



A Member Association of
IPPF International
Planned Parenthood
Federation
South Asia Region



Advocacy Kit

on Youth Friendly SRH Services

What is Sexual and Reproductive Health & Rights?

As boy and girl grow up they experience many changes. These are changes in body, in the way you behave, the way other expect you to be and in your interest preoccupations these changes are essential part of a human life every human experience them. Thus human development involves the interrelationship between physical, emotional, social and intellectual growth. Two major components of human development are

- i) Reproductive physiology and anatomy
- ii) Growth and development, these components deal with the reproductive and sexual systems, their functions, physiological and psychological changes in it.

The first hand need of a young girl and boy is to know about him/ her, to know about what is happening with them, why and how his/ her body is changing, why his/her emotions are varying and how can I keep myself healthy and safe . All these questions are clearly answered in the study of Sexual and Reproductive Health.

The term Sexual and Reproductive Health and Rights (SRH&R) has been defined by the international community as “A state of complete physical, mental, and social well being, and not just merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. It is an essential component of young people's ability to become well-adjusted, responsible and productive members of society”

At the International Conference on Population and Development (ICPD) held in Cairo in 1994, the international community for the first time agreed on a broad definition of reproductive health and rights, recognizing that "reproductive health is a state of complete physical, mental and social well-being...in all matters relating to the reproductive system" (ICPD Programme of Action).



Why is Sexual and Reproductive Health & Rights Important?

The transitory but crucial phase of passage from childhood to adulthood goes unrecognized. Adolescent population is a positive and vibrant force to nurture and preserve and this necessitates a better understanding on 'growing-up' concerns. Young people have a right to the information and services they need to make healthy decisions about their lives because social and developmental consequences of sexual and reproductive decisions are far-reaching because health, education, interpersonal relations and preparation for the world of work are closely connected. Sexual and Reproductive Health and Right are important to keep under consideration because it satisfies the common concerns among young people.

A. Psychological Concerns

- **Developing an identity (self-images):** Self - awareness helps adolescents understand themselves and establish their personal identity. Self-image, self-worth, self-reliance, and ability to communicate with others are closely related with how a person views him/her self and how others perceive him/her. Lack of information and skills prevent them from effectively exploring their potential and establishing a positive image.
- **Managing Emotions:** Managing emotions is major concerns among adolescent. Adolescents have frequent mood changes reflecting feelings of anger, sadness, happiness, fear, shame, guilt, and love. Very often, they are unable to understand the emotional turmoil. Lack of knowledge regarding bodily and emotional change cause Feeling low, stressed out, or depressed that affects every aspect of their lives.
- **Building Relationships:** As a part of growing up, adolescents redefine their relationships with parents, peers and members of the opposite sex. Adults have high expectations from them and do not understand their feelings. They need social skills for building positive and healthy relationships with others and also need to understand the importance of mutual respect and socially defined boundaries of every relationship

B. Health Concerns

- **Understanding the process of growing up:** Both boys and girls express dissatisfaction with their perceptions of their bodies during adolescence. Body image and rate of growth in relation to peers is a major concern of young adolescents. Misconceptions about menstruation, masturbation and nocturnal emissions, physical changes, unsafe sexual behavior and Drug use involve greater risks with regard to physical and mental health. Social norms and inability to share their concerns with others make it even more stressful.
- **Poor health:** Nutritional intake among adolescents especially girls is still a matter of concern. Several families do not yet recognize food intake needs of a girl. Girls are not served adequate/ nutritious food in comparison to male members/ siblings in the family etc. Besides, over nutrition and other lifestyle diseases like obesity; diabetes is emerging fast as major health problems among adolescents.
- **Acquiring Information, Education and Services on Reproductive and Sexual Health:** Exposure to media and mixed messages from the fast changing world has left adolescents with many unanswered question. The widening gap in communication between adolescents and parents especially on Sexual and Reproductive health is a matter of great concern. But the inhibited behavior of parents and teachers to discuss issues frankly, sensitively and interestingly enforce adolescent to seek information from their peer group who are also ill informed and some fall prey to quack and resist them to seek knowledge on preventive methods and medical help if suffering with RTIs and STIs.

Why are being ignored?

As Sexual and Reproductive Health & Rights is an important issue among young people and critical to consider as a matter of public health. Many countries have effectively treated it as an urgent matter of public health rather than an issue of morality but at a halt some countries such as Pakistan are facing problems. Following are some reasons.

- Lack of recognition of SRH as a public health problem.
- Social, cultural and structural hindrances to address SRH issues
- Inhibited parents, teacher and religious scholar's behavior
- Religious norm and ethics by religious extremists
- Lack of youth friendly service delivery points
- Lack of credibility of facilitators
- Issue of confidentiality of information

Sexual Rights an IPPF declaration

Article 1: Right to Equality

All human beings are born free and equal in dignity and rights and must enjoy the equal protection of the law against discrimination based on their sexuality, sex or gender.

Article 2: Right to Participation

All persons are entitled to an environment that enables active, free and meaningful participation in and contribution to the civil, economic, social, cultural and political aspects of human life at local, national, regional and international levels regardless of sex, or gender

Article 3: Rights to Life

All persons have the right to life, liberty and to be free of torture and cruel, inhuman and degrading treatment in all cases.

Article 4: Right to Privacy

All persons have the right not to be subjected to arbitrary interference with their privacy, family, home, papers or correspondence and the right to privacy which is essential to the exercise of sexual autonomy.

Article 5: Right to Personal Autonomy and Recognition

All persons have the right to be recognized before the law and to sexual freedom; individuals have control and decide freely on matters related to sexuality, to choose their sexual partners, to seek to experience their full sexual potential and pleasure, within a framework of non discrimination.

Article 6: Right to Association

All persons have the right to exercise freedom of thought, opinion and expression regarding ideas on sexuality, sexual orientation, gender identity and sexual rights, without discriminatory notion in every aspect.

Article 7: Right to Health

All persons have a right to the enjoyment of the highest attainable standard of physical and mental health, which includes the underlying determinants of health and access to sexual health care for prevention, diagnosis and treatment of all sexual concerns, problems and disorders.

Article 8: Right to Education and Information

All persons, without discrimination, have the right to education and information generally and to comprehensive sexuality education and information necessary and useful to exercise full citizenship and equality in the private, public and political domain.

Article 9: Right to have Family

All persons have the right to choose whether or not to marry, whether or not to found and plan a family, when to have children and to decide the number and spacing of their children freely and responsibly, within an environment in which laws and policies recognize the diversity of family forms as including those not defined by descent or marriage.

Article 10: Right to Accountability and Redress

All persons have the right to effective, adequate, accessible and appropriate educative, legislative, judicial and other measures to ensure and demand that those who are duty-bound to uphold sexual rights are fully accountable to them.

Disadvantages

Disadvantages of Ignoring Sexual and Reproductive Health & Rights

In Pakistan, youth encounter significant obstacles to receiving information, education and services about their sexual and reproductive health. Also face difficulties to obtaining effective patterns and modern methods of contraception, condoms to protect against sexually transmitted infections (STIs), including HIV and counseling for psychological illness and diseases. Major reason of come across these problems is that sexual and reproductive health is not considered an essential and serious issue of adolescent health because of not accepting teens' sexual development as a natural and positive part of growth and maturation.

Major physical and psychological diseases because of ignoring SRH are following:

Physical:

Sexually transmitted infections and diseases: STIs are infections that are spread primarily through person-to-person sexual contact. There are more than 30 different sexually transmitted diseases; the commonest sexually transmitted pathogens can be divided into those caused by bacteria, viruses and parasites.

According to WHO common STI's among adolescent are following

- 22 Chlamydia (commonly on girls)
- 22 Gonorrhoea
- 22 Trichomonas vaginalis, (common curable STI worldwide)
- 22 Human papillomavirus (HPV)
- 22 Herpes genitals
- 22 Lymphogranuloma venerum
- 22 Chancroid

Psychological:

- 22 Low self esteem
- 22 Irritability
- 22 Restlessness
- 22 Hyperactive
- 22 Guilt
- 22 Conscious
- 22 Shyness
- 22 Loneliness
- 22 Dependence
- 22 Pessimistic
- 22 Habitual Drug use
- 22 Hallucination

Rahnuma-FPAP

Rahnuma-FPAP started serving poor and marginalized people of Pakistan as the Family Planning Association of Pakistan (FPAP) way back in 1953, as one of the pioneers in providing family planning services and advocating for the small family norm. The government later embraced the cause by establishing the Ministry of Population Welfare in 196-. In about a decade, Rahnuma-FPAP had grown up from one-room operation at Karachi, Lahore and Dhaka to an infrastructure of district branches with model clinics and information centers extending the message to men and women. It expanded its work through community based infrastructure by establishing the family welfare centers in peri-urban and rural areas. Now the organization has the biggest infrastructure by an NGO in Pakistan, which consists of the Family Welfare Centers, Family Health Hospitals, Focus Area Programs and a wide network of referrals from the private practitioners. Rahnuma - FPAP has also pioneered in the concepts of social marketing of contraceptives, family welfare centers and reproductive health services.

Rahnuma-FPAP has been working on various innovative programs to increased access of people to quality and affordable health services, advocate for a right-based agenda, empowering the communities, especially the women and young girls, and strengthen the civil society in Pakistan. To meet these ends, the organization widened its scope to cover sexual and reproductive health of the whole family as an offshoot of organizational concern for the total well being of women, children, families and communities, after the 1994's International Conference on Population and Development, in Cairo. Rahnuma-FPAP is also working on its poverty alleviation program, as the health and wellbeing of people is directly linked with the socio-economic conditions.

As the organization has celebrated over fifty years of momentous achievements and encouraging history, its name did not reflect the scope of its work. So FPAP renamed itself to 'Rahnuma', which means a guide for development and prosperity. The change in name and logo was an outcome of a management review, in which a comprehensive analysis of management and human resource was done to enhance the organizational capacity for meeting its development agenda and serving the communities in a better way. Currently, Rahnuma-FPAP is working on its strategic framework of 5 A's that include: Adolescents and catering to their needs; combating HIV/AIDS; minimizing the risk of unsafe Abortions; increasing Access to services, particularly for the poor and the marginalized; and Advocacy for the Rights.

Our Vision:

Rahnuma-FPAP to lead a right based movement using the ICPD holistic development paradigm which strengthens family well being, enables empowerment of women, supports youth and protects children.

Our Mission:

Rahnuma-FPAP is committed to :-

- Promoting Family Planning and Sexual & Reproductive Health as a basic human right.
- Providing sustainable and quality sexual & reproductive health and family planning services to men, women and youth in partnership with government, NGOs and civil society.
- Improving the quality of life of the poor and marginalized.

MAP

Advocacy Kit
on Youth Friendly SRH Services

Outreach Map



LEGEND

Description	Symbol	Regions					PMOs								
		ISB	Karachi	Peshawar	Quetta	Lahore	FSLD	AJK	N. Area	Kohat	Badin	Turbat	Chakwal	Haripur	
Head Office	✦														
Regional Offices	●	●	●	●	●	●									
Prog. Management Office	●	●	●	●	●	●	●		●	●	●	●	●	●	
Family Health Hospitals	●	●	●	●	●	●	●		●	●	●	●	●	●	
Family Health Clinics	●	●	●	●	●	●	●		●	●	●	●	●	●	
IPPF NGOs	●	●	●	●	●	●	●		●	●	●	●	●	●	
Private Practitioners	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Community Based Distributors	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Mobile Contraceptive Services Units	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Poverty Alleviation Program*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Youth Resource Centres	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
HIV & AIDS and SRH Integration	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Youth Help Lines	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
KATO Women's Centre	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Sexual Rights	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Eliminating Extreme forms of GBV*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Women as compensation (SWARA)*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Youth Friendly Services	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Prevention of Unsafe Abortion	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Community Health Centres (PPAF)*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	

*Programs are being implemented outside the geographic boundaries of Regions/PMOs as well

Definition

What is Youth Friendly Services?

Services that are accessible, acceptable and appropriate for adolescents. They are in the right place at the right price (free where necessary) and delivered in the right style to be acceptable to young people. They are effective, safe and affordable. They meet the individual needs of young people who return when they need to and recommend these services to friends. (WHO)

Youth friendly health services are critical to cater to the SRH needs of young people by providing timely, safe and non judgmental health services by sensitizing the health service providers on issues of young people's SRHR with a rights-based approach. The ICPD Plan of Action (1994) urged the Governments to make reproductive health services available, accessible, acceptable and affordable to young people.

As like other countries, Pakistan is also in the vicious circle of poverty is intrinsically linked with poor sexual and reproductive health (SRH). It is a vicious and disparaging cycle where each factor is a cause and outcome. Existing reproductive health, Information Education & Communication strategies and services are directed to married women only, unmarried young people and married young men are often ignored.

Young people who seek sexual and reproductive health services often face judgmental health providers who offer neither confidentiality nor privacy.



Case Study

Warda 19 years old girl “Controlling Anger”

My name is Warda I m 19 years old my story is connected with my mental illness for a number of years. I had been angry with a person who figured very largely in my hallucination. My anger and hate was increasing day by day, I was very upset I can't even face any one especially that person. I went to a psychiatrist and got an understanding that my analogy is that I have a hairline crack in my psyche and the normal lines of communication between the parts of myself have been broken. I didn't know what to do? My relationship with my peers was badly affected and they mostly avoided me because of my nature.

One day Youth counselors of YHL project of Rahnuma-FPAP Lahore Region came to visit our school and introduced a proposal “School Health Program” after some negotiation with our principal and school manager they conducted a workshop on “peer pressure “and “controlling anger” I was impressed and that show me a light of hope for getting rid of my problem that day I stopped taking medicines prescribed by a famous psychiatrist and after two days I contacted YHL counselors initially I benefitted by telephonic counseling during this discussion my device for taking control of the illness was mutually decided by us and that was to ask the voices I hear what I now know are aspects of myself “HOW WE ARE FEELING”?

After ward I had appointment for face to face counseling at FHH, we had several sessions so talking to counselors and learning how “WE “feel has rebuilt those connections that were broken I desired freedom from anger and was given gratis, freedom from anger at me once I was not angry at me I was able to look at the past in new ways with the help of my sweet counselor and in a few weeks was enable to let go the anger and I seldom hallucinate now.

I pay my gracious regards and thanks to my counselor for her great concern and excellent behavior, because of her hard work and interest I have seen the beautiful part of my life.

Case Study

Murataza 18 years old boy “Sexually Transmitted Disease”

My name is Murtaza I am a handsome boy and was born in Bheer village of Lahore City. When I was 15 years old I started bunking my school and became a vagabond wandering through streets with my other peers. I was sexually active at the age of 14 and had several relationships with different girls of high risk groups, once I became habitual of this I have started taking beer and then wine as well, during my job I got the chance to meet several actresses and the female employees at café who boosted up my lust and enjoyment.






During this period I felt that I had some uterine infections. My family did not take me to get medical attention because they were very poor, they used to go to quacks. After a few years, my parents noticed that my condition had significantly worsened my normal life was badly impaired and I had a urethral discharge and pain in my reproductive system. So my family took me to Family Health hospital. It was too late. The infection had already resulted in STD (Gonorrhea and syphilis). The consultant of FHH referred me to VCT Centre for further counseling regarding STDs and HIV/AIDS.

Here I have gone through a comprehensive counseling procedure and was informed with pros and cons of unsafe sex and alcohol. Open ended questions were asked after taking the case history and a plan of action was placed, I was encouraged to share my conditions with the family, counselor supported the continuous expressions and discussion of feelings and promoted the continuation of changes in behavior.

Because of my counseling and treatment I have succeeded in recovering my normal, independent and healthy life again.

Why NO to Youth Friendly Services?

In spite of all these successful efforts many young people avoid to have youth friendly services for their sexual and reproductive health issues. Major reasons are as following:

-  Lack of sexual and reproductive health facilities.
-  Lack of friendly help lines.
-  Lack of respect, dignity and privacy in facility centers.
-  Provider's ignorant and rude attitudes toward clients.
-  Societal and cultural norms and values.

What is Required?

Service providers:

- 1. Specially trained staff.
- 2. Respect for young people.
- 3. Privacy and confidentiality honored.
- 4. Adequate time for client-provider interaction.
- 5. Peer counselors available.

Health facilities

- 1. Separate space or special times set aside.
- 2. Convenient hours and location.
- 3. Adequate space and sufficient privacy.
- 4. Comfortable surroundings

MDGs

Advocacy Kit
on Youth Friendly SRH Services

MDG's an Overview

In September 2000 the Millennium Declaration produced by the United Nations in which the Millennium Development Goals (MDGs) with an aim of “to encourage development by improving social and economic conditions in the world's poorest countries” were derived from earlier international development targets and were officially established following the Millennium Summit in 2000,

There MDG's are presented in eight major goals they have been articulated into over 21 targets and 60 indicators to measure and evaluate progress on a set fifteen-year timeline (2000-2015). 147 head of state and 192 countries adopted the Millennium Declaration as a framework for the development activities Pakistan is also signatory to the Millennium declaration and adapted these goals as a basis for national development efforts..

Goal 1: Eradicate extreme poverty and hunger

Halve the proportions of people whose income is less than \$1 a day and the proportions of people who suffer from hunger as well as Achieve full and productive employment for all, including women and young people.

Goal 2: Achieve universal primary education

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Goal 3: Promote gender equality and empower women

Eliminate gender disparity in primary and secondary education, preferable by 2005 and in all levels of education no later than 2015

Goal 4: Reduce child mortality rates

Reduce by two-thirds, the under-five mortality rate by reducing Infant mortality rate and proportion of 1 year-old children immunized against measles.

Goal 5: Improve maternal health

Improve maternal health: Reduce by three-quarters, the maternal mortality ratio and Achieve, universal access to reproductive health by 2015.

Goal 6: Combat HIV/AIDS, malaria, and other diseases Combat HIV/AIDS, malaria and other diseases:

Have halted by 2015 and begun to reverse the spread of HIV/AIDS, malaria and other major diseases as well as achieve universal access to treatment for HIV/AIDS for all those who need it by 2010.

MDGs

Advocacy Kit
on Youth Friendly SRH Services

Goal 7: Ensure environmental sustainability

Integrate the principles of sustainable development into country policies and programs which will reverse the loss of environmental resources, Halve the proportion of people without sustainable access to safe drinking water and basic sanitation and achieve significant improvement in lives of at least 100 million slum dwellers as well as reduction in the rate of biodiversity loss by 2010.

Goal 8: Develop a global partnership for development

Develop a global partnership for development : Address the special needs of the least developed countries, which includes tariff-and quota-free access for exports, enhanced program of debt relief for and cancellation of official bilateral debt, and more generous official development assistance (ODA) for countries committed to poverty reduction as well as cooperation with pharmaceutical companies, for the access of affordable essential drugs and cooperation with the private sector, make available the benefits of new technologies, especially information and communications in developing countries.

Timeline of Major Conferences and Summits since 1990 in relation with MDGs

2005 World summit the largest gathering of world leaders in history reaffirmed a commitment to providing universal access to reproductive health first made in 1994 at the International Conference on Population and Development in Cairo.

2006 Kofi Annan announced that there would be a new RH target under MDG 5 - 'to achieve universal access to reproductive health by 2015"

2007 Discussions continue about the indicators to measure the new Reproductive Health target. 2007 is the halfway point to reaching all of the MDGs

2008 Follow-up International Conference on Financing for Development to Review the Implementation of the Monterrey Consensus

2009 UN Climate Change Conference 2009 (Copenhagen)

2010 Summit on the Millennium Development Goals + 10-year Review

2015 Target date for achieving the Millennium Development Goals

Source: Millennium Development Goals: <http://undp.org.pk/mdgs-in-pakistan.html>
<http://www.beta.undp.org/undp/en/home/mdgoverview.html>

MDGs

Advocacy Kit
on Youth Friendly SRH Services

Sexual and Reproductive Health and Rights impedes Millennium Development Goals





The MDGs focus on three major areas (i) Human development (humanity)

(ii) Bolstering human capital, (iii) Improving infrastructure, social, economic and political rights,

The objectives chosen within the human capital focus include improving nutrition, healthcare (reducing levels of child mortality, HIV/AIDS, tuberculosis and malaria, and increasing reproductive health) and education. Goal 2 (Achieve universal primary education), 4 (Reduce child mortality rates), 5 (Improve maternal health) and 6 (Combat HIV/AIDS, malaria, and other diseases) are established for achieving this objective.

Goal 5 emphasis on the improvement of maternal health and its target 5(b) focuses on achievement of universal access to reproductive health this target clearly state the need of sexual and reproductive health. (i) Antenatal care coverage (at least one visit and at least four visits) (ii) Unmet need for family planning, these two indicators serve the cause of improved reproductive health services whereas contraceptive prevalence rate and Adolescent birth rate directly concentrate on improvement of sexual health and services for young people.

Pakistan is efficiently heading towards the achievement of these goals alike all other goals extensive improvement has shown in achievement of goal 5 to a larger extent. Major achievements of goal are:

-  The maternal mortality ratio decline from 350 to 2001-02 to 276 in 2006-07
-  Skilled person attend deliveries rate has reached to 41 in 2008-09
-  During 2001-02 to 2008-09 usage of contraceptives has increased
-  Total fertility rate has been estimated as 3.75 percent in 2008-09

In spite of all these improvements many of the specific targets of goal 5 will not be meet in an immediate future and it will be challenging to meet the targets by 2015. Therefore a need of herculean efforts is required to meet the goal by 2015.

Source: Millennium Development Goal Report-2010
< <http://www.pc.gov.pk/mdgs-pak2010.html> >



Facts about Pakistan Population

Pakistan is the sixth most populous country in the world with the estimated population of 177 million at current rate of population growth 1.6% by 2050 Pakistan will be become the 5th most populous country in the world.

Population Growth 2011-2050 2011

Country	Population
China	1,346
India	1,241
United States	312
Indonesia	238
Brazil	197
Pakistan	177
Nigeria	162
Bangladesh	151
Russia	143
Japan	128

2050

Country	Population
India	1,692
China	1,313
Nigeria	433
United State	423
Pakistan	314
Indonesia	309
Bangladesh	226
Brazil	223
Ethiopia	174
Philippines	150

Source: population reference bureau 2011 world population data sheet<
http://www.prb.org/pdf11/2011population-data-sheet_eng.pdf>

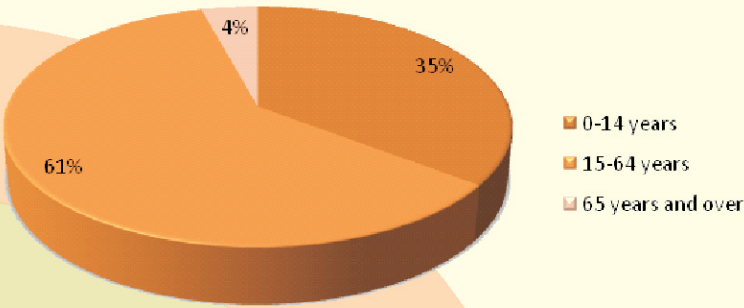
Population (in million) by sex and Region¹

Region	Male	Female	Both
Pakistan	91.59	85.51	177.10
Punjab	49.53	47.02	96.55
Sindh	22.20	19.98	42.18
Balochistan	4.83	4.23	9.07
Islamabad	0.71	0.62	1.33
Khyber pakhtoounkhwa	12.11	11.66	23.77
FATA	2.21	2.00	4.20

Population by Age and sex²

Age structure	Male	Female	Both
0-14 years	34,093,853	32,278,462	66,372,315
15-64 years	58,401,016	54,671,873	113,072,889
65 years and over	3,739,647	4,157,870	7,897,517

% of total population



Source: ¹ Ministry of Population <<http://www.mopw.gov.pk/PopulationProjection.aspx>>
² Pakistan Demographics Profile 2011
< http://www.indexmundi.com/pakistan/demographics_profile.html>

No Sexual and reproductive Health and right

- There is no emphasis on the sexual and reproductive health issues of youth to cater their related needs in the “youth health section” of policy.
- Physical and psychological issues among young people during adolescent are ignored under physical and mental health care.
- SRH is not even mentioned as a public health issue.
- Awareness, preventive campaigns and programs are encouraged on every issue only sexual and reproductive health of youth is not mentioned and neglected in policy.

Instead of having many flaws and loopholes about SRH in policy only one point make it supportive for youth in SRH context that is “Youth friendly services” section of policy it clearly promote youth friendly services about SRH&R for adolescent.

Other Principle of Policy

1. Reinforce sense of Pride, Awareness and Motivation:

Reinforce the sense of pride by creating awareness about our history, heritage, achievements, works and examples of high achievers in the world in various walks of life and to instill a passion to excel and achieve excellence.

2. Promote National Integration:

The basic emphasis is to integrate harmony, mutual friendship, tolerance, understanding, values and social interactions.

3. Enabling Prospects of Income Generation for the Youth:

Consistent with the policies of the Government for rapid economic growth which will create opportunities of income generation for Pakistani Youth with the help of skill development, entrepreneurship assist and support, micro finances, internship and job counseling.

4. Address Issues of Marginalized and Vulnerable Groups of Youth:

Eradicate disparities related to access to social and economic opportunities and resources for youth development by adopting rights base approaches.

5. Support Character Building:

Inspire the youth with Islamic values, ideology of Pakistan, aspiration for Pakistan which taught the sense of good citizenship, high standards of morality, discipline and respect for basic human values, laws and religions. It also educate, motivate and guide against extremism, terrorism, antistate and inhuman activities.

6. Promotion of Sports and Recreation:

Patronize sports and recreation activities, sports competition, expansion of sports facilities at all administrative levels on sustainable basis with special emphasis for young females.

7. Academic and Intellectual Development:

Take steps to promote scholarship, enhance availability and access to academic material, participation in conferences and undertake talent forming programs and also youth will be given representations in Think Tanks, policy formation and implementation phase.

8. Social Volunteerism Youth will be encouraged to undertake voluntary social service.

9. Incentives for Talented and High Performing Youth:

Talented and high performing youth will be given recognition reward and incentive at the national level. Efforts should be made to motivate and attract them towards service for the nation.

10. Youth Marriage, Family and Life Skills:

Facilitating the youth (above 18 years) in the formation and planning of a healthy family on a sustainable basis.

11. Youth Mentoring:

Supporting and guiding the youth in identifying their potentials, overcoming their failures, adopting the traits of good citizens and boosting their morale for high achievements in life.

12. Special Youth:

Special consideration will be given to promote the participation of special and handicapped youth in all activities.

13. Balancing the Gender Imbalance:

Work towards gender equity and provide greater opportunities and decent environment for the female youth to play their role in socio-economic development of the country.

14. Youth in Prison:

Special Program for rehabilitation, mentoring, training and education and incentives for youth in prison will be evolved so that their time in the prison is utilized to become good citizens capable of integrating in social economic activities.

Facts on Health Care in Pakistan

Pakistan has a centralized health care system. The Government takes responsibility to provide free medical treatment to all citizens in need for health care services. The Federal Ministry of Health is responsible for health legislation, quality of health care, health planning and coordination of health related activities.

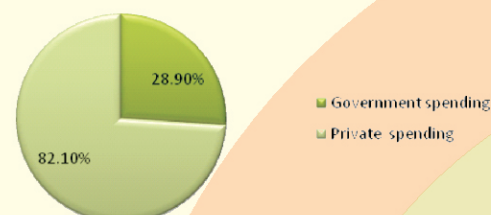
Pakistan's health indicators, health funding, and health and sanitation infrastructure are generally poor, particularly in rural areas. About 19 percent of the population is malnourished—a higher rate than the 17 percent average for developing countries—and 30 percent of children under age five are malnourished. Leading causes of sickness and death include gastroenteritis, respiratory infections, congenital abnormalities, tuberculosis, malaria, and typhoid fever. Hepatitis B and C are also rampant, with approximately 3 million cases of each in the country. The cost of curing or treating these illnesses is many times more than preventing them.

According to the official data in 2007 there are 107,835 doctors and only 19,623 are registered and working as certified professionals and 13,937 total health facilities in the country to cater the population of Pakistan. The strength of nurses is 43,646 in Pakistan who is supported with 95,000 lady health workers. Therefore keeping in view this data it has been estimated that population per doctor is 1,475 which means one doctor for 1,475 people and Population per nurse is 3,644 which same mean one nurse for 3,644 patients and 11,413 populations to health facility ratio.

According to the World Health Organization, Pakistan's total health expenditures amounted to 2.0 percent of gross domestic product (GDP) in 2006, (but according to Economic survey of 2005-6, Pakistan spent 0.75% of GDP on health sector). Per capita health expenditures were US\$51 (2006). The government provided 24.4 percent of total health expenditure, with the remainder 75% being entirely private, out-of-pocket expenses.

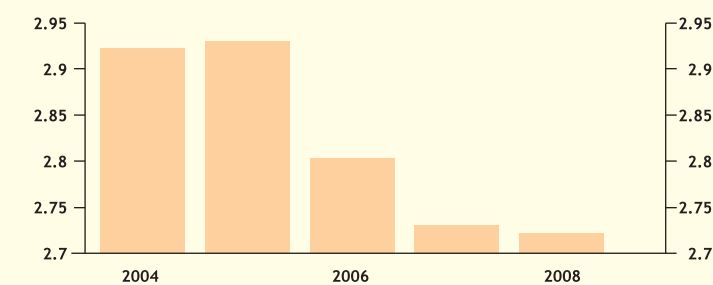
**One Doctor
for 1,475
patients and
one Nurse
for 3,644
patients**

Total Health Expenditures



In (2007-08) Pakistan total health expenditures amounted of 2.72 percent of gross domestic product (GDP). Development expenditure on health is Rs. 14.272 billion and current expenditure is Rs. 3.791 billion. The government provided 28.9% of the total health expenditure and 82.1% as out-of-pocket expenditure on health.

PAKISTAN-HEALTH EXPENDITURE; TOTAL (% OF GDP)



Source: Pakistan health expenditure
<<http://www.tradingeconomics.com/pakistan/health-expenditure->>

However Pakistan is committed to the goal of making its population healthier and availability of advance health services with easy access t everyone in this regard the government of Pakistan is attempting to rectify some of the problems with Pakistan's health service delivery. Programs such as Social Action Program (SAP), National Strategy to revamp Primary Health Care through Government of Punjab Health Reform Initiative are helping in a positive manner. The new vision for health, nutrition, and population outlined in the government's National Health Policy Guidelines 2006- 2010, which Emphasis on curative rather than preventive health care and includes institutionalizing Public Health Surveillance and multi-donor-supported social protection programs, are a welcome intervention. Another example of a promising recent initiative is the lady health worker (LHW) community-based program, but while these programs are being implemented, there are many institutional and systemic flaws that are not being high-lighted.

Source: Government of Pakistan Ministry of Health: <http://www.health.gov.pk/>

Population and Health data and estimation for Asian countries

	population mid-2011 (million)	birth per 1,000 population	Death per 1,000 population	projected population (millions)		2050 population as a multiple of 2011	infant mortality rate	total fertility rate
				mid-2025	mid-2050			
Asia	4216	18	7	4780	5284	1.3	39	2.2
Afghanistan	32.4	44	16	47.6	76.3	2.4	131	6.3
Bangladesh	150.7	22	6	183.6	226.3	1.5	45	2.4
Pakistan	176.9	28	8	229.2	314.3	1.8	64	3.6
Sri Lanka	20.9	18	6	23.2	25.4	1.2	15	2.3

Draft National Health Policy

An Overview:

The overall national vision for the health sector is based on "Health-For-All" approach. The new health policy aims to implement the strategy of protecting people against hazardous diseases; of promoting public health; and of upgrading curative care facilities.

The draft national health policy is a comprehensive document, evidence based and responding to crucial issue of health care delivery system in Pakistan.

The content of National Health Policy 1990, 1997 and 2001 clearly show that the main focus in formulating health policies was based on BIOMEDICAL MODEL (Khan & Van den Heuvel, 2005). In the new health policy we are seeing a shift away from biomedical model (e.g., Health Millennium Development goals (2015) & Medium Term Development Framework (2005-10) which emphasize preventive care).

Keeping in view the vision and objective of making health care system more efficient and preventive 10 specific areas of reforms has been identifies in which only following areas best serve the need of Sexual and Reproductive health, information and service.

1. Reducing widespread prevalence of communicable diseases
 - i. Increase immunization coverage
 - ii. Reduction in polio cases
 - iii. Increasing Hepatitis-B Coverage to approximately 100% in next eight years
 - iv. Reduce TB prevalence by 50% in coming years
 - v. Malaria cases also will be reduced by 50% by 2010
2. Promoting greater gender equity
 - i. Increase reproductive health services to childbearing women through a life cycle approach
 - ii. Increase access to primary health services
 - iii. Development of referral system between the village level and the Health Care facilities
3. Creating Mass Awareness in Public Health matters
 - i. Awareness session and debates on health and nutrition topics
 - ii. Decreases the prevalence rate of HIV-AIDS

- iii. Increase awareness and information about the public health issues at large

- iv. More efficient health services in context of reproductive health.

The government programs that directly involved carrying forward the policy in previously specified areas.

1. The protective and primitive health programs
2. The National Program on EPI will introduce Hepatitis-B vaccine
3. National Immunization Days against Poliomyelitis
4. National malaria control program will be implemented, focusing on
5. Malaria microscopy through upgraded basic health facilities
6. Air programs dedicated to health and nutrition
7. National Program Authorities of Anti-TB, Malaria and HIV-AIDS Control Projects
8. Greater participation of NGOs and civil society in Mass Awareness programs.
9. Appropriate interpersonal skills' training on Family Planning and Primary Health Care

The policy is need based but lack on Sexual and reproductive health, services and information. It might be covering the reproductive health and services in more detail but only the lack is, it totally ignores sexual health. In reducing widespread prevalence of communicable diseases only malaria, TB and Hepatitis-B is mentioned and sexually transmitted infections and diseases (STIs/Ds) are completely unconsidered. Moreover in a reform area of creating mass awareness in public health matters information and awareness on the major issue of sexual health among adolescent is completely absent. The need of review the policy in more detailed context to cover up all the unconsidered health issues and problems is necessary because this review will best serve the vision "Health for All" of health sector.

Why is Political Commitment Required?

“Investing in the health and rights of women and young people is not an expenditure; it is an investment in our future” ... Executive Director of UNFPA Mr. Babatunde Osotimehin

Pakistan is going through a period of demographic dividend and is having the largest cohort of young population in the history of Pakistan, which is a golden opportunity for the Government of Pakistan to invest for the prosperous future of the country.

Youth friendly services asks for short-term investments while giving the long-term benefits to the cohort of young people who will be then able to adopt healthy and responsible behaviour.

An analysis of Policies in Pakistan reveals that actions have somehow missed youth age group in many respects. In addition, the emphasis on “rights” is also missing. As a result, the interventions have failed to become socially sustainable. The review of policies shows that Pakistan's support towards Sexual and Reproductive Health & Rights Policies had been inconsistent and a supportive policy framework did not always translate into concrete and sustainable programs and funding and there is a dire need to introduce health protocols for the provision of youth friendly services at the Federal and Provincial level.

It is very critical to have political commitment to ensure young people's rights to access needed integrated sexual and reproductive health & rights information and services in an environment where they can responsibly exercise their rights with a positive attitude. Pakistan's National Population and Health Policies do not have any health protocol on issues regarding the availability of youth friendly services.

At the International Conference on Population Development (ICPD) in Cairo, the goal was set to “make accessible, through the primary health care system, reproductive health to all individuals of appropriate ages as soon as possible and not later than the year 2015. The ICPD Programme of Action refers to the need for parents and other adults to provide guidance and to respect the rights of young people to information and services. It calls on governments to overcome barriers to reproductive health care for young people and encourages health care providers to be open to young clients.

At the country level, the ICPD Programme of Action calls on countries “to take full measures to eliminate exploitation, abuse, harassment and violence against women, adolescents and children” (Para 4.9). The ICPD + 5 further spells out particular action in that, “governments should give priority to developing programmes and policies that

foster norms and attitudes of zero tolerance or harmful and discriminatory attitudes (Key Action, Para 48)”. Pakistan have not made progress in supporting health services to be more responsive to young people's health and development needs and in creating a supportive policy environment to enhance services' accessibility.

In Pakistan Reproductive health and HIV/AIDS got the focus of policies but up till now Sexual and Reproductive Health Rights are not recognized as a Human Rights where as Internationally; these are recognized as essential elements to exercise basic human rights. Moreover, in Pakistan very few health policies and programmes for young people target all socioeconomic groups. And due to stigma, limited resources, often inappropriate expertise and gaps in information, the public and social sectors have not been able to address the needs of the growing youth population that could help reduce their vulnerability or improve their quality of life. In the National Youth Policy 2008 there are few references present for the youth friendly services and under the Principles of the Policy for the Youth Health it has been clearly stated to 'create awareness about responsible and safe behaviour, provide youth friendly and health care counseling and guidance facilities.'

The Policy also establishes to support Ministry of Health in the following areas;

- in extension and up gradation of facilitation for physical and mental health, public health, preventive health care, population welfare and rehabilitation care.
- undertake awareness, preventive campaigns and programmes against drug abuse, drug addiction, smoking, HIV/AIDS, communicable diseases, nutritional imbalance, hepatitis, accidental injuries, psychological and mental illnesses, maternal mortality, infant mortality and environmental hazards.
- Youth friendly confidential counseling help line would also be established with the help of Ministry of Health.
- Programmes for guidance of youth in adolescence age group would be undertaken.

In order to implement the National Youth Policy 2008 the political commitment and allocation of resources are two important elements which need Government Commitments and with the 18th Amendment scenario there will be a major role of the Provincial Governments for the implementation of the Policies. Pakistan is in a unique position to tap what is known as a demographic dividend; which is a window of opportunity started in 1990; however the Pakistan has not done any substantial work to address this over the past twenty years and still Pakistan has the expenditure on health of less than 1% of GDP and stands at the 125 number on the Human Development Index (HDI). While most areas remain underserved, Sexual and Reproductive Health Rights of young people fall among the most neglected themes at policy level interventions designed for the youth. On the other hand according to UNFPA a number of countries are making real progress in carrying out a bold global action plan that links poverty alleviation to universal access to Sexual and Reproductive Health.

Recommendations

Recommendations for the Provision of the Youth Friendly Services to be considered for the Policy Implementation

- 1. The respective Provincial Governments initiate the planning process for the implementation of the National Youth Policy 2008 with special reference youth friendly health services
- 2. Provincial Health Department should constitute the committee/working group to device the mechanism for YFHS integration into the existing health system while integrating youth friendly protocols on SRHR into the health policy/guidelines
- 3. Provincial Governments should develop PC 1 for the financial allocation towards the youth friendly health services Sensitizing Health Care Providers on non judgmental ethics of health services delivery to the young people
- 4. Sensitizing and building capacity of Health Care Providers from right based perspective and focusing on practicing moral codesuch as confidentiality, privacy, empathy and respect during health service delivery.
- 5. Bring innovations in roles of Health Workers while removing barriers to the full and equal participation of women in allsectors and levels of the health service.
- 6. Set up a Code of Conduct for the Health Professionals through its wider dissemination in the public and surroundings

Facts and Myths about SRH&R

Alike every topic of discussion, on the basis of societal ethics and norms common myths believed by young people to a large extent about Sexual and Reproductive health and Right. It's great to learn more about your body and your choices, but explore those search results with authentic resources rather than those sources which are riddled with errors, omissions, and outdated advice, and that it's not always easy to find the truth about common myths believed by many young people. Therefore the best place to get information about your sexual and reproductive health is from professional doctor because this person will help you out by providing complete information and appropriate services.

Common myths about Sexual and Reproductive Health:

In Both

- Puberty is shameful and dirty you should keep to yourself.
- As soon as you reach puberty you mature into an adult.

In girls

- Boys do not go through puberty.
- Bathing should be avoided during menstruation.
- Menstruation occurs throughout a woman's life.
- Exercise cause the loose of more menstrual bloods

In boys

- Girls do not go through puberty.
- Ejaculation is unhealthy and makes you weak.
- Masturbation stunts growth and cause infertility.

Facts about sexually transmitted infections (STIs)

1. Sexually transmitted infections (STIs) are mostly spread from one infected person to another through sexual intercourse.
2. Some infections may also be transmitted from mother to child during pregnancy and childbirth.
3. Another way that infections are passed on is through the sharing of blood products or tissue transfers.

4. Some diseases caused by STIs include syphilis, AIDS and cervical cancer
5. STIs often exist without symptoms, particularly in women.
6. STIs disproportionately affect women and adolescent girls. Every year, one in 20 adolescent girls get a bacterial infection through sexual contact,
7. Sexually transmitted infections are important causes of Fallopian tube damage that lead to infertility in women.
8. One of the most deadly sexually transmitted infections is the human papilloma virus (HPV).

Youth Program of Rahnuma-FPAP

In Pakistan, adolescents and young people are too often ignored when it comes to information or education related to sexuality, body, health and rights in the name of 'morality', the subject is considered to be a 'private' domain. The lack of knowledge about issues related to puberty, sexual and reproductive health (SRH) and sexuality often has a deep adverse impact on their personality development and healthy growth. It may result in vulnerabilities such as: infection, abuse, harassment and, particularly in Pakistani situation, in sheer confusion they seek help from 'quacks', 'sex clinics' and other non professionals who claim to 'cure' sexual and reproductive health problems.

In the recent years Rahnuma-FPAP has made a conscious effort to cater young people, support and promote SRH in society. Some major efforts are highlighted here:

1. **Youth network and coalitions:** have been supported and promoted to be able to raise collective voices for young people's SRH Rights and demand for specific SRH programs at national level.
2. **Collaboration between the young advocates and key stakeholders:** including teachers, parents, religious leaders and media was facilitated and together they conducted an advocacy campaign for realization of the SRH needs and rights of the young among the general public and policy making spheres.
3. **Collaboration between non state actors (CSOs) and other international organisations:** working in the same area (SRH) helped to increase their influence over policy makers.
4. **The young leaders:** advocated to the parliamentarians, ministries, government institutions and interest parties for policy formulation regarding youth friendly SRH services.



5. **Youth volunteers:** came forth on national media for creating mass awareness on lack of SRH and Rights knowledge among adolescents and youth as a major factor in their vulnerability to sexual and gender based violence.
6. **Youth Friendly Services:** in six Family Health Hospitals each in Islamabad, Lahore, Gilgit-Baltistan, Karachi, Peshawar and Quetta in which all the staff is trained in provision of youth friendly services.
7. **Youth Resource Centers:** a network of 50 resource centers serves as a hub for mobilization of young people in the communities and also acts as a point of referral to the Family Health Hospitals. Based at these six facilities is a toll free
8. **Youth Helpline:** that is operated by male and female counselors that provided free information, counseling and referral services regarding SRH to young people ensuring their complete privacy and confidentiality. Further, 20 % youth representation is ensure at all levels of governance and policy making in the organization.
9. **Rahnuma-FPAP National Youth Network:** to ensure meaningful participation of young people in the planning, development and implementation of SRH programs for young people and apply a Youth Lens to the organization.

Website

Advocacy Kit
on Youth Friendly SRH Services

Important Websites:

International Planned Parenthood Federation (IPPF)
(<http://www.ippf.org/>)

United Nation Population Fund (UNFPA)
(<http://www.unfpa.org>)

World Health Organization (WHO)
(<http://www.who.int>)

Rahnuma-Family Planning Association Pakistan (FPAP)
(<http://www.fpapak.org>)

Rozan
(<http://www.rozan.org>)

Ministry of Health
(<http://www.health.gov.pk>)

Ministry of Youth Affairs
(<http://www.moya.gov.pk>)

National Center of Biotechnology
(<http://www.ncbi.nlm.nih.gov/>)

UNDP
([http:// www.undp.org.pk](http://www.undp.org.pk))

Population reference bureau
(<http://www.prb.org>)

Ministry of Population
(<http://www.mop.gov.pk>)