

Women's Reproductive Health Rights and Advocacy for Gender Equality

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Introduction to Hope for Women

Hope for Women is a non-governmental organization in the Maldives working towards ending all forms of violence against women and girls, while also promoting gender equality, women's rights and women's participation in public life.

Introduction to the paper

According to the World Health Organization (WHO), the concept of health refers to 'a state of complete physical, mental and social well-being and not merely the absence of a disease or infirmity.' A holistic approach to health and well-being should include the promotion and provision of comprehensive health and social services and information, while also addressing barriers to the realization and maintenance of the overall physical, mental and social well-being of everyone in the society, including women.

Nevertheless, it is evident that the health and well-being of women are often overlooked. Women have limited access and the opportunity to access comprehensive, adequate and quality health services and information, especially those that concern their reproductive health. In addition to that, given the subordinate status of the women in the society, women's freedom to make choices about their health, well-being and lifestyle are significantly restricted. Moreover, issues such as violence against women are hardly recognized as issues that impact the overall health and well-being of the society.

Reproductive rights deal with issues at the core of human existence and in that regard, a woman's right to life entitles her to access basic reproductive health services. This paper will look into the current situation of reproductive health rights of women in the Maldives, including its impact of women's right to life. In addition to that, the paper will also look into the challenges faced by women's rights advocates with a focus on the public perception and social stigma attached to advocating for gender equality and women's rights.

Current situation and challenges

Women's reproductive health is related to multiple human rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of

discrimination. Although there is no single human rights instrument dedicated to the reproductive rights, various international human rights instruments protect elements of reproductive rights. For instance, Article 3 of the Universal Declaration of Human Rights protects the right to life, reproductive health rights of women are recognized in the International Conference of Population and Development (ICPD) Program of Action, The Committee on the Economic, Social and Cultural Rights and the Committee on the Elimination of Discrimination against Women (CEDAW) have both clearly indicated that women's right to health includes their sexual and reproductive health. In addition to that, Improving Maternal Health was included in the Millennium Development Goals and indicators 3.7 and 5.6 of the Sustainable Development Goals are based on the reproductive health rights.

Apart from that, the Right to Life is recognized as a fundamental right in Article 21 of the Constitution of Maldives (2008), along with Article 23 (c) which ensures 'good standards of health care, physical and mental'. The Gender Equality Act (18/2016) prohibits all forms of gender based discrimination and includes specific articles on Violence Against Women (article 14) and provision of quality health services, including reproductive health information for both men and women, without any discrimination based on gender (Article 23 (a) and (b)). Article 4 (6) of the Domestic Violence Prevention Act recognizes 'Impregnating a woman, who is trying to remove herself from a harmful marriage, against her will' as an act of Domestic Violence, while also highlighting responsibilities of service providers to ensure that the suspected victim receives necessary health and psychosocial support as needed.

According to 'The Maldives study on women's health and life experiences' (2007), 1 in every 3 women between the ages 15 – 49 had experienced some form of physical and/or sexual violence at least once in their lifetime, among which 1 in 5 women reported experiencing it from an intimate partner. The number of domestic violence cases reported to the Family Protection Authority (FPA) since 2013 has been increasing steadily and evidently, women and girls are mostly at the receiving end of such violence.

It has to be noted that there have been cases in the Maldives in which, Domestic Violence victims face challenges in accessing adequate and quality health care services, which as a result, are life threatening to victims. One notable case was in 2015 in GDh. Thinadhoo, wherein a woman died from both physical and sexual injuries obtained from her husband. It was reported that the victim had sought medical services for the injuries at multiple health service providers, which had gone unrecognized and unreported as domestic violence. Had the victim received the necessary treatments, her death might have been preventable.

According to the 2016 Trafficking in Persons report, Maldives is a destination country for men, women and children subjected to forced labor and sex trafficking and a source country for women and children subjected to labor and sex trafficking. In addition to that, other local research suggests that female sex workers who engage in consensual sex is high in prevalence as well. It is unclear if any form of contraceptives are used in such encounters, which poses a greater risk to the health and well-being of the society, as it may fuel the prevalence of HIV and STI's.

According to the Maldives Health Profile of 2016, research trends show that the Contraceptive Prevalence rate (CPR) has declined. On the other hand, based on census figures, the total fertility rate has also declined and is 2.46 children in 2014. However, there is very limited up-to date research done to understand this discrepancy. UNFPA's 'Research on reproductive health knowledge and behavior of young, unmarried women in the Maldives' (2010) reports that prevailing community knowledge and supplementary statistics indicate that pregnancy out of wedlock and abortions are prevalent among adolescents in the Maldives. A study of the Reproductive Health Survey (2007) and the International Planned Parenthood Federation (IPPF) report suggest that unsafe abortions have become a serious social concern. Apart from that, other factors could contribute to the low CPR. For instance, the availability of family planning contraceptives and emergency contraceptives are limited at the island level. The issue of low quality service, including the lack of confidentiality and misconceptions about contraceptives could also contribute to the low CPR.

Among the MDGs, one of the goals Maldives achieved was Goal 5 on Improving Maternal Health. A lot of work has been undertaken to improve maternal and child health situation in the Maldives. Maternal mortality remains very low and almost every birth takes place in a health care facility attended by skilled health service providers. However, challenges exist for women, in terms of limited availability of quality antenatal care and information at the island level.

Due to the patriarchal system, it is observed that women cannot enjoy full autonomy of their bodies. For instance, regardless of the situation, procedures such as tubal ligation can only be performed with consent of the client and her husband. This is seen as general practice across all health service providers. According to the 'National Standards for Family Planning Services', in Maldives, the informed consent should be signed by both the client and spouse and is the legal authorization for performing the procedure.

Although achieving gender equality is of utmost importance to improve the overall health and wellbeing of women, gender equality advocates face a number of challenges in their work. For instance, the misconception that feminism is a western and foreign concept still exists and acts a significant barrier to advocating for gender equality. In addition to that, there is a common belief within the society that the liberation of women will disempower men, while also negatively impacting the traditional functioning of the society. There is also a misconception that advocating for women's freedom to make their own choices, especially for body autonomy, will encourage women and girls to become more sexually active and prone to sexual violence.

For those reasons and misconception, advocates of gender equality are often seen as people who fight for a concept the people cannot relate to and hence have a hard time accepting. In addition to that, given that they are challenging the existing patriarchal power structure, they face resistance from the society in different forms. Though not common, name calling, or even violence perpetrated against advocates of gender equality can be observed.

Way forward/Recommendations

- Recognize violence against women as a public health issue
- Design and implement interventions to end violence against women
- Gather adequate data to understand the current situation of Reproductive Health of Women from a rights perspective, as well as the perception of the society towards gender equality advocacy
- Strengthen the health service sector's response to end violence against women, by way of improving quality of service and increasing access to such services by victims of violence.
- Address systemic barriers that limits body autonomy
- Continue existing efforts to reduce maternal mortality, while improving access to quality health services for women in islands out of Male'.

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