

# Exploring the Nature and Reasons Associated with Sexual Violence within Marriage among Young Couples in Nepal

## SUMMARY REPORT

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# Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CFA	Causal Flow Analysis
FWLD	Forum for Women Law and Development
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
INGO	International Non-governmental Organization
LACC	Legal Aid and Consultancy Centre
NGO	Non-governmental Organization
PHECT	Public Health Concern Trust
STI	Sexually Transmitted Infection
SV	Sexual Violence
SVM	Sexual Violence within Marriage
VDC	Village Development Committee
WHO	World Health Organization
WOREC	Women's Rehabilitation Centre

# Preface

Sex violence is a defiance of human right and a crime. It is all too pervasive and inflicts mostly women in almost all settings. Marriage is presumed to provide protection against sexual violence and early years of married life are thought to be devoid of all kinds of violence and, especially, of sexual violence. Despite the persistence of sexual violence and its grave consequences, major gaps in knowledge continue to exist in the magnitude, nature and the underlying causes and consequences. The study by Dr Mahesh Puri and his colleagues fills the gaps in knowledge regarding sexual violence within marriage among young married couples. By focusing on sexual violence during the early years of marriage among young married couples, this study is groundbreaking. It shows that sexual violence occurs within marriage and early years of marriage are not immune to sexual and physical violence. By using novel and appropriate research approaches, the study provides new insights and enhances our understanding of the nature and reported reasons of sexual violence in Nepal.

I commend Dr Puri and his colleagues for undertaking the study and for bringing out their scientific findings on an issue that affects many women who suffer in silence.



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# CHAPTER 1

## Introduction

### 1.1 Background

**S**exual violence (SV) within or outside marriage is both a public health problem and a violation of human rights. It has profound emotional, psychological, social, physical and health consequences both immediately and many years after the assaults (WHO, 2002). Forced sex is associated with a range of gynaecological and reproductive health problems, including HIV and other sexually transmitted infections (STIs), unwanted pregnancy, vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain and urinary tract infections (Zierler et al., 1991; Garcia-Morneo et al., 2000; Maman et al., 2000, Watts et al., 2004). However, information from developing countries on the extent and factors underlying sexual violence within marriage (SVM) is sparse. The limited evidence available from South Asia, however, identifies several factors that appear to be associated with such experiences among young women. Early and arranged marriage in which the young bride scarcely knows her husband-to-be and has had little say in

choice of spouse, clearly condition the extent to which the bride can exercise choice in sexual matters or otherwise in her marital home. The lack of information on sexual matters among women prevents them from making healthy decisions including negotiate sex with their husbands. The lack of alternative support systems also clearly increases the vulnerability of young married women in a coercive situation. The most pervasive underlying factor is female submissiveness and male entitlement to forced sex within marriage (Santhya et. al., 2005).

Nepal is a patriarchal family structure country where most women have relatively less or no power on whom and when to marry, whether or not to have sexual relations, and when to bear children. Traditionally boys and girls are married at a young age in Nepal; this applies particularly to girls who marry shortly after puberty, or sometimes even before. Despite laws stipulating the legal age at marriage which is 18 years both for men and women with the consent of guardians, and 20 years without the consent of guardians, early marriage continues to be the norm in many ethnic groups. On average men marry about three years later than

women (DHS, 2001). This results in sexual activity commencing at a relatively early age for the majority of Nepalese young people, particularly women. Unlike most other countries, Nepal sees the onset of sexual activity occurring largely within the context of marriage, sanctioned by family elders and consistent with the strong emphasis placed on female “purity” and chastity. In fact, like in India, there are strong pressures on women to prove their fertility as soon as possible after marriage; social acceptance and economic security in her marital home are established largely through fertility, and particularly through the birth of a son (Jejeebhoy, 1998).

As in many societies, it is common knowledge that SVM exists in Nepal but it has never been scientifically studied and documented and has received little attention from researchers, policy makers and programme designers. There are only two previous small-scale population-based studies conducted in Nepal that document non-consensual sexual experiences reported by young women. First, a small study conducted by Women’s Rehabilitation Centre (WOREC) with 60 women in the Udayapur and Kathmandu districts of Nepal, 50 per cent of women were found to have experienced non-

consensual sex in marriage. This study found that many married women experience SV from the day of their wedding (WOREC, 2002). Another study conducted among young female factory workers in Nepal showed that one in ten reported sexual coercion (Puri et al., 2007). However, the small scale and other methodological limitations of these studies preclude generalisation of the findings. These studies have indicated that SV exists in Nepal, however, very little is known about the extent of coercion, its causes and contexts in which this occurs.

Until 2006, Nepal law did not recognise SVM. Very recently however, the Government of Nepal has recognised the problem of SVM and made a law that acknowledges forced sex between spouses as a form of marital rape and have made the provision of punishment by a three to six month jail sentence depending on the type of SV (Government of Nepal, 2007). Unfortunately, however, the large majority of Nepalese couples are still unaware of the law.

This summary report presents the key findings from a qualitative exploratory study on the nature of and reasons for SVM among young couples in Nepal conducted by CREHPA in 2006-07.

## 1.2 Objectives of the study

The study aimed to understand the meaning and context of SV and also explore potential underlying factors that contribute to and perpetuate SVM. More specifically, the study attempted to address the following research questions:

- How do Nepalese people define SVM?
- What are the natures/types of SVM?
- What are the underlying factors for SVM?
- What are the common coping strategies used by women to overcome SVM?

## 1.3 Rationale of the study

In Nepal, about 59 per cent of the total population is below the age of 24. Among them about 25 per cent are currently married (CBS, 2002). Despite the fact that the young couples comprise a significant proportion of the population of the country, their behavioural patterns and reproductive health problems receive poor attention. Although there is increasing evidence on risky consensual sex among young people in Nepal, non-consensual sexual experiences among couples have rarely

been studied and very few interventions have been launched to protect them from the risk of such experiences. A very few interventions are provided by the NGO sectors and are limited to counselling services to the victims. This means that SVM has always been a neglected topic from the researchers, policymakers and programme designers. Nepal, being one of the signatories of the International Conference on Population and Development (ICPD) Plan of Action, is committed to improve the health of its people. The participants of Global Consultative Meeting held in New Delhi in 2003 identified SV as a significantly understudied topic and emphasized the need for more research in the area. In the National Reproductive Health Strategy, young people's reproductive health has been identified as one of the important components of overall reproductive health (MOH, 2001). Furthermore, since sexual coercion has negative impacts on reproductive and sexual health such as unwanted pregnancy, STIs and HIV/AIDS, the government holds major responsibility in protecting the vulnerable population from SV. However, no strategies or programme are proposed in newly developed adolescent reproductive health strategies of the government to prevent sexual coercion and to provide care and

support to the victims. This may be due to the fact that there is no systematic documentation on this issue in the country. Concrete evidences are needed for the policy formulation and designing education programmes and health services especially from those who are facing the problems. Therefore, the results will be ‘eye opening’ for the policy makers and programme planners and create public and government attention in this much neglected area of public health. The study findings are expected to be very useful for the NGOs/INGOs, right activist and other private organizations to advocate on the issue and to design appropriate reproductive health care interventions for young couples in Nepal.

#### 1.4 Study methodology

This is a qualitative study, carried out in two districts- Tanahu and Dang. These districts were selected to represent two main ethnicities from hill (Brhamin/Chhetri) and Terai (Tharu) and the level of socio-economic development and cultural diversity. After selecting districts, a list of Village Development Committees (VDCs)/ municipalities having major concentration of selected ethnic population was prepared with the help of key informants in the district headquarters. One VDC/ municipality

per district was selected. Two clusters (group of wards) in each VDC/ municipality having major concentration of selected ethnic community was selected randomly.

A brief screening questionnaire was administered to the head of the household to identify eligible respondents (15-24 years married women) and married men aged 15-27 years. A total of 387 households were covered in order to screen for eligible respondents. A total of 75 free listing with married men and women (39 married women and 36 married men), 31 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. Participants for in-depth case histories were selected purposively from those who had reported SV during the free listing exercise. Community leaders and health service providers for free listing and CFA were selected using participatory method. In addition, semi-structured interviews with 9 national level key informants were also conducted. The national level key informants were women activists, advocates, staff of non-governmental organizations and psychologists who held key position in

organizations like Forum for Women Law and Development (FWLD), Legal Aid and Consultancy Centre (LACC), Women's Cell of Nepal Police, SATHI, Sancharika Samuha, SAMANATA, Public Health Concern Trust (PHECT), Nepal and Ministry of Health and Population.

The research protocol and instruments were approved by the Nepal Health Research Council Ethical committees of World Health Organisation (WHO), Geneva. Informed consent (Verbal) was obtained from all study participants. Participants were protected in the fullest extent against any possible adverse repercussions of the study.

The free listing data were analysed by using the computer software ANTHROPAC and percentage, average rank and smith salience are reported. The case histories, and information obtained from CFA were analysed using content analysis techniques.

## 1.5 Characteristics of the study participants

Table 1 presents the selected socio-demographic characteristics of young married men and women covered in the free listing exercise. Over half of the young married men were between 25-27 years and had at least one living child. Majority of the men had secondary or higher level of education. Most of the men were involved in agriculture.

In contrast to men, about three-quarters of women were between the age of 20 and 24 years. Most women were housewives and had no independent cash income. Most of the women had love marriage and had one child. Most of their husbands were literate and involved in labour work followed by small business, service and driver respectively. The case histories were sub-sample of free listing exercise. Therefore, characteristics were very similar to those with the free listing participants.

Young married men and those who participated in the CFAs have similar characteristics with individuals covered in the free listing exercise. Generally key informants who participated in the CFA were of higher level of education. The

community leaders were involved in various occupations - business, teaching, health work, social work including the staff of non-governmental organisations and the members of mother's groups.

**Table 1. Selected socio-demographic characteristics of young married men and women covered in the free listing exercise**

Background Characteristics	Young married men		Young married women		Total	
	N	%	N	%	N	%
<b>Current age</b>						
15-19	5	13.9	9	23.1	14	18.7
20-24	9	25.0	29	74.4	38	50.7
25-27	22	61.1	1	2.6	23	30.7
<b>Caste/Ethnicity</b>						
Tharu	19	52.8	20	51.3	39	52.0
Brahmin/Chhetri	17	47.2	19	48.7	36	48.0
<b>Level of education</b>						
Illiterate	-	-	6	15.4	6	8.0
Primary and Non formal education	4	11.1	14	35.9	18	24.0
Secondary (6-10)	13	36.1	9	23.1	22	29.3
SLC pass or above	19	52.8	10	25.6	29	38.7
<b>Age at marriage in years</b>						
Less than 18	13	36.1	27	69.2	40	53.3
18 or above	23	63.9	12	30.8	35	46.7
<b>Number of living children</b>						
None	8	22.2	8	20.5	16	21.3
One	18	50.0	13	33.3	31	41.3
Two	9	25.0	16	41.0	25	33.3
Three or more	1	2.8	2	5.1	3	4.0
<b>Main occupation</b>						
Housewife	-	-	28	71.8	28	37.3
Agriculture	22	61.1	4	10.3	26	34.7
Business/petty business	8	22.2	5	12.9	13	17.3
Services	5	13.9	1	2.6	6	8.0
Labourer	1	2.8	1	2.6	2	2.7
<b>Total</b>	<b>36</b>	<b>100.0</b>	<b>39</b>	<b>100.0</b>	<b>75</b>	<b>100.0</b>



# CHAPTER 2

## Defining Sexual Violence

### 2.1 Introduction

No commonly accepted definition of SV (including non-consensual sex) is found in the literature. Available studies have used different methods to define and measure coercion, and there is often ambiguity in definitions and interpretation. For example, the WHO defines SV 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).

Similarly, Heise et. al (1995) defined sexual coercion as:

Act of forcing (or attempting to force) another individual through violence, threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual

behaviours against her/his will. As such, it includes a wide range of behaviours from violence forcible rape to more contested areas that require young women to marry and sexually service men not of their choosing. The touchstone of coercion is an individual woman's lack of choice to pursue other option without severe social and physical consequences. (Heise et. al., 1995)

Very recently the Government of Nepal has recognised 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 have made provision of punishment of sentence to jail for three to six months depending on the type of SV (Government of Nepal, 2007). The Nepali law states that any of the following acts/behaviours by a man to any woman without her consent is considered as SV.

- Touch/try to touch her sensitive organs
- Remove/try to remove her undergarments
- Take her to a quiet place in unusual way

- Make her touch/grab one's sex organs
- Use vulgar words or symbols
- Forceful viewing of porn photos or movies
- Tease/harass her in sexual manner
- Any other such unusual behaviour
- Grabs her with intention of sexual intercourse/rape

As can be seen from the above definitions, the cultural norms regarding sexuality greatly influences the way in which different people interpret and understand SVM. Thus, there is often ambiguity in definitions and interpretation. Moreover, making both definitions operational poses a challenge. One difficulty with the definition is that it assumes that there is a common definition of what constitutes coercive sex and the conditions under which people believe that there should be choice. The concept of coercion may vary within and between populations. For example, sex behaviour engaged in due to economic circumstance may not be considered as coercion for some young people. Form of behaviour such as verbal harassment to a woman by her husband may also not be considered as

coercion. Few studies in developing countries that explored the young people's perceptions of sexual coercion documented a considerable diversity in responses, which highlight ambiguities in the above mentioned definitions (Jejeebhoy and Bott, 2003). This is one of the reasons why the estimates of SVM vary widely even within the same society, the same country and across the country. Nevertheless, both of the above definitions acknowledge that non-consensual sexual experiences exists along a continuum of behaviours from threats and intimidation to unwanted touch to rape, and that the victim lacks choices that do not have severe physical and social consequences (Jejeebhoy and Bott, 2003).

In light of the divergent gender roles, patriarchal society, and diverse socio-cultural practices in Nepal, Nepalese people may have their own understanding of what constitutes sexual coercion or acts/behaviours that are viewed as SVM. Therefore, one of the objectives of the present study was to explore the definition of SVM applicable in context of Nepali culture by examining the definition of SV from the Nepalese perspectives and comparing it with international definition.

## 2.2 Types of acts and behaviour that are considered as SVM: Results from free listing

During the free-listing exercise participants (young married men, women and community leaders and national level stake holders) were asked to list all acts and behaviours of their partners that they consider SVM. The results revealed that there are 43 different acts and behaviours that are considered as SVM in Nepal. Table 2 presents the top 10 most frequently mentioned acts and behaviours that are considered as SVM. '*Ichha biparit youn samparka*' (Sex against desire) was mentioned by more than two-thirds of the participants while two-fifths mentioned '*jaad rakshi khayera youn samparka*' (Sex after consumption of alcohol) as the act and behaviour that is considered to be SVM. Other frequently mentioned acts and behaviours include - sex during illness, sex during menstruation, sex shortly after delivery/when baby is small, physical/verbal torture/threats following refusal of sex, forceful sex, sex during exhaustion, unwanted

touching of breast/private parts and unwanted fondling of body.

Among the list of acts and behaviours that are considered SVM, '*ichha biparit youn samparka*' (sex against desire) (Average rank=2.000) and '*jaad rakshi khayera youn samparka*' (sex after consuming alcohol) (Average rank=3.326) always tend to be mentioned first in the list. 'Sex against desire' (Smith's salience=0.531) was mentioned by the maximum number of respondents and was mentioned earlier in the list than other acts and behaviours.

There was no major difference of opinion between young married men, women and community leaders regarding the acts and behaviours that are considered as SVM. Nevertheless, a higher proportion young married women than men considered sexual intercourse during illness as SVM. Similarly, young married men do not consider sexual intercourse with when their wife is exhausted as SVM, while. Similarly, very few men than women considered physical/verbal torture/threats following refusal to sex as SVM.

### 2.3 Comparison between community and international definition of SVM

The results revealed that the definition of SVM in Nepalese context includes a wide array of acts and behaviours. These included: sexual intercourse against the desire of the spouse; during

situation when spouse cannot wilfully submit to one's sexual desire; use of force to obtain sexual intercourse; undesired sexual acts where the spouse feels degraded; painful sex/sexual activities; sexual intercourse of undesired duration, timing and frequency, any form of unwanted physical touch in presence or absence of others; physical, verbal or emotional abuse following the spouse's denial for

**Table 2. Types of acts and behaviours that are considered as SVM: Results from free listing**

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

# CHAPTER 3

## Nature and Reasons for Sexual Violence

### 3.1 Nature of sexual violence within marriage

Although free listing data does not aim to serve as the extent of SV among the study population, this could only indicate the scale of the problem. The free listing data suggests there is high prevalence of SVM among the study population.

**Table 3. Nature of and ever experience of SVM among young married men and women**

Type of experiences	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 experience of 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.

For example, about half of the married women (19 out of 39) and about a fifth of men (7 out of 36) reported that they had ever experienced SVM before the survey.

A higher number of women from Tharu community (plan belt) reported they had experienced forced sex than Brahmin/Chhetri community (Hill area). Women with low level of education were more vulnerable to experience SV. This could be due to low level of education and higher level of alcohol consumption practice among Tharu community than Brahmin/Chhetri. Comparatively, a higher percentage of women who married before the age of 20 years than after 20 years reported of experiencing SVM.

The nature of SVM ranged from verbal abuse, beating, and 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, exhaustion, menstruation, post-partum period and pregnancy.

### Women are compelled to have sex during pregnancy and post-partum

“He even forced me to have sex on the third day of my delivery. After my daughter was born, we used to sleep separately but in the same room. He did not even touch me on the first and second day but on the third day, he suddenly jumped on me.”

- 19 years, women, Tharu, non-formal education, housewife

“The night before my son was born, I tried to have sex with her. Initially she refused, but I tried to convince her saying that she is going to give birth to a child and therefore we should have sex otherwise it will be difficult for her to deliver the baby. However, she didn't agree and I did it forcefully.”

- 25 years, man, Tharu, 9 years of schooling, agriculture

### No excuse for sex even during illness

“...One incident I shall never forget is he forced me to have sex when I was ill. At that time, I had fever and headache and my whole body was aching. In such condition, he forced me to have sex. I begged him not to have sex in such condition but he did not hear me.”

- 22 years, woman, 8 years of schooling, housewife

“...Once I was suffering from swelling in vagina. The pain was unbearable but he forced me to have sex. I told him how badly it was paining. I said, “no please, it is badly paining. I cannot bear the pain.” But he pretended not to hear me and forced me to have sex almost every night..”

- 19 years, woman, Tharu, non-formal education, housewife

### She has to satisfy her husband even during menstruation

“...He forced me for sex on the third day of my menstruation in the previous month.... Last time he came to me on third day of my menstruation and had sex with me forcefully.”

- 22 years, woman, Brahmin/Cbbetri, 8 years of schooling, housewife

“...Not always but sometimes I force her for sex during her menses. We (Tharu) do not have separate rooms for our wives to sleep during their menstruation. My wife sleeps on a separate bed in the same room. In such situation, when I feel like having sex, I go to her bed and have sex..”

- 21 years, man, Tharu, 6 years of schooling, labourer

### **3.2 Reasons for sexual violence within marriage**

Understanding the reasons for SVM is complex and complicated due to the multiple forms and contexts in which it occurs. However this study identified some of the underlying factors for SVM. The free listings participants listed 53 different causes of SVM. The top ten reasons for SVM are presented in Table 4. As can be seen from the Table, 'lack of education', 'alcohol use' 'women's inability to negotiate with their husbands', 'traditional norms and cultural values', 'patriarchal society', 'lack of women's autonomy', 'compulsion of wife to fulfil the desire of husband' and 'lack of cash

income of women' were frequently mentioned reasons of SVM. According to the average rank, 'lack of education' and 'use of alcohol' were the causes cited first by majority of the participants. Among the key informants and young married men who mentioned alcohol use, all of them mentioned it first as the reason for SVM. Among young married women, who mentioned compulsion for women to stay in their husband's home as one of the reasons for SVM, all of them mentioned this reason first in their list. Smith's salience shows that those participants who mentioned lack of education and use of alcohol had high salience and was mentioned first by most of the respondents.

**Table 4. Perceived causes of SVM: Result from free listing**

Causes	Frequency	Percent	Average rank	Smith's salience
<b>Key informants (N=31)</b>				
Lack of education	14	45	3.286	0.284
Alcohol use	9	29	2.222	0.236
Women's inability to negotiate	8	26	3.250	0.156
Traditional and cultural norms/ values	7	23	3.429	0.130
Compulsion to fulfil the husband's desire	7	23	2.571	0.143
Lack of independence	7	23	6.429	0.065
Poverty	6	19	5.333	0.082
Patriarchal society	6	19	2.333	0.144
Women's powerlessness	6	19	4.333	0.101
Lack of mutual understandings	6	19	2.833	0.155
<b>Young married men (N=36)</b>				
Lack of education	10	28	1.600	0.229
Alcohol use	9	25	1.444	0.213
High sexual desire of husband	8	22	1.750	0.174
Lack of independence for women	7	19	2.000	0.144
Patriarchal society	7	19	2.286	0.118
Fear of husband	6	17	1.667	0.132
Manhood	6	17	2.667	0.097
Compulsion to make husband happy	5	14	2.800	0.065
Lack of inter-spousal communication	4	11	2.250	0.072
Fear of having co-wife	4	11	2.000	0.083
<b>Young married women (N=39)</b>				
Lack of education	20	50	3.000	0.335
Alcohol use	16	40	3.188	0.249
Women inability to negotiate	14	35	3.429	0.223
No cash income of women	12	30	4.750	0.136
Patriarchal society	11	28	3.273	0.184
Not supportive husband	6	15	2.500	0.112
Compulsion for women to stay in husband's home	6	15	2.000	0.123
Extramarital relationship	6	15	2.333	0.100
Manhood	5	13	5.400	0.059
Fear of having co-wife	5	13	3.400	0.091



Similarly, factors associated with SVM were also explored in CFAs and in-depth case histories. Results are summarised in Figure 1. As shown in Figure 1, understanding the risk factors of SVM is complex and complicated. However, the study revealed the following main reasons for SVM.

### 3.2.1 Lack of education and awareness on sexual health and rights

Most of the participants perceived that lack of education leads to lack of awareness about sexual health and partner's sexual rights issues and this could result in SVM. For example, CFA participants said:

“...Since women are not given knowledge on such matters (sexual education), they are not mentally prepared that they have to have sex with their husbands after marriage.....”

- CFA with community leaders, Brahmin/Chhetri community

### 3.2.2 Divergent gender roles

Participants believed that divergent gender role dictating that men are expected to be initiator and aggressive in sexual matters and women are expected to be bashful, coy and submissive contributes to SVM. Both CFA and case history participants thought that men have been encouraged to enjoy their sexuality as well as to take active roles in courtship interaction and are socialised to define their 'manhood' in terms of their sexual activity which encourages SVM.

“Our society is a male dominating society, so women cannot express their views openly, while men can express their views. That's why sexual violence takes place within marriage. If a woman expresses her sexual desires to her husband, then she would be considered indecent, and this attitude still exists in our society. ...”

- CFA with community leaders, 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, man, Brahmin/Chhetri, 14 years of schooling, farmer

“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, woman, Brahmin/Chhetri, 8 years of schooling

### 3.2.3 Traditional cultural gender norms

The CFA participants pointed out that the traditional cultural norms regarding age and types of marriage are often underlying factors for SVM. Participants said that the Nepali tradition of child/adolescent marriage, forced/arranged marriage, and practice of polyandry/polygamy lead to lack of mutual understanding between wife and husband, resulting in increased risk of experiencing SV. Respondents cited that girls are often married at a younger age than boys where they are still physically and mentally immature and hence they lack the ability to make decisions regarding sex and sexuality. This cause was also frequently reported in the case histories with women as well. This is reflected by the following comments of CFA participants and case histories respondents.

In addition, participants reinforced that most marriage in Nepal are arranged by the parents and couples do not date before marriage. As a consequence, opposite sex interaction is limited. Furthermore, participants believed that honour and shame are associated with unmarried women’s sexuality, where the burden of preventing shame to the family’s reputation lies on their shoulders. Therefore, couples especially women are not able to express their sexual desire or communicate their feelings with their husbands even after marriage. Therefore, SV occurs within marriage. This point was highlighted by participants in the CFA among Brahmin/Chhetri community:

“...But in case of arranged marriage, the couple will not have understood each others feeling before their marriage, so sexual violence may occur. It takes a long time to get familiar with the wife in the case of arranged marriage...”

- *CFA with women, Brahmin/Chhetri community*

In contrast to Brahmin/Chhetri community, Tharu community have expressed that love marriage is one of the causes of SVM in their community. They mentioned that among couples who have *bhaagi biwaha* (Love Marriage), the groom's family dominate the bride as she could not bring any dowry and she also does not receive any support from her maternal family. One of the participants said:

“If they elope (*bhaagi*), then there will be more sexual violence. He (her husband and his family) will say that 'you came by yourself'. Since in *bhaagi biwaha* (elopement) there is no dowry given to such woman, he will sexually exploit her.”

- *CFA with women, Tharu community*

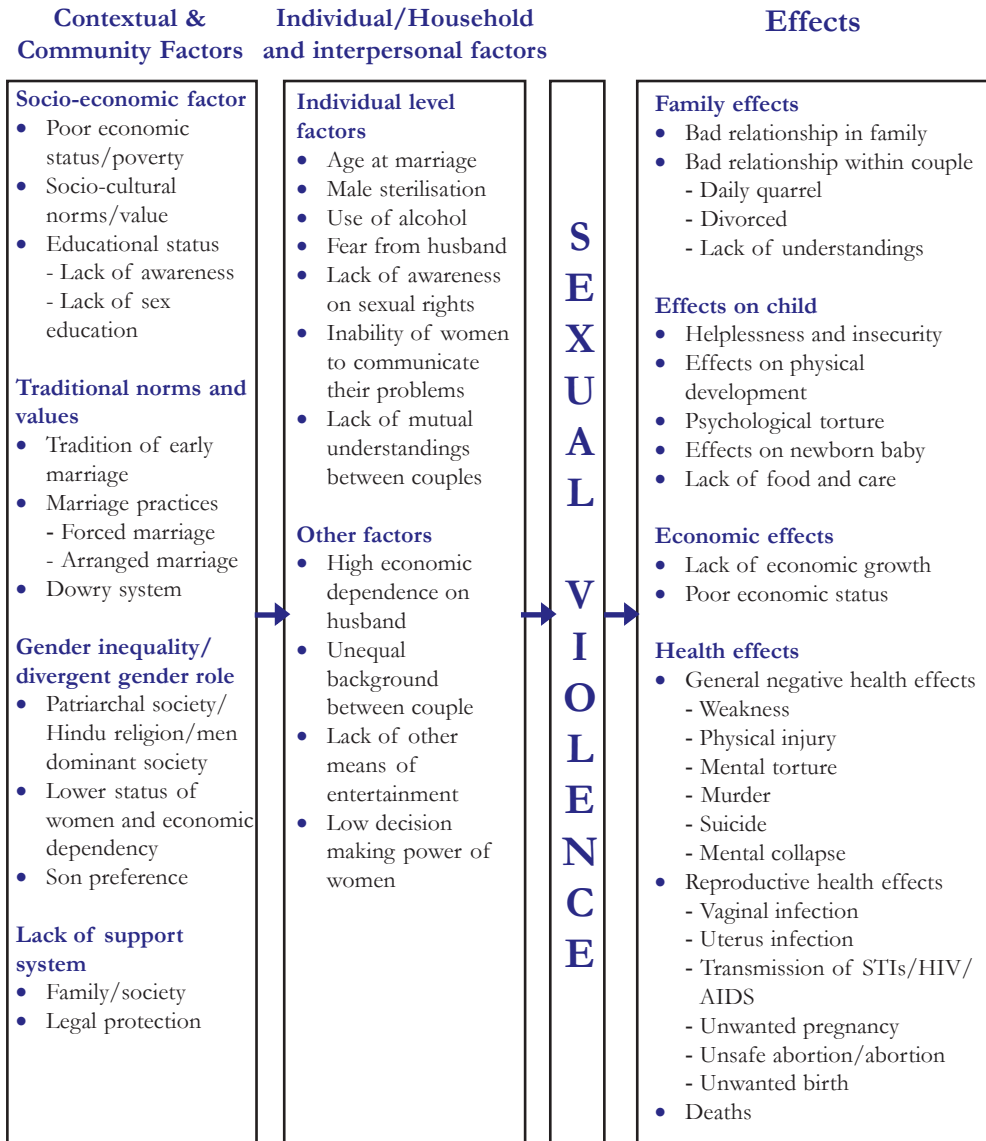
### 3.2.4 Lack of family and legal support

Lack of legal, social and family support to women was also identified as reasons for SVM. Participants mentioned that the state (government) is not providing adequate legal protection to the victims and the community views that SVM is a private issue and see their involvement as inappropriate. Moreover, participants mentioned that organisations working for preventing SVM fail to reach needy people. Participants also believed that those women who do not get support from their maternal family are more vulnerable to SVM.

“... Another major cause could be at the government level. If the government pays less attention to the women's rights, or women's 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, Brahmin/Chhetri community*

**Figure 1. Factors associated with sexual violence and its effects within marriage: Results from CFA**



### 3.2.5 Lack of knowledge about the place for support and social shame

The CFA and case histories revealed that lack of knowledge about where to go and who could be contacted for support and type of support available to them in case of SV further elevated the risk of SV. It was also found that women fear sharing such experiences with anyone to maintain their social prestige in the community.

“...No! Never! Why should go to others to talk about it? It is a problem of husband and wife so how can I make it such a big issue? ....it is a matter of shame to go to someone else for support on this issue. What will my family and villagers think about me if I share this problem with others.....”

– 19 years, woman, non-formal education, housewife

### 3.2.6 Economic dependency of women on husband

Both CFA and case histories revealed that economic dependency of women on husband was another reason for

SVM. Women reported that if husband knows that both his wife or her parents are very poor and can not cash income then she is more prone to experience SVM. The following excerpts from the case histories and CFA illustrates this even more.

“Because he (husband) knows I can do nothing against him. I am also from a poor family and my parents also cannot punish him. Since I am living in his earning he might think that it is his right to have sex whenever he wants...”

– 19 years, woman, Tharu, non-formal education, housewife

### 3.2.7 Use of alcohol

All the CFA participants unanimously agreed that use of alcohol is one the major factor of SVM. Case histories revealed that women were more prone to risk of sexual attack when their male partner is under the influence of alcohol. This was more frequently mentioned by the Tharu than the Brahmin/Chhetri community.

“..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. She doesn't want to give it, and I want to have it, so on that issue, we have 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, man, Tharu, 6 years of schooling, labourer

### 3.2.8 Poor and have no other means of entertainment

The CFA participants felt that the low economic status and lack of employment are two of the reasons for SVM. Participants believed that poverty leads to lack of access to various types of entertainment and men consider their wife as a means of entertainment and, as a result, leads to SV. Similarly, participants thought that unemployment leads to depression and this is a risk factor for SV. The following two excerpts from the case histories are typical examples:

“.... He considers me as a means of entertainment. He doesn't know how I feel after he forced me for sex. He never tries to know....”

- 21 years, woman, Tharu, non-formal education, housewife

“Husband considers his wife as means of entertainment. He doesn't listen to his wife, he doesn't try to understand her, and that is a reason sexual coercion occurs.”

- 26 years, man, Tharu, 10 years of schooling, agriculture

### 3.2.9 Son preference

Participants believed that son preference and patrilineal social structure has contributed to increasing SVM. While stressing the value of son, one of the participants said *‘jasko bhaisi usko ban, jasko chhora usko dhan’* (those who have buffalos own the jungle, and those who have sons have money). They explained that even if a couple has achieved their desired number of children but either the husband or the wife desires a son while his/her spouse doesn't have such a desire, then non-consensual sex between couples could occur.

“...Some men sexually exploit their wives if she is not able to give birth to a son.... People don't take their daughters as their sons. So husbands force their wives for sex to have son...”

- *CFA with women, Brahmin/Chhetri community*

### 3.2.10 Fear of abandonment or co-wife

The CFA revealed that many women need to submit to unwanted sexual acts due to manipulation in the form of threat, emotional psychological or physical abuse from their husbands. Participants thought that there is no alternative except for a married woman to accept what her husband says, otherwise, she may have to leave the house and/or face co-wife. Case histories with women suggest that women's fear from husbands to be beaten and getting co-wife, they continue to suffer from SV. Women who experienced SVM reported that if a wife does not submit, her husband will hit her, leave her and even threaten to find 'another woman', or punish her in some other way.

“Yes, she may not be able to deny sex to her husband, even if she wants to. This is because, if she denies, she fears that her husband may bring second wife. Many times, husband threatens his wife too, so she would be compelled to accept...”

- *CFA with women, Brahmin/Chhetri community*

“He also beats me and threatens me saying, “ta garna dinna bhane arko lyauchhu”(if you do not allow me for sex then I will marry with another girl). He also says, “I can marry five more women”. I am so scared that he might visit other girls so I should sleep with him even though I don't have desire for sex.”

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

### 3.2.11 Inability of women to communicate and lack of mutual understandings

The CFA also suggests that inability of women to effectively communicate their problems and misunderstandings with their husbands is also a cause of

SVM. Case histories also revealed that lack of self esteem and inability to communicate effectively made married women vulnerable to SVM.

### 3.2.12 Male sterilisation

Fears about male sterilisation such as vasectomy would weaken men, would affect their ability to work and in turn affect the family's income and loss of sex drive or loss of manhood are not new findings. Interestingly, in-depth case histories with men revealed that

vasectomy can lead to sexual coercion among men. They believed sterilized men are not able to satisfy their spouse's sexual desire which in turn leads 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*



## CHAPTER 4

# Consequences of Sexual Violence

### 4.1 Repercussions of denial for sex

Most women reported that they denied having sex with their husbands when they did not want to. However, such denial often led to severe forms of physical and psychological abuse. The most common forms of physical violence faced by women include severe beating, kicking, punching and pulling hair. Some women also faced extreme forms of physical violence such as being thrown down the stairs, kicked during pregnancy, and being beaten with an iron rod. Women who refused to have sex were often falsely accused of infidelity, were threatened of abandonment, were ignored, abused verbally and emotionally blackmailed.

#### 4.1.1 Physical violence

Case histories revealed that women were beaten if they denied having sex with their husbands. Physical violence was used as a medium to force them to have sex, which often took place when

their husbands were drunk. Women also faced severe physical violence such as being beaten with an iron rod and kicked during pregnancy.

“...I was often beaten and forced for sex. He also beat me and forced me for sex even when I was almost nine months pregnant. He is a shameless man.... Because of his beatings, my son died soon after his birth (with a sad face). But since I got married to him, I have to tolerate everything. He also forced me to have sex right after I gave birth to the child.”

– 19 years, woman, Brahmin/Chhetri, 2 years of schooling, labourer

“...One night I was not feeling well and strongly denied for sex. I said, “I am not going to let you have sex today, I am not feeling well.” Then I turned my face to another side but he got on top of me and forced me to have sex. I suddenly got up and tried to come out of the room but

he pulled my hair and started kicking on my abdomen. He kicked several times on my abdomen. I tried to stop him but I could not. I cried and begged him not to kick on my abdomen but he continuously kicked till he cooled down (tears in her eyes)...

- 19 years, woman, Tharu, non-formal education, housewife

#### 4.1.2 Emotional harassment

Case histories revealed that women were told that she has to have sex with her husband in order to prove their love. In some cases, husbands give false information that she would give birth of a son if she had sex during pregnancy. Some women also fear that if they continuously deny their husband sex he may leave.

“He often said, “if we have sex during pregnancy, we will have a son”... He also used to say, “we are newly married, we must have sex, otherwise it shows that we do not love each other.”

- 23 years, woman, Tharu, non-formal education, housewife

Other tricks men commonly used for obtaining sex from their wives was to threaten remarriage. Some husbands also threatened their wives that they would visit other girls for sex if they refused. Although women reported that they often argue with their husbands, they have to submit eventually even if they are unwillingly as they have no where to go if their husband leaves them.

“...He said, “if you do not let me to have sex, I will go to other girls or I can even marry another woman!”. He is my husband after all so I let him have sex with me ... he does not understand my feelings. All he wants is to fulfil his desire. Sometimes we argue a lot on this but I have no other alternative..”

- 21 years, woman, Tharu, non-formal education, housewife

#### 4.1.3 Accusation of infidelity

Case histories show that scolding, abusing, and accusing of having sexual relationship with other men are some of the common tactics used by a husband to have sex with his wife. One woman who was accused of an extra-marital relationship when she refused to have sex during her menstruation said:

“One night he wanted to have sex with me. I denied because I had my menses. He kept quiet that night but the next evening when he returned home drunk, he beat me badly. He called me a whore and asked me to get out of the house. He also accused me that I sleep with other men, that is why I refuse to have sex with him...”

- 19 years, woman, Brahmin/Cbhetri, 2 years of schooling, labourer

## 4.2 Health consequences

Most women (10 out of 15) covered in the case histories reported that they are experiencing health problems after forced sex from their husbands. According to women, backache, body ache, headache, and lower abdomen pain were the common health problems they experienced after coerced sex. Few women also reported that they were experiencing white discharge, vaginal itching, and dark blood flow. Due to cross-sectional nature of the study it is difficult to ascertain causal the link between reported health problems by women and SV. However, most of the women reported that white discharge, itching in vagina, pain in lower abdomen and bleeding occurred immediately after the violence.

“...Every time 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. But I have not gone for treatment...”

- 23 years, woman, Tharu, non-formal education, housewife

Many women reported that they had experienced psychological trauma after they were coerced for sex. Women reported being very sad and tensed after coercive sexual experience with their husbands. Few women even reported attempting to commit suicide after SV.

“...I have been forced to have sex hundreds of times. I don't remember the exact number. I think I have also lost my memory power because of such problems....sometimes, I feel like I should commit suicide. I cry all the time. Sometimes I cannot sleep at all the whole night. I also don't like to eat food. But I do not know how long I will have to tolerate it....”

- 19 years, woman, Brahmin/Cbhetri, 2 years of schooling, labourer

“...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 inside the well (Keeps quiet and starts talking again after a while) He stopped me (from committing suicide)....”

- 21 years, woman, Tharu, non-formal education, housewife

# CHAPTER 5

## Coping Strategies

### 5.1 Coping strategies adopted by women

Most women covered in the case histories (10 out of 15) reported that women had adopted several strategies to avoid being in a situation that places them at risk of SV from their husbands. The commonly mentioned strategies include: defend themselves from unwanted sexual acts and behaviours, try to convince husbands not to carry out unwanted sexual acts, sleep separately, visit maternal home for few days, waking up children at night, and use pretexts such as being ill or feigning menstruation. However, most women could not protect themselves from being sexually coerced despite the strategies they used.

#### 5.1.1 Defend themselves and scream

Most of the women in the case histories reported that they made noise or screamed when their husbands force them for sex. However, it was seen that other family members or neighbours do not care about this as they consider it a

family matter. Nine of the fifteen women stated that they fight back with their husbands in order to protect themselves.

“...As usual, he came home drunk and wanted to have sex. I slept turning my face to other side. He started scolding me saying “I don’t care whether you have desire or not, you have to sleep with me, otherwise, you get out of my house”. He forcefully turned me to his side but I suddenly got up and tried to escape from the bed. But he slapped me badly on my cheek. I also punched him and pushed him away. Then he pulled my hair and threw me on the floor...”

- 20 years, woman, Tharu, non-formal education, domestic helper

#### 5.1.2 Awaking children at night and sleeping separately

Women who have small children often take their help to avoid facing such

sexual violence from their husbands. Women often stated that if she knew or suspects her husband will force her to have sex she will hold the child while sleeping so as to protect herself from potential abuse. They also mentioned that even if their children are sleeping they wake them up and sleep with them.

“ 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. 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, woman, Tharu, non-formal education, domestic helper

### 5.1.3 Pretend to be ill/feign menstruation and visit maternal home

During case histories, women also reported that sometimes they pretend to be ill or menstruating to avoid SV from their husbands.

“ I make some excuses like, ‘I have stomach pain or I am pregnant’ or having menstruation...”

– 19 years, woman, Tharu, non-formal education, housewife

Few women also reported that sometimes they visit a maternal home and stay for few days to save themselves from SV.

## 5.2 Care and support seeking behaviour

Most of the women reported that they are isolated and generally do not turn to institutions, families, or friends for advice and support. The results revealed that only half the women (7 out of 15) covered in the case histories had ever told someone about their problems. These women had either told their mothers, mother-in-law, close friends or the neighbour. The results revealed that none of the women had sought help from organisations, or any health providers. Some women were sharing their problems with the interviewers for the first time. Women considered that it is shameful to share such personal problems with others. Many women think they are the only ones who are facing such violence and

do not talk about their problems as they have no support from their family or friends.

“..Women do not get support from society. Our society blames them instead, if they cannot make their husbands happy. In such matter, I hate women and our society. If I share such problem with anyone in the community they start gossiping

about me... I do not go to anyone and do not share about my problem. It is also a matter of shame to ask for help in such issue. There is no such woman in this community who could help me or a woman who faces such problem like me. There isn't any women's forum or organization in this community either...”

- 22 years, woman, Brahmin, 10 years of schooling, housewife

# CHAPTER 6

## Discussion and Conclusions and Recommendations

### 6.1 Discussion

**T**his study is the first of its kind in Nepal that explored the nature and reasons of SVM among young couples. Given the sensitive nature of the topic, SV particularly within marriage is difficult to research. This is perhaps one most important reason why SV has received relatively little attention from researchers in Nepal. We believe that our finding begins to address a paucity of information on reasons of SVM in Nepal.

This study attempted to define SV in Nepali context. Although a total of 43 different acts and behaviors were considered as SV by the study participants, no major difference in the definition was found between study participants and the definition by the WHO. However, extra-marital relationship, denial to use FP method, and sex during ill health were also considered as SV in Nepali context, which are not very clearly spelled out

in the international definition. It was also found that Nepali people do have their own terminologies for SV.

Although this study was not designed to assess the prevalence of SV, the free listing result clearly suggests that as much as half of women and about one-fifth of men reported experienced SVM before the study. There is no consensus between the researchers in the definition of SV including non-consensual sex within marriage, which makes it difficult to compare the prevalence of SV across and also within countries. However, this prevalence is quite high when compared with its neighbouring countries, India and Bangladesh (Jejeebhoy et. al. 2003; Santhya et. al., 2005; Khan et. al. 2002). Underlying reasons for SVM are complex and complicated due to the multiple forms and contexts in which it occurs. However, this study revealed that young couple's lack of sexual health education and rights, economic dependency of women, divergent gender including traditional socio-cultural practices and marriage



practices, fear of co-wife and social shame, lack of family and legal support to women, lack of self-esteem, and men's use of alcohol were the main factors that aggravate SVM. These findings are corroborated with the previous studies conducted in other South Asian and the Middle East countries.

Women who were victims of SV from their husbands reported a range of gynaecological and reproductive health problems such as backache, body ache, lower abdomen pain, and vaginal bleeding. Many women reported experiencing psychological trauma after they were sexually coerced. Few even reported committing suicide after SVM. These are very similar in other settings (Heise et al., 1999).

This study also revealed that most women tried their best to say 'no to 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. It was also found that women had used various strategies to avoid SV from their husbands. The commonly mentioned strategies were '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. However, most of the time women were not successful to protect themselves.

It was also found that almost all women experiencing SVM 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.

This study suggests some surprising findings which need to be discussed. First, generally it is believed that only women in Nepal are prone to SVM. However, this study suggests that married men also experienced SV from

their partners. Seven out of 36 men covered in this study reported experience of SV in different forms and contexts. Second, there is a misconception about male sterilisation. Study participants believed that sterilised men can not satisfy the sexual desire of their wives, which then resulted in coercive sex from his partner. Third, strong sex preference and pressure to produce a male child is not a new phenomenon in Nepal, however, this study revealed that sex preference also exacerbated SVM. Fourth, women married to men with secondary or higher education are more at risk of coercive sex than those married to men with primary to no education. These findings require further investigation.

Given newness of the topic and the scarcity of national data with which to compare results, our analysis should be regarded as exploratory and the findings as suggestive. Moreover, the data were collected from a relatively small sample using qualitative research methods. Therefore, one should be careful not to over-generalise from this study.

## 6.2 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, and unwanted touch on private parts to forced sexual intercourse. Nevertheless, given the fact that coercive sexual experiences are likely to be underreported, the relatively high prevalence of these experiences suggested in this study is cause for serious concern. 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 SV 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 SV from their husbands. However, in most occasions, women were not able to protect themselves from SV. Young women who suffer from SV appear to be isolated and lack support options.

### 6.3 Recommendations

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

- There is a need for young couple's responsive initiatives to enable them to avoid such experiences and prepare them to cope with them. Such initiatives should include life skills education to address gender stereotypes (transformation in gender relations) and attitudes that reinforce male entitlement and women's submissiveness to force sex within marriage.
- There is a need to change the attitudes of communities and families regarding the gender and reproductive roles of women and their rights. Social transformation of this nature will be difficult and demands sustained commitment at all levels of society and the cooperation of gatekeepers in each setting.
- Increasing women's economic status through involving them in saving-credit programmes successful in other contexts should be scaled up in Nepal.
- 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.
- Any campaign against alcohol use should also cover the issue of SV.
- Provide care and support to those who suffer SV and facilitate the legal prosecution of perpetrators according to law and send message that SV 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 in Nepal.

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