

Huvadhoo Aid Republic of Maldives



POLICY BRIEF

Interlinkages of climate change and sexual and reproductive health and rights (SRHR) of women in Maldives

Why mainstream sexual and reproductive health and rights (SRHR) of women into climate change action plans?

According to scoping study conducted climate change would intensify the existing challenges of developmental context for SRHR and also reduce its advancement. In small island developing states such as Maldives, within the island community the most vulnerable group identified, to be most at risk from climate change impacts are women. Stakeholders agree that women are the primary carer of the households and are more aware of the impacts, consequences of existing risks better than men. Yet there is insufficient level of women participation in formulating climate change, disaster risk reduction action & management plan & policies. The interlinkages of climate change and SRHR and its impact on women are not being addressed during formulation of plans.

This study investigated the knowledge and awareness level of women, men, fishermen, youth, policy makers and other stakeholders including government officials in island communities of Maldives on the linkages between climate change and sexual and reproductive health and rights (SRHR). It identified the effects of climate change on the SRHR of women in the island communities of Maldives. It also identified the gaps in polices and plans related to climate change with reference to sexual and reproductive and health rights of women.

What are the national and global priority areas for interventions?

The whole of Maldives comprised coastal communities with low lying islands, with a maximum height of 3m above sea level (Ghina, 2003). Hence, majority of the populations live less than 1km from the shoreline. For this reason Maldives is classified under the small island developing states (SIDS), and is much threatened by the impacts of climate change.

SIDS face high levels of vulnerability due to climate change (IPCC, 2014). Related to air temperatures, SIDS are expected to experience increases between 1-4°C by 2100 (Kelman, 2011). They also experience rise in sea surface temperatures (Kelman, 2011). Warming oceans pose ecological impacts such as coral bleaching affecting coral related livelihoods (IPCC, 2014). It also affects the island community due to exposure to ocean waves and storms (Kelman, 2011) with reduced coastal protection (IPCC, 2014). Changes in precipitation affect availability of fresh water for SIDS (Kelman, 2011). Extreme events of drought with decreased rainfall can cause water debts in SIDS communities (Kelman, 2011). Fresh water can also be affected by overuse, leading to salinisation, or due to salt water intrusion resulting from changes in sea property (Kelman, 2011).

From all climate change impacts the most well-known impact to low-lying coastal areas, islands and atolls, that is most cited and causing much harm is sea level rise (IPCC, 2014; Kelman, 2014). Global

sea level is expected to rise by 0.18m in minimum and 0.59m as maximum (Kelman, 2011). By the end of 21st century (IPCC, 2014). Most of the islands in the Maldives are just few meters above sea level and already are experiencing impacts such as beach erosion, flooding, water shortages, saltwater intrusion and limited shore defences. The most direct impact of sea level rise for SIDS such as Maldives is a reduction in the availability of land area for housing, service infrastructure, and sites for economic, political, social and cultural activities (Maldives Submission under Resolution HRC 7/23, 2008).

Prior to the devastation of the 2004 tsunami, the vulnerability of the Maldives to natural disasters was considered to be moderate (WHO, 2013). However, the tsunami had serious consequences to people, their livelihoods and homes. Maldives had a 62% Gross Domestic Product loss following the tsunami. As a result of the Tsunami 14 individual islands were affected and, 12,000 Maldivians had to live in temporary shelters (Ministry of Health and Gender, 2014). The 2004 Tsunami subjected Maldives to severe devastations. Complex emergencies intensified much reproductive health risk. They decrease access to health facilities and services including family planning, basic maternal and new born health and emergency obstetric care (Ministry of Health and Gender, 2014). Providing reproductive health services remains a challenge among the island communities of the Maldives due to lack of infrastructure, incomplete supply of health commodities and limited capacity of health personnel during emergency situations.

In 1992, the international community formulated an international treaty, the <u>United Nations Framework Convention on Climate Change</u> (UNFCCC), due to concerns for increasing global temperatures and the impacts of global climate change (UN and climate change, undated). Due to inadequacy in addressing emission levels and its related issues, Kyoto Protocol came into existence in 1997, to strengthen the global climate change responses (UN and climate change, undated). The convention currently has 195 parties with 192 in the Kyoto protocol (UN and climate change, undated). The Conference of Parties (COP) was initiated in 1995, with its first meeting at Berlin to negotiate agreements relating to climate change (UN and climate change, undated). The IPCC (Intergovernmental Panel on Climate Change) is also a global body, formulated in 1988 to provide scientific information and broadening knowledge for policy makers and other relevant stakeholders on climate change and its projected impacts, with mitigation and adaptation possibilities through sustainable development.

Maldives with experience of natural disaster hazards such as the Tsunami 2004, has no disaster risk reduction plans formulated at island levels. Only a few government agencies work to address the issues relating to climate change, and most others believed that Ministry of Environment is the responsible body for addressing climate change impacts. Local councils are unaware of what they can do on this issue, and it is not mainstreamed into local development plans, due to lack of capacity in planning and designing development projects.

The National Disaster Response Centre was established in response to the Tsunami in 2004 and response/recovery was their initial mandate. The National Disaster Response Centre is now awaiting the passing of the Disaster Management Bill and this will serve as their policy document

The draft Maldives Climate Change Policy Framework, assuming to be finalized, does not specifically include sexual and reproductive health and rights. The evidence regarding impacts of climate change on sexual and reproductive health and rights in Maldives is not known at present and can only be surmised. The Department for Climate Change is focused on renewable energy, energy security, low carbon development and policy. The department for Climate Change is also working on increasing awareness through programs for children and want to create a future generation that knows and cares about the environment. In addition, the focus has shifted "Safe Island Program" to creating resilient islands. This means a shift from focusing only on physical (environment) vulnerabilities to also include and address social aspects as well.

Is there interlinkages of climate change and SRHR of women?

A mix method of study was used to arrive at the findings. Data was collected through focus group discussions, in-depth interviews, surveying and narrating ground stories. Findings identified main impacts of climate change affecting Maldives as sea level rise, increased temperature, extreme weather events and changes in precipitation. The most vulnerable group identified with high risks of climate impacts were women. The table below summarises the impacts of climate change and its effects on women.

Issue	Impacts of Climate Change	Direct and Indirect effects on Women
Natural resources Food Water Land	 Drought and/or flooding from temperature changes, changes in precipitation and extreme weather events Increased soil salinity and decreased fertility, damaging home garden cultivations Decreased crop yields or failure Shortage of clean water Decreased economic activities such as fishing Decreased availability of bait for fishing, requiring fishermen to travel long distances 	 Increased household work burden and time spent on gathering water, food and fuel. Increased hunger/ calorie reduction in women, due to lack of access to healthy food Health effects due to malnutrition. Exposure to contaminated water sources & health problems related to reduced hygiene Reduced household income decreasing funds for proper health care Lack of support with household chores, since left alone for long periods of time & reduced sexual interactions
Natural Disasters	 Sea foaming Land (soil) erosion Increased tidal waves Extreme weather events Flooding 	 Economic downturn due to hindrance on livelihood activities such as fishing. Reduced vegetation such as coconut palms, increases household expenditure & increases financial burden. Damage to cultivations reducing access to healthy food with increased effects of malnutrition Reduced access to transportation, limits access to health specialist such as gynaecologist for regular consultations by pregnant women and advice on family planning. Damage to properties and agricultural cultivations, reducing farmer incomes & reduces funds for proper health services
Health	 Increase in infectious diseases, water borne or vector borne diseases Malnutrition Island floods moving garbage around due to lack of proper waste management facilities 	 Affect immunity and general health of women. Pregnant women at risks of premature deliveries or infants born to be sickly. Lack of access to healthy food and health care services, especially for pregnant women. Health impacts from diseases such as dengue on women and infants

Migration Displacement Damage to infrastructure and properties near the shore (close to beach) Displacement to temporary shelters	 Exhaust of finances for maintenance limits funds for proper health care and purchase of healthy food Crowded homes limits privacy for sexual interactions, could result in sexual harm to the women Lack of hygiene could result in spread of infectious diseases, even to reproductive organs
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What are the key facts highlighted

Major issues from climate change impacts affecting specifically Maldivian women are displacement due to sea level rise, extreme weather events and changes in precipitation putting women in crowded homes, reduced access to consultation with medical specialists (gynaecologist) and limited access to healthy food, which can have serious effects on their SRHR.

Known from the study, gender equality is addressed in few climate change policy documents and links to SRHR is not incorporated into any present national level climate change policies or plans. The true participation and contribution of women regarding climate change and SRHR is also lacking at policy, planning and decision-making levels. Hence, it is recommended for the inclusion of women in policies, planning and decision-making relating to climate change.

What needs to be done?

Climate change impacts and its mitigation and adaptation plans need to involve and address stakeholders and vulnerable groups at all levels. The following recommendations to the lead stakeholders could help in formulating more holistic climate change mitigation and adaptation plans for Maldivian islands.

- 1) Enact and enforce the Disaster Management Bill at the earliest by Attorney General's Office with support from Maldives Disaster Management Centre by submitting the bill to the Parliament. Include Gender Equality, the needs and rights of the vulnerable groups such as poor, elderly, people with disabilities and women during disasters. Special focus needs to be given on establishment of information and services on sexual and reproductive health.
- 2) Enact the Maldives Climate Change Policy Framework by Maldives National Disaster Management Centre, following its review to include thematic areas; Gender Equality and sexual and reproductive health. In addition identifying the need to address the most vulnerable groups such as elderly, people with disabilities, women and the poor.
- 3) Review the Reproductive Health Strategy to ensure that the needs of women, youth and other high-risk groups receive information, education and access to contraceptives that are needed.
- 4) Establish a national level forum on climate change and disaster management to represent the State, CSOs, women and other vulnerable groups to lobby and advocate on relevant national issues.

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