



RIGHT HERE
RIGHT NOW



A Provincial Issue Brief: Sexual and Reproductive Health and Rights at Karnali Province (Province 6) of Nepal

Introduction to few Terminologies

Sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. Sexual and reproductive health is a lifetime concern for every person, from infancy to old age.¹

Sexual and Reproductive Health and Rights (SRHR) is the concept of human rights applied to sexuality and reproduction. It comprises of Sexual health, Sexual Rights, Reproductive Health and Reproductive Rights. SRHR was addressed by the Cairo International Conference on Population and Development and 4th World Conference on Women (1995).^{2,3}

SRHR as part of human rights, have the following principles of human rights described in the Universal Declaration and outlined by the United Nations Population Fund (UNFPA).⁴

International Planned Parenthood Federation (IPPF) defines **Comprehensive Sexuality Education (CSE)** as a rights-based approach to equip young people with the knowledge, skills, attitudes and values they need to determine

and enjoy their sexuality – physically and emotionally, individually and in relationships.⁵

Marriage Equality refers to a political status in which the marriages of same-sex couples and the marriages of opposite-sex couples are considered legally equal. It is the equal allocation of rights and benefits to all married couples, regardless of whether those couples are of different or same sexual orientation.⁶

Abortion refers to a voluntary intervention to terminate an unwanted, mistimed, or unplanned pregnancy. The persons, skills and medical standards considered safe in the provision of abortion are different for medical and surgical abortion and depend on the duration of the pregnancy.⁷

Safe abortion refers to abortion that is done with a method recommended by World Health Organization (WHO) (i.e. medical abortion, vacuum aspiration, or dilatation and evacuation), is appropriate to the pregnancy duration, and is provided by a trained health-care provider.⁷

Principles of human rights

- * **Universality:** They apply equally to all persons and they are the rights of every individual, there are no exceptions. This means that SRHR apply to everyone, including all children, adolescents and young people.
- * **Inalienability:** A person can never lose their rights. A person is entitled to these rights from birth, because they are human.
- * **Indivisibility:** No right is more important than another right, they are all connected one cannot have one without the other. Denial of one right impedes the enjoyment of the other rights.
- * **Interdependency and interrelation:** The fulfilment of one right may depend in part or in whole on the fulfilment of other rights.

Background Information on Province 6

Province 6 known as Karnali province is one of the seven provinces of Nepal covering an area of 27,984 km². The total population of the province is around 1.5 million, with a population density of 56 km². There are 10 districts with three-fold geographical division from Himalayan in the north to Terai in the southern part. The capital of the province is Surkhet, the longest district of the country. The main residents of the province are Khas-Aryans, largest ethnic group followed by Dalits, Adibasi, Janjati, Tharu, and Madhesi.⁸

The literacy rate of women is 66.2% and men is 91.5,⁸ which is quite high considering that province 6 is regarded as most remote area of Nepal. Since the data is extracted from Nepal Demographic Health Survey, which is not a census, such high literacy rate might have been recorded. However, other data show that the province is backward in certain indicators. Province 6 has most of the women in lowest wealth quintile (69%), and highest (58.5%) women have no exposure to media. The median age for first birth is 19.8 years. Total fertility rate is 2.8 per women, the highest in the nation. Only 35.6% of the deliveries happen at a health facility which is the lowest among all provinces in Nepal, the main reason being no transportation. Only 24% women who had a live birth reached the delivery site within 30 minutes, which is again the lowest among all the provinces. 91.4% among the age group 15-49 have heard of HIV/AIDS while only 32.3% know that treatment is available for HIV, which is the national lowest.⁹

Highlighting issues on SRHR in the province

With the **Interim Constitution of Nepal (2007) asserting “Every woman shall have the right to reproductive health and other reproductive matters”** Article 20 (2), the government has reaffirmed its commitment to ensure sexual and reproductive health rights for all the citizen.¹⁰

The **median age at first marriage is lower in province 6** (men = 20, women = 17.3 compared to national median (men = 21.7, women = 18.1) for both men and women. With legal age to marry being 20 years, women are still married below 20 years, leading to second **highest teenage pregnancy rates** (have had a live birth) in province 6 (19%) than national (17%).

Men and women at province 6 initiate first sexual intercourse earlier compared to the average of the nation.⁹ (National: Men = 20.5, Women = 17.9; Province: Men= 19.2, Women = 17.3). Hence, there seems to be little window for sexual intercourse before marriage for women, but almost half of the men are sexually active before marriage.⁹ In absence of comprehensive sexuality education, and adequate information and access to contraceptives this might lead to high rate of teenage pregnancy.

The use of the modern contraceptives among the age group 15-49 is (45%) in province 6, which is higher than the national data (43%). Still, **25.7 percent of married women age 15-49 in Province 6 have an unmet need for family planning. The difference between wanted and actual fertility is largest** in Province 6 (1.0 child)⁹

Only half of the young people (45.42%) aged 10-24 discuss issues related to family planning with anybody in Nepal.¹⁰ 45% of women in Province 6 did not discuss family planning with a health worker or a health facility.⁹ Discussing with youth about their reproductive rights and importance of family planning will help them to lead healthy life with dignity.¹¹ Youth are vulnerable to transmission of HIV and other sexually transmitted infections.⁹ Thus, appropriate information to youth helps to prevent pregnancy related health risks in women, empower people and enhance education which contributes in reduction of adolescent pregnancies.¹²

The **awareness on legality of abortion is lowest** in province 6 (33.0%) in the country (41%), while surprisingly 54.2% women have knowledge about the places that provide safe abortion services, and among them 87.7% can tell the name of the Government center which is highest among the provinces.⁹ 11.4% women have done abortion in the province, the reasons being health of the mother (6.1%), no money to take care of the baby (2.7%), wanted to delay childbearing (16.6%), did not want more children (56.5%), wanted to space births (8.7%), Husband/ partner did not want a child (0.5%), **sex of the child not as desired (3.2%)**. The existing issues related to abortion services include lack of knowledge, and not being aware about the existing laws and policies.⁹ This leads women in turning to unsafe abortion. Despite the wide distribution of abortion services, women still

face unwanted pregnancy due to limited access to family planning services.

Curriculum Development Center (now CEHRD) has incorporated components like anatomy of human reproductive system, family planning, violence, menstruation, etc. in the school curriculum. They have also committed to incorporate other major components of CSE in the school curriculum starting from grade I; with age appropriate contents.¹³ Putting up a progressive side **CDC (now CEHRD) has also placed Environment Population and Health as an optional subject in grade 9 and 10 which ultimately questions their decision to address the importance of CSE to young people.**¹⁴ Due to limited access to comprehensive sexuality education there might be inadequate education on sexual and reproductive health rights, and decision related to marriage, fertility and sexual behavior.

Nepal has provided legislative protection in the constitution itself, Nepal's supreme court on November 18, 2008, ruled in favor of laws to guarantee full rights to LGBT people, and all gender minorities to be defined as "natural persons" under the law. However, **discrimination against sexual and gender minorities has been widely reported**. From being bullied at school, facing stigma from family and society, being deprived of health services to receiving marriage threats, corrective rape threats, sexual and gender minorities face violence and discrimination throughout their lives. LGBTI couples are even not allowed to extend their families and this issue has been political, social and religious concern in both the national and provincial level of Nepal.¹⁵

One such example is that **Same sex marriage (marriage equality) is yet not legal in Nepal**. Though Nepal's Supreme Court in 2007 decided that Nepal should explore legalization of same sex marriage but this has been only partially fulfilled.¹⁶ The supreme court asked the Government of Nepal to form a committee of experts to study and prepare a report on same-sex marriage in Nepal. The committee of experts submitted a report to Chief Secretary in February 2015. The report recommended Nepal to adopt same-sex marriage, family protections and rule out discriminatory provisions from the civil and criminal codes. However, the recommendation was overlooked and wasn't addressed in the new constitution.¹⁷

Also, **National level surveys do not include data related to sexual and gender minorities**, due to which the demographic, health and other issues applicable to the community are not brought into highlight. Including them in national surveys would support reduce stigma, and also provide valuable evidence for advocacy.

Recommendations

- * With restructuring of the country, several progressive policies and act (e.g.: Safe motherhood and reproductive health act) have been developed at the national level. Provincial Government should take initiatives to formulate provincial policy documents (such as policy, acts, directives, guidelines) based on federal policies, or make them even further progressive to ensure young people's right to sexual and reproductive health and rights.
- * Comprehensive sexuality education needs to be included in and out of school curriculum, so that sexual and reproductive health rights are informed to large population. One of the subjects taught in school "Health" has been changed to an optional subject which limits the knowledge and skills of school going children on SRHR. Since the local government has the autonomy to develop the curriculum or make alterations to the existing national curriculum, they can play an important role in making "Health" a compulsory subject, and also incorporate other SRHR issues relatable to their local context in the school curriculum.
- * Access to safe abortion services for young people should be strengthened in rights-based perspectives, and access should be ensured through youth friendly services, expansion of service sites, ensuring at least two safe abortion service providers are available on each site, with medications and equipment available throughout the year. Since abortion is integrated with social context, service providers need to be provided with value clarification regularly.
- * The comprehensive anti-discriminatory laws for sexual and gender minorities should be enacted in all levels. The necessary measures, including legislative, to recognize family rights of same-sex couples should be addressed from the local and provincial levels.

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Visible Impact, which is a partner organization of Right Here Right Now, is a young woman led organization that aims to bring visible impact on the lives of every woman, every girl and every youth by unleashing the social and economic leadership of girls, women and youth through human centered approaches.

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