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Rahnuma Family Planning Association of Pakistan on behalf of Right Here Right Now Alliance, Pakistan
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'Right Here, Right Now' Alliance is a global partnership of eight organisations envisioning a world where young people, in all their diversity, acquire full and uninterrupted access to life skills based education and youth-friendly sexual and reproductive health services, including safe abortion.

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Sexual Rights Initiative

www.sexualrightsinitiative.com



The Sexual Rights Initiative is a coalition of six organizations from all regions of the world that work together to advance human rights related to gender, sexuality and reproduction.

This stakeholder submission is also endorsed by the following organizations:

Aahung; Aware Girls; Blue Veins; Bargad; Channan Development Association (CDA); The Forum for Dignity Initiatives (FDI); Idara-e-Taleem-o-Aagahi (ITA); The Indus Resource Centre (IRC); Rahnuma Family Planning Association; Youth Advocacy Network (YAN); Rutgers Pakistan; Giyan Foundation; Bargad Volunteers Network (BVN); Rural Development Foundation; Youth Network; HYPE; Social Sangat; Serve our Future Talent (SOFT); Aagosh Welfare Society; Rasing Hope Society; STREET; Sehra Organization; Association for Women Empowerment and Development (AWED); Ujala Welfare organization; Nusrat Welfare Organization; Bold welfare Organization; Health Care Society; Young Women Writers Forum; Khyber Pakhtonkhwa Youth Creative Forum; Youth Development Society; Human Resources Organization; Voice Society; New Horizon Foundation; Life Savors; Equality for all Development Association; Welfare Association for New Generation (WANG); Youth Leads Peace; Youth PEER Education Network (Y-PEER); Youth & Women for Peace & Dialogue; Women is a Nation; C-Cube Youth Organization.

Key Words: Young People’s sexual and reproductive health and rights (SRHR); Life Skills Based Education (LSBE); unsafe abortions; early marriage; health services for transgender youth; gender inequality; gender based violence; youth friendly health services; maternal mortality;

Executive Summary

1. Pakistan will be under review for the third time in 2017. The views, rights and realities of Pakistani young people have not been sufficiently taken into account during the previous cycles. In general, consulting young people for the Universal Periodic Review (UPR) reporting is, unfortunately, still very rare in Pakistan.
2. This report is based on the views and realities of 197 young people from Pakistan, who have been consulted by their peers to collect input for this report under Pakistan chapter ⁱ of ‘Right Here, Right Now’ Alliance which is a global partnership of eight organisations envisioning a world where young people, in all their diversity, acquire full and uninterrupted access to life skills based education (LSBE), and youth-friendly sexual and reproductive health services, including safe abortion. This consultative process has been inclusive in terms of geographical location, gender, and background, with a special focus on gender and religious minorities. Based on these youth consultations, a few issues stand out very clearly: there is an urgent need for Government of Pakistan (GoP) to address youth, including transgender youth, sexual and reproductive health (SRH) issues in their policies and programmes including mass awareness campaigns; youth-friendly and gender sensitive SRH information and services for all with particular attention to vulnerable groups including transgender youth; LSBE for in and out of school youth including transgender youth; comprehensive legislation to address sexual and gender based violence (SGBV), harmful cultural practices, and discrimination.
3. The sexual and reproductive health and rights (SRHR) of the population, particularly of young people, remain insufficiently addressed at the policy level as well as in terms of implementation. Moreover, in Pakistan, where talking about sexuality and sexual health and reproductive rights is considered taboo in society, young people’s choices in this matter are restricted and their wellbeing jeopardized. The unequal power relation between men and women is also an important factor which makes it difficult for young girls and women to exercise autonomy when it comes to making informed decisions about their own bodies and negotiating their bodily rights.
4. The rights, well-being and health of young people are crucial cornerstones of development. The ‘youth bulge’ in Pakistan’s population has been called the potential ‘Demographic Dividend’ⁱⁱ but despite this, young people’s SRHR needs remain largely invisible in the policy and programmatic framework of Pakistan. Concerns remain that in the absence of a facilitative and enabling policy and service provision framework from the State as well as a conducive social environment, this dividend could turn into a “disaster”ⁱⁱⁱ or become lost. There is a pressing need for political will and comprehensive policies, programmes and resources to promote adequate and holistic support for young people’s SRHR.

General Background

6. Pakistan at this moment has the largest young population in its history (55% of the population are under the age of 25 years) with subsequent cohorts predicted to be even larger¹. Standing on a very high Gender Inequality Index of 0.5 (ranking 121 out of 155 countries in the 2014 index) suggests that significant inequalities in terms of access to opportunities and services exist across genders. Moreover, in 2014, the female Human Development Index (HDI) value for Pakistan was 0.4 as compared to 0.6 for males, translating to a Gender Development Index (GDI) of 0.7, meaning that huge disparities persist between males and females when it comes to long and healthy lives, being knowledgeable and having a decent standard of living. Gross inequalities also exist between the urban and rural population, with the majority of the population residing in rural areas (62%).
7. Research conducted in Pakistan shows that young people (below 30 years) are ill-equipped to handle the complex health challenges they face due to inadequate information, lack of access to resources and lack of decision-making power². Yet, the youth consultations that have been conducted for this report show a clear need among young people for more information on sexual health and access to youth-friendly health services. Basic data on education and health also shows that there are marked gender inequalities in access to education and health care. This also came out clearly from the youth consultations, where transgender youth and girls were mentioned as the two groups facing the most severe sexual health issues. Due to prevailing socio-cultural norms, young girls, after entering puberty, face greater challenges in accessing education opportunities and health care than young boys³. Most of the schools in the rural areas do not have a toilet which makes it nearly impossible for girls to attend school once they start menstruating, hence increasing the drop out ratio. Social norms enforcing segregation between males and females restrict mobility of women, especially unmarried young girls, limiting their access to basic health care. No less than 73% of the young respondents in the consultation mention 'lack of information and awareness' as the key issue affecting young people's sexual health, followed by 'gender unequal attitudes' on a second place.
8. Sexuality among young people is little researched in Pakistan, primarily owing to cultural taboos restricting open discussions on sexuality and sexual health in general. Pakistan's Hudood Laws and customary practices, such as karo kari, make sex outside of marriage punishable by death. Female sexuality is tightly controlled, resulting in increased social restrictions on young unmarried girls. While studies show that young girls lack information on sexual and reproductive health, they themselves are shy about discussing these issues⁴.

¹ Situation assessment of adolescents for life skills and HIV prevention in selected districts of Pakistan. UNICEF 2006

² http://www.childtrafficking.com/Docs/khan_2000__reproductive_healed.pdf

³ Ibid.

⁴ Ibid.

UPR Recommendations Analysis in relation with SRHR for young people including SGM

9. Pakistan's human development is slow but it is moving in the right direction. Pressing issues like SRHR might not be getting prioritized but progress is being made gradually. Setting an example, two of the provinces now have youth policies that acknowledge the need to address the sexual and reproductive health of young people, promote inclusivity and non-discrimination of any kind. The Khyber Pakhtunkhwa youth policy especially includes many clauses that acknowledge the need for most of the aforementioned issues of SRHR in Pakistan including transgender rights, access to contraceptives, counseling services etc. The Chief Minister's Special Monitoring Unit (SMU) is working very actively in protecting women's rights such as launching a campaign, "Women on Wheels" whereby women were trained to ride motorcycles to reclaim public spaces. Despite great resistance from the religious groups, the Punjab government has started implementation of The Punjab Protection of Women Against Violence Act 2016 and as part of one of its provisions, the first protection center is being constructed in Multan- an initiative of the Special Monitoring Unit.

10. After the 18th Constitutional Amendment in 2010, Population and Youth Affairs ministries were devolved to the provincial level. 7 years later, Punjab and Khyber Pakhtunkhwa have adopted Youth Policies. Balochistan and Sindh Population Policies were launched in December 2016, which means implementation of the policy is yet to be materialized. It is noteworthy that the population policies largely focus on family planning and reproductive health and do not address sexual health. Some positive developments include strengthening of provincial Population Welfare Departments that provide a range of services all revolving around reproductive health, and prevention of Reproductive Tract Infections/ STIs and service centers have been established at district as well as sub-district and village levels. Efforts are being made to ensure access to family planning and basic reproductive and sexual health services at grassroots level through male social mobilizers and lady health workers. However, due to socio-cultural norms and service provider bias, young people's, especially young girls', access to these services remain limited. Youth-friendly SRH service provision is still invisible in the policy and programme framework. The Khyber Pakhtunkhwa Youth Policy is the only policy document of Pakistan that highlights importance of counseling and educating young people on their sexuality as part of adolescence and youth health rights. Other health and education related policies do not address youth-specific SRHR needs.

11. Despite these positive efforts, the attention given to the sexual and reproductive health needs of young people remains insufficient. Even in the provinces where youth policies exist, young people in the consultations mention sexual abuse and violence, child marriage and teenage pregnancy as the main issues standing in the way of their sexual and reproductive health. Among the 300 UPR recommendations given to Pakistan so far, 44 recommendations can be linked to sexual and reproductive health and rights. The recommendations raised issues like forced marriages, sexual harassment at work places, gender based violence and domestic violence, marital rape, and protecting children from abuse. However, other important issues like incorporating Life Skills Based Education and providing youth friendly health services as well as addressing SRHR needs of young people and sexual

and gender minorities in general have not been specifically addressed in the recommendations raised by States.

12. The Government of Pakistan accepted recommendations regarding enforcement of laws for early and child marriage and abolishment of sexual harassment at work places, and has since passed laws to address these issues. In Sindh province, for example, a law is passed that increases the legal age of marriage from 16 to 18. However, this does not address the stigma unmarried young people face when they access health services or seek information on their sexual health. There have never been any recommendations made to Pakistan that directly cater to the SRHR needs of the youth. This is concerning knowing that 70% of the young people in our consultation do not have access to a youth-friendly health service, either because they are not aware of it or because there is no such service in their area. It is important for the Pakistan government to acknowledge young people's, including transgender youth, SRHR needs, and proper measures must be taken to ensure the realization of their human rights through policies, programmes and legislations.

Problem identification for specific issues

Access to sexual and reproductive health information and services

13. The results of the youth consultations indicate that lack of awareness and information about SRHR is the most significant barrier to young people's health and wellbeing. The participants also identified the need for youth friendly and gender sensitive SRHR Services. As per the results of the surveys, 70% of the respondents were not availing any Youth-Friendly Health Service (YFHS) in any form because they were either not aware of the facilities in their areas or they did not know about YFHS. It is interesting to note that even the consultations reflected the community attitudes in some respects. Some girls were hesitant towards the legalization of abortion given the religious context for pre-marital sex.
14. Most of the respondents stressed the role of the government in increasing the access to information and services regarding SRHR. The survey further reveals that young people, transgender youth and sexual minorities suffer most from lack of information and services and are a victim of stigma and discrimination.
15. The consultations with young people show that many young people rely on informal sources for information on sexuality and sexual health. The findings from the consultation also demonstrate that such information was never accessible unless they actually faced a situation and then inquired from a health practitioner such as lady health worker. The formal curriculum includes some population education but does not include comprehensive sexuality education, although young people expressed the need for receiving more information.

Early Marriage

16. Early age marriage is highly prevalent in Pakistan. According to the PDHS^{iv}, the median age of marriage for girls in Pakistan is 19.5, indicating that half the numbers of girls are married before the age of 20.

According to study by Shirkat Gah, approximately half of Pakistani women are married before 18 years of age and 9% of girls begin childbearing between 15-19 years. Early age marriages often result in early pregnancy, which can result in high risk of maternal mortality and morbidity (276 per 100,000 live births), multiple miscarriages and malnutrition (mineral and calorie deficiency) in young mothers and also impedes their social and economic growth.

17. The act of denying SRHR of young girls takes many forms and unfortunately unmarried young girls are at the worse end when it comes to deprivation of SRHR. Young girls in many tribal and rural areas also face harmful cultural practices i.e. Vanni, Swara, Sang Chatti, Badal, Bazo, Watta Satta, and Pait likaei. All of these cultural practices are anchored on deeply patriarchal culture of treating girls and women as sexual objects, or “property” of the family. The practice of Vanni has been made illegal since a long time but the practice still prevails. Swara is a Pashtun tradition that involves child marriage to settle a blood feud among the men. Referring to violence against women the PDHS report shows that overall 39% of ever married women age 15-49 report ever having experienced physical and/or emotional violence from their spouse of which 33% reportedly had experienced it in the past 12 months. The report also shows that 32% of the ever-married women age 15-49 have experienced physical violence at least once since age 15 and 19% within the 12 months prior to survey.

Sexual Abuse

18. Research demonstrates that sexual exploitation and abuse of adolescents and children is widespread social problem across the country (Sahil 1998). Male child prostitution exists in Northern Punjab, while bachabazi, the practice of older men keeping boys for sexual favors, is common in the Khyber Pakhtunkhwa. In the last few years, the problem of child and adolescent sexual abuse has begun to be monitored and publicized by non-governmental organizations as well as mainstream media. However, adequate legal remedies to prevent child sexual abuse and exploitation are minimal.

HIV/ AIDS

19. The threat of the HIV/AIDS pandemic has prompted some research into high risk sexual behavior. Existing research shows that young boys, especially, are exposed to all of the risks associated with HIV/AIDS, including the risk of infection. A low level of awareness of HIV/AIDS in young people remains prevalent.

Abortion

20. With the social stigma attached to this aspect of SRHR, abortion remains of the most de-prioritized areas in the health and rights framework. A relatively recent study conducted by the Population Council of Pakistan on Post Abortion Care revealed that Punjab has the maximum number of Post Abortion Care Cases (unsafe abortions) that are treated in various facilities. The report states that around 696,000 cases of Post Abortion Care were registered. Experts agree that the existing law that allows for an abortion only if the mother’s life is in danger, is a flexible one and it is often the provider bias that leads to denial of services or poor quality of services provided to women who wish to have an abortion.

Sexual and Gender Minorities (SGM)

21. Due to the criminalization of homosexuality under section 377^v of the Pakistan Penal Code, the LGBTIQ individuals are reluctant to reveal their sexual orientation and identity. “Coming out” as sexual and gender minority can result in teasing, abuse, beating and even killing. There is no open discussion on the subject because it is considered a grave moral offence by the religious authorities.
22. The emotional, verbal and physical abuse faced by the sexual and gender minorities stems from social and religious stigmatization of gender nonconformity and homosexuality. Due to the criminalization and social stigmatization of SGM, violence against them is rarely reported to the authorities. While the transgender populations have been recognized legally, they face routine verbal, emotional and physical abuse and violence from the society as well as law enforcement agencies.
23. The Pakistani society in general still does not accept transgender people as full citizens and they continually face abandonment from their families at a very early age and denial of economic opportunities. The Supreme Court of Pakistan granted transgender people the right to vote and attain a National Identity Card back in 2011, but it has not been translated into legal and policy remedies to guarantee their rights. To obtain their Identity Cards, transgender people have to provide a medical certificate proving their gender-a practice no other gender has to perform. In case of imprisonment transgender women are kept in male cells as no separate cells exist for them. The transgender community of Pakistan remains the most marginalized despite recognition of their rights by the Supreme Court. The 2% employment quota in government jobs announced by the Supreme Court is not being implemented and transgender persons due to lack of employment opportunities more often than not resort to sex work. There are no specific measures in any policy to address transgender persons SRHR needs.
24. The survey respondents also shared that health service providers are not trained to respond to the transgender people’s specific and diverse needs and lack understanding of their sexual and reproductive health. They shared that most of the service providers are unaware of the anatomical differences and exhibit great bias in treatment.
25. The youth survey results further emphasize the urgent need to address youth and transgender persons’ SRHR issues in their policies and programmes including mass awareness campaigns; Youth friendly and gender sensitive services for all vulnerable groups including transgender persons; LSBE for in and out of school youth and transgender persons; appropriate legislation to address SGBV and discrimination.

Recommendations for action:

26. It is imperative that policies dealing with education, health and social security are holistic, i.e. they cover every possible aspect for the alleviation of the living standards of young people.

- Take immediate measures for the inclusion of quality and non-judgmental life skills based education in education, health and youth laws and policies.
- Take immediate measures to ensure that comprehensive programmes with adequate budget allocation on provision of LSBE for all young people are in place and are being effectively implemented and monitored.
- By the end of 2017, amend the Child Marriage Restraint (Amendment) Act, 1929 to legislate equal minimum age of marriage for males and females at 18 years and make the law more effective.
- Take immediate measures to implement the ban on verdicts of jirgas and panchayats.
- By the end of 2018, ensure the registration of all births and marriages as per provisions of NADRA, Ordinance 2000 through simplified procedures.
- Increase the establishment of Adolescent Friendly Health Centers currently running in Punjab to cover all districts of the province and introduce similar services in other provinces as well.
- Take immediate measures for sensitization of duty-bearers, teachers, and health services providers on youth-friendly health services to ensure stigma, judgment and discrimination and free access to youth-friendly health services.
- In line with its commitments in CEDAW, state must take all necessary measures to abolish harmful customary practices against young girls.
- In line with its commitments in CRC, state must take all necessary measures to abolish sexual exploitation and abuse of children, adolescents and young people.

ⁱ Eleven member organizations are part of the country platform of RHRN Pakistan: Rahnuma FPAP, Ahung, Blue Veins, FDI, Bargad, Aware Girls, YAN, CDA, Rutgers Pakistan, IRC and ITA.

ⁱⁱ http://www.popcouncil.org/uploads/pdfs/2013_CapturingDemoDivPak.pdf

ⁱⁱⁱ <http://www.pakdiscussion.com/forum/showthread.php/45044-Demographic-dividend-or-disaster-Maleeha-Lodhi-23rd-October-2012>

^{iv} Pakistan Demographic and Health Survey http://www.nips.org.pk/abstract_files/PDHS%20Key%20Findings%20FINAL%201.24.14.pdf

^v Section 377. Unnatural offences: Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be punished with imprisonment for life, or with imprisonment of either description for a term which shall not be less than two years nor more than ten years, and shall also be liable to fine. Explanation: Penetration is sufficient to constitute the carnal intercourse necessary to the offence described in this section.