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Research Report: Reproductive Health and Rights in Pakistan

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Introduction

Pakistan is a nation of 235,976,122 people,48.5% of whom are women (World Bank, 2021). According to these statistics, there are over 114,448,000 women who are unable to access the reproductive healthcare rights to which they are entitled. As a result, Pakistan has seen persistently high rates of maternal mortality and morbidity, barriers to accessing safe abortion services and post-abortion care and violations of adolescents' sexual and

reproductive rights (Hickox, 2022).

According to the 1994 International Conference on Population and Development (ICPD), reproductive rights are defined as:

"The basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence."

(International Conference on Population and Development, 1994)

This report aims to analyse the issue within Pakistan and compare the issue against the existing laws within the country and in international doctrine. Understanding the severity of the problem amongst those affected, GHRD recommends steps that may help to alleviate the issue in the future.

Factors of discrimination and interaction between those factors

Political discriminatory factors are factors related to policies and legislation made by the state which may influence or play a role in a certain matter. The political factors go hand in hand with the gender-based factors. These are factors related to gender discrimination whereby depending on the gender of a person different rights apply. These gender related factors have also been identified to be a problem in the issue of reproductive health. In Pakistan women enjoy different rights than men and therefore are treated differently as well. In politics for example, the government of Pakistan has been criticized for not sufficiently considering different groups in society, such as women and girls in their policies. As a result, women are excluded from certain legislative ideas and even if they are included, the policies are aimed towards men in society and therefore do not necessarily apply to women. The primary problem therefore identified related to reproductive health, is the lack of access to information about health for young women and girls.[1] This is further hindered by the lack of education. This topic is not sufficiently touched upon in schools and girls are therefore not adequately and sufficiently informed about risks that may come with reproducing. This topic is also not discussed in households, as the believed idea is that women ought to reproduce. As a result of this, girls and women face health risks in the future, causing high maternal mortality rates for example. A further problem that is not sufficiently addressed by the government is that access to health services is not readily available for women and girls from rural areas.

Another factor that has been identified and can be seen as a relation to the above mentioned, is the position women have in the societies in Pakistan. Women are not considered to have as many rights as men, and therefore often lack autonomy. This means that women are subordinate, and this is maintained through "[...]limited access to information, seclusion of norms and even violence in cases of resistance."[2] Women are thus negatively affected as they do not dare to speak of health issues, and often lack access to adequate services.

This issue should be taken seriously and be addressed by the government of Pakistan.

1. Waqar Gillani, "Lack of access to healthcare", The News, (2020)
2. Rizvi, N., S Khan, K. & Shaikh, B.T. Gender: shaping personality, lives and health of women in Pakistan. BMC Women's Health 14, 53 (2014). https://doi.org/10.1186/1472-6874-14-53

Pakistan National Law

3.1 Reproductive Health and Rights

3.1.1 Legal Framework on Access and Promotion of Reproductive Health and Rights

The Reproductive and Healthcare Rights Act 2013[3] focuses on the recognition and promotion of healthcare rights and the provision of reproductive healthcare in accordance with the Constitution of Pakistan and international commitments made by the government particularly under the Convention on the Elimination of Discrimination Against Women (CEDAW).[4]

In regard to the promotion of reproductive health care rights, the act emphasizes that the acceptance of certain facts is substantial for the promotion of reproductive healthcare rights, namely that both men and women are subject to reproductive healthcare, and their joint involvement in parenting is essential as well as their need for access to information, male involvement is vital in the attainment of reproductive healthcare rights and finally the need to develop public awareness that maternal deaths are preventable and the suffering of women and children is avoidable (Reproductive and Healthcare Rights Act 2013, 2013, Article 3). Moreover, the act states that the right to reproductive healthcare information shall be promoted through several measures such as by providing reproductive healthcare information to raise awareness regarding mental and physical health and wellbeing, through the exercise of parental responsibility by taking into consideration the religious norms and cultural environment (Reproductive and Healthcare Rights Act 2013, 2013, Article 4(1)). Further, the act states that the right to gender-neutral information and the right to equality and to be free of all forms of discrimination shall be promoted through a range of measures (Reproductive and Healthcare Rights Act 2013, 2013, Articles 4(2)(3)).

Furthermore, in connection to the promotion and facilitation of reproductive health care services, the act states that the acceptance of the need for reproductive healthcare is necessary to provide quality health care, to reach the underserves by increasing access to the disadvantaged, hard to reach and vulnerable, to provide ante-natal care to achieve a decline in maternal mortality and morbidity as well as to generally meet women's health needs (Reproductive and Healthcare Rights Act 2013, 2013, Article 5). In addition, the act aims at the improvement and strengthening of reproductive healthcare services to ensure quality, accessibility and affordability of the services without any discrimination to enable all persons to make their

3. For the full text of the Reproductive and Healthcare Act 2013, please follow this link: https://benchbook.pk/document/reproductive-and-healthcare-rights-act-2013/
4. For the full text of the CEDAW, please follow this link: https://www.ohchr.org/Documents/ProfessionalInterest/cedaw.pdf

free and informed decisions (Reproductive and Healthcare Rights Act 2013, 2013, Article 6).

Besides the Reproductive and Healthcare Act 2013, the government has introduced a series of other health policies to improve maternal health such as the Maternal, Newborn and Child Health Program of 2005 focusing on improving the accessibility of quality health services and strengthening existing district health systems (Hickox, 2022). Additionally, some providers have implemented Health Sector Strategies which contain commitments toward maternal healthcare (Hickox, 2022).

The federal government has adopted the Reproductive Maternal Newborn Child and Adolescent Health and Nutrition Vision Action Plan 2016-2025 which entails the commitment to reduce newborn, child as well as maternal mortality and morbidity. Nevertheless, the plan does not specify any indicators, targets or budgetary commitments making it quite vague (Hickox, 2022). Furthermore, in 2019 the Sindh Reproductive Healthcare Rights Act was passed which shall ensure a range of obstetric and contraception services (Hickox, 2022). However, the law does not set forward any specific programmes, policies or targets, as well as the rules under the act, have not been made which leaves the law unimplemented (Hickox, 2022).

Finally, in 2019 in the connotational petition Syed & Others v. Government of Sindh & Others[5] the Sindh High Court directed the Sindh government to take measures to prevent and treat obstetric fistula (Hickox, 2022). Obstetric fistula is an incapacitating pregnancy-related injury that impacts approximately 5,000 women in Pakistan every year (Hickox, 2022). Specifically, the Sindh High Court ordered the government to establish four fistula repair centres in the province and fill vacant gynaecologist posts in government hospitals in Sindh to ensure the treatment of obstetric fistula (Hickox, 2022). By December 2021, the government of Sindh had established fistula repair centres that provide the necessary surgery and also filled up to two-thirds of vacancies in gynaecologist posts (Hickox, 2022). During 2022, the Sindh government is committed to filling the remaining one-third of vacancies (Hickox, 2022).

3.1.2 Child Marriage

Child marriage in Pakistan poses a great risk to the reproductive health and rights of girls (Hickox, 2022). More specifically, child marriage causes a range of reproductive as well as sexual harm for girls as it severely compromises their reproductive and sexual health and autonomy. In fact, 18 per cent of girls in Pakistan are married by the time they reach the age of 18 (Hickox, 2022). The Child Marriage Restraint Act 1929 (CMRA)[6] applicable in most provinces of Pakistan, does not completely prohibit child marriage as it

5. For more information on Syed & Others v. Government of Sindh & Others, please follow this link: https://caselaw.shc.gov.pk/caselaw/view-file/MTI4NTcyY2Ztcy1kYzgz
6. For the full text of the CMRA, please follow this link; https://wpc.org.pk/wp-content/uploads/2020/02/The-Child-Marriage-Restraint-Act-1929.pdf

allows the marriage of girls above the age of 16, while, however, setting the minimum age for marriage for boys at 18 (Hickox, 2022). Notably, Sindh is the only province with independent legislation on

child marriage, namely the Sindh Child Marriage Restraint Act 2013 (SCMRA).[7] The SCMRA provides a uniform age minimum of 18 years for both girls and boys (Hickox, 2022). The implementation of the SCMRA is severely barred by the absence of any support mechanism for girls who wish to escape child marriage (Hickox, 2022). Generally, there is an extreme lack of child protection institutes and shelters for girls as well as there is a notable absence of effective legal aid and psychological-social counselling (Hickox, 2022).

3.2 Abortion Rights

3.2.1 Legal Framework

In Pakistani national law, provisions concerning abortion can be found in the Pakistan Penal Code (Act XLV of 1860), Chapter XVI, Section 338(A)-(C).[8]

Section 338 of the Pakistan Penal Code criminalises abortions with, however, some exceptions and provides penalties for both the woman seeking an abortion and the provider carrying out the abortion (Pakistan Penal Code, 1860, Section 338).

Specifically, Section 338 of the Pakistan Penal Code states that:

"Whoever, causes woman with child whose organs have not been formed, to miscarry, if such miscarriage is not caused in good faith for the purpose of saving the life of the woman, or providing necessary treatment to her, is said to cause isqat-i-haml." (Pakistan Penal Code, 1860, 338).

Furthermore, a woman who caused herself to miscarry also falls within the provisions regarding the isqat-a-haml (crime defined under Section 338 of the Pakistan Penal Code) crime. The punishment for isqat-a-haml is defined under Section 338(A) stating that whoever causes the afore-mentioned crime shall be liable to punishment as ta'zir (at the discretion of the judge) (Pakistan Penal Code, 1860, Section 338(A)).

Specifically, the punishments listed under Section 338(A) of the Pakistan Penal Code are the imprisonment of "[…] either description for a term which may extend to three years […]" (Pakistan Penal Code, 1860,

7. For the full text of the SCMRA, please follow this link: https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/99327/118488/F381727767/PAK99327.pdf
8. For the full text of the Pakistan Penal Code, please follow this link: https://www.pakistani.org/pakistan/legislation/1860/actXLVof1860.html

Section 338(A)) if the crime was committed with the consent of the pregnant woman or "[…] imprisonment of either description for a term which may be extended to then years […]" (Pakistan Penal Code, 1860, Section 338(A)) if the abortion was committed without the consent of the pregnant woman. Finally, if as a result of the abortion, any hurt is caused to the woman or she dies, the convicted shall be liable for punishment provided for such hurt or death depending on the case (Center for Reproductive Rights, 2022).

Nevertheless, abortion may be justified in cases of necessary treatment for a pregnant woman if the pregnancy has not gone beyond 120 days and threatens her health (Ebrahim, 2017). The term necessary treatment, however, lacks definitions, is inherently vague as well as there is no discretion from courts (Ebrahim, 2017). Additionally, the law is silent as to whether abortion on grounds of incest or foetal impairment constitutes necessary treatment. Consequently, it is difficult to determine the scope of application of this exception.

Moreover, according to Section 338(B) which also covers also covering a woman who causes herself to miscarry:

"Whoever, causes a woman with child some of whose limbs or organs have been formed to miscarry, if such miscarriage is not caused in good faith for the purpose of saving the life of the woman, is said to cause Isqat-i-janin" (Pakistan Penal Code, 1860, Section 338(B).

Anyone violating Section 338(B) of the Pakistan Penal Code is liable for punishment under the provisions of Section 338(C) of the Pakistan Penal Code. Pursuant to Section 338(C), anyone who causes isqat-i-janin (crime defined under Section 338(B) of the Pakistan Penal Code) shall be liable for one-twentieth of the diyat (compensation for the killing) if the child is born dead, for full diyatif the child is born alive but dies as a result of any act of the offender and for imprisonment of either description for a term which may extend to seven years at the discretion of the judge (Pakistan Penal Code, 1860, Section 338(C)). Additionally, in cases of more than one child in the womb of the woman, the offender shall be liable to separate diyat and the discretion of the judge for each child (Center for Reproductive Rights, 2022).

Finally, Section 338 of the Pakistan Penal Code provides that if, as a result ofisqat-i-janin, any hurt is caused to the pregnant woman or in case she dies, the offender shall also be liable to the punishment provided for such hurt or death (Pakistan Penal Code, 1860, Section 338).

3.2.2 Obstacles

Despite the few exceptions to the criminalization of abortion under the Pakistan Penal Code, medical services are often reluctant to provide abortion or post-abortion care services based on personal beliefs and often show a negative attitude toward women seeking abortion or post-abortion care as well as some medical services providers admit to strongly counselling women against abortion (Hickox, 2022). Consequently, a lot of women seek illegal and secret abortions which place their health and lives at risk (Hickox, 2022)

The Pakistani government has taken some positive policy measures to promote safe abortion services such as the "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Post-Abortion" issued in April 2015 by the government of Punjab (Hickox, 2022). In March 2018, the federal government published similar guidelines to the ones issued by Punjab's government (Hickox, 2022). The guidelines provide recommended methods for first trimester abortions following the World Health Organization's guidelines of 2014, the skills required of the medical service providers and the obligations medical service providers have towards women and girls (Hickox, 2022). However, it is important to note that the mentioned guidelines are not legally binding as well as they do not contain any provisions addressing monitoring and accountability (Hickox, 2022). Besides, the guidelines have not been distributed to the public on a large scale which leaves women unaware of the quality of services they are entitled to under the guidelines (Hickox, 2022).

International law

4.1 The deficiencies in the protection of reproductive rights in Pakistan

The deficiencies in the protection of reproductive rights in Pakistan are concentrated in two aspects, the inadequate reproductive and abortion healthcare services, and the violations of women's sexual and reproductive rights. Due to the lack of reproductive healthcare, a lot of women in Pakistan suffer from severe complication because of the unsafe abortions (Sathar, 2014). According to the reports, the vast majority of which were performed by unqualified providers or involved traditional methods (Sathar, 2014). Different from the US, the majority of population who take abortions in Pakistan is married women, because abortion is used as a family planning method (CRR, 2022). In many cases, women do not have abortions of their own free will, but because of economic pressure and policy requirements.

On the other hand, sexual crimes against women, child marriage and forced pregnancy are also very common in Pakistan. In 2021, the abortion rate in Pakistan was 50 per 1000 women aged 15-29 (CRR, 2022), which means that some underage girls also have abortions. The Committee on the Rights of the Child (CRC) has called on states to ensure that adolescents are provided comprehensive reproductive and sexual health services, however, in Pakistan, the denial of such services to adolescents amounts to discrimination and a prohibitive cultural environment (CRC, 2016). Due to the general lack of sex education, contraception drives are rare, and the healthcare workers are usually uneducated regarding reproductive health themselves due to cultural taboos colouring their own understanding (CRR, 2022).

4.2 Definitions under International Law

According to the World Health Organization (WHO), reproductive rights include birth control, freedom from coerced sterilization and contraception, the right to access good-quality reproductive healthcare and the right to education and access in order to make free and informed reproductive choices.

It also includes the right to receive comprehensive sex education, the right to menstrual health and protection from practices such as female genital mutilation (Singh, 2018). In international law, reproductive violence is rarely understood as a distinct category of international crimes. The concepts “sexual violence”, “gender-based violence”, and “reproductive violence” are often used interchangeably, but they are not congruent (Altunjan, 2021). As pointed out above, sexualized violence is a sub-category of gender-based violence. Based on the arguments presented here, reproductive violence must be understood as a separate form of gender-based violence (Altunjan, 2021). Since the 1990s, much attention has been

devoted to the protection of reproductive rights within the international human rights discourse (Altunjan, 2021). In view of the interplay between human rights and international criminal law, an analysis of reproductive international crimes necessitates a consideration of reproductive human rights (Altunjan, 2021).

4.3 Reproductive Rights under International Human Rights Law

4.3.1 Overview

The international human rights law (IHRL) obligations derive from universal and regional treaties, treaty monitoring bodies and further treaties establishing enforcement procedures. The foundational source is the 1948 Universal Declaration of Human Rights, whose content was translated into treaty obligations with the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). In IHRL, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) creates obligations for States regarding the treatment of women. There are currently ten human rights treaty monitoring bodies, which supervise the States Parties' compliance with their treaty obligations, settle disputes and provide interpretation on the scope, meaning and content of human rights obligations (Helen, 2012).

Article 38 of the Statute of the International Court of Justice (ICJ) clarified that treaties and customary international law are the principal sources of international law. However, resolutions from international bodies, principles of international law and unilateral acts by States are also legitimate but secondary sources of international law (Samantha, 2010). Pakistan is a State party to the ICCPR, the ICESCR, the CEDAW, the Optional Protocol to the CEDAW and the Convention on the Rights of the Child (CRC, 2016). For some of these treaties, the State is required to report periodically to the treaty monitoring bodies, and to the Human Rights Council regarding the Universal Periodic Review.

he development of international standards on the protection and fulfillment of women's rights, including sexual and reproductive rights, has been achieved mainly through soft-law instruments, including human rights treaty bodies' general commentaries, concluding observations and other expert pronouncements such as those of the Special Rapporteurs. However, these standards are non-legally binding for States, even though they interpret and add detail to the rights and obligations contained in the respective human right treaties, increase the density of international practice of the interpretation of the treaties, and contribute to the emergence of customary international legal norms (Dinah, 2000). International soft instruments remain a significant auxiliary source of normative value. They raise awareness about human rights issues and may

influence the conduct of States while developing jurisprudence concerning the scope and content of international human rights obligations (Dinah, 2000). Moreover, soft-law developments by human rights bodies at the international level can have a considerable influence on national legal orders, which improves the practical implementation of rights (Dinah, 2000).

Sexual and reproductive rights are not explicitly enunciated in most treaties. However, the interpretations on the content and scope that human rights treaty monitoring bodies, international tribunals and national courts have made on the right to life, to health, to be free from cruel, inhumane treatment and torture, to privacy, and to non-discrimination, among others, have made clear that such treaties recognize and protect sexual and reproductive rights (CRR, 2009). Feminist advocacy for women's human rights at the international level gained momentum in the 1990s, and significant developments regarding the recognition of sexual and reproductive rights advanced during this and subsequent decades (Rebecca, 1999). Such developments have taken the form of general comments and recommendations from treaty monitoring bodies, and guidelines and recommendations from international human rights experts and civil society coalitions. However, these are considered soft law and can face resistance in their application by States.

The International Conference on Population and Development (ICPD) has recognized that unsafe abortions are linked to "maternal deaths or permanent injury to women" (ICPD, 1994). Furthermore, States that subscribed to the 1995 Beijing Platform for Action have committed to "reviewing laws containing punitive measures against women who have undergone illegal abortions" (ICPD, 1994).

4.3.2 The CEDAW

In 2017, the Committee on the Elimination of Discrimination against Women (CEDAW Committee) issued its General Recommendation No. 35 on the issue of sexual violence against women. According to the Recommendation, forced sterilization, forced abortion, forced pregnancy, criminalization of abortion, denial or delay of safe abortion or post-abortion care, forced continuation of pregnancy, and abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender-based violence that may amount to torture or cruel, inhuman or degrading treatment (CEDAW, 2017). Also in the recommendation, it is the state's positive obligations to "provide mandatory, recurrent and effective capacity-building, education and training for members of the judiciary, lawyers and law enforcement officers, including forensic medical personnel, legislators and health-care professionals, including in the area of sexual and reproductive health, in particular sexually transmitted infections and HIV prevention and treatment services, and all education, social and welfare personnel, including those

working with women in institutions, such as residential care homes, asylum centers and prisons, to equip them to adequately prevent and address gender-based violence against women (CEDAW, 2017).

Concerning Article 16 of the CEDAW, which obliges States to take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations, including the right to decide freely and responsibly on the number and spacing of their children, the Committee held that practices such as compulsory sterilization or abortion could adversely affect women's physical and mental health while infringing on their right to decide on the number and spacing of their children (UNGA, 1979). Furthermore, in this General Recommendation, the CEDAW Committee urged States Parties to "ensure that women are not forced to seek unsafe medical procedures such as illegal abortion because of lack of appropriate services in regard to fertility control" (CEDAW, 2017).

4.3.3 The ICESCR

The General Comment No. 22 of the ICESCR emphasized the significance of reproductive healthcare services. It held that healthcare services should be responsive to trauma and include timely and comprehensive mental, sexual and reproductive health services (ICESCR, 2016). It also listed the states' core obligations to guarantee universal and equitable access to affordable, acceptable and quality sexual and reproductive health services, goods and facilities, and take measures to prevent unsafe abortions and to provide post-abortion care and counselling for those in need. The State is also obliged to ensure all individuals and groups have access to comprehensive education and information on sexual and reproductive health that are non-discriminatory, evidence-based, and that take into account the evolving capacities of children and adolescents. The public healthcare systems are also required to provide adequate equipment and technologies essential to sexual and reproductive health, and to ensure access to effective and transparent remedies and redress for violations of the right to sexual and reproductive health (ICESCR, 2016). Besides, states must gather disaggregated statistics to guide their political decision-making in the promotion of the right to sexual and reproductive health (ICESCR, 2016).

Considering the religious situation in Pakistan, The General Comment also held that states must "take affirmative measures to eradicate social barriers in terms of norms or beliefs that inhibit individuals of different ages and genders, women, girls and adolescents from autonomously exercising their right to sexual and reproductive health" (ICESCR, 2016). Social misconceptions, prejudices and taboos about menstruation, pregnancy, delivery, masturbation, wet dreams, vasectomy and fertility should also be modified so that these do not obstruct an individual's enjoyment of the right to sexual and reproductive health (ICESCR, 2016).

4.3.4 The Special Rapporteur

The Special Rapporteur on Violence against Women, Its Causes and Consequences held that violence against women could occur within the context of a State's reproductive policy (Radhika. 1999). Within the context of reproductive health policy, State policies contribute to violence against women, manifested in forced abortions, forced sterilisation and contraception, coerced pregnancy and unsafe abortions (Radhika. 1999). Moreover, the consequences for women impregnated by rape and other forms of sexual violence who cannot access abortion services on legal grounds include both physical and emotional trauma (Radhika. 1999). The Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health presented a report in 2003 which recognized that "reproductive health is an integral element of the right to health" (Paul, 2003). He held in another report all forms of sexual violence, including forced pregnancy, non-consensual contraceptive methods, female genital mutilation and forced marriage all represent serious breaches of sexual and reproductive freedoms, and are fundamentally and inherently inconsistent with the right to health" (Paul, 2003).

In the years that followed the International Conference on Population and Development (ICPD) and the Beijing Declaration, human rights monitoring bodies and courts recognized that access to abortion services is linked to the enjoyment of a wide range of fundamental rights. By 2005, human rights bodies had indicated that at a minimum, States must ensure that abortion is legal and accessible when a woman's life or health is at risk, in cases of rape and incest, and in cases of foetal anomalies, and States should take measures to ensure that women are not forced to seek unsafe abortion procedures (CESCR, 2004). Today, this minimum standard has been progressively recognized by different human rights monitoring bodies and regional human rights tribunals along with the obligation to provide post-abortion care to women independently of the legal status of abortion (CESCR, 2016).

4.4 Domestic Realities

In the international community, reproductive violence is regarded as a distinct form of gender-based violence that is not necessarily committed in a sexualized manner. Its unique characteristic is the underlying violation of reproductive autonomy, understood as the freedom to choose whether, how, and under what circumstances to reproduce. After decades of improvement, IHRL has already established a comprehensive legal framework for reproductive rights protection. However, many women still have no access to the reproductive healthcare services or clear information of reproduction and abortion. There is a long distance between the international legal framework and domestic law enforcement.

Recommendations

1. The Pakistani government must implement a support mechanism for those wishing to escape child marriages. These include child protection institutes, shelters as well as legal aid and psychological-social counselling.

2. The Medical service providers of Pakistan should not counsel women against abortion.

3. The Pakistani government must ensure that abortion is legal and accessible when a woman's life or health is at risk, in cases of rape and incest, and in cases of foetal anomalies, and States should take measures to ensure that women are not forced to seek unsafe abortion procedures in line with the CESCR 2004.

4. The "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Post-Abortion" should include provisions for monitoring and accountability. More resources should be allocated to managing the distribution of such guidelines to ensure that women are aware of the services that they are entitled to.

5. The Pakistani legal code should specify particularities regarding the legality of abortion in regards to incest or foetal impairment.

6. The Pakistani government must ensure comprehensive education and information on sexual and reproductive health that are non-discriminatory, evidence-based, and that take into account the evolving capacities of children and adolescents, in line with ICESCR 2016 and the CRC 2016.

7. The Pakistani government must fulfil its promises to the nation in regards to such acts including, but not limited to:

   a. The Reproductive and Healthcare Rights Act 2013,

   b. The Maternal, Newborn and Child Health Program of 2005,

   c. The Sindh Reproductive Healthcare Rights Act.

Conclusion

To summarise, we have underlined some of the fundamental issues that exist within Pakistan in regards to reproductive rights. These include inherent discrimination, as well as active neglect of the government of Pakistan towards both promises it has made in the past and the duties of international states towards their people. As a result, millions of women remain exposed to highly substandard reproductive health facilities, as well as government prosecution if the matter is approached the wrong way. The state also fails to provide comprehensive sexual education to the young people of the nation, reproducing the issue for future generations.

It remains a shame that Pakistan, one of the pioneers of the United Nations Declaration of Human Rights and ratifier of the CEDAW has lapsed into such neglect. It is only once these needs have been met that the nation will be able to prosper with the full participation and potential of all of its citizens. The topic remains contemporary and crucially important to the standard of living within the nation.

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