Written evidence from Dr. Amit Anand (Assistant Professor of Law and Coordinator, Centre for Human Rights Law and Policy at REVA University, Bengaluru); Dr. Preethi Lolaksha Nagaveni (PhD (Law) Graduate at Lancaster University, UK); Ms. Riya A. Singh (Undergraduate Student at Presidency University, Bengaluru) [WRH0008]

Sub: Submission of written evidence on women's reproductive health and the challenges that women face in accessing reproductive health services

We welcome the Women and Equalities Committee step to invite written evidence focussing on women's reproductive health and their experience of accessing reproductive health services. Kindly note that our written evidence focuses only on the following question:

- What constitutes healthy periods and reproductive health.

This written evidence addresses the above question by focussing on the views and experiences of South Asian women in the United Kingdom.

The written evidence is a collaborative work among:

- **Dr. Amit Anand, Coordinator, The Centre for Human Rights Law and Policy (CHRLP), REVA University, Bengaluru**
  Dr. Amit is presently working as an Assistant Professor at School of Legal Studies, REVA University, Bengaluru. He has completed his PhD (Law) from Lancaster University, U.K. in 2022 on the topic 'Unheard and Unnoticed: Violence Against Women in India (A Study of Practice of Witch-hunting, Honour Killing and Devadasi System)'. He holds LL.M (Human Rights) from the University of Reading, U.K. (2015) and B.A.LL.B. (Honours.) from National Law School of India University, Bengaluru (2014). He has presented several oral statements to separate United Nations Treaty Bodies since 2021. His joint submission on 'Measures to Prevent Sexual Abuse of Children in Residential Care Homes in India' to the United Nations Committee on the Rights of the Child (UNCRC), September 2021 has been cited by the UNCRC in its Children's Rights and Alternative Care - Background Document.

  About the Centre for Human Rights Law and Practice, REVA University: The Centre aims of conducting interdisciplinary research in the contemporary issues of human rights and provide input to governmental and non-governmental organizations in eradicating human rights violations in India as well as at global level. The Centre focuses on contextualizing violence and discrimination as human rights violations by conceptualizing diverse occurrences, laws, policies, and procedures that address or lead to human rights violations. The goal of the Centre is to comprehend the nature, dynamics, and varied dimensions of human rights violations at both the theoretical and empirical levels, with a holistic policy implications viewpoint. The Centre is also concerned with assisting and persuading legislatures and governments to establish appropriate laws and policies to protect human rights.

- **Dr. Preethi Lolaksha Nagaveni, PhD (Law) Lancaster University, UK**
  Dr. Preethi has recently graduated from Lancaster University, U.K., with a PhD (Law). She holds LL.M from the University of Reading, U.K., and B.A.LL.B. (Hons.) with Gold Medal from National Law School of India University, Bengaluru, India. She has delivered 4 joint oral statements before various United Nations Committees and made many written contributions to the UNOHCHR. She has published 3 co-authored book chapters and 18 journal articles. Her book chapter on COVID-19 has been listed in the WHO Research database.

- **Riya A. Singh, Undergraduate Student, School of Law, Presidency University, Bengaluru**
  Riya is presently an undergraduate law student pursuing BA LLB (Hons.) at Presidency University, Bengaluru. Her joint submission for the 'Half-day general discussion on the equal and inclusive representation of women in decision-making systems' & her joint written contribution to inform the High Commissioner's report on the rights of the child and inclusive social protection to be presented to the Council at its fifty-fourth session' were both published on the official OHCHR website. With an unwavering passion for the law, her interests range from Human rights, Gender studies, LGBTQ+ rights to corporate litigation, environmental law, and data privacy law.

Written evidence on women's reproductive health and the challenges that women face in accessing reproductive health services – A focus on South Asian women in the United Kingdom (UK)

As per the State of the Nation report 2020 England has some of the most unsatisfactory sexual and reproductive health outcomes in Europe, with unsuccessfully engaged populations continuing to be disproportionately impacted by higher rates of sexually transmitted infections (STIs). The general population face a variety of barriers in accessing sexual and reproductive health services including: service access (i.e., location, hours, confidentiality), service entry (i.e., waiting time, fear of being seen), quality of services (i.e., interactions with health care practitioners) and personal factors (e.g., stress associated with seeking sexual health services).

South Asian women in the UK face particular barriers to accessing sexual and reproductive services. Cultural and religious issues profoundly impact sexual and reproductive knowledge, needs, and access to services. In South Asian cultures, it is generally believed that unmarried women do not need to be educated about their sexual and reproductive health. This assumption derives, in part, from the high social value on the preservation of a woman's virginity before marriage and the belief that discussions regarding sexual and reproductive health could encourage premarital sexual relations. Being seen accessing sexual and

reproductive services could jeopardise one's standing in the community. Amongst South Asian communities, individual and collective honour (or *izzat*) and shame are fundamental concepts that serve as a basis for social control, promoting public conformity and fostering the masking of "shameful" behaviour. Modesty and shyness are also significant barriers to accessing sexual and reproductive services. South Asian women may feel uncomfortable with physical examinations by a male practitioner, which acts as a deterrent. People for whom English is not their first language face many barriers to services, resulting in a lack of confidence and difficulties communicating. These factors mean that many South Asian women feel unable to access sexual and reproductive health services.

There is a paucity of research on the sexual and reproductive health of South Asian women in the UK, despite being one of the largest ethnic minority groups in the UK. The following section focuses on highlighting some of the experiences of South Asian women in the UK related to sexual health issues such as menstrual taboo, identifying overarching themes vital in recognizing barriers to reproductive health. Note that, limited research in this area is a major concern in exploring the different views, attitudes, and experiences of South Asian women in the UK regarding sexual health.

A. Experiences of South Asian women in accessing reproductive health services in the UK

A crucial aspect of women's reproductive health is also recognizing the many barriers that young girls and women (especially those from South Asian heritage) have to face in accessing sexual and reproductive health services. For instance, the myths and taboos surrounding menstruation in the UK do not dramatically differ from those experienced globally, with the problems of menstrual stigma, taboo, access to menstrual products and the challenge of pain management being universal issues. It is estimated about 137,000 girls in the UK miss school each year because of a lack of access to sanitary products. As per a study, period shaming continues to be experienced at home and in the workplace as well as at school. A huge three in four (77%) of UK women who have felt isolated have said that shaming has happened at school, 63% who have experienced shaming through jokes said this happened at home and over a third (34%) said this happened to them in the workplace. Even more shocking is that the shaming comes from those who are closest to them, with 40% of respondents who have experienced period shaming citing partners, followed by friends (30%) and colleagues (27%). The research also exposes the adverse emotions women experience from an early age. Nearly half (46%) of the UK women said they felt embarrassed the first time they got their period, 35% said they felt scared and 24% felt confused.

For young girls and women belonging to South Asian heritage in the UK being able to discuss relationships or sexual health issues particularly menstruation with family members is not easy. Most young girls feel hesitant to turn to their fathers for sexual health information or advice. It is expected to 'hide' issues that are seen as 'women's issues' that could not be discussed with male family members. Sexual health issues in South Asian communities are strongly influenced by religion, culture and the community, as a result, issues surrounding virginity, the non-disclosure of sexual health issues get associated with not crossing

boundaries of 'respect'. Sexual relationships (and communicating sexual health issues) are not permissible before marriage therefore disclosures with fathers prior to wedlock is considered disrespectful. Any behaviour that could be misinterpreted to have a sexual nature has to remain hidden to avoid being questioned thereby highlighting how even being in close proximity with a male can be perceived as disrespectful. Note that, many young girls find going through puberty to be a difficult phase, feeling insecure and self-conscious about their changing bodies. The narratives that menstrual products and fashion advertisements disseminate, encouraging the silence around menstruation, help to create a culture in which women are expected to be clean, leak-free, and blemish-free. This creates another layer of pressure and worry for young girls, as they deal with their changing bodies and the pressures of adolescence, as well as with having to navigate and conform to the ideals set out by dominant forms of media while already battling misconceptions around menstruation and sexual health rooted in culture and religion. It is therefore vital to encourage more research in this area to uncover how far the content on social media is also reinforcing religious and cultural misconceptions around sexual health and how is this impacting access to sexual and reproductive health services by young girls and women of South Asian heritage in the UK.

Reproductive healthcare for South Asian women in the UK, owing to the intersectionality, is largely inefficient. There exist unequal patterns of resource distribution that hold sway over access to reproductive healthcare with ethnic minorities often getting dealt the shorter end of the resource stick.[1] South Asian women tend to be married young, facing early pregnancies- making their childbearing experiences much different than other ethnic groups.[2] South Asian women are also at risk of anaemia and other deficiencies and disorders like PCOS that demand special attention to their reproductive health as the challenges faced by them become even more pronounced with hormonal imbalances and infertility risks adding into the mix.

In view of this intersectional backdrop, we would want to draw attention to several hurdles that stand in the way of a South Asian women attempting to access reproductive healthcare facilities in the U.K. Some of these hurdles include:

1. Access to sexual health services

Many South Asian women in the UK are unaware of the sexual and reproductive health services offered and where to access them and complain that more needs to be done by service providers to raise awareness of the services available for instance, language barrier is a prominent concern. Many South Asian women are unable to access reproductive healthcare facilities simply because they are not aware of their existence. Many of the campaigns, be it for reproductive health awareness or for advertising facilities by way of flyers for pregnant women, are carried on in the English language which deprives those who are not proficient in the same. These campaigns, by not including proper translated versions, actively cater to only a circled-out portion of the demographic that can read and write the English language instead

[1] https://www.birmingham.ac.uk/news/2022/vulnerable-migrants-unable-to-access-healthcare-face-wellbeing-threat#:~:text=The%20most%20common%20barriers%20to,of%20health%20coverage%20(7.5%25)

[2] Tanyag, M. 2018. "Depleting Fragile Bodies: The Political Economy of Sexual and Reproductive Health in Crisis Situations." Review of International Studies 2018.

of catering to those with greater need for the same facilities. Poor or the complete lack of knowledge of available reproductive healthcare facilities whittles down the efficacy and the very objective of the same.

2. Availability of sexual health services

The opening times of sexual health clinics and the availability of appointments is also a common barrier to access. South Asian women in the UK feel that clinics were not always close by, and some faced a long journey which could interfere with other commitments.

3. Being seen by members of the community

Younger, unmarried South Asian women often feel worried about being seen by members of their community while accessing sexual health services, with concerns that gossip would circulate. Women feel that clinics located in busy and open areas carry more risk of being seen by other members of the South Asian community. In several South Asian cultures, it is the new mother's family that tends to all her needs as a new mother. This essentially create a pseudo-bubble we can call the primary social group: her immediate family. Many immigrant family units tend to include the new mother, her husband and at best his parents who are inclined to champion the preservation of their customs and traditions. This custom of only confiding their queries with their primary social group inevitably leads to stigmatizing seeking aid outside of this group like with accessing midwives and professional maternal care nurses. Regular check-ups from midwives and healthcare centres can help combat this stigma to a large extent so that those in need can have better exposure to perinatal healthcare. There also exists a need for a department to survey the number of child births being performed at home rather than a hospital and for the proper regulation to be done to ensure there is a trained certified nurse/midwife who can help carry out the procedure at home.

4. Mistrust in and exclusion from sexual health services

A report released by MBRRACE-UK found that black women are four times more likely to die during pregnancy or childbirth than white women, while Asian women are twice as likely. Another UK study by the Royal College of Obstetricians and Gynaecologists (RCOG) found that 55 per cent of pregnant women admitted to hospital with Covid-19 were from a Black, Asian, or minority ethnic backgrounds. The Commission on Race and Ethnic Disparities report said that "historic experience of racism still haunts the present", hindering people from ethnic minority backgrounds from engaging in government services, including healthcare. In relation to experiences of South Asian women in the UK with sexual health services, most women are of the opinion that they would like more ethnic diversity among health care professionals, for example, having a health care professional from a similar background may make them feel more comfortable and help facilitate more open discussions about their sexual and reproductive health. This is particularly true for women who are living outside London, where they feel that healthcare services are less ethnically diverse.

B. Suggestions

In view of the above, we kindly request the Women and Equalities Committee to inform the Government of the following suggestive measures to ensure safe and timely access to sexual and reproductive services by South Asian women in the UK:

1. Take necessary steps to encourage more research on women's (especially South Asian women in the UK) reproductive health and the challenges that such women face in accessing reproductive health services.

2. Take necessary steps to ascertain how far the content on social media is reinforcing religious and cultural misconceptions around sexual health and how is this impacting impacting access to sexual and reproductive health services by young girls and women of South Asian heritage in the UK.

3. Diversify healthcare professionals to include practitioners from Black Asian and minority backgrounds, even in remote parts of the UK.

4. Conduct community awareness building programmes on reproductive and sexual health.

5. Establish more healthcare units which deal with sexual and reproductive health, so women do not need to travel long distance to access this basic facility.

6. There exists also a need for economic support structures which might help support women if they were to access medical services while going against familial opinion (who they mostly are economically dependent upon as the situation is in most South Asian households). These economic support structures could be networks or NGOs that may even help translate policies into different South Asian languages to boost accessibility and may help patients navigate the difficult procedures of the UK healthcare system.

August 2023