



## **Prioritize Women's Health Rights NOW!!!**

Did you know:

If you are born a woman in Pakistan you have a 64.6% chance of being illiterate, a 74% chance of not being a part of the formal economy, and a life expectancy of 66.1 Years. Approximately half of Pakistani women are married before 18 years of age and 9% women begin childbearing at 15-19 Years of age. The average number of children a women bears is 4.1, while the number of mothers dying due to complications of pregnancy is 276 per 100,000 live births

### **Reproductive health and rights are fundamental human rights**

*It's the duty of the government to create an enabling environment for women (social, economic and political empowerment) within a framework based on equality and equity so that they can access and exercise their rights fully*

*There is an urgent need to review the country's progress towards the commitments made at MDGs and ICPD and devise a strategic plan for the post 2015 development agenda that not just includes but prioritizes the fulfillment of these commitments.*

In 1994, the then Prime Minister of Pakistan attended the ICPD and declared, " I dream of a Pakistan where every pregnancy is planned and every child conceived is nurtured, loved, educated and supported. On her return, she initiated the Lady Health workers Program and the Male Community Mobilizers Program both of which though well intentioned programs, have not been able to achieve the objectives set out for them at ground level. At 276, Pakistan has the highest maternal mortality ratio among the South Asian countries, with the same being true for Infant Mortality Rate which at 78 is the highest<sup>1</sup>. The following table also points towards the slow progress towards women's empowerment and health goals.

Female Literacy	35.4%
Gender Parity Index for primary education (proportion of girls' enrolment at primary level in comparison to boys)	0.84
Gender Parity Index for secondary education (proportion of girls' enrolment at secondary level in comparison to boys)	0.8
Gender parity index for youth literacy (proportion of females as compared with boys aged 15-24 who can read and write)	0.78
Women's share of the labour force	26%
Share of women in wage employment in the non-agricultural sector	10.64%
Ave. age of marriage for women aged 25-49	19.7 years (urban) 18.8 years (rural)

<sup>1</sup> Pakistan Demographic and Health Survey, 2006-7

Unmet need for contraception	37%
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Despite constituting 50 % of the total population and contributing to the nation's economy through formal and informal labor, women continue to be marginalized in terms of social, political and economic growth. Evidence collected from Shirkat Gah's 2 year research on Monitoring MDG5a and b in Pakistan indicates not only **serious problems at service delivery and health systems governance** (availability, quality, accessibility, transparency ) levels but also point towards the gaps in addressing the **social determinants of health** that impede a woman's access to quality reproductive health services<sup>2</sup> particularly those related to, family planning and safe abortion.

**Poverty** is a key determinant of public health facility utilization and is also closely related to the well being of women in terms of nutrition and food security. **Marginalized women** (poor, rural, minorities, migrants, internally displaced, adolescents) remain at the lowest rung of the power dynamics in the society<sup>3</sup>.

**Youth and Adolescents** who currently constitute the biggest chunk of the population,<sup>4</sup> suffer more in the face of complete lack of youth and adolescent friendly services for reproductive health issues. **Early age marriage** has a high prevalence and data suggests correlation with maternal mortality<sup>5</sup>. Shirkat Gah's published research in Sindh , based in the districts of Matiari and Jacobabad, found the average age to be between 12-14 for girls<sup>6</sup>. 18% of Pakistani women have had their first birth by age 18; 9% have begun child bearing between 15-19 years and 7% are already mothers in those ages<sup>7</sup>. The above study also highlighted the need for incorporation of life skills based education in the curriculum to promote healthy SRH behaviours in the youth and adolescents. Similarly, sexual minorities also continue to suffer through social stigmatization and marginalization and remain deprived of opportunities and rights.

Evidence has shown positive correlation between **girls secondary education** and reproductive health outcomes and yet this area has not shown progress and 77 percent of girls drop out of schools after primary level.<sup>8</sup>

**Violence against women** is also critically related to the reproductive well being of women. Media reports reveal 65,316 between 2008 and 2011 but due to lack of data collection

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<sup>2</sup> Shirkat Gah publication, Rising to the Challenge, 2012 (from the Packard funded study " Monitoring MDG5a and b in Pakistan"

<sup>3</sup> Shirkat Gah's Study, " The Puppet and the Puppeteers, 2012, Published by Rutgers WPF

<sup>4</sup> UNICEF, When the Global Crisis and Youth Bulge Collide,2012,

[http://www.unicef.org/socialpolicy/files/Global\\_Crisis\\_and\\_Youth\\_Bulge\\_FINAL\\_web.pdf](http://www.unicef.org/socialpolicy/files/Global_Crisis_and_Youth_Bulge_FINAL_web.pdf)

<sup>5</sup> Sindh with the highest prevalence rate of early age marriages also has the highest maternal mortality ratio in Pakistan

<sup>6</sup> Shirkat Gah's Study, " The Puppet and the Puppeteers, 2012, Published by Rutgers WPF

<sup>7</sup> UNFPA Report 2007, "Giving Girls Today and Tomorrow: Breaking the Cycle of Adolescent Pregnancy"

<sup>8</sup> UNICEF Situational Analysis of Children and Women In Pakistan

mechanisms and the stigma associated with openly sharing and reporting domestic violence these figures are just a tip of the ice berg. Besides domestic violence, reports of sexual violence and harassment, honor killings, early and/or forced marriages, social and economic deprivation and psychological torture emerge everyday and are documented in various research reports of Shirkat Gah.

### **Shirkat Gah's Call for Action**

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 health policies and laws<sup>9</sup> are implemented with immediate effect.

We stress upon the need to address the social determinants of health by adopting an integrated approach to women's reproductive health that factors in women's rights, gender equality, social and economic marginalization, poverty, education and employment and adolescent reproductive health .

We also urge the government to fulfill its international commitments related to women's rights, health and well being, namely the ICPD, MDGs, CEDAW and CRC<sup>10</sup>

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<sup>9</sup> National Health Policy, Child Marriage Restraint Act, Anti Women Practices Act, Domestic Violence Act, Act against sexual Harassment of Women at Workplace etc

<sup>10</sup> ICPD: International Council for Population and Development, MDG: Millennium Development Goals, CEDAW: Convention on the Elimination of all forms of Discrimination Against Women, CRC: Convention on the Rights of the Child