CEDAW Shadow Report

Concerning Sexual and Reproductive Health and Rights (SRHR) of Women

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Beyond Beijing Committee

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Executive Summary

Introduction

This Report focused on the Sexual and Reproductive Health Rights of Women has been prepared and submitted to the CEDAW Committee by Beyond Beijing Committee (BBC) as an Alternative Report to the 4th and 5th combined periodic report submitted by the Government of Nepal. The purpose of the report is to maintain the government accountability both inside the country and at the United Nations.

The SRHR Issues in Nepal

Although Maternal Mortality Rate (MMR) has decreased tremendously in Nepal, it is still one of the countries in Asia that has a high maternal mortality rate. The issues such as son preference, women's limited access to knowledge/information, services, food and care, risks of childbirth, early marriage and early pregnancy, poor family planning services, lack of reproductive health supplies, lack of male responsibility for contraception, low literacy and lack of ability to raise up reproductive health issues within the family are among the factors that have been identified as contributing to the high MMR. The increasing cases of sexually transmitted diseases and HIV/AIDS reflect the poor health status of the women in the country

Safe Abortion

Though abortion services are available in the districts, the trend of back street unsafe abortion still persists in most of the areas in Nepal. The major contributing factors are lack of quality information and services as well as the gender inequality in accessing to information and services relating to health, especially safe abortion.

Antenatal Services

Most pregnant women tend to visit health facilities for check up only after 4.6 months of conception in an average, which is indicative of lack of awareness about their body and health; because earlier visits could provide early diagnosis and treatment to infection and an opportunity to give birth to a healthy new born. The role of the FCHVs(Female community Health Volunteers) needs to be increased through motivating them to contribute to safe motherhood.

Nutrition

The nutrition status of women and children, especially girls, is low while the percentage of anemic is high, based on the government report. Nutrition is critical to women not only

during pregnancy and lactation but also during her life cycle –from childhood to old age. The government programs should focus on this line.

Uterine Prolepses

The causes of Uterine Prolepses (UP) are generally identified as inaccessibility to quality maternal health care, poverty, gender discrimination on reproductive and maternal health, lack of nutrition (life cycle), workload during the postnatal period, and domestic violence (in the form of no additional food during pregnancy and postnatal period, no work load sharing during pregnancy an, lack of post natal care, etc.). Although the Government has recently developed guidelines for the screening of UP and has plans to initiate new program in the area of reproductive health including mobile services, but UP still continues to be a significant health problem in Nepal, that could be easily prevented and addressed with appropriate and accessible quality healthcare services.

Recommendations

The government should carry out the following in order to improve the situation of Sexual and Reproductive Health of women so that she could live a healthy and dignified human life:

1. Safe Abortion
   - disseminate qualitative information and provision of services at the doorstep
   - focus on sensitizing people, particularly women and adolescent girls, about abortion not to be taken as a means of contraception
   - increase the access of family planning tools to each and every individual whenever and wherever necessary
   - provide all the Primary Health Care Centers to have abortion facilities
2. FCHV
   - proper incentives to the FCHV's who act as an important part working at the grass root level of the community especially related to the women's reproductive health
   - proper training to FCHVs on issues related to SRHR
3. Gender Sensitive and Women-Friendly Services
   - improve the attitude and behavior of the health and other personnel employed in the health facilities so that rural women feel at ease to visit there
4. Nutrition
   - take into account of the reality that women has right to nutritious food throughout her life not only during pregnancy and lactation
5. Uterine Prolepses
   - review the present plan to ensure that uterine prolepses is given special attention
   - increase budget for women with uterine prolepses
   - strengthen implementation of programs and policies to prevent and address uterine prolepses

Introduction

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979 by the UN (United Nations) General Assembly, is an international bill of rights for women. The Convention is an international legal tool which comes into force in the countries that have signed or ratified it, with the exceptions being the reservations of the State party. The governments are required to report progress periodically to the Committee on Elimination of Discrimination against Women.

The CEDAW Committee is a powerful instrument for articulating, advocating, and monitoring women's human rights. NGOs(Non Governmental organizations) have very important role in making the Convention an instrument of women's empowerment, through advocacy and monitoring their government's implementation of the treaty. Because the Convention's enforcement mechanism is based on the reporting system, it is imperative that the NGOs understand and use the reporting mechanism to maintain government accountability both inside the country and at the United Nations. The governments are obliged to act upon the general recommendations or the concluding comments of the CEDAW Committee and report on its progress.

Governments' assessments of their efforts to comply with the Convention are frequently incomplete and tend to **minimize problems** and **maximize accomplishments**. The CEDAW Committee welcomes the governments to involve the NGOs in preparing the country reports. However, it invites direct NGO input, in the form of independent or "shadow" reports and informal presentations, to bring women's real concerns to national and international attention, because the government can omit the NGO versions/inputs in its final report.

Shadow reports prepared by NGOs provide insightful information and are being used as complimentary reports to the Government as well as recommendations to the Government for its strategic intervention. These periodic shadow reports have vastly improved the effectiveness of the monitoring process by providing the Committee with critical information that is absent from the official government reports. The parallel reports serve as an effective advocacy tool in the domestic context by providing means of drawing public attention to the claims a state party makes in its report, and to help educate the media and the public about the State's international human rights obligations.

Organizational Background

The Beyond Beijing Committee (BBC), a pioneer and leading organization working for women's human rights and gender justice in Nepal, was founded since the preparations to the Fourth Women's World Conference, 1995.

BBC works in the 12 critical issues of women. It has been carrying out consultancy workshops to review B+5, B+10, B+15 as well as ICPD 10 in the context of Nepal. It produced shadow reports for B+5 and 10 and presented to CSW sessions. The process it adopted was to initiate dialogue from the grass-roots through National to Regional/International levels and then back again.

It has been implementing Women's Health and Rights Advocacy Partnership (WHRAP) program since several years in a couple of districts undertaking advocacy initiatives for Women's and Young People's Sexual and Reproductive Health Rights (SRHR) issues in the context of Nepal. The project aims to reduce maternal mortality focusing on unsafe abortion and uterine prolepses through increased access of the marginalized women and young people to information and services.

Data gathering process

The data presented in this report were gathered from different sources. Some of the major sources are:

- Inputs from all the district partners
- B+15 National Consultation report
- Government 4th and 5th CEDAW report
- National Demographic health Survey Data (2006)
- BBC Policy briefs
- Policy brief of CREHPA

Of these the important data source was from the inputs given by our district partners- from Makawanpur, Lalitpur and Morang districts. In Makawanpur we are working in 33 Village Development Committees (VDCs) focusing on safe abortion. We have mobilized surveillance group in each VDC. In each VDC, The group works with the community at the grass root level and creates awareness regarding our issues. They interact with the local health personnel and attend the meetings with mothers group, with FCHVs and with pregnant women group from where they collect the information and data which is eventually disseminated to BBC.

In this report we are focusing only on the sexual and reproductive health rights and especially on access and rights to safe abortion and, prevention of uterine prolapsed as this is highly prevalent amongst women from all geographical regions. This report is produced based on the Beijing+15 NGO National Consultation from 56 districts, we have focused program on Safe Abortion in Makawanpur, we conducted research in the Tribhuwan University Teaching Hospital and Kathmandu Valley on uterine prolapsed, as well as inputs from our partners from Morang and Lalitpur districts.

The Report of the Government of Nepal

The 4th and 5th combined report of the Government of Nepal states that Nepal is one of the countries in Asia that has a high maternal mortality rate. Son preference, women's limited access to knowledge, food and care, risks of childbirth, early marriage and early pregnancy, poor family planning services, lack of reproductive health supplies, lack of male responsibility for contraception, low literacy and lack of ability to raise up reproductive health issues within the family are among the factors that were identified as contributing to the high rate. The report also says that the increasing cases of sexually transmitted diseases and HIV/AIDS reflect on the poor health status of the women in the country.

NGOs working for Sexual and Reproductive Health Rights (SRHR) have always been intrigued by the possibility of incorporating SRHR issues more comprehensively within the CEDAW reporting process. We thought it is helpful if we present the Shadow Report, with a brief analysis on how this report covers and reports on achievements in sexual and reproductive health and rights.

The Shadow Report is presented to the CEDAW Committee for better insight into actual critical situation of women and girl children, and challenges thereof, and is aimed to be critically assessed by the Committee members to come out with strong Concluding Comments for making the government accountable and responsible in providing SRHR information and services to the citizens, particularly women and girls.

SRHR Issues in Nepal

CEDAW demonstrates that women's health is an issue that is recognized as a central concern in promoting the health and well-being of women. It requires State parties to eliminate discrimination against women in their access to health care services, throughout the life cycle, particularly in the areas of family planning, and pre-natal, delivery and post-natal periods.
For the benefit of State parties and those who have a particular interest in and concern with the issues surrounding women's health, the present general recommendation seeks to elaborate the Committee's understanding of article 12 and to address measures to eliminate discrimination and ensure equality in order to realize the rights of women to the highest attainable standard of health, including appropriate services pertaining to SRHR.

Safe Abortion

Indeed abortion, including delivery facilities, has been expanded throughout the country. Maternal mortality rate is in decreasing trend. Nepal has been very successful in decreasing the maternal mortality to its 2/3rd for which the country also won an award. Over the past ten years there has been significant improvement on the proportion of mothers who received ANC from SBA increasing from 24% in 1996 to 44% in 2006 as stated in the government report.This is in a way related to the period of legalization of abortion in Nepal as experts say (Dr. Indira Basnet's blog).

Nepal is the first South Asian country to legalize abortion in this way (Binda Pandey, Workers News 32, 2002). However, according to the NDHS 2006, 33% cases relating to abortion complications admitted in hospitals consist of unwanted pregnancies.

A Supreme Court Case
Lakshmi Dhikta v. Government of Nepal

On May 20, 2009, the supreme court ordered the Government of Nepal to formulate law on comprehensive abortion ensuring women to access safe and affordable abortion services .The court ruling was on the Lakshmi Dhikta v. Government of Nepal, filed as a public interest case in support of Dhikta's case on February 22, 2007 by the Center for reproductive rights, New York along with the Center's Nepalese Partners - the Forum for Women, Law, and Development, the Women Victims Legal Aid Clinic at Kathmandu School of Law, the forum for protection of Public Interest (Pro-Public) and individual attorneys. The court asked the government to set up a fund to cover the cost of abortion for poor and rural women and invest enough resources to meet the demands for abortion services and to educate the public and health services providers on the existing abortion law. Dhikta, a mother of five children belonging to an extremely poor family in the rural western Nepal, could not afford to pay the fee charged for abortion at a public hospital. The doctors asked her for 1130 Nepalese Rupees (approximately $ 15) which she did not have. As a result she was forced to carry the pregnancy to term and became a mother for the sixth time **(Source: http//reproductive rights.org).**

The trend of back street unsafe abortion still persists in most of the areas of Nepal because people do not know exactly what safe abortion means. According to the study conducted in Makawanpur district, women hesitate to go to the government hospital for abortion because of the fear that they would be recognized by other members of society so they want to make abortion private. On the other hand, women in Morang district preferred to go to government hospital for abortion instead of the clinics like Marie Stopes so that they would not be caught in the places where women generally visit for family planning and abortion related matters. These cases are important to understand that women in the so called urban and sub urban areas are still unaware of their health rights. They are still living a life in fear of social stigma regarding their right towards their own body.

This also acts as an important indicator of the women's life in the remote areas of Nepal where they have no easy access to the health care facilities and therefore
they are still adopting the traditional ways of unsafe abortion form unskilled personnel putting their life at risk of death.It is regrettable that there is no data in
the government report concerning safe abortion procedures adopted. Abortion as such is not a method of family planning; it could be the result of the inaccessibility of the measures or contraceptives for family planning. Abortion becomes important only in the cases like unwanted conception from pre-marital pregnancy, teenage pregnancy, rape, incest or any other of such kind.

According to Safe Motherhood Federation of Nepal (2008), the place of the highest number of death is home (67.4%), while 14.4% at the hospital, 11.4% died on the way to a health institution, 4.5% at private clinics and 2.3% at PHCs. This shows not only the lack of access of health services but also lack of appropriate technology and resources at the public

institutions including negligence of the health professionals and/or workers. This also shows that unsafe abortion is still in vogue. (Abortion fact sheet BBC; 2008)

According to the reform initiative no. 146, it is said that a 24 hour operation facility including maternity services to be provided in selected districts, but the above fact shows that not all the Primary Health Care Centers (PHC) has abortion facility.

Unsafe abortion is not seen as an issue of its own, not only related to reduction of maternal mortality and safe motherhood goals. Young unmarried women who are not yet mothers are not included in unsafe abortion numbers. (Abortion fact sheet BBC; 2008)

A woman dies undergoing unsafe abortion

Sonia Nagarkoti (Lama), a 17-year old newly married girl of Rasuwa, died soon after being administered an anesthetic injection before an abortion process. She had gone to Miteri Pharmacy in Goldhunga, Kathmandu to terminate her pregnancy. She fell unconscious after the pharmacy owner administered the anesthetic that had expired. She was then rushed to the Janamitri Hospital where she was declared dead. Police said her husband had recently returned home from abroad and they had consulted the pharmacy owner after they decided to carry out abortion. Police have arrested Min Bahadur KC, the owner of the pharmacy. Police record suggests that the girl died due to administration of date expired injection. Mr. KC had provided abortion services clandestinely from his pharmacy to several women in the past. **Source: http://www.ekantipur.com**

Ante-natal Care

The Government report also mentions that the Nepalese women start antenatal care at a relatively later stage i.e. at 4.6 months in an average. This indicates the lack of awareness in most of the women about her body and health; if a women visits for antenatal care early in her pregnancy there is a time for early diagnosis and treatment of infection in the mother and an opportunity to prevent low birth weight and other conditions to the new born. This has enormous significance for maternal health and child survival (WHO/UNICEF joint press release 2004).

The roles of Female Community Health Volunteer (FCHV) could be important in the reduction of MMR in the country like Nepal. However according to the Government report only less than 2% of the women receive ANC from FCHVs, but they are not getting adequate facilities from the government for which the government must make some policies.

Nutrition

Adequate nutrition, a fundamental cornerstone of any individual's health, is especially critical for women because inadequate nutrition wreaks havoc not only on women's own health but also on the health of their children. Children of malnourished women are more likely to face cognitive impairments, short stature, lower resistance to infections, and a higher risk of disease and death throughout their life**.**

According to the Government report, the nutritional status of the women aged 15-49 years show that 24% of the women are malnourished. Women's nutritional status has increased

only slightly over the past years. Anemia is one of the important problems women are facing as 39% of the women aged 15-49 are anemic. The government data did not provide any clues regarding the particular age groups in which women are anemic because this would help to find out at what time of their life women generally start with iron deficiency.

According to NDHS (2006), the study on food consumed by mothers shows that 97% of the mothers eat food made of grains, 72% eat food made of tubers or roots, 54%eat food made from legumes and 65% of them eat food rich in Vitamin A that includes locally grown food and vegetables like pumpkin, carrot, spinach, mango, papaya etc. The percentage of mothers who eat meat, fish, poultry and eggs are only 30% and only small proportion (23%) of women eat milk and milk products. This data shows that there lies a big gap between the women who get to eat the nourished food and those who get to eat only grains and tubers.

The causes and consequences of anemia are basically as follows (National Nutrition Policy and Strategy, 2004):

- Inadequate intake of iron from daily diets
- Inadequate absorption of dietary iron
- Infestations such as hookworms and malaria
- High requirements of iron particularly during growth and pregnancy
- Blood loss (menstruation and injury)
- Vitamin A deficiency

And the consequences of anemia are:

- Impaired human function at all stages of life
- Impaired work performances, endurance and productivity
- Increased risks of maternal morbidity and mortality
- Increased risks of sickness and death

A major challenge concerning women's health is the lack of control power over their own bodies. Men still hold the reigns. The social construct, culture, and power relations based on patriarchal beliefs and practices are huge stumbling blocks on the way to attain health rights by women. Women are still considered dependant; their dependency over men –father, husband or father-in-law to access health information and services is a hurdle. Many women are still deprived of full meals (Beijing +5 National Consultation, 2009).

The article 12 of CEDAW states that the State parties shall ensure appropriate services to women regarding adequate nutrition during pregnancy and lactation is in contrary to the common sense that women need nutritious food throughout their life as they have to undergo various periods in their life like menstruation, menopause, etc. apart from pregnancy and lactating periods.

One third of the populations in Nepal are below the poverty line (Bharat Raj Gautam, Poverty Alleviation in Nepal; 2007).
The women and children, especially the girl children, suffer from the poverty that consequently affects their nutrition intake.

Because of son preference and gender based discriminations, vast majority of girls are usually neglected from their childhood, do not have enough to eat, lack nutritious food and suffer from malnutrition.

Nepal is one of the countries in Asia that has a high maternal mortality rate. Son preference, women's limited access to knowledge, food and care, risks of childbirth, early marriage and early pregnancy, poor family planning services, lack of reproductive health supplies, lack of male responsibility for contraception, low literacy and lack of ability to raise up reproductive health issues within the family are among the factors that were identified as contributing to the high rate (CEDAW / 4th – 5th Report / Government of Nepal; 2009).

Uterine Prolepses

The causes of Uterine Prolepses (UP) are generally identified as inaccessibility to quality maternal health care (skilled birth attendant and emergency obstetric care), poverty, gender discrimination on reproductive and maternal health, lack of nutrition (life cycle), workload during the postnatal period, and domestic violence (in the form of no additional food during pregnancy and postnatal period, no work load sharing during pregnancy an, lack of post natal care, etc.). According to a study carried out in the west Nepal, the most common perceived causes of uterine prolepses were lifting heavy loads, including during the post-partum period. Adverse effects reported included difficulty urinating, abdominal pain, backache, painful intercourse, burning urination, white discharge, foul-smelling discharge, itching, and difficulty in sitting, walking, standing and lifting (Policy Brief on UP, BBC).

According to UNFPA (2005), 600,000 women in Nepal suffered from prolepses, and that 200,000 of those needed immediate surgery (ICPD +15 Survey Report on Prevalence of Uterine Prolepses).

The Government has recently developed guidelines for the screening of UP, use of pessary rings and referral services for primary health workers at public health facilities located in the Village Development Committees (VDCs). Additionally, the GoN plans to initiate new program in the area of reproductive health under the banner of 'Safe motherhood, Women's right', including mobile services with UP. However UP continues to be a significant health problem in Nepal, one that could be easily prevented and addressed with appropriate and accessible quality healthcare services.

Reform initiatives no. 154 of Government CEDAW 4th and 5th report states that Government announced a national program on Uterine Prolepses providing surgical treatment to 12,000 needy women in FY 2008/2009 and conducted 25 surgery camps. However, in January 2010, instead of maintaining or increasing this target, the government of Nepal reduced the target of providing surgeries to only 8,000 women. The government stated that the surgical targets were reduced due to pressure by Regional Health Directorates to raise the average per patient cost of each operation by Rs. 4,000 from Rs. 8,333 o Rs. 13,333. While the budget allocation for the uterine prolepses program remained the same, the total number of surgeries able to be provided was reduced by 4,000 women. The government also reduced the travel allocation given to women who are seeking treatment. Women who travel to mobile health camps now only receive half of what they were allocated in Fiscal Year 2008–2009—a reduction from Rs 3,000 to Rs. 1,500 for women in the mountains, Rs. 2,000 to Rs. 1,000 for women in the hills, and Rs. 1,000 to Rs. 500 for women in the Terai.

In view of the suffering of rural women, affordability of the population and existing poor condition of health facilities in the rural areas, the reduction in the target would impact on the lives of women.

Other Critical Issues

There are Health Posts/Sub-health Posts in each VDC and Primary Health Center in each Ilaka (Area) in the government report, many are not yet reconstructed after the destructions during armed conflict and some are still occupied by the security forces. Women hesitate to visit the health institutions because of such conditions.

Although infrastructures exist in many rural public health institutions, there is lack of technology, equipment and skilled professionals in most of those health facilities. Similarly, the equipments and instruments are not disable-friendly such as disable friendly delivery, even in the places where there are facilities (Beijing +5 National Consultation, 2009).

The health professionals and the employees in the public health institutions lack gender sensitivity and women-friendly attitude. Women in the rural areas fear of the ill-treatment and misbehavior by male health professionals when they go for health check-ups.

Recommendations

The following need to be clarified from the Government of Nepal in view of the Reproductive Health situation of women, especially regarding abortion, nutrition and uterine prolepses:

1) The issues regarding safe abortion have not been adequately addressed in the report submitted by the Government of Nepal to CEDAW Committee.

2) The government should focus to eliminate barriers to safe abortion such as knowledge barrier, service barrier and delivery barrier and cost barrier.
3) The government should increase the access of family planning tools to each and every individual whenever and wherever necessary.
4) The government should make policies regarding proper incentives to the FCHV's who act as an important part working voluntarily at the grass root level of the community especially with related to the women's reproductive health.
5) It is an essential part that all the Primary Health Care Centers to have abortion facilities, human resources and equipments incorporated so that access to information and services could be enhanced to all the rural women.
6) The Government should make policies regarding gender sensitization and women friendly attitude in the public health institutions so that women in the rural areas do not have to fear of the ill treatment and misbehaviors by male health professionals when they go for health check-ups.
7) The State should take into account of the reality that women has right to nutritious food throughout her life not only during pregnancy and lactation.
8) Regarding UP, the state should review the present plan to ensure that uterine prolepses is given special attention, increase budget for women with uterine prolepses and strengthen implementation of programs and policies to prevent and address uterine prolepses.
9) Data on women's nutritional status can be a powerful tool for informing communities and governments about the nature, extent, and consequences of female malnutrition, but data need to be collected regularly, analyzed, and disseminated.