

Sexual and Reproductive Health Rights Among Married Women

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Abstract

Sexual and reproductive rights are aspects of human rights. Sexual and reproductive health and rights (SRHR) incorporate the rights of all people, regardless of age, gender and other characteristics, to make choices regarding their sexuality and reproduction. This article has been conducted with the prime objective to examine the decision-making on the use of contraception and the prevalence of sexual violence in Bhojpur Municipality-5 Bhojpur District. This study is based on qualitative, quantitative and mixed research designs. To conduct research, 64 married women of reproductive age are selected as a sample by using the purposive sampling method. In the same way, this article is based on primary and secondary data. Observation and interviews as tools for primary data collection and books, articles, and journals related to sexual violence and sexual rights are used as tools for secondary data collection. Descriptive statistics are used for analysing the data. The study concludes that the sexual and reproductive rights of women are violated by their husbands regarding sex. Likewise, the family prefers sons as a result women are harassed. Women are sexually harassed in society too.

Keywords: Sexual and reproductive rights, human rights, abortion, gender-based violence, contraception, family planning, marital rape.

1. Introduction

Sexual and reproductive rights are aspects of human rights and are recognized as international human rights. It is the right of every couple and individual to decide independently and responsibly to determine the number of children, birth spacing etc. Information about birth spacing, being safe from sexual violence etc. are the highest sexual and reproductive rights of women. Sexual and reproductive health and rights (SRHR) incorporate the rights of all people of different ages, gender and other characteristics, to make choices regarding their own sexuality and reproduction. Thus, it promotes reproductive decision-making; freedom from forced abortion, access to information and appropriate reproductive education, freedom from harmful traditional practices on reproduction, gender-based violence and freedom from expressing one's sexuality. Since sexual rights emerged as 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 [1].

In the 1994 International Conference on Population and Development (ICPD) in Cairo, Egypt was held the International Planned Parenthood Federation and RH rights (IPPF) drafted a **Charter on Sexual and Reproductive Rights** in 1995 which was approved by the IPPF 127 Members Assembly. The Charter mentions 12 sexual and reproductive rights and they are briefly mentioned below:

The **Right to life** should be invoked to protect women whose lives are currently endangered by the pregnancy.

The **Right to liberty and security** should be invoked to protect women men and children currently from genital mutilation, forced abortion and pregnancy.

The **Right to equality and to be free from all forms of discrimination** should be invoked to protect the right of all people regardless of race, age, sex, language, colour, religion, marital status, family structure, political and other opinions, physical and mantel disability, property, birth, sexual orientation to equal access to information, education and to sexual and reproductive health.

The **Right to privacy** should be invoked to make independent decisions about everything to all person's sexual and reproductive life so that their privacy is protected and respected.

The **Right to freedom of thought** should be invoked to decide on sexual and reproductive health and the right to seek information and express their opinion on it.

The **Right to information and education** should be invoked to access the youth for communication and education on sexual and reproductive health

The **Right to choose whether or not to marry and to find and plan a family** should be invoked to decide all persons about their marriage.

The **Right to decide whether or when to have children** should be invoked to protect the rights of every couple and individual to decide independently and responsibly how many children to have, and how many different births to make.

The **Right to health care and health protection** should be invoked to protect the right of all persons to the highest possible quality health care.

The **Right to the benefits of scientific progress** should be invoked to protect the right of all persons to access available reproductive health care technology.

The **Right to freedom of assembly and political participation** should be invoked to protect the right from an association which aims to promote sexual and reproductive health and rights.

The **Right to be free from torture and ill-treatment** should be invoked to protect women, men and children from the risk of sexual harassment and sexual abuse [2].

It is well known that the burden of reproductive ill health is more in women than men. ICPD 1994 and The Fourth World Conference on Women (FWCW) in Beijing in 1995 affirmed the human rights of women in the area of sexual and reproductive health. ICPD defined that "Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and others consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsively the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions regarding reproduction, free of discrimination coercion and violence, as expressed in human rights documents"[3].

Nepal has shown commitment to international human rights instruments by ratifying major conventions by endorsing ICPD, which was a groundbreaking process at the state level ensuring women's de jure sexual and reproductive health rights which got immersed in the dominant development and human rights discourse. The constitution of Nepal (2072) has asserted "Every woman shall have the right to Safe motherhood and Reproductive health"[4].

Various studies have shown that the right and protection of sexual and reproductive health of Young people around the world is in critical condition. Every year at least 12 million young people are affected by sexually transmitted infections and half of them are infected with HIV AIDS. Similarly, every year four million girls in the age group of 15 to 19 years trying to have an abortion and most of them have an unsafe abortion. In the world, every year 10 percent of infants are born to underage mothers. Adolescents naturally have higher maternal mortality rates when they give birth than older women. According to various study reports the maternal mortality rate of women under the age of 18 is two to five times higher than that of women aged 18 to 25 in a developing country. Similarly, in various documents published by many countries of the world, 34 percent of victims of sexual abuse are girls and 3-29 percent are boys. Every five minutes in the world, one person commits suicide due to sexual violence, divorce and social and psychological problems related to reproductive health [5].

If we look at the sexual and reproductive health rights status of couples and individuals in Nepal, various studies have shown that the issue of their sexual and reproductive health rights is also a serious problem. In Nepal, females are discriminated against since early childhood and it goes on till their adult reproductive years and beyond based on their sex. Mostly the women take the burden of preventing unwanted pregnancies in Nepal. 16.5 percent of females have adopted voluntary sterilization for family planning as compared to 7 percent of males [6]. Similarly, abortion complications constitute almost 40 percent of the total gynaecological admission in maternity Hospitals and 10 percent of them have a history of induced abortion [7]. In Nepal, around 7 percent of birth occurs in women under the age of 18 years. The risk to the life and health of the mother and the fetus is 2.24 times higher in the such case compared to women over the age of 18 years. Nepalese women do not get any antenatal care. Only 48.4 percent of urban and 11.80 percent of rural women get the prescribed four antenatal visits [6]. The maternal mortality ratio is 239 per 1,00,000 live births for the seven years before the survey in Nepal. The confidence interval for the 2016 MMR ranges from 134 to 345 deaths per 1,00,000 live births [8]. Sexual and reproductive health and rights (SRHR) can be understood as the rights of all whether young or old women, men and children, transgender, straight, gay, lesbian or bisexual, HIV positive or negative, to make choices regarding their sexuality and reproduction, providing these respects with the rights of others to bodily integrity [2].

Sexual and reproductive rights are issues of human rights. That's why all couples and individuals in the nation must have sexual and reproductive health rights. It gives every couple and individual the right to decide the number of children, birth spacing, use family planning, care for maternal health and be protected from various sexually transmitted diseases. But women in countries like Nepal are deprived of such rights. Therefore, In Nepal women are forced to face issues related to sexual and reproductive health including maternal mortality, lack of free access to family planning, unsafe abortion, marital abuse, and sexual and domestic violence. A similar condition is seen in the study area. So, the present study tries to search for the answers to the following questions:

- who decides on the use of contraception and spacing birth?
- how do women of reproductive age get information about SRHR?
- what are the problems to use the modern method of family planning?
- what is the violence against women related to sexual and reproductive health rights?

2. Methodology of the study

This study is based on primary as well as secondary data. Primary data were collected through the pre-structure questionnaire. Observation and interviews were used to collect data. The secondary source of data, for example, books, journals and reports also have been used. The mixed method of research designs has been used to analysis of the study. A sample of 64 married women of reproductive age (15 to 49 years) was taken by using the purposive sampling method in Bhojpur Municipality ward no. 5 Bokhim, Bhojpur by applying mixed data (qualitative and quantitative). For the fulfilment of this research objective different statistical tools like tabulation, percentage, presentation of diagrams, etc. have been used.

3. Result

Some of the highlights of this study have been described as follows:

3.1 Age Composition of Respondents

The age structure of married women in the study area is presented in Table No. 1

Table 1

The age structure of married women of reproductive age

Age group	Frequency	Percent
15-19	3	5.0
20-24	11	17.1
25-29	23	35.9
30-34	15	23.4
35-39	7	10.9
40-44	4	6.2
45-49	1	1.5
Total	64	100

Source: Field survey, 2020

Table 1 shows that majority of married women are in the age group of 25 to 29 years. out of 64 married women, 35.9 percent of married women are aged 25-29 years and 1.5 percent married women are aged 45-49 years and the remaining i.e. 5.0%, 17.1%, 23.4%, 10.9% and 6.2% married women are in the age of 15-19, 20-24, 30-34, 35-39, 40-44 years respectively.

3.2 The Decision process on the use of Contraception and Spacing birth

Overall sexual and reproductive health and rights status of the Nepalese population seems to be improving. However, the sexual and reproductive health status of married women is still one of the major concerns that are rarely taken care of and implemented in family, society and nation's plans, policies and programs. Therefore, most married women of reproductive age are not yet in a position to decide on conception and births controls. Decision on the use of contraception, conception and spacing of birth in the study area has been presented in Table No.2

Table 2*Decision process on the use of contraception and Spacing birth*

Decision taker on contraception (n=64)	Frequency	Percent
Couples	28	43.7
Husband	12	18.8
Self	10	15.6
Mother In-law	9	14.1
Other family members	5	7.8
Decision-making on spacing birth (N=64)		
Couples	36	56.3
Husband	10	15.6
Self	9	14.1
Mother In-law	7	10.9
Other family members	2	3.1

Source: Field survey, 2020

Table No. 2 indicates the decision on the use of contraception and birth control. Less than half (43.7%) of respondents answered that both husband and wife decide on the use of contraception. More than half 56% (36) of respondents answered both husband and wife decided on child spacing followed by 15.6% (10) husband, 14.1% (9), and 10.9% (7) self and mother-in-law.

3.3 Access to Communication on Sexual and Reproductive Health Rights Information

The media has a prime role to educate married women about sexual and reproductive rights. Mass media can be used as an effective tool to dispel misinformation, misconception, negative thinking and attitudes about sexual and reproductive health. Of course, in Nepal, various FM radios, newspapers, television channels etc. are disseminating information targeting married women of reproductive age. Access to communication on sexual and reproductive health rights information of married women of reproductive age in the study area has been presented in table No. 3

Table 3*Source of information about sexual and reproductive health rights*

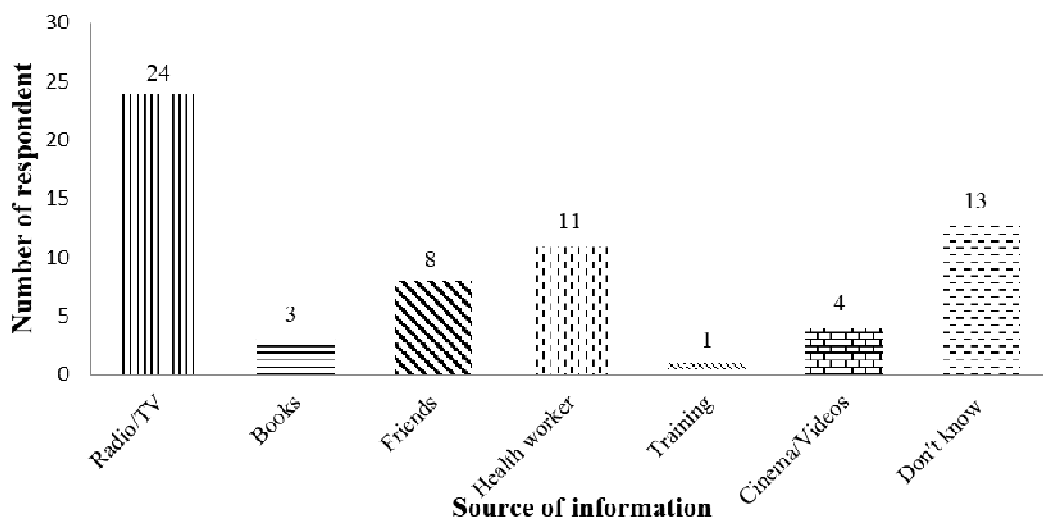
Source of information	Frequency	Per cent
Radio/Television	24	37.5
Books	3	4.6
Friends	8	12.5
Health worker/social worker	11	17.2
Training	1	1.6
Cinema/Videos	4	6.3
Don't know	13	20.3
Total	64	100.0

Source: Field survey, 2020

Table No. 3 presents that out of the total respondents (64), 37.5 percent of married women have access to information about sexual and reproductive health rights through radio/television. Less than one-fifth (17.2) of married women get information about sexual and reproductive rights from health workers and social workers. Similarly, very least (1.6%) respondents get the information about SRHR by training. Out of the total respondent, 20.3 percent of married women of reproductive age still do not know the source of information on sexual and reproductive health rights. It can be concluded that there is a need to promote available resources and identify new ones. In order to make sexual and reproductive health rights information to married women, figure no. 1 also helps to make it clear.

Figure 1

Source of information about sexual and reproductive health rights



3.4 The Problems with the Use of Modern Method of Family Planning

Family planning is a plan to manage the family and family plan. At present, in Nepal, modern methods are more commonly used than traditional methods of family planning. However, the situation of the use of modern family planning is not satisfactory. Married women are still unaware of family planning tools, methods of use and technology. This is due to illiteracy, poverty, the role of service providers and perceptions of family and their relatives. In the study area, married women have been facing various problems with to use of the modern method of family planning. And they are presented in table No. 4.

Table 4*The problem to use the modern method of family planning*

Problems	Frequency	Percent
Illiteracy	5	7.8
Intention of husband	18	28.1
Lack of communication	2	3.1
Lack of Health service providers	9	14.1
family and relatives' negative perception	10	15.6
Fear of side effects	17	26.6
Lack of knowledge	3	4.7
Total	64	100

Source: Field survey, 2020

From the table 4, it is found that the majority (28.1%) of married women of reproductive age face the problem to use the modern method of FP from the intention of the husband followed by fear of side effects (26.6%), family and relatives negative perception (15.6%), lack of health service providers (14.1%) respectively. Similarly, illiteracy, lack of communication and lack of knowledge are reported as other problems among married women using the modern method of FP in the study area.

3.5 The Violence Against Women Related to Sexual and Reproductive Health Rights

Violence against women is recognized as a global public health and human rights problem in need of urgent attention. It affects women's health, including their sexual and reproductive health and their human rights. Nepal is a traditional society and most women receive little or no formal education and have limited decision-making power in the household. So, information about violence against women related to the sexual and reproductive health of married women in the study area has been presented in Table No. 5.

Table 5*Violence against women related to sexual and reproductive health rights on a priority basis*

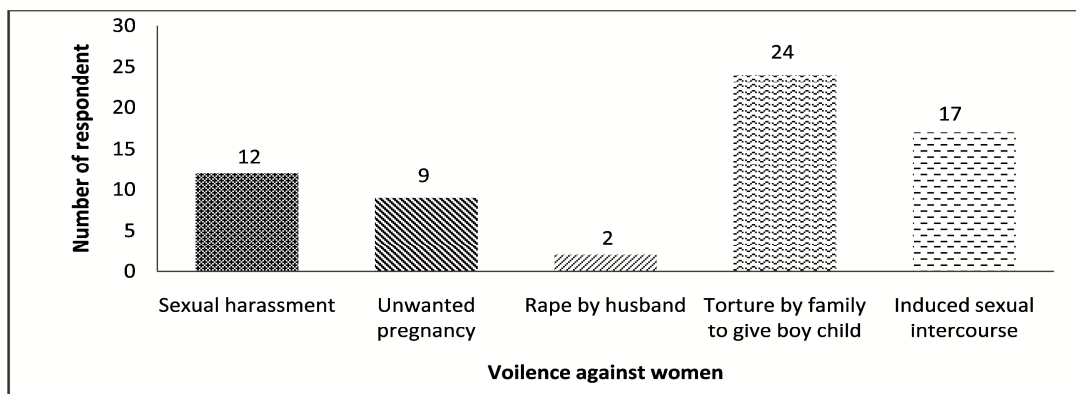
Violence	Frequency	Percent
Sexual harassment	12	18.8
Unwanted pregnancy	9	14.0
Rape by husband	2	3.1
Torture by family to give boy child	24	37.5
Induced sexual intercourse	17	26.6
Total	64	100

Source: Field survey, 2020

Table No. 5 shows that the majority (37.5%) of married women of reproductive age are tortured by their families to have a boy child. It is followed by induced sexual intercourse (26.6%). Less than one-fifth (18.8%) of married women face sexual harassment. Very least (3.1%) of married women seem to be raped by their husbands. The table also indicates that 14 percent of married women face an unwanted pregnancy.

Figure 2

Violence against women related to sexual and reproductive health rights on a priority basis



4. Discussion

This study shows that the majority (35.9%) of married women are in the age group of 25 to 29. Whereas 1.5% of married women are between the age of 45-49. Most married women are not yet in a position to decide on the use of contraception and birth spacing. This study shows that 43.7% of respondents decide on contraception with the combined consent of husband and wife. It is also clear that the majority of husbands and mothers-in-law play a key role in decision-making regarding contraception and birth spacing rather than women. This finding is supported by the research conducted by Arundhati Char et al which exposes that mothers-in-law are considered to be the predominant authorities in the family regarding childbearing decisions, this is not a simple or unchanging truth [9]. Similarly, the finding supports the empirical analysis of L. Rahman & V. Rao in 2004 that women's autonomy is not solely a reflection of kinship structure. Public services such as family planning may have an important and transformative role in marital power relations, making it possible for married women to make autonomous choices about contraception and birth control [10,15].

The current study showed that more than half (56.3%) of respondents decided on birth spacing by couples. The study by Y. Rajesh Kumar et al showed that 58% of both husband and wife decisions on birth spacing which is similar to this study [11].

This study finds that about 38% of respondents had Radio/ TV as sources of information RHRs. A study by Y Rajesh Kumar et al and Adinew YM reported that the majority (55.2% and 80.4%) of respondents as sources of information for RHRs were Radio/ TV. This is higher than the study because there was higher accessibility of Rado/TV in those studies [11, 12].

Regarding the problem of to use of the modern method of family planning, 28.1% of respondents face the problem to use a modern method of FP from the intention of the husband. The majority of married women of reproductive age do not use modern methods of family planning due to male inferiority and fear of side effects. This finding is supported by the finding of research conducted by Fatemeh S. A. Najaf et al which exposed the use of contraceptives to people's concerns for their health and fear of the side effects. Fatemeh S. A. Najaf et al showed that negative views of health providers, in family planning services create barriers for young women to seek and use contraceptives. Although all respondents were able to identify numerous

modern methods, they had a vague understanding of contraceptive methods [13]. Therefore, male partners should be made aware of the benefits of using a modern method of family planning and access to modern health facilities should be extended to women in rural areas as well.

This study revealed that many Nepalese women got married at an early age. Married women do not know about sexuality and reproduction. As a result, married women have been forced to endure sexual violence. This study also showed that the majority (37.5%) of married women were tortured by their families to have a boy child. Furthermore, this study found that married women have been victimized by sexual harassment, induced sexual intercourse by their husbands and other forms of violence against women. The study by Shirin Heidari & Claudia García Moreno exposed the term gender-based violence coined initially to highlight gender inequality (i.e., unequal power dynamics between women and men and unequal access to resources for women) that put women and girls at higher risk of certain forms of violence. It is, however, increasingly being used also to refer to violence based on a person's sex, sexual orientation or gender identity [14].

5. Conclusion and Recommendation

Sexual and reproductive rights are aspects of human rights and are recognized as international human rights. It allows individuals and couples to make independent decisions about sexual behaviour and reproduction. However, in a society bound by social and religious norms, the condition of women is much worse than men. Nepali society is male-dominated. As a result, women have been exploited in one way or another. They are not in a position to fully enjoy their sexual and reproductive rights. Women are still given a place in society only as a means of procreation. They are also deprived of sexual and reproductive rights such as the freedom to decide about childbirth, birth control, freedom to use contraceptives, safe abortion and freedom from marital rape. In the context of the study area, it has been found that the majority of married women do not have knowledge of sexual and reproductive rights and do even know the source of information about those rights. So, it is important to manage existing sources i.e. radio/television, newspapers, training etc. and identify a new source to raise awareness about sexual and reproductive rights. This study has shown that most married women of reproductive age do not use modern methods of family planning due to their husband's domination, personal health and lack of access to modern health facilities. Similarly, the reproductive health of married women seems to be in crisis as the decisions of family, society, husband and mother-in-law are followed even during pregnancy, contraception and birth spacing. The study concludes that the sexual and reproductive rights of women who are forced to have sex by their husbands, and other members of the family want a son and are sexually harassed in society. Therefore, in order to more women free from all forms of violence against them and to protect their sexual and reproductive rights, a strong policy should be formulated. Implementation of such plans and policies in favour of women to protect their rights is indispensably required and executed.

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