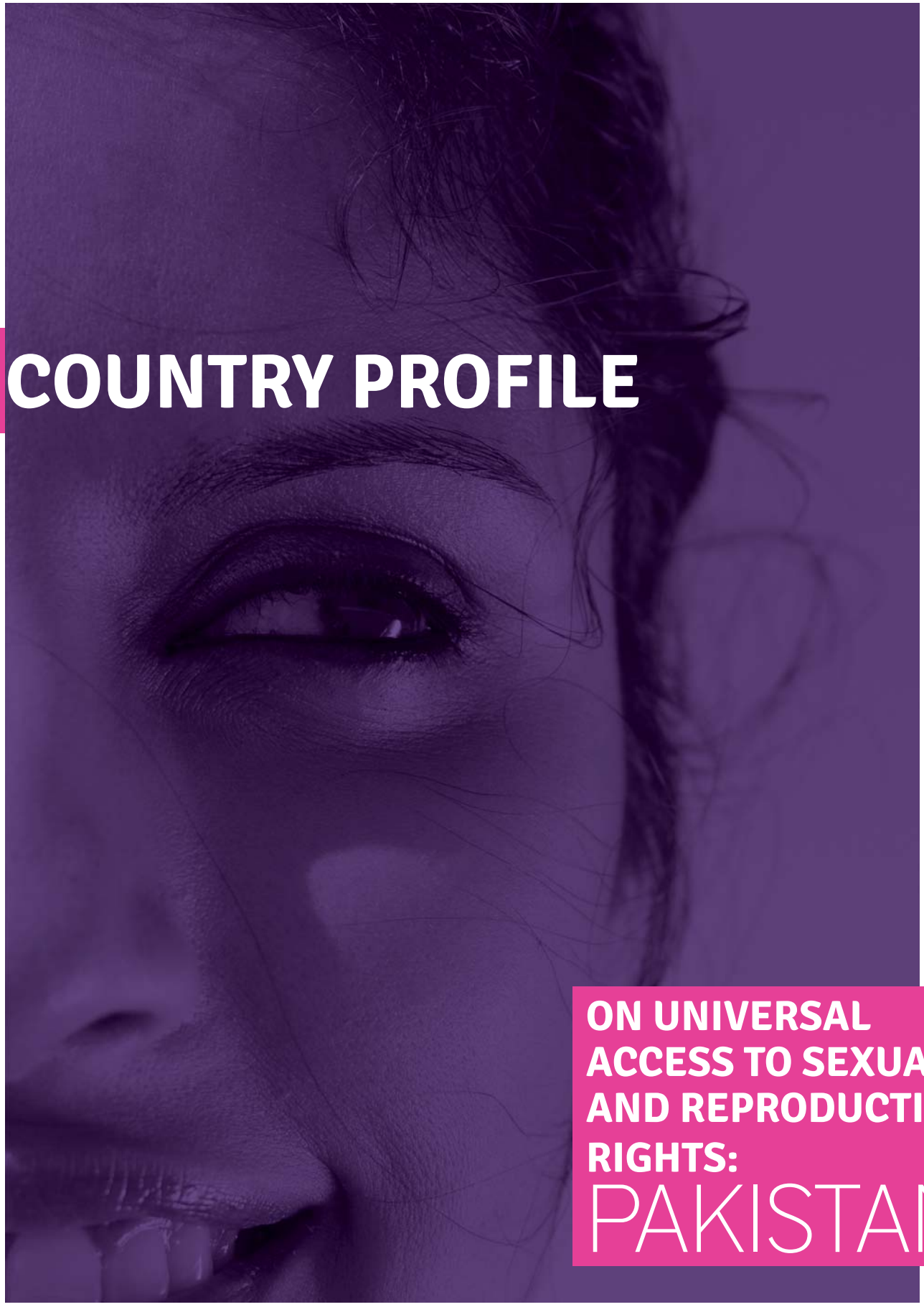

COUNTRY PROFILE

ON UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE RIGHTS: PAKISTAN

Shirkat Gah

arrow
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Introduction

Pakistan is a third world developing country that is among the 179 countries in the world to sign the International Conference on Population and Development Programme of Action (ICPD PoA) (1994) and is also reporting on the MDGs. In addition Pakistan is also a signatory to Convention to Eliminate All Forms of Discrimination against Women (CEDAW) and Convention on the Rights of the Child (CRC). And yet an overview of the overall situation of Sexual and Reproductive Rights (SRR) in the country does not suggest positive outcomes. Sexual and Reproductive Rights (SRR) form an important pillar of the human rights framework and negative outcomes in this area reflect poorly on the overall human rights situation in the country. Pakistan is currently the sixth most populous country in the world with a prominent youth bulge[1], and yet the sexual and reproductive health and rights (SRHR) concerns of the population in general and of the youth in particular remain unaddressed at the policy level as well as in terms of service delivery. Traditional and cultural norms consider SRR to be a taboo subject and choice for matters small and big still remains restricted.

This country profile documents Pakistan's progress towards its commitments in the ICPD Programme of Action (PoA) with regards to sexual and reproductive rights, and analyses the gaps and challenges in achieving those commitments. It also offers preliminary thoughts on the post 2015 development agenda.

The status of sexual and reproductive rights in Pakistan

Despite the fact that there has been slight progress in the health system over the past years, sexual and reproductive health status still remains lower than the expected level. Pakistan is labelled as one of the countries with highest mortality rate in Asia. The magnitude of maternal mortality in Pakistan reflects unashamed rejection of women's right to life, safe pregnancy, and childbirth. A number of factors contribute in keeping the sexual and reproductive health status low: insufficient health care system, illiteracy and poverty are a few dominant characteristics, however women face extra risks because of their low socio-economic status.

Policies on sexual and reproductive health

Prior to the 18th Amendment in Pakistan's Constitution (2010), the Federal Ministry of Health was responsible for policy development and regulatory frameworks for provision of health care services, development and implementation of national health plans and provincial coordination in this regard, monitoring and evaluation of services, and resource mobilisation. After the 18th Constitutional Amendment, many federal programmes and ministries have been devolved to the provinces and majority of the vertical programmes which were being run by the Federal Ministry of Health now fall under the purview of provincial governments. These include the Lady Health Worker Programme, Maternal, Neonatal and Child Health Programme, National AIDS/HIV Programme and National Nutrition Programme, among others. An overview of policies on sexual and reproductive health in all provinces of Pakistan and Azad Jammu Kashmir (AJK) and their current status is provided below:

National Health Policy[2]

Pakistan adopted its first National Health Policy which envisaged provision of universal health care through skilled and trained health care providers. The policy put an emphasis on maternal and child health care. The National Health Policy was revised in 1997 by the Federal Ministry of Health. In 2001, Pakistan's Federal Cabinet approved the National Health Policy which envisioned strengthening of primary and secondary level health care delivery and governance systems in order to alleviate poverty. As a result of the 18th Constitutional Amendement, the Federal Ministry of Health was dissolved in 2010, and all provincial governments were tasked to develop provincial health strategy framework. The current government has reinstated the Federal Ministry of Health[3] under new division. Provincial health policies have not been drafted as yet.

National MNCH Strategic Framework[4]

In April 2005, the Federal Ministry of Health commissioned a National Maternal, Neonatal and Child Health (MNCH) Strategic Framework, pledging to ensure the availability of equitable and universal MNCH services through the strengthening of provincial and district level programmes. This Strategic Framework has set the guidelines for MNCH Programme which was being implemented in all provinces and AJK. After

the 18th Constitutional Amendment, MNCH programme and similar vertical programs have been devolved to provinces.

In 2013, the provincial government of Punjab decided to combine Lady Health Workers (LHW) Programme, Nutrition Programme and the MNCH Programme into an Integrated Reproductive Maternal Newborn Child Health (RMNCH) & Nutrition Program to improve efficiency and ensure good governance[5].

In 2014, the provincial government of Khyber Pakhtunkhwa (KPK) also launched a Reproductive Health and Maternal & Child Health Project. This project aims to improve the indicators of maternal and child health in the province[6].

The Reproductive Healthcare and Rights Bill, 2009

A private member bill to facilitate reproductive healthcare and promote reproductive health rights (The Reproductive Healthcare and Rights Bill, 2009) was moved in National Assembly on Tuesday[7]. The bill aimed at providing quality reproductive health through short and long term efforts, among other, to professionalize obstetric care and improve reproductive health system, particularly in the primary health care sector. The bill got passed by the National Assembly; however, it lapsed in the Senate where many members opposed the bill.

National Reproductive Health Package[8]

Pakistan also has a National Reproductive Health Package which offers ccomprehensive family planning for women and men, maternal health care including pre and post abortion care for complications, infant health care, management of infertility, and management of reproductive health related problems for adolescents, men and women.

Provincial Health Care Commissions[9]

In 2010, the provincial government of Punjab passed the Punjab Healthcare Commission (PHC) Act. Under this act, the provincial government of Punjab established the Punjab Healthcare Commission which is responsible to regulate all public and private (formal and informal) healthcare establishments in Punjab. The Commission is also responsible for developing and enforcing Minimum Service Delivery Standards (MSDS) to ensure the continuum of quality care.

Following the footsteps of Punjab, Sindh Assembly also passed a Healthcare Commission Bill in 2013 that aims to improve the quality of healthcare services and regulate the standards of the healthcare services developed by Government[10].

Reproductive Healthcare and Rights Act 2013

A private member bill on reproductive health care and rights was collectively passed in the national assembly to promote reproductive health care in accordance with the Constitution and international commitments made under the Convention on Elimination of Discrimination Against Women (CEDAW)[11].

In addition to that, Pakistan has comprehensive legislation on HIV/AIDS prevention and treatment. However, as a result of 18th Constitutional Amendment, they have been devolved to provincial governments who are now tasked to draft strategic frameworks for HIV/AIDS prevention and treatment for their respective provinces. Provincial Population Policies are also on the cards.

Policies and legislations with regards to sexual and reproductive health and rights are in place in almost all parts of the country in different forms. The policies mentioned above are being implemented across the country through an extensive network of primary, secondary and tertiary level healthcare systems. However, gaps and challenges in terms of their effective implementation and desired outcomes remain.

Grounds under which abortion is legal

Abortions are allowed not only to save the life of the pregnant woman, but also to provide "necessary treatment," a phrase that, although not defined, is likely to encompass some sort of threat to health. The amended section 338 of the Penal Code states: Whoever causes a woman with child whose organs have not been formed, to miscarry, if such miscarriage is not caused in good faith for the purpose of saving the life of the woman, or providing necessary treatment to her, is said to cause Isqat-I-Haml[12]."

Policies on HIV and AIDS

Pakistan is at a chronically high risk with an alarming number of HIV/AIDS cases reported (approximately is 97, 400), with HIV being more prevalent in Sindh as compared to the other

provinces[13]. The epidemic is increasing among injecting drug users, with an estimated prevalence rate of 5%[14]. (The prevalence rate among male and transgender sex workers is more than 3% while among female sex workers it's 0.8%). Pakistan faces increased risk as a result of illiteracy, poverty, gender inequalities, precarious sexual practice and lack of awareness[15]. Their collective effect results in the marginalization of some sectors of society, and increases individual and societal vulnerability to HIV.

In 2007, the National HIV & AIDS Prevention and Treatment Act was passed by the State in order to control this epidemic, to provide treatment services to the affected ones and to minimize the discrimination of those who are vulnerable. The Act provides the vulnerable protection against discrimination based on HIV status; discrimination in private and public sectors of employment; discrimination in private and public health facilities; vilification based on HIV status; discrimination in regards to goods and services; discrimination in private and public accommodations; and discrimination in private and public education institutes[16].

Like many other vertical program, the National AIDS/HIV Prevention and Treatment Act has also been devolved to provinces. Efforts to draft policies and strategies at provincial level are being made. Most recently, the Sindh Assembly has passed HIV and Aids Control & Treatment Bill 2013 under which Sindh Aids Commission will be constituted. The bill also aims to provide legal protection to HIV and Aids patients from discrimination and maltreatment[17].

Policies on Adolescent Sexual and Reproductive Health Services

Addressing sexual health services of adolescents is crucial. Young people are particularly vulnerable because they lack information and access to relevant services. Hence, it is important to address adolescent reproductive health services. Youth are the future generation and need to be sensitized in the formative years about the wide-ranging consequences of rapid population growth for the individual, family, and nation and, therefore, the need to build a mindset for responsible parenthood[18]. However, there are no policies or legislations in Pakistan that exclusively protects the freedom to control one's sexual and reproductive life, nor are there any laws that champion a person's right to practice their sexual rights according to their free will[19].

Difference between Median Age at Marriage and Legal Minimum Age at Marriage

The legal age of marriage in Pakistan is 18 for males and 16 for females. According to Pakistan Demographic and Health Survey (PDHS) 2012-2013, the median age at first marriage among women is 19.5 years. This median age has increased from 19.1 years in 2006-2007. Pakistani men marry later than women. According to PDHS 2012-2013, the median age at first marriage among men is 20 years.

Gender-based violence

Extent of Gender-based violence

Prevalence of gender based violence in Pakistan is alarming. It is estimated that 70-90% women suffer from domestic violence with approximately one woman being raped every two hours. 7571 events of violence against women were reported in the year 2008 throughout the country. In these incidents 1897 women were killed and 1784 were abducted, 778 women were raped and 29 women suffered acid burning[20]. A research carried out by the Punjab Welfare Department and Social Welfare Department stated[21] that around 42% of women accepted violence as a part of their life. While, 33% felt helpless to take a stand against it, 19% protested and only 4% took a stand against the violence. Another study conducted in 2005 on men's outlook towards domestic violence in Karachi (the largest city in Pakistan) found that most abusers were either victims of violence in their childhood or witnessed their mother being beaten (55%) and (65%) respectively, Whereas, 46% of the 176 men surveyed in the same study felt they had the right to discipline their women through violence. Gender based violence in Pakistan is disturbingly prevalent and it includes rape, incest, domestic violence, child marriages, honour killings, forced prostitution, trafficking and harassment.

Legislation for gender-based violence

- According to Article 25 of the Constitution of Pakistan, 1973 all citizens are equal before the law and are entitled to equal protection before it; there shall be no discrimination on the basis of sex alone; and nothing in this Article shall prevent the State from making any special provision for the protection of women and children.

- Articles 34 and 35 of the Constitution of Pakistan state that, Steps shall be taken to ensure the full participation of women in all spheres of life, and The State shall protect marriage, family, mother and child.
- In 2006, the Women Protection Act was enacted to correct the interpretational and implementation issues related to laws pertaining to adultery and rape in Pakistan (Hudood Ordinance 1979).The faulty interpretation of the law required women who had been raped to provide four witnesses to the incident.The failure to provide such witnesses was taken as an admission of adultery and women could be imprisoned for years with few options for legal relief. The Women Protection Act also changed the procedure for registering a case of adultery, requiring the accuser to provide two witnesses of the incident to a Magistrate before the accused can be charged with the crime. Furthermore, the Act called for punishment in cases of wrongful accusations. However, the amendments made to the Hudood Ordinance by the Women's Protection Act lapsed under the previous Government because they were not renewed by Parliament. The Hudood Ordinance currently stands in its original form (including the possibility of prosecution of rape victims who are unable to produce four male witnesses[22].)
- Sindh province recently passed the Sindh Domestic Violence (Prevention and Protection) Act[23], according to which anyone indulging in violence against vulnerable groups, particularly women, would be subject to one year imprisonment and a heavy fine of Rs.20,000. Baluchistan Assembly has also passed a bill against domestic violence following the model used in Sindh[24]. In other provinces, there is no law which declares domestic violence as a stand-alone crime. Legislation to protect women from domestic violence is on cards in Punjab province as well[25].
- A Protection Against Harassment of Women at the Workplace Act was passed by parliament in March 2010 according to which organizations are obliged to set up and implement a code of conduct at their workplaces. Victims of sexual harassment at workplace can send their complaints to the federal or provincial ombudspersons[26].

Legislation and policies on sexual orientation

Currently there are no policies that protect the rights of individuals with different sexual orientation.

Legislation and policies on gender identities

Pakistan is one of the countries that is moving forward in extending rights and providing protection to transgenders. Pakistan has recently allowed third gender designations on state issued identity documents. Whereby, transgenders are granted equal legal rights and obligations in the society as all citizens. They also have the right to vote and even contest for elections.

Grievance redress mechanisms for sexual and reproductive health services

Access to sexual and reproductive health services is every individual's right. To ensure maximum provision of these services, several infrastructures have been put in place at different levels. However, if any individual has not been able to receive the medical care she needed due to bureaucratic negligence or other external factors, or if he or she is not satisfied with the service they have been provided, there are grievance redress mechanisms. For grievances regarding Rural Health Centers (RHCs) and mother and child health care center, executive district office can be contacted. For any complaint against lady health worker, the district officer lady health worker can be contacted. For grievances regarding services at Tehsil Head Quarters (THQs) and Basic Health Units (BHUs), hospital superintendent can be contacted .

Grievance redressal mechanisms for formal and informal private health service providers are also being put in place. For instance, in Punjab province, Healthcare Commission has been established to regularize and monitor the quality of health services provided by private health care providers at all levels. A similar autonomous body will be established in Sindh as well, under the Healthcare Commission Act 2013 .

Recommendations

We call on our government, international organizations, UN agencies, civil society partners and relevant duty bearers to take the following actions:

- Recognise that gender-equality and universal sexual and reproductive rights are integral to sustainable social and economic development and apply the human rights framework to address the stagnating SRHR indicators and proactively work to provide universal access to SRHR while upholding the rights and dignity of its citizens and addressing various inequities and inequalities.

- Adopt policies with an integrated and multi-sectoral approach to overcome viewing SRHR in isolation, including socio-economic and political factors, urbanization, migration and environment; ensure equitable sharing of benefits of sustainable economic development.
- Create an enabling socio-economic and political environment for women within a equality and equity framework to enable women to access and exercise their rights fully.
- Adopt a coherent information dissemination policy of the Health and Population Welfare Departments.
- Increase funding for health and population policies and programs.
- In the context of devolution of federal ministry of health and population welfare, we call upon the government to design a single National Population Policy Framework developed in consultation with the provinces, civil society, academia, private sector and other stakeholders that defines the relationship between Federal and the Provincial governments for execution and implementation of the Population Welfare Programme and the relationship between provincial components of the country-wide Population Welfare Programme; to continue the Population Welfare Programme as a priority at the Provincial levels ; to allocate adequate resources for the recurrent and expansion costs; to develop and adopt the Provincial Population Policies within a stipulated time to ensure that the Programme continues without any setback after stoppage of Federal funding in June, 2015. The policies must be in line with the national ICPD commitments and should be the basis of a National Plan of action (NPA) for Reproductive Health.
- Meaningfully engage NGOs and civil society organizations as equal development partner at all levels, and ensure an enabling environment for their work. Engage them in international development agenda-setting and review committees.

In conclusion, we call upon the government to address the issues around health systems governance so that reproductive health rights are accessed by all without fear and discrimination and holistic health and population policies and laws are implemented effectively. We also urge the government to fulfill its international commitments related to women's rights, health and well-being, namely the ICPD PoA, MDGs, CEDAW and CRC.

References

[1] Population Reference Bureau. (2007). *World Population Datasheet*. Retrieved from http://www.prb.org/pdf07/07wpds_eng.pdf

[2] National Maternal, Neonatal and Child Health Program. Dynasoft.org. Retrieved March 10, 2014 from http://dynasoft.org/mnch/

[3] (2013, May 6). PM consolidates health functions under a renamed division. *The News International.* Retrieved from http://www.thenews.com.pk/Todays-News-2-175715-PM-consolidates-health-functions-under-renamed-division

[4] National Maternal, Neonatal and Child Health Program. Dynasoft.org. Retrieved March 10, 2014 from http://dynasoft.org/mnch/

[5] Lady Health Workers Program Punjab. Lhwp.punjab.gov.pk. Retrieved March 5, 2014 from lhwp.punjab.gov.pk

[6] Provincial Reproductive Health and Maternal and Child Health Project in Khyber Pakhtunkhwa. Dailypaperpk.blogspot.com. Retrieved March 5, 2014 from http://dailypaperpkads.blogspot.com/2014/01/reproductive-health-and-maternal-child.html

[7] (2012, Feb 9). Bill to facilitate reproductive health introduced in NA. The Associated Press of Pakistan. Retrieved from http://app.com.pk/en_/index.php?option=com_content&task=view&id=96050

[8] Pine, P., & Khan, A. (2003). Adolescent Reproductive Health in Pakistan. *The Policy Project/USAID.*

[9] Punjab Health Care Commission. Phc.org. pk. Retrieved March 7, 2014 from http://www.phc.org.pk/news.aspx

[10] Sindh Health Care Commission Bill 2013. Lawdepartment.gos.pk. Retrieved December 17, 2013 from http://www.lawdepartment.gos.pk/NewsDetail.aspx?NewsID=NID-000131

[11] (2013, April 18). Pakistan passes Reproductive Health and Rights Act 2013. *Reproductive Health Matters.* Retrieved from: http://www.rhmjournal.org.uk/news.php?newsID=1511.

[12] Guttmacher Institute: Abortion in Pakistan. (2009). *In Brief.* Retrieved from http://www.guttmacher.org/pubs/IB_Abortion-in-Pakistan.pdf

[13] National AIDS Control Program. (2007). *National HIV and AIDS Strategic Framework 2007-2012.*

[14] HIV/AIDS in Pakistan. Worldbank.org. Retrieved November 12, 2013 from http://www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-pakistan

[15] Ibid.

[16] The National HIV/AIDS Prevention and Treatment Act 2007. Nacp.gov.pk. Retrieved January 6, 2014, from www.nacp.gov.pk/introduction/national-HIV-AIDS-Law.pdf

[17] (2013, September 21). PA passes Sindh HIV & Aids Control Bill 2013. Business Recorder. Retrieved from: http://www.brecorder.com/general-news/172/1233061/

[18] Pine, P., & Khan, A. (2003). Adolescent Reproductive Health in Pakistan. *The Policy Project/USAID.*

[19] World Population Foundation (2010). *Status of Sexual and Reproductive Health and Rights of Young People in Pakistan.* Retrieved from http://www.wpfpak.org/pdfs/SRHR_Report_2010.pdf

[20] PHDF (2009). Sorrow of Women, A Fact Sheet of Violence Against Women in South Punjab, 2009. Pakistan Human Development Foundation, Multan. P-344,598.

[21] Aurat Foundation, & USAID (2012). *Researching Aspects of Gender Based Violence in Pakistan.* Retrieved from http://www.af.org.pk/gep/Research%20Studies%20(Gender%20Based%20Violence)/GEP%20Summaries

[22] (2013, September 25). A Crisis of Laws. Dawn News. Retrieved from: http://www.dawn.com/news/1045191/a-crisis-of-laws

[23] (2013, March 8). Sindh Assembly passes domestic violence Act. *The Express Tribune.* Retrieved from: http://tribune.com.pk/story/517722/sindh-assembly-passes-domestic-violence-bill/

[24] (2014, February 2). BA passes domestic violence protection bill. *Daily Times.* Retrieved from http://www.dailytimes.com.pk/national/02-Feb-2014/ba-passes-domestic-violence-prevention-bill

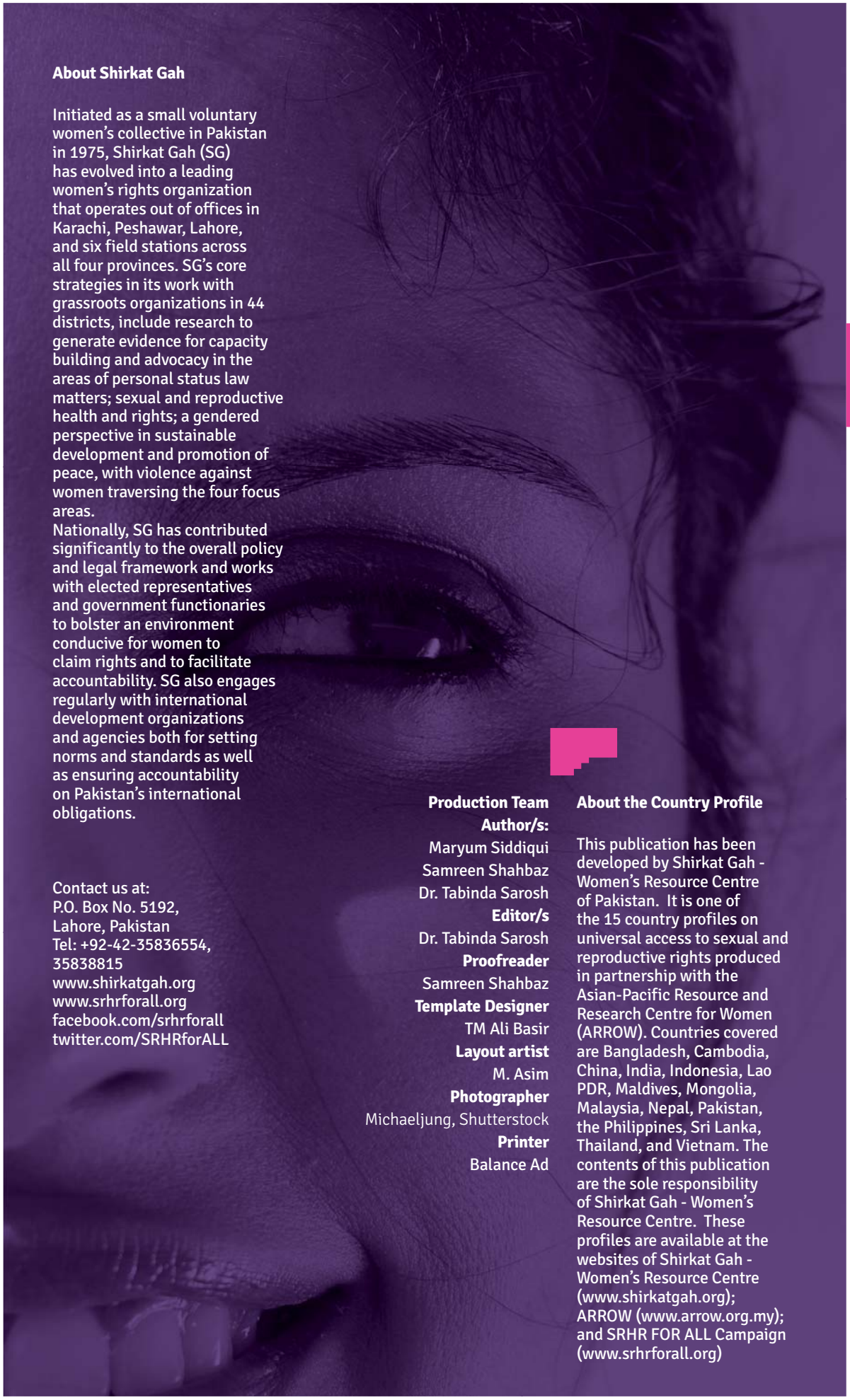
[25] (2014, February 17). Women's protection package launch, Pakistan. *Reproductive Health Matters.* Retrieved from: http://www.rhmjournal.org.uk/news.php?newsID=1765

[26] Protection Against Harassment of Women At Workplace Act 2010. Bolobhi.org. Retrieved December 5, 2013 from http://bolobhi.org/resources/timelines/harassment-work-place-women-pakistan/

[27] Balzer, C., Hutta, J. S., Adrian, T., Hyndal, P., & Stryker, S. (2012). *Transrespect versus Transphobia WorldWide; A comparative review of the human-rights situation of Gender-variant/Trans people.* Retrieved from http://www.transrespect-transphobia.org/uploads/downloads/Publications/TvT_research-report.pdf

[28] Khan, Ahmed. Raza. (2012) Sahooliyat Barai Sehat.Lahore: Shirkat Gah – Women's Resource Centre.

[29] Punjab Health Care Commission. Phc.org. pk. Retrieved March 7, 2014 from http://www.phc.org.pk/news.aspx



About Shirkat Gah

Initiated as a small voluntary women's collective in Pakistan in 1975, Shirkat Gah (SG) has evolved into a leading women's rights organization that operates out of offices in Karachi, Peshawar, Lahore, and six field stations across all four provinces. SG's core strategies in its work with grassroots organizations in 44 districts, include research to generate evidence for capacity building and advocacy in the areas of personal status law matters; sexual and reproductive health and rights; a gendered perspective in sustainable development and promotion of peace, with violence against women traversing the four focus areas.
Nationally, SG has contributed significantly to the overall policy and legal framework and works with elected representatives and government functionaries to bolster an environment conducive for women to claim rights and to facilitate accountability. SG also engages regularly with international development organizations and agencies both for setting norms and standards as well as ensuring accountability on Pakistan's international obligations.

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