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PRIMARY RESEARCH

Pakistan's existing health care system's responsiveness towards SRH&R of young people and SDG goal 3.7

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Abstract

The research aimed to highlight the responsiveness of existing health care systems in Pakistan towards addressing Sexual and Reproductive Health & Rights (SRH&R) concerns of young people with the lens of Sustainable Development Goals (SDGs), especially (Goal 3.7) with the focus on youth. This descriptive research used the inductive approach of theory. It fixed qualitative design to research the health care system of Pakistan by reviewing the available secondary data resources, e.g., official documents, reports, websites, and online resources of the relevant departments and organizations. Results highlight that in Pakistan, 64% of the population consists of young people. It is reviewed that Pakistan's existing health care system is insignificantly responsive towards the SRH&R needs of young people and contribution to achieving SDG, especially (Goal 3.7) with a special focus on youth. These policies and programs at the provincial and local level programs are limited to reproductive health issues (maternal health, family planning, and child health) and the needs of married women only. On the other hand, the existing health care systems, mainly private and non-governmental, are addressing the Sexual and Reproductive Health (SRH) needs of young people, which is insufficient due to limited infrastructure and delivery networks. The research provided insight into the significant programs and interventions and policies implemented, including gaps and challenges in the health care system in Pakistan for addressing SRH&R concerns of young people and contribution in achieving SDG, especially (Goal 3.7) with a special focus on youth.

INTRODUCTION

Understanding and evolution of terms Sexual Health, Reproductive Health, and Sexual Rights had a long history after International Conference on Population and Development (ICPD) major advancements were incorporated for clarifying human sexuality and global health issues including sexual and reproductive health problems, not excluding AIDS/HIV and different Sexually Transmitted Infections. According to the WHO and ICPD, both terms "Sexual Health" and "Reproductive Health" are defined as follows:

"Sexual Health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity" (Dong & Keshavjee, 2016; World Health Organization, 2002).

"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes" (United Nations Population Fund, 1999; Yi & Chia-Nung, 2018).

Sexual Rights: Sexual Health does not work independently; however, the human rights focusing on "sexuality" and "sexual health" are called "Sexual Rights ", which help to support people for explaining their sexuality and sexual health without discrimination, coercion, and violence specifically with access to SRH services and facilities (World Health Organization, 2015).

These three terms are principally interlinked, and their effectiveness is highly affected through this link and its operations. The interlinkage and interdependency among these terms allow to define these terms into a form of one term called SRHR (World Health Organization, 2017)

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LITERATURE REVIEW

Pakistan is believed to be the 6th country with a massive population. According to United Nations Development Programme (2016), the current population of Pakistan is 179,160 million. The population below 18 (in thousands) is 73,844.9. The population aged 10-19 (in thousands) is 39900.7, or 22.3 percent of the total population (Pakistan Bureau of Statistics, 2017). At present, Pakistan has a major group of young people (10-24) with almost 54.2 million individuals, which is an opportunity and challenge as well (Sathar et al., 2003).

In line with the country's goal to provide "Health for All", Pakistan has committed several international SDGs and national commitments to be fulfilled through the health care system in Pakistan by addressing all kinds of health problems of all age groups. However, the commitment is for "ALL" (Ministry of National Health Services Regulations and Coordination, 2012) but in reality, this excludes the most important group of the population, "Young People". Concentrating on young people's SRH&R, the health care systems remain negligible of lower than the expected level to deal with. Identifying the reasons to neglect this most important need of young people, it is observed to be the taboo/stereotype associated with the word "sexual health" often associated with "sex" and silent political and institutional system future contributing to disadvantaged health indicators as well as lowering SDGs post-2030 agenda.

The SRH&R of young people is a sensitive issue and is also considered as taboo and restrictive due to rigid social and cultural factors around the issue prevalent in the country. Young people need adequate information, authentic education, and easy access to SRH&R services to deal with their concerns and make informed and independent decisions about their life (Panchaud, 2013; Tokuda, 2016).

These issues are unaddressed at the policy level as well as in terms of service delivery in the country, as evident by the different research studies. Therefore, it is important to highlight the responsiveness and gaps of the existing health care system of SRH&R concerns of young people and its contribution as well as challenges to achieving the 2030 agenda for SDG (United Nations Development Programme, 2016).

Keeping in view the vulnerabilities, life-threatening conditions, and health risks faced by young people in the absence of social, political, institutional systems and limited researches for SRH&R concerns of young people (United Nations Population Fund, 2013), it is important to observe and highlight the existing health care system's interventions, programs and their responsiveness towards this issue as well as the best practices addressing SRH&R concerns of young people. Moreover, it is also essential to outline the existing gaps in the health system widening the issue and challenging the achievement of SDG (Goal 3.7).

METHODOLOGY

The research was a "Descriptive Research" with focus on the identification of programs and policies of an existing health care system which are significantly benefited to address SRH&R of young people in Pakistan. Moreover, it was also beneficial to identify the major challenges of these programs with the perspective of SRH&R of young people. The research used the inductive approach of theory for explanations and comparison of the available knowledge related to programs and policies of the health care system of Pakistan. The research focused on finding and generating new knowledge in the discipline of SRH&R with focus on young people. Nevertheless, it generates knowledge related to prominent policies and programs of the existing health care system in Pakistan addressing SRH&R for young people at the national and provincial levels.

The selection of the sample for the research was challenging as it required focused attention to explain the policies and programs addressing young people's SRH&R issue in Pakistan. Therefore, the purposeful sampling technique for sample selection was used. From previous years, major progress was made in two provinces of Punjab and Sindh. However, the remaining two provinces, Balochistan and Khyber Pakhtoonkhwa, are not progressive and hindered due to religious and political extremism and rigid sociocultural norms. The research used the secondary data available on the SRH&R at the global, national, and provincial levels. The available sources of data were articles written by different international authors on SRH&R and its integration into health systems, WHO, UNDP and UN Reports, frameworks and surveys, official documents and reports of Punjab Health Department and Pakistan Ministry of Health, online sources available at Punjab government website, and existing online documents of Punjab provincial policies and programs along with the Pakistan national surveys, such as Pakistan Demographic Health Surveys and Pakistan Social and Living Standard Measurement Survey of recent years.

The "content analysis" technique of qualitative data analysis was adopted to analyse the available secondary data and conduct the desk review. This technique is highly applicable in the field of social science, political science, psychology and cognitive science research. This technique was applied to develop reliable and valid inferences by explaining and interpreting the available data.

The content analysis process occurred simultaneously with

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the data collection adhering to the naturalistic paradigm. The analysis consisted of secondary data to evaluate the current policy context surrounding youth's SRH&R. It included analysis of historical, informative, and literature articles about SRH&R available internationally and nationally (country-specific), and reports of different organizations' gaps in the national governmental survey. The content of the reports, surveys, policies and program documents were reviewed thoroughly and summarized as well. The personal intelligence and observation were used to draw inferences from the content of policy and program documents regarding their responsiveness towards SRH&R of young people and international sustainable agenda. The qualitative data were analyzed to provide an understanding of the existing policies and programs of the existing health care system in Pakistan for addressing SRH&R concerns of young people.

EMPIRICAL ANALYSIS AND RESULTS

Commitments of Pakistan Recognizing Sexual and Reproductive Health and Rights (SPHR)

Across the world, almost all the countries have expressed their official commitments and international mandates to provide quality-integrated health care services for their citizens. Pakistan is one of the countries that have recognized globally to agree and commit to addressing global issues. Similarly, Pakistan has been one of the countries that have recognized and committed to several international and national commitments, protocols, conventions, policies and programs to address the global issues related to SRHR for everyone including young girls and women. The 18th Constitutional Amendment has led to the devolution of the Federal Ministries into provincial governments, leading the provinces to develop the strategic framework to fulfill the SRHR international commitments translated into the national context. Major progress was made in two provinces of Punjab and Sindh. However, the remaining two provinces, Balochistan and Khyber Pakhtoonkhwa, are not progressive and hindered due to religious and political extremism and rigid socio-cultural norms. The list and brief of the commitments are as follows.

International Level Commitments

1. Universal Declaration of Human Rights: Pakistan recognized this declaration, which summarizes the human rights that individuals have and is a mutual standard for respecting these rights for everyone (Office of the United Nations High Commissioner for Human Rights, 1948).
2. United Nations Child Right Convention: Pakistan accepted UNCRC in September 1990, which states the right of children and the provision of these rights to all children without discrimination (United Nations Children's Fund, 1990).
3. Convention on the Elimination of All Forms of Discrimination Against Women: Pakistan accepted CEDAW in 1996, which talks about the discrimination which women faced and the national agenda against discrimination. Pakistan adopted this and promised to take several actions to end discrimination against women in all forms (Office of the United Nations High Commissioner for Human Rights, 1981).
4. Beijing Declaration and Platform for Action: As a signatory, Pakistan committed to incorporate gender in the policies and programs at all levels with focus of Article 27 and 30 of the declaration (United Nations, 1995).
5. International Conference on Population and Development Program of Action 1994: In Cairo, Egypt, Pakistan participated in the Program of Action on population and development and promised to deliver SRH through the primary health-care system for all individuals by 2015. The agreed strategies were quantitative and qualitative goals to address the adolescent and young people's reproductive health concerns at the universal level (United Nations Population Fund, 1999).
6. The Millennium Development Goals (MDGs): Pakistan recognized the 8 MDGs at the Millennium Summit in September 2000 to address the global challenges till 2015, including goal 2 "gender equality and women empowerment" and goal 5 "improve maternal health with focus on SRH for all" (United Nations Development Programme, 2015a).
7. The SDG 2015-2020: Pakistan agreed to the center to global approach stressed by SDGs in September 2015, to achieve its target 3.7 "a specific target to ensure universal access to sexual and reproductive health-care services by 2030" (United Nations Development Programme, 2015b).

National Level Commitments

8. National Education Policy 2009: The country's policy focuses on the provision of primary and non-formal education to everyone without discrimination. This policy also provides a broad framework to guide the process of implementation for the objective (Ministry of Education, 2009).
9. National Youth Policy 2008: The National Youth Policy of Pakistan was born after many years of gestation. The Policy formally acknowledges the importance of youth rights and their realization in Pakistan and defined implementation strategies to protect and support youth rights (Ministry of Youth Affairs, 2008).

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10. National Health Policy 2009: The policy vision talks about improving the quality and health of the Pakistani population with focus on women and children and acknowledges the need to improve access to services by addressing the barriers, revision of medical curricula, and addressing HIV/AIDs. The policy recognizes that reproductive health issues contribute to the burden of disease 13 among the Pakistani population. It focuses on maternal health with the help of Community Midwives (CMWs) and Lady Health Worker (LHWs) in the policy objective and actions stated under the "development and provision of an essential health services package" (Ministry of Health, 2009)
11. National Vision 2016-2025: The vision is developed for the interlinked frame of action for reproductive, maternal, newborn, child, and adolescent health and nutrition. The plan identifies the frameworks and strategies in each area of priority for betterment and improvement (Ministry of National Health Services Regulation and Coordination, 2015).

Provincial Level Commitments

cabinet on May 28, 2012, which focuses on the social, economic and political empowerment of youth (Youth Policy, 2012)
13. Sindh Population Policy 2016: The policy focuses on promoting a prosperous, healthy, educated and knowledge-based society for equal opportunities for access to information and quality services related to reproductive health for everyone (Population Welfare Department, 2016).
14. Sindh Health Sector Strategy 2012-2020: The strategy aims to enhance health with cost-effective strategies drawn from national and international commitments. It also aims to provide health strategy with evidence-based prioritized needs which will be the basis for detailed operational planning (Zaidi, 2012).
15. Punjab Health Sector Strategy Plan (2012-2020): The purpose of the Strategy is to "improve the health, well-being, and life expectancy of the people of Punjab, and to remedy disadvantages in health status across various population groups" (Punjab Health Department, 2012).

SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS ISSUES OF YOUNG PEOPLE IN PAKISTAN

Young people can acquire relevant information, authentic education, and quality services as well as required legal support for their lives including their SRHR issues (Rutgers, 2013). Important factors, such as being early sexually active or without marriage, uncomfortableness using SRH services and acquiring information, trigger several serious issues and vulnerability to young in Pakistan (Mahmood, Durr, & Hakim, 2000). Data limitations on sexuality and its related issue hinder to outline the required needs of young people; however, summarizing from different studies, the major issues are highlighted below:
1. Traditionally, SRH is considered as a taboo and socially stigmatized.
2. High vulnerability of young girls towards gender discrimination and human rights violations, such as early marriage and other customary practices.
3. Limited mobility and freedom of choice, including social exclusion, especially in villages and other minority groups.
4. Lack of knowledge and information on SRH issues, e.g., puberty, rights, family planning and other sexual health matters.
5. No significant sexual and reproductive health education system (formally or informally) is in place in Pakistan related to sexuality and human rights.
6. Inhabitant behaviors of husbands and male focal person as well as family members for acquiring information on these issues.
7. Communication barriers, such as shyness, discomfort, embarrassment, and lack of confidentiality, increase psychological problems and anxiety.
8. Increasing number of teenage, unintended, and unwanted pregnancies.
9. Absent or limited SRH services for girls and women (especially unmarried) in public and private health services systems.
10. Restricted or no access to SRH services if available, such as counseling and family planning.
11. Lack of skilled practitioners, such as LHV and LHWs and expertise among health care providers to provide SRH services.
12. Restrictive access to Antenatal, Postnatal Care, and Post-delivery Family Planning Advice and abortion services leading to high infant and maternity rates.
13. Increased vulnerability to illness, infections STI and RTIs, HIV, abuse, harassment and other serious physical and psychological problems.

PAKISTAN HEALTH CARE SYSTEM

Services delivery systems are considered as structural operationalization of health priorities and frameworks in order to deliver tangible health care services and facilities for the people. Observing the existing service delivery structures of Pakistan, it is vigilant to be categorized into public and private service delivery systems for quality health care services provision. Pakistan has recognized the SRHR information and services for everyone in the post-2020 agenda.

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Therefore, the provision of Sexual and Reproductive Health and Rights is the prime responsibility of the Government through public service delivery systems promoted by the Ministry of Health and provincial health departments. Pakistan has "a three-tiered health system in its public sector, comprising the primary health facilities, secondary care hospitals and the tertiary level teaching hospitals. The Federal Ministry of Health (MoH) and Provincial Departments of Health (DoH) are implementing several initiatives, which focus on addressing the challenges of family planning, child health only for married women" (Ministry of Health, 2009). Key present initiatives are the following:

1. "National Program for Family Planning and Primary Health care.
2. National and provincial Maternal, Newborn, and Child Health Program (MNCH).
3. National Program for Control of Diarrhoeal Diseases (CDD).
4. Acute Respiratory Infections Control Project 5. Integrated Management of Childhood Illnesses (IMNCI) strategy (1998–ongoing).
6. Women's Health Project (in 20 districts) 7. Reproductive Health Project".

The private service delivery system related to the SRHR information and services in Pakistan is essentially consistent with the non-government organizations. Over the past ten years, these organizations and donors have made notable efforts for awareness-raising, education and provision of services through vast service delivery networks with district and local health facilities. The following are the pioneer organizations and donors supporting the provision of information, education, and services of SRH for young people in Pakistan.

- Aahung
- Rahnuma-Family Planning Association of Pakistan
- Sahil
- Aman Foundation
- Marie Stopes Society
- David and Lucille Packard Foundation
- UNICEF
- UNFPA

CHALLENGES TO RESPOND TO SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS AND SDG 3.7

Pakistan agreed to the center to global approach stressed by SDGs in September 2015 to achieve its target 3.7 a specific target to "ensure universal access to sexual and reproductive health-care services by 2030" (United Nations Population Fund, 2016). Despite several and promising international, national, and provincial commitments, policies, and initiatives, the health indicators of Pakistan are inferior to other low-income countries. However, there has been an improvement in these indicators but these advancements are non-responsive towards the sexual and reproductive health both at the National and provincial levels. Challenges to low health indicators and unresponsiveness of health care systems are stigma and stereotype, lack of political willingness, lack of policies and programs implementation by relevant bodies and authorities including limited human resources and lack of financial support. However, the projecting and essential challenges deterring the responsiveness of existing service delivery systems, policies, programs and interventions are categorized into three broad categories.

1. Taboo and Stereotype associated with SRHR: Young people are marginalized as their social exclusion is heightened in the existing health care process, especially for SRHR due to taboo and stereotypes. Country perception related to the word "sexual health" is often related to the "sex", and information regarding "sexual health" is covered with the misconception of sex education and sex practices promotion and encouragement. Moreover, the mythical religious extremism linked to SRHR is generally a taboo that the discussion on this topic will bring discomfort and vulgarity in the society. Moreover, it is also perceived that the availability of services may encourage an early onset of sexual activity among young people, especially unmarried 27. Misconception prevalent in the society triggers towards forbidding open talks and discussions related to SRH of young people, especially unmarried.
2. Silent Political and Institutional System: The political, policy and institutional framework is also negligible towards the reality of SRHR. The existing national and local policies and programs guided by the international commitments are apparently silent regarding the SRHR and do not specifically focus on these issues. National Education Policy 2009, National Youth Policy 2008, National Population Policy of Pakistan 2010 and National Health Policy 2009 are silent and at the preliminary stage about young people's SRHR issues both in terms of services and information. Another important challenge impeding the responsiveness of these policies, programs and strategies is the unwillingness of political leaders and policymakers to prioritize these SRH issues deeply embodied due to the stereotypes and taboo related to the SRHR in the country.
3. Inefficient reporting and monitoring systems Bridging from exiting gaps and lack of willingness trigger the challenge of inefficiency and lack of accountability of the rele-

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vant bodies and departments towards the implementation of the defined programs and strategies to address the challenge of SRHR at the national level. Moreover, the unavailability of SRHR indicators data and figures as well as limited research opportunities for SRHR indicators at the national level and unstructured data recording and reporting mechanism of SDGs widen the unresponsiveness and hinder the SDB goal achievement.

CONCLUSION

These policies and programs at the provincial and local level programs are limited towards reproductive health issues (maternal health, family planning, and child health) and the needs of married women only. However, the unmarried young people are simply excluded and never prioritized as a target group in these policies and programs related to their SRHR needs and issues. The existing health care systems, mainly private and non-governmental, are addressing the SRH needs of women and girls, which is insufficient due to limited infrastructure and delivery networks. It is quite apparent that the country will only be able to address the SRH issues and needs of young people only if the taboo is reduced and the political and legal framework prioritizes these needs into policy frameworks and transparent in its implementation and accountability. Moreover, the service delivery mechanism should be complemented with the intonational commitments and agreed upon priorities for universal access to sexual and reproductive health and rights enabling individuals to lead healthier lives and contribute to better global health and achievement of SDG, especially goal 3.7. Hence, SRH services delivery and information frameworks need to be based on the socially embedded gender dynamics and socio-cultural aspects that affect and shape sexual and reproductive health motivations and behavior of the individuals and efficient policy framework with a strong implementation mechanism.

LIMITATIONS AND RECOMMENDATIONS

The scope of the research was limited to analyze the recent policies and programs of the public health care system and their responsiveness towards SRH&R concerns of young people. The policies, programs, and interventions of private health care systems, especially national NGO's, were not thoroughly reviewed in the SRH&R perspective. During the analysis, it is highlighted that the prevalence of social and cultural factors coupled with the inefficiency of policy implementation and accountability hinders the progress of SRH&R in Pakistan. However, other non-governmental and private sector interventions have also been steady in their progress due to these challenges. Therefore, it is important to conduct research regarding the in-depth study of challenges countered by the non-governmental and private sector actors for prompting and delivering SRH&R services as well as the social and cultural factors influencing rendering SRH&R service delivery and their contribution to SDGs.

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