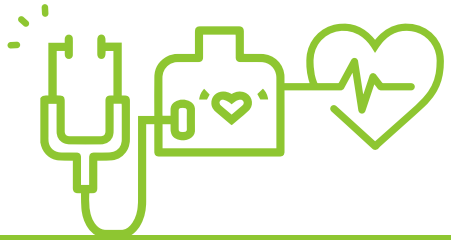
YOUTH POLICY lab

Health Innovation



Pakistan only spends 1.1 percent of its GDP on health.[1] Structural shortcomings show that Pakistan only has 1.61 healthcare workers per 1,000 population, and provincial disaggregation shows higher HRH constraints in Baluchistan and Punjab.[2]

Considering that the average life expectancy at birth for an average Pakistani is only 67 years; [3] that 60 percent of Pakistanis die due to non-communicable diseases;[4] that tobacco usage is predominant among the youth; and that 45 percent of the children under-5 are stunted while 10.5 percent are wasted,[5] there is a urgent need to invest in healthcare.

Compounding the problem of inadequate healthcare service delivery are pervasive harmful cultural practices such as child marriages, that put Pakistan's children, and in particular girls, at risk. Additional gendered challenges include the inability of women to decide on their own healthcare needs, including if and when to visit a doctor. Only 9.6 percent of married women reported having the right to make their own decisions regarding their own healthcare. Problems in accessing healthcare for women include not getting permission to go for treatment, not being able to get money for treatment, longer distances to healthcare facility, and not wanting to go alone. The challenge of accessibility if further compounded across ages; younger women (aged 15 to 19) are more likely to report at least one problem in accessing healthcare than those aged 35 to 49.[6] An additional intersectional lens of education shows that women with lower levels of education reported problems in access more than those with higher levels of education.

The focus, then, needs to be on driving healthcare service delivery through an adolescent-responsive system that can help our youth, both young girls and boys, understand their rights, and build a culture of health-seeking behaviour. And to do this, there has to be a move towards creating a system that addresses the challenges of the current healthcare system; unaffordability, inaccessibility and limited agency in terms of understanding the rights and needs of the self.

For the youth, particularly important is the ability to empower them to understand their experiences and their health requirements. Additionally, within the structure of the healthcare system in Pakistan, and understanding the nuances of regional disparities, creating healthcare that is accessible remains critical.

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1 Finance Division, Ministry of Finance (2020). Pakistan Economic Survey 2019–20. Islamabad: Government of Pakistan. Available at
2 http://www.finance.gov.pk/survey/chapter_20/Executive_Summary.pdf
3 Ibid.
4 https://data.worldbank.org/topic/health?locations=PK
5 https://data.worldbank.org/indicator/SH.DTH.NCOM.ZS?locations=PK
6 http://www.emro.who.int/child-adolescent-health/data-statistics/pakistan.html 13 Pakistan DHS. (2017).

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The state of reproductive health in Pakistan is fragile. Pakistan's overall maternal mortality ratio (MMR) is 186 per 100,000 live births. Age-disaggregation shows that the MMR for women between 15 and 19 years old is 194, which is slightly higher than the national average. Regional disparities show that the MMR is higher in rural areas (199), in contrast with urban areas (158). Sindh and Baluchistan in particular show extremely high provincial disparities; Sindh's MMR is 224, while Baluchistan's MMR is 298.[7]

Contraceptive Prevalence Rates are increasing slowly, with fertility rates remaining high. Unmet need among women in the age bracket of 15 to 19 was 18 percent, and in the age bracket of 20 to 24 was 19 percent. Regional disparity placed Balochistan and ex-FATA at lower contraceptive rates. But the caveat remains, that a highly fertile population is not necessarily healthy.

Data shows that young women aged 15-19 years are considerably more likely to be married, than young men are.[8] Antenatal Care (ANC) coverage of at least 4 visits is only 51.40 percent, while 12.5 percent of women under the age of 20 report never having an ANC visit. Women in rural areas are less likely to have completed the required 4 ANC visits. Only 69 percent births are done under the supervision of a Skilled Birth Attendant (SBA). SBA in younger mothers is lower.

Under-5 mortality in the wealthiest quartile is 44 deaths per 1,000 live births, while the poorest quartile reports 107 per 1,000 live births.[9] The same inequity is also observed along the rural-urban split.

The challenge of reproductive health is both supply and demand based.

On the supply side, inadequate coverage of services, and provision of 'bad' information can discourage individuals from seeking help. Inconsistencies across service delivery, often caused by funding gaps (especially in public sector facilities), can dissuade users. Inconsistency can lead to a lack of trust, both in the facility and in contraception in general. This can create an overall deterrence to usage of contraception.

Demand side barriers are largely centered on attitudes towards contraception. As a conservative society, that is also religiously motivated, contraception is oft considered a taboo. Pakistani society's patriarchal undertones have led to perpetuation of ill-informed beliefs, such as the more children you have, the more masculine you are.[10] Women's inability to seek healthcare also aids in supporting this dynamic; women reported wanting smaller family sizes, while men reported wanting larger family sizes. More women reported wanting to limit childbearing as compared to men. Yet, women's right to bodily autonomy is limited.

There has to be recognition of the fact that family planning is not inherently opposed to the idea of the family. The key driver for change, then, is tackling false information, manipulated narratives, and harmful ideas pushed under the guide of culture and tradition. In doing so, the aim is to create a unified move towards focusing on healthier families, and not larger ones.

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7 National Institute of Population Studies (NIPS) [Pakistan] and ICF. (2020). Pakistan Maternal Mortality Survey 2019. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF

8 National Institute of Population Studies (NIPS) [Pakistan] and ICF. 2019. Pakistan Demographic and Health survey 2017-18. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF.

9 http://www.emro.who.int/child-adolescent-health/data-statistics/pakistan.html

10 Aurat Foundation (2016). Masculinity in Pakistan – A Formative Research Study