

Understanding Adolescent and Youth RH issues in Pakistani Context; perspectives from the advocates, activists, academicians, scholars and practitioners

12 August 2008, Islamabad

by
AGEHI Resource Centre
Society for the Advancement of community
Health Education and Training (SACHET-Pakistan)

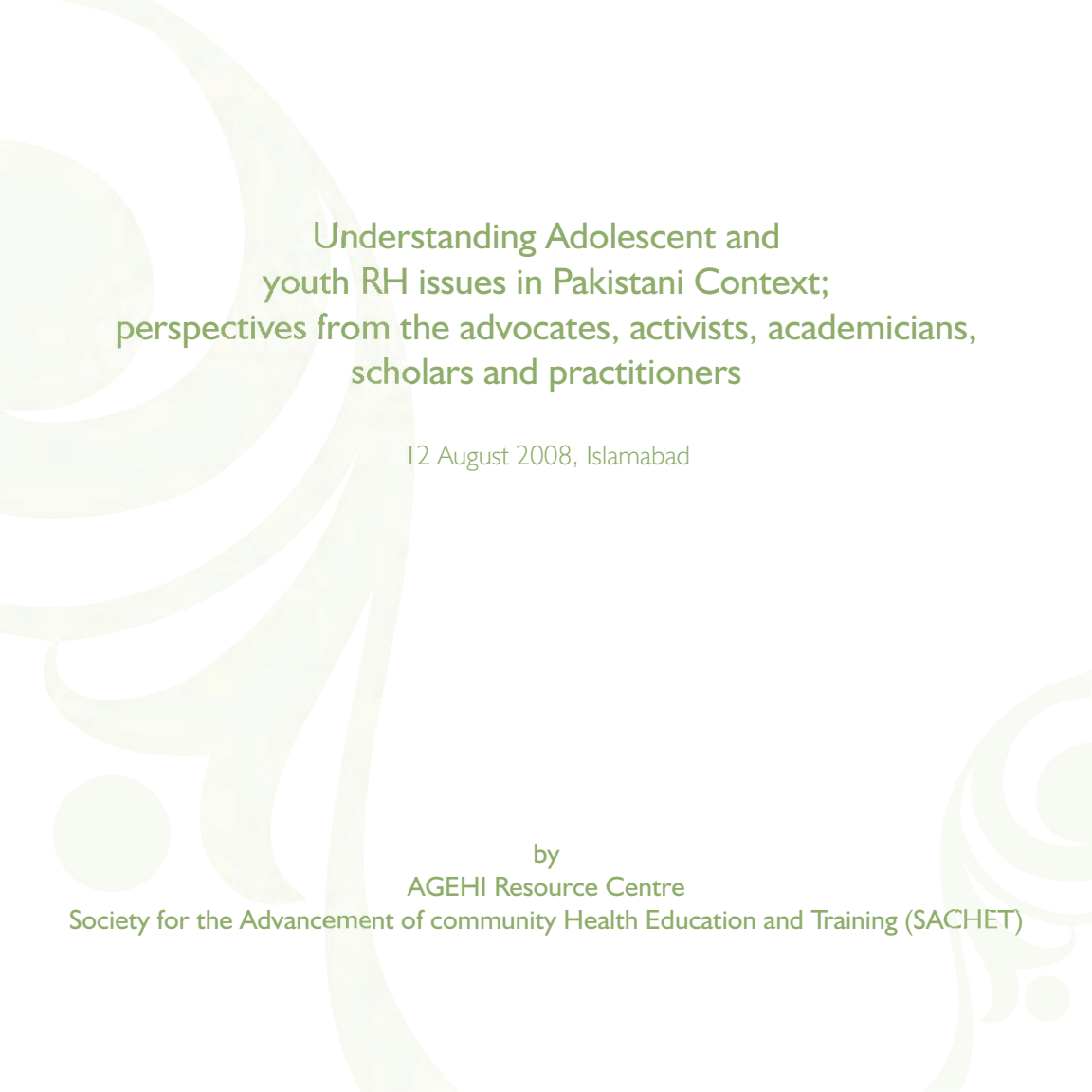


Engendering Development



SACHET - Pakistan

Promoting Human Development with
Gender Perspectives



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Report Coordination.....	Amin Muhammad
Design and Graphics.....	Muhammad Jahangir
Photographs.....	Humayun Rana



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Sexual and reproductive health- a question of priorities

The signpost International Conference on Population and Development (ICPD) 1994 and the chain of events leading to it were a visible shift from Population towards Reproductive Health (RH). In this connection another newness brought to old issues through ICPD was the language change suggesting replacement or at least emphasis on the introduction of new jargons. Earlier obsession of policy makers with reduction in fertility and population growth steered population programs towards chasing demographic targets, which overlooked socio-cultural values in the developing world. Health, including Sexual and Reproductive health (SRH), has different cultural perceptions and various determinants. Some crucial determinants of SRH include information, education, lifestyle, religion, region, law, gender roles, economy and political will. These factors are not only separately related to SRH but mutually influence each other. The vital new issues underscored by ICPD encompassed Gender Equity, Violence against Women, Trafficking of Women, Female Genital Mutilation, Child Marriage, Male Roles and Responsibilities, Unsafe Abortion, Infertility, STDs/HIV/AIDS, Safe(r) Motherhood and Antenatal Care.

Taking into consideration the fact that in this world, men are the first to be heard and women are the first to be harmed, it is suggested that men, specially the young men, should be the primary audience and women, especially young women, regardless of their marital status, should be the direct beneficiaries of SRH interventions.

It is time to go beyond rhetoric and take concrete yet pragmatic decisions and actions on the most debatable, disputed and tabooed issues in our society. For instance, the issue of Abortion. The Quran does not clearly address this issue. However, there is a general feeling that Islam permits Abortion only for the most serious reasons. It is time to develop a consensus on this, include rape, marital rape, incest, and war victims in the list of most serious reasons for safe abortion.

The biggest challenge is; are those who are in the corridors of power and politics ready to take immediate steps to change not only the condition but position of oppressed men, women and children in their respective societies.

Dr. Rakhshinda Perveen

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Acronyms

AGEHIAdvocates of Gender, Education and Health Information

ARH.....Adolescent Reproductive Health

ASRH.....Adolescent Sexual and Reproductive Health

BCC.....Behavior Change communication

CSO.....Civil Society Organization

DoSTI.....Dare to Sensitize Train and Inform

MSM.....Men having Sex with Men

RH.....Reproductive Health

SACHET.....Society for the Advancement of Community Health Education and Training

SRH.....Sexual and Reproductive Health

YAN.....Youth Advocacy Network



Introduction & Overview

AGEHI Resource Centre –SACHET Pakistan organized a policy dialogue: “Understanding Adolescent and youth RH issues in Pakistani Context; perspectives from the advocates, activists, academicians, scholars and practitioners” on 12th February 2008 at SACHET Gallery, First Floor, Al-Babar Centre, Park Road, F-8 Markaz, Islamabad.

The objective of the meeting was to bring together the diverse but matching perspectives that may demystify the complex issues of RH in relation to Adolescents and Youth in Pakistan. This endeavor may assist not only the CSOs working at grassroots to assess their interventions and strategies but would also offer an opportunity to the policy planners to receive direct views from the implementers, that in turn may be considered for future policy and planning.

Round one 10:00 AM- 12:30 PM

Proceedings

Welcoming the participants, Executive Vice President SACHET, Dr. Rakhshinda Perveen shared the objective and agenda of the meeting with the guests (see annex 1 for the program). Representing a number of national and international organizations, participants came from a diverse range of fields including Ministry of Health, civil society organizations, media representatives and representatives from international agencies. (See annex 2 for the participants)

Following the round of introductions, a brief documentary on SACHET's work areas and programs was shown. After the screening of the documentary, guests were asked to share their perceptions and thoughts on adolescent and youth RH issues.



Remarks by the Panelists:

(see annex 3 for the panelists)

Dr. Tariq Rahim (RH-AID)

Dr. Tariq Rahim expressed his views on Adolescent and youth RH issues in Pakistani Context; he said youth comprise an important segment of Pakistani society and we have to prepare our youth for future. We have to devise strategies to reduce their RH related problems. We have to work within the limits of our socio-cultural and religious practices and we don't have to import ideas from the west to address adolescent and youth RH problems because western ideas do not match with our local context and frame work. He stressed upon following points:

- Create awareness through active advocacy for youth on RH issues

- Provide quality services to youth

- Ideas and ways to address youth related problems should match with local context and environment

- State should devise an effective policy on youth empowerment & education on RH related issues

Prof. Dr. Batool Mazhar (PIMS)

Dr. Batool Mazhar shared her experiences with adolescent girls who are brought to the hospital with different gender identification complexities for example menstrual problems; abnormal uterine bleeding and in unmarried girls, are most common. She said that we just try to solve their problems by looking at the curative side but there should be some sort of counseling and follow up with these patients; they simply disappear after getting medical treatment. She came up with following suggestions:



A holistic approach should be adopted to address the youth RH issues
There should be a proper counseling and follow up to get exact statistics on whether the girl (victim) was killed or survived

Dr. Sania Nishtar (Heartfile)

Dr. Sania Nishtar said that today's adolescent and youth RH issues are the products of complex interplay of our socio- cultural and judicial framework. We have to see this issue in the context of socio- economic development and good governance. Societies with sound socio-economic indicators are certain to have a better social fabric i.e. justice and free and



fair political processes. Our society lacks transparency and good governance. She pointed out that adolescent and youth RH issues are directly linked with drugs/ narcotics and health sector has very little control over this menace. She said another grave problem which we are facing nowadays is obsession with fast food and direct exposure of our children to these food chains is very harmful for their growth. She recommended following steps to address the issue:

- Reforms in the system are required

- Behavioral Change Communication is the most powerful tool in addressing youth RH problems

- Media's role is very crucial and central to youth related issues

- Funds and allocations should be utilized properly and honestly

- Allocations for social marketing should be done because market is quiet competitive

- Incorporation of RH issues in the curricula is a must

- Civil society organization could prove to be a great help to address youth RH problems



Mr. Muazzam Shah (Ministry of Population Welfare)

MR. Muazzam Shah pointed out that RH problems among our youth are generated by households and communities; therefore, we must work in close collaboration (trained or sensitized) with communities and religious leaders and scholars.

He suggested some steps to address the RH problems:

- Advocacy and communication is very crucial in dealing with RH matters

- Marginalized groups must be given attention

- RH information material should be incorporated in national curriculum

- Civil society activists and other stakeholders should adopt an optimistic approach/ bold approach towards the issue of RH and adolescent problems

Dr. Mushtaque Mohammad (Ministry of Health)

Dr. Mushtaque Mohammad said that the health sector in Pakistan is not working according to the expectation of the people. He emphasized that socio-economic, religious practices and political scenario have a direct impact on RH issues among youth. He also said that economic development is correlated with health services. He told only US \$4 per capita is available to an individual for health services in Pakistan.

He said that we have to break the communication barrier because it is a direct and an effective link to address youth related problems. He also said that we have to discourage ad-hocism because there is no continuity to handle such sensitive issues. He suggested that we required a transparent will to work on this issue.



Round two 12:45PM- 1:45 PM

Panelists included: Dr. Qamar Siddique (Ministry of Health), Ms. Aliya Perveen (Representative DoSTI YAN, Chakwal Chapter- SACHET) Dr. Feroza Ahmed (Dean Social Sciences, Preston University)

A five minutes documentary titled “Beyond Judgment” produced & directed by Dr. Rakhshinda Perveen was screened. Issues of marriage, HIV/ AIDS and male having sex with male (MSM) were discussed in the documentary.

After the screening of the documentary Ms. Aliya Parveen, Representative DoSTI YAN Chakwal Chapter shared her experiences with communities at grassroots.

Ms. Aliya Parveen (Representative DoSTI YAN, Chakwal Chapter)

She is a young representative of SACHET's DoSTI YAN in Chakwal. She gave a brief over view of socio- economic plight of District Chakwal. She told poverty, unemployment and illiteracy are the main problems of the district. When SACHET started its work in district Chakwal, people of the area had no know- how of their rights. The main objective of DoSTI YAN was to create awareness and sensitivity about sexually transmitted diseases among youth. Some 1350 young girls and boys have been trained under DoSTI YAN platform.

Aliya Perveen told that SACHET has boosted her confidence and provided her with opportunity to travel abroad and represent SACHET at international forums. She has recently been to India to represent SACHET at Youth Assembly. She was of the view that Indian youth face the same problems, the youth of Pakistan are facing, and they too have very limited information on their reproductive health issues. She recommended following actions to address youth RH issues:



Ministry of Youth Affairs should devise a youth policy immediately
Government should provide youth friendly services in poor and backward areas
Media can play a vital role in addressing youth RH related problems

Mr. Qamar Siddique (Ministry of Health)

Mr. Qamar Siddique said that the adolescent and Youth RH is a matter of great concern in our society and this issue has not been handled correctly. He said resources are available but we are not utilizing them rationally; information on youth RH is there and we have to find out ways for its rational and correct dissemination. He told Ministry of Health has lot of capital resources available but these are not being utilized properly. He recommended:

Communication is the key to social change
Government should do age specific and need oriented planning for adolescents' reproductive health
Media should be consistent particularly in highlighting youth related issues i.e. sexual and reproductive health of youth.
We should adopt a sensitive approach towards adolescent and youth reproductive health issues and our attitudes in this regards need to be changed
Children and youth should be provided with correct information on sexual and reproductive health issues
This issues can be addressed by involving enlightened and educated political leaders

Dr. Sohail Rabbani (CONTECH International)

Dr. Sohail Rabbani was of the view that women comprise 50 percent of our population and empowerment of women should be the central theme behind every step civil society organizations take. He said religion should be kept only in our private lives, because issues like sexual attitudes and reproductive health can not be addressed with the help of religion. He said we need to develop a very pragmatic approach towards policy implementation regarding youth reproductive health problems. He said we have to bring reforms in ourselves and our ideology.

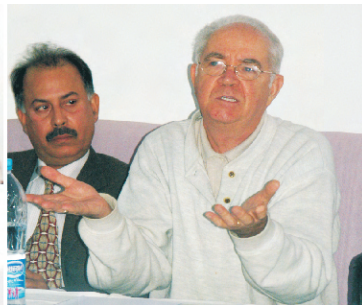


Dr. Hans Frey (Representative BHEF)

Dr. Hans Frey recommended that :

Advocacy through media could yield positive results regarding youth reproductive health.

There should be some other mechanisms, for example youth help lines systems etc



Interactive Session

Mr. Masood Fareed (UNAIDS)

Mr. Masood Fareed gave following suggestions to address youth RH issues in Pakistan:

Media needs to be sensitized because it portrays RH issues and HIV very insensitively.

There should be some sort of coordination between NGOs to work as collaborative networks and it would have a positive impact on policy making regarding youth affairs

Ms. Anna Fumorola(UNIFEM)

Ms. Anna Fumorola congratulated SACHET for organizing such an informative meeting; she stressed upon the need to create awareness among females because they are the most vulnerable segment of the society and they do not have much information regarding their sexual and reproductive health.



Mr. Khalid Nadeem (SACHET - Pakistan)

Mr. Khalid Nadeem shared his experience of working on HIV/ AIDS, he told that people have little knowledge of HIV/ AIDS and most of the people deny the existence of HIV/AIDS and consider it a western propaganda in northern areas. He recommended that correct information on HIV/AIDS should be disseminated among the masses and much work is needed at grassroots level.

Ms. Samina Nawaz (SACHET - Pakistan)

Ms. Samina Nawaz was of the view that very few organizations are working on the issue of reproductive health. She suggested:

NGOs/ CSOs should work with District Education Departments and put pressure on the departments to incorporate useful information about reproductive health in the syllabus

Teachers should also be given training on RH, so that they could disseminate RH information among their students.

Dr. Sajid Hameed (District Office Chakwal Chapter SACHET - Pakistan)

Dr. Sajid Hameed was of the view that doctors/ medical practitioners should also play their role beyond providing cure to patients. He said he thinks that doctors' role is very crucial in counseling of HIV/AIDS affected patients.

Dr. Batool Mazhar commented on Dr. Sajid's suggestion that doctors do have a role in patient's counseling but he/ she has to concentrate more on the curative side of the disease, she suggested that a graduate or a matriculate can be hired for counseling with patients and it is up to us how we channelize our resources to the best of our capacity.



Dr. Sabeeha Syed (APWA)

Dr. Sabeeha Syed was of the view that we CSOs, government and international agencies should work in collaboration and should take ourselves out from working in isolation.

Concluding Remarks

Dr. Feroza Ahmed (Dean Social Sciences, Preston University)

Dr. Feroza Ahmed concluded the dialogue; she thanked SACHET-Pakistan for inviting her to a very informative and interactive dialogue. She said she is deeply inspired by work participants are doing in their respective communities and organizations. She discussed major reproductive health issues of adolescent and youth:



- Lack of knowledge of reproductive health care
- Lack of education on pregnancy among girls
- Weak social infrastructure
- Very little access to social services
- Massive population growth have altered culture and family life
- Lack of strong interpersonal relations with parents

What should be done?

- Education is a key to motivate youth to make healthy choices for their reproductive health issues
- Youth friendly projects should be developed and involvement of youth in designing and implementation of these projects
- Training of teachers on reproductive health issues of adolescent



Involvement of community members in health training programs and counseling
Empowerment and education of girls on reproductive health issues and sexual violence

Girl- friendly clinics and services should be set up in communities

Special information on reproductive health care in schools and colleges

Special programs for creating awareness among young boys and girls on HIV/AIDS

Dr. Rakhshinda Perveen Executive Vice President SACHET- Pakistan thanked all the participants for participating in the dialogue at the end of the meeting.



Alternative Perspectives / Suggestions / Recommendations

- 1 Create awareness through active advocacy for youth on RH issues
- 2 Provide quality services to youth
3. Ideas and ways to address youth related problems should match with local context and environment
- 4 State should devise an effective policy on youth empowerment & education on RH related issues
5. A holistic approach should be adopted to address the youth RH issues
6. There should be a proper counseling and follow up to get exact statistics on whether the girl (victim) was killed or survived
- 7 Reforms in the system are required
8. Behavioral Change Communication is the most powerful tool in addressing youth RH problems
9. Media's role is very crucial and central to youth related issues
10. Funds and allocations should be utilized properly and honestly
11. Allocations for social marketing should be done because market is quite competitive
12. Incorporation of RH issues in the curricula is a must
13. Civil society organization could prove to be a great help to address youth RH problems
14. Ministry of Youth Affairs should devise a youth policy immediately
15. Government should provide youth friendly services in poor and backward areas
16. Media can play a vital role in addressing youth RH related problems
17. Communication is the key to social change
18. Government should do age specific and need oriented planning for adolescents' reproductive health
19. Media should be consistent particularly in highlighting youth related issues i.e. sexual and reproductive health of youth.



20. We should adopt a sensitive approach towards adolescent and youth reproductive health issues and our attitudes in this regards need to be changed
21. Children and youth should be provided with correct information on sexual and reproductive health issues
22. This issues can be addressed by involving enlightened and educated political leaders
23. Advocacy through media could yield positive results regarding youth reproductive health.
24. Media needs to be sensitized because it portrays RH issues and HIV very insensitively.
25. There should be some sort of coordination between NGOs to work as collaborative networks and it would have a positive impact on policy making regarding youth affairs
26. NGOs/ CSOs should work with District Education Departments and put pressure on the departments to incorporate useful information about reproductive health in the syllabus
27. Teachers should also be given training on RH, so that they could disseminate RH information among their students.
28. Education is a key to motivate youth to make healthy choices for their reproductive health issues
29. NGOs/ CSOs should work with District Education Departments and put pressure on the departments to incorporate useful information about reproductive health in the syllabus
30. Teachers should also be given training on RH, so that they could disseminate RH information among their students.
31. Education is a key to motivate youth to make healthy choices for their reproductive health issues



32. Youth friendly projects should be developed and involvement of youth in designing and implementation of these projects
33. Training of teachers on reproductive health issues of adolescent
34. Involvement of community members in health training programs and counseling
35. Empowerment and education of girls on reproductive health issues and sexual violence
36. Girl- friendly clinics and services should be set up in communities
37. Special information on reproductive health care in schools and colleges
38. Special programs for creating awareness among young boys and girls on HIV/ AIDS



THE NEWS

■ **SACHET DIALOGUE**

13 Feb, 2008

Awareness about complex issues of reproductive health stressed

Afshan S. Khan
Islamabad

Participants of a seminar have stressed on the need for creating awareness about complex issues of reproductive health in relation to youth in Pakistan.

This was discussed in a dialogue on 'Understanding Adolescence and Youth Reproductive Health Issues in Pakistani Context' by Advocates of Gender Sensitisation, Education and Health Information (AGEHI) Resource Centre — SACHET, actively participated by advocates, activists, academicians, scholars and practitioners' here on Tuesday.

While talking to 'The News', SACHET Executive Vice President Dr Rakshanda Perveen said that the main objective of this dialogue was to bring together the diverse but matching perspectives that may demystify the complex issues of reproductive health in relation to adolescence and youth in Pakistan. "People working at grassroots level would benefit from the discussion and it would also provide an opportunity to the policy makers to future planning," she

added.

Dr Rakshanda Perveen said in our society empowerment is a misunderstood word that is actually the empowerment of the women within the boundaries of a house. Another most important thing that hampers our adolescent health, she said is early as well as child marriages. "Its time that we should go beyond rhetoric, take decisions and start discussion on the tabooed issues in our society," she said.

Health expert Dr Tariq Rahim said that our youth population is the largest chunk in the history of Pakistan. They have existing problems but after 20-25 years they would be shifting towards elderly slot. "Our major drawback is that policies are made but when the victim goes for services he/she lands up nowhere. We should stress more on service within our own parameters," he said. In charge Gynaecology PIMS Professor Dr Batoool Mazhar said that we face a lot of health issues regarding adolescent health among which ambiguous development (problem in gender identification), lack of counselling, pregnancies in unmarried girls and abnormal uterine

bleeding are most common. "It is just the tip of the ice-berg that we see, we need to address this issue with a holistic approach. There is no follow up in our society, whether the girl was killed or survived we do not know the statistics," she said. President Heart File and Cardiologist Dr Sania Nishtar said that it is an uphill task and we need to know that number one killer of today is tobacco. How it's spoiling our youth, another major problem that we are facing nowadays is obsession with fast food. "We need to stress on behavioural changes and how it's effecting our adolescents in their reproductive health, she said and added as media is the most powerful we cannot deny the importance of utilising the channels. Allocation for social marketing should be done because market is quite competitive.

DG Program Ministry of Population Moazzam Shah that 43 per cent population of Pakistan is under the age of 50 years. We need to segment it and give training or sensitising religious experts so that they provide information to their students and to masses.

CITY NEWS



Annexes

Annex I

Program Policy Dialogue February 12, 2008, SACHET Gallery Islamabad

Understanding Adolescent and Youth RH issues in Pakistani Context; perspectives from the advocates, activists, academicians, scholars and practitioners

S#	Activity	Timings
1	Registration & Arrival Tea	9:30 AM – 10:00 AM
2	Welcome note by Dr.Rakhshinda Perveen (Executive Vice President ,SACHET)	10:20 AM
3	Panelists: Round One Dr. Tariq Rahim (RH-AID) Prof.Dr.Batool Mazher (PIMS) Dr.Sania Nishtar-SI (Heart File) Dr. Mushtaque Mohammad (Ministry of Health) Muazzam Shah (Ministry of Population Welfare)	10:00 AM- 12:30 PM
4	Panelists: Round Two Ms. Aliya Parveen (Representative DoSTI YAN Chakwal chapter) Dr.Qamar Siddique,(Ministry of Health) Dr. Feroza Ahmed (Dean Social Sciences, Preston University)	12:45PM-1:45
5	Concluding Remarks	1:45 PM-2:00 PM
6	Vote of thanks	
7	Lunch	2:00 PM



Annex 2

Policy Dialogue
List of participants
February 12, 2008, SACHET Gallery Islamabad

Serial	Name	Organization
1	Ms Adeela Khan	RH AID
2	Dr Saba Amjad	Heartfile
3	Ms Sehar Tanveer	Sahil
4	Mr Masood	UNAIDS
5	Mr Siraj Ahmad	Research Foundation.
6	Ms Afshan .S. Khan	The News International
7	Ms Perveen Shahida	Sahil
8	Ms Hya Khawar	Freelance Journalist
9	Mr Zulqarnain	Rozan
10	Dr Ms.Rashda	Sahil
11	Ms. Anila	Daily Ajkal
12	Ms. Aliya Perveen	Daily Ajkal
13	Dr. Sajjid Hameed	SACHET-Pakistan
14	Dr. Irum Osman	SACHET-Pakistan
15	Mr.Khalid Nadeem	SACHET-Pakistan
16	Mr.Zahoor Aftab Sadiq	SACHET-Pakistan
17	Ms. Noor Afshan	SACHET-Pakistan
18	Ms. Mirrat Khalid	SACHET-Pakistan
19	Ms. Zartash Moomi	SACHET-Pakistan
20	Ms. Kashif Nazir	SACHET-Pakistan



Annex 3

Policy Dialogue

List of Panelists

February 12, 2008, SACHET Gallery Islamabad

1. Dr. Sania Nishtar SI, President (Heartfile)
2. Prof. Dr. Syeda Batool Mazhar, Incharge Gynecology (PIMS)
3. Mr. Muhammad Mushtaque, (Ministry of Health - GoP),
4. Dr. Tariq Rahim, (RH-AID)
5. Dr.Qamar Siddique, (Ministry of Health - GoP)
6. Mr. Muazzam Shah (Ministry of Population & Welfare - GoP)
7. Ms.Aliya Perveen (Representative DoSTI YAN, Chakwal Chapter-SACHET- Pakistan)
8. Dr. Feroza Ahmed (Dean Social Sciences, Preston University)
9. Dr. Sohail Rabbani (Contech International)
10. Dr. Hans Frey (BHEF - Baltistan Health and Education Foundation)
11. Ms.Anna Fumorola (UNIFEM)
12. Dr. Sabeeha Syed (Executive Director APWA)
13. Ms. Arifa Shamsa (Journalist, Retired Senior Officer Ministry of Population & Welfare, GoP)



Alternative perspective on “Child and Early Marriages” in Pakistan

by

Dr. Rakhshinda Perveen

November 2007

Alternative perspective on “Child and Early Marriages” in Pakistan

by

Dr. Rakhshinda Perveen

November 2007

Marriage, customs and Pakistani Society

Marriage or Shaadi is still an important, inevitable and intact institution in Pakistan. All Muslims, males and females are preordained to marry and meet their sexual and procreative needs within marriage. For women in Pakistan who are pointers of the prevailing contrasts and diversities getting married early has always been perceived as being lucky both by the social elites and the minors. However with changing life styles, value system, economic hostilities, increasing awareness and education the average ages at which Pakistani men and women get married have gone higher.

This increased age in marriage in Pakistan for both boys and girls, in contrary to the most popular fancy and faith is not associated with increased schooling or better education opportunities but economic reasons. Boys and girls are not getting married at an earlier age because of the custom and institution of dowry. A study in Bangladesh has shown that increase age in marriage has resulted in high cost of families and dowry payments (estimated increase of 40%). The paradox needs to be explored and understood through Research.

Marriage is an all-encompassing part of women's lives. In most countries of the south Asian region, nearly 60 percent of all girls are married by the age of 18 years, with one-fourth girls marrying by the age of 15 years. Despite the rising age at marriage, and laws prohibiting early marriages in Pakistan, a large percentage of girls are still getting married at a young age. In contrast, only a few young males are married in adolescence (10-19 years).



What is Child Marriage?

Early marriage, otherwise known as child marriage, is the marriage of a young person (typically a girl) before the onset of adulthood as defined by the 1989 Convention on the Rights of the Child.

According to wikipedia Child marriage usually refers to two separate social phenomena which are practiced in some societies. The first and more widespread practice is that of marrying a young child (generally defined as below the age of fifteen) to an adult. In practice this is almost always a young girl being married to a man. The second practice is a form of arranged marriage in which the parents of two children from different families arrange a future marriage. In this practice, the chosen individuals often do not meet one another until the wedding ceremony, which occurs when they are both of a marriageable age- that differs by local custom. In most practicing cultures, this age is at or after the onset of puberty.

Child marriage is prevalent in many cultures throughout human history, but has gradually diminished since some countries started to urbanize, changing the ways of life for the people of these countries. An increase in the advocacy of human rights, whether as women's rights or as children's rights, has caused the traditions of child marriage to decrease greatly as it was considered unfair and dangerous for the children. Today, child marriage is usually only practiced in third world countries, where cultural practices and traditions remain and have a strong impact on the people, and where the living standards and conditions still create a strong incentive for child marriage. For example, it is still common in rural parts of Nepal, Bangladesh, India and Pakistan.



Prevalence of Child Marriage

82 million girls who now live in developing countries and are between the ages 10 to 17 will be married before their 18th birthday.

In some countries, half of all girls under 18 are married. Percentages of girls aged 15 to 19 who are already married include: 74 per cent in the Democratic Republic of Congo; 76 per cent in Niger; 54 per cent in Afghanistan; 50 per cent in India; and 51 per cent in Bangladesh.

In Nepal, where the average age at first marriage is 19 years, 7 per cent of girls are married before they are 10 years old and 40 per cent by the time they are 15

In Bangladesh, if a girl's family is very poor or if she has lost her parents, she may be married off as a third or even a fourth wife to a much older man —mostly to fulfil the role of sexual and domestic servant.

Early marriage is prevalent in Central and West Africa, affecting 40 per cent and 49 per cent respectively of girls under the age of 19. In East Africa, the estimate is 27 per cent, and 20 per cent in North and Southern Africa.

Sources: UNICEF, Innocenti Research Centre, 2001. UNFPA 2000 & UNICEF/UNAIDS/WHO, 2002



Causes of Child Marriages

The phenomenon of “Child marriage” is due to a number of causes that include Gender bias, gender discrimination, notion of honour, Control or desire to control female fertility, SRH rights, Poverty, Poor knowledge regarding the adverse consequences of early marriage, Myths and misconceptions, Lack of awareness of the law, Pressures from older members of the community and the institution of dowry.

Due to complicated mix of these factors strange, hard to believe forms of human rights violations and gender-based violence are socially nurtured and sanctioned. Shamelessly and misleadingly these are camouflaged as Marriages.

Consequences of Child Marriages

Researches have shown that the timing of the marriage is an imperative phase of women's reproductive behavior with far-reaching consequences, particularly for their reproductive health. First of all, child marriage is a violation of human rights, compromising the development of girls because marriages typically culminates in childbearing at a young age, which poses great health risks for a young girl and for her infant. Young married girls generally face backbreaking domestic burdens, guarded decision-making and abridged choices in life. This remains a separate issue that Pakistani adult women too have edited versions of controls and ownership in their lives.

“Child marriage” also has ramification on the well being of families, and for society as a whole. Where girls are uneducated and ill prepared for their roles as mothers and contributors to society, there are costs to be borne at every level, from the individual, the household to the nation as a whole.

“Child marriage” can have serious harmful consequences for adolescents, which include: Psychosocial disadvantage, Denial of education and other opportunities, Health problems, Pregnancy and childbirth, Poor Infant and early childhood care, High fertility, Social and economic consequences, greater susceptibility to sexually transmitted infections, including HIV & AIDS, Violence and abandonment.



Forms of Violence masked as “Child Marriage” in Pakistan

The custom of “child marriage” custom is prevalent in different parts of Pakistan including the tribal belt with different names. In Punjab it is known as **vani**, in Sind it is known as **sang chati**, in NWFP as **Swara** and in Baluchistan it is known as **ljai**.

This custom is tied to blood feuds among the different tribes and clans where the young girls(as young as under five years) are forcibly **married** to the members (no matter how old they are or currently married)of different clans in order to resolve the feuds. The **Vani** could be avoided if the clan of the girl agrees to pay money, called **Deet** to avoid **Vani**. This however, does not hold true in most cases for **Swara**. Tribes and families prefer to have a life time slave (young “wife”) and wealth both. The young or **child bride** may spend her life paying for the “**crime**” of her male relatives. This custom is **illegal** in Pakistan but still practiced in some remote areas and even by some educated ones. Recently the courts in Pakistan have begun taking serious note and action against the continuation of the practice.

Watta Satta is a **Punjabi** word literally means give-take is a pervasive marriage custom that includes bride exchange between families with a mutual threat of reciprocity. All **watta satta** marriages are **not** “ Child Marriages”. This form of marriage is assumed to be a mechanism to coordinate the actions of two sets of in-laws, cordially, but in reality mostly each side wishes and ventures to restrain their son-in-laws and suppress their daughter-in-laws. This form of marriage is prevalent in nearly all parts of Pakistan.

Vulvar or **bride price** is a tradition in which male suitor has to pay for his bride. The money goes to the family head (father or brothers). Apparently it looks an answer to the dowry practice where the family or girl herself is obliged to arrange a dowry consisting of cash and kind. However, in reality it has its own cost. At one end it encourages the notion of women to be seen as a property or commodity and at the other end it also deprives young men to get married at an appropriate age because of lack of the required wealth.



Pait Likkhi literally meaning written on stomach is another custom that contributes to “Child Marriage” includes two families agreeing to marry their children before they are born or are still very young.

In some families of Sind very young child boys are made to tie nuptial knot with young adult women to protect family property. On growing up, the boys are lucky enough to marry again this time an appropriate match but the poor woman is expected by the society and community to follow unwritten laws of chastity and subordination.

Some tribes and clan in Sind practice “**Marriage with Quraan**”. In this heinous crime a girl of marriageable age is announced to get married to the holy book for the rest of her life. She becomes a symbol of piety and purity. This is done to protect family property that would have gone to “strangers` family/clan” had the girl been actually married. Such women become living dead bodies. The psychosocial impact on their lives is indeed a topic for research and area of fearless interventions.

The culture of greed, materialism, and violence promoted by such practices and the loss of virtues and common sense reflected in such incidences is self-evident.

International Human Rights Instruments and Child Marriage

“Child marriage” is a violation of human rights and is prohibited by a number of international conventions and other instruments. A selection of these are provided below, this list is not exhaustive list and some of the relevant texts have been paraphrased for clarity:

Universal Declaration of Human Rights, 1948

Article 16 (1) Men and women of full age ... have the right to marry and found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution. (2) Marriage shall be entered into only with the free and full consent of the intending parties.

Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, 1964

Article 1, No marriage shall be legally entered into without the full and free consent of both parties, such consent to be expressed by them in person ... as prescribed by law. **Article 2**,



States Parties to the present Convention shall ... specify a minimum age for marriage ("not less than 15 years" according to the nonbonding recommendation accompanying this Convention). No marriage shall be legally entered into by any person under this age, except where a competent authority has granted a dispensation as to age, for serious reasons, in the interests of the intending spouses ... Article 3, All marriages shall be registered ... by the competent authority.

African Charter on the Rights and Welfare of the Child, 1990

Article XXI, Child marriage and the betrothal of girls and boys shall be prohibited and effective action, including legislation, shall be taken to specify the minimum age of marriage to be eighteen years.

Convention on the Rights of the Child, 1989

All countries with the exception of the United States and Somalia have ratified the CRC. A number of articles within the CRC hold relevance to Child marriage, however a small number are listed here, **Article 3**: In all actions concerning children ... the best interests of the child shall be a primary consideration. **Article 19**: The right to protection from all forms of physical or mental violence, injury or abuse, maltreatment or exploitation, including sexual abuse, while in the care of parents, guardian, or any other person. **Article 24**: The right to health; and to access to health services; and to be protected from harmful traditional practices. **Articles 28 and 29**: The right to education on the basis of equal opportunity. **Article 34**: The right to protection from all forms of sexual exploitation and sexual abuse. **Article 36**: The right to protection from all forms of exploitation prejudicial to any aspect of the child's welfare.

Guardians and Wards Act 1890

In 1990, Pakistan ratified the UN Convention on the Rights of Child, which prohibits child marriages. In addition under the Muslim Family Law Ordinance, a girl must have attained the age of 16 and a boy must have attained the age of 18, and both need to consent before the marriage can take place. The earlier reservation regarding interpretation of the Convention in light of Islamic legal principles and values was withdrawn in 1997.



In 1996 CEDAW was signed by Pakistan with general declaration that Pakistan's accession is subject to the provisions of the national Constitution.

Laws relevant to “Child Marriage” in Pakistan

In Pakistan, the **legal Marriage Age** is **18 for males and 16 for females**; penal sanctions for contracting under-age marriages, though such unions remain valid. For the Marriage Registration the penal sanctions for those in violation of mandatory registration requirements for marriage; failure to register does not invalidate the marriage.

Laws relevant to the issues of “Child Marriage” are as follows:

Child Marriage Restraint Act **1929** (In this Act, the term child refers to a male younger than twenty-one, or a female younger than eighteen. A marriage falls under the scope of this Act if either of the contracting parties meets its definition of child.

Dissolution of Muslim Marriages Act **1939**

Muslim Family Law Ordinance **1961**

(West Pakistan) Muslim Personal Law (Shariat) Application Act **1962**

(West Pakistan) Family Courts Act **1964**

Offence of Zina (Enforcement of Hudood) Ordinance **1979**

Law of Evidence (Qanun-e-Shahadat) Order **1984**

Enforcement of Sharia Act **1991**

Also:

- Dowry and Bridal Gifts (Restriction) Act **1976**
- Prohibition (Enforcement of Hudood) Order **1979**
- Offence of Qazf (Enforcement of Hudood) Order **1979**
- Execution of Punishment of Whipping Ordinance **1979** (many provisions of this Ordinance were repealed later on so as to limit the number of crimes to which it is applicable)

It is pertinent to recall that the legal system is based on **English common law** and Islamic law. The former is more influential in commercial law while the latter is more influential in personal status (and, more recently, criminal and tax law to some extent).



After partition in 1947, the legislation relating to **Muslim family law** introduced under British rule continued to govern personal status. In 1961 the Muslim Family Laws Ordinance was passed, drawing much criticism from religious leaders. After a military take-over in 1999, the Constitution was again suspended. During **2000**, discussions continued about possible amendments to the Constitution.

Three levels of federal courts, three divisions of lower courts, and Supreme Judicial Council. District courts in every district of each province, with civil and criminal jurisdiction. High Court of each province has appellate jurisdiction over the lower courts. Supreme Court has exclusive jurisdiction over disputes between federal between and among provincial governments, and appellate jurisdiction over High Court decisions. Federal Shariat Court established by Presidential Order in 1980. This Court has a remit to examine any law that may be repugnant to the "[i]njunctions of Islam, as laid down in the Holy Quraan and the Sunnah." If a law is found to be ?repugnant?, the Court is to provide notice to the level of government concerned specifying the reasons for its decision. The Court also has jurisdiction to examine any decisions of any criminal court relating to the application of Hudood penalties. The Supreme Court also has a Shariat Appellate Bench empowered to review the decisions of the Federal Shariat Court. The West Pakistan Family Courts Act 1964 governs the jurisdiction of Family Courts. These courts have exclusive jurisdiction over matters relating to personal status. Appeals from the Family Courts lie with the High Court only.

Historically there have been no measures taken by the state to ensure that marriages are consensual and in many instances the age of a girl will be changed on her marriage certificate in order to avoid questions over her being underage. In 2002, the chief justice of Pakistan declared vani and swara as un-Islamic and expressed concern over the rising number of these cases. The Chief Justices of high courts were all given instruction to ensure that trial courts do not allow for a woman to be given as compensation.

. According to press reports, the Law and Justice Commission stated in **March 2004**, that all individuals who contract a marriage by vani and swara through a jirga or panchayat should be liable to rigorous imprisonment. The Commission also came out with a draft amendment to article 366-C of the Pakistan Penal Code which states:



Whosoever takes part in reconciliation or panchayat and thereby requires any person to offer or accept, and whosoever offers and accepts in marriage a woman (defined as having reached the age of 16) against her free will, or a female child in lieu of any concession to an accused person, or as a compensation for an act when such an act is an offence under the law, or as a Badl-i-Sulh shall be punished with imprisonment of either description for a term which may be extended to ten years and shall be liable to a fine”.

What has been done so far?

Many CSOs like Behbud Association of Pakistan, Rahnuma FPAP, Rozan, SACH, PHAVNA, MSSP, SACHET Pakistan, Plan Pakistan, Uks, PAWLA, Aurat Foundation, AWARD, Ahaung, FHI Pakistan etc. have been engaged in identifying and addressing diverse issues of women ,children & youth regarding sexuality and reproductive health in the context of laws, gender empowerment, health, institution of dowry, marriage and community perspectives through service delivery and advocacy, in collaboration with International development partners. Many newspapers and magazines have been giving bold coverage to such issues.

I have highlighted many such SRH (sexual and reproductive health) issues of adolescent and youth during 1999-2000 in my award winning TV series Gender Watch that was produced by SACHET Pakistan. In 2003 I produced and anchored a 13-episode series for different TV channels under the title (fight against dowry)Jahez K khilaf jang. In 2003, Aurat foundation produced an eye-opening documentary on swara issues by Samar Minallah.

Many other woman writers, film makers and theatre &TV producers like Kishwer Naheed,Fehmida Riaz, Zahida Hina, Attiya Daud, Noorul Huda Shah,Ayesha Gazder, Sara Kazmi, Farkhunda Shaheen, Madeeha Gouhar, Faryal gouhar, Sultana Siddiqui, Monneza Hashmi to name a few have made important contributions.

Repeated studies have shown the important role that education must play in efforts to eliminate child marriage. Research by UNICEF shows that the more education a girl receives, the less



likely she is to be married as a child. Improving access to education and eliminating gender gaps in education are therefore important strategies for ending the practice of child marriage. **We need to unpack jargons like access in Pakistani context as well. Researches done in Africa and Bangladesh cannot be and should not be assumed as relevant in totality for Pakistan which is a more complex country politically and socially.**

What can be done?

Early marriage is often perceived as the only option for girls and is often seen by parents of young girls as a means of securing both their own and their daughter's future. Child marriage is an issue that cannot be solved in isolation, as it results from a complexity of social, cultural and economic dimensions and widespread gender discrimination. The causes and consequences of child marriage are inherently linked, including girl's lack of autonomy and low levels of education, poor health status, poverty and overall low socioeconomic status.

My experiences as a Pakistani development practitioner and survivor of gender violence has suggested that while there is no instant recipe or set prescription for ending Child Marriage, serious and simultaneous efforts based on honest research and culturally appropriate solutions must be attempted by Pakistan's civil society, public sector and Media in a coordinated manner. **Isolated activities** and contributions have already been mentioned. These cannot produce any impact that is a cumulative product of attitudinal change, behaviour change, policy change, legislation change and a collective change in psyches. Hence, I believe that some Must Revisits are due regarding

The International Definition:

International Agencies and Conventions deploy the term "Child Marriage" and Early marriage synonymously and interchangeably.

"Child marriage" should not be equated as Early marriage. All child marriages are Early but all



early Marriages are Not Child Marriages. Further early marriage should not be seen as the “infamous Love marriage” or “forced marriage”. As development practitioners we should not complicate what is simple and simplify what is complex.

For all practical purposed even the term “ Child Marriage” should be abandoned. A trap, a shackle, a business deal, a political agreement, a violation of human rights and an obvious form of violence should not be garbed as Child Marriage.

The existing Pakistani law:

The 1929 Act needs to be reviewed and analyzed. For instance, the penalty of Pak.Rs. 1, 000 only and imprisonment of one month for aware individuals (parents or guardians) who materialize “Child Marriage” is unrealistic. The solution does not lie in increasing the monetary amount or imprisonment period only but also in taking the pain to look behind the scene, understanding not legitimizing the circumstances that compel a family to execute this crime.

The issues relating to age of marriage for boys and girls, puberty ages, birth and marriage registration, customary laws, institution and custom of dowry and polygamy also need to be reexamined with stakeholders` visible participation.

The approach of development sector:

The past and recent efforts are commendable. However, a close analysis of these reveal a project approach dominated by the obsession and compulsion of merely relying on visions developed elsewhere have kept development practitioners in Pakistan from exploring the ground realities and coming up with the challenging combination of Scientifically Correct and Culturally Acceptable philosophies, stances and solutions on this very complex issue of “Child Marriage”.

More primary research and continuity of such efforts is required to sensitize masses and classes about such “private” matters.



Some Critical Questions:

Personally I would advocate early marriage of Young boys and girls (preferably above 18 years) so that their SRH needs are addressed in socio-culturally and religiously acceptable domain. Policy, Programs and Practices should focus on addressing practical and strategic needs of young men and women, acceptable ways to encourage delay in the first pregnancy (because pregnancy is the real threat) of young couples (above the age of 18 years) and spacing by use of modern safer contraceptives. This would lead to decrease rate of pregnancy related deaths and morbidity –needless to remind that we have an incredibly high score on this. The social cost of late marriages in a selectively traditional society like ours is very high and yet to be deciphered. I would again emphasize on the need and relevance of more and more indigenous research needed to identify and address emerging new realities of our enlightened times.

Our society is experiencing media influx and effects of globalization. The changes are fast in many domains but to a large extent it can be still characterized as traditional (especially for women and girls) and men favoring choosing to remain silent on issues of sexuality that in turn is directly linked to “Child Marriage”. **Marriage can be delayed but sexuality cannot. The culture of denial, the accepted wisdom of morality, the interpretation of religion and the institution of marriage are needed to be revisited. Are we prepared?**



AGEHI Resource Centre

Engendering Development

AGEHI (Advocates of Gender Education & Health Information) itself is an Urdu word bearing meanings like Knowledge, Awareness, Perception and Insight. The objective of AGEHI is to advocate for Gender Sensitization, Education and Health promotion by disseminating information. AGEHI supports policy and social communication and advocacy on gender issues through a broad range of activities. AGEHI provides technical assistance to programs of SACHET besides managing SACHET's official website, AGEHI theatre group, FADAN (Fight against Dowry Advocacy Network) and Dosti Youth Advocacy Network.

VISION STATEMENT

Speak

Speak-your lips are free.
Speak-your tongue is still yours.
This magnificent body
Is still yours.
Speak-your life is still yours.
Look inside the smithy.
Leaping flames, red-hot iron.
Padlocks open wide
Their jaws.
Chains disintegrate.
Speak - there is little time
Butt little though it is
It is enough.
Time enough
Before the body perishes.
Before the tongue atrophies.
Speak - truth still lives.
Say what you have
To say.

(Faiz Ahmed Faiz)

(Translated by - Daud Kamal)

بول

بول، کہ لب آزاد ہیں تیرے
بول، زباں اب تک تیری ہے
تیرا ستواں جسم ہے تیرا
بول کہ جاں اب تک تیری ہے
دیکھ کہ آہن گر کی دکان میں
ٹنڈ ہیں شعلے، سرخ ہے آہن
کھلنے لگے قفلوں کے دہانے
پھیلا ہر اک زنجیر کا دامن
بول، یہ تھوڑا وقت بہت ہے
جسم و زباں کی موت سے پہلے
بول، کہ سچ زندہ ہے اب تک
بول، جو کچھ کہنا ہے کہہ لے!

(فیض)

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Engendering Development

Tel: +92-51-2851605, 2851608, 2254933, 2250436

Fax: - +92-51-2255053

E-mail: - sachet.pakistan@sachet.org.pk

Website: - www.sachet.org.pk