

CASE 11

Improving Sexual and Reproductive Health Rights: A Key Step in Achieving Gender Equality in Pakistan

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“Canada is committed to leading global action in support of sexual and reproductive health rights for women and girls. Women's rights begin with the right for all women and adolescents to be in control of their bodies and make their own decisions.”

– Marie-Claude Bibeau, Minister of International Development and La Francophonie

BACKGROUND

Aamir Khan, senior program manager at Daud Foundation Canada (DFC)—an international non-profit organization—was faced with the pressing issue of incorporating sexual and reproductive health (SRH) services into DFC's health programming. As the senior program manager at DFC, his responsibilities included reviewing and ensuring that all of DFC's health projects in developing countries were approved by Global Affairs Canada (GAC), through which DFC obtained most of their program funding.

Aamir briefed his team about GAC's mandate of applying a feminist lens and adopting a human rights-based approach to address persistent gender inequalities, which negatively impact women and girls globally. GAC had advised that international programming should play a leadership role in protecting sexual and reproductive health rights of women and girls. GAC mandated that all programming should focus on promoting and providing a full range of sexual and reproductive services, including contraception, family planning, and comprehensive sexual education, in order to advance Canada's aid effectiveness agenda and to sharpen the focus of international assistance.

Aamir was aware that, moving forward, all future project health programming proposals within DFC would need to align with GAC's requirements, and that DFC would also need to shift the focus of their current programming from solely providing maternal, newborn, and child health (MNCH) services to promoting SRH services in their development programs in Asia. Specifically, one project, The Pakistani Maternal Newborn Health Initiative (PAMNHI), had consumed Aamir's thoughts for weeks as he contemplated how his team would weave SRH services into this project. This project was being implemented in Pakistan, where sexual and reproductive health rights (SRHR) are a very sensitive issue. He knew that achieving gender equality in Pakistan was a very complex issue due to many competing factors, such as the predominantly patriarchal structure of society and the lack of support from governing bodies. He was worried how Daud Foundation Pakistan (DFP) and local civil society organizations (CSO) would advocate for SRH services in a country where women face multiple forms of oppression—both in the privacy of their homes and in public.

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DAUD FOUNDATION INTERNATIONAL

The Daud Foundation International (DFI) is a global leader in striving towards the sustainable development goal of eradicating poverty worldwide. DFI is active in more than 10 countries, including Canada and Pakistan, and consists of a number of development agencies with individual mandates that collectively aim to address context driven social, economic, and cultural dimensions of development. The underlying goal of DFI is to improve the quality of life for vulnerable populations in Asia. All affiliated agencies within DFI strive to improve the living conditions of impoverished individuals across the world, regardless of their faith, origin, or gender.

The DFI's annual budget for non-profit development activities is approximately \$500 million USD, and a considerable portion of the funding comes from national governments, multilateral institutions, and private partnerships. Approximately 45,000 people are employed internationally and, with most individuals residing in developing countries, DFI is committed to achieving sustainable results in underdeveloped communities. Through ongoing research and project implementation, the DFI strives to tackle challenges in three key areas: civil society, health, and rural development. Furthermore, the DFI works with both civil society and local governments and represents the shared interests of local communities and their specific needs. The organization primarily functions through the continued support of interdisciplinary teams which include individuals from local communities, volunteers, and healthcare professionals. With the inception of any project, DFI thrives to work towards its ultimate goal of promoting a higher standard of living for underserved communities.

DAUD FOUNDATION CANADA

Daud Foundation Canada (DFC) is a prominent non-profit organization within DFI and was established in 2000 with the sole purpose of supporting vulnerable populations residing in developing nations by utilizing Canadian resources and through evidence-based research, education, healthcare, and advocacy. Since its inception, DFC has built a strong relationship with Global Affairs Canada (GAC), the department of international development and humanitarian assistance within the Canadian government. With the continued support of GAC, DFC has provided financial and resource assistance to numerous initiatives in both Africa and Asia.

DFC has been recognized as one of the most avid supporters of international programming within DFI. By engaging in public and private sector partnerships, DFC has supported a multitude of projects on health systems strengthening and rural development in developing nations such as Pakistan. DFC works with the underlying mandate of providing lasting and sustainable change in the communities where it works. DFC recognizes the importance of adapting each initiative to the specific context of each region, hence local communities are an integral component of every initiative. Communities are engaged in each phase of projects—from design to implementation and evaluation.

DAUD FOUNDATION PAKISTAN

Daud Foundation Pakistan (DFP) is an agency within DFI, which seeks sustainable solutions to systemic problems of poverty, illiteracy, and ill-health with a strong focus on the needs of rural communities within Pakistan. With the continued support of donor organizations within DFI, such as DFC, DFP can implement various projects that aim to improve the health and well-being of vulnerable populations in Pakistan.

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PAKISTANI MATERNAL NEWBORN HEALTH INITIATIVE (PAMNHI)

In 2016, Transparency International, a global organization that strives to overcome abuse of power and bribery, ranked Pakistan 116th out of 175 countries in corruption (Transparency International, 2016). The public sector's ability to plan and manage health service delivery in Pakistan is low. Health indicators in the Northern regions of Pakistan are behind the rest of the country and have failed to meet the Millennium Development Goals (MDGs), specifically MDG4 and MDG5: reducing child mortality and improving maternal health, respectively (World Health Organization, 2017).

Aamir was aware that the mountainous geography of the northern regions of Pakistan limits access to appropriate health services. The local government health system's outreach is very limited, and most existing primary healthcare facilities lack the basic infrastructure and trained clinical staff to effectively deliver a full range of pre- and post-partum health services (National Institute of Population Studies, 2013). Additionally, there are a limited number of birth attendants at the community level and knowledge regarding healthy practices for mothers and infants is low (National Institute of Population Studies, 2013).

Aamir and the health team had planned PAMNHI as a three-year project. PAMNHI began in 2014 and aimed to reduce maternal, neonatal, and child mortality in women of reproductive age and children under five years of age in the northern, underdeveloped regions of Pakistan.

In Pakistan, Aamir had hoped that agencies within DFI would collaborate with local health departments and community organizations would deliver context-specific activities that would address the main causes of low maternal and neonatal health outcomes. Additionally, through DFP, Aamir and his team aimed to actively engage women's rights organizations to advocate for the health rights of women and to influence community perceptions. In the three-year PAMNHI project, Aamir and his team sought to improve the provision and utilization of MNCH and neonatal services by targeting 32 primary health care facilities within the project areas.

In order to address low community participation in public affairs and governance, he hoped that PAMNHI would strengthen health system capacity by training government staff and providing proper equipment and renovations to improve the overall delivery of MNCH services. Additionally, by utilizing existing capacities within DFI, along with public-private partnerships for health service delivery in the project areas, PAMNHI aimed to assist in local capacity building of public sector health professionals for planning and managing health services.

Additionally, Aamir had hoped the project would increase community participation and build local capacity by creating health facility governance committees, village health communities, district management teams, and local support organizations (i.e. women's rights organizations). Over the three years of project implementation, he hoped PAMNHI would improve overall knowledge and behaviours surrounding MNCH in communities and engage more women in health system decision-making. Moreover, the health team sought to train health workers in providing community-based MNCH services (i.e., community midwives) with a strong focus on provisioning low-cost effective postnatal interventions.

The PAMNHI project would address geographical barriers by conducting outreach activities at various outlets, including mobile clinics, to deliver MNCH care and health education for individuals who are not able to access services at health facilities. Furthermore, PAMNHI would engage community champions, with both male and female representatives, to increase awareness and overcome barriers in adopting positive health behaviours, especially regarding pregnancy and newborn care.

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Since its inception in 2014, the PAMNHI project has strived to engage the local governments in the target project areas and has conducted an in-depth training-needs assessment to determine the current knowledge of healthcare workers and gaps in healthcare delivery. By engaging community members and the regional council during the first year of implementation, the project identified potential community health worker candidates to receive training. However, limited activities were conducted in the first year of implementation, as the PAMNHI project team encountered delays and challenges in effectively engaging major stakeholders (i.e., local governments) and retaining staff members in target project areas.

However, moving forward, as per GAC's recent mandate on international programming, Aamir contemplated how PAMNHI would shift its focus from solely providing MNCH services to providing a comprehensive range of SRH services starting from the second year of project implementation. Given the current socio-political climate of Pakistan and the persisting gender inequalities, he was aware that implementing a full range of SRH services would be a challenging task for the PAMNHI project team.

GLOBAL AFFAIRS CANADA'S MANDATE

Global Affairs Canada (GAC) is an integral branch of the Canadian government which manages Canada's diplomatic and consular relations, promotes international trade, and is primarily responsible for leading Canada's international development and humanitarian relief services (Global Affairs Canada, 2017). GAC continually strives to achieve international peace and security through leadership and international engagement, reinforces Canada's relationship with international partners, and contributes to achieving a more inclusive and sustainable world (Global Affairs Canada, 2017).

In honour of International Women's Day 2017, the Honourable Marie-Claude Bibeau, Minister of International Development and la Francophonie, along with Justin Trudeau, the Canadian Prime Minister, announced Canada's strong commitment to promoting gender equality and applying a feminist lens to all international programming (Global Affairs Canada, 2017). During several consultations and written submissions, GAC highlighted the importance of adopting a human rights-based approach to address persistent gender inequalities, such as gender-based discrimination, which negatively impact women and girls globally. GAC recommended that all international programming should play an avid leadership role in protecting the SRHR of women and girls. GAC mandated that all programs should have a strong focus on promoting and providing a full range of sexual and reproductive services, including contraception, family planning, and comprehensive sexual education, in order to advance Canada's aid effectiveness agenda and to sharpen the focus of international assistance (Global Affairs Canada, 2017). Programs that align with this mandate will help prevent and respond to sexual- and gender-based violence, (i.e., child early and forced marriage), to support the right to choose safe and legal abortion practices, and to provide access to post-abortion care. On the issue of gender equality, GAC stated that, by promoting safe abortion practices, international organizations are working to address important gaps in maternal and newborn health and gender inequalities (Global Affairs Canada, 2017).

Therefore, in order to align PAMNHI with GAC's requirements, Aamir deliberated how the project's focus would shift towards promoting SRH services as opposed to solely MNCH services. PAMNHI would need to advocate for the sexual reproductive health rights of women and girls under all circumstances by providing access to family planning services, contraception, comprehensive sexual education, and a full range of pre- and post-abortion services.

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GENDER DISPARITIES IN PAKISTAN

In order to weave SRH services within PAMNHI, the team had to understand the existing gender disparities within Pakistan, along with the efforts that had been made to date in an attempt to overcome these persisting inequalities. Abiding by GAC's mandate on international programming was problematic in Pakistan, as gender inequalities have persisted for multiple generations and have been entrenched in social, cultural, and religious systems. The Constitution of Pakistan clearly outlines the principles of equal rights and treatment of both men and women; however, women continue to be victims of discrimination on the basis of gender and/or social identity (National Assembly of Pakistan, 1982). Achieving gender equality in Pakistan was a very complex issue due to multiple competing factors, such as the predominantly patriarchal structure of society.

In 2012, the National Commission for Human Rights Act was passed by the Pakistani parliament to promote the social, economic, and political rights of women, as originally outlined in the Constitution of Pakistan. In the Northern regions of Pakistan, such as Gilgit Baltistan, activists have been striving for the minimum age of marriage to be 18 for both boys and girls; however, the inherent patriarchal structure of society has made it difficult to achieve their goal.

A recent survey conducted in Pakistan, known as the Pakistan Demographic and Health Survey (2013), indicated that knowledge surrounding contraception was widespread, as approximately 98% of the women in the project area had prior knowledge about contraceptives. Even though women had existing knowledge surrounding family planning services, the uptake of contraceptives was relatively low, as misinformation surrounding contraceptive use prevailed, specifically among the rural and uneducated demographic. The survey demonstrated that approximately 33% women use contraceptives in Pakistan (PDHS, 2013). Barriers that prevent women from utilizing SRH services include perceived negative effects of contraceptives, religious and cultural norms, and lack of decision making power (Azmat et al., 2012). Widespread misinformation and myths prevail, such as the inability to conceive after contraceptive use, excessive bleeding, infections, and irregular menstruation (Azmat et al., 2012).

Multiple factors prevent the uptake of health services, including poor quality of services, geographical barriers, affordability, religious beliefs, low awareness, and societal norms (Shaikh & Hatcher, 2005). Cultural norms are often determined by men, as they are usually the sole wage earners and make decisions regarding the women of their households. Women are often unable to demand improved access to healthcare services due to their subservient status in society, limited education, and restricted mobility (Azmat et al., 2012; Shaikh & Hatcher, 2005). Only 20% of women receive postnatal care, as most women who are dependent on their husbands are unable to access health services without spousal consent (Azmat et al., 2012).

Additionally, religion has been referenced as an important determinant in reproductive health (Ali & Ushijima, 2005). Pakistan is a predominantly Muslim country, and most of its laws are governed according to Islam. In rural regions, where the majority of the population is illiterate, religious leaders are viewed as strong influencers. A cross-sectional survey conducted in 2000 with 180 male participants on the perceptions of men on reproductive health in twelve rural districts of Pakistan indicated that "the involvement of religious leaders in reproductive health programs is essential for the programs in rural areas" (Ali & Ushijima, 2005).

The societal perception of women as being dependents is continually reinforced by traditional practices the existing laws of Pakistan, which are among the underlying barriers to gender equality (NIPS, 2013). Other barriers, such as the limited availability of sex-disaggregated data,

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high prevalence of domestic violence, negative attitudes towards gender equality, and low education rate, collectively deny women opportunities and access to health services (Azmat et al., 2012).

The collection of accurate sex-disaggregated information in Pakistan is a challenging issue, as negative attitudes towards discussing private matters publicly results in underreporting (NIPS, 2013). The perception of women and girls being owned by their patriarchs leads to high rates of violence, and there is usually lack of support from the husband's family when women experience emotional and physical abuse. Approximately 39% of married women aged 15-49 reported experiencing physical or emotional violence from their spouse, and around 52% of women who were victims of violence never sought help (NIPS, 2013). Additionally, assistance from community leaders (i.e., religious leaders) and health service providers is limited, as negative perceptions regarding gender equality and women's empowerment persist (NIPS, 2013). Furthermore, girls' education is a low priority in Pakistan (NIPS, 2013). Even though women are entitled to inherit wealth from their fathers, mothers, husbands, or children, their share is usually smaller than the share allotted to men. Although women have the right to access bank loans and other forms of credit, their access is limited by their inability to provide the required financial collateral.

Overall, women in the project areas are mainly limited to household activities, including raising children and taking care of elders in their households and performing other domestic duties (Azmat et al., 2012). Although they have legal rights to freedom of movement, cultural norms, such as male ownership, bound their ability to exercise their rights. Additionally, lack of financial resources, misinformation, inadequate infrastructure along with cultural practices place constraints on women's mobility and ability to access health resources, specifically SRH services (Azmat et al., 2012; Shaikh & Hatcher, 2005).

CONCLUSION

Aamir was convinced that the PAMNHI project would have to employ a multipronged approach to address the systemic gender inequalities in Pakistan. After much deliberation and research, Aamir discussed with his team that, as a first step, the involvement of key stakeholders would be crucial in addressing gaps in gender disparities and in responding to the local needs of the population. Key stakeholders would have the ability to support and promote the integration of SRH services throughout PAMNHI in order to address gendered barriers and advance equitable outcomes and benefits from project interventions for women in Northern Pakistan.

Aamir knew that stakeholder engagement is an integral component for the implementation and sustainability of health programming in developing countries. He informed his team that stakeholders who affiliated with the project have the ability to directly influence the integration of SRH services in target project areas. In order to tackle the complex issue of gender inequality, the health team conducted an in-depth stakeholder analysis to identify and discuss the specific roles, interests, and impacts of potential stakeholders, including CSOs, religious leaders, local government, women's rights organizations, and community health workers—all which have the potential to influence the perceptions of communities on SRHR.

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INSTRUCTOR GUIDANCE

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BACKGROUND

The Pakistani Maternal Newborn Health Initiative (PAMNHI) project needs to shift its focus from providing solely maternal, neonatal, and child (MNCH) services in Pakistan to incorporating sexual and reproductive health (SRH) services in order to be approved by Global Affairs Canada (GAC). Aamir Khan, senior program manager at Daud Foundation Canada (DFA), and his team must weave SRH services into this project, which is being implemented in Pakistan, where sexual and reproductive health rights are a very sensitive issue. Aamir knows that achieving gender equality in Pakistan is a very complex issue due to many competing factors, such as the predominantly patriarchal structure of society and the lack of support from governing bodies.

Aamir knew that, moving forward, the involvement of key stakeholders would be crucial in addressing gaps in gender disparities and responding to the local needs of the population. Key stakeholders have the ability to support and promote the integration of SRH services throughout PAMNHI in order to address gendered barriers and advance equitable outcomes and benefits from project interventions for women in Northern Pakistan.

The goal is to identify key stakeholders who have the potential to influence the perceptions of communities in order to successfully promote SRH in Pakistan and align the project's focus with GAC's mandate of addressing sexual and reproductive health rights (SRHR). Also, Aamir and his team must discuss the roles, interest, and influence of each potential stakeholder (i.e., religious leaders and community partners) in helping to strengthen the project's focus and achieve the underlying goal of decreasing gender disparities in Pakistan.

OBJECTIVES

1. Explore the extent of gender disparities that exist in developing countries like Pakistan.
2. Understand Canada's mandate on international programming; gain insight on how various organizations (i.e., DFC and GAC) must work together to address sensitive topics such as SRHR in developing nations.
3. Discuss the importance of stakeholder engagement for the success of projects by identifying key stakeholders and creating an engagement plan.

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DISCUSSION QUESTIONS

1. What are the key health and gender issues facing women and adolescent girls in these regions of Pakistan?
2. How do you think community leaders, health service providers, and other influencers feel about gender equality, specifically sexual and reproductive health?
3. What are the main actions needed to address barriers to accessing sexual and reproductive health services for women?
4. How can nonprofit organizations engage both men and boys and change the attitudes and behaviours towards the sexual and reproductive health rights of women?
5. What are the most effective ways to increase women's participation in decision making around their sexual health and reproductive rights at the household and community levels?

KEYWORDS

Gender equality; women and adolescent girls; sexual and reproductive health; community engagement; stakeholder relationships; global health; Global Affairs Canada; Pakistan.