



SEX EDUCATION IN PAKISTAN

social stigma

teen pregnancy

tragedy

motherhood

teenager



Abstract

Sex education is considered a contentious topic, not only in Pakistan, but almost everywhere in the world. Ever since Zainab’s rape/murder case and multiple other reported instances, based on rape, marital rape, child abuse, unwanted pregnancies etc., a great turmoil has been seen within the society. People have started voicing their experiences and the #MeToo movement has gone viral over the past few months. The need of the hour is to devise ways through which these problems can be countered. Nowadays, there has been a rise in debates related to sex education over different forums. Similarly, there is a dire need to create awareness among the general public over the long run in order to improve the situation at hand. We live in a society where the word ‘sex’ is considered taboo and conversations related to this topic are discouraged. In the context of this aggravated situation in Pakistan, it is crucial to formulate a policy on having compulsory sex education in secondary schools that could help eliminate some of the prevailing demises in our society. To serve this purpose, this study aims to devise certain policy alternatives, using the Policy Delphi Survey, which can be socially acceptable and effective in bringing about the desired results by educating women on safe sex, use of contraceptives and most importantly health risks involved in abortion.

Key findings

The lack of sex education was found to be a significant problem in Pakistan. The results of the Policy Delphi Survey showed that 66.7% respondents associate rape/marital rape and 72.2% associate the rise in child abuse with the lack of sex education. Similarly, 100% respondents agreed that sex education should be taught as it can solve most of the problems related to the topic that currently exist in our society. In addition to that, 61.1% of respondents perceive that sex education would cause symbolic/religious harm to individuals whereas 86.7% respondents find religious groups to be the biggest opposition. Furthermore, the study proposed significant policy alternatives including door to door marketing of pamphlets/booklets containing basic sex education, compulsion of teaching biology, age-appropriate advertisements, standardized websites by the government, family planning centers imparting sex education, teaching sex education as a different label, mothers giving sex education at home and no action analysis. However, not all of these alternatives scored high on the introduced assessment criteria of equity, efficiency, effectiveness, security, implementation and social acceptability. The criteria of social acceptability and effectiveness were found to be the most significant factors to evaluate any alternative. In addition to that, policy analysis demonstrated that government would prefer the most efficient and easily implementable alternative. However, parents would prefer a socially acceptable and effective alternative whereas NGOs and students would prefer an alternative that is effective and increases security among the society. Upon assessment, a major tradeoff between efficiency and effectiveness was also seen as some of the alternatives that ranked high on efficiency were found to be ranking low on effectiveness and vice versa. Compulsion of teaching biology, age-appropriate advertisements, standardized websites by the government, family planning centers imparting sex education to clients, and mothers giving sex education at home were alternatives that scored high on efficiency, yet their effectiveness was low. Whereas a few other alternatives like door-to-door service by health workers on sensitive subject matters and sex education taught with a different label like physical/health education, ranked high on effectiveness, but their efficiency was somehow low. According to utilitarianism, only that alternative should be chosen which could benefit the society at large. Furthermore, on assessing each alternative under the evaluation criteria, teaching sex education with the label of “health education” was found to be the most viable option as it ranked highest as per the Policy Delphi Survey. Therefore, it was concluded that standardized quality education, based on medically proven facts and figures, should be imparted to students. Similarly, it was found that more resources in the form of trained HR, substantial budget allocation, and a well-designed course outline could further enhance the effectiveness of this policy alternative whereas topics causing any sort of distress or symbolic harm should be omitted. Since this alternative was found beneficial for all policy actors, it could enhance effectiveness, social acceptability, and security besides having a relatively easy implementation.

Implications

The Ministry of Health and the Ministry of Education should work together to bring about the change that is required to deal with the deteriorated situation of society. Progressive steps should be taken to address these concerns. Several ways could be devised over the short-term and long-term period to combat the existing problems. The short-term solutions, including media campaigns on age-appropriate advertisements through social media, billboards, and direct marketing, family planning centers distributing pamphlets/booklets based on basic sex education, and/or giving free contraceptives for increasing awareness, health ministry and education ministry creating a website/app on sex education; encouraging NGOs to spread the importance of sex education and inviting volunteers to help them in the initiative can be easy fixes for the problem. However, to maximize resonance, an action plan is required for educating the conventional mindset of this society. Awareness must be created among the individuals since we live in a patriarchal society and therefore, we need to educate women on their relationship rights. At workplaces, certain anti-harassment policies should be made compulsory and upon violation the offensive groups should be punished or fired. Government should make physical health education compulsory in schools and the syllabus should be tailored for all classes. Introductory/basic subjects should be included for the primary level classes and secondary/higher level classes should include more advanced subjects. Teachers should be well trained and qualified and they should not include their personal biases while teaching. Furthermore, open house should be held for parents where the syllabus and the course plan of the class should be discussed and all the queries of the parents should be addressed. Hence, by practicing all these actions, this study suggests that it is possible to come up with an effective mechanism that could help in nipping this evil in the bud.

Citation

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SDGs



Keywords

- Sex Education
- Pakistan
- Rape
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- Unwanted Pregnancy
- Anti-Harassment
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- Contraceptives
- Health Risks
- Abortion
- Family Planning Centers
- Advertisements
- Security
- Social Acceptability
- Government
- Policy Actors
- Patriarchy
- Physical Health Education



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