QUESTIONNAIRE: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF

GIRLS WITH DISABILITIES

**Some Information and Statistics Related To the Exercise of Sexual and Reproductive Health and Rights of Girls with Disabilities**

 According to the National Census of Nepal (2011), 1.94% of the population had some kind of disabilities. Many organizations and experts of the disability sector argue that the number is near to 5%. While the national policies and laws related to disability inclusive development is now somewhat progressive with strong advocacy and lobby bodies, multiple forms of discrimination still exists along with psychosocial challenges and gaps. This is evident particularly in the area of sexual and reproductive health and rights (SRHR) of girls with disabilities in Nepal. Majority of girls and women with disabilities been excluded from access and inclusion to SRHR.

**Access to SRHR and Associated Norms, Taboos, Attitudes and Behaviours**

In Nepal, there seems to be a big need for twin track approach to mainstream SRHR through joint efforts of disability organizations, international cooperation and the government in creating specific intervention services. That said, Karuna Foundation Nepal’s (KFN) efforts in incorporating SRHR at 31 villages of Ilam, Sunsari and Rasuwa districts is gradually increasing from its nascent stages.

 Through KFN’s Inspire*2*Care (I2C) program, which focuses on disability prevention and holistic rehabilitation of people with disabilities, at least 2,200 people with disabilities have been identified in 31 villages since 2015. In a recent monitoring and evaluation analysis of KFN’s working villages, 66% of women with disability above the age of 10 years are never married compared to the national figure of 31.3% women of the same age group.

 Amid many taboos and stereotypes, one of the most common perceptions in Nepal and globally, is that women with disabilities are not/ cannot be sexually active and are not fit to reproduce. According to a qualitative study, women with disability were embarrassed to go to health facilities for Ante Natal Care (ANC) checkups because they were afraid that health workers would see their impairment (Morrison et al., 2014). In the study, some women with disability also reported to being teased or being made uncomfortable by health workers (HW) when seeking pregnancy services. Likewise, HWs also reported difficulty in communicating with pregnant women with hearing impairments. These are just some examples of barriers to access SRHR by girls and women with disabilities not only within a family setting but also at health facilities in rural communities.

**Innovative Initiative at the Local, Regional and National Level To Promote and Ensure the Exercise of SRHR of Girls with Disabilities**

 One of the innovative practices implemented by KFN to ensure the exercise of SRHR of girls and women with disabilities is the Best Wishes Program under I2C. With the use of mHealth, a mobile tracking technology of pregnant mothers, mHealth ensures that all pregnant women, including those with disabilities register at the nearest health facilities to access adequate ANC, delivery care and Post Natal Care (PNC). KFN provides Female Community Health Volunteers (FCHV) in each village with a mobile phone to register pregnant mothers (with and without disabilities) in their communities. Once pregnant mothers are registered, FCHVs send them reminders to visit health facilities for ANC, delivery care and PNC timely checkups. Best Wishes Program also strongly encourages institutional delivery for safe delivery. This strategy was an opportunity to provide close support to women with disability towards ensuring their safe motherhood and delivering their baby without any avoidable birth defects such as spina bifida or anencephaly, a severe neural tube defect caused due to lack of folic acid (Centers for Disease Control and Prevention, 2016, “Why Folic Acid Is So Important”, para1). The Best Wishes Program has tracked 967 pregnant women from 26 villages so far, out of which six were pregnant women with disability. Out of the six pregnant women with disability, KFN learned that two pregnancies were unintended and was due to lack of knowledge of modern contraception or some unmet needs and lack of access to effective SRHR. This experience enabled KFN to positively learn that a more comprehensive SRHR mechanism was needed that goes beyond safe motherhood, one that ensures women with disabilities have access to family planning services, prevention methods, treatment of sexually transmitted infections (STIs) and knowledge about menstrual cycle. I2C incorporated the Best Wishes Program in October 2016 in collaboration and active coordination with the local structures at the regional level. KFN also recently lobbied with the Ministry of Health, through the Leprosy Control Division, a national focal disability point to include SRHR of people with disabilities in the ‘Policy, Strategy and Ten Years Action Plan on Disability Management’.

 In the cultural context of Nepal, SRHR in most ways and settings (ethnic, family size and members, rural and urban) is a sensitive issue. On a national scale, many people with disabilities do not access their SRHR.

 Although Nepal ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) on 27 December 2007, Article 6 ‘Women with Disabilities’ has not been implemented fully yet with restricted freedom to fully exercise human rights. Furthermore, CBR Matrix clearly states the importance of ‘Relationships, Marriage and Family’ and ‘Justice’ under the ‘Social’ component (World Health Organisation, 2017, “Disability and rehabilitation.”) With this realisation, KFN is in the process of developing improved strategies to address and pay equal attention, as education and livelihood, to SRHR for full inclusion of girls and women with disabilities.

References

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