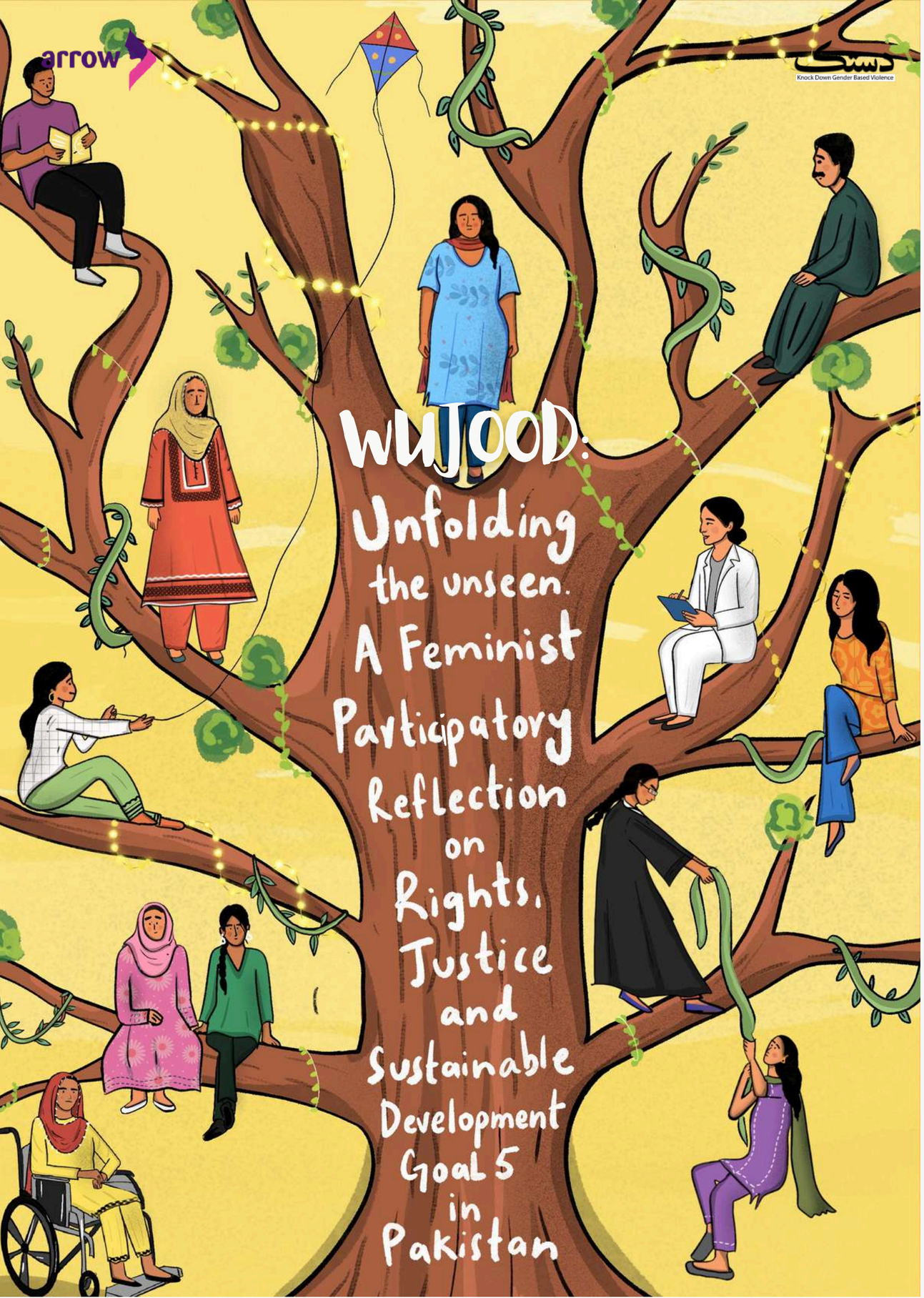

WUJOOD - Unfolding the Unseen: A Feminist Participatory Reflection on Rights, Justice and Sustainable Development Goal 5 in Pakistan

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ACKNOWLEDGEMENT: IN GRATITUDE AND SOLIDARITY

This report was not written from behind desks. It was shaped in rooms filled with stories, in circles of listening, and in moments of silence that held more truth than words could. It emerged from the courage of women, trans persons, and men across Pakistan, those who spoke even when their voices trembled, those who chose to be heard after years of being silenced, and those who reminded us that resistance often begins quietly, within the body. **To every survivor, every community member, and every person who shared their story with us: this work exists because of you, and it belongs to you.**

We offer our deepest gratitude to the communities across Sindh, Balochistan, Punjab, Khyber Pakhtunkhwa, Azad Jammu and Kashmir, and Gilgit-Baltistan who welcomed us with trust and generosity. You opened your hearts, your memories, and your time to help us see what statistics could never show, the textures of everyday courage, the grief beneath silence, and the small acts of rebellion that sustain life against systems of harm.

To our facilitators, field researchers, and care coordinators, Tuba Rafi, Sadya Salar, Hina Khattak, Satia Latif, Maheen Ahsan, Rizwana Ansari, Adeeba Amin, Muheen Zaman, and Nausheen Fatima, thank you for carrying this work with tenderness and responsibility. You held stories of pain with gentleness, allowed pauses where language fell short, and ensured that each encounter was guided by care, not extraction. Your trauma-informed feminist ethics have sustained this report.

To our community partners and civil society collaborators: your decades of work in the struggle for bodily autonomy, justice, and dignity have made this report possible. Together, we have learned that data is not neutral, that evidence must be rooted in empathy, and that accountability must begin with care. This report also honours those who are not here to tell their stories, those whose names we will never know, whose lives were lost to gender-based violence, silence, and neglect. We hold them in memory, and we dedicate this work to their unfinished dreams.

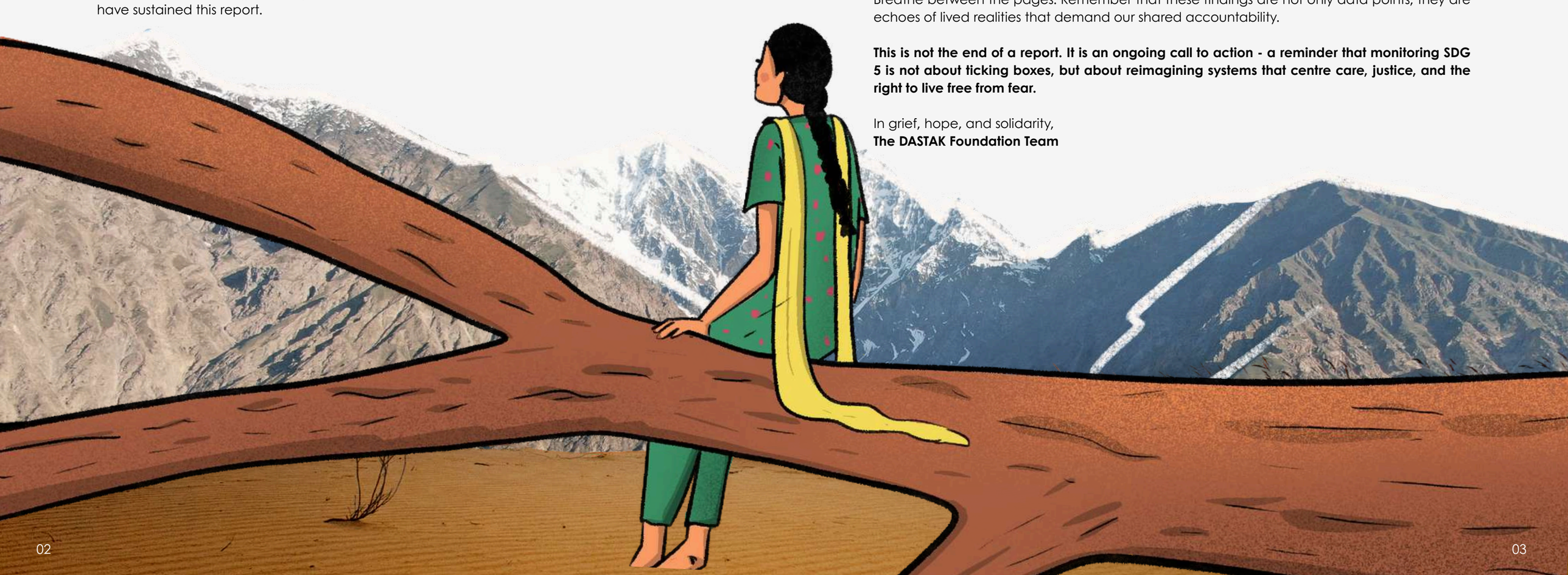
To the core WUJOOD team, Hira Amjad, Farhan Ahmed, Tuba Rafi, Wasfa Kamal, Jawad Habib, Minahil Manzoor, and Ayesha Minhas, we thank you for stewarding this report from reflection to responsibility. You carried the labour of verification, synthesis, care, and accountability, ensuring that every page upheld feminist ethics, data integrity, and survivor-centred practice. This report bears the imprint of your collective holding. It is the continuation of your daily acts of care: the quiet coordination, the emotional holding, and the long nights of turning pain into knowledge, knowledge into visual power, and power into possibility.

We also acknowledge the individuals who contributed to early-stage research, interviews, and methodological inputs that informed this report's development. Their engagement supported the initial shaping of conversations that were later collectively researched, reviewed, validated, and refined by the core team.

TTo our funder and partner, ARROW, we are grateful for the confidence, trust, and feminist flexible funding that made this work possible with grassroots communities across Pakistan. To our readers, partners, and allies, we invite you not only to read, but to listen. Read slowly. Breathe between the pages. Remember that these findings are not only data points, they are echoes of lived realities that demand our shared accountability.

This is not the end of a report. It is an ongoing call to action - a reminder that monitoring SDG 5 is not about ticking boxes, but about reimagining systems that centre care, justice, and the right to live free from fear.

In grief, hope, and solidarity,
The DASTAK Foundation Team



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From patriachry, from all hierarchy, from endless violence, from helpless silence, for walking freely, for talking freely, for dancing madly, for singing loudly, for self-expression, for celebration, we love it madly, come say it loudly

آزادی

Kamla Bhasin, 2013

This report was written in a moment of urgency, grief, and refusal.

Across Pakistan, the language of gender equality has expanded, laws have multiplied, and frameworks like the Sustainable Development Goals have promised progress. Yet for many women, trans persons, men and gender-diverse communities, safety remains fragile, justice remains conditional, and dignity remains negotiable. **This report exists because the distance between policy and lived reality is not abstract, it is felt in bodies, relationships, and everyday survival.**

As the Founder and Executive Director of DASTAK Foundation, I write this message not to speak for survivors, but to name our responsibility to them.

From the beginning, we refused to treat this research as a technical exercise or a neutral monitoring task. We rejected extractive methods that take stories without care, data without consent, or evidence without accountability. Instead, this report was shaped through a feminist, care-centred methodology that understands emotion as evidence, relationships as systems, and survivors as knowledge-holders. Every interview, every pause, every correction was guided by a simple question: **Does this process honour the people whose lives it documents?**

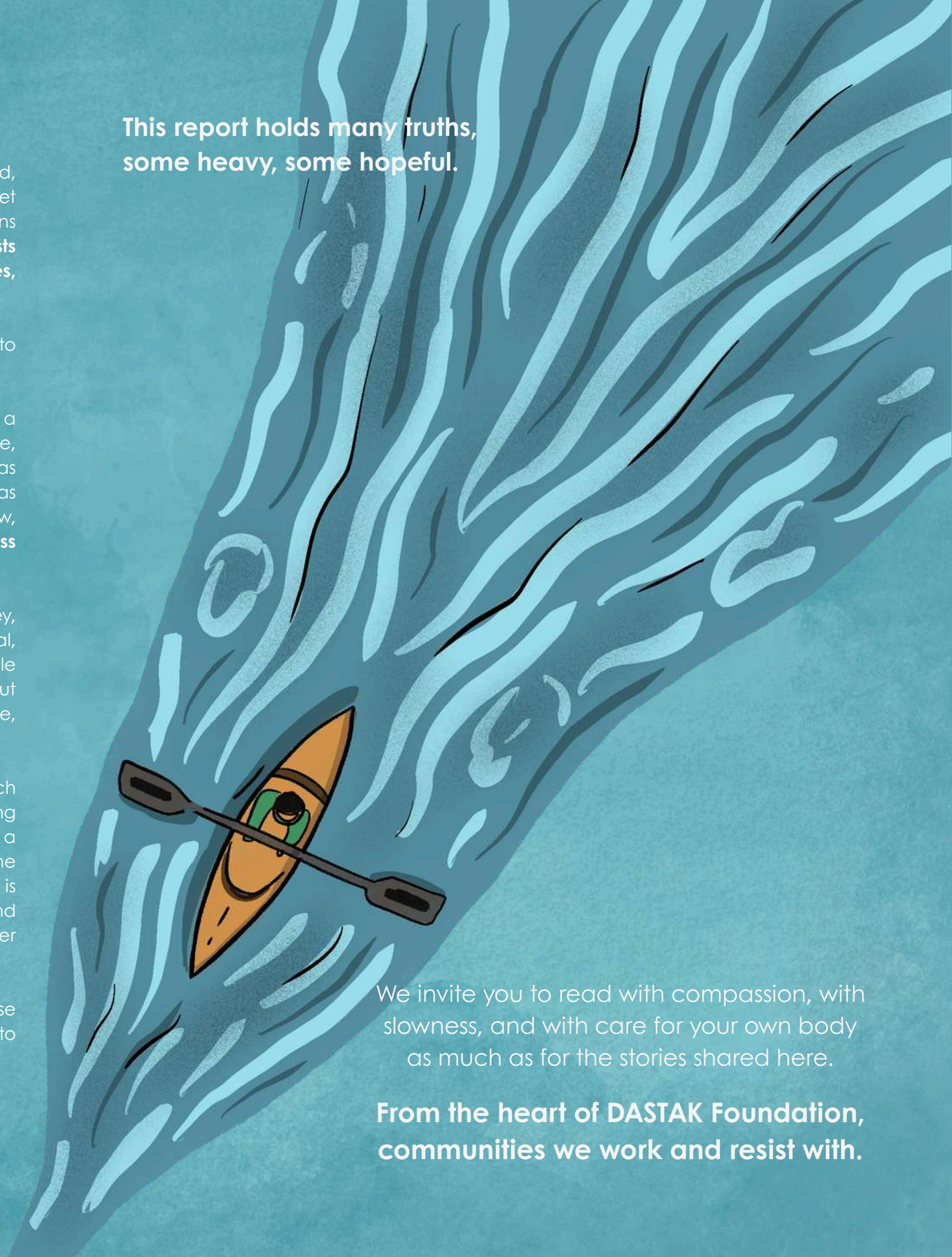
This report does not offer easy conclusions. It traces an emotional and structural journey, from fear and silence to moments of resilience, care, and hope, across cultural, relational, and institutional domains of SDG 5.2 and 5.6. In doing so, it makes visible what is often rendered invisible: how violence is sustained not only through acts, but through systems; and how resistance is nurtured not only through laws, but through care, solidarity, and collective courage.

We are aware that holding this work comes with responsibility. Survivor-centred research demands constant reflection, correction, and humility. Where harm risked being reproduced, it was our duty to pause, review, and repair. Accountability, for us, is not a statement, it is a practice. I invite readers to approach this report slowly. Sit with the discomfort it may raise. Pay attention to whose voices are centred, and whose labour is named. Let this work challenge familiar ways of measuring impact, success, and progress. Monitoring SDG 5 is not about compliance or checklists; it is about whether systems make people feel safer, seen, and supported.

This report is an offering, to survivors, to movements, to policymakers, and to all those who believe that another way of knowing and governing is possible. It does not claim to be complete. It claims to be careful.

May it be read with the same care with which it was written.
In solidarity and accountability,
Hira Amjad

This report holds many truths, some heavy, some hopeful.



We invite you to read with compassion, with slowness, and with care for your own body as much as for the stories shared here.

From the heart of DASTAK Foundation, communities we work and resist with.

HOW TO READ WUJOOD?

A guide for readers, policymakers, advocates, and allies

WUJOOD is not a conventional SDG progress assessment. It is a feminist, qualitative analysis of Pakistan's progress on Sustainable Development Goal (SDG) 5, with a specific focus on Target 5.2 (eliminating sexual and gender-based violence) and Target 5.6 (ensuring access to sexual and reproductive health and rights). The report is structured to reflect how gender justice is lived, felt, and experienced across different contexts. It brings together data, stories, emotions, and systems analysis.

This report is not meant to be read in one sitting or in a single way. Readers are encouraged to move through it slowly, selectively, and reflectively. The report includes five chapters.

Chapter 1: Context & Political Framing
This chapter situates SDG 5.2 and SDG 5.6 within Pakistan's national and global commitments, while naming the limits of conventional reporting.

Here, readers will find: (1) The feminist argument for treating SDG 5 as a political struggle, not a technical checklist; (2) How Pakistan reports on SDGs and where gaps persist; (3) Why laws, policies, and indicators alone are insufficient
Read this chapter to understand why this report exists and what it challenges.

Chapter 2: Methodology & the WUJOOD Framework
This chapter explains how the research was done and what makes it different. It introduces: (1) The WUJOOD feminist research tool; (2) The three analytical tiers: Cultural, Relational, Institutional; (3) What data is included, and what is intentionally excluded; (4) How qualitative ratings were collectively and ethically designed. Annexure A, B and C.
Read this chapter if you want transparency, methodological clarity, or to understand how lived experience becomes evidence.

Chapter 3: Secondary Data Findings: Cultural, Relational & Institutional Analysis
This is the core analytical chapter of the report. It examines SDG 5.2 and 5.6 across: (1) Cultural norms (stigma, silence, honour, shame); (2) Relational dynamics (families, partners, communities); (3) Institutional systems (healthcare, police, courts, services).
Read this chapter if you want to understand how these systems are advancing SDG 5.2 and 5.6 or limiting access, alongside causing harm.

Chapter 4: Voices from the Frontlines, Visual Mapping & Emotional Spectrum
This chapter brings forward voices from the frontlines and translate findings into a visual form. The chapter covers: (1) The colour-based emotional spectrum (from harm to care), (2) How different groups experience access, safety, and justice, (3) Where progress and regression coexist, based on spectrum inputs from community workshops. Annexure C
Read this chapter if you want to traverse through an emotional journey, using colour-coded spectrums to understand how systems are experienced, not just how they function on paper.

Chapter 5: Recommendations & Pathways Forward
This chapter turns analysis into action. The recommendations across three systems are organised to: (1) Address both SDG 5.2 and 5.6; (2) Strengthen institutional accountability; (3) Centre survivor leadership and care-based reform
Read this chapter if you are a policymaker, donor, implementer, or advocate seeking concrete steps forward.

Readers may move between sections based on interest or mandate. This chapter does not require linear reading.

This report is intended to be read slowly and reflectively. Sections can be read independently, but meaning deepens when the visual maps, narratives, and analysis are held together. It is not a checklist of progress, but a collective witnessing of where systems fail, where care persists, and where transformation is possible.

If you are a policymaker, practitioner, or researcher engaging with this report and wish to reflect, question, or collaborate, we welcome dialogue grounded in care and accountability.

Contact & Accountability
DASTAK Foundation
Email: solidarity@dastakfoundationpk.org

This work is unfinished. Accountability is ongoing.

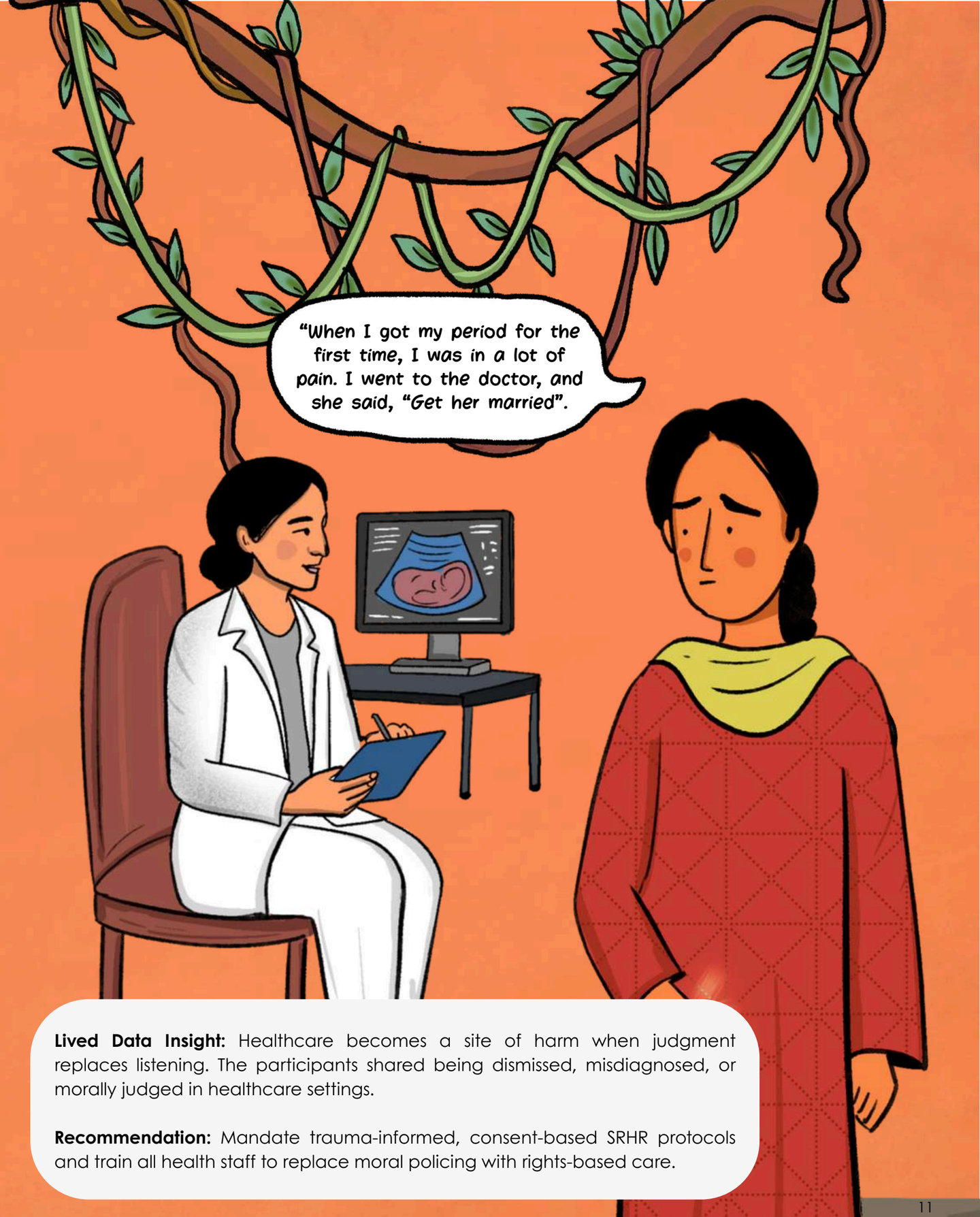
WUJOOD: A VISUAL MAPPING OF SDG 5.2 AND 5.6 IN PAKISTAN

Some truths cannot be captured in tables or charts, they must be seen, felt, and remembered.

The visual executive summary brings to life the core findings of the WUJOOD care-centred feminist participatory research, conducted for this SDG-5 monitoring report. Guided by our core research questions, ***How do women, men, and transgender persons experience gender-based violence and SRHR barriers across institutional, relational, and cultural domains? Where do systems enable protection, and where do they reproduce harm? How do survivors navigate access, denial, resilience, and silence across Pakistan's diverse contexts?,*** the visuals translate statistical patterns, lived insights and recommendations into an illustrated journey across Pakistan's socio-ecological landscape. Each frame visualises how gender-based violence, sexual and reproductive health and rights violations, and restrictions on bodily autonomy are produced through the interplay of cultural norms, institutional failures, and relational power structures. Rooted in Heise's socio-ecological model and Galtung's violence framework, the visuals shift our gaze from numbers to the lived realities uncovered through WUJOOD's community research revealing what policies, data points, and institutional structures feel like inside the bodies, memories, and daily life of women, transgender persons, men and marginalised communities. They portray not only the forms of violence that are visible, but also those that are normalised, dismissed, and justified.

At the same time, the visuals reflect the emotional spectrum documented through the care-centred FPAR methodology embedded in WUJOOD, shame, exclusion, pain, fear, and erasure, but also knowledge, agency, solidarity, and the insistence on dignity. Together, they form an emotional cartography of Pakistan's GBV and SRHR landscape: mapping how survivors move through hospitals, homes, classrooms, police stations, digital spaces, and community networks. These illustrated stories expose the pathways through which institutions enable harm or facilitate healing, and they underscore the urgent need for reforms that listen rather than judge, protect rather than silence, and transform rather than punish. This visual sequence therefore functions as both evidence and testimony, a map of what is broken and a call for what must change.

WUJOOD rests inside the lives, bodies, and memories of those silenced by the system.



Lived Data Insight: Healthcare becomes a site of harm when judgment replaces listening. The participants shared being dismissed, misdiagnosed, or morally judged in healthcare settings.

Recommendation: Mandate trauma-informed, consent-based SRHR protocols and train all health staff to replace moral policing with rights-based care.

Sexual and Reproductive Health and Rights Snapshot Pakistan (Source: UNFPA, 2024 | Guttmacher and Population Council, 2023))

Lived Data Insight: Women with disabilities shared layered forms of exclusion, where their reproductive choices are questioned and their autonomy dismissed at institutional, cultural and relational level.

Recommendation: Ensure disability-inclusive SRHR services and access to justice mechanisms with trained staff, and mobile outreach.

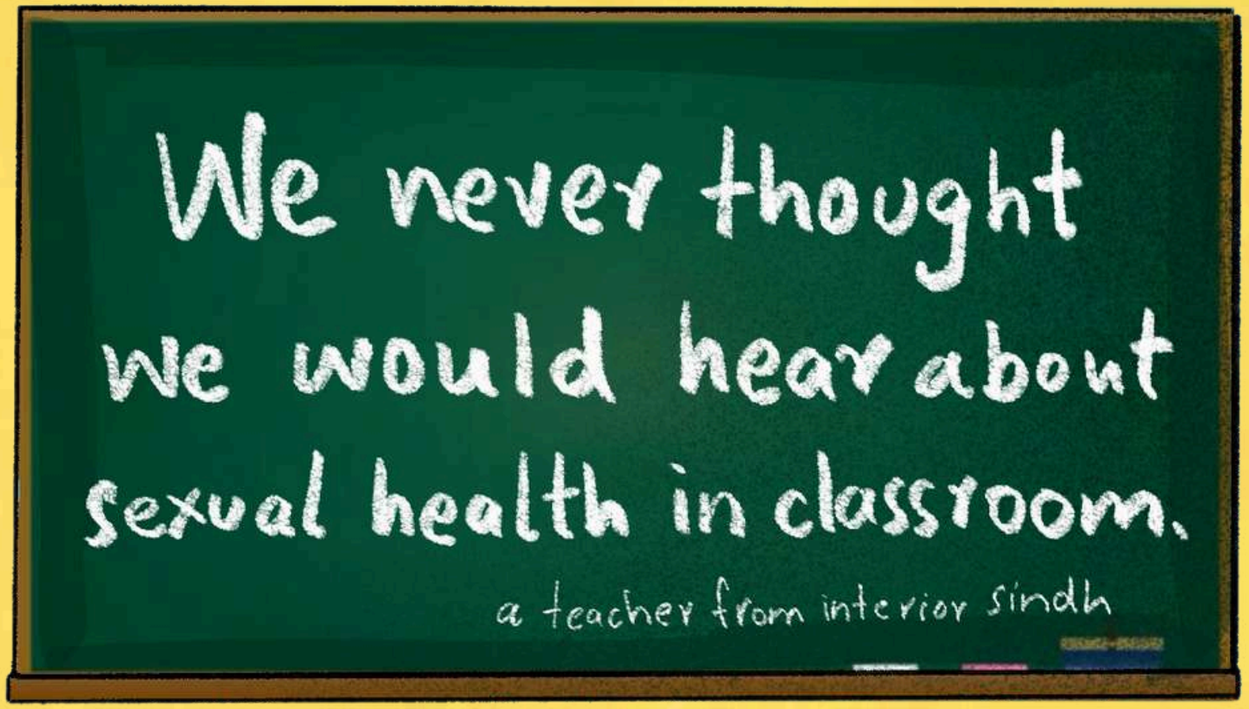
I just want to have the freedom to choose how I want to live my life.

2688020008
DATE: 02/08/2022 TIME: 2:32:12

After my delivery, they added an extra stitch in my vagina for his pleasure. No one ever speaks of it!

Lived Data Insight: Survivors shared cases of non-consensual procedures, including the "husband stitch," revealing systemic obstetric violence.

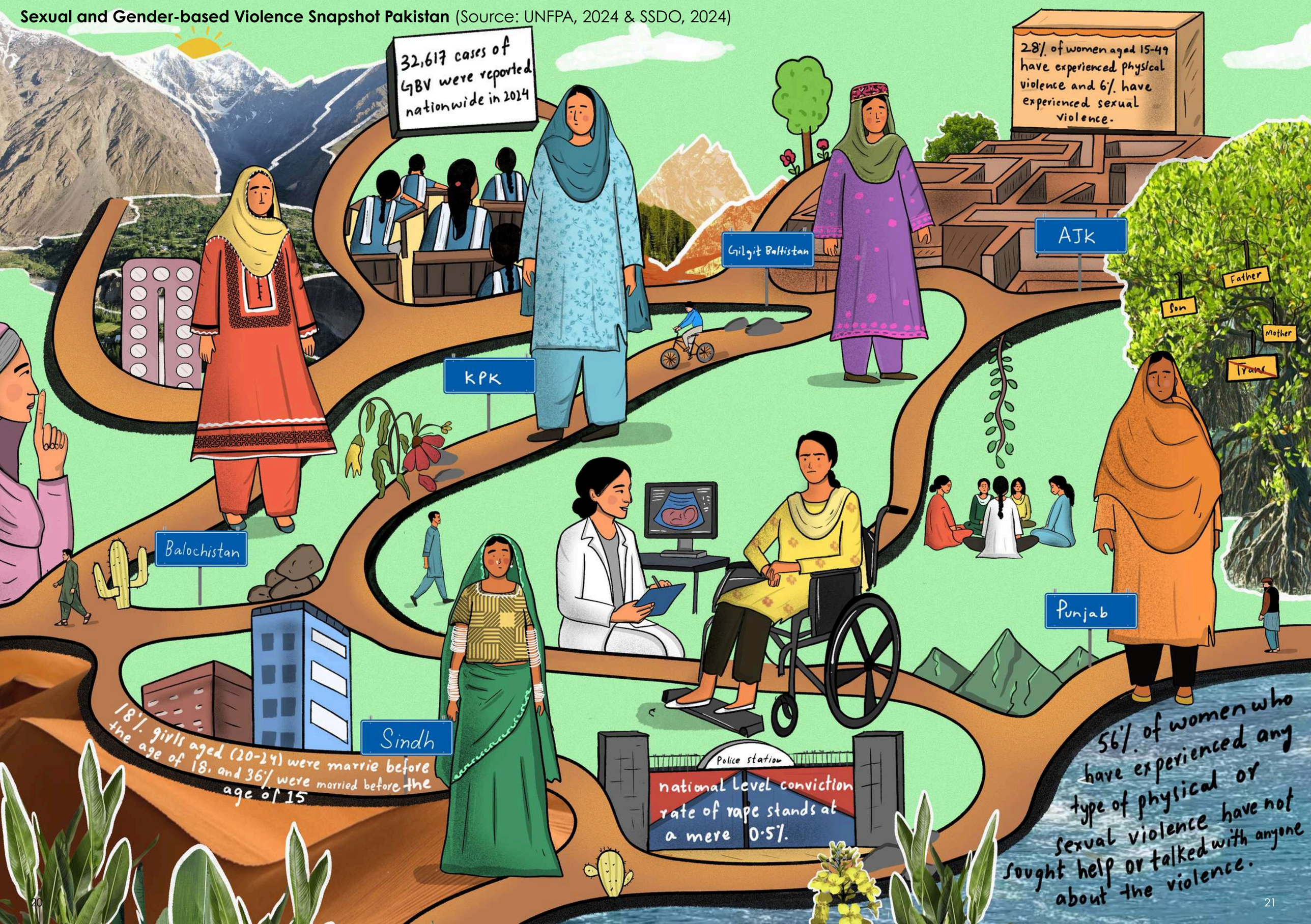
Recommendation: Enforce strict consent procedures and embed survivor-led oversight in maternity and childbirth services, alongside acknowledging intersectional and layed forms of gender-based violence.



Lived Data Insight: Community workshop participants described the transformative power of information in classrooms, how every conversation that replaces shame with knowledge becomes an act of cultural repair.

Recommendation: Integrate age-appropriate SRHR education in schools and train women and trans community educators as facilitators.

Sexual and Gender-based Violence Snapshot Pakistan (Source: UNFPA, 2024 & SSDO, 2024)



Lived Data Insight: Survivors are prevented from reporting or seeking help due to family pressure, "honour" norms, shame, and lack of access and trust in police and medico-legal systems.

Recommendation: Develop integrated, multi-sectoral GBV response district-level hubs bringing together medico-legal aid, psychosocial care, shelter services, and referral pathways under one coordinated, survivor-centered system.

Lived Data Insight: Women and transgender persons reported being unsafe everywhere, with digital spaces escalating harassment and triggering offline violence.

Recommendation: Strengthen multi-sectoral prevention by addressing harmful gender norms, regulating digital harms, and training frontline institutions to respond to technology-facilitated violence using real survivor experiences.

"They celebrate us online, but subject us to violence in homes, hospitals, police stations and public spaces"

Lived Data Insight: Survivors described honour violence as a punishment for autonomy, especially for women and transgender persons.

Recommendation: Enforce strict accountability in honour-related crimes, prohibit coerced settlements, and dismantle informal justice structures that justify or negotiate such violence.

It is our responsibility to stand with survivors, ensuring they can safety & easily access the care, support & Justice they deserve!

Lived Data Insight: Survivors shared that when institutions, families, and communities work together with compassion and coordination, support becomes transformative, restoring safety, dignity, and confidence.

Recommendation: Formalise this progress by embedding survivor advisory groups within all key institutions to sustain and scale effective, survivor-centred practices.

We will make sure that you receive survivor centred support and care.

At first, the system broke me. Now, it has made me stronger

CHAPTER 1: INTRODUCTION

1.1 From Metrics to Movements: Reclaiming Sustainable Development Goal 5 as a Feminist Struggle in Pakistan

Pakistan was among the first countries to endorse the Sustainable Development Goals at the UN Summit in September 2015. The country reports progress through national and provincial SDG frameworks, planning instruments, and periodic reporting processes aligned with global indicators. However, for SDG 5, particularly Targets 5.2 (elimination of sexual and gender-based violence) and 5.6 (access to sexual and reproductive health and rights), official reporting largely prioritises the presence of laws, policies, and service structures, often expressed through percentages and indicators. What remains under-measured is the quality, accessibility, and safety of these systems as experienced by those they are intended to serve. **This report complements formal SDG monitoring by bringing survivor- and community-rooted evidence into the accountability landscape.**

Sustainable Development Goal 5 (SDG 5), which aims to "achieve gender equality and empower all women and girls," is often treated as one target among many. But from a feminist standpoint, however, it is a political reckoning: a demand to confront the violent architectures of patriarchy, colonisation, capitalism, and fundamentalism that shape every other development outcome. It is not merely about closing numerical gaps; it is about redistributing power, restoring justice, and reclaiming voice and dignity for wo men, girls, and gender-diverse people, especially those long excluded from systems of power.

While global progress is often celebrated through incremental improvements in maternal health, education, and representation, feminist movements remind us: **progress in statistics does not equal liberation**. Technocratic solutions and tokenistic representation have often failed to address the root causes of inequality, unpaid care work, sexual violence, economic disempowerment, reproductive injustice, and institutional erasure. In doing so, they risk depoliticising feminist struggles and turning transformative agendas into checklists.

In Pakistan, the story of SDG 5 is one of contradiction and resistance. Constitutional commitments and quota systems exist, but so do political inertia, structural patriarchy, religious extremism, and donor-driven superficiality. Girls may enroll in school, but patriarchal control still decides if they can stay, learn and continue their education. Contraceptive use may be on the rise, but true reproductive autonomy remains out of reach, mired in stigma, family surveillance, son preference, and the policing of women's bodies by men and the system. Laws against gender-based violence may exist on paper, but justice is elusive: convictions are rare, survivors are disbelieved, and institutions often re-traumatize the survivors instead of protecting them.

Gender equality in Pakistan is deeply stratified by geography, class, disability, and identity. Rural women face systemic exclusion. Trans and non-binary individuals are erased from data and denied rights. Women with disabilities navigate multiple forms of neglect. Across contexts, chronic underinvestment in care, justice, and community-led solutions has widened the gap between formal commitments and lived realities. Findings generated through **DASTAK Foundation's WUJOOD tool,** developed specifically for this report, predominantly reflect experiences of harm, exclusion, and institutional failure, underscoring the urgent need for survivor-centred, trauma-informed, and culturally responsive reforms in both GBV and SRHR systems.

To capture these realities, the analysis adopts a triangulated evidence framework, drawing on: (1) qualitative data from community members and survivors through interviews and facilitated discussions; (2) inputs from civil society organisations and service providers working across GBV, SRHR, disability justice, and transgender rights; and (3) secondary sources, including national legislation, policy frameworks, and available SDG-aligned indicators.

The global and country-level data are examined critically rather than taken at face value. Where such data exists, it is read alongside civil society documentation and lived experience to identify successes and gaps in coverage, implementation milestones, and patterns of systemic exclusion. This report does not aim to rank provinces or communities, nor does it reduce complex experiences of violence and access to numerical scores. Instead, it prioritises ethical rigour, contextual analysis, and survivor-centred evidence to strengthen accountability and inform more effective, equitable, and rights-based implementation of SDG 5.

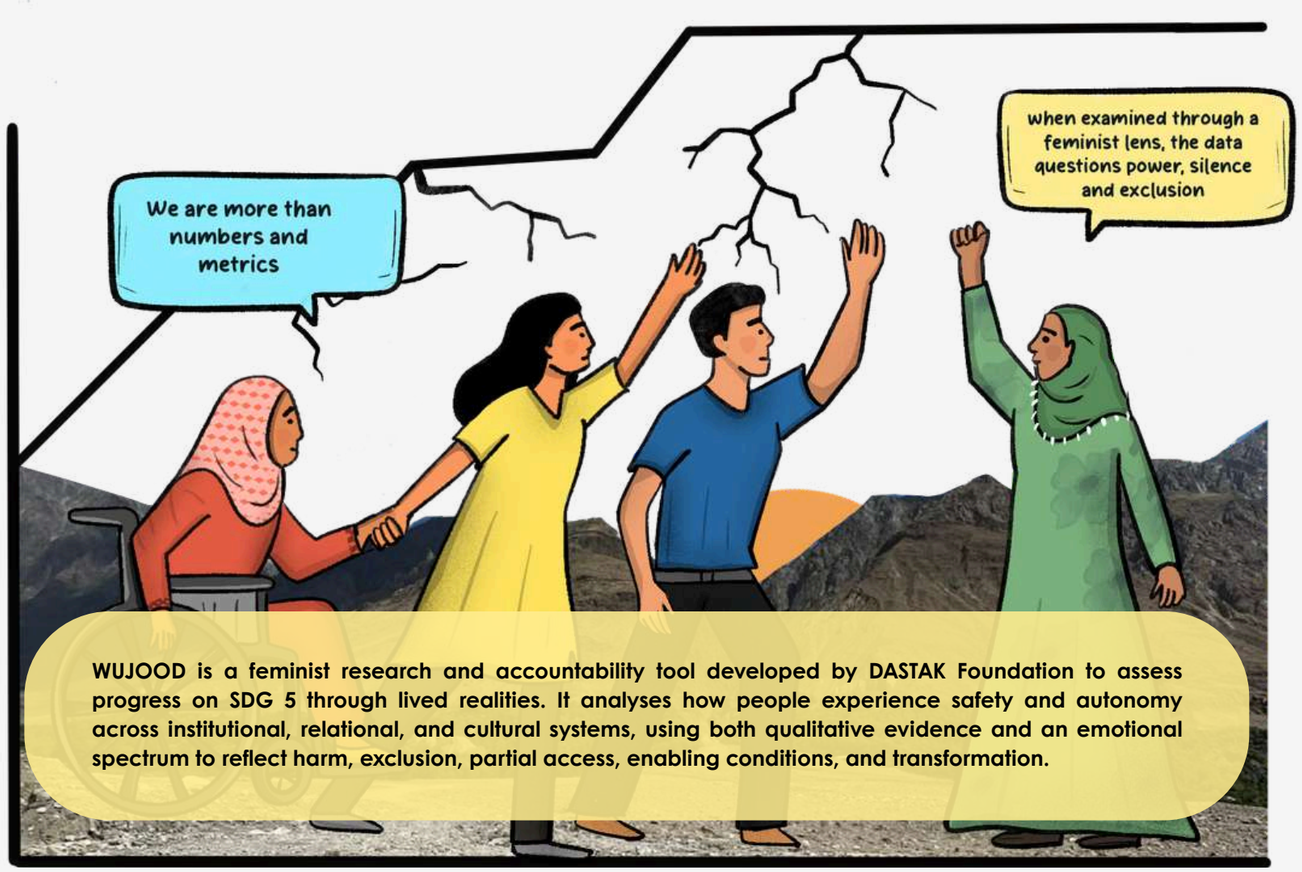
From this perspective, SDG 5 is not an end point, but an ongoing collective struggle, a journey toward a Pakistan free from violence and coercion. Advancing this agenda requires decolonised data systems, survivor-led accountability, intersectional policymaking, and feminist knowledge embedded across law, healthcare, education, climate resilience, and political governance.

Gender justice cannot be treated as an "afterthought" to development; it is foundational to all sustainable futures. This report is not just a presentation of data; **it is a reckoning with what the data conceals.** It centres the lives that are made invisible by national averages and development indices through participatory workshops with communities in low and high development index districts across all regions of Pakistan. It urges us to ask: **Whose stories are measured, and whose are silenced? Who gets to define progress, and who bears its cost?** Behind every statistic, counted or left behind, lies a struggle for dignity, autonomy, and justice. Let us approach SDG 5 not as a target to tick, but as a collective feminist movement to transform systems, uplift truths, and demand accountability. Let us now explore the current standing of SDG 5 in Pakistan as a movement for feminist transformation.

Scope of Reporting and Indicator Selection:

While Pakistan reports on multiple gender equality commitments under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action (BPfA), and the Sustainable Development Goals (SDGs), and produces substantial sex-disaggregated data across sectors such as education, health, labour participation, and political representation, data coverage remains uneven. Not all indicators are systematically reported, methodologically comparable, or available at sub-national levels.

In response, this report draws on a selected set of indicators aligned with SDG Targets 5.2 (elimination of sexual and gender-based violence) and 5.6 (sexual and reproductive health and rights and bodily autonomy). These indicators are analysed alongside qualitative evidence to assess not only gender parity, but also the quality of institutional response and the relational and cultural barriers shaping lived access and safety, as detailed in Chapter 2.



1.2 Pakistan's Story from a Gender Equitable Lens: What the numbers Reveal and Conceal

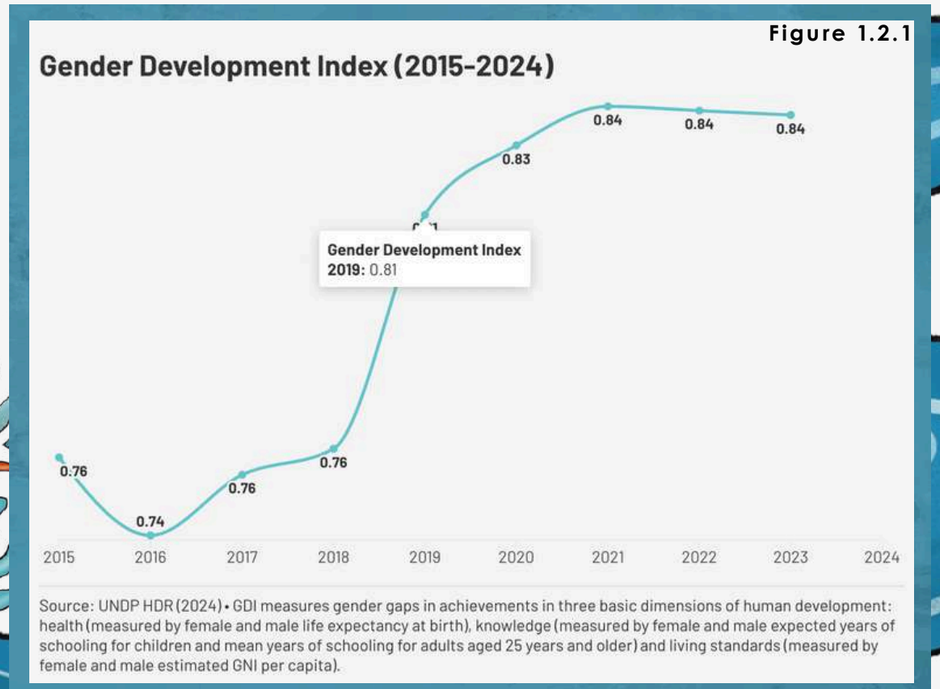
Data reflects meaning, but only when examined through a feminist lens that questions power, silence, and exclusion. In the following pages, we examine Pakistan's gender-disaggregated data not as passive facts, but as reflections of who holds power, whose lives are counted, and whose realities are made invisible. We weave a story of resilience amid restriction, of gaps that reveal power, and of systems that resist transformation.

These facts are not neutral. They carry the weight of history, of silence, of struggle. They show us not only where progress has occurred, but who has been left behind in Pakistan and why. The report also presents a story of resilience in the face of erasure and survival amid restriction.

As we examine national and provincial gender-disaggregated data across health, education, income, bodily autonomy, and political participation over the period of ten years, we ask: **What do these numbers make visible? And what do they continue to erase? How these numbers carry the weight of colonial legacies, patriarchal institutions and political neglect?** Let us begin by confronting the evidence, not as observers, but as witnesses to the work that still remains, as conveners of hope and collective responsibility towards our ancestors and community, and in solidarity with those it fails to represent.

The Gender Development Index (GDI), as reported by the UNDP Human Development Report (2024), presents Pakistan's progress in gender equality across life expectancy, education, and income, but its steady rise tells only part of the story. From a feminist lens, these numbers reflect surface-level gains that remain constrained by the unchallenged persistence of patriarchal system. The figure illustrates the gender equality trends in Pakistan across three critical dimensions of human development: health, education, and income, comparing female to male progress in life expectancy, years of schooling, and estimated GNI per capita. This GDI analysis suggests that while Pakistan has made progress in reducing gender gaps (as seen over the period of ten years), it has not significantly advanced gender equality in recent years. The persistent leveling of the index at 0.84 highlights that structural and systemic inequalities continue to constrain further progress. The stagnation reveals a deeper truth, a plateau in the index is not a pause in progress, it is a reflection of where formal development indicators hit a ceiling under patriarchal, extractive, and centralized systems. What the GDI cannot show, and what a feminist reading demands, is attention to the systemic factors that continue to limit bodily autonomy, equal pay, political representation, access to land, and freedom from violence. The narrow scope of health, education, and income fails to capture the complexity of gendered oppression or the collective labor of resistance. It does not account for a pandemic of gender-based violence, unpaid care

Figure 1.2.1

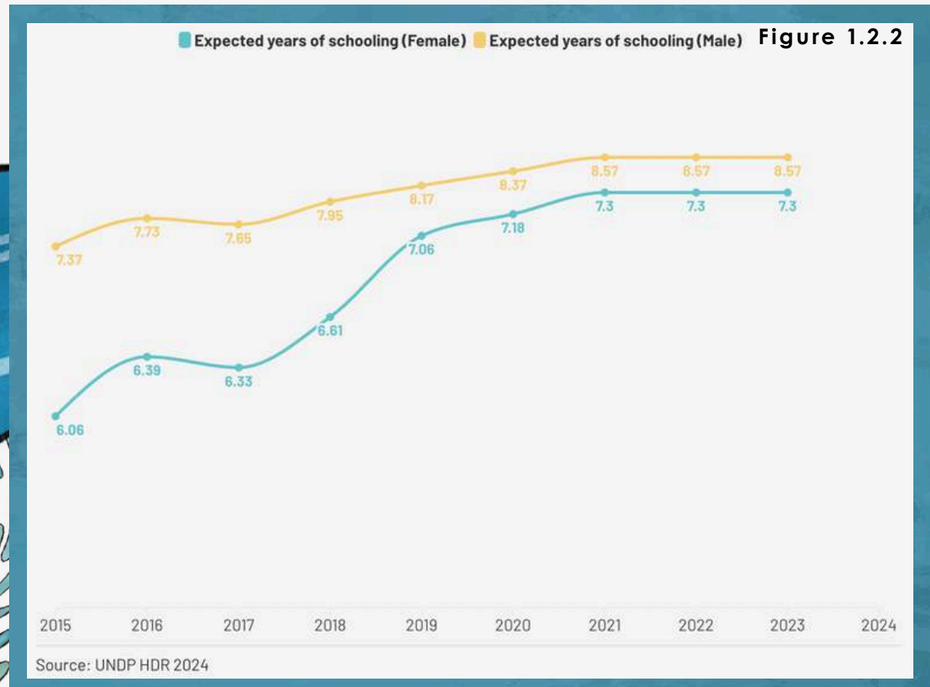


Source: UNDP HDR (2024) • GDI measures gender gaps in achievements in three basic dimensions of human development: health (measured by female and male life expectancy at birth), knowledge (measured by female and male expected years of schooling for children and mean years of schooling for adults aged 25 years and older) and living standards (measured by female and male estimated GNI per capita).

work, criminalized gender identities, climate vulnerability, or the absence of women in decision-making spaces. True gender development requires more than numbers; it demands intersectional justice, dismantling systemic biases, and centering the voices and needs of all women, not just those already counted.

According to the UNDP Human Development Report (2024), the expected years of schooling for males rose modestly from 7.4 years in 2015 to 8.6 years by 2020, maintaining that level through 2024. In contrast, the trajectory for females began significantly lower at 6.1 years in 2015, reflecting deep-rooted gender disparities in educational access. However, female expected schooling years improved markedly over the decade, rising to 7.3 years by 2020, where it plateaued through to 2024. While this narrowing gender gap in schooling expectations is encouraging, the data reveals a persistent

Figure 1.2.2

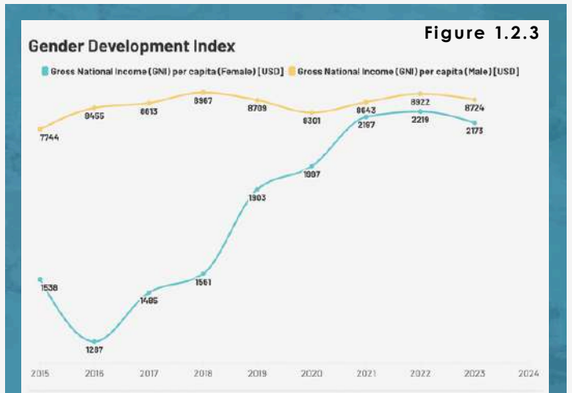


Source: UNDP HDR 2024

educational disadvantage for girls. The improvement in female schooling from 6.1 to 7.3 years indicates policy success in expanding girls' access to education, likely driven by targeted programs such as stipend-based enrolment schemes, school infrastructure improvements, and community awareness initiatives. However, the stagnation in progress after 2020 suggests that structural barriers remain, including poverty, child marriage, cultural norms discouraging female education, safety concerns, and underinvestment in rural girls' schools. Despite being closer to parity than in the past, the gap between 7.3 years for females and 8.6 for males reflects ongoing gender inequality in educational opportunity. Moreover, the national averages shown in the chart may obscure regional and socioeconomic disparities, where girls in provinces such as Balochistan, parts of Khyber Pakhtunkhwa, and rural Sindh may still face severe exclusion. Additionally, the data assumes linear trajectories but does not account for school dropout rates, early pregnancies, or lack of quality education, all of which disproportionately impact girls. Therefore, while the convergence in expected schooling years marks progress, it must be viewed within the broader context of intersectional barriers to education, calling for sustained, gender-responsive, and localized educational reforms to ensure every girl in Pakistan not only enters but completes meaningful schooling. The rise in expected years of schooling for girls in Pakistan reflects progress, but the continued gap with boys (and the plateau since 2020) highlights how patriarchal norms and structural inequities still inhibits girls' right to education. True educational justice demands more than access, it requires gender-transformative, intersectional reforms that ensure all girls not only enter school, but are able to learn, lead, and thrive.

The GNI per capita for males has remained significantly higher than that of females throughout the observed period, underscoring persistent economic inequality. In 2015, the male GNI per capita stood at USD 7,744, compared to only USD 1,538 for females (revealing a striking income gap of over fivefold). Over the next nine years, male GNI rose gradually to USD 8,922 in 2022, followed by a slight decline to USD 8,724 by 2024. In contrast, female GNI showed a slow but steady increase, rising to USD 2,219 in 2022 before dropping slightly to USD 2,173 in 2024. While the increase in female GNI over the decade from USD 1,538 to 2,173 represents progress, the absolute value remains alarmingly low, and the gender income gap remains structurally entrenched.

Figure 1.2.3

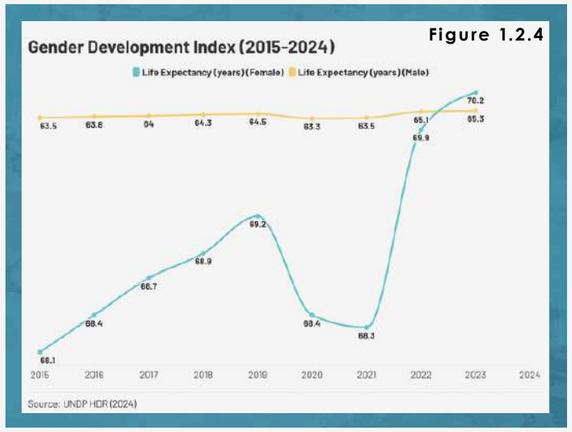


Cultural and institutional barriers such as mobility restrictions, care burdens, absence of sexual and reproductive health and rights, discriminatory hiring practices, and a lack of enforcement of equal pay; continue to limit women's economic empowerment in Pakistan. The slight decline in female GNI in recent years may also indicate the impact of macroeconomic instability, reduced employment opportunities post-pandemic, exacerbated climate crisis or sectoral shocks that disproportionately affect women (such as in informal or domestic work sectors) in Pakistan. Meanwhile, the plateauing of male income in recent years, despite minor fluctuations, signals broader economic stagnation. Although income levels alone do not fully capture autonomy, men continue to maintain higher access to financial resources compared with women. The persistence of gender income gap calls for targeted policy reforms to promote gender-inclusive labor markets, expand women's access to decent work, ensure pay equity, and strengthen social protection systems for women in vulnerable employment. The graph reflects structural denial of women's economic agency.

Without dismantling institutional inequalities and ensuring economic justice through transformative, gender-inclusive policies, Pakistan cannot achieve meaningful development or gender equality.

From a feminist perspective, the longer life expectancy of women in Pakistan may appear as a positive indicator, but it conceals deeper inequalities in quality of life, autonomy, and well-being. While

Figure 1.2.4



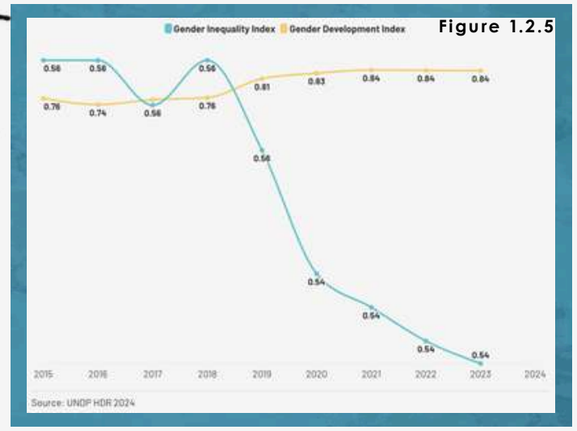
women live longer, they often do so with limited economic independence, heavy caregiving responsibilities, and reduced mobility. The pandemic-related dip and recovery in female life expectancy further emphasize how health shocks expose gendered vulnerabilities in access to care. True progress demands not only extending life but also transforming the conditions in which women live those additional years through equitable, gender-sensitive, and rights-based health systems.

The combined trends of the Gender Development Index (GDI) and Gender Inequality Index (GII) for Pakistan (2015–2024) by UNDP HDR (2024), offer a clear view of the country's progress in advancing gender equality across multiple dimensions (health, education, income, empowerment, and overall human development). The GII, where lower values represent better performance, shows stagnation at 0.56 from 2015 through 2019, followed by a gradual decline to 0.54 by 2020, and continued stability at this improved level through 2023. Meanwhile, the GDI, which measures parity in health, education, and income outcomes (with higher values indicating more gender-equitable development), began at 0.76 in 2015 and steadily improved, reaching 0.84 by 2020 and remaining stable at that level through 2024. This dual-index visualization highlights two critical dynamics. First, the GII's decline from 0.56 to 0.54 after 2019 suggests a moderate improvement in reducing

Before you read on, take a breathe. The numbers here represent lives, of people who endured, resisted, and sometimes were lost. We honour them with care, not speed.

gender-based inequalities; due to better access to maternal health services, increased female education levels, and growing labor force participation, though at limited rates. However, the limited numerical change also reflects the persistence of structural inequalities in political representation, reproductive autonomy, and

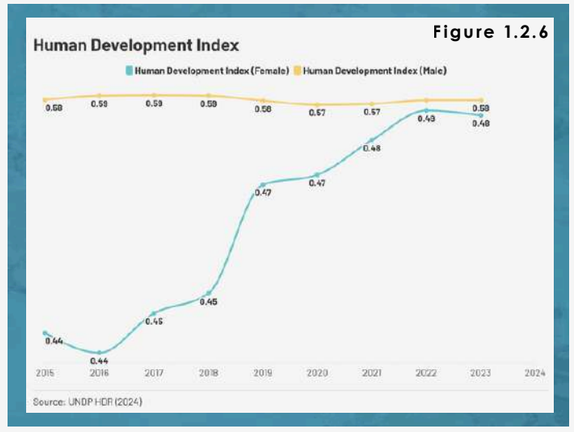
Figure 1.2.5



economic access for women. Second, the upward trajectory of the GDI from 2017 onward; especially its jump from 0.76 to 0.81 between 2018 and 2019, and subsequent rise to 0.84 indicates that women have made measurable gains in life expectancy, education, and income relative to men. However, the plateauing of both indices after 2020 implies that Pakistan has hit a performance ceiling under current policies and institutional arrangements, and further progress will require deeper structural and cultural transformation. Taken together, the chart reflects a disconnect between developmental gains and inequality reduction. While women's outcomes are improving in absolute terms (GDI), inequality in power and opportunity (GII) remains persistent. This suggests that gender parity in development does not automatically translate into gender justice or equal agency. The data calls for targeted interventions to dismantle systemic gender barriers (not just improve development outcomes) and to move from numerical equality to substantive, intersectional equity across regions, classes, and identities. The simultaneous rise in Pakistan's Gender Development Index (GDI) and stagnation in the Gender Inequality Index (GII) exposes a fundamental truth; better outcomes for women do not guarantee gender justice. While women may live longer, earn more, or study further in some parts of the country, they still face deeply entrenched inequalities in power, autonomy, and representation. The data reflects a system where women are developing within constraints, not breaking free from them. In order to to achieve progress towards SDGs it is essential to disrupt the systems that make inequality possible, to adapt intersectional change that dismantles patriarchal structures and center those whose voices have long been excluded from hope and development.

The gender-disaggregated trends in Pakistan's Human Development Index (HDI), over the period from 2015 to 2024, expose a stark and persistent reality: women continue to be structurally excluded from the foundational dimensions of development, health, education, and income. Throughout the years

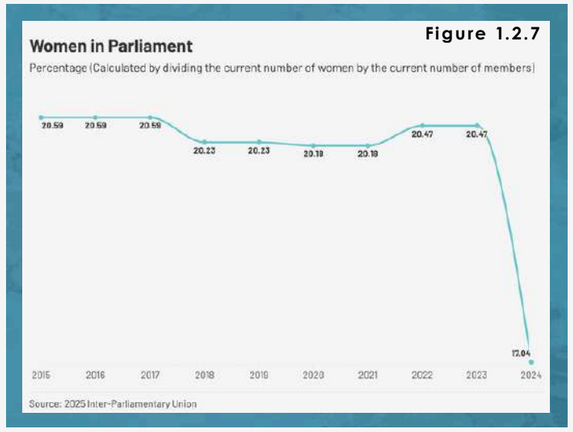
Figure 1.2.6



2015 to 2022, a consistent gender gap is observed in human development, with males having a significantly higher HDI than females. In 2015, the HDI for males stood at 0.579, while for females, it was notably lower at 0.437. Although the male HDI remained relatively stable (fluctuating slightly between 0.570 to 0.588) the female HDI showed a gradual but modest improvement, increasing from 0.437 in 2015 to 0.480 in 2022, indicating slow progress in female access to health, education, and income opportunities. Despite these incremental gains, the persistent gender gap between male and female HDI scores is a clear indicator of how patriarchal structures continue to shape who benefits from development and who remains excluded, **while no data exists on transpersons HDI.** Similarly, a major concern arises in 2023 and 2024, where the HDI values for both males and females sharply drop to 0.000. This steep and simultaneous decline is not indicative of actual development failure but clearly points to missing or unpublished data, reporting gaps, or disruptions in national-level monitoring mechanisms, it is an institutional silence, erasure of gendered realities. This discontinuity in data undermines the ability to assess gendered human development progress and weakens evidence-based policy planning.

It raises significant concerns about Pakistan's institutional capacity and political will to track SDG progress, especially regarding SDG 5 (Gender Equality) and SDG 10 (Reduced Inequalities). From a feminist perspective, the persistent gender gap in Pakistan's Human Development Index reflects deep structural barriers that continue to limit women's access to health, education, and income. While modest gains for women are visible, the consistently higher HDI for men signals that patriarchal systems still define opportunity and access. The complete data collapse in 2023 and 2024 is especially troubling; not just as a statistical failure, but as a political and institutional erasure of gendered realities. this moment demands more than restoration of data systems, it calls for **the decolonization of knowledge production, the democratization of data governance, and the reimagining of development from the margins inward.** Without this, the HDI will continue to reflect exclusion, not empowerment.

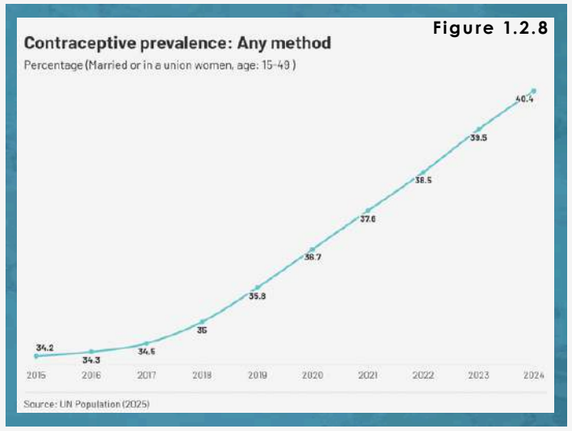
This exclusion from human development is mirrored and reinforced by women's limited presence in political decision-making spaces. Without substantive representation in parliament, women's ability to influence the systems that marginalize them remains restricted. As the following chart reveals, Pakistan's reliance on reserved quotas has produced only shallow gains, now further threatened by regression in 2024, underscoring the systemic resistance to women's political power. From 2015 to 2023, the representation of women remained



relatively stable, hovering around 20.5%, with minor fluctuations, as the chart reflects. For most of the decade, women held just over one-fifth of the parliamentary seats, a figure largely sustained by Pakistan's reserved seat quota system rather than direct electoral success. However, the most dramatic observation is the sharp drop in 2024 to 17.04 percent, marking a significant regression in female political representation. This decline raises serious concerns about the institutional and political commitment to gender parity in decision-making. The consistently low levels of women in parliament (even at its peak around 20 percent) fall far below the international benchmark of 30 percent commonly regarded as the minimum threshold for meaningful influence. Moreover, the data must be read in the context of symbolic vs. substantive representation. Even when women are present numerically, they often face structural barriers that limit their decision-making power, leadership roles, and autonomy within male-dominated political parties and legislative processes. **From a feminist perspective**, the reliance on quota systems, rather than structural inclusion, has left women's presence in governance fragile and symbolic rather than substantive. The recent most regression exposes the deep-rooted patriarchal control over political institutions and the lack of political will to ensure genuine gender parity. Without bold, feminist reforms that center agency, voice, and leadership, women's representation will remain tokenistic, and democracy will continue to serve patriarchy, not the people.

When women are excluded from decision-making spaces, their bodies often become the battleground for control rather than the center of rights. The decline in women's political representation is not just a democratic crisis, it directly impacts how resources are allocated, how girls, women and vulnerable groups are safeguarded from sexual and gender-based violence, which health priorities are advanced, and whose voices shape policy. The next chart, showing contraceptive prevalence among married or in-union women aged 15–49, reflects this connection between representation, political power and reproductive autonomy. While the rise from 34.2 percent in 2015 to 40.4 percent in 2024 indicates growing access and awareness, it also exposes how patriarchal norms, underfunded healthcare, and male-dominated decision-making continue to limit full reproductive freedom for the majority of women in Pakistan.

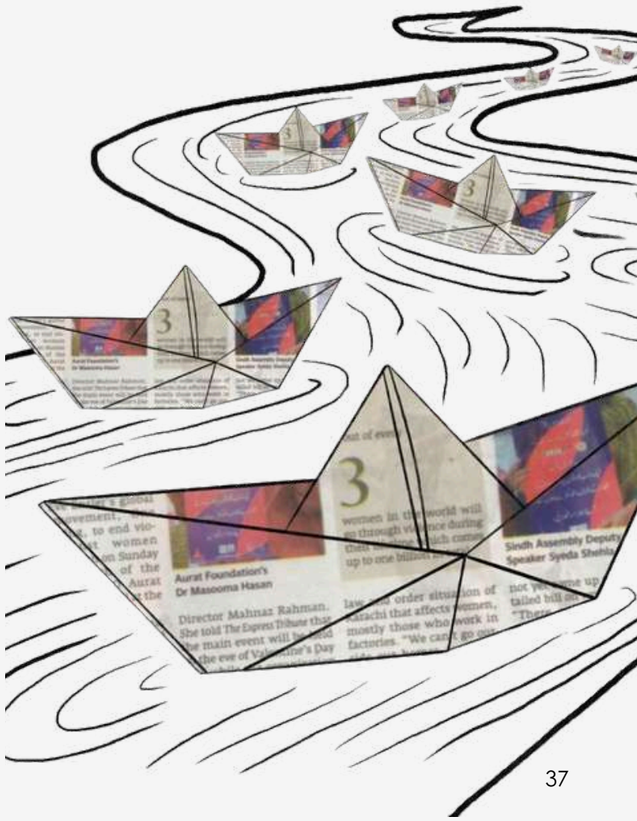
From a feminist perspective, the fact remains that nearly 60 percent of women still lack access or agency in using contraception, pointing towards persistent patriarchal control, healthcare inequities, and cultural silencing around women's choices. The data reflects not just policy gains but also the unfinished struggle for reproductive justice, demanding gender-transformative approaches that center women's voices, lived realities, and freedom to make informed decisions. This struggle for autonomy cannot be separated from the lived realities of girls, women and gender diverse groups, the control over sexual and reproductive health is often enforced through violence, coercion and fear.



Sexual and gender-based violence is not an isolated crisis; it is structurally entangled with the denial of bodily autonomy, and reinforces the very barriers that limit access to contraception, choice, and care. Addressing reproductive justice therefore requires confronting not only service gaps, but the systems of power that sanction violence and suppress consent.

The 2024 mapping of gender-based violence in Pakistan by Sustainable Social Development Organisation (SSDO) presents a province-wise analysis of rape, honor killings, kidnapping/abduction, and domestic violence across Punjab, Sindh, Khyber Pakhtunkhwa (KP), Balochistan, and Islamabad Capital Territory (ICT). The data doesn't include cases from Azad Jammu and Kashmir and Gilgit-Baltistan. The figure gives a quick glimpse at this pandemic of gender-based violence widespread across the country with extremely low conviction rates. It exposes the scale of a national crisis rooted in patriarchy, impunity and institutional failure. The mapping reported a total of 32,617 cases of GBV were reported nationwide in 2024. 5,339 incidents of rape, 24,439 incidents of kidnapping/abduction, 2238 incidents of domestic violence, and 547 cases of honor killing recorded in 2024. Despite these alarming figures, conviction rates remain critically low across all provinces. From a feminist and gender justice lens, these are not just numbers, they are stories of silenced survivors, normalized violence, and systemic denial of justice. The national level conviction rate of rape stands at a mere 0.5 percent, while honor killings also see only 0.5 percent convictions. Kidnapping/abduction cases have an even lower conviction rate of 0.1percent, and domestic violence cases, though higher, still only result in convictions 1.3 percent of the time. These statistics point to a justice system not only failing women, girls, and trans persons, but actively reinforcing a culture where violence is tolerated, dismissed, or excused. From a feminist perspective, the epidemic of GBV in Pakistan is both a form of gendered social controland a failure of the state to guarantee fundamental rights. The law may exist, but the justice system is often a site of revictimization. Real change demands a radical transformation of how violence is addressed, one that centers survivors, dismantles impunity, ensures access to gender-sensitive justice, and transforms power relations at every level, ensuring that no one is left behind.

FThe data is not just a metric, it is memory, recognition, and a tool for justice. The erasure or absence of gender-disaggregated data silences the realities of women, girls, and gender-diverse people, undermining accountability and reform. Pakistan must urgently restore and decolonize its gender data systems, ensuring they are participatory, intersectional, and survivor-informed. Without this, claims of progress on gender equality remain incomplete and disconnected from lived realities. **To make gender justice visible and actionable, we must now turn to how SDG 5 is unfolding across provinces and regions in Pakistan, where the gaps, resistances, and possibilities are shaped not only by policy but by power, place, and identity.**



Legal Identity and Civic Participation (Table 1.3.1)

Province	NADRA Registrations			Voter Registration Data		Voter Turnout	
	M	F	T	M	F	M	F
				Reported and calculated in percentage			
KP	19.32 million	17.55 million	128	54.38	45.62	46.6	30.9
Balochistan	4.72 million	4.01 million	90	56	44	45.5	37.4
Sindh	23.21 million	20.67 million	531	54.03	45.97	47.1	39.7
Punjab	60.8 million	56.5 million	2087	53.20	46.80	55.4	47.5
GB	430,075	408,329	1	54	46	-	-
AJK	2.62 million	2.54 million	16	-	-	-	-

M stands for Male; F stands for Female; T stands for Transgenders; N/A means data isn't available

Source: NADRA, 2025 for *NADRA Registrations (all provinces)*, Election Commission of Pakistan, 2025 for *Voter Registration Data (all provinces)*, Free and Fair Election Network 2024 for *Voter Turnout (KP, Balochistan, Sindh, Punjab, GB)* and Free and Fair Election Network & Trust for Democratic Education and Accountability, 2020 for *Voter Turnout (GB)*

Employment and Economic Inclusion (Table 1.3.3)

Province	Employed				Unemployed			
	Overall	M	F	T	Overall	M	F	T
KP	8.44 m	82.30 p	17.7	0.003	3,899,146	58.70	41.27	424
Balochistan	3.62 m	70.87 p	29.12	0.004	1.94 m	53.40	46.50	0.02
Sindh	15.7 m	79 p	20.97	0.01	4.37 m	55.30	44.60	0.03
Punjab	37.78 m	80.27 p	19.71	0.02	8.39 m	50.50	49.40	0.04

M stands for Male; F stands for Female, T stands for Transgender Individuals, m stands for million, p stands for percent, N/A means data isn't publicly available

Note: For AJK, Labor Force Survey 2017-2018 reports that 52.30 percent individuals are employed and 10.30 percent individuals are unemployed, no recent data is available. For GB no formal data exists on the Pakistan Bureau of Statistics, 2023.

Source: Pakistan Bureau of Statistics, 2023a

Sexual and Reproductive Health and Rights (Table 1.3.5)

Province	Maternal Mortality Rate (per 100,000 live births)	Modern Contraceptive Prevalence Rate (Percent)
KP	165	43.2
Balochistan	298	13.5
Sindh	224	37.4
Punjab	157	44.7
GB	157	36.3
AJK	104	29.3

UNFPA, 2020 for MMR (all provinces), Pakistan Bureau of Statistics, 2021 for mCPR (all provinces)

1.3 BEYOND THE NATIONAL STORY: FEMINIST INSIGHTS INTO PROVINCIAL (IN)EQUALITY

Education (Table 1.3.2)

Province	Literacy Rate (percent)				OOSC – School-age (percent)			
	Overall	M	F	T	Overall	M	F	T
KP	51.09	65	37	44.67	37.49	29	46	0.002
Balochistan	42	51	33	24.97	57.97	53	64	0.006
Sindh	58	64	50	37.45	46.29	42	51	0.004
Punjab	66	72	60	41.30	26.98	26	28	0.011
GB	53	66	42	-	22	20	24	-
AJK	77.8	88.9	68.2	-	-	-	-	-

M stands for Male; F stands for Female, T stands for Transgender Individuals, OOSC stands for Out of School Children, N/A means data isn't available

Source: Population Census, 2023, Pakistan Bureau of Statistics, 2023a

Political Participation and Governance (Table 1.3.4)

Province	Total Seats in the Assembly	Reserved for Women	Judicial Representation (Percentage)	
			Subordinate Judiciary	High Court
KP	145	26	25	0
Balochistan	65	11	12	0
Sindh	168	29	14	4
Punjab	371	66	18	3
GB	33	6	20	0
AJK	48	5	12	0

Source: Pakistan Institute of Legislative Development and Transparency, 2024 Total and Reserved Assembly Seats (KP, Sindh, Balochistan, Punjab); Azad Jammu % Kashmir Council, n.d. for Total and Reserved Assembly Seats for AJK; Gilgit-Baltistan Assembly, 2025 for Total and Reserved Assembly Seats for GB; Women in Law Initiative Pakistan, 2024 for Representation in subordinate judiciary and high courts (All regions)

Sexual and Gender-based Violence (Table 1.3.6)

Province	Registered GBV Cases				GBV Convictions			
	HK	Rape	KA	DV	Honor Killing	Rape	KA	HK
ICT	22	176	N/A	22	0	7	N/A	0
KP	134	258	943	446	0	1	1	0
Balochistan	32	21	185	160	1	0	0	25
Sindh	134	243	2645	375	0	0	0	0
Punjab	225	4641	20720	1167	2	20	16	3

HK stands for Honor Killing; DV stands for Domestic Violence, KA stands for Kidnapping and Abductions, N/A means data is not publicly available

Source: Sustainable Social Development Organization (SSDO), Provincial Analysis of GBV 2024

1.3 Beyond the National Story: Feminist Insights into Provincial (In)Equality:

While national-level commitments to gender equality under SDG 5 provide an overarching framework, the realities of women, girls, and gender-diverse persons across Pakistan's provinces tell a far more complex and uneven story. From legal identity and education to reproductive health, employment, and political participation, provincial disparities reflect how gender equality is shaped by place, power, and intersecting inequalities. This section offers an intersectional feminist analysis of provincial progress on SDG 5, exposing not only where gains have been made, but where systemic exclusions persist, particularly for those at the margins of geography, caste, and gender identity. Looking beyond national averages, this mapping reveals how gender justice is not only about what is promised in law, but what is lived in policy, budgets, services, and everyday realities, across each province and region of Pakistan.

1.3.1 Legal Identity and Civic Participation

Legal identity and civic participation are foundational to ensuring social inclusion and the realization of citizenship rights across Pakistan. However, gender disparities in documentation and political engagement continue to persist across provinces and regions, as depicted in Table 1.3.1.

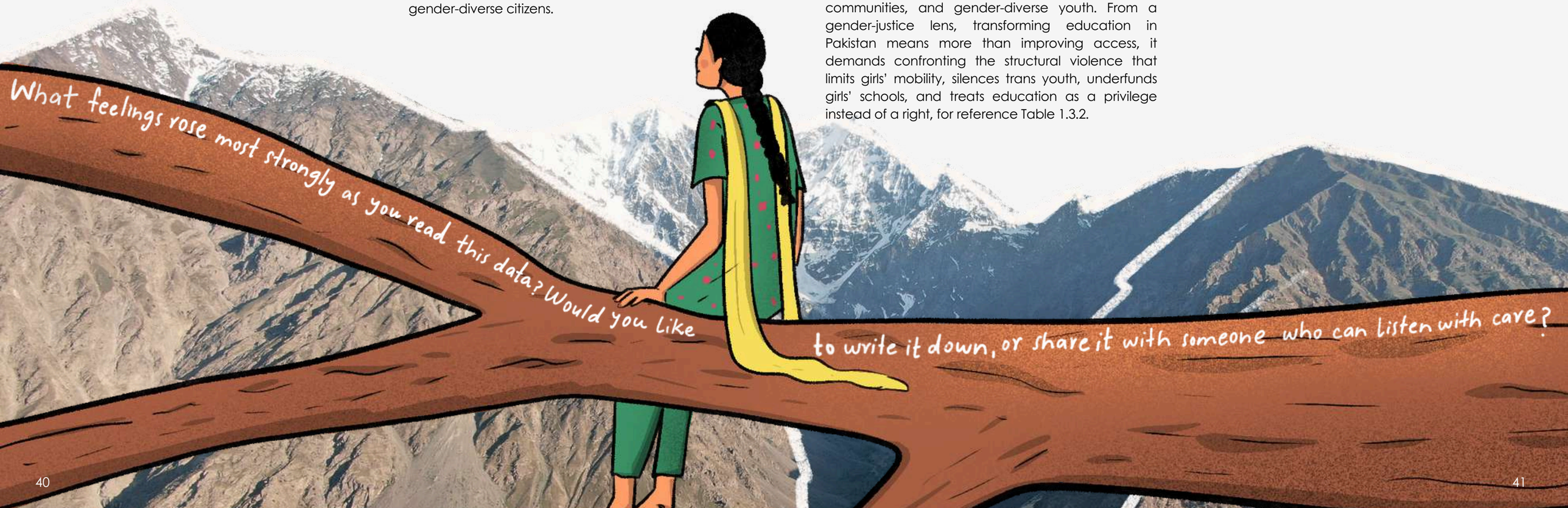
Legal identity and civic participation are not merely administrative milestones, they are gateways to citizenship, agency, and the right to be counted. Yet, across Pakistan, gender-disaggregated data reveals a persistent and structural exclusion of women and gender-diverse people from full civic recognition and participation. While millions of women are now registered with NADRA and included in electoral rolls, the data masks deeper inequalities that reflect both historical neglect and ongoing institutional gender bias. The marginalization of transgender citizens is even more severe. Across most provinces, their inclusion in both identity registration and voter rolls remains alarmingly low, with only 1 individual registered in Gilgit-Baltistan and just 16 in AJK. These numbers reflect not only under-documentation but also the erasure of trans existence within civic and electoral systems. Even in relatively better-performing provinces like Punjab and Sindh, where women's registration and turnout figures are higher, men still dominate civic spaces, indicating that legal inclusion does not automatically result in political empowerment. From a feminist and gender justice perspective, this data reflects more than a numeric shortfall, it represents a denial of voice, agency, and power. The inclusion must go beyond registration. It must address who feels safe to participate, who is heard, and who holds power. The civic equality requires targeted reforms: mobile CNIC services for women, accessible polling spaces, voter education in marginalized areas, and full legal recognition of gender-diverse citizens.

1.3.2 Education Disparities

The data on education across Pakistan's provinces reveals not only access gaps, but deep-rooted structural injustices that determine whose knowledge is valued, whose futures are prioritized, and whose rights remain deferred. In provinces like Khyber Pakhtunkhwa and Balochistan, where female literacy lags over at least 20 - 25 percentage points behind male literacy, the numbers reflect more than educational neglect, they expose the enduring grip of patriarchal norms, poverty, early marriage, insecurity, and weak state accountability. The out-of-school rates, particularly for girls in these regions (46 percent in KP and 64 percent in Balochistan), represent the systemic denial of girls' right to learn and participate in public life. These are not just educational failures, but political choices that maintain the gendered division of labor and control. Across all provinces, transgender learners remain nearly invisible in the data, a reflection of how cisnormativity, discrimination, and policy blindness render gender-diverse children educationally erased. Even in provinces like Punjab and AJK, where literacy indicators are higher, gender parity remains incomplete, especially at secondary levels where dropout rates for girls increase sharply. While Sindh and GB report moderate female literacy, the persistence of high out-of-school rates signals that education reforms have not adequately reached the most marginalized i.e., rural girls, working-class communities, and gender-diverse youth. From a gender-justice lens, transforming education in Pakistan means more than improving access, it demands confronting the structural violence that limits girls' mobility, silences trans youth, underfunds girls' schools, and treats education as a privilege instead of a right, for reference Table 1.3.2.

1.3.3 Employment and Economic Inclusion:

The stark gender disparities in employment across Pakistan's provinces reveal that economic participation remains deeply unequal, stratified by gender, geography, and identity, as shown in table 1.3.3. In regions like KP and Balochistan, where women make up less than 30 percent of the employed population and hold only a fraction of paid jobs or employer roles, the data reflects more than underrepresentation, it reveals how structural patriarchy, unpaid care burdens, limited mobility, and workplace discrimination continue to restrict women's economic agency. The near-invisibility of transgender individuals in formal employment (as low as 0.002 percent) underscores the systemic erasure of gender-diverse people from labor markets altogether, shaped by stigma, legal precarity, and social exclusion. Even in provinces with relatively larger labor markets like Punjab and Sindh, women's access to paid, secure, and leadership roles remains minimal, with men overwhelmingly dominating employer and decision-making positions. These statistics expose a labor market that is not only unequal but actively structured to uphold male privilege and exclude women and gender-diverse individuals from economic power.



1.3.4 Political Participation and Governance

Despite constitutional guarantees and reserved quotas, women's political representation across Pakistan remains largely symbolic, concentrated in reserved seats rather than general elections. Provinces like Khyber Pakhtunkhwa and Balochistan show particularly low female representation in decision-making roles, with judiciary participation being minimal as well. While Punjab and Sindh have relatively better infrastructure and quotas, women still struggle to transition into leadership positions beyond tokenistic inclusion. Gilgit-Baltistan and Azad Jammu & Kashmir reveal similar trends, legal frameworks exist, but women candidates remain rare, and gender parity in judicial institutions is virtually absent. The overall picture underscores that while quotas have opened doors, patriarchal norms, limited electoral access, and structural barriers continue to exclude women and gender-diverse persons from full participation in governance. We must understand that achieving true gender parity requires shifting beyond representation to inclusive, substantive leadership and decision-making power, table 1.3.4.

1.3.5 Sexual and Reproductive Health and Rights (SRHR)

Pakistan's SRHR policies remain largely uniform across provinces and territories, with subnational frameworks closely aligned with federal strategies. Pakistan's sexual and reproductive health and rights (SRHR) framework is guided largely by the National IRMNCAH&N Strategy (2016–2020), which integrates reproductive, maternal, newborn, child, and adolescent health with nutrition services. These strategies prioritize female-centric health education, social mobilization, and the use of lady health workers (LHWs), community midwives (CMWs), and volunteers to improve family planning, maternal nutrition, and disease prevention. They also bring conditional cash transfers, health insurance schemes, and subsidies for pregnant and lactating women into the universal health coverage (UHC) benefit package. Additionally, the National Standards and Guidelines for Uterine Evacuation and Post-Abortion Care (2018) clarify abortion-related services by authorizing misoprostol, mifepristone, and manual vacuum aspiration (MVA) for trained midwives, LHWs, and lady health visitors (LHVs), with mandatory post-treatment contraceptive counseling. Services are integrated into UHC and available in public and NGO-run facilities, with provider refusal overridden in emergencies to ensure lifesaving care. However, abortion remains framed as treatment for complications from unsafe procedures, with no policy-level discourse on safe abortion as a reproductive right.

At the subnational level, provincial health sector strategies emphasize strengthening primary healthcare systems, expanding family planning services, and addressing maternal and infant mortality. Punjab's Health Sector Strategy (2019–2028) and Sindh's Health Sector Strategy (2012–2020) prioritize measures such as couple-based postings, hardship allowances, and housing for female paramedics, CMWs, and LHWs to ensure service availability in underserved areas. Similarly, Balochistan's Health Sector Strategy (2018–2025) and Gilgit-Baltistan's Health Sector Strategy (2013–2018) focus on ongoing professional development and quality improvement. Across provinces, IRMNCAH&N strategies (2016–2020) integrate reproductive, maternal, newborn, child, and adolescent health with nutrition interventions, including food supplementation for pregnant and lactating mothers. Some strategies recognize adolescents as a distinct SRHR group, pledging school-based programs and the formulation of an Adolescent and Youth Health Strategy, as seen in Khyber Pakhtunkhwa (KP) and Azad Jammu and Kashmir (AJK).

While medico-legal services and public–private partnerships are occasionally mentioned in the context of SGBV, these are not systematically integrated with family planning, maternal care, or post-abortion counseling. Furthermore, while IRMNCAH&N strategies contain some gender-related indicators, they are not systematically linked to SGBV response, reproductive autonomy, or gender-sensitive service pathways. Gender budgeting is absent, and financial coverage for family planning, post-abortion care, or adolescent services remains unspecified or subsumed under general UHC categories without clear allocations or tracking systems. No provincial or federal strategy references sexual consent, sexual agency, or comprehensive sexuality education, highlighting persistent gaps in Pakistan's SRHR policy framework.

Sexual and reproductive health and rights (SRHR) are fundamental to gender justice, enabling not only bodily autonomy and informed choice but also access to dignity, well-being, and equal citizenship. Yet across Pakistan, SRHR remain an uneven, exclusionary, and deeply politicized terrain. Provincial disparities in maternal mortality and contraceptive access reflect not only infrastructural gaps but structural violence shaped by patriarchy, poverty, militarization, colonial governance logics, and institutional neglect. In Balochistan, where the maternal mortality rate stands at a staggering 298 per 100,000 live births and over half of facilities provide no family planning services, women's bodies are left at the margins of care and at the center of abandonment. Here, reproductive health is not only underserved, it is actively de-prioritized. The statistics need to be viewed as a symptom of a gendered social contract that has long excluded women and gender-diverse people from rights and a life of dignity. Even in relatively better-performing regions like Punjab and KP, where contraceptive uptake are comparatively higher, access does not automatically equal empowerment. Uptake is often mediated by male gatekeepers, provider bias, religious conservatism, and embedded shame. The success of Punjab's SRHR indicators, for example, masks widespread limitations in adolescent health services, sexual education, and postnatal care, especially in low-income and rural communities. In Sindh and GB, urban-rural divides underscore how class, geography, and ethnicity shape access to even the most basic reproductive services, while rising maternal mortality in GB despite service infrastructure exposes a failure of quality, not just quantity.

That said, there have been important steps forward in other sectors. Women have significantly benefited from the Sehat Sahulat Card program, with over 464,000 female beneficiaries in 2024, reflecting the Government of Khyber Pakhtunkhwa's commitment to maternal and reproductive health (The Chief Minister's Secretariat, Khyber Pakhtunkhwa, 2025). In **Sindh**, the province's Integrated Reproductive, Maternal, Newborn, and Child Health (RMNCH) workforce shows a more structured and substantial female presence compared to other provinces. In 2022, this included 20,001 Lady Health Workers and 692 Lady Health Supervisors providing preventive health services across all 30 districts of Sindh (Lady Health Workers Program Department Govt of Sindh, n.d.). Similarly, while **Punjab** has operational laws and growing SRHR infrastructure, female staffing across governance structures remains low. Gains in service delivery have not yet shifted institutional composition or leadership parity. The gender responsiveness of enforcement bodies and local administration remains an area for deep reform. As of 2022, there were 10,066 Sexual and Reproductive Health and Rights (SRHR) service centres operating in the province. These centres reached approximately 5.72 million beneficiaries, a 29.1% increase from the previous year, highlighting expanded access to essential health services. In terms of government workforce participation, women make up 16% of non-gazetted staff. Among gazetted staff, women hold 40% of positions at the provincial level and 30% at the district level, indicating varying levels of representation across administrative tiers. Additionally, the Integrated Reproductive, Maternal, Newborn, and Child Health (IRMNCH) programme employed a workforce of 47,762 personnel in 2022, playing a vital role in supporting public health outcomes across the province (Punjab Commission on the Status of Women Development Department, 2023).

On the contrary, the near-total absence of transgender and intersex persons in reproductive data reflects a cisnormative public health system that continues to invisibilize gender-diverse experiences. This erasure is not incidental, it is systemic. It deprives sexual and gender minorities of not only healthcare access but also the language, dignity, and documentation necessary to assert their reproductive needs. SRHR systems across Pakistan continue to function within patriarchal frameworks treating women as reproductive vessels and men as silent decision-makers, while excluding anyone who falls outside these categories. A feminist vision of reproductive justice in Pakistan must go beyond increasing service uptake. It must center freedom, safety, informed consent, pleasure, and care. It must confront coercive population control narratives, end punitive restrictions on abortion and sexuality education, and ensure that women and gender-diverse people can access SRHR services without surveillance, stigma, or dependency on male permission.It also demands decolonizing public health, investing in community-led models of care, integrating sexual rights into policy frameworks, and holding institutions accountable to those they have historically marginalized.

1.3.6 Sexual and Gender-Based Violence (SGBV)

Pakistan has enacted several key national-level laws to address sexual and gender-based violence (SGBV) and strengthen accountability. The Criminal Law (Second Amendment) Act (Offense of Rape) 2016 introduced important reforms in the definition and punishment of rape, while the Anti-Rape (Investigation and Trial) Act 2021 used gender-sensitive terminology, clearly stating that not resisting does not mean consent. The Zainab Alert, Response and Recovery Act (ZARRA) 2020 established a coordinated mechanism for reporting and recovering missing and abducted children. However, provinces do not have clear roles, hindering cooperation between jurisdictions. Legal frameworks like the Transgender Persons (Protection of Rights) Act 2018 recognize gender identity, but do not address domestic violence, abandonment of trans children, or protection of trans sex workers. and protection for transgender individuals. The Protection Against Harassment of Women at the Workplace (Amendment) Act 2022 broadened the definitions of "workplace" and "harassment", including gender-based discrimination and a wider range of workers.

Khyber Pakhtunkhwa has developed both policies and laws addressing women's empowerment and SGBV. The Women Empowerment Policy 2015 outlines the province's strategic approach to gender equality, promoting rural women's participation in various sectors. The Khyber Pakhtunkhwa Commission on the Status of Women Act 2016 established a commission that can advise the government on issues of gender inequality and monitor the implementation of laws related to women's rights, To prevent systemic discrimination, the Khyber Pakhtunkhwa Protection Against Harassment of Women at the Workplace Act 2018 requires employers to create Inquiry Committees and Codes of Conduct. The Domestic Violence Against Women Act 2021 accounts for acts of violence like stalking, wrongful confinement, and criminal force, while also providing protective measures and legal recourse for survivors of domestic violence.

Balochistan has instituted a set of laws to tackle gender-based violence and improve institutional protections. The Balochistan Domestic Violence (Prevention and Protection) Act 2014 and its implementing rules of 2021 strengthen support for survivors. It establishes Protection Committees and Protection Officers to help the complainant. Legal frameworks such as the Balochistan Protection Against Harassment of Women at the Workplace Act 2016 and its Rules 2018 target harassment. Similar to KP, they mandate the establishment of Inquiry Committees and Codes of Conduct by employers. The Balochistan Commission on the Status of Women Act 2017 established a commission that focuses on systemic advocacy for gender equality.

Sindh's legislative framework includes targeted measures to protect women, children, and informal workers. The Sindh Commission on the Status of Women Act 2015 led to the establishment of an autonomous body for advancing women's empowerment. The Sindh Child Marriage Restraint Rules 2014 criminalize child marriages and provide trauma-informed care and shelter to underage girls forced into marriages. The Sindh Domestic Violence (Prevention and Protection) Act 2014, which recognized different forms of abuse like cyber and psychological, constituted protection committees and protection officers. The Sindh Home-Based Workers Act 2018 ensured the protection and registration of women workers by requiring contributory health and social security funds.

Punjab has taken significant legislative steps to improve protections for women and girls. The Punjab Protection Against Harassment of Women at the Workplace Act 2012 set out preventive and punitive measures for workplace harassment. The Punjab Commission on the Status of Women Act 2014 established a statutory body to address gender inequality, and the Punjab Protection of Women Against Violence Act 2016 includes domestic, sexual, economic, cyber, and psychological abuse. It established rehabilitation and protection centers, introducing mechanisms such as protection orders and shelters to safeguard women facing violence.

In AJK, the Child Rights (Care and Protection) Act 2016 provides a framework for safeguarding children. It includes juvenile justice, and criminalizes child trafficking and forced child marriages. Additionally, it is supported by a government-funded Child Protection Fund. However, legislation does not account for financial aid for the survivors' well-being. The Act also does not include disability or minority protections. The Domestic Violence (Prevention and Protection) Act 2020 uses a broad definition of violence, encompassing threats, economic abuse, and verbal harassment. It provides protective mechanisms for survivors while also appointing protection officers and protection committees for legal recourse.

GB has enacted protective measures such as the Protection Against Harassment of Women at the Workplace Act 2013, which has no documented amendments since its enactment. Although it requires the creation of Inquiry Committees and Codes of Conduct, lax implementation of the laws has been a major concern in recent years. Many drafts for pro-women laws have been pending for years in the GB assembly, including bills to stop child marriages, prohibit domestic violence against women, and the Women Protection Bill (Nagri, 2025).

Addressing gender-based violence, an essential part of SDG 5.2, is critical for ensuring women's safety, dignity, and equal participation in society. Sexual and Gender-based violence in Pakistan is not only widespread, it is systemic, normalized and deeply embedded within patriarchal structures that devalue women, girls and gender-diverse persons. The provincial data on sexual and gender-based violence paints a grim picture of everyday violence, from rape and honor killings to domestic abuse and force abductions, that is both a violation of fundamental human rights and a reflection of broader gender hierarchies. The highest number of reported cases from Punjab present a chilling paradox i.e., more cases do not imply more safety or strengthened access to justice.

On the contrary, they only signal towards better reporting mechanisms as the conviction rates stay abysmally low. The 13.4 rapes, 59.9 kidnappings, and 3.4 domestic violence cases per 100,000 women underscore not only the scale of violence but also the silence of the law, the complicity of institutions, and the absence of transformative justice (SSDO, 2024).

The provincial governments have taken measures to strengthen access to justice for sexual and gender-based violence survivors (SGBV) i.e., the Government of Khyber Pakhtunkhwa (KP) has established various Victim Support Desks (VSDs), Women Desks, and Gender Desks aimed at ensuring sensitive handling of cases. As of 2024, the province has 10 Victim Support Desks and 65 combined Women and Gender Desks, along with 10 women shelter homes and 1,277 women police personnel across the province (The Chief Minister's Secretariat, Khyber Pakhtunkhwa, 2025). KP currently also operates ten shelter homes (Darul Amans) across key districts to provide immediate safety and support for women and girls at risk or affected by gender-based violence. (The Chief Minister's Secretariat, Khyber Pakhtunkhwa, 2025). The Peshawar High Court has also appointed 35 judicial officers across Khyber Pakhtunkhwa to oversee Gender-Based Violence (GBV) cases, ensuring improved access to justice for survivors. Notably, 20 percent of these officers are women. (The Chief Minister's Secretariat, Khyber Pakhtunkhwa, 2025). Similarly, Balochistan Commission on the Status of Women (BCSW) has been involved in the establishment of Anti-Rape Crisis Centers (Balochistan Commission on the Status of Women (BCSW), 2024). The establishment of crisis centers is an achievement.

However, a feminist reading of this data helps us in understanding the structural nature of this violence, reproduced by gender-blind policies, male dominated legal systems and systemic neglect of survivor-centered care. In the context of Pakistan, SGBV cannot be separated from the politics of gender and geography. In GB and AJK, where officially fewer cases are recorded, the issue is not absence but erasure and invisiblization, a result of underreporting, social stigma and inaccessible justice system. Importantly, transgender individuals remain invisible absent from the statistics.

A feminist and survivor-centered response must confront this entrenched ecosystem of violence not with token reforms but through transformative justice, community accountability, and radical shifts in power. This includes fully funding survivor services, expanding protection beyond urban centers, mandating gender-sensitivity training for law enforcement and judiciary, and most importantly, listening to and centering the voices of those most impacted, not as passive recipients of aid, but as agents of justice and policy transformation. The fight against SGBV is not simply about prosecution or punishment. It is about reimagining safety, dignity, and freedom for all, from the courtroom to the kitchen, from the shelter home to the street.

1.3.7 Climate Justice as Gender Justice: The Missing Link in Provincial Equality

While the provincial snapshot of SDG 5 reveals gender gaps in identity, education, SRHR, employment, safety and political participation, these inequalities do not exist in isolation. Climate change acts as a force multiplier, deepening gendered vulnerabilities while rendering existing development gains fragile. Across Pakistan's provinces, environmental disruptions disproportionately affect women, girls, and gender-diverse persons, particularly those engaged in subsistence livelihoods, care work, and informal sectors. From loss of livelihoods and water stress to displacement, early marriage, and gender-based violence during climate emergencies, the environmental crisis threatens to undo the gains made on SDG 5. A gender-just approach to SDG 5 must therefore be climate-responsive, embedding resilience, recognition, and redistribution in both mitigation and adaptation efforts. Without this integration, the promise of SDG 5 remains fragile, especially for those living on the frontlines of both gender inequality and environmental crisis.

In **Khyber Pakhtunkhwa**, climate change, through floods, droughts, glacial melt, and extreme weather, has caused severe human and economic losses. These environmental disruptions deepen existing gender inequalities, especially in agriculture, food security, health, and disaster resilience. Rural women, particularly those involved in subsistence farming and unpaid care work, are disproportionately affected as unpredictable weather threatens food production, water resources, and income (The Chief Minister's Secretariat, Khyber Pakhtunkhwa, 2025). In **Balochistan**, gender-sensitive approaches have been integrated into the Balochistan Climate Change Policy, which includes provisions related to gender-based violence, maternal health, and child marriage in disaster contexts. While the inclusion of gender considerations is commendable, the absence of clear implementation strategies and the lack of data on the effectiveness of these provisions suggest that gender-sensitive disaster response remains an area requiring significant improvement (Balochistan Commission on the Status of Women (BCSW), 2024).

Climate change in **Sindh** presents a range of environmental challenges that affect different

segments of the population in varying ways. Women and girls, particularly in rural areas, are more exposed to certain risks due to existing social and economic roles. The 2022 floods significantly impacted the province, with 23 out of 30 districts officially classified as calamity-affected and over 7.3 million people displaced. However, gender-specific vulnerabilities resulting from such events are not yet systematically addressed in climate adaptation strategies (Provincial Disaster Management Authority (PDMA) Sindh, 2023). Similarly, natural disasters like the 2005 earthquake and 2010 floods in **Azad Jammu & Kashmir**, severely disrupted forestry programs by diverting funds to emergency relief (Women Organizing for Change in Agriculture and Natural Resource Management (WOCAN), 2022).

Climate change in **Gilgit-Baltistan** has created uneven vulnerabilities, with women bearing a disproportionate share of the burden due to existing gender, class, and interrupted access to information. Studies have shown how climate-induced migration, livelihood disruptions, and disasters deepen inequality. In GB, flash floods and glacier lake outburst floods (GLOFs) have severely impacted women's economic activities and nutritional well-being, yet their indigenous ecological knowledge remains sidelined in disaster and climate policy (Farid, 2025). Climate change continue to pose significant challenges in **Punjab**, with disproportionate impacts on women and other vulnerable groups, particularly in relation to water security, health risks, and livelihood instability. During August and September, urban flooding damaged approximately 24,000 homes and affected 545,270 acres of land, underscoring the vulnerability of densely populated areas (Environmental Protection Agency, Punjab, 2024).

Climate change is not only an ecological crisis, it is a deeply gendered one. Across provinces, environmental degradation amplifies structural inequalities faced by women, girls, and gender-diverse persons, particularly in rural and climate-vulnerable regions. While the exclusion of women's ecological knowledge and lived experiences from formal climate governance reflects a broader pattern of policy erasure and epistemic injustice. A feminist climate justice lens insists that gender equality under SDG 5 cannot be achieved without transformative climate action that centers care, redistributes risk, and invests in women-led adaptation strategies. Without this integration, climate change will continue to function as a multiplier of gendered harm and institutional neglect.

If this section left you heavy, we see you. Grief is part of justice. Feel free to pause here. Come back with breath, with water, or with someone who can sit beside your reading

If you still don't feel better, before reading on

CHAPTER 2: FEMINIST MONITORING AS DISRUPTION: EXPOSING INJUSTICE THROUGH CENTERING COMMUNITIES

CHAPTER 2:

Feminist Monitoring as Disruption: Exposing Injustice through Centering Communities

The preceding analysis, the national and provincial snapshots, offer a grounded, intersectional view of how gender inequality is manifested across Pakistan's diverse geographies. Whether in access to documentation, SRHR services, employment, political participation, or protection from violence, the data reflects entrenched disparities not only between men, women and transgender individuals, but also across region, and gender identity. Climate shocks and environmental crises further compound these inequalities, disproportionately burdening women and marginalized genders with unpaid care, nutritional insecurity, health risks, and limited mobility. These disparities cannot be adequately understood through national averages or siloed indicators. They require **feminist monitoring**, a method that centers the lived realities of women, girls, and transgender individuals; that asks whose knowledge counts; and that interrogates the systems, relational, cultural, and institutional, that enable or inhibit access to rights. As we move into the final five years of the SDGs, feminist monitoring becomes essential not only to measure progress but to demand justice. It ensures that those most affected by SDG 5.2 and 5.6 are not merely counted, but heard. The report at hand, building upon the analysis responds to the central question: **How do relational, institutional, and cultural factors shape access to bodily autonomy, freedom from violence, and reproductive justice in Pakistan?** Drawing from the theoretical insights of Galtung's violence triangle and Heise's socio-ecological framework, we analyze gender inequality as a system, one that is perpetuated not only through direct harm but also through neglect, omission, and normalized silences. This approach enables us to move from fragmented statistics to a holistic, embodied understanding of what gender equality requires, and why feminist, care-centered, and decolonial approaches are key to achieving it.

2.1 Research Question: How do relational, institutional, and cultural factors impact access to bodily autonomy, freedom from gender-based violence, and sexual and reproductive health and rights (SDG 5.2 and 5.6 respectively) in Pakistan, and what systems determine the lived realities of those most impacted?

2.2 Research Objectives

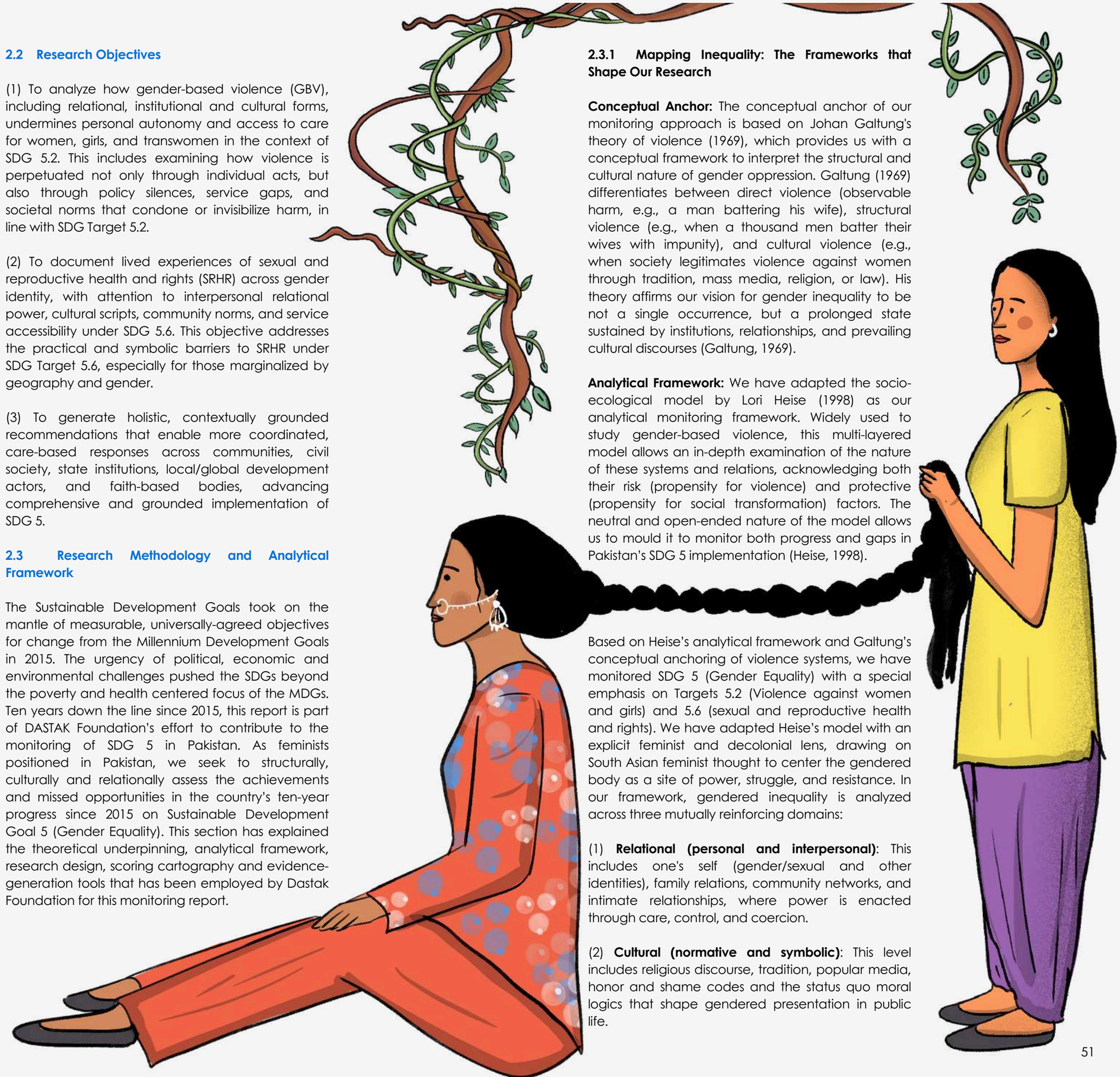
(1) To analyze how gender-based violence (GBV), including relational, institutional and cultural forms, undermines personal autonomy and access to care for women, girls, and transwomen in the context of SDG 5.2. This includes examining how violence is perpetuated not only through individual acts, but also through policy silences, service gaps, and societal norms that condone or invisibilize harm, in line with SDG Target 5.2.

(2) To document lived experiences of sexual and reproductive health and rights (SRHR) across gender identity, with attention to interpersonal relational power, cultural scripts, community norms, and service accessibility under SDG 5.6. This objective addresses the practical and symbolic barriers to SRHR under SDG Target 5.6, especially for those marginalized by geography and gender.

(3) To generate holistic, contextually grounded recommendations that enable more coordinated, care-based responses across communities, civil society, state institutions, local/global development actors, and faith-based bodies, advancing comprehensive and grounded implementation of SDG 5.

2.3 Research Methodology and Analytical Framework

The Sustainable Development Goals took on the mantle of measurable, universally-agreed objectives for change from the Millennium Development Goals in 2015. The urgency of political, economic and environmental challenges pushed the SDGs beyond the poverty and health centered focus of the MDGs. Ten years down the line since 2015, this report is part of DASTAK Foundation's effort to contribute to the monitoring of SDG 5 in Pakistan. As feminists positioned in Pakistan, we seek to structurally, culturally and relationally assess the achievements and missed opportunities in the country's ten-year progress since 2015 on Sustainable Development Goal 5 (Gender Equality). This section has explained the theoretical underpinning, analytical framework, research design, scoring cartography and evidence-generation tools that has been employed by Dastak Foundation for this monitoring report.



2.3.1 Mapping Inequality: The Frameworks that Shape Our Research

Conceptual Anchor: The conceptual anchor of our monitoring approach is based on Johan Galtung's theory of violence (1969), which provides us with a conceptual framework to interpret the structural and cultural nature of gender oppression. Galtung (1969) differentiates between direct violence (observable harm, e.g., a man battering his wife), structural violence (e.g., when a thousand men batter their wives with impunity), and cultural violence (e.g., when society legitimates violence against women through tradition, mass media, religion, or law). His theory affirms our vision for gender inequality to be not a single occurrence, but a prolonged state sustained by institutions, relationships, and prevailing cultural discourses (Galtung, 1969).

Analytical Framework: We have adapted the socio-ecological model by Lori Heise (1998) as our analytical monitoring framework. Widely used to study gender-based violence, this multi-layered model allows an in-depth examination of the nature of these systems and relations, acknowledging both their risk (propensity for violence) and protective (propensity for social transformation) factors. The neutral and open-ended nature of the model allows us to mould it to monitor both progress and gaps in Pakistan's SDG 5 implementation (Heise, 1998).

Based on Heise's analytical framework and Galtung's conceptual anchoring of violence systems, we have monitored SDG 5 (Gender Equality) with a special emphasis on Targets 5.2 (Violence against women and girls) and 5.6 (sexual and reproductive health and rights). We have adapted Heise's model with an explicit feminist and decolonial lens, drawing on South Asian feminist thought to center the gendered body as a site of power, struggle, and resistance. In our framework, gendered inequality is analyzed across three mutually reinforcing domains:

(1) **Relational (personal and interpersonal)**: This includes one's self (gender/sexual and other identities), family relations, community networks, and intimate relationships, where power is enacted through care, control, and coercion.

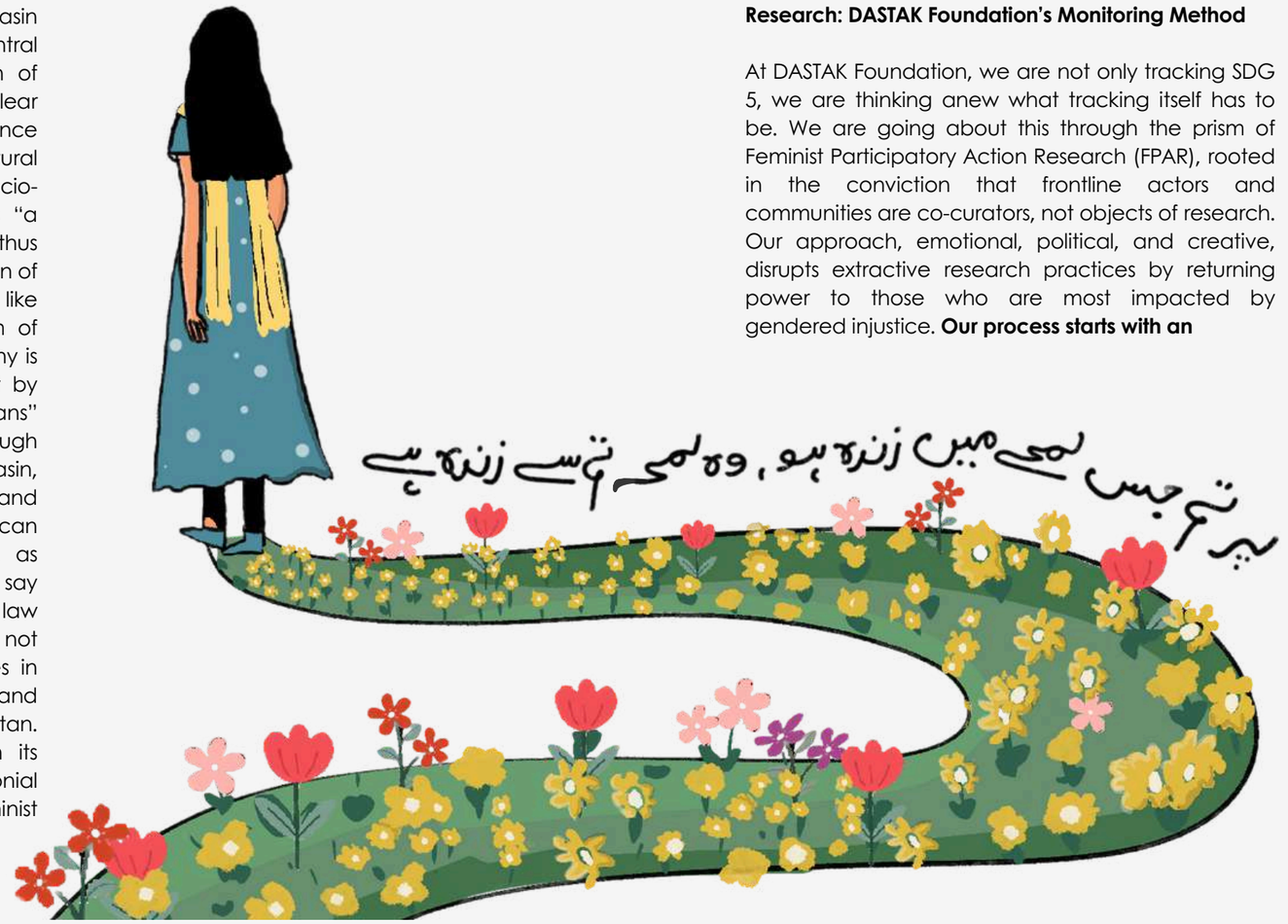
(2) **Cultural (normative and symbolic)**: This level includes religious discourse, tradition, popular media, honor and shame codes and the status quo moral logics that shape gendered presentation in public life.

(3) **Institutional/Structural (policy, law, and systems)**: This refers to state policies and laws, service delivery systems, and national and international development structures that shape or mitigate gendered inequality and oppression.

We have emphasised that these domains co-constitute one another, where change is rarely linear and often interconnected. This calls for holistic interventions across domains for meaningful change and transformation. For example, the presence of institutional support structures (e.g. GBV shelter homes) without cultural and relational shifts in autonomy, honor and shame may not translate into access of support for survivors. Our analysis has thus not simply looked at the existence of reforms and institutions, but rather asked how they are felt, resisted, enacted, or undermined at the level of the gendered person.

2.3.2 SDG 5 Monitoring through Feminist Epistemology: To deepen this model, we have anchored our epistemological adaptation into the understanding of the body as a contested site of gendered power through feminist political economy and South Asian feminist theory, which critique the root systems that enable and sustain gendered violence. We position ourselves with Kamla Bhasin who explicitly calls out the patriarchy as the central social system enabling control and oppression of gendered bodies and lives through the nuclear household, labour systems, the state, violence exercised by men, sexual orientation and cultural institutions (Bhasin, 2017). Unlike Heise's socio-ecological model, Bhasin centers violence as "a central organizing structure of patriarchy," thus enabling us to not simply remain within the domain of institutional systems and cultural institutions like religion or media, but rather the meta system of patriarchy. Bhasin's political clarity that "patriarchy is not a curse from the gods, but a system built by humans, and therefore changeable by humans" guides our monitoring of gaps and progress through a transformative rather than fatalist mindset (Bhasin, 2017). We build our method, design, tools, and questions with the hope that this monitoring can capture holistic systematic change processes, as Bhasin says: "You can't just educate one girl and say the work is done. If the media, religion, and the law are still telling her she's less than a man, we are not free" (Bhasin, 2020). Finally, we situate ourselves in Rubina Saigol's postcolonial reading of debates and strategies around women's movement in Pakistan. Saigol helps us read Pakistan's culture within its historical, religious, ideological, political, post-colonial and geographic contestations. She notes: "Feminist and women's rights consciousness in Pakistan has historically been shaped in response to national and global reconfigurations of power including colonialism, nationalism, dictatorship, democracy and the Global War on Terror (GWoT)" (Saigol, 2016). Thus, her work invites us to ask not only whether institutional reforms exist, but whether they meaningfully disrupt the gendered hierarchies embedded in Pakistan's unique cultural and political imaginaries.

We center patriarchy as the overarching system of violence that sustains gendered inequality, while staying grounded in Pakistan's unique histories and sociopolitical realities. We carry out the monitoring across relational, cultural, and institutional domains, using Galtung's theory to name the structures of violence, and Heise's model to identify where systems hold risk or potential for transformation. Intersectionality deepens every layer of our analysis, reminding us that progress cannot be claimed where the most marginalized remain unseen or excluded. Echoing through it all is the spirit of resistance voiced by feminist thinker and poet Fehmida Riaz, reminding us that this report is not only an audit, but also an act of dissent, solidarity, and feminist insistence on justice:



As a feminist and survivor-led network from Pakistan, our monitoring is not a disengaged exercise from lived experiences of real people, it is an act of reclaiming the human voice in the bureaucracies of development sectors. We do this work using care-centred Feminist Participatory Action Research (FPAR) not merely as a methodology, but as a political affirmation to place those impacted the most at the center. The SDGs, while universally celebrated, tend to simplify justice into a checklist, leveling lived experience into numbers, unmooring pain from history, and blurring the rage, love, and sorrow that make resistance possible. Our efforts at DASTAK Foundation are part of a broader, feminist reimagining of what accountability can look like: one rooted in people as a whole, not just objective evidence; in colored expression, not just mere numbers; in critique, but also in joy and celebration. We are not here to tick the SDG boxes, we are here to reveal the human interconnectedness of all systems. Through our FPAR community activities, we humanize SDGs monitoring and engage communities, institutions not to merely reply to our questions, but to set the terms of the monitoring with us.

2.3.3 Care-centred Feminist Participatory Action Research: DASTAK Foundation's Monitoring Method

At DASTAK Foundation, we are not only tracking SDG 5, we are thinking anew what tracking itself has to be. We are going about this through the prism of Feminist Participatory Action Research (FPAR), rooted in the conviction that frontline actors and communities are co-curators, not objects of research. Our approach, emotional, political, and creative, disrupts extractive research practices by returning power to those who are most impacted by gendered injustice. **Our process starts with an extensive literature review to determine high-level progress, opportunities, and gaps. These are then taken into community workshops through focus group discussions (FGDs) and key informant interviews (KIIs) to enable grounded, relational understanding of how these gaps and progress are felt.** Workshops with various community actors secure validation and clarification for such gaps, investigating structural limitations, political demands, or cultural rationalisations.

This methodology prioritises collective meaning-making through embodied practices, emotions, and stories as data, subverting hierarchies of power in meaning-making and situating marginalised voices at the forefront as co-creators of meaning. It also critically probes structural absences, silences, informal truths, and contradictions within data, attempting to reimagine understanding through innovative, interactive care centred FPAR approaches like storytelling, coloured artistic expression, embodied practice, and healing spaces. Significantly, the method does not seek quantitative objectivity for validation but emphasises contextually guided and ethical approaches to working with communities or interviewees as knowledge holders and producers. Communities are encouraged to self-map and self-interpret visually the multi-dimensional issues they are dealing with, with self-determination in making meaning according to the FPAR practice.

In addition, every community workshop throughout DASTAK Foundation's care centred FPAR process is not only a place for data collection, it is a place of transformation. Every session is designed with its own context-specific change goal, so that the experience is transformative for participants, not extractive. For instance, a workshop on gender-based violence (GBV) is deliberately structured as a healing space, offering collective care, and community solidarity, thereby modeling the kind of justice we seek to document. This helps us ensure that social change is not something we write about post facto, but something we start implementing right within the workshop.

2.3.4 SDG 5: Thematic Focus, Theory of Change, and Data Collection Framework

The focus of this monitoring report is SDG-5 (Gender Equality) with a particular focus on 5.2 and 5.6. For analytical purposes, we have dissected SDG-5 into two thematic categories: Gender-based Violence (5.2) and Sexual and Reproductive Health and Rights (5.6). While other cross-cutting and sub-targets (notably 5.4 on unpaid care work) are interwoven into the broader narrative, with Targets 5.2 and 5.6 serving as the central pillars of analysis.

Figure 2.1

5.2

Gender Based violence

(Theory of change)

Target	Indicator	Description
5.2	5.2.2	Proportion of women and girls aged 15+ subjected to sexual violence by persons other than an intimate partner in the past 12 months

Desk Review

Review of national and provincial laws, policies, GB legislation, and GBV helplines.Public reports by the state, COs, INGOs, and UN databases

Target	Indicator	Description
5.2	5.2.1	Proportion of women and girls aged 15+ subjected to physical, sexual or psychological violence by a current or former intimate partner in the past 12 months

IF

Harmful cultural practices and social norms around gender roles and identities are challenged effectively across all levels and skateholders of society

AND

The state has enough political will for gender equitable lawmaking and resources for their implementation in an inclusive and survivor-centric way as well as accountability measures for transparency.

THEN

Gender- based violence can be prevented, and survivors can access justice and healing on their own terms

Cultural

Prevailing narratives around honor, shame, victim-blaming; social norms around masculinity, femininity and gendered agency mainstreamed through religion, media and other institutions.

Relational

Power dynamics in intimate/familial/ community settings; survivor's ability to disclose; survivor's ability to retain dignity after disclosure; community and peer support networks, rights-based discourse

KIIs (CSOs) (INGOs)

Legal Aid Society, Rural Support Network Pakistan, Shirkat Gah, Da Hawwa Lur, Danesh, Khwendo Kor, NOWPDP, Sahil, Homenet Intl, The Awakening

Workshops (Community)

Women 15-59; Transgenders 15-59 Men 15-59 In each workshop we had at least one person who was married before 18, one person with two or more children, person with disability, survivor of GBV, homemaker, formal labor force working person

Institutional

Existence and enforcement of inclusive survivor-centered laws: child marriage laws; availability of shelters, helplines, legal aid, psycho-social support, spiritual support: police and judicial training: availability of women and transwomen in leadership of legal, political and justice systems.

Note: The names of INGOs and selected CSOs haven't been disclosed becasue of privacy concerns.

5.6

SRHR

(Theory of change)

Target	Indicator	Description
5.6	5.6.2	Number of countries with laws and regulations that guarantee full and equal access to SRH care, information, and education

Desk Review

Review of national and provincial SHR policies, population policies, contraceptive and abortion access laws, national maternal health programs reports, national HIV/AIDS reports, and national/ provincial SE frameworks.
Public reports by the state, CSOs, INGOs, and UN databases

Target	Indicator	Description
5.6	5.6.1	Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care

IF

the state has enough political will for rights-based, inclusive SRHR policies and resources for stigma-free and quality services

AND

KIIs (CSOs) (INGOs)

Aahung, WANG Balochistan, Khawaja Sira Society, Dareecha, Baham, Ipas

Institutional

Policy inclusion of contraception, abortion, maternal care, HIV/AIDs care and hospifal youth SRHR: funding and service availability and stigma free delivery; provider training

THEN

Individuals will make informed, empowered decisions about the sexual and reproductive lives.

Cultural

Beliefs and stigma around sexuality, menstruation, fertility, abortion, HIV/AIDs; silence and shame in public discourse and education systems.

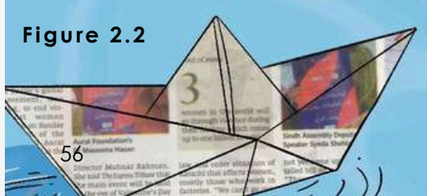
Re lati onal

Decision-making power within households: spousal/parental control; confidentiality and consent in provider-patient relations, comprehensive sexuality education, rights-based media discourse and education system

Workshops (Community)

Women 15-59; Transgenders 15-59; Men 15-59
(In each workshop we had at least one person who was married before 18, one person with two or more children, person with disability, survivor of GBV, homemaker, formal labor force working person)

Figure 2.2



Note: The names of INGOs and selected CSOs haven't been disclosed becasue of privacy concerns.

(iii) WUJOOD (Wheel to Unfold Journeys of Justice, Oppression and Dignity) Design and Validation

DASTAK Foundation designed WUJOOD tool, accompanied with a qualitative survey instrument for data collection, guided by our analytical and conceptual anchoring, for the community workshops and key informant interviews. WUJOOD was presented to Women Enviornment Human Rights Defenders (WEHRDs) from across Pakistan in May 2025. This feminist process of validation was not merely about piloting tools; it was a co-creation space where those most affected by intersecting crises informed the monitoring framework itself. Their lived experiences informed the framing, language, and priorities of the tools, ensuring the research is grounded, inclusive, and based on community realities.

WUJOOD Spectrum and Scoring: Instead of reducing gender equality advances to a single index or numeric ranking, we have created spectrum scorecards for the SDG-5 indicators for GBV and SRHR, disaggregated over three interdependent systems: institutional, relational, and cultural. For data gathering we have employed a circular, color-coded, spectrum model, whereby:

Tool: In a radial wheel, each axis is one system: Institutional, Relational, Cultural, figure 2.1

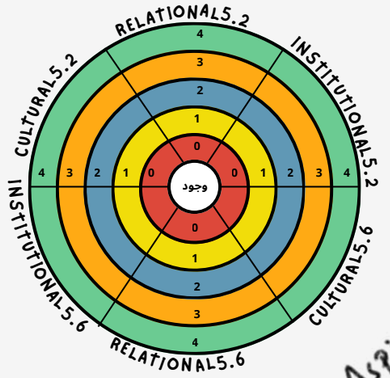
Function: The length of the axis will reflect the score (0–4, figure 2.2):

- 0 (Red) - Active Harm – Reproduces harm or silences agency
- 1 (Yellow) - Isolated Response – Exists on paper or in limited reach
- 2 (Blue) Partial Presence, Unequal Reach – Policies/services/norms exist but not equitably or safely accessible
- 3 (Orange) Supportive Response – Functioning systems that many can access without harm
- 4 (Green) Transformative – Actively undoes harm and facilitates autonomy

Result: The shaded spectrum shows how the systems contribute to the SDG 5.2 and 5.6 theory of change.

Analysis: If all three domains are at high scores, the system is synergistically aligned, i.e., cultural, structural, and relational conditions are together supporting gender justice and health justice. But if, for instance, institutions are scored at 3, whereas relational and cultural domains are at 1, the system can be technically functional but relationally disempowering, a situation where services are available but autonomy, consent, and dignity are out of reach.

Figure 2.3



WUJOOD (WHEEL TO UNFOLD JOURNEYS OF JUSTICE, OPPRESSION AND DIGNITY)

We are not asking "what score did the system get" but rather **"what does the shape and colour of the spectrum tell us about where change is clustered or fragmented".**

Figure 2.3 (b)

2.3.5 Data Collection Methods

(i) Secondary Data:

A thorough and targeted literature review formed the foundation of this monitoring process by mapping key trends, gaps, and shifts in Pakistan's SDG-5 commitments from 2015 to 2024. This review drew on publicly available secondary data from government agencies, including the Pakistan Bureau of Statistics and Ministry of Human Rights, as well as UN datasets such as UNDP, UN Women's Gender Data Portal and UNFPA's SRHR indicators. Similarly, insights from National and Provincial Commissions on the Status of Women further informed our understanding of policy priorities and institutional responsiveness. These sources enabled a longitudinal reading of both progress and silence, revealing where political will has been exercised, where data remains missing, and how crises such as COVID-19 and the 2022 floods have uniquely shaped gendered vulnerabilities and development trajectories.

To ensure coherence with our conceptual and analytical frameworks, literature was selected based on its relevance to SDG Targets 5.2 and 5.6, its ability to speak to gendered power across institutional, cultural, and relational levels, and its grounding in feminist, intersectional, and decolonial perspectives. We prioritised resources that interrogated systems of patriarchy, structural violence, and reproductive injustice rather than merely describing service coverage or policy existence. The published academic research, government reports, civil society analyses, feminist scholarship, and community-rooted documentation were all included where they offered critical, context-specific insight into GBV, SRHR, bodily autonomy, and gendered inequality across Pakistan's provinces. Literature that erased or marginalised transgender persons, rural communities, low-income groups, or climate-affected populations was excluded unless it helped highlight the silences.

Importantly, the literature review did not simply map what is known, it highlighted what remains unmeasured, unspoken, or contested under institutional, cultural and relational domains, corresponding to SDG 5.2 and and SDG 5.6. By contrasting institutional narratives with civil society evidence and feminist analysis, the review exposed areas where narratives diverge, where data absence constitutes institutional erasure, and where socio-cultural dynamics undermine formal commitments. These findings, **analysed under Chapter 3**, directly informed the design of community workshops, key informant interviews, and monitoring instruments, ensuring that our care centred FPAR engagement builds upon existing evidence while intentionally responding to what is not captured in mainstream datasets. The results of this integrative process are further analysed in Chapter 4.

(ii) Primary Data:

Having mapped the structural landscape through secondary data, we now move to primary data collection to understand how these inequalities are lived, negotiated, and resisted on the ground, later analysed in **Chapter 4.** We conducted care centred FPAR-based (i) key informant interviews (KIIs) with international and nation civil society organisations and (ii) community workshops with **women, men and transgender individuals,** representing a diverse demographic composition, with significant inclusivity across gender, age, and geographic settings.

The **Key Informant Interviews** were conducted with **11 national civil society organisations and 2 international non-governmental organisations** working across gender-based violence, SRHR, legal empowerment, disability rights, and transgender rights. These organisations were selected for their deep-rooted presence in communities and their long-standing engagement with SDG 5.2 and 5.6 issues. Each KII was carried out using a semi-structured, feminist interview guide that encouraged reflection on institutional gaps, service delivery challenges, political barriers, cultural resistances, and opportunities for transformation. Interviews explored how GBV and SRHR systems are experienced in practice, where policies fail to translate into access, how climate and economic crises shape vulnerabilities, and how different populations, especially rural women, adolescents, gender-diverse persons, and survivors, navigate these systems. In line with FPAR principles, the interviews were designed as reciprocal knowledge-sharing spaces. The KIIs thus served as a bridge between structural analysis and community experience, ensuring that the monitoring framework reflects both systemic realities and practitioner wisdom.

While the KIIs offered critical system-level insights from organisations working at the forefront of SDG 5.2 and 5.6, they could not fully capture how these structural gaps are experienced by communities themselves. To understand the lived realities behind institutional promises and policy narratives, we complemented practitioner perspectives with direct community-level engagement across diverse districts. The 28 community workshops with 258 participants (95 men, 112 women and 51 transgenders) were conducted in districts selected on the basis of low and high Human Development Index (HDI) and Multidimensional Poverty Index (MPI), assessing access at its highest availability for the most marginalised. We have inquired whether proximity to institutions functioning at their highest relative level actually enables access. To complement our inquiry into whether proximity to high-functioning institutions enables meaningful access, we have deliberately turned to districts with the lowest scores on the Human Development Index (HDI) and Multidimensional Poverty Index (MPI) to examine the opposite end of the spectrum, contexts where institutional presence and service delivery are weakest. These workshops have: (1) Explored what institutional reforms feel like in lived reality; (2) Mapped sites of harm, resilience, and invisibility across indicators through emotional, color-based and embodied activities; (3) Allowed participants to articulate their own scoring of how institutions, relationships, and cultural norms affect their bodily autonomy, safety, and access. Thus, our community-level engagement has facilitated analysis on both ends of the continuum: intense deprivation and comprehensive service provision. This strategy enables us to explore not just whether the presence of institutions translates into tangible access, but also where and how systemic deficiencies continue to remain. The workshops districts were selected to capture the voices of marginalised groups across urban and semi-urban landscapes. The table maps out the locations where workshops were conducted.

Province	District (Low HDI)	District (High HDI)
KP	Orakzai*	Peshawar
Balochistan	Dera Bugti*	Quetta
Sindh	Mithi	Karachi
Punjab	Lahore	D. G. Khan
GB	Diamer	Gilgit City
AJK	Muzaffarabad	Neelum

Note: The data from Orakzai, Dera Bugti and Diamer cannot be used for the report because of privacy concerns of the community.
Source: UNDP (2024)

The community-based workshops conducted across nine key districts of Pakistan namely Gilgit, Mithi, Karachi, Muzaffarabad, Neelum, Lahore, Dera Ghazi Khan (DG Khan), Quetta, and Peshawar represented a diverse demographic composition, with significant inclusivity across gender, age, and geographic settings. The workshops included male, female, and transgender participants, with gender-segregated sessions conducted in each location because of the local cultural sensitivities. Male participants were present in all nine cities, while females were represented in each location as well. Transgender participants were included notably in Karachi, Lahore, Muzaffarabad, DG Khan, Quetta, and Peshawar, reflecting deliberate efforts to capture the voices of a marginalized gender identity across urban and semi-urban landscapes.

The community workshop participants' age range spanned from teenagers as young as 18 years (particularly in Neelum, Lahore, and Mithi) to elders above 60 years (notably in Muzaffarabad and Mithi). The most active and responsive age group fell within the 21 to 45 year range, which exhibited greater willingness to engage in open dialogue, share contact information for follow-up, and consent to photography and artwork use. In contrast, younger and older participants, particularly females, displayed more reserved behaviour, especially concerning public visibility and digital content usage.

Regarding disability status, the overwhelming majority of participants across all cities reported no disability, with very few opting for the "prefer not to say" option. This trend highlights either low inclusion of persons with disabilities or a potential underreporting due to stigma or lack of comfort in disclosing such information. This points to an important inclusion gap in future programming.

In terms of accessibility to GBV and SRHR-related institutional services, such as hospitals, police stations, courts, and gender desks, most participants, especially in urban centers like Karachi, Gilgit, Quetta, and Lahore reported living within 5–10 kilometers of such facilities. This suggests better infrastructure and institutional reach in these areas. In contrast, some rural regions like Mithi and DG Khan reflected participants with limited or partial access, hinting at institutional gaps or logistical constraints in remote communities. Similarly, sharing of phone numbers for follow-up support was more common among male participants, particularly in Gilgit, Karachi, Muzaffarabad, and Neelum. Female and transgender participants exercised greater discretion, with many either declining to share contact details or expressing concern about future communication.

No data was collected without informed consent, and every workshop was structured as a care-centred space. City-specific observations revealed interesting nuances. Gilgit showed full participation from male attendees with complete consent, proximity to services, and willingness to engage. Mithi

a rural area, showed stronger hesitancy among women regarding public visibility, despite their deep engagement in discussions. Karachi reflected high digital and verbal consent from males and transgender persons, though women were slightly more cautious. Muzaffarabad featured a demographically older group across all genders, with many participants aged 40 and above. Neelum included a wide mix of youth and older women, with men generally more open to photo/publicity use. In Lahore, participants from all genders joined in, with transgender persons expressing cautious optimism and conditional consent. DG Khan's female participants were engaged but conservative, and the transgender group displayed mixed trust in institutional systems. Quetta and Peshawar, being urban but culturally sensitive regions, saw high participation but also caution particularly from transgender and female groups.

2.3.6 Secondary and Primary Data Analysis

Monitoring SDG 5, particularly Targets 5.2 (elimination of sexual and gender-based violence) and 5.6 (access to sexual and reproductive health and rights) —requires attention not only to what exists on paper, but to how systems are experienced by those they are meant to serve. This report draws on lived experiences of women, trans persons, men, and gender-diverse communities; community narratives across provinces and regions; civil society and frontline service-provider expertise; and selected SDG-aligned laws, policies, and indicators.

Secondary data was interrogated politically, examining whose realities are counted, whose are erased, and how institutional, cultural, and relational silences shape dominant narratives of gender equality in Pakistan. Primary data from key informant interviews and facilitated workshops was coded thematically using a feminist, participatory lens, allowing patterns across institutional, cultural, and relational domains to emerge. Secondary sources were triangulated with community evidence to validate gaps, contradictions, and silences across data sets. **See Annexure C for details.**

The analysis was grounded in Heise's socio-ecological model and Galtung's violence framework to ensure both structural conditions and lived realities were captured, discussed in detail in Chapters 3 and 4. Findings and judgements are based on qualitative feminist analysis rather than numerical scoring, developed through survivor and community engagement, civil society insights, collective reflection by the research team, cross-checking across regions and identities, and ethical review to prevent harm or misrepresentation. Where risks of oversimplification or harm emerged, the analysis was paused, reviewed, and revised. This report does not rank communities, extract stories without consent, or reduce trauma to numbers divorced from context; instead, it prioritises ethical rigour, contextual depth, and survivor-centred accountability

2.3.7 Ethical Pathways: Secondary to Primary Data:

In moving from secondary to primary data, we were guided by strict ethical commitments grounded in feminist and trauma-informed practice. All engagements were designed to prioritise participant safety, confidentiality, and emotional well-being. and every workshop was structured as a care-centered, non-extractive space where participants retained agency over how their stories were shared, interpreted, or withheld. The females and transgender individuals, particularly from Mithi, Neelum, DG Khan, and Quetta, were notably cautious. While many of them agreed to have their spectrum used anonymously, they refrained from sharing face-based images or allowing their identities to be used in digital media. This trend reflects a strong desire for privacy, protection, and autonomy.

Nonetheless, the ethical principles of the workshops were upheld across all cities. Participants were clearly informed about relational consent their rights to withdraw, to selectively share, and to request removal of any content before the report's finalisation. In almost every case, participants confirmed their understanding and comfort with these conditions. The facilitators followed trauma-informed and consent-based approaches, building trust and ensuring safe engagement for all. No data was collected without informed consent,

2.3.8 Methodological Boundaries and Constraints:

Despite drawing on robust secondary datasets and rich FPAR-generated primary insights, several limitations remain. National and provincial data on GBV, SRHR, and transgender populations are often incomplete or unavailable, requiring careful triangulation with civil society sources. Given the sensitivity of GBV and bodily autonomy, some participants understandably chose not to disclose personal experiences, and these boundaries were fully respected. Community workshop findings are contextual rather than nationally representative, offering depth rather than generalization. These limitations do not weaken the findings but instead underscore the structural silences and data gaps that are themselves part of the gendered landscape being examined.

As you move to the next chapter ...

Close your eyes. Take a slow, deep breath in... hold for a moment... and exhale gently.

Repeat this three times. Remember: your breath is here to support you.

CHAPTER 3: INSTITUTIONAL, CULTURAL AND RELATIONAL INFLUENCES ON GBV AND SRHR UNDER SUSTAINABLE DEVELOPMENT GOAL 5 IN PAKISTAN

CHAPTER 3:

Institutional, Cultural and Relational Influences on GBV and SRHR under Sustainable Development Goal 5 in Pakistan

Institutional Dimension: The detailed gender analysis of Pakistan's legal and policy environments regarding SDG 5, and targets specifically 5.2 (elimination of gender-based violence) and 5.6 (universal access to sexual and reproductive health and rights) not only queries the existence of progressive laws and policies, but also their operational feasibility, intersectional sensitization, and harmonization with SDG 5 indicators in Pakistan. It reveals a critical disconnect between legal reform and implementation and demonstrates how despite progressive legal provisions, the very lack of gender-responsive budgeting, implementation compulsions, intersectional thinking and intersectoral departmental coordination sets to fail. Post-18th amendment devolution, GBV and SRHR services and response systems get entangled in role-definition, leaving room for bureaucratic red tapes, operational filibusters as well as unevenness or duplication in resourcing between provinces and territories. It also demonstrates how these systemic vulnerabilities impact the lived experience of women, girls, transgender individuals, and other intersectionality marginalized groups, subjecting them to geographic, bureaucratic, and political arbitrariness. This section is at the heart of our feminist monitoring because it explains how power structures continue to derail SDG 5 commitments through legislative progress in-built to implode.

The rapid gender analysis of gender-based violence system in Pakistan under SDG 5.2 reveals the following opportunities and gaps:

3.1 Care in the Cracks: Strengths Sustaining Pakistan's GBV Infrastructure (5.2):

3.1.1 Expansion of Legal Definitions: Sindh, Punjab, Khyber Pakhtunkhwa, and national law all define gender-based violence within intimate and domestic domains broadly in terms that extend beyond physical violence (Youth General Assembly, 2023). The Azad Jammu and Kashmir Domestic Violence Act (2014) broadens the definition of violence to encompass economic abuse, threats, and verbal harassment, expanding legal imagination around harm (Domestic Violence (Prevention and Protection) Act, 2014). The Sindh Domestic Violence Act (2013) in detail mentions psychological abuse (Nizam-ud-din et al., 2024). The Khyber Pakhtunkhwa Domestic Violence Act (2021) encompasses stalking, wrongful confinement, and criminal force, demonstrating a trend towards the identification of the full range of coercive control acts survivors experience (The Khyber Pakhtunkhwa Domestic Violence against Women (Prevention and Protection) Act, 2021). In terms of the Gender and Vulnerability-Specific provisions, the Transgender Persons (Protection of Rights) Act (2018) is national law and applies self-perceived gender identity, and expands legal protection in the workplace, health, and public services (Transgender Persons (Protection of Rights) Act, 2018). The expansions demonstrate increasing legal recognition of coercive control, violations of dignity, and non-physical violence, contributing positively towards SDG 5.2.1.

3.1.2 Institutional Framework and Infrastructure:

Balochistan, Khyber Pakhtunkhwa, Sindh, Punjab, and national law each have dedicated survivor and complaint service systems. The analysis has uncovered that, Punjab Protection of Women Against Violence Act established Protection Centres with police, forensic, and psychosocial access. Balochistan and Sindh Domestic Violence Acts established Protection Committees and Protection Officers, while AJK, Balochistan, KP, and GB workplace harassment laws mandate employers to establish Inquiry Committees and Codes of Conduct (Butt, 2025). The Protection Against Harassment of Women at the Workplace Amendment Act (2022) established Ombudsperson systems with quasi-judicial powers and covered informal and online workplaces, advancing legal safeguards against discrimination in line with SDG 5 (Senate Secretariat, 2010, 2022).

3.1.3 Progressive Legal Principles of Bodily Autonomy and Consent: National legislation enacted between 2016 and 2021 reflects changing acknowledgment of sexual agency and bodily integrity. In 2021, the Anti-Rape (Investigation and Trial) Act gender-neutralized the definition of rape and clearly provided that not resisting is not consent (Government of Pakistan, Ministry of Law and Justice, 2023). It expands the penal definition of rape in terms of object-based, oral, and anal assault. The rape reform law also prohibited the two-finger test and proof of immoral character, requires single-instance video-recorded evidence, and provides legal assistance to survivors in subsequent iterations, strengthening the commitment to SDG 5.6.2 (Nizam-ud-din et al., 2024).

3.1.4 Time-Bound Justice and Procedural Safeguards: Balochistan, Punjab, national rape laws 2020 and 2016, and Zainab Alert Response and Recovery Act, 2020 have timelines in procedures to provide access to justice (Zainab Alert, Response and Recovery Act, 2020). The Balochistan Domestic Violence law requires hearings of three days and decisions within 30 days (The Balochistan Domestic Violence (Prevention and Protection) Act, 2014. Punjab's Protection of Women Act requires courts to decide the cases within 90 days (The Punjab Protection of Women Against Violence Act, 2016). The Criminal Law (Amendment) 2020 and Anti-Rape Act 2021 require Special Courts and Crisis Cells, and completion of trials in four months (Anti-Rape (Investigation & Trial) Act 2021, 2024; Trial Procedure Rules 2022, 2023). Zainab Alert Response and Recovery Act requires dispatch of the alerts within two hours of the missing child and coordination of follow-up services, ensuring SDG 5.2.2. is directly addressed (Zainab Alert, Response and Recovery Act, 2020).

3.1.5 Survivor-Oriented Remedies and Services: Punjab, Sindh, and KP legal frameworks have integrated institutional mechanisms of redress that enhance survivors' access to justice, protection, and recovery. Punjab Protection Centres, and KP's recompensation under workplace harassment laws are great examples (Punjab Protection of Women against Violence Act, 2016; The Khyber Pakhtunkhwa Protection against Harassment of Women at the Workplace (Amendment) Act, 2018). AJK Domestic Violence Act offers various types of redress, such as financial redress, shelter, and psycho-social care (Azad Government of the State of Jammu and Kashmir, Law, justice, Parliamentary Affairs and Human Rights Department Muzaffarabad, 2014). Survivors in Sindh are provided with shelters without requiring complaints, and courts can restrict abuser proximity or communication (Nizam-ud-din et al., 2024). KP's Harassment Act of 2018 offers compensation from abuser salary and mandating workplace leave for trauma (The Khyber Pakhtunkhwa Protection against Harassment of Women at the Workplace (Amendment) Act, 2018). National rape laws offer protection of identity and medical and legal support through Anti-Rape Crisis Cells, further progressing towards SDG 5.2.2 goal Anti-Rape (Investigation & Trial) Act 2021, 2024).

3.1.6 Criminalisation of Cultural and Customary Practices: The legislative framework within the country strictly prohibits harmful practices. KP's 2013 Elimination of Ghag Act criminalizes forced kidnapping of women into marriage as a criminal act, with strict punishment and non-compoundable nature (The Khyber Pakhtunkhwa Elimination of Customs of Ghag Act, 2013). The Prevention of Anti-Women Practices Act of 2011 also criminalizes swara, forced marriage, and withholding inheritance (Prevention of Anti-Women Practices Act, 2011). Contributing to SDG 5.3.2, the laws overturn centuries-old and deeply rooted customs which judicial systems have long overlooked.

3.1.7 Relationships with GBV Protection and Social Security: Sindh, Punjab, and national law all increasingly tie GBV protection to economic and social rights. The Sindh Home-Based Workers Act entails a contributory social security and health interventions fund, and the Transgender Persons Act entails vocational training, microfinance access, and safe shelter (The Sindh Home-Based Workers Act, 2018; Transgender Persons (Protection of Rights) Act, 2018). The Punjab Protection of Women Against Violence Act entails coordinated support with medical, legal, and shelter services integrated in Protection Centres (The Punjab Protection of Women Against Violence Act, 2016). These connections are essential to ensuring survivors' reestablishment of life after crisis response, as valued by SDG 5.4.1.

3.2 Fault Lines and Fragmented Systems: Structural Barriers Undermining GBV Redress (5.2)

3.2.1 Operational Weaknesses and Legal Disjoints: Despite the passage of progressive legislation, enforcement of GBV legislation in AJK, KP, Punjab, Sindh, Balochistan, GB, and nationally remains inconsistent and dispersed. With the exception of a few, the majority of legislations lack operational regulations, coordination structures, or institutional accountability. The Azad Jammu and Kashmir Child Rights (Care and Protection) Act, (2016) and Sindh Domestic Violence Act (2013, 2016) lack performance oversight and administrative non-compliance sanctions (Child Rights (Care and Protection) Act, 2016; (Nizam-ud-din et al., 2024). At the national level, the Acid Crime Prevention Act (2011) and Prevention of Anti-Women Practices Act (2010, 2011) are not integrated with survivor services or enforced at the policy level (The Acid Control and Acid Crime Prevention Act, 2011; Prevention of Anti-Women Practices Act, 2011). The gaps of this nature lead to legal silos, bureaucratic delay, and compromised survivor support, which violates the intent of SDG 5.2.2 in providing effective and accessible redress.

3.2.2 Under-Funding and Inadequate Gender-Responsive Budgets: Universal jurisdictional resource failure is a significant implementation barrier. While legislation such as Zainab Alert, Response and Recovery Act, 2020 and AJK's child protection mechanism refers to funds, no legislation includes

gender-responsive funds or committed financial flows towards survivor well-being. Khyber Pakhtunkhwa and Azad Jammu and Kashmir Domestic Violence Acts, and the Transgender Persons Act (2018) all do not address any funding streams (The Khyber Pakhtunkhwa Domestic Violence against Women (Prevention and Protection) Act, 2021; Domestic Violence (Prevention and Protection) Act, 2014; (Transgender Persons (Protection of Rights) Act, 2018). Even where gender budgeting is mentioned (for example, in Balochistan or Sindh women's policies), the analysis reveals that, institutionalized minimum funding trigger levels or a minimum funding stability component are absent. This comes under the SDG 5.c call for funded gender equality implementation.

3.2.3 Exclusion of Marginalized Communities and Narrow Definitions: Transgender, disabled, ethnic and religious minorities, and sex workers continue to be underrepresented or missing in most of the GBV laws. The Transgender Persons Act (2018) doesn't recognize protection for trans sex workers or abandonment of trans children (Transgender Persons (Protection of Rights) Act, 2018). Khyber Pakhtunkhwa's Domestic Violence Act, 2021 is confined to women only, and such patterns are observed in other laws where transgender individuals are exempted from protection sections (The Khyber Pakhtunkhwa Domestic Violence against Women (Prevention and Protection) Act, 2021). In addition, several pieces of legislation, such as Punjab's Protection Act and KP's Domestic Violence Act, limit definitions of relationships or violence to not cover cohabitants, some forms of marital rape if they are "natural and ordinary", confine domestic violence to relatives by blood, marriage, adoption, or co-residing ((The Punjab Protection of Women Against Violence Act, 2016; The Khyber Pakhtunkhwa Domestic Violence against Women (Prevention and Protection) Act, 2021).

3.2.4 Punitive Excess Without Prevention or Norm Redirection: Most of the legislative frameworks are punitive and do not encompass preventive, educational, or social transformation aspects. For instance, workplace harassment law doesn't often mandate worker education (Protection against Harassment of Women at the Workplace Act, 2010). The 2022 workplace harassment act amendment is still lacking in requiring workplace inclusion measures or proactive risk prevention (Protection against Harassment of Women at the Workplace Act, 2022). By not intervening at the root causes and dynamics of power, these legislative tools do not shift the context that trivializes violence, contrary to the intent of SDG 5.2.1 to eliminate violence both in public and private lives.

3.2.5 Deficient Survivor-Focused Recovery and Long-Term Care: Short-term and fragmented survivor care exists in Punjab, Sindh, KP, Balochistan, and the national levels. The Sindh Domestic Violence Act lacks routine economic reintegration or psychosocial rehabilitation (Nizam-ud-din et al., 2024). The KP Domestic Violence Act lacks custody, protection orders, or safe shelter processes. National acid attack laws grant compensation solely at judicial discretion without long-term medical or social rehabilitation provisions (The Khyber Pakhtunkhwa Domestic Violence against Women (Prevention and Protection) Act, 2021). Without GBV survivors having avenues of long-term recovery, the y are exposed to multiple cycles of violence and legal exclusion, which becomes a counterproductive factor towards the realization of SDG 5.2.2.

3.2.6 Non-Enforcement and Cultural Non-Compliance in the Workplace: GB, KP, AJK, and national laws on workplace harassment are infrequently enforced due to insufficient penalties, lack of oversight, and discretionary decision-making by employers. There are not many laws that require yearly compliance reports, training sessions in the workplace, or risk assessments at the workplace. Resourcing and implementation obligations are imposed by the law of the country on employers without the instruments of monitoring or the state role (Hassan et al., 2023; Kanwal 2025). This constrains enforcement and deters reporting, particularly in right-wing or informal job environments. These silences within institutions perpetuate dangerous conditions and are opposite SDG 5.2.1's imperative to eliminate violence within all workplaces.

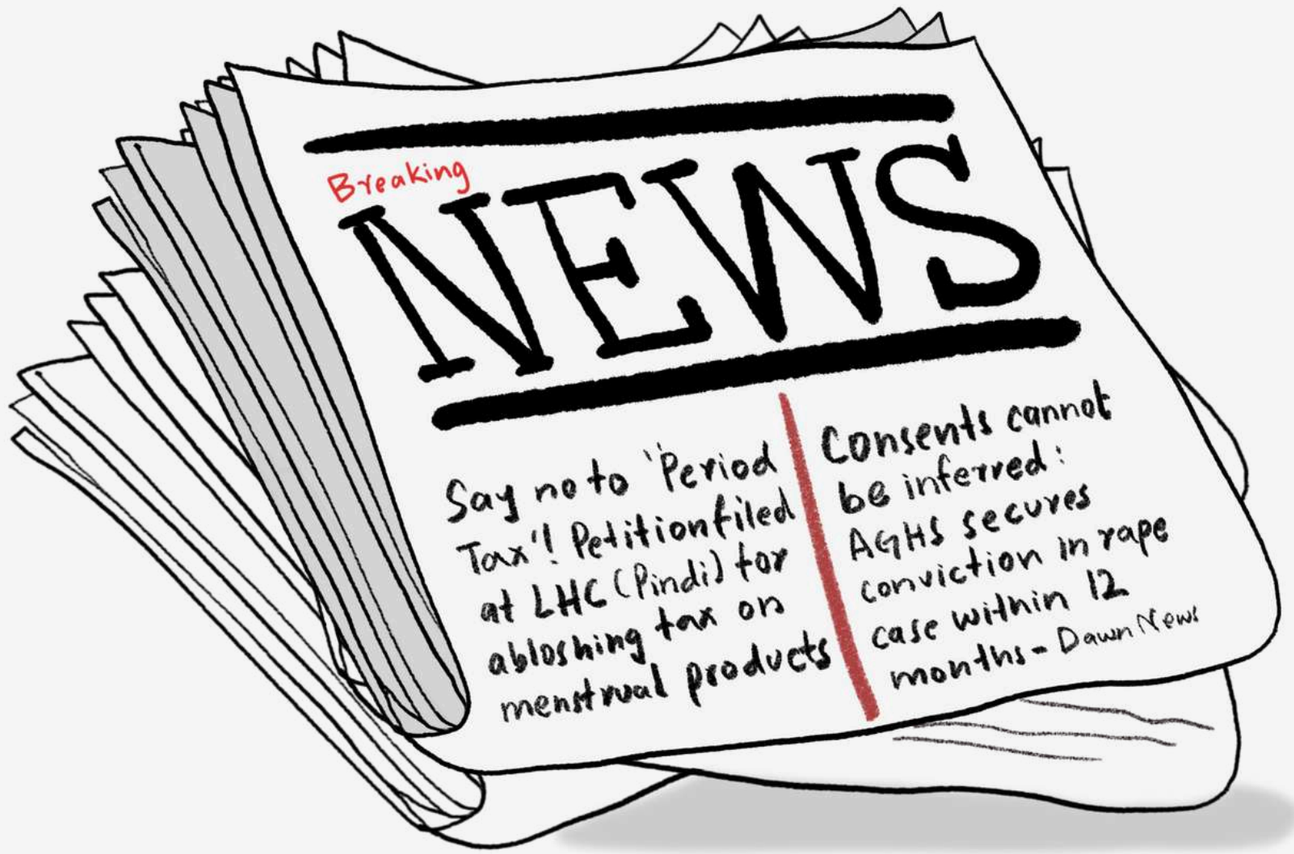
3.2.7 Underutilized Innovations and Aspirational Promises: Most of Pakistan's most progressive judicial reforms; Special Courts, Crisis Cells, protection centers, expanded definitions of rape are aspirational because rollout hasn't been finished. Provisions of the 2021 Anti-Rape Act on gender-neutral consent and video-recorded testimonial evidence are not uniformly enforced in provinces. Anti-Rape Crisis Cells in the 2021 legislation fall under administrative will and lack standard staffing and infrastructure. There is no standardized training for officials in survivor protection among transgender people or vulnerable groups. Unless there are harmonized implementation regulations, interprovincial obligations, and real-time data systems in existence, these innovations cannot be translated into long-term safeguards (Khaliq & Sultan, 2022).

The rapid analysis of Pakistan's sexual and reproductive health and rights (SRHR) systems under SDG 5.6 reveals the following strengths and gaps:

3.3 Care in Action: Emerging Strengths in Pakistan's SRHR Systemic Landscape (5.6)

3.3.1 Integration of SRHR in Universal Health and Nutrition Systems: Policies at the national, provincial and territorial levels have integrated SRHR services into large health and nutrition systems. The Pakistan Maternal Nutrition Strategy (2022–2027) launches Universal Healthcare Coverage-associated SRHR services through Conditional Cash Transfers, food subsidies, and social insurance, with a particular emphasis on newly married women and humanitarian situations (UNICEF & Government of Pakistan, 2022). National Vision 2016–2025 considers reproductive health as a strategic priority and connects it with MNCH and nutrition, along with recognizing gendered impediments like early marriage and intra-household decision-making (Ministry of National Health Services, Regulation & Coordination, 2015). All provincial health plans incorporate Family Planning in Maternal, Newborn and Child Health and postpartum care packages, as well as connect SRHR with Emergency Obstetric and Newborn Care, nutrition, and adolescent health under WHO building blocks of systems (Government of Punjab, 2019; Department of Health, 2018; Health System Strengthening, 2018; Zaid, 2012; Department of Health, 2022; Department of Health, 2023). Such intersectoral integration enhances 5.6 implementation.

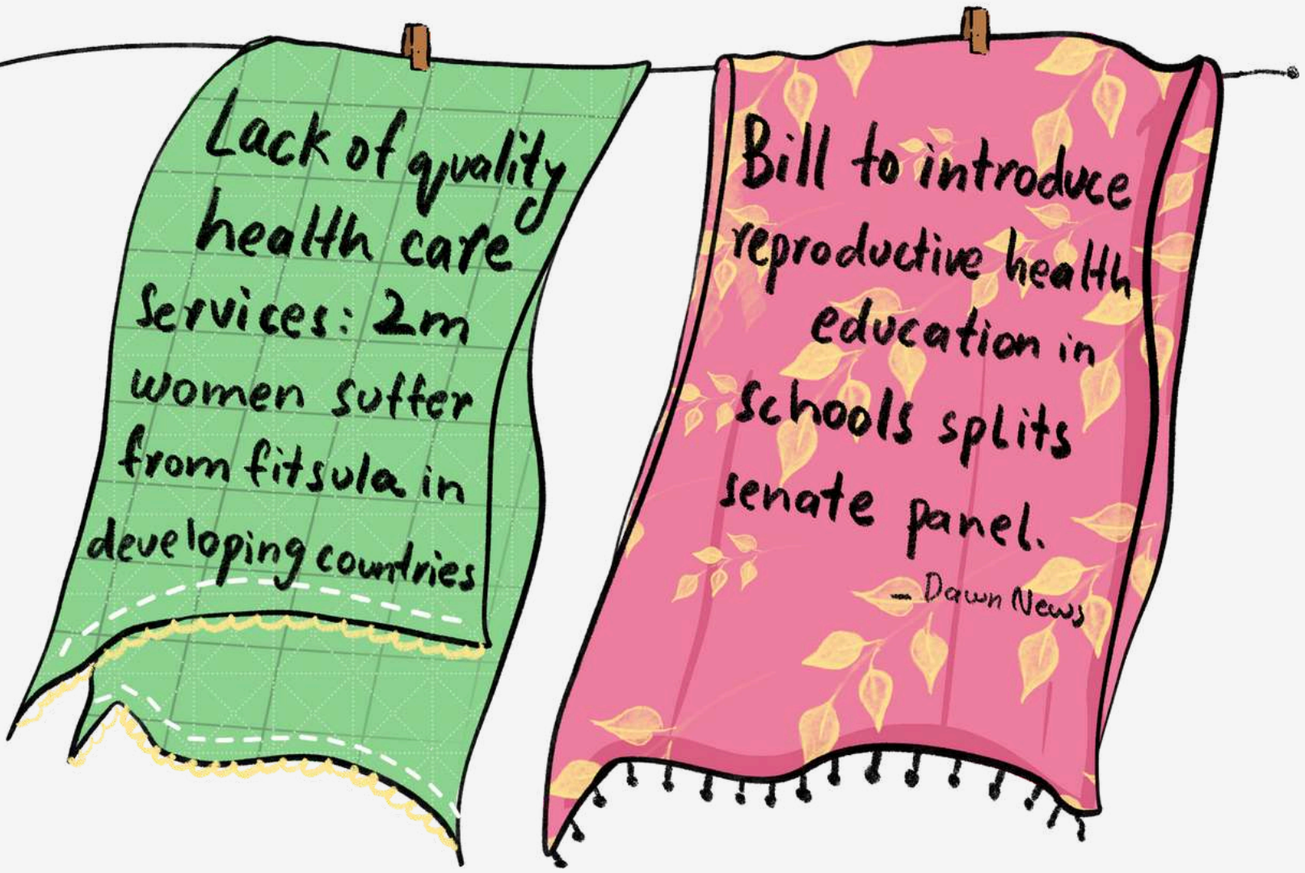
3.3.2 Strengthening of the Female Health Workforce and Gender-Sensitive Service Deployment: All regions have made institutional arrangements to increase the female health workforce and offer incentives for rural service. The Punjab Health Sector Strategy (2019–2028) and Sindh Health Strategy (2012–2020) similarly suggest couple-based postings, hardship allowances, and housing for female paramedics, and lady health workers (Government of Punjab, 2019; Zaid, 2012). KP and AJK pledge to enhance SBA coverage and midwifery training and



increase family planning training for LHVs and LHWs (Department of Health, 2018; Department of Health, 2022). Balochistan and GB emphasize ongoing professional development and quality improvement. These actions enhance equitable geographic access and meet SDG 3.c for strengthening the health workforce for reproductive health service delivery, which directly impacts SDG 5.6 (Health System Strengthening, 2018; Department of Health, 2013).

3.3.3 Inclusion of Social Protection and Financial Risk Mitigation for Women and Girls: All the provinces and national policies acknowledge the financial barriers to SRHR access and suggest ways to minimize financial risk. The IRMNCH & NP Strategies (2016–2020) bring in conditional cash transfers, health insurance schemes, and subsidies for pregnant and lactating women (Ministry of Health, 2016). Sindh specifically targets female-headed households through subsidized health cards, whereas National and Punjab frameworks include abortion services and maternal health services in the UHC benefit package. These actions demonstrate a move toward economic justice in accessing reproductive care, in accordance with SDG 1.3 and 5.6.1.

3.3.4 Youth and Adolescent-Focused SRHR Commitments: KP, AJK, and National policies recognize adolescents as a separate SRHR group. Khyber Pakhtunkhwa Health Policy has a commitment to formulate an Adolescent and Youth Health Strategy, whereas AJK's 2022 Health Policy adds school-based health programs with SRHR and disability considerations (Department pf Health, 2018; Department of Health, 2022). National HIV and maternal strategies adapt SRHR responses by age and gender, with inclusion of adolescents in PrEP access, nutrition targeting, and early pregnancy prevention (Khan, 2017). This trend towards young people's inclusion aids SDG 5.6 for broad sexuality education and age-specific reproductive health care.



3.3.5 Standardization of Law and Service in Abortion and Post-Abortion Care: National level, the 2018 National Standards and Guidelines on Uterine Evacuation and Post-Abortion Care are unprecedentedly clear in reference to abortion-related services (Ministry of National Health Services, Regulations and Coordination, 2018). The policy allows use of misoprostol, mifepristone, and MVA; specifies midwives, LHWs, and LHVs as authorized providers; and requires post-treatment contraceptive counseling (National Standards and Guidelines on Uterine Evacuation and Post-Abortion Care in Pakista, 2018). Services are integrated in UHC and available in public and NGO-run facilities. Provider refusal is overridden for emergency cases, enhancing the right to lifesaving care. This enhances conformity with WHO guidance and SDG 5.6.2 on universal access to SRHR services.

3.3.6 Community Engagement, Health Education, and Demand Generation for SRHR: In all provinces and territories, lady health workers, community midwives, and volunteers are utilized to impart family planning, maternal nutrition, and disease prevention information. National and subnational policies include breast and cervical cancer awareness and emphasize female education and marriage registration as preventive SRHR interventions (Lassi et al., 2025). These efforts at the community level demonstrate a people-focused response to SRHR and are in line with 5.6.2 regarding access to information.

3.3.7 Cross-Cutting Emphasis on Structural Barriers and Gender Norms: National, Balochistan, and GB policies integrate structural determinants of unfavorable SRHR outcomes into health system reform. The Pakistan AIDS Strategy (2021–2025) clearly recognizes multi-layered gender identity, sexual orientation, and sex work stigma, and suggests rights-based police, judiciary, and healthcare protocols and stigma reduction (Pakistan AIDS Strategy 2021-2025, 2020). The Maternal Nutrition Strategy (2022–2027) considers household power dynamics and male engagement and joint decision-making (Pakistan Maternal Nutrition Strategy 2022-2027, 2022). The GB Health Strategy (2013–2018) is dedicated to GBV and SRHR law and minimum service package (Department of Health, 2023). These changes are a significant normative shift towards dignity-centered SRHR policy formulation according to SDG 5.6.

3.4 From Silence to Stigma: Gaps Undermining SRHR Access and Accountability (5.6)

3.4.1 Ambiguity Surrounding Abortion Access and Post-Abortion Rights: At the federal level, the 2018 Post-Abortion Care (PAC) guidelines permit the prescription of misoprostol, mifepristone, and manual vacuum aspiration (MVA), and allow for the involvement of midwives and LHWs in provision of post-abortion services. This care is, however, structured only in terms of the treatment of complications resulting from unsafe abortion (National Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation/Post-Abortion Care, 2018). None of the national or provincial policies , such as those for Punjab, Sindh, KP, Balochistan, GB, or AJK , refer to legal reform of abortion laws, nor any discussion of safe abortion as a reproductive right. The lack of clarity at the policy level still keeps induced abortion beyond the ambit of services and outside the cost coverage under Universal Health Coverage (UHC) schemes.

3.4.2 Exclusion of Transgender Persons, Disabled Individuals, and Marginalized Populations: All strategies target women and children, sometimes substituting gender with cisgender womanhood and motherhood. The only exception is the Pakistan AIDS Strategy (2021–2025), which covers MSMs, FSWs, and transgender individuals (Pakistan AIDS Strategy 2021-2025, 2020). There is no reference to trans persons, unmarried youth, or persons with disabilities in SRHR service planning, monitoring, or rights approaches. Such omissions go against intersectional health planning practices and may marginalize vulnerable populations from outreach and access (Government of Punjab, 2019; Department of Health, 2018; Health System Strengthening, 2018; Zaid, 2012; Department of Health, 2022; Department of Health, 2023).

3.4.3 Silence regarding Consent, Sexuality Education, and Sexual Autonomy: No health sector strategy in Punjab, Sindh, KP, Balochistan, GB, AJK, or at the federal level mentions sexual consent, sexual agency, or rights-based education (Government of Punjab, 2019; Department of Health, 2018; Health System Strengthening, 2018; Zaid, 2012; Department of Health, 2022; Department of Health, 2023). Although adolescent health is referred to in a few instances (e.g., KP proposed adolescent strategy, AJK school health education), these policies do not address adolescent sexuality as a matter of rights or incorporate comprehensive sexuality education (CSE) (Department of Health, 2018; Department of Health, 2022). The AIDS strategy mentions stigma training for health care workers but does not apply these principles to SRHR systems in general or youth-friendly education (Pakistan AIDS Strategy 2021-2025, 2020).

3.4.4 Lack of Operationalized Inter-Linkages Between GBV and SRHR: While GBV is sometimes mentioned in the context of maternal health outreach or mentioned separately, none of the SRHR strategies for all provinces and at the national level show clear integration between SRHR service delivery and gender-based violence prevention or response systems. Sindh and Punjab mention medico-legal services and public-private partnerships, but they are not integrated with family planning, maternal care, or post-abortion counseling (Government of Punjab, 2019; Department of Health, 2018; Health System Strengthening, 2018; Zaid, 2012; Department of Health, 2022; Department of Health, 2023). The post-abortion care guidelines require post-care contraceptive counseling but do not add GBV screening or survivor referral procedures (Ministry of National Health Services, Regulations and Coordination, 2018).

3.4.5 Limited Data Disaggregation and Weak Monitoring Mechanisms: All provincial and federal IRMNCH & NP strategies are aimed at service coverage indicators (e.g., antenatal care, community midwives deployment, contraceptive prevalence) but leave out gendered significant indicators. There is no gender identity disaggregation, marital status, or disability, rendering policy monitoring insensitive to the most at-risk groups. Some plans mention data quality improvement (e.g., Balochistan, Punjab) (Rizvi & Nishtar, 2008), but no such systems are linked to accountability mechanisms or SRHR indicators under SDG 5.6.

3.4.6 Uncertain Financial Commitments to SRHR: Throughout national, Punjab, Sindh, KP, Balochistan, GB, and AJK strategies, public-private partnerships, health insurance, and conditional cash transfers (e.g., in the Maternal Nutrition Strategy, and National Vision 2016–2025) are mentioned. None of the policies have resourcing of implementation plans particular to SRHR. Gender budgeting is not implemented, and financial coverage for family planning, post-abortion care, or adolescent services is either unspecified or restricted to general UHC categories with no linkage to specifics of allocation or tracking mechanisms.

In conclusion, Pakistan's gender violence systems to address GBVand policy environment for sexual and reproductive health and rights have made impressive strides over the last the last decade. When it comes to ending all forms of violence against and exploitation of women and girls Pakistan's legislative progress harmonizes with SDG 5.2. The laws within jurisdictions increasingly define violence in diverse terms, offer institutional remedy, and think of survivor-sensitive remedies. Yet, insufficient resourcing, enforcement, and coordination have short-circuited the transformative power of these laws. Structural exclusions, unfunded mandates, and siloed implementation reassert a fractured system in which protection is asymmetric and symbolic. To ensure the full realization of SDG 5.2, Pakistan must move from legislation drafting to systemic, inclusive, and survivor-centered reform fueled by accountability, prevention, and justice. Similarly, Pakistan's policy environment for sexual and reproductive health and rights (SRHR), at national, Punjab, Sindh, KP, Balochistan, GB, and AJK levels, provides a robust basis for co-ordinated, system-wide action on maternal, adolescent, and reproductive health. The strengths indicate a developing emphasis on intersectoral delivery of health, on the strengthening of the female workforce, and the strengthening of post-abortion care, social protection, and youth-friendly approaches. However, the lack of disaggregated data, enforceable accountability, and financing for SRHR jeopardizes effectiveness. SDG 5.6 and the aligned health targets will be met in Pakistan only if it transcends commitments and adopts structurally inclusive, legally binding, and well-resourced SRHR systems premised on dignity, autonomy, and intersectional justice.

Cultural Dimension: Ten years after the adoption of the Sustainable Development Goals (SDGs), access to justice and equitable SRHR in Pakistan remains hindered by deeply rooted cultural narratives that shape everyday life. The traditional values, religious discourse, media, and moral codes influence experiences of gender-based violence (SDG 5.2) and access to sexual and reproductive health and rights (SDG 5.6). Despite progressive legal reforms, many barriers to safety and autonomy (as discussed above) remain embedded in societal norms that regulate women's bodies, silence their voices, and enforce rigid gender roles. However, culture is not static; it also holds potential for resistance and change. Across Pakistan, feminist reinterpretations of religion, grassroots activism, and culturally embedded awareness campaigns are challenging dominant narratives and reshaping norms to promote dignity, inclusion, and gender justice. Understanding culture as both a barrier and a tool is crucial to designing effective, context-sensitive interventions that go beyond policy to achieve meaningful progress on SDG 5.

3.5 Cultural Norms and Values that Exacerbate and Justify Gender-based Violence

3.5.1 Culture of Silence and Honor-based Violence: In Pakistan, cultural norms surrounding honor and morality often manifest as mechanisms of control that restrict women's autonomy and perpetuate gender-based violence. Practices such as purdah, intended to ensure privacy and protection, are often misused in ways that frequently serve to confine women, limiting their access to education, healthcare, and mobility (Haque, 2008). These restrictions are rooted in the societal concept of izzat and ghairat (honor), which links a family's reputation to the behavior and perceived purity of the female members. As a result, women become symbols of communal dignity rather than individuals with agency and rights (Christianson et. al., 2020). Any deviation from prescribed gender roles may be met with emotional, physical, or systemic violence under the pretext of preserving honor. The control of women's bodies and lives is not only normalized but often justified through religious misinterpretations and institutional inaction that prevents Pakistan from making meaningful progress on 5.2.1. Furthermore, cultural constructs of honor are interlinked with masculinity, framing men as guardians of social morality. This gendered hierarchy is embedded within both tribal codes, such as Pashtunwali and Baloch Riwayat (Rehman et. al., 2024; Baloch & Qaisrani, 2012), and reinforced by religious and media discourses. These practices become especially dangerous when they intersect with class, caste, and ethnicity, disproportionately affecting women from rural, low-income, or minority backgrounds linked to derailed progress on 5.2.2. The normalization of this violence is perpetuated by a broader culture of silence, discouraging resistance and isolating survivors from support.

3.5.2 Victim Blaming and Internalized Patriarchy: Victim blaming remains a pervasive cultural response to gender-based violence in Pakistan, reinforcing patriarchal structures and deterring survivors from seeking justice (Kazmi et. al., 2023). Instead of questioning the perpetrators, society often interrogates survivors about their behavior, attire, or presence in public spaces, in direct contrast to 5.2.2 and 5.1.1. These narratives legitimize violence by shifting responsibility onto the victims. Rooted in ideals of purity, obedience, and honor, this blame culture functions as a social tool to preserve male dominance and maintain the status quo. Internalized patriarchy further compounds the issue. Women are often socialized to endure suffering and suppress dissent, particularly within marriage and kinship structures. Marital rape, for instance, is not explicitly exempted under Pakistani law, but remains largely unrecognized and unprosecuted due to prevailing cultural beliefs that frame a wife's body as her husband's entitlement. However, a precedent-setting marital rape conviction in January 2024 (International Bar Association's Human Rights Institute, 2024) illustrates a significant shift, highlighting how existing laws can be used to address marital rape despite the lack of explicit legal recognition.

A qualitative research by Mansab (2024) uncovered that marriage is viewed as both a social and sexual contract, with patriarchal interpretations often pressuring women into fulfilling sexual duties regardless of personal desire. While respondents acknowledged that a wife can initiate sexual contact, none had done so directly, expressing feelings of shame, hesitation, and internalized gender roles. Many women resort to indirect signals to express desire, shaped by cultural expectations of modesty. The study further shows how sexual intimacy is often framed as a male entitlement, with some men interpreting their wives' lack of initiation as disinterest or infidelity. Culturally-influenced religious teachings, media portrayals, and societal expectations reinforce the notion of the husband as **"Majazi-Khuda" (symbolic god)**, deepening gendered imbalances and reinforcing marital obligations that compromise women's autonomy. However, not all perspectives aligned with traditional beliefs. Some participants, especially those with greater exposure to education or progressive thought, emphasized mutual consent and equal rights in marital relationships.

In many Pakistani households, religious teachings are deeply respected, and faith-based interpretations significantly shape gender roles and marital expectations. However, in many intimate relationships, violence against women is justified using distorted interpretations of religion and cultural norms. In South Asian countries like Pakistan, for example, a husband may beat his wife if she is seen as damaging the family's honor, with the act defended as his duty to control her behavior. Several respondents referred to popular household religious literature like Bahishti Zewar and Biwi kay Faraiz to reinforce the idea that an ideal wife must be obedient, silent, modest, and self-sacrificing (Zakar et al., 2013).

Divorce, while legally permissible, is heavily stigmatized and seen as a failure of womanhood, especially in rural and tribal communities (Razaq et. al., 2025). These gendered expectations operate as cultural deterrents, preventing women from leaving abusive relationships or asserting their rights. Additionally, the experiences of transwomen and gender minorities are often dismissed or erased altogether, with violence against them, termed **beelayi** (Awan et. al., 2023), being a tool for enforcing binary gender norms. Structural forms of violence are deeply embedded in the legal,

religious, and social fabric, disproportionately affecting marginalized communities and reinforcing the systemic denial of autonomy, dignity, and safety.

3.5.3 Traditional Practices That Normalize or Justify GBV: Numerous cultural practices in Pakistan, often framed as traditional or religious, directly contribute to systemic gender-based violence. Practices such as forced and child marriages, and nikah halala, a practice in which a divorced woman must marry and consummate a second marriage before she can remarry her former husband, function as mechanisms of coercion and control, resisting progress towards 5.1.1, 5.3.1 and 5.3.2. In these customs, women are treated as property or instruments of familial negotiation, with little regard for their consent or well-being. In swara, for instance, young girls are given in marriage to settle tribal disputes (Khan, 2016), while in watta satta, the reciprocal exchange of brides institutionalizes mirrored oppression (Jacoby, 2010). Karo kari and other forms of "honor" killings continue to claim the lives of women based on accusations, often unfounded, of moral transgressions (Malik, 2014). These practices disproportionately affect young, rural, and economically marginalized women.

Dowry (jahaiz) remains a widespread cultural expectation, positioning women as commodities and exposing them to emotional, physical, and financial abuse. The inability to meet dowry demands can result in delayed marriages, domestic violence, and even murder (Johnson et. al., 2025). Similarly, acid attacks are used as violent tools to punish women for rejecting marriage proposals or asserting independence, to inflict lifelong shame and suffering. Forced religious conversions, particularly of young Hindu and Christian girls, further reflect the intersection of gender, class, and religious marginalization (Hussain, 2020). These acts are carried out under the guise of religious legitimacy, yet function as violations of bodily autonomy and identity, impeding progress towards SDG5.2. While legal reforms have been introduced, as discussed in the other sections throughout the report, implementation remains weak due to deep-rooted cultural resistance, lack of institutional sensitivity, and social stigma. Religious misinterpretations and patriarchal teachings often undermine women's rights, reinforcing a system in which violence is not only normalized but rendered invisible. From domestic abuse and sexual harassment to harmful traditional practices and state inaction, cultural norms in Pakistan continue to reinforce cycles of gendered violence, leaving women and gender minorities vulnerable, silenced, and excluded from pathways to justice and empowerment.

3.6 Cultural Norms and Values that are Disrupting Systems of Gender-based Violence

3.6.1 Grassroots Cultural Initiatives Challenging Harmful Norms: In recent years, there has been a notable shift in how culture is being used to challenge and transform harmful gender norms in Pakistan. These shifts are most visible in cultural spaces that reimagine dominant narratives through artistic, community-based, and survivor-led engagements. Feminist poetry, theatre, and visual art have emerged as powerful mediums to address gender-based violence (GBV), particularly within forums such as the Aurat March (Baig et. al., 2020) and the 16 Days of Activism Against Gender-Based Violence campaign (UNFPA Pakistan, 2023). These platforms communicate complex ideas around bodily autonomy, consent, and justice in accessible formats, resonating with diverse audiences who may not engage with formal policy discussions or academic literature, paving the way for SDG5.2.

Grassroots cultural initiatives such as storytelling circles, folk music campaigns, and localized training

modules have further facilitated anti-GBV education. These interventions have adapted rights-based language into culturally relevant idioms and formats, making advocacy efforts more relatable and less alienating in conservative and rural contexts. Importantly, popular male figures in the entertainment industry, actors and musicians, have begun to openly condemn GBV, helping challenge entrenched masculinities and expand the conversation beyond gendered binaries. These cultural interventions underscore a growing recognition that meaningful change does not necessitate abandoning cultural identity, but rather reinterpreting it in ways that uphold human dignity, justice, and gender equality.

3.6.2 Media's Role in Shifting Public Attitudes Toward Survivors: The media landscape in Pakistan has played a transformative role in normalizing public dialogue on gender-based violence and challenging entrenched norms around honor, shame, and silence. Television dramas, long a staple of popular culture, have begun to address previously taboo topics. Dramas such as Udaari, Baaghi, and Dil Na Umeed Tou Nahi have tackled themes including child abuse, sex trafficking, honor killing, and victim blaming, bringing these issues into the national consciousness and prompting reflection among viewers (The Express Tribune, 2022), meanwhile a way forward on shifting public discourse and progress on 5.1.1, 5.3.1 and 5.3.2. Recently, the drama Dastak portrays a divorced mother asserting her independence while challenging societal taboos around divorce and remarriage, signaling a shift in attitudes toward such topics on Pakistani television. Documentary filmmaking and independent cinema have similarly contributed to public education and advocacy. Sharmeen Obaid-Chinoy's A Girl in the River: The Price of Forgiveness, which won an Academy Award, generated national and international pressure to address honor killings (White, 2016). Her Aagahi series further exemplifies the power of visual storytelling by educating women about their legal rights in digestible formats grounded in local culture (The Express Tribune, 2018). These media representations have shifted the narrative from one of silence and normalization to one that centers survivor agency and calls for accountability. Collectively, these efforts illustrate the capacity of the media to act not only as a mirror reflecting societal issues but as a catalyst for social transformation.

3.6.3 Faith-Based and Religious Mobilization Against SGBV: In a society where religion holds significant influence over social norms and behavior, religious discourse has increasingly become a site for progressive transformation concerning GBV. Feminist religious scholarship has also played a critical role. Scholars such as Asma Barlas argue that the Qur'an does not inherently privilege men over women; rather, patriarchal interpretations have distorted its message (Kassam, 2003). This theological critique provides a framework for Islamic feminism that aligns gender justice with religious values. Pakistan has seen faith-based mobilization against GBV, such as religious scholars in Khyber Pakhtunkhwa pledging to raise awareness during the 16 Days of Activism (The Express Tribune, 2020) and UN Women's 2022 collaboration with NACTA to engage female faith leaders in promoting peace and tolerance (Aftab, 2022), both from Islamic and international human rights perspectives. Religious authorities have begun issuing fatwas condemning harmful practices such as honor killings (Umar, 2014), explicitly identifying them as cultural distortions rather than religious mandates. These developments demonstrate that religious discourse, when critically engaged and reformulated, can serve as a powerful ally in the fight

against GBV and advancement of SDG 5, especially in contexts where secular approaches may face resistance.

3.6.4. Survivor-Led Movements to Transform Norms that Shape Us: Digital platforms have played an instrumental role in reshaping public discourse around gender justice in Pakistan. Social media has enabled rapid information dissemination, fostered solidarity, and created space for grassroots mobilization. Movements such as #MeToo (Rafi, 2019), #JusticeForZainab (BBC, 2018), and #AuratMarch have brought widespread attention to the prevalence and normalization of GBV, particularly against women and gender-diverse individuals (Shahid, 2023. Recent cases like Noor Mukadam's, #JusticeforNoor, highlighted how digital spaces can sustain public pressure and fight against the perpetrator's appeals, leading to justice (Hashim, 2022). Similarly, the tragic murder of Sana Yousaf sparked online outrage and deepened conversations around technology-facilitated gender-based violence (TFGBV), raising urgent questions about women's safety in digital spaces (Digital Rights Foundation, 2025). These campaigns continue to advocate for systemic reform and challenge norms that are an impediment in the way of SDG5. These digital movements are often led by survivors, feminist collectives, and young activists who leverage storytelling, visual content, and direct advocacy to demand justice and accountability. In doing so, they have shifted the cultural lens from shame and victim-blaming to survivor empowerment and resistance. Digital platforms have facilitated greater visibility for survivor experiences, enabling access to support networks, legal aid, and public engagement. Initiatives like Musawi's marriage rights helpline exemplify how digital tools are being leveraged to protect women's rights within marital relationships (The Express Tribune, 2023). Despite persistent risks of online harassment and backlash, these digital spaces remain vital for marginalized voices, demonstrating how inclusive and ethical mobilization of technology can drive cultural transformation and legal accountability.

3.7 Between Taboos and Tradition: The Cultural Roots of SRHR Inaccessibility

3.7.1 Silence, Shame, and the Cultural Policing of Sexuality: In Pakistan, sexual and reproductive health and rights (SRHR) remain highly stigmatized and shrouded in cultural silence. The subjects such as menstruation, consent, sexuality, and contraception are often considered inappropriate for public discourse, especially when concerning women and gender minorities, impeding progress on 5.6.1 and 5.6.2. This culture of silence, locally referred to as chhupana, is particularly prevalent in conservative settings such as religious seminaries (madrassas), rural communities, and among socioeconomically excluded groups. It disproportionately impacts adolescent girls, women with disabilities, and trans persons by denying them access to essential health information and services (Bashir et. al., 2017). Suppressing conversations about sexuality and reproductive rights is not just a cultural issue but a systemic one. It is perpetuated through the absence of relevant content in school curricula, the stigmatization of patients in healthcare, and widespread societal pressure to conform to ideals of modesty and obedience. This deliberate erasure reinforces gendered power structures and undermines bodily autonomy. In many communities, seeking information or speaking up about bodily rights can result in harassment, ostracization, or violence (Banik et. al., 2023).

3.7.2 Norms That Police Bodily Autonomy and Decision-Making: A range of cultural practices across Pakistan actively regulate and restrict female bodies under the pretext of protecting honor or ensuring modesty. In the Kalash community in Chitral, for instance, the practice of Bashalini (DASTAK Foundation & ARROW, 2024) requires menstruating women to isolate in small huts away from their families. This tradition reinforces perceptions of impurity and exclusion, often beginning at puberty and continuing throughout a woman's reproductive years. It leads to emotional distress and reinforces gendered hierarchies that isolate women from daily life. Similarly, in parts of Khyber Pakhtunkhwa, chest binding is practiced as a means of desexualizing adolescent girls to preserve family honor (DASTAK Foundation & ARROW, 2024). Though presented as protective, this practice undermines physical health, induces psychological harm, and instills shame about natural body development. These practices are not isolated behaviors but reflect broader patriarchal norms deeply embedded in class, ethnic, and regional dynamics. They directly contribute to the violation of bodily autonomy and contravene the protections outlined under SDG 5.6 and 5.2, which address harmful practices and gender-based violence. Rare progressive legislative efforts, such as banning child marriage, are often met with resistance and labeled as un-Islamic by conservative religious bodies, undermining efforts to protect girls and uphold bodily autonomy (Ali, 2025).

3.7.3 Lack of Comprehensive Sexual Health Education: The absence of comprehensive sexual education in Pakistan remains a significant obstacle to achieving informed decision-making, especially among adolescents and young adults. Both formal and informal education systems avoid discussions around reproductive health, bodily autonomy, and consent. Social norms and religious sensitivities contribute to the omission of this content, leading to widespread misinformation and increased vulnerability to sexual abuse, coercion, and unsafe practices (Bilal & Leygraf, 2024). The aforementioned is often rooted in cultural norms of shame and honor surrounding sexual health. Without access to accurate and age-appropriate information, young people are left unprepared to understand or protect their sexual and reproductive health. This also contributes to poor health outcomes and perpetuates harmful myths and attitudes, underscoring the need to integrate of rights-based sexual education that is contextually and culturally sensitive.

3.7.4 Misconceptions and Stigma Surrounding Contraception and Family Planning: Contraceptive use and family planning are often stigmatized in both rural and urban parts of Pakistan due to religious taboos, cultural anxieties, and moral policing (Jamali & Simon, 2024). Myths and misinformation regarding contraceptives are widespread, leading to a reluctance among individuals, particularly women and young people, to seek information or access services. In some cases, even health professionals are hesitant to offer contraceptive counseling due to fear of backlash from communities or religious authorities, preventing progress on 5.6.1 (Memon et al., 2023). This stigma results in tangible health consequences, including unintended pregnancies, unsafe abortions, and unmet reproductive health needs (Coulson et al., 2023). The lack of open discourse around family planning violates individuals' rights to make informed decisions about their bodies and futures. Culturally appropriate awareness initiatives must be developed that respect local values while promoting the importance of reproductive health and choice. There have been recent attempts to involve religious scholars to promote family planning and the use of contraceptives (Rehman & Nasir, 2024).

Strengthening service delivery, investing in healthcare provider training, and supporting community engagement are critical components of dismantling this stigma.

3.8 Roots Rising: Cultural Norms that Safeguard and Improve Access to Sexual and Reproductive Health and Rights

3.8.1 Community-Rooted Approaches That Encourage Dialogue and Access: Cultural norms in Pakistan have historically discouraged open discussion around sexual and reproductive health and rights (SRHR), particularly concerning topics such as menstruation, contraception, consent, and family planning (Jeter, 2022). However, there has been a notable shift in recent years, with several grassroots initiatives leveraging cultural tools, such as language, folklore, and tradition, to advance SRHR awareness in accessible and contextually appropriate ways. In rural and low-literacy settings, community theatre, folk music, and storytelling have been used effectively to challenge taboos and communicate key health information. For instance, menstrual hygiene awareness has been integrated into school health sessions and community meetings using local idioms and religiously resonant language to ensure cultural alignment (Sagheer et. al., 2025). These efforts help overcome resistance by framing SRHR topics within familiar moral and cultural frameworks. Women-led and youth-led initiatives are also contributing to this shift. In schools and underserved neighborhoods, menstrual hygiene management training is being conducted in a culturally sensitive manner, creating safe spaces for girls to ask questions and access information (Kesterton & Cabral de Mello, 2010).

3.8.2 Community Mobilization on SRHR by Women and Youth Advocates: Local movements led by women and youth are playing a pivotal role in advancing SRHR across Pakistan. These actors are not only addressing information and service gaps but are also reshaping public discourse by reclaiming social and cultural spaces. Women-led organizations have implemented school-based and community-level programs that promote menstrual hygiene and bodily literacy. These programs, designed with attention to cultural sensitivities, provide platforms for young girls to engage in dialogue and access vital health education (Baloch & Ali, 2015). Youth groups and feminist collectives have also emerged as important drivers of change, using peer education models, creative activism, and digital platforms to advocate for comprehensive reproductive health. Placards, performances, and community engagement efforts at feminist events have normalized discussions around previously taboo subjects such as contraceptive use and sexual autonomy. These movements intentionally center the lived experiences of marginalized groups, including adolescents, gender minorities, and persons with disabilities, making them integral to the broader fight for SRHR (Tanabe et. al., 2022). These movements are not only addressing immediate SRHR needs but are also contributing to long-term cultural transformation.

3.8.3 Religious Narratives Promoting Health and Wellbeing: While religious conservatism has often been cited as a barrier to SRHR in Pakistan, there is an increasing shift toward progressive engagement with faith-based narratives to support bodily rights and reproductive health. Religious texts and teachings are being reinterpreted to align with values such as compassion (rahmah), public welfare (maslahah), and ease (takhfif), which provide theological support for SRHR within Islamic ethics (Mir & Shaikh, 2013). Fatwas issued by institutions like the Council of Islamic Ideology have endorsed family planning within marriage, framing it as a responsible and permissible practice. Religious leaders are now actively involved in maternal health advocacy and education around safe birth spacing (Rehman & Nasir, 2024). These leaders deliver accurate SRHR information in a religiously acceptable manner, helping to bridge the gap between medical messaging and community acceptance. Interfaith platforms have also enabled religious leaders from Muslim, Christian, and Hindu communities to collectively advocate for maternal health, girls' education, and menstrual hygiene. This shared moral commitment enhances the legitimacy of SRHR efforts in communities that may otherwise resist secular approaches. Women religious scholars and feminist theologians are challenging patriarchal interpretations of religious texts and promoting an inclusive understanding of female dignity, consent, and bodily integrity (Kassam, 2003). Their scholarship provides an important counter-narrative, advancing the idea that SRHR can coexist with spiritual and communal values.

3.8.4 Breaking Stigma around SRHR through Popular and the Digital Media: Mainstream and digital media in Pakistan have begun to play a significant role in normalizing discourse around SRHR. Once limited by social taboos, both television and online platforms are increasingly spotlighting issues related to sexual health, reproductive rights, and gender-based violence. Television dramas such as Udaari and Pehli Si Muhabbat have introduced SRHR-related themes such as child abuse, reproductive coercion, and consent to broad audiences (Sohail, 2021; Haider, 2016). Although these portrayals vary in depth, they help generate conversation and destigmatize sensitive issues. Documentary filmmakers, most notably Sharmeen Obaid-Chinoy, have contributed extensively to SRHR advocacy. Her Aagahi series simplifies legal rights related to early marriage, domestic violence, and reproductive health using short animated videos in local languages (The Express Tribune, 2018). These are disseminated through social media and screened in communities with limited access to formal legal education. Digital platforms have also empowered youth-led and feminist initiatives such as Girls at Dhabas, Aurat Raaj, the DASTAK Foundation and The Digital Rights Foundation to engage audiences through infographics, videos, and storytelling in Urdu and regional languages. These organizations use accessible formats to address topics like menstruation, safe sex, digital safety, and bodily autonomy (Rafaqat & Shabbir, 2024). Furthermore, journalists are increasingly reporting on SRHR as a development and public health concern. Investigative reporting on issues such as unsafe abortions and maternal health inequities is shaping more informed public and policy discourse (Alie et. al., 2008). Positive representations of women health workers and activists are contributing to a shift away from victimhood narratives toward stories of agency and resilience.

In conclusion cultural norms and values in Pakistan shape the everyday realities of both gender-based violence (GBV) and sexual and reproductive health and rights (SRHR), often in deeply interlinked ways. Ten years into the Sustainable Development Goals, it is clear that legal reforms alone are insufficient to address the cultural values that normalize stigma, silence, and shame. Whether in the form of honor codes, gendered expectations around purity and modesty, or widespread taboos around bodily autonomy, these norms operate as mechanisms of control, restricting access to SRHR, reinforcing victim-blaming, and rendering structural violence invisible, especially for women, girls, trans, and gender-diverse individuals. Yet, culture is not static. It is constantly contested and reimagined by communities themselves. Alongside the harmful norms are longstanding and emerging values rooted in care, intergenerational support, community protection, and relational well-being. These cultural resources, often upheld by mothers, midwives, peer networks, and grassroots feminist movements, an provide powerful buffers against systemic gaps, particularly in under-resourced or climate-impacted regions. Feminist resistance, survivor-led activism, digital storytelling, faith-based reinterpretations, and creative interventions are all contributing to a cultural shift, reclaiming dignity, amplifying voices, and challenging the normalisation of violence. These efforts illustrate that meaningful change must emerge from within the cultural fabric, not in opposition to it. Thus, in order to achieve SDG 5.2 and 5.6 in ways that are inclusive, locally rooted, and sustainable, we must hold this duality: culture as both a battleground and a bridge.

Relational Dimension: The relational dimension, composed of intimate, familial, and community-level relationships, is a critical battleground where power, care, coercion, and resistance all play out. As this analysis of SDG 5.2 and 5.6 reveals how these relationships can either entrench violence and restrict access to health, or protect individuals and promote gender equality. Interventions aimed to address GBV and advance SRHR must also ground the work within relational dimensions, not just as a site of oppression, but also as a space of potential transformation.

3.9 From Intimacy to Injustice: Relational Drivers of GBV in Pakistan

3.9.1 Internalized Beliefs and Lack of Awareness: The Self as a Site of Silent Harm: In many cases of emotional abuse, the harm begins with how the survivor has internalized patriarchal and harmful believes about themselves. From a young age, individuals in repressed societies like Pakistan are conditioned to prioritize obedience, sacrifice, and family honor, especially women and gender minorities. These cultural expectations often evolve into deeply internalized beliefs such as "I must endure pain to be worthy" or "If I speak up, I will bring shame." This internal narrative creates fertile ground for emotional abuse. Coupled with limited awareness about what constitutes abuse, especially non-physical forms like gaslighting, ridicule, and chronic invalidation, individuals often normalize or minimize their suffering. They may not even have the language to recognize it. As a result, survivors often stay trapped in cycles of harm, blaming themselves rather than naming the abuse, further reinforcing shame and silence (Irfan, 2023). In Pakistan, the preference for fair skin is not merely an external societal expectation but one that is deeply internalized by women through constant exposure to cultural, interpersonal and relational messaging. From a young age, they are socialized to believe that fairness is central to beauty and social acceptance, especially in a context where marriage is considered a defining milestone. As Rabia Hadi notes, women are "conditioned to believe they will be more accepted in society if they are fair". While colorism affects both genders, the consequences and internalization are disproportionately borne by women, who find themselves excluded from ideals of

beauty, success, and love when they fall outside the narrow bounds of fairness (Iqbal, 2014). Thus, colorism, while not always recognized as overt violence, operates as a normalized mechanism of GBV by limiting autonomy, enabling exploitation, and upholding patriarchal ideals of female value.

3.9.2 Family and Kinship-Based Control Over Justice: Private patriarchy severely limits women's choices, where control over mobility, education, and marriage is often justified as "protection" but easily blurs into coercion. Fathers, brothers, and even mothers may perpetuate silencing and harmful norms through emotional blackmail, withdrawal of support, or threats of expulsion. For example, controlling citizenship documents, ultimately pressuring women to surrender their inheritance rights. (Rubab, 2023). Izzat (honor) becomes a collective burden disproportionately placed on women. When a woman is assaulted, her own family may blame her for "inviting" shame or attention, silencing and discouraging disclosure or legal recourse (Andersson et al., 2009). Survivors often stay silent due to fear of community gossip, family shame, or being disowned. This fear is relational, not just personal, and grounded in real consequences like divorce, isolation, or being denied marriage (Andersson et al., 2009).Early messages like "as long as he does not hit her, it is okay" discourage recognition of emotional harm and enable controlling behaviors. Parent-child relationships commonly reinforce authoritarianism under the guise of discipline, limiting children's ability to set boundaries or identify abuse. These patterns often continue into adulthood, where emotional manipulation in intimate relationships is accepted as normal. Cultural ideals such as patience (sabr) and gratitude are used to silence survivors, while peer and digital spaces can become tools for further control through monitoring and isolation. As a result, emotional abuse remains invalidated, invisible, and deeply entrenched (Irfan, 2023).

3.9.3 The struggle for Identity, Safety and Care for Disabled and Gender-diverse Individuals: According to Akhtar and Bilour (2019b), in Pakistan, transgender individuals face lifelong trauma, including family rejection, discrimination, abuse, legal barriers, and

exclusion from education, jobs, and healthcare, which heightens their risk for mental health issues. In their study, many transgender participants experienced low resilience and self-worth, shaped by ongoing discrimination and social exclusion. Those living with gurus reported feeling stronger and more confident, because of the sense of belonging and guidance within that community. In contrast, contact with biological families did not appear to improve their well-being, reflecting patterns of rejection or mistreatment. Education was linked to greater confidence and coping ability, though many understood "education" to mean practical survival skills rather than formal schooling. Participants also described being excluded from jobs, denied rights, and pushed into begging, dancing, or sex work, all of which further harmed their mental health. A study by Ansari & Maqsood (2018) highlights how the absence of family support significantly increases the vulnerability of transgender individuals to stigma, discrimination, and sexual and gender-based violence (SGBV). Most participants shared a feminine self-concept and preference for traditionally feminine roles, yet were often compelled to perform both masculine and feminine roles to align with societal expectations and reduce family dishonor. Despite this compromise, they remained marginalized within their own homes. The research draws attention to deeply rooted family rejection, with many participants recalling childhoods marked by ridicule, criticism, and emotional neglect. Some faced outright aggression or silence from parents and siblings upon disclosure of their gender identity. These responses contributed to feelings of shame, anxiety, depression, and low self-worth. Alarmingly, some participants also reported experiences of domestic violence, with family rejection often pushing them into homelessness, conditions that further heighten exposure to GBV.

People with disabilities (PWDs) face higher or equal risk of gender-based violence (GBV) compared to others, often experiencing prolonged and multiple forms of abuse from family, partners, or caregivers. Women with disabilities are especially vulnerable due to social norms, dependence on others, and internalized fear of reporting abuse. Risk varies by type of disability, with those having mental impairments facing the highest risk. Structural barriers, like inaccessible services and lack of trained support, further increase vulnerability, yet research and policy attention on GBV against PWDs remains limited (Namatovu et al., 2018).

3.9.4 Marriage and Intimate Relationships as a Site of Harm and Control: In societies where religious and traditional values dominate, marital rape is often downplayed, considered less serious than other forms of rape, and rarely discussed. This stems from the belief that marriage grants a husband ownership over his wife, normalizing sexual abuse within marriage. Many women endure such violence to avoid societal ridicule, despite the harm it causes (Sarfraz et al., 2020). Fieldwork by (Mansab, 2024b) revealed a common belief that sexual activity is a male privilege and marital right, rooted in traditional gender roles, cultural and religious norms, and societal expectations around procreation. These views contrast with perspectives that see sexual intimacy as a shared entitlement requiring mutual consent, reflecting broader tensions between entrenched patriarchal norms and individual autonomy in marriage, which shape views on marital rape. Domestic violence by intimate partners is a global issue that significantly harms women's mental health and quality of life. Verbal, physical, emotional, and sexual abuse are strongly linked with higher levels of anxiety, depression, stress, and lower overall well-being (Malik et al., 2020). A study by Ali et al. (2011) in Karachi found a strong link between intimate partner violence (physical, sexual, and psychological) and poor mental health among Pakistani women, including high rates of depression, memory issues, and suicidal thoughts. Women exposed to violence were over four times more likely to experience suicidal ideation. Few sought legal or medical help due to cultural stigma, lack of support systems, and societal norms that normalize abuse within marriage.

3.9.5 Community Pressure, Peer Influence, and the Reinforcement of Harm: In tightly knit communities, neighbors and relatives act as moral gatekeepers, policing women's behavior and discouraging dissent (Jóhannesdóttir & Skaptadóttir, 2023b). This form of surveillance often reinforces silence and complicity in the face of abuse. Literature also points out incidences where women are emotionally or physically punished due to not giving birth to a male child (Bussey et al, 1999). Among youth, digital platforms have expanded surveillance in a form of technology-facilitated gender-based violence which transcends from online spaces into the real world. In abusive intimate relationships, technology is often weaponized to extend control and instill fear. Revenge porn, the non-consensual sharing of private or sexual images after a breakup or during conflict, is used to shame and humiliate survivors, often deterring them from leaving or speaking out. Sextortion involves threats to release such images unless certain demands are met, such as staying in the relationship or complying with abusive behavior, turning private intimacy into a tool of coercion.

Meanwhile, doxxing, or publicly exposing a partner's personal information like address, phone number, or workplace, is used to intimidate, isolate, and place them at risk of real-world harm (UNFPA, 2017).

In Pakistan, women's online activity is restricted by family surveillance, societal notions of honour, and state censorship using vague terms like "obscenity" and "vulgarity." Bans on apps and moral panic about societal decline extend offline patriarchal control into the digital space, forcing women into self-censorship or anonymity. These measures shrink safe online spaces, widen the gender gap in internet access, and silence diverse voices, turning the internet from a space for expression into one of control (Bokhari, 2020). This form of relational violence thrives on betrayal and intimacy. Online peer harassment experienced by female university students, as highlighted in the study by Muhammad et al. (2018), lies in the betrayal and emotional harm inflicted through close social connections. Survivors reported that trusted individuals, friends or relatives, shared their private photos or information without consent, leading to a deep erosion of trust and long-lasting emotional damage. The study uncovered that, public mocking in group chats and social media comments further amplified their distress, causing anxiety, sadness, and isolation. Many chose not to disclose these experiences to their families due to fear or shame, highlighting a lack of supportive relational environments. The emotional impact was compounded by the absence of reliable support systems, making the violence not just individual but deeply relational in nature.

3.10 Holding Each Other: Relational Anchors that Disrupt GBV in Pakistan

3.10.1 Families and Kinship Structures Providing Emotional and Practical Support: While relational environments promote abuse, they also hold transformative potential for protection and resilience. Supportive family members and peer networks that validate emotional experiences and reject harmful norms can disrupt the cycle of abuse. A child raised to understand healthy boundaries, emotional expression, and consent is far more likely to recognize and challenge abusive behavior. Efforts like The Jugnu Project demonstrate the power of relational intervention, not only by offering therapeutic suppor, but by helping survivors build financial independence, which is often key to exiting abusive relationships. Trustworthy family, friends, or mentors who believe survivors, provide safe space for disclosure, and help them access services can be critical lifelines (Irfan, 2023).

An increasing feminist literature is referring to the micro-level and tactical manner in which women implement agency in their positions through bargaining, struggling, cajoling or even manipulating the constraints that surround them (Kabeer et al, 2021). Such acts of agency do not necessarily look revolutionary, but they involve an ongoing negotiation with power. Relational safety also improves when emotional education is prioritized. Teaching children to identify and name feelings, resolve conflict constructively, and set limits in relationships helps equip them with tools to avoid or leave harmful dynamics. Promoting emotional intelligence alongside academic development fosters relational environments that nurture rather than control. Ultimately, shifting cultural narratives within families and communities, from silence to validation, from obedience to autonomy, can protect against the normalization of emotional abuse. Healing begins when survivors are believed, and when relational spaces foster safety, empathy, and empowerment (Irfan, 2023).

3.10.2 Redefining Masculinity: Safe Spaces for Men as Tools: Encouraging men and boys to critically reflect on harmful gender norms may contribute to the prevention of SGBV, while also promoting emotional wellbeing and healthy expression. By creating safe spaces for dialogue, it can help men unpack societal pressures, build empathy, and adopt non-violent, gender-equitable behaviors. Humqadam is Rozan's program focused on promoting healthier understandings of masculinity and engaging men and boys to prevent gender-based violence (GBV). It began by conducting formative research on young men's perceptions of violence and masculinity, which informed the development of its intervention strategies. The program adapted the Gender Equitable Men (GEM) scale to the Pakistani context to measure attitudes on gender and sexuality, and it has conducted both quantitative and qualitative studies, including life histories of men who took a stand against sexual violence. Beyond awareness, it offers platforms for community activism such as theatre and campaigns. Additionally, the program builds capacity of other NGOs and CBOs, and actively collaborates through networks like MenEngage Alliance and SANAM, contributing to regional knowledge-sharing and curriculum development to challenge harmful masculinities across South Asia (Rozan, 2021). #GuyTalkPakistan is another such initiative, a local adaptation of the Global Guy Talk initiative, launched by DASTAK Foundation and the Embassy of Sweden. It encourages men to engage in open, critical conversations about often-overlooked topics like ego, love, friendship, and fatherhood, fostering emotional expression and reflection on their roles in society (Guy Talk Pakistan, 2025).

3.10.3 Peer Solidarity as a Buffer Against Isolation and Abuse: Pakistan's feminist movement today thrives in both online and offline spaces, building on a legacy shaped by groups like the Women's Action Forum (WAF) and Sindhiani Tehreek, who resisted Zia-ul-Haq's Islamization in the 1980s through street protests despite state violence. Figures such as Dr. Rubina Saigol, Shmyla Khan (Digital Rights Foundation, Aurat March), Natasha Ansari (Girls at Dhabas), and Tooba Syed (Women's Democratic Front, Awami Workers Party) emphasize bridging generational divides, with younger feminists tackling body politics, public space, and sexual autonomy through platforms like Aurat March and campaigns such as #IAmAMarcher. Archival work remains central, with organizations like ASR, Simorgh, Shirkat Gah, and Aurat Foundation documenting feminist histories, while digital activism, including #MeToo, offers new tools for consciousness-raising and coalition-building. However, activists like Zainab Shumail stress that online work must be complemented by in-person organizing to foster trust and collective strategy, while also addressing gaps in representation, particularly for gender-diverse and marginalized voices (Z. Rehman, 2019). Kanwal Ahmed, a Pakistani entrepreneur, activist, and talk show host, founded the Facebook group Soul Sisters Pakistan in 2013, which now has 258k followers. Her efforts to create a platform for South Asian women to discuss culturally taboo issues were recognized by Facebook, which selected her for its Community Leadership Program in 2018 (Entrepreneur Middle East, 2022).

Shahzadi et al. (2024) notes that such female-only Facebook groups like "Soul Sisters" act as safe, supportive, and empowering spaces where women can share experiences, seek advice, and connect over common challenges. They foster emotional support, community building, and exchange information on topics like health, career, lifestyle, and women's rights. These groups encourage personal growth, showcase talents, organize events, promote advocacy against gender-based violence, and challenge patriarchal norms. Through empathy, solidarity, and shared resources, they help women build confidence, form meaningful relationships, and engage in collective action for social change, making them vital platforms for empowerment in the digital age. DASTAK Foundation's FIERCE (Feminist Initiative for Environmental Resilience, Collective Care, and Well-being of Eco-Justice Defenders) is a groundbreaking initiative from Pakistan that reimagines care, climate and gender justice through a gender-responsive, intersectional, and participatory model. Rooted in the belief that care and emotion are central to sustainable activism, FIERCE centers the lived experiences and emotional well-being of frontline defenders, especially women and marginalized groups, who often bear the burden of advocacy. By "caring for the caregivers" and "defending the defenders," the initiative not only advances eco-justice but also builds more resilient and inclusive movements that rests on forging relational threads of resistance. Through collective care practices, storytelling, and mutual support, the initiative strengthens bonds between activists, helping them recognize that they are not alone in their fight. This peer connection fosters resilience, counters burnout, and shields individuals from the emotional toll of marginalization and systemic violence, making solidarity itself a form of protection and empowerment (S. U. Rehman, 2025).

Resilience and Rights: Safety, Care and Sexual and Reproductive Health and Rights of Environmental Human Rights Defenders in Pakistan, a report co-authored by WEHRDs from Khyber Pakhtunkhwa and Sindh with DASTAK and ARROW, documents the lived realities of women on the climate frontlines and their struggles to access SRHR. It reveals major gaps in disaster preparedness, gender-sensitive infrastructure, and mental and reproductive health services during crises. Centering WEHRDs' voices, the study offers actionable recommendations to address these systemic failures and recognize their vital roles as first responders, caregivers, and community leaders. (WEHRDs of KPK and Sindh et al., 2022)

3.11 Silence, Shame and Surveillance: Relational Barriers to SRHR in Pakistan

3.11.1 Restrictive Roles Imposed Through Family and Marriage: Girls learn from a young age that their value is linked to their sexual purity and the honor of their families. This moral framework, upheld by informal structures like the biradari (kinship system), restricts their capacity to make decisions about their own bodies (Ghani et al., 2023). Even well-intentioned cultural practices such as premarital counseling or family mediation can reinforce the notion that a woman's choices must be approved by others, often by male elders. These cultural structures blur the distinction between care and control, leaving women with limited opportunities to assert their independent agency (Wray et al, 2004). It is pertinent to understand that, most South Asian settings are not individualistic when it comes to making important choices concerning mobility, health, marriage, and reproduction; instead, such decisions are taken at the family level, usually by husbands, fathers, or elders (Palriwala, 2016). Some literature has considered

these relations as structurally oppressive, however, other literatures have provided a more complex picture in which women act within limitations, via negotiation, persuasion and strategic resistance. Women often need their husband's approval to access contraception, especially in joint family systems where mothers-in-law may also interfere **(Pradhan & Mondal, 2023)**.

3.11.2 Relational and Community Expectations Limiting Access to SRHR: Memon et al. (2022) conducted focus group discussions and in-depth interviews across community members and healthcare providers to explore the barriers, enablers, and perceptions around family planning (FP) and sexual and reproductive health (SRH) in Pakistan. Findings highlight widespread myths and fears about side effects (e.g., infertility, cancer), rooted in poor awareness and social influences, particularly from male family members and in-laws. Religious narratives were often misused to oppose FP, although some participants saw religion as supportive of birth spacing and women's rights. Gender norms confined women to domestic roles, stripped them of decision-making power, and impeded access to FP services, especially where male consent or financial support was required. Financial hardship was a major barrier, with many forced to rely on private services due to mistrust or unavailability in public facilities. Service provision suffered from staff shortages, lack of training, stock-outs of contraceptives, and absence of private counseling spaces. Adolescents were particularly underserved due to stigma, lack of friendly services, and community taboos, making them vulnerable to unwanted pregnancies and misinformation. Critically, the study found that while men are key decision-makers, their exclusion from FP counseling efforts leaves women unsupported or forced into secrecy.

According to the Population Council and Guttmacher (2024), Pakistan faces significant reproductive health challenges due to a high population growth rate (2.55 percent), low contraceptive use (34 percent), and unmet need for family planning (17.3 percent). These issues contribute to unintended pregnancies, often ending in unsafe abortions and related complications, which are the third leading cause of maternal deaths (10 percent of maternal mortality in 2019). Although abortion is legally restricted, with exceptions for life-saving or "necessary treatment" purposes, the ambiguity of the law, societal stigma and most importantly the relational influences push many women toward unsafe, informal providers. Most women (62 percent) seek postabortion care in public health facilities due to affordability where quality concerns persist: nearly half of all facilities continue to use outdated and non-recommended methods like dilation and curettage (D&C) (Population Council and Guttmacher, 2024).

Access to abortion and post-abortion care is shaped not only by legal restrictions but also by relational dynamics between women and those around them, particularly healthcare providers. The law's ambiguity and stigma around abortion often make these interactions difficult, impeding access to 5.6. Many medical professionals, influenced by personal beliefs, are hesitant to provide care or may strongly discourage women from seeking abortions, creating a dynamic where trust is compromised. This reluctance discourages open communication and can push women to seek abortions in secrecy, often without emotional support from family or partners. Even though guidelines for safe abortion care exist, they are not widely known to the public, limiting women's ability to make informed decisions or advocate for themselves in clinical settings. These relational barriers, rooted in judgment, silence, and unequal power, compound the legal and institutional challenges, making access to safe care a complex and often isolating experience (Center for Reproductive Rights & Aahung, 2022).

Soofi et al. (2023) note that in high-risk Karachi UCs, refusals, especially for OPV, were heavily shaped by the widespread myth that polio and other childhood vaccines caused infertility or were part of a covert birth-control plot. Rumors about non-halal ingredients, foreign conspiracies, and divine interference amplified this fear and often overrode maternal autonomy; even mothers who could decide for themselves declined vaccination to avoid perceived reproductive harm. Male and elder gatekeepers reinforced these concerns, and belief in vaccine-induced infertility was the only factor that showed a significant association with OPV refusal in the study. In many communities, especially where fertility is deeply linked to a woman's value, such misinformation fuels fear and control over women's health choices.

In Pakistan, deeply rooted virginity myths equate a woman's worth with an intact hymen, leading to harmful practices like karo-kari (honor killings), where suspicion of premarital or extramarital sex, often judged by the absence of bleeding on the wedding night, can result in violence or death. Informal justice systems like jirgas and panchayats often reinforce these beliefs, particularly in rural Sindh. Despite the hymen's variability, affected by exercise, medical conditions, or congenital absence, young people lack access to accurate, culturally appropriate sex education and instead turn to unreliable sources. To dismantle these myths and protect women's SRHR, Pakistan urgently needs government-led awareness campaigns and formal sex education in schools (Ahsan et al., 2024).

Kosi (2025) highlights the **"husband stitch"** as a form of gendered medical violence that undermines women's bodily autonomy. Performed after childbirth, often without informed consent, it involves adding an extra vaginal stitch to enhance male sexual pleasure. This practice reflects broader patriarchal norms, where women's pain is minimized and their bodies are treated as objects for male satisfaction. It also reveals how women are excluded from healthcare decisions and socialized to prioritize male needs, sometimes internalizing these expectations themselves. Despite being framed as beneficial, the procedure often results in long-term physical and psychological harm, illustrating how systemic gender inequality is embedded in medical practices. The abovementioned practices are reinforced with relational dimensions, making inaccessibility to SRHR deeply personal and relational, meanwhile impeding progress towards SDG5.6.

3.11.3 Exclusion of Disabled and Gender-Diverse Individuals From Access and Dialogue: Those identifying as sexual and gender minorities are often erased within relational and healthcare settings. The transgender community in Pakistan faces severe health and social challenges due to systemic discrimination. A study of 214 trans individuals in Lahore, mostly trans-females, found high rates of school exclusion (61percent), low income, and widespread substance use. Access to healthcare was limited and often discriminatory, with 82 percent reporting mistreatment by providers and 84 percent stating that doctors lacked transgender-specific knowledge. Economic marginalization pushed many into sex work, and low awareness of sexual health risks remains a concern. These findings highlight the urgent need for inclusive healthcare, legal protections, and social support systems (Manzoor et al., 2021).

The Rahnuma Family Planning Association of Pakistan (R-FPAP) study by Jaffer (2018), conducted in collaboration with the Institute of Social Sciences (ISS), explored the state of sexual and reproductive health (SRH) access and information among persons with

disabilities (PWDs) in Pakistan. Through interviews and focus groups with PWDs, their caregivers, service providers, and institutional staff, the study revealed a significant gap between the SRH needs of PWDs and the availability of appropriate information and services. Widespread myths and misconceptions about SRH and disability persist, including harmful beliefs about masturbation and fertility, many of which are internalized by PWDs and reinforced by educators. affer (2018) explains, service providers often hold biased views of PWDs, seeing them as hypersexual or difficult, while disciplinary, rather than supportive, approaches dominate institutional care. Sexual harassment was found to be a serious issue in such institutions, often underreported.

3.12 Beyond Barriers: Relational Anchors and Pathways to SRHR in Pakistan

3.12.1 Lady Health Visitors, Worker and Midwives as Relational Bridges to SRHR: The LHVs, LHWs and Midwives have built grassroots relational care infrastructure, grounded in trust, community embeddedness, and the emotional labor of women. They are often recruited from within the communities they serve, allowing them to build long-term relationships with women and households. This proximity enables them to navigate the sensitivities of sexual and reproductive health and rights (SRHR) in highly gendered and conservative contexts. In areas where male gatekeeping of mobility and healthcare decision-making is strong, they act as essential intermediaries. Their sustained presence helps normalize conversations around contraception, menstrual health, antenatal care, and family planning, topics otherwise taboo or inaccessible due to prevailing patriarchal norms (USAID et al., 2012). Furthermore, they play a critical role in fostering relational autonomy, they support women in making decisions about their own bodies within constrained family and community environments. For many women, they are not only health workers but confidantes and care allies, providing emotional reassurance and reducing isolation. This role is especially critical in post-crisis or climate-impacted areas, where health systems are fractured and the need for psychosocial support is acute (DASTAK Foundation & ARROW, 2024)

3.12.2 Empowering Adolescents Through SRHR Education and Safe Dialogue Spaces: Families can play a vital role in teaching menstrual hygiene, negotiating contraception, and destigmatizing bodily autonomy. Iqbal et al. (2017), after exploring adolescents' understanding of sexual and reproductive health rights (ASRHR) in Lahore, found that adolescents recognized the importance of SRHR, but they lacked accurate knowledge and often relied on unreliable sources like peers or the internet. The study emphasized a gap that highlights the need for rights-based, community-driven interventions involving schools, households, media, and health systems. It recommended integrating SRHR education into curricula, training parents and teachers, and creating safe spaces for adolescents to access reliable information and exercise their rights.

3.12.3 Peer and Community-Led Initiatives Advancing Awareness and Access: Workshops in schools or NGOs (where allowed) facilitate peer-to-peer learning. These can be crucial when parents and teachers are unable, unaware or unwilling to provide information. A project by Lassi et al. (2025) addressed adolescent access to SRHR by co-developing a culturally relevant SRH toolkit with adolescents aged 12-19 from semi-urban communities. Using methods like Priority Setting Partnerships (PSP), Participatory Action Research (PAR), and acceptability assessments, the initiative ensured that young people play an active role in shaping toolkit content and delivery. The outcome was a multilingual, youth-friendly toolkit (in English, Urdu, and Sindhi) covering key SRH topics including contraception, safe abortion, and gender-based violence. By centering adolescents' voices, the project aims to enhance their knowledge, agency, and informed decision-making, contributing to more inclusive and effective SRH programming in Pakistan.

3.12.4 Disabled and Gender-Diverse Individuals Forging Nurturing Relational Movements: Trans-led community-based initiatives like Gender Interactive Alliance (GIA) and the Transgender Rights and Care Program (TRCP) are advancing access to sexual and reproductive health and rights (SRHR) for transgender individuals in Pakistan. GIA, founded by Bindiya Rana, focuses on addressing health inequities, HIV prevention, and gender-based violence, while also advocating for policy reform and resisting anti-gender movements (giapakistan.com, 2024). TRCP complements this by providing free or subsidized medical and dental care, mental health support, and health education, along with covering treatment-related costs (Transgender Health & Wellness Programs – TRANSPK, 2025). Together, these initiatives ensure that transgender communities receive inclusive, rights-based SRHR support rooted in lived experiences and are able to forge relationships that are nurturing.

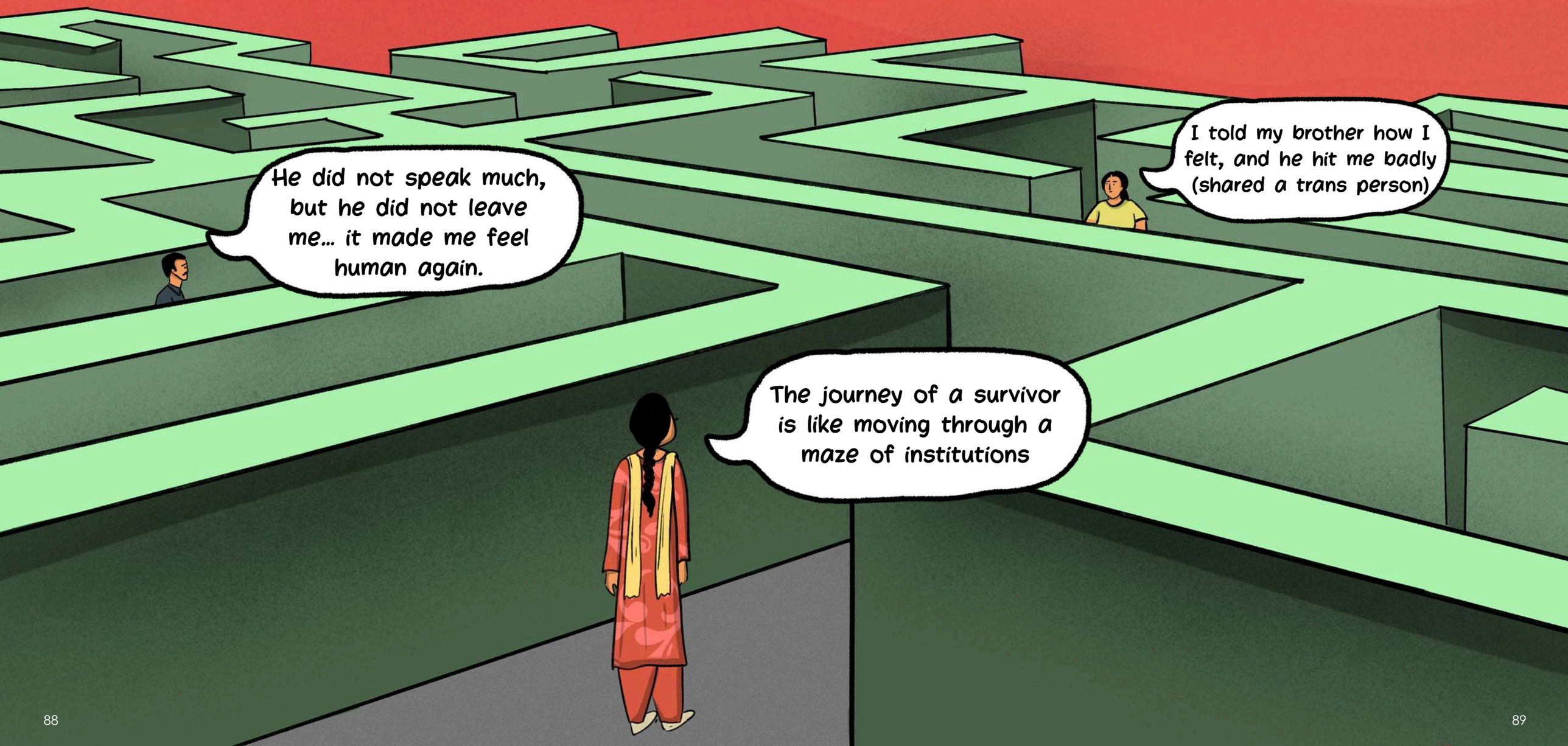
The Saheli Project by NOWPDP, in collaboration with UN Women, aims to empower women with disabilities (WWDs) in Pakistan by addressing gender-based violence (GBV) and promoting economic and social inclusion. Recognizing their dual marginalization, the initiative trains selected WWDs, called Sahelis, as community leaders to bridge gaps between WWDs and support services like employment programs (NOWPDP, 2025). The initiative also forges relations of support and camaraderie among the group.

3.12.5 Shifting Masculinities for Shared Decisions around SRHR: Patriarchal norms often limit women's mobility, decision-making power, and access to sexual and reproductive health and rights (SRHR). However, targeted interventions by organizations like **Rozan** and **UNFPA, Pakistan** have shown promising results in **shifting gender norms and relational behaviors** within families. UNFPA launched the 'Husband School for Family Planning' in Pakistan, community outreach spaces for men to gather and talk about what it means to be a family. The Husband school has conversations around the importance of fatherhood, family planning, the importance of prenatal checkups and child immunization (UNFPA, 2024). Through community-based awareness sessions, and transformative training programs for men, these community spaces are fostering more equitable household dynamics. As a result, there are documented instances where **husbands begin accompanying their wives** to health checkups. In some cases, men reported participating in **contraceptive decision-making** (UNFPA, 2024). This shift, from control to care, represents a significant **relational transformation** that goes beyond service uptake.

In conclusion, the relational dimension, comprising the complex networks of kinship, intimacy, community, and care, is not a peripheral concern in the realization of SDG 5.2 and 5.6, but its very heart. From internalized oppression to structural surveillance, relationships can perpetuate gender-based violence and impede access to sexual and reproductive health and rights (SRHR). These harms are relational in nature, emerging not only from individuals, but from collective systems of expectation, duty, and honor that police bodies and restrict autonomy, particularly for women, trans persons, and people with disabilities. Yet, within these same relational spaces lie the seeds of resistance, healing, and transformation. The small acts of care, solidarity, and emotional literacy, whether through a midwife's quiet counsel, a feminist Facebook group, or a community of trans and disabled activists, reframe the relational landscape from one of control to one of collective care. To truly advance gender equality and reproductive justice in Pakistan, relationality must be recognized not merely as context but as a core mechanism of both harm and healing. Feminist approaches that honor interdependence, lived experience, and everyday resistance can reimagine relational power not as a barrier, but as the foundation for justice and collective liberation.

Drink some water. Stretch your hands. The stories ahead may ache, give your body permission to rest between lines.

CHAPTER 4: FROM THE MARGINS TO THE CENTER: FEMINIST KNOWLEDGE FROM THE FRONTLINES



CHAPTER 4:

From the Margins to the Center: Feminist Knowledge from the Frontlines

In the landscape of gender-based violence (GBV) and sexual and reproductive health and rights (SRHR) in Pakistan, lived realities are shaped by a complex interplay of structural gaps, cultural norms, and community responses. While many survivors still face institutional neglect, stigma, and legal barriers, there are also powerful examples of resilience, care, and transformative change, often led by communities and civil society working on the frontlines.

This chapter does not present a singular narrative. Instead, it offers a spectrum: of harm and hope, of marginalization and movement-building. By centering frontline perspectives, we move beyond abstract indicators and bring into focus the cultural, relational, and systemic dimensions of access to justice and SRHR in Pakistan. We explore the systems responsible for upholding rights, analyze norms, values and beliefs that are reinforced through media, religion and traditions and explore dynamics of care, control and coercion within families, marriages, communities and caregiving relationships. We unpack how institutions responsible for preventing it, sometimes reproduce violence; cultural narratives around honor, shame and purity normalize violence and restrict bodily autonomy; we explore gendered hierarchies within homes and communities that act as battlegrounds for harm. These grounded insights, analyzed through a color-coded emotional spectrum – WUJOOD, are not just stories of resistance and survival, they are blueprints for reform, care, and entry points for feminist justice. These community driven insights in parallel also highlight that institutional care is possible when it is shaped by trust, empathy, and accountability. We see transformational impact through cultural and relational dimensions, guided by the values of care and community.

The chapter offers a feminist, care-centered and emotionally grounded analysis of how organisations and communities feel and experience institutional, cultural and relational dimensions while accessing justice and sexual and reproductive health services and rights in Pakistan. The analysis is complimented by in-depth interviews conducted with community-based organizations, national and international non-governmental organizations. Rooted in the lived experiences of survivors and feminist movement builders, the research moves beyond numbers and gives communities an opportunity to color their experiences and express through emotions, it co-visualizes the complex ground realities with them on a spectrum (WUJOOD tool). This approach captures not only whether the institutional, cultural and relational support exists, but how people experience it emotionally, ranging from trauma and abandonment to safety, hope and transformation.

4.1 Reader's Guide: Understanding SDG 5.2 and 5.6 Analysis under WUJOOD

The chapter offers a feminist, care-centered reading of Pakistan's progress on sustainable developed goal 5, with a focused lens on SDG 5.2 (Elimination of all forms of violence against women and girls) and SDG 5.6 (Universal access to sexual and reproductive health and rights), based on primary data collected by DASTAK Foundation. Instead of just numbers, the analysis draws on community voices and feminist frameworks to map how power, violence, care, resistance and healing move across three interrelated dimensions as tiers of analysis:

- **Institutional Dimension:** This tier assesses whether systems meant to provide protection and rights are available, accessible, safe, and functioning, or whether laws, policies, services and systems reproduce harm through neglect, bias, or exclusion.
- **Cultural Dimension:** This tier interrogates the cultural stories that justify violence, silence bodies, or empower change, and how norms, values, religious beliefs, traditions, media narratives shape perceptions of rights, harm, and autonomy.
- **Relational Dimension:** This tier explores how relationships can enable or restrict access to safety and SRHR, examining dynamics of silence, shame, love, control, and emotional resilience among family, marriage, kinship, caregiving, friendship and peer spaces.

The analysis and findings are positioned on a spectrum that moves across systemic progress and emotional experience. This dual lens helps us not only assess functionality, but also understand the feelings and emotional journeys, from fear to shame, culminating into resistance and hope, that shape how people actually live within these systems.

This color-coded-emotion framework is applied to each tier of SDG 5.2 and 5.6, allowing readers to see where breakdowns occur and where change is emerging, from **sites of active harm to pockets of resistance and care.**

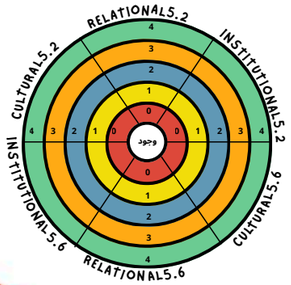
The WUJOOD spectrums, presented at the start of each section, provide a visual diagnosis of how institutional, cultural and relational systems in Pakistan are functioning, or failing, in relation to SDG 5.2 and 5.6 respectively. The spectrums relevel what persists within three tiers of analysis and later how it is felt emotionally, particularly across gender identities. It is pertinent to understand that behind each segment of the spectrum, **active harm, isolated response, partial response, supportive response or transformative**, lie deeply personal and collective emotional landscapes. These range from fear and shame to helplessness, frustration and in some cases, resilience and hope. Hence, followed by the analysis of the spectrums for each dimension under 5.2 and 5.6, we present emotional truths behind these dimensions. The emotional meanings are grounded in survivor testimonies, feminist analysis and journeys of joy and resilience. As you move through the next sections, the color-coded emotional map shifts from fear to hope, recognizing that healing and rebuilding with joy, resilience and hope is possible.

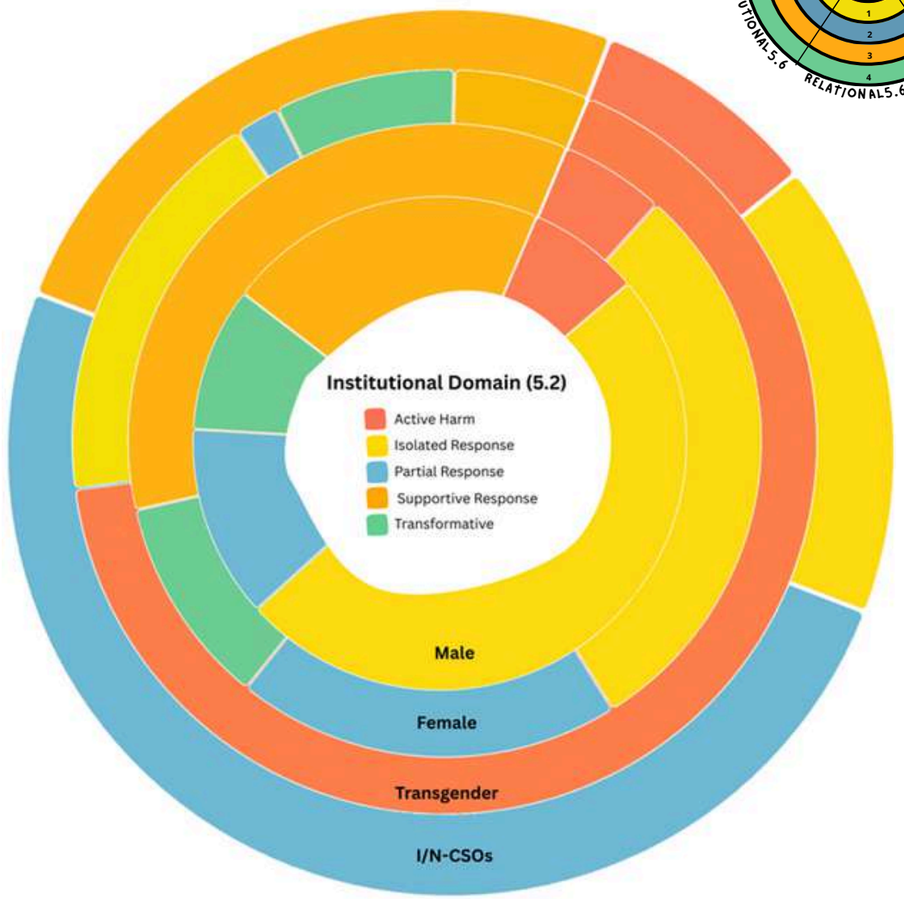
SPECTRUM COLOR	WUJOOD RAITING	DIMENSIONAL MEANING	EMOTIONAL MEANING
Red	0	**Active Harm** (Reproduces harm, silences agency and autonomy)	Fear, trauma and despair
Yellow	1	**Isolated Response** (Exists on paper, with limited reach and access)	Anxiety and Hopelessness
Blue	2	**Partial Response** (Present, but inequitable or unsafe)	Helplessness and Vulnerability
Orange	3	**Supportive Response** (Functioning with moderate equity)	Frustration and Distrust
Red	4	**Transformative** (Accessible, equitable and safe systems)	Hope, joy and resilience

SEE ANNEXURE C FOR DETAILS

4.2 Lived Realities and Resistances: Insights from the Community and Civil Society on Institutional, Cultural and Relational Dimensions of GBV (5.2) and SRHR (5.6) in Pakistan

4.2.1 WUJOOD (Institutional Dimension SDG 5.2)





The figure 4.2.1 (outer most circle) presents CSO perceptions of institutional responses to Gender-Based Violence (GBV) under SDG 5.2, categorized into five categories. A dominant blue suggests that institutions "exist but are not helpful" with partial response, highlighting the gap between policy and effective support. The orange reflects 'supportive response', viewed them as "safe for many", indicating partial trust, but uneven access to protection. Conversely, red represents institutions as "very harmful", reflecting concerns of negligence or retraumatization. Overall, the data points to predominantly negative experiences, underscoring the urgent need for survivor-centered, trauma-informed, and culturally sensitive reforms in GBV service delivery. The inner three circles map institutional experiences with Gender-Based Violence (GBV) across three identity groups (transgender, female, and male) using a color-coded emotional spectrum. The outermost ring (transgender) shows a dominant red, indicating widespread harmful experiences due to systemic exclusion, discrimination, and secondary victimization in institutions like hospitals, police, and courts. Green is minimal, showing few felt supported. The middle ring (females) reflects a mixed pattern, with many reporting institutions as unhelpful (yellow) or unsafe (blue). Orange indicates some perceived safety, but red remains notable, signaling ongoing harm. The innermost ring (males) also contains green and orange, suggesting relatively better support and perceived safety. Red exists, but is less prevalent than in other groups. Overall, the chart reveals stark disparities: transgender individuals face the most harm, women report inconsistent support, and men experience comparatively better institutional treatment. These findings call for inclusive, equitable, and trauma-informed institutional reforms.

4.2.2 From Fear to Hope: The Emotional Landscape of Seeking Justice in Pakistan

Fear and Trauma from Structural Inequalities and Systemic Betrayal [5.2]

In nearly every city and community, fear and trauma showed up when the participants set out to navigate hospitals, police stations, and courts. The institutional neglect and violence experienced were not random; they were structurally embedded and routinely enacted. From Quetta's transgender community, one participant shared,"***We took her to the hospital, but they did not know where to admit her: male or female. That confusion cost her life.***" Others described being inappropriately touched and harassed by police while reporting violence. In Mithi, Sindh a male survivor was told, "***Men do not get harassed.***" His attempt to report was met with humiliation, highlighting how toxic masculinity and gender bias invalidate all but the narrowest definitions of victimhood. Across Pakistan, civil society organizations continue to expose a chilling reality: survivors are not only harmed by perpetrators, but re-traumatized by the very institutions meant to protect them. In this fractured landscape, fear, shame, and silence are engineered consequences of structural inequalities, not exceptions.

The survivors of sexual and gender-based violence are expected to navigate institutions that are structurally present but functionally absent. As Durkhany Ijaz from the Legal Aid Society highlighted, "***The journey of a survivor is like moving through a maze of institutions […] they are not equipped to hold her trauma gently.***" Whether it is the lack of timely medical care, transportation barriers, or police attitudes, the state's infrastructure repeatedly fails to provide dignified, trauma-informed support. Shirkat Gah recounted the story of a 14-year-old survivor forced to wait for police before receiving emergency care, while another organisation described how a sex worker, raped and unconscious, was denied a medical exam because she was considered "not of good character." These stories illustrate how institutions do not just neglect survivors; they actively compound their suffering rather than providing relief. Organizations like Rural Support Programmes Network (RSPN), Sahil, and Da Hawwa Lur highlight that survivors are not only harmed by perpetrators but also re-victimized by societal and systemic responses. From rural women labeled "bad" for seeking justice, to girls in KP forced into marriage under jirga rulings, and to police acting as "gatekeepers of shame," the common thread is institutional betrayal. "***What protection does a girl have,***" asked Shawana Shah, "***if her marriage is decided by men who see her as a transaction?***" Sahil's Dr. Manizeh Bano rated institutional response as "not even 1," noting that survivors are blamed, doubted, or entirely unsupported, with no clear pathways towards justice and healing.

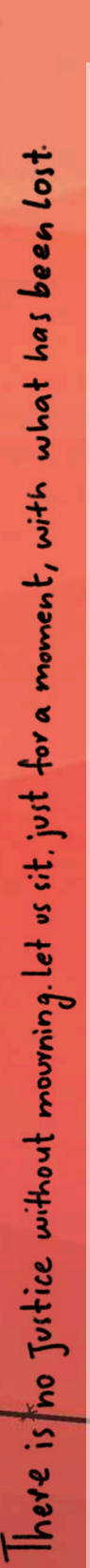
The intersection of marginalization and violence becomes even more severe for transgender persons and women with disabilities. Jahan Dar of Khawaja Sira Society shared how police mocked a trans survivor, saying: "***You people do not have the same rights***," while Fatima from NOWPDP recalled a disabled woman from Balochistan who could not even access the police station, let alone file a First Information Report (FIR). As the Country Director of a renowned INGO in Pakistan observed, "***We have built laws. But we have not built humanity into the system yet. Until we do, every survivor walks through trauma multiple times, once at the hands of their abuser, and again at the hands of the system***".

The fear, pain, and humiliation inflicted by failing institutions block access to justice and healing; barriers that must be dismantled to achieve SDG Target 5.2.

Anxiety and Hopelessness resulting from Inadequate Access to Institutional Support [5.2]

In many discussions, communities knew institutions existed, but the lack of safe, accessible, or respectful services created an ongoing anxiety. In Quetta, a female participant described the emotional toll of visiting hospitals: "If you are unmarried and go to the hospital, they ask, 'Why are you here? Is something wrong at home?'" Such judgment created a double jeopardy: being a survivor and being scrutinized for seeking help. "***Instead of helping, they interrogate***." The fear of being ignored replaced hope with anxiety, and seeking justice became an emotionally taxing endeavor. In Muzaffarabad, a trans respondent noted, "Even though we work in the police department, we are still mocked. They pick us up without a warrant. We fear our own uniforms." This reflects institutional anxiety layered with identity-based discrimination.

In the neglected side roads of Karachi, the remote districts of Sindh, and the mountainous terrain of KP, a common emotional undertone haunts every survivor of gender-based violence: anxiety; not from the violence alone, but from the journey that follows. This anxiety is born out of not knowing where to go, who will help, or whether anyone in the system will listen at all. At Legal Aid Society (LAS), Durkhany Ijaz described how survivors, after enduring violence, are forced to navigate a maze of fragmented services,



hospitals, police stations, courts, where every missed step risks collapsing their entire case. "***The medical exam must happen within 72 hours***," she noted, "***but what if the survivor lives in a village with no female medical officer? What if the police station is 40 kilometers away?***" Survivors do not ask about legal rights; they ask "how to survive the system." The trauma is not only the violence; it is the institutional journey that follows. "***It becomes easier to stay silent than to face the system,***" she added. Organizations like RSPN and NOWPDP echoed how socio-economic barriers, stigma, and the lack of inclusive design systematically exclude disabled women, minorities, and trans people. Even when survivors reach formal spaces, they often find male-dominated institutions that do not believe them or understand their needs. Women are often required to bring male relatives to file FIRs, even when those relatives may be the abusers, revealing how the system wrongly assumes safety lies within the family.

This disconnect plays out across provinces. Da Hawwa Lur recalled a girl married through a jirga in KP. When she fled her abusive husband, police told her, "***Yeh ghar ka masla hai, wapas jao (This is a family matter; go back home.)***" Her voice, Shawana Shah said, carried not just fear; but despair at having nowhere else to turn. NOWPDP told of a wheelchair user who left a police station without reporting assault, not due to fear, but because there was no ramp, no elevator, no protocol. "***If I cannot enter the building,***" she asked, "***will they ever see me as worthy of justice?***" While talking about sex workers another organisation shared that, they do not even approach police, fearing blame, arrest, or retaliation. In one case, a gang-rape survivor was warned she could lose her children if she pursued justice. "***She walked out of that station weeping***," Bushra Rani said, "***not because of what happened, but because of what the institutions might still do.***"

Even where services exist, they are fragmented, underfunded, and often inaccessible, especially in disaster-hit or rural regions. "***In flood-affected areas, the priorities are shelter and food, not protection,***" said the Country Director of an INGO. "***SRHR and GBV services are treated as luxuries, not life-saving necessities.***" Clinics lack even basic staff trained in handling sexual violence. Meanwhile, police, doctors, and medico-legal officers operate without trauma-informed protocols or coordination, eroding survivor trust and weakening evidence chains. These are not isolated failures; they reflect institutional apathy. Across all accounts, one message is clear: when institutions exist only on paper, survivors do not feel hope; they feel hesitation. Anxiety becomes a survival mechanism; survivors prepare for rejection before seeking help. And in that anticipation, silence often feels like the safest choice.

Helplessness and Vulnerability Emerging as a Result of Institutions that Exist, but are Unsafe [5.2]

Institutions were physically present; hospitals, police stations, legal offices, but emotionally and culturally unsafe, especially for marginalized groups is a theme that has been observed across conversations. ***A trans participant in Karachi explained: "I had severe stomach pain. I went to the male ward, but I could not speak freely. Then the female ward was full. I collapsed in the hallway. The doctor mocked me.***" She summarized the trauma with a heartbreaking sentence: "***We become a laughing stock***." A woman from Neelum, AJK, shared how fear silences many: "We do not go to police stations. We are told to stay quiet if something happens. If you talk, people say, 'She is not of good character.'" Despite institutional presence, women were conditioned to avoid them for fear of being labeled or further harmed. Behind every police desk, hospital corridor, or court chamber that physically exists, there lies a psychological wall, one that survivors of gender-based violence often cannot climb. Institutions may appear functional, but survivors soon discover that what exists in form lacks safety in substance. This is where helplessness is born; not from the absence of services, but from their inaccessibility, insensitivity, and intimidation.

"***These departments exist… but the survivor often finds herself retraumatized at each step. "Doctors and legal staff frequently fail to respond in a gender-sensitive or trauma-informed manner… police do not even recognise emotional abuse***", shared one of the participants representing a local civil society organization. She shared a case where a woman was sent to three hospitals in Karachi before being examined, only to miss the critical 72-hour window for evidence collection. Despite legal reforms, including the Anti-Rape Act 2021 and Domestic Violence Acts, enforcement remains weak. Victims like Shakeela Bibi only find recourse through informal community support, while a local civil society organisation reported that reporting often results in character assassination rather than justice.

Across regions, institutional responses show a facade of support that hides deep-seated neglect or hostility. In South Punjab, Shirkat Gah documented a case where a woman seeking help was shamed at a "survivor desk." In Balochistan, Baham Foundation reported that supposed Anti-Rape Crisis Cells were non-functional; survivors were forced to recount their trauma in public, without privacy or proper medical

care. In KP, Da Hawwa Lur revealed how police allowed perpetrators' families to intimidate a teenage gang-rape survivor as she tried to report her case. "***You are not denied help***," said Shawana Shah, "***you are just made to regret asking for help***."

This betrayal is not due to an absence of infrastructure, but a presence of procedural cruelty. Sahil and others underscore that trans survivors, children, and adolescents are often mocked or dismissed outright. Confidentiality is routinely broken, and even legal professionals feel intimidated within the system. As Fareeda Shaheed of Shirkat Gah recalled, a woman's entire case collapsed after her medical file was "accidentally misplaced." Survivors do not only carry the trauma of violence; they carry the added burden of having trusted institutions that watched them drown. Buildings and laws may exist, but without compassion and accountability, the system remains violently indifferent.

Frustration and Distrust as Existent Institutions extend Support and Safety to Some [5.2]

The signboards are polished. The laws are inked. The helplines ring. Yet, for many survivors of gender-based violence, the door opens only for a few. Institutions do not deny their existence but they decide who deserves their protection. This selective safety breeds a bitter kind of emotion: frustration. A woman in Gilgit shared a more nuanced view: "***Yes, hospitals are good; but only when the situation is very severe. We do not go unless we are half dead. Even then, they take us lightly.***" Survivors of sexual violence in Pakistan often face a fragmented and discriminatory justice system. Across the board, civil society organizations point to systemic crisis. Laws may exist, but implementation is skewed by class, geography, and social identity. Progressive legislation in provinces like Sindh and KP only rarely translates into accessible, coordinated services, leaving many to turn to paralegals or community-based networks, which often offer more empathy than the state.

The emerging safety and support is also divided among the privilege and vulnerablised, adding to the frustration and distrust, despite the emergence of supportive systems and institutions. ***"The divide is sharp: urban elites receive swift attention, while women in rural areas are ignored or told to wait until their files disappear"***, as recounted by one of the leading civil society organisations. The disabled, transgender persons, and rural survivors, often the most at risk, are met with indifference, symbolic infrastructure, or outright exclusion. In Balochistan, Anti-Rape Crisis Cells are active only in politically visible districts. In KP, transgender survivors are told to "***handle things within your own community.***" The statement is not neglect, it is exclusion disguised as neutrality, despite the emergence of enabling institutions. "***She kept returning every week… after the third month, she stopped coming,***" PODA shared regarding one tribal woman's ordeal. WANG shared similar experiences from Balochistan, "***When the institutions don't respond, people lose hope and don't try again***"

Some isolated efforts offer hope. NGO-led programs in Lahore's Children's Hospital created a model of trauma-informed, multi-disciplinary care. Fatima from NOWPDP shared, "***when female officers handling the case, particularly high-ranking ones like a female SSP, cases progress much more quickly and seriously***". In Karachi, trained medical professionals are making survivors feel heard, but such initiatives remain rare and geographically limited. As one survivor bitterly asked after being handed a dead hotline number: "***Does this number only work in Quetta?***" The question reflects a deeper truth, justice is not denied outright, but it is rationed. And in that silence, the system answers: justice is available, but only for some.

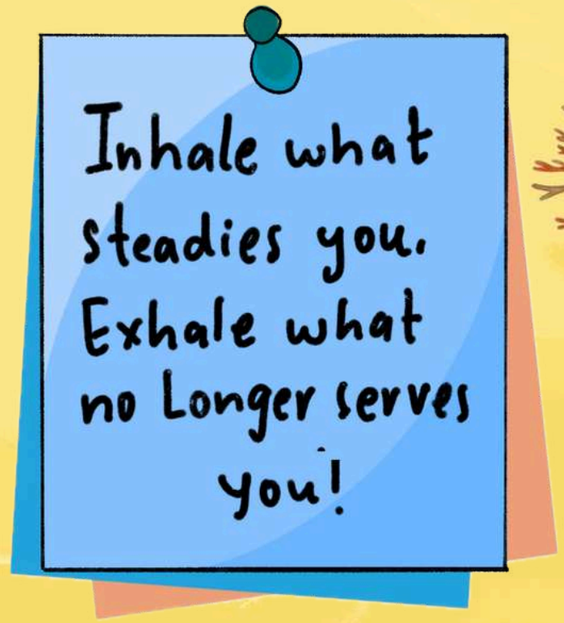
Hope, Joy and Resilience when the Institutions Hear and See you [5.2]

Despite the trauma, some moments revealed pockets of progress, empathy, and dignity; especially when institutions were inclusive, survivor-centered, and responsive. From Gilgit, an older woman recalled: "Five years ago, a girl gave birth out of wedlock. The police protected her. Later, the local religious council arranged her marriage and gave her a new life." In Quetta, a transgender police officer shared her story with pride: "I told my colleagues about the Trans Protection Act 2018. I was an activist first, officer second. Now they treat me equally and give me duties like everyone else". In Lahore, a transgender participant noted: "***Some hospitals now have trans desks. And yes, in my last visit, I was treated well and not questioned about my body. It felt good to be seen as a person.***" And in Peshawar, a woman recalled a small but powerful change: "Now girls leave abusive marriages. Phones help us reach out. My mother once said, 'Do not stay where there is violence. Our door is always open."

In a system often characterized by delay, denial, or despair, there are rare but hopeful moments when institutions work as they should. These moments do not erase the trauma of survivors, but they validate their pain, dignify their agency, and most importantly, offer a glimpse of justice that is possible. Across Pakistan, civil society organizations are reshaping how survivors experience justice. "***I thought nothing would happen, but at every step, someone stood by me***", shared a rape survivor from Sindh. She filed an FIR within 24 hours and was swiftly referred to an Anti-Rape Crisis Cell. For once, the system did not fail her; her joy came not from victory, but from being heard and believed. Similarly, we saw faith being restored when a transgender woman in Lahore, initially dismissed by police, was finally heard by a trained female SHO. "***That day, I felt I was human too***", she said. NOWPDP spotlighted a deaf survivor in Hyderabad whose case had stalled for weeks, until a disability-inclusive legal officer enabled progress through sign language interpretation and trauma support, leading to conviction. The survivor, now a volunteer, said: "***If the system can work for me, then why should I not become part of it for others?***"

In some places community-rooted models have stepped in. RSPN's paralegals and legal support officers' networks in Bahawalpur and Sajawal helped stop child marriage and chronic domestic abuse through legal literacy and collective resistance. In Waziristan's Internally Displaced Persons (IDPs) camps, a non-profit organization shared regarding assisting a young assault survivor by connecting her to an all-women support chain, trauma counselor, medico-legal examiner, and police, within one day. "***For the first time I felt that my life mattered to someone***", she said. In Peshawar, a student who had nearly given up after facing harassment at a university found new strength when an internal inquiry committee took her complaint seriously. "***At first, the system broke me. Now, it has made me stronger***", she told Da Hawwa Lur.

These moments, shared by communities and civil society organizations working across Pakistan are not exceptions, they are signs of what is possible when institutions center compassion. As Dr. Manizeh Bano of Sahil noted, no institution is fully survivor-centered yet, but decades of groundwork have laid the foundation. In Quetta, a sex worker supported by an organization reflected: "***No one punished me for speaking up, I only received help***". These are hard-won moments of visibility, trust, and healing. In them, survivors do not just survive; they begin to heal and reclaim power.

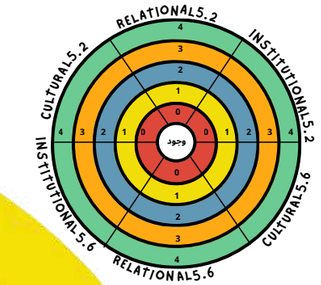


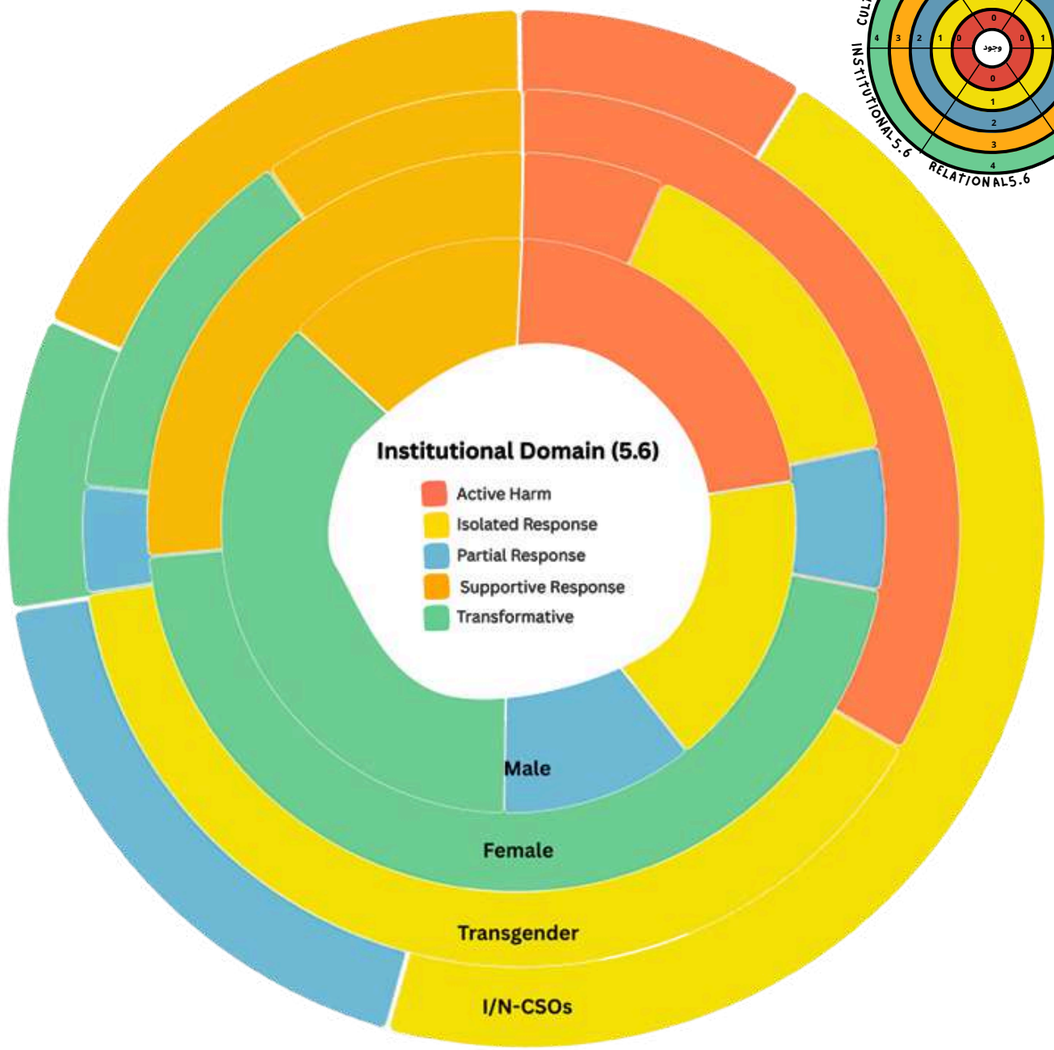
Your dream of becoming a mother is just as valid as anyone else's.

Why do you want a child? Is your existence not enough?

"When I got my period for the first time, I was in a lot of pain. I went to the doctor, and he said, "Get her married".

4.2.3 WUJOOD (Institutional Dimension SDG 5.6)





The outermost circle in the **figure 4.2.3** above captures civil society perspectives on institutional responses to SRHR under SDG 5.6. We see shades of green and orange, wherein the CSOs have rated the institutions to be somewhat supportive and transformative in terms of access to SRHR. However, almost 50 percent (yellow and blue combined) are found to be titled towards isolated and partial response. A troubling presence of red found institutions to be "very harmful" (red) due to mistreatment or discrimination. Despite progress, the data reveals a mixed and uneven institutional landscape, highlighting the need for deeper reforms to ensure consistent, access to SRHR to achieve SDG5.6. **Here, the three inner circles of the figure 4.2.3** show community perceptions of SRHR institutional safety across participant groups (male, female and transgender), using a five-color emotional spectrum.

The outermost ring (transgender participants) features dominant red and yellow, highlighting harm and trauma to be perpetuated through current SRHR systems in place. Around 25 percent of the respondents chose to shade the spectrum with green, orange and blue, highlighting partial, supportive or transformative response. The male and female participants responded majorly with green and orange, reporting affirming experiences with institutions. However, at the same, we also see shades of red, yellow and blue by both male and female respondents, highlighting the need for reform. Overall, while male and female respondents report more affirming experiences, transgender individuals face significant harm, trauma and gaps. The data calls for transforming SRHR institutions into safe, inclusive, and survivor-centered spaces for all identities.

4.2.4 From Fear to Hope: The Emotional Landscape of Accessing SRHR in Pakistan

Fear and Trauma When SRHR Systems Reflect, Not Repair, Structural Inequality [5.6]

In the corridors of Pakistan's public health system, where gender, ability, geography, and power intersect, the stories of fear and trauma often begin not with the absence of institutions but with their failure to see, hear, or value the most marginalized. These are the stories Civil Society Organizations have carried and amplified, stories that reveal structural inequalities not as abstract concepts, but as daily, lived experiences of fear and exclusion. In Peshawar, a young transgender individual shared a haunting recollection of being forced to hide her identity during her teenage years. When she tried to express herself, her family responded not with love but with beatings. "***I told my brother how I felt, and he hit me badly,***" she said. "***Outsiders understand us better than our own family.***" At hospitals, she and her peers often face judgment before treatment. The doctors see their gender first, not their illness. The trauma is not just in the body, but in the way systems fail to recognize their existence. In Waziristan, a married man and university student shared how he had grown up knowing nothing about sexual health. "We were never given education on reproductive rights," he said. "It is seen as shameful." The trauma lies not just in what happened, but in what was never taught, never acknowledged.

Across Pakistan, the trauma women face while seeking sexual and reproductive healthcare is not incidental; it is institutional. An interviewee exposed the deeply embedded ableism in SRHR services, recalling a doctor who told a disabled woman seeking fertility support: "***Why do you want a child? Is your existence not enough?***" This was not just a remark; it was a systemic denial of autonomy, personhood, and the right to parent. They called this a structural form of gendered eugenics, where disabled women are quietly excluded through neglect and bias. In rural Bahawalpur, where even basic services are absent, women like Rabia Bibi, who lives with cognitive disabilities, were never meant to be part of the health system until community educators from RSPN stepped in.

From Punjab to Balochistan and KP, community members and multiple organizations revealed how institutional cruelty compounds personal trauma. A participant shared the story of a 19-year-old rape survivor shamed by a nurse who asked, "***Did it not hurt when you were doing that?***" The girl fled, bleeding and terrified, and never returned to that hospital. In KP, Shawana Shah of Da Hawwa Lur described how a survivor was made to recount her ordeal three separate times, to police, to a doctor, and to a court clerk, none trained in trauma-informed care. "There was no fear in her eyes, it was rage," she recalled. This rage reflects a deeper wound: a system that listens only to protocols, not people. In Balochistan, WANG's staff were threatened for even mentioning contraception, "If you give any woman a pill or anesthesia again, you will face consequences." Here, clinics are as feared as the violence they are meant to treat.

Even in urban areas, formal institutions fail. Dr. Manizeh Bano of Sahil declared SRHR services for children, adolescents, and unmarried girls as practically "zero," kept that way by silence and taboo. "No one talks to children about abuse or their own reproductive health," she said, adding that even sanitary pad ads on TV are protested as indecent. One of the participants from the community sessions shared a very disturbing interaction with the doctor, "When I got my period for the first time, I was in a lot of pain. We went to the doctor, and he said, "***Get her married. Why would I be here to get married? I was in so much pain that my head started spinning when I heard that. How could that be his advice?***"

An organisation from Khyber Pakhtunkhwa described how women in KP walk miles to reach mobile clinics only to find untrained male doctors, leading many, especially young girls, to return home untreated out of fear of shame or gossip. Durkhany Ijaz of the Legal Aid Society underscored the hollowness of promises made by institutions, noting that while over 100 Anti-Rape Crisis Centers exist on paper, only six function with dignity or care. Survivors enter these spaces expecting help but are met with indifference and neglect. As these testimonies make clear, the fear that the system may treat you worse than your abuser is not imagined; it is documented, repeated, and endured daily by women, girls, trans persons, and people with disabilities.

Anxiety and Hopelessness When SRHR Support Is Critical, Yet Out of Reach [5.6]

In the dense neighborhoods of Quetta, transgender participants painted a grim picture of confusion and neglect. One shared the tragic case of a trans woman who died at the hospital; not because of the illness, but because no one knew which ward to place her in. "They debated on male or female? That delay cost her life." The anxiety of not fitting a form, a file, or a ward is ever present. It was recalled one male participants how even after becoming internally displaced, reproductive health education came too late. "***It is too much to ask for clinics to speak to men about family planning,***" he said. The anxiety that arises from not knowing, not being taught, and not being reached by these institutions remains with many from tribal regions and conservative districts. In the quiet examination rooms of public hospitals, in the mobile vans parked along dusty village roads, and in the fragile corridors of under-resourced community health centers, anxiety lingers like a second heartbeat. It is the anxiety of seeking care in systems that are present, but unreachable; funded, but unfamiliar; existing, but untrustworthy. Across Pakistan, civil society organizations witness and document this everyday fear not of violence itself, but of what happens when you turn to the system for help and are met with silence, shame, or bureaucratic abandonment.

Across Pakistan, fear and anxiety are deeply embedded in how women and marginalized groups experience SRHR services. Organizations including Sahil, RSPN, and Da Hawwa Lur echoed that current interventions, workshops, donor-funded programs, or scattered media campaigns, fail to provide consistent, nationwide SRHR education. Myths persist, especially among youth, and services built through community models remain fragile without government ownership. Transgender persons, as shared by Khawaja Sira Society's Jahan Dar, avoid clinics not because of ignorance, but due to constant fear of being demeaned. "***Even asking for help feels like exposing yourself," she said***.

In places like Balochistan, women walk miles to be treated at clinics only to return without care due to absence of female staff. In police and legal systems, survivors are retraumatized by the lack of trained, trauma-informed support. Whether it is a disabled girl whispering about menstruation in Sindh or an IDP questioning why their temporary access to care was not permanent, the message is the same: institutions may exist, but their uncertainty instills fear, not trust. As Shawana Shah put it, the process itself becomes more feared than the trauma. This fear delays, deflects, and silences, becoming a barrier as potent as the violence itself.

Helplessness and Vulnerability When SRHR Services Exist but Remain Unsafe [5.6]

Across Pakistan, from Gilgit-Baltistan to Waziristan, Miranshah to Quetta, SRHR institutions technically exist, but routinely betray those they claim to serve. Survivors and marginalized individuals, especially unmarried girls, transgender persons, and people with disabilities, recount how these services often deepen, rather than ease, their trauma. A transgender woman in Quetta described being insulted by a young doctor during a checkup, his tone only shifted after she threatened to expose him online. "***We feel ashamed talking about the government run health systems,***" a young man in Peshawar confessed. In many areas, sexually transmitted infections treatment and facilities are absent, and even where clinics exist, the atmosphere inside is humiliating, dismissive, or outright unsafe.

The issue is not just physical access, but emotional unreachability. An INGO representative described how SRHR facilities often lack private spaces, trauma-trained staff, or female personnel. "Yes, the buildings exist," she said, "but the environment inside those walls is not meant for the vulnerable." Survivors, especially in Balochistan and Sindh, are forced to recount intimate traumas in front of male staff or strangers, often leaving them untreated. In tribal regions, a 14-year-old girl fled mid-treatment after being mocked by a male attendant. Her words: "***It is better to die than to go there..***" Transgender persons, even in Punjab where inclusive policies exist on paper, are still misgendered and mocked by front-desk staff at the hospitals. "People like me go to hospitals not just for treatment but to beg for dignity," said Jahan Dar of Khawaja Sira Society. Fatima Jamil Khan of NOWPDP highlighted that women and girls with disabilities are often either ignored or spoken about rather than to, stripping them of agency. A doctor once asked a girl with cerebral palsy, "***What is the use of this knowledge for her?***"

Unmarried girls, adolescents, and those in conflict-affected zones face compounded barriers. Even when services are technically present, cultural norms, parental control, shame, and fear turn them into forbidden spaces. In Miranshah, a clinic just 15 minutes away felt miles out of reach to a young woman who remembered the smirks and invasive questions from her last visit. Despite donor-funded projects or urban advancements, the most vulnerable remain excluded. As one CSO representative recalled, "***even in hospitals that offer post-abortion care, women are treated like criminals, they are made to feel like they committed a sin***." Dr. Bano of Sahil shared how even confidential helplines for youth are rare, and when youth are caught seeking information, they risk punishment. "***Girls are stripped of their agency for trying to access SRHR services,***" she added starkly. As Shawana Shah summarized, "This is not the helplessness of ignorance; it is the helplessness of knowing the system is there, but knowing you do not belong inside it."

Frustration and Distrust When SRHR Systems Extend Uneven Support [5.6]

The uneven experience of healthcare access was most evident in conversations from both urban and remote areas. In Gilgit, older women expressed satisfaction with clinics and hospitals, acknowledging that they seek medical help when issues become severe. These services are safe for those who can navigate the system but for most, especially the poor and vulnerable, that threshold is too high. In Quetta, a transgender police officer, a former activist, reflected on the irony of being both within the system and still fighting it. "I was lucky to be in this position," she said. "But it was activism that made them see me as equal." Her frustration echoed a truth: safety in institutions is still a privilege, not a guarantee. The student from Waziristan, added, "It is not just about having hospitals or schools; it is about who they recognize, respect and serve." In the brightly lit corridors of a Lahore government hospital, a young woman waited outside the gynecology ward, clutching her sister's medical papers. Inside, the staff was courteous, attentive, and responsive but only to those accompanied by a man.

Across civil society organizations, a familiar truth emerged: Pakistan's SRHR institutions are slowly and gradually growing in function and reach, but the enabling environment is available to only privileged, not vulnerablised. Women with disabilities, for example, are routinely denied dignity even when services exist. The colleague from a renowned disability rights organization recalled an incident that, when a girl with Down Syndrome was being treated at a local hospital, the doctor only spoke with her mother, treating the girl as if she had no agency. Trans women, too, are invited to speak at awareness campaigns but are denied care at clinics that say "women only." As Jahan Dar of Khawaja Sira Society mentions, "***That is not safety; that's just publicity.***"

From peri-urban girls shamed for seeking contraception to survivors of domestic violence turned away for lacking a male guardian, stories reveal how biases, cultural, institutional, and personal, shape service delivery more than policies or frameworks ever do. Shawana Shah of Da Hawwa Lur captured the irony: "She is literally carrying life, and yet, her word was not enough." In their responses, some respondents see hope in technology. Dr. Bano from Sahil highlighted digital tools as potential safe spaces, where youth can access stigma-free SRHR information without confronting judgment. "Maybe we adults are not bringing change fast enough, but technology can," she said. However, the real heartbreak lies in the fact that the system is not broken; it is selective. "***It is not that the house is in ruins. It is just that the front door does not open for everyone***", remarked one participant from the community sessions.

When SRHR Systems Listen, We Respond back with Joy and Hope [5.6]

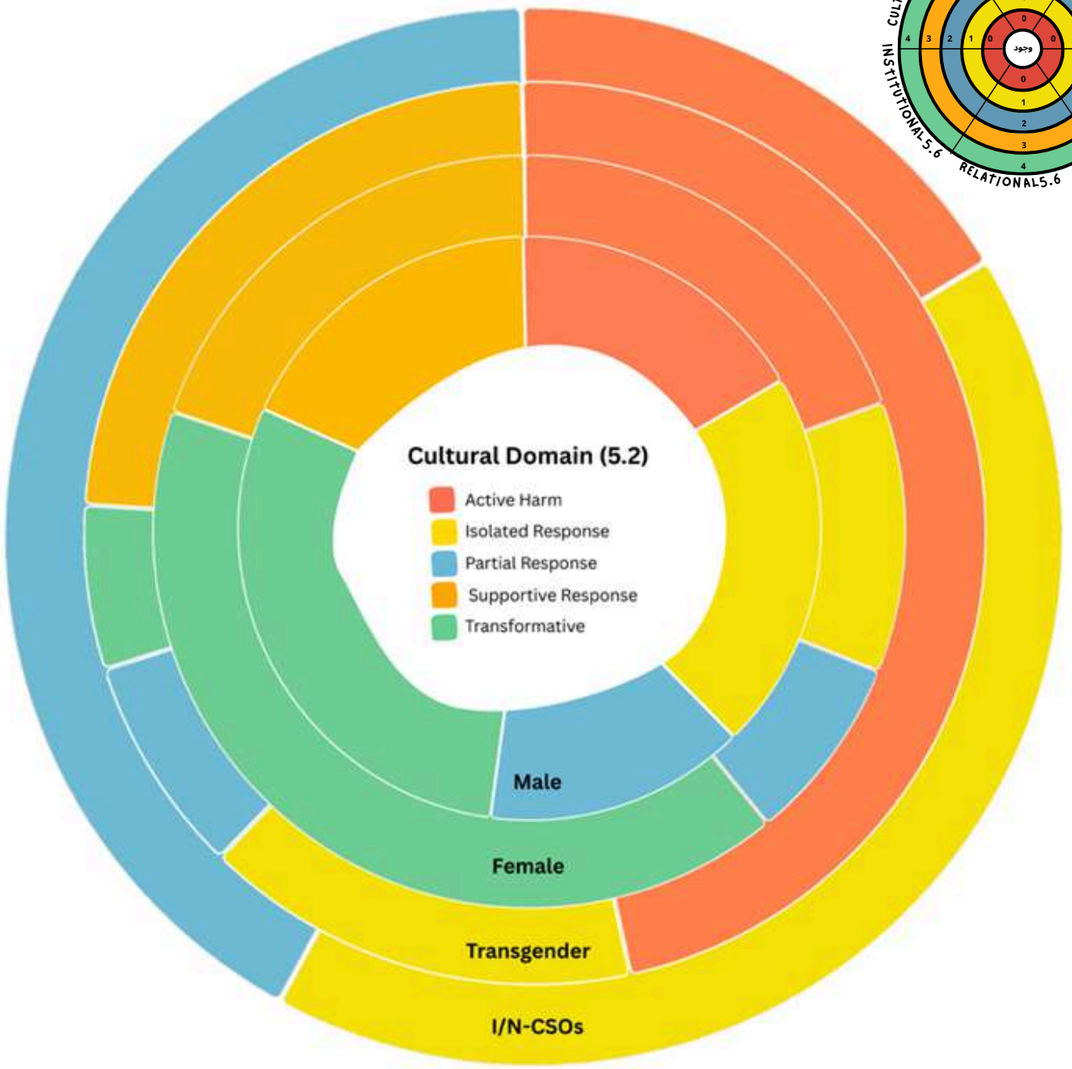
Amid the despair, glimmers of progress shine through. From Waziristan to Gilgit, participants reiterated that awareness is the bridge between trauma and healing. "***The moment someone hears us, understands us, and still treats us with dignity, that is when we feel resilient,***" said one male participant. In rare but powerful moments, institutions across Pakistan have demonstrated what it means to treat communities with dignity. These rare experiences, often hard-won through the relentless efforts of civil society organizations, carry with them the transformative power of care and compassion.

At a fully functional Anti-Rape Crisis Cell in Karachi, a young woman, with guidance from Legal Aid Society, was respectfully received by a trained female medico-legal officer, informed at every step, and protected from further trauma. "***This is the first time someone did not treat me like I had no voice***," she told the team. In KP, Da Hawwa Lur described a transgender survivor finally receiving care at a trans-inclusive clinic where staff asked her pronouns, respected her choices, and prioritized emotional safety. "*I used to think the world was only built for pain,*" she said, "*But today, for the first time, I felt happiness.*"

Community-rooted responses also proved transformative. In Waziristan's IDP camps, an INGO representative shared that displaced women, many of whom had never seen a doctor before, began reclaiming their rights after experiencing consistent care. When they returned to their villages, they demanded better services: "We want schools, we want healthcare, because we had it in the camps." A renowned disability rights organization also shared the story of a woman with a disability who, after being repeatedly denied fertility care, was connected to a compassionate specialist who told her, "***Your dream of becoming a mother is just as valid as anyone else's.***" Meanwhile, RSPN's model of female Community Resource Persons (CRPs) going door to door with baskets of goods and trustworthy SRHR guidance shows how localized, woman-led interventions can shift gender norms and uplift entire communities.

Other organizations are also pushing the boundaries of inclusive care. At NOWPDP, a deaf woman in Sindh, after years of being mocked or ignored, was finally able to communicate her reproductive health needs with the help of a trained provider and a sign language interpreter. "***They heard me without laughing at me,***" she said, later becoming an advocate for deaf women's SRHR rights. Sahil noted that while no SRHR institution is yet fully inclusive, their sustained work in early marriage cases, legal aid, and public awareness offers a roadmap for future systems. Across these stories, civil society organizations refused to accept neglect as the norm. Where survivors were truly heard, they did more than heal; they reclaimed agency, joy, and visibility, reminding us what justice looks like when human dignity is centered and SDG target 5.6 is realized.

4.2.5 WUJOOD (Cultural Dimension SDG 5.2)



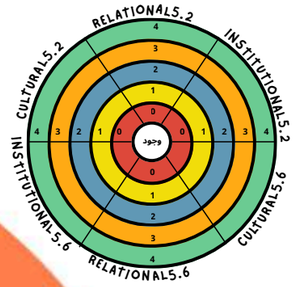
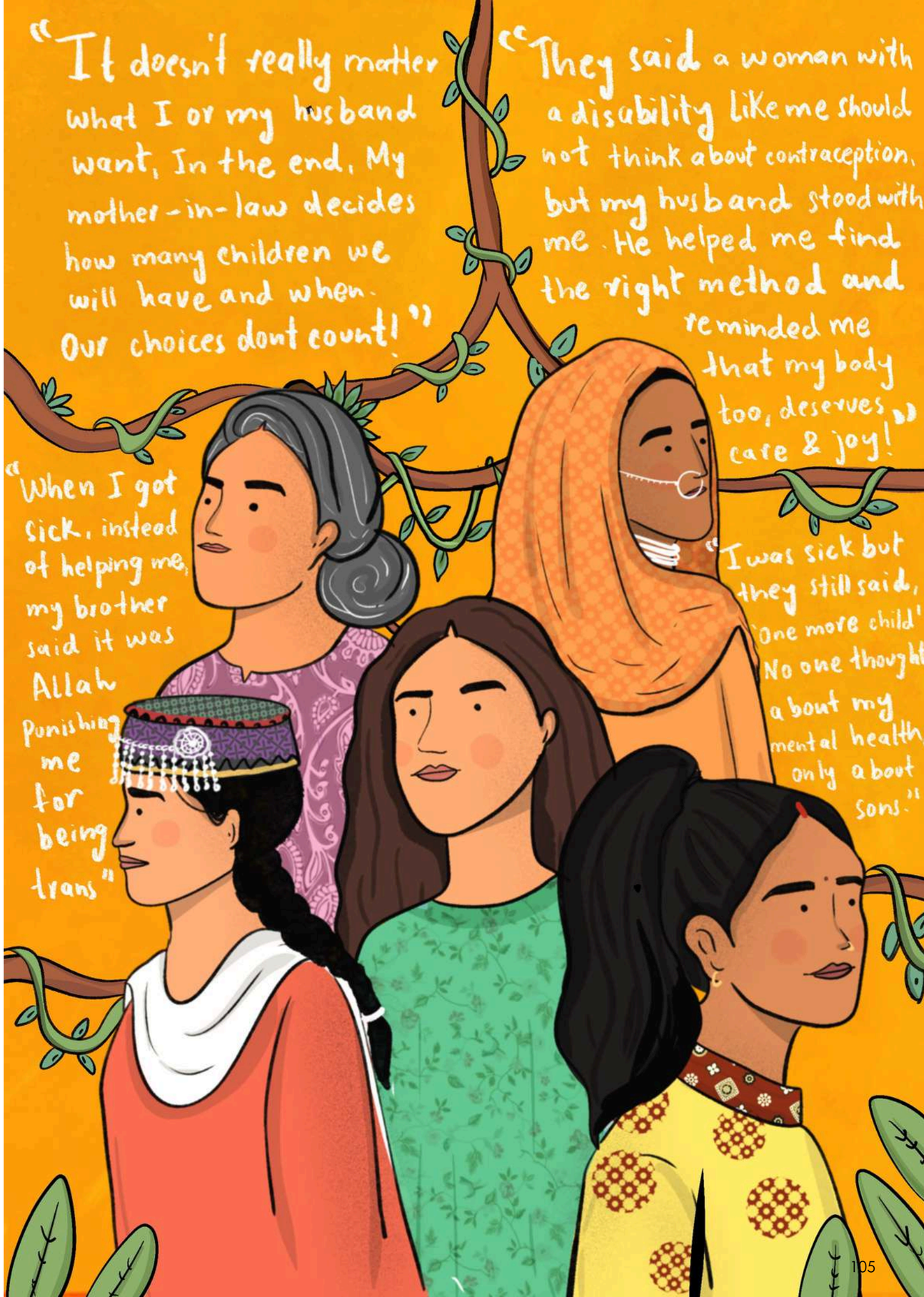


Figure 4.2.5 above (the outer most ring) highlights CSO perceptions of how cultural norms in Pakistan shape experiences around Gender-Based Violence (GBV) under SDG 5.2 and influence access to justice. The CSOs majorly went with shades of red, blue and yellow, labeling the cultural environment as "very harmful," citing patriarchal traditions that normalize violence and silence survivors through shame and fear. The data reveals how cultural scripts around honor, obedience, and masculinity perpetuate gender-based violence. Achieving SDG 5.2 demands sustained cultural change through dialogue, education, and feminist narratives that affirm women's agency and redefine justice. Similarly, the inner three circles of the spectrum illustrate cultural perceptions around Gender-Based Violence (GBV) from male, female and transgender individuals in Pakistan respectively. In the middle ring, the women feel relatively safe within progressive or supportive families (green/orange), though harmful norms like shame and silence still persist (red/yellow). Moving outward to extended families and community structures, harmful perceptions intensify. The rise in red, blue, and yellow reflects increasing social pressure, victim-blaming, and enforced silence through the concept of "izzat" (honor) and rigid gender roles. We mixed shades from male participants, whereas the transgender individuals go with the dominant red, highlighting the cultural violence and culture of violence that continues to threaten their access to justice and support structures. Addressing SDG 5.2 requires disrupting these patriarchal norms through cultural transformation, survivor-led narratives, and dignity-based education; beyond legal reforms alone.



4.2.6 From Silence to Safety: How Cultural Shapes Emotional Experiences around GBV

Fear and Trauma due to Cultural Conditioning and Generational Silence [5.2]

Across Pakistan's diverse regions, survivors of gender-based violence (GBV) described not only systemic neglect but the cultural conditioning that demanded silence, shame, and endurance. Whether in Karachi, Gilgit, or Neelum, a common thread emerged: speaking up was dangerous. Women were told to stay quiet to avoid dishonor, while boys were cautioned against vulnerability. These norms were passed down generationally, often reinforced by elders and religious figures who discouraged open discussion around abuse. Transgender individuals shared harrowing experiences of erasure and denial. In Quetta one trans participant recounted, "The doctor laughed when I collapsed in pain." Women across Mithi, Dera Ghazi Khan, and Muzaffarabad echoed how their caste, religion, or gender identity further deepened the silence around violence. Fear was embedded in public spaces: walking to school, going to work; each step is a risk. Survivors were often blamed for the violence they endured, told it happened because they dared to speak, move, or exist visibly. These stories underline a grim truth: survivors were not only harmed; they were made to carry a silence that was not theirs to begin with.

Across narratives shared by WANG Balochistan, Da Hawwa Lur, Dareecha, Baham Foundation, Shirkat Gah, and Khawaja Sira Society, a stark cultural pattern emerges: sexual and gender-based violence (GBV) is normalized through silence, shame, and fear embedded in everyday life. Dr. Manizeh Bano from Sahil asserted, "***Culturally, we are at zero on the spectrum,***" highlighting how communities internalize and enforce patriarchal values. Religion and tradition are often co-opted to uphold male authority, turning spiritual sanctuaries into exclusionary spaces. From Balochistan to Sindh, stories reflect this deep-rooted fear. In one mountainous village, one participant reported that she was called "mad" for reporting domestic violence; her silence was seen as dignity. "***We have been taught that silence is strength,***" a WANG field officer reflected, "***but it is really fear dressed in tradition.***" Trans and gender-diverse persons, according to Da Hawwa Lur and Dareecha, face not just violence but cultural erasure, disowned by families. "***I have been erased from the family tree,***" said one trans survivor, eyes lowered. Jahan Dar of Khawaja Sira Society recalled a trans woman being beaten for entering a dargah (shrine), with nowhere else to turn. Meanwhile, another Foundation shared that sex workers are denied police help after gang rape, deemed "not respectable women." One account captured the emotional toll: "***They fear hospitals. They fear jails. But most of all, they fear not being seen as human.***"

These stories are not isolated; they echo across regions, class, and ethnicities. In many rural communities, as a national CSO noted, incest, marital rape, and child abuse are buried under the label of izzat (honour), where seeking justice brings shame. Community-led dispute mechanisms like Jirgas and Panchayats reinforce structural violence through customs like Badla Sullah, exchanging girls to settle feuds. Survivors are afraid not just of abusers, but of being re-abused by police, hospitals, courts, and even their own family members. The shared cultural message is clear: we have to punish difference and dissent. Here, trauma becomes legacy. Silence, inheritance. And fear, a cultural code passed down like an heirloom.

Anxiety and Hopelessness Resulting from Inadequate Access to Cultural Support Systems [5.2]

Across diverse regions of Pakistan, participants described how cultural norms embedd anxiety and hopelessness into daily life, shaping how people move, speak, and respond to harm. In Karachi, transgender individuals faced public ridicule and were treated as spectacles rather than humans. One participant stated, "***They do not see us as humans, just spectacles.***" Cultural rejection extended into relations and institutions, where being trans was treated as shameful, something to be hidden. Similarly, women shared that they were socialized into silence, believing that speaking out would result in blame or dishonor. "***We are taught that respect lies in silence,***" said one woman. In Lahore, transgender performers highlighted the dissonance between being celebrated on stage and rejected elsewhere. While they were welcomed for entertainment, they were shunned in sacred and civic spaces. Cultural inclusion was described as performative and conditional; tolerance depended on usefulness, and speaking out invited erasure. In Neelum, women described schools and homes as spaces of quiet surveillance, where even discussing harassment could risk social standing or marriage prospects. Survivors were often silenced by cultural expectations that linked modesty to virtue and blamed victims for provoking violence.

In regions like Mithi, cultural anxiety was compounded by religious identity. Minority women were discouraged from seeking justice for fear of communal backlash. One Hindu woman was blamed for provoking her own assault because she was not a Muslim. In Quetta, men who sought help were dismissed as weak, while trans individuals were publicly humiliated by police and mocked for protesting. Cultural scripts erased their identity, offering no refuge even in prayer spaces or schools. In Gilgit and Muzaffarabad, young boys were taught that seeking help stripped them of masculinity, forcing them into hypermasculine roles to mask trauma. As one male participant said, "***If I tell people I was abused, they will say I am no longer a man.***" Throughout, fear and silence emerged not only as responses to violence, but as deeply internalized survival mechanisms shaped by cultural abandonment. In small towns across KP and other conservative regions, cultural anxiety is not just a response to direct violence but a pervasive condition rooted in systemic neglect and societal silencing. Transgender persons are routinely denied recognition by institutions like NADRA and health departments, being told, "***you do not "exist" without a guardian***". Eerfan Hussein Babak of The Awakening described this as a lifelong fear of erasure. Similarly, another organisation shared, women sex workers are unable to access healthcare unless accompanied by outreach workers, not because of overt threats but due to a deeply internalized fear of being unworthy of care. Outreach workers like those at Baham Foundation observe how stigma becomes a barrier more powerful than physical walls.

Across organizations like Dareecha, Da Hawwa Lur, and one other, stories emerged of children raised into silence, trans individuals shamed in shrines, and women turned away from shelters for lacking a mahram. "***We are taught from childhood to stay silent, or we will land in trouble***," one community member recounted. Survivors are discouraged from reporting violence not just because they fear retaliation but because they fear ridicule, disbelief, or further exclusion. An activist shared that even hosting awareness sessions invited backlash: "***They said we were destroying families.***" Institutions, already frail, mirror societal hierarchies, reinforcing rejection rather than offering refuge. Though GBV laws exist, CSOs note that they rarely function effectively in cultural landscapes where economic abuse, emotional violence, marital rape, and other such manifestations are denied legitimacy. Legal aid and leadership efforts are often obstructed by male gatekeeping and skepticism of institutions. While some rural communities may sporadically intervene in extreme cases, this protection is inconsistent and shaped by shame, not justice. As Sahil observes that elders might intervene in rural areas, but in cities, anonymity erodes even that fragile buffer. <u>This is not just a fear of violence; it is a fear of isolation in a society where cultural codes uphold silence.</u>

Helplessness and Vulnerability Emerging from Cultural Institutions That are Unsafe or Disempowering [5.2]

Across cities like Quetta, Karachi, Muzaffarabad, and Lahore, cultural systems, though structurally present, often function as barriers rather than sanctuaries for the survivors. A male participant in Quetta recalled his cousin being denied maternal care because her nikah was "not verified." "**They judged her instead of helping,**" he said, "**and we walked away helpless.**" In Karachi, women and trans persons navigated public spaces that were outwardly modern but emotionally unsafe. Harassment was met with victim-blaming, "**Why did you choose that job in the first place?**," shifting shame from abuser to survivor. A transwoman shared how public scrutiny shaped her very sense of self: "**A child pointed at me, and the mother said, 'Do not look, they are khusras.**'" Vulnerability here stemmed not from hunger or illness but from being fundamentally unwelcome.

Elsewhere, masculinity, visibility, and structural silence compounded cultural helplessness. In Gilgit, boys were expected to endure mistreatment silently; one participant said a friend dismissed him: "**Men do not get harassed.**" In Muzaffarabad, trans and male participants described skipping justice systems because institutions "**do not know where to put us**" or demand stoic masculinity. A Hindu woman in Mithi was told to stay silent after a relative's assault to preserve religious harmony. Vulnerability, across these geographies, is less about access and more about the culture of silence and shame that is harmful and prevent access to help and support. Cultural institutions such as panchayats, jirgas, and police stations often fail to serve survivors of violence, particularly women, trans persons, and sex workers. WANG Balochistan and Da Hawwa Lur highlighted how they prioritize communal "honor" over justice, with panchayats advising women to apologize to their abusers and jirgas arranging forced marriages between rape survivors and perpetrators. "***Even if a woman screams for justice, these systems does not hear her voice, they are meant to uphold the family honor,***" said Shawana Shah. The function of these institutions is not to protect survivors but to maintain cultural order rooted in shame and control.

This institutional betrayal is not limited to tradition-bound forums; it is systemic. Police and healthcare staff frequently respond with cultural bias, as recounted by Baham Foundation and Khawaja Sira Society. Survivors are mocked, dismissed, or blamed, "*Aap ka to yeh kaam hai (translated as 'This your wok')*" was said to a raped sex worker, and a Khawaja Sira was told, "*You are lucky anyone*

touches you at all." Such remarks illustrate how institutions reinforce marginalization. As Jahan Dar put it, "*They exist to remind us of our place, not to change it.*" Even where initiatives like helplines or VAWC centers exist, their usage is discouraged by reputational risk and fear of retaliation, particularly in rural areas. Emotional and domestic abuse are not recognized as crimes, and cultural conversations around violence remain unsafe and deeply stigmatized. "*Families try to protect what they perceive as their daughter's future by hiding the incident,*" shared Dr. Bano. Silence, therefore, is not lack of awareness but a survival strategy. As the Country Director of a renowned INGO reflected, "*It is not the absence of systems. It's the presence of deeply biased ones.*" The façade of access masks the chronic unavailability of true access and safety.

Frustration and Distrust Due to Safety That Extends Only to Some [5.2]

In Quetta, cultural support operates on selective terms, accessible to those with privilege, withheld from the vulnerable. Across Karachi and Lahore, cultural legitimacy was described as a commodity, reserved for the rich, English-speaking, and well-connected. Trans persons, women, and minority groups were often publicly celebrated but privately excluded, from schools, clinics, and legal support, leading to a sense of hollow inclusion, rooted within cultural bias, shame and stigma. This pattern repeated across Gilgit and Neelum Valley, where access to justice depended on connections, not need. Students were dismissed by police unless backed by influence; girls were blamed for being harassed unless from respected families. Religious leaders and elders remained silent, allowing cultural rules to shift based on who broke them. In DG Khan and Mithi, the intersection of gender, caste, and religion deepened cultural exclusion. Trans participants described moments of brief inclusion, like being filmed for documentaries, followed by dehumanization in public. In Mithi, both Hindu and Muslim women highlighted how only influential families could speak out, while others were warned into silence. Cultural awareness programs existed, but their reach was limited, reinforcing that inclusion is not a right but a favour, offered sparingly, taken back easily. The prevailing sentiment across regions was clear: culture serves the powerful and disciplines the rest.

In Khyber Pakhtunkhwa, stories from a few community-based organizations reveal a pattern of conditional justice, where access to institutional support hinges on class, religion, or political connections. Survivors from minority and trans communities faced threats, humiliation, and silence when seeking justice. Usman from Dareecha recalled being told, "***These things happen in your line of work***," while the findings uncovered that those reporting sexual violence are often initially doubted before being taken seriously. Cultural and institutional hierarchies, rather than laws, determine outcomes, victims without social standing are disregarded, or worse, punished.

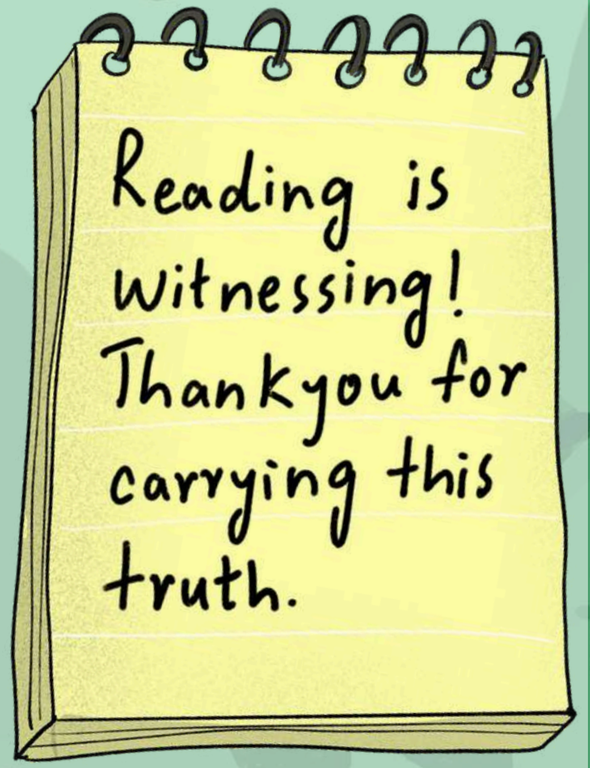
Despite this bleak reality, community-led efforts by RSPN, Shirkat Gah, and others are pushing back. In Sindh and South Punjab, female paralegals intervened in cases of child marriage and domestic violence using culturally sensitive strategies and legal literacy. These interventions, while limited, reflect a shift in cultural authority, "***The community trusts [paralegals] and they can raise awareness… by intervening at the household level.***" Yet, the reach of such efforts is uneven. Many still find legal mechanisms inaccessible, reinforcing the perception that institutions work selectively. This inconsistency breeds distrust, not because structures are missing, but because they respond only to some. Amid this uneven terrain, cultural resistance is taking root. Dr. Bano from Sahil recounted a young girl in Sindh declaring, "***I shall let them marry me wherever they want, but only after I turn 18,***" even before such laws existed. To her, it marked a rupture, a child demanding agency. Sahil's campaigns, trainings, and posters have begun seeding a culture of voice, especially among girls. While these spaces remain rare, they challenge silence and passivity, offering glimpses of a future where justice is not earned by privilege, but by presence.

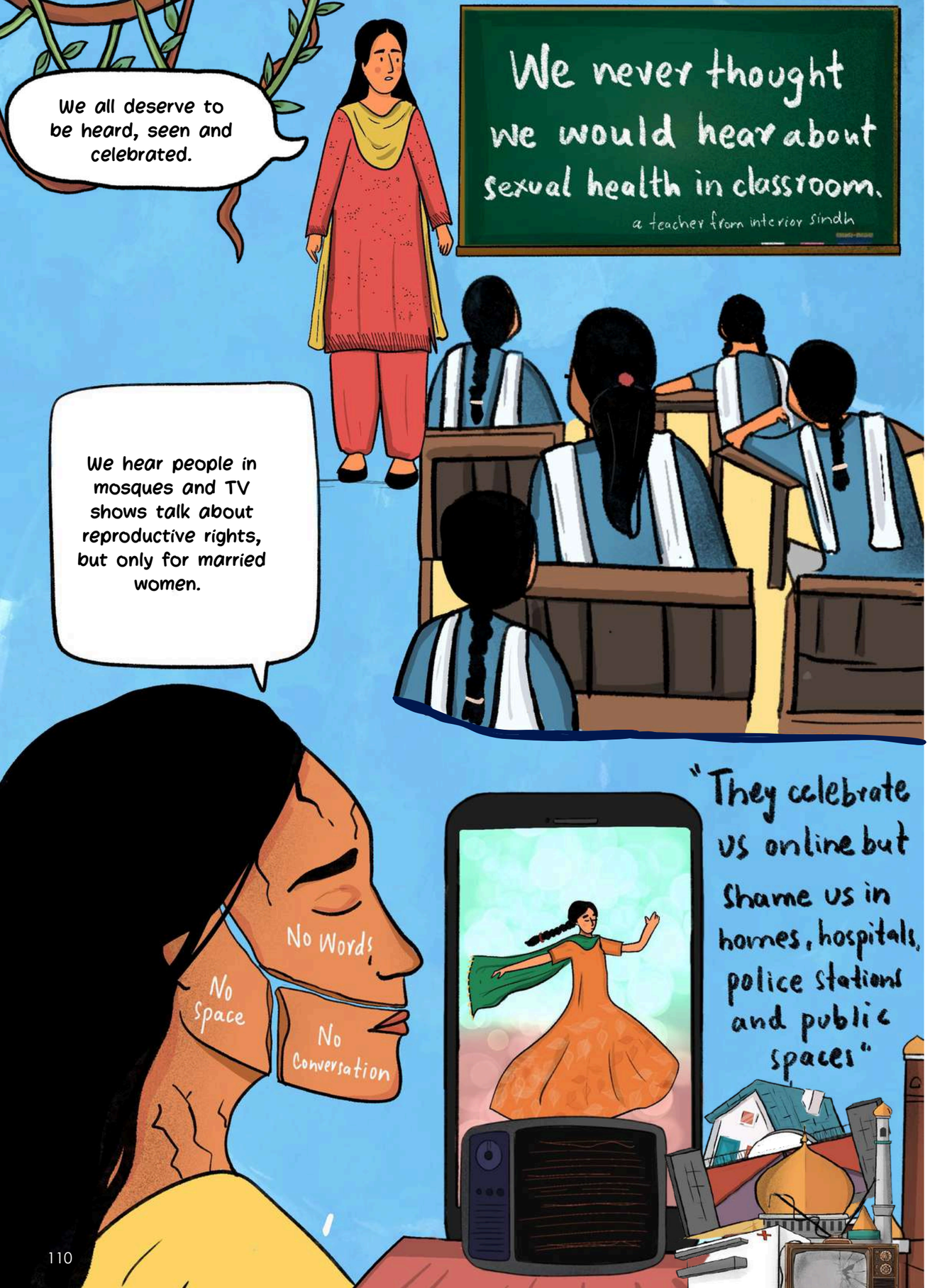
Hope, Joy and Resilience When Cultural Institutions Begin to Host Spaces for Healing [5.2]

Across Pakistan, moments of cultural healing emerged not through sweeping reforms, but through quiet, personal acts of dignity. In Karachi, a transgender woman shared a transformative memory: while sitting in a neighbor's courtyard, a child simply called her "Baji"- sister. "***That child made me feel seen in a way that entire systems never have***," she said. This recognition came not from law but from empathy taught at home, where warmth trumped stigma. Similarly, in Lahore, a trans woman who now serves in the police reflected on her shift from activism to institutional respect: "***I was an activist first, then an officer,***" she recalled. By consistently educating colleagues on the Transgender Persons Act, she eventually earned not just acceptance but equality. "***Now they treat me as their equal.***" In DG Khan, shifts in children's language, from slurs like "Khusra" to respectful terms like "Aapa," were noted as signs of hope, illustrating how familial and educational influence could sow future inclusion. In Gilgit, male participants spoke of changing dynamics at home, such as mothers supporting daughters in cases of harassment rather than shaming them, one noting, "***We still fear the system, but inside our homes, some of us have started healing.***" Similar stories echoed from Mithi, where a Hindu woman recalled her father choosing to listen instead of silencing her after she was harassed, saying he'd walk with her next time. The gesture felt like "***a breach in a cultural dam.***" In Neelum, a young woman recalled how a local imam calmly addressed harassment by appealing to religious values rather than public shaming. His words had a ripple effect, "***Ever since then, the boys stopped throwing comments at us.***" Whether through faith, family, or children's words, these shifts reflect how everyday resistance is reshaping the emotional and cultural architecture of safety and recognition.

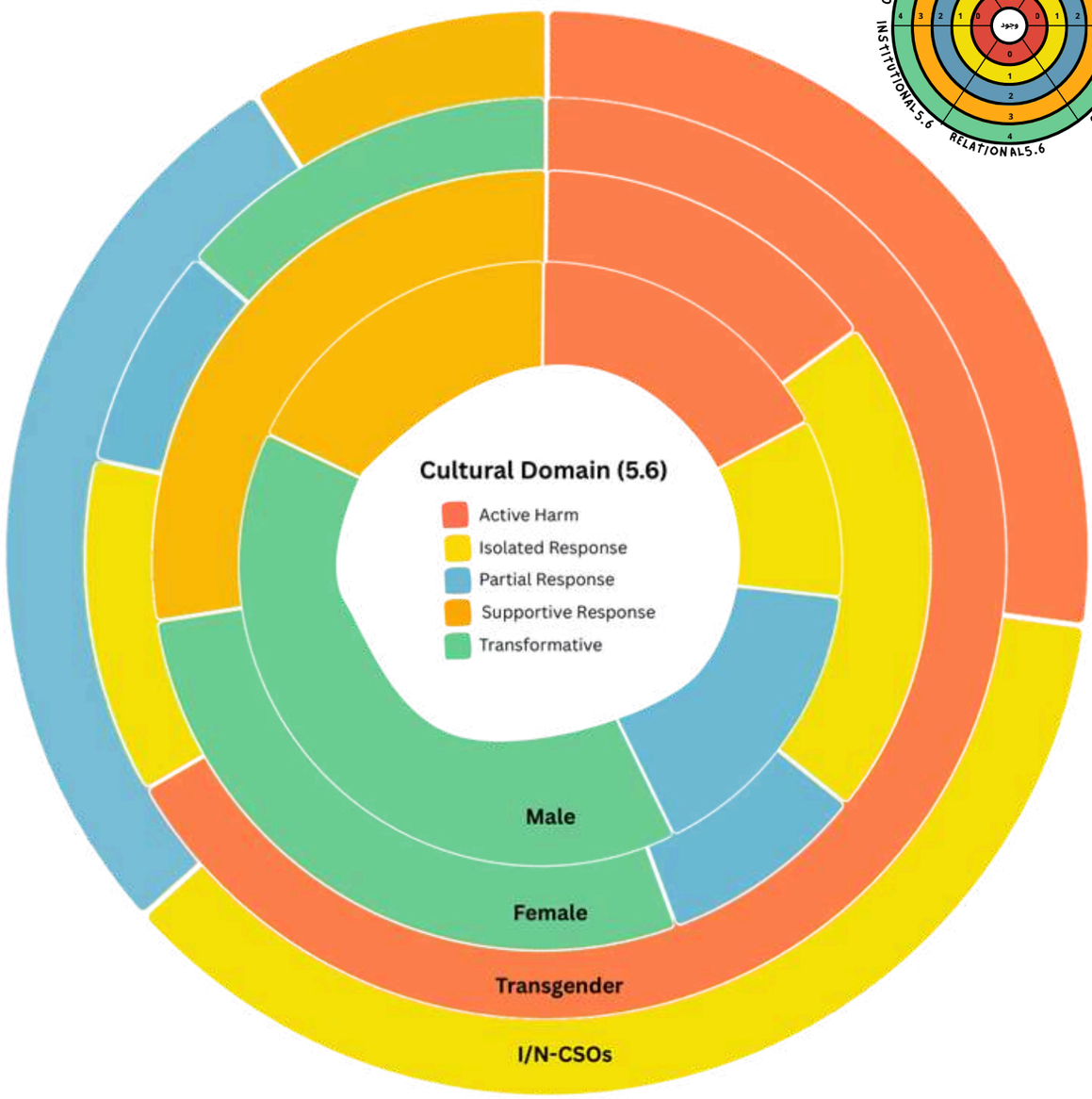
Amid structural violence and cultural exclusion, civil society organizations across Pakistan are creating flickers of transformation by reshaping cultural narratives through empathy, inclusion, and community-rooted strategies. Dareecha, Shirkat Gah, and PODA, among others, have worked persistently within systems often resistant to change, yet have witnessed moments where institutions, community elders, or bystanders begin to shift. Muhammad Usman of Dareecha recalls, "***He used our language. He said, 'This is not just about law, it's about respect.' That was when I knew we had touched a cultural nerve.***" Similarly, Shirkat Gah's dialogues with religious leaders led to unexpected receptiveness: "***We did not know Islam protects women like this,***" elders remarked, later inspiring a young girl to persuade her father to let her attend college. In Chakwal, PODA's cultural theatre on domestic violence prompted a man to publicly acknowledge his silence: "***This happened in my house... it would not anymore.***"

Organizations like WANG and RSPN have harnessed cultural mediums, from poetry to local governance structures, to cultivate inclusive spaces and behaviors. Community poetry gatherings featuring trans leaders challenged stereotypes in Khyber Pakhtunkhwa, while male allies from tribal areas advocated for girls' education after engaging with GBV trainings. Across regions, Local Support Organizations (LSOs), Village Organizations (VOs), and the 'Men Engage' initiative have allowed men and women to collectively challenge injustice and GBV within culturally accepted frameworks. These shifts represent not isolated interventions but gradual inheritances of new values: dignity, rights, and respect. WANG's ADI Autark is leading the way on this front, communal safe spaces to heal and resist act as a respite for hundreds of young girls. While such moments mark progress, organizations like Sahil caution that widespread survivor-centered cultural norms remain rare. Yet, their work in education, storytelling, and intergenerational workshops has begun fostering protective microcultures. "***One or two children speaking up shows that change is possible,***" says Dr. Bano. These stories, of conversations turned into action, of men and women finding shared voice, form a living archive of feminist cultural resistance. They suggest that when institutions reflect care rather than control, hope begins to translate into policy, and survivors into leaders.





4.2.7 WUJOOD (Cultural Dimension SDG 5.6)



The **figure 5.6.1** reflects how cultural dimensions prevent or support access to sexual and reproductive health and rights in Pakistan from the perspective of civil society and community participants, including male, female and transgender individuals. The outmost circle reflects responses from CSOs with a spectrum of red, yellow, blue and orange. Majority scoring the institutions as barely accessible. Similarly, for male and female respondents we see shades of orange, green and blue, reflecting transformative and somewhat supportive access to SRHR. A dominant 70 percent among the transgender individuals reported cultural institutions to be "very harmful" (red), citing cultural exclusion, stigma, and denial of gender identity. Traditional gender norms and taboos render their SRHR needs invisible or deviant. Overall, the data exposes a culturally exclusionary environment where transgender individuals face widespread marginalization, followed by females and males. All tiers highlighted visible harm and isolated response. Advancing SDG 5.6 requires not just institutional change but cultural transformation, it demands demands cultural transformation that embraces gender plurality, dismantles taboos, and centers dignity, care, and bodily autonomy for all.

4.2.8 From Retaliation to Resilience: The Emotional Impact of Cultural Beliefs on SRHR

Fear and Trauma due to Cultural Policing in Sexual and Reproductive Healthcare [5.6]

In healthcare spaces across Pakistan, cultural and gender norms often override medical ethics, creating environments of judgment, ridicule, and trauma instead of healing. In Quetta, a man recalled how his cousin was denied prenatal care because hospital staff questioned her nikah. "***They judged her***," he said, "***as if she was there to commit a sin, not to get help for her pregnancy.***" Her pain was dismissed in the name of morality, and the visit became a source of deep humiliation rather than support. Men also face stigma in seeking SRHR-related help. One participant shared how a doctor laughed at his concerns and told him to "***be a man.***" That moment, he said, "***was like being stripped of dignity,***" leaving him reluctant to seek care again. Transgender participants across cities described even more extreme discrimination. In Lahore, a trans woman seeking hormone-related care was met with stares and mockery. "***Every visit to a hospital is a gamble with my dignity***," she said. "***Sometimes I wait outside, praying that the doctor will treat me like a patient, not a freak.***"Others described being pushed between male and female wards, treated as neither and mocked while in pain. One participant recounted how her friend, while semi-conscious, was ridiculed by a doctor. "***That humiliation stayed with her longer than the pain***," she said. For trans individuals, hospitals are not just sites of treatment but of public degradation, where identity is the first barrier to care, and dignity is routinely denied.

Across Pakistan's healthcare systems, particularly in underserved areas like Sindh and Balochistan, women with disabilities face not only infrastructural neglect but cultural cruelty masked as medical concern. One of the interviewees shared,"They ask women with disabilities: Why do you want a child?" These attitudes, rooted in structural ableism, are perpetuated by medical education that fails to address trauma-informed or disability-inclusive care. Women are told their wish for motherhood is unnatural or selfish, reinforcing internalized shame, turning such rhetoric into a tool of control that strips them of reproductive agency. This cultural silencing extends beyond disability. Organizations like RSPN and Sahil observe that conversations around menstruation, abortion, contraception, and sex education remain a taboo, especially for adolescents, unmarried individuals, and people with disabilities. Myths, such as not bathing during menstruation, and religious misinformation further marginalize women and girls. "There is reluctance to engage in open conversations due to feelings of shyness. People believe this is an unethical topic and should not be discussed in public forums". In this atmosphere of silence, entire communities are denied access to informed reproductive choices. Dr. Manizeh Bano of Sahil added that girls are routinely deprived of safe options and punished for even acknowledging their needs: "***Girls are killed. They have no access and no safe options.***" Women who attempt to speak up are branded as shameless, and children grow up ignorant of their own bodies. What emerges is not simply fear, but an institutionalized trauma: reproductive health becomes a space of exclusion, not empowerment. The cultural violence under the guise of modesty or morality thus reinforces systemic denial of sexual and reproductive health and rights (SRHR) for the most vulnerable.

Anxiety and Hopelessness Triggered by Cultural Safety Nets That Collapse Around SRHR Needs [5.6]

In Quetta, a quiet fear surrounds access to sexual and reproductive healthcare, particularly for marginalized communities. As one participant during the community sessions shared, "***People do not talk about sexual health, even in emergencies.***" Hospitals, instead of being spaces of healing, have become sites of silent suffering. In Karachi, members of the transgender community described healthcare settings as spaces of exposure and humiliation. One participant recalled, "***I once went for a medical check-up […] the staff passed notes, laughed, and asked inappropriate questions.***" She left without a full diagnosis, too afraid to speak. Another added that they avoid hospitals not due to a lack of need, but because of how they expect to be treated. Fear of being mocked, misgendered, or assaulted often outweighs the urgency of medical issues. This cultural silencing continues in Lahore, where a transgender woman was laughed at by a doctor when asking about reproductive health. "***What kind of problem would someone like you have?***" the doctor remarked. "***Since then, I never went back,***" she said. "***My health suffered, but my anxiety was stronger.***" Across cities, it was evident that even when services exist, the emotional cost of accessing them is shaped by judgment, hostility, and erasure, rendering them out of reach.

In rural Balochistan and beyond, conversations around menstruation, contraception, abortion, or consent are shrouded in silence; "***We do not talk about these things***," women say, echoing a generational fear rather than mere modesty. This silence is not just communal but internalized by healthcare providers themselves. The Country Director of a renowned INGO remarked, "***Provider bias comes from our own belief systems; we are not immune to the same cultural conditioning.***" Organizations like Baham Foundation, Da Hawwa Lur and one other reported that women, even female educators, feared uttering terms like "reproductive rights," and that SRHR sessions had to be disguised under more "acceptable" terms like "maternal hygiene" to avoid cultural backlash while working at the community and grassroots level.

Even in urban centers like Karachi, institutions supporting SRHR face pressure to dilute content. Aahung was told by schools to avoid words like "consent" or "sex" and limit instruction to "good touch, bad touch." Among displaced communities from Waziristan, newfound awareness from IDP camp life clashed with fears about elders' reactions once back home. The Rural Support Programmes Network (RSPN) may provide SRHR services in areas neglected by the government, but uptake remains fragile. Cultural discomfort, fragmented supply chains, and lack of community-rooted educators mean that even willing families struggle to access sustained and safe reproductive health information. Despite some progress, media visibility, local sessions, and growing awareness; fear still dominates the landscape. Dr. Bano from Sahil recalled public outrage over the depiction of sanitary pads on television, underlining the fragility of the gains made. "***We have made some progress […] but even that is limited.***" Ultimately, the primary barrier is not service provision alone, but the deeply embedded cultural surveillance that regulates behavior, polices speech, and guards the gates of access with shame and silence.

Helplessness and Vulnerability when Cultural Institutions Undermine SRHR and Bodily Autonomy [5.6]

In Quetta, cultural norms offer partial permission; women are told they can rest or seek medical care, but are discouraged from speaking openly or going alone. As one man observed, "***We know these issues exist, but we're too scared to talk about them, even with our wives***." Another participant highlighted that cultural respect for women is often symbolic, not actionable: "If a woman talks about birth control, people say she is shameless." Thus, SRHR structures exist, but are locked behind doors of shame and silence, making them inaccessible. In Lahore, transgender participants revealed how SRHR discourse has selectively expanded, welcoming married women while excluding trans and gender-nonconforming individuals. "***I hear people in mosques and TV shows talk about reproductive rights but only for married women. For us, nothing. No words. No space***", one transwoman said. Another shared how a doctor refused to treat a trans youth with an internal infection, not due to the condition itself, but because of the patient's identity. While SRHR is becoming part of public dialogue, inclusion remains conditional and exclusion is deeply harmful.

In clinics, classrooms, and homes across Pakistan, the cultural stigma and shame often render SRHR systems inaccessible. Civil society organizations like RSPN, Aahung and Dareecha describe how fear of gossip, shame, and community backlash silences women, adolescents, and gender minorities. Even when services are available, unmarried girls risk social punishment for seeking help, and married women's choices are often overridden by cultural and relational factors. Bushra Rani from Baham Foundation shared that sex workers avoid hospitals altogether due to moral policing and humiliating questions like, "Where is your husband's CNIC?" Such questions turn emergency care into a judgment chamber. For transgender persons and men who have sex with men, services are available in theory but inaccessible in practice. Dareecha reported how community members avoid free STI screenings because they fear being treated as criminals, not patients. These narratives reveal that while institutions may be visible, they remain hollowed out by cultural fear, turning care into judgment and access into silence.

Frustration and Distrust Fueled by Cultural Systems that Uphold SRHR for Some, but Exclude Others [5.6]

In Karachi, Lahore, and Quetta, the illusion of cultural progress in sexual and reproductive health and rights (SRHR) is shattered by its deeply conditional and exclusionary nature. In Karachi, reproductive health is tolerated within tight, unspoken limits. A young woman described how her sister-in-law was initially encouraged to see a gynecologist, but once she returned with birth control pills, "everyone turned against her." Men, too, face stigma when advocating for family planning, often labelled weak or unmanly. Transgender communities face even more hostility: one trans activist noted, "***People see us on social media and say we are free. But go to a hospital and try to get hormonal therapy or treatment for STIs. They look at you like you are dirty***." Visibility is celebrated only when it is performative over mainstream media, not when it demands rights.

In Lahore, class and image determine access to care. One transwoman shared: "If you are in an awareness video or a donor report, society claps. But if you actually walk into a hospital and ask for care, people either stare, laugh, or deny you treatment."

The gap between symbolic inclusion and actual services remained wide and painful. In the quiet yet persistent work of civil society organizations, a troubling pattern emerges: while clinics are built and staff trained, the cultural fabric often resists meaningful change. In interior Punjab and KP, women continue to be denied services unless accompanied by male guardians. The same women, when alone, are met with suspicion, a practice that strips them of dignity and access alike. Organizations working in KP recount how their awareness sessions are applauded publicly but shut down privately by elders, warning them not to speak of contraception, illustrating a pattern of conditional permission and cultural gaslighting. Sex workers, despite being referred to healthcare centers during a hepatitis outbreak, were later refused treatment due to their "reputation." As a CSO representative shared, "***They have buildings, but not the courage to be just.***"

Yet, there are pockets of progress, programs have created pathways through community-based resource persons (CRPs), who deliver SRHR information in private, trusted spaces. Rabia Bibi, a cognitively disabled woman from Bahawalpur, accessed family planning services with her husband's support, an intersectional success born from cultural sensitivity and trust. Dr. Bano from Sahil sees promise in discreet digital platforms. "Maybe we adults are not bringing change fast enough, but technology can," she notes, referencing mobile apps and helplines that bypass traditional gatekeepers. Still, these solutions reach only those with access and literacy. The root problem lies not in absent infrastructure, but in the quiet discrimination embedded within it, where institutions exist, but not for all.

Hope, Joy, and Resilience as Cultural Norms Shift to Support SRHR and Survivor Dignity [5.6]

In the alleys of Lahore, where tradition tightly governs life, a powerful moment unfolded when a transgender participant finally confided in her mother about the harassment and isolation she had endured. "I wore two shirts to hide myself. I stayed silent for so long," she said. But her mother responded not with rejection, but with care, scolding her only for not speaking up sooner and bringing her a gown as a gesture of acceptance. "It was her way of saying, 'I see you.'" This act of love, rare in a culture often steeped in ridicule, became a turning point in the participant's healing, showing how familial support can sow the seeds of resilience. Community-based education initiatives have begun to shift perceptions, with one activist noting how she was invited to a school "not to perform, but to educate." These stories mark a slow but meaningful cultural awakening. Once silenced, transgender voices are now beginning to shape the fabric of reproductive and gender rights, reminding us that culture evolves when empathy replaces erasure.

In a country where silence and stigma often shroud sexual and reproductive health and rights (SRHR), civil society organizations have cultivated community-based approaches rooted in empathy, trust, and cultural sensitivity. Rather than challenging cultural resistance head-on, Aahung worked within belief systems by integrating SRHR education into schools, training teachers to speak on menstruation, consent, and bodily autonomy. "***We never thought we would hear such things in a classroom,***" a teacher from interior Sindh reflected, signaling a profound cultural shift. Similarly, Awakening KP embraced storytelling instead of confrontation. By sharing narratives of mothers dying from unsafe abortions and girls lost to early childbirth, they found resonance even with conservative elders and religious factions. "***When we told stories about daughters, suddenly even the most conservative elders listened,***" they shared, recalling how one session was permitted in a mosque courtyard, a quiet revolution in itself. Across Pakistan, hope appeared not in grand declarations but in small acts of persistence: a disabled woman treated with respect in a Balochistan clinic, interfaith learning in rural Sindh, or a displaced woman learning to demand care. RSPN's household-level interventions and engagement with male champions and community educators offered scalable, culturally sensitive models. As Sahil noted, safe SRHR spaces remain rare, but Dr. Bano's vision of intergenerational learning holds promise: "***Parents should evolve. Learn with their children. That creates room for dialogue and mutual respect***." Healing began when communities were not silenced or shamed, but seen, and when seen, they began to transform.

4.2.9 WUJOOD (Relational Domain 5.2)

The **figure 4.2.9** highlights how relational domain supports or prevents access to justice for gender-based violence survivors. It also explores other factors associated with familial roles that play a role in harm versus support for GBV survivors. The figure shows very minimal green across all tiers, except male participants. The clear and stark presence of red across the spectrum reflects that the intimate spaces; partners, in-laws, or guardians, have been a source of abuse, control, or emotional violence, instead of acting as support systems. The figure shows very little blue, wherein the presence of yellow also indicates sporadic and scattered support. Overall, while some community participants have been able to access meaningful relational support, many face harm, neglect, or betrayal in close relationships. The findings stress the need to redefine intimacy and care so that participants can rely on relationships as sources of strength, not silence or violence.

4.2.10 From Harm to Belonging: How Relationships Shape the Emotional Journeys of Justice

Fear and Trauma Rooted in Familial Betrayal and Social Silence [5.2]

In regions such as Gilgit, Lahore, and Neelum, deeply personal accounts reveal how the family unit, traditionally viewed as a space of care, can become a primary site of emotional trauma. One account shared the harrowing story of a woman who, after years of domestic violence, reached out to her brother in a final plea for help. Her cry was met with silence, and shortly thereafter, she took her own life. Despite clear evidence of prolonged abuse, the family refused to pursue justice, prioritizing their social reputation over her life. A woman from Neelum quietly recalled how, during her pregnancy, she was sent back to an abusive husband, told simply, "***They said a woman must learn to adjust***." Similarly, in Lahore, a woman recounted how her friend, after being severely beaten by her husband, was told by her family, "***Stay quiet and think about the children***." These accounts illustrate how familial betrayal is often disguised as tradition, advice, or protection, leaving women isolated and unsupported. Young men in Gilgit spoke of a different yet equally damaging form of relational neglect. One participant described being scolded rather than comforted after physical harm, internalizing guilt even when he was the victim. These narratives reflect how even in the absence of physical violence, emotional invalidation within families can leave lasting psychological scars and reinforce harmful expectations around masculinity and emotional suppression.

Transgender participants from Mithi, Muzaffarabad, and Karachi described repeated experiences of rejection and mistreatment, both within their families and later in communal spaces. One participant shared, "***Even when we die, we are not allowed to be buried in the family graveyard.***" Another recounted being evicted by their mother after dancing for income to support themselves. This memory, they said, was not just one of physical removal but of "emotional death." Despite fulfilling responsibilities and contributing financially, many were still cast out, often facing further exploitation and abuse within the transgender community itself. These testimonies reflect how systemic emotional cruelty, rooted in shame, fear, and rigid social norms, renders many individuals invisible within their own families, perpetuating trauma through silence and exclusion. In the interior of Sindh, Bushra Rani from the civil society organization, Baham Foundation, recalled the words of a young woman who had been trafficked and raped: "***I do not even know what safety looks like anymore.***" Her pain was compounded not just by violence, but by the silence and judgment of family, society, and even healthcare providers.

In Khyber Pakhtunkhwa, the CSOs spoke regarding the deep-rooted marginalization of Khwaja Sira individuals, who avoid hospitals and police not due to a lack of need but fear of humiliation or violence. One Khwaja Sira was slapped by a hospital guard for simply asking a question. Another, gang-raped and unable to return home or seek medical help, eventually took his own life. The pattern is clear: relational ties, familial, medical, societal, often fail those most in need, particularly when identity does not conform to social norms. The colleagues from WANG highlighted that, "***the problem is the deeply entrenched patriarchy, they have been conditioned to hide***". Across the country, insights from RSPN, Sahil, and other organizations reveal how family systems reinforce silence around sexual and gender-based violence (SGBV). In patriarchal households, male decision-makers control whether violence is even acknowledged. In such environments, violence is not isolated; it becomes cultural, and fear is not just a reaction but a legacy. An interviewee recalled, "***We have seen extremely tragic situations where the lack of support, or even active resistance, from families and communities has led to severe consequences, including deaths. Often, entire villages attempt to hide these incidents. I would rate this domain very poorly. The support system is often weak, and in many cases, non-existent***".

Anxiety and Hopelessness Resulting from Unsafe Relationships [5.2]

In the mountainous quiet of Gilgit, young men spoke of emotional wounds born from consistent familial blame and peer abandonment. One shared, "*We get scolded, not supported,*" revealing how home was a place of shame, not solace. This lack of dependable support, at home and among friends, kept many in a state of constant emotional fragility. Women in Gilgit similarly suffered from conditional care; a harrowing case involved a woman who ended her life after prolonged abuse, her final call for help unanswered. Her family's refusal to seek justice reinforced the silent rule: if you are hurt, expect no protection. These patterns of neglect normalized hopelessness as a permanent state.

Transgender individuals across Peshawar, Karachi, and Mithi echoed the devastation of betrayal within both biological and chosen families. In Peshawar, one participant shared, "*They only call me useful when they need something, and yet I am always wrong in their eyes,*" underscoring how utility defined worth. Rejection and manipulation within the transgender community itself deepened the wound, removing any illusion of safe refuge. In Karachi, shelter often came with abuse and humiliation, while in Mithi, a transgender woman recalled being beaten with a shoe by her father after trying to explain her identity. Public spaces brought no reprieve, with strangers' verbal harassment compounding the sense of ever-present threat and conditional belonging.

From Lahore to Muzaffarabad and Neelum Valley, women shared stories of emotional withholding cloaked in cultural norms. Survivors of domestic abuse were often urged to remain silent to protect family honor; one recounted, "*Instead of comfort, I got coldness,*" after a miscarriage. Others were outright barred from returning home by their mothers, deemed unworthy due to non-conformity. The repetitive denial of care, whether through silence, shame, or forced return to abusers, created not just temporary pain but chronic fear. Emotional support, when available at all, was tied to obedience, leaving survivors in a relentless state of anxiety, where even expressing pain could lead to isolation or dismissal.

A pervasive anxiety shadows every act of survival for both sexual and gender-based violence (SGBV) survivors and those who support them. Community health workers with CSOs described fear that stems not just from threats by perpetrators, but from the absence of institutional safeguards. "*Who will protect us?*" frontline providers often whisper, knowing there is no formal policy or institutional backing to shield them from backlash. Outreach workers in conflict zones, especially those aiding trans women or survivors, have been chased and threatened. Police and courts, described as hostile spaces, offer no assurance. The silence after domestic abuse cases, as noted a CBO representative, is suffocating. ***"When women try to access help, they are reminded of the 'honour' repeatedly by their families,"*** and some doctors refuse to write accurate reports.

Sporadic community interventions, often conditional and rooted in public perception, create fragile safety nets. Sahil noted that elders might question abuse when it becomes visible, "Why are you beating her?" but rarely act otherwise. In cities, isolation deepens: women suffer alone, and families, when they do support survivors, are often hindered by shame, fear, and lack of trust in institutions. "Unmarried girls and adolescents […] struggle due to social stigma, lack of confidentiality, and parental or male restrictions." Whether rural or urban, survivor support is often disjointed and undermined by societal expectations, making even well-intended efforts unsustainable.

Helplessness and Vulnerability Emerging as a Result of Inadequate Access to Relational Support [5.2]

In Gilgit, young men described the betrayal of trust within their closest relationships, revealing how emotional support was often absent for survivors even in times of need. "Our family does not support us. We get blamed instead," one shared, while another noted how friends' support fades: "They eventually stop." The home, imagined as a place of refuge, became a site of discipline, silence, and blame. One account shared a tragic case of a woman who, after enduring years of domestic abuse, reached out to her brother before ending her life, her cries met only with silence. Families, fearing societal shame, suppressed the truth, signaling to many women that even desperation would be met with denial, not protection.

In Peshawar, transgender participants revealed similar instability in both biological and chosen families. Emotional exploitation is often paraded as care. In Karachi and Mithi, participants echoed these patterns; trans individuals were embraced conditionally and discarded when they asserted independence. Rejection was abrupt and absolute, with one being beaten and expelled by her father after disclosing her identity. Stories from Neelum, Muzaffarabad, and DG Khan continued this pattern of emotional abandonment and moral policing. Survivors of intimate partner violence were told to "adjust" and sent back into unsafe marriages. Some, like a participant from Muzaffarabad, faced total emotional exile: "***Even my mother does not want me back. She told me not to come home again***." In DG Khan, transgender participants shared that blame was often redirected onto them during crises: "Most of the time, they blame us, they say it is our fault." This pervasive unpredictability across familial and communal relationships left many navigating love under threat, uncertain, fragile, and burdened by helplessness and vulnerability, often leaving them confused.

Dr. Bano of Sahil emphasized the emotional unpreparedness within families, where children either do not confide or are not understood: "*Children do not talk to us. Maybe they do not even know how to.*" Parents may remain silent out of fear of legal, social, or familial backlash, reflecting a broader absence of relational readiness. Even when families recognize abuse, a lack of vocabulary and emotional maturity blocks support. In Balochistan, a mother recalled

clinging tightly to her daughter in a clinic, "***looking over her shoulder the whole time***," more afraid of her neighbors than the abuse itself. These testimonies expose a deeper crisis: it is not the absence of systems that harms survivors; it is their presence without empathy, where access exists but safety at relational and interpersonal level does not.

Frustration and Distrust as Existing Relationships are Safe for Some [5.2]

Across Gilgit, Muzaffarabad, DG Khan, Neelum, and Karachi, participants, from men and women to transgender individuals, described relationships as emotionally volatile: safe on the surface, but conditional and inconsistent underneath. Partial support, many noted, was more disorienting than outright rejection. The unpredictability of care, of being helped one day and shunned the next, left them emotionally fatigued and distrustful. Transgender participants across Muzaffarabad, DG Khan, Karachi, Mithi, and Peshawar echoed this same instability. Some recounted being allowed into homes or shelters, but only under strict conditions: silence, denial of identity, or submission to authority. "We are told not to come home, not to show our faces," said one, while another described how her trans mother praised her publicly but often ridiculed her privately. "She asked me to leave because I disagreed with her." Support, they realized, often came at the cost of authenticity. Others noted that expressions of care disappeared the moment they voiced pain or discomfort. This performative empathy compelled many to self-censor in exchange for survival.

Women in Neelum Valley and across other areas similarly encountered selective empathy. One participant described how her family initially comforted her after domestic abuse but later urged her to return to her abuser for the sake of children and tradition. These shifting responses bred a deep sense of betrayal and distrust. As Sahil observes, this betrayal is often systemic: "***If a father sexually abuses his daughter, the rest of the family often says: we will deal with it internally.***" This silencing not only protects the abuser but forces the survivor to live within systems that invalidate their pain. Trust, across all accounts, was not merely broken; it was weaponized, leaving behind emotional scars that deepened over time.

One of the participants shared an incident that adds to the frustration and distrust towards familial relationships, "When I shared regarding the abuse with my father, he went to the school, supported me in reporting the incident through official channels".

However, at the same time she was told, "don't share this with anyone else, the family's honor must be safeguarded". Such dichotomies highlight the tumultuous undercurrent of shame and stigma that guides these experiences, resulting in confusion and frustration among the survivors.

Through RSPN's structured models, Community Organisations, Village Organisations, and LSOs, pockets of relational safety have emerged, particularly for women who now engage collectively to prevent or delay forced marriages, as seen in Sajawal. Male inclusion efforts like Men Engage and Husbands' Schools signal positive shifts but remain limited to organized clusters. Yet, across regions, many organizations reported a painful irony: protection and compassion were available, but only to those with privilege, or perceived social respectability.

Hope, Joy and Resilience When Relationships Become Supportive and Transformative [5.2]

Across Pakistan, amidst stories of exclusion and betrayal, powerful accounts of resilience and transformative support emerged. In Neelum Valley, Muzaffarabad, Karachi, DG Khan, and Gilgit, relationships, both familial and chosen, offered rare sanctuaries where survivors of gender-based violence were not only believed but empowered. These stories highlight how, even when systems fail, individual acts of care can break cycles of silence, restore dignity, and inspire communal healing.

In Neelum Valley, a woman recalled how a survivor confided in her sister after years of domestic abuse. "**It was the first time someone had said: 'I believe you, and I shall help you escape**,'" she shared. That belief led to direct confrontation with the abuser and the survivor's safe relocation, catalyzing change in long-standing family dynamics. Similarly, a trans woman in Muzaffarabad spoke of how, after being disowned, her maternal uncle took her in. "He did not just give me shelter; he told me I was enough, just as I am." His support reconnected her with education, community, and self-worth. In Karachi, a trans survivor of assault described being rescued by an elder trans woman. "When the world said I was dirty, she said I was divine," she said, now part of a chosen family that fosters healing and collective resistance.

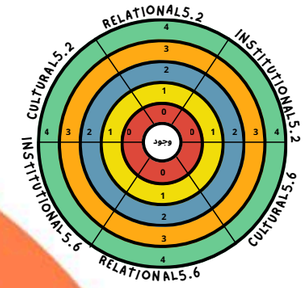
In Gilgit, male participants reflected on the quiet strength of friendship. One recalled a friend who stayed with him through a night of police harassment. "He did not speak much, but he did not leave me… it made me feel human again," he said,

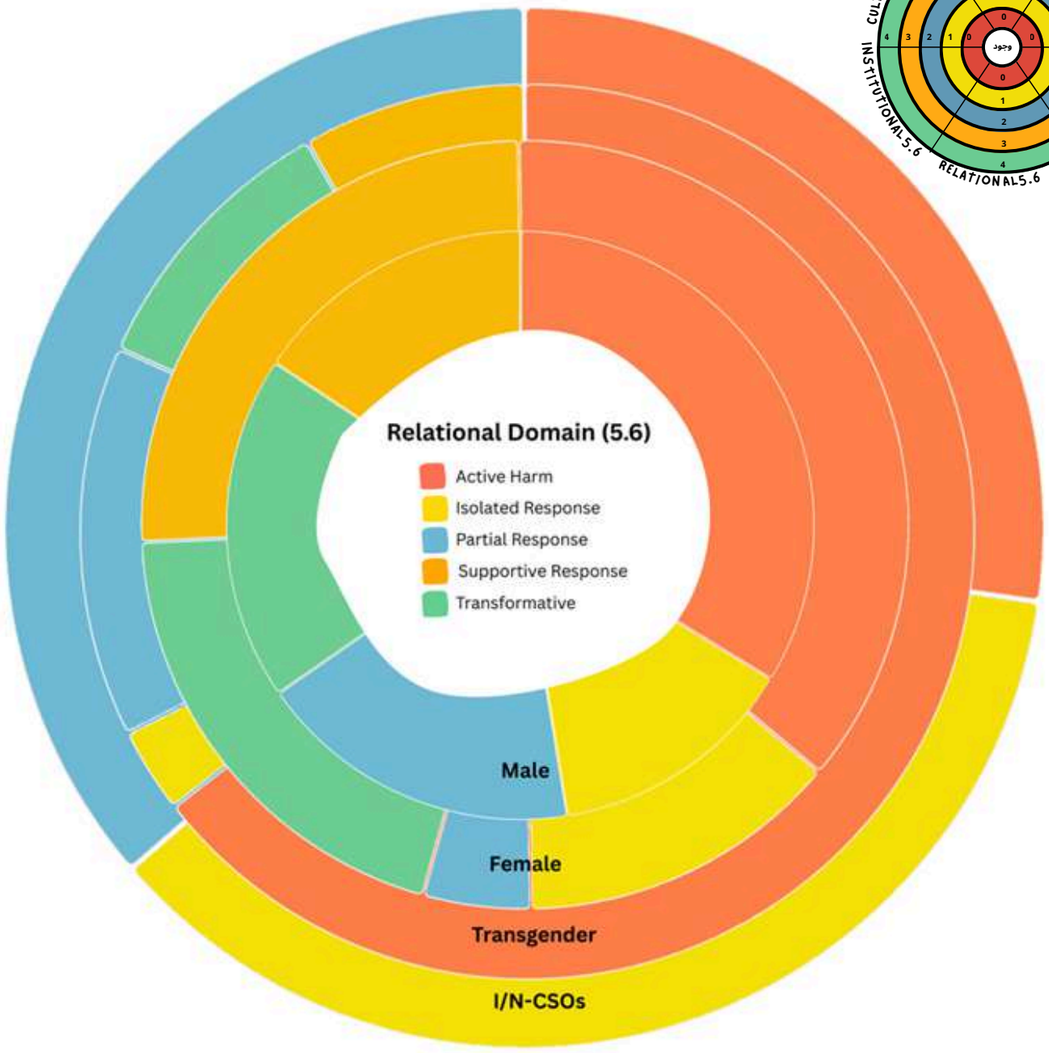
later using that experience to inspire youth conversations on justice and masculinity. Trans participants in DG Khan described finding safety and kinship in a trans-inclusive school where teachers offered non-judgmental support, and shelters validated gender-diverse identities. Though rare, such relationships served as lifelines, demonstrating that even in hostile environments, care and belief can become tools of resistance and restoration.

Across Pakistan, stories of relational empowerment highlight how trust, community support, and small institutional shifts can reshape the response to gender-based violence. In Bahawalpur, a survivor of domestic abuse, found strength through Yasmeen, a trained paralegal supported by RSPN. Through persistent dialogue with both families and the local elder, they secured a written agreement for Shakeela's safety and financial support. "***She educated them on legal rights and the consequences of abuse,***" the account noted, an example of community allies transforming patriarchal spaces into sites of justice. Similarly, Fatima from NOWPDP shared, "We have seen cases where families have stood by women with disabilities who reported GBV incidents"

Similar stories were shared by Sahil, and Da Hawwa Lur, showing how even small acts of support within families or institutions can create ripples of change. One young girl in Sindh, after attending a Sahil training, asserted, "***They'll marry me wherever they want but only before I turn 18,***" showing how awareness enabled her to negotiate boundaries within her familial context. Other examples included siblings attending therapy with survivors, mothers questioning intergenerational silencing, and teenage boys like one in Miranshah stepping up to register their mothers as voters in the absence of adult men. WANG Balochistan, Shirkat Gah, and Da Hawwa Lur all documented moments where institutions, through individual choices, began to shift. From police officers recording SGBV cases without blaming the survivor, to community groups launching their own helplines when the systems failed, these small victories mattered. "If no one is coming, we will be the institution," women from conservative districts declared. And when women-led groups were finally invited to monitor shelter homes, one survivor's response captured the essence of change: "Finally, someone who understands." In these quiet recognitions, the seeds of resilience take root.

4.2.11 WUJOOD (Relational Domain 5.6)





The **figure 4.2.11** illustrates civil society and community participants (male, female and transgender individuals) perspectives on how relational experiences prevent or support access to SRHR under SDG 5.6, using a color-coded emotional spectrum. The relational dimension for SDG 5.6 also scored very high for 'Active Harm', wherein we see very clear, visible shade of red across the spectrum, marked by reproductive control, emotional abuse, or rejection, especially for women, adolescents, and gender-diverse individuals. From civil society to community participants across the gender spectrum have highlighted the active harm perpetuated by close and interpersonal relationships while accessing sexual and reproductive health and rights, followed by shades of yellow and blue, highlighting partial and isolated response that lacks depth or meaningful engagement. On the other hand, we also observed shades of orange and green among male, female and transgender participants, highlighting support and strength while accessing SRHR in some contexts. This also highlights having access to affirming, open, and respectful environments where SRHR can be safely discussed and exercised. It would be safe to highlight that while many are finding strength in supportive relationships, a significant proportion still face silence, stigma, or control. The findings highlight the need to transform relational norms by fostering communication, consent, and emotional safety to fully realize SRHR for all. Overall, the chart reveals that SRHR outcomes are deeply relational, shaped by power, trust, and care. While pockets of support exist, dominant relational norms often enforce silence, stigma, and surveillance, underscoring the need to transform these norms toward mutual respect, emotional safety, and informed agency.

4.2.12 From Isolation to Care: How Relationships Shape Access to SRHR in Pakistan

Fear and Trauma Rooted in Relational Inequities Around Access to Identity and SRHR [5.6]

Sexual and Reproductive Health and Rights (SRHR) in Pakistan remain deeply entangled in unequal relational dynamics, where patriarchal, ableist, and gender-normative expectations often render families complicit in silencing trauma rather than addressing it. Stories from across the country, particularly from Gilgit, Dera Ghazi Khan, Karachi, and Muzaffarabad, illustrate how reproductive or gendered expressions are met not with support, but with violence, mockery, and abandonment. One account from Gilgit described a girl with disabilities who was raped and later died during an unacknowledged pregnancy. Her family refused healthcare, counseling, or justice. "***They just let her die. No one said anything. She was just … gone,"*** a participant recalled, her voice trembling.

Among transgender participants, relational love was described as conditional upon gender conformity. In Gilgit and DG Khan, many shared that expressing gender identity or reproductive feelings resulted in physical violence, emotional punishment, or isolation. "***No. Never. One time I told my family how I felt and they beat me badly,***" said one participant. Another added, "Our families do not support us… outsiders understand us better." Emotional repression within households, where even small disclosures led to mockery created environments where silence became survival. In Karachi and Muzaffarabad, the trauma extended to forced institutionalization and religious condemnation. One transgender respondent recalled being sent to a shrine to be "cured," after which their father said, "***Do not ever show your face in this house again***." In another case, a participant was ridiculed by a cousin and exposed to their uncle, resulting in family members declaring them cursed. In these stories, the home, a place expected to provide safety, became the site of deepest betrayal, where truth became dangerous and love, weaponized.

Across diverse communities in Pakistan, discussions around Sexual and Reproductive Health and Rights (SRHR) remain cloaked in silence, often beginning within families. One of the participants during a community session shared that, "***After having two children I felt that it was enough, I wanted to get an operation done. But that didn't happen, not because I didn't want to, but because I wasn't allowed to make that decision***". As Dr. Bano from Sahil notes, "no one in the family talks to children about sexual or reproductive health." This silence breeds confusion and shame, as myths are passed down by mothers, and boys grow up curious yet uninformed.

These harms are not abstract. They manifest in everyday interactions between vulnerable individuals and those meant to care for them. We heard 'husband stitch' emerge as a common experience among community session participants. One shared, "***During normal deliveries the vagina stretches to make room for the baby. After the baby is born, the husband requests the nurse or doctor to add an extra stitch while sewing the woman up for sexual pleasure […] no one talks about it openly***". The situation is worse for women with disabilities and sex workers, they are routinely met with humiliation when seeking reproductive services, denied care, asked dehumanizing questions. One young woman broke down in tears after a nurse shouted, "This is not a place for women like you." Such encounters reflect not only individual prejudice but the structural cruelty embedded in healthcare systems, where shame replaces support and community caregivers become agents of exclusion.

SRHR stigma is further intensified by cultural gatekeeping, especially in rural and tribal contexts. The CSOs have reported that, young women are punished for even attempting to access knowledge, beaten for holding menstrual hygiene pamphlets, or told by elders that learning about SRHR is "***not our culture.***" One participant recalled, "The majority still require parental or guardian approval and face social stigma, which discourages them from seeking timely and accurate information." Whether through fathers, teachers, doctors, or spouses, these stories reveal how emotional violence is enacted relationally, shaped by the very systems meant to protect and inform.

Anxiety and Hopelessness Resulting from Inadequate Access to Relational Support [5.6]

Across diverse regions like Gilgit, Karachi, Muzaffarabad, and Dera Ghazi Khan, individuals shared painful stories of how the absence of relational care, within families and communities, compounds the challenges of accessing sexual and reproductive health and rights (SRHR). An elderly woman from Gilgit described her first childbirth: "***We worked in the fields all day… no one cared for us during menstruation or pregnancy. No one told us anything about our bodies.***" Her child passed away just months later, a loss she attributed to both medical and familial negligence: "It was sheer negligence." This lack of relational support emerged repeatedly, not just in the form of overt denial, but t hrough chronic emotional neglect, misinformation, and silence.

Transgender participants from Karachi and Dera Ghazi Khan shared how SRHR is so deeply stigmatized that even raising the subject invites shame or punishment. "***Who do we even talk to? You cannot go to your brother, your cousin, your parents; they will just say you are immoral***," said one participant. Others recalled being mocked or condemned simply for expressing physical pain or needs. As a result, many chose silence as a survival strategy, stating, "We do not ask anyone for anything anymore. It is easier not to speak." In Muzaffarabad, participants spoke of being discouraged from even imagining themselves as deserving of SRHR knowledge, with responses like, "What will you do with it?" creating a climate of rejection that leads to compounded anxiety and stress.

Even when clinical services are available, as in Gilgit, social norms prevent open dialogue. Male participants noted that discussing concerns in front of female doctors felt impossible, and at home, raising SRHR issues led only to scolding or withdrawal. The presence of services without the safety of trusted relationships creates an environment where fear and shame guide health decisions. In all accounts, the absence of relational safety, more than just the lack of access, emerges as a powerful barrier to health, dignity, and agency. Within healthcare systems, the emotional weight of social conditioning, rooted in shame, suspicion, and silence, impacts both patients and providers. "**Can we not even recommend family planning when a woman says she cannot afford another child?**" This fear-based ambiguity affects not only service delivery but the language of advocacy itself, with NGOs shifting from direct messaging to euphemisms like tawazun (balance) to avoid backlash.

Organizations like Dareecha and The Awakening KP echo similar struggles: MSM, transgender individuals, and rural women hide their identities to seek help, fearing family violence or community judgment. RSPN further reported that reproductive decisions, even when initiated by couples, are often overridden by family elders, especially mothers-in-law. As one participant explained, "***There are instances when a mother-in-law's opinion takes preference over the couple's choice.***" Across all levels, cultural, institutional, and interpersonal, a culture of fear continues to govern SRHR access in Pakistan, not through overt denial, but through the quiet paralysis of those afraid to act.

Helplessness and Vulnerability Emerging as a Result of Unsafe Relationships [5.6]

In many Pakistani communities, the silence surrounding sexual and reproductive health (SRHR) is not passive; it is an active erasure of care, particularly within relationships that should offer protection. Participants across cities, women, men, and transgender persons, shared harrowing accounts not only of institutional failure, but of relational betrayal. Families often responded to SRHR concerns with dismissal, shame, or cruelty, prioritizing social respectability over the safety and dignity of their loved ones. One community-based organisation shared, "***we are familiar a lot of reproductive health cases where women might die due to reproductive health concerns, still families continue to prioritise having multiple children without any planning***".

Transgender participants from Karachi, Muzaffarabad, and Dera Ghazi Khan echoed regarding the relational abandonment. Fathers, brothers, and cousins responded to SRHR-related health concerns with religious condemnation, disgust, or threats. One shared: "***When I asked my brother for help after I got sick, he told me it was punishment from God***." Others were left to faint alone, mocked for seeking knowledge, or threatened with exposure for discussing pain. These were not isolated rejections; they were systemic patterns of relational harm that rendered care not just inaccessible, but dangerous to seek. Aahung shared that, "***The unmarried young people face family restrictions while seeking help or information regarding their rights, the require permission to even attend awareness sessions***". This goes without saying that, for unmarried young girls, parents usually determine whether a girl can access services or decide regarding her SRHR. The moral policing on learning regarding SRHR and making decisions exacerbates helplessness among young people, making them extremely vulnerable to harm and abuse. The young people don't have the power to male healthier choices regarding their bodies. Aahung further highlighted that, "***accessing healthcare is a nightmare due to mobility restrictions, especially if women in some rural areas don't have a male member to accompany them***".

Bushra Rani highlighted the plights of sex workers, "***there is no familial protection. In fact, the family is often a primary source of stress and control***". The recorded videos are often used to exploit them with threats of exposure to family members. Often, they are given to brothels by a father, brother, husband or another family member. She recalled, "***a girls had been working in a guesthouse for 1.5 years after her father sold her for 200,000***". They have no control

over their SRHR or financial security, despite "***having many clients in a day***". Bushra added, "**they are forced to work, until they physically cannot anymore**". The gender of the person running the operation makes a difference, Baham found networks led by women to be more empathetic, with sex workers having access to care, medicine and support. The emotional unsafety of seeking help pervades even in spaces where technical access exists. Youth and newlyweds may resort to private consultations or online platforms, but fear of familial backlash keeps them silent. Within families, conversations around contraception or sex education remain taboo. As Dr. Bano from Sahil explains, even parents feel lost, wanting to protect their children but paralyzed by cultural and religious confusion. These missed moments of connection prevent survivors and vulnerablised groups from accessing basic care.

Frustration and Distrust as Existent Relationships are Safe for Some [5.6]

Across Pakistan, access to sexual and reproductive health (SRHR) care is shaped not by need, but by visibility, power, and social acceptance. In Gilgit, a girl who gave birth outside of marriage was only protected after her case became public, police and courts intervened, and the local religious council arranged her marriage to ease reintegration. One woman asked: "*Why did she have to suffer so much to be seen as worthy of help*?" Support, in this case, was less about compassion and more about saving face. For most, especially those without public attention or community backing, that kind of care remains out of reach.

In Karachi and Muzaffarabad, transgender participants spoke of relying on chosen families for SRHR guidance, but even these networks were unreliable. One participant shared how a friend helped her access hormone therapy, but later refused to help someone else, saying: "***I cannot help everyone. It will get me in trouble.***" The silence and caution within these relationships deepened feelings of isolation. In DG Khan, some found guidance through older khawaja siras who taught them how to manage periods, access condoms, or recover from surgeries. But this help came with strings; age, loyalty, and belonging mattered. Participants observed that support was reserved for chelas (close followers). The rest were left to navigate care alone. These accounts reveal a painful truth: relational safety is often conditional, offered only to those within favored circles. The emotional cost of knowing that care exists, but is not meant for you, is a quiet, constant burden.

In many public healthcare facilities, the existence of infrastructure, hospitals, and maternal and family planning services fails to ensure equal or emotionally safe access. Health workers, especially in rural areas, operate under social scrutiny, with some reporting that even offering family planning invites accusations of promoting promiscuity. Consequently, many providers retreat, doing the bare minimum to avoid backlash. Sexual and reproductive health and rights (SRHR) are further undermined within families, where survivors of sexual abuse, particularly girls, are often blamed or silenced to protect family reputation. This betrayal renders the home unsafe for disclosure. As one staff member put it bluntly, "***We have worked on sexual abuse for over 30 years […] The change is negligible.***" Institutional neglect and familial betrayal intersect, creating a vacuum where survivors are left navigating systems that prioritize control and shame over care. Karachi's context further echoed these tensions. SRHR was not outrightly forbidden, but wrapped in distrust and constraint. One woman recounted being allowed to see a doctor but sworn to silence: "***My mother-in-law allowed me to go […] but made me swear not to mention anything about contraception or bleeding***."

Yet amidst this, there are signs of transformation. Organizations like RSPN, through Community Resource Persons (CRPs), have facilitated family-level conversations on menstruation, family planning, and abortion. Communities, though hesitant publicly, are increasingly willing to engage in private. However, fear and lack of trust remain widespread. Technology has opened alternative relational spaces for youth, especially urban and literate populations, with phones, chatbots, and helplines becoming stand-ins for trusted adults. Civil society organizations shared that these tools offer non-judgmental support but remain accessible to a privileged few and limited by surveillance and social control. This digital reliance also reflects a relational void in homes where young people lack safe, informed adults to turn to.

Hope, Joy and Resilience When Relationships Become Supportive and Transformative [5.6]

Across Pakistan's diverse landscapes, where silence and stigma often surround sexual and reproductive health (SRHR), rare yet powerful stories of relational healing reveal what care, solidarity, and community can achieve. From Dera Ghazi Khan, a young transgender woman shared how, abandoned and in pain post-surgery, she was cared for by a senior khawaja sira. "***She held my hand the whole night... She said, 'You are my daughter now.***'" Their bond grew into a relationship of mentorship and emotional caregiving, a chosen family anchored in SRHR education and bodily autonomy. "***She gave me life twice; once as a person, and again as someone who knows how to live in this body***." Such networks, whether through shared recovery, safe knowledge, or emotional ties, repeatedly emerged as transformative lifelines.

In Karachi and Muzaffarabad, participants described peer-led communities where knowledge about medical practices, hygiene, and emotional care is exchanged in safe, informal spaces. WhatsApp groups served as hubs of protection and guidance, especially for those without familial support. "***It feels like we are protecting each other's lives,***" one participant said. This cycle of care, passed from one generation to the next, shows that where institutional support often fails, a quiet revolution of relational resilience is shaping a new model for SRHR grounded in empathy, mentorship, and collective survival. In Karachi, transformation unfolds through quiet defiance and generational shifts. A participant shared how a young child corrected his mother, saying, "No, she is Baji," when a transgender neighbor was referred to pejoratively revealing the power of respect taught at home.

Across Pakistan, from remote valleys to crowded cities, from Miranshah to Lahore and Bahawalpur, stories of SRHR resilience and change are shaped not just by systems, but by relationships grounded in trust and dignity. Organizations like Baham Foundation, Aahung, Sahil, and Shirkat Gah report similar shifts, where communities are co-designing hospital outreach, children learning to assert their rights, and skeptical male teachers becoming advocates after SRHR training. One such teacher said, "***I never knew how much girls suffered in silence. I will ensure my students have someone to talk to.***" His initiative evolved into a district-wide peer support circle, illustrating how individual relationships can influence institutional change. As one trainer observed, homes are beginning to open up to these conversations, small signs of a generational shift that values safety over silence.

Even in families often excluded from SRHR discourse, moments of relational solidarity are reshaping care. In Bahawalpur, a woman with a cognitive disability was supported by her husband in navigating contraception, despite societal pushback. As reported, "***With her husband's unwavering support... she navigated various contraceptive methods... Her journey highlights the unique barriers women with disabilities face.***" These stories reveal that resilience is not born of privilege but is carved through resistance and nurtured in relationships where rights are not preached, but lived.

In conclusion, this chapter highlights the layered and intersecting factors shaping experiences of sexual and gender-based violence (SDG 5.2) and sexual and reproductive health and rights (SDG 5.6) in Pakistan. Across institutional, cultural, and relational tiers, the analysis reveals systemic failures, the affective weight survivors carry, and the radical acts of resistance that persist. At the institutional level, we see a journey from fear and trauma to fragile hope. Survivors described hospitals, police stations, and courts as sites of betrayal, where they were doubted, blamed, or erased, yet in rare instances, these institutions held them with dignity and care. Such glimpses of transformative response show survivor-centered systems are possible but require political will, feminist leadership, and a reimagining of justice. Culturally, the journey moves from shame to support. Deep-rooted norms around honor, silence, and control regulate bodies, constrain desires, and criminalize autonomy, especially for women, trans persons, and other vulnerablised groups, yet culture is not immovable. Feminist reinterpretations of faith, survivor storytelling, art, and grassroots resistance are reshaping cultural scripts. These shifts from stigma to solidarity hold the key to culturally resonant, emotionally liberatory change. Relationally, emotional experiences are shaped by those closest to us. Survivors described moving from helplessness and isolation to care, safety, and belonging. Families and intimate partners were often sources of harm, but in many cases became unexpected allies, mothers confronting abusers, friends accompanying survivors to court, husbands supporting antenatal care. These transformations remind us that the private is political and that healing often begins in the everyday.

Throughout this chapter, we have drawn on a five-tier emotional spectrum, from **active harm (red) to transformative support (green)**, to reflect not only what systems are, but how they feel. Emotions are not anecdotal; they are political indicators, revealing the gaps between what rights promise and what lived realities deliver. To truly fulfill SDG 5 in Pakistan, we must center the wisdom of those most impacted. Survivors are not just data points, they are theorists, reformers, and healers, offering blueprints for justice rooted in trust, care, and community. Legal reform is not enough. Institutional design is not enough. What we need is a shift in how we relate, to each other, to power, and to the very idea of justice. This is not a story of failure. It is a story of fracture, feeling, and fierce feminist possibility. And in that space, in the movement from red to green, from silence to sovereignty, we find the future of SDG 5.

CHAPTER 5

FROM FEAR TO FREEDOM: A FEMINIST CALL TO ACTION FOR SDG 5 FROM THE FRONTLINES

REBUILDING TRUST THROUGH RESPONSIVE INSTITUTIONS

Despite legal progress in Pakistan, the institutional architecture required to deliver SDG 5.2 (elimination of violence) and SDG 5.6 (SRHR access and bodily autonomy) remains inconsistent, under-resourced, and often unsafe for survivors. Testimonies across provinces reveal a recurring pattern: survivors encounter fragmented services, procedural opacity, judgmental attitudes, and re-traumatising medico-legal environments. Trust in formal systems is weak, not due to absence of laws, but due to gaps in implementation, accountability, and survivor-led design.

To meet SDG targets, institutions must shift from case-closure models to long-term, rights-based, survivor-centred care systems. This requires investments in trained human resources, multi-sector service coordination, trauma-informed SOPs, disability and gender-inclusive facilities, and meaningful survivor participation in decision-making. Responsive institutions are not built by infrastructure alone, they are built by policies backed with budgets, protocols backed by consent, and staff assessed not only on efficiency but on empathy and safety outcomes.

The following recommendations outline concrete entry points for provincial and federal actors to improve service delivery, accountability, access, and trust, with clear time-bound actions, stakeholder mandates, and reform pathways to align Pakistan's institutional response with SDG 5.2 and 5.6.

"We have built laws. But we have not built humanity into the system yet. Until we do, every survivor walks through trauma twice, once at the hands of their abuser, and again at the hands of the state."

INGO Representative

REBUILDING TRUST THROUGH RESPONSIVE INSTITUTIONS

1

Provide Continuous, Community-Based Support - Not One-Off Services

CORE ACTION POINTS (CAPS)

Fund survivor-centred community hubs with stable, multi-year financing to provide GBV and SRHR support.

Train paralegals and peer counsellors from marginalized groups.

Strengthen and expand safe houses with survivor participation in decisions.

Ensure long-term psychosocial, legal and SRHR support continues beyond crisis moments.

STAKEHOLDERS

Provincial Social Welfare Departments, Women Development Departments, District SGBV Units, CSOs and trans-led organisations, Health Departments, Police and medico-legal units, Donor agencies and UN partners

2

Redesign Institutional Protocols to Be Survivor-Led, Not System-Centered

CORE ACTION POINTS (CAPS)

Strengthen specialised GBV courts through expansion, permanent judicial appointments, and enhanced staff capacity.

Develop survivor-friendly SOPs for police, medico-legal, and health services, especially consent protocols & safeguards against re-victimisation.

Mandate regular sensitisation & capacity-building trainings for justice and health sector actors on rights & survivor dignity.

STAKEHOLDERS

Police Departments and Police Training Colleges, Health Departments and Medico-Legal Directorates CSOs, Provincial Women Development Departments, Survivors and survivor networks

3

Invest in Trust-Building Staff, Not Just More Infrastructure

CORE ACTION POINTS (CAPS)

Recruit GBV and SRHR service providers with a track record of empathy and community trust.

Integrate survivor feedback into recruitment, promotion, and performance evaluation systems to ensure accountability for safety & care.

Mandate specialised, gender-responsive, and trauma-informed training for all staff involved in GBV response and SRHR service delivery.

STAKEHOLDERS

Provincial Health and Police Departments, Public Service Commissions, Training Academies (Police, Health, Judiciary), SGBV Units and Complaint Cells, CSOs monitoring accountability

4

Prioritise Accessible and Adaptive Care

CORE ACTION POINTS (CAPS)

Ensure GBV and SRHR services are physically, culturally, and linguistically accessible for persons with disabilities, gender-diverse individuals, and rural and remote communities.

Bring support to survivors through mobile clinics, home visits, and remote legal and mental health assistance.

Adopt inclusive communication standards, visual signage, and translation and interpretation services.

STAKEHOLDERS

Health Departments, Social Welfare Departments, Disability Rights Commissions, Trans-led organizations, Rural development authorities, Legal aid organizations, relevant CSOs

5

Shift Power to Survivors in Every Step of Decision-Making

CORE ACTION POINTS (CAPS)

Build survivor advisory mechanisms across districts and provinces to ensure that lived experience informs policy, and to hold institutions accountable for survivor-centred reforms.

Make survivors co-creators in updating SOPs, shaping shelters, and holding medico-legal systems accountable.

Create mentorship and leadership pathways for survivors across identities, regions, and lived experiences.

STAKEHOLDERS

Social Welfare Departments, CSOs and survivor networks, Provincial and district, GBV and SRHR steering committees, UN Women, UNFPA, and other technical agencies

Short-Term (0–12 months)

- Map community services, shelters, paralegals, informal networks.
- Provide rapid small-grants to frontline groups.
- Deploy mobile psychosocial and legal support teams.
- Start basic training for local lay counsellors.

Mid-Term (12-24 months)

- Recognise community groups as official SGBV response partners.
- Establish one-stop community support hubs (counselling + legal + health).
- Roll out standard paralegal/peer-support training modules.
- Create anonymous survivor feedback and monitoring systems.

Long-Term (24–48 months+)

- Institutionalize state-funded community care with multi-year budgets.
- Establish survivor co-governed safe houses in every district.
- Create national certification for paralegals/counsellors.
- Integrate community-led care into national SGBV policy.

Short-Term (0–12 months)

- Set up task teams with survivors, CSOs, and technical experts to review existing SOPs.
- ·Simplify medico-legal and police forms into plain-language versions.
- Issue directives requiring staff to explain each step of the process before it happens.

Mid-Term (12-24 months)

- Roll out survivor-friendly SOPs in pilot districts.
- Train all frontline workers in consent-based procedures and trauma-informed communication.
- Launch rights-awareness materials for communities in local languages.

Long-Term (24–48 months+)

- Scale survivor-led SOPs across provinces.
- Integrate survivor-centered protocols into police and health training academies.
- Build a national monitoring system that tracks institutional compliance with consent and procedural transparency.

Short-Term (0–12 months)

- Introduce basic trauma-informed communication training in all SGBV service points.
- Add survivor feedback boxes and SMS codes for rating interactions.
- Identify staff champions already trusted by communities and give them mentoring roles.

Mid-Term (12-24 months)

- Revise recruitment criteria to include attitudes toward GBV and sensitivity scores.
- Introduce performance indicators tied to empathy, follow-up behavior, and survivor satisfaction.
- Establish accountability committees that review complaints and feedback.

Long-Term (24–48 months+)

- Institutionalize trauma-informed practice as a professional standard.
- Create career growth incentives for staff who demonstrate excellence in empathetic service.
- Build a national registry of certified GBV/SRHR-trained service providers.

Short-Term (0–12 months)

- Conduct accessibility audits of health facilities, police stations, and shelters.
- Create gender-neutral waiting areas and ensure ramps and basic accessibility tools.
- Start tele-counselling and virtual legal aid through CSO partnerships.

Mid-Term (12-24 months)

- Expand mobile health and legal aid vans to underserved rural areas.
- Introduce training for service providers on working with persons with disabilities and trans individuals.
- Establish district-level inclusion focal persons responsible for accommodations.

Long-Term (24–48 months+)

- Build fully accessible SGBV response centers following universal design.
- Institutionalize disability-friendly and gender-inclusive protocols across sectors.
- Create long-term budget lines for rural outreach and adaptive services.

Short-Term (0–12 months)

- Form interim survivor advisory groups in collaboration with CSOs.
- Conduct consultation workshops with survivors to identify institutional gaps.
- Start involving survivors in shelter design, police trainings, and awareness campaigns.

Mid-Term (12-24 months)

- Establish formal survivor advisory boards under Women Development Departments.
- Introduce compensation for survivors who contribute as advisors.
- Integrate survivor perspectives into provincial GBV/SRHR frameworks.

Long-Term (24–48 months+)

- Make survivor representation mandatory in all SGBV policy review committees.
- Develop leadership and capacity-building programs for survivors to serve as trainers and evaluators.
- Institutionalize survivor-led audits of SGBV services nationwide.

BUILDING SURVIVOR-CENTERED FUTURES THROUGH CULTURAL TRANSFORMATION

While legal and service reforms are essential for SDG 5.2 (ending violence) and 5.6 (ensuring SRHR and bodily autonomy), cultural norms ultimately determine whether survivors are believed, supported, or silenced. Evidence gathered across Pakistan demonstrates that stigma, honour codes, religious interpretations, and gender norms frequently override rights enshrined in law. Survivors who seek care often confront community backlash, moral policing, shame-based narratives, and gatekeeping by elders, landlords, clerics, and family structures. Culture, not legislation, is often the first court survivors face, and the hardest to win.

To advance SDG targets sustainably, interventions must move beyond infrastructure and policy into norms, narratives, language, symbols, ritual spaces, and relational authority. This requires shifting silence into storytelling, exclusion into recognition, and shame into collective dignity. The cultural domain recommendations propose actionable strategies to reshape social attitudes through story platforms, religious messaging, public charters, art, masculinities programming, community festivals, and survivor-led cultural production. They emphasise localisation, inclusive communication, and partnership with cultural actors, poets, barbers, imams, nikah registrars, folk artists, teachers, and youth groups.

The goal is not to replace culture, but to activate it as a site of protection rather than harm, enabling survivors to participate openly in community life without stigma, retaliation, or erasure. What follows are policy pathways that embed dignity, emotional safety, and consent into the social fabric, ensuring that cultural environments enable rather than obstruct the realisation of SDG 5.2 and 5.6.

"Our society is structured around patriarchy, toxic masculinities, and the imbibing of gendered hate content. this needs to change".

UNDP Representative

BUILDING SURVIVOR-CENTERED FUTURES THROUGH CULTURAL TRANSFORMATION

1

Break Silence and Reclaim Storytelling as Collective Healing

CORE ACTION POINTS (CAPS)

Create community **storytelling circles** where survivors can share safely.

Engage allies and leaders **to conduct intergenerational dialogues.**

Use electronic media to reach remote communities.

Normalise emotional literacy and collective healing.

STAKEHOLDERS

·Social Welfare Departments, Local leaders, District Information Departments, Electronic media platforms, Civil society organisations, ·Survivor support groups

2

Make Religious and Cultural Spaces Survivor-Safe and Affirming

CORE ACTION POINTS (CAPS)

Engage faith leaders to deliver survivor-affirming messages.

Develop non-discrimination charters for shrines, mosques and relevant spaces

Integrate dignity, consent, compassion in religious learning.

Build provincial networks of faith leaders championing safety.

STAKEHOLDERS

Ministry of Religious Affairs, Local imams, khateebs, shrine caretakers, faith leaders, Madrassa boards, Community elders, CSOs, Women Development Departments

3

Embed Survivor Recognition in Rituals, Festivals & Daily Life

CORE ACTION POINTS (CAPS)

Transform cultural **gatherings** into inclusive, survivor-affirming spaces.

Replace tokenisation with meaningful participation, especially for trans and gender-diverse persons.

Use art, poetry, murals, theatre performance to challenge stigma.

Institutionalise inclusive rituals and events that honour survivor voices.

STAKEHOLDERS

Local government culture departments, Community elders, Artists' collectives Trans-led groups, CSOs, District Arts Councils Local poets, theatre groups and activists

4

Reframe Masculinity and Challenge Cultural Gatekeeping

CORE ACTION POINTS (CAPS)

Engage boys and men in compassion-centered masculinity programs.

Use local dialects, idioms, murals, truck art to shift norms.

Map community power structures and confront gatekeeping.

Secure public pledges, and monitor compliance through communities.

STAKEHOLDERS

Local support organisations, and community organisations, School teachers and youth coaches, ·Local artists District Education Departments, CSOs working with boys and men

5

Transform Institutions with Trauma-Informed Practices

CORE ACTION POINTS (CAPS)

- Develop **trauma-informed training programs** for institutions
- Create tools like **"What NOT to Say to a Survivor".**
- **Establish community accountability boards** for frontline institutions
- **Secure legal protections** for survivor-led cultural and SRHR initiatives

STAKEHOLDERS

Police Departments, Health Departments, Judicial system, Local elders and community leaders, CSOs, District Accountability boards

Short-Term (0–12 months)

- ·Launch pilot storytelling circles in selected union councils with facilitators.
- ·Partner with local artists to highlight stories of resilience
- ·Begin community dialogues low-connectivity areas.
- ·Train local facilitators in confidentiality and emotional safety.

Mid-Term (12-24 months)

- ·Expand storytelling circles district-wide.
- ·Develop electronic media content on survivor realities.
- ·Build community volunteer networks to support communities
- ·Integrate storytelling segments into educational spaces

Long-Term (24–48 months+)

- ·Institutionalise community testimonial circles under district social welfare units.
- ·Establish annual "Stories of Strength" festivals to normalize survivor-led narratives.
- ·Embed emotional literacy and storytelling into civic education curriculum

Short-Term (0–12 months)

- Conduct dialogues with local imams, khateebs and shrine caretakers.
- Draft community-led "Dignity Charters" for faith spaces.
- Launch religious messages on local radio using relevant teachings on protection and dignity.

Mid-Term (12-24 months)

- Train religious leaders to deliver speak on dignity and non-violence.
- Integrate survivor-sensitive content study circles in faith spaces
- ·Display non-discrimination commitments visibly at shrines, mosques and other spaces.

Long-Term (24–48 months+)

- Establish provincial networks of faith leaders who promote survivor safety.
- Advocate for inclusion of survivor protection content in official religious curricula.
- Formalize partnerships between Women Development Departments and relevant religious bodies and departments

Short-Term (0–12 months)

- Engage communities to reinterpret harmful language, promote respectful norms and develop guidelines for inclusive gatherings.
- Produce theatre pieces and community performances.

Mid-Term (12-24 months)

- Host survivor-affirming performances, poetry, storytelling events, and mobile screenings of survivor-led short films.
- Build alliances with cultural groups to promote inclusive and survivor-centred campaigning
- Incorporate positive counter-narratives into district awareness campaigns.

Long-Term (24–48 months+)

- Establish regional archives for survivor-led cultural work (films, murals, poetry, theatre) and create recurring community art festivals.
- Embed counter-stigma and survivor dignity modules into education
- Ensure inclusive and balanced participation and representation in events.

Short-Term (0–12 months)

- Conduct power-mapping exercises in target communities
- ·Engage local elders, panchayat members and other stakeholders in commitment dialogues.
- ·Launch dialogues for boys and men on compassion and resilience.
- Launch electronic and social media campaigns

Mid-Term (12-24 months)

- Introduce bystander training for community members.
- Start safe referral channels that bypass gatekeepers.
- Create male ally clubs and programs
- ·Support trainings for men on recognising and responding to violence.

Long-Term (24–48 months+)

- Include power-mapping frameworks in all donor-funded GBV and SRHR programs.
- Establish a provincial database of community allies and support networks.
- Build long-term district-wide programs for positive masculinity.
- Integrate healthy masculinity content into school curricula and community programs.

Short-Term (0–12 months)

- Record survivor voices and launch legal, emotional first-aid campaigns
- Sign district MOUs enabling survivor-led cultural and SRHR activities.
- Form temporary accountability boards in hospitals, courts and police stations.

Mid-Term (12-24 months)

- Add trauma-informed modules to trainings of stakeholders
- Expand accountability boards with gender-diverse groups, set up district reporting hotlines.
- Integrate survivor-led work into district plans
- Use community models for awareness in local-languages.

Long-Term (24–48 months+)

- Institutionalise trauma-informed training across frontline institutions.
- Establish permanent oversight committees for hospitals, courts and police, among other frontline institutions
- Create a national curriculum on survivor-sensitive practices that can be implemented across the board.

STRENGTHENING RELATIONAL PATHWAYS TO SAFETY, CARE AND AUTONOMY

Even where laws exist and services are available, relationships often decide whether a survivor is protected, silenced, or abandoned. Testimonies collected across Pakistan show that families, peers, elders, and intimate networks can either enable justice or become the first barrier to it. Many survivors turn to friends, chosen families, or community members long before they approach police or healthcare systems, often because institutional trust is weak, stigma is high, and fear of retaliation within households is real.

Achieving SDG 5.2 (ending all forms of violence) and 5.6 (ensuring bodily autonomy and SRHR access) therefore requires strengthening relational safety mechanisms at the household, peer, and community level. This includes equipping families to respond without shame, building peer-support anchors, legitimizing chosen kinship for trans and marginalized survivors, and training relational gatekeepers, elders, teachers, religious heads, to prevent coercion, forced settlements, and silencing.

The recommendations that follow outline practical pathways to embed care, consent, and accountability within everyday relationships through peer networks, intergenerational dialogues, family counseling models, chosen family recognition, gatekeeper activation, and masculinity transformation programs. These strategies move protection beyond institutions into the social fabric where harm and healing occur first. Strengthening relational ecosystems is not an optional complement to institutional reform; it is a core requirement for survivor-centered implementation of SDG 5.2 and 5.6.

"We are familiar with a lot of reproductive health cases where women might die due to reproductive health concerns, still families continue to prioritise having multiple children without any planning or family support".

Community Workshop Participant

RELATIONAL PATHWAYS TO SAFETY, CARE AND AUTONOMY

1

Foster Safe, Peer-Based Relational Anchors

CORE ACTION POINTS (CAPS)

Create structured peer-**support circles** for women, men, and transgender individuals to break isolation.

Train peers as community "first listeners" equipped to offer safe disclosure, basic support, and referral to SRHR and protection services.

Develop peer-led SGBV and SRHR awareness modules in locally for community knowledge, consent literacy, and autonomy.

STAKEHOLDERS

Local CBOs, Trans groups, Youth groups, Women, Men, Communities, Social Welfare Departments, NGOs
District Health Authorities, Survivor support groups, Schools, Religious Seminaries

2

Facilitate Intergenerational and Intra-Household Dialogue

CORE ACTION POINTS (CAPS)

Develop community **dialogue modules** to strengthen participation, decision-making, and gender-transformative norms.

Establish structured conversation circles on menstruation, consent, pregnancy, autonomy, and safety.

Train local women and trans elders as dialogue facilitators to lead learning and decision-making spaces.

STAKEHOLDERS

Community Elders, Activist Groups, Local Support Organisations,
·Youth centers, Community Health Workers, Lady Health Workers, Midwives, Community Stakeholders

3

Empower Families to Respond with Compassion and Accountability

CORE ACTION POINTS (CAPS)

Provide families with **simple guidance on s**urvivor-supportive behaviours to prevent further harm and reduce pressure for compromise.

Offer family-based counseling through community centers to strengthen safety, consent-respecting care, and SRHR choices.

Reframe family responses using inclusive values.

STAKEHOLDERS

Families, Women's groups, Religious Leaders, Mental Health Professionals, Paralegal networks, Local government, Social Welfare Departments, NGOs.

4

Recognize and Safeguard Chosen Families and Informal Kinship

CORE ACTION POINTS (CAPS)

Formally recognise chosen **families** in health, shelter, and legal systems to uphold safety and decision-making.

Allow survivors to designate trusted companions as emergency contacts, guardians during medical, legal, and protection processes.

Integrate chosen family structures into case management, referral pathways, and safe house.

STAKEHOLDERS

Shelters, Hospitals, Police, Social Welfare Departments, Legal aid Organisations, District Administrations.

5

Legally Penalize Forced Compromises and Provide Protection from Family Retaliation

CORE ACTION POINTS (CAPS)

Criminalize forced **compromises and coercive settlements** in SGBV cases

Develop survivor-led family protection and safety plans that center consent, decision-making, and reproductive autonomy

Strengthen emergency relocation, legal accompaniment, and SRHR-linked support pathways to ensure safety, care continuity, and autonomy.

STAKEHOLDERS

Police Departments, Judiciary, Bar Associations, Legal Aid Groups, Shelters, Social Welfare Departments, Women Development Departments, Community Leaders

Short-Term (0–12 months)

- ·Select peer volunteers from youth groups, women's groups, and Transgender networks.
- ·Provide basic training on active listening, confidentiality, and referral pathways.
- ·Launch small, discreet peer circles in existing safe community spaces.

Mid-Term (12-24 months)

- Formalize peer educator programs through schools, religious seminaries, and community centers.
- Introduce structured co-mentorship for long-term emotional support and guidance.
- ·Integrate peer networks into district referral systems.

Long-Term (24–48 months+)

- ·Institutionalise peer-support models through annual funding and district social welfare programs.
- ·Scale survivor-led peer networks across divisions, especially in underserved areas.

Short-Term (0–12 months)

- Map respected women, men, and trans elders willing to lead discussions.
- Conduct small pilot sessions in schools, madrassahs, and community centers.
- Provide elders with simple, culturally grounded SRHR and SGBV prevention toolkits.

Mid-Term (12-24 months)

- Introduce monthly intergenerational dialogues in youth centers and local LSOs.
- Use radio, storytelling sessions, and school clubs to normalize sensitive topics.

Long-Term (24–48 months+)

- Integrate intergenerational dialogue as part of formal community development strategies.
- Position elder facilitators as long-term community mentors on SRHR, relational wellbeing and SGBV prevention.

Short-Term (0–12 months)

- Train community counselors in culturally sensitive family interventions.
- Develop short audio and visual content for families on how to respond to disclosures.
- Begin family information sessions within schools, seminaries, and community halls.

Mid-Term (12-24 months)

- Create community-based mediation and counseling spaces for families.
- Partner with religious scholars to reinforce messaging around compassion and safety.
- Build referral links from peer circles to family counsellors.

Long-Term (24–48 months+)

- Establish family accountability frameworks in district Sexual and gender-based violence and SRHR response plans.
- ·Introduce ongoing values-based trainings promoting nonviolent caregiving roles.

Short-Term (0–12 months)

- ·Update case forms to include "trusted person or chosen kin" options.
- ·Train case workers and shelter staff on inclusive kinship models.

Mid-Term (12-24 months)

- ·Advocate for district-level guidelines recognizing chosen family roles in care decisions.
- ·Introduce hospital visitation policies that respect survivor-designated caregivers.

Long-Term (24–48 months+)

- ·Institutionalize chosen family recognition within national SGBV and SRHR policies.
- ·Expand legal reforms acknowledging non-biological kinship for emergency protection.

Short-Term (0–12 months)

- Train lawyers, paralegals, and police on identifying forced settlements.
- Provide emergency helplines and safe relocation spaces for survivors threatened by families.
- Raise community awareness on consent-based case decisions.

Mid-Term (12-24 months)

- ·Integrate monitoring of coerced compromises into district legal aid committees.
- ·Formalise rapid response teams for survivors facing family retaliation.

Long-Term (24–48 months+)

- ·Legally embed penalties for forced compromises in provincial SGBV laws.
- ·Establish national oversight for family-based obstruction of justice especially in cases pertaining to sexual and gender-based violence and violations of sexual and reproductive health and rights.

Annexure A:

Key Informant Interview(s):

Process: Participants were involved in a facilitated, feminist, co-creative process using the following tools:

- Type: Online, Semi-structured Key Informant Interviews (60–75 minutes)
- Respondents: Senior representatives from INGOs, NGOs and CBOs
- Tool: The participants were asked to respond the WUJOOD tool (Institutional, Relational, Cultural) for SDG 5.2 and/or 5.6 based on their assessment of Pakistan's current situation.
- A semi-structured conversation was conducted, facilitated by pre-defined areas of inquiry, to provide context to their ratings.
- Documentation:
  - Facilitators recorded scores, quotes, consent, and reflections on the emotional tone of the space and conversation.

Core Inquiry Areas:

1. Role & Reflection
- Briefly tell us about your organisation and its work on GBV/SRHR, including which areas and communities do you serve?

2. Institutional Domain – Policy, Systems, and Governance
- In the recent years, where have you seen the most meaningful institutional progress or backtracking on SDG5 in Pakistan?
- Where do you see the biggest discrepancy between the formal institutions and the communities you serve? (E.g. political will, bureaucracy, cultural resistance, lack of resources)
- How have national emergencies (e.g., COVID-19, floods, economic crises) affected policy implementation or service delivery on GBV and SRHR?
- What types of data are being collected currently (gender-disaggregated, age-disaggregated, disability-disaggregated, etc.) on SDG 5 indicators? Where are critical gaps in data still existing?

3. Relational Domain – Community Dynamics, Participation, and Local Leadership
- What trends do you see in community acceptance or rejection of gender equality interventions? Have any positive stories of change been observed in relation to GBV and SRHR?
- What strategies have worked in shifting norms or enabling access beyond service delivery? E.g. through CSOs or your programs or government led.
- In your programs, how much do spousal control, gatekeeping by family members, or household dynamics influence an individuals' capacity to access services or exercise rights under SDG 5?

4. Cultural Domain – Norms, Beliefs, and Public Discourse
- Have you seen a meaningful shift in public discourse—media, education, religious messaging, on issues like GBV, care work, or menstruation over time? What led to that shift?
- Which communities continue to be most culturally marginalized or stigmatized in the promotion of gender equality (e.g., rural women, trans individuals, religious minorities, survivors)?

5. Conclusion
- What would a gender equal system change in Pakistan look like?

GBV CSOs Core Inquiry Areas:

Objective: To find out where survivor support systems for GBV survivors are successful or not, and to see what CSOs are learning through communities under SDG 5.2.

1. CSO Role & Reflection
- Briefly tell us about your organization and its work on GBV, including which areas and communities do you serve

2. Institutional Domain – Systems, Services, and Policies
- In your experience, what GBV services exist in the communities you serve, what is the current gap? Who gets left out of existing services too? Why?
- Are there any supportive laws or services for GBV enforced well in the communities you serve? Who gets left out?
- Which government institutions work on GBV locally and are they effective?
- Can survivors report safely without fear, shame or retaliation?
- Do police, doctors, or legal staff respond to survivors in a gender sensitive or trauma-informed manner?
- Are there women or trans decision-makers in leadership positions at the local or community level such as in government, police, health departments, or other crucial institutions in your locality?

3. Cultural Domain – Beliefs, Taboos, Shame
- What are shared cultural or religious beliefs regarding issues such as shame, honour, GBV, in the communities you serve? How do they legitimise or mitigate GBV?
- Has your organisation attempted to change negative norms regarding GBV? What was successful? What was not?

4. Relational Domain – Family, Partners, Community
- Do women and trans people feel safe in public or in workplaces in the communities you serve? What trends do you see emerging in recent years?
- When someone reports violence, how do families or communities usually react? How has this changed over time? Who decides reporting or getting help or information in families?
- Are adolescents or unmarried individuals able to access GBV services without shame or permission?
- Are men and boys involved in conversations around GBV? What has been their reaction?

5. Conclusion
- Have there been positive or negative changes in community behavior in the past few years?
- What are the greatest challenges you encounter in defending survivors or raising awareness?
- Can you tell us a story of progress or challenge that reflects the actual situation?
- If you could change just one thing about how GBV is handled in the communities you serve, what would it be?

SRHR CSOs Core Inquiry Areas

Objective: To learn what is facilitating or inhibiting individuals' access to sexual and reproductive health and rights (SRHR), what CSOs are seeing in communities, and what must change to achieve SDG 5.6.

1. CSO Role & Reflection
- Briefly tell us about your organisation and its work on SRHR, including which areas and communities do you serve

2. Institutional Domain – Systems, Services, and Policies
- In your experience, what SRHR services exist in the communities you serve, what is the current gap? Who gets left out of existing services too? Why?
- Are there any supportive policies or laws for SRHR enforced well in the communities you serve? Who gets left out?
- Which government institutions work on SRHR locally and are they effective?
- Are there women or trans decision-makers in leadership positions at the local or community level such as in government, police, health departments, or other crucial institutions in your locality?

3. Cultural Domain – Beliefs, Taboos, Shame
- What are shared cultural or religious beliefs regarding issues such as menstruation, family planning, abortion, or sex education in the communities you serve?
- Has your organisation attempted to change negative norms regarding SRHR? What was successful? What was not?

4. Relational Domain – Family, Partners, Community
- Who decides SRHR in families, such as use of contraception, use of maternal care, or going to a clinic?
- Do partners, parents, religious/community elders influence an individual's ability to access SRHR information or services?
- Are adolescents or unmarried individuals able to access SRHR services without shame or permission?

5. Conclusion
- Have there been positive or negative changes in community behaviour in the past few years?
- Can you tell us a story of progress or challenge that reflects the actual situation?
- If you could change just one thing about how SRHR is handled in the communities you serve, what would it be?

Annexure B:

Community Workshops:

Process:

- Geographic Scope: Conducted across all seven regions of Pakistan (Punjab, Sindh, KP, Balochistan, AJK, GB, and Merged Areas), in one urban and one low-HDI district per region.
- Respondents: Separate workshops held for young women, transwomen (18-60), and men (18–60), totalling 37 workshops nationwide, out of which we had the consent to share data from participants of 28 workshops.
- Participant Selection: Each group comprised 10–12 diverse individuals, selected to reflect lived experiences of child marriage, disability, GBV, labor status, and proximity to key institutions (clinics, police stations, shelters).

- **Tool**:
  - **WUJOOD Tool Activity**: Participants rated institutional, relational, and cultural systems on a color-coded 0–4 scale based on how safe, accessible, and responsive they felt.
  - **Storytelling Circle**: Participants contextualised their scores by sharing personal stories about accessing services or experiencing barriers related to gender-based violence and SRHR.
  - **Emotional Mapping Exercise**: Group mapped collective emotional responses (fear, joy, pride, etc.) toward various institutions such as hospitals, police, media, and family based on colours used for WUJOOD tool.
- **Documentation**:
  - Facilitators recorded anonymised scores, quotes, emotional charts, attendance and consent, and reflections on power dynamics, participation, and emotional tone of the space and conversation.

Group 1: Women

Wedge 1: GBV – Institutional
- Have you or someone your age ever needed to go to a hospital, police, or shelter when something bad happened such as harassment or abuse? Did they help you, or did it feel scary, blaming, or unsafe?
- Pick a number. Use that pencil and color the first wedge.

Wedge 2: GBV – Relational
- Think about your parents, partner, siblings, community, or in-laws. If abuse or harassment or violence happened to you, would they believe you? Help you? Or silence you?

Wedge 3: GBV – Cultural
- What are you told in your community or on social media about girls who talk about abuse or harassment? Are they supported, or judged and blamed?
- Colour the third wedge using the number that fits best.

Wedge 4: SRHR – Institutional
- When you needed help with your body, like periods, childbirth, family planning,
- Could you go to a clinic or hospital and feel safe? Were you treated with respect?
- Pick your number and fill the fourth wedge.

Wedge 5: SRHR – Relational
- In your home, are you able to make decisions about your body or pregnancy?
- Did your husband, in-laws, or others support you, or try to control what you do?
- Choose your number and colour the fifth wedge.

Wedge 6: SRHR – Cultural
- When you were younger, did people teach you about your body, periods, or pregnancy? What was the impact of those messages on you?
- Now fill in the last wedge with your number

Group 2: Transgender Individuals

Wedge 1: GBV – Institutional
- Have you or someone your age ever needed to go to a hospital, police, or shelter when something bad happened such as harassment or abuse? Did they help you, or did it feel scary, blaming, or unsafe?
- Pick your number and color the first wedge.

Wedge 2: GBV – Relational
- Think about your parents, partner, siblings, community. If abuse or harassment or violence happened to you, would they believe you? Help you? Or silence you?
- Choose a number and fill in the second wedge.

Wedge 3: GBV – Cultural
- What are you told in your community or on social media about trans people who talk about abuse or harassment? Are they supported, or judged and blamed?
- Use that number and fill the third wedge.

Wedge 4: SRHR – Institutional
- If you went to a clinic or hospital for things like hormones, HIV treatment, reproductive health, or mental health, would you feel safe and respected, or judged and mistreated?
- Now colour the fourth wedge.

Wedge 5: SRHR – Relational
- In your home, are you able to make decisions about your body, gender expression, or health? Did your family, community members or others support you, or try to control what you do?
- Pick your number and color the fifth wedge.

Wedge 6: SRHR – Cultural
- Did anyone teach you about your body, gender, or sexuality in ways that felt true for you? What was the impact of those messages on you?
- Colour the last wedge with the number you feel is right.

Group 3: Men

Wedge 1: GBV – Institutional

- Think about a time when you or a man you know felt unsafe or threatened , at home, at work, or in public. Could you go to the police, court, or hospital for help?
- Did they take the situation seriously, or did they ignore it, laugh, or treat it with disrespect?
- Pick a number and color the first wedge.

Wedge 2: GBV – Relational
- Think about people close to you , your partner, family, or friends.
- If you or a man you know faced violence or control from someone, would others step in to help? Or would they say, “Stay quiet,” “Don't make it a big deal,” or blame you?
- Pick a number and colour the second wedge.

Wedge 3: GBV – Cultural
- Think about what you were taught , by elders, teachers, religious leaders, or TV , about how a man should behave if he is hurt.
- Were you or other men told to stay silent, act strong, and never ask for help?
- Or were you taught it's okay to speak up and seek support?
- Pick a number and colour the third wedge.

Wedge 4: SRHR – Institutional
- Think about going to a clinic or hospital for sexual health , like condoms, STI testing, fertility, or sexual concerns. When you or a man you know tried to get care, was it comfortable and respectful? Or were you judged, laughed at, or not taken seriously?
- Pick a number and colour the fourth wedge.

Wedge 5: SRHR – Relational
- Think about decisions related to your body , like using condoms, saying yes or no to sex, or choosing when to become a father. Can you or a man you know make these decisions freely with your partner and family? Or is there pressure, control, or judgment from others?
- Pick a number and colour the fifth wedge.

Wedge 6: SRHR – Cultural
- What messages did you grow up hearing , at home, in school, or in your community , about men's bodies, sex, and consent? Did those messages teach respect, care, and choice , or shame, silence, and pressure to dominate?
- Pick a number and colour the sixth wedge.

Annexure C:

How WUJOOD Ratings Are Determined and Spectrum Responses Synthesised?

This annex explains how ratings and analysis in the WUJOOD framework were developed. It is intended to make the analytical process transparent and understandable, without reducing complex lived experiences into numerical scores or rankings. The approach prioritises fairness, ethical rigour, and survivor-centred accountability.

How WUJOOD Ratings Are Determined?

Ratings in this report are based on a structured qualitative feminist analysis, not on quantitative scoring or statistical aggregation. For each SDG target (5.2 and 5.6) and each analytical tier (institutional, relational, and cultural), evidence was reviewed against a five-level interpretive rubric. The team reviewed transcriptions of KIIs and community-based sessions and through using the colors manually coded them thematically across five categories shared below:

- Red - Active Harm (Fear and Trauma): Institutions, relationships, or norms actively reproduce violence, stigma, exclusion, or coercion, and restrict autonomy or access.

- Yellow - Isolated Response (Anxiety and Hopelessness): Responses exist in limited or symbolic form, with low reach, low trust, or dependence on individual actors rather than systems.

- Blue - Partial Response (Helplessness and Vulnerability): Services, protections or support are present but uneven, unsafe, inaccessible, or exclusionary for certain groups.

- Orange - Enabling Response (Frustration and Uneven Trust): Systems are functioning with moderate equity, improved access, and some safeguards, though gaps remain.

- Green - Transformative Response (Joy and Resilience): Rights-based, survivor-centred, safe, equitable, and accountable systems that meaningfully reduce harm and enable autonomy.

The analysis was conducted through collective review by the research team, giving priority to patterns of experience rather than isolated anecdotes. Lived experience, service-provider testimony, and documented trends were weighted more heavily than formal policy presence alone.

What Evidence Informed Ratings?

Ratings were informed by triangulation across multiple sources, including:

- Survivor and community narratives gathered through spectrum coding, interviews and facilitated discussions

- Inputs from civil society organisations and frontline service providers working on GBV, SRHR, disability justice, and trans rights

- Selected SDG-aligned laws, policies, and available indicators, read critically

Government and UN data were not treated as neutral or complete. Instead, they were examined politically, asking whose realities are counted, whose are erased, and how institutional, cultural, and relational silences shape dominant narratives of gender equality in Pakistan.

How Spectrum Responses Were Synthesised?

For each domain (cultural, relational, institutional) and each SDG target (5.2 and 5.6), participants were invited to reflect on their experiences and locate them along the five-category spectrum: Active Harm, Isolated Response, Partial Response, Enabling Response, and Transformative Response. These reflections were gathered through interviews, workshops, and facilitated discussions using the WUJOOD tool. hese spectrum exercises were used as sense-making tools, not as voting mechanisms or quantitative scores in isolation.

Responses were then grouped thematically, not averaged. Where multiple participants described experiences that aligned with the same category, these were tallied to show concentration, not to assign weight or value. The resulting visuals represent patterns of experience, not proportions of truth, performance scores, or institutional rankings.

The spectrum visuals should be read as collective emotional and structural landscapes, showing where harm, exclusion, partial access, or care are most commonly experienced, not as statistical distributions or performance indicators.

Individual placements were not averaged or tallied.

Instead, synthesis followed a qualitative aggregation process focused on patterns, convergence, and divergence.

This process included:

- Reviewing spectrum placements alongside participants' explanations, stories, and contextual notes

- Identifying clusters of responses rather than outliers

- Examining differences across gender, geography, disability status, and access to services

- Cross-referencing spectrum patterns with interview data, workshop discussions, and civil society insights

- Treating reports of harm, exclusion, or fear as analytically significant, even when fewer participants reported positive experiences

Where responses were mixed, final ratings reflected the most frequently reported and structurally embedded experience, particularly where power imbalances or institutional barriers limited access for marginalised groups..

Positive or enabling experiences were recognised, but they did not override widespread or systemic patterns of harm unless evidence demonstrated consistent, safe, and equitable access across identities and regions.

Movement across colours is not linear. A system may show enabling or transformative practices in one context while reproducing harm in another. The spectrum allows these contradictions to remain visible rather than flattened.

Ethical Interpretation and Review:

All judgements were developed through: (1) Collective reflection by the research team; (2) Cross-checking across regions and identities: (3) Ongoing ethical review to prevent misrepresentation or harm

Where risks of oversimplification, misinterpretation, or re-traumatisation emerged, the analysis was paused, reviewed, and revised. Silence, hesitation, or emotional distress were treated as meaningful data rather than absence of evidence.

This methodology was intentionally designed to balance, transparency without extraction, structure without reduction and accountability without ranking

The WUJOOD framework recognises that violence, dignity, and access cannot be fully captured through numbers alone. The ratings therefore represent synthesised feminist judgements, grounded in lived realities, triangulated evidence, and care-centred analysis.

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