



# LACK OF SEXUAL EDUCATION AMONG YOUNG ADULTS IN PAKISTAN



## A Policy Analysis

**HMI 6102**  
**HEALTH POLICY, POLITICS & LAW**  
**PROF. DR. AZFAR NISAR**

**NAHAL BANO**  
**2020-19-0007**

**RASHID MEHMOOD**  
**2020-19-0014**

## Table of Contents

<b>What is sexual education?</b> .....	2
<b>Problem Statement</b> .....	3
<b>Literature Review</b> .....	4
<b>Local Research &amp; Programs</b> .....	7
<b>Problem Analysis</b> .....	10
<b>Policy Actors</b> .....	13
<b>Policy Options</b> .....	14
<b>Lady Health worker Program of Pakistan</b> .....	15
<b>Assessment Criteria</b> .....	20
<b>Recommendations</b> .....	22
<b>Survey findings &amp; discussions</b> .....	23
<b>References</b> .....	30

## What is sexual education?

Sex Ed can be defined as “Sex education is the provision of information about bodily development, sex, sexuality, and relationships, along with skills-building to help young people communicate about and make responsible decisions regarding their sexual health.”<sup>1</sup>

According to Chris Castle, Chief of the Section of Health & Education at UNESCO HQs:

“Comprehensive sexuality education aims to equip children and young people with evidence-informed knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others, as well as understand and ensure the protection of their rights throughout their lives.”

In a country like Pakistan where thought and speech of any and every kind are strongly influenced by religious and cultural practices, *Sexual Education* is considered an extremely conservative and taboo topic, which discourages any public dialogue and invites a huge amount of criticism and outrage from powerful religious clerics and leaders of the country. Those who accuse that such discussions endanger the morality of the country and its people. Although, ironically, the current state of the country begs for discourse and reform. Pakistan is in tatters; with increasing number of child abuse, domestic violence, rape, STDs, and unwanted pregnancies as well as illegal abortions.

This policy analysis will focus on the multi faceted consequences of having no formal sexual education. It will discuss why this issue is significant, the policy actors included and affected by the matter, and the alternatives available and possible for Pakistan to consider.

---

<sup>1</sup> “Sex Education for Teenagers & It’s importance in Pakistan”  
<https://oladoc.com/health-zone/sex-education-for-teenagers-its-importance-in-pakistan/>

## Problem Statement



*Zainab's father Mohd. Amin holds up a photo of his late 7-year-old daughter. Source: Arab News.*

9<sup>th</sup> January 2018 is the day Zainab Amin's name and face became forever embedded in the minds of all Pakistanis. It was a day that has left a permanent scar in our memories. The Kasur murder and rape case, and the heinous nature of the crime brings to light the disturbing and devolving state of our society. This and the increasing number of child abuses cases across the country is a desperate cry for change and reform. Everyday there are 11 rape cases reported in Pakistan, one shudders to think what number of cases go unreported.

Pakistan has failed to curb such incidents from happening. The crux of the matter is the lack of adequate and appropriate resources that would encourage dialogue regarding abuse, sexual & reproductive health, unwanted pregnancies, STDs (sexually transmitted diseases), and to impart knowledge on normal sexual behaviours among the youth.

The Zainab case and the Kasur child sexual abuse scandal are some examples of the inevitable end results of lack of sexual education in the country. Instead of causing prevention of abnormal sexual behaviours at the surface level, providing the necessary knowledge, at the right age along with the appropriate caliber, and promoting public dialogue on the matter are of immense importance. It is clear that the nature of the government's tactics is far from being inclusive.

## Literature Review

While reviewing the international and local research articles, reports, and studies, we found that there is a considerable number of efforts done to provide concrete evidence in support of the need of sexuality education and that too as part of basic life skills-based education among children, adolescents and young adults. An emphasis had been laid down to design the objective-based curriculum and provide professional training to instructors at the educational institutes level not only in developed countries but also in under-developed countries to assure the rights of young people. Literature of important relevance to policy constructure in our country is discussed below.

## Global Framework and Research

*Sexuality, in global consideration*, is not an easy term to be *defined* and hence various experts from various sectors of life globally have agreed upon a single working definition:

*“Sexuality, may thus be understood as a core dimension of human being which includes: the understanding of, and relationship, to human body; emotional attachment and love; sex; gender identity; sexual orientation; sexual intimacy; pleasure and reproduction. Sexuality is complex and includes, social, psychological, spiritual, religious, political, legal, historic, ethical and cultural dimensions that evolve over a lifespan.” (1)*

UNESCO as the international specialized agency of United Nations responsible for the education development on global level has commended its “*Education 2030 Agenda*” as a part of global effort to eradicate poverty through “*17 sustainable developmental goals*”. Considering the integral part of the stated agenda and in collaboration to other agencies of UN, UNESCO published the “*International guidance on sexuality Education*” in 2009, recently in 2018, the revised edition was published with the greater emphasis on the need supported by current conclusive evidences. Audrey Azoulay, director General of UNESCO states that the updated guidelines provide comprehensive technical note and it is benefited with the latest research which further assures that the sexuality education holds a firm position in the framework of human rights and gender equity. He confirms the fact that without this aspect of education, globally the poverty cannot be eradicated and UNO cannot achieve the declared sustainable developmental goals.



The booklet provides comprehensive guidance to national authorities to design and implement comprehensive relevant curriculum which can positively impact the well-being of young population. (2)

In general, the scientific research-based evidences are growing and providing sufficient quality literature to support the school based CSE. UNESCO’s guidelines clearly demonstrate that the conclusive evidences draw important outcomes that focus on the prevention of early onset of sexual practices, minimizing multiple partners and risk taking, and controlling birth and unwanted pregnancies.

Quite frequently available evidences concluded from the various international researches showed that the CSE does not only impart the positive behavior among the young adults, it also provides awareness from the prevention of STDs like HIV, hepatitis, and HPV etc. (3) Contrary to general public concepts prevailed in developing countries where traditional, cultural and/or religious social

#### Research Outcomes:

- Delayed initiation of sexual intercourse
- Decreased frequency of sexual intercourse
- Decreased number of sexual partners
- Reduced risk taking
- Increased use of Condoms
- Increased use of Contraception

(Reproduced from UNESCO Guidelines ) (2)

forces argue that sexuality education can enhance the vulgarity and open sexual practices among young adults, a counter evidence was found against this statement. The research clearly demonstrated that the ***sexuality education does not increase sexual activity, sexual risk-taking behavior, or STD rate***. These studies include both in or out of school children and young adults. (4)

Another significant evidence that led us to the worth mentioning here in the context of policy formulation was derived from the studies conducting on the ***community elements***. The results derived were conclusive to show that the sexuality education was most impactful when it was complemented with other community outreach programs, for example distribution of contraceptives and condoms among the young adults or adolescents, provision of training to health care workers to deliver youth-friendly services and involvement of parents and teachers. This is particularly true for the marginalized youth population. (5)

Similarity of geographic, demographic, traditional and cultural aspects bring the work done on sexual education in neighboring countries in highlight also. In a recent study conducted on school going adolescents and young adults in Ambala district of Haryana, India, showed that the most common preference for getting sex education was from ***doctors*** and ***teachers*** followed by ***friends*** respectively. (6)

In developed countries even for example USA, state level education programs are run through school activities and still in certain states, the parents can opt-out on behalf of their children. The programs vary from state to state in terms of finance allocation and framework. (7)

## Local Research & Programs

In Pakistan, as already mentioned, that publicly talking about sex is taboo and historically society has witnessed the cruel customs and traditional norms which even can lead to a death sentence. It was not uncommon to see news on media where parents have slit their daughters' throats or burnt them in acid for crimes mostly based on doubt. Honor killing and "karo-kari" are still practiced in some tribal and under-developed areas of interior Sindh, these homicidal acts are primarily committed against the women who are accused for either pre-marital or extra-marital sexual relationships (8).

Almost no-where in Pakistan offers any kind of organized sex education was delivered as a part of regular School curriculum. In some areas it has been socially banned because of the religious imperialism and strong patriarchy deep rooted in the society.

Although no widespread studies were conducted in Pakistan and no quality literature in local context were found, however a few significant local efforts are pertinent to be highlighted here. Mainly these efforts were started on the part of NGOs who worked on targeted communities to spread a voice for the much-needed education on sexuality and life skills. Two of the prominent names are Aahung and Sahil.

Aahung was established 26 years ago in 1995. Aahung formally started working with the Sindh education department and some of the contents of the objectively designed curriculum by the organization is now integrated in the text books for grades 6-8. (9)

In 2006-2010 life skill-based education program was implemented as an intervention with the collaboration of World Population Foundation WPF, in its evaluation report it was mentioned that financial sustainability and focus from international donors always remained an issue. (10) The main goal of this program and its evaluation was to find out the rationale and relevance of the curriculum design with integrated lesson for life skill-based education. The program mainly focused the government schools for girls as a part of empowering women and population welfare. The analysis report depicted the success of the program.



However, like other programs it was also focused on the school going females, young adults without gender discrimination remained as a shortcoming

Another opportunity in Pakistan was provided by Rutgers-WPF in 2009, it was supported by European Union. The 3 years program was distinctly named as “Humara Kal” and for this using the past experience, Aahung merged its previous curriculum and designed a new with critical contents focusing the life skill-based education. The Pilot study was conducted by implementation of the merged Curriculum in 320 different schools of 3 districts of Pakistan (Mitiari and Karachi in Sindh and Multan in Pakistan), Evaluation of the project was conducted by using sample of 300 students that showed significant improvement in the communication capability of young adolescents to discuss their sexual problems with their care givers. (11) This is an important finding in the context of the local evaluations. In the report it was also mentioned that there is significant improvement among the adolescents in terms of their confidence towards discussing sexual health and this developed bridges between parents and their children.

The available data and evaluation reports are suggestive of the fact that numerous efforts had been made in Pakistan as a push from the non-government organizations (NGOs) which are mainly funded by the international donors, however, sustainability of the financial support and long-term viability are left with a question mark. The programs had been run as a short-term project with a distinct focus on selected population. No serious efforts or policies had been designed or implemented to directly address the lack of sexual education among the world’s most young population. The 18<sup>th</sup> amendment in the constitution has however transferred the sovereignty and empowered the provinces by de-concentration of federal authorities, it is therefore provincial government’s responsibility to address the problem. Constitution of Pakistan also assures that it is the responsibility of ministry of health to cater the sexual and reproductive health of people at the community level.

In 2018, the Sindh province in Pakistan became the first to introduce LSBE content and Balochistan is working on doing the same soon.

In Urban areas and in western schools, the sexuality education is given but the focused group is very small in a highly populated country. Certain projects however are working in interior Sindh as a collective effort of the villagers and teachers have reported that parents of girls are willing to support the sex education programs. (12)

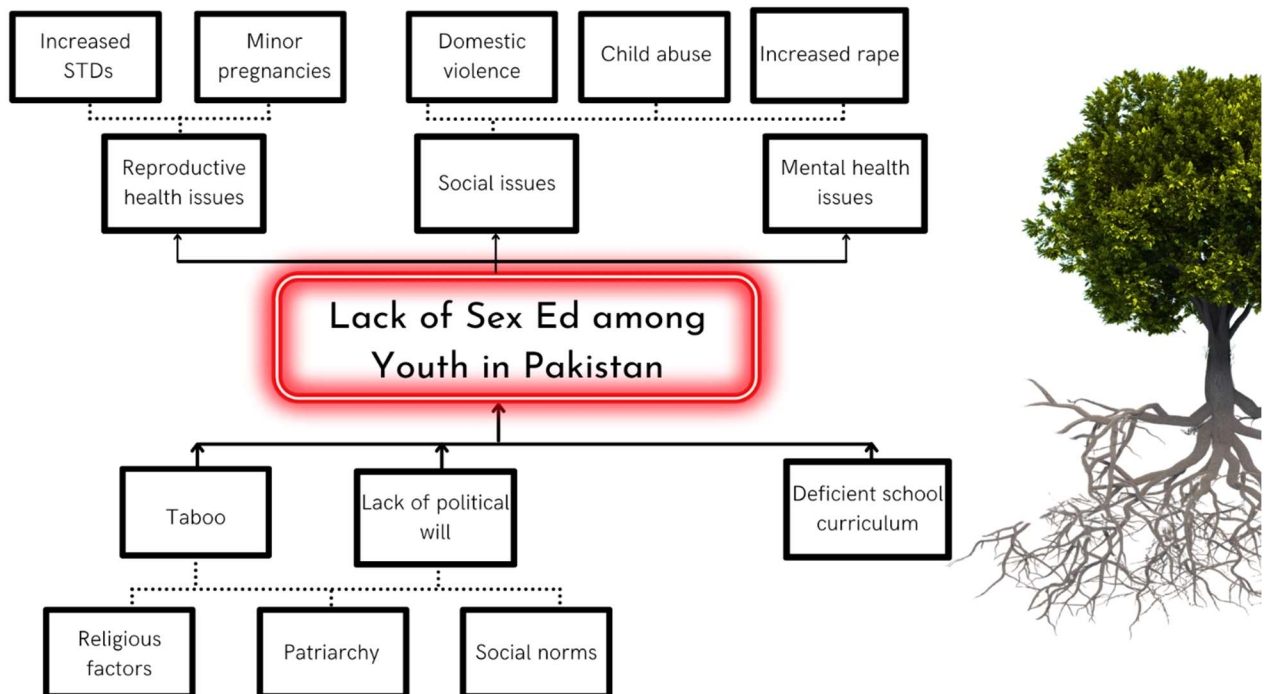


Despite of the many NGOs based foreign funded programs and their evaluations, we have found a huge gap in the studies lacking in community-based research on marginalized population of minors, adolescents and youth who are either not going to school as we have already mentioned that there is significant number of out-of-school children in the country. This marginalized population despite of being greater in number had never been under the consideration of researchers or outreach programs. The young males are either working in workshops, factories, transports (Qingqi Rikshaws), brick kilns, fields and restaurants whereas adolescent young females commonly work as house keeping maids in posh areas or in fields. Both these

segments of the population are vulnerable to sexual assaults, rapes, molesting and other similar incidences. This ignored but significant population of youth needed to be under consideration for sexual, reproductive health and life skill-based education along with the formal schooling.

## Problem Analysis

Below is the *problem tree* that outlines the causes and consequences of a Lack of Sexual Education among Young Adults in Pakistan.



Findings from numerous studies reiterate the importance of increasing public knowledge regarding sexual practices. Regardless of strong religious and traditional views on sexual education, problems continue to persist. Imposing legal restrictions, such as banning adult websites, on grounds of religious and cultural

views have done little to help in the decline of sexual violence in the country<sup>2</sup>. This view is supported by a study done in the United States, which showed a vivid correlation between extreme conservatism and increased rates of adolescent pregnancies. In districts where sexual education was part of the school curriculum, those rates tended to be lower<sup>3</sup>.

Pakistan continues to suffer at the hands of the stigma and taboos attached with the word *sex* and anything associated with it. The misconception of the concept of sexual education stems from the discouraging atmosphere for dialogue, thereby creating a lack of awareness. This lack of awareness has caused irreparable damage and left the people of this country scarred for generations to come. Statistics that highlight the urgency to address this growing problem are discussed below:

- i. 64% of Pakistan's youth is under 30 years of age, of which 54% do not possess adequate knowledge of STDs.
  - a. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that in 2016 there were 130,000 people living with the human immunodeficiency virus (HIV) in Pakistan.
- ii. Pakistan, globally, has the 2<sup>nd</sup> highest number of out-of-school kids. 22.8 million kids, aged 5-16 years do not attend school, representing 44% of the total population of this age group. This contributes immensely to the low literacy rate of the country.
- iii. A total of 2.25 million abortions were performed in Pakistan as of 2012. The annual national abortion rate stands at 50 per 1000 women. These abortions are performed illegally which put the lives and health of those women at risk.<sup>4</sup>

---

<sup>2</sup> Shaikh A, Ochani R (May 28, 2018) The Need for Sexuality Education in Pakistan. *Cureus* 10(5): e2693. DOI 10.7759/cureus.2693

<sup>3</sup> Cavazos-Rehg PA, Krauss MJ, Spitznagel EL, et al. Associations Between Sexuality Education in Schools and Adolescent Birthrates: A State-Level Longitudinal Model. *Arch Pediatr Adolesc Med*. 2012;166(2):134–140. doi:10.1001/archpediatrics.2011.657

<sup>4</sup> Sathar, Z., Singh, S., Rashida, G., Shah, Z. and Niazi, R. (2014), Induced Abortions and Unintended Pregnancies in Pakistan. *Studies in Family Planning*, 45: 471-491. <https://doi.org/10.1111/j.1728-4465.2014.00004.x>

- iv. As many as 8 kids were abused every day in Pakistan in 2020, a 4% increase since 2019.<sup>5</sup> In 80% of the cases the abuser was known to the victim. This further emphasizes the need for encouraging dialogue so children can communicate openly with their families and know what is or has happened with them.
- v. 11 rape cases per day were reported as of 2020.
- vi. Pakistan's current population of 220 million is a cause for alarm and highlights the need for contraception awareness and its associated benefits.

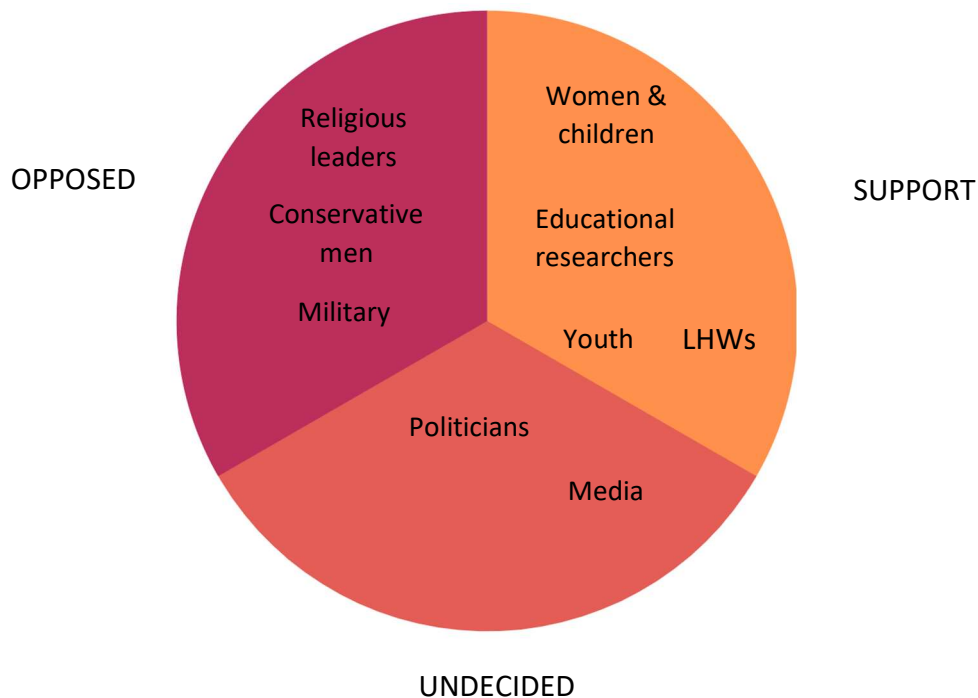
The lack of political will is fueled by the stronghold of religious clerics over the general public, even the slightest of mention of anything about or related to sex would cause uproar and the person publically named and shamed for spreading immoral values in society.

Not having adequate knowledge of one's sexual health, how to meet its need, and no availability of appropriate and safe resource to refer to lead to frustrations and mental health problems. Problems that ultimately lead to the blood-curdling end results of rape and murder, which are already on the rise in the country.

---

<sup>5</sup> <https://www.dawn.com/news/1617151>

## Policy Actors



The main policy actors are:

1. Women & children: They are directly affected by these policies and their lack thereof. They fall into the dependants category due to their weak power and positive construction in public opinion.
2. Educational researchers: Their position as dependants can help highlight the significance of the problem at hand, provide alternatives and recommendations to the government to ensure appropriate utilization of resources for the policy/s.
3. Youth: Comprising of 64% of the country's population, the youth is also directly affected by the lack of Sex Ed. And their large numbers can mobilize opinion and influence the government's decisions.
4. Religious Leaders: These policy actors have a strong influence over the masses, dictating day to day activities by morphing religion according for their benefit. Religious sentiment is a sensitive

for most and manipulation is easier to do. Due to lack of awareness of basic rights and low literacy rate, people follow these leaders' teachings without batting an eye.

5. Conservative men: Pakistan is a largely patriarchal society where women are routinely oppressed and abuse, and as well as manipulated via religion having to be made to obey the man of the house. The same as religious leaders, these actors will strongly oppose any policy intervention that even slightly mentions the word "sex" as it will be felt as a threat to the moral fabric of Pakistan's culture and society, and Islam.
6. Politicians: They are directly responsible for getting bills passed in Parliament. Facing immense backlash and dismantling a patriarchal system that serves them well would make these actors hesitant.
7. Media: The media controls the perceptions of the masses and can have significant impact in changing and debunking a lot of the misconceptions regarding Sexual Education and what it entails. It has strong influence but a negative view in the public's eye.
8. Military: These are the strongest organizations of the country in terms of power and public image. They would stand in opposition of any policy intervention as that would mean budgets cuts from their piece of the pie.

## **Policy Options**

### *Need of Policy*

Evidence based intervention programs that are proven effective through a rigorous study are needed to address the gaps in sexual health education in Pakistani community. In the absence of more rationale and relevant studies including the marginalized or out-of-school young population, community-based programs with wide-spread and fair access based on equity are much needed to cultivate the aggregate long-term outcomes.

The religious resistance, socially orthodox mindset and taboos may pose high resistance to the public level curriculum change in schools. Therefore, before the introduction of any such curriculum-based program, it is of prime importance to educate the general population and train teaching staff at schools to ensure the provision of high-quality sex education. The development of scientifically accurate, age-appropriate and context-relevant sex education and the identification of modalities for its effective implementation remains a major challenge in Pakistan. (16)

### ***No Action Policy***

Government at public level, civil societies, healthcare institutes and private sectors along with other stakeholders need to develop a concrete policy for long term impact on the development of youngest nation on the globe. Without the provision of well-structured and effective educational plan on the community level, almost 63 % of the population will be exposed to the risk of sexual health issues and sequelae of this may be an extra burden on the already struggling economy of the nation.

### **Lady Health worker Program of Pakistan**

Lady health worker program began in 1994 as part of National strategy to increase access of primary health care at the household and community level. It was aimed to strengthen the primary and preventive care for women, mothers and newborn babies, targeting the population welfare goals having indicators like maternal mortality rate. This was a vertically integrated program and now the lady health workers are trained and facilitated by the primary health care system at the district level. Currently there are 110, 000 LHWs workers enlisted. their responsibilities include 22 different jobs for the delivery of health care services at the grass root level through basic health units (BHUs) and rural health centers (RHCs). (13)

In 2002 this program was renamed to National Program for Family Planning and Primary Health Care as its scope was widened. However, the project is still known as Lady Health Workers Program and it is a



well-established conclusion that LHWs are widely accepted component of the community health care delivery system and they have contributed a positive role towards the development of the population. (14)

Therefore, in our policy report we have considered the role of LHWs as a trustable source for delivery of sexual and reproductive health education among the young girls and women of Pakistan.

We conducted an *online interview of a LHW working in Lahore*. Mrs. Azmat in her interview told that she had been working as LHW since 1999 and she has now experience of almost 21 years. The key findings of the interview are following: (15) (Sound recording attached as soft copy)

- The responsibilities of LHWs mainly include the education of women, mothers and infants and imparting knowledge about family planning and preventive health.
- A lady health worker is inducted from a local community therefore she carries personal links to the local area community members and is well informed with the geographical and local community norms and dynamics. She even knows the inducted families on personal grounds.
- Lady Health workers not only visit community from door to door, they also visit schools and conduct health education and primary health services.
- She is generally well accepted to the community owing to the long-term relationship development.
- Women of the community and especially mothers feel comfortable for discussing the sexual health problems of their young daughters.
- Parents trusts health care workers to educate their young daughter, she also mentioned that at number of times they educate newly married young males in family group discussions.
- However, Azmat feels that there is great lack of communication skills among the parents and their children, they do not feel comfortable while discussing the sexual health issues and education with each other. This enables the young adolescents to seek mutilated information from untrusted peers. She feels there is great need of development of friendly environment at homes between parents and their children and LHWs can help families in achieving this level of confidence.

- LHWs often come across with cases of unwanted pregnancies among unmarried females.
- She also added that with the passage of time and development of strong reliable bond of LHWs with their targeted families, male members of the families have also started participating in the group discussions and they do show their compliances.
- LHWs feel there is a great need of sexual education to young females especially those who are home ridden and out-of-school.
- She also recommended that if their teams include male health workers then they can complement their efforts through education of young males.
- Mostly challenges they face are resistances from mother-in laws when they impart education about family planning and delaying pregnancies among underage or young females.
- Another challenge LHWs commonly face is resistance from strict religious families, she also highlighted that the women from such families commonly suffer from health issues due to multiple pregnancies. She suggested that only religious leadership and education at “Madrisas” (schools for religious training) can impart a positive impact on the sexual education and awareness among young adults of such families.

### **Best Global Programs for Sex Education:**

Sexuality education when given in a well-planned, safe and through trained instructors coupled with provision of appropriate health services delivers a positive impact upon the well-being and long-term effects on the mental and physical health of the children and young people.

As mentioned earlier a recent study conducted in India depicted that the most of the children and young adults preferred to get sex education from their friends (same age group), doctors and teachers. There is a considerably shy-factor found between parents and their children. (6)

We have studied a few best considered programs around the globe for sexuality education and these include:

(17)

1. India – a healthy attitude towards gender, YP Foundation
2. Nicaragua – empowering girls by educating boys
3. Romania – consent classes for people with learning difficulties
4. Kyrgyzstan – young people speak up about contraception
5. The Middle East – websites tackle taboo issues
6. Nigeria – getting answers by text message

Much considerable here is the program “empowering girls by educating boys” which was conducted for 18 months in Nicaragua through field workers who targeted young males and encouraged them to show respect towards girls. In collaboration to the well-established lady health worker program working in Pakistan a team of male health workers who are already a part of National Program for Family Planning and Primary Health Care may become a strengthening force to educate young male adults to complement the lady health workers’ responsibility.

### **Ideal Situation**

The need of sexual and reproductive health education in developing countries is already well discussed in the literature review section, and through reliable quality studies and our surveys and interviews conducted to collect primary data, it is imperative that there is a dire need of developing bridges among the young adults in Pakistan and health care providers. At the grass root level, the young adults feel more comfortable for discussing sexual education with doctors and care givers, also in a religiously dominated society, where education is stigmatized as a conspiracy to impose western culture, adoption of health care route to address the problem may face lesser challenges. The Lady Health Workers Program along with National Program for population welfare and primary Health is already working at the RHCs and BHUs level to target the population at household levels. The Program also induct male health workers to deliver health services in other community health programs like Polio eradication, TB control etc.

Government can adopt the policy to impart the training of these health care workers and extend the National Program on Primary Health care to encompass the sexual education of young adults already found in the targeted families. Currently government is spending only 4 % of budget for LHWs Program on their training and continuing education. Further sustainability of funding, establishment of service structure for LHWs and provision of sex education centers at BHUs and RHCs level will impart the positive impact on the development of young population.

Health department along with the public and private health and medical institutions have their resources for training and community out reach programs. The collaboration of LHWs and NPPW&PH with health institutions will help in achieving scientifically accurate and practically applicable training of health care workers who can then deliver the awareness to community.

### **Alternatives**

Government also needs to work and promote the private-public collaboration and support non-government organizations as they have played an imperative role and took initiative in the amidst of dilemma. The courageous NGOs conducted pilot studies and generate leads to develop the curriculum addressing critical issues of sexual health care.

Another alternative for the government in the long run will be the development of a national level curriculum based on equity once the community has reached the level of acceptance through the lesser loud efforts by health workers. The implementation of uniform curriculum based on scientific evidences and age-appropriate criteria is important, Political will is important in the implementation of science-based curriculum especially with equity in public schools and madarrsas.

Sexual health education plays a vital role in the prevention of STDs, compulsory pre-marriage screening for STDs will have indirect effect on the self-learning of young population for such diseases leading to the

awareness of sexuality. However, it imparts high cost and possesses the fairness issues among the marginalized population.

### Assessment Criteria

The reliable assessment criteria would be *efficiency, effectiveness, impact, sustainability, and equity*.

	No Action	NFPF & PHC	Awareness campaign	Curriculum	Screening Compulsion	PPP-NGOs
Efficiency (Cost)	Low	High	Low	Medium	Low	Medium
Effectiveness (Objective)	Low	Medium	Low	High	Medium	Medium
Impact (Significance)	Low	High	Medium	High	High	Medium
Sustainability (Social Acceptance)	High	Medium	Low	Low	Low	Medium

<b>Equity</b>	<b>Low</b>	<b>High</b>	<b>Low</b>	<b>Low</b>	<b>Low</b>	<b>High</b>
<b>(Fairness)</b>						

### *Efficiency*

Efficiency of an intervention tells that how cost effective it has been in terms of input of resources and results obtained. Efficiency will definitely help government in achieving the goals through appropriate allocation of resources and it will provide guarantee that the resources spent in terms of funds, manpower and infra structure helped in benefiting the nation. The output of the intervention requires indicators and a base line record for the evaluation is necessary. The efficiency would be higher in LHWs program because of the low-cost involvement and utilization already available workforce.

### *Effectiveness*

This assessment criteria relates to the extent to which the intervention was able to meet the ultimate goals of the project, i.e., the achievement of optimal level of awareness among the young adults about sexual health as intended. In the effectiveness, operational outcomes can also be assessed to conform the achievement of ultimate goals, i.e., the reduction of early marriages, prevention of STDs, use of contraceptives.

Use of contraceptives would be an indicator of the effectiveness assessment.

### *Impact*

The impact of an intervention includes the effects either directly or indirectly on all of the stake holders and policy actors. Effectiveness only relates to the specific outcome; however, impact will demonstrate the

effects of the intervention on other policies and projects of the government. For example, family planning program will have a supportive impact from the intervention where as religious stake holders will be affected through counter action of the education.

### *Sustainability*

This criterion of assessment relates to the capability of intervention to be accepted generally on the cultural, religious and social grounds. More a sustainable intervention, the outcome, and objectivity remains more stable. In the case of sexual education, sustainability would be acceptance by the religious and social forces.

### *Equity*

Equity and fairness as an assessment criterion is defined as the justice in considerations of natural law, without any biases, racism, or disparity. Equity would be an important criterion to assess this intervention as the marginalized population in Pakistan is high in number.

## **Recommendations**

### **Short Term recommendations**

- *Extensive media campaigns*

The interventions for raising awareness for sexual health among the young population in Pakistan through social media campaigns, text messaging services, caller tunes. Using targeted search engine marketing tools like Search Engine Optimization and management can play an effective role in short term awareness.

- *Outreach community Programs by doctors and health / medical institutions*

Community medicine based taught programs to target the schools and institutes can promote the sexual health education among adults as the students from medical colleges are of same age group and there shall be more youth-friendly environment development among the peers.

### **Long Term recommendations**

- *National Program for education at Primary Health care level.*

Training and Mobilization of Lady Health Worker and male field workers to educate community at grass root level. They move from door to door with registered families and known population. Every member of the house hold can be targeted. Involvement of male health care workers will complement the lady health worker responsibilities and both gender population will develop awareness about the sexual health.

In the long run after optimal achievement of acceptance level for curriculum integrated with sexual health education will be easier to implement. This long term recommendation is further supported by the results of the survey conducted. The findings of which are discussed below.

### **Survey findings & discussions**

An online survey was conducted to assess the acceptability, by the general public, of the policy recommendation mentioned in this report. It was done to analyze if an alliance between parents and the LHW work force, also called the *National Program for Family Planning & Primary Healthcare*, is possible with regards to sexual health education and awareness. As with charity, your life's code of



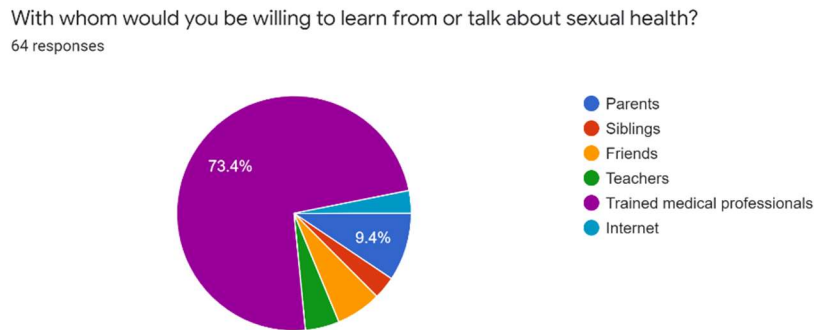
conduct starts at home, normalizing dialogue with family and breaking the taboo as a consequence will lead to a safer and healthier society for everyone, benefiting the country's economy in the long run. This is what we hope this policy recommendation will achieve given the public and all beneficiaries cooperate. The survey was aimed to evaluate receptivity, and support our recommendation.

The survey's sample size although small (64 responses), has shown surprising results, most of which are positive and in support of such a policy. The demographics and psychographics are shown below in table 1:

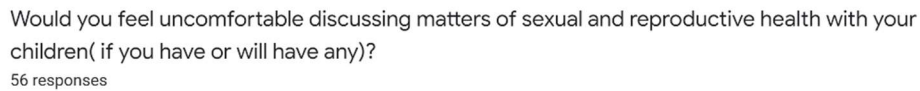
<i>Location</i>	<b>Pakistan</b>	
<i>Age (in years)</i>	18-30 (71.9%)	31-49 (26.6%)
<i>Gender</i>	Female (64.1%)	Male (35.9%)
<i>Religion</i>	Islam (98.4%)	
<i>Perceptions on Sexual Education</i>	<ul style="list-style-type: none"> <li>• 68.75% of respondents believed that sexual education will <i>not</i> lead to promiscuity among youth nor is it immoral.</li> <li>• 95.3% felt that sexual education is an important subject matter,</li> </ul>	
<i>Marital Status</i>	<ul style="list-style-type: none"> <li>• 60.9% are married</li> <li>• 39.1% are single</li> </ul>	
<i>Parental status</i>	<ul style="list-style-type: none"> <li>• 35.9% have kids</li> <li>• 64.1% are childless</li> </ul>	

Table 1

The most striking correlation seen in the results is that of parents' willingness to learn from trained LHWs and having them educate their children as well. Parents also felt uncomfortable discussing such *sensitive* matters with their children and preferred trained individuals educate their child, thus further strengthening our argument of employing the services of LHWs. Please refer to the figures below:

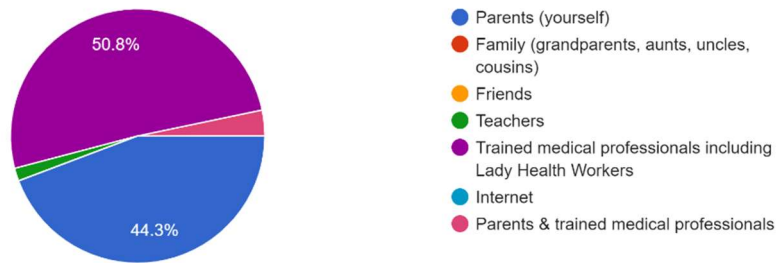


*Fig 1.1*



*Fig 1.2*

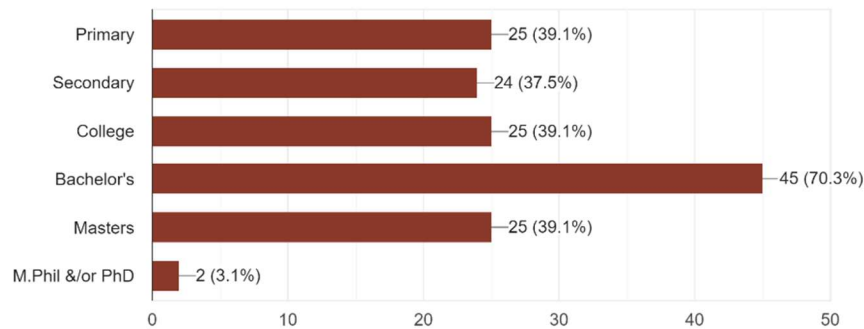
Who will you be willing to allow to educate your kid/s about sexual education?  
61 responses



*Fig 1.3*

It is also widely known that Pakistan's school curriculum is severely lacking in terms of sexual education, and this was reflected in the survey's findings as well. Most of the respondents have received education upto Bachelor level in Pakistan and throughout have received no formal sexual education. Please refer to the figures below.

What level of education did you receive in Pakistan? Check all those that apply.  
64 responses



*Fig 1.4*

Did you receive any formal education regarding sexual & reproductive health?  
64 responses

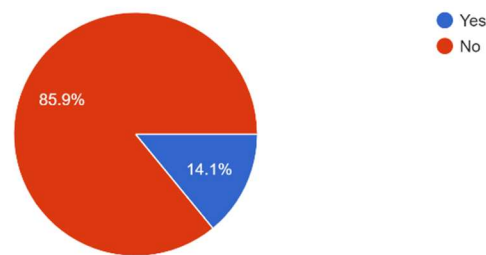


Fig 1.5

Given that Pakistan has the second highest number of out-of-school kids, globally, the responses received further encourage the need for LHWs to be mobilized to increase awareness of sexual education and its importance for people of all ages, specifically the youth. Developing a school curriculum that is inclusive of sexual education, although is the most obvious path to take, but it completely ignores the facts of:

1. Low literacy rate of the country
2. Increasing child labour
3. Increased poverty

All of the above have been heavily impacted due to the COVID-19 pandemic as well. Hence, LHW programme's high level of equity, reaching 60% of Pakistan's total population<sup>6</sup>, make it the most effective resource to cross the chasm of sexual education and its lack thereof.

Our policy recommendation talks about having *male health workers* as part of the National Program for Family Planning & Primary Healthcare. The inclusion of a male workforce is pertinent to the cause since ours is a male dominated society, where the man of the house is referred to as "*mijazi khuda*". Having the men aware and educated on the importance and benefits of sexual education will positively impact the

---

<sup>6</sup> Hafeez, A., Mohamud, B. K., Shiekh, M. R., Shah, S. A., & Jooma, R. (2011). Lady health workers program in Pakistan: challenges, achievements and the way forward. JPMA. The Journal of the Pakistan Medical Association, 61(3), 210–215.

households, and society as a consequence. This option of having a *male health worker*, as agents of change, was well received by the respondents, with 55% of the male respondents showing receptivity.

The survey also demonstrated a level of trust the public has developed in the government with almost 83% of the respondents showing support for a government run initiative regarding sexual education. And 80% supporting the LHWs and having their services utilized for this cause. Please refer to the figures on the next page.

Would you support a government run initiative that would encourage dialogue about sexual education in Pakistan?

64 responses

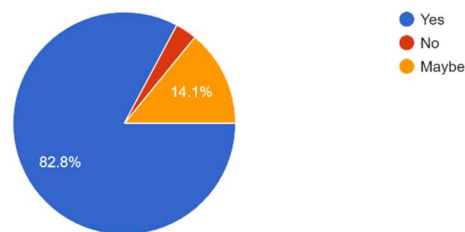


Fig 1.6

If the government engages the LHWs, and trains them with regards to sexual education and the importance of its awareness, how open would you be to security risk of allowing them into your home?

64 responses

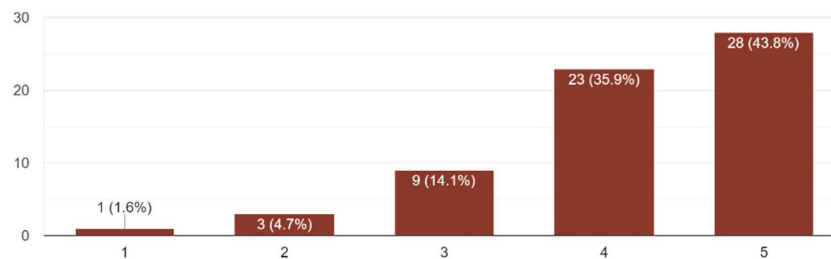


Fig 1.7

The limitations of the survey include:

- Small sample size- 64 responses
- Sample of respondents were educated and belonged to urban areas of the country, with access to proper education, health care facilities and providers, and do not face the same patriarchal and societal challenges as those of the under-privileged in the rural and urban slum areas.
- Only one religion and its perspective was seen. The survey did not cover the other major religions of the country, namely Hinduism and Christianity.

## References

1. **Organization, Pan American Health Organization/World Health.** s.l. : WHO, 2006.
2. **UNESCO.** *International Technical Guidance on Sexuality Education.* France : UNESCO, UNAIDS, UNFPA, UNICEF, UNICEF, UN Women, WHO, 2018. ISBN 978-92-3-100259-5.
3. —. 2016. *Education for people and planet:creating sustainable futures for all (Global Education Monitoring Report 2016).* Paris : UNESCO, 2016.
4. —. *International Technical Guidance on Sexuality education:An Evidence-informed approach for schools, teachers and health sducators.* Paris : UNESCO, 2009.
5. *Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support.* **D.M. Denno, A. Hoopes, V. Chandra-Mouli.** pp. S22-S41, s.l. : J Adolesc Health, (2015), Vol. 56.
6. *Knowledge Attitude and Perception of Sex Education among School Going Adolescents in Ambala District, Haryana, India: A Cross-Sectional Study.* **Randhir Kumar, Anmol Goyal, Parmal Singh, Anu Bhardwaj, Anshu Mittal, and Sachin Singh Yadav.** s.l. : J Clin Diagn Res., 2017 Mar, Vol. 11(3).
7. **State Policies on Sex Education in Schools.** *National Conference of State Legislatures.* [Online] January 10, 2020.
8. *Karo-Kari: A Form of Honour Killing in Pakistan.* **Sujay Patel, Amin Muhammad Gadit.** 4, s.l. : Transcult Psychiatry, 2008, Vol. 45.
9. **Aisha Ijaz, Aahung, Pakistan.** “If comprehensive sexuality education can happen in Pakistan, it can happen everywhere.”. *World Education Blog.* [Online] June 7th, 2019.  
<https://gemreportunesco.wordpress.com/2019/06/07/if-cse-can-happen-in-pakistan-it-can-happen-everywhere/>.

10. Foundation, World Population. *Life Skills Based Education Programme in Pakistan* . 2010.
11. Syeda Ayesha Ali, Sheena Hadi, Aisha Ijaz, Qadeer Baig. *How a group of non-government organizations built support and pushed ahead with implementing Comprehensive Sexuality Education, in a climate of growing conservatism: The case of Pakistan.*
12. Ali, Amjad. Pakistani village gives girls pioneering sex education class. *REUTERS*. [Online] February 25, 2014. <https://www.reuters.com/article/us-pakistan-sex-education-idCABREA1O03620140225>.
13. *Understanding the role of lady health workers in improving access to eye health services in rural Pakistan – findings from a qualitative study.* Bechange, S., Schmidt, E., Ruddock, A. et al. 21, s.l. : Arch Public Health, 2021, Vol. 79. <https://doi.org/10.1186/s13690-021-00541-3>.
14. Nina Zhu, Elizabeth Allen, Annie Kearns, Jacquelyn Caglia, Rifat Atun. *Lady Health Workers in Pakistan, Improving access to health care for rural women and families* . s.l. : Harvard School of Public Health, Women and Health Initiative & Maternal Health Task Force, Integrare, 2014.
15. (LHW), Azmat. Interview of a LHW. Lahore : Rashid Mahmood, Nahal Bano, 2021. [https://personal-my.sharepoint.com/personal/20190007\\_lums\\_edu\\_pk/\\_layouts/15/onedrive.aspx?id=%2Fpersonal%2F20190007%5Flums%5Fedu%5Fpk%2FDocuments%2FLUMS%5FMS%20HMI%2FSpring%20Semester%202021%2FHMI%206102%5Fhealthcare%20policy%2C%20politics%20%26%20law%2FFina](https://personal-my.sharepoint.com/personal/20190007_lums_edu_pk/_layouts/15/onedrive.aspx?id=%2Fpersonal%2F20190007%5Flums%5Fedu%5Fpk%2FDocuments%2FLUMS%5FMS%20HMI%2FSpring%20Semester%202021%2FHMI%206102%5Fhealthcare%20policy%2C%20politics%20%26%20law%2FFina).
16. *Perceptions of Muslim parents and teachers towards sex education in Pakistan.* Amina Nadeem, Maryam Khalid Cheema, Sheharyar Zameer. s.l. : Sex Education, 2021, Vol. 21:1. 106-118.



17. Young-Powell, Abby. Six of the best sex education programmes around the world. *The Guardian*. [Online] May 20, 2016. <https://www.theguardian.com/global-development-professionals-network/2016/may/20/six-best-sex-education-programmes-around-the-world>.