



ADVOCACY BRIEF POPULATION ATTRIBUTE

Maldives has a total population of 320,081 people with almost half, 100,862 concentrated in the capital, Male' and the remaining 197,980 residing in other islands (World Bank 2011). As Male' has an area of only 1.77 square kilometers it is considered as one of the most densely populated island (56,984 per square kilometer) in the world. Generally, in both Male' and the Atolls people are confined to limited geographical areas and live in close proximity to each other. This arrangement makes their lives closely exposed to their fellow citizens. As a result most life matters, especially those related to reproduction become extremely sensitive affairs.

With an annual population growth rate of 0.127%, Fertility Analysis of recent census indicates that Maldives has experienced one of the most rapid fertility transitions in the region (2012 EST). The 1990 and 1995 census reported total fertility rates of 6.4 and 5.7 children per women. However, total fertility estimates for 2000 and 2006 stand at 2.8 and 2.1 respectively. Couples in Maldives had an average of 7 children per family in the 1970's (Census 2006 [/http://www.indexmundi.com](http://www.indexmundi.com)).

After a decline in total fertility rate (TFR) in 2006, the Maldives Demographic Health Survey conducted in 2009 shows that fertility has actually increased during the 2006 – 2009 period from 2.1 in 2006 to 2.5 in 2009. Furthermore, large variations in the age of first marriage were found across regions ranging from 17.7 among women in the central region to 20.4 years among women in Male'. It was also observed that urban women aged 25-49 marry almost two years later than rural women (20.4 years and 18.5 years, respectively) (Demographic Health Survey 2009).

A larger proportion of Maldivian people are in reproductive life span resulting in high reproductive potential. Currently around 58% of the female population is in the reproductive age group and a further 31% is less than 15 years of age and waiting to be added to the reproductive span during the next 15 years (Census 2006).

There is a government commitment to provide affordable, accessible and quality health care to all Maldivians. Strategies to reduce GBV and sexual abuse needs to be reinforced to improve overall RH of Maldivians.

CONTEXT

Domestic Violence against Women is a significant issue all over the Maldives. According to one study, 1 in 3 women aged 15-49 reported experiencing at least one form of physical and/or sexual violence at least once in their life time (VAW, 2006). Numerous cases are being lodged continuously at the Ministry of Gender, Family and Human Rights relating to child sexual abuse, usually pertaining to young girls. Furthermore, 28.4% of all women aged 15-49 had experienced physical or sexual violence, or both, by partners or non-partners, since the age of 15 years.

There was a significant overlap between physical and sexual partner violence with most women who reported sexual violence also reporting physical partner violence.

In terms of sexual abuse most women (4.6%) reported actually being forced to have sex when she did not want to, that is, rape by an intimate partner. A similar proportion reported having sex when they did not want to because they were afraid of what their partner might do (The Maldives Study on Women's Health and Life Experiences).

There is a link between sexual violence and unsafe abortion. Most non-consensual sex takes place between spouses, partners and acquaintances. The above mentioned study further suggested that there was a general acceptance of domestic violence across the country among both sexes, who perceived it as being 'normal' or 'justified'.

The crime statistics by Maldives Police service showed a large number of sexual offences being reported within the selected time.

OFFENCE	2013	2012	2011	2010	2009	2008
SEXUAL OFFENCES	214 (April 28)	577	642	523	563	469

<http://www.police.gov.mv/statisticscrimes>

Childhood sexual abuse also has been found to be relatively common. Gender-based violence is often considered a private matter, lying outside public debate. Such factors have helped Violence against Women remain largely hidden and undocumented, and therefore have hindered effective prevention strategies and support services for victims (MDG country report 2010).

In addition, it was discovered that in 2012, there was a significant increase in child sexual abuse cases being reported to the Police. A total of 79 child sexual abuse cases in 2011 and 82 cases in 2012 were recorded (Crime Statistics 2012- Maldives Police Service).

According to the Reproductive Health Survey conducted in 2004, in spite of the absence of reliable data it was likely that unsafe abortions could be a cause for concern. In 2008, an unpublished report by the International Planned Parenthood Federation (IPPF) in collaboration with (SHE) Maldives reached a similar conclusion. Moreover, anecdotal evidence points overwhelmingly to a high rate of abortion in the country.

Meanwhile, an increase in prevalence of conservative ideas is suggested by the rising practices of home-based religious education, the banning of girls' access to schooling, and limits to women's access to medical care and application of justice. Lack of proper support facilities, laws and cultural beliefs instilled in the community, and more recently, harsh religious ideologies have added to the situation.

While abortions are illegal in the Maldives (except for explicit medical reasons) and considered to go against Islam, according to the UNFPA Reproductive Health Survey they do take place. Abortion is done either illegally within the Maldives, overseas or attempted by oneself. Women are likely to underreport abortions for fear of legal repercussions and because of the social stigma associated with them. However, some women did report having had abortions and records show that 1.8% of women who reported had not experienced partner violence compared with the 4.4% of women who had experienced partner violence. This study showed that there is a statistically significant association between women's experiences of intimate partner violence and having an abortion.

Women, who had experienced violence, particularly during pregnancy, were significantly more likely to report miscarriages, still births and having a child who died.

Furthermore, a significant association was found between intimate partner violence and higher birth rates. Also, women who had experienced intimate partner violence were more likely to have unplanned or unwanted pregnancies compared with women who had not experienced partner violence (The Maldives Study on Women's Health and Life Experiences).

Laws

According to the Maldives Penal Code: A person charged with rape should be lashed 100 times after which he should be either jailed or banished for 3 years. A man charged with being an accessory to rape, is either jailed or banished for 1-2 years according to the level of crime; if it is a woman, she will be placed under house arrest for the same duration.

However, under Maldivian law, rape is particularly difficult to prove. A man can only be convicted of rape if there are two male witnesses or four female witnesses willing to testify or if he confesses in court. In the event that he does confess in police custody, he can still retract his statement in court and cannot be charged. Forensic evidence or medical reports cannot be used as evidence, and there is no mechanism in the Maldives to follow – up on rape/sexual abuse cases resulting in very few data being available in relation to pregnancies due to rape.

Procedures/protocols

There are no official protocols or procedures for medical professionals in both IGMH and ADK (the two main Hospitals in the country) which outlines on how to deal with a victim of sexual violence or rape.

In addition, there is no screening system for rape or sexual abuse cases and are mainly handled by the practitioner according to his/her own personal judgment and training (www.presidencymaldives.gov.mv/download/constitution.pdf).

RISK FACTORS

Gender based violence (GBV) is the major risk factor contributing to the situation in the Maldives. Although recently reporting of incidents of gang rape and other sexual violence cases have increased, it is believed that most of the cases which occur in the islands remain underreported.

As mentioned earlier, in both Male' and the Atolls, people are confined to limited geographical areas and live in close proximity to each other.

One reason why girl child sexual abuse may be highest in Male' is due to the high population density and overcrowding of the island. In houses where young girls share rooms with many other people, especially older males, they may be more vulnerable to abuse.

In addition, students who come to Male' to study and live with relatives, friends, or board with strangers may be at an increased risk by being away from the protection of their immediate family. The fact that perpetrators are often male family members may also help to explain the relatively high rate of reported abuse in Male' compared with other regions. Perhaps, in Male' where extended families live together, often in crowded conditions, young women and girls are more at risk from their male family members that they live with (Barriers to access abortion – Unpublished/ The Maldives Study on Women's Health and Life Experiences).

CHALLENGES

- ❖ Abortion remains a subject of debate in the Maldives. It is necessary to have effective programmers to manage public health issues with culturally and socially appropriate solutions.
- ❖ Social and cultural barriers to promotion and acceptance of contraceptives in the country.
- ❖ Lack of comprehensive Reproductive Health Services
- ❖ Lack of platforms to discuss regarding Reproductive Health Services.
- ❖ In Maldives, induced abortion is a legal offense unless it is conducted to avoid a serious medical risk to the mother.

KEY STAKEHOLDERS

- Ministry Of Health
- Ministry of Gender and Family
- Ministry Islamic Affairs
- Attorney General's Office
- President's Office
- Juvenile Justice Unit
- Maldives Police Services

POLICY AND ADVOCACY STRATEGY AND PLANS

Legalization of abortion in cases of rape and incest depends a lot on the values, norms and standards of the culture and religion, in addition to the moral effects of these outlawed sexual actions. Lack of comprehensive Reproductive Health Services and lack of a platform to discuss issues on Reproductive Health Services contributes to the challenge.

However, the major strategies that require immediate responses are legal reform, communication and advocacies. Socialization about abortion law in Maldives should also be an important part in the strategy.

This advocacy plan only proposes a brief and initial intervention to have a better understanding of the current status and assemble relevant data on the issue. It is our hope that these findings fully support our contention in creating a platform to exchange dialogues at policy level.

Society for Health Education aims to address liberalization of abortion laws relating to incest and rape and related pregnancies as an overall objective. The immediate objective would be to acquire both quantitative and qualitative data on the issues at three levels that will include;

1. Law enforcing agency – Maldives Police Service
2. Service Providers – Government Hospitals
3. Survivors

Following the data collection a desk review will be done to congregate available literature focusing on examples of progressive Islamic countries that have installed abortion law allowing for rape and incest, abortions services and facilities offered in the country, and their views on abortion.

Subsequent to this, a mapping of stakeholders will be done to proceed with advocacy dialogues mainly to influence religious leaders.

The main output will be the development of a “Fathuwa” (Sermon) which will be carried out by conducting consultative meetings with the “Figh” Academy.

As a long term goal it is our hope to influence, the government to further develop comprehensive strategies and interventions or to conduct further research to find alternative strategies.

TIMELINES

May – August (Desk review/ Policy Dialogues/ Reporting)

SHE CALLS

- **Liberalization of Abortion Laws Relating to Incest and Rape related Pregnancies**