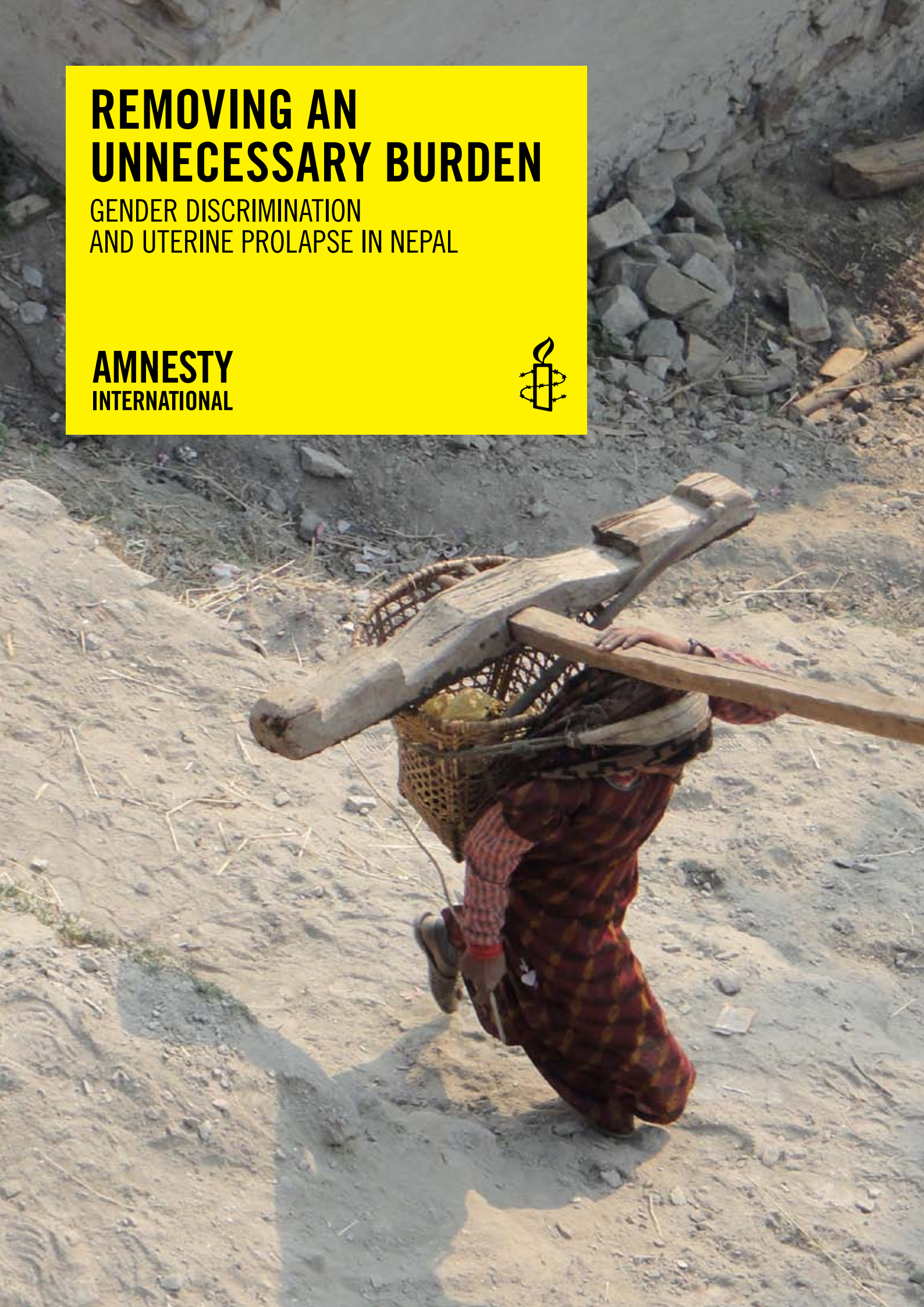


REMOVING AN UNNECESSARY BURDEN

GENDER DISCRIMINATION
AND UTERINE PROLAPSE IN NEPAL

AMNESTY
INTERNATIONAL



Women in Nepal face frequent discrimination because of who they are. As a result, they are denied control over their bodies and lives – with grave consequences for their health, including high rates of uterine prolapse.

Women and girls in Nepal suffer widespread and systematic discrimination because of their gender. This burden threatens their health and results in high rates of uterine prolapse – a painful and debilitating condition in which the pelvic muscles weaken and the uterus descends into the vagina. In the most serious cases, the uterus may come out of the vagina completely.

The UN estimates that uterine prolapse affects about 600,000 women in Nepal, many of whom are relatively young. While gathering information for our report, *Unnecessary burden: Gender discrimination and uterine prolapse in Nepal* (Index: ASA 31/001/2014), Amnesty International researchers spoke to around 200 women and girls from different ethnic and caste groups across the country about the discrimination they experience in their lives and their knowledge of uterine prolapse. We also interviewed women living with the condition. They described severe pain, difficulties undertaking daily tasks and sometimes hostility from family and friends.

Yet, the Nepalese government has failed to effectively address gender discrimination, leaving many women and girls in a situation where their rights are violated on a daily basis. Ensuring women and girls know about uterine prolapse and are empowered to make decisions about sex and reproduction will mean fewer Nepali women develop the condition. To do this it is essential to end gender discrimination.

All of these objectives are within reach thanks to Nepal's dedicated women's rights movement, which for many years has worked to bring uterine prolapse to the attention of the government and donors. They have made significant progress on women's rights. Amnesty activists can support the Nepali women's rights movement and ensure that the government addresses uterine prolapse as an urgent human rights issue. Find out what you can do to help promote the rights of Nepali women and girls through our global campaign, *My Body My Rights*, on page 8.

Uterine prolapse affects ...

- at least 10% of women in Nepal, rising to 30% to 45% in some parts of the country
 - mainly women above reproductive age, globally
 - younger women in Nepal – frequently those aged below 30
 - women from regions and caste or ethnic groups where there are higher rates of gender inequality
-

KOPILA*

“I don't know whether my uterus came out when I was cutting wood or after I was beaten.”

Image: Women agricultural workers in Mugu district, Nepal, May 2013.

Cover: Women in Nepal frequently have to carry loads – sometimes up to 50kg – during and soon after pregnancy, putting them at greater risk of developing uterine prolapse, Mugu district, May 2013. © Amnesty International

Kopila was 24 and had just had her fourth child when she developed uterine prolapse.

“Twelve days after the birth, I was cutting wood with an axe,” she told Amnesty International in April 2013. “My husband asked for water and we had an argument. He beat me hard. I don't know whether my uterus came out when I was cutting wood or after I was beaten. After that I started feeling back and stomach pain and I couldn't stand straight or sit or do work. When I sneeze, my uterus comes out.”

Despite her pain, now aged 30, Kopila continues looking after her four children, working the family fields, tending the cattle and doing all the household chores. She did this throughout her pregnancies, routinely carrying heavy loads of wood, grass and cow dung.

Kopila has little control over her body or her health. She said that her husband forces her to have sex when she does not want to and if she refuses, he beats her. In her family, she is the last person to eat – after her children and husband.

When she is ill, her husband decides whether she can see a doctor. When she got pregnant after her youngest was born, she said that her husband forced her to have an abortion.

The only time Kopila tried to seek medical advice for uterine prolapse was shortly after she first experienced the condition. Her husband had gone away and she asked her brother to accompany her to see a doctor.

“I showed the problem to the doctor and he pushed my uterus back inside,” she said. “He said that if it came out again he would insert a ring pessary.” (This is a device inserted into the vagina to support the uterus.) “The doctor told me to rest but I can't. I didn't go back when my uterus came out again.”

Kopila explained why she didn't return to the doctor. Once, she said, she had seen a doctor for a different condition while her husband was away. When he found out, he beat her so badly that she was too frightened to see a doctor again.

**Name changed to protect her identity*

A HUMAN RIGHTS ISSUE

Nepali women experience high rates of uterine prolapse, many at a younger age, because gender discrimination in their daily lives exposes them to multiple risk factors for the condition. Discrimination limits women's ability to make decisions about their sexual and reproductive lives, including using contraception. It makes it difficult for them to challenge early marriage, to access adequate antenatal care and to make sure they get enough nutritious food. It also puts them at risk of domestic violence, including marital rape.

Women with uterine prolapse are at risk of suffering further discrimination and gender-based violence because their condition may prevent them from engaging in physically hard work or in sexual activity that is expected of them.

Government figures show that significantly more women and girls are illiterate than men and boys, girls under five are more likely to be anaemic than boys and the vast majority of women do not own a home, land or other family assets, leaving them with little decision-making power within their families and communities. A government study also found high levels of violence against women and girls which usually go unreported.

Other aspects of identity, including caste, ethnicity, religion, age, disability, sexual orientation and gender identity, can combine with gender discrimination to affect women and girls from various groups in different and often more severe ways.

“If we don't carry heavy loads, we won't have money. We know we shouldn't carry heavy loads but for us it's compulsory.”

Dalit woman, Mugu district



CAUSES OF UTERINE PROLAPSE

Medical studies show that a number of factors put women and girls at risk of developing uterine prolapse. Many women and girls in Nepal are exposed to several or all of these factors.

Adolescent pregnancy: Because their bodies may not be fully developed, pregnant adolescent girls are at risk of prolonged or difficult labour which may damage the pelvic muscles, causing uterine prolapse. There is a strong link between adolescent pregnancy and child marriage in Nepal. A UN study of women with uterine prolapse in Nepal found that on average they had married at age 15 despite the minimum legal age of marriage being 18 (with permission of a guardian). Sexual and reproductive rights include the right to freely choose whether or when to marry, have sex, and have children.

Lack of control over sexual conduct (marital rape): Many women told Amnesty International that it was common for husbands to “insist” on sex without the consent of their wives. Women rarely

report any type of violence because they are often socially and economically dependent on their husbands. If either party to a sexual act does not give their full, free consent, or does not have the capacity to give consent, then the act is a crime. Marital rape is a crime in Nepal. It also results in increased pain and discomfort for women before their body has completely recovered from childbirth and it means they may become pregnant more often or sooner than they would like. The UN interviewed Nepali women with uterine prolapse and found that 72% thought that being forced to have sex with their husband contributed to them developing the condition.

Multiple pregnancies and lack of control over sexual and reproductive health: The more children a woman has, the greater her risk of developing uterine prolapse. Once she develops the condition, it may get worse with each pregnancy. Each time a woman gives birth, the pelvic and vaginal muscles stretch, and can weaken.

Women and girls have the right to make informed decisions on their sexual and

reproductive health, including use of contraception, free from any coercion. However, government figures show nearly 30% of Nepali women want to use contraception but are unable to. Many of the women interviewed by Amnesty International were denied that choice by their husbands and in-laws. A cultural preference for sons means women with daughters are often pressured to continue having children until they have at least one son.

Hard physical work and not enough rest during and after pregnancy: Lifting heavy objects and carrying heavy loads can strain the pelvic muscles, particularly during pregnancy and soon after women give birth, increasing the risk of uterine prolapse. Governments have a legal obligation to ensure that women and girls are not forced to perform work that is harmful to their health, including during and just after pregnancy. Yet most of the women who spoke to Amnesty International – the majority of whom routinely carried heavy loads and did a lot of manual labour – said that although they understood the risk associated with their work, they had

no choice but to do it. Financial constraints or their husband and in-laws forced them to work soon after giving birth. All the medical experts and women's rights activists that Amnesty spoke to cited workload and carrying loads as a major factor in Nepali women experiencing uterine prolapse.

Lack of access to skilled birth attendants: Unsafe birth practices, such as pushing on the abdomen or making women push before the cervix is fully dilated, can weaken the pelvic muscles and result in uterine prolapse. These practices are more likely to occur where women give birth without the help of a trained health worker. International human rights law obliges governments to ensure that women and girls have access to reproductive health services, including maternal health care, without any form of discrimination.

Women told Amnesty International that the majority of women they know give birth at home with untrained helpers. Government data shows that increasing numbers of Nepali women give birth in health facilities assisted by skilled

birth attendants, however more than half of Nepali women still do not give birth with a skilled assistant.

Lack of adequate information: The majority of women with uterine prolapse interviewed by Amnesty International had not heard about the condition before they developed it. Several women said that at first, they thought it happened to every woman who had a baby. Thinking that the pain and discomfort they experienced was normal, many women waited years before seeking help for their condition. The men whom Amnesty spoke to knew even less about the condition.

“Our family tells us that if we don't do any work and just sit around, we will have difficulty in delivering the baby.”

Janajati (Indigenous) woman, Ramechhap district

Opposite: Dalit women who participated in focus group discussions on gender discrimination in Mugu district, Nepal, May 2013.

Right: Janajati (Indigenous) participants from Amnesty focus group discussions on gender discrimination in Ramechhap district, Nepal, May 2013.





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RADHA SADA

Radha Sada developed uterine prolapse one month after giving birth to her first child – a daughter. “A little portion of my uterus came out,” she said. “It got worse after my later pregnancies. I felt a lot of difficulty all the time when I was sitting, walking, working. I had a lot of back pain. It felt like a bigger portion of my uterus came out when I was working.”

Radha married when she was 16 years old. Now aged 50, she has four children. Radha hid her condition for a long time. She said: “At first I didn’t tell anyone. But later, I started to attend trainings and meetings [run by NGOs]. At those meetings I came to know that I can share my experiences and pain with other women. So after that I told someone about my problem.”

In fact, Radha was a grandmother by the time she eventually told an NGO worker about her uterine prolapse. Her eldest daughter – whose birth had first triggered Radha’s condition – had married and had her own children.



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“Every woman shall have the right to reproductive health and other reproductive rights.”

Article 20, Interim Constitution of Nepal

NEPAL’S INTERNATIONAL LEGAL OBLIGATIONS

Nepal has ratified the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the International Convention on the Elimination of All Forms of Racial Discrimination, and the Convention on the Rights of the Child. These instruments protect a range of human rights including:

- your right to live free from all forms of discrimination and violence
- your right to control your own sexuality and to make informed choices, without coercion, about reproduction
- your right to access appropriate health information and services to prevent and treat the conditions you suffer from.

AN INADEQUATE GOVERNMENT RESPONSE

Ongoing work by Nepali civil society organizations led to a ruling by the Supreme Court of Nepal on a case about uterine prolapse in 2008. The Court assessed government action to address the condition and found that there had been no “tangible results” and that the right to reproductive health had been violated. The Court criticized government ministries for not collaborating on the issue. It ordered the Ministry of Women, Children and Social Welfare and the Ministry of Health and Population to “provide free consultation, treatment, health services and facilities” to women suffering from uterine prolapse, and crucially, to “initiate effective programmes” to raise “public awareness” about the condition.

However, Amnesty International found that the government has done little to raise awareness or prevent women from developing uterine prolapse. Efforts by the government to address the condition have, to date, focused predominantly on providing treatment – almost exclusively surgery (hysterectomy).

Although surgery may be necessary for women with the most serious forms of uterine prolapse, to meet its human rights obligations the government must also take measures to prevent the condition. The government has put in place some policies related to maternal health. But these do not address all the risk factors for uterine prolapse and do little to end the underlying gender-based discrimination.

In 2008 the government completed a draft strategy which required different government ministries to work together to improve prevention and treatment of uterine prolapse. Six years later, the strategy has still not been officially adopted or implemented. In meetings with Amnesty International some government officials continued to say that responsibility for specific measures that would address discrimination did not rest with them but were the responsibility of another ministry.

A PREVENTION STRATEGY

Under international human rights law the government of Nepal has an obligation to respect, protect and fulfil the rights of women and girls to the highest attainable standard of health, and to end gender-based discrimination. This includes developing a comprehensive strategy for uterine prolapse prevention, which effectively addresses the underlying gender-based discrimination that increases women and girls’ risk of developing this condition.

The strategy must ensure that women and girls have information about the condition and its risk factors. It needs to contain measures that effectively address discriminatory attitudes and empower women and girls to make their own decisions over their bodies and their lives. It should also ensure men and boys know, understand and support the rights of women and girls.

Image: A woman hoists a load on her back while carrying an infant, Mugu district, Nepal, May 2013.

Back cover: Participants from Amnesty focus group discussions on sexual and reproductive rights in Kailali district, Nepal, May 2013.

ACT NOW

**Uterine prolapse is a preventable burden.
Help women and girls in Nepal fight discrimination by
signing our petition at amnesty.org/unnecessaryburden**

**Find out more about My Body My Rights, our global
campaign against the control and criminalization of sexuality
and reproduction, at amnesty.org/mybodymyrights**



Amnesty International is a global movement of more than 3 million supporters, members and activists in more than 150 countries and territories who campaign to end grave abuses of human rights.

Our vision is for every person to enjoy all the rights enshrined in the Universal Declaration of Human Rights and other international human rights standards.

We are independent of any government, political ideology, economic interest or religion and are funded mainly by our membership and public donations.

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Amnesty International, International Secretariat, Peter Benenson House, 1 Easton Street, London WC1X 0DW, United Kingdom