

Reproductive Health in Health Polices of Punjab Province: Gaps and Challenges

Madiha Rauf Hashmi¹ Ra'ana Malik²

Article History:

Received:

March 10, 2023

Revised:

June 22, 2023

Accepted:

July 06, 2023

Published:

July 17, 2023

Funding:

This research receives no specific grant from any funding agency in the public, commercial, or not for profit sectors.

Abstract

Pakistan has to place a strong emphasis on reproduction as part of an inclusive healthcare strategy that would improve the general health of its population. The aim of this paper is to analyze the health policies of the Punjab Province post-18th Amendment by focusing on the area of reproductive health. For this purpose, health policies were analyzed thematically. After reviewing and analyzing policies, we identified areas of concern about reproductive health care, including the lack of infrastructure and human resources and the lack of evidence-based health-related data and research to respond to or design need-based initiatives. Additionally, reproductive health seems to revolve around special issues and target communities by taking international commitments to the Millennium Development Goals and Sustainable Development Goals as a guideline (maternal and child health and prevention of sexually transmitted diseases). It is also found that significant donor funds are only related to family planning and maternal and child care services. These findings indicate that reproductive health measures regulate the fertility and sexual behavior of the target community, along with focusing more on maternal health, which somehow reveals the prevailing gender norms regarding roles in society. Reproductive health issues among men, transgender people, and non-parents are ignored. It is hoped that the identified gaps might be helpful in planning and ensuring access, quality, and equity in reproductive health services.

Keywords:

Reproductive Health, Policy, Marginalized, Research, Services, Research

¹ PhD scholar, Gender Studies, University of Punjab and Lecturer at Gender and Development Studies Dept., Lahore College for Women University, Lahore

² Chairperson, Gender Studies Dept., University of Punjab, Lahore



Introduction:

Human reproductive health concerns relate to a variety of domains, including morality, law, and culture, in addition to medicine and technology. On the one hand, they touch on the most personal and intimate facets of a person's life, particularly a woman's, such as infertility, hormonal imbalance, menstruation-related issues, menopause, etc. However, they also have connections to a wide range of societal issues, including population transition, gender equality, and sustainable development (Zafar & Zafar, 2022).

Therefore, reproductive health rights around the world are recognized as gender-specific human rights in various national laws and international human rights agreements. These rights are based on the understanding that everyone has the right to achieve the standard status of sexual and reproductive health, as well as the freedom and responsibility to choose the number, spacing, and timing of their children, along with access to the services and knowledge about them. Additionally, freedom from compulsion and coercion while making decisions about their family is also included in reproductive health rights (UNFAP, 2014).

Pakistan has ratified some of the international agreements, including the United Nations International Conference on Population and Development (ICPD), and adopted a Program of Action in 1994. It also attended the Fourth World International Conference on Women in Beijing in 1995, which endorsed the importance of reproductive rights in improving the status of women. Moreover, the Beijing conference set a milestone by acknowledging women's right to regulate their reproductive health and to make decisions about these issues on an equal footing with men.

Pakistan's population program has shifted its emphasis to various aspects of reproductive health in response to the ICPD's mandate and expanded the range of services for a transition to reproduction without losing sight of the goal of reducing fertility. In this regard, the government has created a thorough population and development plan that incorporates a variety of reproductive health services and integrates the work of the population and health departments in addressing RH issues (Mahmood et al., 2000).

As a signatory of the SDGs 2030 agenda and the world's sixth most populated country with an unstable economy, Pakistan took various steps to fulfill its international commitments to reproductive health by focusing on issues related to family planning, infant and maternal health,

use of contraceptives method, sexually transmitted diseases & HIV prevention programs, which are following;

Table no: 01

Name of the Program	Year
The Khyber Pakhtunkhwa Reproductive Healthcare Rights Act	2020
The Sindh Reproductive Healthcare Rights Bill 2019	2019
Reproductive Health Care and Rights Act	2013
National Program for Maternal Newborn and Child Health	2006-2012
The Draft (2010) National Population policy	2010
National Maternal, Newborn and Child Health (MNCH) Strategic Framework	2005
National Reproductive Health Services Packages	2000
Population Policy	2000
National Reproductive Health Services Package (1999)	1999
National Program for Family Planning and Primary Health Care(1994)	1994

(Golding et al., 2011; Ali et al., 2008 & Mahmood et al., 2000).

Subsequently, to deliver crucial primary health care services and information at the community level, Pakistan launched a number of community-based outreach worker programs, including LHVs, TBAs, and skilled midwives. The majority of Pakistan's rural areas currently use traditional birth attendants (TBAs) to do deliveries. These women, sometimes untrained, are essential to the communities they serve despite not being considered part of an official program. This is either because of strict societal customs or a lack of skilled attendants. TBAs are well-liked in their neighborhoods, but they frequently engage in unsanitary activities and struggle to refer complex

cases on time. The Women's Health Project and the National Nutritional Program are two more initiatives that are either directly or indirectly relevant to MNH (Golding et al., 2011).

However, empirical evidence indicates slow progress in some situations, highlighting the need to take more measures. For instance, Pakistan is ranked 145/156 for economic empowerment, 135/156 for educational attainment, 143/156 for health and survival, and 95/156 for political participation in the Global Gender Gap Index Report 2022. The fundamental barriers that prevent economically active women from increasing their income and investing more in their health include patriarchal mindsets and cultural norms that favor or accord higher status to men and lower status to women, restrictions on mobility, and limited access to and acquisition of skills pertaining to business management and expansion (UN Women Pakistan, n.d.).

Similarly, Pakistan is still struggling to improve reproductive health-related indicators such as maternal mortality, infant mortality, family planning, and fertility rates. Even though the 18th Amendment made health a provincial responsibility and disbanded the Federal Ministry of Health, the Ministry of National Health Services, Regulations, and Coordination was established in 2013 to replace the former federal health ministry. While the provincial organizations establish their own health policies and priorities and retain control over implementation, this ministry coordinates health policies, standards, and targets and offers a broad framework that might cause authority and administrative-related challenges (Nishter et al., 2013).

The Ministry of National Health Services' proposed allocation for the fiscal year 2022-2023 has been cut by eight times, from Rs 154 billion to barely Rs 19 billion (Junaidi, 2022), while the estimated health budget for the province of Punjab is Rs 188.9 million, or roughly 17% of their overall budget (Centre for Peace and Development Initiative, 2022).

One of Pakistan's four provinces, Punjab, has a number of health-related concerns, and from 1993 to 2000, the government tried numerous, varied reforms to address these issues. Some of these improvements did, however, continue, while others were dropped. During this time, political instability played a significant role in changing the focus of reforms; however, other elements also critically impacted the health policy development and implementation process (Tarin et al., 2009), and this paper focuses on the health policies of the Punjab Province after the 18th Amendment. The focus of this paper is to explore how reproductive health is understood in the policy documents of Punjab province.

Literature Review

Reproductive health is a comprehensive issue. One cannot be healthy if they have one component while missing another. Additionally, there is a close relationship between the many aspects of reproductive health. A change in one element may lead to prospective changes in other elements. According to the ICPD, "it is defined as the whole state of being well with regard to all issues involving the reproductive system and all of its processes and functions." The ability to reproduce and the freedom to choose whether, when, and how often to do so indicate that people can have a fulfilling and safe sexual life. It also covered the right of both men and women to be informed and have access to family planning techniques of their choice that are secure, effective, accessible, and acceptable, as well as other methods of their choice for fertility control, permitted in-laws, and all health care assistance that will give couples the best chance of having a healthy child and help women experience pregnancy and childbirth safely (UNPF, 1996).

This above definition indicates different elements of reproductive health, which are people's ability to reproduce and control their fertility, along with building the capacity of women to experience a safe motherhood process, and the success of reproduction is ensured by the survival and well-being of infants and children (UN, 1996).

Although reproductive health is an important aspect of health for both men and women, when needs are converted into programs, it becomes typically gender-specific. For instance, women bear a disproportionate amount of the burden in areas of reproductive health and are held accountable in cases of infertility, the management of fertility, and the burden of sexually transmitted diseases (Fathalla, 1998). This is due to both biological and sociocultural factors. In some cases, patriarchal traditions limit women's mobility and access to healthcare and limit their ability to make decisions about their own health. Consequently, women have to face complications during childbirth, high incidences of maternal fatalities, and physical and psychological gender-based abuse (Kennedy et al., 2020). Previous literature in the context of Pakistan found similar results while examining reproductive health in terms of autonomy, with a special focus on women because it is widely observed that patriarchal norms make women susceptible even to controlling their own bodies (Zafar, 2014; Mumtaz & Salway, 2005; Fikree et al., 2001). Researchers also found the role of socioeconomic, cultural, and religious factors to be critical when it comes to deciding about

reproductive life matters such as family planning, abortion, and the use of contraceptives for men or women (Khadija et al., 2021; Awan, 2015; Mir & Shaikh, 2013). Others have highlighted the problems in terms of lack of reproductive health facilities, lack of awareness among couples about availing reproductive care services, and psychological consequences (Soomar & Doosa, 2019; Mumtaz et al., 2013; Sultan & Tahir, 2011).

Additionally, the attitudes, values, and beliefs of the person providing the reproductive service, as well as the training and expertise of the health professionals delivering the reproductive health services, are other factors that have been reported by researchers to affect behavior when dealing with reproductive issues (Khan & Hall, 2004). This indicates reproductive health is not simply a serious issue of public health; it is also one of the critical concerns of human rights. As a result, authorities must take proactive steps to guarantee that reproductive health care is accessible and secured (Ankiekwu, 2004).

Following the 18th Amendment, Pakistan's provincial health agencies were given the authority to carry out healthcare initiatives. However, none of the provinces could perform in a satisfactory manner due to a lack of capacity and experience. The health sector has become quite expensive for the average person due to rising prices for medications, diagnostic procedures, and medical supplies. Poor governance, population growth, natural disasters, and epidemic diseases are additional contributing factors to slow progress in the area of health. Moreover, due to low spending on health budgets by the government, it is mostly the private sector that caters to the needs of reproductive health (Sana, 2013).

Numerous policy topics that need to be addressed were left unaddressed by the 18th Amendment. As a result, it is necessary to give this crucial component of human security a top priority in order to ensure that everyone in the nation has fair access to health care (Sana, 2013). It is important to note that Punjab province, as the largest province of Pakistan, still does not have a reproductive health policy, whereas KPK (the KPK Reproductive Health Care Rights Act, 2020) and Sindh (the Sindh Reproductive Healthcare Rights Act, 2019) have devised these laws.

According to the 2017 census, the estimated 110 million people in Punjab are growing at a rate of 1.9 per year. The total fertility rate is 3.5, which is still significantly higher when compared to its South Asian neighbors, even though it is lower than other provinces. Over the past few decades, both the infant mortality rate (IMR) and the under-five mortality rate (U5MR) have decreased consistently; nevertheless, the rate of decline has slowed significantly over time. The nation's

neonatal mortality rate, which has been estimated to be 41 per 1,000 live births in Punjab Province, has remained comparatively stable. While the rate of exclusive breastfeeding up until the age of six months is reported at 42.1%, the rates of stunting and wasting remained at 31.5% and 7.5%, respectively. These health statistics indicated that Punjab could not meet the MDG goals. Now that the SDG targets have gained global acceptance, the government has taken various actions to fulfill the international commitments about improving the nutritional status of mothers and infants and increasing the prevalence of contraceptive use, both of which will directly improve the national status of these indicators. Out of many measures, the most significant is the incorporation of the LHWs Program, MNCH Program, Nutrition Program, and 24/7 Basic EmONC Services under the umbrella of the Integrated Reproductive, Maternal, Newborn, and Child Health and Nutrition Program (IRMNCHNP), which was launched in 2013. From July 2017, the CM Chief Minister's Stunting Reduction Program (CMSRP) and, from June 2021, the Prime Minister's Health Initiative (PMHI) program are also being executed by IRMNCH and NP (Integrated Reproductive, Maternal, Neonatal, and Child Health) (Primary & Secondary Health Care Department, 2020). These all indicate that particular groups and issues in reproductive health can be addressed by following international commitments and devising programs under these commitments. However, the goals and targets included in the ICPD agenda have been hailed as the most comprehensive, and they have actually extended the field of reproductive health (Abrejo et al., 2008). Therefore, by using the definition of reproductive rights defined by the ICPD, this study examines how they are understood in the health policies of Punjab after the 18th Amendment and attempts to unravel some of these issues, including those related to reproductive health. Through this study, an attempt has also been made to recommend viable reforms in reproductive health policies at the provincial level, which may help in developing comprehensive guidelines for those who, in the future, will devise new reproductive health policies in the Punjab.

Theoretical Framework

This paper advocates a reproductive justice approach to reproductive health as a means of making technically and ethically sound choices available to all in their future strategies and actions. Applying three key frameworks simultaneously at the local, state, national, and international levels, reproductive justice combats reproductive discrimination. These frameworks include reproductive justice, reproductive rights, and reproductive health (which deals with service delivery). These frameworks provide a broad-based approach to systemic change that changes the

focus of the discussion away from individual rights and toward an all-encompassing vision of stronger families, communities, and lives for all. With the use of this research, a number of issues can be merged to address groups from several generations and social classes, leading to the creation of a grassroots movement that is more current and effective (Ross, 2006).

Method

The most popular social research technique in studies of health policy is document analysis (Dalglish et al., 2020). DA is the process of "examining documents in such a way that empirical information is produced and understanding is built" (Bowen, 2009, p. 33). As this study is limited to the Punjab province only, by using the document analysis strategy, it analyzed the three health policies that were introduced post-18th Amendment in the Punjab. As the focus of this study is limited to reproductive health, only aspects related to reproductive health were taken from those documents. By following the recommended strategies of Bowen (2009), themes were extracted after recognition of patterns in policies.

Findings

Three health strategies were launched as the result of extensive stakeholder consultation, including input from governmental agencies, health managers, service providers, businesses, NGOs, development partners, and individuals and local communities. The guiding principles of these strategies were equitable and universal healthcare (particularly recognizing the needs of vulnerable groups), strengthening institutional capacities, ensuring good governance at all levels, maximizing resource utilization, promoting a results-based culture, and institutionalizing innovations for maximizing health benefits in areas requiring immediate action (Mazhar & Shaikh, 2016).

Health Sector Strategy (2012–2017)

The Punjab Government first announced a health sector strategy after the 18th Amendment (2012–2017) with the intention of assisting the Department of Health (DoH) in moving forward with clear purpose, direction, and urgency by giving policy-related interventions the highest priority in accordance with the availability of budgetary resources.

Understanding of Selected Reproductive Health Issues and Target Programs

When it comes to reproductive health, this health strategy has a clear vision: "to enhance the health status and productive lives of the people of Punjab by improving maternal and child health, nutrition, and control of communicable and non-communicable diseases." The set goals were

limited to reductions in infant and maternal mortality, reductions in communicable and non-communicable diseases, and improvements in the nutritional status of mother and child. Strengthening family planning and nutrition services for mothers and children at all levels (by upgrading BHUs, THQs, and DHQs; providing emergency services, including neonatal intensive care units with qualified staff; and strengthening all tertiary care level hospitals to cater to MNCH-related management and referral institutes) were the recommended strategic actions in this strategy (Punjab Health Sector Strategy, 2012).

Punjab Health Sector Plan 2018

The Punjab Growth Strategy 2018 includes the Health Sector Plan with the financial case for health investments that increase maternal, neonatal, and child health as spending on children's health increases the percentage of the population that lives to be of working age, which in turn promotes economic growth. The strategy ensures that efforts will be made to achieve the MDG targets by 2015 but not later than 2018 (reduce child mortality, improve maternal health, reduce the incidence of HIV/AIDS and malaria, and improve access to water and sanitation). The Integrated Reproductive Maternal New Born and Child Health (RMNCH) and Nutrition Program, enhanced HIV/AIDS or hepatitis programs, upgrading of basic health units (BHUs), establishment and upgrading of rural health centers (RHCs), and strengthening of tehsil headquarters (THQ) and district headquarters (DHQ) hospitals were key proposals in the strategy related to reproductive health. This strategy linked health provision with social protection programs such as health insurance (for limited services) for vulnerable groups, which was the most promising idea of this strategy (Punjab Health Sector Plan, 2018).

Punjab Health Sector Strategy 2019–28

The Government of Punjab has set forth the development of the Punjab Health Sector Strategy under the guidelines of the Sustainable Development Goals. After consultation with all stakeholders, the following strategic areas related to reproductive health were identified by the experts: Maternal and Child Health, nutrition, family planning, and preventive health services, including Communicable and Non-Communicable diseases (NCDs).

Reproductive Health Area and Subsidized Health Insurance

The highlight of this strategy is the Prime Minister's National Health Program, which is a fully subsidized Health Insurance Program aimed at providing health insurance to the identified underprivileged citizens across the country. It is one of the public sector health insurance programs

that, in some ways, provided reproductive health services to a limited target community. A large number of secondary and tertiary hospitals have been appointed by the program to provide services to the registered needy citizens (in-patient services of medical and surgical procedures, emergency care requiring admission, maternity consultation and antenatal checkup, before and after delivery maternity services, normal delivery and C-section, and local transport at a cost of PKR 350 (three times per year), and provision of transport to tertiary care hospitals). There was another program known as conditional cash transfers (CCTs), and it was implemented by the Punjab Social Protection Authority in the districts of Bahawalpur and Muzaffargarh for antenatal and postnatal care (PNC).

Understanding of Selected Reproductive Health Issues and Target Programs

The focus of the Punjab Government is clear as it launched one program called the Integrated Reproductive, Maternal, Newborn, Child Health, and Nutrition Programme (IRMNCH&N) after combining three programs: The National Program for Family Planning and Primary Healthcare (LHW Program), the Maternal, Newborn, and Child Health Program, and the Nutrition Program. The focus is on combating malnutrition, with a goal to make MNCH services more accessible by offering 24/7 service delivery from basic health units to district health quarters. The IRMNCH project is now working to build an electronic monitoring and reporting system and a web-based management information system (MIS) with connections to district health information systems. The set strategic interventions and directions were ensuring free access and institutionalization of quality of care in MNCH, family planning and nutritional health services, and the availability and accessibility of preventive healthcare services at all levels of health facilities and through community health workers.

Reproductive Health and Youth

The distinctive aspect of this strategy was that it recognized the need for community awareness programs, in particular for youth (focusing on delaying the age of marriage and first pregnancy, the preconception stage through family planning and abortion care, nutritionally related information, care and safe delivery, and the care of women of reproductive age and pregnant women) (prenatal and neonatal treatment and care, supplements). Additionally, it brought attention to the need for premarital screening, prenatal diagnosis, and women-friendly WASH (water, sanitation, and hygiene) services, including management of menstrual-related hygiene at all levels, not just offices, health facilities, and medical educational institutions. Moreover, access to and

availability of free health treatments (Sehat cards) was another aspect of this strategy (Punjab Health Sector Strategy, 2019).

Discussion

Despite improvements in the health sector, all health strategies reported flaws in the health system of Punjab in terms of a shortage of finance, inadequate infrastructure to provide reproductive health care services, a lack of qualified human resources, a lack of connection between the health information system, research data, and the commercial sector, and regulatory systems for pharmaceuticals. The analyses of three health strategies about reproductive health indicate that all efforts after the 18th Amendment have focused mainly on increasing women's access to antenatal and obstetric care, improving nutrition, enhancing immunization coverage, and reducing infant mortality. Family planning and the use of contraceptives were another area endorsed for limiting fertility and population growth, designed and encouraged for women only. Even the health cards issued by the government cover only aspects of maternity services (including natural births and C-sections), antenatal care (both before and after delivery), and nutrition, immunization, and family planning consultations for mothers (About The Program | Sehat Sahulat Program, 2021).

The major difference noted in the strategy adopted for 2019–28, which was missing in the last two strategies, was focusing on the menstrual hygiene of young girls and working with youth, especially girls, through community awareness programs to increase their age of marriage and delay their first pregnancies, preparing their bodies for the preconception stage so that they can have healthy pregnancies and deliveries. It seems like this health strategy, like previous ones, endorses the idea of gender roles and associated norms by putting all the burden of reproduction on women's bodies, which is consistent with the findings of Fathalla (1998). Moreover, efforts to achieve international commitments revolve around maternal health, emphasizing the regulation of the fertility of potential mothers.

These strategies do not cover aspects of other elements of reproduction as committed in ICPD, such as infertility, having the capacity to reproduce, and getting treatment for infertility. More importantly, the role of men in reproduction and their reproductive health concerns were missing from these strategies. These strategies, by using the umbrella of international commitments (MDGs and SDGs), spare men when it comes to designing policies to address reproductive health concerns.

Additionally, these policies are blind to the reproductive health needs of people other than mothers or women of reproductive age, such as young boys experiencing puberty, the transgender community, and old men and women and their reproductive health issues, which shows that reproductive justice is not accessible and available to all (Ross, 2006), which is also against the spirit of universal health coverage as mentioned as a basic principle in those health policies. The idea of reproductive health is not just for mothers or women of childbearing age. They are not the only ones who can use it. It acknowledges that adolescents have unique health requirements since they develop sexual and reproductive potential before they have finished completing their social development for adult life. It acknowledges that women who are mature and past the time when they can have children nevertheless have significant health needs connected to the reproductive system they still have and the end of ovarian function. Last but not least, the idea of reproductive health is not just applicable to women. Responding to the needs of men in terms of reproductive health is crucial for women as well (Collumbien et al., 2012). Therefore, research is required for certain reproductive health issues, such as infertility, certain reproductive tract infections, monthly irregularities, and reproductive malignancies, so that these issues can get recognition in health policies.

The ICPD's reproductive health agenda was acknowledged as the most comprehensive one, having genuinely extended the field of reproductive health and prompted governments to launch measures to raise the population's level of reproductive health. Pakistan appears to have turned the focus of its policies and initiatives toward reaching the MDGs and later the SDGs, albeit like all other nations. As a result, ideas emphasized in the ICPD were later abandoned, and this is visible in those health strategies that cater to the reproductive needs of their community to a limited extent. This situation clearly indicates the particular sociocultural, economic, and demographic context of Pakistan, where family and marriage institutions have deep roots, along with the dominant gender traditional norms and mindset visible in the health policies, which on the one hand endorse the patriarchal views of associating all reproduction concerns with motherhood, while on the other hand trying to regulate only mothers' or soon-to-be mothers' bodies under their international commitments by ignoring the role of men and their reproductive needs. This has also been discussed in previous literature (Hardee et al., 2017; Green et al., 2006; Ali et al., 2004). Men in Pakistan lag substantially behind women in terms of understanding of contraceptives, decision-making power, religiosity, media exposure, health attitudes, physical costs, and access to family

planning services. The reproductive health of men is negatively impacted by these circumstances as well. Moreover, the low reproductive health status of men in Pakistan has been reported (Nawaz et al., 2012), as it is estimated that 4 million couples are infertile, with a prevalence of infertility in Pakistan of about 22% compared to a global average of 12–18%, and that between 40 and 70% of men are thought to be the cause of infertility (Bhatti, 2022), but still they are left out of reproductive health concerns or their roles are only considered important in decisions related to family planning.

Conclusion and Recommendation

Pakistan continues to struggle to achieve the goals set regarding maternal and infant health, despite all the investments and policy changes. The reported factors include a lack of coordinated initiatives, sector-wide methods, inter-sectoral collaboration, gender dynamics in decision-making, risky abortions, disparities in literacy, and an unmet contraceptive prevalence rate. Pakistan has to explain its strategies to maintain the balance between both international goals because it signed both the ICPD and the MDGs and SDGs. In order to accomplish the lofty objectives outlined in the ICPD Program of Action while working toward the SDGs, sector-wide initiatives and cooperation would be necessary in all mentioned fields of reproductive health. These efforts should result in the creation of evidence-based national policies, inexpensive, accessible, and culturally acceptable reproductive health care, and ultimately a responsive health system that can address the needs of all without leaving anyone behind (Abrejo et al., 2008).

References

- Abrejo, F. G., Shaikh, B. T., & Saleem, S. (2008). ICPD to MDGs: Missing links and common grounds. *Reproductive Health*, 5(1), 1-8.
- About The Program | Sehat Sahulat Program. (2021). Pmhealthprogram.gov.pk.
<https://www.pmhealthprogram.gov.pk/about-us/>
- Ali, M., Bhatti, M. A., & Kuroiwa, C. (2008). Challenges in access to and utilization of reproductive health care in Pakistan. *J Ayub Med Coll Abbottabad*, 20(4), 3-7.
- Ali, M., Rizwan, H., & Ushijima, H. (2004). Men and reproductive health in rural Pakistan: the case for increased male participation. *The European Journal of Contraception & Reproductive Health Care*, 9(4), 260-266.
- Awan, Purniya. (2015). Sexual and Reproductive Health and Rights in Pakistan. *Courting the Law*. Retrieved from

<https://courtingthelaw.com/2015/05/28/commentary/sexual-and-reproductive-health-and-rights/>

- Aniekwu, N. I. (2004). A legal perspective on reproductive health and gender-specific human rights in Nigeria. *JMBR: A Peer-review Journal of Biomedical Sciences*, 3(1), pp 21–29
- Bhatti, W. M. (2022, May 21). Over four million couples infertile in Pakistan: experts. *The News International*.
- <https://www.thenews.com.pk/print/959498-over-four-million-couples-infertile-in-pakistan-experts>
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, 9(2), 27-40. doi:10.3316/QRJ0902027
- Collumbien, M., Busza, J., Cleland, J. G., Campbell, O., & World Health Organization. (2012). *Social science methods for research on sexual and reproductive health*. Retrieved from <https://www.who.int/publications/i/item/9789241503112>
- Centre for Peace and Development Initiative. (2022). *PUNJAB Budget Bulletin 2022-23*. <https://www.cpdi-pakistan.org/wp-content/uploads/2022/06/Punjab-Budget-Bulletin-2022-23.pdf>
- DalGLISH, S. L., Khalid, H., & McMahon, S. A. (2020). Document analysis in health policy research: the READ approach. *Health policy and planning*, 35(10), 1424-1431.
- Fathalla, M. (1998). Issues in reproductive health: Health and being a woman. In *Expert group meeting on women and health: Mainstreaming the gender perspective in the health sector, Tunisia, New York: United Nations*.
- Golding, S., Hall, S., & Shah, F. (2011). Maternal and newborn health: the policy context in Pakistan. *Islamabad, Pakistan, Research and Advocacy Fund*.
- Greene, M. E., Mehta, M., Pulerwitz, J., Wulf, D., Bankole, A., & Singh, S. (2006). Involving men in reproductive health: contributions to development. *Background paper prepared for the UN Millennium Project to contribute to the report Public Choices, Private Decisions: Sexual and Reproductive Health and the*.
- Hardee, K., Croce-Galis, M., & Gay, J. (2017). Are men well served by family planning programs? *Reproductive health*, 14(1), 1-12.
- Junaidi, I. (2022, June 11). *BUDGET 2022-23: Health ministry's allocation gets a massive cut*.

DAWN.COM. Retrieved September 21, 2022, from

<https://www.dawn.com/news/1694161#:~:text=BUDGET%202022%2D23%3A%20Health%20ministry's%20allocation%20gets%20a%20massive%20cut,-Ikram%20Junaidi%20Published&text=ISLAMABAD%3A%20The%20proposed%20allocation%20for,the%20fiscal%20year%202022%2D23.>

- Khan, N. J., & Hall, S. E. (2004). The determinants of reproductive health service provision by General Practitioners in Pakistan. *Health policy and planning, 19*(4), 209-217.
- Kennedy, E., Binder, G., Humphries-Waa, K., Tidhar, T., Cini, K., Comrie-Thomson, L., ... & Azzopardi, P. (2020). Gender inequalities in health and wellbeing across the first two decades of life: an analysis of 40 low-income and middle-income countries in the Asia-Pacific region. *The Lancet Global Health, 8*(12), e1473-e1488.
- Khadija, Z., Malik, S. & Nadeem, M. (2021). Married Women's Negotiations about their Reproductive Rights with Patriarchy. *PAKISTAN SOCIAL SCIENCES REVIEW, 5*(4), 147-159, doi:10.35484/pssr.2021(5-IV)11
- Mahmood, N., Durr-e-Nayab, & Hakim, A. (2000). An Analysis of Reproductive Health Issues in Pakistan [with Comments]. *The Pakistan Development Review, 675-693*.
- Mazhar, M. A., & Shaikh, B. T. (2016). Constitutional reforms in Pakistan: turning around the picture of health sector in Punjab Province. *Journal of Ayub Medical College Abbottabad, 28*(2), 386-391.
- Nawaz, Y., Maann, A. A., Zafar, M. I., & Ali, T. (2012). Factors affecting male's reproductive health behaviour in Punjab, Pakistan. *Pakistan Journal of Nutrition.*
- Nishtar, S., Boerma, T., Amjad, S., Alam, A. Y., Khalid, F., ul Haq, I., & Mirza, Y. A. (2013). Pakistan's health system: performance and prospects after the 18th Constitutional Amendment. *The Lancet, 381*(9884), 2193-2206.
- Mir, A. M., & Shaikh, G. R. (2013). Islam and family planning: changing perceptions of health care providers and medical faculty in Pakistan. *Global Health: Science and Practice, 1*(2), 228-236.
- Mumtaz, Z., & Salway, S. (2009). Understanding gendered influences on women's reproductive health in Pakistan: moving beyond the autonomy paradigm. *Social Science & Medicine, 68*(7), 1349-1356.
- Mumtaz, Z., Shahid, U., & Levay, A. (2013). Understanding the impact of gendered roles on the

- experiences of infertility amongst men and women in Punjab. *Reproductive health*, 10(1),
3. Punjab Health Sector Plan. (2018). Government of the Punjab. Available at <https://pbit.punjab.gov.pk/system/files/Punjab%20Health%20Sector%20Plan%202018.pdf>
- Punjab Health Sector Strategy 2012–2020. (2012). Government of the Punjab. Available at <https://health.punjab.gov.pk/directory/current-plans/Health%20Sector%20of%20Punjab.pdf>
- Punjab Health Sector Strategy, 2019-2028. (2019). Government of Punjab. Available at <https://phkh.nhsrc.pk/sites/default/files/2021-06/Health%20Sector%20Strategy%20Punjab%202019-2028.pdf>
- Primary & Secondary Health Care Department. (2020). Retrieved September 25, 2022, from <https://pshealthpunjab.gov.pk/Home/VerticalProgramIRMNCH>
- Ross, L. J. (2006). *Understanding reproductive justice, Sister Song women of color reproductive health collective*.
- Sana, M. A. (2013). An Appraisal of Health Sector in the Backdrop of 18th Amendment. *ISSRA PAPERS*, 45.
- Soomar, S. M & Dossa, K. S. (2019). The Blame Game of Infertility - Looking into Context of Pakistan *ECCGynaecology* 8(5),375-377.
- Sultan, S and Tahir,A .(2011).Psychological consequences of infertility. *Hellenic Journal of Psychology* 8(2), 229-224.
- Tarin, E., Green, A., Omar, M., & Shaw, J. (2009). Policy process for health sector reforms: a case study of Punjab Province (Pakistan). *The International Journal of Health Planning and Management*, 24(4), 306-325
- UN Women Pakistan. (n.d.). *UN Women – Asia-Pacific*. <https://asiapacific.unwomen.org/en/countries/pakistan>
- United Nations Population Fund. (1996). *Programme of Action: Adopted at the International Conference on Population and Development: Cairo, 5-13 September 1994*. United Nations Population Fund.
- United Nations. (1996). *The Beijing Declaration and the Platform for Action: Fourth World Conference on Women, Beijing, China, 4-15 September 1995*. United Nations Department of Public Information.

- UNFPA, O. (2014). Reproductive Rights Are Human Rights; A Handbook for National Human Rights Institutions. *United Nations: The Danish Institute for Human Rights Copenhagen*.
- Zafar, F., & Zafar, S. (2022). Sociological attempts to enhance women's reproductive health in rural areas of Pakistan. *Harf-o-Sukhan*, 6(2), 337-350.