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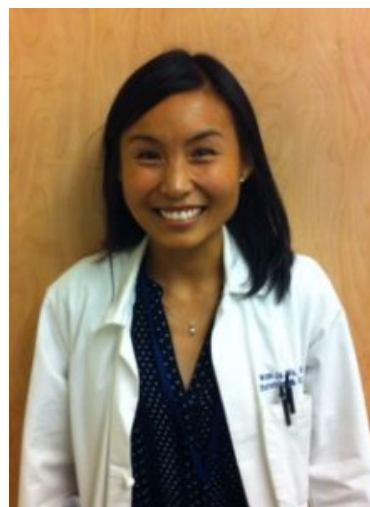
# In Nepal BWH Women's Health Fellows assess gaps in service delivery and reproductive rights

Posted on June 21, 2017 by Brigham and Women's Hospital

Wan-Ju Wu, MD, MPH is a Connors Center Global Women's Health/Family Planning Fellow

Through the Global Women's Health/Family Planning Fellowship I have had the opportunity to work with [Possible](#), a nonprofit organization in Nepal, on community-based interventions to improve uptake of postpartum contraception. With my colleague, Sheela Maru, who also completed the Fellowship I have recently focused on critical issues of access to family planning and safe abortion care.

In 2009 the Supreme Court of Nepal found that reproductive rights are considered to be an inseparable part of women's human rights and within that, the right to abortion is seen to hold an important place. (*Lakshmi Dhikta v. Nepal, Supreme Court of Nepal*). Prior to 2002, Nepal had very restrictive abortion laws that prosecuted and imprisoned women and their family members for undergoing pregnancy terminations. Now 15 years after legalization, Nepal is an



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important case study on successful early implementation of safe abortion services, but persistent challenges exist in issues of access, equity, and quality.

## “In 2009 the Supreme Court of Nepal found that reproductive rights are considered to be an inseparable part of women's human rights.”

In particular, given Nepal's difficult geographic terrain, women in many parts of the country continue to have limited access to services, especially to second trimester abortions. Controversial sex selective abortion cases contributed to a brief hiatus in training of additional second trimester abortion providers, which have only recently resumed again. Sheela and I wrote [this perspective piece in the June 2017 issue of Health and Human Rights Journal](#) to identify persistent gaps in service delivery and the potential for important policy changes to close these gaps. We believe that there is a critical need to recognize abortion access and sex selective abortion as separate and independent issues that are both manifestations of systems that perpetuate gender inequality. Addressing these remaining gaps will be critical to achieving full realization of women's reproductive rights in Nepal.

During my recent trip to Nepal, a woman who was 24 weeks pregnant presented to the hospital with eclampsia. Eclampsia is a dangerous hypertensive disorder of pregnancy that results in seizures. Treatment of eclampsia involves delivery and fortunately, in this case we were able to help facilitate a medication abortion for the patient. This reaffirmed for me that access to safe abortion services is life-saving for women and the importance of continuing to strive for equitable access.

*Wan-Ju Wu, MD, MPH is a Connors Center Global Women's Health/Family Planning Fellow. She is currently working with Possible, a nonprofit organization in Nepal, on community-based interventions to improve uptake of postpartum contraception. Sheela Maru, MD, MPH is a women's health advisor at Possible, an instructor in OBGYN at Boston Medical Center, and a research fellow at Brigham and Women's Hospital.*

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