political parties should make this commitment including ending all forms impunity to ensure SRHR in their election manifesto and abide by this while

drafting the new constitution. Along with these, below are some specific recommendations:

- **Ensure access, availability, affordability, adequacy and quality of sexual and reproductive health services and create conducive environment for accessing these services.**

  A safe, accessible and quality reproductive health service sufficient to meet the needs of women throughout their life- cycle is needed.[20] There should be comprehensive, non discriminatory reproductive

20 Safe abortion, maternal health services pre-natal care, emergency obstetric care, safe delivery and post-natal care, skilled birth attendants and comprehensive reproductive health services capable of addressing women's reproductive morbidity including post menopausal concerns, uterine prolapse, obstetric fistula, maternity leave etc.

and sexual health care services within favorable environment for the youth.

- **State should move beyond 'project based approach' and ensure accountability.**
  State should move beyond 'project based approach' and incorporate human rights dimensions/perspectives in the reproductive health initiatives. True human rights accountability must be supplemented with access to remedies for sexual and reproductive rights violations and complain mechanism established by the Government.

- **Ensure appropriate reproductive and sexual education, information and services to women of all age and groups.**
  The State must ensure that the reproductive and sexual health information and services reach women of all ages and groups.[21]

- **Ensure coordination at all levels.**
  Government should create effective coordination mechanism to deliver appropriate sexual and reproductive health care to all women and adolescents. Coordination structure needs to include civil society members; specially women right organizations and prioritize activities to address structural inequalities which marginalize women.

- **Ensure measures to end impunity against VAW.**
  VAW is the cause and consequences of denial of reproductive and sexual health rights of women. To address the increasing number of rape among women, it is essential to focus on programs like large scale media campaign for behavioral change and mass sensitization. The practice of commodification of women bodies and negative stereotyping must end. Likewise, the current law against rape and the investigation procedure needs immediate revision. Furthermore, the current law on domestic violence needs to be revised due to its ineffectiveness of addressing the intensity of the problems of

21 (children, adolescent, post menopausal, elderly).Similarly, it should ensure SRHR of LGBTIQ, differently-abled, single women, widows, migrants, sex worker, entertainment workers etc.

women. Another urgent need is to create the fast track court to ensure speedy justice to women. Hence, it must be addressed through integrated approach while providing women and girls with effective protection, access to justice and at the same time creating favorable environment for women to move away from any forms of violence.

- **SRHR needs to be dealt with through multi-sectoral approach.** Gender analysis of poverty is needed to address the economic, structural and root causes that deprive women in the first place. Similarly, women's right to natural resources, land and employment needs to be ensured. Further, to address practical needs such as food security, food sovereignty and poverty in line with SRHR, proper linkage and comprehensive planning needs to be established with different ministries such as agriculture, health, women's ministries etc.

- **Ensure support and security to the Women Human Right Defenders(WHRDs)** Female community health workers and women health workers play a major role in providing care and information on reproductive and sexual health and rights. As these rights are considered a taboo, these women as well as the Women Human Right Defenders (WHRDS) who advocate for these rights get constantly threatened, harassed and abused. This needs to be acknowledged with proper support mechanism by the State. To effectively provide protection and security to the WHRDs, security guideline and policies need to be implemented. The State should also take reasonable steps with 'due diligence' to prevent the human rights violations and carry out investigations as necessary.

Recommendations to UN and other donor agencies

- Establish more partnership with women rights organizations to effectively address SRHR. Women's empowerment (Social, Economic, and Political) should move parallel to SRHR initiatives. Unless SRHR is assured all other human rights (civil and political, economic and social) have limited power to advance the well-being of women and vice-versa.

- Integrate VAW in women's reproductive and sexual health policies and programs and ensure adequate resources for their implementation.
- Emphasize sexual and reproductive health and rights related issues through right-based policy frameworks and support civil society organizations to monitor government's commitment on SRHR.
- UN agencies should adhere to the UN guidelines on Human right defenders and outcome document of CSW (2013)[22] which emphasizes on the special needs and concerns of WHRDs.

22 Commission on the Status of Women Fifty-seventh session 4 – 15 March, 2013. Agreed conclusions: (z) "Support and protect those who are committed to eliminating violence against women, including women human rights defenders in this regard, who face particular risks of violence." (p.9). Similarly, the UN Declaration on Human Rights Defenders adopted by the UN General Assembly on 9 December 1998 lays out the basic principles that must be fully respected by all governments in order to ensure that human rights defenders can carry out their work freely and without fear of reprisals.

Commitments from the civil society groups

Women and young people face huge social and economic barriers to sexual and reproductive health. Improving services is not enough. Sexual and reproductive health has major social, economic, political and legal determinants and consequences that needs to be addressed in a multi sectoral way. Therefore the civil society, should commit to coordinating with different stakeholders to support in their endeavors and to assure women their fundamental rights with emphasis on SRHR. To materialize the policy level commitments at the practice level, it is vital that there is a strong coordination mechanism and commitments in the part of all stakeholders to ensure SRHR and address the ground realities and specific SRHR issues.

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