ADOLESCENT HEALTH AND WELLBEING IN RELATION TO SDG PROGRESS IN PAKISTAN

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Highlighting the importance of investing in the comprehensive well-being of adolescents as one of the priority areas in the Political Declaration outcome document of the SDG Summit in September 2023.
SDG - PAKISTAN’S PROGRESS

I. Poverty reduction
II. Access to education
III. Maternal and child health
IV. Access to water and sanitation
V. Climate action
DESPITE THESE GAINS...

I. Inequality (e.g., in health space)
II. Gender inequality
III. Food security
IV. Water scarcity
V. Natural disasters
REMEDIAL ACTIONS

I. A commitment from all stakeholders, including the government, the private sector, civil society, and the international community.

II. For many interventions, reform of governance apparatus is a must (e.g., cross cutting initiatives facing delays)
WHAT MORE CAN THE GOVERNMENT(S) DO?

I. Increase investment in health and nutrition
II. Enact and enforce legislation
III. Coordinate their efforts
IV. Empower local communities
V. Work with the private sector
VI. Engage civil society
ADOLESCENTS IN PAKISTAN

I. Malnutrition
II. Sexual and reproductive health
III. Non-communicable diseases
IV. Mental health
<table>
<thead>
<tr>
<th>Province</th>
<th>Challenges</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balochistan</td>
<td>High rates of malnutrition, early marriage, and gender-based violence.</td>
<td>Adolescent Girls’ Health Program; launched a campaign to raise awareness about early marriage and gender-based violence</td>
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<tr>
<td>Khyber Pakhtunkhwa</td>
<td>High rates of malnutrition, stunting, and wasting.</td>
<td>School Health Program; campaign to promote breastfeeding</td>
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<tr>
<td>Sindh</td>
<td>High rates of adolescent pregnancy, unsafe abortion, and sexually transmitted infections (STIs).</td>
<td>Adolescent Reproductive Health Program</td>
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<tr>
<td>Punjab</td>
<td>High rates of obesity, and other non-communicable diseases (NCDs).</td>
<td>Punjab Adolescent Health Program; launched a campaign to promote healthy lifestyle choices.</td>
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<tr>
<td>Gilgit-Baltistan</td>
<td>High rates of poverty, malnutrition, and stunting.</td>
<td>Childhood Development Program</td>
</tr>
<tr>
<td>Azad Jammu and Kashmir</td>
<td>High rates of malnutrition, stunting, and wasting.</td>
<td>School Health Program</td>
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</table>
Both Punjab and Sindh Population Welfare Departments have notified adolescent counseling protocols.

Non-government providers are also providing youth-friendly services through their clinics in all provinces.

The Naya Qadam Project seeks to increase access to high-quality post-pregnancy family planning with a focus on young women (age 15-24) in Sindh and Punjab provinces of Pakistan.
PROBLEM AREAS: SOME EXAMPLES

Water, sanitation and hygiene (WASH) studies show that girls have a high school absenteeism and drop out rate in correlation to the start of menstruation.

Family Planning: The contraceptive prevalence rate for 15 to 19 years olds is 10.3% for all methods and only 6.9% for modern methods. Unmet need for family planning was 14.9% amongst this age group.

Smoking: According to the Global Youth Tobacco Survey (GYTS), age 13 to 15 years school going children, 10.7% used some tobacco products.

HIV: High risk practices among younger key populations in Pakistan. More research is needed to know the size and distribution of these populations, their specific typologies and to identify barriers and facilitators to HIV prevention and treatment services.
PROBLEM AREAS: SOME EXAMPLES

Collective Violence: Conflict over the past decades has impacted adolescents.

Interpersonal Violence: Psychological aggression, physical punishment or violent behavior as a form of discipline. Child protection legislation has been enacted in all provinces. Legislation against domestic violence is also in place in all. Focus now needs to be placed on the implementation of these legislation.

Unintentional Injury: little age-related data available.

Humanitarian and Fragile Settings: Weak recognition of special needs of adolescents in disaster settings. While legislation is in place for persons with disabilities, there is nothing specific for adolescents.
RECOMMENDATIONS

1- Planning Commission and federal ministry and their provincial counterparts may provide leadership and coordination to efforts for adolescents.

2- Efforts need to be made for meaningful engagement with adolescents. Role of civil society organizations will be important.

3- Mobilise finances for health information, counseling, diagnostic, treatment and care services. International partners could help.

4- Protective laws and policies in health and other key sectors need to be adapted to respond to the needs of adolescents specifically and efforts need to be made to enforce the laws and implement these policies.
RECOMMENDATIONS

4- Competencies for the delivery of programs and services for adolescents.

5- Service delivery platforms need to show readiness by developing quality standards and guidelines for health care services for adolescents.

6- It is not always possible to understand the full picture for adolescents in Pakistan. Information systems need to develop and strive for increasingly granular data.

7- Schools can be an excellent conduit to engage and empower adolescents through curricular and extracurricular activities. LHWs and religious leaders are also key stakeholders to enhance community engagement for adolescent issues.

8- Monitoring and evaluation to measure progress, identify challenges and improve results becomes important and provincial governments will need to play a key role for this.
THANK YOU!

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