

## Sex without Consent within Marriage in Nepal

### Background

Sexual violence within or outside marriage is a much neglected topic in Nepal. Limited research elsewhere has shown that sexual violence within marriage (SVM) has profound emotional, psychological, social and health consequences (WHO, 2002). Studies have shown that sexual violence is associated with a range of gynaecological and reproductive health problems, including HIV and other sexually transmitted infections (STIs), unwanted pregnancy, vaginal laceration or infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain and urinary tract infections (Heise et al, 1999).

Nepal is mostly a patriarchal society and sexual activity mainly occurs within the context of marriage. As in many societies, it is a common knowledge that SVM exists in Nepal but it has received little attention from researchers, policy makers and programme designers. Very recently the Government of Nepal has recognized the problem of SVM and made a law that acknowledges forced sex by a husband to his wife as a form of marital rape and made provision of jail sentence from three to six months depending on the type of sexual violence. However, the large majority of the Nepalese couples are still unaware of the law.

An exploratory study of SVM among young married couples was conducted in two districts of Nepal during 2006-2007 with the financial support from the Department of Reproductive Health and Research, World Health Organization, Geneva.

### Objectives

The study is aimed at understanding the cultural specific definition of SVM and to examine nature and reasons associated with sexual violence among young couples of ages below 28 years.

### Methodology

A qualitative study was carried out in two major districts - Tanahu and Dang. These districts were selected to represent two main ethnicities from *hill* (Brahmin/Chhetri) and *Terai* (Tharu) and the level of socio-economic development and cultural diversity. A total of 387 households were covered in order to screen for married men aged 15-27 years and married women aged 15-24 years. The data included a total of 65 free listing with married men and women, 30 free listing with community leaders and community level health service providers, 6 Causal Flow Analysis (CFA) sessions with men, women and community leaders (separately) and 26 in-depth case histories (15 women and 11 men) were conducted.

The protocol and research instruments were approved by the Nepal Health Research Council and Ethical Review Committees of WHO, Geneva. Informed consent was obtained from all study participants. Information obtained from the free listing was analyzed using computer programme ANTHROPAC and content analysis approach was used to analyze the case histories.

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## KEY RESULTS

### Definition of sexual violence

The World Health Organization defines sexual violence as: any sexual act, attempt to obtain sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise, directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim in any setting including but not limited to home and work (WHO, 2002).

Globally, the estimates of SVM vary widely even within the same society due to the wide variability in cultures across countries and even within the same country. The cultural norms regarding sexuality greatly influences the way in which different categories of respondents interpret and understand SVM. Thus, there is often ambiguity in definitions and interpretation. An attempt was made to explore whether Nepalese people have their own meaning or understandings regarding the SVM. During the free-listings, participants were asked to list all acts and behaviours of their partners that they consider sexual violence. Results showed that a total of 43 different acts and behaviours that were considered as SVM. Table 1 shows the top 10 most frequently mentioned acts and behaviours that are considered as "sexual violence within marriage".

There was no major difference in the definition of SVM between study participants and the definition by WHO. However, participants considered extra marital relationship and denial to use family planning method by spouse and sex during ill health as forms of SVM. It was also found that participants have their own terminology to denote SVM.

### Nature of sexual violence within marriage

Results suggest that SVM among young couples is not uncommon. For example, about half of the young married women (19 out of 39) and about a fifth of men (7 out of 36) reported that they had ever experienced of SVM before the survey (Table 2). A higher number of women from Tharu community (plain Belt) than Brahmin/Chhetri community (Hill area) reported about ever experiencing of SVM. This could due to low level of education and higher level of alcohol consumption practice among than community than Brahmin/Chhetri. The nature of SVM ranged from verbal abuse, beating, unwanted touch in private parts to forced sex. Many women reported that they were forced by their husbands to have sex against their desire during illness and exhaustion, menstruation, post partum period and pregnancy.

**Table 2. Nature of ever-experienced of sexual violence among young married men and women**

| Nature of violence                            | Women (N=39) | Men (N=36) |
|---|--------------|------------|
| Bad moments                                   | 71.8 (28)    | 22.2 (8)   |
| Quarrelling/verbal abuse                      | 12.8 (5)     | 22.2 (8)   |
| Beating from husband                          | 10.3 (4)     | -          |
| Unwanted physical touch                       | 53.8 (21)    | 19.4 (7)   |
| Ever experienced forced sex from their spouse | 48.7 (19)    | 19.4 (7)   |
| Ever forced wife/husband to have sex          | 2.6 (1)      | 19.4(7)    |

*\*Number within the parenthesis indicates the number of respondents*

**Table 1. Types of acts and behaviours that are considered as SVM: Results from free listing**

| S.N. | Item  | English translations                                     | Frequency (n=106) | Percent | Avg. rank | Smith's sailence |
|------|---|--|-------------------|---------|-----------|------------------|
| 1    | Ichha biparit youn smaparka                   | Sex against desire                                       | 69                | 65      | 2.000     | 0.531            |
| 2    | Jaad raksi khayera youn samparka              | Sex after consuming alcohol                              | 43                | 41      | 3.326     | 0.261            |
| 3    | Bimari huda youn samparka                     | Sex during illness                                       | 42                | 40      | 4.071     | 0.206            |
| 4    | Mahinawari huda youn samparka                 | Sex during menstruation                                  | 41                | 39      | 3.488     | 0.223            |
| 5    | Sutkeri huda/bachcha sano hunda youn samparka | Sex after delivery/ when baby is small                   | 36                | 34      | 3.917     | 0.194            |
| 6    | Youn samparka garna namane kutpit/gali/dhamki | Physical/verbal torture/threats following refusal to sex | 33                | 31      | 3.364     | 0.197            |
| 7    | Jabarjasti youn samparka                      | Forceful sex   | 30                | 28      | 2.433     | 0.195            |
| 8    | Thakeko bela youn samparka                    | Sex during exhaustion                                    | 20                | 19      | 4.000     | 0.112            |
| 9    | Ichha biparit youn anga chalaune/stan samaune | Unwanted touching of breast/private parts                | 19                | 18      | 3.684     | 0.098            |
| 10   | Ichha biparit sarirma hat halne               | Unwanted fondling of body                                | 17                | 16      | 4.176     | 0.083            |

## Reasons for sexual violence within marriage

Understanding the risk factors of sexual violence is complex and complicated due to the multiple forms and contexts in which it occurs. However, the study revealed the following underlying reasons for SVM.

- Lack of awareness on sexual health and rights and education

*"Since women are not given knowledge on such matters (sex education), they are not mentally prepared to have sex with their husbands..."*

*-CFA with community leaders, Brahmin/Chhetri community*

- Divergent gender roles: Men are expected to be the initiator and aggressive in sexual matters and women are expected to be submissiveness.

*"Our society is male dominating so women cannot express their views openly. That is why sexual violence takes place within marriage. If a woman expresses her sexual desires to her husband she would be considered indecent"*

*-CFA with CL, Brahmin/Chhetri community*

*"... because of our patriarchal society and lack of awareness, women do not express their sexual desire and men have to force them. Expression of sexual desire by women in our society is not culturally accepted....."*

*- 27 years, Men, Brahmin/Chhetri, Bachelor's degree education, agriculture*

- Traditional cultural gender norms: The tradition of child/ adolescent marriage, forced or arranged marriage and practice of polyandry/polygamy often leads to lack of understanding between wife and husbands which further leads to SVM.

*"I got married at the age of 14 years. I did not know anything about sex before my marriage. So when I had sex for the first time my husband convinced me to have sex although I did not want to. But he did it (sex) forcefully and I bled and screamed and cried but he did not stop.."*

*- 22 years, women, Brahmin/Chhetri, 8 years of schooling*

- Lack of family and legal support

*".... Another major cause could be at the government level. If government pays less attention to the women's rights, or women rights are not strong enough, or there is lack in the implementation of women's rights, then it could be a cause for sexual violence..... Even if there is women's right, it's only on papers and it has not been put into practice.."*

*- CFA with men, B/C community*

- Use of alcohol

*"When I attend any feast or dance programs, it is natural that I take alcohol, and I return home late. In such situation, she doesn't let me have sex with her, but I have desire, so we fight. So when I hold her hands firmly she, being a woman, cant' do anything, and then I have sex with her forcefully"*

*-22 years, Men, Tharu, 6 years of schooling, labourer*

- Economic dependency of women on husband

*"Since I am living on his earning he might think that it is his right to have sex whenever he wants"*

*-19 years, Women, Tharu, non- formal education, housewife*

- Son preference

*"Some men sexually exploit their wives if she is not able to give birth to a son"*

*-CFA with women, Brahmin/Chhetri community*

- Male sterilization: Fears about male sterilization would weaken men, would affect their ability to work and in turn affect the family's income and loss of sex drive or loose their manhood are not new findings. Surprisingly, men perceived that if they have vasectomy they (men) could experience sexual violence from their wives. Men believed that sterilized men are not able to satisfy their spouse's sexual desire which in turn aggravates to coercive sex from his female partner.

*"...If a husband undergoes sterilization, he may not be able to sexually satisfy his wife and he may face sexual violence..."*

*- CFA with men Brahmin/Chhetri community*

## Health consequences of sexual violence

- Many women (10 out of 15) thought that they are experiencing health problems such as backache, body ache, lower abdomen pain and bleeding (flow of dark colour blood) due to forced sex.

*"...Every time when he forced me to have sex and beat me I wanted to die... Every time I have sex, dark blood flows from vagina. I am suffering from this problem since the last three months.."*

*- 23 years, Women, Tharu, non-formal education, housewife*

- Many women reported that they had experience psychological trauma after they were sexually coerced. Few even reported attempting to commit suicide after sexual violence.

*"One morning he started fondling my body... I tried to fight with him. He hit me on every part of my body for half an hour.... I was badly injured..... I slowly got up from the floor and tried to come out of the house and wanted to commit suicide. I wanted to jump into the well. But he stopped me.."*

*-21 years, Women, Tharu, non-formal education, housewife*

- Most women reported that they denied having sex with their husbands when they did not wish for. However, such denial often led to severe forms of physical and psychological abuse such as severe beating, kicking, punching, pulling hair, thrown down from stairs. In addition, some women also reported that women who refused to have sex were often falsely accused of infidelity, were threatened of abandonment, were ignored, abused verbally and emotionally blackmailed.

*"...One night I was not feeling well and strongly denied for sex. I turned my face to another side but he got on top of me and forced me to have sex. I tried to get out of the room but he pulled my hair and started kicking my abdomen. I cried and begged him not to kick on my abdomen but he continuously kicked till he cooled down.."*  
-19 years, women, Tharu, non-formal education, Housewife

## Coping strategies

- Many women (10 out of 15) had adopted several strategies to avoid being in a situation that places them at risk of sexual violence from their husbands. The commonly mentioned strategies include: 'defend themselves for unwanted sexual act and behaviour', try to convince husbands not to carry out unwanted sexual activities, sleep separately, visit maternal home for few days, seek help from children, and use pretexts such as being ill or feigning menstruation. Case histories revealed that most women could not protect themselves from being sexually coerced despite the strategies they used.

*"I often sleep turning to the other side. I also make my body very tight so that he cannot move it. I always use different blanket and roll inside it so that he cannot touch me. But whatever I try to do I cannot stop him... One day as usual he was drunk and tried to force me for sex. At that time, I held my son in my arms so tightly and got up from the bed. He could not beat me because of my son. He tried to pull my son but I screamed and my son started crying so he could not touch me then I unlocked the door and ran next door."*  
-20 years, women, Tharu, non-formal education, domestic helper

- Many women are isolated and do not turn to institutions, families, or friends for advice and support. The results revealed that none of the women had sought help from organizations or any health providers and only half had told their mother, close friends or the neighbour. Some women were sharing their problem with the interviewers for the first time. Women mentioned that it was considered shameful to share such problems with others.

## Conclusions

Although the prevalence of SVM may vary according to the definition used, the study demonstrated that SVM among young couples is not uncommon in Nepal. This study found that the nature of SVM ranged from verbal abuse, intimidation, beating, unwanted touch on private parts to force sexual intercourse. Understanding reasons for SVM are complex and complicated. However, this study revealed that factors such as lack of sexual health education and rights, traditional socio-cultural norms, women's economic dependency, women's submissiveness, lack of family and legal support for women, men's use of alcohol perpetuate SVM.

Women reported several negative health and psychological consequences such as depression, suicidal tendencies, backache, body ache, headache, lower abdomen pain and vaginal bleeding. However, due to the exploratory nature of the study, causal link between sexual violence and health problems reported by women cannot be ascertained. Results demonstrated that women have used various strategies to avoid being in a situation that places them at risk or experienced sexual violence from their husbands. However, in most occasions, women were not able to protect themselves from sexual violence. Young women who suffer from sexual violence appear to be isolated and lack support options.

## Policy recommendations

The findings of the study have some important policy implications. They are:

- There is a need for young couple's responsive initiatives to enable them to avoid SVM and prepare them to cope with them. Such initiatives should include life skills educations to address gender stereotypes (transformation in gender relations) and attitudes that reinforce male entitlement and women's submissiveness to force sex within marriage.
- Involve men in positive ways to change gender norms that lead to SVM and to establish partnership that are based on mutual understanding and respect for each others' right
- Provide care and support to those who suffer sexual violence and facilitate the legal prosecution of perpetrators according to law and send message that sexual violence even within marriage will not be tolerated.
- Given the paucity of data on the subject, research especially quantitative survey is required to understand the scale and determinants of SVM among young couples.

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## References

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